

EQIA Submission Draft Working Template

If required, this template is for use prior to completing your EQIA Submission in the EQIA App.

You can use it to understand what information is needed beforehand to complete an EQIA submission online, and also as a way to collaborate with others who may be involved with the EQIA.

Note: You can upload this into the App when complete if it contains more detailed information than the App asks for and you wish to retain this detail.

Section A

1. Name of Activity (EQIA Title):	Supplementary Substance Misuse Treatment and Recovery Grants 2022/23 to 2024/25 and the Inpatient Detoxification Grant (£7,421,560)
2. Directorate	Public Health. Adult Social Care and Health.
3. Responsible Service/Division	Public Health

Accountability and Responsibility

4. Officer completing EQIA Note: This should be the name of the officer who will be submitting the EQIA onto the App.	Matt Wellard
5. Head of Service Note: This should be the Head of Service who will be approving your submitted EQIA.	Jessica Mookherjee
6. Director of Service Note: This should be the name of your responsible director.	Anjan Ghosh

The type of Activity you are undertaking

7. What type of activity are you undertaking?	
Tick if Yes	Activity Type
Yes	Service Change – operational changes in the way we deliver the service to people.
Yes	Service Redesign – restructure, new operating model or changes to ways of working
	Project/Programme – includes limited delivery of change activity, including partnership projects, external funding projects and capital projects.
	Commissioning/Procurement – means commissioning activity which requires commercial judgement.
	Strategy /Policy – includes review, refresh or creating a new document
	Other – Please add details of any other activity type here.

8. Aims and Objectives and Equality Recommendations – Note: You will be asked to give a brief description of the aims and objectives of your activity in this section of the App, along with the Equality recommendations. You may use this section to also add any context you feel may be required.

To Improve outcomes from substance misuse harm and increased recovery and treatment for the most vulnerable service users and those needing support and treatment. To Improve outcomes for vulnerable women, people from ethnic minority groups, those with mental health problems and disabilities and increase ease of access into services from all vulnerable groups.

Section B – Evidence

Note: For questions 9, 10 & 11 at least one of these must be a 'Yes'. You can continue working on the EQIA in the App, but you will not be able to submit it for approval without this information.

9. Do you have data related to the protected groups of the people impacted by this activity? <i>Answer: Yes/No</i>	Yes
10. Is it possible to get the data in a timely and cost effective way? <i>Answer: Yes/No</i>	Yes (although this needs approving)
11. Is there national evidence/data that you can use? <i>Answer: Yes/No</i>	YES
12. Have you consulted with Stakeholders? <i>Answer: Yes/No</i> <i>Stakeholders are those who have a stake or interest in your project which could be residents, service users, staff, members, statutory and other organisations, VCSE partners etc.</i>	YES
13. Who have you involved, consulted and engaged with? <i>Please give details in the box provided. This may be details of those you have already involved, consulted and engaged with or who you intend to do so with in the future. If the answer to question 12 is 'No', please explain why.</i>	
<p>ALL strategic partners via Clear Assessment -and via Kent Substance Misuse Alliance and via commissioning reviews</p>	
14. Has there been a previous equality analysis (EQIA) in the last 3 years? <i>Answer: Yes/No</i>	YES (via Substance Misuse Needs Assessments and via contract reviews)
15. Do you have evidence/data that can help you understand the potential impact of your activity? <i>Answer: Yes/No</i>	YES
Uploading Evidence/Data/related information into the App <i>Note: At this point, you will be asked to upload the evidence/ data and related information that you feel should sit alongside the EQIA that can help understand the</i>	Upload the needs assessments summaries

potential impact of your activity. Please ensure that you have this information to upload as the Equality analysis cannot be sent for approval without this.

