

**BRISTOL CITY COUNCIL
CABINET
4 October 2012**

REPORT TITLE: Commissioning a Recovery Orientated Substance Misuse Treatment System for Bristol

Ward(s) affected by this report: Citywide

Strategic Director: Rick Palmer, Interim Strategic Director, Neighbourhoods and City Development

Report author: Peter Anderson, Service Manager, Safer Bristol

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Report signed off by executive member: Cllr Gary Hopkins

Purpose of the report:

This report provides information relating to the commissioning of a recovery orientated substance misuse treatment system for adults (over 18 years of age) in Bristol to be implemented by November 2013.

RECOMMENDATION for Cabinet approval:

1. To note the report and to seek approval for procuring (via competitive tender) for substance misuse treatment services.
2. To note that the decision will result in expenditure over £500,000. The decision will result in expenditure over £500,000. The estimated annual value of the contracts to be procured is £9 million. In accordance with BCC Procurement guidance this contract will be commissioned for three years.

The proposal:

Context

1. Over the last two decades a number of substance misuse services have developed in Bristol. Since 2003 Safer Bristol, the Crime Drugs and Alcohol Partnership led by Bristol City Council, has commissioned many of these and a number of other services as part of a citywide treatment system.

The treatment system in Bristol performs healthily but as well as our goal of continual systemic improvement there are two key drivers behind Safer Bristol's current exercise in developing and implementing a new commissioning strategy which will involve re-commissioning the majority of Bristol's services.

Firstly, European procurement regulations dictate that many public services are regularly put out to competitive tender. This is an obligation under European legislation and many of the services we currently commission are now due to undergo this process.

Secondly, in the last few years national developments in the substance misuse field including HM Government's 2010 Drug Strategy have put an emphasis on areas providing a 'recovery orientated' treatment system with a more explicit focus on achieving successful, substance-free outcomes with service users.

Safer Bristol's Substance Misuse Team has responded to this by supporting providers in the current system to make changes to the way they work. In addition, Safer Bristol has developed a new treatment model and outcomes framework to deliver a Recovery Orientated Integrated System (ROIS).

Re-commissioning

2. A draft commissioning strategy was produced in May 2012 as well as an Equalities Impact Assessment. The strategy sets out the intended strategic outcomes and agreed approach for the three-to-five year timeframe. It signals the strategic direction for local services; highlights commissioning priorities, needs and opportunities to service providers; and is intended to offer a focus for discussion with service users and the local community, as well as an opportunity to open dialogues with potential providers.

Safer Bristol will be using an outcome based commissioning process. An outcome-focused approach is not overtly prescriptive in the specification about the services being commissioned. The service specifications will detail the outcomes being sought and the target cohort of clients identified in the needs assessment and consultation exercises.

The outcomes framework requires a series of outcomes to be met:

- nationally set Public Health Outcomes being sought for service users. It will be the achievement of these outcomes that will determine the funding available for Bristol and used as a comparison of Bristol's performance nationally. Performance will be measured via nationally agreed data systems e.g. National Drug Treatment Monitoring System (NDTMS). Service providers will be required to submit data to NDTMS as part of their reporting requirements. They will also be expected to evidence achievement of individual goals towards recovery.
- best practice outcomes. These will be evidenced through various performance measures including, but not restricted to, National Drug Treatment Monitoring System (NDTMS) measures, Treatment Outcome Profile (TOP) forms and Outcomes Stars.

Next Steps

3. In line with the Council's commissioning requirements, the strategy was consulted on for 12 weeks, from mid May 2012 until 17th August 2012.

All feedback was considered and two provider events are being held on 12th and 16th October 2012, to communicate the changes made to commissioning intentions and the model. This will be open to all prospective providers. Additionally, a 'You Said, We Did' report will be published.

Safer Bristol's multi-agency Substance Misuse Joint Commissioning Group will be presented with a 'final' Commissioning Strategy and proposed commissioning intentions for approval on 28th September 2012.

