APPENDIX E

Bristol City Council Equality Impact Assessment Form
(Please refer to the Equality Impact Assessment guidance when completing this form)

Name of proposal	ROADS Recommissioning
Directorate and Service Area	Strategic Commissioning
Name of Lead Officer	Jody Clark

Step 1: What is the proposal?

Please explain your proposal in Plain English, avoiding acronyms and jargon. This section should explain how the proposal will impact service users, staff and/or the wider community.

1.1 What is the proposal?

The substance misuse team is currently developing the commissioning strategy for the tendering opportunity for adult substance misuse services (ROADS).

The indicative budget for ROADS contracts is £8.5million. This is a 10% reduction on the 2016/17 budget, which itself contained a 10% reduction from the 2014/15 allocation received from Public Health. A further £750k has been allocated to the Preventing Homelessness commissioning exercise, for which a separate EqIA is being conducted.

Following a series of stakeholder engagement events, a proposed model for the new treatment system has been developed to enable BCC to procure the necessary services. 10 contracts are proposed to be awarded to respond to the recommendations from the Substance Misuse Needs Assessment [BCC, 2016]:

- Specialist Nursing Provision
- Inpatient & residential rehab provision
- Complex Needs
- Community Recovery Centres
- Substance Misuse Liaison (shared care)
- GP Public Health Service contract for opiate substitution therapy
- GP Public Health Service contract for community alcohol detox
- GP Public Health Service contract for supervised consumption
- Early Engagement & Intervention
- Regional Families and Carers Support (co-commissioned with B&NES and South Glos Councils)

The newly configured ROADS system will be aimed at engaging people with support needs around the use of alcohol, opiates and non-opiate drug groups. The current government Drug Strategy sets out 8 best practice outcomes which all substance misuse treatment services should work towards achieving:

- Freedom from dependence on drugs or alcohol;
- Prevention of drug related deaths and blood borne viruses;
- A reduction in crime and re-offending;
- Sustained employment;
- The ability to access and sustain suitable accommodation;
- Improvement in mental and physical health and wellbeing;
- Improved relationships with family members, partners and friends; and
- The capacity to be an effective and caring parent

The government are due to publish a new drug strategy in early 2017 and we await to see if there is a change in the outcomes which are expected to be met, although information received thus far points towards the new strategy being broadly in line with that currently in place.

Step 2: What information do we have?

Decisions must be evidence-based, and involve people with protected characteristics that could be affected. Please use this section to demonstrate understanding of who could be affected by the proposal.

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

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.

The reduction in funds available to procure substance misuse services has potential to lead to additional costs for criminal justice and the health system as there is the potential for less effective mitigation of offending behaviours and harms associated with drug and alcohol use.

The "Bristol ROADS Workforce Diversity –Training Needs Analysis 2015-16" [Diversity Trust, May 2016] identified that ROADS providers have approximately 200 members of staff working as part of individual contracts or across lots (excluding volunteers).

As the largest proportion of spend within ROADS contracts is staffing costs, the reduction in budget is likely to result in either decreased pay rates to sustain current employee levels or a smaller workforce.

The needs analysis identified the following demographics of the workforce:

Gender

- 72% (n=99) Female
- 25.5% (n=35) Male

Sexual orientation:

- 6.5% (n=9) staff were Lesbian, Gay or Bisexual (LGB).
- 84.7% (n=116) staff identified as Heterosexual.
- 8.8% (n=12) answered 'prefer not to say'.

