

Section 4

Equality

Analysis Toolkit

Drug and Alcohol Rehabilitation Services
For Decision Making Items

13 June 2019

Question 1 - What is the nature of and are the key components of the proposal being presented?

We are proposing to change how we provide healthy lifestyle services in order to achieve savings yet continue to deliver positive outcomes for the people we support. In particular, we are proposing to change how we provide drug and alcohol rehabilitation.

Drug and alcohol rehabilitation services are mainly residential based programmes, with a small number of day programmes. Rehabilitation is an abstinence-based set of interventions to address the underlying causes of addiction in order to establish new ways of coping in real-life situations following community based treatment and possibly inpatient detoxification.

We propose to reduce the budget by £675,000 and remodel this aspect of the overall treatment system. We propose to target provision on the most vulnerable individuals and those more likely to benefit, such as those people subject to chronic stress and trauma, those with insufficient support or social capital to cope without intensive assistance, to help build and increase resilience.

Question 2 - Scope of the Proposal

Is the proposal likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected?

Rehabilitation is a countywide provision supporting adults (18 and over), providing accommodation, support and rehabilitation to service users with complex drug and/or alcohol misuse issues, who may have other co-existing physical and/or mental health needs. These are delivered in settings where illicit drug and/or alcohol use is not permitted.

LCC commission services that offer a staged approach to meeting the needs of service users in their rehabilitation and include provision of three types:

- 24 hour staffed residential rehabilitation
- None 24 hour staffed residential rehabilitation
- Community based rehabilitation service with or without wrap-around supported accommodation.

Access to rehabilitation often follows on from community treatment and inpatient detoxification; neither of these elements are subject to this proposal.

The proposal will reduce the number of people able to access these specialist rehabilitation services.

Alternative support may be offered to those individuals not able to access rehabilitation. Lancashire County Council commissioned community based treatment substance misuse service and providers of recovery housing may be able to increase or flex existing provision and deliver more community based packages of support.

In addition Lancashire County Council will review and redesign the commission for rehabilitation to reflect the proposed reduction in the monies allocated. This in addition may allow Lancashire County Council to limit the impact of the proposed changes.

Consultation feedback suggested that some providers of alternative pathways for the support and rehabilitation of this group may welcome the proposed changes.

However consultation feedback from Community treatment providers was mixed with some individuals welcoming the change and other concerned that this proposal would add additional pressures to those services

In 2017/18 315 individuals attended rehabilitation. The proposal is estimated to reduce this number by approximately 100 fewer placements per year.

Question 3 – Protected Characteristics Potentially Affected

Could the proposal have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely:

- Age
- Disability including Deaf people
- Gender reassignment
- Pregnancy and maternity
- Race/ethnicity/nationality
- Religion or belief
- Sex/gender
- Sexual orientation
- Marriage or Civil Partnership Status

And what information is available about these groups in the County's population or as service users/customers?

The service is targeted at those with specific need to address dependence and related behaviours rather than a specific group, as such individuals with any protected characteristic could access.

People affected by mental health conditions

Co-occurring substance misuse and mental health issues are significant factors experienced by service users and act as both a barrier to accessing treatment and increase the level and type of support and treatment needed by those affected.

Research shows that mental health problems are experienced by the majority of drug (70%) and alcohol (86%) of alcohol users in community substance misuse treatment¹.

In 2017/18 87% of service users assessed and offered rehabilitation placements by Lancashire County Council substance misuse social workers disclosed mental health as an issue during their assessments. This compares to 36% (n 998 out of 2847) of service users entering treatment with community providers with both a mental health and substance misuse condition².

Demographic data for service users accessing rehabilitation in Lancashire during 2017/18:

- Overall, 315 placements over 285 individuals
- Male – 185 placements (58% of placements), over 191 individuals (66% of individuals)
- Female – 129 placements (41% of placements), over 93 individuals (33% of individuals)
- Transgender – 1 placements (less than 1% of placements), over 1 individual (less than 1% of individuals)

Users of rehabilitation services in Lancashire (2017/18) are disproportionately male.

