Report for sign off by the Executive Director for Community Services			
Report Title	**Drug and Alcohol Services** **Savings Proposals:** **K1 – Recommissioning Drug and Alcohol Treatment Services** **K3 – Integrated Offender Management Service**		
Ward	**All**	**Date**	**14 January 2015**

1. Summary

1.1 As part of the Futures Board process officers within the Prevention and Inclusion service have undertaken a full review of the drug and alcohol services commissioned, and delivered, by LB Lewisham. This work has identified savings of £774,000 to be delivered in 2015/16 and a further £30,000 reduction in 2016/17.

1.2 This paper covers the detail of areas K1 (Recommissioning Drug and Alcohol Treatment Services) and K3 (Integrated Offender Management Service) as the work to realise savings in these areas has involved service integration in order to achieve efficiencies and economies of scale.

1.3 These savings proposals were initially presented to the Mayor and Cabinet on 12 November 2014 with the decision being delegated to the Executive Director of Community Services.

1.3 As such the paper outlines the process of the review, the areas of cost reduction and seeks approval for the approach and the funding reductions/savings from the Executive Director of Community Services.

2. Structure of the Report

2.1 The report is structured as follows:

Section 3 sets out the recommendation
Section 4 provides the background
Section 5 provides the policy context
Section 6 provides an overview of current service performance
Section 7 provides details of the service recommissioning process
Section 8 provides Financial Implications
Section 9 provides the Legal Implications
Section 10 provides Crime and Disorder Act Implications
Section 11 provides Equalities Implications
Section 12 provides Environmental Implications
Section 13 sets out the Conclusion.

3. Recommendations

3.1 The Executive Director for Community Services is recommended to:

3.1.1 approve the approach to realise savings of £804,000 from areas K1 (Recommissioning Drug and Alcohol Treatment Services) and K3 (Integrated Offender Management Service)

3.1.2 agree that £774,000 will be delivered in 2015/16 and a further £30,000 in 2016/17 as outlined at paragraph 7.10 and appendix 1.

4. Background

4.1 In 2014/15 Lewisham is investing £5,688,394 in drug and alcohol services, a reduction of £300,000 on the investment in 2013/14.

4.2 This system has at its heart a large integrated service which delivers interventions for adults aged 18 and over. It provides support, treatment and rehabilitation programmes that promote recovery and encourage individuals to maintain their recovery through engagement in positive activities such as employment and training.

4.3 The service provides prescriptions for substitute medications such as Methadone as well as providing community alcohol detoxification and managing the interface with all health services including GPs, hospitals, and pharmacies.

4.4 The provider of this service is CRI who also provide the Integrated Offender Management (IOM) service providing interface with the Criminal Justice System.

4.5 CRI also run a service for young people aged 10-21 which operates from a separate site but with much of the work carried out in satellite sites around the borough including schools, colleges, youth centres, housing providers and clients' homes.

4.6 An aftercare service for those leaving treatment is provided by Trust The Process (TTP) with a range of other services offered in the community via pharmacies and service user led initiatives.

4.7 Residential detoxification is delivered via core contracts with 3 providers while rehabilitation provision is procured on a needs led basis via a framework agreement.

4.8 In addition to these commissioned services the council also provides a range of workforce training and development services to anybody working in the borough as well as pupils of both secondary and primary schools.

5. Policy Context

5.1 These services are responding to the Sustainable Community Strategy's Strategic priorities:

Priority 1, *Ambitious and achieving*; There will be a strong focus on Education, Training and Employment, as well re-integration into the Lewisham community.

Priority 2, *Safer*; reducing drug related offending and anti-social behaviour that is linked to substance misuse including alcohol.

Priority 5, *Healthy, active and enjoyable*; The nature of the service provision through the contract will result in positive outcomes for Service users health and well-being as the service provision will included opiate prescribing, Blood Bourne Virus intervention and harm reduction thereby improving health outcomes.

5.2 These services will meet the Corporate priorities as follows:

Priority 4, *Safety*, security and a visible presence; the contract will support the work within the partnership to combat anti-social behaviour that is linked to substance misuse.

Priority 7, *Protection of children*; The contract will provide support to families where substance misuse has been identified as a concern regarding child protection and safeguarding.

Priority 9, *Active, healthy citizens*; The service will provide direct referral for substitute prescribing, physical and mental health assessments on all service users and where appropriate refer to primary and secondary NHS services. There will be a strong emphasis on education, training and leisure activities to support the service users' self-improvement and assist with re integration into the community.

Priority 10, *Inspiring efficiency, effectiveness and equity*; Due to a review of activity, the implementation of new guidance and the potential reduction in budget the current contract would benefit from the tender exercise as a means of market testing and cost effectiveness. It will also provide a forum to investigate possibilities to improved performance and effectiveness for service users and Lewisham residents.

5.3 The London Borough of Lewisham has a statutory responsibility under the Crime and Disorder Act 1998 to work with partners to reduce crime, disorder and substance misuse.

5.4 The National Drug Strategy 2010 puts a key focus on recovery. Whilst recognising that recovering from dependent substance misuse is an individual person-centred journey, there are high aspirations for increasing recovery outcomes. Drug and alcohol recovery systems are increasingly being geared towards the achievement of the following outcomes:

- Freedom from dependence on drugs or alcohol
- Prevention of drug related deaths and blood borne viruses
- A reduction in crime and re-offending
- Sustained employment
- The ability to access and sustain suitable accommodation
- Improvement in mental and physical health and wellbeing
- Improved relationships with family members, partners and friends
- The capacity to be an effective and caring parent

5.5 The National Alcohol Strategy also sets a range of outcomes underpinned by understanding the need to:

- Ensure everyone is aware of the risks of excessive alcohol consumption and can make informed choices about responsible drinking; and
- Recognise that some people will need support to change their behaviour and ensuring that this is available, particularly for the most vulnerable in our communities.

5.6 The Health and Well Being Strategy 2012/22 has been developed by Lewisham's Health and Wellbeing Board (HWB) and sets out the improvements and changes that the Board, in partnership with others, will focus on to achieve the vision of *Achieving a healthier and happier future for all.*

5.7 The Strategy has identified reducing Alcohol Harm as one of nine priority areas for action over the next ten years highlighting identification of harm, reduction of hospital admissions and increased numbers of adults and young people accessing and completing services as areas where more work is required.