Consultation and scrutiny input:

a. Internal consultation:

Consultation with colleagues in BCC has included;

- Commissioning and Procurement
- Children and Young People's Service – Team Managers including safeguarding
- Health and Social Care
- Strategic Housing
- Finance

Key stakeholder groups include;

- Safer Bristol Executive Board
- Substance Misuse Joint Commissioning Group
- Shadow Health and Well Being Board

b. External consultation:

Consultation included an online questionnaire, the Council's Consultation Finder and a series of 26 events, held across the city with treatment providers, service users, GPs, members of the public, interested groups and equality groups. Over 400 people attended the sessions and 200 responses were received online.

All comments were collected and recorded through 'change logs' that have been considered and have formed the basis of the revised treatment model and commissioning model.

Other options considered:

No change

Not an option – would not meet procurement regulations, not enable the necessary system change

Negotiate longer-term contracts with existing providers

Would not meet procurement requirements

Limits the opportunity to significantly re-model service to achieve a recovery orientated treatment system.

Risk management / assessment:

FIGURE 1							
The risks associated with the implementation of the (subject) decision :							
No.	RISK Threat to achievement of the key objectives of the report	INHERENT RISK (Before controls)		RISK CONTROL MEASURES Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation)	CURRENT RISK (After controls)		RISK OWNER
		Impact	Probability		Impact	Probab	
1	Performance reduction of treatment providers due to impact of re-commissioning	High	Medium	Regular communication with providers Robust performance monitoring and recovery plans if required	Medium	Low	Peter Anderson

FIGURE 2							
The risks associated with <u>not</u> implementing the (subject) decision:							
No.	RISK Threat to achievement of the key objectives of the report	INHERENT RISK (Before controls)		RISK CONTROL MEASURES Mitigation (ie controls) and Evaluation (ie effectiveness of mitigation)	CURRENT RISK (After controls)		RISK OWNER
		Impact	Probability		Impact	Probability	
1	Performance targets not met, leading to reduction of funding for Bristol	High	High	Robust performance monitoring with improvement plans put in place where required.	Medium	Medium	Substance Misuse Joint Commissioning Group
2	Changing patterns in drug use that current providers are not able to respond to	High	High	Contracts are outcome based and focus on achievements of individual clients	Medium	Medium	Substance Misuse Joint Commissioning Group
3	Services cannot respond to increase in demand for services	High	Medium	Flexible packages of care rather than fixed treatment interventions	Medium	Low	Substance Misuse Joint Commissioning Group
4	Effects of current recession and impending welfare benefit reforms leading to increase in substance misuse	High	High	Work with partners and other BCC directorates to ensure strategic approach to mitigate risk	Medium	Medium	Safer Bristol Executive Board
5							

Public sector equality duties:

Before making a decision, section 149 of the Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:

i) eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.

ii) advance equality of opportunity between persons who share a relevant protected characteristic and those do not share it. This involves having due regard, in particular, to the need to:

- remove or minimise disadvantage suffered by persons who share a relevant protected characteristic.

- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);

- encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

iii) foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to tackle prejudice and promote understanding.

An Equalities Impact Assessment has been conducted. This will be reviewed and amended as the consultation concludes and throughout the procurement process.

All bidders equality policies will be analysed as part of their procurement process to ensure that they are committed and able to comply with the Public Sector Equality duty.

Eco impact assessment

A Sustainability Assessment was completed August 2012.

The impact of this commissioning process will mainly be social however, some environmental impacts were identified. These included;

- Improved ability of services to meet individual needs through personalised services to prevent distress, injury, or damage to sensitive customers and products from extreme temperatures
- Improved ability of services to meet individual needs through personalised services to prevent distress, injury, or damage to sensitive customers and products from noise or vibration, mechanical,
- Improved employee ability to make decisions through service design and promotion of awareness concerning the most sustainable commuting modes
- Improved waste treatment (e.g. sorting, filtering, washing, sterilising, or disposal) through product selection
- Minimised risk from hazardous ingredients in products and their consumables through product selection (vulnerable people in frequent contact with the product)

- Minimised use of restraint (physical restraint by staff, arrangement of furniture to create obstacles, bedrails, belt and strap restraints, removal of walking aids, locking doors, over medication, or institutional rules) through operational controls (care homes)
- Minimised travel impacts (emissions, fuel use and congestion) from the transport of raw materials (e.g. supply chain materials used to make products, or raw materials used directly by the client) through product selection²⁰⁰

Mitigating measures are being addressed during the procurement process.

