Due Regard Statement

Please use this statement to evidence how 'due regard to' the three aims of the public sector equality duty has been made (section 149 of the Equality Act 2010) during the development of the 'policy'.[1]

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by the ACT:
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- Foster good relations between people who share a protected characteristic

Name of the 'policy	Extension of the adult drug and alcohol treatment service contract
Person(s) responsible for completing this statement	Pete Willsher, Commissioning Officer – Public Health Steve O'Neill, Outcome Manager – Public Health
Briefly describe the activity being considered including aims and expected outcomes	This Due Regard Statement (DRS) supports the Cabinet decision to activate the two year extension clause within the contract for drug and alcohol treatment services held between GCC and Change, Grow, Live (CGL) which if agreed will take effect from 1st April 2022. To date the delivery of the service has been satisfactory within the terms of the contract, CGL have achieved the primary key performance indicators (KPIs) within a challenging environment, keeping waiting times low, increasing engagement and attracting year on year increases in the number of people accessing the service. The contract is for an initial term of five years and three months, with a clause which allows for an extension of additional two years. The initial five year and three month term comes to an end 31st March 2022 and the Council is required to notify the provider of the intention to activate the extension clause no later than midnight

[1] For 'policy': any new and existing policy, strategy, services, functions, work programme, project, practice and activity. This includes decisions about budgets, procurement, commissioning or de-commissioning services, service design and implementation.

	31st March 2021.

Documenting use of sufficient information

Please document below the data and information sources that you have used to understand the needs, participation and experiences of each protected group. Evidence must be gathered as the policy is developed and used to inform decisions.

Service user data

Service user data is an important source of evidence and should be collated as part of routine monitoring of in- house or external services. If service user data is not available record 'not known' and use the action plan to identify what improvement actions will be used to gather data going forward.

Service user diversity reports are available on our website and give an indication of service user participation across commissioning areas, for example adult residential services and youth services. It does not include participation data at individual service level.

Needs analysis

Gloucestershire population demographics data is available to understand the representation of different protected groups across the county and help with needs analysis. Data like this may also be also useful for benchmarking to identify under or over representation of a service by any of the protected groups. For example, a service is open to all residents and from monitoring you know that 2% of service users are disabled: However, demographic data indicate that 16.7% of Gloucestershire residents report having a disability or long term limiting illness. This finding can be used can be used to explore if there are barriers to participation by residents with disabilities and how this can be addressed as part of the development of your 'policy'.

Data gaps

You may find that you have more information about some of the protected groups for example, gender, age, disability and less about others, for example, sexual orientation and religion and/or belief. If data is not available and you intend to start collating data

about a protected characteristic please use the action plan to outline how this data will be collated. You can find equality monitoring guidance on our website including an equality monitoring template.

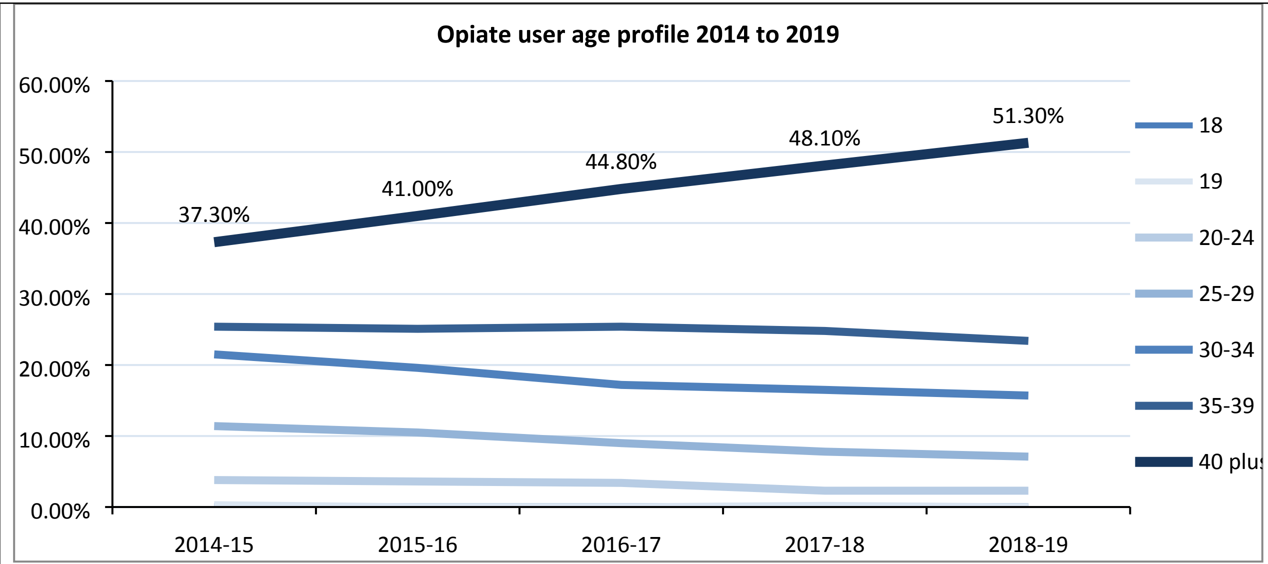
If you have no plans to start collating data about a protected characteristic please state the rational why.