Ethnicity

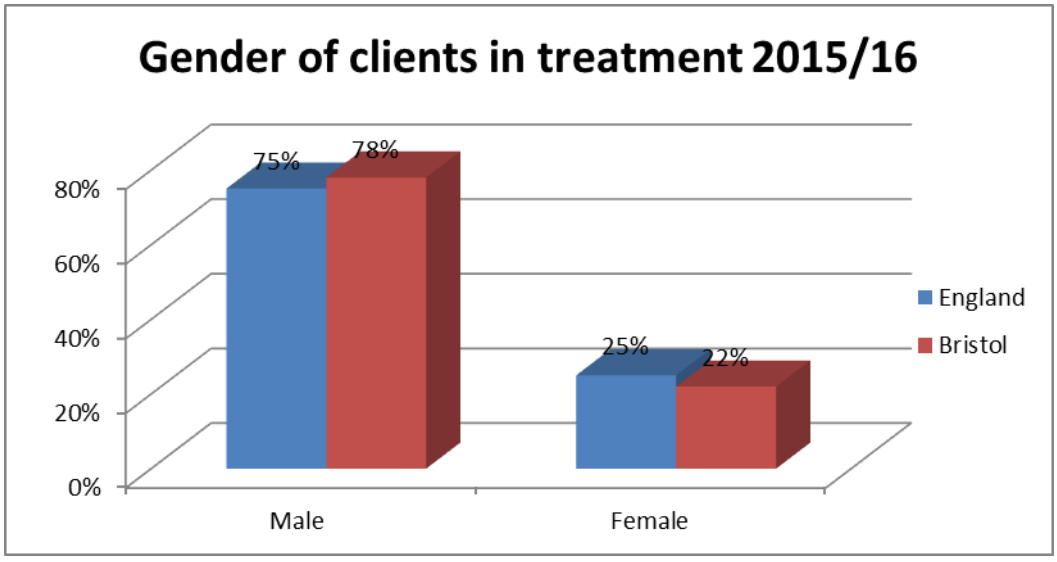
- 18% BME
- 78% White British
- 4% Prefer not to say

Disability

- 76% (n=108) individuals do not identify as being a disabled person
- 22% (n=32) individuals identified as disabled people
- 2% (n=3) of individuals prefer not to say

The recently published National Drug Treatment Monitoring System (NDTMS) Treatment Bulls Eye Data for England reports on demographics and key characteristics (such as proportion of people injecting) of people accessing treatment in 2015/16.

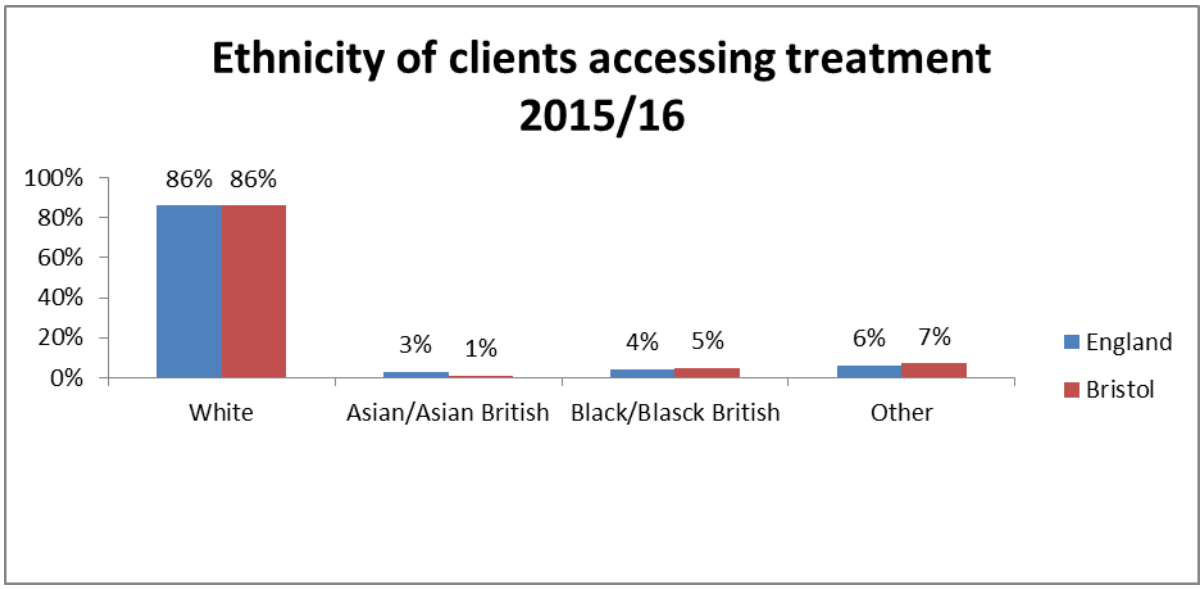
The gender split for people accessing treatment in England is reported as being 75% Male and 25% female. Bulls Eye data for Bristol shows a greater proportion of male clients (78%) to female (22%).



