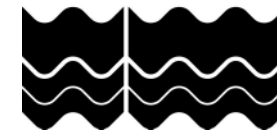


Appendix 2 - Equality Impact Analysis Drug and Alcohol Recovery Services

Title of Project/Service/Policy	East Sussex Drug and Alcohol Recovery Services
Team/Department	Safer East Sussex Team - Substance Misuse Commissioning Team
Directorate	Adult Social Care
Provide a comprehensive description of your Project (Service/Policy, etc.) including its Purpose and Scope	<p>Summary of changes to original proposal and revisions to Equalities Impact Assessment The original proposal was to cease funding Drug and Alcohol Recovery services from 1 June 2025. Through the consultation process and opportunity that external funding is now expected to provide it has been possible to put forward a revised proposal. This is to retain Drug and Alcohol Recovery services at a reduced level but to minimise the reduced level of service through reconfiguring the service delivery model. We are working closely with providers to do this. This EqlA reflects the revised proposal as this is a significant mitigation.</p> <p>Background and original proposal How the service works now: We commission services to help people recovering from drug and alcohol misuse. These services play a different role to treatment services:</p> <p><u>Treatment services:</u> These provide help and support to adults across East Sussex who are affected by drug and alcohol misuse. This includes the prescribing of opiate substitute therapy, group work, 1-2-1 key work, and facilitating access to residential rehabilitation programmes.</p> <p><u>Recovery services:</u> These provide support to those affected by drug and alcohol misuse, including family/carers. Recovery services enable people to start or maintain their recovery from using illicit drugs or misusing alcohol. This includes support groups and activity programmes. They also provide the opportunity to build relationships with peer role models who are further along in their recovery journey.</p>



We have contracted other organisations to run various recovery services in East Sussex since 2013. These have provided a broad range of support for everyone in recovery, but also specific support for women, carers, veterans and the street community.

The current recovery service contracts finish in summer 2025. The services that are being funded now are:

- **Carers service:** The service is delivered by Adfam and provides direct support to families and carers through information, one-to-one support and group and peer support.
- **Street community service:** This service, delivered by the Seaview Project, supports members of the street community who are in recovery by providing a programme of activities and specialist signposting to housing support.
- **Support networks:** Delivered by the Seaview Project, this service helps those in recovery to build their support network by accessing other community services (navigation).

What we are proposing to change:

While we recognise the importance of these services, the budget pressures we face mean that we must make difficult decisions about how we spend our money.

The original proposal made in September was to stop all funding for drug and alcohol recovery services when the current contracts end in June 2025. Statutory treatment services will still be available, which have an emphasis on health, well-being and recovery as well as placing the individual at the centre of any treatment and intervention provided.

As above, this proposal has been revised, in light of external funding becoming available. It is now proposed that funding for drug and alcohol recovery services can be continued at a reduced level; but seeking to minimise the reduction through reconfiguration of the service delivery model.

Why we are proposing this saving

We recognise the value of these services in improving the wellbeing of residents and the role they play in reducing the amount of support people need from other health and care services, such as social care.

Despite these benefits, we are proposing to reduce funding for these services. This is because there is no Care Act requirement to provide these services and most of the activities do not fall into the areas of work we have had to prioritise. In these difficult financial times, we are not able to fund services that are not legally required of us.

Additional considerations:

Since 2017, alcohol hospital admission episodes in Eastbourne and Hastings are consistently higher than the England average. Latest figures show that Hastings has the highest admission episodes for alcohol related conditions (narrow) in the Southeast of England and Eastbourne is fourth highest.¹

In 2022 alcohol-related mortality was 49.8 per 100,000 in Hastings, compared to the England average of 39.7 per 100,000. Other districts and boroughs are lower than the England average.²

In East Sussex there were 82 drug and alcohol related deaths in 2021 and in 2022, this is an increase from 57 in 2020. The current figure for 2023 is 63, however this will rise as more inquests are completed.

As well as preventing drug and alcohol related deaths, treatment and recovery services work to achieve the benefits associated with the following broad outcomes through integrated working:

- Reduction in drug and alcohol related harm
- Improvements in mental and physical well-being
- Improved social, family and community outcomes
- Increased access and engagement to education, training and employment
- Increased access to, and retention of, suitable accommodation
- Reduced offending and re-offending

The loss of recovery services would therefore be likely to negatively impact achievement of the above outcomes. Continuing to fund recovery services will reduce this negative impact.

² <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938132832/ati/15/iid/93763/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

¹ <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938132832/ati/15/iid/93763/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

1. Update on previous EqlAs and outcomes of previous actions (if applicable)

What actions did you plan last time? (List them from the previous EqlA)	What improved as a result? What outcomes have these actions achieved?	What <u>further</u> actions do you need to take? (add these to the Action Plan below)
To collect information regarding protected characteristics to monitor equality and inclusion within services to better understand those individuals accessing our commissioned services. Commissioned services to complete and return template to Substance Misuse Commissioner on a quarterly basis so numbers can be monitored and scrutinised if appropriate.	This is being collected using the equality monitoring form – About You. The commissioning team look at the data produced by commissioned providers at the quarterly contract review and use this to identify gaps. It has also helped the team to see that services are being accessed by a range of age groups and genders.	The data we have on the service will inform the EqlA of the proposals
Engage with LGBTQ+ community with working group which involves both service staff and service users to better understand needs of this cohort accessing services. Increase the representation within recovery services.	Many people choose not to declare this on the About You form, and this can make it hard to measure; also complicated where identity can be seen as fluid or there may be uncertainties.	No further action although the impact of the proposal on the LGBTQ+ community is considered below.
All commissioned services to develop working protocols with mental and physical health services, so factors such as co-occurring conditions can be addressed in the design and delivery of service. This should include carers. National guidance and basic good practice states that consideration is given to family and carer involvement. <ul style="list-style-type: none"> Family involvement in treatment and care increases the likelihood of successful outcomes. Families can be helpful in encouraging earlier identification of health problems. Families are a huge untapped resource in working with people who have co-occurring conditions. 	SPFT have developed a 'no wrong door' policy and the Safer East Sussex Team (SEST) are working on producing a joint working protocol and data sharing agreements between services so that adults do not have to repeat their story and be re-traumatised. Joint working is evidenced through contractual reporting requirements of the commissioned services, demonstrating how this approach has enabled more individuals with co-occurring conditions to access and sustain recovery. However, formal processes need to be in place to ensure this is consistent.	Adfam (ESCC funded recovery service) now attend the co-occurring substance use and mental health forum (COSUMH). The COSUMH is a standing, countywide, multi-agency group that meets monthly to enhance the care management of individuals with co-occurring conditions.

