

Appendix 7

Cumulative impact



Cumulative Equality Impact Assessment of the Indicative Budget Savings 2017/18 – 2021/22 – Date 10 February 2017

(Health Impact Assessment is included at page 18 -27)

The Context:

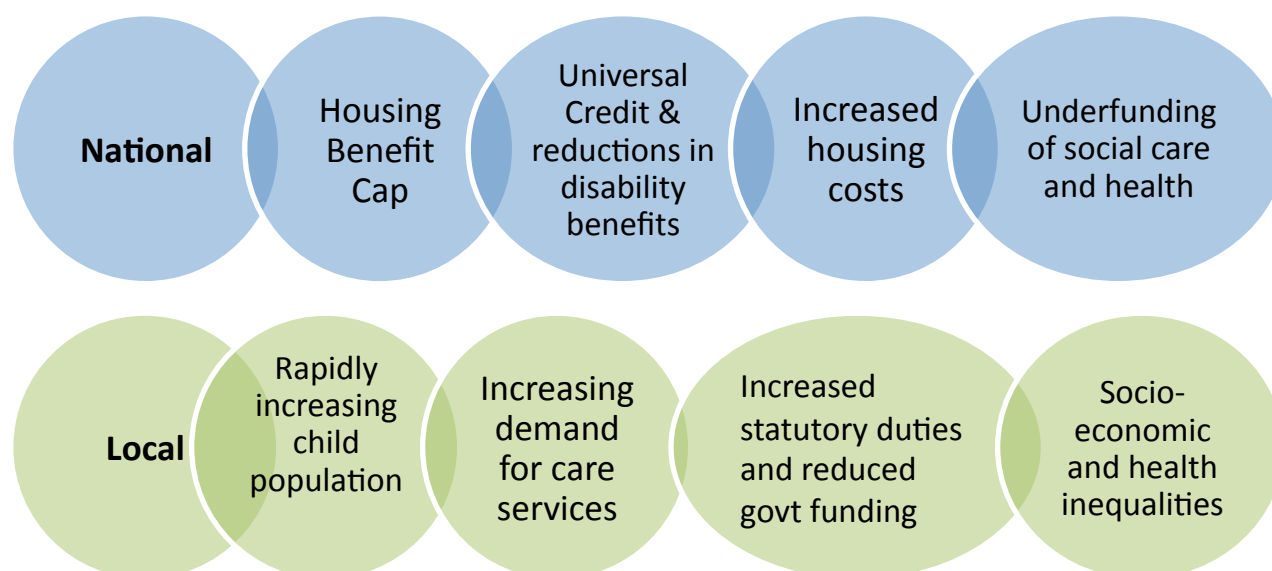
Bristol City Council's vision is to make Bristol a more equal, aspirational and resilient city where everyone can share in its success. We will also provide services which protect our most vulnerable people. However, this vision need to be achieved in the context of a rapidly growing population and increasing demand for services including social care, transport and education. BCC is facing complex budget challenges for the next 5 years and we are required to reduce our spending by £92m.

National Pressures

We understand that more people are experiencing financial pressures and worries in the current economic climate. This is for a range of reasons, including increased costs of living, low pay, pay freezes and reductions in welfare benefits. These national changes can often impact more significantly on equalities groups and we have taken this into account when developing our proposals.

Local Factors

There are also a number of pressures specific to Bristol which we need to take into account when making our decisions.



The Cumulative Impact Assessment

Bristol City Council anticipates the impact of the budget proposals on people from equalities communities by undertaking [equality impact assessments](#).

When proposals are in their early stages of development a relevance check is undertaken to assess if the proposal will have a low, medium or high impact on equalities communities:

- Black and minority ethnic communities
- Disabled people
- Lesbian, gay, bisexual and transgender communities
- Older and Young people
- People with a religion and belief and those without a religion or belief
- Women and men

Where a medium or high impact is anticipated, the relevance check is progressed as a full equality impact assessment. Further consultation will take place as part of developing the full equality impact assessment where there is a public relevance.

The relevance check process makes sure we are giving proportionate attention to equalities issues. If we anticipate a high impact on one or more equalities communities, then the full equality impact assessment will enable the council to give more consideration on what will be the impact on different groups, consult with people affected and mitigate where possible any negative impact. If the proposal will have a low impact then there isn't the need for a full equality impact assessment.

For well-developed proposals, the [full equality impact assessment](#) is published and these include responses to comments received as part of the public consultation process between October 2016 and January 2017. For proposals in their early stages of development, [a relevance check](#) is published and for proposals with low impact, a relevance check is published. There are forty four budget proposals which do not have any impact or any differential impact on people with protected characteristics. This report will focus on the remaining proposals as to their impact

We pooled information from each equality impact assessment and relevance check to consider the impact on different equality communities and pulled together the impacts for each community for the purposes of this document.

The Decision-Making Process

The recommendations regarding the budget proposals are made by Cabinet and then taken to Full Council, where the budget is set. During the development of budget proposals, officers and Cabinet members have been mindful of the impacts any changes could have on key communities and on the city as a whole, and have been working up individual Equality Impact Assessments over time. Many of these were published with the Consultation on early proposals in October 2016. New proposals have been brought forward in January 2017 and for some of these, officers are still working on full EQIAs to reflect potential impact, but have Relevance Checks in place.

In this report we will be focussing mostly on the impacts of disabled people, older and younger people, BME people and women as these are the groups most commonly identified as experiencing disproportionate impacts. We have also highlighted the impact on LGBT people and of geography and socio economic disadvantage as relevant to the cumulative impact of change.

Our Approach:

A key part of our core purpose as a local authority is to support those at risk or in need, and the majority of our revenue budgets are spent on services for people. Therefore any change to our funding has potential for impact and we have taken into consideration the issue of both direct and indirect impacts on individuals and groups of people when working to deliver a set of proposed budget reductions.

It is also important to recognise that although the proposed level of reduction over 5 years is significant, we will still be spending or directing the spend of up to a £billion across the city, whether directly in service provision, or influenced through external funding which is either “passported” to key services such as education or invested in the future of the city as a whole, such as building increased numbers of affordable homes.

Our aim is to minimise direct and indirect impacts on our communities in this budget, specifically our communities who identify within any protected characteristics, and where impacts are probable or likely, that we mitigate against these how and where we can. In building our approach to these budget reductions, we have at all times sought to find the required savings in areas which have the minimum direct impact on people, and been clear how we will re-shape the ongoing investment to pick up key areas of work. In this context we have also looked at wider measures which have enabled us to maintain many of our services targeted to those more vulnerable in our city: We have committed to:

- building the Council’s ability to raise income to relieve the pressure on the revenue budget and to support targeted services in the future
- proposed an increase in Council tax recognising that though this impacts on all our citizens, it is focussed mostly on those more resilient households in the city
- where possible focussing reductions away from those who are most vulnerable, and maintaining a focus on early intervention
- charging extra council tax to fund the social care precept
- retaining as much funding as possible to protect of Voluntary Community Sector investment who are often the best placed to support those at risk in our communities
- ensuring that we are mitigate any reduction by re-shaping and re-design services in consultation with our stakeholders and in the context of mitigating equalities impacts from the service change as a whole.

