

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	
Details of person undertaking assessment	
Form reference	EQIA-02795
Your name	Scott Davidson
Your job title	Public Health Practitioner Inclusion Health – 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	Additional Adult Drug and Alcohol Treatment Service Funding
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 relating to Additional Adult Drug and Alcohol Treatment Service Funding
What type of policy is this?	<ul style="list-style-type: none"> • New <input type="checkbox"/> • Major change <input checked="" type="checkbox"/> • Minor change <input type="checkbox"/>
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 <input checked="" type="checkbox"/>	
No <input type="checkbox"/>	

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 EqIA is for a revised procedure which combines two previous procedures which both had robust and effective EqIAs 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 EqIA 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 2025, 2976, adults had accessed structured drug and alcohol treatment during the previous 12 months. Of the clients counted to have accessed adult drug treatment services:

415 clients fell within the 18–29-year-old range (13.95%)

1679 clients fell within the 30–49-year-old range (56.41%)

882 clients fell within the 50+ year-old range (29.64%)

Source OHID NDTMS

As of March 2025 156, 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:

28 clients fell within the under 15-year-old range (17.95%)

42 clients fell within the 15-year-old range (26.92%)

46 clients fell within the 16-year-old range (29.49%)

40 clients fell within the 17-year-old range (25.64%)

Source OHID NDTMS

Unmet treatment need - March 2025 in comparison to March 2022

Unmet refers to individuals who are not currently receiving treatment for drug and/or alcohol problems but could benefit from it. The below data is all from prevalence estimate so must be interpreted with caution.

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

Unmet treatment need – March 2022

Cambridgeshire

OCU unmet need by age group (Apr 2021 to Mar 2022)

Group	Unmet treatment need	Lower bound	Upper bound	Numbers in treatment (aged 15-64)	Prevalence estimate (2022-23)
15-24	81.7%	78.4%	84.0%	22	120
25-34	57.0%	52.5%	60.9%	189	440
35-44	43.6%	38.7%	48.1%	459	814
45-54	54.8%	49.8%	59.0%	339	750
55-64	66.3%	59.8%	70.1%	133	395

Cambridgeshire

Alcohol unmet need by age group (Apr 2021 to Mar 2022)

Age group	Unmet treatment need	Numbers in treatment (aged 18+)	Prevalence estimates (2019-20)
18-24	92.6%	78	1,047
25-34	84.0%	223	1,397
35-54	74.1%	611	2,356
55+	67.4%	248	761
Total	79.1%	1,160	5,561

Unmet treatment need - March 2025

Cambridgeshire

OCU unmet need by age group (Apr 2024 to Mar 2025)

Group	Unmet treatment need	Lower bound	Upper bound	Numbers in treatment (aged 15-64)	Prevalence estimate (2022-23)
15-24	82.6%	79.4%	84.7%	21	120
25-34	65.2%	61.6%	68.3%	153	440
35-44	48.2%	43.7%	52.3%	422	814
45-54	44.0%	37.9%	49.1%	420	750
55-64	53.1%	44.1%	58.4%	185	395

Cambridgeshire

Alcohol unmet need by age group (Apr 2024 to Mar 2025)

Age group	Unmet treatment need	Numbers in treatment (aged 18+)	Prevalence estimates (2019-20)
18-24	90.3%	102	1,047
25-34	80.7%	269	1,397
35-54	66.3%	793	2,356
55+	58.6%	315	761
Total	73.4%	1,479	5,561

Source OHID NDTMS

The earliest data we have on OCU unmet treatment need from the NDTMS toolkit now dates to March 2022 following a change to methodology to the OCU data rolled out in 2025. Since March 2022 we have seen evidence of reduction in unmet need in the below age ranges:

The 45-54 age range of OCU has seen a drop in unmet need of 10.8%.

The 55-64 age range of OCU has seen a drop in unmet need of 13.2%.

The 18-24 age range of Alcohol users has seen a drop in unmet need of 2.3%.

The 25-34 age range of Alcohol users has seen a drop in unmet need of 3.3%.

The 35-54 age range of Alcohol users has seen a drop in unmet need of 7.8%.

The 54+ age range of Alcohol users has seen a drop in unmet need of 8.8%.

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

The 15-24 age range of OCU has seen a rise in unmet need of 0.9%.

The 25-34 age range of OCU has seen a rise in unmet need of 8.2%.

The 34-44 age range of OCU has seen a rise in unmet need of 4.6%.

The needs analysis supporting the retender of drug treatment services highlighted that the 18 - 24 age range of alcohol use unmet need and recommends an enhanced response to alcohol use seen in this age group. The development of specific service within CGL (Short Term Alcohol Recovery Service 'STARS') has begun work to improve GP referral rates. However, there are challenges to engaging specific age groups. The revised specifications for the CASUS service and the Adult Drugs and Alcohol Treatment services have been adjusted to ensure the needs of the younger person age groups are met.

