

## Equality Impact Assessment blank template (Word)

This Equality Impact Assessment (EqIA) form is a template document for colleagues completing EqIAs to know what questions will be asked when they complete the online form.

**The online EqIA process should be completed for all EqIAs, but this black template should enable collaboration between colleague before completing on online form.**

Stage 1: Action being taken/details of person completing the form	
<b>Details of person undertaking assessment</b>	
Form reference	EQIA-06614
Your name	Scott Davidson
Your job title	Senior Public Health Manager – Drugs and Alcohol
Your directorate	Adult Health and Social Care
Your service	Drugs & Alcohol Treatment Services
Your team	Drugs & Alcohol Commissioning Team
Your email	Scott.Davidson@cambridgeshire.gov.uk
Proposal being assessed	Paper to Adults & Health Committee Retendering of Drug and Alcohol Treatment Services required due to contract expiration
Business plan proposal number (if applicable)	

Stage 2: Proposal details	
What is the name and description of the policy being assessed?	A paper has been submitted to the Adults and Health Committee highlighting the impending retendering of the Drugs and Alcohol treatment services within Cambridgeshire significant loss of grant funding that is currently enhancing drug and alcohol treatment provision.
What type of policy is this?	<ul style="list-style-type: none"> <li>• New <input type="checkbox"/></li> <li>• Major change <input checked="" type="checkbox"/></li> <li>• Minor change <input type="checkbox"/></li> </ul>
Is this EqIA supporting a committee paper/business case?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### Stage 3: Identifying impacts on affected groups (screening question)

Is it foreseeable that people from any protected characteristic group(s) or people experiencing socio-economic inequalities will be impacted by the implementation of this proposal?

Yes

No

### If you select 'NO' - you will complete a screening form

You will be asked you to provide an evidence-based analysis of your assessment that your plans will have no impacts for people with protected characteristics or our priority group of socio-economic inequalities. You are asked to explain each group in turn. Where the justification is the same, you can avoid duplication by saying for later groups that the explanation under an earlier group applies. For example, you might explain that your EqlA is for a revised procedure which combines two previous procedures which both had robust and effective EqlAs in place, without making any significant changes to them. Therefore, there will be no impact on people from these changes.

**If you selected 'YES'** for the above screening question, you would go on to complete the full EqlA as below (see stage 4).

### Stage 4: Impact and evidence

From your assessment, using your data/evidence gathered, what is the potential direct or indirect impact of the proposed change on these groups that are protected characteristics in the Equality Act 2010? (Please tick relevant box for each characteristic, and assess whether the policy may produce positive, negative, or neutral impacts.)

#### Age

Neutral impact

Positive impact

Negative impact

#### Disability

Neutral impact

Positive impact

Negative impact

### Gender reassignment

Neutral impact

Positive impact

Negative impact

### Marriage/civil partnership

Neutral impact

Positive impact

Negative impact

### Pregnancy and maternity

Neutral impact

Positive impact

Negative impact

### Race

Neutral impact

Positive impact

Negative impact

### Religion/belief

Neutral impact

Positive impact

Negative impact

### Sex

Neutral impact

Positive impact

Negative impact

### Sexual orientation

Neutral impact

Positive impact

Negative impact

### Care experienced

Neutral impact

Positive impact

Negative impact

**Other identified groups** - Groups with different socio-economic groups, area inequality(rurality), income, resident status (migrants)/ language barriers. Begin to think intersectional here.

Neutral impact

Positive impact

Negative impact

**You identified positive/negative impacts – please explain each one and supporting evidence:** (This can include relevant national/local data, research, monitoring information, service user feedback, complaints, audits, consultations, EqIAs from other projects or other local authorities, review of customer complaints and feedback and staff surveys; or use of census data):

## Impact on Age

Although Drugs and Alcohol treatment services in Cambridgeshire aim to be accessible for all, there is differential uptake across age groups, indicating that age-related factors may influence service engagement. This could lead to health inequalities if some age groups are not accessing adequate support.

