EQUALITY ANALYSIS

Please refer to Part 2 of the Equality Analysis Guidance

Name of Policy/Decision/Project/Activity:

Sunderland Adult Substance Misuse Service

Date: 19 January 2015

Version Number: 1

Equality Analysis completed by:

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Is the Activity:

New/Proposed ( ) Changing/Being Reviewed (X) Other ( )

1. Purpose and scope

Purpose

In this section outline briefly:

- what the policy, decision or activity is and what the intended outcomes/benefits are (linked to the Corporate Outcomes Framework)
- over what period of time the outcomes will be achieved
- why it needs to be implemented or revised
- what populations are affected by the proposal
- who is expected to benefit and how, i.e. young people, older people, carers, BME groups, ward areas/communities, etc.
- whether there are any overlaps with regional, sub-regional, national priorities.

This Equality Analysis relates to the re-procurement of substance misuse treatment services in Sunderland. This has been recommended by the Joint Commissioning group.

The intended outcome of the procurement is to provide a service that is consistent with the agreed vision for service delivery. This has been developed in consultation with a wide range of stakeholders and is summarised as follows:

"A cohesive and effective, recovery focused treatment system which offers value for money and benefits individuals seeking treatment, their families and the communities of Sunderland:

- Where client journeys are seamless
- Which supports people effectively through treatment and back on their feet
- That takes an outcome led approach focussing on results for clients which aid their recovery
- Which is flexible in order to meet the needs of a changing population"

Procured services will improve outcomes for service users, carers and communities in Sunderland by:

- Effectively treating those with substance misuse issues to enable them recover and re-integrate into communities
- Improving health and wellbeing of those affected by substance misuse
- Reducing re-offending that is related to substance misuse
- Helping prepare service users to achieve longer term outcomes in relation education, training and employment
- Along with many other areas in the UK, there are large numbers of service users in Sunderland that have been accessing services for extended periods. Concerted effort is required to help these service users to fully recover from substance misuse issues.

The procurement aims to work towards the commencement of new services on 01 August 2013.

Scope

The re-procurement of substance misuse services in Sunderland will affect all adults affected by substance misuse in Sunderland that access treatment services (detailed information on the volume of people that this may describe is shown below under Intelligence and Information).

It aims to ensure that an equitable and accessible service is available for all residents (families and carers) that services are aligned to, for the 5 localities of Sunderland. These being:

- The Coalfields
- West Sunderland
- East Sunderland
- North Sunderland
- Washington

The services are primarily for those who live or plan to live within the area of responsibility of Sunderland City Council. However, on some occasions it may be necessary to provide Services for Service Users resident outside this area.

Outcomes

The re-procurement of the service aims to rectify existing shortfalls in the current service, and to contribute to the long term reduction in addiction and premature mortality, as well as the reduction in health inequalities between Sunderland and other areas of the country, as well as between areas within Sunderland.

This will be achieved via the following outcomes:

- Effectively treating those with substance misuse issues to enable them recover and re-integrate into communities
- Improving health and wellbeing of those affected by substance misuse
- Reducing re-offending that is related to substance misuse
- Helping prepare service users to achieve longer term outcomes in relation education, training and employment

Achievement of each of these outcomes and objectives would lead to a reduction in Health Inequalities, both within Sunderland and between Sunderland and the rest of England.

It is anticipated that improvements will be made in each of these areas during the life of the contract – that is 3-5 years.

Why does this need to be implemented?

Services for the treatment of substance misuse amongst adults in Sunderland were re-commissioned in during 2013 against a revised model. Contracts for the services were let for 2 years, with the potential to extend for a further year pending acceptable performance.

The main indicator used to demonstrate performance of substance misuse services is the levels of successful completions from treatment and levels of re-presentation to treatment One of the key objectives of the revised model of delivery was that successful completions for Opiate users would increase – this is due to the nationally recognised high numbers of opiate users that have been in drug treatment for extended periods. However, completions for treatment of opiate users in Sunderland have not improved and as a result the Joint Commissioning Group agreed not to extend contracts for a third year.

Additionally, the services were procured as an Integrated Substance Misuse Treatment System however some elements continue to work in isolation of each other resulting in a lack of communication and collaborative working between providers.Therefore it is necessary to achieve greater integration of services to meet the needs of people in a holistic way.

What populations are affected by the proposal?

