

Report Title: Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG) 2025/26

Chair of Committee: Councillor Bill Revans, Leader of the Council

Executive Member: Councillor Graham Oakes, Lead Member for Public Health, Climate Change and Environment

Local Members and Divisions affected: County Wide

Director of Public Health: Alison Bell

Executive Summary

Somerset Council Public Health currently commissions an all-age drug and alcohol treatment service in Somerset, called Somerset Drug and Alcohol Service (SDAS) provided by Turning Point, a national voluntary sector provider of specialist drug and alcohol services.

In December 2021, Government published [From harm to hope: a 10 year drugs plan to cut crime and save lives](#) and to support its implementation the government allocated additional funding through three different grants: The Supplementary Substance Misuse Treatment & Recovery Grant (SSMTRG), The Rough Sleeper Drug & Alcohol Treatment Grant (RSDATG) and the Inpatient Detoxification Grant (IPD). This supplemental funding was to support improvements in the quality and capacity of drug and alcohol treatment and was allocated to Somerset between April 2022 and March 2025

The additional funding is awarded to Somerset under a Memorandum of Understanding from the Secretary of State for Health and Social Care acting through the Office for Health Improvement and Disparities, which is part of the Department of Health and Social Care. There is a set of outcomes that will be monitored nationally and locally which will supplement our existing performance framework and used to manage the contract of the specialist drug and alcohol service.

The additional funding asks local areas to deliver the following outcomes:

- To have stretch targets to increase the numbers of adults in structured treatment by 20% and young people by 50%.
- To reduce drug and alcohol related deaths.
- To improve access to treatment for individuals referred from the criminal justice system.

Somerset established the Somerset Strategic Drug and Alcohol Partnership (SSDAP), which has overseen the development of a local strategy and delivery against the national strategy and local priorities. Most of the funding has been spent on expanding the capacity of the Somerset Drug and Alcohol Service through the recruitment of additional staff.

On the 20th of December, the Department for Health and Social Care (DHSC) advised that in line with government policy, for 2025/26, they are amalgamating several grants that have been made available to support the drug and alcohol treatment and recovery agenda, into a single Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG). The grants being consolidated are the SSMTRG, the RSDATG, the IPD and the Housing Support Grant (IPD). Somerset Council were advised that their indicative allocation was £1,939,277 but it was noted that the allocations are still subject to DHSC and Treasury approvals and as such, final allocations could vary but are being shared now to assist with the aligned planning process.

To ensure service continuity whilst awaiting final confirmation of the grants, we are asking Executive to take a decision to delegate decision making to the Director of Public Health or their representative, to work on the detailed spending plans and contract variations once the full detail has been confirmed.

Recommendations

The Lead Member for Public Health, Climate & The Environment agrees to:

- Authorise the Executive Director of Population and Public Health or their Service Director to sign and deliver the grant agreement and contract variation to draw down the SSMTRG, RSDATG and IPD.
- Authorise the Executive Director of Population and Public Health or their Service Director to sign off the respective MOU's with relevant government departments.
- Endorse the high level spend for the use of the SSMTRG, RSDATG and IPD.
- For Executive to receive an annual report against progress in delivering the Somerset Drug and Alcohol Strategy.

Reasons for Proposals

The decision is needed to ensure continuity of service through the Somerset Drug and Alcohol Service beyond March 2025, when current funding ends. When details of the menu of interventions and any revised targets are issued, these will be discussed by the SSDAP and the best options for improving outcomes and achieving targets will be agreed and money spent accordingly.

There is an expectation that every upper tier local authority will take up this opportunity.

Report Author: Alison Bell, Somerset Council Public Health

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Background and purpose of report

1. In December 2021, Government published [From harm to hope: a 10 year drugs plan to cut crime and save lives](#). It has four main areas:
 - a. Break drug supply chains
 - b. Deliver a world-class treatment and recovery system (incl. alcohol)
 - c. Achieve a generational shift in the demand for recreational drugs
 - d. Local partnerships and accountability

As an example, relevant to this decision paper, the ambition for a world class treatment system is:

