Executive Report
Meeting Date: 26 February 2025
Key Decision – Yes

Contract Award for Substance Use Services in Somerset
Executive Member(s): Cllr Graham Oakes, Lead Member for Public Health, Climate Change and Environment.
Local Member(s) and Division(s) affected: County Wide
Executive Director: Alyn Jones, Executive Director – Resources, Strategy and Transformation.
Service Director: Alison Bell, Director of Public Health

Executive Summary

Under the Health and Social Care Act 2012 Directors of Public Health are required to commission a Specialist Drug and Alcohol Treatment Service. Somerset Council Public Health currently commissions an all-age drug and alcohol treatment service, called Somerset Drug and Alcohol Service (SDAS) provided by Turning Point, a national voluntary sector provider of specialist drug and alcohol services.

The contract for the Somerset Drug and Alcohol all age service was awarded in April 2019 on an initial 5-year basis, with the option to extend for a period of 48 months (2 years + 2 years). This contract was awarded after an open and competitive tendering process. The 5 years ended in March 2024 and the first +2 option was utilised.

During the existing contract, additional funding via the Supplementary Substance Misuse Grant (SSMTRG), the Rough Sleeper Drug and Alcohol Treatment Grant (RSDATG) and the In-patient Detoxification Grant (IPD) was awarded to local authorities. The core contract was due to end one year before the last year of this additional funding, hence Somerset Council sought to utilise the option to extend the contract for 24 months in the first instance. This prevented destabilising the system, allowed retention of the workforce and enabled a more planned approach to commissioning of Somerset drug and alcohol treatment service, following clarification of the resource envelope, post the additional grant funding award.

The 24-month extension is due to end in March 2026 and the local authority is unable to endorse the further +2 years due to exceeding the variation value during the contract period.

The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR) came into effect on 1.1.24 in certain circumstances. This is predominately in relation to contracts for healthcare services which directly impact on the end user as its core purpose, securing the needs of the people who use the service e.g. treatment, diagnostic, prevention of physical or mental health conditions. Substance Use services are covered by this legislation.

Somerset Council are seeking to make a Direct Award for the continuation of services to the current provider (SDAS), with a total value of the contract £7.630m, split over 2 years with an annual contract value of £3.815m.

The contract will start in April 2026 for a period of 2 years. With an option to extend a further year. The contract would be funded 100% through the Public Health Grant.

Recommendations

The Executive is recommended to agree to direct award the delivery of the specialist drug and alcohol treatment service to the current provider (SDAS) in line with the Provider Selection Regime (PSR) regulations for 2 years, with effect from April 2026 and with the option to extend for a further year.

Reasons for Proposals

The decision is needed to ensure continuation of a commissioned specialist drug and alcohol treatment service. The existing provider's contract is due to end in March 2026 following an initial contract award of 5 years and a subsequent 2-year extension.

A continuation of the commissioning of this service will allow for consistency in service delivery to the population of Somerset residents who are struggling with substance use and addiction.

The proposed contracting arrangements are not changing considerably and are therefore within the scope of the PSR Direct Award criteria.

The existing commissioned service is in the top quartile nationally in terms of performance against Public Health Outcome Framework Indicators. Somerset Council is of the view that the existing provider is satisfying the original contract and is likely to satisfy the proposed contract to a sufficient standard.

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Main report and supporting information

Background and purpose of report

1. **National Context:**
   Nationally, drug deaths are at an all-time high and drug use fuels many costly social problems, including homelessness, and rising demands on children's social care. The drugs market is driving many of the nation's crimes: half of all homicides and half of acquisitive crimes are linked to substance use. People with serious drug use, occupy one in three prison places.

   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

   Additional funding was awarded to local authority areas under a Memorandum of Understanding from The Secretary of State for Health and Social Care, acting through the Office for Health Improvement and Disparities (OHID) which is part of the Department of Health and Social Care.

The additional funding asked local areas to deliver the following outcomes over the three years:

- To have stretch targets to increase the number 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 transitioning from community to custody treatment settings.

2. Local Context

The Somerset Strategic Drug and Alcohol Partnership (SSDAP) was launched in 2022 and identified priorities for a local strategy, based on local needs and knowledge from the national strategy. As a key service within the wider partnership, SDAS work collaboratively with other key stakeholders.

The local needs assessment identified the following aims:

a) To reduce the rate to hospital admissions relating to alcohol use.
b) To target the homeless and rough sleeper community
c) To develop a joined-up approach between mental health services and specialist treatment services
d) Adopt a recovery focus within the specialist service.
e) Embed lived experience in the development and implementation of plans.

