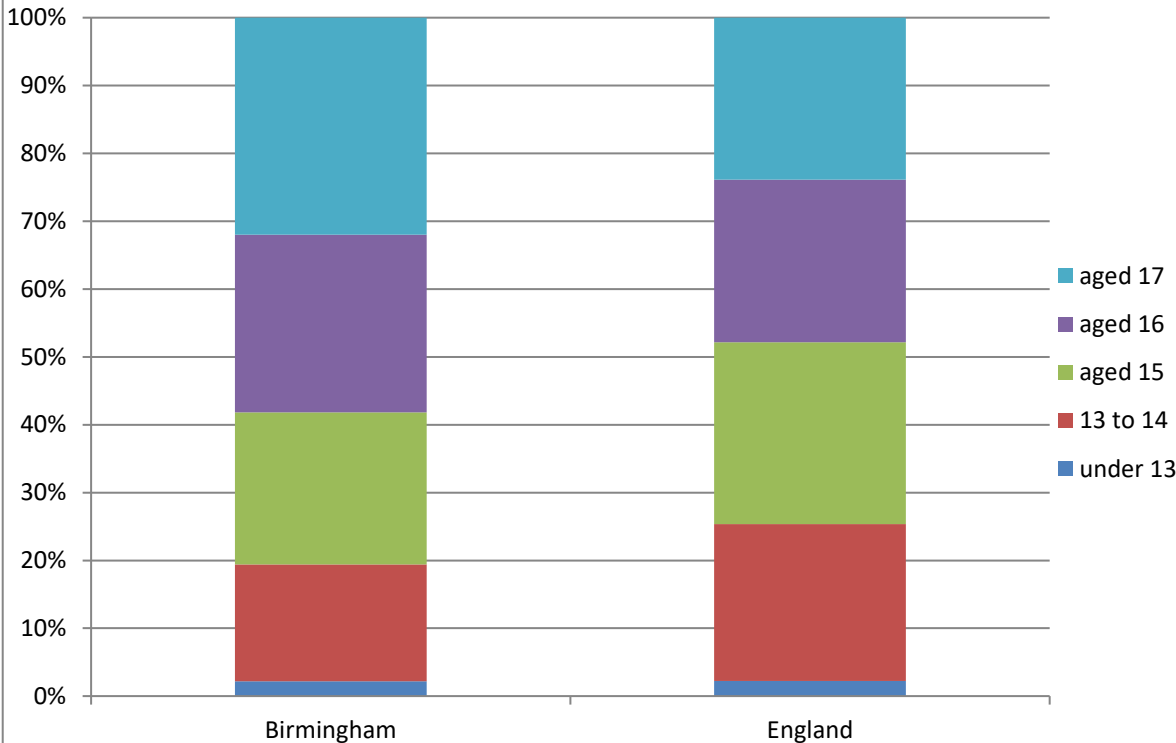


Equality Assessment: HIV & TB Support Service (February 2019)

Title of proposed EIA	Re-procurement of Young People's Substance Misuse Service
Reference No	EQUA99
EA is in support of	Amended service
Review frequency	Quarterly
Date of first review	30/11/2018
Directorate	Adult Social Care and Health
Division	Public Health
Service Area	Commissioning
Responsible Officer(s)	John Freeman
Accountable Officer(s)	Max Vaughan
What sources of data have been used to produce the screening of this policy/proposal?	<input type="checkbox"/> Consultation Results <input checked="" type="checkbox"/> Interviews <input checked="" type="checkbox"/> relevant reports/strategies <input type="checkbox"/> Statistical Database (please specify) <input checked="" type="checkbox"/> relevant research <input type="checkbox"/> Other (please specify)
Please include any other sources of data	Current supplier performance monitoring data
PLEASE ASSESS THE POTENTIAL IMPACT ON THE FOLLOWING PROTECTED CHARACTERISTICS	
Protected characteristic: Age	<input checked="" type="checkbox"/> Service Users / Stakeholders <input type="checkbox"/> Employees <input type="checkbox"/> Wider Community <input type="checkbox"/> Not Applicable
Age details:	Young people in treatment by age, 2017/18 Birmingham has a higher number of 16 - 18 year olds in treatment than England as a whole, and lower rates for the 13-15 cohort. In part this is the correlation with the number of young people who are referred into the system by YOS because of the high prevalence of substance misuse and the issue of drug treatment and testing orders.

