

# Equalities Impact Assessment: Full Assessment

Before completing this form you should have completed an Equalities Screening Tool and had sign off from your Head of Service and the Fairness and Equality Team.

This Equality Impact Assessment should be completed where the Screening Tool identifies a potentially negative impact on one or more specific groups but it can also be used to highlight positive impacts.

## Summary of proposal

Name of proposal	Allocation Islington's Supplementary Substance Misuse Treatment and Recovery Grant to the value of £2.7m
Reference number (if applicable)	
Service Area	Public Health
Date assessment completed	09/02/2024

Before completing the EQIA please read the guidance and FAQs. For further help and advice please contact [equalities@islington.gov.uk](mailto:equalities@islington.gov.uk).

# 1. Please provide a summary of the proposal.

Please provide:

- Context on how the service currently operates (if relevant) and the scope of suggested changes
- The intended beneficiaries and outcomes of the proposal
- Reference to any savings or income generation

## 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 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).

## Aims and Objectives of the Proposal

Islington's SSMTR grant income for 2024/25 is £2.7m and officers were notified of the grant allocation in December 2023 with plans needing to be submitted by end of December. Delivery plans have been developed and approved by OHID alongside key deliver partners and stakeholders. 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 and improve health pathways. Delivery plans centre on increasing service capacity, i.e., creating and recruiting a substantial number of additional staff to be able to deliver services in a way that addresses any known issues with pathways into services.

Many of the staff recruited with the additional investment will be co-located with local partners including:

- National Probation Service
- In-reach to prisons and police custody suites
- Co-location with mental health core community teams
- In-reach to supported accommodation sites
- In reach to Wittington Hospital
- Outreach with Community Safety Teams

The reasoning behind co-location of staff is to remove any real or perceived barriers to engagement and ensure that services are working collaboratively to identify those that require support and ensure they can access treatment.

Officers plan to allocate £1.8m of its total £2.7m SSMTR grant Camden and Islington NHS Trust to deliver this increase in service capacity. The remaining £900k will be allocated across various partners as outlined below.

### *Proposal, i.e., decision(s) requested of CMT*

1. To approve the acceptance of the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) amounting to £2,700,656.
2. To approve that £1,861,084.66 of the Council's SSMTRG is issued to the Trust via a Grant Agreement.

### *Legal Basis*

Please provide:

- Context on how the service currently operates (if relevant) and the scope of suggested changes
- The intended beneficiaries and outcomes of the proposal
- Reference to any savings or income generation

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. We have consulted with legal in the context of the Provider Selection Regime (PSR) legislation that came into force on 1 January 2024. Legal have endorsed the use of a grant agreement.

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?

The 2024/25 SSMTRG spending plans focus on increasing the numbers of people accessing drug and alcohol treatment in the borough, both in the community and via the criminal justice system. One of the overall ways we aim to do this is to ensure that pathways are clear and that the service is accessible to those that need it. The grant requires full investment and delivery within the financial year, and up to 10% of its value is conditional on achieving target increases to our numbers in treatment. Commissioners therefore intend to invest the majority of this year's grant with NHS Camden & Islington in order to continue the enhanced delivery initiated in the first and second year of the grant-funded programme.

Outline grant spending and delivery plans for the 2024/25 financial year – new (**new**) and continuing (cont.) areas of investment.

#### **Programme capacity**

- Programme Lead and Data Manager within NHS C&I (**new**)
- Branding and content creation to promote the service and streamline access (**new**)
- Commissioning / Public Health capacity – Public Health Strategist role (cont.)
- Additional specialist roles in Young People's service (cont.)

#### **Outreach and peer support**

- Additional outreach & entry into treatment capacity for OCU (opiate and crack use) cohort (**new**)
- Hostel In-reach Worker to increase capacity to connect hostel residents to treatment services (**new**)
- Senior Mental Health Worker specialising in substance misuse (**new**)
- Enhancing peer-support offer to include weekend provision and Senior Peer Recovery coaching (new)
- Peer to Peer Harm Reduction project – coach and training (cont.)

Please provide:

- Context on how the service currently operates (if relevant) and the scope of suggested changes
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#### **Criminal Justice System pathways**

- NCL-wide Criminal Justice Data role (contribution) (**new**)
- Criminal Justice System pathway roles to improve treatment pathways (cont.)
- Support When It Matters 10-week structured support for men of Black African and Black Caribbean heritage moving from prison to the community (cont.)

#### **Healthcare pathways**

- Establish Drug and Alcohol Liaison Team at Wittington Hospital (**new**)
- Increased allocation of funds for residential rehab places (**new**)
- Clinical Psychologist to increase structured intervention delivery (cont.)

#### **Reducing the risk of drug related deaths**

- Surveillance product to support fatal and non-fatal overdose reporting (**new**)
- Expansion of long-acting Opiate Substitution Treatment availability (**new**)
- Provision of Naloxone (overdose reversal drug) in pharmacies (cont.)

