

Equality Impact Assessment: Screening Tool

Summary of proposal

Name of proposal	Allocation of £1.1m of Islington's Supplementary Substance Misuse Treatment and Recovery Grant to existing service provider (Camden and Islington NHS Trust) via grant agreement and Executive decision.
Reference number (if applicable)	
Service Area	Public Health
Date screening completed	19/06/2023
Screening author name	Lisa Luhman
Fairness and Equality team sign off	Charlton Brown
Authorising Director/Head of Service name	Miriam Bullock

Before completing the EQIA Screening Tool please read the guidance and FAQs. For further help and advice please contact equalities@islington.gov.uk.

Please provide a summary of the proposal.

Please outline:

- What are the aims/objectives of this proposal?
- Will this deliver any savings?
- What benefits or change will we see from this proposal?
- Which key groups of people or areas of the borough are involved?

Background

In December 2021, the Government published a 10- year, national drug strategy [From Harm to Hope](#). The strategy outlines the Government's ambition to develop a world class drug and alcohol treatment system and also includes a number of desired outcomes. Every local authority in England has been awarded the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG). The grant is awarded by and managed by the Department of Health and Social Care/Office of Health Improvement and Disparities (OHID).

Islington's SSMTR grant income for 2023/24 is £1.3m and officers were notified of the grant allocation in late February 2023. Delivery plans have been developed and approved by OHID. The core objectives are: **increasing the numbers of people accessing substance misuse treatment, and improving the number of people engaging with substance misuse treatment on release from prison.** Delivery plans centre on **increasing service capacity**, i.e. creating and recruiting a substantial number of additional staff.

Many will be co-located with key delivery partners including the local probation service, in-reach to prisons and police custody suites, co-location with mental health core community teams and increasing in-reach to supported accommodation sites.

Officers plan to allocate £1.1m of its total £1.4m SSMTR grant Camden and Islington NHS Trust to deliver this increase in service capacity. (The remaining £300k will be allocated across our young people's service, a prison project, and will fund a strategy role in Public Health).

Proposal, i.e. decision(s) requested of CMB

1. Approve issuing £1.1m of funding to the existing provider *as a grant*.
2. Take this decision as an Executive, as opposed to Key, decision.

Rationale

1. We are not able to issue funds to the provider through a contract variation. A new contract would require competitive tender process. We do not wish to undergo a competitive tender process: OHID requires us to make substantial progress against our delivery plans and to spend our grant in full within the financial year. In addition, working with our existing provider – with whom we have contracted since 2018 – allows us to make best and most efficient use of existing delivery frameworks and system partnerships. We are therefore seeking approval to issue the funding to the provider as a grant.
 2. A grant of this amount would ordinarily be considered as a Key Decision. The earliest this could be timetabled is Autumn 2023, presenting material risk to our delivery and spending schedule. We are therefore seeking approval as an Executive decision.
- What are the aims/objectives of this proposal?

Allow £1.1m of Islington's £1.4m SSMTR funding to be disbursed to our current service provider as a grant.
Achieve sign off of this proposal as an Executive decision.

- Will this deliver any savings?

n/a – this proposal is about disbursement of grant monies we are receiving and must spend within 2023/24.

- What benefits or change will we see from this proposal?

Efficient progress against objectives of the National Drugs Strategy in Islington, i.e. increase the numbers of people accessing drug treatment, and increase the number of people accessing support from custody into the community.

Issuing funds in this way will give Islington the best opportunity to deliver to the timescales OHID DHSC prescribed when issuing the grant funding to the local authority, avoids clawback of funds, enabling us to deliver maximum impact for our residents.

- Which key groups of people or areas of the borough are involved?

Substance misuse support is a universal offer available to any resident with a need. Groups particularly vulnerable to substance misuse include: people experiencing homelessness; people in contact with the criminal justice system; people in or leaving prison. Mental health needs, experience of domestic abuse, being NEET, and identifying as LGBTQIA are also associated with vulnerability. The relationship with financial hardship and deprivation is complex, and people with substance misuse needs often have other social and housing support requirements.

*Improvements to reach and effectiveness of substance misuse services has the potential to deliver benefits to the wider community and related health, social and VCS services.

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On whom will the proposal impact? Delete as appropriate.