Advice given by Giles Liddell, Environmental Advisor, Procurement Services
Date 24.09.12

Resource and legal implications:

Finance

The substance misuse treatment budget is a 'pooled' budget between the Council, Primary Care Trust, National Treatment Agency and Ministry of Justice. The combined budget for 2012-13 is £11,439,000 (excluding Supporting People funding).

The Safer Bristol Partnership provides the governance for the delivery of substance misuse treatment services and delegates the responsibility for service delivery and budget management to the Substance Misuse Joint Commissioning Group.

a. Financial (revenue) implications:

The commissioning of these services will be undertaken within the budgetary provision.

Advice given by Mike Harding, Finance Business Partner, Neighbourhoods and City Development
Date 11.09.12

b. Financial (capital) implications:

Not applicable. There are no finance (capital) implications associated with this proposal.

c. Legal implications:

Awaiting legal guidance on classification on contracts to be procured e.g. whether services are Part A of Part B. However, procurement must comply with BCC's obligation regarding fairness and transparency. Procedures will comply with the BCC's procurement rules which include a requirement for formal tendering exercise.

d. Land / property implications:

Not applicable. There are no land / property implications associated with this proposal.

e. Human resources implications:

Not applicable. There are no BCC staff employed in the services effected. Therefore, there are no human resources implications to this decision. All services are being procured and will be tendered for by external organisations.

There may be TUPE issues in connection with any change in service provider.

Appendices:

Equalities impact assessment

Access to information (background papers):

Draft Commissioning Strategy
Outcome Framework
Revised model



Equality Impact Assessment / Equality Analysis

Title of service or policy (Proposal)	The 'Proposed Model' for Commissioning a Recovery Orientated Substance Misuse Treatment System for Bristol
Name of directorate and service	Neighbourhoods and City Development, Safer Bristol, Substance Misuse Team (SMT) (Safer Bristol)
Name and role of officers completing the EIA	Sue Bandcroft - Substance Misuse Manager Russell Thomas - Diversity and Workforce Officer
Start date of assessment Estimated completion date:	January 24 th 2012 September 9 th 2012

Equality Impact Assessment (or 'Equality Analysis') is a process of systematically analysing a new or existing policy or service to identify what impact or likely impact it will have on different groups within the community. The primary concern is to identify any discriminatory or negative consequences for a particular group or sector of the community. Equality impact Assessments (EqIAs) can be carried out in relation to service delivery as well as employment policies and strategies.

This is a framework used to carry out an Equality Impact Assessment (EqIA) or Equality Analysis on a policy, service or function. It is intended that this is used as a working document throughout the process, with a final version including the action plan section being published on the Bristol City Council's websites.

1.	The Proposal	
	Key questions	Answers / Notes
1.1	<p>Briefly describe purpose of the service/policy including</p> <ul style="list-style-type: none"> • How the service/policy is delivered and by whom • If responsibility for its implementation is shared with other departments or organisations • Intended outcomes 	<p>The proposed Model (Hereafter know as The Model) is based on 4 clusters; Intake, Change, Recovery and Support. Together this forms an integrated drug and alcohol system that is able to respond to the diverse needs within Bristol and respond quickly to changes in patterns of drug and alcohol use.</p> <p>The Model is supported by the 'Substance Use Outcome Framework' that is designed to deliver the National Public Health Outcomes Framework.</p> <p>The Model will increase the number of service users who enter the treatment system, successfully complete treatment, exit the treatment system and achieve sustained recovery.</p> <p>Commissioning will be in line with BCC's 'Enabling Commissioning Gateway'. Whilst the primary benefactors of this service provision will be problematic drug and alcohol users in Bristol, this model will also support their carers and families. Additionally local communities will benefit due to the reduction in drug related crime and anti-social behaviour. For additional outcomes sought please see the 'Outcome framework'.</p>

1.2	If there is more than one service* affected, please list these:	Please see in scope and out of scope document – The Commissioning Strategy
1.3	Which staff or teams will carry out this proposal?	The Safer Bristol Substance Misuse Team supported by BCC Commissioning and procurement Team, legal services and finance.

2. Current position: What information and data by equalities community do you have on service uptake, service satisfaction, service outcomes, or your workforce (if relevant)?

Monitoring data and other information should be used to help you analyse whether you are delivering a fair and equal service.

