

# Equality Impact Assessment [version 2.12]



Title: <b>Direct award of substance use services in primary care</b>	
<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: Julie Northcott
Service Area: Public Health	Lead Officer role: Deputy Director of 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 \(EqIA\) \(sharepoint.com\)](https://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>Currently substance use services are commissioned within primary care which deliver prescribing, supervised consumption, community detoxification and holistic health care, working in partnership with the main substance use provider. In accordance with Local Authority responsibility for improving the health of their local population and reducing health inequalities.</p> <p>In line with the new main substance use contract commencing 1<sup>st</sup> April 2025, approval is requested to direct award the contract to primary care for the same period as the main service (5 years, plus 2, plus 2), in accordance with the NHS Provider Selection Regime regulations.</p> <p>The services are activity based, and the annual budget for the primary care services is £1,110,00.</p> <p>The commissioners will work with representatives from primary care, and the new lead provider for substance use services to develop new specifications, which will be informed by evidence and service user experience.</p> <p>The contract will be managed by the Public Health Programmes and Partnership Manager.</p>
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### 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 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"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	[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 \(bristol.gov.uk\)](http://bristol.gov.uk)

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 \(sharepoint.com\)](http://sharepoint.com). See also: [Bristol Open Data \(Quality of Life, Census etc.\)](http://bristol.gov.uk); [Joint Strategic Needs Assessment \(JSNA\)](http://bristol.gov.uk); [Ward Statistical Profiles](http://bristol.gov.uk).

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 \(sharepoint.com\)](http://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](http://bristol.gov.uk) and [Stress Risk Assessment](http://bristol.gov.uk)

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
National Drug Treatment Management System diversity reporting (not publicly accessible)	Existing National Drug Treatment Management System (NDTMS) reporting provides insight into differences in levels of representation for adults presenting to treatment in Bristol, including that: <ul style="list-style-type: none"><li>80% of new presentations are White British (80% for England treatment) and White clients (including White British and White Other), and Mixed/Multiple Ethnicity clients are over-represented, compared to overall representation in Bristol; Black/Black British clients are under-represented and Asian/Asian British clients are very underrepresented;</li></ul>

Data / Evidence Source [Include a reference where known]	Summary of what this tells us
	<p>Representation for Other ethnic groups is so low that there may be under-reporting.</p> <ul style="list-style-type: none"> <li>• Some (but not all) of the disparity may be to do with higher Muslim population for e.g. South Asian and Somali populations (only 25 Muslim clients in 2021/22).</li> <li>• 50% of new presentation have no religion or faith group.</li> <li>• 82% of new presentations are heterosexual (85% for England)</li> <li>• 51% of new presentations are not Disabled people (64% for England) and 22% have not disclosed this.</li> <li>• 69% of adults in treatment are male and 31% are female (similar to 71% and 29% for England)</li> <li>• 52% of new presentations are unemployed compared to 48% for England</li> </ul>
<a href="#">Drug and Alcohol Strategy for Bristol 2021-2025.pdf (bristol.gov.uk)</a>	This strategy sets out our city-wide vision for drug and alcohol services, and the priorities we are focusing on.
<a href="#">Combatting Drugs Partnership Bristol Health Needs Assessment</a>	Provides the main evidence base for our Drug and Alcohol Strategy and has informed our commissioning proposals
<a href="#">From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK (www.gov.uk)</a>	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.
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.
<b>Additional comments:</b>	

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

<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Disability	<input 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.

- Gender reassignment is currently recordable as gender identity under free text but does not exist as a defined option within the existing 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.
- One area of investigation relates to understanding the local presentations for non-opiate/crack use which we understand to be an issue of higher local priority than is reflected nationally.
- This is monitored through our Theasus case management system.

## 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.

There was widespread consultation in the development of the Drug and Alcohol Strategy, and 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 Bristol's substance use services including access and waiting times and satisfaction with services.

In June-July 2023 we held multiple focus groups and carried out a survey on our Visions Values and Principles for recommissioning substance use services.

As well as briefing for our Cabinet Lead member, we have briefed and sought internal input on our draft commissioning intentions from various Bristol City Council teams including colleagues in Children and families; Education and Skills teams on particular aspects related to bringing targeted services for children and young people in to scope.