5.8 A strong evidence base exists for the range of interventions that are effective in substance misuse. Detailed statistical analysis estimates that, nationally, every pound invested in drug treatment saves two pounds fifty in costs to society.[1] When modelled specifically for Lewisham this increases to saving of £3.73 for every £1 spent with the accrued benefits over time being even higher than this[2].

[1] NTA Why invest (2013) http://www.nta.nhs.uk/uploads/whyinvest2final.pdf
[2] PHE Value for Money tool and further details available on request

5.9 The services also meet the Council's responsibilities to the Mayor's Office for Policing and Crime (MOPAC) which delivers Boris Johnson's role as the Police and Crime Commissioner for London. MOPAC are committed to delivering their Police and Crime Plan and have provided funding to local authorities to deliver specific local delivery projects of which the IOM service is one. The Council have committed to delivering this service, or similar, until the end of March 2017 with the expectation that funding will continue beyond this point.

5.10 In addition to local considerations there is also a major national policy overhaul in the area of offender management and the statutory Probation Service.

5.11 The Ministry of Justice has published "Transforming Rehabilitation: A Strategy for Reform" – the Government's response to the consultation document "Transforming Rehabilitation: a revolution in the way we manage offenders". The strategy sets out the Government's plans to transform the way in which offenders are managed in the community.

5.12 The key aspects of the reforms are:

- A new public sector National Probation Service will be created which retains responsibility for high risk individuals
- Lower risk offenders will be managed by non-public sector bodies selected through an open procurement process. These organisations – Community Rehabilitation Companies (CRCs), could be private sector providers and there will be just one contract for London.
- Every offender released from custody will receive statutory supervision and rehabilitation in the community. This will include extending statutory supervision to all those sentenced to less than 12 months in custody.
- A nationwide 'through the prison gate' resettlement service will be put in place, meaning most offenders are given continuous support by one provider from custody into the community.
- New payment incentives for market providers to focus relentlessly on reforming offenders will be introduced, giving providers flexibility to do what works and freedom from bureaucracy, but only paying them in full for real reductions in reoffending.

5.13 In addition to this the Metropolitan Police are leading the development of a revised Integrated Offender Management (IOM) Framework to identify individuals most likely to cause harm to local communities. The majority of these offenders will have drug, alcohol and associated needs that will require specific interventions.

6. Performance

6.1 Lewisham's Drug and Alcohol services performed well in 2013/14 and continue to do so this year. A benchmarking exercise for the first three quarters of 2013/14 showed the services out performed comparator boroughs. Lewisham had the highest percentage of successful completions across all drug types. Successful completion means that clients have left treatment free from their drug(s) of dependency and have no requirement for any substitute prescribing. This is the main PHE performance indicator for treatment services – see table below.

Successful Completions - from Q3 2013/14 DOMES[3]				
Rank	**Borough**	**Opiate**	**Non-Opiate**	**Alcohol**
1	Lewisham	12.7	53.1	43.8
2	Greenwich	11.6	42.5	43.5
3	Camden	9.7	38.9	32.8
4	Lambeth	8.5	33.5	38.2
5	Southwark	6.7	33.2	32.6

6.2 These results have been achieved in Lewisham despite lower investment per head – see below.

Investment per Opiate and Crack user in treatment - Q3 2013/14 DOMES					
Rank	**Borough**	**Opiate**	**Non-Opiate**	**Total**	**£ invested per OCU**
1	Lewisham	875	318	1193	£ 4,768
2	Greenwich	602	240	842	£ 5,279
3	Southwark	1107	431	1538	£ 5,623
4	Camden	1129	512	1641	£ 5,860
5	Lambeth	1092	349	1441	£ 5,864

6.3 Following the benchmarking period the services have continued to perform well with the latest performance figures show that Lewisham continues to see growth in opiate users who successfully complete treatment and do not represent (9.9%) ahead of the national average (7.7%). Rates for non-opiate users have fallen slightly (47.8%), but remain ahead of national average (38.4%) and within top quartile.

6.4 There has been a rise in the number of dependent drinkers successfully completing treatment since 2013/14 (40.8%), ahead of the national average (39.53%).

7. Recommissioning process

7.1 Despite a generally positive picture officers still consider there to be room for improvement in the performance of the treatment system. In this context, and with a view to realise savings across the system, officers undertook an in-depth service review and a Joint Strategic Needs Assessment (JSNA) during 2014.

7.2 This activity highlighted a number of groups that do not access/benefit from services as well as others. These include individuals who:

- have an alcohol problem
- have a long term opiate addiction
- do not wish to enter a large treatment service and would prefer to access service in primary care or other community settings
- are under 25
- are in contact the criminal justice system

[3] Diagnostic Outcomes Monitoring Executive Summary reports from Public Health England

7.3 It is also expected that demand for alcohol services will rise over the coming years as awareness regarding the harms caused by drinking increases and there is likely to be a need for greater focus of so called 'legal highs' that are increasingly used by young people.

7.4 As part of this work commissioners identified £804,000[4] worth of potential savings from the budget for the borough's drug and alcohol services. This work has built on the areas identified as part of the initial savings proposals including overhauling arrangements with GPs, ensuring detoxification services at targeted at those most in need and reducing the commissioning team.

7.5 The achievement of these savings has been split into two areas of activity:

- A procurement exercise was undertaken to establish contract values for 4 new services designed to reach out to those in need and respond to changing patterns of drug and alcohol use in Lewisham. The contracts were awarded by Mayor and Cabinet (Contracts) on 3rd December 2014 and will commence on 1st April 2015.

- A detailed examination took place of the remaining budget to reduce costs through demand management and service integration. These are set out in Appendix A.

7.6 The procurement exercises involved the integration of the core treatment and IOM services and the tendering for the provision for a new Shared Care service to be delivered in partnership with GPs as well as revamped Aftercare and Reintegration and Young Person services.

7.7 The Shared Care service is designed to ensure that more people access preventative treatment for drug and alcohol issues as it will be delivered in partnership with their local GP and at a community location near to where they live. This will open access to those who would not wish to attend a large, chaotic drug service or may have previously not considered themselves to have a problem e.g. moderate drinkers.

