

## **Open Appendix 3**

### **Equality Impact Assessment (EIA) – Hackney drug and alcohol treatment provision**

Whenever a new service model is proposed within commissioning, an EIA should be completed to ensure that any policy, project or other kind of changes does not discriminate against disadvantaged or vulnerable people.

The Equality Act 2010 protects us all from discrimination or harassment as a result of a personal characteristic. Health services must ensure that treatment provision supports the needs of everyone to increase equality and opportunity to all groups.

The following characteristics are protected under the Act:

- Race
- Age
- Gender
- Disability
- Marriage and civil partnership
- Pregnancy and maternity
- Religion or belief
- Sexual orientation
- Gender reassignment

## Race

Hackney's profile factsheet<sup>1</sup> demonstrates that just over half (54%) of respondents to the 2011 Census in Hackney described themselves as from a white ethnic group. The remainder is made up of black and minority ethnic groups (46%), with the largest group being 'Black African' (11.4%). Hackney is also home to a number of national and cultural communities including Turkish, Kurdish and Charedi Jewish people.

With a total population estimated at 273,500 in Hackney, approximately 125,500 Hackney residents may belong to a black and/or minority ethnic group (BME).

Research has indicated BME groups, such as African, Caribbean, Chinese and Vietnamese ethnicities are under-represented by 'mainstream drug and alcohol services'<sup>2</sup>. Data in Hackney could indicate this with almost 65% of the HRS caseload in 2017/18 identifying as from a white ethnicity (almost half identify as White British) and just 35% self-reporting as BME<sup>3</sup>.

BME individuals may be less likely to attend drug and alcohol treatment for a number of reasons. Firstly, some believe there is less awareness of the risks and impacts of drug and alcohol use, or at least, a level of unrealistic optimism within these groups. In addition, the stigma associated with illicit drug use can be the biggest barrier for such groups accessing drug treatment. Furthermore, people identifying as BME are more likely to disclose different problematic substance use, such as cannabis use, in addition to crack, Khat and amphetamine use. As such, the needs presented by BME groups can differ from white ethnicities, and so treatment would require adaptation to meet these. Finally, research suggests more intensive engagement may be required to build up trust and recovery capital within these groups.

As a result of this, increased efforts may be required by drug and alcohol services to engage with people from a BME background e.g. using an assertive outreach model. Treatment services in Hackney might be required to take the treatment out of the treatment office and actively engage with the residents to increase specialist treatment activity throughout the borough.

The service redesign will take this information into account, and it has been agreed that the service must be configured to provide capacity to assertively engage with all individuals throughout the borough that represents Hackney's diversity. A service's ability to do this relies heavily on staffing resource and capacity. It is, therefore, hoped there will be a positive impact on this protected characteristic following a successful procurement exercise.

## Age

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<sup>1</sup> <https://hackney.gov.uk/article/3622/Population>

<sup>2</sup> <http://www.nta.nhs.uk/publications.aspx?category=Equality+and+Diversity>

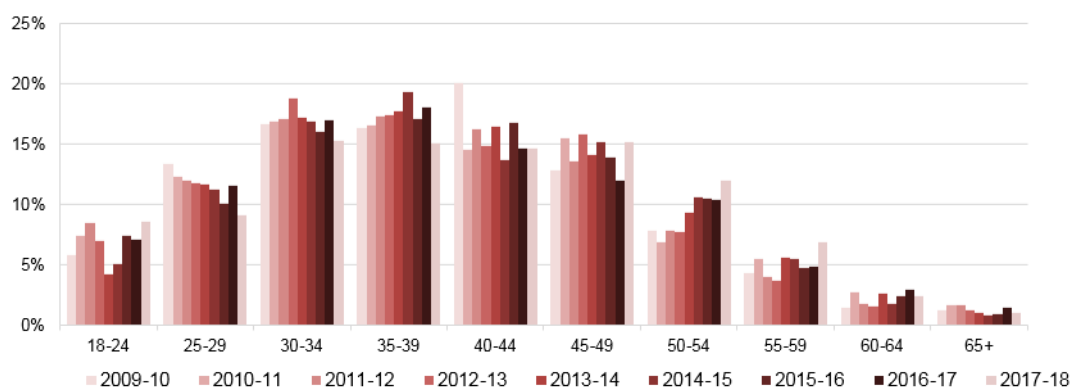
<sup>3</sup> Adult Partnership Activity Report – Hackney Q4 1718 (6% either 'not stated' or 'not recorded/missing') NDTMS