<ul style="list-style-type: none"> This again will be specific to each individual and there will be situations in which family involvement is either inappropriate or not possible. 	<p>'Involving Family, Carers and Significant Others' is part of the East Sussex Joint Working Protocol which sets out how assessment and care will be provided for adults with co-occurring conditions in East Sussex.</p>	
<p>Ensure successful projects have information about their service available in different languages on request.</p>	<p>This number is low due to the demographical makeup of East Sussex. There has not been much evidence of the production of this information through the contractual reporting requirements of the commissioned services. Refer to ethnicity data. Adfam has factored this into the budget.</p>	<p>If the revised proposal is agreed we will ensure information is available in different languages and formats etc. to meet the communication needs of all stakeholders.</p>

2. Review of information, equality analysis and potential actions

Consider the actual or potential impact of your project (service, or policy) against each of the equality characteristics.

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Age	<p>The population of East Sussex is estimated at 545,800. East Sussex has an older age profile than England and the southeast, with 26% of the county's population aged 65 or over, compared to 19% across England and 20% regionally. 21% of East Sussex residents are under 20, a quarter are aged between 20 and 44, and 28% are aged between 45 and 64.</p> <p>2022/23 data from the National Drug Treatment Monitoring System shows that the over 50s represent a higher proportion in the opiate category (44%), 2% for non-opiates, 43% for alcohol only and 10% for non-opiates and alcohol in East Sussex.</p> <p>We know that those aged 65 and over are under-represented in treatment</p>	<p>November 2024 Consultation: Of the 301 overall consultation responses, 25.58% of respondents declined to tell us their age. We had respondents from across all age groups and the largest cohort was 45-54 years old at 17%.</p> <p>Nearly half of the respondents use or have used the services or are family members or carers of those who have used them (48%).</p> <p>Adfam highlighted the potential impact on children: "Our contention is that the closure of the service will have a direct and negative impact on</p>	<p>Adults aged 18-64 will be negatively impacted by the proposals.</p> <p>Children and family members of all ages may be negatively impacted by the proposals due to intergenerational impacts.</p>	<p>Continuing to fund reconfigured recovery services will significantly reduce this negative impact.</p> <p>Anyone not able to access the reconfigured recovery services will be other than signposted to wider community assets. This will be shared at the Harm to Hope Board Partnership Board to ensure that the triaging service to treatment 'First Step' signposts appropriately to those that are ineligible for treatment support, primary care and CGL recovery workers.</p> <p>Support for all members of the local community is</p>

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: <ul style="list-style-type: none">• advance equality of opportunity,• eliminate discrimination, and• foster good relations								
	<p>when compared to the wider population. Potentially, this group are more likely to live in rural areas where there is less access to treatment services and following on from this recovery support.</p> <p>Radar and Adfam service data:</p> <table><tr><td>0-17</td><td>0%</td></tr><tr><td>18-64</td><td>85%</td></tr><tr><td>65+</td><td>15%</td></tr><tr><td>unknown</td><td>0%</td></tr></table> <p>There is no service level data from the navigation service because it is a new service that is being mobilised.</p> <p>National data shows that the drug and alcohol treatment population has continued to get older, with 53.1% aged 40 to 59, and 7.6% aged 60 and over. (Office for Health Improvement and Disparities, 2024).</p>	0-17	0%	18-64	85%	65+	15%	unknown	0%	<p>families for whom there is no suitable alternative to deliver the specialist support that Adfam provides. This impact will be felt on individual family members; where children are involved, in being able to mitigate against intergenerational impacts and possible tendencies towards substance misuse; and that it can hamper the sustainable recovery or support to access treatment, of people using substances problematically.”</p>		<p>promoted through 1space. However, these services are not always recovery specific. Both 1Space and ESCIS have now been modified so that the organisation, service or group can manage and maintain their specific post. 1space information is provided to people leaving treatment services by the commissioned provider. This is an action across all the protected characteristics.</p> <p>East Sussex County Council have supported the creation of a Lived Experience Recovery Organisation (LERO) in East Sussex. The LERO (Coastal Routes Recovery) is an organisation made up of and led by people with lived experience of drug and alcohol recovery. If the proposals go ahead, we will</p>
0-17	0%											
18-64	85%											
65+	15%											
unknown	0%											

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
				consider the feasibility of LERO delivering a range of harm reduction initiatives, peer support and recovery support services. Their aim is to help people with drug & alcohol issue to access and engage in treatment and other support services. This will be an action that cuts across all protected characteristics.
Disability	In the 2021 census, 20.3% of East Sussex residents were living with a long-term physical or mental health condition or impairment that affected their ability to carry out day-to-day activities (compares to 18% for England & Wales). 34.8% of households in East Sussex had at least one member identifying as disabled under the Equality Act in 2021. There is no service level data for the RADAR, navigation and Adfam service.	November 2024 Consultation: Of the 301 overall responses, a third (32.89%) of people stated that they have a physical or mental health condition or illness expected to last 12 months or more. The most common disability disclosed by participants was mental health condition (18.94%), followed by physical impairment (9.97%).	Disabled people, and particularly people with mental health conditions, will be negatively impacted by the proposals. The current recovery services that are commissioned have a focus on mental health which is often a reason for referring into these services.	Mitigations as set out above, including the revised proposal to continue to provide recovery services apply to disabled people. A task and finish group have been directed by the Harm to Hope Board to create a joint working protocol for working with people who have co-occurring conditions.