7.8 The service will generate savings by ensuring that the core service only has to deal with the most chaotic users and more people are seen preventatively in the community.

7.9 The Aftercare and Reintegration and Young Person services are also designed to generate system wide savings by ensuring that those who complete treatment do not relapse and that young people have their problems dealt with at an early stage and do not 'graduate' to harder drugs and a chaotic lifestyle.

[4] £774,000 in 2015/16 and a further £30,000 in 2016/17

7.10 This procurement activity will deliver £477,167 in savings from 1 April 2015 – see below table.

Service Area	2014/15	2015/16	Current Provider	New Provider
Core Adults Contract	2,477,954	2,024,607	CRI	CRI
Shared Care Contract	0	568,744	CRI	Blenheim CDP
IOM Contract	750,000	0	CRI	NA
Core Young Persons Contract	367,000	432,706	CRI	Lifeline
Reintegration & Aftercare	200,000	291,730	TTP	Blenheim CDP
Total	**3,794,954**	**3,317,787**		
Savings		**477,167**		

7.11 The only area of service reduction that will occur as part of this work is the removal of the Integrated Offender Management (IOM) case management service which worked with those leaving Prison having been sentenced to less than 12 months. This service was originally commissioned as this cohort were not subject to any form of statutory supervision by the Probation service yet were proven to commit a large number of offences.

7.12 However the Ministry of Justice's *Transforming Rehabilitation* programme has now extended the role of the Probation service[5] to cover all of those who have received a custodial sentence and therefore the locally commissioned service is duplicating statutory provision. As such, officers have consulted with the Probation service of the Police and agreed that the local authority will no longer fund this element of service.

7.13 The remainder of the savings have been identified through a detailed examination of the spend profile and the reduction of available funds in a number of areas to realise a further £296,833 – see table attached as appendix 1 for full details.

7.14 The majority of these savings will be achieved through the demand management and targeting of resident services (both detoxification and rehabilitation). This will involve a more rigorous preparation programme to reduce the likelihood of relapse and representation, increased use of short stay placements focused on community reintegration and more community rather than residential detoxifications, particularly for alcohol use.

7.15 Further reductions will be delivered through the reduced use of supervised consumption of methadone by pharmacists and a reduction of the size of the in-house team while a small increase in funding to GPs will support the preventative services outlined above.

[5] The Probation Service in this context means both the National Probation Service and the new Community Rehabilitation Companies

8. Financial Implications

8.1 This report describes arrangements for the recommissioning and remodelling of a number of drug and alcohol treatment services. The changes deliver total savings against current budgets of £774,000 pa from 1 April 2015 and a further £30,000 pa from 1 April 2016.

8.2 The current funding available for this service is set out in section 6. The Executive Director should note that most of the funding is specific to the service. The largest single source, Public Health Grant, is currently ring-fenced although the ring-fencing is not guaranteed beyond 31/3/16.

8.3 The proposals in this report will therefore only generate the stated saving in 2015/16 if spend of at least £774k that is eligible for PHG funding can be identified elsewhere in the Council's budget.

9. Legal implications

9.1 The 4 new contracts that will be in place from 1st April 2015 will achieve savings of £477,167 as a result of the procurement processes. The previous contracts terminate on 31st March 2015.

9.2 The contracts referred to in Appendix 1 are all demand based services, therefore there is no variation to the terms of the contract and it is possible to achieve the savings through contract management.

9.3 The Equality Act 2010 (the Act) introduced a new public sector equality duty (the equality duty or the duty). It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

9.4 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

9.5 The duty continues to be a “have regard duty”, and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

9.6 The Equality and Human Rights Commission has recently issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled “Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice”. The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also

covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at: http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/

9.7 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making
3. Engagement and the equality duty
4. Equality objectives and the equality duty
5. Equality information and the equality duty

9.8 The essential guide provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/

10. Crime and disorder implications

10.1 As highlighted in paragraph 5.3 above the London Borough of Lewisham has a statutory responsibility under the Crime and Disorder Act 1998 to work with partners to reduce crime, disorder and substance misuse.

10.2 The delivery of these services is key to fighting crime in the borough. A recently published version of the Police Crime Commissioners Report 2012/13 that highlights, using Department of Health and Home office approved figures, that drug treatment prevented an estimated 34,097 crimes in Lewisham alone during 2012/13. This backs up existing Home Office estimates that suggest that people addicted to drugs commit between a third and a half of all acquisitive crime.

11. Equalities implications

11.1 The contracts and services covered in this report provide for adults requiring drug treatment both in the community and in residential settings and does so taking into account a wide framework of equalities legislation and guidance.

11.2 Services specified within the new contracts will be required to abide by all relevant equalities legislation, and expected to work fairly with all those offenders motivated to change their offending lifestyles and behaviour irrespective of their age, gender, race, disability, sexual orientation or religion.

11.3 An Equalities Analysis Assessment was undertaken as part of the design of the new services and is attached as appendix 2.

11.4 In addition to this extensive consultation activity was undertaken during the design of the new services to ensure that they effectively met the needs of the population of Lewisham. The consultation activity took the form of a range of meetings and focus groups as well as an on-line survey. The on-line survey was open to all professionals who work with the current providers and the meetings/focus groups covered:

- Stakeholders relating to the adult treatment services
- Adult Service Users
- Focus groups of Young People not currently engaged with services
- Stakeholders relating to the Young Persons Service
- Young (under 18) Service Users
- Stakeholders within Children's Social Care

12. Environmental implications

12.1 There are no direct environmental implications to this report.

13. Conclusion

13.1 Overall the two elements of activity set out about will deliver £774,000 worth of annual savings from 1 April 2015. A further £30,000 worth of savings has been identified for 206/17 through the review of the training programme delivered by the team and increasing income generation but the exact areas of reduction will be identified during 2015/16.

13.2 The implementation of the new model will require careful management if the anticipated improvements in performance are to be achieved but officers are confident that the new services, due to begin on 1 April 2015, are structured to meet current needs more effectively while being flexible enough to respond to changing demand patterns.

13.3 The implementation of the service changes as well as ongoing performance and wider strategic issues are monitoring by the Drug and Alcohol Action Board chaired by the Executive Director for Community services and consisting of representations from Public Health, Primary Care, CCG, the Police and service users.