Service Information (if applicable) / Needs analysis (if applicable)

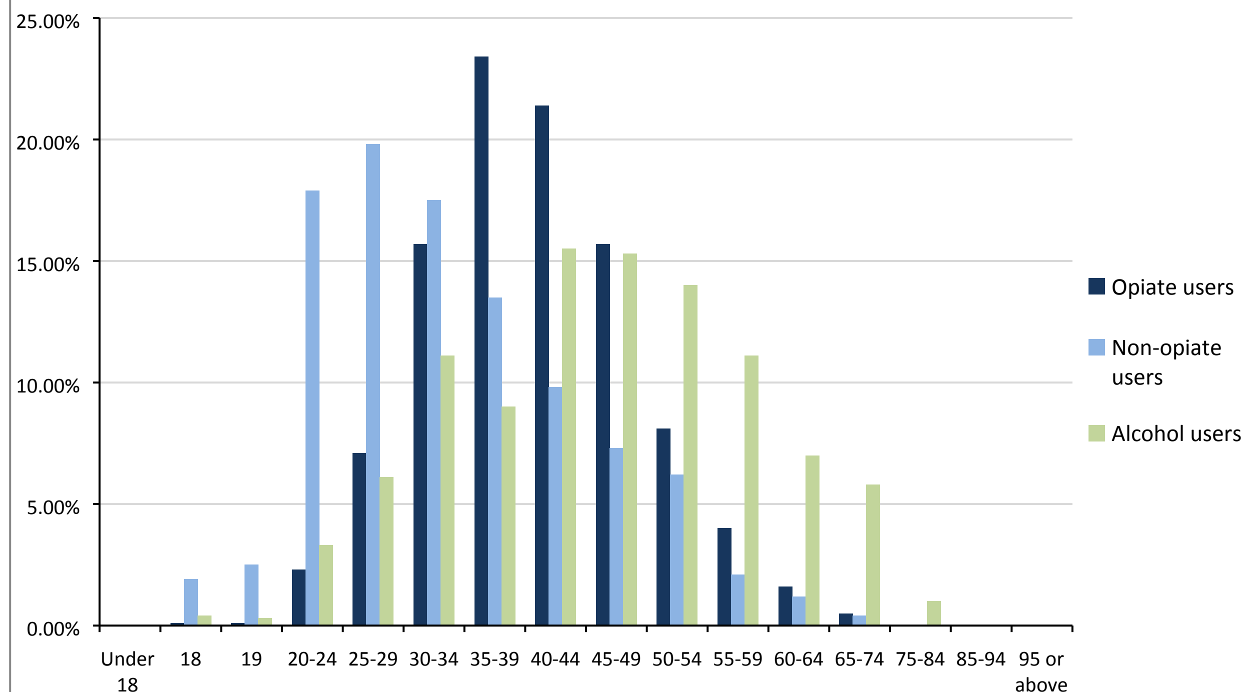
Who is responsible for delivering the service?	**External provider (Change Grow Live / CGL)**
Service user data/Needs analysis information	
Age	In 2017, the resident population of Gloucestershire was estimated to be 628,139 people of which: • 22.5% were aged 0-19; • 56.4% were aged 20-64; • 21.0% were aged 65 and over. In 2018-19 the Gloucestershire drug and alcohol treatment population (2,569) had the following profile: • 1.2% are between 18-19 years of age • 96.6% are 20-64 years of age • 2.2% are aged 65 years of age or greater This is substantially different to the county age profile, however this is to be expected given the nature of the service (adults 18+) and the service user group. The service is designed for individuals who are experiencing problems with and/or dependent upon drugs and/or alcohol and whilst the use of these substances often starts in late adolescence/early adulthood, problems with the use of substances do not tend to manifest until adulthood and then become curtailed in late adulthood. In England and Wales around 1 in 23 (4.3%) adults aged 16 to 59 had taken a drug in the last month, while around 1 in 11 (9.5%) young adults aged 16 to 24 had done so. Younger people were more likely to take drugs than older people - the level of 'any drug' use in the last year was highest amongst 16 to 19 year olds (18.4%) and 20 to 24 year olds (21.7%). The level of drug use was much lower in the oldest age group (2.0% of 55 to 59 year olds) (CSEW 2019). The Gloucestershire profile is consistent with the national averages for those in treatment across the same period.

Age group (all in treatment 2018-19)	1 Apr - 31 Mar	
	No.	%
Under 18	0 / 2569	0.00%
18	14 / 2569	0.50%
19	17 / 2569	0.70%
20-24	147 / 2569	5.70%
25-29	242 / 2569	9.40%
30-34	380 / 2569	14.80%
35-39	448 / 2569	17.40%
40-44	448 / 2569	17.40%
45-49	357 / 2569	13.90%
50-54	239 / 2569	9.30%
55-59	143 / 2569	5.60%
60-64	77 / 2569	3.00%
65-74	50 / 2569	1.90%
75-84	7 / 2569	0.30%
85-94	0 / 2569	0.00%
95 or above	0 / 2569	0.00%

The age profile differs by substance of choice and again this is consistent with what is known about user behaviours attached with each of these broad categories of substances, for instance the opioid using cohort is an aging sub-population with long-term addictions, the majority of whom started using heroin in the 1980s and 90s which declined in popularity from the early 00s onward with very few new users emerging within the last decade, whereas the users of other drugs tend to be younger.