Detail of Impacts:

We must think about how we can reconcile some of these impacts with our wider vision for Bristol, where we aim to close the inequality gaps within our City and ensure that opportunities are accessible to all citizens.

It has been identified that the main cumulative impacts can be grouped in the following areas:

Standard of living – The impact assessment considers how budget proposals will affect people's income or ability to pay for essential items. Unemployment, homelessness, the rising cost of living and rents and changes to welfare benefits mean that for some people their standard of living is decreasing and they may be less able to live with independence and security. In identifying proposals which impact on standard of living issues, we have included access to education and skills because improving skills and educational attainment lead to improved standard of living for individuals

Health and Wellbeing - Some people will face changes, and reductions in the health and social care that they receive. Proposals have been evaluated to assess whether they on a person's ability to live independently or if there is a risk that more people could need residential care if there is less access to preventative support. For example, Community Links offer a drop in for people with high support needs living independently to be able to pop in to get help with a letter or other issues to sustain their tenancies, and community meals services include a daily wellbeing check on residents whilst the meal is being delivered.

Early Intervention and resilience – Early intervention reduces the impact of problems later on. Impact assessments anticipate if the removal of some services which provide early intervention could create more demand on statutory services and identify mitigations where possible. We also recognise that resilience could be affected if services in local communities and those that visit people's homes reduce which could increase isolation, and create more demand on statutory services. For example, changes to transport mean that some people may find it more difficult to get out to access employment, maintain a social life or participate in leisure activities.

Active Communities – For some services we will step back and enable more community ownership of projects, initiatives and the city's work. Changes to services or community assets in some geographical areas of Bristol could further widen inequality gaps for some neighbourhoods, for example changes to discretionary rate relief will need to consider how to identify the impact of reducing or removing rates relief on smaller organisations providing vital roles in communities.

Impact on Disabled people:

Bristol Key Facts

- 17% of Bristol's population are disabled, 15.6% of men and 17.8% of women.
- 16.4% of people living in households have day-to-day activities which are 'limited by their illness or disability'. For children it is 4.1% of all children, for the working age population it increases to 12.3% and for people aged 65 and over it increases to 55.9%.
- 22% of disabled people aged over 16 are economically active in Bristol compared with 70% of the general population
- 6.7% of BCC staff are disabled.
- 28% of those in poverty in the UK are disabled (3.9 million people) while a further 20% of people in poverty (2.7 million) live in a household with a disabled person. Nearly half of the poverty in the UK is therefore directly associated with disability (Joseph Rowntree Foundation and New Policy Institute 2016).

There are a number of proposals which impact on disabled people and each individual equality impact assessment has given careful consideration to mitigating this impact. The cumulative impact assessment:

Standard of Living

Disabled people have experienced significant change to their income, including changes to Access to Work, Personal Independence Payment and Employment Support Allowance and are the majority users of information and advice services (IAG). FP11, the development of a single citywide information and advice service needs to be designed in consultation with disabled people. For example the new centralised IAG needs take into account that some disabled people are more reliant on face-to-face IAG, rather than telephone or digital access, such as people with learning difficulties, people with mental health issues and people with a hearing impairment. IAG services are also important for people who experience multiple oppression, for example disabled refugees, older people who have recently become disabled.

Disabled people could be negatively impacted by reductions to the Local Crisis and Prevention Fund, but these will be mitigated by prioritising provision of essential items. It is noted there will be an impact as any non-essential or replacement goods will need to be sourced through second hand, reuse or affordable credit projects.

The Government is ending the grant to Council for Education Services but key statutory duties will be retained, for example, support for Education, Health and Care Assessments (ECHPs) Plans for disabled children. The impact has been mitigated by the council sustaining some investment in the local authority's role. The issue of high demand on the High Needs

education funding is outside of the scope of this budget but remains a significant budgetary challenge.

Health and Wellbeing

Disabled people are the majority users of adult care and support services. Some savings will be achieved through the reconfiguration of services which is already underway and disabled people are involved in redesigns to provide services in a more cost effective way. For example FP03 has six equality impact assessments identifying how assistive technology, pre-payment cards, improving access to employment opportunities, promoting Shared Lives and reconfiguring re-ablement provision in North Bristol will contribute towards achieving the saving. The Shared Lives and Employment Support proposals will be an improvement on current service provision and expands disabled people's choices and options.

Some savings will be achieved through reviewing the disabled person's individual support package and any significant negative impact will be discussed with the individual disabled person and mitigated where possible. For example, when identifying who will be affected by reductions in Supporting People (RSO1), savings may be made by using a different provider that offers better value for money (recommissioning services or using a dynamic purchasing framework) or by reducing the support an individual receives. Changes to a support plan will happen only after a review or a reassessment. Reviews, assessments and reassessments are undertaken in accordance with our policies which mitigate against discrimination and ensure people are assessed on needs and not on how well they can advocate for themselves. The council must meet its statutory duty of care and will protect entitlement to services where the support is most likely to reduce the need for statutory care.

Early Intervention and resilience

Some savings will be achieved through reconfiguring services and these discussions are at an early stage. Changes to Community Links, community meals, dementia services, Children's Centres and school crossings will have an impact on disabled people and families with disabled children. It is important that changes do not decrease independent living and increase reliance on statutory services. Details are still under discussion and there are commitments to involve staff and service users to mitigate avoidable negative impact. There may be upheaval which may cause distress or worry and we need to ensure we support people well during this transition.

Disabled young people could be affected by changes in youth services but there is a strong commitment to improving access to mainstream youth services, enabling disabled young people to attend all local services, which is encouraging.

In the autumn there were concerns expressed in the Public Consultation that disabled people are particularly affected by changes to transport. In response, the proposed changes to community transport and concessionary bus passes are now on hold, so the overall cumulative impact on disabled people and transport is much less negative than originally

anticipated. However, the removal of commercial bus subsidies will impact on disabled people using those services, consultation has highlighted that 35% of disabled people using these services would be unable to make alternate travel arrangements.

