Equality Impact Assessment [version 2.9]

Title: Alcohol and other drug treatment services re-procurement	
☐ Policy ☐ Strategy ☒ Function ☒ Service ☐ Other [please state]	☐ New ☒ Already exists / review ☒ Changing
Directorate: Public Health	Lead Officer name: Leonie Roberts
Service Area: Adults and Communities	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.

We are seeking Cabinet authorisation for the procurement of our treatment services system for alcohol and other drug use. This became a Local Authority responsibility in 2013. Our current contracts were issued in 2018 on a 5+2+2 year basis. The paper seeks authorisation as follows:

1. Authorises the Executive Director Adults and Communities to extend the current substance use treatment and service provision contracts to 31st March 2025at a cost of £9,042,826 pro rata in accordance with the terms of the contract.
2. Authorises the Executive Director of Adults and Communities and Director of Public Health in consultation with Cabinet Member for Public Health and Communities to take all steps required to procure and award the contract (which may be over the key decision threshold) for Bristol's prevention and early intervention service for children and young people, specialist drug and alcohol services for adults in line with the procurement routes and maximum budget envelopes outlined in this report.
3. Authorises the Executive Director of Adults and Communities and the Director of Public Health in consultation with Cabinet Member for Public Health and Communities to take all steps required to extend or vary the contracts in accordance with the maximum budget envelopes outlined in this report.
4. Authorises the Executive Director of Adults and Communities and the Director of Public Health in consultation with Cabinet Member for Public Health and Communities to accept and spend supplementary funding up to £6.4million to support the delivery of the contract for specialist drug and alcohol services for adults and prevention and early intervention for children and young people.

1.2 Who will the proposal have the potential to affect?

☐ Bristol City Council workforce	☒ Service users	☒ The wider community
☒ Commissioned services	☒ 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.

☒ **Yes**	☐ **No**	[please select]

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**
From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)	Home Office policy paper setting out a 10-year plan to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system.
Drug and Alcohol Strategy for Bristol 2021-2025.pdf (bristol.gov.uk)	This strategy sets out our city-wide vision for drug and alcohol services, and the priorities we are focusing on.
Combatting Drugs Partnership Bristol Health Needs Assessment	Provides the main evidence base for our Drug and Alcohol Strategy, and will be updated to inform future recommissioning.

Original ROADS Substance Misuse Commissioning Strategy 5b - Appendix A - Commissioning Strategy.pdf (bristol.gov.uk)	This document outlines the development of the existing model for substance use provision.
NDTMS diversity reporting	Existing NDTMS reporting provides insight into differences in levels of representation for adults presenting to treatment in Bristol, including that: • 80% of new presentations are White British (80% for England treatment) • 50% of new presentation have no religion or faith group • 82% of new presentations are heterosexual (85% for England) • 51% of new presentations are no Disabled people (64% for England) and 22% have not disclosed this • 69% of adults in treatment are male and 31% are female (similar to 71% and 29% for England) • 52% of new presentations are unemployed compared to 48% for England
NDTMS Regional estimates of unmet need	This data is calculated by comparing the number of people in types of treatment by the prevalence estimate for the relevant area.
ROADS profiles of client and primary substance	This is based on information that is collected by ROADS providers at assessment and throughout treatment using Theseus case management system. If a client presents with more than one substance the provider is responsible for clinically deciding which substance is primary.
Hard Edges: Mapping Severe and Multiple Disadvantage in England – Lankelly Chase	Key headlines reveal: • There is a huge overlap between the offender, substance misusing and homeless populations. For example, *two thirds* of people using homeless services are also either in the criminal justice system or in drug treatment in the same year. • Local authorities which report the highest rates of people facing severe and multiple disadvantage are mainly in the North of England, seaside towns and certain central London boroughs. However, even in the richest areas, there is no part of England that is untouched by the issue of severe and multiple disadvantage. • People found in homelessness, drug treatment and criminal justice systems are predominantly White men aged 25-44

	• As children, many experienced trauma and neglect, poverty, family breakdown and disrupted education. As adults, many suffer alarming levels of loneliness, isolation, unemployment, poverty and mental ill-health. All of these experiences are considerably worse for those in overlapping populations. • The majority are in contact with or are living with children.
Additional comments:	

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

☒ Age	☒ Disability	☐ Gender Reassignment
☒ Marriage and Civil Partnership	☒ Pregnancy/Maternity	☒ Race
☒ Religion or Belief	☒ Sex	☒ 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.

- Gender reassignment is currently recordable under free text but does not exist as a defined option within the database, which is limited to recording Sex as Male/Female/Not Known/Not specified.
- We have recently completed a health needs assessment but there are still gaps in our understanding. These areas continue to be addressed for adults and also for children and Young People.

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.