Age Range

- Aged 18-30, 21% of placements
- Aged 31-45, 44% of placements
- Aged 46-60, 29% of placements
- Aged 60+, 6% of placements

¹ Better care for people with co-occurring mental health and alcohol/drug use conditions
A guide for commissioners and service providers. Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

² Diagnostic Outcomes Monitoring Executive Summary (DOMES) quarter 4 2017/18. NDTMS.

Age – unlikely to adversely affect due to age. The age profile of those attending rehabilitation is broadly similar to those in community treatment. The highest age cohort is those people within the age range 31 – 45 with approximately 48% of people in community treatment and 44% in rehabilitation respectively.

Ethnicity – categories taken for Lancashire County Council data system

- White British, 89% of placements
- White European, 4% of placements
- Asian/Asian British/Chinese, 4% of placements
- Traveller Heritage, 0% of placements
- African/Caribbean/Other Black Background, 3% of placements

Service users from an African/Caribbean/Other Black Background are disproportionately represented within the treatment cohort for rehabilitation, making up 3% of placements. Members of these groups made up 0.35% of the Lancashire population in according to the 2011 census.

Self-Reported Disabilities at point of social care assessment

Mental Health Issue

87% of placements

Physical Disability

20.1% of people in Lancashire reported having a long-term problem or disability in 2011 (census) only 5% of individuals accessing rehabilitation reported a physical disability.

Learning Disability

17% of placements (including dyslexia, dyspraxia etc.)

Question 4 – Engagement/Consultation

How have people/groups been involved in or engaged with in developing this proposal?

About the consultation

Public consultation was undertaken between 18th February 2019 and 15th of April 2019 through online questionnaires, with paper copies also made available, and focus groups across the county.

In total for the public/service user consultation 38 completed questionnaires were returned. For the organisation consultation 27 completed questionnaires were returned.

Consultation workshops with service users, staff, service providers and partner organisations were held between 11 March 2019 and 4 April 2019. In total 95 people attended the workshops (50 service users, 14 staff and 31 service providers/stakeholders).

There was three specific service user focus groups held in Lancashire based residential rehabilitation centres co-ordinated by the providers but facilitated by Lancashire County Council officers.

An additional service user focus group was held in the community which was organised by Red Rose Recovery and the Lancashire User Forum and involved service users in recovery who had been through a rehabilitation programme.

A focus group was held with staff from the community treatment provider, organised by the provider but facilitated by Lancashire County Council officers.

Staff from residential rehabilitation services were also involved in the focus group with a dedicated staff session being held in one of the rehabilitation providers and with staff jointly attending the service users focus groups held in rehabilitation centres.

Stakeholders from Clinical Commissioning Groups, Health and Wellbeing Partnerships and health leads from the District and City Councils also took part in three focus groups.

The events were led by the same person for continuity and supported by a note-taker.

In addition a short presentation was delivered to the Lancashire User Forum.

Demographic information in relation to protected characteristics was included in the public consultation survey. This is summarised as:

Residence: 33 out of 38 respondents were Lancashire residents.

Sex/ Gender: of those that answered the questionnaire 17 reported as Male and 18 as female. Of these 33 reported that their gender identity was the same now as at birth, with 2 reporting that it was not and 1 preferred not to say.

Age: 4 people reported as aged 20-34, 18 were aged 35-49 with 7 aged 50-64 and a further 5 aged 65-74. 2 respondents preferred not to say.

Disabled People and Deaf People: For this consultation it was decided to include some categories of disability rather than a more generic question. 22 people reported as having no disability and 4 preferred not to say.

Two people reported having a learning disability, 4 reported a physical disability and 1 reported a sensory disability. In terms of mental health 6 reported this as a disability.

Ethnicity: 32 respondents identified as White, with 2 reporting as either Asian or Asian British a further 1 respondent described their ethnic background as Black/Black British and one respondent preferred not to say.