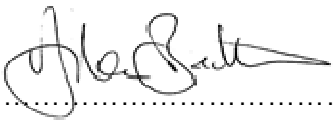
For further information on this report please contact James Lee, Service Manager Prevention and Inclusion on james.lee@lewisham.gov.uk or 020 8314 6548

Decision

Following consideration of the information and evidence provided in the above report, I approve and agree the recommendations:

- approve the approach to realise savings of £804,000 from areas K1 (Recommissioning Drug and Alcohol Treatment Services) and K3 (Integrated Offender Management Service)

- agree that £774,000 will be delivered in 2015/16 and a further £30,000 in 2016/17 as outlined at paragraph 7.10 and appendix 1.

Signed  ……

Executive Director for Community Services

Date 16/1/15

Appendix 1

Service Area 2014/15	Overview of Commissioning Approach	Budget 2014/15 (£)	Budget 2015/16 (£)
City Roads - Residential Detoxification	Anticipated cost reductions due to cross borough commissioning and increased demand management	63,000	50,000
Brook Drive - Residential Detoxification	As above	114,000	100,000
Acute Assessment Unit -Emergency Medical Detoxification	As above	150,000	150,000
GP with Special Interest (GPwSI)	No change anticipated	22,000	22,000
Ambulatory Alcohol Detoxification	Integrate into new formal alcohol provision	25,000	0
Local Enhanced Service - shared care with GP's	Link to shared care service highlighted above – exact pattern of payments to be determined through consultation and commissioning.	110,000	125,000
Pharmacy Needle Exchange	No change anticipated	50,000	50,000
Supervised Drug Consumption by Pharmacists	Overhaul of system leading to a much great targeting of resource and short term involvement with supervision	75,000	50,000
Lewisham Service User Consultancy	No change anticipated	50,000	50,000
User Support Lighthouse Café	No change anticipated	15,000	15,000
Acute Alcohol Pathways	Mainstream of finding and absorption of costs into wider AAU budget	15,000	0
Residential Rehab and associated Tier 4 costs	Anticipated cost reductions due to cross borough commissioning and increased demand management	536,140	462,000
Drug Testing costs - Probation service	All testing now takes place at the Core Drug and Alcohol Service	10,000	0
Strategic Service Development	Transform to ongoing support and engagement budget to ensure resource for specific consultations	10,000	10,000

Premises			
LHS-Central Clinic Building	Cost integrated into core contract	60,000	0
Staffing and support			
Staffing - Including agency	Reduction of 1.5 posts	490,300	460,607
Overheads	No change anticipated	52,000	52,000
RCGP Training	No change anticipated	10,000	10,000
Other			
Youth Offending Service-Young Persons Substance Misuse Worker	Integrate into new YP service detailed above.	46,000	0
Total Projected Expenditure		**1,903,440**	**1,606,607**
		Total Saving	**296,833**

Appendix 2

1. Equality Analysis Assessment (EAA) Template

<table>
<tr><td>Title of EAA</td><td>Impact of recommissioning of Drug and Alcohol Treatment Services</td></tr>
<tr><td>Team/Department</td><td>Prevention and Inclusion Team, Community Services</td></tr>
<tr><td>Focus of EAA</td><td>The London Borough of Lewisham is inviting organisations to tender for three separate services to address drug and alcohol treatment needs in Lewisham. The contracts will be issued for a period of three years (April 2015 – March 2018) with the option to extend for up to two years at the Council's discretion.

The current drug and alcohol treatment system in Lewisham is currently performing well with a range of outcome measures consistently amongst the best in London. However, recent research including the latest needs assessment show that there are a number of areas where more investment is required or greater focus is required. As such Lewisham is seeking to commission three standalone services to work with and complement the main treatment service in the borough. The services are as follows:

<table>
<tr><th>Service area</th><th>Approximate annual contract value (£)</th></tr>
<tr><td></td><td></td></tr>
<tr><td>Community Support delivered in partnership with GPs (Shared Care)</td><td>600,000</td></tr>
<tr><td>Young Person's Drug and Alcohol Service (under 25 year olds)</td><td>500,000</td></tr>
<tr><td>Aftercare and Reintegration</td><td>300,000</td></tr>
</table>

The shared care service will support GP surgeries to more effectively meet the needs of stable and long term clients with a specialist focus on alcohol.</td></tr>
</table>

	The young persons (YP) service will work in partnership with all other YP services in the borough to effectively respond to the challenging and changing nature of substance misuse in this cohort. The Aftercare and Reintegration service will work with those who have left structured treatment to promote social reintegration activity including finding employment, securing housing and building wider support networks.

Overview – main areas for consideration	**The Young Person's and Aftercare services already exist in the borough in similar forms to those being commissioned but it is important to refresh the EIA that was undertaken on these services in 2011 to ensure that the current actions are still relevant.** **The new shared care service is intended to improve access to everyone in the borough but it is important to review the planned commissioning arrangements to ensure there are no unintended consequences that need to be addressed before the Invitation to Tender (ITT) stage of the process.** **Further EIAs will be undertaken during project implementation in Jan-Mar 2015.**

	Summary of data[1] about your service-users and/or staff	Impacts identified from data and feedback (actual and potential)[2]	All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Age (people of all ages)	Lewisham's population of about 257,885 people is relatively young, with 1 in 4 residents of Lewisham is aged under 19 years. The population aged 60 years and over represents 1 in 8 people in the borough. This contrasts with England as a whole, where more between 1 in 4 and 1 in 5 people is aged over 60 years old. Between 2001 and 2011, the population of Lewisham grew by 17,000, or 10%, and has grown by a further 9,000 between 2011 and 2013. The total population of Lewisham is projected to increase by 14.5% between 2011 and 2021, compared to a national estimated increase of 7.8%. This breaks down as an increase of 15.9% of the 10-14 year old age group in Lewisham, but also shows a decrease in the 15-19 year old age group of 7.2% across the borough[3]. So, in 2011 there were 31,300 10-19 year olds, and it is	As identified in this impact assessment, Lewisham has a high proportion of young people in the borough. As identified in the 2011 EIA there are a number of outstanding action that would improve and sustain access into services for this age group. Identified areas through EIA and consultations were improved information on a range of services and information advice and	Commissioned services to map all of Lewisham's young peoples services to strengthen relationships with other services providers and statutory services such as LAC, CAMHS, young parenting groups etc. Commissioned services to start mapping national support and advice services for young people related to the issues as well as issues and services related to Education, Training and Employment for this age group.

