

Equality Impact Assessment Form (Page 1 of 2)

Title of EIA/ DDM: Drug and Alcohol Inpatient Detox Service

Department: Strategy & Resources

Service Area: Commissioning

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Director: Katy Ball

Strategic Budget EIA Y/N (please underline)

Brief description of proposal / policy / service being assessed:

In September 2017, Nottinghamshire Healthcare Foundation Trust (NHFT) notified commissioners of the potential closure of The Woodlands drug and alcohol inpatient detox service. NHFT is reviewing potential alternative models and anticipate reaching a decision on the future of The Woodlands by January 2018. It should be noted that NHFT will take the final decision on whether or not The Woodlands will close.

Commissioners continue to engage with NHFT on the potential to keep The Woodlands open. There is no local alternative inpatient detox provider to The Woodlands and commissioners are also looking at potential alternative options for access to inpatient detox should NHFT reach the decision that The Woodlands will close.

The Woodlands is a specialist unit that provides inpatient detoxification with 24-hour medical cover as part of an integrated pathway to support citizens to recover from problematic drug and alcohol use. Some service users can be safely detoxed within the community but for others, detoxification will require an inpatient admission. During 2016/17 a total of 123 Nottingham citizens accessed the service, utilising 1,175 Occupied Bed Days (OBDs). Service users have an average stay of 9-10 days before being referred back to community drug and alcohol services for ongoing treatment and support. The cost of the service in 17/18 is £403,466.

The Woodlands works with service users dependent on a full range of illicit and prescribed substances including service users with high levels of complexity (including complex physical and mental healthcare needs and pregnant women).

This EIA looks specifically at the impact should The Woodlands close with no alternative provision identified. Alternative options are available and are being scoped as part of an options appraisal. Where relevant reference to alternative options is made in the narrative and actions below. The potential impact of no access to inpatient detox across different equality groups will be used to inform the options appraisal for alternative provision (as shown in the column detailing actions to reduce negative or increase positive impact).

Due to the potential adverse impacts identified, it is important to secure alternative access to suitable inpatient detox provision for all substance users who might require it and who meet set eligibility criteria. The option to no longer provider access to inpatient detox is not considered to be a viable option based on the potential adverse impacts for all service users. Alternative options are being scoped through an options appraisal. The specific impacts identified in this EIA need to be addressed within that options appraisal.

Information used to analyse the effects on equality:

Demographic monitoring for the current service (including information from the National Drug Treatment Monitoring System NDTMS) shows that the demographic profile of service users accessing The Woodlands is similar to that of community drug and alcohol treatment services. Of those accessing The Woodlands during 2016/17:

- 74% male, 26% female. Within the main community service this was 66% male, 34% female.
- Age 35-39 was the largest age band category (29%) and 73% fell within the age range of 30-49 years. The age profile within the main community service is slightly younger.
- 88% of service users were White British. Within the main community service this is 78%.

Inpatient detox is typically and primarily provided for opiate users and to a lesser extent dependent drinkers: it is unusual for users of other drugs to require inpatient detox. This is the reason for the difference in the demographic profile between service users accessing The Woodlands and community treatment. 73% of those accessing The Woodlands in 2016/17 were opiate users. Opiate users are more likely to be male, in an older age band category, and White British.

Initial engagement with service users is planned for January 2018. Engagement has been undertaken with local providers and some national market research undertaken which is due to be completed as part of the options appraisal process in Feb 2018. Other information used in informing this EIA includes; Nottingham City Joint Strategic Needs Assessment, Adult Drug Use, 2015; Drug Misuse & Dependence: Guidelines for Clinical Management 2017, Department of Health.