- **delivering world-class treatment and recovery services** – rebuild local authority commissioned substance misuse services, improving quality, capacity, and outcomes
- **rebuilding the professional workforce** – develop and deliver a comprehensive substance misuse workforce strategy
- **ensuring better integration of services** – making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery, and ongoing delivery of Project ADDER to join up treatment, recovery, and enforcement
- **improving access to accommodation alongside treatment** – access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
- **improving employment opportunities** – employment support rolled-out across England and more peer support linked to Jobcentre Plus services
- **increasing referrals into treatment in the criminal justice system** – specialist drug workers to support treatment requirements as part of community sentences so offenders engage in drug treatment
- **keeping prisoners engaged in treatment after release** – improved engagement of people before they leave prison and better continuity of care into the community

It draws on the work of Professor Dame Carl Black who was commissioned by the Home Office and the Department of Health and Social Care to undertake a 2-part independent review of drugs, to inform the government’s thinking on what more can be done to tackle the harm that drugs cause.

[Part one](#) was published on 27 February 2020 and provides a detailed analysis of the challenges posed by drug supply and demand, including the ways in which drugs fuel serious violence. [Part 2](#) was published on the 8 July 2021 and focuses on drug treatment, recovery, and prevention.

The report’s aim is to make sure that vulnerable people with substance misuse problems get the support they need to recover and turn their lives around, in the community and in prison. It contains thirty-two recommendations for change across various government departments and other organisations, to improve the

effectiveness of drug prevention and treatment and to help more people recover from dependence

Links to Council Plan and Medium-Term Financial Plan

Drug and Alcohol Services contribute to the ambitions outlined in the County Plan for Somerset around being:

- More healthy and resilient: These services support the health of clients, their family, friends, and the wider community.
- More prosperous: These services support clients and their families to maintain employment and to access education and employment.
- Enabling vulnerable people access information and services to live drug and alcohol free in their community.

The additional funding allocational to drug and alcohol service provision is intended to boost the local areas response to addressing the impact of drugs and alcohol and enhance how we respond to the needs of vulnerable people and families.

Other options considered

To achieve the target of increasing the capacity of the specialist drug and alcohol treatment service, no other options are valid at this time.

Key considerations for the Council

Scrutiny comments / recommendations:

The Chair of Adults & Health Scrutiny was briefed on this decision and is supportive of the decision to be taken. The Adults & Health scrutiny committee have and will continue to receive an annual update on the progress of implementation of the Somerset Drug & Alcohol Strategy

Consultation and feedback

The funding template when released will require consultation with our existing commissioned service to discuss our strategic intentions over the additional funding and to cost additional posts within the financial envelope that would be available to Somerset.

Additionally, the Somerset Drug and Alcohol Partnership will oversee delivery of the local strategy, this group includes Avon and Somerset Constabulary, the Probation Service, the Somerset Drug and Alcohol Service, the Somerset NHS Foundation Trust, Somerset Council Housing, Adults and Children's Social Care and Public Health teams.

Users of the service will be engaged as part of the development work to deliver this strategy.

Financial and Risk Implications

The Supplementary Substance Misuse Treatment and Recovery Funding is an additional central government grant, Spending plans must be approved by the Office of Health Improvement and Disparities (OHID) before any action can be taken locally. OHID will be monitoring if Public Health grant funding of drug and alcohol services are maintained alongside Public Health teams receiving this additional grant, which is a condition of receipt of the additional funding.

Discussions with Commercial and Procurement have been undertaken and confirmed that the Supplementary Substance Misuse Treatment and Recovery Funding can be accommodated within the existing contract as the financial variation tolerance of the additional activity is in scope of the original contract brief. The variation we will make to the existing contract is regarding any changes to the scope (not material) in terms of any specific tasks or KPI's related to the additional money. The reporting back to OHID includes financial returns and the spend will be monitored in detail as is the existing contract.

There is uncertainty of funding beyond this grant period, which is only awarded on an annual basis. Long term plans would benefit the sustainability of the programme post funding period, these will be done in discussion with regional and national partners during the course of the grant funding. There may be financial risks such as redundancy costs if funding isn't preserved.

Current Risk Score:

Likelihood	1	Impact	5	Risk Score	5
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Projected risk score if recommended actions are agreed and delivered:

Likelihood	1	Impact	5	Risk Score	5
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Legal and Procurement Implications

As a condition of this award of funding, Somerset Council will be required to sign an agreement drafted by OHID.