The following section outlines the current service model and analysis of recent user data to highlight patterns and potential barriers to access. We describe our approach to better understanding and addressing these disparities to ensure more inclusive service provision.

The current service provision is split with CGL Cambridgeshire providing the adult drug treatment service and CPFT providing the structured drug treatment provision for young people through CASUS.

As of March 2024, 2835, adults had accessed structured drug and alcohol treatment during the previous 12 months. Of the clients counted to have accessed adult drug treatment services:

407 clients fell within the 18–29-year-old range (14.35%)  
 1626 clients fell within the 30–49-year-old range (57.35%)  
 802 clients fell within the 50+ year-old range (28.3%)

Source OHID NDTMS

As of March 2024 152, young people had accessed structured drug and alcohol treatment during the previous 12 months. Of the clients counted to have accessed young people’s services:

31 clients fell within the under 15-year-old range (20.4%)  
 45 clients fell within the 15-year-old range (29.6%)  
 33 clients fell within the 16-year-old range (21.7%)  
 43 clients fell within the 17-year-old range (28.3%)

Source OHID NDTMS

## Unmet treatment need - March 2024 in comparison to June 2019

The tables below reflect the Opiate and Crack Cocaine users (OCU) profile alongside alcohol only.

### Unmet treatment need - June 2019

#### Cambridgeshire

OCU unmet need by age groups (Jul 2018 to Jun 2019)

Group	Unmet treatment need	Lower bound	Upper bound	Numbers in treatment (aged 15-64)	Prevalence estimate (2019-20)
15-24	86.0%	82.1%	88.8%	27	192
25-34	59.6%	52.2%	65.4%	254	629
35-64	48.7%	42.0%	54.8%	878	1,712
<b>Total</b>	<b>54.2%</b>	<b>47.2%</b>	<b>60.3%</b>	<b>1,159</b>	<b>2,533</b>

#### Cambridgeshire

Alcohol unmet need by age group (Jul 2018 to Jun 2019)

Age group	Unmet treatment need	Numbers in treatment (aged 18+)	Prevalence estimates (2019-20)
18-24	93.4%	69	1,047
25-34	84.6%	215	1,397
35-54	77.5%	529	2,356
55+	76.7%	177	761
<b>Total</b>	<b>82.2%</b>	<b>990</b>	<b>5,561</b>

### Unmet treatment need - March 2024

### Cambridgeshire

OCU unmet need by age groups (Apr 2023 to Mar 2024)

Group	Unmet treatment need	Lower bound	Upper bound	Numbers in treatment	Prevalence estimate (2019-20)
15-24	87.0%	83.4%	89.6%	25	192
25-34	73.3%	68.4%	77.1%	168	629
35-64	40.6%	32.8%	47.7%	1,017	1,712
<b>Total</b>	<b>52.2%</b>	<b>44.9%</b>	<b>58.6%</b>	<b>1,210</b>	<b>2,533</b>

### Cambridgeshire

Alcohol unmet need by age group (Apr 2023 to Mar 2024)

Age group	Unmet treatment need	Numbers in treatment	Prevalence estimates (2019-20)
18-24	90.8%	96	1,047
25-34	80.5%	272	1,397
35-54	69.1%	729	2,356
55+	63.9%	275	761
<b>Total</b>	<b>75.3%</b>	<b>1,372</b>	<b>5,561</b>

Source OHID NDTMS

The earliest data we have on unmet treatment need from the NDTMS toolkit dates to June 2019. Over the passage of the drugs and alcohol treatment contract we have seen evidence of progression against a number of the age ranges e.g.