Bristol's gender proportions may indicate that currently treatment is not perceived as accessible for females in Bristol.

86% of clients in treatment in England in 2015/16 identified as White; 3% Asian or Asian British; 4% Black or Black British; and 6% Other.

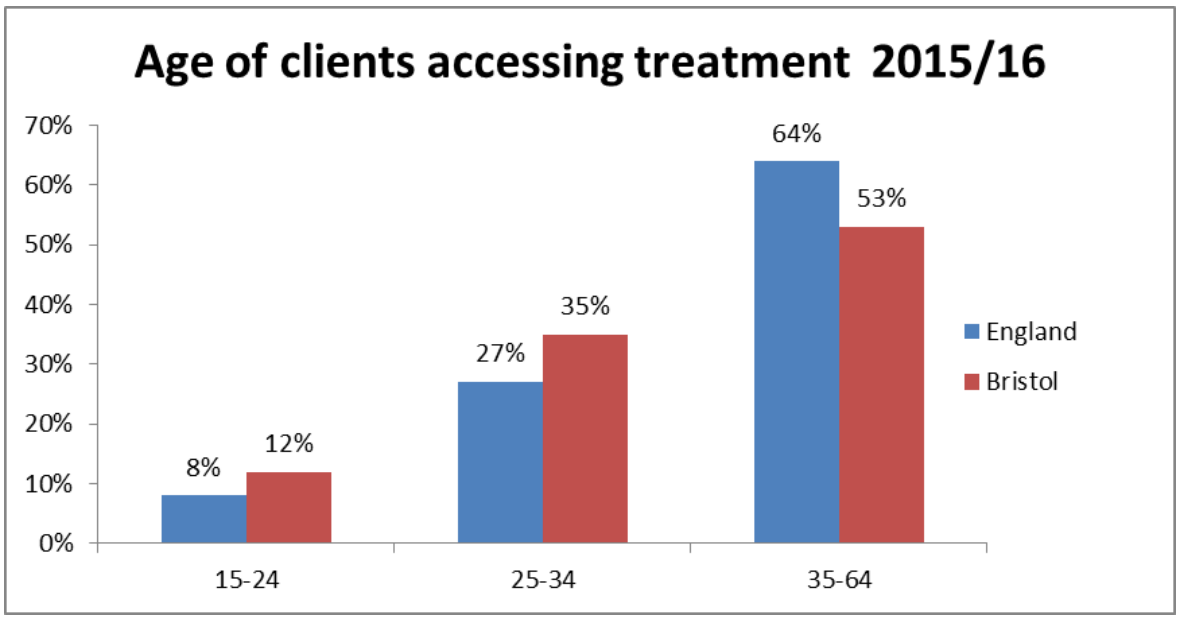
In Bristol 86% identified as White; 1% as Asian or Asian British; 5% as Black or Black British; and 7% as Other. Whilst this is broadly in line with the England representation this is significantly below the BME proportion of Bristol's population of 16% (2011 census data).