Hackney is a relatively young borough with just under 25% of its population under 20 years. The proportion of residents between 20-29 years has grown in the last 10 years, and now stands at just under 20%. People aged over 55 makeup just over 14% of the population<sup>4</sup>.

It is becoming nationally recognised that the population engaging with drug and alcohol treatment is ageing - with the majority of individuals engaging throughout England now being above 40 years old. Older and long term drug and/or alcohol users are likely to present to treatment with multiple and complex health and social care needs.

Graph 1 illustrates the ageing treatment population in Hackney, over time:

**Graph 1: Trends in the age distribution of new presentations to drug and/or alcohol treatment 2009/10-2017/18 - Hackney**



Older individuals (and especially those with a long history of substance use) have specific needs which can require additional resource. These include, but are not limited to:

- Complex health care needs – such as Chronic Obstructive Pulmonary Disease (COPD)
- Mobility Issues – some requiring home visits, support picking up Opiate Substitute Treatment or escorting to hospitals and other appointments
- Significant social care needs – such as difficulty managing toilet needs, keeping a habitable home environment, developing and maintaining personal relationships, managing nutrition and/or maintaining personal hygiene.
- Grief management, loneliness support

Older individuals are more likely to have a history of opiate use, when compared to younger drug and alcohol users. Indeed, over half (54%) of the Hackney Recovery Service caseload in 2017/18 had a problematic relationship with opiates<sup>5</sup>. Younger people who may need drug and alcohol treatment are more likely to be using other substances, such as cannabis, cocaine, novel psychoactive substances, club drugs and alcohol. Services need to ensure they attract younger substance users as well as the more ‘traditional’ drug

<sup>4</sup> ONS mid year population estimates 2017

<sup>5</sup> Adult Partnership Activity Report Q4 Hackney 1819– NDTMS

population. This is particularly important in Hackney due to the younger demographic.

It is believed that the reprocurement will have a positive impact on this protected characteristic in the following ways:

- It has been decided to keep the delivery of drug and alcohol treatment for young people (under 25 years old) separate from the adult service to assure a young person specific service that meets the differing needs of Hackney's younger population
- The service redesign has put greater emphasis on supporting the whole person when someone is in treatment. This will include providing treatment or referring people onto appropriate services to manage any multiple and/or complex health and social care needs.
- The service redesign has reviewed the service opening hours to ensure the new service will support potential service users who are in full time employment, education or training. Late night opening hours, specialist clinics and/or online interventions may support more people into treatment who use non-opiate substances and/or alcohol.

## **Gender**

Most recent demographic information estimates a general 50:50 split between male and female residents living in Hackney. Despite making up half of Hackney's population, only 30% of those in adult drug and alcohol treatment are female<sup>6</sup>. Prevalence estimations suggest that women are less likely to use or have a problematic relationship with drugs and/or alcohol. However, research considers that the standardised drug and alcohol treatment offer is not always suitable/accessible for females or the fear of judgement/consequences could be a barrier for the group (e.g. if they have childcare responsibilities).

The proportion of female engagement in Hackney's treatment system mirrors the national data. The new service will aim to increase the number of women accessing drug and/or alcohol treatment in the borough via assertive outreach, tailored delivery and efficient service timetabling (e.g. women only clinics for women who have experienced domestic violence).