It is envisaged that that the adjustment to the young person's service to formalise working with young people up to the age of 21 will be beneficial to young people. The decision to award a Section 75 directly to CASUS will also be minimally disruptive to young people.

The adult service has seen a rise in service running costs e.g. staff salary costs, and NI contributions etc over the length of the contract without inflationary uplifts during the life of the contract. The current contract value as offered at tender has proven to be insufficient to cover existing costs and compelled the current provider CGL to reduce staffing via redundancies.

Any reduction in staffing will see caseloads rise and impact on the drug and alcohol treatment services ability to further lower unmet need in specific age groups.

If the decision is taken to invest the central government additional grant monies back into the adult drug and alcohol treatment services this will mitigate the need for CGL to reduce its staffing provision and have neutral effect on the provision CGL will be able to provide.

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 reflect increasing prevalence of disability and DA treatment need, better identification of disabilities in the population and by treatment providers may reflect greater service accessibility. It indicates a need for tailored support to ensure equitable access.

The below shows the number in treatment over the rolling 12-month period up to March 2025 and highlights the types of disabilities being disclosed by service users and subsequently what types of disability may be affected by the additional drug treatment monies not being reinvested in drug and alcohol treatment services.

Disability	Number (* below 5)
Behaviour	258
Hearing	6
Manual	6
Learning	55
Mobility	72
Perception	*
Personal	*
Progressive	67
Sight	9
Speech	*
Other disability	31
Not stated disability	102
No disability	883
Any disability	441

*Suppressed due to low numbers

Source OHID NDTMS

The recent retendering exercise has identified numerous priority groups within the service specification that the drug and alcohol treatment provider will be obligated to engage. Any disinvestment in services will affect the providers capacity to expand reach.

The proposed investment of additional treatment monies into the drug treatment services is expected if agreed to have a neutral effect on the provision services for any of the groups listed above.

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 sex categories counted by the NDTMS.

The needs analysis accompanying the retendering of drug treatment services identified national survey data indicating that those whose gender identity is different from the sex they were registered at birth were more likely to report drug use in the last year (22.4%) compared with those who identified as the same sex they were registered at birth (9.6%).

In the event that additional drug and alcohol treatment monies are not reinvested in service provision capacity of our services to tailor interventions to meet specific group needs will diminish especially given that population data suggests that this is a small demographic of people. 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 higher proportion of gender reassigned people who report drug use it is likely that any reduction in treatment capacity may disproportionately affect this group. If funding is reinvested this will have a neutral effect on service provision.

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 2025 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	0.9%	0.9%	1.8%	2.8%

Source OHID NDTMS

More broadly, the needs analysis accompanying the retendering of drug treatment services has identified that 29% of Female parents accessing drug treatment services received support. This suggests that current support for females during and post pregnancy could be enhanced. Child separation has also been identified in a number of post drug related death review and currently D&R underspends have been utilised to try any meet some of this unmet need within the criminal justice area of treatment provision.

Any adjustments to treatment models will need to consider any disproportionate effect they may have on this group. The capacity of providers to provide bespoke provision for this group may be impacted if additional drug treatment monies are not reinvested into treatment services. If monies are reinvested this will have a neutral effect on this cohort.

