

Equality Impact Assessment Form

Part I: Initial Screening

Please read the guidance notes (*to come*) before completing the form.

1. Persons responsible for this assessment:

Name: Stuart Croft	Telephone: 07800 590749
Service: Public Health	E-Mail: stuart.croft@glos.nhs.uk
Directorate: NHS Gloucestershire	Date of Assessment: 30/10/09

2. Name of document being assessed: Gloucestershire Alcohol Strategy 2009-2012

2a. Is this document? (Please tick)

New Existing Refreshed

3. Please indicate whether the document relates to “how” we will deliver our activities (service/procedure/function) or “what” we aim to do (strategy/policy)? (You can tick more than one)

Service Procedure Function

Strategy Policy

4. Briefly describe its aims &/or intended outcomes

To have an impact on health inequalities by reducing the actual and potential harm caused by alcohol use to individuals, families and communities in Gloucestershire. This strategy updates our plans for reducing alcohol harm in the county.

5. Who is it likely to impact upon?

Staff Patients Visitors Carers Other Communities

5a. Please state why?

The strategy deals with alcohol specific and alcohol related harm at the population and individual level and encompasses health inequalities, crime and antisocial behaviour and the effects upon families and communities.

6. Which organisation/body will be responsible for its delivery?

PCT 2gether Trust Local Authority

Hospital Trust Voluntary Sector

Partnership: Health & Community Wellbeing Strategic Partnership and Safer and Stronger Communities Partnership

7. Who have you consulted on this document? (Please tick as appropriate)

Staff Patients Visitors Carers

Other NHS VCS Local Authority Other (Police, Probation, Trading Standards, Crime and Disorder reduction Partnerships, Youth Offending Service). Further public and VCS consultation is planned.

8. What evidence has helped to inform this initial impact assessment? Please tick and/or list any evidence, the source and its date e.g. patient survey (2007).

Source	✓	Date
Demographic data and other statistics, including census findings	✓	Aug 08
Recent research findings including studies of deprivation	✓	2008-09
Results of recent consultations and surveys	✓	Sept 09
Results of ethnic monitoring data and any equalities data from the local authority / joint services or Health inequality data	✓	Aug 08 from 05
Anecdotal information from groups and agencies within Gloucestershire	✓	Sept 09
Comparisons between similar functions / policies elsewhere	✓	Sept 09
Analysis of PALS, complaints and public enquires information		Pending
Analysis of audit reports and reviews		
Other: Regional Priorities for Reducing Alcohol Related Harm in the South West 2008-9 Update on Alcohol Strategy 2006-2009 Local Alcohol Profiles for England MAIDeN Data Gloucestershire online pupil survey 2008 The operation of the Gloucestershire Alcohol and Drugs Strategies Action Group.		
None:		

9. Considering the available evidence, what type of impact (adverse, positive or neutral) could this function or policy have on a particular equalities group? (Please see glossary for an explanation of adverse and positive impact)

Group	Adverse impact			Positive impact			Neutral impact		
	Yes	No	Unsure	Yes	No	Unsure	Yes	No	Unsure
Age				✓					
Disability							✓		
Gender				✓					
Race including Gypsy and travellers				✓					
Religion							✓		
Sexual Orientation							✓		
Other:									

9(a) Please explain the reason(s) for your decisions

Group	Reasons
Age	Priority group for action. The first section of the strategy is about age specific education and prevention work with young people. The projected outcome is to change the cultural norm of children and young people (especially 11-15 years old) drinking too much alcohol too often. There are further actions around the competencies of those professionals who work with young people.
Disability	Local alcohol needs assessments and regional and national policy and research documents have not identified those with disabilities as a group of particular vulnerability or risk of harm from alcohol misuse. There is no data to suggest that the needs of this cohort differ from those of the general populace. It is reasonable to conclude that as long as access issues are addressed the services available to the general populace therefore meet the needs of this cohort.
Gender	Priority group for action. Section one of the strategy identifies pregnant women as a target group for social marketing, based upon WHO and NICE guidance. As women are not proportionally represented in commencement of the Alcohol Treatment Requirement (ATR) (Glos Probation Statistics) a specific ATR to meet the needs of women is

