

<b>Equality Impact Assessment Report</b>	<b>Please enter responses below in the right hand columns</b>
<b>Date</b>	21 June 2016
<b>Sign-off path for EIA</b> (please add/delete as applicable) If you are conducting an EIA on a Cabinet decision, it should come to Corporate EIA panel for sign off.	Corporate EIA Panel
<b>Title of Project, business area, policy/strategy</b>	Commissioning intentions for substance misuse services in Lambeth 2016/17
<b>Author</b>	Corinna Gamble
<b>Job title, division and department</b>	Senior Commissioning Officer Public Health Commissioning Team, Children, Adults and Health.
<b>Contact email and telephone</b>	<a href="mailto:cgamble2@lambeth.gov.uk">cgamble2@lambeth.gov.uk</a> 02079260594
<b>Strategic Director Sponsor</b>	Helen Charlesworth-May

# London Borough of Lambeth Full Equality Impact Assessment Report

Please enter responses below in the right hand columns.

## 1.0 Introduction

### 1.1 Business activity aims and intentions

*In brief explain the aims of your proposal/project/service, why is it needed? Who is it aimed at? What is the intended outcome? What are the links to the political vision, and outcomes?*

The reduction in the Public Health grant, which is used to pay for substance misuse services, has meant cuts to budgets across public health. Substance misuse is no exception. The Public Health allocation was cut in year in 2015/16 by 1.9m and by around £3m in 2016/17. It will be subject, on average, to a year on year 3.9% cut until 2020. This has meant we have had to thoroughly examine every element of our service offer to try to create efficiencies, reduce waste and get better value for money with reduced spend.

As part of this, we have decided to terminate two contracts, both of which we expect to have a minimal impact on service users due to limited usage of the services and alternative provision available.

- 1. Lambeth and Southwark Community Transport (LaSCoT)** were commissioned to provide a mobile resource centre to promote a drug and alcohol awareness service, needle exchange, Blood Borne Virus (BBV) screening and access routes to other services, in particular for the homeless population. There was no activity in the previous two years (2014/15 and 2015/16) and so the decision was taken to decommission the service from March 31 2016.

The service was not viewed as necessary by providers or service users as the function already exists within the Integrated Treatment Consortium at Lorraine Hewitt House and the Harbour and within the vulnerable adults pathway via our two hostel outreach workers and via in-reach clinics at key sites e.g. Graham House, Waterloo and Palace Road. Additionally Guys and St Thomas' Health Inclusion Team also provide clinical services to our hostels and the Street Population Team, which works primarily with rough sleepers provides this population with information and access routes to other services. Needle exchange is also provided via nine community pharmacies, which are geographically spread throughout the borough.

**Proposal: Service termination from March 31 2016 in consultation with provider, commissioners for vulnerable adults pathway and Integrated Treatment Consortium.**

2. **RISE** day programme run by Blenheim CDP (12 week community rehabilitation programme) was a programme jointly commissioned with Southwark who terminated their contract in January 2016. Lambeth Council were unable to manage the sole risk of continuation, with the fixed costs associated with the service, and the proposal was put forward to cease the contract from March 31 2016. The service catered for a small number of people – 21 people in 2015-16 - and the model of a structured day programme was viewed to be a barrier for some referrers/ service users as some people struggled with the requirements of the programme. For example in the first two quarters of 2015-16 only one third completed the 12 week programme. In fact, even within the service, changes had been made to offer a more flexible 'pick and mix' model, which reflects more closely our current community recovery offer, which is part of the Integrated Treatment Consortium and provided at the Harbour, which in January – March 2016 saw drop in attendance reach on average 30 per day and group attendance (across 7 groups) average 9 per session. To help bolster this service and mitigate any negative impact related to the closure of RISE we propose to reinvest half of the funding from RISE (£71k) to fund additional recovery activity in the community. This will be part of the Integrated Treatment Consortium. It is worth noting that RISE state in their monitoring reports that the most frequent referrer to the RISE day programme was Lorraine Hewitt House, which is the core part of the Integrated Treatment Consortium, and which serves a similar population group. As such we expect a smooth transition in terms of referral routes. Additionally we have agreed to maintain our placement budget, which allows us to purchase structured day programmes for individuals via Janus Solutions.