	 <table><caption>Estimated Age Distribution Data (%)</caption><thead><tr><th>Location</th><th>aged 17</th><th>aged 16</th><th>aged 15</th><th>13 to 14</th><th>under 13</th></tr></thead><tbody><tr><td>Birmingham</td><td>32%</td><td>26%</td><td>22%</td><td>16%</td><td>4%</td></tr><tr><td>England</td><td>24%</td><td>24%</td><td>26%</td><td>22%</td><td>4%</td></tr></tbody></table>	Location	aged 17	aged 16	aged 15	13 to 14	under 13	Birmingham	32%	26%	22%	16%	4%	England	24%	24%	26%	22%	4%
Location	aged 17	aged 16	aged 15	13 to 14	under 13														
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Disability details:	<p>Disability</p> <p>71% of referrals to Aquarius trigger a mental health assessment.</p> <p>Aquarius works in partnership with FTB (Forward Thinking Birmingham) and each YP is screened on assessment appointment using the Strengths and Difficulties Questionnaire (SDQ) which can highlight YP Mental health need. This can facilitate a referral into FTB for specialist treatment and prescribing if necessary. Joint appointment are offered by Aquarius workers and CAMHS can take place which allows for smooth transitioning into services and can help YP's to feel more supported.</p> <p>There is a lack of data to understand whether mental health issues lead to increased substance misuse (self-medication) or the impact of misusing substances leads to an increased level of young people experiencing poor mental health.</p>																		
Gender details:	<p>Gender</p> <p>Boys, are over-represented in treatment services. As with age, there is a correlation with the over representation of boys in the system and the level of young people referred into the system by YOS.</p>																		

	<div><p>Proportion of 13-17 Year Olds in Treatment 2017/18 Q4 in Birmingham & England vs % 11-15 Year Olds Taken Drugs in the Last Month (England) 2016 by Gender</p><table><thead><tr><th>Gender</th><th>Birmingham (Proportion in Treatment)</th><th>England (Proportion in Treatment)</th><th>Taken Drugs in Last Month Aged 11-15 (%)</th></tr></thead><tbody><tr><td>Male</td><td>~0.75%</td><td>~0.66%</td><td>~10.5%</td></tr><tr><td>Female</td><td>~0.25%</td><td>~0.35%</td><td>~10.5%</td></tr></tbody></table></div>	Gender	Birmingham (Proportion in Treatment)	England (Proportion in Treatment)	Taken Drugs in Last Month Aged 11-15 (%)	Male	~0.75%	~0.66%	~10.5%	Female	~0.25%	~0.35%	~10.5%
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Gender reassignment details:	Not applicable												
Marriage and civil partnership details:	Not applicable												
Pregnancy and maternity details:	Not applicable												
Race details:	<p>Race</p> <p>White ethnic groups are over-represented in treatment services.</p> <p>Young people in treatment vs population: ethnicity breakdown</p>												