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>However, data from the 2022 needs assessment of substance misuse in East Sussex states that just over a quarter of those presenting for drug or alcohol treatment (26% and 27% respectively) reported having at least one disability (ESCC, 2022).</p> <p>National data shows that the majority of adults starting treatment (72%) say they have a mental health treatment need. 22% of people with a mental health need were not receiving treatment to meet this need (Office for Health Improvement and Disparities, 2024).</p> <p>Research suggests that people with learning disabilities are less likely to misuse substances, but for those that do, there are specific barriers to accessing services; neither learning disability services nor substance misuse services have the skills, training or resources to support people with learning disabilities who misuse</p>	<p>People said it is a vital service that provides a lifeline to people who would otherwise struggle to cope, particularly as there is already stigma around drug and alcohol misuse.</p> <p>Without these services it is likely that people will experience poorer recovery, which will affect their physical and mental health, and be at increased risk of relapse as people are pushed into crisis.</p> <p>One respondent told us: “I was supported by Adfam last year due to a family member’s alcohol and substance use and without them, I feel my mental and physical health would have declined dramatically, causing me to seek medical help, therefore burdening the</p>	<p>The family service offers counselling which has high take up and sessions designed for families to focus on their mental health. The street communities service deliver on outcomes focused around the ‘Five Ways to Wellbeing’. Encouraging connection, physical activity, self-reflection and personal development.</p>	<p>Future team restructuring will explore integrated approaches in the way mental health services and substance misuse services are commissioned. Pooled budgets, joint commissioning, and integration points with the Integrated Care Board structures should contribute to having a coherent, integrated response for those with multiple compound needs.</p> <p>Psychosocial Interventions (PSI) could be built into the new treatment contract. This will be explored through the recommissioning steering group.</p>

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	substances (Public Health England, 2016).	<p>NHS/MH services, but because of their support this was not necessary. They were able to guide me through this stressful time and support me by educating me and teaching me how to cope.”</p> <p>Another told us: “Alcohol recovery services through CGL and ESRA have helped me regain some control over my life, stay sober, and stay alive. Without them I would be dead by now. Drug and alcohol recovery services are a matter of life and death.”</p> <p>NHS Sussex told us: “The proposal to remove all funding from recovery services should be considered in context against a backdrop of a significant reduction in Drug &</p>		

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
		Alcohol funding coming into East Sussex as a result of the end of Project Adder grant funding. This means other services may be unlikely to be able to reduce the impact of the closure of recovery services if they are anticipated to be part of planned mitigations."		
Gender reassignment	<p>The 2021 East Sussex Lesbian Gay Bisexual Trans Queer + (LGBTQ+) Comprehensive Needs Assessment estimates that there may be 5,572 Trans and Gender Diverse (TGD) people (1% of the population) living in East Sussex. 2021 Census: 1,640 residents declared their gender identity was different to that assigned at birth, which is 0.4% of the population.</p> <p>The National LGBT Survey (2018) found that "two in five respondents had experienced an incident because</p>	<p>None of the participants of the November 2024 public consultation shared with us that they belonged to the protected characteristic of gender reassignment. Three participants (1%) recorded that they identified as non-binary.</p> <p>Gender reassignment was not identified specifically in the impacts raised in the public consultation.</p>	No specific impacts are identified at this time	Mitigations as set out above, including the revised proposal to continue to provide recovery services will apply to trans and non-binary people.

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>they were LGBT, such as verbal harassment or physical violence, in the 12 months preceding the survey. However, more than nine in ten of the most serious incidents went unreported, often because respondents thought 'it happens all the time'.¹</p> <p>There is no service level data from Adfam or Seaview for people identifying as trans. This could suggest barriers to access or that this is not being disclosed through the data collection.</p>			
Pregnancy and maternity	<p>There are just under 5,000 births per year in East Sussex. Hastings has the highest overall birth rate as well as for teenage women aged 15-19 years. Lewes and then Rother have the highest birth rates for women aged 35-44 years.</p> <p>We do not have the service data for this characteristic for Adfam or Seaview.</p>	<p>1% of respondents to the November 2024 Public Consultation shared that they were pregnant or had given birth in the last 12 months.</p> <p>No specific impacts were raised regarding the protected</p>	<p>No specific impacts are identified at this time.</p> <p>There is no service data from existing recovery services on this protected characteristic. The street communities have one person who is</p>	<p>Mitigations as set out above, including the revised proposal to continue to provide recovery services will apply to pregnant people.</p> <p>Regardless of whether the proposals go ahead, the recommissioning steering</p>

¹ [National LGBT Survey: Summary report](#)

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
		characteristic of pregnancy and maternity.	<p>pregnant that currently accesses recovery support and the treatment service have 1% of people accessing the service who are pregnant.</p> <p>This is an area that is stigmatising and there may be fear over disclosing a substance misuse issue.</p>	<p>group will explore potential for treatment provider to offer training to pregnancy healthcare providers for spotting warning signs of substance misuse as part of the recommissioning steering group.</p> <p>This will be shared at the Harm to Hope Board Partnership Board to ensure that primary care, health visiting teams and midwifery know where to signpost for support.</p>
Race/ethnicity Including migrants, refugees and asylum seekers	<p>2021 census ethnicity data shows 88.3% of the East Sussex population identifying as White British, compared to the regional average of 78.8% and the national average of 73.5%.</p> <p>Understanding the demography of communities is important as ethnic</p>	<p>November 2024 Public Consultation: The majority who took part were White British (69% compared to 9% for other ethnicities). No specific impacts were identified for the protected characteristic</p>	<p>Some ethnic minorities maybe disproportionately impacted by the proposal. Though small in number, some ethnic minorities (Caribbean, other Asian, other White and other ethnic groups), are</p>	<p>Mitigations as set out above, including the revised proposal to continue to provide recovery services will apply to people from ethnic minorities. If the revised proposal is agreed the reconfigured services will continue to collect data on ethnicity and</p>