**Proposal: Cease funding the current RISE day programme from March 31 2016 and reinvest £71k to fund additional recovery activity in the community as part of the Integrated Treatment Consortium.**

#### **Drug and alcohol services in Lambeth**

The main problematic substances in Lambeth are alcohol, crack cocaine and cannabis, with emerging problematic substances including gamma butyrolactone (GBL), benzodiazepines and ketamine. There is evidence of increased risk in specific vulnerable population groups: e.g. homeless, offenders and men who have sex with men (MSM).<sup>1</sup> There is also a high but reducing rate of drug related deaths.

<sup>1</sup> Substance Misuse Needs Assessment 2011/12 <http://www.lambeth.gov.uk/social-support-and-health/public-health/lambeths-health-profile-and-the-jsna#evidence-reviews-by-life-course>

The Lambeth Drug and Alcohol Integrated Treatment Consortium (ITC) is the main provider of community based open access drug and alcohol services across the Borough of Lambeth. Established in 2010 the Consortium is a collaboration of both the voluntary and statutory sectors under the leadership of the South London and Maudsley NHS Foundation Trust. Three voluntary sector organisations are the other constituent partners namely Addaction; Blenheim CDP; and Foundation 66 (now part of the Phoenix Futures Group). Since September 2014 LB Lambeth Substance Misuse Social Work and Aftercare Teams have been co-located within the Consortium.

Development of the Consortium commenced in 2010 in collaboration with Lambeth commissioners, who were initially part of the Primary Care Trust (now Clinical Commissioning Group) and since April 2013 the local authority. Service users have been vital to the development of this model and their voice is embedded in every layer of the management structure and has been key to inspiring and driving forward improvements in service outcomes including patient experience.

The service includes: assessment and triage, healthcare assessment, community detoxification, care planning, care plan review, family support, group work, shared care (with Primary Care) and Blood Borne Virus (BBV) screening.

The outcomes of the service includes: improved health through engagement in effective treatment, improvement in successful completion rate (as per PHOF definition), reduction in substance use and engagement in activities that provide a pathway to employment.

We are working with the operational service lead and lead clinicians for SLaM/ITC to identify how potential savings can be leveraged whilst maintaining access especially for the most vulnerable populations. The following principles have been agreed for making savings within the Integrated Treatment Consortium:

- Ensure patient safety and protect the most vulnerable;
- Protect services which deliver the greatest public health impact;
- Consult with service users;
- Focus on back office and fixed costs first, then reconfiguration or redesign, and lastly front-end delivery.

While the financial envelope has reduced overall, the service user will not experience any noticeable changes to the overall service offer: drug and alcohol treatment pathways will remain unchanged as will, importantly, the principle of open access. The focus instead is on:

- Cashable savings e.g. contract efficiencies and a reduction in management fees;
- Service redesign, streamlining pathways, promoting better integration, increasing workforce efficiency e.g. by co-locating services
- Absorption of existing services e.g. service user involvement scheme, peer led social groups and legal advice service into the Integrated Treatment Consortium with no change to service provision in 2016/17.

In 2014/15, 1570 people accessed the Integrated Treatment Consortium of which:

- In terms of gender: 28% were women and 72% were men
- In terms of race: 74% White or White British; 16% Black or Black British; 4% Mixed heritage; 2% Asian or Asian British; 4% other.
- In terms of sexuality: 81% were heterosexual; 8% bisexual, gay or lesbian; 10% not recorded/disclosed.
- In terms of age: 3% were between 18 and 25; 19% were between 26 and 35; 32% were between 36 and 45; 34% were between 46 and 55; and 12% were over 55.

Also to be noted:

**Aurora**, our peer support service is currently being reviewed – Lambeth Council remain committed to the function but need to explore the best way that this can be delivered. Peer support in Lambeth provides both support for those with on-going health issues, but also a pathway and opportunities for those recovered / recovering to support their peers.

**Proposal: Recruit a business development consultant to work with both Aurora and commissioners for a period of 3 months beginning April 2016 to conduct objective market analysis to assess the viability of the current Aurora business model going forward. The service will not change until the analysis is completed and an action of analysis will be to collect equality data on this service.**

**Offender Health pathway** – no changes to services in 2016/17. Plan for whole system review and recommissioning of offender health pathway in 2017/18.