[1] 'Data' may be monitoring, customer feedback, equalities monitoring, survey responses…
[2] If data or engagement are missing and you can not define impacts then your action will be to take steps to collect the missing information.
[3] CHIMAT.org.uk

projected that by 2021 there will be 33,000 which would be an increase of 1700 YP for that time period and equates to a 8.7% population growth for this age group.

There are currently 12,680 YP aged 14 to 17 in Lewisham. At the end of 2012/13 there were 196 young people in structured treatment, which equates to 1.5% of the whole young person population Lewisham.

CRI and YOS in Lewisham did not have any YP aged 9 to 13 on their caseloads in 2012/13, this is a reduction in numbers based on previous years data and is slightly lower than the National scores. Lewisham is then broadly in line with National percentages until the age of 16 when Lewisham's caseload comprises 42% of 16 year olds, compared with the 31% recorded nationally.

The table below shows the population estimates for YP, compared with percentages for both regional and national data. [1]

Area	10-14 years			15-19 years		
	(%)	No. 2011	Estimate 2021	(%)	No. 2011	Estimate 2021
Lewisham	5.30	15,200	18,100	5.60	16,100	14,900

guidance on substance misuse for young people, including identified support for young carers,(those that care for parents or family members with substance misuse issues)

It was identified through consultation that young people wanted more universal education but not only substance misuse and the new drug trends of legal highs but also universal education on sexual health, relationships, domestic violence and parental substance misuse. Young people felt that if they had more information and understanding through education at a younger age they would make

Prevention and Inclusion to map universal education needs of 13+ age group across all education services to understand need and to build a robust educational tool kit that covers new themes identified by mapping process, such as relationship, domestic violence etc.

[1] CHIMAT.org.uk

	London	5.50		5.60			
	England	5.60		6.10			

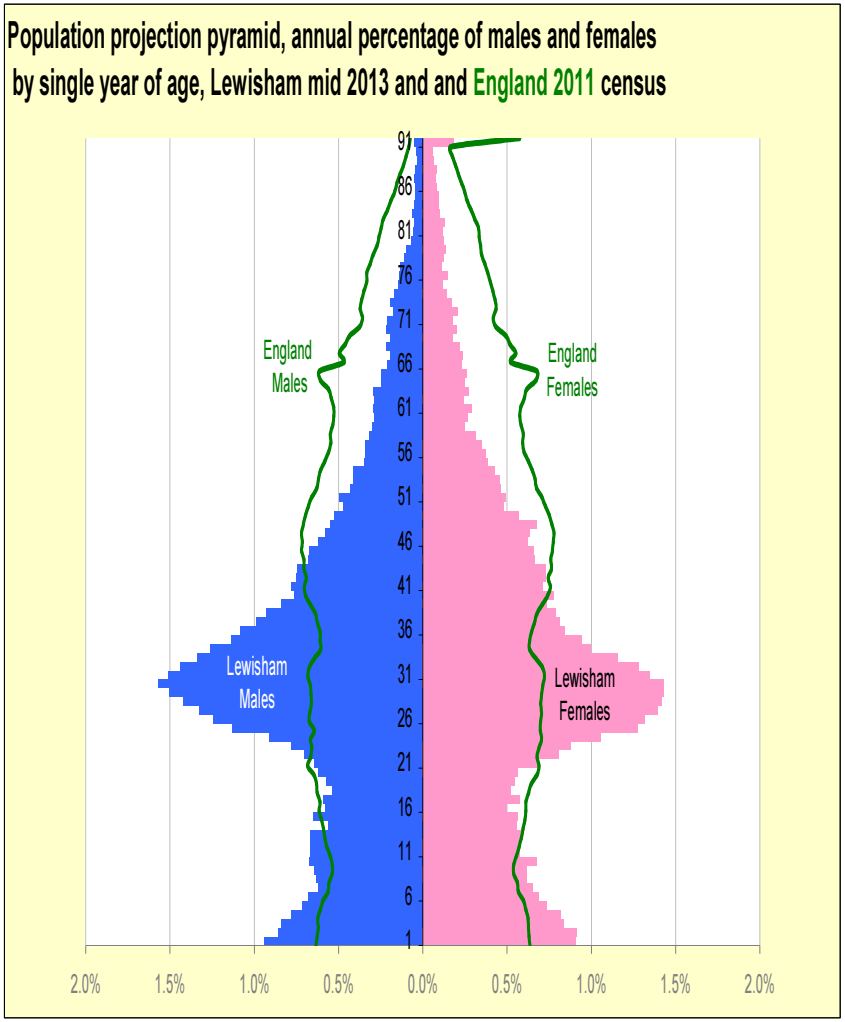
Source: Office for National Statistics (ONS)

The graph below comprises of population based data for Lewisham in 2013 and the Census data from 2011, this information give us an indication of the population based age groups to target and aim services towards, based on need. If we compare the population data sets and triangulate with the treatment data submitted to NDTMS, we can identify gaps in service provision that is not targeting the identified age groups of unmet need.

What we can identify using this data is that we have a population age group of 25 - 39 year olds, that is not currently engaged with any treatment modality for either drugs or alcohol. What the NDTMS data does indicate, is that we have a growing population of the 40 -54 age group in treatment. This group of clients has grown since 2011 from 15% of the treatment population to 19% in 2013.

more informed choices. Mapping the education services available for young people both in schools and colleges on the subjects highlighted in this EIA as well as any identified through the consultation and mapping process.

Data to be analysed to see if the cohort of treatment journey of 6 years or more, is that the same cohort of 40-54 years age group. If indications suggest this is the same we would need to look at

			targeting this group of service users to see how we can improve treatment outcomes. Providers will need to be proactive and identify this group, mapping the needs of this particular population. National evidence suggest that we have an aging population of opiate users in treatment, with high levels of health issues and needs. We need to ensure that we are identifying this group in Lewisham and putting adequate support in place with the assistance of other support and health services. If there is an older population identified than we would need to look at strengthening links with older people services, with a particular focus on health and mental health services. There could also be a workforce development need across the substance misuse treatment services, as this cohort of service users will have particular needs that have not previously mapped or met.