Substance misuse levels are not estimated as equal within differing ethnic groups, with White British and people of dual heritage (reported within "Other" above) suffering the highest levels. The "Prevalence of Drug Use Among BME Communities in Bristol" report [Safer Bristol, 2012] identified the following real and perceived barriers to treatment:

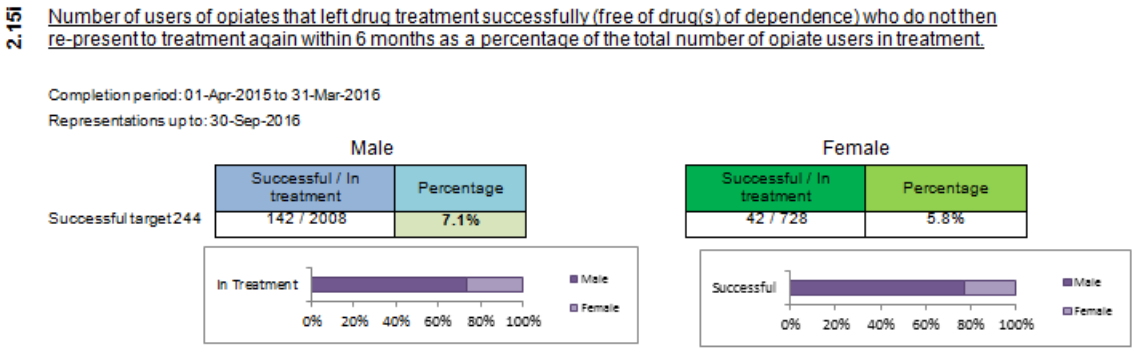
- Lack of trust in the cultural competence of drug services
- Low level of confidence in drug service from the BME communities
- Stigma surrounding drug use if the users from these groups attempt to access drug services
- Taboo on discussing drug use
- Fear that disclosing drug use would negatively affect immigration status. (It was a commonly held belief that drug services work with law enforcement and immigration agencies, and that contact with drug services would lead to deportation, suggesting a high level of discomfort at the thought of using statutory services.)
- Waiting time is often reported as a key barrier to accessing services.

In England 8% of people in treatment were aged 15-24; 27% 25-34 and 64% 35-64. Bristol's proportions were 12% were aged 15-24; 35% were 24-34; and 53% 35+. The smaller representation of younger clients in Bristol is primarily due to the focus on engaging opiate and alcohol users in treatment. These groups have an older profile compared to non-opiate drug users who tend to be younger.

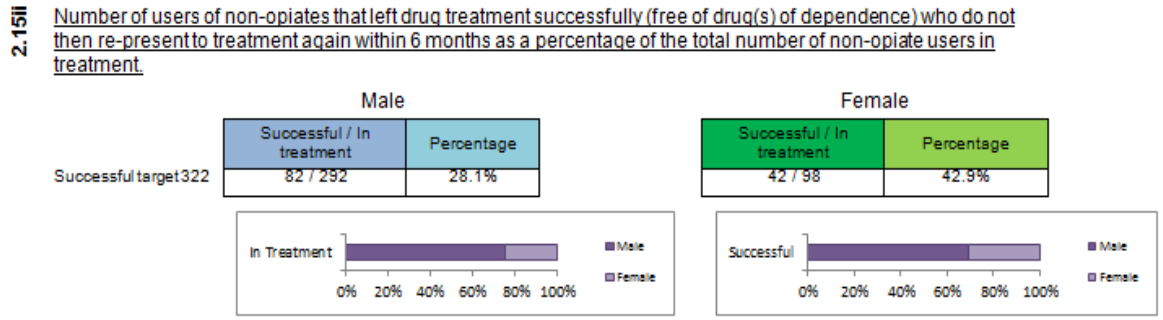


Due to the historic collection of the data we are able to produce performance reports on the successful completion of treatment by gender and ethnicity to identify whether there is equality of outcomes for the relevant groups.

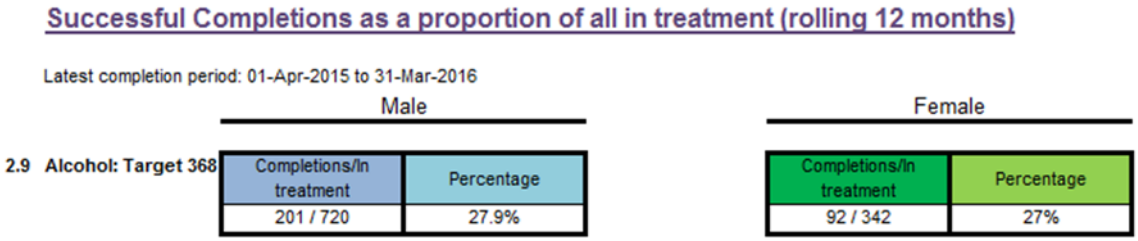
Male opiate clients have significantly better outcomes, measured against 2.15i of the PHOF Outcome Framework, than their female counterparts (7.1% and 5.8% respectively).