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: <ul style="list-style-type: none">• advance equality of opportunity,• eliminate discrimination, and• foster good relations														
	<p>minorities are known to face specific barriers to accessing services. (ESCC 2022; National Centre for Social Research 2024). There is no service level data from the navigation service because it is a new service that is being mobilised.</p> <p>Radar and Adfam Service data:</p> <table><tr><td>White: English/Welsh/Scottish /Northern Irish/British</td><td>69%</td></tr><tr><td>White: Other</td><td>5 %</td></tr><tr><td>Asian or Asian British</td><td>0%</td></tr><tr><td>Black, Black British, Caribbean or African</td><td>0.36%</td></tr><tr><td>Mixed or multiple ethnic groups</td><td>0%</td></tr><tr><td>Other ethnic group</td><td>3%</td></tr><tr><td>Not recorded</td><td>21%</td></tr></table>	White: English/Welsh/Scottish /Northern Irish/British	69%	White: Other	5 %	Asian or Asian British	0%	Black, Black British, Caribbean or African	0.36%	Mixed or multiple ethnic groups	0%	Other ethnic group	3%	Not recorded	21%	of race/ ethnicity in consultation responses.	<p>overrepresented in recovery services, compared to the County population.</p> <p>We also know that people from ethnic minorities may face stigma within their communities, and discrimination within health and social care services which may act as a barrier to accessing alternative services.</p>	<p>race for those using the services.</p> <p>The commissioning team will continue to explore engagement of minority ethnic communities into the treatment service that will continue to exist even if these proposals go ahead. This will be done via the Harm to Hope Partnership Board.</p>
White: English/Welsh/Scottish /Northern Irish/British	69%																	
White: Other	5 %																	
Asian or Asian British	0%																	
Black, Black British, Caribbean or African	0.36%																	
Mixed or multiple ethnic groups	0%																	
Other ethnic group	3%																	
Not recorded	21%																	

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Religion or belief	<p>In 2021, census data shows 45.9% of residents of East Sussex identified as Christian.</p> <p>The second most common religion in East Sussex after Christianity is Islam at 1.1% in 2021.</p> <p>There is no service level data for the RADAR and Adfam service therefore the impact will not be known. There is no service level data from the navigation service because it is a new service that is being mobilised.</p>	<p>November 2024 Public Consultation:</p> <p>38.87% of respondents told us they follow no religion, with 27.24% of people identifying as Christian. 6.94% of people follow other religions than Christianity.</p> <p>No specific impacts were identified for the protected characteristic of religion or belief in consultation responses.</p>	<p>No specific impacts are identified at this time.</p>	<p>There is no specific action for this protected characteristic.</p>
Sex	<p>52% of the county's population is estimated to be female and 48% male, while the split for those accessing treatment on 31st March 2023 is 67% male and 33% female. This reflects national data which shows that more than two thirds of people in treatment were men (68%) and less than one third were women (32%) (Office for Health Improvement and Disparities, 2024).</p>	<p>November 2024 Public Consultation:</p> <p>More women took part than men, with women making up 52% of respondents compared to 25% for men.</p> <p>No specific impacts were identified for the protected characteristic of sex in the consultation responses.</p>	<p>The majority of carers accessing the carers service (Adfam) are women. Therefore, women would be negatively impacted by the loss of the carers service.</p>	<p>Mitigations as set out above, including the revised proposal to continue to provide recovery services will apply to people of all sexes and genders. Whilst service levels may be reduced, the reconfigured recovery services will continue to provide a carers service.</p>

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: <ul style="list-style-type: none">• advance equality of opportunity,• eliminate discrimination, and• foster good relations								
	<p>Radar and Adfam service data:</p> <table><tr><td>Female</td><td>65%</td></tr><tr><td>Male</td><td>20%</td></tr><tr><td>Unknown</td><td>0.36%</td></tr><tr><td>Other</td><td>0.36%</td></tr></table> <p>There is no service level data from the navigation service because it is a new service that is being mobilised.</p> <p>Women present in higher numbers to the family/carers support service and men are underrepresented.</p> <p>The RADAR project delivered by Seaview has good representation for both women and men, however there is disparity in the East of the county. There are far less women accessing Seaview</p>	Female	65%	Male	20%	Unknown	0.36%	Other	0.36%			<p>The Lived Experience Recovery Organisation - Coastal Routes to Recovery are offering a women's drop in which is promoted via the commissioned treatment service.</p>
Female	65%											
Male	20%											
Unknown	0.36%											
Other	0.36%											

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	for recovery support. The setting is predominantly accessed by men.			
Sexual orientation	<p>The 2021 East Sussex LGBTQ+ Comprehensive Needs Assessment outlines evidence that substance use is disproportionately high in LGBTQ communities; this group is more likely to drink to harmful levels or have taken drugs in the past year compared to heterosexual adults.</p> <p>This is particularly prevalent amongst younger people, with one in eight LGBTQ+ people aged 18–24 (that is, 13%) taking drugs at least once a month.¹ However, it is important to note that LGBTQ+ people are not one homogeneous group and most studies fail to distinguish between various sub-groups. The East Sussex 2021 LGBTQ+ needs</p>	<p>November 2024 public consultation: 66.45% of respondents told us that they were heterosexual, 6.94% told us they were LGBTQ+.</p> <p>There were no specific impacts in relation to the protected characteristic of sexual orientation in consultation responses.</p>	No specific impacts are identified at this time.	There are no additional actions identified for this protected characteristic.