### **Public Consultation:**

We carried out a public consultation from 30<sup>th</sup> October to 24<sup>th</sup> December 2023, with the aim of understanding the views of a wide range of stakeholders with lived experience of working for or engaging with substance use treatment services. Our Draft Substance Use Commissioning Plan was available for consultation during this period. People could complete an Easy Read version of the consultation online or view and view and print an [Easy Read version of the Draft Substance Use Commissioning Plan.\(External link\)](#). People could request the consultation survey as a paper version, Braille, large print, British Sign Language, or in another language, or other alternative format.

### **Diversity Monitoring:**

As part of the online consultation, participants were asked a series of questions asking their demographic characteristics, including age, sex, gender, ethnicity, sexual orientation, Disability, religion,

pregnancy, carer status, refugee or asylum seeker and where they reside so that we could assess the number of responses from the most deprived quintile. While the online consultation was generally representative of the population of Bristol, there was under-representation from children and young people, pregnant people and Black/Black British and Gypsy, Roma or Irish Traveller participants. However this was partly mitigated through additional focus groups and interviews targeting underrepresented groups: Several targeted visits took place with allied services e.g., domestic abuse and sexual violence services and different populations of people with lived experience e.g. older people, families and carers. Targeted visits were typically conducted on a 1:1 basis and via small focus groups. We also received three detailed consultation responses by email from professionals.

## 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.

We will ensure through contract requirements and performance management that the main substance use provider is committed to including people with lived experience of problematic substance use in the ongoing delivery of substance use services within primary care.

## 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)

##### Public Consultation

BCC is required to meet the public sector equality duty of the Equality Act 2010, to do this we have ensured that we have heard from a broad range of people with lived experience and expertise. We conducted a public consultation from 30th October to 24th December 2023, with a variety of stakeholders in attendance at many events across the city, online workshops and providing their thoughts through the online survey.

##### Length of existing contracts

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, at this stage we think our proposals are reasonable and proportionate because our analysis shows there are some 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.

### General issues

Additionally at this stage prior to tender award but after public consultation, 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 clients based on their protected characteristics, which will be reviewed systematically throughout the contract lifecycle.

We will require the service provider to offer where appropriate tailored or closed functions of the service to particular client groups, such as women, young people, older people, or members of the LGBT+ community, to ensure equitable access and support for all.

We will include a specific question in our evaluation of tenders to ensure the successful provider can demonstrate a commitment to including the voice of lived experience in participation and decision making.

### **PROTECTED CHARACTERISTICS**

<b>Age: Young People</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"><li>There are fewer young adults accessing the service, (the majority of current adult treatment service users are between the ages of 30 and 55. Not accessing the services may result in them continuing to use substances, and resulting in poorer outcomes in terms of health (physical and mental), education and future employment etc.</li></ul>
Mitigations:	<ul style="list-style-type: none"><li>We will ensure the service has dedicated workers collaborating closely with young people's substance use treatment services to aid the transition of vulnerable young people to adult services. Additionally, we will develop a transitional safeguarding approach in partnership with citywide organisations to support vulnerable individuals aged 16-25, aligning with the Keeping Bristol Safe Partnership Strategic Plan.</li></ul>
<b>Age: Older People</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"><li>The cohort of drug users in the city are aging and would have an impact on poorer health outcomes than those who do not use drugs.</li><li>The 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, which results in poorer health outcomes, more accidents and potential service injury.</li></ul>
Mitigations:	<ul style="list-style-type: none"><li>We need to ensure redesigned services meet the needs of older service users and an aging cohort of drug users.</li></ul>
<b>Disability</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"><li>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. It is known that substance abuse does have a long term negative effect on a person's ability to undertake daily activities such as working.</li></ul>