Consultation findings: brief overview from the questionnaires

- 20 out of 35 respondents said that they are satisfied with the drug and alcohol rehabilitation service available to the people of Lancashire.
- 27 out of 37 respondents said that they disagree with the proposal.
- When respondents were asked why they agreed or disagreed with the proposal they most commonly said that everyone deserves access to the service (15 respondents) and there is not enough varied support for this vulnerable group (9 respondents).
- When respondents were asked how the proposal would affect them they most commonly said it will be detrimental to services users (13 respondents) and (7 respondents) said that services should be available to all who need them.
- Respondents from partner organisations to the consultation on behalf of organisations were first asked how strongly they agree or disagree with the proposal. 17 out of 27 respondents said that they disagree with the proposal.
- When respondents were asked why they agreed or disagreed with the proposal they most commonly said that we need to consider what is available

for people with 'lower' needs (10 respondents) and prevention is the key to identify problems before they escalate (8 respondents).

- When respondents were asked how the proposal would affect their service and the people they support they most commonly said that a harder to access service will see the problem getting worse (eight respondents) and it will have a positive impact on their services and/or service users (six respondents).

Consultation findings: brief overview of the key themes from the focus groups

- Both Service Users and staff raised questions/comments as to proposed 'targeting' of fewer rehabilitation places and criteria that would be used - how will people be prioritised & assessed particularly as people are already vulnerable?, complex and some conditions/traumas do not arise until they are in rehabilitation (after assessment stage).
- Service users reported the value of an intense period of person centred approaches/therapies/programs that rehabilitation offers. Rehabilitation allows services users to change by learning and developing coping skills and a greater understanding of their own behaviours away from negative influencing factors in their community.
- With the proposed reduction the negative impact on the family and community was commented on by the stakeholders. Service users and staff groups reported the benefits residential rehabilitation had to the family and wider community particularly the family intervention work, stopping intergenerational cycle of dependence and the impact on other lives and the wider community.
- For providers and service users there was an emphasis on how the potential impact of a reduction in Tier 4 services might impact on community substance misuse services and other public services such as social services (children & adults), criminal justice and health services. The concerns were around capacity, increased demands and costs that might be displaced.
- The majority of services users reported that residential rehabilitation prevented further harms such as drug/alcohol related deaths, blood borne viruses, tragedies, crime/victims of crime and hospitalisation.

Question 5 – Analysing Impact

Could this proposal potentially disadvantage particular groups sharing protected characteristics and if so which groups and in what way? This pays particular attention to the general aims of the Public Sector Equality Duty:

- To eliminate unlawful discrimination, harassment or victimisation because of protected characteristics;
- To advance equality of opportunity for those who share protected characteristics;
- To encourage people who share a relevant protected characteristic to participate in public life;
- To contribute to fostering good relations between those who share a relevant protected characteristic and those who do not/community cohesion;

Mental Health

Co-occurring mental health and substance misuse (service users) the proposal may adversely impact on individuals sharing this characteristic. At the point of assessment for rehabilitation 87% self-reported as having a mental health need. This is higher than the figure for those entering community treatment who have a mean average of 36% (the rate varies according to main drug of use). It would be expected that after a period of community treatment and approaching sobriety that individuals would be more aware of their mental health needs which may partly explain the difference between the two figures. However it may also be due to those with more complex needs requiring more structured rehabilitation. People with mental health needs may be disproportionately impacted on by the proposal.

Sex/ Gender

66% of placements into rehabilitation are male, with 33% female and less than 1% (1 individual) identifying as transgender. This is representative of the gender make up of service users in community treatment.

Men may be disproportionately impacted on by the proposal.

Ethnicity

Service users from an African/Caribbean/Other Black Background are disproportionately represented within the treatment cohort for rehabilitation, making up 3% of placements. Members of these groups made up 0.35% of the Lancashire

population in according to the 2011 census and may be disproportionately impacted by the proposal.

Families

Residential rehabilitation allows individuals to reintegrate into society with individuals reporting that they are able to return to work and give back.

Rehabilitation supports people to participate in public life and can bring families together.

Rehabilitation supports service users to work with social care allowing parents to be with children:

"When I first had contact with social services I was fighting against them, I have now learnt to work with them and working now fully with social services. Social services was in process of getting son adopted, this has now been stopped and I'm getting him back."

Participants also reported that rehabilitation impacts on the next generation by breaking the cycle of substance misuse:

"It broke a family cycle, my family was users, my 22 year old was but now supported and both clean."