The 35-64 age range of OCU has seen a drop in unmet need of 8.1%

The 35-64 age range of Alcohol users has seen a drop in unmet need of 12.8%

However, there has been a rise in the unmet need rate in the below age range:

The 25-34 age range of OCU has seen a rise in unmet need of 13.7%

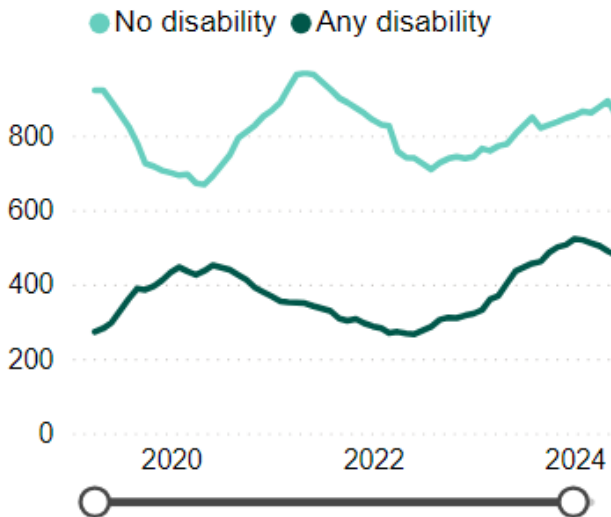
The current treatment providers have over the duration of the contract made some headway in meeting the unmet treatment needs although the impact of COVID and the response required during this period will no doubt have affected service abilities to address unmet need more substantially.

As part of the needs analysis supporting the retender of drug treatment services, we hope to be able to identify what within the current provision has enabled the advances and what challenges have been faced engaging specific age groups. The hope being to be able to retain within any future service models key components that engagement with all ages.

We are exploring as part of the needs analysis what evidence there is to support the existence of a separate young person's treatment provision. At this stage we do not know if the commissioning of a combined adult and young people drug treatment service would be detrimental to the young people. It is envisaged that mobilisation into a new service model could be disruptive all service users and perhaps if the specific young people's service was lost this will be felt more disproportionately across the younger people age groups.

### Impact on disability

Individuals with disabilities may experience unique barriers to accessing and engaging with services. Recent data show an increase in the proportion of service users reporting a disability, which may suggest better identification of need seen in the work of treatment providers or greater service accessibility. It indicates a need for tailored support to ensure equitable access. The graph below provides an indication of the increase in the numbers accessing services who state at the point of engagement they have a disability. The data covers the rolling 12-month period leading up to March 2024. This increase corresponds with the increase in numbers accessing treatment although the trend rate over recent years appears steeper.



Source OHID NDTMS

The needs analysis accompanying the retender will be exploring the needs of those with a disclosed disability by taking into consideration other specific needs assessments conducted within the Local Authority along with existing treatment data.

The below shows the number in treatment over the rolling 12-month period up to March 2024 and highlights the types of disabilities being disclosed by service users and subsequently what types of disability may be affected by the retendering process.

Disability	Number (* below 5)
Behaviour	318
Hearing	24
Manual	6
Learning	38
Mobility	70
Perception	*
Personal	*
Progressive	76
Sight	11
Speech	*
Other disability	38
Not stated disability	54
No disability	861
Any disability	511

Source OHID NDTMS

Any remodelling of current treatment provision will need to take into consideration the service access needs of the above groups to ensure any adjustments do not disproportionately affect any specific group,

## Impact on Gender Reassignment

Those considering or undergoing gender reassignment or those whose gender identity differs from the sex they were assigned at birth, are not specifically recorded in NDTMS data collection. This lack of data is a significant limitation, as it impedes understanding of the representation and potential specific needs of this group within the treatment population. The extent of representation within the treatment population is not currently known. It is possible that those undergoing gender reassignment whilst in drug treatment may define themselves in any of the below categories counted by the NDTMS.

As of March 2024, the current sexuality breakdown of those 1426 accessing treatment within a 12-month rolling period is: 14.26

- 84.57% Heterosexual
- 2.10% Gay/Lesbian
- 3.02% Bisexual
- 0.28% Other sexuality
- 0.22% Person asked and does not know or is not sure
- 5.75% Not stated sexuality
- 4.06% Where the data has not been reported

*Source OHID NDTMS*

As part of the needs analysis accompanying the drug and alcohol service retendering, we hope to uncover if any specialist or tailored provision to identify and support specific groups is in place or if a gap in provision is identified.

