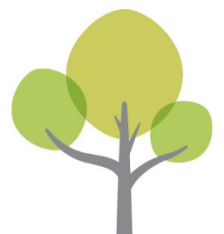


Equality Impact Assessments Toolkit

EqlA Template



You must consider the [Equality Impact Assessment Guidance](#) when completing this template.

The EDI team can provide help and advice on undertaking an EqlA and also provide overview quality assurance checks on completed EqlA documents.

EDI team contact email: edi_team@sandwell.gov.uk

Quality Control	
Title of proposal	Drug Strategy Grant: Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG).
Directorate and Service Area	Public Health
Officer completing EqlA	Liann Brookes-Smith Maria Smith
Contact Details	Maria Smith Interim Addictive Behaviours Programme Manager Maria_Smith@sandwell.gov.uk
Other officers involved in completing this EqlA	n/a
Date EqlA completed	November 2025
Date EqlA signed off or agreed by Director or Executive Director	21/01/2026
Name of Director or Executive Director signing off EqlA	Frances Howie, Director of Public Health
Date EqlA considered by Cabinet	4th February 2026
Where the EqlA is Published (please include a link to the EqlA and send a copy of the final EqlA to the EDI team)	n/a

Section 1.

The purpose of the project, proposal or decision required

In December 2021 Government released a new National Drug Strategy *'From Harm to Hope: A ten-year drugs plan to cut crime and save lives'*¹ With this Strategy the Government announced additional funding for substance misuse treatment and recovery provision. This funding was called the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) and was awarded for an initial period of 3 years covering the following financial years: 2022/23, 2023/24 and 2024/25. The grant has now been renamed the Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG).

It has been announced that Sandwell will receive three further years of funding for 2026/27, 2027/28 and 2028/29. The funding is to be additional to existing Public Health grant expenditure on substance misuse treatment services. All the funding is "indicative" currently and the final amount is still subject to Department of Health and Social Care (DHSC) and Treasury approvals and as such final allocation could vary for all years.

The funding must be spent on interventions that aim to achieve the Drug Strategy ambition to reduce drug and alcohol related deaths and harms. The Strategy therefore requires that local areas rebuild and reinvest into local support systems towards "a world class drug treatment and recovery system" monies can only be spent on provisions that fit within OHIDs nationally defined framework Menu of Interventions, such as increasing treatment capacity and quality, expanding and training the workforce, strengthening harm-reduction.

Many of the permissible spend interventions can only be delivered through community-based substance misuse treatment services (currently delivered via Cranstoun). We are therefore seeking Cabinet approval to

- approve the proposal for distribution of the Drug and Alcohol Treatment and Recovery Improvement Grant for a total amount for substance misuse treatment and recovery and for Individual Placement and Support (IPS). As required by Office for Health Improvement & Disparities grant conditions.
- approve the years 2027/28 and 2028/29 based on the Indicative amount still subject to Department of Health and Social Care (DHSC) and Treasury approvals, even though the final allocation could vary. They are embargoed until finally agreed the January of each year, thus they are still subject to Department of Health and Social Care (DHSC) and Treasury approvals and as such final allocation could vary.
- approve the variation to the current Adult Alcohol and Drug Service Contract to fund additional enhanced provision for the period 2026/27, in line with cost increases, that delegated authority is given to the Director of Public Health to approve such variation, in consultation with the Cabinet Member for Adult Services, Health and Wellbeing.

The proposal aims to maintain previous DATRIG provisions allowing an enhanced treatment and recovery offer for Sandwell to continue:

- the expanded range of treatment options including medical options, residential and inpatient placements and harm reduction supplies including needle syringe exchange equipment and naloxone overdose reversant,
- accessibility of treatment support (offering more places and more treatment staff),
- enhanced recovery support offer including a range of activities and training/support placements
- enhanced care pathways and treatment pathways between health and criminal justice settings

Permissible spend interventions will be managed and monitored within the Sandwell Public Health commissioning team, with final sign off on the distribution of the funds between Office for Health Improvement & Disparities (OHID) and the Director of Public Health.