	<table><caption>Estimated Ethnic Group Percentages (%)</caption><thead><tr><th>Ethnic Group</th><th>Birmingham Treatment</th><th>Birmingham Population</th><th>England Treatment</th><th>England Population</th></tr></thead><tbody><tr><td>White</td><td>55%</td><td>32%</td><td>83%</td><td>75%</td></tr><tr><td>Mixed</td><td>12%</td><td>8%</td><td>5%</td><td>5%</td></tr><tr><td>Asian</td><td>15%</td><td>42%</td><td>3%</td><td>12%</td></tr><tr><td>Black</td><td>15%</td><td>13%</td><td>5%</td><td>5%</td></tr><tr><td>Other</td><td>2%</td><td>3%</td><td>2%</td><td>2%</td></tr></tbody></table>	Ethnic Group	Birmingham Treatment	Birmingham Population	England Treatment	England Population	White	55%	32%	83%	75%	Mixed	12%	8%	5%	5%	Asian	15%	42%	3%	12%	Black	15%	13%	5%	5%	Other	2%	3%	2%	2%
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Religion or beliefs details:	Not applicable																														
Sexual orientation details:	Not applicable																														
Please indicate any actions arising from completing this screening exercise.	Approval has been given to retain the current level of funding moving forward with a new procurement of the service. This will minimise any adverse impact that might have occurred if the budget reduction had been applied.																														
What data has been collected to facilitate the assessment of this policy/proposal?	Public Health needs Assessment Performance monitoring from current supplier Future demand modelling																														
Consultation analysis	The service is essential in supporting young people to address substance misuse issues and harm reduction. The service is receiving increasing numbers of referrals for young people from the high risk groups with multiple and complex vulnerabilities. The SME group and service users were consulted.																														
Adverse impact on any people with protected characteristics.	Impact The decision to reinstate the original contract value means that the current level of service will broadly continue into the new contract arrangements. Monitoring of the new contract arrangements will pay attention to numbers of young people being referred in from partner agencies, e.g. YOS and FTB, to ensure that young people in all identified high risk groups are able to receive support. The new service model will be required to respond to the high risk groups as listed in this document and within that factor in a response to managing the high incidence of mental health, disproportionate levels of males, and specifically white males.																														
Could the policy/proposal be modified to reduce or	There will be a continued level of service with a stronger focus on high risk groups.																														

eliminate any adverse impact on any particular group(s)?	
How will the effect(s) of this policy/proposal on equality be monitored?	Contract monitoring
What data is required in the future to ensure effective monitoring of this policy/proposal?	A range of data about service users, interventions, achievement of outcomes.
Are there any adverse impacts on any particular group(s)? If yes, please explain your reasons for going ahead	The service itself addresses minimising adverse impact rather than causing them. Not providing a service would create adverse impact.
Initial equality impact assessment of your proposal	<p>Young People's Substance Misuse Treatment Service</p> <p>"Substance misuse continues to rank as one of the five major challenges that young people face today." (World of Good Report - Central YMCA (2016))</p> <p>Local authority commissioners are responsible for meeting the drug and alcohol treatment and care needs of the populations they serve by commissioning high quality services and by ensuring that services operate in accordance with national clinical guidelines, NICE guidance, and quality practice standards.</p> <p>The current contract for the service was awarded to Aquarius Action Projects in February 2014 on a 3+1 year basis. A budget reduction was applied to this contract when the delegated extension was applied in 2016/17. Approval was given for a further 12 month extension at the same value for 2018/19.</p> <p>It was proposed to apply a significant reduction of 33% to the contract value ahead of re-procurement of the service. This Equality Analysis was written in the first instance to assess the likely impact of this decision on the groups of young people most likely to be referred to the service.</p> <p>Following consultation with the Cabinet Member for Social Care and Health it was recommended that the original contract value should be reinstated and the decision to apply a reduction to be reversed. Approval for this has been sought from Adult Social Care Management Team, Corporate Management Team and the Executive Management Team.</p> <p>Please note that the likely adverse impact on young people described below will now be minimised. The information has not been amended to reflect this because quarterly reporting from the current provider continues to evidence that young people continue to present with new and increased risks.</p> <p>A Subject Matter Experts group has been formed to inform the direction of travel for the new contract specification and to understand what the current issues are and who the most at risk groups of young people are. The group includes representatives from Children's Social Care, Youth Offending Service, education services, Public Health, West Midlands Police, commissioners, Youth Service, Forward Thinking Birmingham and Youth Homelessness.</p> <p>Consistently the high risks groups of young people who are likely to have problematic substance</p>