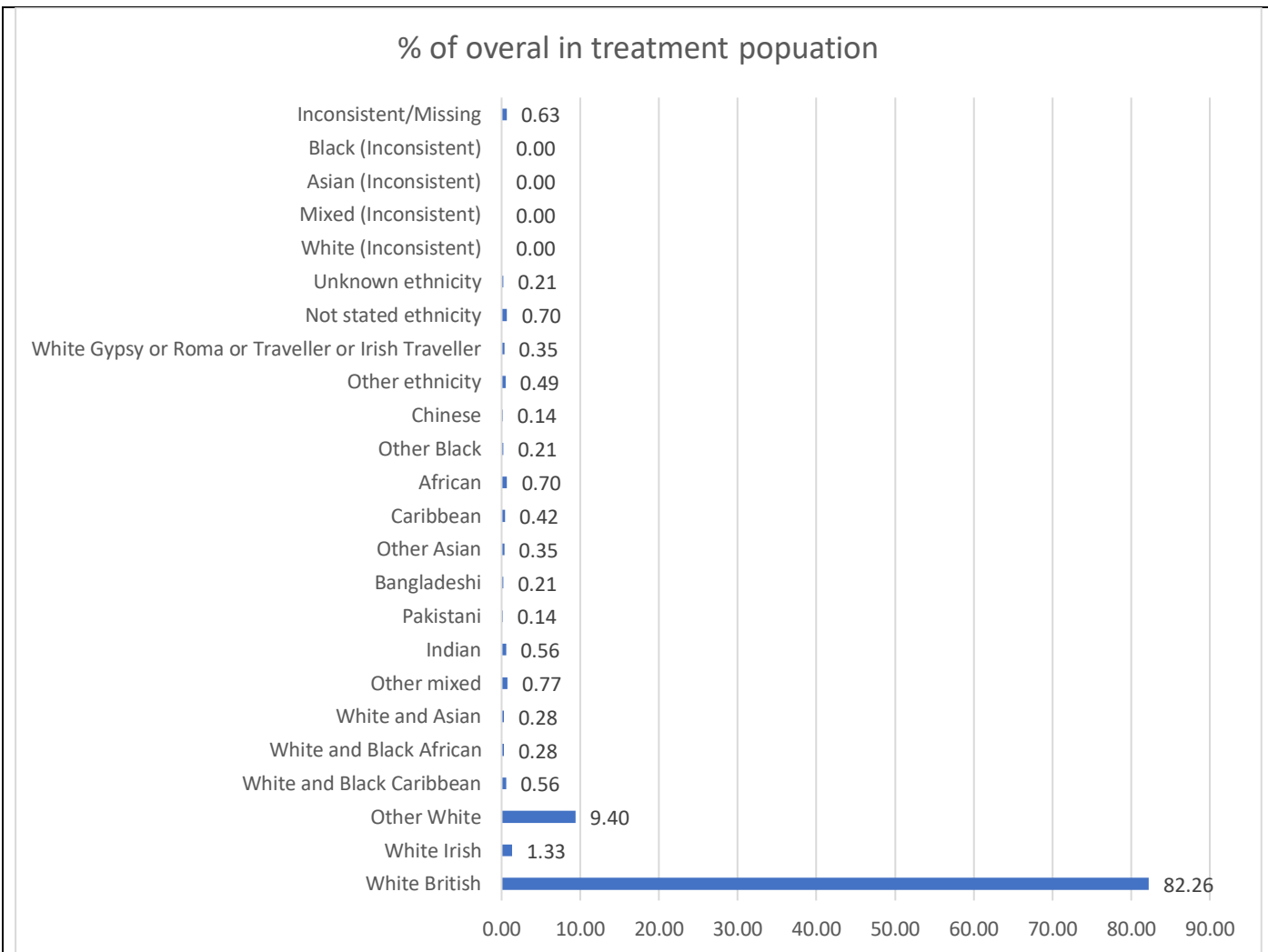
Impact on Race

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.

The needs analysis accompanying the retendering has identified that there may be an underrepresentation of various ethnic groups and made recommendation that services be flexible enough to meet the needs of different cultures.

Any reductions in funding to drug treatment provision may affect the capacity of treatment providers to build flexible treatment services that meet the needs of all ethnic groups. Any revised service model should not disproportionately affect or favour ethnic groups but decisions on what can be done may be impacted by financial viability. If monies are reinvested this will have a neutral effect on the various ethnic groups.

March 2025 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 2025 currently reported as represented in the treatment population are as below:

Religion/Belief	Number of clients
Baha'i	0
Buddhist	7
Christian	270
Hindu	*
Jain	0
Jewish	*
Muslim	17
Pagan	*
Sikh	*
Zoroastrian	0

Other religion	49
No religion	786
Declined to disclose	22
Unknown religion	262
Inconsistent/Missing religion	6

Source OHID NDTMS * Supressed due to low numbers.

The needs analysis accompanying the retender process has identified that there could be and over representation locally of nonreligious individuals within the service using population data suggesting an underrepresentation of those with specific religious beliefs.

Any financial reductions to services may impact on provider capacity to tailor initiatives to enhance treatment representation in underrepresented religious groups. If monies are reinvested this will have a neutral effect on current service provision for these religious groups.

Impact on Sex

The prevalence of drug and alcohol use and treatment need differ between males and females. The needs analysis accompanying the Drugs and Alcohol contract retendering has identified that men consistently report higher illicit drug use and alcohol use. It was noted that Women have higher domestic violence impact considerations that could be enhanced in future treatment service models.

If additional drug treatment monies are not invested into drug and alcohol treatment services this may well affect the service providers capacity to adapt its services to meet the sex specific needs of clients.

A comparison of unmet need data March 2022 to March 2025 shows that the current treatment provides have been able reduce unmet need across both sexes.

