

Equality Impact Assessment [version 2.12]



Title: Re-commissioning of Bristol’s Young People’s Specialist Substance Use Treatment Service	
<input type="checkbox"/> Policy <input type="checkbox"/> Strategy <input type="checkbox"/> Function <input checked="" type="checkbox"/> Service <input type="checkbox"/> Other [please state]	<input type="checkbox"/> New <input checked="" type="checkbox"/> Already exists / review <input type="checkbox"/> Changing
Directorate: Communities and Public Health	Lead Officer name: Jo Williams
Service Area: Healthy Children and Families	Lead Officer role: Consultant in Public Health

Step 1: What do we want to do?

The purpose of an Equality Impact Assessment is to assist decision makers in understanding the impact of proposals as part of their duties under the Equality Act 2010. Detailed guidance to support completion can be found here [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#).

This assessment should be started at the beginning of the process by someone with a good knowledge of the proposal and service area, and sufficient influence over the proposal. It is good practice to take a team approach to completing the equality impact assessment. Please contact the [Equality and Inclusion Team](#) early for advice and feedback.

1.1 What are the aims and objectives/purpose of this proposal?

Briefly explain the purpose of the proposal and why it is needed. Describe who it is aimed at and the intended aims / outcomes. Where known also summarise the key actions you plan to undertake. Please use plain English, avoiding jargon and acronyms. Equality Impact Assessments are viewed by a wide range of people including decision-makers and the wider public.

This proposal seeks approval to begin re-procurement of the Young People’s Specialist Substance Misuse Treatment Service for individuals aged 17 and under who use drugs and alcohol and have poor mental health. The service aims to prevent the escalation of substance use and related harm, including preventing young people from becoming dependent adults.

Local authorities are responsible for providing high-quality drug and alcohol treatment and care through commissioning. This proposal involves re-commissioning an existing service. As we are at the beginning of the process, we don’t know yet whether there will be changes made to the service as part of the re-procurement. This will be determined as part of a service review and in response to consultation and engagement with service users and wider stakeholders.

Approximately 48% of young people entering drug and alcohol treatment in England have mental health needs. Therefore, following national guidance, the current service is integrated with the Child and Adolescent Mental Health Service (CAMHS) and delivered by the Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust. The Child and Adolescent Mental Health Service is part of the wider Community Children’s Health Partnership (CCHP) contract, which expires on 31st March 2027. Consequently, the Young People’s Substance Misuse Treatment Service must be re-procured by this date to continue meeting the needs of this vulnerable population.

1.2 Who will the proposal have the potential to affect?

<input type="checkbox"/> Bristol City Council workforce	<input checked="" type="checkbox"/> Service users	<input checked="" type="checkbox"/> The wider community
<input checked="" type="checkbox"/> Commissioned services	<input checked="" type="checkbox"/> City partners / Stakeholder organisations	
Additional comments:		

1.3 Will the proposal have an equality impact?

Could the proposal affect access levels of representation or participation in a service, or does it have the potential to change e.g. quality of life: health, education, or standard of living etc.?

If 'No' explain why you are sure there will be no equality impact, then skip steps 2-4 and request review by Equality and Inclusion Team.

If 'Yes' complete the rest of this assessment, or if you plan to complete the assessment at a later stage please state this clearly here and request review by the Equality and Inclusion Team.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	[please select]
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Step 2: What information do we have?

2.1 What data or evidence is there which tells us who is, or could be affected?

Please use this section to demonstrate an understanding of who could be affected by the proposal. Include general population data where appropriate, and information about people who will be affected with particular reference to protected and other relevant characteristics: [How we measure equality and diversity \(bristol.gov.uk\)](https://www.bristol.gov.uk/equality-diversity)

Use one row for each evidence source and say which characteristic(s) it relates to. You can include a mix of qualitative and quantitative data e.g. from national or local research, available data or previous consultations and engagement activities.