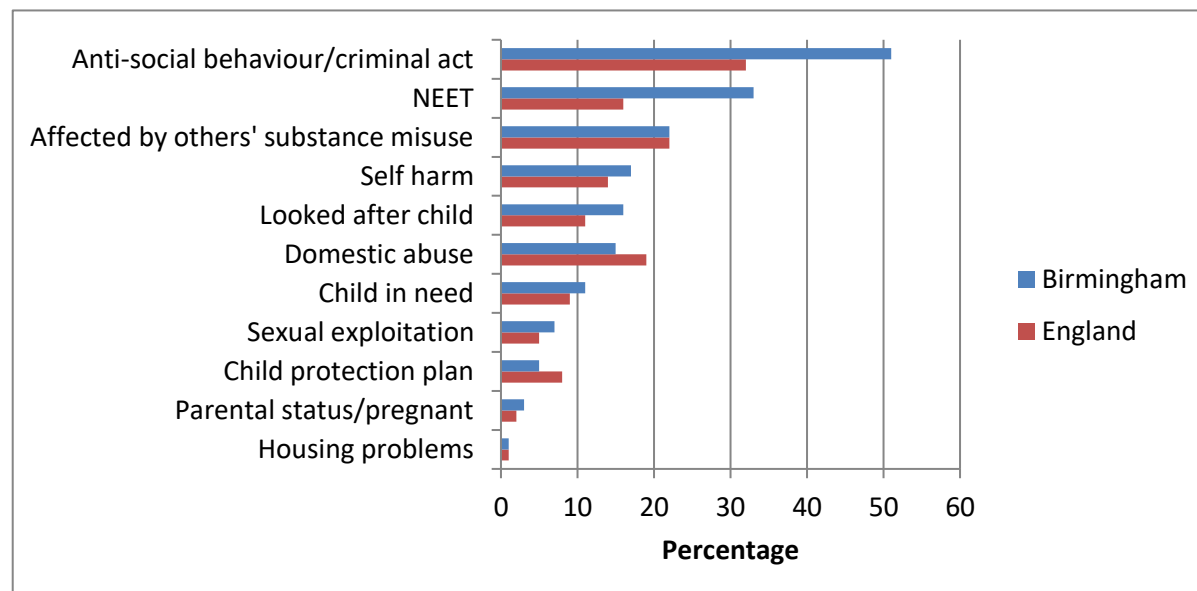
misuse are:

- Young people in care and care leavers
- Young people with mental health issues
- Young people who are sexually and/or criminally exploited
- Young offenders and those at risk of offending
- Young people involved in gang culture
- Young people who are persistent truants, excluded or NEET
- Young people exposed to and affected by family member substance misuse.
- Young people with accommodation issues or are homeless

It is important to note that many young people can be part of several cohorts at any given time, and increasingly, treatment models will have to respond to young people multiple/complex vulnerabilities.

Specialist interventions for young people's substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term.

Young people in treatment, 2017/18: vulnerabilities



The rise of risk

Since March 2018 the service has seen a dramatic rise in the risk levels amongst new referrals. Emerging issues:

- New referrals with high complexity being treatment naïve and not known to other services
- A rise in solvent use
- A small but significant rise in Class A use
- The first few cases of Monkey Dust use coming through
- A rise in the percentage of YP with dual diagnosis
- A small but significant rise in the number of Young People using drugs in school

Alongside this there is a continuation of the pattern in high numbers of children displaying risky sexual behaviours and high numbers of young people having regular episodes of "going missing "

The service now has an average of 60 maximum risk Young People in the service as "live "clients

and this is the highest number in 5 years of running the service.

Alongside this there are between 70 and 80 high risk clients.