2.0 Analysing your equalities evidence	
2.1 Evidence	
Protected characteristics and local equality characteristics	Impact analysis For each characteristic please indicate the type of impact (i.e. positive, negative, positive and negative, none, or unknown)
Race	<p><b>LASCOT - none</b> There has been no activity for the previous two years (2014/15 and 2015/16). The service was not seen to be necessary by providers or service users as the function already exists within the Integrated Treatment Consortium, within the vulnerable adults pathway and via the nine community pharmacies, which are geographically spread throughout the borough.</p> <p><b>RISE - none</b> In 2015-2016 the RISE day programme was accessed by 21 people, with 62% from a white or white British background; 19% Black or Black British; 14% mixed heritage; and 5% Asian or Asian British.</p> <p>Although the RISE day programme will cease on 31 March 2016, we do not expect its closure to disproportionately affect any of these groups as it was accessed by very small numbers – 21 people in 2015-16 - and similar services will remain available on an open-access basis across the rest of the Integrated Treatment Consortium. As the most frequent referrer to the RISE day programme was Lorraine Hewitt House, which is the core part of the Integrated Treatment Consortium, and which serves a similar population group, we expect a smooth transition in terms of referral routes.</p> <p>Further mitigation is planned through the reinvestment of £71k in the community recovery offer, which will increase access to recovery support including group work and activity based interventions, which is likely to be positive for all equalities' groups due to the open access nature of these services.</p>
Gender	<p><b>LASCOT - none</b> There has been no activity for the previous two years (2014/15 and 2015/16). The service was not seen to be necessary by providers or service users as the function already exists within the</p>

	<p>Integrated Treatment Consortium, within the vulnerable adults pathway and via the nine community pharmacies, which are geographically spread throughout the borough.</p> <p><b>RISE - none</b> In 2015-2016 the RISE day programme was accessed by 21 people, with just under two-thirds men and one third women.</p> <p>Although the RISE day programme will cease on 31 March 2016, we do not expect its closure to disproportionately affect either of these groups as it was accessed by very small numbers – 21 people in 2015-16 - and similar services will remain available on an open-access basis across the rest of the Integrated Treatment Consortium. As the most frequent referrer to the RISE day programme was Lorraine Hewitt House, which is the core part of the Integrated Treatment Consortium, and which serves a similar population group, we expect a smooth transition in terms of referral routes.</p> <p>Further mitigation is planned through the reinvestment of £71k in the community recovery offer, which will increase access to recovery support including group work and activity based interventions, which is likely to be positive for all equalities’ groups due to the open access nature of these services.</p>
<b>Gender re-assignment</b>	<p><b>LASCOT - none</b> There has been no activity for the previous two years (2014/15 and 2015/16). The service was not seen to be necessary by providers or service users as the function already exists within the Integrated Treatment Consortium, within the vulnerable adults pathway and via the nine community pharmacies, which are geographically spread throughout the borough.</p> <p><b>RISE – unknown</b> We do not record data in this area so we cannot assess the impact.</p> <p>However, the RISE day programme was accessed by very small numbers (21 people in 2015-16) and similar services will remain available on an open-access basis across the rest of the Integrated Treatment Consortium. This includes: assessment and triage, healthcare assessment, community detoxification, care planning, care plan review, family support, group work, shared care (with Primary Care) and Blood Borne Virus (BBV) screening. Further mitigation is planned through the</p>

	<p>reinvestment of £71k in the community recovery offer, which will increase access to recovery support including group work and activity based interventions, which is likely to be positive for all equalities' groups due to the open access nature of these services.</p>
<b>Household type</b>	<p><b>LASCOT - none</b>  There has been no activity for the previous two years (2014/15 and 2015/16). The service was not seen to be necessary by providers or service users as the function already exists within the Integrated Treatment Consortium, within the vulnerable adults pathway and via the nine community pharmacies, which are geographically spread throughout the borough.</p> <p><b>RISE – unknown</b>  We do not record data in this area so we cannot assess the impact.</p> <p>However, the RISE day programme was accessed by very small numbers (21 people in 2015-16) and similar services will remain available on an open-access basis across the rest of the Integrated Treatment Consortium. This includes: assessment and triage, healthcare assessment, community detoxification, care planning, care plan review, family support, group work, shared care (with Primary Care) and Blood Borne Virus (BBV) screening. Further mitigation is planned through the reinvestment of £71k in the community recovery offer, which will increase access to recovery support including group work and activity based interventions, which is likely to be positive for all equalities' groups due to the open access nature of these services.</p>
<b>Disability</b>	<p><b>LASCOT - none</b>  There has been no activity for the previous two years (2014/15 and 2015/16). The service was not seen to be necessary by providers or service users as the function already exists within the Integrated Treatment Consortium, within the vulnerable adults pathway and via the nine community pharmacies, which are geographically spread throughout the borough.</p> <p><b>RISE – unknown</b>  We do not record data in this area so we cannot assess the impact.</p> <p>However, the RISE day programme was accessed by very small numbers (21 people in 2015-16) and similar services will remain available on an open-access basis across the rest of the Integrated Treatment Consortium. This includes: assessment and triage, healthcare assessment, community</p>