The following section looks at current trends and gaps from an equalities perspective. It includes information from both evidenced and anecdotal sources.

	Equalities Communities	Data, research and information that you can refer to
2.1	Sexual Orientation	<ul style="list-style-type: none"> Stonewall estimates 5 –7 % of Bristol's population are LGB. Bristol City Council estimates at least 6% of people in Bristol are LGB Anecdotally there is a high proportion of LGB and T people who are likely to use drugs (See Sorted out report 2009) LGB or T engagement and access to substance misuse services needs to improve, as we would therefore anticipate that over 6% of people accessing services would identify as LGB or T. (LGB and T Substance Misuse Survey 2011) LGB or T substance users feel that current services don't meet the needs of their communities (See LGB and T Substance Misuse Survey 2011)

		<ul style="list-style-type: none"> • The sexual orientation of substance misuse service users is under recorded and not always effectively recorded (See Equalities Strength Weakness Questionnaire 2011) - Therefore data on sexual orientation is unreliable. • Providers have highlighted that they have not been effectively asking the mandatory 'Sexual Orientation' and 'Transgender' monitoring questions. (This is evidenced through individual conversations and e-mails and Equalities Strength Weakness Questionnaire 2011) • National Drug Treatment Monitoring System does not monitor 'Sexual Orientation' and only monitors 'Homosexuality' (an offensive, hostile and unwelcoming term within LGBT communities) which makes it difficult to monitor uptake of services by LGB and T service users. • LGB communities are using a wider variety of substances other than opiates and crack (Sorted Out 2009 report and Bristol drug & alcohol trends survey 2012) • Lesbian women are more likely to have problems with alcohol than any other drug compared with Gay or Bisexual men (Sorted Out 2009 report) • There currently exists an LGB and T substance misuse service user group An additional measure of social exclusion (which can lead to drugs misuse) is that less than 58% of people who are LGB and T felt they belonged to their neighbourhood (Quality of Life survey 2010)
2.2	Ethnicity	<ul style="list-style-type: none"> • The ONS 2010 estimates the BME population of Bristol to be 13.5%. • In line with national and local demographics the large majority of service users are White British (Need Assessment). Although this group is over represented by within the treatment population • Data indicates that only 9% of substance misuse service users are from BME

		<p>communities, which is an under-representation. (Theseus). This may indicate that BME communities were less likely to engage with services.</p> <ul style="list-style-type: none"> • Further evidence highlights that many in BME communities are reluctant to ask for help (NTA, Diversity Learning From Good Practice In The Field 2009) • Anecdotally it felt BME individuals might be less likely engage with substance misuse service because substance misuse is not cultural acceptable for those from some cultural and religions backgrounds (Under One Sky 2009). Drug misuse is viewed as a problem for liberal cultures therefore cultures which value tradition perceive drug misuse to not be a problem for their communities. This may mean that there is more stigma around substance misuse in these communities and would add to the reluctance to ask for help. • In 2011 26% of children in Bristol schools were BME. • BME service users are more likely to be unsuccessful in treatment and leave in an unplanned way (Theseus) • There currently exists a BME substance misuse service user group. There currently exists a BME and stimulant specific and substance misuse service • There is little prevalence data on either Bristol's or national BME substance use.
2.3	Disability	<ul style="list-style-type: none"> • The 2001 Census identified 18% of people in Bristol have a long term illness or disability. The % of disabled people increases with age. It is estimated 9% of children aged 0-15 are disabled. • 42% of people accessing tier 3 and 4 substance misuse services consider themselves to be disabled . Whilst this varies within different services, it is consistently much higher than the estimated demographic in Bristol. (Equality and Diversity report 2012) • Disabled service users include a high percentage of individuals with mental health