Mitigations:	<ul style="list-style-type: none"> <li>Separately from the requirements of reporting requirements etc. Bristol City Council is committed to the <u>Social Model of Disability</u> 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).</li> <li>Mobility and accessibility were mentioned as potential barriers to accessing treatment services, my delivering these services within the local community will help with this.</li> <li>The reasonable adjustments duty is 'anticipatory' so we must think in advance and ongoing about what Disabled people might reasonably need.</li> </ul>
<b>Sex</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>There are significant differences in level of representation and outcomes for male and female service users.</li> <li>Women can experience greater stigma when accessing services, strengthened by the risk of referral to social services etc.</li> <li>Women's groups have previously identified a lack of aftercare support from current services, especially in relation to mental health and family support.</li> <li>Nationally 27% of women experience domestic abuse in their lifetimes and there is a recognised link between substance use and sexual violence.</li> <li>Services may not take into consideration the impact of women's reproductive life course including menstruation, avoiding pregnancy, pregnancy, childbirth, breastfeeding, and menopause.</li> <li>Men in Bristol are more likely than women to have unhealthy lifestyle behaviours including being overweight and obese, smoking, alcohol and substance use.</li> </ul>
Mitigations:	Service redesign will take into consideration the differing needs of female and male service users.
<b>Sexual orientation</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>Research shows LGBTQ+ people face widespread discrimination in healthcare settings and one in seven LGBTQ+ people avoid seeking healthcare for fear of discrimination from staff.</li> <li>The Stonewall <u>LGBT in Britain - Health Report</u> shows LGBT people are at greater risk of marginalisation during health crises.</li> <li>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.</li> </ul>
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.
<b>Pregnancy / Maternity</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>Drug and alcohol use are significant risk factors during pregnancy which may include infant withdrawal, low birth weight, premature labour, miscarriage and stillbirth.</li> <li>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.</li> </ul>

Mitigations:	We will ensure more proactive approaches to working with and supporting pregnant service users and those with young dependent children.
<b>Gender reassignment</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>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.</li> </ul>
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.
<b>Race</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>We are aware of disparities in levels of representation and outcomes for service users on the basis of their ethnicity.</li> <li>There may be cultural barriers to accessing and benefiting from commissioned services.</li> <li>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.</li> <li>Given the sensitivity of issues, clients may not trust in the use of community translators unless confidentiality agreements are explicit.</li> <li>Some service users are concerned that disclosing drug use may negatively affect immigration status.</li> </ul>
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.
<b>Religion or Belief</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	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.
<b>Marriage &amp; civil partnership</b>	Does your analysis indicate a disproportionate impact? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Potential impacts:	
Mitigations:	
<b>OTHER RELEVANT CHARACTERISTICS</b>	
<b>Socio-Economic (deprivation)</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>Drug and alcohol use tend to be significantly more prevalent in areas of socio-economic deprivation, resulting in poorer outcomes in terms of health (physical and mental), education and future employment etc.</li> </ul>
Mitigations:	We are providing service across the city.
<b>Carers</b>	Does your analysis indicate a disproportionate impact? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Potential impacts:	<ul style="list-style-type: none"> <li>Being a carer can be a huge barrier to accessing services, resulting in poorer outcomes in terms of health (physical and mental), education and future employment etc.</li> </ul>
Mitigations:	We will ensure services consider the timing/availability of services, events etc. to allow flexibility for carers.
<b>Other groups</b> [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]	



Potential impacts:	<ul style="list-style-type: none"> <li>• We know that alcohol and other drug use can be a cause as well as a consequence of homelessness.</li> <li>• 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.</li> <li>• 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.</li> <li>• The housing of young people with no permanent residence, for example within hostels, has the potential to further expose them to substance use.</li> </ul>
Mitigations:	We know that stable accommodation contributes enormously to successful treatment outcomes and that being street homeless is one of the hardest positions 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 commence the services from 1<sup>st</sup> 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 from the proposals. During the consultation, some negative impacts were identified by participants regarding accessing services and suggested that services should have special plans in place for these groups, however these do not amount to significant negative impacts.

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

The proposal will award services within primary care 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
Update EQIA after the first year	Substance Use Programme and Partnerships Manager	April 2026


### 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.

This will be completed along with the main substance use service, and will review the EQIA for the service users for the whole service as the primary care and main service will be completed in partnership. KPIs will be agreed as part of the mobilisation plan.

## 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<sup>1</sup>.

<b>Equality and Inclusion Team Review:</b> <b><i>Reviewed by Equality and Inclusion Team</i></b>	<b>Director Sign-Off:</b> 
Date: 14.05.2024	Date: 11 May 2024

<sup>1</sup> 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.