¹ https://www.ipem.ac.uk/media/i4hjrjb2/lgbt_in_britain_health.pdf

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: <ul style="list-style-type: none">• advance equality of opportunity,• eliminate discrimination, and• foster good relations														
	<p>assessment states that up to 30% leave East Sussex for more accessible health services. This illustrates that services need to be more accessible and meaningful for LGBTQ+ individuals.</p> <p>Service data:</p> <p>Adfam data for November 2023 – October 2024</p> <table><tr><td>Heterosexual or straight</td><td>184</td></tr><tr><td>Gay</td><td>2</td></tr><tr><td>Lesbian</td><td>1</td></tr><tr><td>Prefer not to say</td><td>1</td></tr><tr><td>Total</td><td>188</td></tr></table> <p>Seaview data for November 2023 – October 2024</p> <table><tr><td>Heterosexual or straight</td><td>48</td></tr><tr><td>Bi-sexual</td><td>2</td></tr></table>	Heterosexual or straight	184	Gay	2	Lesbian	1	Prefer not to say	1	Total	188	Heterosexual or straight	48	Bi-sexual	2			
Heterosexual or straight	184																	
Gay	2																	
Lesbian	1																	
Prefer not to say	1																	
Total	188																	
Heterosexual or straight	48																	
Bi-sexual	2																	

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: <ul style="list-style-type: none">• advance equality of opportunity,• eliminate discrimination, and• foster good relations								
	<table><tr><td>Gay</td><td>1</td></tr><tr><td>Lesbian</td><td>1</td></tr><tr><td>Other sexual orientation</td><td>1</td></tr><tr><td>Prefer not to say / no response</td><td>39</td></tr></table> <p>There is no service level data from the navigation service because it is a new service that is being mobilised.</p>	Gay	1	Lesbian	1	Other sexual orientation	1	Prefer not to say / no response	39			
Gay	1											
Lesbian	1											
Other sexual orientation	1											
Prefer not to say / no response	39											
Marriage and civil partnership	<p>According to 2021 census data for East Sussex:</p> <ul style="list-style-type: none">• Single 29%• Married 46.5%• Civil Partnership 0.4%• Divorced 11%• Widowed 8% <p>There is no service level data for the Seaview and Adfam services therefore the impact will not be known.</p>	<p>This was not asked through the November 2024 consultation diversity questions and the treatment provider does not collect this information.</p>	<p>No specific impacts are identified at this time.</p> <p>There is no evidence to suggest that marital status would have a bearing on accessing recovery services. It might have a bearing in relationships where there is domestic abuse, however this is not exclusive to marriage or civil partnership.</p>	<p>There are no additional actions identified for this protected characteristic.</p>								

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Impacts on community cohesion	There are impacts on community cohesion within Hastings town centre caused by the presence and antisocial behaviour of those affected by substance misuse, some of whom are also members of the street community. Members of the community have provided feedback that the concentration and location of services to support this cohort may consolidate these issues.	<p>November 2024 Consultation: Respondents raised concerns that drug and alcohol misuse is often a cause of anti-social behaviour and crime and can lead to homelessness. Stopping recovery services would therefore risk increases in all these areas, which could be made worse by other proposed cuts to the floating support service and supported accommodation.</p> <p>An increase in crime and homelessness would have a knock-on effect for the local economy and community. This will be particularly felt in Hastings which has higher rates of substance misuse.</p> <p>Kent Surrey and Sussex Probation Service told us:</p>	<p>The proposals may have a negative impact on community cohesion.</p> <p>With a loss of services, people will not be able to access specialist recovery services and may face stigma in mainstream health and care settings and in public places. Stigma is a key performance indicator for the existing recovery services and they have to demonstrate how they contribute to reducing stigma. This includes attending various networking opportunities. Adfam attend the COSUMH and have demonstrated stigma reduction through this</p>	<p>The revised proposal to continue to provide re-configured recovery services, at a reduced level, is expected to significantly mitigate impacts on community cohesion.</p> <p>It is recognised that there is a need for stigma reduction work, however this may not be possible to fund due to the significant cost savings that will be made from April 2025 and April 2026. If the proposals go ahead, the Head of Safer Communities will continue to lobby the Government on the importance of this issue.</p>

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
		<p>“The fact that drug use is a key criminogenic factor would mean that reducing access to recovery treatment could lead to increased offending rates as individuals are unable to access support to address their substance use need and maintain recovery... Substance use also a consideration when looking at adult and child safeguarding, so a reduction in recovery services could impact on some of the more vulnerable within our society.”</p> <p>One respondent told us: “You just have to walk around Hastings Centre to understand the social challenges faced by the community. It is evident in the level of homelessness, street drinking, and unemployment seen. The</p>	<p>attendance in case studies submitted. A navigation service has been commissioned through the recovery funding to help those in recovery reintegrate into the community, however this will only be available until June 2025 when this contract ends. There would be no scope to continue should these proposals go ahead. The outcomes of this project are not yet known. If community groups put people into silos, it can cause friction. Social cohesion refers to the strength of relationships and the sense of solidarity among members of a community. One indicator of social</p>	

Protected characteristics groups under the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Impacts identified from data and feedback (actual and potential)	What can you do? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
		<p>impact of not having a path to offer affected members of the community to get in to recovery will result in those social issues going unaddressed and escalating.”</p> <p>A small number of respondents stated that alcohol/drug addiction is self-inflicted and support should not be funded (6 out of 317 respondents). This may highlight some of the stigma that remains in society around drug and alcohol addiction and support.</p>	<p>cohesion is the amount of social capital a community has. To strengthen social cohesion a context needs to be created that allows and encourages community members to interact with one another to increase interpersonal and intergroup trust (Paluck et al., 2019)</p>	