Outline whether there is any over or under representation of equality groups within relevant services - don't forget to benchmark to the local population where appropriate. Links to available data and reports are here [Data, statistics and intelligence \(sharepoint.com\)](#). See also: [Bristol Open Data \(Quality of Life, Census etc.\)](#); [Joint Strategic Needs Assessment \(JSNA\)](#); [Ward Statistical Profiles](#).

For workforce / management of change proposals you will need to look at the diversity of the affected teams using available evidence such as [HR Analytics: Power BI Reports \(sharepoint.com\)](#) which shows the diversity profile of council teams and service areas. Identify any over or under-representation compared with Bristol economically active citizens for different characteristics. Additional sources of useful workforce evidence include the [Employee Staff Survey Report](#) and [Stress Risk Assessment](#)

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
Review of drugs: summary (accessible version) - GOV.UK (www.gov.uk)	This 2020 review provides an analysis of problems associated with the illicit drug market, including those affecting children and young people. The report highlights an increase in children using drugs, reversing a long period of reduced drug use. It identifies increasing vulnerabilities such as young people being drawn into county lines, increases in child poverty, the numbers of children in care and drug related school exclusions. It also highlights the link between drug use and mental health needs, emphasising the need for specialist, integrated treatment.

<p>Review of drugs: phase two report - GOV.UK (www.gov.uk)</p>	<p>This is the second part of the above review, undertaken in 2021. It sets out recommendations for reducing demand for illegal drugs and improving treatment. This review underpins the National Drug Strategy.</p> <p>The review has three main aims:</p> <ol style="list-style-type: none"> 1. To increase the proportion of people misusing drugs who access treatment and recovery support, including more young people, and earlier interventions for offenders to divert them away from the criminal justice system, particularly prison, 2. To ensure that the treatment and recovery package offered is of high quality and includes evidence-based drug treatment, mental and physical health interventions, and employment and housing support. 3. To reduce the demand for drugs and prevent problematic drug use, including use by vulnerable and minority groups and by recreational drug users. <p>The review identifies young people who are particularly vulnerable to substance use, including those with mental ill health. It draws on evidence from part one of the review, showing that young people with treatment requirements have increasingly complex needs, often involving poor mental health and self-harm, and sometimes criminal or sexual exploitation, with mental health problems and trauma underpinning many peoples’ drug and alcohol dependence.</p> <p>The review emphasises the need for trauma-informed services with family-based treatment, where necessary, particularly for young people whose parents are dependent on drugs or alcohol.</p> <p>The review recommends that commissioners of substance misuse services and NHS mental health services must either provide a better pathway between the services or integrate their services.</p>
<p>From harm to hope: A 10-year drugs plan to cut crime and save lives – GOV.UK (www.gov.uk)</p>	<p>This is the 10-year National Drug Strategy which aims to:</p> <ul style="list-style-type: none"> • interrupt and reduce supply, • improve evidence-based treatment, including significant investment, • achieve a generational shift in demand, including preventing and reducing use among children and young people, • set up partnerships and improve accountability.
<p>Combatting Drugs Partnership - Joint Strategic Needs Assessment</p>	<p>This needs assessment was written to inform the commissioning of adult substance use services and the early intervention element of young people’s services in Bristol. The young people’s section is written from a trauma informed perspective and includes in-depth analysis of need, identifying the most vulnerable groups across the wider population of Bristol, which is also relevant in informing the re-commissioning of the Young People’s Specialist Substance Misuse Treatment Service.</p>
<p>Every Child Matters in Bristol</p>	<p>This is Bristol’s 2022 ‘Pupil Voice’ report, which records data on a range of health behaviours including use of illegal drugs and alcohol among school aged children and young people in Bristol. It shows that both drug and alcohol use have fallen to their lowest level since 2008. However, it also highlights which groups are particularly vulnerable with significantly higher levels of use.</p>
<p>Family Hubs Needs Analysis 2023 (bristol.gov.uk)</p>	<p>This is a needs analysis for the Family Hubs and Start for Life Programme in Bristol, focusing on children and families aged 0-25. It includes needs related to parental use of drugs and alcohol.</p>