At Cabinet on 30 January 2017, Deaf and disabled people highlighted their concerns about cuts to services, previously ring fenced as Supporting People funded services (RS01). The £7m fund will be reduced by £1.8m and councillors committed to reviewing how the saving is made and which services will be reduced and there will be a full consultation on this proposal. It is important to recognise where small investments can contribute to significant improvements in independent living; where targeted funds can meet the needs of specific communities, for example BME elders; and where there is alternative provision or when other services have reduced significantly e.g Deaf people.

Charging for parking will have minimal impact on disabled people (blue badge users are exempt from parking charges in recognition that they need to park in close proximity to services and facilities). We are consulting on extending free parking in parks for blue badge users.

Disabled people have a higher fear of crime and difficulties in reporting to the police, so will be affected by the reductions in PCSOs but reconfiguring the remaining provision should mitigate any negative impact.

Active Communities

There is a risk associated with wider scale community ownership of parks and libraries and community sponsorship of neighbourhood partnerships that it may be more difficult for those communities to raise or prioritise the spending to ensure high quality access to these local neighbourhood assets. We are mitigating this issue by ensuring a level of investment to support community asset transfer and building community capacity for managing physical assets to ensure they function for the whole community. We also have a strong voluntary community sector, where there is good expertise around equalities, and we would be targeting some of our support for these organisations to ensure their expertise is shared with wider community groups.

Impact on Gender

Bristol Key Facts

- 64% of men aged 16 and over are in employment compared to 56% of women
- 40% of the BCC workforce are men and 60% are women
- Women in full-time employment take home an average of £477.10 before tax, compared to £562.60 paid to men.
- Women have a 50:50 chance of providing care by the time they are 59; compared with men who have the same chance by the time they are 75 years old.
- 92% of lone parents caring for dependent children are women.

A number of budget proposals have the potential to impact on women specifically. A summary of these is below. The core mitigations will be in the re-designs of these services/provision to ensure that we can pick up core concerns and address these.

Standard of Living

Lone parents and women escaping domestic abuse would be affected by cuts to the Local Crisis and Prevention Fund, but essential goods will continue to be provided to mitigate the impacts on women leaving refuge accommodation and families leaving hostel accommodation.

Health and Wellbeing

There are positive impacts for women anticipated: for example, changes to ROADS services (substance misuse) aim to increase access to services and uptake of services by women; changes to youth housing pathways will introduce specific provision for young women and changes for adult homeless services will increase family provision, albeit possibly reduce women only provision.

Early Intervention and Resilience

The proposal to reconfigure Children's Centres, dementia services, schools crossings is likely to affect women who are the majority of staff and the majority of service users. The impact of reconfiguring Children's Centres services will impact on women staff, as well as on women service users as it is a key universal service. The aim is to continue to provide targeted, preventative services with minimal impact on service users, however we recognise the upheaval will cause distress or worry. There are commitments to involve staff and service users to mitigate avoidable negative impact.

Changes to public transport disproportionately affect women because they are more reliant on public transport and have less access to cars. 65% of people who would be unable to find alternative travel arrangements if the removal of subsidised bus services meant the closure of certain bus routes are women. Changes to Park and Ride affect women disproportionately because they are 65% of users of Park and Ride services; we are not aware of any negative impact due to changes in security arrangements and medium term the Metrobus will replace the Ashton Park and Ride so we do not anticipate a negative impact of the changes proposed.

Active communities

Reducing public toilet provision may have a disproportionate impact on women, because women tend to be the primary carers of children and children are more likely to need the toilet at short notice, though we are aware that many people don't use the existing toilet provision as it is considered poor. Alternative toilets in public houses and other venues may not be appropriate for children. This can be mitigated by using a collaborative approach to

redesigning our approach to provision, ensuring that our partners in the city with access to accessible toilet provision make this clear and that any remaining public toilets under BCC are fit for purpose.

Impact on Age:

Bristol Key Facts

- One in five people living in Bristol are aged under 16.
- 13% of Bristol population is over 65 with over 9000 people aged 85 or over.
- 4.34% of the council's workforce are aged 16-24
- 38.61% of the council's workforce are aged 50-64 and 2.83% are aged over 65
- One in five people aged 60+ and one in four children live in income deprived households (almost half of the children in Inner City Bristol live in families receiving means tested benefits).
- 2015 UK figures indicate over half of people over the age of 75 do not use the internet, 50% of the Bristol Older People's Forum survey reported they don't use the internet

There are proposals which may impact on Children, Young and Older People. The main risks are detailed below and mitigation will be primarily in our ability to accommodate key concerns we have identified into the newly shaped services. For example, ensuring we have addressed digital inclusion to support access for older and disabled people to our services.

Standard of Living

15% of young people use the Local Crisis and Prevention Fund emergency payments which will reduce, however this is mitigated by smaller awards of Emergency Payments continuing in essential areas of need.

Health and Wellbeing

Some savings will be achieved through the reconfiguration of services which is already underway to provide services in a more cost effective way; through assistive technology, pre-payment cards and reconfiguring re-ablement provision in North Bristol. It is important to recognise about 50% of older people struggle with or do not use digital platforms

Savings may be made by using a different provider which offers better value for money (recommissioning services or using a dynamic purchasing framework) or by reducing the support an individual receives, for example Community Support Services and Supporting people but all changes are discussed with the older person. The council must meet its statutory duty of care and will protect entitlement to services where the support is most likely to reduce the need for statutory care.

Older residents in Redfield Lodge, users of Community Links and Community Meals will be involved in options appraisals and further consultation on changes to services but we recognise change can be very unsettling.

Early Intervention and resilience

Children and young people will be affected by the proposed reductions to Early Help, Youth Services, Children's Centres and reductions to school crossing patrols. Where possible, savings will be made by reconfiguring services and targeting provision at those most in need.

The removal of commercial bus subsidies will impact on people using those services, 35% of older people using these services would be unable to make alternate travel arrangements. But some transport changes have been dropped (changes to community transport and concessionary bus passes proposed in October 2016) so the overall cumulative impact on older people and transport is much less negative than originally anticipated

Active Communities

Some older people could also be affected by Highways service removing telephone reporting of highways issues and some older and disabled people may be unable to use the new online systems to discuss access concerns via a generic website. This is compounded by changes to neighbourhood partnerships which may no longer offer forums for local people to raise concerns about highways and the removal of the delegated budget to neighbourhood partnerships to prioritise highways issues which are of concern to local people.

Impact on Black and minority ethnic communities:

Bristol Key Facts

- The population of Bristol has become increasingly diverse and some local communities have changed significantly. There are now at least 45 religions, at least 180 countries of birth represented and at least 91 main languages spoken by people living in Bristol.
- The proportion of the population who are not 'White British' has increased from 12% in 2001 to 22% of the total population in 2011
- One in three children in Bristol schools are from a Black and minority ethnic background and 91% of people in Bristol aged 65 and over are from a White British background
- 11.71% of Bristol City Council's workforce are from Black and Minority Ethnic groups and 4.9% are from non-White British ethnic groups.