	<p>detrtoxification, care planning, care plan review, family support, group work, shared care (with Primary Care) and Blood Borne Virus (BBV) screening. Further mitigation is planned through the reinvestment of £71k in the community recovery offer, which will increase access to recovery support including group work and activity based interventions, which is likely to be positive for all equalities' groups due to the open access nature of these services.</p> <p>We are aware that a significant proportion of the population who access drug and alcohol treatment services may have a long term condition (e.g. Hep C, HIV, mental health issues) and other physical health issues as a result of their substance use. We will therefore prioritise data collection in this area in the future.</p>
<p><b>Age</b></p>	<p><b>LASCOT - none</b>  There has been no activity for the previous two years (2014/15 and 2015/16). The service was not seen to be necessary by providers or service users as the function already exists within the Integrated Treatment Consortium, within the vulnerable adults pathway and via the nine community pharmacies, which are geographically spread throughout the borough.</p> <p><b>RISE – none</b>  The RISE programme has primarily provided for older client groups (in the first two quarters of 2015-16 73% were over 35).</p> <p>Although the RISE day programme will cease on 31 March 2016, we do not expect its closure to disproportionately affect this age group as it was accessed by very small numbers - 21 people in 2015-16 - and similar services will remain available on an open-access basis across the rest of the Integrated Treatment Consortium. As the most frequent referrer to the RISE day programme was Lorraine Hewitt House, which is the core part of the Integrated Treatment Consortium, and which serves a similar population group, we expect a smooth transition in terms of referral routes.</p> <p>Further mitigation is planned through the reinvestment of £71k in the community recovery offer, which will increase access to recovery support including group work and activity based interventions, which is likely to be positive for all equalities' groups due to the open access nature of these services.</p>

<b>Sexual orientation</b>	<p><b>LASCOT - none</b>  There has been no activity for the previous two years (2014/15 and 2015/16). The service was not seen to be necessary by providers or service users as the function already exists within the Integrated Treatment Consortium, within the vulnerable adults pathway and via the nine community pharmacies, which are geographically spread throughout the borough.</p> <p><b>RISE – none</b>  It is estimated that 16% of the male population of Lambeth identify as men who have sex with men (MSM) but data from the first half of 2015 show that the RISE service was accessed exclusively by those identifying as heterosexual and so the closure of this service is unlikely to detrimentally affect the LGBT community. Lambeth already provides LGBT-sensitive support around risky behaviour (including drug taking) through local sexual health services and locally commissioned in-house specialist provision for use of novel psychoactive substances (NSPs).</p>
<b>Religion and belief</b>	<p><b>LASCOT - none</b>  There has been no activity for the previous two years (2014/15 and 2015/16). The service was not seen to be necessary by providers or service users as the function already exists within the Integrated Treatment Consortium, within the vulnerable adults pathway and via the nine community pharmacies, which are geographically spread throughout the borough.</p> <p><b>RISE – unknown</b>  We do not record data in this area so we cannot assess the impact.</p> <p>However, the RISE day programme was accessed by very small numbers (21 people in 2015-16) and similar services will remain available on an open-access basis across the rest of the Integrated Treatment Consortium. This includes: assessment and triage, healthcare assessment, community detoxification, care planning, care plan review, family support, group work, shared care (with Primary Care) and Blood Borne Virus (BBV) screening. Further mitigation is planned through the reinvestment of £71k in the community recovery offer, which will increase access to recovery support including group work and activity based interventions, which is likely to be positive for all equalities' groups due to the open access nature of these services.</p>
<b>Pregnancy and maternity</b>	<p><b>LASCOT - none</b>  There has been no activity for the previous two years (2014/15 and 2015/16). The service was not</p>