Additional categories

(identified locally as potentially causing / worsening inequality)

Characteristic	What do you know?	What do people tell you?	What does this mean?	What can you do?
Rurality	<p>74% of the population in East Sussex lives in an urban area with the remaining 26% living in a rural area (2021 census).</p> <p>East Sussex is a large county encompassing busy towns along the coastal strip and rural central areas. The urban–rural mix entails differences in geography and infrastructure such as transport. The importance of these factors to service provision is another lens through which to assess accessibility of services. The percentage of population living in rural areas is comparatively low, but their experience of service delivery may be excluding in multiple ways.</p> <p>Looking at the location of the treatment population compared to the spread of the population as a whole across the county, 63% of the treatment population are located in Hastings and Eastbourne. These are the most deprived areas of the county, so greater demand would be expected in these areas; however, consideration should be given to need in other areas of the county.</p>	<p>November 2024 public consultation: We had responses from people living in all parts of the county, although Hastings and Rother were the top areas, with 21% and 12% respectively.</p> <p>There were no specific impacts identified for the protected characteristic of rurality in consultation responses.</p>	<p>The proposals may have a negative impact on people living in rural areas. Limited transport options and increased costs of travel to alternative services could prevent people in rural areas accessing some community assets that are identified in place of recovery services.</p>	<p>The revised proposal to continue to provide re-configured recovery services, at a reduced level, is expected to significantly mitigate impacts on those living in rural areas.</p> <p>Reaching all parts of the county, in particular rural areas was considered as part of the commissioning of the navigation service and will be part of the considerations when re-configuring the new service model for recovery services.</p> <p>The Lived Experience Recovery Organisation (LERO) can support this work from identifying need to</p>

Characteristic	What do you know?	What do people tell you?	What does this mean?	What can you do?																																						
	<table><tr><td></td><td>Wider population</td><td>Treatment population</td></tr><tr><td>Eastbourne</td><td>18.63%</td><td>28.22%</td></tr><tr><td>Hastings</td><td>16.69%</td><td>34.73%</td></tr><tr><td>Lewes</td><td>18.30%</td><td>12.80%</td></tr><tr><td>Rother</td><td>29.33%</td><td>12.87%</td></tr><tr><td>Wealden</td><td>17.05%</td><td>11.38%</td></tr></table> <p>Service data:</p> <p>Seaview (RADAR) Area</p> <table><tr><td>Eastbourne</td><td>27</td></tr><tr><td>Hastings</td><td>61</td></tr><tr><td>Lewes</td><td>0</td></tr><tr><td>Rother</td><td>0</td></tr><tr><td>Wealden</td><td>0</td></tr><tr><td>No Fixed Abode</td><td>4</td></tr></table> <p>Adfam data</p> <table><tr><td>Eastbourne</td><td>34</td></tr><tr><td>Hastings</td><td>59</td></tr><tr><td>Lewes</td><td>35</td></tr><tr><td>Rother</td><td>24</td></tr></table>		Wider population	Treatment population	Eastbourne	18.63%	28.22%	Hastings	16.69%	34.73%	Lewes	18.30%	12.80%	Rother	29.33%	12.87%	Wealden	17.05%	11.38%	Eastbourne	27	Hastings	61	Lewes	0	Rother	0	Wealden	0	No Fixed Abode	4	Eastbourne	34	Hastings	59	Lewes	35	Rother	24			developing and delivering the interventions and activities in all areas of the county. This will not be affected by the recovery fund ending.
	Wider population	Treatment population																																								
Eastbourne	18.63%	28.22%																																								
Hastings	16.69%	34.73%																																								
Lewes	18.30%	12.80%																																								
Rother	29.33%	12.87%																																								
Wealden	17.05%	11.38%																																								
Eastbourne	27																																									
Hastings	61																																									
Lewes	0																																									
Rother	0																																									
Wealden	0																																									
No Fixed Abode	4																																									
Eastbourne	34																																									
Hastings	59																																									
Lewes	35																																									
Rother	24																																									

Characteristic	What do you know?			What do people tell you?	What does this mean?	What can you do?
	Wealden	36				
	No Fixed Abode					
	Total	188				
Carers	<p>There are over 10,000 persons claiming Carers Allowance (CA) in East Sussex (Source DWP Feb 2020).</p> <p>The proportion of residents providing unpaid care in East Sussex fell slightly from 11.9% in 2021 to 11.7% in 2022. This was driven by both a substantial fall in the proportion of people who provided 19 hours or less of unpaid care in a typical week (7.5% in 2022, compared with 5.0% in 2021) coupled with an increase in people devoting more hours to unpaid care (the proportion of residents providing 20 hours or more of unpaid care a week rose from 3.8% in 2011 to 4.9% in 2021).</p>			<p>November 2024 public consultation:</p> <p>21% of respondents to the public consultation identified themselves as the family or carer of someone who uses or has used the recovery services.</p> <p>22% of respondents identified themselves as a carer for a family member or friend.</p> <p>The services are highly valued as providing equally essential support for both those who struggle with substance misuse and the families of those misusing. The services are seen as a safe space, with the peer support element being particularly important to people and some respondents said they would</p>	<p>The proposals will have a negative impact on carers.</p> <p>Carers are a valuable resource to a person's treatment and recovery especially if funding for recovery services is stopped. Carers are likely to need specialist support to be able to continue in their role.</p> <p>The existing Care for the Carers support package funded by ASCH does not have specific expertise in supporting people who care for those with substance misuse.</p>	<p>The revised proposal to continue to provide re-configured recovery services, at a reduced level, is expected to significantly mitigate impacts on carers. It is intended to still offer a carers service within the new offer.</p>