HR / Workforce Implications

There are no significant HR implications from this report for current Somerset Council employees. Any additional posts funded through this grant have been recruited on a fixed term basis.

Equalities Implications

To assist this process we have undertaken an Equalities Impact Assessment. Further the due regard detailed at the services initial contract award stands

Access: the service specification has sought to increase the physical presence of specialist staff within existing services through co-location and partnership working;

and to increase the use of technology to assist access to, participation in and support after drug and alcohol treatment.

Equality and Diversity: The outcomes framework for the service will include analysis by protected characteristic to continuously identify both who is accessing services, their outcomes and any gaps and unmet needs as a consequence of the protected characteristic.

Human Rights: the service specification requires the provider to be compliant with all legislation and this was assessed throughout the procurement process in the selection questionnaire. This will not change with adding additional staff through this funding.

Community Safety Implications

Drug use and supply have a significant impact on communities in terms of associated crime, anti-social behaviours and distress which results from the chain of supply and use of illegal drugs and alcohol consumption.

The provision of specialist drug and alcohol services have been identified as an effective and cost-effective intervention in the protection of communities, the rehabilitation of individuals and the reconciliation of families.

The additional funding that will be allocated will enhance existing services especially the links with Probation and the Integrated Offender Management response. This multi-disciplinary team response means close and intensive work with shared client and the offer of community rehabilitative sentencing options for Somerset courts on alcohol and drugs treatment requirements.

Climate Change and Sustainability Implications

This money will be awarded to an existing SC provider, whose sustainability credentials were assessed as part of the contract award.

Health and Safety Implications

This key decision when taken will award SC funding to a Care Quality Commission (CQC) regulated provider, who is required to comply with all the necessary health and safety requirements for both clients and staff.

The Care Quality Commission inspects services against the regulated activity framework, a particular aspect of which is patient safety. Additionally, this provider reports back through SC Clinical Governance Assurance process, which identifies patient or staff incidents and what the organisation has done to respond to the individual incident and put in place to prevent future incidents occurring

This decision does not represent an increased risk for Somerset Council, above the risk of awarding the original contract to provide specialist drug and alcohol treatment support.

Health and Wellbeing Implications

This service area will have a:

- a. Significant positive impact on health and wellbeing on the individuals, families and communities using the service – for example protecting children from the harm caused by drug/alcohol dependent parents; and enabling individuals to access treatment requirements in the community as an alternative to custodial sentences (especially short custodial sentences) and seek to prevent reoffending by addressing underlying vulnerabilities.
- b. Significant positive impacts on preventing ill-health (physical and mental health). Both areas are requirements in the specification to pro-actively engage service users to adopt a healthy lifestyle - as part of the Making Every Contact Count (MECC) approach for example to quit smoking, be physically active and eat healthy; and the expansion of the use of Naloxone to prevent opiate overdose.
- c. Significant positive impacts on reducing health and social inequalities for example increased access to employment through the skills and experience service users develop being a part of the peer mentor programme and acting as Peer Naloxone Champions.

Social Value

This key decision is awarding additional funding to a provider who has been through an SCC competitive tendering process in which its 'Social Value' as a provider was assessed. This provider is a not for profit provider, who utilises workers based in Somerset and provides significant training and career development opportunities. Additionally a central tenant of the service is its recovery model and as such, the service utilises previous clients in the role of peer supporter, after they have undertaken additional training. This provides a pathway into employment for some individuals, who may have struggled to gain employment immediately after completing treatment.

Background Papers

From Harm to Hope; A 10 Year Drugs Plan to Cut Crime & Save Lives - <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

Professor Dame Carol Black – Independent Review of Drugs:
Part One - <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report>

Part Two - <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report>

Somerset Alcohol Needs Assessment 2021 [Somerset Alcohol Needs Assessment 2021 \(somersetintelligence.org.uk\)](https://www.somersetintelligence.org.uk)

[Somerset Drug and Alcohol Strategy](#)