Standard of Living

BME families and individuals are over represented in homelessness services and greater provision for homeless families will have a positive impact on BME families. Additional preventative services will have a positive impact for BME young people and adults needing temporary accommodation. Also people of Eastern European Origin are over represented in private housing and would benefit from the initiatives to address rogue landlords.

For newer BME communities where language is an issue, decisions to channel shift to digital and reductions in face-to-face IAG (changes to the CSP and wider IAG services) create an additional barrier to service access. This is compounded by BME communities being high users of IAG so may be disproportionately affected by changes and will need to be fully involved in any new service designs. BME users are also high users of the Local Crisis and Prevention Fund but this is mitigated by continued provision of essential household goods.

The council has included additional investment into the local authority to ease transition to the Government ending of the grant to Councils for Education Services. It is important that in planning these reductions, schools are clear about their responsibilities to promote equality of opportunity and outcomes for BME children. The schools fund and formula is outside of the budget consultation.

The reduction of in-house employment support needs to maintain a focus on BME communities. This will be mitigated by improved partnership working to target apprenticeship opportunities to BME young people, and other such initiatives, through the Learning City Partnership work.

Health and wellbeing

BME staff (33%) and BME service users (20%) at Redfield lodge may experience additional concerns as relocation to provision in outer lying areas where the proportion of BME staff and BME residents is smaller, could feel more isolating. Full and open consultation which takes into account the concerns of BME staff and BME residents and families is additionally important. Older BME people can be additionally reliant on targeted interventions which are culturally sensitive and the diverse workforces at Community Links offer added value which should be retained in any new designs for services

There is a specific impact on a small number of BME people in the proposal to remove Supporting People funding for 24 people living with HIV, which will disproportionately affect people of African origin who are the majority users of this service. This is subject to consultation but if it goes ahead, would be mitigated by reviewing care and support needs with the individuals affected and referring people to other services where relevant

Early Intervention and Resilience

Early intervention services have a particular importance for some BME communities. There are social, economic and cultural factors which create specific needs for BME communities, which are often not sufficient to meet thresholds for specific support services, for example: Cumulative Equality and Health Impact Assessment of the Budget Proposals: Full Council March 2017

- Some BME communities have additional support needs, for example refugee and asylum seeker communities have specific information and advice needs and language needs which are not experienced by more settled communities.
- Families and individuals may have specific cultural and religious needs, issues around inclusion and integration, and inter-generational issues which could create additional stressors and these needs may not be met by schools or other generic provision.
- BME communities may experience discrimination, exclusion and historical disadvantage and are more likely to live in poverty and experience long term unemployment than White British people.
- Most BME communities are younger than the Bristol average and are proportionately more reliant on children and families' services

Reduction in early intervention services or an increase in the thresholds will disproportionately disadvantage BME people compared with white British communities.

Youth services are vital early intervention services for some young BME people. The recommissioning of youth services is committed youth work provision with a high level understanding of the diversity of young people's challenges across the city and how best to meet these challenges. There is also a need to give recognition to the needs of vulnerable BME young women and men from smaller BME and refugee communities.

Active Communities

These social and economic factors are partly why BME communities are additionally reliant on VCS initiatives, for example projects which are delivered by and for BME communities; projects which highlight the contributions made by BME communities; educational projects which support BME parents new to the British educational system to understand how best to support their children's' education. Therefore the decision to protect the Bristol Impact Fund will continue to benefit BME communities.

These social and economic issues also lead to an under representation of the voice of BME communities and some arts providers seek to address this by working with these communities. Reductions in Bristol's cultural offer would need to ensure authentic BME voices and talents are promoted in recognition of a historical lack of representation

BME communities have a higher fear of crime and less confidence to report crime to the police, but reconfiguring the remaining PCSO provision to should mitigate any negative impact.

Impact on Lesbian, gay, bisexual and transgender communities:

Bristol Key Facts

Stonewall estimate that there are between 5-7% LGB people in the UK.

4.36% of Bristol City Council Staff are LGBT.

LGBT Bristol have identified there is a lack of resources and expertise around transgender issues in Bristol and a real need for resources that can help support transgender people and improve awareness through education and training to improve quality of life for transgender people. Challenging Institutional and societal homophobia and transphobia, including challenging heteronormativity remains a key challenge in Bristol.

The level of impact on LGBT communities is often less clear within Equality Impact Assessments. We have included some potential areas of risk in this document. As with other areas, we need to be aware of the issues of the LGBT community when we are re-designing or re-shaping our provision.

- A risk that in changes to youth services and not maintaining a LGBT specific services, more work is needed in generic provision to ensure LGBT young people feel safe and welcome in mainstream provision.
- LGBT communities have worked hard to have a voice on Neighbourhood Partnerships and any new community structures need to be inclusive of diverse communities. LGBT people can have a particular vulnerability to community control of resources like libraries and parks if safeguards aren't in place. For example is there is a majority local opinion which objects to openly gay lifestyles then communities could refuse gay friendly events in parks for fear of 'excluding the local community'.
- LGBT communities are more reliant on PCSOs to challenge everyday homophobia and transphobia, and more reliant on homelessness providers in developing proactive LGBT policies and LGBT staff initiatives to create residential environments where LGBT people feel safe to be themselves if living in homeless accommodation.
- The proposed closure of HIV services as part of supporting people would also have an impact on the LGBT community, as non-statutory provision would reduce to one worker at Terence Higgins Trust.

Impact on Faith communities:

Bristol Key Facts

- The largest religion is Christian (47%), although following national trends the proportion of people stating that they are Christian has fallen from 62% of all people living in Bristol in 2001.
- The largest minority religion is Islam, 5% of the city's population are Muslim
- Bristol is ranked 7th in England and Wales for the proportion of people stating that they have no religion - 37% of the population state they have no religion, up from 25% in 2001.
- The age profile of the Muslim population living in Bristol is much younger than that of the population as a whole - almost 40% of Muslims are children aged under 16 compared to 18% of the total population.

Experiences of discrimination, exclusion and negative media portrayals within Muslim communities have created specific stressors in comparison to other faith or no faith communities. Concerns about poorer educational outcomes for Muslim young people (Pakistani, Bangladeshi, Somali etc) are a concern to parents and the community. Similar to BME families, these stressors are not sufficient for most individuals and families to meet thresholds for statutory services but it does create an additional reliance on projects, positive action, voluntary sector and places of worship to provide culturally sensitive services, for example older people's clubs in services and Saturday schools.