	Could particularly benefit X	May adversely impact X	How different groups could be affected (Summary of impacts)	Details of actions to reduce negative or increase positive impact (or why action isn't possible)
People from different ethnic groups.	<input type="checkbox"/>	X	<p>Potential adverse impacts on service users based on the loss of access to inpatient detox include, increased risk of overdose/death, deterioration of physical and/or mental health, increased risk of relapse to substance misuse or escalation of problematic substance misuse.</p> <p><u>Gender</u></p> <p>*74% of those accessing The Woodlands in 16/17 were male. Should the Woodlands close and no alternative provision be identified then more men than women would experience the potential adverse impacts described above.</p> <p>*Inpatient units should not have mixed 'dorms' or rooms.</p>	<p>The alternative options being explored include spot purchasing bed days from out of area providers, spot purchasing bed days from local provision, and a procurement exercise. Where these provide a mitigating factor they are included below.</p> <p>*Through the options appraisal process, ensure alternative options are accessible to both male and female service users. Ensure separate 'dorms'/rooms for male and female service users. Ensure alternative options have appropriate capacity for around 91 (819 – 910 Occupied Bed Days OBDs) male service users and 40 (360 – 400 OBDs) female per year. Options appraisal to be complete Feb 2018.</p> <p>Requirements above to be specified in service specifications (should alternative provision be procured) or through contract variation with existing providers (where provision is to be spot purchased either out of area or locally). Timescales will be dependant on option taken forward and confirmed end date of</p>
Men	<input type="checkbox"/>	X		
Women	<input type="checkbox"/>	<input type="checkbox"/>		
Trans	<input type="checkbox"/>	<input type="checkbox"/>		
Disabled people or carers.	<input type="checkbox"/>	<input type="checkbox"/>		
Pregnancy/ Maternity	<input type="checkbox"/>	X		
People of different faiths/ beliefs and those with none.	<input type="checkbox"/>	<input type="checkbox"/>		
Lesbian, gay or bisexual people.	<input type="checkbox"/>	<input type="checkbox"/>		
Older	<input type="checkbox"/>	X		
Younger	<input type="checkbox"/>	<input type="checkbox"/>		
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ <u>adults</u>). <i>Please underline the group(s) /issue more adversely affected or which benefits.</i>	<input type="checkbox"/>	X		

			<p><u>Age</u></p> <p>*Nottingham has an ageing population of opiate users (Nottingham City Joint Strategic Needs Assessment, Adult Drug Use, 2015). Drug Misuse & Dependence: Guidelines for Clinical Management 2017 (Department of Health) state that there should be a lower threshold for arranging inpatient detox for older people due to increased health risks and increased risk of drug related death. Opiate users are more likely to require inpatient detox than any other type of substance user. Should The Woodlands close and no alternative provision be identified then older opiate users would be at increased risk of physical ill health and drug related death.</p> <p>*A recent Care Quality Commission (CQC) Briefing (Substance Misuse Services: The Quality and Safety of Residential Detoxification, November 2017) raised concern about the safety and standards of independent drug and alcohol inpatient detox services: “Nearly three in four providers failed in at least one of <u>the fundamental standards of care</u> that everyone has the right to expect. Almost two-thirds of providers were not meeting the requirement for providing safe care and treatment.” The option to spot purchase OBDs from out of area</p>	<p>Woodlands contract.</p> <p>*Within the options appraisal, consider whether each option is accessible and appropriate for opiate users. Options appraisal to be complete Feb 2018.</p> <p>*Within the options appraisal, consider whether each option has capacity for around 96 opiate users (863 – 960 OBDs) per year. Options appraisal to be complete Feb 2018.</p> <p>*Within the options appraisal consider the eligibility criteria of each option to ensure accessibility for service users with complex physical comorbidity. Options appraisal to be complete Feb 2018.</p> <p>*Through options appraisal consider whether there are mechanisms that can be built into each option to ensure provision is of sufficient standard and quality to respond to the complex needs, including complex physical comorbidity, of older opiate users. For the option to spot purchase out of area this would need to include requirements within the spot purchasing contract to ensure quality and standards of the provision being spot purchased, and would need to be enacted through contract variation. For the option of procurement exercise, clear quality</p>
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independent drug and alcohol inpatient detox services should be carefully considered in relation to this risk/impact.

standards would need to be written into the service specification and assessed through the tender process. **Options appraisal to be complete Feb 2018.**

Pregnancy/maternity

*The Woodlands is able to provide inpatient detox for pregnant drug/alcohol users. Should The Woodlands close and no alternative provision be identified then pregnant drug/alcohol users would not have access to inpatient detox. Pregnant women who required but did not have access to inpatient detox would be at risk of the impacts described above. There is also risk of adverse impact on health on unborn and new born babies.

*Through the options appraisal, ensure pregnant drug/alcohol users are eligible to access alternative options. **Options appraisal to be complete Feb 2018.**

*Review how many pregnant women access existing provision in a year. **Request data from Woodlands Feb 2018.**

*Ensure alternative options are suitable for and able to provide safe and effective treatment for pregnant service users. For the option of procurement exercise, clear requirements to be written into the service specification and assessed through the tender process. For the option to spot purchase (out of area or locally) to be secured through contract variation. **Timescales will be dependent on option taken forward and confirmed end date of Woodlands contract.**

Vulnerable adults

*The Woodlands provides inpatient detox to those who are unable to detox within the community. This will include vulnerable adults whose social

*Through options appraisal, consider whether options are accessible and appropriate for vulnerable adults. **Options appraisal to be complete Feb 2018.**

circumstances make community detox unrealistic. Should The Woodlands close and no alternative provision be identified then the adverse impacts described above would apply to some drug/alcohol users who are vulnerable adults.