	<p>seen to be necessary by providers or service users as the function already exists within the Integrated Treatment Consortium, within the vulnerable adults pathway and via the nine community pharmacies, which are geographically spread throughout the borough.</p> <p><b>RISE – unknown</b> We do not record data in this area so we cannot assess the impact.</p> <p>However, the RISE day programme was accessed by very small numbers (21 people in 2015-16) and similar services will remain available on an open-access basis across the rest of the Integrated Treatment Consortium. This includes: assessment and triage, healthcare assessment, community detoxification, care planning, care plan review, family support, group work, shared care (with Primary Care) and Blood Borne Virus (BBV) screening. Further mitigation is planned through the reinvestment of £71k in the community recovery offer, which will increase access to recovery support including group work and activity based interventions, which is likely to be positive for all equalities’ groups due to the open access nature of these services.</p>
<b>Marriage and civil partnership</b>	<p><b>LASCOT - none</b> There has been no activity for the previous two years (2014/15 and 2015/16). The service was not seen to be necessary by providers or service users as the function already exists within the Integrated Treatment Consortium, within the vulnerable adults pathway and via the nine community pharmacies, which are geographically spread throughout the borough.</p> <p><b>RISE – unknown</b> We do not record data in this area so we cannot assess the impact.</p> <p>However, the RISE day programme was accessed by very small numbers (21 people in 2015-16) and similar services will remain available on an open-access basis across the rest of the Integrated Treatment Consortium. This includes: assessment and triage, healthcare assessment, community detoxification, care planning, care plan review, family support, group work, shared care (with Primary Care) and Blood Borne Virus (BBV) screening. Further mitigation is planned through the reinvestment of £71k in the community recovery offer, which will increase access to recovery support including group work and activity based interventions, which is likely to be positive for all equalities’ groups due to the open access nature of these services.</p>

<p><b>Socio-economic factors</b></p>	<p><b>LASCOT - none</b>  There has been no activity for the previous two years (2014/15 and 2015/16). The service was not seen to be necessary by providers or service users as the function already exists within the Integrated Treatment Consortium, within the vulnerable adults pathway and via the nine community pharmacies, which are geographically spread throughout the borough.</p> <p><b>RISE – unknown</b>  We do not record data in this area so we cannot assess the impact.</p> <p>However, the RISE day programme was accessed by very small numbers (21 people in 2015-16) and similar services will remain available on an open-access basis across the rest of the Integrated Treatment Consortium. This includes: assessment and triage, healthcare assessment, community detoxification, care planning, care plan review, family support, group work, shared care (with Primary Care) and Blood Borne Virus (BBV) screening. Further mitigation is planned through the reinvestment of £71k in the community recovery offer, which will increase access to recovery support including group work and activity based interventions, which is likely to be positive for all equalities’ groups due to the open access nature of these services.</p>
<p><b>Language</b></p>	<p><b>LASCOT - none</b>  There has been no activity for the previous two years (2014/15 and 2015/16). The service was not seen to be necessary by providers or service users as the function already exists within the Integrated Treatment Consortium, within the vulnerable adults pathway and via the nine community pharmacies, which are geographically spread throughout the borough.</p> <p><b>RISE – unknown</b>  We do not record data in this area so we cannot assess the impact.</p> <p>However, the RISE day programme was accessed by very small numbers (21 people in 2015-16) and similar services will remain available on an open-access basis across the rest of the Integrated Treatment Consortium. This includes: assessment and triage, healthcare assessment, community detoxification, care planning, care plan review, family support, group work, shared care (with Primary Care) and Blood Borne Virus (BBV) screening. Further mitigation is planned through the reinvestment of £71k in the community recovery offer, which will increase access to recovery support including group work and activity based interventions, which is likely to be positive for all equalities’ groups due to the open access nature of these services.</p>