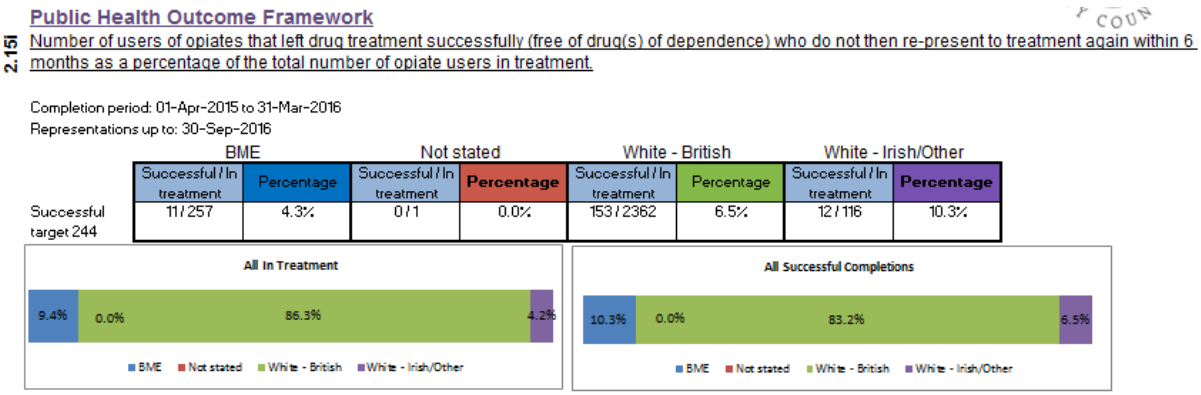
Female non-opiate clients have significantly better outcomes, measured against 2.15ii of the PHOF Outcome Framework, than their male counterparts (42.9% and 28.1% respectively).



Female and male alcohol clients have similar outcomes (27% and 27.9% respectively) for the proportion of clients in treatment who successfully complete alcohol treatment.

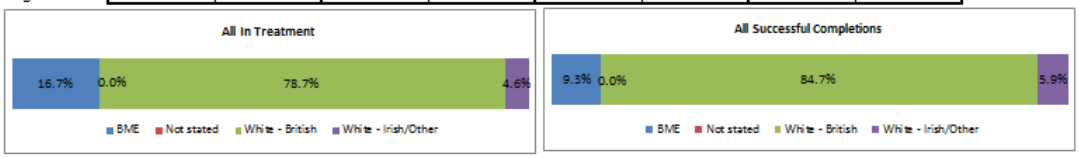


BME clients have significantly poorer outcomes across all drug groups compared to their White British and White Irish counterparts. BME opiate clients are 2.2% and 6% below the outcomes for White British and White Irish/Other respectively; 15.7% and 22% poorer for non-opiate clients; and 5.6% and 9.6% poorer for alcohol.



2.15ii Number of users of non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.

	BME		Not stated		White - British		White - Irish/Other	
	Successful / In treatment	Percentage	Successful / In treatment	Percentage	Successful / In treatment	Percentage	Successful / In treatment	Percentage
Successful target 322	11 / 65	16.9%	0	0.0%	100 / 307	32.6%	7 / 18	38.9%



Alcohol: Target 368	Completions/ In treatment	Percentage	Completions/ In treatment	Percentage	Completions/ In treatment	Percentage	Completions/ In treatment	Percentage
	19 / 85	22.4%	1 / 3	33%	245 / 886	28%	28 / 88	32%

2.2 Who is missing? Are there any gaps in the data?

ROADS providers are mandated to complete monthly returns to NDTMS which collects, collates and analyses information from and for those involved in the drug treatment sector. Public Health England and Local Authorities use this data to monitor the performance of the treatment systems against local and national targets.