*The option to spot purchase OBDs from out of area would require service users to make their own way to inpatient detox services in other areas. The closest identified providers are Birmingham and Sheffield, but should capacity be an issue, then travel further afield might be required. This should be carefully considered in relation to vulnerable adults. Independent travel out of area may be more difficult for vulnerable adults and may present increased risks to them including potential for them to not get there and disengaging with existing community treatment. Discussion with Leicester commissioner – Leicester has not experienced problems with service users dropping out of treatment or failing to attend detox due to having to travel out of area.

Ethnicity

*12% of the service users accessing The Woodlands in 16/17 were not of White British ethnicity. While the majority of those likely to require inpatient detox in the future will be of White British ethnicity (due to the profile of opiate users) it is important

*Review how service users travel to out of areas inpatient provision is supported by potential out of area providers through market research. Identify whether any additional support is provided for vulnerable service users. **Market research to be completed as part of options appraisal Feb 2018.**

*Should no additional support be provided for vulnerable service users, consider whether this could be built into the requirements of the provider spot purchasing the bed days. Consider financial implications. **Options appraisal to be complete Feb 2018.** Secure through contract variation if required/option taken forward.

*Engagement with service users to be used to facilitate feedback from service users on the needs of specific equality groups in relation to inpatient detox provision. In particular, consultation should consider specific needs in relation to

to ensure alternative options are accessible and appropriate to meet the needs of all ethnic groups.

Ongoing monitoring

*Ongoing monitoring of access and outcomes across different equality groups will be important to ensure that whichever alternative option is taken forward, it continues to meet local need.

ethnicity and different faith/beliefs where possible.

Initial service user engagement session 23rd Jan 2018.

*Findings from consultation to be incorporated into options appraisal.

Options appraisal to be complete Feb 2018.

*Continue demographic monitoring of service users accessing alternative inpatient provision. Write monitoring requirements into service specs. **Timescales dependant on option being taken forward and confirmed end date of Woodlands contract.**

*Undertake demographic monitoring of service users dropping out and completing inpatient detox programme. Write monitoring requirements into service specs. **Timescales dependant on option being taken forward and confirmed end date of Woodlands contract.**

*Should the option to spot purchase (either out of area or locally) be taken forward, ensure the provider responsible for spot purchasing has clear demographic monitoring requirements confirmed through a contract variation and utilise service review process to discuss equality of access to spot purchased inpatient provision. **Timescales dependant on option being taken forward and**

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	confirmed end date of Woodlands contract.
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Outcome(s) of equality impact assessment:

- No major change needed
- Adjust the policy/proposal X
- Adverse impact but continue
- Stop and remove the policy/proposal

It should be noted that the decision on the closure of The Woodlands will be made by NHFT. The commissioners appraisal of alternative options will consider the above impact on different equality groups to help inform the decision on alternative provision should The Woodlands close. However, viable alternative options are limited and the priority will be to ensure that access to inpatient detox is available.

Arrangements for future monitoring of equality impact of this proposal / policy / service:

Note when assessment will be reviewed (e.g. Review assessment in 6 months or annual review); Note any equality monitoring indicators to be used; consider existing monitoring/reporting that equalities information could form part of.

Approved by (manager signature):

The assessment must be approved by the manager responsible for the service/proposal. Include a contact tel & email to allow citizen/stakeholder feedback on proposals.

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Date sent to equality team for publishing:

13/02/18

Send document or link to:
equalityanddiversityteam@nottinghamcity.gov.uk

Before you send your EIA to the Equality and Community Relations Team for scrutiny, have you:

1. Read the guidance and good practice EIA's
<http://www.nottinghamcity.gov.uk/article/25573/Equality-Impact-Assessment>
2. Clearly summarised your proposal/ policy/ service to be assessed.

3. Hyperlinked to the appropriate documents.
4. Written in clear user friendly language, free from all jargon (spelling out acronyms).
5. Included appropriate data.
6. Consulted the relevant groups or citizens or stated clearly when this is going to happen.
7. Clearly cross referenced your impacts with SMART actions.