Evidence suggests that rehabilitation helps to keep families together with 4% of referrals in 2017-18 coming from Children's Social Care with a further 5% from Adult Social Care.

Care Act 2014

Lancashire County Council complies with its Care Act duties through a range of services delivered directly by the Local Authority and through contractual compliance with a range of commissioned providers.

The residential rehabilitation is a non-statutory service, however it is paid for through adult social care and all referrals are assessed by a specialist team of Lancashire County Council social workers. It offers support to prevent the escalation of need and provides information and advice to enable people to access wider community services. As such, it currently forms a part of the overall Lancashire County Council Care Act offer, which will consequently be affected if the service is discontinued.

Question 6 –Combined/Cumulative Effect

Could the effects of this proposal combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

There are a number of factors/decisions that may impact on service users and partner organisations including:

- Reductions in funding to community treatment services that have already been implemented and may lead to a cumulative impact of people with protected characteristics when coupled with the proposed reduction of the number of rehabilitation places.
- The Integrated Care System in Lancashire and South Cumbria has recognised the impact that substance misuse is having on A&E units and on mental health providers. The proposed reduction in rehabilitation may have a negative cumulative impact on people with mental health issues who would use both rehabilitation/substance misuse services and wider health services.
- Budget reductions in relation to the Welfare Rights Service and Active Lives / Healthy Weight may increase the negative impact of the proposal of users of rehabilitation services.
- The proposed cessation of the Lancashire Wellbeing Service may lead to reduced support to those with protected characteristics who also access rehabilitation services.
- The proposed reduction in the budget for rehabilitation services may put staff members of those services at risk of redundancy.

Question 7 – Identifying Initial Results of Your Analysis

As a result of the analysis has the original proposal been changed/amended, if so please describe.

Members made a decision at Cabinet in 3rd December 2018 to undertake public consultation on a proposal to reduce access to residential rehabilitation by reducing the amount of money spent on the service from £1.675 million to £1 million. Given the current contextual understanding based on the consultation questionnaires and focus groups responses, the recommendation is:

That Cabinet approve proposals to remodel Substance Misuse Rehabilitation Services through re-procurement to include policy / threshold changes and promote the uptake of community based substance misuse services.

Question 8 - Mitigation

Will any steps be taken to mitigate/reduce any potential adverse effects of the proposal?

The following steps will be taken to mitigate the impacts of the proposal:

Residential and non-residential rehabilitation services will be redesigned and recommissioned, recognising the opportunity to promote the uptake of community based drug and alcohol services and maximise utilisation of wider community assets.

Question 9 – Balancing the Proposal/Countervailing Factors

This weighs up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of the analysis.

The rationale behind the original proposal was to support the financial challenges faced by the County Council. The risks in not following the proposal are that Lancashire County Council reduces its ability to set a balanced budget.

A residual budget will remain, allowing access to rehabilitation for those with greatest need.

However service users with mental health issues, males and people from an African/Caribbean background may be disproportionately impacted on by this decision with reduced access to rehabilitation services.

Question 10 – Final Proposal

In summary, what is the final proposal and which groups may be affected and how?

The final proposal is that Cabinet are asked to approve:

A reduction in the budget of £675,000 for drug and alcohol rehabilitation services, ahead of a planned reprocurement exercise.

That further work be undertaken with partners to identify opportunities for collaborative working to develop integrated approaches to prevention and health improvement

Endorse multi-agency workforce development through the roll out of the Making Every Contact Count Programme (for signposting and general lifestyle advice); and development of a digital offer, to maximise self-care opportunities afforded by health and wellbeing apps and other social media platforms

Service users with mental health issues, males and people from an African/Caribbean background may be disproportionately impacted on by this decision with reduced access to rehabilitation services.

Question 11 – Review and Monitoring Arrangements

What arrangements will be put in place to review and monitor the effects of this proposal?

We will utilise contract management and data analysis to monitor the effects of this proposal.

Equality Analysis Prepared By Lee Harrington

Position/Role Senior Public Health Practitioner

Equality Analysis Endorsed by Line Manager and/or Service Head Chris Lee

Decision Signed Off By

Cabinet Member or Director

For further information please contact

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