We therefore propose to secure Cabinet approval to use the DATRIG funding* for 2026/27 onwards as required by Office for Health Improvement & Disparities (OHID) grant conditions. *note this is an indicative amount still subject to Department of Health and Social Care (DHSC) and Treasury approvals - as such final allocation could vary

Section 2.

Evidence used and considered. Include analysis of any missing data

Problematic substance misuse causes ill health and impacts mortality rates. Ensuring engagement and support with treatment will help individuals live longer and enjoy a better quality of life – adding years to life and life to years. Around 3 million people took drugs in England and Wales last year, with around 300,000 in England taking the most harmful drugs (opiates and/or crack cocaine). Drug deaths have reached an all-time high and the market has become much more violent. Taking the health harms, costs of crime and wider impacts on society together, estimates of the total costs of drugs to society are over £19 billionⁱⁱ.

The Government's 2021 Drug Strategy 'From Harm to Hope'ⁱⁱⁱ aims to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system.

Despite its higher than regional and national prevalence rates of opiate and crack use, Sandwell continues to achieve one of the lowest drug related death rates in the country. We believe this is due to the targeted harm reduction approach of our local treatment and recovery system which has been enhanced and expanded by use of the additional Supplemental Substance Misuse Treatment & Recovery Grant (SSMTRG) -now Drug and Alcohol Treatment and Recovery Improvement Grant (DATRIG) monies.

The proposal aims to maintain previous DATRIG provisions allowing an enhanced treatment and recovery offer for Sandwell to continue:

- the expanded range of treatment options including medical options, residential and inpatient placements and harm reduction supplies including needle syringe exchange equipment and naloxone overdose reversant,
- accessibility of treatment support (offering more places and more treatment staff),
- enhanced recovery support offer including a range of activities and training/support placements
- enhanced care pathways and treatment pathways between health and criminal justice settings

The following evidence was used to research and understand drug related health inequalities. The evidence includes general population where appropriate -and local data where available, and information about people who will be affected with particular reference to protected and other relevant characteristics:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2022registrations> Office for National Statistics (ONS) – Deaths Related to Drug Poisoning in England and Wales

Summary/analysis: the report provides annual statistics on deaths related to drug misuse, broken down by age, sex, and area of deprivation. It highlights stark inequalities, showing that drug-related deaths are significantly higher in more deprived areas compared to affluent ones. The latest reports show a continued increase in deaths related to synthetic opioids and other substances.

Gender: Evidence from Public Health England indicates that men are more likely to die from drug-related causes than women, although women who misuse substances often face additional barriers

such as co-occurring mental health issues and experiences of violence. Women may also have less access to specialized treatment programs that address gender-specific needs.

Age: Young adults (ages 18-24) are often at greater risk for initial drug use, but older adults face unique challenges as well. The ONS data suggests that drug misuse deaths among people over 40 have risen significantly in recent years, reflecting changing patterns of use and the long-term impacts of previous substance misuse.

Socioeconomic Status: Drug misuse is more prevalent in areas with high levels of deprivation. The Office for National Statistics (ONS) reported that drug poisoning deaths are significantly higher in the most deprived areas compared to the least deprived. Public Health England (PHE) has indicated that people from lower socioeconomic backgrounds face higher barriers to accessing effective treatment and support, contributing to worse outcomes.

<https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidelines-on-clinical-management>

Summary/analysis: This guideline focuses on the clinical management of drug misuse and highlights health inequalities experienced by different groups. It outlines the barriers to treatment for marginalized populations and discusses strategies for reducing these disparities.

[https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Drugs%20and%20diversity%20ethnic%20minority%20groups%20\(policy%20briefing\).pdf](https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Drugs%20and%20diversity%20ethnic%20minority%20groups%20(policy%20briefing).pdf)

UK Drug Policy Commission (UKDPC) – Drugs and Diversity: Ethnicity and Religion

Race: This research sheds light on the specific challenges faced by minority ethnic groups in accessing drug treatment services, including systemic racism, cultural stigma, and discrimination. It emphasizes the need for culturally competent and accessible treatment approaches.