**Report assurance checklist ahead of report publication
(for Audit, Executive, Full Council and Scrutiny Committees)**

	Officer Name	Date Completed
Legal & Governance Implications	Scott Wooldridge	10.12.2024
Finance & Procurement	Maria Christofi / Nicola Hix	11.12.2024
Workforce (*)	Dawn Bettridge	NA
Asset Management (*)	Simon Lewis	NA
Executive Director	Professor Trudi Grant	11.12.2024
Executive Lead Member	Cllr Graham Oakes	11.12.2024
Consulted:	Councillor Name	
Local Division Members	List local members – county wide	NA
Opposition Spokesperson(s)	Relevant Opposition Spokesperson – Cllr Dawn Denton	10.12.2024
Relevant Scrutiny Chair(s)	Relevant Chair – Cllr Claire Scully	10.12.2024

Somerset Equality Impact Assessment

Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer or www.somerset.gov.uk/impactassessment

Organisation prepared for (mark as appropriate)	 Somerset Council	x	 NHS Somerset		 NHS Somerset NHS Foundation Trust
Version	V1		Date Completed		
Description of what is being impact assessed					
<p>Somerset Council Public Health currently commissions an all age drug and alcohol treatment service in Somerset, called Somerset Drug and Alcohol Service (SDAS) provided by Turning Point - a national voluntary sector provider of specialist drug and alcohol services.</p> <p>In December 2021, Government published From harm to hope: a 10 year drugs plan to cut crime and save lives and to support its implementation the government allocated additional funding over a 3 year period 2022/23 to 2024/25. This supplementary funding is to support improvements in the quality and capacity of drug and alcohol treatment system and is subject to plans being submitted annually and approved nationally.</p> <p>In December 2024 Central Government announced a further allocation of funding to enable continuation of this additional work started in April 2022</p>					

Evidence

What data/information have you used to assess how this policy/service might impact on protected groups? Sources such as the [Office of National Statistics](#), [Somerset Intelligence Partnership](#), [Somerset's Joint Strategic Needs Analysis \(JSNA\)](#), Staff and/ or [area profiles](#), should be detailed here

There is a national monitoring system called National Drug Treatment Monitoring System (NDTMS) which Somerset reports into and as part of commissioned provision locally we have a local information case management system that allows us to monitor performance in real time including the protected characteristics of clients in treatment. For this Equality Impact Assessment (EIA), we are focusing on all clients who have had a structured treatment episode over three financial years: 2021/22, 2022/23, and 2023/24. Clients may have more than one episode with different information recorded. In such cases, clients will be counted multiple times and will appear in the tallies for each category relevant to any of their episodes. If the data for any characteristics spans different time periods, this will be specified. It is important to note that 2021/22 was the year of the pandemic and recovery years.

Age

The age distribution of Somerset's structured treatment population between 2021/22 and 2023/24 is shown in the table below:

Age at referral	Number of clients	% of clients
<18	327	6.90%
18-25	611	12.90%
26-35	1238	26.13%
36-45	1241	26.19%
46-55	893	18.85%
56-65	428	9.03%
66+	148	3.12%

Percentage of clients in treatment by age group and drug category

Age at referral	Alcohol and non-opiate	Alcohol only	Non-opiate only	Opiate
<18	28%	9%	62%	3%
18-25	31%	16%	40%	16%
26-45	17%	30%	19%	38%
46-55	12%	50%	6%	33%
56-65	9%	71%	4%	15%
66+	3%	90%	3%	5%

The analysis of the data reveals distinct trends in substance use treatment across different age groups. The age group 26-45 has the highest number of clients in treatment across all drug categories. Alcohol-only treatment is particularly prominent in this age group. The younger age groups (<18 and 18-25) show a higher percentage of clients in treatment for non-opiate substances or Alcohol and non-opiate category. The older age groups (46-55 and above) have a significant number of clients in treatment for alcohol-only and followed by opiate substances. These trends highlight the need for targeted interventions and resources to address the specific substance use issues prevalent in each age group.

We also understand that the latest prevalence figures indicate there are 5,230 possible dependant drinkers in Somerset and unmet treatment needs are higher compared to other substances and the trend is similar to national and regional figures. SDAS was supporting 23% of these possible alcohol dependant users. The average for services across England is 23% of possible alcohol dependant users.

A key element of the additional funding is to increase the number of people in treatment, with a particular focus on drug users. Nationally, the government wants to see a 20% increase in adults in treatment and a 50% increase in young people. The service is on target to meet this target trajectory by the end of March 2025, but locally we have greater demand for support with alcohol dependence.