JSNA 2022.23 - Emotional Health & Wellbeing of Children and Young People (bristol.gov.uk)	This is a JSNA profile written from a trauma informed perspective and focusing on the emotional health and wellbeing of children in Bristol. It includes data on the mental health of children and young people affected by parental substance use, including evidence of the link between poor mental health and substance use among pupils in Bristol.
JSNA chapter 2017 Young People and Substance Misuse	This JSNA chapter is older than other chapters and profiles, but it clearly identifies which young people are vulnerable to substance use and this remains relevant.
Health Needs Assessment – young people engaged with the Youth Justice Service (unpublished)	This report contains data on mental and physical health, including drug and alcohol use, among young people who are engaged with the Youth Justice Service in Bristol. It highlights inequality between this group and the wider population of young people.
Additional comments: There will be a requirement in the re-commissioned service for the provider to carry out diversity monitoring of staff and clients and work alongside commissioners to proactively address barriers to access. This will include demographics and protected characteristics to identify underrepresented groups.	

2.2 Do you currently monitor relevant activity by the following protected characteristic

<input checked="" type="checkbox"/> Age	<input type="checkbox"/> Disability	<input checked="" type="checkbox"/> Gender Reassignment
<input type="checkbox"/> Marriage and Civil Partnership	<input type="checkbox"/> Pregnancy/Maternity	<input checked="" type="checkbox"/> Race
<input type="checkbox"/> Religion or Belief	<input checked="" type="checkbox"/> Sex	<input type="checkbox"/> Sexual Orientation

2.3 Are there any gaps in the evidence base?

Where there are gaps in the evidence, or you don't have enough information about some equality groups, include an equality action to find out in section 4.2 below. This doesn't mean that you can't complete the assessment without the information, but you need to follow up the action and if necessary, review the assessment later. If you are unable to fill in the gaps, then state this clearly with a justification.

For workforce related proposals all relevant characteristics may not be included in HR diversity reporting (e.g. pregnancy/maternity). For smaller teams diversity data may be redacted. A high proportion of not known/not disclosed may require an action to address under-reporting.

No specific gaps have been identified. The Bristol Combatting Drugs Joint Strategic Needs Assessment, which was completed in 2023, gave a comprehensive overview of need in Bristol. It was written from a trauma informed perspective and identified several groups of vulnerable young people, informed by the literature and other evidence. The document covered a range of need from prevention and early intervention to the treatment requirement among young people with complex needs.

2.4 How have you involved communities and groups that could be affected?

You will nearly always need to involve and consult with internal and external stakeholders during your assessment. The extent of the engagement will depend on the nature of the proposal or change. This should usually include individuals and groups representing different relevant protected characteristics. Please include details of any completed engagement and consultation and how representative this had been of Bristol's diverse communities.

Include the main findings of any engagement and consultation in Section 2.1 above.

If you are managing a workforce change process or restructure please refer to [Managing a change process or restructure \(sharepoint.com\)](#) for advice on consulting with employees etc. Relevant stakeholders for engagement about workforce changes may include e.g. staff-led groups and trades unions as well as affected staff.

Stakeholders were invited to attend consultation sessions to inform the commissioning of early intervention substance use services, at the end of 2023. Some of these discussions were relevant to the commissioning of the

Young People’s Specialist Substance Misuse Treatment Service and will therefore inform this re-commissioning exercise.

2.5 How will engagement with stakeholders continue?

Explain how you will continue to engage with stakeholders throughout the course of planning and delivery. Please describe where more engagement and consultation is required and set out how you intend to undertake it. Include any targeted work to seek the views of under-represented groups. If you do not intend to undertake it, please set out your justification. You can ask the Equality and Inclusion Team for help in targeting particular groups.

Service user feedback and experience is continuously fed into and used to influence the current service, for example, through the You’re Welcome criteria. As we are at the beginning of this process, formal consultation and engagement is yet to commence, but is planned. We expect public consultation to take place in Summer 2025 for at least six weeks, although details are to be confirmed.

We intend to consult with a wide range of young people and stakeholders using a variety of different methods to ensure everyone can be involved, for example, using different languages and accessible venues to meet the needs of those with English as a second language and Disabled people.