Step 1
We have consulted very widely with other organisations, their staff and their service users to inform the Combatting Drugs Partnership Health Needs Assessment. This included questions on the health needs of

service users, their experiences of treatment within ROADS including access and waiting times and satisfaction with services.

Step 2
We are currently planning soft market testing prior to authorisation to procure and are committed to full consultation as part of our formal procurement process. A vision and values paper will be socialised within groups of key stakeholders to start to test out our Commissioning approach and build consensus between partners.
A formal engagement process will commence when the Prior Information Notice (PIN) has been published.

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.

Step 3
We will be seeking views of under-represented groups in the development of our service model. We will develop equalities profiles of service users by protected characteristic to ensure the service will meet their needs.

Step 4
We will consult on the proposed service model as part of a formal consultation exercise during the commissioning process. Our aim is to provide a starting point that describes what we know now, so that we can gather views on improving approaches within treatment provision, ensuring services are rebalanced to reduce unmet need, provide equality of access, and respond to new trends in substances used.

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)

Length of existing contracts
Contracts were issued in 2018 on a 5+2+2 year basis. This means that the initial contract length was five year, with an option to extend contracts for two years, plus a further two years as appropriate. We are proposing to recommission new services to begin in April 2025, which will mean that we do not use the final two-year extension option.

There will be an inevitable degree of uncertainty and disruption caused by the recommissioning process for both service users and the workforce of commissioned services which, unless properly mitigated, may have a disproportionate impact for our most vulnerable clients, and for workers living in low-income households, or experiencing other forms of structural inequality because of their protected characteristics.

However this proposal is reasonable and proportionate because our analysis shows there are structural issues within existing services which impact on service user outcomes that can only be resolved through recommissioning, and which should not be delayed unnecessarily.

Short extension of existing contracts

We have not identified any negative impact for staff or service users from the proposal to extend existing contracts for a short period so that recommissioning can be aligned with the beginning of a new financial year.

Inclusion of services for children and young people in recommissioning

At this stage we have not identified any negative impact from the proposal to recommission prevention and early intervention services for children and young people alongside adult services. The aim is that this will lead to increased continuity of care and personalised treatment across different age groups. However, we acknowledge there is a need to ensure recommissioned service are age-appropriate and fully meet the differing needs of children and young people.

Additionally at this early stage prior to beginning recommissioning, we are aware of a wide range of existing issues and disparities for people in relation to alcohol and drug use, based on their protected and other relevant characteristics and circumstances (highlighted below), which we will aim to address and mitigate as an ongoing priority throughout the recommissioning process and ongoing contract management.

We will ensure that recommissioned services are accessible, inclusive and committed to meeting the needs of a diverse range of service users. Performance indicators for redesigned services will include measures specifically relating to addressing differences in levels of representation and outcomes for service users based on their protected characteristics, which will be reviewed systematically throughout the contract lifecycle.

PROTECTED CHARACTERISTICS	
Age: Young People	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒

Potential impacts:	• Unlike previous procurement exercises, the treatment system is intended to be commissioned for all ages to enable early intervention, continuity of care and personalised treatment across different age groups.
	• The majority of current adult ROADS treatment service users are between the ages of 30 and 55, and there are fewer young adults.
	  • Young people are often under-represented in engagement and consultation in Bristol and are less satisfied than average with the way the council runs things.
	  • Children and young people in Bristol are considerably more ethnically diverse than the overall population of Bristol.
	  • Children and young people from the most deprived areas of Bristol have the poorest outcomes in health and education in terms of health, education and future employment etc.
	  • Young people in Bristol are more likely to have poor emotional health and wellbeing

Mitigations:	• See general comments above – we will ensure recommissioned services are age appropriate and meet the developmental and cultural needs of young people.
Age: Older People	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	• The move towards digital services and voice-call services can be a barrier to treatment for older service users. • An over-emphasised focus on prevention may potentially stigmatise or shift focus away from an aging cohort of people in need of treatment. • Rates of hospital admissions for alcohol related conditions ('narrow' definition) in people aged 65+ are higher in Bristol than for South West Region and England. • Bristol Ageing Better estimated at least 11,000 older people are experiencing isolation in the city.
Mitigations:	• We need to ensure redesigned services meet the needs of older service users and an aging cohort of drug users. • We will ensure recommissioned services provide a range of options for initial contact and assessment etc. so service users are not compelled to use digital/voice-call options if these are not accessible or inclusive for them.
Disability	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	• Problematic or dependent alcohol or other drug use is not itself recognised as an impairment under the Equality Act 2010 (Disability), or under the Mental Capacity Act. The Equality Act 2010 defines Disability as a physical or mental impairment that has a substantial and long-term negative effect on a person's ability to do daily activities. • The move towards digital services and voice-call services can be a barrier to treatment for Disabled service users. • Of those children who responded to the Bristol Pupil Voice survey 2019, 26% of those who identify as having a 'disability or long-term illness' consumed alcohol in the last month (compared to a 19% average); and 19% reported ever taking illegal drugs (compared to a 12% average for all pupils)