<p><b>Health</b></p>	<p><b>LASCOT - none</b>  There has been no activity for the previous two years (2014/15 and 2015/16). The service was not seen to be necessary by providers or service users as the function already exists within the Integrated Treatment Consortium, within the vulnerable adults pathway and via the nine community pharmacies, which are geographically spread throughout the borough.</p> <p><b>RISE - unknown</b>  The number of clients passing through the RISE programme is small (21 people in 2015-16), and there remains a lack of information to quantify the impact of the programme (and consequent likely impact of its removal).</p> <p>Similar services will remain available on an open-access basis across the rest of the ITC. This includes: assessment and triage, healthcare assessment, community detoxification, care planning, care plan review, family support, group work, shared care (with Primary Care) and Blood Borne Virus (BBV) screening. Further mitigation is planned through the reinvestment of £71k in the community recovery offer, which will increase access to recovery support including group work and activity based interventions, which is likely to be positive for all equalities' groups due to the open access nature of these services.</p> <p>It is important that prospective clients are signposted to appropriate alternative provision, and that likewise the reinvestment proposed is built into existing pathways to maximise patient benefit. As the most frequent referrer to the RISE day programme was Lorraine Hewitt House, which is the core part of the Integrated Treatment Consortium, and which serves a similar population group, we expect a smooth transition in terms of referral routes</p>
<p><b>2.2 Gaps in evidence base</b>  <i>What gaps in information have you identified from your analysis? In your response please identify areas where more information is required and how you intend to fill in the gaps. If you are unable to fill in the gaps please state this clearly with justification.</i></p>	<p>We are aware that a significant proportion of the population who access drug and alcohol treatment services may have a long term condition (e.g. Hep C, HIV, mental health issues) and other physical health issues as a result of their substance use. We will therefore prioritise data collection in this area in the future.</p>

### 3.0 Consultation, Involvement and Coproduction

#### 3.1 Coproduction, involvement and consultation

*Who are your key stakeholders and how have you consulted, coproduced or involved them? What difference did this make?*

The RISE day programme run by Blenheim CDP (12 week community rehabilitation programme) will cease on 31 March 2016.

We wanted to explore options within the context of the wider recovery journey as there will be some money (£71k) to fund a revised service offer. The aim is for this to be informed by service users and staff at RISE, the Harbour and Lorraine Hewitt House to find out more about what works, what’s missing and what additional services would be useful.

The aim of the consultation was:

- Engagement and understanding amongst service users re. the financial context and the changes which are happening (e.g. closure of RISE)
- Clear service user ‘voice’ in any recommendations which are put forward to the Integrated Treatment Consortium.

We met with staff and service users from RISE, the Harbour and Lorraine Hewitt House to understand the needs of service users, how the community recovery offer works and what additional services could be useful. We advertised these sessions via the organisations and via the Lambeth Service User Council.

The findings from the consultation will be used to inform the recommendations to the Integrated Treatment Consortium about how the extra £71k could be spent.

Event/Activity	Purpose	Date
Focus group with Rise service staff	<ul style="list-style-type: none"> <li>• Ascertain their views on the changes and gain feedback</li> </ul>	9 <sup>th</sup> December 2015
Focus group with Rise Structured Day programme service users	<ul style="list-style-type: none"> <li>• Ascertain the views of existing service users on the changes and gain feedback</li> <li>• Ascertain the views of new service users on the changes and gain feedback</li> </ul>	26 <sup>th</sup> January 2016
Focus group with The Harbour Recovery Centre service users	<ul style="list-style-type: none"> <li>• Ascertain their views on the changes and gain feedback as service users of the Drug and Alcohol treatment consortium</li> </ul>	8 <sup>th</sup> February 2016

	<b>Focus group with Rise Structured Day programme service users</b>	<ul style="list-style-type: none"> <li>• Ascertain the views of existing service users on the changes and gain feedback</li> <li>• Ascertain the views of new service users on the changes and gain feedback</li> </ul>	23 <sup>rd</sup> February 2016
	<b>Focus group with Lorraine Hewitt House service users</b>	<ul style="list-style-type: none"> <li>• Ascertain their views on the changes and gain feedback as service users of the Drug and Alcohol treatment consortium</li> </ul>	12 <sup>th</sup> March 2016
	<b>Interim findings focus group with services users from the Drug and Alcohol consortium</b>	<ul style="list-style-type: none"> <li>• A follow up session with the LSUC to report and test the initial findings from our earlier focus groups.</li> <li>• Previous participants invited, along with other service users.</li> <li>• Ascertain their views on these initial findings and gain additional feedback as service users of the Drug and Alcohol treatment consortium.</li> </ul>	4 <sup>th</sup> May 2016
	<b>Integrated Treatment Consortium away day</b>	<ul style="list-style-type: none"> <li>• Support the Integrated Treatment Consortium (staff, service users, providers and commissioners) to look at any service redesign as a result of funding reductions and to discuss future priorities for substance misuse services. We will ensure that this event is accessible and open to all who wish to attend.</li> </ul>	September 2016 (exact date tbc)
<b>3.2 Gaps in coproduction, consultation and involvement</b> <i>What gaps in consultation and involvement and coproduction have you identified (set out any gaps as they relate to specific equality groups)? Please describe where more consultation, involvement and/or coproduction is required and set out how you intend to undertake it. If you</i>	The consultation we undertook covered the key service areas but we did not record equalities data and the participants were self selecting – as such we need to acknowledge potential gaps re. equality groups.		