Cambridgeshire

OCU unmet need by sex (Apr 2024 to Mar 2025)

Group	Unmet treatment need	Lower bound	Upper bound	Numbers in treatment (aged 15-64)	Prevalence estimate (2022-23)
Male	56.4%	51.8%	59.9%	858	1,967
Female	37.9%	32.6%	42.4%	343	552

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 (2022-23)
Male	59.0%	54.7%	62.3%	806	1,967
Female	39.1%	34.0%	43.6%	336	552

Cambridgeshire

Alcohol unmet need by sex (Apr 2024 to Mar 2025)

Sex	Unmet treatment need	Numbers in treatment (aged 18+)	Prevalence estimates (2019-20)
Male	77.5%	949	4,223
Female	60.4%	530	1,338

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

Source OHID NDTMS

Any decision taken to not reinvest additional drug and alcohol monies may impact the services capacity to address unmet need in both sexes.

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. Additionally, there is a specific need for treatment services for 'chemsex' which involves the use of drugs to enhance sexual experiences, leading to unique health and social challenges. This practice is more prevalent among non-heterosexual individuals.

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 2025, the current sexuality breakdown of those 1426 accessing treatment within a 12-month rolling period is:

- 90.25% Heterosexual
- 1.65% Gay/Lesbian
- 2.81% Bisexual
- 0.66% Other sexuality
- 0.17% Person asked and does not know or is not sure.
- 1.32% Not stated sexuality.
- 3.14% Where the data has not been reported.

Source OHID NDTMS

The needs analysis has identified the need for improved monitoring of client sexuality needs to better understand and respond to the needs of this group. Disinvestment in drug and alcohol treatment services may prevent services from tailoring their approach to better meet the need of underrepresented sexual orientations.

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 2025 shows that those adults entering treatment (who have children under the age of 18 living with them) had children identified under the following status.

- 7.2% accessing Early Help compared to 5.7% March 2022
- 8.2% accessing Children in Need support compared to 9.1% March 2022
- 15.4% had a child protection plan compared to 12.8% March 2022
- 3.0% looked after child compared to 2.6% March 2022

Source OHID NDTMS

The needs analysis accompanying the drug treatment retender has identified the need to enhance the links between drug and alcohol treatment services and children's social care.

Any disinvestment in Drugs and Alcohol Treatment services may impact on the services capacity to meet the need of service users who have parental responsibility for children accessing care. Any reduction in provision in this arena may subsequently be felt by demand for services in other areas of the Local Authority.

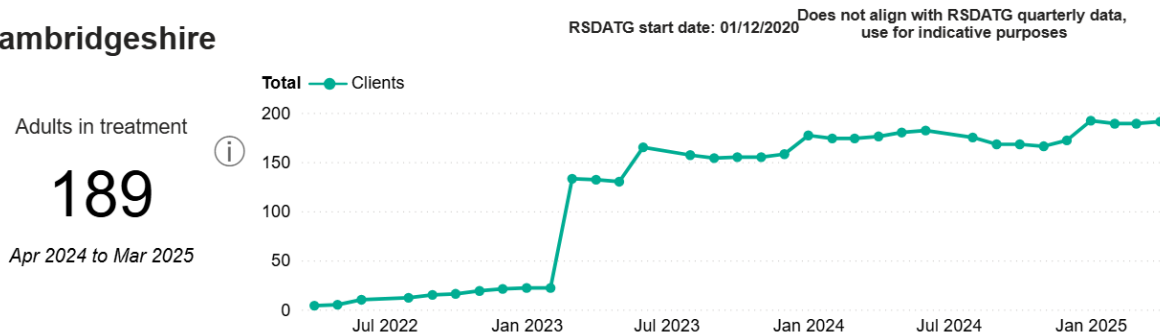
Impact on Other identified groups

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 up to March 2025.

Cambridgeshire



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 needs analysis accompanying the retender has identified that there is a need to expand provision for the hidden homeless steps have been taken following funding reductions in the Rough Sleeper Drug Treatment Grant to retain essential HEaRT team provision.

It is possible that non-investment in treatment provision may be keenly felt by this service user cohort given the complexity of need and cost required to operate a service that can adapt to this user groups specific needs.

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.

Identified impact on protected group.	Action to mitigate or enhance	Officer responsible for action	Completion date
Age 18 – 24 underrepresented in drug treatment numbers	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026



Disability	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026
Gender Reassignment	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026
Pregnancy/Maternity	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026
Race	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026
Religious Belief	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026



Sexual orientation	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026
Care Experienced	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026
Other groups	A paper to support the investment of the additional drug and alcohol treatment monies into the newly awarded contract for the Drugs and Alcohol treatment service is being put before committee	Susie Talbot	March 2026

<p>Did you engage with an EqIA Super User when developing your EqIA?</p> <p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p>

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 – Inclusion Health