In the event of a reduction to treatment provision and the capacity of our services, the ability to meet the specific needs of smaller demographic groups may become difficult. Population data suggests that this is a small demographic of people, and in-house tailored support is likely to be financially & practically non-viable. As a minimum, however, we would expect services to be able to signpost to support services as required. We will also be expecting providers to have staff who are adequately trained to respond to the needs of this specific group. At this time given the lack of data on the specific numbers and details concerning their specific needs, we cannot determine if this group will be disproportionately affected by any service model changes.

## Impact on Marriage/Civil Partnerships

Those accessing drug and alcohol treatment do not have their marital/civil partnership status gathered as part of data collection, which may impact our ability to understand the impact of this characteristic on treatment access and outcomes. However, it is not expected that a person's marital status will result in them being disproportionately affected by a change in service model. As protections to this group are linked primarily to conditions of employment no specific provision has been made within drug and alcohol treatment to provide bespoke options individuals based on marital or civil partnership status.



## Impact on Pregnancy & Maternity

Local March 2024 data below indicates that on average 1.9% of new treatment starters are pregnant. While this group represents a low proportion of the treatment population, pregnant individuals often have unique health and social care needs, including additional considerations for both their own health and the well-being of their unborn child.

At start of treatment journey	1 Apr – 30 Jun	1 Apr – 30 Sep	1 Apr – 31 Dec	1 Apr – 31 Mar
	%	%	%	%
Female pregnant	1.4%	1.7%	2.8%	1.8%

Source OHID NDTMS

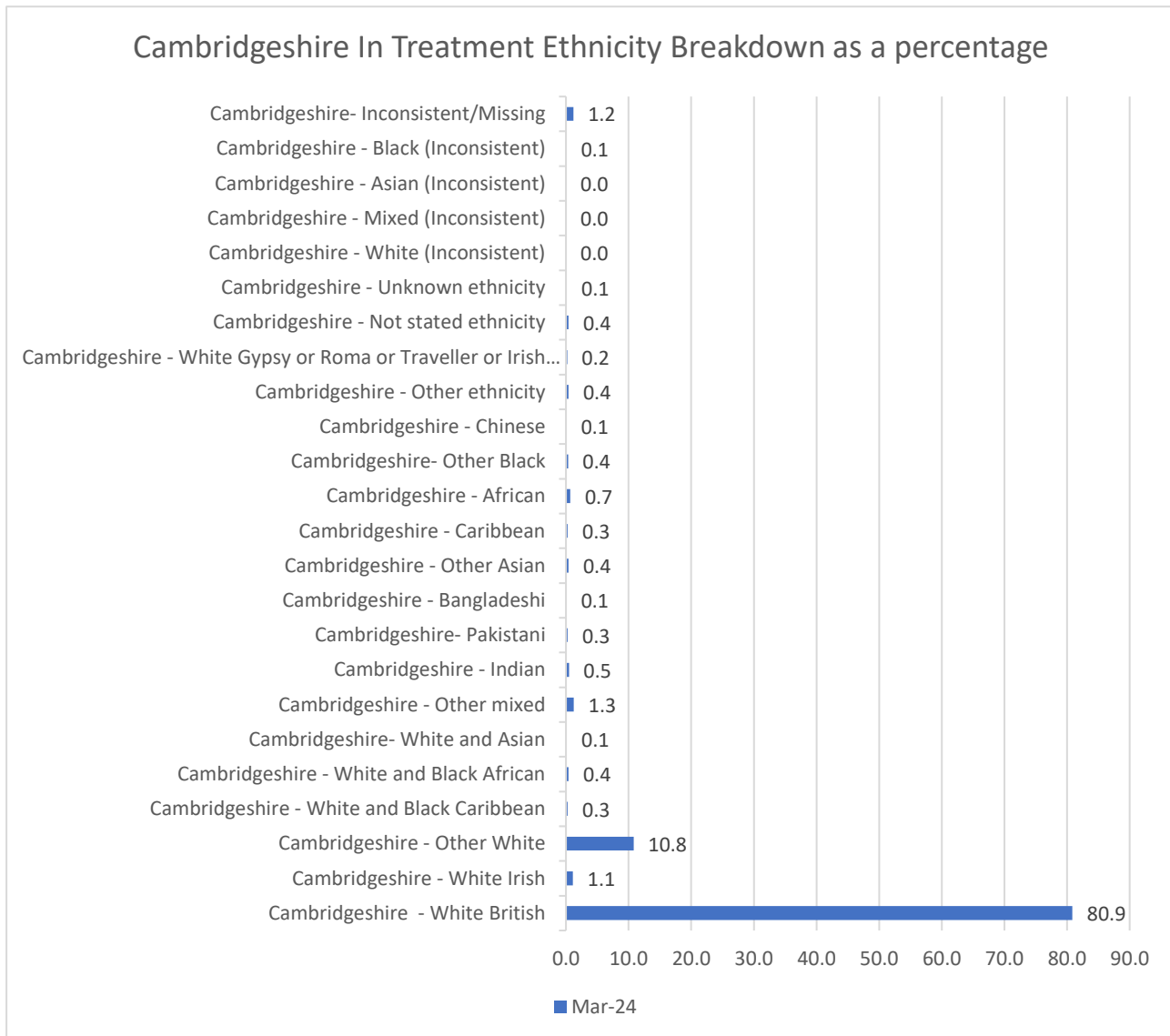
The needs analysis accompanying the retendering of drug treatment services will be reviewing what specific provision is in place to meet the needs of this specific cohort and there any gaps in provision. Any adjustments to treatment models will need to consider any disproportionate effect they may have on this group. We currently have no evidence that indicates that this group will be disproportionately affected by a service retendering process however changes to the service model may directly and indirectly effect service access for this group if any bespoke provision that support this groups is subsequently lost.