Disability

National drug and alcohol dataset for collecting disability information for people in drug/alcohol treatment came into force April 2016. This data field gives each client an option of answering up to three disability

fields so a single client may have multiple disabilities. A client was only classified as having no disability if they answered that in the first field, otherwise it was not counted. On this basis in looking at data between 2021/22 and 2023/24, while 60% respond they had no disability. Among those who reported the disabilities, the most common were behavioural and emotional disabilities, (17%), followed by mobility and gross motor disabilities (5.8%) and progressive conditions and physical health disabilities (5.7%). A significant portion of clients did not state their disability status (10.36%) or had unknown disabilities (5.66%)

The prevalence of mental health treatment needs among individuals entering substance misuse treatment is a significant concern. According to the "Adult substance misuse treatment statistics 2020 to 2021" report by Public Health England, nearly two-thirds (63%) of adults starting treatment reported having a mental health treatment need. According to the local data over the period of observation confirms 64% of clients in structured treatment has a mental health need. Local system captures whether a client is receiving treatment for mental health needs, a point to be noted, around 38% of this column has left blank. But of the available records, 70% of men and 80% of women receive treatment for their mental health, which shows that women are more likely than men to receive treatment for mental health issues alongside drug and alcohol issues.

Gender Re-assignment

This is a data field recorded but as numbers are low it is suppressed, in accordance with information governance standards. Of more importance for this protected characteristic is that the service and its workforce are culturally competent, and have access to appropriate training, resources, policies, advice and guidance – particularly in an area where there are small numbers of people with this need and so staff may rarely encounter a client who is undergoing or completed gender re-assignment.

Marital / Civil Partnership Status

Understanding the relationship status of individuals in substance misuse treatment is crucial for tailoring effective support services. Local data indicates that 49.2% of all people in treatment are single, while around 33% self-reported as being in a relationship (married, in a civil partnership, or with a partner) and 12% of client record has left blank. With increasing numbers of people entering the service, it is important to understand the nature of these relationships, as either partner's recovery may be affected by domestic abuse. This, in turn, can impact their engagement in treatment and recovery.

Pregnancy and maternity

According to local data from the three-year period 2021/22 to 2023/24, 29% of clients in structured treatment reported having parental responsibility for children under 18. Family Solutions Somerset is the overarching umbrella name for a new way of working in Somerset, adopted in 2020. It is a systemic and strengths-based model with domestic abuse, substance use, mental health and social care services working together to support our most at risk children and families.

The numbers of pregnancies in clients are relatively small but need to be well managed between maternity, health visiting and the drugs and alcohol service.

Race

The majority of clients in structured treatment (91.4%) classify themselves as White British; this is similar to the population of Somerset (91.3%). 'Other White' made up 2.9% of the clients in structured treatment over the 3-year period. There is around 1.7% of client record has left blank for this record.

According to the Census 2021, the most common non-UK countries of birth for Somerset residents are Poland (1.3%) and Romania (0.75%). This growing diversity brings varied cultural attitudes towards substance use and different patterns of misuse. For instance, areas with higher concentrations of Eastern European communities may see different substance preferences and misuse behaviours compared to predominantly White British areas. Local treatment data suggests that the majority of clients in treatment are British, followed by Polish (1.27%) and Portuguese (0.36%) nationals. Romanian nationals account for 0.25% of the treatment population, despite being the second most common non-UK community in Somerset. Notably, 4.3% of client's nationality records are blank. This diversity underscores the importance of culturally sensitive approaches in substance misuse treatment services. Tailoring interventions to meet the unique needs of different nationalities can enhance engagement and effectiveness, ensuring that all individuals receive appropriate and effective support for their recovery journey.

Religion and Belief

The majority of clients in structured treatment reported no religious affiliation (62.39%), with significant portions having unknown (20.05%) or Christian (12.16%) beliefs. Additionally, 6.94% of clients left the religion field blank, highlighting the need for inclusive and culturally sensitive approaches in treatment programs.

Sex

Looking at number of clients in structured treatment over the period between 2021/22 and 2023/24 there were 63% of clients were males and 37% of all clients in structured treatment were females. And this is roughly in line with the national breakdown. A small number of individuals will identify as non-binary or trans, this is recorded within the case management system and enables appropriate personalisation of care for the individual by the service.

