

Equality Impact Assessment [version 2.9]



Title: Inpatient Detox and Stabilisation Service (ROADS/Substance Misuse)	
<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: People	Lead Officer name: Paul Moores / Simon Dicker
Service Area: Public Health	Lead Officer role: Commissioning Manager / Public Health Specialist

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.

<p>This proposal seeks authorisation for a direct award for inpatient detox and stabilisation beds. We are seeking to directly award a contract until 31st March 2025 for medically managed inpatient detoxification and stabilisation from alcohol and / or drugs. This is consistent with our model of drug and alcohol treatment services and will allow us to align this contract with other ROADS contracts.</p> <p>The previous contract with AWP for the inpatient detox and stabilisation covered the period of 1st Feb 2018- 31st January 2021 with an option of 1+1. Due to the pandemic and multiple constraints we have not been able to implement the extensions.</p> <p>Inpatient Detox and stabilisation beds are a necessary resource for people who may find community detox unachievable. There are many factors in addition to someone’s protected characteristics such as housing and lifestyle along with intersections of previous history of drug and alcohol harms that may require the need for successful treatment to be administered on an in-patient basis.</p>

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 type="checkbox"/> The wider community
<input type="checkbox"/> Commissioned services	<input 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: <https://www.bristol.gov.uk/people-communities/measuring-equalities-success>.

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 Form](#)

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
www.recovery.org.uk	Continued use of certain drugs or alcohol can lead to your body becoming physically dependent on the substance. Abruptly quitting certain substances can lead to a withdrawal syndrome that can prove, in some cases, to be life-threatening. A detox program can help ease the discomfort of withdrawal, help with any serious medical situations that may arise and offer the smoothest path for someone to traverse this difficult period of time immediately following the discontinuation of drugs or alcohol.
Bristol Drug and Alcohol Strategy 2020-2024 Equality Impact Assessment informed by Substance Misuse Needs Assessment	As well as highlighting differences in prevalence and representation in existing services, recent equality analysis has identified a range of potential issues for the Bristol drug and alcohol service cohort based on their protected and other relevant characteristics: <ul style="list-style-type: none"> • The move towards digital services (amplified by Covid-19 measures) can be a barrier to treatment for older and disabled service users. • Of those adults in Bristol ROADS treatment service within the year 2019/20, 11% were recorded as having a disability (17.5% if

	<p>excluding service users were disability status was 'not stated' or 'blank').</p> <ul style="list-style-type: none"> • Of those adults in Bristol ROADS treatment service within the year 2019/20, for whom ethnicity was recorded, 85% were White British (% for Bristol population overall and 9.5% were from Black, Asian and minority ethnic groups (16% for Bristol population overall). • The acknowledgement of an individual's substance misuse needs can be a significant barrier if their faith forbids use of alcohol and other drugs. To that end, although faith leaders are important in accessing communities, they may not appreciate the scale of issues in their community. • Women can experience greater stigma when accessing services, strengthened by the risk of referral to social services etc. • Research indicates that LGBTQ+ people face widespread discrimination in healthcare settings; may avoid services for fear of discrimination from staff; and are likely to have a higher prevalence of drug and alcohol use.
<p>Additional comments:</p>	

2.2 Do you currently monitor relevant activity by the following protected characteristics?

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

Monitoring of protected characteristics is currently undertaken in ROADS services.
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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. See <https://www.bristol.gov.uk/people-communities/equalities-groups>.

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 change 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.

We carried out a full public consultation on the original [Substance Misuse Commission Strategy](#) in 2017. All of our substance misuse services were recommissioned in 2017 and orientated towards a recovery-based approach. Inpatient detox and stabilisation beds are one aspect of ROADS provision and provide a necessary alternative to community detox programmes.

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.