## 2. What impact will this change have on different groups of people?

Please consider:

- Whether the impact will predominantly be external or internal, or both?
- Who will be impacted – residents, service users, local communities, staff, or others?
- Broadly what will the impact be – reduced access to facilities or disruptions to journeys for example?

Drug and alcohol use can impact any individual in the borough and support is a universal offer available to any resident with a need. The underlying causes of drug and alcohol misuse is complex yet evidence suggests that specific groups are more vulnerable to it. Several demographic, social, and economic factors can contribute to an increased risk of drug and alcohol misuse. It's important to note that these risk factors can vary across different populations and regions. Some groups that are often identified as being at higher risk are:

- People with Mental Health Issues
- People experiencing Rough Sleeping or Homelessness
- Individuals with a Family History of Substance Use
- LGBTIQ+ Individuals
- People Experiencing Socioeconomic Disadvantage
- People Involved in the Criminal Justice System
- Individuals Experiencing Trauma

- Veterans
- People with Chronic Pain
- Experience of Domestic Abuse

Evidence shows individuals are more likely to benefit from a multi-faceted approach to their treatment and recovery. The interventions we are looking to implement will positively impact the groups most at risk of drug/ alcohol misuse and will contribute to reducing unmet need.

The additional funding will have a specific impact on certain areas:

Age: The additional funding is intending to improve access for young people that have drug/ alcohol support needs with targeted investment in outreach and additional youth workers. The additional investment in clinical support within the adult services will also enable better support of physical co-morbidities that exist within the ageing population of drug/ alcohol users in treatment.

Gender: We are funding a project that looks specifically at the needs on non-opiate men as they have been identified as an underrepresented group.

Ethnicity: Cultural factors may influence how individuals from different ethnic backgrounds access and engage with services and we are continuing funding of the SWIM service that provides culturally competent holistic support to men of Black African or Black Caribbean background who are in contact with the criminal justice system.

Accessibility and Outreach: As mentioned above we are ensuring that services are as accessible as possible to individuals by taken support to other settings which many be more suitable to their needs.

- Who will be impacted – residents, service users, local communities, staff, or others?

Group of people	Impact
Service users	The introduction of new interventions and improvements to drug and alcohol support services available is hoped to enhance experience of treatment and accessibility.
Residents	Improving reach and effectiveness of substance misuse services will deliver broad social benefits to the borough including a reduction in the harms associated with drug and alcohol use.
Businesses	Opportunities to deliver new interventions
Visitors to Islington	No
Voluntary or community groups	We have ambitious plans to enhance the peer recovery groups available to ensure visible lived experience of recovery. Also plan to engage with local VCSE's to ensure we are taking services to where they are most needed.
Other public sector organisations	Improvements to the pathways from existing services delivered by Camden and Islington NHS Foundation trust, community mental health services, prisons, police, probation, Whittington Hospital.

Broadly the impact will be positive and to ensure that drug and alcohol support services are more accessible to individuals that require specialist support.

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

This section of the assessment looks in detail at the likely impacts of the proposed changes on different sections of our diverse community.

#### 3A. What data have you used to assess impacts?

Please provide:

- Details of the evidence used to assess impacts on people with protected characteristics and from disadvantaged groups (see guidance for help)
- A breakdown of service user demographics where possible
- Brief interpretation of findings



Islington CDP Area  
Profile (square).pptx

A needs assessment for drugs and alcohol as completed in December (see presentation embedded) and has been used to inform our areas of investment to ensure the decisions were evidence based.

Key findings:

- Prevalence data on drug use at borough level is limited. However, modelled estimates (best available source) suggest drug (**opiate and crack cocaine**) use in Islington is the highest in London and has been increasing since 2016/17. It is also estimated that Islington has one of the highest alcohol dependency rates in London.
- Whilst estimates may not be precisely accurate, there are **high treatment needs in Islington**, which are higher than at a regional or national level.
- The most commonly used drugs in England and Wales in 2018/19 were **cannabis, powder cocaine, and nitrous oxide**. While local data is not available, we may anticipate similar patterns in London and Islington.
- Certain groups are under-represented in drug and alcohol treatment in Islington – this includes people from **Black** and **Asian** ethnic backgrounds, **Muslim** people, and **women**.
- Nearly one-quarter of people presenting to drug and alcohol treatment in Islington reported problems with their **housing**, with nearly 10% reporting an urgent housing need. This is higher than regional or national figures.
- Just under one third of drug and alcohol service users described themselves as **long-term sick or disabled**, compared to 5% of Islington's population overall.
- **Continuity of care** rates for people leaving prison are low in Islington, with most recent data showing that only 29% of people in Islington received structured drug and alcohol treatment within 21 days of their prison exit date.