Our proposals will be informed by existing consultation and engagement, for example, the consultation we undertook in 2023 on the commissioning of early intervention substance use services for young people, as well as new consultation on specific proposals related to this re-commissioning, with specific target groups.

Step 3: Who might the proposal impact?

Analysis of impacts must be rigorous. Please demonstrate your analysis of any impacts of the proposal in this section, referring to evidence you have gathered above and the characteristics protected by the Equality Act 2010. Also include details of existing issues for particular groups that you are aware of and are seeking to address or mitigate through this proposal. See detailed guidance documents for advice on identifying potential impacts etc. [Equality Impact Assessments \(EqIA\) \(sharepoint.com\)](#)

3.1 Does the proposal have any potentially adverse impacts on people based on their protected or other relevant characteristics?

Consider sub-categories and how people with combined characteristics (e.g. young women) might have particular needs or experience particular kinds of disadvantage.

Where mitigations indicate a follow-on action, include this in the ‘Action Plan’ Section 4.2 below.

GENERAL COMMENTS (highlight any potential issues that might impact all or many groups)

No significant negative impacts have been identified as part of this proposal. However, any changes to how this service is delivered have the potential to destabilise the service. This could affect some groups disproportionately. This will be mitigated by advance planning for a smooth service transition, with clear stakeholder communication and a thorough handover to any new provider, if relevant. It will also include efforts to continue existing pathways, structures and workforce stability, as far as possible.

There is also a risk that a new service could have a negative impact on young people with protected or other relevant characteristics if their specific needs are not fully understood and met, especially as this service supports some identified vulnerable groups.

However, the potential benefits of re-procurement vastly outweigh these potential adverse impacts by ensuring that high quality specialist provision, which meets current need and is in line with current policy, is maintained after March 2027.

PROTECTED CHARACTERISTICS

Age: Young People

Does your analysis indicate a disproportionate impact? Yes No

Potential impacts:	There is a risk of disruption to the service that young people currently receive. This may cause difficulty in finding and accessing the service. It could also cause existing clients to disengage from the service.
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>We will also carry out meaningful engagement with a wide range of young people, including substance use service users and other vulnerable groups, as part of the re-commissioning process. This will ensure that we understand what our priority groups want and need. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and a wide range of professionals who work with young people, especially those who are most vulnerable.</p>
Age: Older People	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Disability	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p>Local data shows significantly higher drug and alcohol use among young people with disabilities or long-term illness, and those with Special Educational Needs and Disabilities, than among the wider school age population. It is important therefore to reduce any risks for this group.</p> <p>There is a risk of disruption to the service that disabled young people currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.</p>
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>We will also carry out meaningful engagement with a broad range of young people, including young people with disabilities and special needs, as part of the re-commissioning process. This will ensure that we understand what our priority groups want and need. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and a broad range of professionals including those who work with young people who are disabled.</p>
Sex	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p>There is a risk of disruption to the service that young women currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.</p> <p>Local and national data suggests that girls are very slightly more likely to use substances than boys, although this is marginal. 53% of service users in 2023/24 were female. This suggests that any changes to the service will affect young women more than young men.</p>
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>We will also carry out meaningful engagement with a broad range of young people, as part of the commissioning process. We will ensure that we include the views of young women. This will ensure that we understand what our priority groups want and need.</p>

	We will use this information to inform the design and commissioning of the new service. We will also engage with parents and a broad range of professionals who work with young people, especially those who are most vulnerable.
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p>There is a risk of disruption to the service that young people who identify as LGBTQ+ currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.</p> <p>Local and national data shows that LGBTQ+ young people are at much higher risk of substance use than the wider population, but sexual orientation of clients is not currently recorded. We will work to rectify this in the new service.</p>
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>We will also carry out meaningful engagement with a broad range of young people, as part of the commissioning process, including those who identify as LGBTQ+. This will ensure that we understand what our priority groups want and need. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and a broad range of professionals, including those who work with LGBTQ+ young people.</p>
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	There is a risk of disruption to the service that young women who are pregnant, or who are teenage parents, currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>We will also carry out meaningful engagement with young people, as part of the commissioning process, including pregnant teenagers and teenage parents. This will ensure that we understand what our priority groups want and need. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and a broad range of professionals, including those who work with pregnant teenagers and teenage parents.</p>
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	There is a risk of disruption to the service that young people who have gender reassignment currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage. In 2023/24 approximately 1% of young people using this service had undergone gender reassignment.
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>We will also carry out meaningful engagement with a broad range of young people, as part of the commissioning process, including young people who have undergone gender reassignment. This will ensure that we understand what our priority groups want and need. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and a broad range of professionals, including those who work with young people who have gender reassignment.</p>