Section C – Impact

16. Who may be impacted by the activity? Select all that apply.

Service users/clients <i>Answer: Yes/No</i>	Yes	Residents/Communities/Citizens <i>Answer: Yes/No</i>	Yes
Staff/Volunteers <i>Answer: Yes/No</i>	Yes		

17. Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing? *Answer: Yes/No* **YES**

18. Please give details of Positive Impacts

- Better access to treatment and recovery services in women, BAME, disabilities
- Reduced premature mortality and drug deaths
- Better family systems that will protect young people from adverse childhood experiences
- Better access to care plans and access to recovery and signposting to aligned services eg mental health
- Better prevention for rough sleeping and housing failures
- Better access to physical and social care
- Better inclusion of service users and carers

Negative Impacts and Mitigating Actions

The questions in this section help to think through positive and negative impacts for people affected by your activity. Please use the Evidence you have referred to in Section B and explain the data as part of your answer.

19. Negative Impacts and Mitigating actions for Age

a) Are there negative impacts for age? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	no
b) Details of Negative Impacts for Age	
c) Mitigating Actions for age	
d) Responsible Officer for Mitigating Actions - Age	

20. Negative Impacts and Mitigating actions for Disability

a) Are there negative impacts for Disability? <i>Answer: Yes/No (If yes, please also complete sections</i>	No
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<i>b, c, and d).</i>	
b) Details of Negative Impacts for Disability	
c) Mitigating Actions for Disability	
d) Responsible Officer for Mitigating Actions - Disability	
21. Negative Impacts and Mitigating actions for Sex	
a) Are there negative impacts for Sex? Answer: Yes/No (If yes, please also complete sections b, c, and d).	no
b) Details of Negative Impacts for Sex	
c) Mitigating Actions for Sex	
d) Responsible Officer for Mitigating Actions - Sex	
22. Negative Impacts and Mitigating actions for Gender identity/transgender	
a) Are there negative impacts for Gender identity/transgender? Answer: Yes/No (If yes, please also complete sections b, c, and d).	no
b) Details of Negative Impacts for Gender identity/transgender	
c) Mitigating actions for Gender identity/transgender	

d) Responsible Officer for Mitigating Actions - Gender identity/transgender	
23. Negative Impacts and Mitigating actions for Race	
a) Are there negative impacts for Race? <i>Answer: Yes/No (If yes, please also complete sections b, c,and d).</i>	no
b) Details of Negative Impacts for Race	
c) Mitigating Actions for Race	
d) Responsible Officer for Mitigating Actions - Race	
24. Negative Impacts and Mitigating actions for Religion and belief	
a) Are there negative impacts for Religion and Belief? <i>Answer: Yes/No (If yes, please also complete sections b, c,and d).</i>	No
b) Details of Negative Impacts for Religion and belief	
c) Mitigating Actions for Religion and belief	
d) Responsible Officer for Mitigating Actions - Religion and belief	
25. Negative Impacts and Mitigating actions for Sexual Orientation	
a) Are there negative impacts for sexual orientation. <i>Answer: Yes/No (If yes, please also complete sections b, c,and d).</i>	No
b) Details of Negative Impacts for Sexual Orientation	
c) Mitigating Actions for Sexual Orientation	

d) Responsible Officer for Mitigating Actions - Sexual Orientation	
26. Negative Impacts and Mitigating actions for Pregnancy and Maternity	
a) Are there negative impacts for Pregnancy and Maternity? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Pregnancy and Maternity	
c) Mitigating Actions for Pregnancy and Maternity	
d) Responsible Officer for Mitigating Actions - Pregnancy and Maternity	
27. Negative Impacts and Mitigating actions for marriage and civil partnerships	
a) Are there negative impacts for Marriage and Civil Partnerships? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No
b) Details of Negative Impacts for Marriage and Civil Partnerships	
c) Mitigating Actions for Marriage and Civil Partnerships	
d) Responsible Officer for Mitigating Actions - Marriage and Civil Partnerships	
28. Negative Impacts and Mitigating actions for Carer's responsibilities	
a) Are there negative impacts for Carer's responsibilities? <i>Answer: Yes/No (If yes, please also complete sections b, c, and d).</i>	No

b) Details of Negative Impacts for Carer's Responsibilities	
c) Mitigating Actions for Carer's responsibilities	
d) Responsible Officer for Mitigating Actions - Carer's Responsibilities	