Religion: The report discusses how substance misuse affects different communities in the UK, including religious groups. It notes that religious beliefs can play a significant role in influencing attitudes toward drug use, acting as both a protective factor and, in some cases, a barrier to accessing treatment due to stigma. The report underscores the need for culturally sensitive approaches in treatment service

<https://www.nice.org.uk/guidance/ng58> National Institute for Health and Care Excellence (NICE) – **Coexisting Severe Mental Illness and Substance Misuse: Community Health and Social Care Services (NG58):** Summary: This guideline explores the intersection of mental health conditions and substance misuse, providing data on how these dual diagnoses disproportionately affect certain populations. It discusses best practices for integrated care and highlights the increased risk of poorer outcomes among those with coexisting conditions.

Black and Minority Ethnic (BME) Communities and Substance Misuse Report

<https://www.ukdpc.org.uk/wp-content/uploads/Evidence%20review%20-%20The%20impact%20of%20drugs%20on%20different%20minority%20groups%20ethnic%20groups.pdf>

Summary: This report reviews the prevalence of substance misuse within BME communities, noting lower levels of engagement with mainstream drug services and unique cultural barriers. It includes recommendations for making services more inclusive and addressing specific community needs.

<https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england>

Pregnancy: Public Health England (PHE) – Health of Women with Drug and Alcohol Problems:

Summary: This report provides an overview of the challenges faced by pregnant women with substance use disorders. It highlights the increased risk of negative birth outcomes, including preterm birth, low birth weight, and neonatal abstinence syndrome. The report discusses barriers to accessing appropriate

prenatal care and emphasizes the importance of integrated treatment that addresses both substance misuse and pregnancy

<https://www.gov.uk/government/publications/substance-misuse-and-people-with-learning-disabilities/substance-misuse-in-people-with-learning-disabilities-reasonable-adjustments-guidance>

Disability: This report discusses the disproportionate impact of substance misuse on individuals with disabilities. It highlights that people with physical and intellectual disabilities may face higher risks of developing substance use disorders due to social isolation, mental health challenges, and chronic pain. The report emphasizes the need for inclusive treatment programs and accessible support services.

[https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Drugs%20and%20diversity_%20LGBT%20groups%20\(policy%20briefing\).pdf](https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20Drugs%20and%20diversity_%20LGBT%20groups%20(policy%20briefing).pdf)

Sexual Orientation: The report highlights higher rates of substance misuse within LGBT communities compared to the general population. It identifies risk factors such as discrimination, minority stress, and higher incidences of mental health issues, which contribute to increased substance use. The report advocates for inclusive, culturally sensitive services that address the specific challenges faced by LGBT individuals.

Local drug treatment health outcomes available via: <https://fingertips.phe.org.uk/>

- Successful Completion of Treatment: 6.8% versus 5.1% nationally – better than national and regional
- Deaths from Drug Misuse: 1.6 per 100,000 population versus 5.5. nationally better than national and regional
- Adults with drug treatment needs who successfully engage with treatment services on release from prison: 67.5% versus 53.3% nationally - better than national and regional
- Hospital admissions due to substance misuse: 38.8 per 100,000 population versus 58.3 nationally – better than national and regional

SDAP Needs Assessment: <https://www.healthysandwell.co.uk/wp-content/uploads/2024/05/Sandwell-Drug-and-Alcohol-Needs-Assessment.pdf>

Summary: Drug-related health inequalities in the UK disproportionately affect individuals with certain protected characteristics, exacerbating already significant disparities. People from minority ethnic backgrounds, individuals with disabilities, members of the LGBT community, and pregnant women often face higher risks of substance misuse and more severe outcomes. These groups may encounter additional barriers such as discrimination, stigma, and limited access to culturally competent or inclusive treatment services. For instance, research shows that racial minorities often experience reduced access to support due to structural inequalities and cultural stigmas. Disabled individuals are more vulnerable due to factors like social isolation and chronic pain, while LGBT individuals face increased rates of substance use linked to minority stress and discrimination. Pregnant women who use drugs face compounded stigma, which can deter them from seeking necessary care. Addressing these inequalities requires a multifaceted approach that incorporates targeted, accessible, and non-discriminatory support services to ensure that all individuals receive the help they need regardless of their protected characteristics.