Economic inequality

Socio-economic disadvantage is not covered by the Equality Act 2010, and not included in impact assessments. However, it is important to identify proposals which introduce additional charges and could impact on poorer people and to identify proposals generally which have additional relevance for communities which experience socio-economic disadvantage. In the Key Facts sections above, we have highlighted levels of unemployment which indicate levels of poverty within communities.

In mitigation of any increased charges, we will be evaluating and reflecting ability to pay in our approaches.

Standard of living

IAG provision offers advice to people on welfare benefits so this will affect communities which experience socio-economic disadvantage. Also Early Help is more important for communities which experience socio-economic disadvantage,

Reduction to the Local crisis and Prevention fund will impact on communities who experience socio-economic disadvantage because they have less access to affordable credit, however the fund will still provide essential household goods for those most in need.

Health and Wellbeing

The proposal to impose additional fees for Redfield lodge residents and the increase in client contributions are mitigated by financial assessments on peoples' ability to pay. The removal of the adult learning subsidy is also mitigated by charges being mitigated by evaluating people's ability to pay.

Active Communities

There are plans for some services (libraries, parks, neighbourhood partnerships, school crossings) to be led by other agencies including volunteers, which could offer opportunities for local communities to run local services. Collaborative communities are more likely to look out for each other, increase cohesion and minimise the cost of dependency and institutional care. However, some communities find it harder to self-organise into social networks and groupings that allow people to do things for themselves. Some disadvantaged areas have a strong tradition of self-organising but most areas do struggle with day to day poverty related issues such as high unemployment, poor health and anti-social behaviour which create additional barriers to this kind of self-organising.

Impact of geography:

We are aware of the importance of ensuring that reductions and changes do not disproportionately impact on specific areas of the city. Geography is both important in terms of the demography of the area – who lives there – and also the Multiple Indices of Deprivation which tell us how an area is doing, and where there are key social issues for communities.

Examples:

- More BME people live in East Central and in the inner circle of north Bristol than in South Bristol. Therefore any service reduction or closures in East and North Bristol are more likely to adversely impact on BME people. Also, it is important that poorer white communities aren't competing with poor BME communities for resources. If resources are allocated equally between 3 areas according to geography, then BME people may be indirectly adversely affected because resources to South Bristol will mainly support people of white British origin (the population of South Bristol is approx. 93% white British).
- Areas of the city with new and newly arrived communities do have additional information and advice needs and additional resettlement, language and integration costs which are not costs incurred by white British communities. Therefore, funding allocation for some services in East central may need to be more per head than for

other areas. We are clear that when we are redesigning any changed services or relocating resources we need to be sophisticated in our needs analysis to avoid disproportionate effects.

We will be targeting of resources to those geographic areas with higher needs and higher levels of poverty. This targeting is important, but we are mindful that not all people with protected characteristics will be living in those higher needs areas.

- Disabled children and disabled parents are more likely to live in poverty than non-disabled households, but they are spread relatively evenly across wards in the city and therefore when we are reducing our investment in wealthier areas, we need to ensure we are not compounding any issues of isolation of disadvantage for these groups. We will mitigate this by using our needs analysis and knowledge of who is using our services to ensure our new shaped services take account of these groups.
- Disabled mothers, mothers of disabled children and women experiencing domestic abuse have additional needs which are unrelated to wealth.

As we undertake the re-design work for the changes in services which have a locality provision – such as libraries, Children’s Centres, neighbourhood partnerships, school crossings, subsidised bus services - we will be considering this geographical impact carefully, and ensuring that where we are locating services will be to the best possible benefit of any at risk communities.

The impact of inviting other providers to deliver services

There are plans for some services (libraries, parks, neighbourhood partnerships, school crossings) to be led by other agencies including volunteers. It is a positive impact for provision to be led by the communities they serve. The council’s commitment to recognising social value in contracting arrangements could reinforce this positive benefit

The duty to not discriminate and make reasonable adjustments for disabled people is part of the Equality Act 2010 which applies to everyone, but the public sector equality duty is a higher standard. If public sector partners or the voluntary and community sector run community services then it is easier to assert equality standards because the public sector equality duty applies. Outside these providers, it is important to note there are additional risks around equality and diversity when deviating from traditional arrangements with public or VCS partners.

Smaller equalities groups can find it difficult to access community led grants, processes may be inaccessible or the communities may not be aware of the specific needs within their own communities.

Conclusion:

This is a work in progress. We have worked to thoroughly assess the potential impacts on equalities communities of the proposed changes to our services. This assessment has ensured that we understand the impacts and can work towards ensuring that when decisions are made about budget reductions, we are ready to re-shape and re-design services with these key impacts in mind and work with our partners in the wider public and Voluntary sector to share this information and co-design solutions wherever possible.

Appendix 1

Implementing the Public Sector Equality Duty

The Public Sector Equality Duty (section 149 of the Equality Act 2010) requires public bodies to have due regard to the need to: eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010; advance equality of opportunity between people from different groups; and foster good relations between people from different groups. This document explores the combined impact of Bristol City Council's budget proposals for 2017-2022 on equalities groups in our city.

Non-Compliance with the Public Sector Equality Duty brings a risk of judicial review, and there is extensive case law arising from rulings on judicial reviews which help us to understand what is required of decision makers.

- Decision-makers must consciously bring the Duty to mind when considering the proposal. If they don't or if their appreciation of the duty is incomplete or mistaken, the courts will deem that due regard has not been applied.
- Due regard must be paid before and at the time that a particular decision is being considered, not later. Attempts to justify a decision as being consistent with the exercise of the duty when it was not, in fact, considered before the decision, are not sufficient to discharge the duty.
- The duty must be exercised with substance, with rigour and with an open mind. It is not a question of just ticking boxes, or of merely paying lip service. There must be substantial sifting of relevant facts and research, and fair attention to conflicting views. It follows there must be meaningful consultation and engagement with interested parties.
- The duty to have due regard cannot be delegated to a third party (e.g. a commissioned organisation).
- It is good practice to keep an adequate record showing that the equality duties have been actually considered and pondered. Minimally, the record should be dated and should indicate the evidence that has been taken into account. The purpose is to discipline decision-makers to undertake their equality duties conscientiously. Bristol City Council use the Equality Impact Assessment process to record equalities considerations.

Cumulative Health Impact Assessment of the Indicative Budget Savings 2017/18 – 2021/22

Date 10 February 2017

1. The Context

People in Bristol are living longer, but in the most deprived wards people die on average ten years before people living in the most affluent wards in the city.

Healthy life expectancy, which is the average number of years a person might expect to live in 'good' health during their lifetime, is around 63 years for men and 64 years for women in Bristol. This is similar to the England average, but the gap between the most and least deprived areas in Bristol is over 16 years. This means that people living in disadvantaged areas live for many more years with illness, limiting their ability to work, enjoy life, or take part in community life. This impacts families, social care, health care and society.