## **Disability**

In the 2011 Census, 15% of Hackney respondents said they had a long-term illness that limited their daily activities in some way, compared with 14% for London and 18% for England and Wales. In Hackney, this equates to approximately 41,000 people. In the financial year 2017/18, approximately 21% of new presentations to Hackney's drug and alcohol treatment system reporting a disability (including mobility, sight, personal care, behavioural, emotional and learning disabilities).

We do not believe this group will be negatively impacted by the service redesign. The new Provider will need to demonstrate how they will support individuals with disabilities into treatment, including offering home visits, all

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<sup>6</sup> Adult Partnership Activity Report Q4 Hackney 1819– NDTMS

buildings must be wheelchair accessible and that the treatment hub (if relevant) is accessible (e.g. good transport links and within a suitable location in the borough).

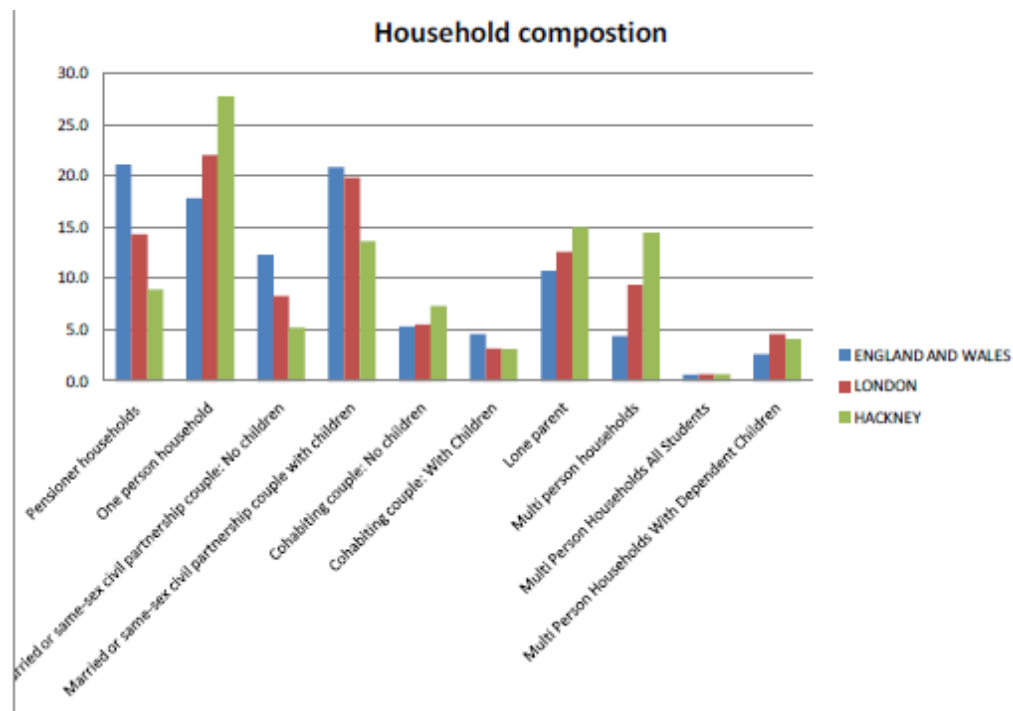
The service redesign is also considering how to enhance mental health support and treatment within Hackney’s recovery service, including the emphasis on a trauma informed approach and increased partnership working.

The outcomes of the 12 month Complex Needs Mental Health pilot within both the Greenhouse Clinic and Hackney Recovery Service will also be considered (when completed). This is important as service users with both mental health and substance misuse needs (sometimes known as dual diagnosis) can find it difficult to receive treatment that supports both their needs. A ‘chicken and egg’ analogy is often used to describe the problem: Mental health providers will not provide support until substance misuse has been addressed, yet service users use substances to manage the significant effects of poor mental health. This can result in a service user not receiving support from either agency, which has a large impact on their recovery options. Throughout 2017/18, 43% (n=370) of all new treatment presentations to Hackney Recovery Service reported a mental health treatment need. Of these, 37% (n=135) reported that they were not receiving any treatment for their mental health.