The services are accessible to all adults affected by substance misuse and should actively support them to pursue recovery. It is intended that the information, interventions and opportunities in relation to Substance Misuse services will be available to all residents of Sunderland, who are 18 years and over. However it is recognised that under some circumstances joint working must be implemented between adult and children and young peoples' services to facilitate needs led care. In addition, the model will regularly review its effectiveness in reaching communities that are subject to health inequalities and, where necessary, shift focus to increase emphasis on areas and communities.

The re-procurement aims to help make provision accessible to all residents in Sunderland 18 years and over irrespective of their geographic location by ensuring a presence in the 5 localities described above. This also intends to recognise and respond to the fact that the travel to different areas of Sunderland may be prohibitevly expensive for those living on limited incomes.

Who is expected to benefit and how, i.e. young people, older people, carers, BME groups, ward areas/communities, etc.

Potentially, all residents of Sunderland 18 years plus should be enabled to benefit from the services and opportunities described within the model, should they require them. The focus of these elements will be reviewed regularly to ensure that they offer benefits to communities which have the greatest need – for example BME communities.

Are there are any overlaps with regional, sub-regional, national priorities?

Service models for recovery based treatment systems are now common as commissioners work towards consistency with the objectives of the 2010 Drug Strategy. These can be found at http://recoverypbr.dh.gov.uk/ and have been considered in the design of the services to be procured. However it is acknowledged that services are at varying stages of development and evaluation therefore commissioners should adopt a flexible approach to allow learning from these developments to be incorporated.

Intelligence and Information

There has been consultation with incumbent providers, service users and carers and feedback from commissioners which provided an overview of lessons that have been learnt from the current implementation of substance misuse treatment services in Sunderland.

Lessons Learned – Commissioning

- A lot system was used within the current configuration of services to help ensure that Small to Medium Enterprises (SMEs) were able to tender for parts of the service. However, there have been some issues with the financial resilience of the one SME that is part of the services, resulting in risks to delivery. A lower risk approach would be to encourage consortia bids, which would enable SMEs to take part within a more resilient structure.
- Though the lot structure was also intended to help retain some diversity within the system of services, it had the adverse effect of not enabling potential providers to develop working relationships with each other. Effectively, as the lots were all separate contracts and subject to individual application and evaluation, providers may have been unaware which other providers were being awarded contracts within the system until the awards had been made. Again, enabling consortia applications to a single contract would be a lower risk way of making it possible for diversity to be retained, whilst at the same time allowing providers to establish working relationships prior to submitting tenders.
- All providers within the current group of services have worked together in the area before – however, there have also been working relationship issues between some of them in the past. This may have placed obstacles in the way of successful implementation. Again, consortia approaches should have a positive impact in this respect as providers would be enabled to establish appropriate working relationships prior to award of contract.
- More detailed performance information should be made available from the early days of the contract to help with faster diagnosis of problems. Where data was of poor quality in the early months of implementation, this made it difficult to clearly see progress towards KPIs.
- As there was a considerable level of challenge in both the pre-tender stage and following issue of intention to award the contracts, time left available for mobilisation was dramatically shortened. Therefore, timelines for the procurement must enable sufficient time for mobilisation.
- At present, there is limited visibility of the services in Sunderland. This is partly because providers did not adopt a shared identity – additionally, they have limited permanent client facing premises (for example because they use GP surgeries or Pharmacies to see service users in some areas). Whilst there is some rationale for the services being discrete, it would be preferable that they have a single local identity which can be clearly recognised – this will help service users to locate he service.
- There are high volumes of complex needs cases within the current system. These may include cases involving child protection, adult safeguarding, combined mental health and substance misuse, homelessness and offending behaviours. Many, if not all, of these cases require high intensity key

working and a very well-coordinated delivery of service. More accurate measurement of the volume of complex cases and the level of input required to them is needed to help specify the parts of the system that is required to effectively deal with these cases.