Much of the data collected around client demographics/protected characteristics by treatment services are part of the dataset and so is collected in the fields stipulated by NDTMS.

Data on gender, age and ethnicity have been a consistent part of the dataset for many years but reliable information for sexuality, gender reassignment, disability and religion have only been collected since changes to the dataset were introduced in April 2016. This significantly impacts on our ability to understand the treatment profile and successful completion rate for these groups, either due the data not containing enough entries due to clients preferring not to answer given the nomenclature of options (e.g. sexuality recorded as being homosexual rather than lesbian, gay or bisexual) or the to the data not being collected at all (e.g. religion).

Recognising the absence of reliable data the Diversity Trust was commissioned by ROADS providers in 2015 to publish the “Lesbian, Gay, Bisexual and Trans Research Report”. The report included the following key findings:

- Higher levels of health risk behaviours, such as alcohol misuse, substance misuse and smoking.
- LGB and Trans people are less likely to engage with generic interventions and services.
- LGB and Trans communities have higher levels of need for interventions and targeted support.

- LGB and Trans communities are more likely to experience health inequalities in relation to public health areas and preventing premature mortality.
- LGB people demonstrate a higher likelihood of being substance dependent, dependence is highest amongst gay men and bisexual men and women.
- 24% of Trans people have used drugs within the last 12 months.
- 10% of trans people indicated signs of severe drug abuse using the Drug Abuse Screening Test.
- LGB and Trans people may have different patterns of substance use.
- LGB and Trans substance users may use a wider range of illicit drugs not recorded in the British Crime Survey.

The report states that a lack of cultural competence of support agencies means LGB and Trans people believe generic services aren't appropriate for them and concludes:

- Many LGB and / or Trans people report feeling 'invisible', therefore access to services is often framed by a general lack of awareness or understanding either about gender identity and / or sexual orientation.

- Depending on issues such as attachment to LGB and Trans communities, being "out" in the environment, being resilient when accessing services will all depend on how LGB and / or Trans people feel when accessing support.

- "*The most disadvantaged sections of the LGBT community will always need LGBT-specific services that link them to the LGBT community. The more affluent, self-assured, LGBT people may not require LGBT services at all.*"
- (Joe Lavelle, Projects Coordinator, OUTreach Liverpool / North Liverpool CAB)

The report goes on to make following recommendations for commissioners:

- The Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy should include the specific health needs of gay, bisexual and other men having sex with men MSM); lesbian and bisexual women; Trans women and Trans men; including the specific substance misuse needs of these populations;
- Collection of sensitive gender identity and sexual orientation monitoring data should be consistent;
- Further research is required with Trans communities and substance misuse to better understand the prevalence amongst Trans communities;
- Service specifications should address LGB and Trans specific needs and outcomes;
- Carry out an LGB and Trans. audit of providers.

For clients entering a treatment system from April 2016 we have a thorough view of equalities groups within the treatment system. Prior to this time we are limited to age, gender and ethnicity. In April 2017 a full equalities performance report will be produced for the Substance Misuse Team to monitor the outcomes for all equalities groups. This report will be included in the finalised EqIA in April 2017 to inform the Commissioning Strategy (due for publication May 2017).

2.3 How have we involved, or will we involve, communities and groups that could be affected?

A 12-week consultation period starting from the 16th January 2017 will to seek feedback on the planned commissioning strategy for the recommissioning of ROADS services. Events are planned across Bristol with interested and affected communities and groups as well as an online questionnaire in order to garner feedback to ensure the proposed commissioning strategy is right for Bristol.

The impact on equalities groups will form part of this consultation and specific events targeting representatives of equalities group will be held in order to better understand the necessary responses for those communities.