2. Proposed changes

The health of the public may be affected by the proposed changes in funding to services. This impact can be negative or positive.

The budget changes that may have most impact on health are:

- Local crisis and prevention fund reduction. RS05.
- Restructuring civil protection team. BE11.
- Reorganise how school crossings are patrolled. RS16.
- Single city-wide information, advice and guidance services. FP11.
- New ways of delivering Parks and Open spaces. FP02.
- Implementing a new model of care and support for adults. FP03.
- Recommission alcohol and other drug misuse services for adults. RS23.
- Reshape Children Centre services. RS03.
- Recommission Bristol Youth Links. FP07.

3. Our approach

To explore the health impacts of the changes listed above the Public Health team have looked at the corporate strategy through a 'health lens'. They have taken the changes most likely to impact and have suggested mitigating action were appropriate so that any negative impacts can be reduced.

4. Detail of Impacts on Public Health

4.1 The Local Crisis and Prevention Fund Reduction. RS05.

Common crisis situations will include financial crisis, such as having unmanageable debts; helping people to move home after they've been homeless; people fleeing domestic violence; prison leavers and people who can't manage finances due to learning difficulty or addiction.

The proposal would reduce the £1.9m fund by 55%, leading to fewer or smaller grants being made. Such a change would be made at a time when wider welfare changes are taking place (such as a freeze in working-age benefits; a reduction in new ESA-benefits; the Benefit Cap and reductions in tax credits). As such, it is likely that there will be a continuing demand for these payments.

There is a risk that by reducing the availability of this fund may exacerbate peoples' sense and experience of crisis. This increased sense of crisis may increase their risk of:

- Increased physical health issues, including malnutrition and hypothermia.
- Increased mental health problems – poverty can be both a causal factor and a consequence of mental ill health.
- Increased risk of suicides and suicidal behaviours.
- Increased domestic abuse.
- Increased child neglect and harm to child mental health.
- Increased drug and alcohol dependency.

Mitigation:

As noted in the Equality Impact Assessment, work needs to be undertaken to increase use of charities and available funds offering similar provision (e.g. Furnished Tenancies); to reduce the list of goods on offer and focus on 'essential' household goods, e.g. beds, cooker, fridge and washing machines and make smaller awards of Emergency Payments and only in essential areas of need.

More broadly, efforts could be strengthened to improve employment rates; family support initiatives; and mental health access, as well as improving access to financial literacy / awareness across public services.

4.2 Restructuring the Civil Protection Team. BE11.

One of the key roles of the Civil Protection team is to support the Local Resilience Forum (LRF). One of the tasks of the LRF is to produce a plan for handling mass deaths and there is a risk that a reduced Civil Protection team will have less capacity to fulfil their responsibility to develop this plan.

There is currently no sufficient Local Resilience Forum (LRF) plan for handling excess deaths, for instance if there was in a pandemic or for mass fatality incident. The Civil Protection team lead on LRF liaison and the LRF are leading on this planning.

If we were to experience a pandemic or incident with large numbers of people dying, there would be a huge impact on the registration/mortuary service and the potential for delays in

services and cremations. These delays would present a potential public health issue in terms of the distress they could cause, so mental health support would be needed in these types of incidents.

In any emergency where people are displaced or suffer losses, for instance life, property, or financial losses, there would probably be an impact on the health of the people concerned. Whether this is a physical, for instance from contaminated water, or mental for instance from post-traumatic stress disorder or depression, these incidents would negatively impact on the health of Bristol.

Mitigation: It would be prudent to prioritise the development of a plan to handle mass deaths.

4.3 Reorganise how school crossings are patrolled. RS16.

Reducing school crossings may result in a lack of confidence in parents and carers to allow their children to walk to school, potentially resulting in further road congestion and children particularly not gaining the benefits of active travel.

The average child aged 5 to 17 years in the UK does not reach the recommended minimum daily levels of physical activity - 60 minutes per day. Childhood obesity is becoming endemic, with associated negative health impacts that persist into adulthood.

Active commuting to school can lead to health benefits. Walking to and from school can contribute to achieving the recommended level of activity. Promoting active travel contributes to preventing obesity it also provides many co-benefits such as reductions in air pollution, noise, or traffic injuries. Children who participate in activity such as active travel are more likely to be an active adult. Behaviours that start in childhood are more likely to continue into adulthood impacting their future health and wellbeing.

Fear of injury currently deters many people from making healthy and sustainable travel choices. There is supporting evidence in the US where crossing patrols appear to be effective at reducing barriers to walking/biking to school. In a Canadian study in Toronto, there was a strong positive association found between walking and school crossing guards and the evidence was of crossing guards improving the perceived safety of the environment for walking.

More than 20 scientific papers looking at the link between physical activity and academic attainment over the past 14 years have been reviewed. There is convincing evidence that physical activity and fitness levels in school children is associated with better academic scores and improved classroom behaviour.

Physical activity is well documented as contributing to better academic attainment. There is substantial evidence that physical activity helps improve academic achievement and

additionally that physical activity can have an impact on cognitive skills and attitudes and academic behaviour, all of which are important components of improved academic performance.

Journeys to and from school are, in the main, short journeys and the Joint Local Transport Plan 3 aims to reduce these. From road traffic surveys we know there is a consistent morning peak which increases by 20% during the school term. Without the crossing patrols this could increase further. There is an increase potential for increasing road traffic danger from more using private traffic modes of transport. Health inequalities increase for those without the use of a car as the quality of their journey will decline in terms of the effects of pollution.

Those working on school crossings are socially engaged and provided with employment. They develop rapport with those they see day-to-day and model safe behaviour. For those in the most deprived super output areas this is more significant as they are less likely to be exposed to road safety messages at home; the crossing patrols expose them to road safety experience and support them to be able to travel independently.

Health inequalities are seen in data on road traffic injuries in Bristol. Between 2011 and 2013 the 25 most deprived super output areas had 19% of pedestrian casualties and 18% of children casualties. Whereas the 25 least deprived super output areas had 4% of pedestrian casualties and 3% casualties.

Mitigation: Consider the findings of the recent survey of head teachers to assess alternative methods of delivery and funding including local volunteering; consider removing crossings initially where there are already engineered crossings (zebras or lights); carry out assessment of each site to develop a hierarchy of risk to remove the least risky first.

4.4 Single city-wide information, advice and guidance services. FP11.

The restructuring of council Information, advice and guidance (IAG) services is planned.

There is an inextricable link between poverty and health, with poorer people experiencing poorer health outcomes. These are the people most likely to use the services. If people are not able to access the kind of support for them to maximise their income, their health will suffer and there will be a negative impact on health inequalities.