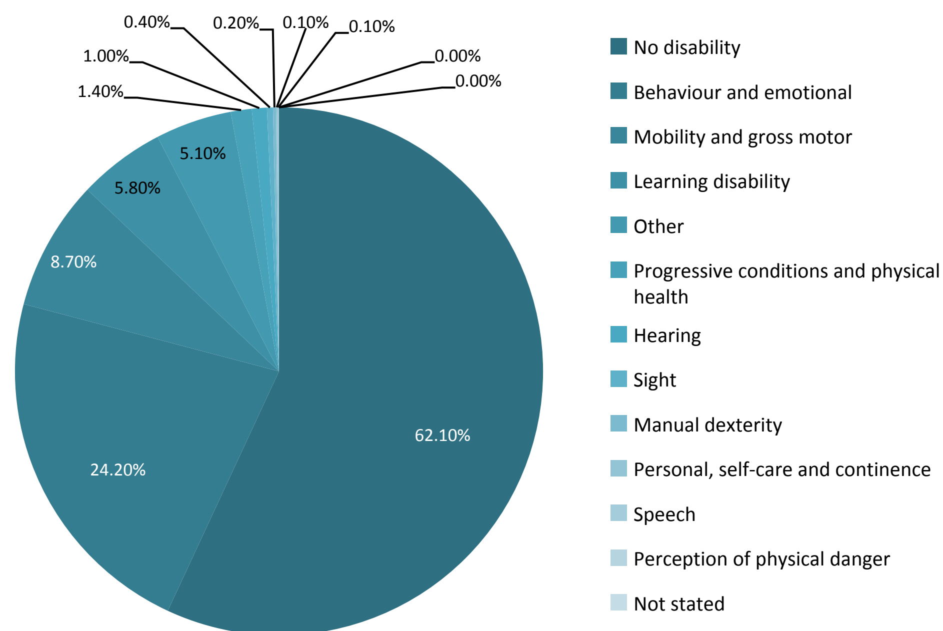
Alcohol users are the oldest sub population in the treatment system and the age distribution conforms to the frequency of increasing and higher risk drinking within the general population occurring in the 40+ age groups (Alcohol Statistics England/ONS 2019). For men and women, the proportions of non-drinkers were highest in the youngest and oldest age groups (HSE 2019). Young people aged 16 to 24 years in Great Britain are less likely to drink than any other age group; however when they do drink, consumption on their heaviest drinking day tends to be higher than other ages (ONS 2018). The proportion of people who drank once a week or more increased with age among both men and women, before gradually decreasing from the age of 55 for women and 65 for men (HSE 2019).

	
Disability	According to the 2011 Census 16.7% of Gloucestershire residents reported having a long-term limiting health problem or disability. Estimated projections suggest that in 2019 there would be approximately 11,825 people aged 18+ living with a learning disability in Gloucestershire equating to 2.3% of the adult population. People with disability are not a homogenous group and there are no national estimates available for the prevalence of substance misuse amongst disabled people; little of the information available can be considered contemporary or conclusive. The limited evidence that is available tells us that people with learning disabilities are less likely to misuse substances than the general population. However, some people believe that when people with learning disabilities do drink alcohol, there's an increased risk that they will develop a problem with it (PHE 2016). https://www.gov.uk/government/publications/substance-misuse-and-people-with-learning-disabilities/substance-misuse-in-people-with-learning-disabilities-reasonable-adjustments-guidance The (now defunct) UK Drug Policy Commission in 2010 found that since inequality and disadvantage may exacerbate drug use

and drug problems, some disabled people may be at increased risk of drug problems while information and services relating to drugs may be less accessible to them. Conversely, the higher levels of adult supervision and support and reduced mobility experienced by some disabled people may be protective. Importantly they point out that **the heterogeneity of this group and the lack of evidence concerning drug use make it difficult to respond to the needs of disabled people** (UKDPC 2010). https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Drugs%20and%20diversity_%20disabled%20groups%20(policy%20briefing).pdf

When comparing the Gloucestershire drug and alcohol treatment population with that of the Gloucestershire population average we see a higher prevalence of disability within the treatment population. Of those in treatment 37.9% reported at least one disability, this is slightly higher than the national average (30.2%); with disabilities of a behavioural and emotional nature being the most prevalent (24.2%) and significantly more prevalent than the national average (13.6%). Learning disabilities are prominent within the treatment population, with the representation being more than double (5.8%) that seen in the general population.

Disability (individuals starting treatment 2018-19)	**%**
No disability	62.10%
Behaviour and emotional	24.20%
Mobility and gross motor	8.70%
Learning disability	5.80%
Other	5.10%
Progressive conditions and physical health	1.40%
Hearing	1.00%
Sight	0.40%
Manual dexterity	0.20%
Personal, self-care and continence	0.10%
Speech	0.10%
Perception of physical danger	0.00%
Not stated	0.00%



Mental Health

The Mental Health Foundation estimates that approximately one in six people in the past week will have experienced a common mental health problem. Mixed anxiety and depression is the most common mental disorder in Britain, affecting around 8% of the population.

Based on a household survey on adult mental health, the PANSI model estimates that in 2020 around 70,000 (19%) people in Gloucestershire aged 18-64 will have a common mental disorder, and around 26,600 (7.21%) people aged 18-64 will have two or more psychiatric disorders.

Public Health England figures show that the number of people in Gloucestershire, aged 18 or over, who are diagnosed with depression has increased from 31,270 people in 2013/14 to 47,640 people in 2017/1817. This is equivalent to 9.4% of the population who are registered with a GP.

When compared to the general population estimates we see a far higher prevalence of mental health conditions within the Gloucestershire drug and alcohol treatment population, with 66.10% reporting a co-occurring mental health condition sufficiently severe to require specialist treatment.

Mental Health Treatment Need (individuals starting treatment 2018-19)	**%**
Mental Health Treatment Need Identified	66.10%

Sex

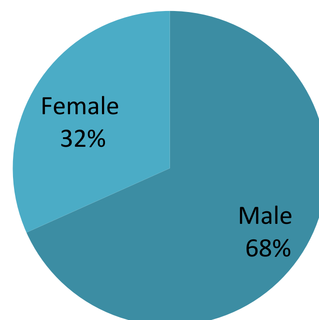
The overall population split by sex in Gloucestershire is slightly skewed towards females, with males making up 49.1% of the population and females accounting for 50.9%. However when we compare this with the Gloucestershire drug and alcohol treatment population less than one third (31.7%) are female, this is consistent with the national average and reflects the fact that drug and alcohol problems and particularly addiction are more prevalent in males. This is the case for both drugs and alcohol however there are differences only 27% of the drug treatment population are women, whereas women constitute 43% of the alcohol treatment population.

National data tell us that men (12.6%) were around twice as likely as women (6.3%) to take any drug in the last year. Around 1 in 9 (11.8%) men aged 16 to 59 had taken any drug in the last year, compared with around 1 in 16 (6.2%) women (CSEW 2019). 65% of men and 50% of women had drunk alcohol in the last week and the proportion of men and women drinking in the last week increased with age and was highest among both men and women aged 65 to 74 (71% and 58% respectively) (NHS Digital 2020).

There are some differences between men and women in typical alcohol consumption. 14% of men and 21% of women did not drink in the last 12 months. 55% of men and 64% of women drank at levels which put them at lower risk of alcohol-related harm, that is, 14 units or less in a usual week. More than twice as many men than women drank at an increasing risk level (25% and 11% respectively); for men this was defined as more than 14 units and up to 50 units, and for women more than 14 units and up to 35 units. A higher proportion of men than women also drank at increasing and higher risk levels (that is over 14 units for both men and women); 30% of men and 14% of women. 5% of men drank over 50 units and 3% of women drank over 35 units (higher risk levels) in a usual week (HSE 2019).

Gender – Drug & Alcohol Users (all in treatment 2018-19)	**%**
Male	68.30%
Female	31.70%

Gloucesttershire drug & alcohol treatment population (all in treatment) 2018/19 - by gender



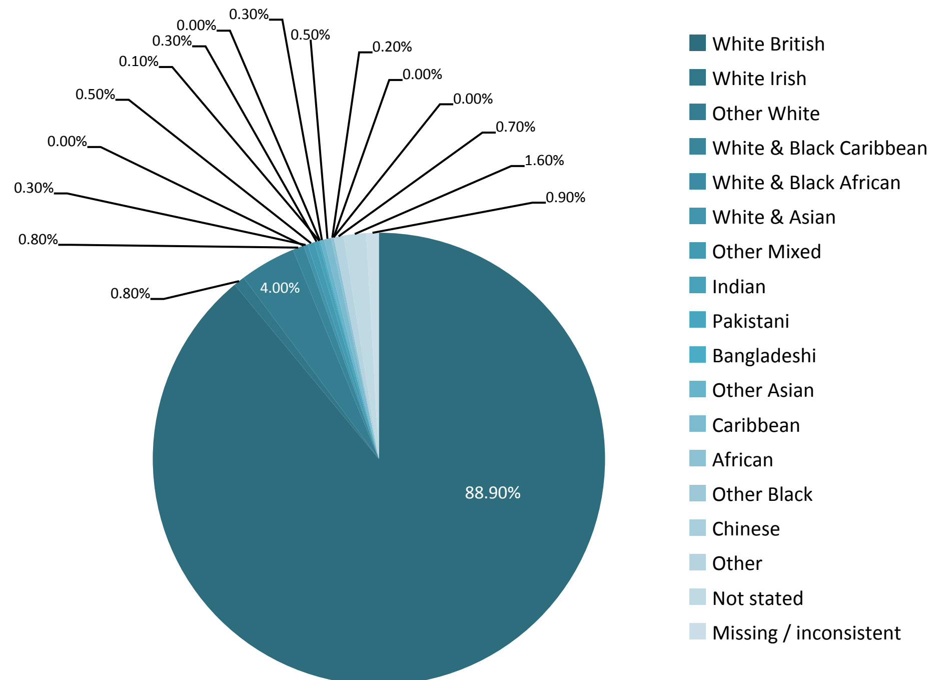
Gender – Drug Users (all in treatment 2018-19)	1 Apr - 31 Mar	
	No.	%
Male	1356 / 1868	72.60%
Female	512 / 1868	27.40%

Gender – Alcohol Users (all in treatment 2018-19)	1 Apr - 31 Mar	
	No.	%
Male	399 / 701	56.90%
Female	302 / 701	43.10%

Race (including Gypsy & Traveller)	2011 Census found that 91.6% of Gloucestershire residents were White British, 2.1% were Asian/Asian British, 1.5% were from a Mixed/Multiple Ethnic group, 0.9% were Black/Black British, 0.6% were White Irish, 0.1% were of Gypsy or Irish Traveller origin, 3.1% were in an 'other White' category and 0.2% were in another ethnic group. Some 36% of the people who were not White British were born in the UK. National estimates indicate that the highest rates of drug use are seen amongst people in the black/black British ethnic group (11.7%) with the lowest rate seen in the Asian ethnic group at 3.4% (HMGOV 2017). Whereas the highest levels of last week alcohol consumption are seen in the White British ethnic group (61.5%) being more than twice that in other ethnic groups (25.7%) (ONS 2017). In general, overall drug use is lower among minority ethnic groups than among the White population. However among some BAME groups, particularly South Asians and the Chinese, high levels of stigma are attached to drug use and directed at both drug users and their families. This can lead drug users to hide the extent of their use, and levels of drug problems being underestimated (UKDPC 2010). The drug and alcohol treatment population is broadly similar to the county population however, the proportion of White British within the treatment population is slightly lower (88.9% vs. 91.6%) and the proportion of White Irish and Other White is slightly higher; however caution needs to be applied to the interpretation due to very low numbers.

Ethnicity (all in treatment 2018-19)	**%**
White British	88.90%
White Irish	0.80%
Other White	4.00%
White & Black Caribbean	0.80%
White & Black African	0.00%
White & Asian	0.30%
Other Mixed	0.50%
Indian	0.30%
Pakistani	0.10%
Bangladeshi	0.00%
Other Asian	0.30%
Caribbean	0.50%

African	0.20%
Other Black	0.00%
Chinese	0.00%
Other	0.70%
Not stated	1.60%
Missing / inconsistent	0.90%



Gender reassignment	There are no official estimates of gender reassignment at either national or local level. However, in a study funded by the Home Office, the Gender Identity Research and Education Society (GIRES) estimates that there are between 300,000 and 500,000 people aged 16 or over in the UK are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population. By applying the same proportions to Gloucestershire's 16+ population, we can estimate that there may be somewhere between 3,092 and 5,154 adults in the county that are experiencing some degree of gender variance. There are no national estimates of the prevalence of drug and/or alcohol use amongst transgender people. However, some international studies have identified that high rates of substance use have been documented among some transgender populations, whereas other studies have found scant differences in substance use patterns among transgender and cisgender groups. For instance in a single study transgender women have been found to be more likely to report syringe use; however, it has not been established whether this is indicative of the injection of hormones and/or substance use (Lyons, T. et al. 2015). Caution needs to be applied in extrapolating from these studies due to the small numbers, variable findings and settings we cannot say that any one or some are representative or transferable. *Lyons, T., Shannon, K., Pierre, L., Small, W., Krüsi, A. and Kerr, T. (2015) A qualitative study of transgender individuals' experiences in residential addiction treatment settings: stigma and inclusivity. Substance Abuse Treatment, Prevention, and Policy. 10 (1), pp.17*. The Gloucestershire treatment provider does not gather data regarding gender reassignment so we are unable to say whether the service is accessed by trans people, however given the estimated prevalence within the general Gloucestershire population we would expect to see trans people represented within the treatment population at some point within a year.
Marriage & civil partnership	Among residents of Gloucestershire: • 30.5% are single and have never married or registered a same-sex civil partnership • 50.2% are married; • 0.3% are in a registered same-sex civil partnership; • 2.3% are separated but still legally married or still legally in a same sex civil partnership; • 9.5% are divorced or formerly in a same sex civil partnership which is now legally dissolved; • 7.2% are widowed or a surviving partner from a same sex civil partnership National statistics show that any drug use in the last year was lower amongst those who were married or in a civil partnership (3.3%) when compared with those whose marital status was single or cohabiting (18.1% and 10.7%respectively) (EWCS 2019). People who are married or cohabiting are more likely to have consumed alcohol in the last week (63%) compared to single people (49%) and married people are more than twice as likely to consume alcohol on a daily basis (14%) compared with single people (5%). However single people are more likely to consume more alcohol than married people on their heaviest drinking day (ONS 2014).

<table>
<tr><td></td><td>The Gloucestershire drug and alcohol treatment provider does not routinely collect data regarding marital status, however we can reasonably expect that the treatment population profile might not be broadly consistent with the County profile and based upon national observations regarding drug use (the majority of the treatment population) specifically we would expect to see more people who identify as single.</td></tr>
<tr><td>Pregnancy & maternity</td><td>There were 6,739 live births in Gloucestershire in 2016, the highest proportion of deliveries were to women aged 30 to 34 continuing the trend of later motherhood. Births to mothers aged 25-29 and 30-34 account for a slightly higher proportion of total births in Gloucestershire than they do nationally, whilst those to mothers aged under 25 account for a slightly lower proportion.

There are no national estimates for the rate of drug use during pregnancy, however in 2017 11.3% of pregnant women reported last week alcohol consumption (ONS 2017).

In 2018-19 there were 814 women in drug and alcohol treatment, and 3% of those starting treatment in the year reported that they were pregnant at that point. However we know that there were more women in the county who were pregnant and either concurrent or former drug and/or alcohol users; data provided by the Specialist Substance Misuse Midwives (NHSGHT) identifies that they coordinated care for 73 pregnant women with significant past or present drug and/or alcohol problems.

<table>
<tr><th rowspan="2">Pregnancy
(female new to treatment 2018-19)</th><th colspan="2">1 Apr - 31 Mar</th></tr>
<tr><th>No.</th><th>%</th></tr>
<tr><td>Pregnant</td><td>13 / 437</td><td>3.00%</td></tr>
</table>

In the same year within the treatment population there were 274 individuals who reported that they were parents who had all or some of their children living with them and more than two thirds (68%) were female.</td></tr>
<tr><td>Religion or Belief</td><td>According to the 2011 Census, 63.5% of residents in Gloucestershire were Christian, making it the most common religion. This was followed by no religion which accounts for 26.7% of the total population.

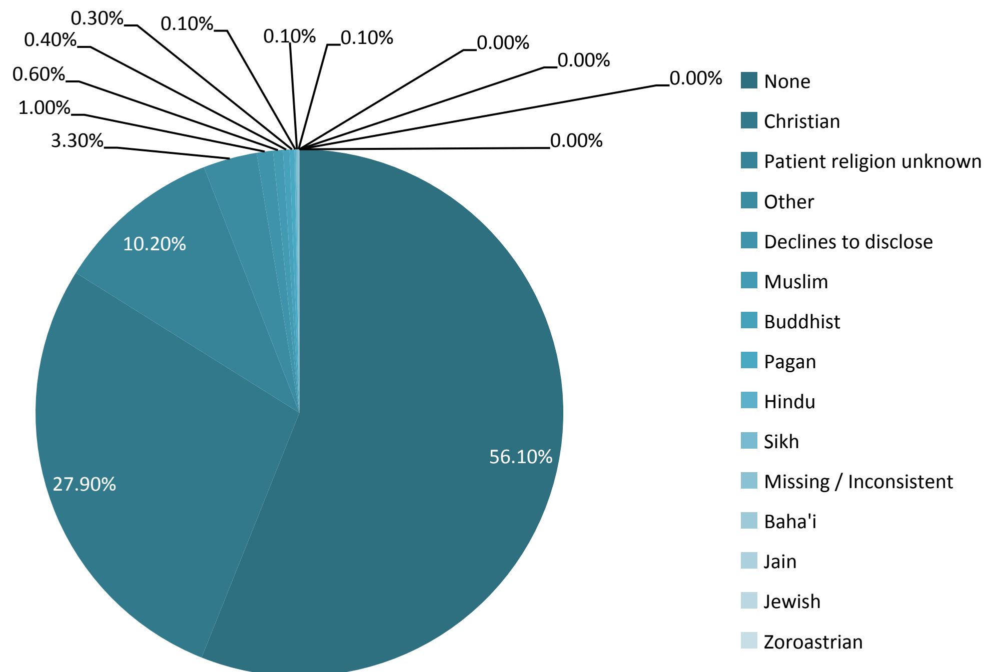
Gloucestershire has a higher proportion of people who are Christian, have no religion or have not stated a religion than the national figures. In contrast it has a lower proportion of people who follow a religion other than Christianity, which reflects the ethnic composition of the county.

There are no national estimates of the association between religion and belief and drug and/or alcohol use; however a number of studies into adolescent behaviours indicate that religion or religiosity may be protective against the use of drugs and alcohol (Ford & Hill 2012; Castaldelli-Maia & Bhugra 2014); however this may change across the life course (Moscati & Mezuk 2014).
Ford, J.A. and Hill, T.D. (2012) Religiosity and Adolescent Substance Use: Evidence From the National Survey on Drug Use and Health. Substance use & Misuse. 47 (7), pp.787-798.
Castaldelli-Maia, J.M. and Bhugra, D. (2014) Investigating the interlinkages of alcohol use and misuse, spirituality and culture -</td></tr>
</table>

Insights from a systematic review. International Review of Psychiatry. 26 (3), pp.352-367.
Moscati, A. and Mezuk, B. (2014) Losing faith and finding religion: Religiosity over the life course and substance use and abuse. Drug and Alcohol Dependence. 136 pp.127-134.

The Gloucestershire drug and alcohol treatment population demonstrates a distinctly different pattern of religious affiliation and belief when compared to the County profile; the majority (56.1%) state no religion with only 27.9% stating that they are Christian.

Religion (individuals starting treatment 2018-19)	
	%
None	56.10%
Christian	27.90%
Religion unknown	10.20%
Other	3.30%
Declines to disclose	1.00%
Muslim	0.60%
Buddhist	0.40%
Pagan	0.30%
Hindu	0.10%
Sikh	0.10%
Missing / Inconsistent	0.10%
Baha'i	0.00%
Jain	0.00%
Jewish	0.00%
Zoroastrian	0.00%

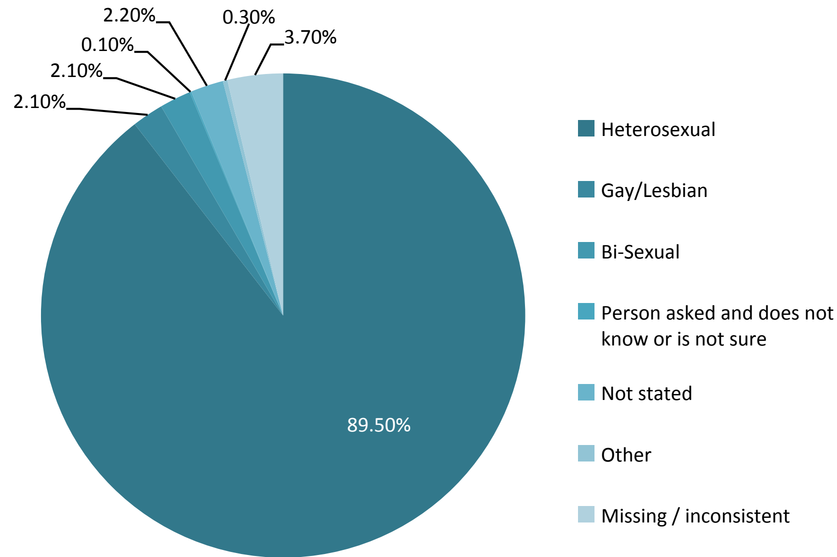
	
Sexual Orientation	There are no definitive data on sexual orientation at a local or national level. Estimates used by the Department of Trade and Industry in 2003, and quoted by Stonewall, suggest around 5-7% of the population aged 16 and over are lesbian, gay or bisexual. If this figure were to be applied to Gloucestershire it would mean somewhere between 25,800 and 36,000 people in the county are LGB. A more recent estimate from the 2017 ONS Annual Population Survey (APS) suggests that 2.1% of the England population aged 16 and over is LGB; if this figure were applied to Gloucestershire it would mean that there are approximately 10,800 LGB people in the county. The APS also found that, for the overall UK population, 2.3% of males compared with 1.8% of females identified as LGB in 2017, and that young adults were more likely to identify as LGB than older age groups (4.2% of people aged 16 to 24 compared with 0.7% of people aged 65 or over). National statistics show gay and bisexual men surveyed by the CSEW were more likely to have used drugs in the last year than

heterosexual men. One-third (33.0%) of the gay and bisexual men had used drugs in the last year, which was approximately three times higher than the proportion of heterosexual men who had done so (11.1%). Reported use of all stimulants was approximately five times higher among gay and bisexual men than among heterosexual men, with methamphetamine use around 15 times higher. Drug use was similarly higher among lesbians and bisexual women (approximately four times higher) than among heterosexual women (22.9% and 5.1% respectively). However, this difference is to a great extent explained by the much higher reported levels of cannabis use in the last year (Neptune 2016).

A Stonewall/YouGov survey found that LGBT people are more likely to drink alcohol almost every day; one in six LGBT people (16 per cent) said they drank alcohol almost every day over the last year compared to one in ten in the general population. Frequency of alcohol consumption increases with age; a third of LGBT people aged 65+ (33 per cent) say they drink almost every day, compared to just seven per cent of LGBT people aged 18-24. One in five GBT men (20 per cent) drank alcohol almost every day over the last year compared to 13 per cent of LGBT women and 11 per cent of non-binary people. (Stonewall 2017)

4.20% of the Gloucestershire drug and alcohol treatment population report that they are LGB, this is similar to both the Stonewall and the ONS estimates and to the National average for treatment in the same period.

Sexuality (individuals starting treatment 2018-19)	
	%
Heterosexual	89.50%
Gay/Lesbian	2.10%
Bi-Sexual	2.10%
Person asked and does not know or is not sure	0.10%
Not stated	2.20%
Other	0.30%
Missing / inconsistent	3.70%

Other information

Workforce data

Please document details of GCC staff only if they will be affected by the proposed activity. This could include GCC staff transferring under TUPE to a new service provider, relocating, employment at risk. **GCC** **Workforce diversity reports** are available on our website**.**

If the proposed activity does not affect GCC staff, please state ‘Not affected below’.

Total number of GCC staff affected	Not affected
Age	Not affected
Disability	Not affected
Sex	Not affected
Race (including Gypsy & Traveller)	Not affected
Gender reassignment	Not affected
Marriage & civil partnership	Not affected
Pregnancy & maternity	Not affected
Religion or Belief	Not affected

Sexual Orientation	Not affected

Consultation and engagement

List all types of consultation that has taken place during the development of this activity. Include on-line consultations, events, meetings with stakeholders, community events, employee consultation exercises etc.

Service users	Service user engagement exercise took place 25th and 26th November 2019 including one to one and focus group interviews looking at the challenges which they face accessing and engaging with services and the wider system.
Workforce	Three workforce engagement sessions took place between 12th February and 11th March 2020 – group sessions including all available staff at the three CGL Hubs.
Partners	Engagement with district Community Safety Partnerships (CSPs), Health & Wellbeing Board and Safer Gloucestershire Board beginning in 2019 and continuing into 2020 – the ongoing engagement suspended due to the COVID-19 pandemic.
External providers of services	Planned engagement with housing providers, criminal justice partners, etc. suspended due to the COVID-19 pandemic. However, many of these partners are represented on the groups described above and have engaged during those events/engagement activities.

Equality analysis: Summary of what the evidence shows and how has it been used

This section will allow you to outline how the evidence has been used to show ‘due regard’ to the three aims of the general equality duty. It is important that this consideration is thorough and based on sufficient information. Consideration should be relevant and proportionate.

- Eliminate discrimination
- Advance equality of opportunity
- Promote good relations.

Protected group	**Challenge or opportunity considered and what we did**
The completion of this DRS and associated decision making process is taking place alongside a parallel longer term strategic review. This review is looking at prevalence of drug and alcohol use in the county and will produce further learning on any gaps in protected characteristics.	
Age(A)	Analysis indicates differing service user profiles/needs across the age groups accessing services, for instance the heroin/opiate user cohort and the alcohol using cohort are both older, with 75% of heroin users and 79% of alcohol users aged 35 or older; whereas 59% of non-opiate drug users are younger than 35. This translates to differing needs between the cohorts with the heroin/opiate and the alcohol cohorts tending to experience more entrenched addictions and cumulative health problems compounded by aging compared to the younger non-opiate cohort. This is reflected in the observations of key stakeholders who report increasing complexity in these older groups. The data presented in this analysis has been provided by the current service provider and confirms that the age profile is consistent with national observations. Within the delivery of the breadth of services required under the contract; the specification requires that the provider delivers and provides evidence of a balanced and effective service which meets the differing needs of the age groups requiring services. The current contract and specification requires that the provider understands, analyses and makes appropriate adjustments where extra needs arise due to this protected characteristic. The provider submits Quarterly Monitoring Reports include reporting on representation of individuals by this protected characteristic.
Disability (D)	The current provider collects information on this characteristic; the data show that when compared to the Gloucestershire population, people who report at least one disability and/or a significant mental health condition are over-represented within the service, but consistent with the national picture. The available comparative national data

	indicates that disabled drug and alcohol users are not currently under-served and we do not expect this to change. However there is insufficient evidence regarding the association and impact of substance misuse within disabled populations to draw firm conclusions as to whether we might have unmet need within the County. The current contract and specification requires that the provider understands, analyses and makes appropriate adjustments where extra needs arise due to this protected characteristic. The provider submits Quarterly Monitoring Reports include reporting on representation of individuals by this protected characteristic.
Sex (S)	We have identified through national data sources that there are differential rates of alcohol and drug use across the sexes, being most prominent in men. The profile of service users accessing the current service matches this profile and we have no evidence to suggest that this is likely to change. The contract requires that Quarterly Monitoring Reports include reporting on representation of individuals by this protected characteristic.
Race (including Gypsy & Traveller)(R))	We have identified through national data and the literature that it is likely that there are differential rates of drug and alcohol use between ethnic groups, which appears to be reflected in the representation within the current treatment population. However, we expect that the provider monitors this, taking it into account to ensure accessible and responsive services. The contract requires that Quarterly Monitoring Reports include reporting on representation of individuals by this protected characteristic.
Gender reassignment (GR)	There is insufficient data or anecdotal information either locally or nationally available to make a full analysis of the likely impact of this contract extension. There is a paucity of literature regarding how drug and or alcohol use affects transgender people within the UK context and that which is available alongside the international literature is highly setting specific, contradictory and non-transferable. Quarterly Monitoring Reports do not currently include this protected characteristic and reasonable/proportionate options for filling this information gap will be explored with the provider.
Marriage & civil partnership (MCP)	The available evidence indicates that there are higher levels of drug use amongst single people compared to those who are married/civil partnership whereas daily alcohol use is more common in this group. Therefore on the basis that drug users form the majority of service users we would expect that the service might benefit fewer married people than single, however that does not mean that they are disadvantaged as this is a function of the behaviours which this service is designed to address.

	Quarterly Monitoring Reports do not currently include this protected characteristic and reasonable/proportionate options for filling this information gap will be explored with the provider.
Pregnancy & maternity (PM)	Current data would indicate the services are accessible for pregnant women and parents (the majority of those who have children living with them are female 68%). The service has good links with specialist midwifery (with whom they, coordinated care for 73 pregnant women in 20181-19) and bespoke pathways for parents including close working arrangements with children and families (GMAT). The contract requires Quarterly Monitoring Reports include reporting by this protected characteristic and on contacts with children's and families services; this is triangulated with reporting provided by the specialist substance misuse midwives.
Religion and/or Belief (RAOB)	Our analysis shows that unlike the County population the majority of the people accessing the service report that they do not have a religion, therefore this group benefits disproportionately from the service. However, it is unlikely that those who do identify with a religion are disadvantaged, research indicates lower levels of drug use in those with a belief system and therefore lower representation is expected. Whilst this is the case it is expected that in providing service user centred, holistic and integrated treatment individual religion/belief system should be taken into account. The specification requires that that the provider understands, analyses and makes appropriate adjustments where extra needs arise due to protected characteristics. The contract requires that Quarterly Monitoring Reports include reporting on representation of individuals by this protected characteristic.
Sexual Orientation(SO)	National and international evidence informs us that the rate of drug and alcohol use is higher amongst gay, lesbian and bisexual people. We expect that through the system having increased the numbers of users of drugs other than heroin receiving treatment that gay, lesbian and bisexual drug users will benefit. The proportion of LGB people in treatment in 2018-19 is consistent with the very broad estimations of LGB representation within the Gloucestershire population; however the estimates are so broad that they do not provide a reliable baseline to measure the success of the service in this regard. The contract requires that Quarterly Monitoring Reports include reporting on representation of individuals by this protected characteristic.

Strengthening actions: Planning for further improvements

Please outline here what actions are required for further improvements to address challenges or opportunities, for example:

- Arrangements for continued/new engagement with stakeholders, staff, service users
- Plans to close data gaps across any of the protected characteristics through reviewed contract management arrangements
- Identify other plans already underway to address the challenges or opportunities identified in this statement
- Share findings with partner organisations.

  If none, state 'none' below.

Action Plan

Action	Who is accountable	Time frame
Continue to monitor fair access to services by protected characteristics though existing contract management arrangements and provide data for GCC's yearly diversity report	Outcome Manager (Public Health) and Commissioning Officer (Public Health)	From 1st April 2020 to a year preceding end of contract (31st March 2023)
Work with provider to build better understanding of impact of service on people with protected characteristics	Outcome Manager (Public Health) and Commissioning Officer (Public Health)	From 1st April 2020 to a year preceding end of contract (31st March 2023)
Deliver Drug and Alcohol Strategic Review for Safer Gloucestershire – to include stakeholder engagement linked to regarding drug and alcohol impact on people with protected characteristics	Lead Commissioner (Public Health) and Outcome Manager (Public Health)	From 1st April 2021 to a year preceding end of contract (31st March 2023) N.B. Timescale dependent on restrictions and pressures related to COVID-19

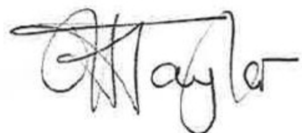
Monitoring and Review

Please indicate what processes/actions will be put in place to keep this ‘activity’ under review. For example will progress be monitored/reported to a board, scrutiny committee, project board, etc.

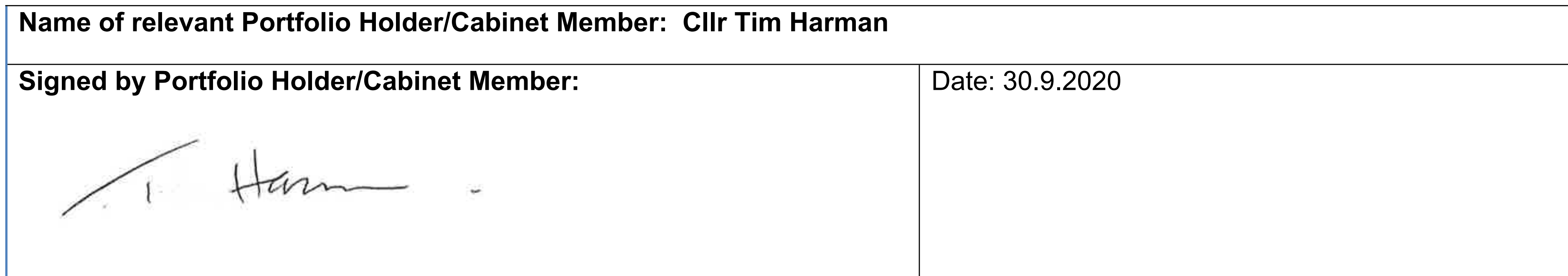
Quarterly contract monitoring process reviews access to and use of the service by protected characteristics. This will be primary vehicle for monitoring, review and resolving ‘knowledge’ gaps’. This will be supported by routine reporting to the Adult Social Care & Communities Scrutiny Committee. The quality of drug and alcohol treatment services continues to be monitored by multi-agency boards including Gloucestershire Drug and Alcohol Clinical Quality Review Group (CQRG) and the Gloucestershire Drug and Alcohol Working Group (GDAWG) – reporting to the Safer Gloucestershire Board.

Sign off and Scrutiny

By signing this statement off as complete you are confirming that ‘you’ have examined sufficient information across all the protected groups and used that information to show due regard to the three aims of the general duty. This has informed the development of the activity

Senior level sign off: 	Date: 01/10/2020

I am in agreement that sufficient information and analysis has been used to inform the development of this ‘activity’ and that any proposed improvement actions are appropriate and I confirm that I as the decision maker have been able to show due regard to the needs set out in section 149 of the Equality Act 2010.



Name of relevant Portfolio Holder/Cabinet Member: Cllr Tim Harman	
Signed by Portfolio Holder/Cabinet Member:	Date: 30.9.2020

Publication

If this statement accompanies cabinet paper it will be published as part of the cabinet report publication process. Statements accompanying cabinet reports are also published on our website. If this statement is not to be submitted with a cabinet paper please maintain a copy for your own records that can be retrieved for internal review and also in case of future challenge.