		<p>issues or experiencing emotional distress.</p> <ul style="list-style-type: none"> • LGB and T individuals have a higher presentation of emotional and mental health concerns than found in the general population (Under one Sky 2009) • 'In Bristol as elsewhere, people from BME communities are overrepresented in the take-up of mental health services' - http://www.raceforhealth.org/members/pcts/bristol
2.4	Age	<ul style="list-style-type: none"> • The 2001 census identifies nearly 17% of the local population are young people between the ages of 16 – 24. • Young people aged over 16 are increasing as a % of children in care. • Fewer than 10% of service users in treatment are under 25 (Bristol Adult drugs Needs Assessment) • 18% of DIP caseload service users are under 25 years old, indicating young people who are in the criminal justice system do access treatment. The IDTS Needs Assessment identifies that drug misuse is lower amongst inmates under 25 and problematic drug use is highest for people aged 25-44 • 12.5% of the local population are aged 65 or over (ONS 2001 and 2009) • In the year 2008 – 2009 approximately 2% of BDP service users were aged 55 or over. (BDP) • Current data from 2011 on age and drug use highlights that 2% of Tier 3 and 4 drugs were 55 and over (Theseus data 31/10/11 – 23/12/11) • Current data from 2011 on age and alcohol use highlights that 8% of users accessing services were 55 and over (Theseus data 31/10/11 – 23/12/11)

		<ul style="list-style-type: none"> • Service users over the age of 55 are under – represented in the treatment system. • Older service users have an increase fear of detoxification (BDP, Treatment experiences and needs of older drug users in Bristol, UK 2010) • ‘Drugs are metabolized more slowly with increasing age’ (BDP, Treatment experiences and needs of older drug users in Bristol, UK 2010) • A High percentage of older users talk of feeling of ‘embarrassment and shame’ at being dependent ‘at their age’. (BDP Treatment experiences and needs of older drug users in Bristol, UK 2010) • A significant percentage of older service users ‘felt that their age itself was a barrier to getting help’ (BDP Treatment experiences and needs of older drug users in Bristol, UK 2010) • ‘The aging processes is often associated with a range of social, psychological and health problems which may also be triggers for late-onset drug use’ ((BDP Treatment experiences and needs of older drug users in Bristol, UK 2010) • There is evidence of stigma towards older users from professionals and other service users (BDP, Treatment experiences and needs of older drug users in Bristol, UK 2010)
2.5	Gender	<ul style="list-style-type: none"> • The larger majority of service users are male approximately 1:2.5 female to male ratio. • Men are less likely to successful complete treatment than women (Theseus) • Substance misuse is a known risk factor for domestic abuse (Theseus) • In 2011 98% of MARAC cases were women, 23% were BME women (Equalities and Community Cohesion Annual report 2011)

		<ul style="list-style-type: none"> There currently exists a service user group for women and there are women only services.
2.6	Pregnancy and Maternity	<ul style="list-style-type: none"> The majority of services users are not parents or carers (Theseus, Equality and Diversity report 2012) 2.5% of service users were pregnant (Theseus 2009-10) The Specialist Maternity Drug Services of midwives and the social workers services continue to be successful and due to the specialist nature of the service are excluded from the recommissioning process
2.7	Religion and belief	<ul style="list-style-type: none"> 66% of the local population have a religion and belief and 24% have no religion or belief (census 2001) 62% of tier 3 and tier 4 drug and alcohol service users have no religion, and Christians are the second largest group. (Equality and Diversity report 2012)
2.8	Transgendered Communities	<ul style="list-style-type: none"> There is a relative lack of data on transgender people, but existing research, including in Wisconsin, suggests that transgender people have higher rates of adverse outcomes in substance abuse, HIV, depression, anxiety, self-harm, and violence Local data includes people who are transgender within overall statistics for LGB communities Providers have highlighted that they have not been asking mandatory 'Transgender' questions. (This evidence through individuals conversations and e-mails and Equalities Strength Weakness Questionnaire 2011) The National Drug Treatment Monitoring System do not monitor 'Transgender'

		<ul style="list-style-type: none"> There is a lack of information currently available to us regarding Transgender substance users.
3. What have you found out from consultation/engagement with equalities communities which is relevant to the proposal		
3.1	Recovery Orientated Integrated System (ROIS) Survey Findings on this survey and demographics are available on request.	<p>In addition to active engagement with:</p> <ul style="list-style-type: none"> The User Feedback organization (UFO) The Joint Commissioning Group (JCG) The Treatment Task Group (TTG) The Shared Care Monitoring Group (SCMG) Practice Governance Group (PGG) <p>To identify gaps in current services and priorities for The Model it was decided that we should use social marketing methods to engage with a wider group.</p> <p>This on-line survey took place between 24th January 2012 and 13th February 2012. There were 148 individual submissions, predominately from service users. (Demographic information was only available for these individuals)</p> <p>The survey captures answers to specific questions about opinions of current service provision and explores improvements that could be made. Members of Mushwera (a service user support group) visited providers and completed approximately 62 questionnaires by using a more accessible, paper version with service users.</p> <p>The survey included a question about positive and negative impacts of any change on equalities communities.</p>
3.2		