Local information from providers is not available and we are reliant on the NDTMS data set for 2013/14 to show the age breakdown of the adult treatment population

Age grouping of the 18+ treatment population in 2013/14		
Age group of clients in treatment	Number of clients in treatment	Percentage %
18	30	2%
19	17	1%
20 – 24	84	6%
25 – 29	152	11%
30 – 34	187	14%
35 – 39	192	14%
40 – 44	255	19%
45 – 49	226	17%
50 – 54	93	7%
55 – 59	60	5%
60 – 64	23	2%
65	8	1%

We will need to research the data given about the growth in the 40–54 age group, It will be prudent to understand if this cohort of service users engaged with treatment are the same cohort of people that have also been in treatment for 6 years or more, Lewisham has seen a steady increase in the number of people with treatment journeys of longer that 6 years by 5% since 2011. 16 % of people in the treatment system have been in treatment for 6 years or more, this is lower than the NDTMS cluster average for Lewisham of 24% but this is increasing year on year.

Disability (a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities[1])	Lewisham Census 2011 recorded Economic in-activity of 8,779 people registered as long–term sick or Disabled which reflects 4.3% of the over all population of the borough. The 2011 Census records 19,523 people which is 7.1% of the whole population of the borough, self records as having limitations of day to day activities, this question is regarded as a proxy for disability and is often seen in the older population. The census also reports that 15.6% of the population self reports as not in good health. 10% of the whole adult treatment population in 2012/13 were engaged with a forensic mental health services to treat long term mental health conditions that have an adverse effect on daily living, this population is classified as dual diagnosis on NDTMS data submissions. Local YP treatment data for 2013/14 shows that 3 young people with asperger's/autism accessed services, 4 young people with registered learning disabilities accessed services and 1 person with mobility impairment accessed services in the last 6 months.	The YP provider felt that stronger links to services that catered for young people with learning disabilities and physical disabilities was needed and the service felt that workforce development was needed to cater for this group of young people with specialist needs. The YP provider lead also recognised that the parents/carers of this group of young people needed support and information to help better support those that they cared for. Access to the current YP service site has limited disability access, with room space down stairs for 1-2-1 and group sessions but there is no know provision for visual	A recommendation would be for the commissioning body to help service foster links with young person specialist disability services across the council, case managed by social workers, where identified and needed. All commissioned services to ensure that all access is available for young people and adults with any type of disability, this will need to be a DDA compliant building, access to hearing loop and other hearing impairment services and access to services for those young people/ adults with visual impairments. Services should have Braille and visual impairment large print care plan and assessment tools available as well as marketing material and information about services. Providers to collate information and data on these specific groups of people to ensure that there is localised information available to shape services and meet the

[1] The definition includes: sensory impairments, impairments with fluctuating or recurring effects, progressive, organ specific, developmental, learning difficulties, mental health conditions and mental illnesses, produced by injury to the body or brain. Persons with cancer, multiple sclerosis or HIV infection are all now deemed to be disabled persons from the point of diagnosis.

		impairment or hearing services There is limited disabled access at two of the adult service sites, The current aftercare provision has lift access shared with the building (it is unknown if the service has disabled toilet facilities) but could be limited in emergency situations. The current site for shared care has limited access for people with disabilities, rooms are available on the ground floor with toilet access and access to clinical and counselling rooms. As with the aftercare service there is no hearing loop or specific assistance for people with visual impairments	needs of these identified groups and improve access to services. Commissioners to consider, collecting information on disability to measure impacts and how to improve access for carers and significant other that have a disability,

Gender reassignment (a transsexual person is someone who proposes to, starts or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected)	No known local data from treatment services on gender re-assignment, no known national data from NDTMS No data available for local providers		Providers to collect local information on gender re-assignment for future assessments, this information to be made available via audits.
Pregnancy and maternity (protection is during pregnancy and any statutory maternity leave to which the woman is entitled)	**Young women** In the year 2012/13 1 pregnant young woman under 18 was engaged with treatment in the YP service and 7 women aged under 21 in treatment were pregnant during 2012/13 exact profile was not available at time of compiling this report. **Pregnant women over 18 year old** As evidenced on the Q4 DOMES report Lewisham has a higher that national average number of pregnant women in treatment. Lewisham is recording 20% for non-opiate using pregnant women in treatment which is currently 15.2% higher that the national average of 4.8%. Lewisham also has higher that national averages for alcohol (5.9%)and opiate (5.7%) using pregnant women in treatment. Lewisham has high proportion of parents in treatment for opiate use that re-present to treatment services 6 months after completing a treatment episode, the Q4 DOMES report shows that 50% of parents completing treatment re-presented compared to the national average of 19.5% for the same reporting period.	General consensus from both young women under 18 and those women over 18 is that they would like to see more linkage with maternity services but also more joined up work with health visitors, parenting groups, mental health, and child protection services. The majority of women agreed that the access into treatment when they were identified as being pregnant was good and they were offered a range of services. Young mothers expressed a desire to see substance misuse services to be more	**Young women** Action identified by both data analysis and through consultation with this group for the re-commissioning of the services identified that these young women presenting in treatment were without any support with parenting and some presented a hidden harm risk and were engaged with social services. To further meet the needs of this group of young women, we could ensure that the newly commissioned services are able to meet the needs by adopting an early intervention model to support with treatment but also engage with parenting support programmes as well engaging with young father programmes.

		family friendly and available at non-stigmatising sites such as 410 New Directions (which was agreed was not the best environment for either new mothers or with young children, they agreed that accessing services via primary care sites such as LANDS, GP settings were preferable. They expressed an interest in services with crèche facilities so they were able to manage engagement with services and balancing childcare responsibilities. Young mothers also expressed an interest in the service being able to deliver or co-deliver fathers groups or programmes.	As evidenced in the NDTMS submission which is evidenced in the DOMES reports Lewisham has a larger than average number of pregnant women of all ages in treatment. Future commissioning arrangements should ensure that good links to maternity and post natal services continue but also look at adopting an early intervention model with public health and CCG partners Commissioning may also consider offering a range of contraceptive support and advice to women accessing the services. As well as pregnancy testing for child protection purposes. As evidenced in the Q4 DOMES report parents are showing higher re-presentation rates compared to adults with no children living with them, this shows that we need to seriously improve the support for those parents entering treatment and place protective factors for the children living with those parents. (Opiate using adults not living with children reports a re-presentation rate of 19.5% compared to the

			most comparable group of which reports 17- 11% for the same quartile) Commissioned services need to improve access to off-site childcare facilities to assist/encourage parents with young children and babies to access treatment services. Perform home visits for all parents engaged with treatment services, ensuring safe storage for methadone users and complying to child safeguarding requirements.