Race	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<p>There is a risk of disruption to the service that young people from Black, Asian and minoritised groups currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.</p> <p>In 2023/24, 22% of young people using this service were from Black, Asian and minoritised ethnic groups. In the 2021 Census, 28.4% of the population were from ethnic minority groups, including White minority ethnicities. The percentage varied, from 17.8% in South Bristol to 52.6% in the Inner City area. For Black, Asian, and other non-White ethnic groups specifically, the overall percentage was 18.9%, and it was higher at 24% for those aged 16-24.</p>
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>As part of the recommissioning process, we will also carry out meaningful engagement with a broad range of young people, ensuring that they reflect the ethnically diverse population of Bristol. This will ensure that we understand what our priority groups want and need. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and a broad range of professionals.</p>
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	There is a risk of disruption to the service that young people from religious and faith groups currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>As part of the recommissioning process, we will also carry out meaningful engagement with a broad range of young people, including those from a broad range of religious and faith groups. This will ensure that we understand what our priority groups want and need. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and a broad range of professionals.</p>
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	There is a risk of disruption to the service that young people who experience socio-economic deprivation currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>As part of the recommissioning process, we will also carry out meaningful engagement with a broad range of young people, including those who areas experiencing multiple</p>

	deprivation. This will ensure that we understand what our priority groups want and need. We will use this information to inform the design and commissioning of the new service.
Carers	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	There is a risk of disruption to the service that young carers currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage. Local data shows significantly higher drug and alcohol use among young carers than the wider school age population.
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>As part of the recommissioning process, we will also carry out meaningful engagement with a broad range of young people, including young carers. This will ensure that we understand what our priority groups want and need. We will use this information to inform the design and commissioning of the new service. We will also engage with parents and a broad range of professionals, including those who work with young carers.</p>
Other groups [Please add additional rows below to detail the impact for any other relevant groups as appropriate e.g. asylum seekers and refugees; care experienced; homelessness; armed forces personnel and veterans]	
Children in care	There is a separate specialist service for children who are engaged with social care, including those in the care system.
Potential impacts:	Not relevant to this recommissioning process
Mitigations:	
Young people in the Criminal Justice Service	
Potential impacts:	There is a risk of disruption to the service that young people in the criminal justice service currently receive. This may cause difficulty in finding and accessing the service, or it could cause existing clients to disengage.
Mitigations:	<p>We will mitigate this risk through efforts to reduce service disruption e.g., a long lead in period, effective stakeholder communication about any changes, effective handover (if relevant), continuation of existing pathways and workforce stability, wherever possible.</p> <p>As part of the recommissioning process, we will also carry out meaningful engagement with a broad range of young people, including young people in the criminal justice service. This will ensure that we understand what our priority groups want and need. We will use this information to inform the design and commissioning of the new service.</p>

3.2 Does the proposal create any benefits for people based on their protected or other relevant characteristics?

Outline any potential benefits of the proposal and how they can be maximised. Identify how the proposal will support our [Public Sector Equality Duty](#) to:

- ✓ Eliminate unlawful discrimination for a protected group
- ✓ Advance equality of opportunity between people who share a protected characteristic and those who don't
- ✓ Foster good relations between people who share a protected characteristic and those who don't

The re-procurement of the Young People’s Specialist Substance Misuse Treatment Service will have benefits for some protected characteristic groups, including, for example, LGBTQ+ young people. LGBTQ+ young people have significantly higher levels of substance use than the wider population. Engagement with these young people will enable the service to be designed according to identified needs which should increase the numbers accessing treatment.

Step 4: Impact

4.1 How has the equality impact assessment informed or changed the proposal?

What are the main conclusions of this assessment? Use this section to provide an overview of your findings. This summary can be included in decision pathway reports etc.

If you have identified any significant negative impacts which cannot be mitigated, provide a justification showing how the proposal is proportionate, necessary, and appropriate despite this.

Summary of significant negative impacts and how they can be mitigated or justified:

The primary risk is that we could reduce the number of young people accessing substance use treatment because they, and the professionals who work with them, are not aware of the newly commissioned service, including any changes in provider or delivery model. This could cause delays or other disruptions to young people’s treatment. This would have a particularly damaging impact on the most vulnerable groups.

We will mitigate this risk by carrying out high quality engagement with our vulnerable groups and wider stakeholders as part of the re-commissioning process. This will ensure that we are able to listen to what they want and need from services and use this information to inform the design and commissioning of the new service. We will also take steps to ensure a smooth transition to the new service, including a long lead in period and effective handover (if relevant).

Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:

The recommissioning process for the Young People’s Specialist Substance Misuse Treatment Service will ensure that young people with complex needs who use drugs and alcohol, will have access to a service that can deliver high quality, effective treatment. This will reduce the demand for drugs and alcohol and the risk of young people growing up to be drug or alcohol dependent adults. It will also reduce drug and alcohol related crime, including violent crime, and drug related deaths, and improve physical and mental health.

The re-procurement also offers the opportunity to review and improve the current provision, including changes that will impact positively on equalities groups, for example, better use of data, better monitoring of equalities and better tailoring of the service to meet different needs and address gaps that currently exist e.g., for young people who are Disabled, young carers and young people who identify as LGBTQ+.

4.2 Action Plan

Use this section to set out any actions you have identified to improve data, mitigate issues, or maximise opportunities etc. If an action is to meet the needs of a particular protected group please specify this.

Improvement / action required	Responsible Officer	Timescale
Design of a new service delivery model which considers the needs of vulnerable groups and prioritises them within its delivery, including methods for monitoring impact on equalities groups, e.g., through better data collection, inclusion of KPIs on reducing inequalities and a focus on equalities as part of performance monitoring.	Charly Williams	Oct 2024 to Sept 2025 (for service specification development, but ongoing once the new contract starts)

Improvement / action required	Responsible Officer	Timescale
Actions as part of the procurement process to assess and prioritise equalities, including questions on equalities as part of the tender process with a highly scored weighting.	Charly Williams	Aug 2025 to March/ April/ May 2026
Consultation on new service delivery model with young people, including vulnerable groups, plus professionals and stakeholders.	Charly Williams	Summer 2025
Efforts to ensure a diverse workforce within the re-procured service, reflective of the service user population, including recruitment methods to attract diverse candidates and collecting and monitoring equalities and diversity data on staffing.	Charly Williams	31 st March 2026 onwards


4.3 How will the impact of your proposal and actions be measured?

How will you know if you have been successful? Once the activity has been implemented this equality impact assessment should be periodically reviewed to make sure your changes have been effective your approach is still appropriate.

- Regular performance meetings with the provider
- Ensuring that the provider collects and monitors data on equalities groups
- Use of Key Performance Indicators (KPIs) that measure that impact of the service on equalities groups

Step 5: Review

The Equality and Inclusion Team need at least five working days to comment and feedback on your EqIA. EqIAs should only be marked as reviewed when they provide sufficient information for decision-makers on the equalities impact of the proposal. Please seek feedback and review from the [Equality and Inclusion Team](#) before requesting sign off from your Director¹.

Equality and Inclusion Team Review: Reviewed by Equality and Inclusion Team	Director Sign-Off: 
Date: 31/7/2024	Date: 12.8.24

¹ Review by the Equality and Inclusion Team confirms there is sufficient analysis for decision makers to consider the likely equality impacts at this stage. This is not an endorsement or approval of the proposal.