	Needs Assessment	A summary of findings of the 'Needs Assessment' is available on request
3.3	If you are planning to undertake any consultation in the future regarding this service or policy, how will you include equalities considerations within this?	<p>There will be a 12 week consultation period on The Model and the 'Commissioning Strategy', this will start in May and end August 2012.</p> <p>The consultation will be available on 'Consultation Finder'. Additionally presentations and consultation workshops will be held. Below is a list of some of the groups with whom we will aim to consult:</p> <ul style="list-style-type: none"> - Safer Bristol Exec - Exec scrutiny - Joint Commissioning Group - Treatment Task Group - Shared Care Monitoring Group - Practice Governance Group - User Feedback Organisation - Women's Group - BME Group (UFO Mushwera) - YP Delivery group - YP Managers' Group - YP Practitioner Interest Group - Children and Young People Services - Neighbourhood partnerships - Mental Health Pathways group - Mental Health Partnership - Housing - Violence against women and girls - Health & wellbeing Board - Clinical Commissioning group - VOSCUR - Equalities Groups
3.4	Consultation recommendations that will be included in the proposal	<p>The majority of the comments and recommendations came through the Recovery Orientated Integrated System (ROIS) Survey and covered 4 main areas: Change, One Provider, Reduced Funding and Outreach Services.</p> <p>Change was highlighted as having the potential be destabilizing and affect services and service users.</p> <p>Change will be considered under The Model and the SMT will be working with current service providers and users to make sure that change is manageable and effects are reduced. Part of this plan also includes having a transition plan in place for those services that are unsuccessful in the commissioning process.</p>

		<p>Outreach Services there have been reduction and anxiety about the outreach services being reduced as a result of commissioning.</p> <p>This will be not be directly included within the proposed model but it the model does have capacity and flexibility for providers to offer outreach services.</p>
3.5	<p>Consultation findings which will not be acted upon by the proposal and reasons for this</p>	<p>One Provider it was highlighted that having one provider would have negative effects on service users. It is felt that would:</p> <ul style="list-style-type: none"> • limiting service users' choices • Create problems of access/transport • Affects specialist provision • Disrupts local/grass root provision • Undermine Therapeutic relationships that have been developed <p>The SMT will take no action around this as the outcomes are unknown. It is possible that one single provide may be awarded the contract however the 'LOT' approach that has been taken makes this option less likely and the collaborations and consortium opportunities more likely.</p> <p>Reduced Funding the risks of Public Sector funding reducing and changing in funding streams. There is also a risk of mainstream funding no longer being ring fence.</p> <p>No action will/can be taken on this. Delivering required national performance indicators will maximize funding for Bristol even if the national level of funding reduces.</p>
<p>4. Assessment of impact: 'Equality analysis'</p>		

	<p>Based upon any data you have considered, or the results of consultation or research, use the spaces below to demonstrate you have analysed how the service or policy:</p> <ul style="list-style-type: none"> • Meets any particular needs of equalities groups or helps promote equality in some way. • Could have a negative or adverse impact for any of the equalities groups 		
		Does the proposed model and supporting commissioning strategy listed in 1.1 above support equality in this area?	What action is recommended?
4.1	Gender – identify the impact/potential impact of The Model on women and men.	The Model is not gender-specific, although those providing services would be expected to involve a larger number of men than women due to local and national trends. It is considered that there are no direct negative impacts on either men or women. There are a small number of women only services/programmes. The Model may lead to gender specific services	<p>Ensure consultation asks whether there is a need for any specific services? and why?</p> <p>As part of the commissioning process, ask tenders to describe how they will meet the needs of women and if necessary whether they will provide women only services.</p> <p>Contracts will undergo an EqIA.</p>
4.2	Transgender – identify the impact/potential impact of The Model on transgender people	The contracts and SLA form will include a requirement for services to be able to provide effective services for people who are transgender.	Ensure consultation asks whether there is a need for any specific services?