Mitigations:	• Separately from the requirements of reporting requirements etc. Bristol City Council is committed to the Social Model of Disability which recognises the right to self-identify as a Disabled person and that people are Disabled by barriers in society such as lack of physical access and lack of accessible communication, not by their impairment (including mental, physical, sensory, health conditions, learning difficulties among others).
	• We will ensure recommissioned services provide a range of options for initial contact and assessment etc. so service users are not compelled to use digital/voice-call options if these are not accessible or inclusive for them.
	• We need to provide sufficient resource and flexibility for services to meet the legal duty to make anticipatory and responsive reasonable adjustments for disabled people including:
	  ○ changing the way things are done e.g. opening / working times;
	  ○ changes to overcome barriers created by the physical features of premises.
	  ○ providing auxiliary aids e.g. extra equipment or a different or additional service.
	• The reasonable adjustments duty is 'anticipatory' so we must think in advance and ongoing about what Disabled people might reasonably need.

Sex	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒

Potential impacts:	• There are significant differences in level of representation and outcomes for male and female service users • Women can experience greater stigma when accessing services, strengthened by the risk of referral to social services etc. • Women's groups have previously identified a lack of aftercare support from current services, especially in relation to mental health and family support. • Nationally 27% of women experience domestic abuse in their lifetimes and there is a recognised link between substance misuse and sexual violence. • Services may not take into consideration the impact of women's reproductive life course including menstruation, avoiding pregnancy, pregnancy, childbirth, breastfeeding, and menopause. • On average men in Bristol live 18 years in poor health, women live 22 years in poor health • A higher proportion of boys have physical impairments and more boys than girls have diagnosed mental health disorders and learning difficulties. • Men in Bristol are more likely than women to have unhealthy lifestyle behaviours including being overweight and obese, smoking, alcohol and substance misuse
Mitigations:	Service redesign will take into consideration the differing needs of female and male service users.
Sexual orientation	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	• Lesbian, gay and bisexual people are statistically more vulnerable to verbal and physical abuse • 1 in 5 Lesbian, Gay, Bisexual and Trans staff have been the target of negative comments or conduct from work colleagues in the last year because they're LGBTQ+. • More than a third of LGBTQ+ staff have hidden or disguised that they're LGBT at work in the last year because they were afraid of discrimination. • 1 in 10 Black and minoritised ethnic LGBTQ+ staff have similarly been physically attacked because of their sexual orientation and /or gender identity, compared to 3% of White LGBTQ+ staff • One in four lesbian and bisexual women have experienced domestic abuse in a relationship, one third of them were abused by a man. Almost half of all gay and bisexual men have experienced at least one incident of domestic abuse from either a family member or a partner since the age of 16. • Research shows LGBTQ+ people face widespread discrimination in healthcare settings and one in seven LGBT people avoid seeking healthcare for fear of discrimination from staff • The Stonewall LGBT in Britain - Health Report shows LGBT people are at greater risk of marginalisation during health crises, and those with multiple marginalised identities can struggle even more. In communications we should signpost and refer where possible to mutual aid and community support networks[2]. • Research has shown that LGBTQ+ people are more likely to be living with long-term health conditions, are more likely to smoke, and have higher rates of drug and alcohol use.

	• Half of LGBTQ+ people experienced depression in the last year • 14% of LGBTQ+ people have avoided treatment for fear of discrimination because they are LGBTQ+.
Mitigations:	• We will improve our understanding of the alcohol and other drug treatment needs of Bristol's LGBTQ+ community and how to reduce barriers to accessing services is an aim of the procurement consultation.
Pregnancy / Maternity	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	• Drug and alcohol use are significant risk factors during pregnancy. • Women who use drugs are more likely to attend antenatal care late and/or conceal their drug issue due to fear or professionals' reactions, or fear of the child being taken away. • However, pregnancy may be an important opportunity for change, and increase motivation for recovery. • Lack of childcare is a significant barrier to attending support group and treatment appointments.
Mitigations:	We will ensure recommissioned services have proactive approaches to working with and supporting pregnant service users and those with young dependent children.
Gender reassignment	Does your analysis indicate a disproportionate impact? Yes ☒ No ☐
Potential impacts:	• Newly available Census data shows that 0.83% of the overall city population has a gender identity that is different from their sex recorded at birth, with a significantly higher proportion of non-binary people in Bristol than nationally. People aged 16 to 24 years were the most likely age group to have said that their gender identity was different from their sex registered at birth (around 1 in 100 young people). This difference is even more notable among those who identified as non-binary, of whom more than four in five were aged between 16 and 34 years (84.98%). • Stonewall research indicates that Trans people face widespread discrimination in healthcare settings; may avoid seeking healthcare for fear of discrimination from staff; and are likely to have a higher prevalence of drug and alcohol use. • There are operational issues to do with how trans and gender-diverse service users update their records, how sex and gender are recorded on our systems, and how this is reported to NDTMS etc.
Mitigations:	• We will consult both our existing service provider, the wider market, and NDTMS on the options for recording gender reassignment on our recording database. • We will improve our understanding of the alcohol and other drug treatment needs of Bristol's LGBTQ+ community and how to reduce barriers to accessing services is an aim of the procurement consultation.
Race	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	• We are aware of disparities in levels of representation and outcomes for service users on the basis of their ethnicity. • There may be cultural barriers to accessing and benefiting from commissioned services. • Language barriers are important - some communities in Bristol may not be currently served by a named service worker with language skills, or through sessions which are culturally sensitive. • Given the sensitivity of issues, use of community translators is often not appropriate.