Sex by adult vs. young people comparison

Sex	Number of YP clients	% of clients	Number of adult clients	% of clients
Female	160	48.9%	1601	36.2%
Male	167	51.1%	2816	63.7%

There are more male clients than female clients in both age groups. The gender gap is narrower among young people under 18 compared to adults. This highlights the need for gender-specific approaches in structured treatment programs to address the distinct needs and challenges faced by male and female clients across different age groups.

Sexual Orientation

There is evidence that suggests the prevalence of drug use is higher among lesbian, gay, bisexual and transgender (LGBT) populations, and men who have sex with men (MSM), than the general population. LGBT individuals are more likely to experience substance misuse issues compared to their heterosexual counterparts. This higher prevalence is attributed to various factors, including minority stress, discrimination, and social stigma, which can lead to increased substance use as a coping mechanism.

Local data collected indicates that out of all in structured treatment in the 3 years 2021/22 – 2023/24, the majority 83.1% identifying as heterosexual, with 4.26% identifying as lesbian, gay or bisexual.

However, regardless of whether prevalence of drug and alcohol misuse is higher, lower or the same amongst LGBT populations relative to the general population in Somerset, it is essential that services are

delivered that meet the needs of all individuals and staff are trained to be able to ask appropriately with confidence.

Veterans

Local data indicates that in the 3 year period 2021/22-2023/24 there were 114 individuals (2.4% of the total in treatment) who were either veterans or member of the armed forces. Unknown is high under this characteristic as 22% of clients left the column blank.

Reference:

Halo-Local case management system

NDTMS-National Drug Treatment Monitoring System

[Public Health England, 2021](#)

[Dataset Selection - Query - Nomis - Official Census and Labour Market Statistics](#)

[Census 2021: household composition, country of birth & military veterans - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations](#)

Who have you consulted with to assess possible impact on protected groups and what have they told you? If you have not consulted other people, please explain why?

No, not as part of this decision. But feedback from users of the service is captured routinely as part of contract monitoring

Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	<ul style="list-style-type: none"> The age group 26-45 has the highest number of clients in treatment across all drug categories, with alcohol-only treatment being particularly prominent. Younger age groups (<18 and 18-25) show a higher percentage of clients in treatment for non-opiate substances or the Alcohol and non-opiate category. In contrast, older age groups (46-55 and above) have a significant number of clients in treatment for alcohol-only and opiate substances. These trends highlight the need for targeted interventions and resources to address the specific substance use issues prevalent in each age group. This difference in substance requires different approaches to engage people and retain them in service to recovery. Age is a data collection requirement from the commissioned service and we need the service 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<p>to improve the data quality and reduce missing or fields marked as unknown</p> <ul style="list-style-type: none"> The expansion in service capacity linked to this key decision will enable more outreach activities, which will help engage different age groups of clients with specialist drug and alcohol treatment services 			
Disability	<ul style="list-style-type: none"> Local data indicates of those that indicate a disability it is most likely to be reported as behaviour and emotional as the disability type. Disability is a data collection requirement from the commissioned service and we need them to tackle the data quality and reduce missing or fields marked as unknown This key decision will enable expansion of the dual diagnosis work, that supports people who have both identified mental health needs and substance misuse needs, this is the single biggest self-identified group of disability within the current service 	□	□	☒
Gender reassignment	<ul style="list-style-type: none"> There is no specific impact has been identified and also as numbers are low it is suppressed, in accordance with information governance standards Gender reassignment is a data collection requirement from the commissioned service and we need the service to be aware of clients gender identity and need to ensure that all staff are culturally competent, and 	□	☒	□

	<p>have access to appropriate training, resources, advice and guidance – particularly in areas where there are small numbers of people which may result in staff having limited experience in this area.</p>			
<p>Marriage and civil partnership</p>	<ul style="list-style-type: none"> • Understanding the relationship status of individuals in substance misuse treatment is crucial for tailoring effective support services. Local data indicates that 49.2% of all people in treatment are single, while around 33% self-reported as being in a relationship (married, in a civil partnership, or with a partner). With increasing numbers entering the service, it is important to understand the nature of these relationships, as either partner's recovery may be affected by domestic abuse. This, in turn, can impact their engagement in treatment and recovery. • Though no specific impact has been identified there is a need to ensure that all staff take account of the data that indicates though many are single, some have ongoing contact with their children. Therefore, it is important that parental status and the relationship to any children is recorded and monitored and actively considered as part of the ability to participate in the interventions offered. Also noting the systemic nature of recovery and the role that relationships has in this. 	<p>□</p>	<p>⊗</p>	<p>□</p>