			and why?
4.3	Disability - identify the impact/potential impact of The Model on disabled people	<p>There is no specific dedicated substance misuse service for adults who have physical or sensory impairments, or who have mental health issues. The Model is targeted at meeting the needs of all service users.</p> <p>It is important that positive work continues which results in accessible services for people with mental and emotional distress.</p> <p>The model will encourage:</p> <ul style="list-style-type: none"> • Improved outcomes and service provision for a variety of disabled service users. • Joined up working within Mental Health services to improve customer satisfaction 	<p>Ensure consultation asks whether there is a need for any specific services? and why?</p> <p>As part of the commissioning process, ask tenders to describe how they will meet the needs of people with mental health issues.</p> <p>Also ask tenders to describe what reasonable adjustments they will make for disabled service users (to include physical access in treatment, provision of BSL interpreters)</p>
4.4	Age – identify the impact/potential impact of The Model on different age groups	<p>The Model will encourage:</p> <ul style="list-style-type: none"> • Improved outcomes and service provision for a variety of age ranges including younger people and older people. • Joined up working and improved customer satisfaction 	Ensure consultation asks whether there is a need for any specific services? and why?

4.5	Ethnicity – identify the impact/potential impact of The Model on different black and minority ethnic groups	<p>Possible indirect impact</p> <p>The Nilaari has identified 29% of its users are black or minority ethnic, against a Bristol wide average of 9%, and that ‘the service is therefore a preferred access point for many minority ethnic groups within the city.’ The Model does not describe who will be the provider and the process needs to ensure that organizations such as Nilaari are not disadvantaged in the tender process.</p>	<p>Ensure consultation asks whether there is a need for any specific services? and why?</p> <p>As part of the commissioning process, where found necessary ask tenders to describe how they will meet the needs of people from Black and minority ethnic groups and Eastern European communities.</p>
4.6	Sexual orientation - identify the impact/potential impact of The Model on lesbians, gay, bisexual & heterosexual people	<p>This could be an opportunity to have a positive impact as specific provision may be provided.</p>	<p>Ensure consultation asks whether there is a need for any specific services? and why?</p> <p>As part of the commissioning process, where found necessary ask tenders to describe how they will create confidence to use services for LGB</p>

			communities
4.7	Religion/belief – identify the impact/potential impact of The Model on people of different religious/faith groups and also upon those with no religion.	A significant minority of service users have a religion and belief and providers need to ensure services are accessible to people with a religion and belief and additional issues, such as stigma, are understood. Provision may well improve.	Ensure consultation asks whether there is a need for any specific services? and why?
4.8	Pregnancy and Maternity - identify the impact/potential impact of The Model on people of different religious/faith groups and also upon those with no religion	<p>Possible indirect impact</p> <p>Although the Specialist Maternity Drug Services of midwives and the social workers services continue and are excluded from the recommissioning process.</p> <p>There are other services that also provide specific support this may mean some possible indirect impact if insufficient support is provided.</p> <p>The Model offers the scope for a wider variety of services also to offer support to mothers and babies. This means that there may well be:</p> <ul style="list-style-type: none"> • Increased opportunities to support this group. • Joint training opportunities, good practice and communication will improve. • Unborn babies and children and young people will be better protected. 	<p>Ensure consultation asks whether there is a need for any specific services? and why?</p> <p>As part of the commissioning process, where necessary ask tenders to describe how they will meet the needs of pregnancy and maternity and whether they will provide these services.</p>
4.8	General – identify the impact/potential impact of The Model that are common to all equalities communities.	<p>No direct impact</p> <p>The Model has no direct negative impact in general however it does run the risk of maintaining current negative practices.</p>	Ensure consultation asks whether there is a need for any specific services? and why?

		<p>This includes:</p> <ul style="list-style-type: none"> • A lack of a diverse and representative workforce • Ineffective equalities monitoring • A low take up of equality and diversity training. This may mean that there is a risk that services could lack culturally competencies. 	<p>Equal Opportunity Policies will assessed as part of the tendering process (Evidence of adherence to legislation may be required)</p> <p>Contracts and SLA's will stipulate required equalities outcomes and targets.</p> <p>Regular reviews of equalities outcomes and targets will take place.</p> <p>An EqlA will take place on contracts.</p>
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5.3 Next Steps

In the 5.2 table you have identified 'actions needing to be included in the proposal. Some of these will be in-hand (already acknowledged and mitigating actions are underway) but some may be new. In this section please summarise the new actions identified

All newly identified actions are highlighted above in **bold**.