Missing data:

Our understanding of the evidence base is restricted on both a national and local level by the quality of the equalities data available. For example, only recent changes to the national core data set have included fields related to gender identify, it will take time for us to build a picture both locally and nationally in terms of access and outcomes for some protected characteristic groups such as these.

As a result for 25/26 Public Health have commissioned two programmes, one to look at the Equality needs assessment for service users and barriers to the utilisation of the service. The other is on co-occurring mental health and how this impact service use and barriers to service.

Commissioners can use this data from 26/27 onwards to increase awareness of the limitations of the service, its data collection method and to continue to make the service as accessible and equitable as possible. The service will also continue to involve ongoing feedback from service users and stakeholders.

Section 3.

Consultation

In order to ensure local proposed spend fulfilled national requirements as well as benefitting local treatment provision, initial consultation with the local drug treatment provider commenced prior to the first round of funding and on an annual basis for each year of the SSMTRG grant throughout 2022/23, 2023/24 and 2024/25. Partners including members of the local Sandwell Strategic Drug & Alcohol Partnership (SDAP), local health and criminal justice providers including acute sector and ICB, and regional Public Health colleagues were also consulted annually at each relevant Strategic Drug & Alcohol Partnership meeting. The achievability of intended aims, feasibility, additionality to existing provision as well as fit within the permitted list of interventions outlined by the national criteria has informed spend proposals.

Consultation and review activity undertaken in 2023/24 identified a number of consistent themes relating to recovery and access to drug and alcohol services in Sandwell. Feedback from people with lived and living experience highlighted the importance of peer-led recovery support, while stigma was consistently identified as a barrier to engagement and sustained recovery. Consultation also identified the need for greater visibility and cultural relevance of recovery services across all ethnic and community groups. While recovery services broadly reflect the local population, some ethnic groups, particularly Pakistani and Bangladeshi communities, were under-represented, with cultural stigma and hidden substance use recognised as contributory factors.

Findings from a regional exploration of women's experiences of recovery services, which included Sandwell treatment services, further reinforced that women often experience different drivers of substance use and face distinct barriers to accessing treatment. These include unresolved trauma, mental health needs, fear of stigma, concerns regarding child safeguarding, safety in mixed-gender settings, and additional barriers for Black and minoritised women.

In response to these consultation findings, DATRIG funding has been used to strengthen inclusivity and accessibility within the local treatment and recovery system. Actions to date include the development of an independent lived-experience organisation to deliver peer-led support, commissioning of an Equality Impact Assessment to better understand and address cultural barriers to access, expansion of the treatment and recovery workforce to support a tailored women's offer, and grant funding to community organisations working with people with protected characteristics.

Subsequent consultation has taken place quickly with SDAP partners following the indicative 2025/26 DATRIG announcement (December 2024) to ensure continuity of provisions in place from 2024/25 provisions. Although these consultations found that the services are accessible, meet local need, reach into wider service such as criminal justice and prison discharge, there was more work to be done to audit and ensure the policies are operating as well as discussed regarding outreach.

For 25/26 Public Health have commissioned two programmes, one to look at the Equality needs assessment for service users and barriers to the utilisation of the service. The other is on co-occurring mental health and how this impact service use and barriers to service.

The Cabinet report itself is also subject to corporate internal consultation requirements including legal, Finance, risk, HR, Equalities and procurement and the Director and Cabinet member for Public Health.

Section 4.

Summary assessment of the analysis at section 4a and the likely impact on each of the protected characteristics (if any)

The proposal will further advance equality of opportunity between people who share a protected characteristic and those who don't, as it will work to remove one of the key determinants of health inequalities – harmful drug use. Improved health outcomes are associated with improved quality of life, educational attainment, employment etc.

It is assessed that the proposals in the report will not have an adverse impact on groups or individuals with protected characteristics that cannot be mitigated by identified actions.

The service to be delivered will not discriminate against individuals or groups with protected characteristics.

Section 4a - What are the potential/actual impacts of the proposal on the protected characteristics?