Characteristic	What do you know?	What do people tell you?	What does this mean?	What can you do?
		<p>not be alive if it wasn't for the services.</p> <p>The family and carers of those who can no longer access recovery services will also be negatively impacted in similar ways, while the removal of specialist carer services for recovery is not replaceable with universal carers services.</p> <p>Care for the Carers told us: "The [Adfam] service supports a large number of carers, by providing a high standard of specialist support. This could not be absorbed into general carers services, as appears to be implied in the consultation information... These [Seaview] projects provide an invaluable support to general carers' services, in particular enabling us to refer carers</p>		

Characteristic	What do you know?	What do people tell you?	What does this mean?	What can you do?
		<p>with the most complex caring roles on for specialist support.”</p> <p>One respondent told us “Adfam has been the only service available to me, as a partner of an addict. They have listened, offered peer support, guided me through dark times and supported my mental health. There is no other service like it.”</p>		
<p>Other groups that may be differently affected (including but not only: homeless people, substance users, care leavers)</p>	<p>Street Communities</p> <p>East Sussex is the 5th most deprived of 26 county councils. In terms of the Local Authorities making up the county, Hastings is the 17 most deprived of 317 LA in the country. Eastbourne is ranked 114, Rother 139 Lewes 198, and Wealden 252. (IMD 2019). In East Sussex, there is a strong correlation between the home addresses of the in-treatment drug population and the areas of highest deprivation. In 2021/22, most people using drug services were living in the</p>	<p>November 2024 public consultation:</p> <p>People told us that without recovery services there will be no hope for recovery, and there will be a rise in mortality, whether by suicide or deaths caused by substance misuse.</p> <p>Grant funding for treatment services coming to an end at the same time would compound the risks involved</p>	<p>Deprivation – it is known that areas of high deprivation face worse health inequalities than less deprived areas. This means in East Sussex, particularly Hastings and Eastbourne, those who access recovery services are more likely to have mental</p>	<p>The revised proposal to continue to provide re-configured recovery services, at a reduced level, is expected to significantly mitigate these impacts. It is intended to continue to provide a Street Community Service within the new offer.</p> <p>There will also continue to be other</p>

Characteristic	What do you know?	What do people tell you?	What does this mean?	What can you do?
	<p>urban areas of Hastings (32%) and Eastbourne (27%) (ESCC 2022).</p> <p>A significant proportion of adults accessing the RADAR service have no fixed abode and multiple compound needs. There are strong links between poverty, deprivation, inequality and substance misuse. Poverty and disadvantage increase the risk of substance misuse – which, in turn, can lead to increased disadvantage. These inequalities can also present barriers in accessing services and poorer health outcomes (ESCC 2022).</p>	<p>if recovery services were ceased.</p> <p>The fact that there aren't alternative services people can turn to will mean that there will be increased pressure and cost passed on within the Council and also to other organisations such as charities, hospitals and the police.</p> <p>Hastings Borough Council told us: "Drug and alcohol misuse are a cause of homelessness and a significant contributor to crime and disorder if not treated together with other services which are being proposed to cut... Limiting or withdrawing these services would lead to an increase in people facing street homelessness and poverty which in turn will increase the demands on</p>	<p>or physical health co-morbidities.</p>	<p>services provided by Seaview and Warming up the Homeless which offer support to street communities in St Leonards and Hastings and a range of organisations will continue to offer support in Eastbourne (Kingdom Way Trust, Salvation Army, Warming up the Homeless, Matthew 25 and the ESCC commissioned recovery café run by CGL).</p>

Characteristic	What do you know?	What do people tell you?	What does this mean?	What can you do?
		<p>community safety partners such as Sussex Police and indeed to ESCC's other support services."</p> <p>Seaview told us: "We believe there is a serious risk to both individuals, their families and the local community if these services cease. The services support people with multiple compound needs, including current and ex-offenders, those being released from prison, experiencing homelessness, various forms of abuse and mental ill health to name but a few."</p> <p>One respondent told us: "By slashing the Recovery Services you are slashing any hope for both the people in treatment and recovery. It also sends a signal to those active users that there is no point</p>		

Characteristic	What do you know?	What do people tell you?	What does this mean?	What can you do?
		engaging with treatment as there is no escape, so may as well stay where you are and continue a life of drugs and crime."		
<p>Assessment of overall impacts and any further recommendations - include assessment of cumulative impacts (where a change in one service/policy/project may have an impact on another)</p> <p>Whilst reduced funding will mean a reduced offer overall, we are working with providers so as to minimise this reduction through the reconfiguration of services.</p> <p>There are also a range of other services available which can help to mitigate impact. For example: The ADDER Hub is open every Wednesday in Hastings as well as Seaview in St Leonards and the recovery café is available 7 days a week in Eastbourne, with a Wednesday dedicated solely to women. There has been the creation and development of a Lived Experience Recovery Organisation (LERO), which advocates for substance users is in progress. This may enable recovery services to reach the whole county rather than being limited to Eastbourne and Hastings.</p> <p>Until the reconfiguration of services is finalised it is not possible to have definitive information on impacts but due to the characteristics of people who use recovery services now we expect that a reduced overall service level will mean some negative impact for: carers, people aged 18-64, disabled people (particularly those with mental health issues), people from ethnic minorities and may have some impact on community cohesion.</p> <p>The nature of the services means that any reduction will have an impact on people with drug and alcohol misuse issues who are in or want to be in recovery.</p> <p>The revised proposal to continue to provide recovery services will significantly reduce the risks and impacts identified through the consultation process and EqIA. We will work hard when re-configuring services to be cognisant of the impacts identified here and seek to mitigate them in the new service model.</p>				

