

Bristol City Council Equality Impact Assessment Form

(Please refer to the Equality Impact Assessment guidance when completing this form)



Name of proposal	Commissioning of substance misuse services in primary care
Directorate and Service Area	People
Name of Lead Officer	Georgie MacArthur, Thara Raj

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?

Bristol City Council currently commission GP practices and community pharmacies to provide health checks, substance misuse, and sexual health services that fall outside of their NHS contracts (commissioned by NHS England). For substance misuse this involves the delivery of opiate substitution therapy (OST) and alcohol detoxification via GPs, as well as supervised consumption of OST at pharmacies.

The proposal is to commission this service maintaining the current level of budget for this service.

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?

Recent estimates suggest that there may be over 5,000 individuals who use opiates and/or crack, and approximately 4,116 individuals who use opiates only (PHE, 2018). Engagement with drug treatment services among those who are opiate users in Bristol (65.2%) is above the England average (PHE Public Health Profiles). Approximately 1,880 individuals are engaged in opiate substitution treatment in primary care, which is provided as a shared care model between primary care and the ROADS drug treatment service. Overall, approximately

46% of opiate users are engaged in shared care.

In 2016/7, it was estimated that there were 6,592 individuals dependent on alcohol and alcohol and non-opiates, of whom 1,111 accessed treatment during this period (and 748 accessed treatment for alcohol only). However only 4% (n=44) of this cohort were seen in a primary care setting with the majority (80%) of alcohol interventions being delivered by commissioned community providers.

Individuals with substance dependence are often vulnerable and may have complex health needs. Substance use is associated with multiple harms, such as risk of blood-borne virus infection (e.g. HIV and Hepatitis C virus), invasive bacterial infections, and physical health problems, as well as risk of unemployment, homelessness and marginalisation from society. Involvement in drug treatment can reduce the risk of drug-related death, engagement in crime, and injecting drug use, and improve the health and wellbeing of individuals and communities.

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

Data are available for those who are engaged in treatment.

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

Communities and groups that might be affected have had the opportunity to comment during the consultation.

Step 3: Who might the proposal impact?

Analysis of impacts on people with protected characteristics must be rigorous. 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?

Service provision will continue as previously, thus there will not be an adverse impact on people with protected characteristics. Details of those with protected characteristics are provided below.

Age: In line with national trends, Bristol has an ageing opiate using population. This has been demonstrated by an increasing proportion of individuals being aged 35+ in treatment. The physical health needs of an ageing client group can put increased pressure on services and impact on their recovery outcomes.

Disability: 32-33% of new clients of substance misuse services have a disability, GP substance misuse clients are expected to mirror this.

Pregnancy and maternity: pregnant substance misuse patients are referred to the Bristol maternity drug service.

Race: in Bristol 86% identified as White British; 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 BAME proportion of Bristol's population of 16% (2011 census data).

Sex: More males access substance misuse treatment than females for both drugs (75% male) and alcohol (60% male).

Sexual orientation: in 2017/18, 91% of new presentations to treatment stated that they were heterosexual, 4% were gay/lesbian, 2% were bisexual and 3% were not stated/not known. The Diversity Trust's "Lesbian, Gay, Bisexual and Trans Research Report" (2015) identified that there were a higher levels of health risk behaviours, such as alcohol misuse, substance misuse and smoking among the LGB&T community.

Socio-economic factors: there are strong links between poverty, deprivation, widening inequalities and problematic substance use. The highest proportion of substance misuse treatment referrals fall within the inner city and east wards of Lawrence Hill (11%), Cabot (9%) and Ashley (6%).

3.2 Can these impacts be mitigated or justified? If so, how?

There are no specific impacts to be mitigated as the budget level for this service will be maintained.

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

The proposal does not create specific benefits for those with protected characteristics, for the reasons outlined above. Ongoing service provision will benefit service users, including those with protected characteristics, as previously.

3.4 Can they be maximised? If so, how?

Benefits will be maximised by ensuring that all individuals engaged with shared care, including those with protected characteristics, have regular health checks and medication reviews, and are encouraged to engage with other parts of the drug and alcohol treatment system.

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?

The budget level for service provision will be maintained. Comments and constructive suggestions from the public consultation were received and reviewed and have informed this EIA.

4.2 What actions have been identified going forward?

No new actions have been identified but equality monitoring will be a key specification for all services provided and data will be used to inform future service improvements.

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

As noted above, equality monitoring will be a key specification for all services provided and data will be used to inform future service improvements.

Service Director Sign-Off:



Date:15/5/2019

Equalities Officer Sign Off:



Duncan Fleming

Date: 15/5/2019