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
Age	P	<p>Different age groups have distinct physiological, psychological, and social needs. We are seeing an increasingly ageing cohort in local drug treatment services. Expanding drug treatment support ensures these needs are met by tailoring approaches e.g. time and resource to adapt delivery strategies to better suit the cognitive, emotional, and physical status of different age demographics.</p> <p>Older adults often face unique challenges in accessing appropriate drug treatment, such as stigma or coexisting health conditions. Expansion of treatment incorporating comprehensive health management, and an expanded physical presence across multiple locations can improve participation and success rates for this group.</p>	<p>Delivery of support across multiple locations across the Borough (additional proposed resource links into 6 town model) and delivery of Recovery community groups.</p> <p>More widely, the drug treatment workforce development offer (training and awareness programs) helps foster better understanding among partners, ensuring that individuals of all ages are treated with dignity and without bias.</p> <p>Additional proposed resource allows for enhanced lived experience and feedback mechanisms – ensuring we can understand and monitor any impacts</p>	<p>Ensure grant spend proposals cover continuing 6 town presence across a host of locations including primary care and community venues, ensure wider workforce training offer is highly visible and communicated.</p>
Disability	P	<p>P - Additional resource for treatment delivery and treatment staff ensures tailored treatment programmes that can accommodate the specific needs of people with disabilities to more accessible and effective treatment outcomes. This includes ability to delivery comprehensive health management working in partnership with other</p>	<p>Additional proposed resource allows for enhanced lived experience and feedback mechanisms – ensuring we can understand and monitor any impacts.</p> <p>As part of the equality needs assessment being undertaken for 25/26 ensure that recommendations taken are acted on, currently</p>	<p>Spend proposals ensure additional supervisory support for additional staff (grant spend for Team Leader capacity proposed).</p>

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		<p>partners which can address co-occurring conditions.</p> <p>N - Increasing delivery for more clients can increase the complexity of service delivery.</p>	<p>all services state they ensure clients with impaired ability are supported appropriately and services are accessible.</p> <p>To ensure quality for increasingly complex delivery -regular training and clinical supervision across the drug treatment workforce to avoid inconsistent levels of care. Service User feedback as per standard contract management</p>	<p>Workforce training, clinical supervision & service user feedback as per contract & grant monitoring arrangements.</p>
Gender Reassignment	Ne	<p>No local service usage data exists on gender reassignment access.</p> <p>National evidence shows that while transgender individuals may have higher initial rates of drug use linked to societal pressures and mental health challenges, access to gender-affirming care is associated with reduced substance use and improved mental health.</p>	<p>Inclusive and comprehensive healthcare support and provision including active signposting between relevant agencies and awareness of support services locally available via: www.sandwell.gov.uk LGBTQ support pages</p> <p>Ensure service promotion & engagement is undertaken in a sensitive non-judgmental manner.</p> <p>As part of the equality needs assessment being undertaken for 25/26 ensure that recommendations taken are acted on, currently all services state they ensure clients who are of transgender, non-binary or gender fluid are supported appropriately and services are accessible.</p> <p>To ensure quality for increasingly complex delivery -regular training and clinical supervision</p>	<p>As per standard contract and grant management and monitoring mechanism</p> <p>Workforce training, clinical supervision & service user feedback</p>

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
			across the drug treatment workforce to avoid inconsistent levels of care. Service User feedback as per standard contract management	
Marriage and civil partnership	Ne	We do not collect or have any data on the relationship between marriage/partnership status and drug use.	The enhanced provision will be available to all in a range of delivery mediums	
Pregnancy and maternity	P	Expanding drug treatment can lead to reduced use among pregnant individuals, which lowers the risk of complications such as preterm birth, low birth weight, neo-natal abstinence syndrome and developmental issues for baby. Better pre-natal care: access to treatment includes prenatal care, ensuring that pregnant individuals receive medical monitoring and support throughout pregnancy.	There are NICE guidelines for pregnant women with complex social factors- this includes women who use drugs. The core contract requirements stipulate adherence to such guidelines as would any additional grant funded provision linked to the main treatment contract.	As per standard contract and grant management and monitoring mechanism
Race	P	The increased treatment and recovery provision afforded from the proposed grant monies will help overcome barriers that disproportionately affect racial and ethnic minorities, such as geographic and financial limitations, leading to increased access to care. Delivery requirements require provision towards locations/settings frequented by those from ethnic minority communities.	Standard contract provision requirements on cultural competence (ensuring programs are culturally sensitive) will also apply to the additional provision afforded by the grant monies As part of the equality needs assessment being undertaken for 25/26 ensure that recommendations taken are acted on, currently all services state they ensure clients with	As per standard contract and grant management and monitoring mechanism