No further consultation is planned for the period covered by the direct award but will be undertaken as part of a holistic review of services well in advance of our next procurement for services commencing 1st April 2025. The service has historically been provided by AWP over a larger footprint than Bristol and is a specialised service providing medically directed in patient care. The proposal will contribute to the existing aims of the 2021-2024 Drug and Alcohol Strategy which was subject to and shaped by wide multi-agency participation and [public consultation](#). A further EQIA looking at the data profile of users of this specific service as well the profile of people in ROADS as a health “system” to inform future procurement exercises for ROADS services.

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 (different kinds of disability, ethnic background etc.) 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)

We have not identified any significant negative impact from the proposal, and we are not aware of any equality issues in relation to the service delivery of the previous contract e.g. complaints based on protected characteristics or failure to meet the needs of diverse service users. However, we are aware of existing inequalities for service users on the basis of their protected and other relevant characteristics (see section 2.1 above), which we will aim to address where possible through inclusive and accessible service delivery. This proposal seeks to redress the current hiatus of provision and ensure that Bristol residents have services to access. The focus is on securing authorisation for a direct award. We anticipate there would be a strong likelihood of a negative equalities impact in the event the service reinstatement is delayed or disrupted. We will ensure through service monitoring and a clear focus on equalities in service review that the successful provider demonstrates: a good understanding of the Equality Act 2010, including the Public Sector Equality Duty; as an employer that equality of opportunity is integral to their organisation; that staff have suitable equalities training; and that that services are culturally appropriate, tailored and regularly reviewed to meet the diverse needs of service users.

PROTECTED CHARACTERISTICS

Age: Young People

Does your analysis indicate a disproportionate impact? Yes No

Potential impacts:

Mitigations:	
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 type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Sex	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Race	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
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 type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Carers	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
Other groups [Please add additional rows below to detail the impact for other relevant groups as appropriate e.g. Asylums and Refugees; Looked after Children / Care Leavers; Homelessness]	
Potential impacts:	
Mitigations:	

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 proposal has the potential to improve quality of life among people using the drug and alcohol treatments system by ensuring access to treatment for those whom community detox is inaccessible.

Many clients are:

- Service users who have tried and failed community-based drug or alcohol treatment programmes
- Service users whose social circumstances make it difficult to complete community-based treatment programmes
- People who use a variety of different substances at the same time.
- Pregnant women
- People with physical, mental health, and learning difficulties.

For further information about this service (known as the ACER Ward), including a seven-minute video featuring staff and volunteers giving an explanation of the service pathway and service expectations for clients, it is recommended that the AWP website is accessed [here](#).

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:

We have not identified any significant negative impacts from the proposal to make a direct award. Existing issues for service users will be addressed where possible through inclusive and accessible service delivery.

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

This proposal seeks to re-establish contracts for inpatient services where they have lapsed during the pandemic. It is a service reinstatement not a service change and is one necessary aspect of a range of provision.

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
This EqIA accompanies a Decision Pathway Report seeking authorisation for a direct award to enable continuation of service until 31 st March 2025.	Simon Dicker/Paul Moores	Cabinet meeting date 14 th September 2021
Local monitoring of service outcomes will continue to be undertaken as we do with all existing ROADS services. This will include monitoring by protected characteristics.	Paul Moores	Ongoing / quarterly monitoring

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.

We believe that the many components of our ROADS service fit together to provide a holistic and person-centred approach in addressing the harm from substance misuse and we intend to complete a further EQiA during the Inpatient Detox procurement process. This will enable a better understanding of the levels of access by different

population segments within the range of services provided but also allows us to focus accurately on the equalities characteristics of users of this specific service.

We know that this element of the patient pathway is essential to the successful recovery of some the most marginalised individuals with addiction issues therefore it is vital that the service continues. We will continue to monitor drug and alcohol related admissions to A&E departments against our aims of reducing both the overall volume of people attending and the frequency of attendance by specific individuals.

The current cost of the current level of repeat drug and alcohol related A&E presentations are estimated to be c£250k per annum and we will use this as a baseline to target future reduction.

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: Reviewed by Christina Gray, Director of Public Health
Date: 9/7/2021	Date: 14/07/21

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.