Sex	Age	Substances misused	Presenting Issues
Female	16	Cannabis, alcohol, aerosols, ketamine, MDMA, cocaine	Mental health
Male	11	Aerosols	Absconding from the home, refusing to attend school and going missing for long periods of time, risk of gang exploitation from older males.
Female	17	Black Mamba, alcohol, cannabis	Suicide attempts, intentional self-harming and overdosing on prescribed medication, risk of CSE
Male	13	Cannabis	Fire setting, CSE perpetrator, gang affiliation
Female	17	Black Mamba	Suicidal thoughts, self-harming, rough sleeping
Female	15	Alcohol, cannabis plus prescription issued Prozac 60mgs daily and Melatonin and Diazepam as required	PTSD, bulimia, self-harming
Male	15	Cannabis	Aggressive behaviour, school exclusion, dealing

Social and cultural factors contributing to vulnerabilities:

- High levels of neighbourhood poverty and decay
- High levels of neighbourhood crime
- Easy drug availability
- Widespread social acceptance of alcohol and drug use
- Lack of knowledge and perspective of drug-related risks

The service aims to:

- Reduce high level vulnerabilities, e.g. overdose, self-harm, suicide, CSE, missing episodes
- Improve social/psychological functioning
- Improve physical and emotional wellbeing
- Reduce engagement in risky behaviours
- Reduce/cease substance misuse behaviour
- Provide drug education, awareness and harm reduction information
- Tailored packages of care built around client led care plans
- Provide support, advice and guidance to young people affected by someone else's substance use

- Protect young people from significant harm including from violent crime, CSE, criminal exploitation and radicalisation

Partnership working

The current provider has invested time in developing and sustaining effective partnerships:

- Barnardo's: there is an allocated CSE worker who is able to offer support and joint-interventions for YP who are at risk of CSE.
- Forward Thinking Birmingham (FTB) - all YP who are assessed in our service have a screening using the Strengths and Difficulties Questionnaire (SDQ). This screening tool is then passed on to our integrated substance misuse specialist CAMHS team. These are scored and interpreted by our consultant psychiatrist and a multi-agency response to support the YP is formulated, generating a formal referral into FTB if this is needed (and consented to).
- Umbrella – engagement with the Umbrella Scheme Training.
- St Basil's – there is a worker in Situ at St Basil's Youth Hub where the worker there is able to screen YP's on presentation to service on their housing need.
- CGL – support for effective transition
- YOS – there is a worker in each of the Youth Offending Team localities in Birmingham. These staff members are available to provide substance use intervention to young people who have been issued with a Drug Treatment and Testing

Young people in treatment 2017/18

- At 31st March 2018 there were active:
 - 366 under 18s in treatment
 - 63 in secure estate
 - 39 over 18s in YP services when it has been identified that transition into adult treatment is not the best option.
- 70% had planned exits
- Main substances: cannabis (96%), alcohol (40%), nicotine (17%), cocaine (4%)
- Rates of substance misuse in CYP appear to be lower in Birmingham than nationally but CYP in Birmingham have significantly high levels of risk factors for substance misuse
- Unmet need in adult treatment services, particularly alcohol, impacts on CYP
- Boys, white ethnic groups and young people in contact with Youth Justice are over-represented in treatment services
- 71% of referrals to Aquarius trigger a mental health assessment. The partnership with Forward Thinking Birmingham is effective
- 35% of young people in treatment are in care.
- 50-60% of young people known to YOS are in treatment.

Q1 208/19

- 304 Structured Interventions completed
- 209 Brief Interventions completed.
- 84 Successful Completions By end of Q1
- 100% of clients completing post treatment evaluation (Year Target 100%)
- 69% of Clients completing treatment successfully (Year Target 74%)
- 0.8g less Cannabis use at treatment end (higher then national treatment averages)

In 2016 PHE commissioned The Children's Society to undertake scoping research to understand some of the opportunities and challenges currently facing those now responsible for commissioning and delivering young people's specialist substance misuse services and to outline