	planned. An identified harm of alcohol misuse is violence which falls disproportionately upon women particularly in the domestic context. Addressing this harm is a cornerstone of the strategy which includes specific proposals such as the adoption of the Cardiff Model for Violence Prevention .
Race	Priority group for action. The first section of the policy includes the projected outcome of ensuring that the adult population of Gloucestershire has access to accurate and accessible information and advice about safe alcohol limits, with a particular focus on people from the most vulnerable groups. An identified group for action is people from Black and other minority ethnic communities.
Religion	Local alcohol needs assessments and regional and national policy and research documents have not identified those from particular religious backgrounds as groups of particular vulnerability or risk of harm from alcohol misuse. There is no data to suggest that the needs of such cohorts differ from those of the general populace. It is reasonable to conclude that as long cultural issues are addressed the services available to the general populace therefore meet the needs of these cohorts.
Sexual Orientation	Local alcohol needs assessments and regional and national policy and research documents have not identified sexual orientation as an indicator of particular vulnerability or risk of harm from alcohol misuse. There is no data to suggest that the need relating to sexual orientation differ from those of the general populace. It is reasonable to conclude that the services available to the general populace therefore meet the needs of this cohort.
Other:	

10. Is there an opportunity to use the function or policy to promote equality &/or good community relations? (Measures which promote equality include: addressing under-representation in the take up of a service or making reasonable adjustments.)

Promote	Yes	No	Unsure	Please explain the reasons for making this decision.
Equality	Yes			Priority is to focus on deprived areas and groups who are excluded.
Community Relations	Yes			Priority is to focus on deprived areas and groups who are excluded.

11. Are there any other functions, services, policies and procedures that need to be assessed alongside this assessment?

Yes No

11a. If Yes, please state which one(s):

12. What, if any, Human Rights implications do you consider this document may have? (See attached addendum for list of Rights)

None Yes

If Yes, please state:.....

13. Has this initial assessment identified any adverse impact on groups in Q9 or have any Human Rights implications?

Yes No

If yes, please proceed to a full impact assessment.

If yes, please ensure that a full Equality Impact Assessment is completed within **THREE** months of this assessment:

NB: IF THE DOCUMENT USED FOR THIS ASSESSMENT IS SUPPLEMENTED BY ADDITIONAL DELIVERY OR ACTION PLANS, THESE MAY NEED A FULL EQUALITY IMPACT ASSESSMENT, PLEASE CHECK WITH YOUR LOCAL EQUALITY LEAD

Actions				
Please give details of the actions you will take to address the issues highlighted in this assessment and when you will complete them by. Please include measures to improve data capture or research. Before commissioning research please contact your local equality lead.				
Ref	Equality Target Group & Human Rights	Action & Resource	Lead Person	Timescale
	Monitoring and Reviewing Outcomes	The strategy action plan will be in JSCP format and address planned benefits of each action and the question how will we know we have made a difference. These outcomes will include those relating to equality	S Croft	November 2009
	Monitoring and Reviewing	Strategy will be steered and monitored	S Croft	Commencing 25/11/09 with

	Outcomes	by steering Group (GDASG) which will meet monthly. Lead for each part of the strategy will submit a progress update in the form of a brief commentary and RAG (Red, Amber, Green) status.		2 ½ year duration
	Accountability	GDASG is a sub-group of the Safer and Stronger Communities Working Group (SSCWG), reports to GSSCP Performance Group and is accountable to both GHCWP and GSSCP. If delivery falls behind the specified timescales and remedial plans fail; there will be an escalation process via the GSSCP Performance Group to the overall objective lead to assist with unblocking barriers. If this does not resolve the difficulties, GSSCP will be notified to aid identification of a solution.	S Croft	Commencing 25/11/09 with 2 ½ year duration
	Review	Review will take place annually led by GDASG and signed off by GSSCP and GHCWP	S Croft	April 2010 and annually thereafter

Completed by: _____ Date: _____

Date for Review: _____

Please forward an electronic copy to the Equality and Diversity Committee Group by emailing it to: anis.ghanti@glos.nhs.uk An additional signed hard copy and/or electronic copy should be kept with your team for audit purposes.