### Impact on Race

Drug use choice can be driven by cultural factors, and population data indicates that drug use differs according to race; the Crime Survey for England and Wales 2022 showed that the prevalence of having used illicit drugs in the last year varies by ethnic background, by up to 11.4%. We do not want to indirectly affect specific racial groups by focusing resources on specific drug user types to the detriment of other user groups.

Currently we have no evidence that the retender process will have a disproportionate effect on any racial group, but the needs analysis accompanying the retendering exercise aims to identify if there are any barriers to access or gaps in provision for any specific racial demographic. The intent is to make sure that any decisions to adjust the treatment model do not disproportionately affect or favour ethnic groups.

March 2024 data below indicates that the below various ethnicities are currently represented in the treatment population, which will continue to be monitored to ensure that all groups have equitable access to services.



Source OHID NDTMS

### Impact on Religious Belief

Religious belief is a separate but important characteristic that can influence how individuals engage with drug and alcohol treatment services. While cultural factors may shape broader behaviours and values, religious beliefs can specifically affect a person's decisions, coping strategies, and openness to treatment methods.

The religious groups as of March 2024 currently reported as represented in the treatment population are as below:

Religion/Belief	Number (* low numbers)
Baha'i	0
Buddhist	*
Christian	272
Hindu	*
Jain	0
Jewish	*
Muslim	11
Pagan	*
Sikh	*
Zoroastrian	0
Other religion	45
No religion	815
Declined to disclose	16
Unknown religion	241
Inconsistent/missing religion	10

Source OHID NDTMS

The needs analysis accompanying the retender process for the drugs alcohol treatment contract will be exploring if any specific interventions are in place that support from different religious backgrounds, if there are gaps in provision or if the provision is disproportionately supportive to any group.

Any remodelling of service will need to ensure that no specific religious group is adversely affected by the model of provision offered. Currently we have no evidence to indicate that any religious group will be disproportionately affected by the retendering process.

### Impact on Sex

The prevalence of drug and alcohol use and treatment need differs between males and females. The needs analysis accompanying the Drugs and Alcohol contract retendering will be considering the representation in drug treatment across the sexes and determine if there are any provisions or gaps in provisions that are adversely affecting a specific sex.

Any remodelling of drug treatment provision will need to ensure that it does not directly or indirectly affect either sex. The hope is that the needs assessment will be able to identify practices that have supported specific sexes and make recommendations for improvements where gaps in provision are found.