3. List detailed data and/or community feedback that informed your EqlA

Source and type of data (e.g. research, or direct engagement (interviews), responses to questionnaires, etc.)	Date	Gaps in data	Actions to fill these gaps: who else do you need to engage with? (add these to the Action Plan below, with a timeframe)
December 2023 Consultation ¹	31/1/24	Location of respondents – primarily from Hastings and Wealden. Religious groups	CDO continued engaging with religious groups communities to find out if their provision is supportive and whether there should be more available. Promotion of surveys and focus groups to be considered at next consultation.
Census ²	2021	N/A – Referenced for general population data for background.	N/A
Assessment of Need	31/1/24	No gaps	N/A
The 2021 East Sussex Lesbian Gay Bisexual Trans Queer + (LGBTQ+) Comprehensive Needs Assessment ³	December 2021	N/A	N/A

² [Alcohol and Drug Treatment Service: Have your say on the new service - East Sussex - Citizen Space](#)

³ [Census - Office for National Statistics](#)

⁴ [Lesbian Gay Bisexual Trans Queer + \(LGBTQ+\) Needs Assessment |](#)

National LGBT Survey ¹	June 2018	N/A	N/A
IMD (Index of Multiple Deprivation) 2019	2019	N/A	N/A
Equality and Diversity Profile for East Sussex ²	September 2021	N/A	N/A
Substance Misuse Assessment of Need ³	August 2022	N/A – however this is treatment focused.	N/A
Service Level Annual Data	November 2023- October 2024	Religion/belief– not collected by providers. Trans – no data available from providers, although it is collected. Pregnancy and maternity– not collected by providers. Disability – not collected by providers. Marriage/civil partnership – not collected by providers.	These gaps will be filled by the other sources of data listed and the collated responses from the East Sussex funding gap: Have your say on drug and alcohol recovery services consultation.
November 2024 Consultation	November 2024	N/A	N/A

² [National LGBT Survey: Summary report](#)

³ [equality-profile-east-sussex-2020.pdf](#)

⁸ <https://www.eastsussexjsna.org.uk/resources/substance-misuse-assessment-of-need/>

4. Prioritised Action Plan

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
All protected characteristics	<p>Reconfigure reduced service offer with providers to take account of EqlA and learning from consultation to mitigate impacts for people with protected characteristics.</p> <p>Support for all members of the local community promoted through 1space.</p> <p>Consider the feasibility of LERO delivering a range of harm reduction initiatives, peer support and recovery support. This will be an action that cuts across all protected characteristics.</p>	Recovery services will still be provided with optimised service within available funding	Recovery services to supply data on people with protected characteristics to monitor impacts of new service model	April 2025 – March 2026
Rurality The proposals will have a negative impact on people living in rural areas in the carers service and the navigation service. Limited transport options and increased costs of transport	Reconfigure reduced service offer with providers to take account of EqlA and learning from consultation to mitigate impacts for people with protected characteristics.	Recovery services will still be provided with optimised service within available funding	Recovery services to collect postcode data where possible to monitor impacts of new service model	April 2026

to alternative services could prevent people in rural areas accessing some community assets that are identified in place of recovery services.	Support for all members of the local community promoted through 1space. Consider the feasibility of LERO delivering a range of harm reduction initiatives, peer support and recovery support. This will be an action that cuts across all protected characteristics. time. It is not known what their reach will be in the rural areas at this time.			
Race/ethnicity We do not know the impact of the proposals on this protected characteristic. We know that people from ethnic minorities may face stigma within their communities, and discrimination within health and social care services which may act as a barrier to accessing services.	Mapping exercise to look at ways of engaging people from ethnic minorities by CDO. Continue work with Sussex Heath Inclusion – led by Gypsy Roma Traveller liaison. The commissioning team will continue to explore engagement of people from ethnic minorities into the recovery and treatment services	Recovery services will still be provided with optimised service within available funding. Services will be accessed by people from different ethnic backgrounds	Recovery services to supply data on people with protected characteristics to monitor impacts of new service model Services will be accessed by people from different ethnic backgrounds	April 2026
Disability People with mental health conditions will be negatively	A task and finish group have been directed by the Harm to Hope Board to	Access to the 1Space will continue to identify local community groups that can	This group will not be re-presenting back to treatment within 6 months	April 2026

<p>impacted by the proposals. The current recovery services that are commissioned have a focus on mental health which is reason for referring into these services. The Adfam service offer counselling which has high take up and sessions designed for families to focus on their mental health. The street communities service delivers on outcomes focused around the 'Five Ways to Wellbeing'. Encouraging connection, physical activity, self-reflection and personal development.</p> <p>For those with substance misuse and mental ill health this is often a result of trauma which requires long-term counselling resource from already stretched services.</p>	<p>create a joint working protocol for working with people who have co-occurring conditions.</p> <p>Pooled budgets, joint commissioning, and integration points with the Integrated Care Board structures should contribute to having a coherent, integrated response for those with multiple compound needs.</p> <p>Psychosocial Interventions (PSI) could be built into the new treatment contract. This will be explored through the recommissioning steering group.</p>	<p>support with social activity as part of their recovery journey, this will include groups that the LERO set up by those with lived experience.</p> <p>Recovery services will still be provided with optimised service within available funding.</p>	<p>of exit due to loss of recovery services.</p>	
<p>Sex Adfam data has a large proportion of women carers who access the service and</p>	<p>Reconfigure reduced service offer with providers to take account of EqIA and learning from consultation to mitigate impacts for</p>	<p>Women will be negatively impacted who access the carer's service.</p>	<p>N/A</p>	<p>March 2025</p>

would therefore be negatively impacted.	<p>people with protected characteristics. This includes noting that some services are accessed by a higher proportion of men and women may be impacted differently</p> <p>Promote the Lived Experience Recovery Organisation - Coastal Routes to Recovery are offering a women's drop -in</p>			
---	---	--	--	--