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		The proposal includes provision to enhance criminal justice service referral pathways and joint working -this helps shift the approach from criminalising drug use (which disproportionately affects racial minorities) towards treatment and support. This can help reduce arrest rates among racial groups historically affected by punitive drug policies.	language needs are supported appropriately and services are accessible.	
Religion or belief	P	The grant monies have previously allowed for expanded recovery provision including working closely with the faith sector. The proposal to use the grant monies to continue this work would have positive impacts as religious communities can play a vital role in supporting individuals through recovery. More longer-term positive impacts from collaborating with religious organisations helps reduce stigma around substance use within religious communities.	Ensuring work happens via the Sandwell Faith network (as has happened to date) should continue to mitigate one religious group feeling excluded compared to another as the communications and opportunities are announced to all in a uniform accessible manner.	As per grant management and monitoring mechanism
Sex	Ne	The grant monies have previously allowed for expanded provision including women-only groups. Should the proposal be approved, this will continue to allow provision delivered for and by women addressing specific underlying causes, treatment responses (including trauma-informed care), and recovery paths.	Additional proposed resource allows for enhanced lived experience and feedback mechanisms – ensuring we can understand and monitor any impacts.	As per grant management and monitoring mechanism

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		<p>This is not at the expense of the needs of men, where particular support for areas like mental health and parenting support is in place.</p> <p>A potential negative impact is that from programs that focus exclusively on binary gender perspectives may exclude non-binary or transgender individuals, who face unique challenges and discrimination in accessing treatment. (Please also see gender reassignment section)</p>		
Sexual Orientation	P	Positive: Evidence shows that individuals often face unique stressors such as stigma, discrimination, and higher rates of trauma, which can contribute to substance use. Expanding treatment and recovery support will include staff trained in LGBTQ+ issues can address these specific needs more effectively.	<p>Additional proposed resource allows for enhanced lived experience and feedback mechanisms – ensuring we can understand and monitor any impacts.</p> <p>Training and supervision across the drug treatment workforce to ensure treatment workers and wider staff trained in LGBTQ+ issues.</p>	Workforce training & service user feedback as per contract & grant monitoring arrangements.
Care-Experience.	P	Positive: Evidence shows that individuals from care experience can turn to substance misuse. Staff are trained and can address these specific needs more effectively.	Further review of care experience clients and look into prevention.	Workforce training & service user feedback as per contract & grant monitoring arrangements.
Could other socio-economic groups be affected?				

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
Carer Low income groups Veterans/Armed Forces Community Other	P	<p>The proposed expanded treatment and recovery provision offer will benefit low-income groups -it is freely available to any Sandwell resident, and additionally the enhanced grant provisions include support with travel expenses and other products that help someone on their recovery journey. This can lead to better health outcomes and reduce substance use-related harm. The enhanced provision also affords employment support provision helping individuals to return to work and contribute more actively to the local community. Additionally, the enhanced outreach provision afforded from the proposal ensures those most marginalised (homeless/ complex health needs) are reached and supported to reduce harms.</p> <p>Expanding treatment services can have positive implications for carers who face unique challenges, such as emotional and physical stress, that can make them more vulnerable to substance use issues. Provision also includes support groups for family members and carers of those who use drugs.</p> <p>0.6% of the current drug treatment population have veteran status (compared to 2.6% nationally). The proposal will allow expansion of treatment and recovery support including for veterans -this has positive potential including improved access to</p>	<p>Additional proposed resource allows for enhanced lived experience and feedback mechanisms – ensuring we can understand and monitor any impacts.</p> <p>Spend interventions, delivery and outcomes will be managed and monitored within the Sandwell Public Health commissioning team</p>	As per standard contract and grant management and monitoring mechanism

Reviewed Characteristic	Impact? Positive (P) Negative (N) Neutral (Ne)	Details of impact	Actions to address negative impact or promote positive impact (use section 8 table)	Owner of action/ Timescale
		trauma-informed care, reduction of stigma, and better treatment outcomes.		