- Dual Diagnosis, or the presence of combined mental health problems with substance misuse, continues to be a common factor in cases with complex needs. Therefore future planning should include measures to help ensure more streamlined working. This could include co-location of services with mental health providers and/or enhanced multi-agency care-planning with mental health colleagues.
- Though a range of premises are currently used to provide services in the centre of Sunderland and reflect high areas of demand, there are currently no permanent bases in the other Sunderland localities. Though the areas are served by non-permanent bases, it will help to ensure co-location of all functions as well as greater visibility of services if there are permanent bases in at least these three areas (if not all five localities). In order to ensure that this happens it may be necessary to remove premises costs from future contracts and organise these directly (for example using Council facilities or NHS Property Services).
- Some gains have been made in rationalising information systems with a move from seven independent systems being used in the previous service configuration to two systems. However, the model envisaged that a single system would be used by all providers for all functions. As a result, it will be necessary to place stronger penalties against the failure of services to implement a single system (rather than simply identifying is as an area of non-compliance with the specification).
- Within Sunderland, services are now provided without using any NHS Trusts or the Local Authority. Whilst this is not un-common, it poses challenges for providers in enabling effective supervision of staff that may be carrying out roles utilising clinical or social work skills. As a result, performance frameworks will need to include requirements for providers to clearly demonstrate how they ensure that clinical and social work qualified staff are adequately trained and supervised and enabled to retain their professional registrations.
- Whilst registration with the Care Quality Commission (CQC) is necessary for the Specialist Harm Reduction and Clinical Interventions Lots within the model, it is not required for either the Recovery Pathway or Psychosocial Interventions service. This means that there is no external inspection regime for the system as a whole, though clearly the components of the system are interdependent. This issue may be mitigated by specifying the service as a single contract with a number of functions within it (including those that would be notifiable to the CQC.
- Implementation of Payment by Results has had a mixture of effects – in some cases it has stimulated better joint working amongst providers, whilst in others, it has contributed to disagreement amongst providers.

Lessons Learned – Providers

- The service should have been commissioned as a fully integrated system – that is a single provider or a consortium / partnership. Lot structures work better where there is less interdependency.
- Payment by Results targets should be linked to each organisation's own actions or contract requirements, rather than those of other providers.
- Any replacement system of services needs to be sold to clients as they may not understand the full offer of services.
- The service(s) should have a single brand, be fully co-located and have a fully implemented single information system.
- Contract management needs to ensure that issues are effectively escalated and rectified.

- Payment by Results is not seen by providers as an incentive, rather as a risk. It may also work to discourage smaller providers. If performance targets are not met, payment is not made and capacity may be reduced as a result.
- The mobilisation phase needs to be at least 3 months. The 6 week period that was available was too short.
- Smoother transition was impeded by incumbent providers ceasing to take on referrals in the final weeks of the contract. Better exit strategies are required to help ensure there is less discontinuity.
- At the end of the contracts, transfer of data must be effectively facilitated. This may mean covering costs incurred.
- Review of clients following transfer must be realistic, to enable a thorough process to be carried out.
- Weak provider relationships will not help with implementation.
- Partnership working is not strong – this may lead to gaps in continuity of services.
- Providers are not currently working 'as one', which would be required to make the model work as specified.
- There is a lack of clarity relating to what contract mechanisms are in place to draw providers together.
- Full co-location is required in appropriate premises.
- Clinical interventions need to be better integrated into the overall system of services.
- Though there may be organisational issues between providers, front line workers continue to carry out their roles as normal.
- Better early identification of key performance issues might have helped recover them.
- There are many clients in the system that are not appropriate for it – for example Dual Diagnosis clients or others for whom substance misuse is not the main problem.
- The resources allocated to the Recovery Pathway lot is too low – more key workers are required.
- Where a single provider has more than one lot, it has been possible to adjust resources to seek better balance.
- There may be some duplication in delivery in relation to screening and immunisations for BBV.
- The system model is complicated and without clear roles and responsibilities.
- The terms of the contracts need to be more strongly enforced.
- There needs to be better clarification of key working responsibilities and levels of interventions expected – for example in relation to assertive outreach.
- Commissioners need to ensure that providers have sufficient capacity and expertise to deliver on their contracts.
- Previous queries raised by providers during the tender need to be re-visited to identify areas that were not responded to / contracts have not delivered as stated.
- Recovery for existing users' needs to be better integrated into the rest of the treatment system – it also needs to have an attractive offer that is valued by users.
- Providers must follow through on the information provided in bids to ensure that they deliver what has been promised.
- There should be a full panel for provider presentations and evaluation, including key experts. Competitive dialogue could be used.
- Vacant posts should be recruited to as rapidly as possible to help maintain continuity of services.