Future savings will need to be made and whilst these plans are not yet articulated they are likely to impact on the number of staff available for face to face advice which will directly impact on some communities who are not able to make use of the digital offer.

IAG provision offers advice to people on welfare benefits so this will affect communities which experience socio-economic disadvantage. The cumulative impact assessment highlighted that one in five people aged 60+ and one in four children live in income deprived

households (almost half of the children in Inner City Bristol live in families receiving means tested benefits) and that disabled people are the largest user of IAG services. These people comprise some of the most vulnerable in our city and a reduction in face to face support may mean that they are not able to get all the benefits that they are entitled to.

In addition, removing the resource from advice and early intervention can create demand and increased cost in other areas. It is known that the proposals aim to minimise this risk.

Welfare reform is already impacting on levels of poverty in the city and as Universal Credit rolls out we may see increasing levels of rent arrears and reliance on Food Banks.

Mitigation: the service is being reshaped and there is an opportunity to ensure that the redesign addresses the risks as far as is possible.

4.5 New ways of delivering Parks and Open spaces. FP02. A detailed plan for the future is being developed. The local authority, through its public health responsibilities, has a significant role to play in utilising the natural environment in the prevention of disease and promotion of people's wellbeing. The effect of parks and green spaces on the health of the public is complex, the evidence tells us that:

- Lack of physical activity is associated with a number of cancers and cardiovascular disease. In Bristol around 40% of adults do not do enough physical activity and levels vary across the city. 83% of 15 year olds in Bristol do not meet the recommendations for young people. It is estimated that the NHS in Bristol spends over £3 million each year treating people for ill health caused by physical inactivity.
- National guidance recommends that as designers and managers of public open spaces they should be maintained to a high standard, be safe, attractive and welcoming to everyone. Parks maintenance is important for a number of reasons, to allow informal play and ball games, to ensure that there are no overgrown or blind spots which reduce safety or perception of safety, bench and toilet provision to support a wide range of people to visit, hard surface and sport pitch maintenance to allow positive participation in activity.
- National guidance recommends the active promotion of public parks and facilities (as well as more non-traditional spaces) as places where children and young people can be physically active. In addition it recommends that we provide children with access to environments that stimulate their need to explore and which safely challenge them, (examples include adventure playgrounds, parks, woodland, common land or fun trails.) to develop their risk awareness and understanding of their own abilities as necessary life skills.
- Natural green spaces are known to have a positive effect on mental health. Annual treatment costs for mental health in England are £105 billion versus £630 million to maintain 27,000 parks and green spaces.
- Trees and woodland also have a measureable impact on air quality, in particular by adsorbing pollutants. Trees can also reduce urban noise through sound deflection and absorption, improving the environment for residents and workers.

Mitigation: it is recommended that a full Health Impact Assessment is produced to fully understand the impact of the changes as they develop to ensure that health inequalities will not be widened by the proposed changes.

4.6 Implementing a new model of care and support for adults. FP03.

There are several aspects to this proposal and most should have a positive impact on health.

4.6.1. The move to a digital self-assessment questionnaire for initial assessments and triage to signpost to services and to launch digital Information, Advice and Guidance which will serve as a database about relevant services.

There is the potential to have a negative impact on health for some populations who may not easily access digital information. This is acknowledged and is to be mitigated by the continuation of the existing phone service.

People who are feeling vulnerable, for example, people with mental health problems may be easily discouraged from pursuing contacting adult care if only confronted with a digital option and a hard to find phone number.

Mitigation: It is essential that people are not put off phoning and the phone number needs to be easily accessible so that there is not a negative impact on the health of older and disabled people, or those with mental health issues in particular.

4.6.2. Utilising support within the community and informal support (tier 1) and short-term (tier 2) rather than longer term ongoing paid services (tier 3)

This proposal has the potential to impact negatively on health. It relies on appropriate options for support being available in the community. The most disadvantaged and vulnerable people will find it hard to access community support that they are not already engaged with. They may also be less able to access or afford transport costs to get to the support.

On the other hand, this option also has the potential to improve the health of the service users as they will retain more control over their lives and not become dependent on long term services.

4.6.3. Assistive Technology. This has the potential to have a positive impact on health as service users are able to maintain an independent life outside of residential care. Although it is noted that care packages may be reduced they should be appropriate as they will be tailored to need.

4.6.4. Pre-Payment Accounts. This proposal should broaden the scope of individuals who are able to directly manage their accounts. It should be easier to use and administer and will allow individuals who were previously excluded from using direct payment to enter the scheme.

It should therefore have a positive impact on health as it gives individuals more control over their lives.

4.6.5. Service User Reviews. This should have a positive impact on health as it promotes independence and support should be more appropriate to need following the review.

4.7 Recommission alcohol and other drug misuse services for adults. RS23.

Addressing drug and alcohol misuse is one of Bristol City top priorities. Alcohol-related deaths and crime attributable to alcohol has been consistently higher in Bristol than the national average. Bristol has a high number of opiate and/or crack users which is estimated to be around 18 in every 1000 adults, higher than other core cities in England. Bristol also has a higher proportion of clients with very complex needs who are more likely to be in treatment for longer and require specialist support.

Substance misuse levels differ across ethnic groups, with White British and people of dual heritage suffering the highest levels. The burden of alcoholic liver disease and alcohol-related deaths are significantly higher in men than women. Female opiate clients and male non-opiate clients have significantly worse outcomes than their counterparts. BME clients have significantly poorer outcomes across all drug groups than White British. LGB and Transgender people have higher levels of health risk behaviours, such as substance misuse, and are less likely to engage with services.

According to the Public Health England Value for Money calculation every £1 spent on substance misuse in Bristol will derive £2.50 of benefit in terms of crime reduction and increased health and wellbeing. This benefit is above the national average of £2.

There is a risk of negative impacts on health and wellbeing in the recommissioning of Bristol Drug & Alcohol services and these are explained below. Some impacts of the proposal could be mitigated by reconfiguring and recommissioning of Drugs & Alcohol services and the consultation with stakeholders and service users is underway to ensure any significant negative impacts will be discussed and mitigated where possible. Other impacts resulting from significant budget reductions to the services could be mitigated by developing new delivery models of provision and working in partnership across sectors.

4.7.1. The proposed reduction in budget for **Bristol Recovery Oriented Alcohol & Drugs Service (ROADS)** services is likely to result in either decreased pay rates or a smaller

workforce as the largest proportion of spend within ROADS contract is staffing cost. This could lead to less effective mitigation of offending behaviours and harms associated with drug and alcohol use, thus additional costs for criminal justice and the health system.