	• Some service users are concerned that disclosing drug use may negatively affect immigration status.
Mitigations:	• It is essential that services are culturally responsive and create an inclusive treatment environment. We will ensure this is a priority in recommissioned service specifications and ongoing quality assurance.
Religion or Belief	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	• There are at least 45 religions represented in Bristol. The most recent Census data shows that 6.7% of people in Bristol are Muslim, and Islam is the second religion in Bristol after Christianity. • Service users who have experienced hostility on the basis of their religion e.g. islamophobia may not feel comfortable accessing support services unless these are explicitly welcoming and inclusive to people of faith. • The acknowledgement of an individual's problematic substance use can be a significant barrier if their faith forbids use of alcohol and other drugs.
Mitigations:	• It is essential that services are culturally responsive and create an inclusive treatment environment. We will ensure this is a priority in recommissioned service specifications and ongoing quality assurance.
Marriage & civil partnership	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	
OTHER RELEVANT CHARACTERISTICS	
Socio-Economic (deprivation)	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	• Drug and alcohol use tend to be significantly more prevalent in areas of socio-economic deprivation. • Bristol has 41 areas in the most deprived 10% in England, including 3 in the most deprived 1%. • The greatest levels of deprivation are in Hartcliffe & Withywood, Filwood and Lawrence Hill. • In Bristol 15% of residents - 70,800 people - live in the 10% most deprived areas in England, including 19,000 children and 7,800 older people.
Mitigations:	• Recommissioning will be informed by further analysis of differences in representation and outcome based on socio-economic deprivation, including at a place based locality level.
Carers	Does your analysis indicate a disproportionate impact? Yes ☐ No ☒
Potential impacts:	• Being a carer can be a huge barrier to accessing services • Studies show around 65% of adults have provided unpaid care for a loved one. • Women have a 50% likelihood of being an unpaid carer by the age of 46 (by age 57 for men) • Young carers are often hidden, and may not recognise themselves as carers_
Mitigations:	• We will ensure recommissioned services consider the timing/availability of services, events etc. to allow flexibility for carers.
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:	• We know that alcohol and other drug use can be a cause as well as a consequence of homelessness. • This includes a higher incidence of problematic substance use in people who are homeless who may have complex mental health needs and experience severe multiple disadvantage. • These experiences may include (but are not limited to) long-term experiences of poverty, deprivation, trauma, abuse and neglect. Many also face racism, sexism and homophobia. • The housing of young people with no permanent residence, for example within hostels, has the potential to further expose them to substance misuse.
Mitigations:	• We know that stable accommodation contributes enormously to successful treatment outcomes and that being street homeless is one of the hardest position from which to access services.

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

This proposal is to authorise the process to reprocure services from 1st April 2025. Our commitment is to reduce inequalities of access by protected characteristic.

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 form the proposals at this stage. Whilst we have identified existing structural issues and disparities the impacts of recommissioned services cannot be measured or estimated until proposals for change are made. This is intended to happen during the consultation as part of the procurement process and we will update our EQIA throughout the commissioning cycle.
Summary of positive impacts / opportunities to promote the Public Sector Equality Duty:
The proposal will facilitate the recommissioning of services where there is a significant opportunity to advance equality of opportunity for equalities groups in Bristol.

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
Service model is developed which is inclusive and reflects the diversity of the Bristol population	Leonie Roberts	June-December 2023

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 will update our EQIA to evidence progress during this period

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 Director[1].

Equality and Inclusion Team Review: *Reviewed by Equality and Inclusion Team*	**Director Sign-Off:** 
Date: 23/5/2023	Date: 26/6/2023

[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.