- During the procurement process, there should be consistency in relation to the structural arrangements of the contracts.
- Quarterly performance reports submitted to the commissioner have comments at the end – these should be responded to by commissioners.
- Budgets can be organised into separate lots and linked to different elements of the system, though this has to be managed by commissioners.
- Safeguarding and management of complex needs must be fully resourced with lead arrangements clarified.
- Appropriate payment arrangements should be put in place for providers – for example whether they are paid in arrears or advance.
- There should be a single point of contact at the Council for providers.
- Further clarity should be provided in relation to Payment by Results payments.

Lessons Learned – Service User, Family and Carer Views

- The recovery navigation role is not well understood by service users.
- More direct representation is required from service users to commissioning groups.
- Recovery should be more visible, for example by better use of peer mentor schemes.
- Services are not very visible – for example there is no permanent base in Washington.
- There needs to be stronger consideration of the role of education and prevention in relation to substance misuse, to help stop people needing to access treatment services further down the line.
- There are too many hand-offs between service – when people are in crisis they need to get to the right type of service quickly.
- There needs to be clarity relating to roles of those working around service users and sharing of information, so it is clear to them what is happening.
- Services seem to be driven by the needs of the organisations, rather than the service user.
- There are still too many service users on maintenance based programmes, rather than following abstinence based pathways.
- There should be more monitoring of individual outcomes, rather than current contract or Public Health England requirements.
- There is a lack of joined up working with other services, such as employment, housing and mental health.
- Carers and families should be more actively engaged in the treatment of service users.
- There should be a one model which takes into account:
    - Simple entry, exit and service user handover points
    - Single records that follow the service user
    - A visible statement of how the model works, so that referrers and service users know what they are signing up to
    - Holistic assessment
    - Support plans to be drawn up at the beginning of the service user's journey and agreed to by all participants – including information sharing permissions
- Commissioning needs to be as a whole system that is focused on outcomes, rather than in parts.
- There should be an assessment and entry point in each of the 5 localities, so that the services are operating in the communities that people live in.

- There needs to be strong links to statutory services such as the criminal justice system, hospital and social work, though this should be on an in-reach basis, so that people can be treated within their own communities.
- There should be a specialist rehabilitation unit within Sunderland.
- There should be an overall team who do the bulk of the assessment and support work and have a more generic role. These workers will be cheaper to employ than specialists. It will also be necessary to have specialists such as GPs, psychologists, counsellors, nurses and social workers who could be part of the overall structure – this can be linked to on a case by case basis.
- The model should set clear targets and outcomes as well as recording actual activity so that cases can be monitored and evaluated in their cost effectiveness.
- Links to existing local structures such as mental health groups, AA, and family support groups should be made and support found to help these groups source external non-public sector funding as this is the cheapest method of delivery.
- The model should have total buy in from all organisations and not be undermined by the needs of organisations.
- The new model would benefit from a broad governing board which would include councillors and commissioners.
- The service should be active in sourcing external resources to help add value to the model and sustain it into the future.

Gaps in intelligence and information

Intelligence in relation to substance misuse itself is strong and has been well established via robust national datasets as well as a culture of consultation and involvement in commissioning. However, it remains highly important that emerging trends in substance misuse are understood and hidden populations are engaged wherever possible.

Substance misuse is closely associated with deprivation factors and as such, the impact of benefit reforms must be taken into consideration when planning and locating services. Currently the rapid emergence of 'Legal Highs' has resulted in a lack of information in relation to therapeutic responses to them. As evidence emerges, services must adapt delivery to accommodate approaches and ways of working.

It is recognised that it may not have been possible to gain the views of all groups via the consultations and engagement activities that have been used to build the service model and associates specifications. Therefore requirements must be included within services specifications to enable a continuous engagement and feedback process to enable service improvement and improved equity of access.

Additional Impacts

The policy or action may also have an impact on other groups or individuals which are not covered by statutory requirements. Please outline any additional individuals or groups which have not already been covered. This could include socio-economic groups, voluntary and community sector, carers or specific communities which face additional challenges (such as former coal mining areas or areas of high deprivation)

2. Analysis of impact on people

In this section you must **review the intelligence described above and summarise the intended and potential impact of the policy, decision or activity** on the people of Sunderland. This includes specific consideration of the impact on individuals, groups with protected characteristics and communities of interest within the city. Please briefly outline any positive, neutral or negative impacts on the specific groups below. Please note that any negative impacts should have a corresponding action in the action plan in the page below.