	<p>some critical good practice principles. Four core commissioning principles were developed, based on the findings, for the commissioning and provision of specialist substance misuse provision for young people.</p> <p>These principles are that:</p> <ul style="list-style-type: none"> • young people and their needs are at the centre of services • quality governance is in place • multiple vulnerabilities and complex needs are properly addressed • young people becoming young adults are supported as they move into adult services through appropriate transitional arrangements <p>The PHE report recommends that there should be partnerships in place between CAMHS, child sexual exploitation and abuse support services, youth offending teams and sexual health services. The current service model already has those arrangements in place but elements are funded by external grants.</p> <p>The report recommends commissioning a targeted prevention model which is fully integrated and aligned with other local young people's services with the objective of engaging with the high risks groups earlier. Clear and robust referral pathways and joint working arrangements must be in place with a focus on safeguarding and improving resilience.</p> <p>Association of Directors of Public Health: policy position: drugs</p> <ul style="list-style-type: none"> • Prevention increasingly being integrated with treatment or other services concerned with reducing risky behaviours such as sexual health or truancy • Education to encourage personal resilience should take place through PHSE, which should be made mandatory in schools • Young people need to be provided with accurate information about drugs to allow them to make informed choices • A holistic approach to drugs misuse prevention including building resilience in young people paired with drug misuse education programmes is recommended • Would welcome increased screening and referral of young people at risk of substance misuse • Drug treatment services should make themselves accessible to NPS users and understand their social and cultural backgrounds <p>Drug strategy 2017: building confidence and resilience among young people and collectively protect – particularly young - people by preventing the onset and escalation of drug use.</p>
<p>Summary and evidence of findings from your EIA</p>	<p>Key Issues</p> <p>Vulnerable young people aged between 13 to 18 years are being recruited to be drug runners/dealers. Most of these young people have accrued drug debts and the county lines networks are using fear tactics threatening them with violence in order to force them into working for the line. – NPCC</p> <p>Substance misuse is just one form of risk-taking behaviour, but it can also be an indicator of other (potentially hidden) difficulties with identity formation or childhood adversity. For some young people, the use of drugs or alcohol is a form of 'self- medication', which enables them to relieve stress, or block emotionally distressing thoughts. This usage can be heightened amongst groups of children who face additional complexity in their lives, including; looked after children, those seeking asylum, those witnessing or involved in violence, and those making sense of their gender</p>

identity or expression, and sexuality. (Young Minds Addiction Briefing 2017)

There is increasing evidence that adverse childhood events (ACEs) such as living in a household with problem alcohol use can contribute to long term harms. If a child experiences four or more risk factors during childhood they have a substantially higher risk of developing health-harming behaviours, such as smoking, heavy drinking and cannabis use.

A recent report by the Children's Commissioner produced prevalence estimates for the percentage of children affected by parents with drug or alcohol misuse, mental health problems and experiencing domestic violence and abuse. Applying these results locally we estimate:

- 30,000 children and young people aged under 18 in Birmingham are living with an adult who has reported substance misuse
- Of these, over 11,000 are living with an adult dependent on drugs or alcohol
- Of these, 2,500 are living with an adult who also has severe mental health problems and has experienced DV

Also:

- Rates of substance misuse in CYP appear to be lower in Birmingham than nationally but young people in Birmingham have significantly high levels of risk factors for substance misuse
- Unmet need in adult treatment services, particularly alcohol, impacts on children and young people
- Boys, white ethnic groups and young people in contact with Youth Justice are over-represented in treatment services
- Increase in gang culture and the county lines issue. Criminal exploitation of young people is increasing and is clearly linked to the increase in the frequency and duration for which young people go missing for.
- Cannabis misuse is an issue for young people in residential care. Level of misuse for those in supported accommodation is unclear as provision is unregulated and supervision less robust. This group of young people are increasingly easier to target as the location of their accommodation is known in the wider community.
- Young people are targeted via social media, or use social media and dark net to access substances.

The new tender opportunity, scheduled to start 12th November 2018, will request the detail of be the service activity, numbers of young people able to be supported and how the specified outcomes will be achieved. The specification describes the target groups as being the list at the beginning of this document.

The other core cities continue to commission young people's substance misuse services.

Impact

The decision to reinstate the original contract value means that the current level of service will broadly continue into the new contract arrangements.

Monitoring of the new contract arrangements will pay attention to numbers of young people being referred in from partner agencies, e.g. YOS and FTB, to ensure that young people in all identified high risk groups are able to receive support.

The new service model will be required to respond to the high risk groups as listed in this document and within that factor in a response to managing the high incidence of mental health, disproportionate levels of males, and specifically white males.

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