Pregnancy and maternity	<ul style="list-style-type: none"> No specific impact has been identified 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race and ethnicity	<ul style="list-style-type: none"> The majority of clients in structured treatment (91.4%) classify themselves as White British; this is similar to the population of Somerset (91.3%). 'Other White' made up 2.9%% of the clients in structured treatment over the 3-year period. There is around 1.7% of client record has left blank for this record. Local treatment data suggests that the majority of clients in treatment are British nationality, followed by Polish (1.27%) and Portuguese (0.36%) nationals. Romanian nationals account for 0.25% of the treatment population, despite being the second most common non-UK community in Somerset. This diversity underscores the importance of culturally sensitive approaches in substance misuse treatment services. Tailoring interventions to meet the unique needs of different nationalities can enhance engagement and effectiveness, ensuring that all individuals receive appropriate and effective support for their recovery journey 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<p>Religion or belief</p>	<ul style="list-style-type: none"> Local data indicates 62.3% of those in structured treatment report they have no religion or belief. However religion or belief is a data collection requirement from the commissioned service and we need them to tackle the data quality and reduce missing or fields marked as unknown Though no specific impact has been identified there is a need to ensure that all staff are culturally competent, and have access to appropriate training, resources, advice and guidance – particularly in areas where there are small numbers of people from different groups and cultures, which may result in staff having limited experience in this area 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>Sex</p>	<ul style="list-style-type: none"> Looking at number of clients in structured treatment over the period between 2021/22 and 2023/24 there were 63% of clients were males and 37% of all clients in structured treatment were females. And this is roughly in line with national breakdown. There are more male clients than female clients in both age groups. The gender gap is narrower among young people under 18 compared to adults. This key decision will enable expansion of service capacity, which will enable more tailored approaches to meet individual needs. It will allow for increased provision 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<p>within the criminal justice system which is disproportionately representative of males but will also enable an offer to females in prison.</p>			
<p>Sexual orientation</p>	<ul style="list-style-type: none"> Local data collected indicates that out of all in structured treatment in the 3 years 2021/22 – 2023/24, the majority 83.1% identifying as heterosexual, with 4.26% identifying as lesbian, gay or bisexual. Numbers are relatively small and therefore direct comparison with national estimates is problematic. However, regardless of whether prevalence of drug and alcohol misuse is higher, lower or the same amongst LGBT populations relative to the general population in Somerset, it is essential that services are delivered that meet the needs of all individuals and staff are trained to be able to ask appropriately with confidence 	<p>□</p>	<p>⊗</p>	<p>□</p>
<p>Armed Forces (including serving personnel, families and veterans)</p>	<ul style="list-style-type: none"> Local data indicates that in the 3 year period 2021/22-2023/24 there were 114 individuals (2.4%) of the total in treatment) who were either veterans or member of the armed forces. Unknown is high under this characteristic as 22% of clients left the column blank. 	<p>□</p>	<p>⊗</p>	<p>□</p>

Negative outcomes action plan

Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
Data quality against protected characteristics needs to be reviewed with the contracted service. Both to ensure consistency in data entry and to inform targeted interventions.	18/03/2025	Commissioned Service Manager – report at contact review.	Agenda item at contract review.	<input type="checkbox"/>
Consultation with Public Health Behavioural Science Lead to explore opportunities for positive influence in this area of work.	30/01/2025	Public Health Service Manager	Agenda item at monitoring meeting with Behavioural Science Team.	<input type="checkbox"/>

If negative impacts remain, please provide an explanation below.

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Completed by:	Jodie Reading
Date	29/11/24
Signed off by:	Alison Bell

Date	10.12.2024
Equality Lead sign off name:	Tom Rutland .
Equality Lead sign off date:	11.12.2024
To be reviewed by: (officer name)	Jodie reading
Review date:	End of Q1 2025-26 contract review meeting