Please provide:

- Details of the evidence used to assess impacts on people with protected characteristics and from disadvantaged groups (see guidance for help)
- A breakdown of service user demographics where possible
- Brief interpretation of findings

3B: Assess the impacts on people with protected characteristics and from disadvantaged groups in the table below.

Please first select whether the potential impact is positive, neutral, or negative and then provide details of the impacts and any mitigations or positive actions you will put in place.

Please 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



Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
Age	Positive	<p>We are enhancing the dedicated provision for children and young people through the additional investment as they have been identified as a group that are underrepresented.</p> <p>We are also enhancing clinical provision for the older treatment population with co-existing physical health issues e.g., COPD. Improving hospital-based drug and alcohol referrals, e.g. liaison team at Wittington Hospital, may improve access to treatment for older people.</p> <p>Online and weekend support may make the services more accessible for older and younger groups.</p>	<p>Ensuring the additional funds are spent in a timely way to maximise impact.</p> <p>Ensure digital literacy/ poverty does not become a barrier to online support</p>
Disability (include carers)	Positive	<p>Increase accessibility via online support platforms are hoped to make the services more accessible to people with disabilities.</p>	<p>Service promotion and regular feedback to ensure continuous improvements.</p>

Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
Race or ethnicity	Positive	<p>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.</p> <p>We are issuing funds that focus specifically on men from Black African or Black Caribbean background who are in contact with the criminal justice system and who have non-opiate substance use needs.</p>	<p>Service promotion and regular feedback to ensure continuous improvements.</p> <p>Ensuring the additional funds are spent in a timely way to maximise impact.</p> <p>Ensuring the services are agile to respond to emerging need.</p>

Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
Religion or belief (include no faith)	Positive	Additional funds will be used to strengthen our joint working with the Voluntary and Community Sector and with faith organisations, both of which may provide opportunities for service promotion to currently underserved community groups.	Ensuing we are engaging with the correct community groups and taking a proactive approach to co production.
Gender and gender reassignment (male, female, or non-binary)	Positive	We are developing a pathway specifically for women to ensure that the needs of women accessing treatment are accommodated such as the introduction of women only spaces, flexibility around childcare commitments, better understanding of women's trauma in the criminal justice system, co-location to women's support services locally.	Dedicated lead within the service ensuring service developments is embedded and reviewed

Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
Maternity or pregnancy	Positive	<p>The service has an established Pathway for pregnant service users.</p> <p>The additional of women only pathways will improve the experience of women that are pregnant/ maternity. The introduction of online and weekend support may also make services more accessible (This complements the existing Family Service).</p>	Ensure that the needs of maternity/ pregnancy are factored into the women's pathway development outlined above.
Sex and sexual orientation	Positive	LGBTQIA people may be underrepresented in treatment services. Improving the reach and effectiveness of substance misuse services has the potential to reduce this inequality.	<p>Ensuring representation from a broad spectrum of individuals.</p> <p>Service integration with sexual health services regarding specific cohorts e.g. Chemsex.</p>

Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
Marriage or civil partnership	Neutral	The service is accessible to all residents irrespective of their marriage or civil partnership status.	
Other Age (e.g. elderly) (e.g. people living in poverty, looked after children, people who are homeless or refugees)	Positive	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.	Ensuring service collaboration with other key services in Islington such as street outreach and mental health services.

## 4. How do you plan to mitigate negative impacts?

Please provide:

- An outline of actions and the expected outcomes
- Any governance and funding which will support these actions if relevant

None assessed.

## 5. Please provide details of your consultation and/or engagement plans.

Please provide:

- Details of what steps you have taken or plan to take to consult or engage the whole community or specific groups affected by the proposal
- Who has been or will be consulted or engaged with
- Methods used or that will be used to engage or consult
- Key findings or feedback (if completed)

For the proposal in 2024/25 we collaborated with / sought advice from: Council colleagues in community safety, 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.

## 6. Once the proposal has been implemented, how will impacts be monitored and reviewed?

Please provide details in the table below.

Action	Responsible team or officer	Deadline
Quarterly Milestone Plan Review	Stacey Baston (public health)	Sept 2024
Activity and Spend (quarterly)	Stacey Baston (public health)	March 2025
Meeting key delivery targets e.g. numbers in treatment, successful completions, referral pathways.	Stacey Baston (public health)	March 2025
Evaluation of key projects e.g. Whittington Hospital Pathway	Miriam Bullock (public health)	March 2025

Please send the completed EQIA to [equalities@islington.gov.uk](mailto:equalities@islington.gov.uk) for quality checking by the Fairness and Equality Team. All Equality Impact Assessments must be attached with any report to a decision-making board and should be made publicly available on request.

This Equality Impact Assessment has been completed in accordance with the guidance and using appropriate evidence.

Member	Name	Signed	Date
Staff member completing this form	Stacey Baston		28/02/2023
Fairness and Equality Team	Hezi Yaacov-Hai	<i>Hezi Yaacov-Hai</i>	28/02/2023