A comparison of unmet need data March 2022 to March 2024 shows that the current treatment provides have been able reduce unmet need across both sexes.

### Cambridgeshire

OCU unmet need by sex (Apr 2023 to Mar 2024)

Group	Unmet treatment need	Lower bound	Upper bound	Numbers in treatment (aged 15-64)	Prevalence estimate (2019-20)
Female	34.5%	26.1%	41.1%	356	544
Male	57.1%	50.9%	62.6%	854	1,989
<b>Total</b>	<b>52.2%</b>	<b>45.5%</b>	<b>58.1%</b>	<b>1,210</b>	<b>2,533</b>

### Cambridgeshire

Alcohol unmet need by sex (Apr 2023 to Mar 2024)

Sex	Unmet treatment need	Numbers in treatment (aged 18+)	Prevalence estimates (2019-20)
Male	79.3%	876	4,223
Female	62.9%	496	1,338
<b>Total</b>	<b>75.3%</b>	<b>1,372</b>	<b>5,561</b>

### Cambridgeshire

OCU unmet need by sex (Apr 2021 to Mar 2022)

Group	Unmet treatment need	Lower bound	Upper bound	Numbers in treatment (aged 15-64)	Prevalence estimate (2019-20)
Female	37.7%	29.6%	43.9%	339	544
Male	59.4%	53.6%	64.6%	807	1,989
<b>Total</b>	<b>54.8%</b>	<b>48.4%</b>	<b>60.3%</b>	<b>1,146</b>	<b>2,533</b>

### Cambridgeshire

Alcohol unmet need by sex (Apr 2021 to Mar 2022)

Sex	Unmet treatment need	Numbers in treatment (aged 18+)	Prevalence estimates (2019-20)
Male	84.2%	668	4,223
Female	63.2%	492	1,338
<b>Total</b>	<b>79.1%</b>	<b>1,160</b>	<b>5,561</b>

Source OHID NDTMS

There is currently no evidence that a retendering of drug treatment services would disproportionately affect a specific sex.

### Impact on Sexual Orientation

National data from the Crime Survey for England and Wales (CSEW) highlights that non-heterosexual individuals report significantly higher rates of illicit drug use, with 17.1% to 30.8% of these groups having used drugs in the past year, compared to just 8.3% of heterosexuals. Understanding the breakdown of sexuality within treatment services helps ensure inclusivity and accessibility for all groups, considering this difference in drug use. As of March 2024, the current sexuality breakdown of those 1426 accessing treatment within a 12-month rolling period is:

- 84.57% Heterosexual
- 2.10% Gay/Lesbian
- 3.02% Bisexual
- 0.28% Other sexuality
- 0.22% Person asked and does not know or is not sure
- 5.75% Not stated sexuality
- 4.06% Where the data has not been reported

Source OHID NDTMS

The ongoing needs analysis will explore if there are any specific gaps in provision for any specific sexualities. Currently we have no evidence to suggest that a retendering process would disproportionately affect any specific sexuality.

### Impact on Care Experienced

Care-experienced individuals, particularly those with children under the age of 18, may have unique needs when accessing drug and alcohol treatment services. Those with a history of adverse childhood experiences or trauma may face additional challenges in engaging with services.

Cambridgeshire data from March 2024 shows that those adults entering treatment (who have children under the age of 18 living with them) had children identified under the following status.

- 6.8% accessing Early Help compared to 5.7% March 2022
- 9.1% accessing Children in Need support compared to 9.1% March 2022
- 15.3% had a child protection plan compared to 12.8% March 2022
- 3.1% looked after child compared to 2.6% March 2022