Step 6 – Meeting the aims* of the Public Sector Equality Duty

This serves as an executive summary of the EqlA which should be included within the body of any reports provided to elected members with a web link to the full EqlAs.

6.1 Consider all the thinking you have done in steps 1 – 5 and cross reference them against the 3 aims*.

Actions agreed to ensure the proposal meets the Public Sector Equality Duty, ie:

- a) Promote equality of opportunity
- b) Eliminate unlawful discrimination
- c) Promote good relations between people who share a ‘protected characteristic’ and those who don’t.

The Commissioning Strategy 2012 – 2015 has equalities and diversity at its’ core. The plan includes specific targets to engage, consult, partner and empower equalities communities and community groups while enhancing service provision and improve access to services. The contract and SLAs will require providers to eliminate discrimination, provide accessible service and promote equality of opportunity and to promote their services to all communities.

We recognise it is important that commissioned services build on some of the good work to date, for women, people from BME communities and people with mental health issues. We are not complacent in our services for these groups and the plan prioritises the continual improvement in the quality of services.

Substance misusers are a socially excluded group and therefore our duty to promote good relations between people who share a protected characteristic and those who do not is important in providing services to this group. Substance misusers as a whole are stigmatised and service providers understand concepts of stigma and exclusion, therefore this is a strong platform upon which we can build in additional knowledge of issues for individual communities

We recognise there is more work to do to improve confidence in substance misuse services, especially for LGB and BME communities.

Consultation to date has informed us that service users are concerned about change and that change can destabilise recovery, so we will ensure that the consultation phase is purposeful and reassuring.

We will use the consultation process to obtain better definition of 'what good looks like', how to improve confidence in substance misuse services, and whether there is a need for any specific services? and why? This will help use to explore among other communities whether women only or BME-led organisations have a specific benefit which cannot be replicated by generic services.

Step 7 - Monitoring arrangements

7.1 How will you monitor the effectiveness of your overall proposal?

Equalities targets and monitoring will be built in to contracts /SLA.

The following methods will be used monitor:

- Bristol Needs Assessments
- Score Cards
- NTA DOMES reports
- Quarterly monitoring against outcomes
- Public Health Analysts
- HMP Bristol IDTS Needs Assessment.
- Data sourced from the NTA
- local Theseus NDTMS extracts,
- the Housing Support Register,

- UHBT Specialist Drug Service database;
- NHS Bristol Hospital Episode Statistics
- CYPS Paris database;
- Drug Intervention Records;
- System One prison database;
- local GP audit data;
- Quality of Life Survey,
- Prison Health Needs Assessment

In addition to the above methods Safer Bristol's SMT would also look to be monitoring the effectiveness of the proposal through:

- Equality Impact Assessments
- Annual evaluation and reports
- Workforce audit
- Annual Diversity and Equalities audit.

Step 8 – Publish information on the effect our policies and practices have on people who share a relevant 'protected characteristics'

Ensure the EqIA is signed off by a Service Director and the directorate equalities officer and publish the equalities impact assessment on www.bristol.gov.uk/equalities

<http://www.bristol.gov.uk/ccm/content/Community-Living/Equality-Diversity/equalities-impact-assessments-completed.en>

Please tick as appropriate

The proposal is public therefore the EqlA can be published on the web

The proposal is confidential therefore the EqlA needs to be published on the Source.

The proposal can be published but data should be withheld under the Data Protection Act 1998

Signed

Service Director Rick Palmer

Date:

Signed

Equalities officer Russell Thomas

Date:

Thank you for completing this document. We hope you found it useful to improve the overall quality of your proposal.

If you have any feedback on this process please contact an equalities officer.

Directorate Equalities Contacts

Children and Young People Services – Su Coombes

City Development – Jane Hamill

Deputy Chief Executives – Jo McDonald

Health and Social care – Jan Youngs

Neighbourhoods – Simon Nelson

Corporate Services – Anne James

Human resources – Mark Williams