Race (this includes ethnic or national origins, colour or nationality, and caste, and includes refugees and migrants; and Gypsies and Travellers)	Lewisham is the 15th most ethnically diverse local authority in England, and two out of every five residents are from a black and minority ethnic background. The largest BME groups are Black African and Black Caribbean: Black ethnic groups are estimated to comprise 30% of the total population of Lewisham. The most notable change from previous Census data is the growth in the Black African population, which across the borough has increased from 22,571 in 2001 to 32,025 in 2011. The increase in White Other from the 2001 Census data 6.1% to the 2011 data of 10.1% suggests that this is due to migration from the European Union (EU) countries. There is currently no data or information available to inform us of the language needs of this cohort. *All Lewisham residents by Ethnic groups* <u>White Residents</u> White British – 41.5% White Irish – 1.9% White Gypsy / Irish Traveller - 0.1% White other – 10.1% <u>Black Residents</u> Black African – 11.6% Black Caribbean – 11.2% Black Other – 4.4% <u>Mixed Race</u>	*NDTMS data reports the following breakdown into ethnic groups in adult AND Young person substance misuse treatment services YTD figures for 2013/14* <u>White Residents</u> White British -59% White Irish – 3% White Other -8% <u>Black Residents</u> Black African – 2% Black Caribbean – 6% Black Other – 7% <u>Mixed Races</u> White and Black Caribbean - 5% White and African – 0% White and Asian – 0% Other Mixed – 2% <u>Asian Residents</u> Indian – 0% Pakistani – 0% Bangladeshi – 0% Chinese – 0% Other Asian – 2 % <u>All Other Ethnic Groups</u> Other Ethnic Group – 3%	Commissioned services will need to improve access for under represented groups as identified in this assessment. There is a disparity in the ethnic profiles between the YP and adult services and what proportion of the ethnic groups are engaged with treatment. Adult services will need to be more diverse and engaging with the BAME residents in Lewisham. Developing methods to engage with communities and understanding the needs of these different groups of people. For example the KHAT using community is not a particularly well represented group in treatment services and with the changes to legislation and reclassification, services will need to work proactively to engage this community. Commissioned services procure appropriate resources to increase the awareness of the change to community member, which could include outreach and would help to build relationships

	White and Black Caribbean – 3.1% White and Black African – 1.3% White and Asian- 1.1% Other Mixed – 1.9% <u>Asian Residents</u> Indian – 1.7% Pakistani – 0.6% Bangladeshi – 0.5% Chinese – 2.2% Other Asian – 4.3% <u>All Other Ethnic Groups</u> Arab – 0.5% Other Ethnic Group – 2.1% <u>*Household language was recorded for the first time in the 2011 Census, the group are recorded as*</u> *:* All people aged over 16 and over in a household have English as a main language – 80.0% At least one but not all people aged16 and over in a household have English as main language - 8.5% No people aged 16 and over in a household but at least one person aged 3 to 15 has English as a main language – 2.3% No people in household have English as a main language 9.2% of the Lewisham population **<u>Ethnicity in schoolchildren</u>** In 2008/09 there were 35,062 pupils enrolled in Lewisham's 91 schools, 61% of which were from black and minority	Not Stated – 1 % Missing data code – 2% <u>YP White Residents</u> White British -41% White Irish – 2% White Other -3% <u>YP Black Residents</u> Black African – 6% Black Caribbean – 19% Black Other – 13% <u>YP Mixed Races</u> White and Black Caribbean - 10% White and African – 1% White and Asian – 0% Other Mixed – 3% <u>YP Asian Residents</u> Indian – 0% Pakistani – 0% Bangladeshi – 0% Chinese – 0% Other Asian – 3 % <u>YP All Other Ethnic Groups</u> Other Ethnic Group – 0% Not Stated – 0 % Missing data code – 0% Currently Black BME groups are under-	Commissioners may want to analysis this information more closely, to understand how to engage with minority groups, it is possibly worth looking at substance misuse trends for BAME communities across national data sets and looking most similar groups across London and local information from the British crime survey, NHS,JCP data to look for potential treatment naïve. Substance misuse services should have marketing material available in a range of the most common languages as well as access to interpreter services. The services should also encourage service user participation and peer support from under-represented groups, this would assist the services to engage community BAME groups and individuals. At present no information was available to use in this assessment on how many

<table>
<tr>
<td></td>
<td>ethnic (BME) communities (3% not known). This percentage of BME pupils is significantly different from the proportion within the resident population. This could be interpreted as an indication of the future ethnic make-up of Lewisham's adult population, knowledge that could assist in planning services for both the current population aged under 18 years and future adult service users. However, it must be noted that some areas of the borough have a highly mobile population and some pupils attending Lewisham schools may not reside in the borough. As such, this information cannot be used as the sole basis of predicting future need.</td>
<td>represented in substance misuse treatment services at 15% of the treatment population, in comparison to the borough wide population of this BME group is 27.2%</td>
<td>BAME carers or significant others are engaged with services. Commissioned service user and provider groups to start collecting data on ethnicity.</td>
</tr>
<tr>
<td>Religion or belief (religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.)</td>
<td>There are 275,885 residents recorded on the 2011 census. The Lewisham JSNA records religion in the following groups:
<table>
<tr><th>Religion</th><th>Lewisham %</th><th>London %</th><th>England %</th></tr>
<tr><td>Christian</td><td>52.8</td><td>48.4</td><td>59.4</td></tr>
<tr><td>Buddhist</td><td>1.3</td><td>1</td><td>0.5</td></tr>
<tr><td>Hindu</td><td>2.4</td><td>5</td><td>1.5</td></tr>
<tr><td>Jewish</td><td>0.2</td><td>1.8</td><td>0.5</td></tr>
<tr><td>Muslim</td><td>6.4</td><td>12.4</td><td>5</td></tr>
<tr><td>Sikh</td><td>0.2</td><td>1.5</td><td>0.8</td></tr>
<tr><td>Other religion</td><td>0.5</td><td>0.6</td><td>0.4</td></tr>
<tr><td>No religion</td><td>27.2</td><td>20.7</td><td>24.7</td></tr>
<tr><td>Religion not stated</td><td>8.9</td><td>8.5</td><td>7.2</td></tr>
</table>
</td>
<td>Due to limited information and data available from providers, it is difficult to identify any particular gaps or specialist provision needed. Service will need to deliver services that meet the requirements during times of religious fasting and festivals.</td>
<td>Services need to consider any impacts of fasting on medical interventions and treatment interventions</td>
</tr>
<tr>
<td>Sex/Gender (both men and women are covered under the Act)</td>
<td>Males comprise 49% of Lewisham's population, females 51%. These proportions are not expected to change in the next few years. The demographic of the substance misusing population in treatment in 2012/13 reports that 67% are male and 33% are female, which is comparable to national NDTMS data which reports that the characteristics of the drug treatment population in Lewisham for 2012/13 was</td>
<td>Access to treatment has reliably improved in Lewisham over the last 4 years, figures showing that both men and women have equitable access to treatment.</td>
<td>To ensure equity of access to services, data shows us that women are more likely to have children living with them whilst they seek support and treatment, improving access for parents would be one way of improving</td>
</tr>
</table>