Finally, the consultation exercise completed in line with this reprocurement exercise highlighted a gap for individuals with learning difficulties accessing treatment services. Enhanced partnership working by the new service is hoped to increase equity of treatment access for this group.

### Marriage and Civil Partnerships

The below image shows the household composition in Hackney.



Hackney has fewer pensioner households, couples who are married or in a civil partnership and cohabiting couples with children than London and England and Wales. The borough has significantly higher proportions of one person, lone parent and multi-person households which are likely to consist of groups of young people renting rooms from private landlords in shared properties.

There is no evidence to suggest that any of these groups will be negatively impacted by a service redesign of local drug and alcohol services.

## **Pregnancy and Maternity**

There were 4,447 live births to women in Hackney in 2016. The fertility rate for Hackney is 59.7 live births per 1,000 women of child-bearing age compared to 55.1 in London and 62.5 in England. In some parts of Hackney fertility rates are amongst the highest in London, particularly in certain wards in the north-east of the borough.

Addressing the impact of parental substance misuse has been highlighted as a local Public Health England priority. The service redesign will be taking this into account to safeguard the welfare of any young people living with adults who use substances.

According to the 2017/18 NDTMS data, 11 adults presented to Hackney's treatment system whilst pregnant in that financial year.

During this year, approximately 45% of new presentations to drug and/or alcohol treatment have a parental status, or have significant childcare contact. However, the majority of new presentations (53%) report they are not parents and/or do not have any child contact (2% declined to answer this question)

As with the current service, the service redesign will be configured so they are able to identify and support service users with parental responsibilities as well as work closely with the Council's Children and Families Services to address any safeguarding concerns.

## **Religion and Belief**

Just over a third of Hackney's residents describe themselves as Christian, although this is a lower percentage than the London and UK average. Hackney has significantly more people of the Jewish and Muslim faiths and a higher proportion of people with no religion and those who did not state a religion than London and the UK.

The below table illustrates the proportion of new presentations to HRS in 2017/18 citing a religion:

<b>Religion</b>	<b>N of new presentations</b>	<b>% new presentations</b>
<b>Christian</b>	213/870	25%
<b>Muslim</b>	61/870	7%
<b>Other</b>	45/870	5%

<b>None</b>	277/870	32%
<b>Declined to disclose</b>	228/870	26%
<b>Not known</b>	46/870	5%

As noted previously, a particular focus on the service redesign will allow the new drug and alcohol service to engage with currently under-represented groups. This will include some religious groups which may be less likely to engage with traditional drug services often associated with stigma and shame some cultures and religions place on substance misuse.

### **Sexual Orientation and gender reassignment**

A GP patient survey completed in 2017 indicated that there were comparatively high numbers of people who identify as gay or lesbian (5%), bisexual (1%), other (3%) in Hackney when compared to the London average. Data on the transgender population is not available at a borough level. The Gender Identity Research and Education Society (GIRES) currently estimate there are 650,000 (1% of the population) whose gender identity is incongruent with their assigned gender. This equates to around 2,700 people in Hackney.

The below table illustrates the proportion of new presentations to Hackney Recovery Service in 2017/18 citing their sexuality

<b>Sexuality</b>	<b>N of new presentations</b>	<b>% new presentations</b>
<b>Heterosexual</b>	693/870	80%
<b>Gay/Lesbian</b>	48/870	5.5%
<b>Bi-sexual</b>	22/870	2.5%
<b>Does not know</b>	7/870	1%
<b>Not known</b>	93/870	10%
<b>Other</b>	7/870	1%

Public Health's Joint Strategic Needs Assessment chapter on substance misuse suggests there may be further opportunities to engage with individuals who identify as lesbian, gay, bisexual and/or transgender (LGBT) as evidence suggests higher rates of substance use among such groups. Within these groups, drug use is highest among men who have sex with men (MSM). Some MSM also participate in Chemsex and may take illicit drugs (such as GHB and GBL) to facilitate this. As such, it is hoped the service redesign will allow the new service provider to evaluate and improve on how it engages with LGBT groups.