After discussion at the SSDAP, these were developed into the following priority areas:

- **Prevention, Early Intervention and Harm Reduction**: information, advice and guidance to address prevention, early intervention and harm reduction in attempts to reduce the number of people drug and also affects and avoid the need for them to receive treatment.
- **Increasing access to specialist drug and alcohol treatment:** direct treatment support and increased capacity within the specialist workforce designed to support those who have problematic or dependant use of drugs and/or alcohol.
- **Enforcement:** focusing on building further intelligence in regard to drug supply and demand whilst also disrupting criminal activity in order to keep all Somerset residents safe from harm.
- **Recovery:** dedication to long-term therapeutically informed recovery programmes for those who have completed their treatment to prevent them from relapse.

3. Prevalence in Somerset

The most recent modelled estimates from 2019/20, suggest that there are around 2,294 users of opiate and crack cocaine in Somerset and around 5,230 users of alcohol. It is estimated that around 57% or opiate and crack users and around 77% of alcohol users have an unmet treatment need and provide an illustration of the level of need in Somerset.

4. **Performance of the specialist service**
   Somerset Council Public Health are responsible for the performance management of the specialist service. Quarterly meetings will be held with SDAS to discuss and review performance across all areas of practice.

5. **Re-commissioning of the specialist drug and alcohol service**
   The Health and Care Act 2022 introduced a new procurement regime for selecting providers of healthcare services in England: the Provider Selection Regime (PSR). This replaces the Public Contracts Regulations 2015 when arranging health care services and has been designed to introduce:
   - A flexible and proportionate process for selecting providers of health care services so that all decisions are made in the best interests of people who use the services.
   - The capability for greater integration and enhanced collaboration across the system, whilst ensuring that all decisions about how health care is arranged are made transparently.
   - Opportunities to reduce bureaucracy and cost associated with previous rules.

   Substance use treatment services are within scope of the PSR regulations which allows an award to be given without running a competitive exercise. SDAS meets the both the basic selection and key criteria pertaining to this award and as a local authority, we are assured that the current provider is satisfying the existing contract, taking these criteria into account. The 5 key criteria areas are noted as follows:
   - Social value
   - Value
   - Quality and innovation
   - Integration, collaboration and service sustainability.
   - Improving access, reducing health inequalities and facilitating choice.

6. **Conclusion**
   People struggling with addiction to either alcohol or illicit substances require specialist therapeutic intervention to increase the likelihood of them entering early, stable and sustained recovery. SDAS have been delivering treatment in this context since the start of the current contract (and prior to this) and have established processes and networks in place which create a level of consistency for this cohort of our population, who face significant health inequalities.

   This decision will allow the specialist service to continue to meet the needs of this acutely vulnerable population and build on existing performance to further enhance the support on offer. To prevent the harms and deaths associated with substance use and engage more people who are struggling with addiction to get the help they need. SDAS are a well-integrated and connected partner within the wider system and we are keen to not disrupt the service offer for the people who use the service.

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.

Other options considered

Other approaches to procurement were considered. We have been through a robust process of ensuring the SDAS contract meets the criteria for the PSR. Given this is the case, we are obliged to follow PSR as noted in previous reports.
Within PSR 5 different approaches can be taken, but given that the contract remains the same in most material aspects and the current provider have demonstrated they are delivering effectively, we have been able to utilise Direct Award process C within the PSR.

Key considerations for the Council

Scrutiny comments / recommendations:

The proposed contract award has not been scrutinised by Scrutiny Committee for Adults and Health but the relevant Chair of the committee has been consulted and is in support of the recommendation along with an invitation to present to Scrutiny Committee at appropriate intervals to report on progress and to give assurance regarding on-going monitoring and oversight of service delivery.

Consultation and feedback

As a stipulation of using the PSR Direct Award, we are unable to materially change the way the service is delivered. Therefore, no consultation has taken place due to the commercially sensitive nature of the decision.

Financial and Risk Implications

The total value of the contract is £7.630m. This contract will be funded 100% through the Public Health Grant, which is a ringfenced grant received from Central Government. The contract is split over 2 years at a value of £3.815m per annum. Within the contract there is also an option for a 1-year extension.

The contract information has been reviewed and agreed through the Commercial and Procurement Board.

Monitoring of the contract will be undertaken monthly to ensure that costs remain within the budget allocation and any concerns acted upon immediately.