In this assessment it is important to remember the **Council is required to give due regard to:**

- **Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act.**

- **Advance equality of opportunity between people who share a protected characteristic and those who do not.**
- **Foster good relations between people who share a protected characteristic and those who do not.**

Characteristic	List of Impacts		
	Positive	**Neutral**	**Negative**
Age	Services procured are specified as accessible for all adults. Services will be promoted through a range of channels that are appropriate for service users aged 18 plus These include, GP surgeries, walk-in centres, hospitals, pharmacies, Job Centre Plus, Housing Associations and libraries. Services will be delivered in a way that key groups are not excluded. Services will be available in each of the 5 localities and will be available both during the day and in extended hours during evenings and weekends.	Past prevailing need has indicated that older people do not commonly access services.	Services procured will not be ordinarily accessible to those under the age of 18.
Disability	Service procured are specified as accessible for all adults irrespective of disability. Procurement will contain measures to test the compliance of potential providers with Equality and Diversity considerations		
Gender/Sex	Service procured are specified as accessible for all adults. Also, it has been specified that gender specific groups / delivery must be made possible where		

	necessary. Procurement will contain measures to test the compliance of potential providers with Equality and Diversity considerations.			
Marriage & Civil Partnership	Procurement will contain measures to test the compliance of potential providers with Equality and Diversity considerations.			
Pregnancy and maternity		The service is accessible for pregnant service users with pathways into specialist maternity services		
Race/Ethnicity	Services procured are specified as accessible for all adults. Procurement will contain measures to test the compliance of potential providers with race and ethnicity considerations.			
Religion/belief		Whilst the services will be accessible to people of all religions and beliefs, they may not be delivered using 'faith based' practices.		
Sexual Orientation	Services procured are specified as accessible for all adults. Procurement will contain measures to test the compliance of potential providers with sexual orientation considerations			
Trans-gender/ gender identity	Services procured are specified as accessible for all adults. Procurement will contain measures to test the compliance of potential providers with trans-gender and gender identity considerations.			

Communities experiencing high levels of social and economic deprivation and communities more likely to have unhealthy lifestyles	Within the proposed service, specification there is an outreach component, which aims to deliver services into communities. The service would be able to deliver services to communities geographically isolated from health services and other community assets.		
Carers	Services procured will enable supported referral for carers of substance misusers into specialist carer services for additional support		

Please add any additional groups mentioned in "additional impacts" above to this table.

It is worthwhile noting at the end of this section highlighting positive, neutral and negative impacts on individual community groups, that people were divided in opinion when asked whether all people should get the same support to be healthy (50% in favour) or whether more support should be available to those who need it most (40% in favour). This varied little even among groups such as people from very disadvantaged communities and older people who are more likely to have poor health. It is therefore worthwhile stressing in literature and other media promoting the service that *it is available to all*, but that a small team of staff will target their activity towards groups at particular risk of poor health or having an unhealthy lifestyle.

3. Response to Analysis, Action Plan and Monitoring

In this section please outline what actions you propose to take to minimise the negative, and maximise the positive, impacts that have been identified through the analysis. By considering and implementing these actions the policy or action can be refined to make sure that the greatest benefits are achieved for the people of Sunderland. The performance monitoring process should also be set out to explain how ongoing progress is going to be followed to make sure that the aims are met.

From the analysis four broad approaches can be taken, (No major change; continue with the policy/action despite negative implications; adjust the policy/decision/action; or stop the policy/action). Please indicate, using the list below, which is proposed.

No Major Change	(X)
Continue Despite Negative Implications	( )
Adjust the Policy/Decision/Project/Activity	( )
Stop	( )

Action Plan

ACTION	WHO	WHEN	MONITORING ARRAGEMENTS
Review specification prior to procurement to ensure that negative impacts or concerns are effectively managed within it.	Ben Seale – Public Health Commissioning Manager	By 31 March 2015	Report to Public Health Consultant to verify.

PLEASE ENSURE THE COMPLETED EQUALITY IMPACT ANALYSIS TEMPLATE IS PUBLISHED ON http://citypoint/equalityanalysis/default.aspx, WITH THE RELEVANT ACCOMPANYING

DOCUMENTATION APPENDED, i.e. POLICY/STRATEGY. THE EQULAITY ANLAYSIS MUST BE PRESENTED AT ANY DECISION POINT.