	reported as being 72% male and 28% female against the national NDTMS population recorded across England is 73% male and 27% female.	However data is difficult to interpret as the sources also show a downward trend in the last 12 months of people accessing treatment overall, data for the last 12 months shows –4 % reduction compared to nation data of -1.9% for opiate users, -16% reduction in local data for non-opiate users compared to the national data of a growth of 5%. Women accessing treatment for non- opiate use has grown in the last 3 years of national and local data so the overall information may show the local increase in equity of gender access into treatment.	and maintaining equity of genders accessing treatment, Commissioned services to map pathway for parents with children of different ages groups, particular focus on under 5s. Commissioned services to collect data on carer/significant other gender.
Sexual orientation (the Act protects bisexual, gay, heterosexual and lesbian people)	There are no accurate statistics available regarding the profile of the lesbian, gay, bisexual and transgender (LGBT) population either in Lewisham, London or Britain as a whole. Sexuality is not incorporated into the census or most other official statistics. The Greater London Authority based its Sexual Orientation Equality Scheme on an estimate that the lesbian and gay population comprises roughly 10% of the	There is only local treatment data available for this specific group of people, NDTMS data is not available as a domain under the DOMES report. Local information shows us that most people in treatment do not disclose	Commissioned services to ensure that staff are trained and supported to ask clients sexuality at point of assessment, in cases where the client chooses not to disclose sexuality, follow up discussion at point of review should take place. This will need to be monitored by the provider

	total population. This would make the lesbian and gay population of the borough roughly 20,000, although whether this includes bisexual or transgender individuals is unclear.	sexuality at point of assessment. In the year 2012/13, 44% of the treatment population chose not to disclose their sexuality. Local and National information and data suggests that drug use amongst this group of clients has been evidenced as higher than the heterosexual counterparts, irrespective of gender, or the different age distribution in the population. Recreational drug use is comparatively high among LGBTQ groups and national evidence shows that this may lead to the use of new drugs such as 'club drugs' and legal highs..	and the prevention and inclusion team to ensure that we have data to analysis, so that we can start mapping needs for this group across the services. Commissioned services to record all types club drug/NPS as a domain on local data sets. Commissioned services to ensure workforce is trained to deliver interventions on all club drug, legal highs and NPS.
Marriage and civil partnership (only in relation to due regard to the need to eliminate discrimination)	2011 Census data provides robust data on civil partnership. In Lewisham 1,162 people were recorded as in a civil partnership which accounts for 0.5% of the population. About 0.4% of Lewisham households comprise same sex couples in civil partnerships (Census 2011). This is more than double the average for England.	No data available from substance misuse service providers	

Other relevant groups eg: people experiencing domestic and/or sexual violence, homeless people, looked after children, ex-armed forces personnel etc	No data available on ex- armed forces available locally or nationally for this group of service users Looked After Children data for 2012/13 20% of the YP population are registered as LAC at time of entry into the data system, The YP substance misuse service has an identified lead for LAC in treatment and NDTMS Local data from SHIP in Lewisham evidences that in the year 2013/14,142 people with substance misuse needs presented for assistance with housing need and NFA status, this represents 6.4% of the overall population presented to SHIP in the time period. Of that 142 population, 21 were female and 121 were male.	NDTMS data recorded 43 people in treatment with having NFA status or urgent housing need.	Services to collected data/information specific to MARAC referrals Providers to collect data and other information on specific groups as identified As evidenced in the figures presented there is a disparity of the numbers presenting with both NFA/housing need and substance misuse issues. Commissioned services to ensure housing status is reviewed at 3 monthly intervals and Prevention and Inclusion to map both the provision and need of this group of people. The resources are within the former SP and SHIP data and the NDTMS and local provider data. Building an action plan for commissioned services to work to, with the aim of addressing the needs of this particularly vulnerable group of people.

3. Equalities Analysis Assessment Summary (please keep this to one page)

Name of EAA:	Prevention and Inclusion Team	**ID Number**	
Lead Team:	James Lee	**Date EIA completed**	
Summary of EAA:			
Summary of relevant data: what information informed the EAA?	Local performance data was available from drug and alcohol service providers. NDTMS data for both young people and adults was available, this is due to the change in some data sets, some of the data from NDTMS was extracted from the JSNA 2013. Population based data was available from LBL performance, which is also available on the Office of National Statistics website.		
Summary of consultation: who was consulted and how?	Telephone consultation with some providers to gather evidence for this impact assessment, but no face to face interviews.		

Assessment of impact and key follow-up actions:	
For further information on the EAA contact:	

4. List detailed data and/or community feedback which informed your EIA

Title (of data, research or engagement)	**Date**	**Gaps in data** **(Identify how you will fill these gaps in future, in your action plan)**	**Contact**
NDTMS data			
JSNA 2013			
ONS 2013			
Census 2011			
Local provider data			
SHIP data source NFA status			