Response from the public to the budget proposals

Black South West Network

Major concerns were expressed regarding the inter-related nature of the issues that individuals and families experiencing crisis have:

The stress caused by prolonged crisis can cause mental health issues, if undiagnosed, individuals won't get the necessary support under the Mental Health Act. Drug dependency can result for people experiencing crisis and mental health issues, which often leads to criminality and custodial sentences.

Whilst in prison, people either continue to use drugs, or begin to due to high levels of stress and the ease of availability. There is little support for people leaving prison with drug additions, and no 'half-way house' type accommodation available. This means that ex-offenders tend to be housed in hostels where many of the other residents are drug users. This often leads to ex-offenders continuing to use, or relapsing into use, and subsequently leading them back into criminality.

Young homeless people, and young people leaving care at 18 with nowhere to live are also often housed in hostels where drug and alcohol use is prevalent. This creates a significantly increased risk of these young people using, particularly if experiencing stress and crisis about the homelessness.

There needs to be an integrated prevention and early intervention service that combines housing support with mental health service, drug dependency services, ex-offender

resettlement and support services, and care leavers services to seek to break these multiple cycles of crisis.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigourous. Please demonstrate your analysis of any impacts in this section, referring to all of the equalities groups as defined in the Equality Act 2010.

3.1 Does the proposal have any potentially adverse impacts on people with protected characteristics and can these impacts be mitigated or justified?

This section is currently in draft due to the consultation period not yet starting

Age

1) No impact has been currently identified.

Mitigation – events are planned between Jan 16th and April 15th 2017 to gather qualitative feedback from equalities groups to further understand any potential impact on groups arising from the proposed commissioning strategy

Disability;

1) The lack of reliable data up to Apr 1st 2017 makes it difficult to quantitatively analyse current experience of ROADS clients identifying as disabled.

Mitigation – an equalities performance report is to be produced in April 2017 to include all protected characteristics reported to NDTMS since 1st April 2016. Events are planned between Jan 16th and April 15th to gather qualitative feedback from equalities groups to further understand any potential impact on groups arising from the proposed commissioning strategy

Gender reassignment;

1) The lack of reliable data up to Apr 1st 2017 makes it difficult to quantitatively analyse current experience of ROADS clients identifying as having had gender reassignment.

Mitigation – an equalities performance report is to be produced in April 2017 to include all protected characteristics reported to NDTMS since 1st April 2016. Events are planned between Jan 16th and April 15th to gather qualitative feedback from equalities groups to

further understand any potential impact on groups arising from the proposed commissioning strategy

2) Diversity Trust report states Trans community feel there is a general lack of awareness or understanding either about gender identity

Mitigation –consider including the recommendations from the Diversity Trust "Lesbian, Gay, Bisexual and Trans Research Report" in the final commissioning strategy

Pregnancy and maternity;

1) No impact has been identified currently.

Mitigation – events are planned between Jan 16th and April 15th to gather qualitative feedback from equalities groups to further understand any potential impact on groups arising from the proposed commissioning strategy

Race;

1) Due to high level of representation within the workforce, changes to the staffing levels or pay structure will have a negative effect on BME employees.

Mitigation – equalities data can be captured as part of the TUPE process to ensure the impact on equalities groups is monitored and raised with employers if disproportionate.

2) BME service user's experience of poorer outcomes than white peers continues within new services

Mitigation – consider including the cultural competency of providers being assessed as part of the evaluation process. Ensure equalities performance reports include the breakdown of outcomes for race.

Religion or belief;

1) The lack of reliable data up to Apr 1st 2017 makes it difficult to quantitatively analyse current experience of ROADS clients identifying as any particular religion.

Mitigation – an equalities performance report is to be produced in April 2017 to include all protected characteristics reported under to NDTMS since 1st April 2016. Events are planned between Jan 16th and April 15th to gather qualitative feedback from equalities groups to further understand any potential impact on groups arising from the proposed commissioning strategy

Sex;

1) Due to high level of representation within the workforce, changes to the staffing levels or pay structure will have a negative effect on female employees.