If there are no adverse impacts or any issues of concern or you can adequately explain or justify them, then please move to Sections 6.

5. What actions can be taken to mitigate any adverse impacts?

Potential negative impacts around sex and disability identified from table 4 include monitoring and mitigating actions that will be covered as part of the standard contract and grant monitoring and management process.

6. Section 6: Decision or actions proposed

Recommendations

The Cabinet is recommended to:-

6.1 approve the proposal for distribution of the Drug and Alcohol Treatment and Recovery Improvement Grant for a total amount for substance misuse treatment and recovery and for Individual Placement and Support (IPS). As required by Office for Health Improvement & Disparities grant conditions.

6.2 approve the years 2027/28 and 2028/29 based on the Indicative amount still subject to Department of Health and Social Care (DHSC) and Treasury approvals, even though the final allocation could vary. They are embargoed until finally agreed the January of each year, thus they are still subject to Department of Health and Social Care (DHSC) and Treasury approvals and as such final allocation could vary.

6.2 approve the variation to the current Adult Alcohol and Drug Service Contract to fund additional enhanced provision for the period 2026/27, in line with cost increases, that delegated authority is given to the Director of Public Health to approve such variation, in consultation with the Cabinet Member for Adult Services, Health and Wellbeing;

6.3 delegate authority to the Director of Public Health to determine the distribution of the Drug and Alcohol Treatment and Recovery Improvement Grant over the grant period covering the financial year 2026/27, 27/28 and 28/209, in agreement with cabinet member as detailed in the body of the report;

6.4 That the Director of Public Health, in consultation with the Director of Law and Governance and Monitoring Officer, be authorised to vary the existing Adult Alcohol and Drug Service contract allowing the additional enhanced provision for the remaining period of the contract term which will end 31 January 2028

6.5 delegate authority to the Director of Public Health to award and enter into any contract(s), on terms to be agreed by the Director of Public Health, for the provision of services funded by the Drug and Alcohol Treatment and Recovery Improvement Grant funds;

6.6 delegate authority to the Executive Director for legal and assurance to enter into and execute, under seal as may be required, any contracts or ancillary documentation necessary to give effect to the proposals in these recommendations for the provision of Drug and Alcohol Treatment and Recovery Improvement Grant funded provisions.

7. Monitoring arrangements

On-going monitoring and management of spend shall take place through regular grant review meetings, alongside quarterly activity reporting (numbers accessing support, qualitative feedback, numbers completing program etc).

The additional provision afforded from the grant monies will be managed within the Public Health commissioning team and the grant monies will be managed in accordance with OHID grant conditions and in line with internal Council financial and procurement processes

Section 8 Action planning (if required)

Question no. (ref)	Action required	Lead officer/ person responsible	Target date	Progress
All	<p>Grant monitoring and management including ensuring:</p> <ul style="list-style-type: none"> • workforce training & regular revisit • adequate staff supervisory capacity & support • service user feedback • geographical 6 town presence • lived experience input & feedback • joint partnership working allowing comprehensive health care provision and support • active signposting and referral pathways across appropriate community, health and criminal justice organisations • compliance with appropriate NICE guidelines related to protected characteristics 	Drug Project Manager, Sandwell Public Health	During grant mobilisation period and quarterly thereafter	
All	<p>Communications plan: the treatment provider and other community organisations will work alongside the Council's Public Health Comms teams to to continue to ensure service promotion and engagement is undertaken in a sensitive non-judgmental manner and will remain entirely optional.</p>	Council's Public Health communications manager	During grant mobilisation period and by end of the first quarter	

If you have any suggestions for improving this process, please contact EDI_Team@Sandwell.gov.uk

ⁱ National Drug Strategy 2021: 'From harm to hope':

<https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

ⁱⁱ <https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary>

ⁱⁱⁱ <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>