The risks are lower with this contract as it is an extension service with the same company. The funding is all within the existing Public Health Grant.

Current Risk Score:

Likelihood	**6**	**Impact**	**6**	**Risk Score**	**12**

Projected risk score if recommended actions are agreed and delivered:

Likelihood	**6**	**Impact**	**6**	**Risk Score**	**12**

Legal and Procurement Implications

There remains a risk of challenge to the decision to award, but this is mitigated by having been through a robust process of ensuing the current provider is delivering to a good standard of practice.

We have fully engaged and worked on this process with the Commercial and Procurement team (this has included ensuring the Head of Commercial and Procurement is aware and supportive).

HR / Workforce Implications

There are no significant HR implications from this report for current Somerset Council employees. Staff delivering the specialist service are employed directly by the commissioned organisation.

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 criminal justice team within the service is closely linked with Probation and the Integrated Offender Management response. This multi-disciplinary team response means close and intensive work with shared clients and the offer of community rehabilitative sentencing options for Somerset courts on alcohol and drugs treatment requirements. Workers also work collaboratively with the Police around Drug Test On Arrest (DTOA) processes and the Continuity of Care arrangements relating to people transitioning from prison to community treatment, thus being intrinsic in the management of any potential risk in the community.

Climate Change and Sustainability Implications

The current providers sustainability credentials were assessed as part of the original contract award and reviewed as part of the PSR process.

Health and Safety Implications

This key decision, when taken, will award a contract to a Care Quality Commission (CQC) regulated provider, who is required to comply with all of 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:

> 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.

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.

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

The PSR process requires local authorities to assess providers against the social value criteria and SDAS pledge a very good level of social value commitments in relation to key themes – particularly around promoting local skills and employment, supporting responsible growth and contributing to healthier, safer and more resilient communities.

The provider is a not-for-profit organisation, who utilises workers based in Somerset and provides significant training and 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)

Somerset Drug and Alcohol Strategy

KPI Appendix

Report assurance

	Officer Name	Date Completed
Legal & Governance Implications	Scott Woolridge/Jill Byron	11/2/25
Finance & Procurement	Nicola Hix	12/2/25
Workforce (*)	Dawn Bettridge	14/01/25
Asset Management (*)	Simon Lewis	20/01/25
Executive Director	Alyn Jones	17/01/25
Executive Lead Member	Graham Oakes	14/01/25
Consulted:	Councillor Name	
Local Division Members	List local members	N/A
Opposition Spokesperson(s)	Dawn Denton	27/01/25
Relevant Scrutiny Chair(s)	Claire Sully	5/2/25

<table>
<tr><th colspan="7">Somerset Equality Impact Assessment</th></tr>
<tr><td colspan="7">Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer or www.somerset.gov.uk/impactassessment</td></tr>
<tr><td>Organisation prepared for (mark as appropriate)</td><td> </td><td></td><td> </td><td></td><td> </td><td></td></tr>
<tr><td>Version</td><td colspan="2">V1</td><td>Date Completed</td><td colspan="3">December 2024</td></tr>
<tr><td colspan="7">Description of what is being impact assessed</td></tr>
<tr><td colspan="7">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.

Somerset Council Public Health are looking to re-commission SDAS under the new Provider Selection Regime (PSR) Direct Award Process.</td></tr>
<tr><td colspan="7">Evidence</td></tr>
<tr><td colspan="7">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</td></tr>
</table>

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 alcohol. 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.

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 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 manged between maternity 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 behaviors 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.

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

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	• 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 them to tackle the data quality and reduce missing or fields marked as unknown • 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	• 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	• There is no specific impact that 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 them to be aware of clients gender identity and 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 which may result in staff having limited experience in this area.	☐	☒	☐

Marriage and civil partnership	Description	Red	Amber	Green
Marriage and civil partnership	• 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.	☐	☒	☐
Pregnancy and maternity	• No specific impact has been identified	☐	☒	☐
Race and ethnicity	• 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			
Religion or belief	• 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	☐	☒	☐
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 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 within the criminal justice system which is disproportionally representative of males but will also enable an offer to females in prison.			
Sexual orientation	• 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	☐	☒	☐
Armed Forces (including serving personnel, families and 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.	☐	☒	☐

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	☐
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.	☐

Completed by:	**Sana Pakallad**
Date	**December 2024**
Signed off by:	
Date	
Equality Lead sign off name:	
Equality Lead sign off date:	
To be reviewed by: (officer name)	
Review date:	