

Equality Impact Assessment

Directorate: Public Health and Public Protection	
Service: Trading Standards & Licensing	
Name of Officer/s completing assessment: Russell Denney-Clarke	
Date of Assessment: 03/10/2024	
Name of service/function or policy being assessed: Statement of Licensing Policy	
1.	<p>What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?</p> <p>Statutory review of the Statement of Licensing Policy.</p>
2.	<p>Who implements or delivers the policy, service, or function? State if this is undertaken by more than one team, service, and department including any external partners.</p> <p>Licensing</p>
3.	<p>Who will be affected by this proposal? For example, who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic.</p> <p>Age: N/A Disability: N/A Gender Reassignment: N/A Marriage and Civil Partnership: N/A Pregnancy and maternity: N/A Race: N/A Religion and Belief: N/A Sex: N/A Sexual orientation: N/A</p>

	Other: N/A
4.	<p>What are any likely positive impacts for the group/s identified in (3) above? You may wish to refer to the Equalities Duties detailed in the background information.</p> <p>N/A</p>
5.	<p>What are the likely negative impacts for the group/s identified in (3) above? If so then are any particular groups affected more than others and why?</p> <p>N/A</p>
6.	<p>Have the impacts identified in (4) and (5) above been assessed using up to date and reliable evidence and data? Please state evidence sources and conclusions drawn (e.g. survey results, customer complaints, monitoring data etc).</p> <p>N/A</p>
7.	<p>Have you engaged or consulted with any identified groups or individuals if necessary and what were the results, e.g., have the staff forums/unions/ community groups been involved?</p> <p>Yes, we are required by legislation to consult on all Licensing Policies, ultimately the decision rests with the Licensing Authority..</p>
8.	<p>Have you considered the impact the policy might have on local community relations?</p> <p>N/A</p>
9.	<p>What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example what plans, if any, will be put in place to reduce the impact?</p> <p>N/A</p>

10.	What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below. N/A

What course of action does this EIA suggest you take? More than one of the following may apply	
Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken	✓
Outcome 2: Adjust the policy to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments will remove the barriers identified? (Complete action plan).	
Outcome 3: Continue the policy despite potential for adverse impact or missed opportunities to promote equality identified. You will need to ensure that the EIA clearly sets out the justifications for continuing with it. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact (see questions below). (Complete action plan).	
Outcome 4: Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination. (Complete action plan).	

Action Plan and Timetable for Implementation

At this stage a timetabled Action Plan should be developed to address any concerns/issues related to equality in the existing or proposed policy/service or function. This plan will need to be integrated into the appropriate Service/Business Plan.

Action	Target Groups	Lead Responsibility	Outcomes/Success Criteria	Monitoring & Evaluation	Target Date	Progress to Date

Name: Signed:(Person completing the EIA)
Name: Signed:(Policy Lead if not same as above)
Date: