

Equality Impact Assessment Template

Please complete this template using the [Equality Impact Assessment Guidance document](#)

Version 4: January 2019

Title of proposal <i>(include forward plan reference if available)</i>	Sandwell Universal Allocation Grant: Enhanced Drug Treatment Provision
Directorate and Service Area	Ault Social Care, Health and Well-Being, Public Health
Name and title of Lead Officer completing this EIA	Mary Bailey, Addictive Behaviours Programme Manager
Contact Details	Mary_Bailey@Sandwell.gov.uk
Names and titles of other officers involved in completing this EIA	
Partners involved with the EIA where jointly completed	N/A
Date EIA completed	18 th February 2022
Date EIA signed off or agreed by Director or Executive Director	
Name of Director or Executive Director signing off EIA	Lisa McNally, Director of Public Health
Date EIA considered by Cabinet Member	

See [Equality Impact Assessment Guidance](#) for key prompts that must be addressed for all questions

**1. The purpose of the proposal or decision required
(Please provide as much information as possible)**

Additional government funding was made available to Local Authority Public Health teams to bolster their local drug treatment response following the 2020/21 Dame Carol Black national review of drug treatment services. The review highlighted sustained funding cuts to local drug treatment services together with increasing drug related harms, resulting in government providing an additional £80 million funding for drug treatment services to be spent in 2021/22. Sandwell's allocated amount for the 2021/22 period was utilised in line with the Grant conditions resulting in a previous variation to the current Alcohol & Drug Service Contract (Decisions of Cabinet held 16th June 2021)

Further to the national review and following the subsequent release in December 2021 of the National Drug Strategy 'From Harm to Hope: A ten-year drugs plan to cut crime and save lives' the Government has announced further additional funding for drug treatment services for a period of 3 years covering the following financial years: 2022/23, 2023/24 and 2024/25

Sandwell's indicative allocated amount for the 2022/23 period (the period of overlap with the current Alcohol & Drug Service Contract term) is £530,000. The funding is dependent on maintaining existing Public Health Grant investment in substance misuse treatment and therefore must be additional to existing Public Health grant expenditure.

The funding must be spent on interventions that aim to achieve the Drug Strategy ambition to reduce drug related deaths and harms. The Strategy therefore requires that local areas rebuild and reinvest into treatment services towards "*a world class drug treatment and recovery system*"

The expectation from government is that the additional enhanced delivery commences from Quarter 1 of 2022/23 and continue throughout the 3-year period of enhanced funding (2022/23, 2023/24 and 2024/25).

Local areas are expected to receive confirmed allocation amounts by mid-March 2022 with spend activity to commence as early as possible in Quarter 1 of 2022/23.

The funding must be spent on interventions that help reduce drug related

crime and drug related deaths. A list of permissible spend options include:

- offering more treatment places and reducing treatment worker caseload levels
- increased use of residential rehabilitation
- expanding needle and syringe programmes to reduce blood-borne viruses
- providing more naloxone to prevent overdose deaths
- improving treatment pathways from the criminal justice system including courts, prisons and police custody
- other interventions (subject to approval from the national team)

The proposed spend options include a number of elements that are best delivered by our currently commissioned drug treatment provider, Cranstoun, e.g. expansion of pharmacological and psychosocial intervention capacity. To not have these delivered by our existing drug treatment services could compromise client experience and continuity of provision.

We therefore propose to secure Cabinet approval to allow a variation of the current Adult Alcohol and Drug Service Contract value to fund additional enhanced provision totalling **£260,953.00** for the remaining period of the contract term (10 months covering 1st April 2022 to 31st January 2023).

Proposed variation interventions and amount, Table 1:

Intervention	Descriptor/Rationale	Amount
Enhanced Harm Reduction: Peer-to-peer naloxone provision	400 additional naloxone kits and 0.5 FTE peer co-ordinator post to ensure overdose reversal medication gets to those who need it	£27,853
Enhanced Harm Reduction: Foil in Needle Syringe Packs	Enhance current Needle pack kits with addition of foil: replace usual purchase of kits to kits containing foil - 1000 packs at a cost of £1 per	£1,000

	pack	
More Treatment Options: Novel Long Acting Opioid Substitution Therapy (OST) provision :Buvidal	Cost of £3100 OST per individual per annum: additional cost to existing provision £1852 per individual -allowing an additional 20 people in receipt of Buvidal	£37,100
Increased Integration and Improved Care Pathways: 4 FTE Referral Generation Workers	Posts will work across the system to increase referrals into treatment by working across a range of partners including children and family services, criminal justice agencies, job centre plus and primary care.	£156,000
Increased Treatment Capacity: 1 FTE Drug Treatment Worker	Worker to provide additional capacity and interventions for those referred via Out of Court Disposals	£39,000
TOTAL		£260,953.00

The proposed additional interventions would add value to the existing drug treatment contract through increased integration and improved care pathways, additional treatment capacity, enhanced harm reduction and the expansion of options in relation to opiate substitution therapy (in line with current NICE guidance). Furthermore, Cranstoun, the current provider of adult drug treatment services is performing to a satisfactory standard and could fully integrate the additional services into existing provision within a minimal timescale, subject to recruitment.

2. Evidence used/considered

The proposals aim to reduce drug related crime and reduce drug related deaths. The following evidence and guidance was used to inform the proposal:

- Opioid dependence: buprenorphine prolonged-release injection (Buvidal), (NICE, 2019)
- Monitoring the legal provision of foil to heroin users (Home Office, 2016)
- Widening the Availability of Naloxone (Public Health England, 2019)
- Drug Misuse and Dependence: UK Guidelines on Clinical Management (DHSC, 2017)
- Local data from the National Drug Treatment Monitoring System
- Local data from the drug related death review process.

3. Consultation

In order to ensure local proposed spend fulfilled national requirements as well as benefitting local drug treatment provision, consultation with the local treatment provider commenced during the week commencing 21st February 2022, just after the indicative amount was announced. Partners including members of the local Strategic Drug & Alcohol Partnership (SDAP), local treatment service providers including acute sector and CCG, and regional Public Health colleagues will be consulted throughout March and during the SDAP meeting scheduled for mid-March. The achievability of intended aims, feasibility, additionality to existing provision as well as fit within the permitted list of interventions outlined by the national criteria will inform spend proposals.

4. Assess likely impact

It is assessed that the proposals in the report will not have an adverse impact on groups or individuals with protected characteristics.

The service to be delivered will not discriminate against individuals or groups with protected characteristics.

Please complete the table below at 4a to identify the likely impact on specific protected characteristics

4a. Use the table to show:

- Where you think that the strategy, project or policy could have a negative impact on any of the equality strands (protected characteristics), that is it could disadvantage them or if there is no impact, please note the evidence and/or reasons for this.
- Where you think that the strategy, project or policy could have a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relationships within equality characteristics.

Protected Characteristic	Positive Impact	Negative Impact	No Impact	Reason and evidence (Provide details of specific groups affected even for no impact and where negative impact has been identified what mitigating actions can we take?)
	✓	✓	✓	
Age	✓			The proposals will enhance existing service provision benefitting Sandwell residents who use substances, their families and the wider community. No negative impacts have been identified.
Disability	✓			The proposals will enhance existing service provision benefitting Sandwell residents who use substances, their families and the wider community. No negative impacts have been identified.

Gender reassignment	✓			<p>The proposals will enhance existing service provision benefitting Sandwell residents who use substances, their families and the wider community.</p> <p>No negative impacts have been identified.</p>
Marriage and civil partnership	✓			<p>The proposals will enhance existing service provision benefitting Sandwell residents who use substances, their families and the wider community.</p> <p>No negative impacts have been identified.</p>
Pregnancy and maternity	✓			<p>The proposals will enhance existing service provision benefitting Sandwell residents who use substances, their families and the wider community.</p> <p>No negative impacts have been identified.</p>
Race	✓			<p>The proposals will enhance existing service provision benefitting Sandwell residents who use substances, their families and the wider community.</p> <p>No negative impacts have been identified.</p>
Religion or belief	✓			<p>The proposals will enhance existing service provision benefitting Sandwell residents who use substances, their families and the wider community.</p> <p>No negative impacts have been identified.</p>

Sex	✓			<p>The proposals will enhance existing service provision benefitting Sandwell residents who use substances, their families and the wider community.</p> <p>No negative impacts have been identified.</p>
Sexual orientation	✓			<p>The proposals will enhance existing service provision benefitting Sandwell residents who use substances, their families and the wider community.</p> <p>No negative impacts have been identified.</p>
Other	✓			<p>Problematic substance misuse can cause ill health and impact on mortality rates. The proposal ensures that some of the boroughs most vulnerable individuals are supported. Engagement and support with drug treatment, will help individuals live longer and enjoy a better quality of life.</p>

Does this EIA require a full impact assessment? Yes No

If there are no adverse impacts or any issues of concern or you can adequately explain or justify them, then you do not need to go any further. You have completed the screening stage. You must, however, complete sections 7 and 9 and publish the EIA as it stands.

If you have answered yes to the above, please complete the questions below referring to the guidance document.

5. What actions can be taken to mitigate any adverse impacts?

N/A

6. As a result of the EIA what decision or actions are being proposed in relation to the original proposals?

N/A

7. Monitoring arrangements

The service's performance will be monitored on a quarterly basis via the existing contract review process. Demographic information will continue to be analysed to consider reach and outcomes.

Quarterly activity reports will be submitted to the national team at the Office of Health Inclusion and Disparities (OHID).

8. Action planning

Please see table below.

Question no. (ref)	Action required	Lead officer/ person responsible	Target date	Progress
7	Quarterly contract monitoring	Mary Bailey	From commencement of contract variation to end of contract term (31 st January 2023)	
7	Quarterly activity reports to Public Health England	Mary Bailey	Throughout the 2022/23 Financial Year	

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9. Publish the EIA