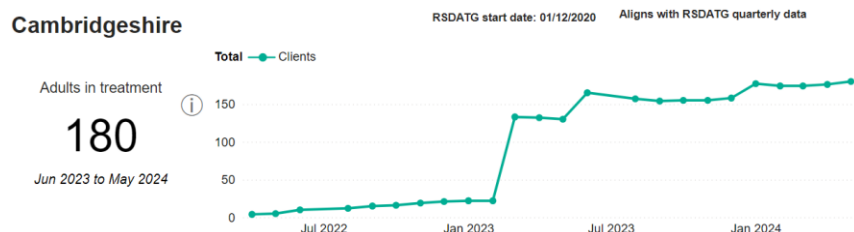
Source OHID NDTMS

The needs analysis accompanying the drug treatment retender will be reviewing the provision available in treatment services to support young people with care needs and exploring if there are any gaps in provision for the care experienced. We currently have no evidence that indicates that those who have experienced care will be disproportionately affected by the retendering process although we are mindful adverse childhood experience and past trauma that can make the mobilisation period of new contract more keenly felt to be disruptive by this particular group.

### Impact on Other identified groups

Individuals who are homeless or at risk of homelessness face unique and significant barriers to accessing drug and alcohol treatment services. These barriers include issues such as lack of stable housing, hidden homelessness (e.g., those staying with friends or in temporary accommodation), and the compounding effects of social isolation and mental health challenges. Addressing the needs of this group is crucial, as homelessness is a significant risk factor for substance misuse and can exacerbate the difficulty of engaging in treatment services.

The current treatment provider CGL has established a specific provision that has enabled drug and alcohol treatment support for the homeless and at risk of homelessness population, through the additional enhanced grant funding. The below graph evidences the number who have been supported into drug and alcohol treatment over the grant period.



Source OHID NDTMS

There is also a women's only worker funded through this grant who supports women who experience homelessness, who are often hidden in national statistics.

The aim of the needs analysis accompanying the retender will be to help identify what parts of the current provision are essential to retain and embed in any future service specifications. It is possible that disruptions to treatment provision may be keenly felt by this service user cohort but without the findings of the needs analysis, specifically the qualitative analysis, we currently have no evidence to confirm that this group will be disproportionately affected by the retender exercise.

**Stage 5: Mitigating impact actions**

Question: Now you have identified the foreseeable impacts of the policy, please repeat any negative or positive impacts for each group and state a) any mitigating actions for each negative impact and/or b) any actions you can take to enhance positive impacts them.

<b>Identified impact on protected group</b>	<b>Action to mitigate or enhance</b>	<b>Officer responsible for action</b>	<b>Completion date</b>
Age	Needs analysis to consider this characteristic in any recommendations for service remodelling	Susie Talbot	March 2024
Disability	Needs analysis to consider this characteristic in any recommendations for service remodelling	Susie Talbot	March 2024
Gender Reassignment	Needs analysis to consider this characteristic in any recommendations for service remodelling	Susie Talbot	March 2024
Marriage/Civil Partnership	Needs analysis to consider this characteristic in any recommendations for service remodelling	Susie Talbot	March 2024
Pregnancy/Maternity	Needs analysis to consider this characteristic in any recommendations for service remodelling	Susie Talbot	Jan 2025
Race	Needs analysis to consider this characteristic in any recommendations for service remodelling	Susie Talbot	Jan 2025
Religious Belief	Needs analysis to consider this characteristic in any recommendations for service remodelling	Susie Talbot	Jan 2025
Sex	Needs analysis to consider this characteristic in any	Susie Talbot	Jan 2025

	recommendations for service remodelling		
Sexual orientation	Needs analysis to consider this characteristic in any recommendations for service remodelling	Susie Talbot	Jan 2025
Care Experienced	Needs analysis to consider this characteristic in any recommendations for service remodelling	Susie Talbot	Jan 2025
Other groups	Homelessness and at-risk of homelessness. Needs analysis to consider this characteristic in any recommendations for service remodelling	Susie Talbot	Jan 2025

Did you engage with an EqIA Super User when developing your EqIA?

Yes

No

### Stage 6: Sign off and approval

To ensure a robust, respectful, and transparent approval process:

- Please do not enter your own details here, even if you are a Head of Service (or equivalent) or. This is to ensure that someone else reviews your work.
- Please do not enter the details of someone you line manage and/or with less authority than you.

**Please find and select your Head of Service (or equivalent).**

**Val Thomas – Acting Director Public Health**