do not intend to undertake it, please set out your justification.	
<b>4.0 Conclusions, justification and action</b>	
<p><b>4.1 Conclusions and justification</b>  <i>What are the main conclusions of this EIA? What, if any, disproportionate negative or positive equality impacts did you identify at 2.1? On what grounds do you justify them and how will they be mitigated?</i></p>	<p>We conclude that the impacts associated with the changes will have a minimal impact due to the minimal usage of the two services we are closing and the alternative provision that is available.</p> <p>The changes (as set out above) do not involve the removal of any support that will not be available elsewhere or changing processes in any way that is likely to be harmful to any group of residents, regardless of the equalities' group due to the open access nature of the alternative provision. However, we need to be mindful of any unintended consequences by ending a specific day programme in a specific location. Mitigation is planned through the reinvestment of £71k in the community recovery offer, which will increase access to recovery support including group work and activity based interventions, which is likely to be positive for all equalities' groups due to the open access nature of these services.</p> <p>We will closely monitor the implementation of the proposed changes and it is our intention to hold an away day in September 2016 for the Integrated Treatment Consortium with staff, service users, CCG, primary care, commissioners and other key stakeholders to look at the impact of any service redesign as a result of funding reductions and to discuss future priorities for substance misuse services. We can involve equality groups, as appropriate, and undertake a further EIA.</p>
<p><b>4.2 Equality Action plan</b>  <i>Please list the equality issue/s identified through the evidence and the mitigating action to be taken. Please also detail the date when the action will be taken and the name and job title of the responsible officer.</i></p>	
<b>Equality Issue</b>	<b>Mitigating actions</b>
Unintended consequences	Away day in September 2016 for the Integrated Treatment Consortium with staff, service users, CCG, primary care, commissioners and other key stakeholders to look at the impact of any service redesign as a result of funding reductions and to discuss future priorities for substance misuse services. We can involve equality groups, as appropriate.



Gaps in service provision	<p><b>LASCOT:</b> Needle exchange services are offered via the Integrated Treatment Consortium and at key hostels and via nine community pharmacies, which are geographically spread throughout the borough.</p> <p><b>Aurora:</b> Commissioners remain committed to retaining this function within treatment and recovery pathways, but delivery model may change depending on the recommendations of the business development report.</p> <p><b>RISE:</b> Mitigation is planned through the reinvestment of £71k in the community recovery offer, following consultation with staff and service users, which will increase access to recovery support including group work and activity based interventions, which is likely to be positive for all equalities' groups due to the open access nature of the services. It is important that prospective clients are signposted to appropriate alternative provision, and that likewise the reinvestment proposed is built into existing pathways to maximise patient benefit. As the most frequent referrer to the RISE day programme was Lorraine Hewitt House, which is the core part of the Integrated Treatment Consortium, and which serves a similar population group, we expect a smooth transition in terms of referral routes</p>
Gaps in evidence	We are aware that a significant proportion of the population who access drug and alcohol treatment services may have a long term condition (e.g. Hep C, HIV, mental health issues) and other physical health issues as a result of their substance use. We will therefore prioritise data collection in this area in the future.
<b>5.0 Publishing your results</b>	
The results of your EIA must be published. Once the business activity has been implemented the EIA must be periodically reviewed to ensure your decision/change had the anticipated impact and the actions set out at 4.2 are still appropriate.	
<b>EIA publishing date</b>	
<b>EIA review date</b>	
<b>Assessment sign off (name/job title):</b>	

All completed and signed-off EIAs must be submitted to [equalities@lambeth.gov.uk](mailto:equalities@lambeth.gov.uk) for publication on Lambeth's website. Where possible, please anonymise your EIAs prior to submission (i.e. please remove any references to an officers' name, email and phone number).