Mitigation – equalities data can be captured as part of the TUPE process to ensure the impact on equalities groups is monitored and raised with employers if disproportionate.

1) Under representation of females continues in the new ROADS system

Mitigation –locating alcohol detox and OST in primary care may make ROADS more accessible to females. Consider the provision of women only services. An equalities performance report is to be produced in April 2017 to include all protected characteristics reported under to NDTMS since 1st April 2016. Events are planned between Jan 16th and April 15th to gather qualitative feedback from equalities groups to further understand any potential impact on groups arising from the proposed commissioning strategy

Sexual orientation.

1) The lack of reliable data up to Apr 1st 2017 makes it difficult to quantitatively analyse current experience of ROADS clients identifying as any particular religion.

Mitigation – an equalities performance report is to be produced in April 2017 to include all protected characteristics reported under to NDTMS since 1st April 2016. Events are planned between Jan 16th and April 15th to gather qualitative feedback from equalities groups to further understand any potential impact on groups arising from the proposed commissioning strategy.

2) Diversity Trust report states LGB community feel there is a general lack of awareness or understanding about sexual orientation

Mitigation –consider including the recommendations from the Diversity Trust "Lesbian, Gay, Bisexual and Trans Research Report" in the final commissioning strategy

3.2 Does the proposal create any benefits for people with protected characteristics?

1) Ensuring ongoing compliance with the new NDTMS dataset will ensure that robust and relevant information is collected and collated to monitor the engagement, retention and successful completion of equalities groups in contact with ROADS.

2) By situating alcohol detox and opiate substitution therapy in primary care we envisage making the entry point into ROADS services 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.

3) 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) Following the Social Value policy of ensuring 25% of procured services are awarded to SME organisations allows the opportunity for community organisations, including equalities groups, to be involved in the commissioning process in a consortia or sub-contractual basis.

3.3 Can they be maximised? If so, how?

Building an equalities performance monitoring framework will aid the focus on ensuring equality of outcome across equalities groups and enable us to highlight areas of inequality early to ensure improvement measure can be implemented to improve the situation.

Step 4: So what?

The Equality Impact Assessment must be able to influence the proposal and decision. This section asks how your understanding of impacts on people with protected characteristics has influenced your proposal, and how the findings of your Equality Impact Assessment can be measured going forward.

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

Anecdotal reports received by the Substance Misuse Team suggest that some equalities groups are reluctant to access mainstream substance misuse services due to the perception that services are not culturally competent or due to the stigma associated with substance misuse. Situating alcohol detox alongside OST in primary care and the development of locality community recovery centres are a response to calls to develop more accessible services.

The feedback from the Black South West Network reinforces the identified need to improve the pathway between substance misuse services and the mental health system to ensure people experiencing crisis are able to have their needs met.

Issues raised by the Black South West Network relating to combining housing support with mental health service, drug dependency services, ex-offender resettlement and support services, and care leavers services to seek to break these multiple cycles of crisis will be considered alongside the Preventing Homelessness Accommodation Pathways Families and Adults commissioning process.

Care leavers will be included as a priority group in the risk assessment process for clients accessing ROADS as they are already identified as a population with elevated prevalence of substance misuse.

The commissioning strategy is to be published week commencing 16th January 2017. Further feedback and responses from representatives from equalities groups will be sought to inform the final commissioning strategy

4.2 What actions have been identified going forward?

Obtain further feedback to the proposed commissioning strategy during the upcomeing 12 week consultation period (Jan 16th – April 9th 2017) to inform the final commissioning strategy

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

Monitoring of the levels of engagement ROADS has with equalities groups through NDTMS published reports

Development of equalities focussed performance reports to mirror the headline performance reporting mechanisms.

Engagement with service user groups to gain qualitative feedback from equalities groups' representatives

Service Director Sign-Off: Patsy Mellor	Equalities Officer Sign Off: Anne James – Equality and Community Cohesion Team
Date:	Date: 5/1/2017