Mitigation: Reconfiguring and recommissioning of ROADS services to identify providers which offer better value for money and provide services in a more cost effective way. A proposed model for the new treatment system has been developed to enable BCC to procure the necessary services and a draft commissioning strategy for recommissioning of ROADS is out for public consultation in order to seek feedback from all stakeholders including service users and equalities groups, and to ensure any significant negative impact will be discussed and mitigated where possible.

4.7.2. The proposed reduction in budget for the **Early Engagement and Intervention service** that delivers interventions (e.g. Needle & Syringe Programme, Naloxone (to counter opiate overdoses), Blood Borne Virus Nursing and testing) to drug and alcohol users who are not in contact with ROADS, is likely to result in either a decreased ability to purchase necessary material stock (i.e. less needles/syringes to exchange, Blood Borne Virus testing kits or Naloxone supplies) or a reduction in the staffing level needed to ensure the appropriate supply of the material stock. This could have a negative impact on the health protection outcomes such as transmission and diagnosis of Blood Borne Virus infections including HIV, and potentially deaths from opiate overdose.

Mitigation: any reduction and its potential impact will be consulted with all stakeholders including service users, and mitigated where possible. The impact could be mitigated by prioritising provision of essential items and finding the essential funding in areas which are likely to have the maximum impact on service users and public health.

4.7.3. The proposed reduction in budget for the **Residential rehab provision**, offering primary and secondary placements through an approved list of providers, could impact on people with complex needs and/or dual diagnosis whose needs cannot be met in the community.

Mitigation: reconfiguring and recommissioning the service. The proposed new delivery model of the Residential rehab provision offers primary and secondary placements as well as a more tiered approach to detoxes where residential rehab providers will be able to offer to deliver detoxes to clients whose needs cannot be met in the community, but who are not at a level requiring an acute care inpatient detox.

4.7.4. The proposed reduction in budget for **Psychosocial Interventions** through the proposed Community Recovery Centres, is likely to result in reduced provision of supportive intervention techniques (such as motivational interviewing and mapping approaches)

complementing the medication detox, and reduced provision of relapse prevention and aftercare services. Service users could be negatively impacted by these reductions and experience worse treatment outcomes including more frequent relapses.

Mitigation: reconfiguring and recommissioning the service. The proposed new delivery model of the Substance Misuse Liaison (shared care) service would deliver packages of care coordination and psychosocial interventions for 4-6 weeks to support a GP prescribed detox at patient own GP surgery, potentially reducing the demand for additional psychosocial interventions during the medication detox phase and refocusing capacity on relapse prevention.

4.7.5. The proposed budget reduction may have a disproportionate impact on equality groups such as gender, BME or LGB, widening the health inequality gap, but plans to improve access to Drugs & Alcohol services are encouraging.

4.7.6. The reconfiguration and recommissioning of ROADS services may have potential positive impacts. By situating alcohol detox and opiate substitution therapy in primary care, it is envisaged making the entry point into ROADS more accessible for clients in need of services for whom the stigma associated with substance misuse is a continuing barrier to access support. This is particularly relevant for increasing the proportion of females and BME clients accessing ROADS. Also developing locality Community Recovery Centres in North, Central/East and South has the potential to make the recovery community in each locality more representative of the ethnic diversity of each area and increase BME representation with ROADS.

4.8 Reshape Children Centre services. RS03.

The evidence to invest in public health services in the early years is well documented and understood. We know that early childhood interventions are important because they help mitigate the impact of adverse early experiences which if not addressed can lead to poor health (e.g. obesity, cardiovascular disease and diabetes), poor educational attainment, economic dependency, increased violence and crime, greater substance abuse and depression. Investing in the earliest years leads to some of the highest rates of return to families and society.

The model has not yet been decided so it is not possible to be specific about the health impacts beyond knowing that early support for perinatal mental health, parenting, speech and language development, social support, child development, domestic violence, breastfeeding, healthy eating, mental health are crucial. Any reduction in these services will have an impact on health.

The Children's Centres have developed as sources of advice, so for example issues of housing, dampness, health and safety are discussed with Children's Centre staff.

If as a result of the reductions in staffing, families cannot access services that prevent them from needing primary care, or cannot access support for their parenting, there is a danger that the burden for this lack of support will fall on health and social care services.

Mitigation: The council are working hard to integrate the Health visiting services with Early Years so it may well be that some of the impact is mitigated by this more joined up approach.

4.9 Recommission Bristol Youth Links. FP07.

We know that the provision of youth and play services to support young people are important and that high quality youth work interventions can have a profound effect on young people's mental health both immediately and in later life. All young people are going to have to cope with some kind of challenge and youth services offer another source of support to increase resilience and to improve young people's personal coping skills. Above and beyond this they can ensure conditions are in place to support relationships in the family and local community, and that services are available and appropriate for when they are needed. Youth work also offers the opportunity to provide health enhancing behaviours such as access to sport, play facilities and healthy eating, but also another source of expert advice on health issues, making sure that every contact counts can be delivered and young people are supported to change their behaviour to that which enhances their health both now and in the future.

Currently the youth links services work closely with the school based sexual health services to ensure that young people are enabled to access these services and this work can be joined up, for example a youth worker who sees a young person at school who is struggling with relationship issues can pick this up outside if needed.

Public health has also worked closely with current services to ensure that all youth workers are trained in a basic level to be able to discuss public health issues, such as substance misuse, sexual health, consent, sexual violence. Because services are universal, this ensured that this level of knowledge and practice was available across Bristol.

Mitigation: Public health and commissioners are working together to ensure the universal elements and support for drop-ins is maintained in the new contract and are fully engaged in the consultation.

Currently Bristol Youth Links provides specialist services to support young people who need support with drug and alcohol issues and relationships and sex, which are over and above the services that can be accessed via primary care.

If these specialist services have funding reductions it is inevitable that there will be a greater need for support from other services, particularly social care.

The new commissioned service will target vulnerable Children & Young People, in areas of poverty, in line with the Children, Young People and Families Strategy, and as such, it will allocate proportionate funding based on the numbers of Bristol's children & young people who come from the 10% most deprived areas of Bristol.

In times of reduced funding this makes sense but will have an impact on the more vulnerable children and young people that happen to live in more affluent areas.

It is inevitable that a young person who was previously able to access a youth service and is unable to continue to do so will not have access to the support services and benefits listed above.

Mitigation: Recognition that Bristol Youth Links services represent only a small part of the offer to children and young people across Bristol, with voluntary clubs, sports, church groups, uniformed groups, arts and theatre projects offering positive activities locally to children and young people right across communities. The commissioning strategy will form part of a wider offer to children and young people in Bristol and will ensure that young people are signposted to all the services that are available.