Group of people	Impacted?
Service users	Yes – by issuing funds as a grant via Executive Decision, we are able to progress this work quickly and be assured that we will realise our full grant allocation within the financial year – this will benefit service users.
Residents	No – though improving reach and effectiveness of substance misuse services will deliver broad social benefits to the borough.
Businesses	No
Visitors to Islington	No
Voluntary or community groups	No* (see above for *)

Group of people	Impacted?
Council staff	No*
Trade unions	No
Other public sector organisations	No*
Others	Please specify:

What consultation or engagement has taken place or is planned?

Please outline:

- Which groups or communities you have consulted/plan to consult
- Methods used/will use to engage (for example, focus groups)
- How insight gained from engagement or consultation has been/will be fed into decision making or proposal design

If you have not completed any engagement activity and do not plan to, you should outline why this decision has been made.

On proposal to issue funds as a grant and to sign this off via Executive decision – we collaborated with / sought advice from: Council colleagues in legal, finance, democratic services, procurement and public health commissioning and governance; OHID; C&I NHS Trust.

We have a long-standing service user group (Islington Clients of Drug and Alcohol Services, ICDAS) who are sighted on the proposals and are a sounding board for the current services and provider. Service user involvement is a core part of our current contract monitoring and approach to service design.

Formal consultation is not required for this award and no consultation has taken place. The grant money was awarded to Islington along with every other local authority in England. The Office of Health Improvement and Disparities (OHID) included a list of interventions that the grant could be used to fund. Officers liaised with key delivery partners and grant leads at the Office of Health Improvement and Disparities to agree how the grant could be spent to support Islington in achieving the outcomes outlined in the national Drug Strategy.

The substance misuse service provided by Camden and Islington NHS Trust already work closely with service users and key partners to ensure the service offer is meeting the needs of service users, this feedback mechanism will be extended to include the interventions funded by the SSMTRG.

What impact will this change have on people with protected characteristics and/or from disadvantaged groups?

Of the groups you have identified above, please now indicate the likely impact on people with protected characteristics within these groups by checking the relevant box below. Use the following definitions as a guide:

Neutral – The proposal has no impact on people with the identified protected characteristics

Positive – The proposal has a beneficial and desirable impact on people with the identified protected characteristics

Negative – The proposal has a negative and undesirable impact on people with the identified protected characteristics

You should then assess whether the negative impact has a low impact, medium impact or high impact. Consider the level and likelihood of impact. Please also think about whether the proposal is likely to be contentious or perceived as a negative change by certain groups, as this could justify the completion of a full EQIA. See the guidance for help.

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	
Disability (include carers)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	
Race or ethnicity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	Black and Minority Ethnic residents are over represented in the criminal justice system and are under represented in drug treatment. Improving the reach and effectiveness of substance misuse services has the potential to reduce this inequality.

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
Religion or belief (include no faith)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	
Gender and gender reassignment (male, female or non-binary)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	
Maternity or pregnancy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	
Sex and Sexual Orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	LGBTQIA people may be under represented in treatment services. Improving the reach and effectiveness of substance misuse services has the potential to reduce this inequality.
Marriage or Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Choose an item.	

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
Other (e.g. people living in poverty, looked after children, people who are homeless or refugees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	People experiencing homelessness, prison, mental health needs, historic trauma and other vulnerabilities are at greater risk of having substance misuse needs. Improving the reach and effectiveness of substance misuse services has the potential to reduce this inequality.

How do you plan to mitigate negative impacts?

Where there are disproportionate impacts on groups with protected characteristics, please outline:

- The other options that were explored before deciding on this proposal and why they were not pursued
- Action that is being taken to mitigate the negative impacts

Action	Lead	Deadline	Comments
N/A			

Action	Lead	Deadline	Comments

Screening Decision	Outcome
Neutral or Positive – no full EQIA needed*.	Yes
Negative – Low Impact – full EQIA at the service director’s discretion*.	No
Negative – Medium or High Impact – must complete a full EQIA.	No
Is a full EQIA required? Service decision:	No

Screening Decision	Outcome
Is a full EQIA required? Fairness and Equality recommendation:	No

* If a full EQIA is not required, you are still legally required to monitor and review the proposed changes after implementation to check they work as planned and to screen for unexpected equality impacts.

Please send this completed EQIA Screening Tool to equalities@islington.gov.uk for quality checking by the Fairness and Equality Team.