1. Proposal Summary Information

<table>
<thead>
<tr>
<th>EAA Title</th>
<th>Proposal to end stop smoking service contract from April 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please describe your proposal?</td>
<td>It is a Function</td>
</tr>
<tr>
<td>Is it HR Related?</td>
<td>No</td>
</tr>
<tr>
<td>Corporate Purpose</td>
<td>Cabinet Report Decision</td>
</tr>
</tbody>
</table>

1. What is the Function looking to achieve? Who will be affected?

Aims/Objectives To consider the impact of ending stop smoking service contract by April 2019. Ealing Council is seeking residents’ views on the plan to close the ‘Stop Smoking’ service by 1 April 2019.

The cuts in funding from the government mean that Ealing Council will have £143million less by 2021. The rising cost of living along with the increasing demand for social care services has forced the council to think again how it pays for and delivers services.

In addition to the cuts to the council’s main grant, the public health budget for Ealing will also be cut by around £640,000 for this year, which will be followed by a similar reduction in 2020. Ealing Council needs to save more to meet this cut, and therefore is consulting on their plan to end the ‘Stop Smoking’ services by 1 April 2019.

The West London Mental Health NHS Trust has been commissioned by Ealing Council to deliver the Stop Smoking service including the wider tobacco control agenda since 2013. The service is delivered as one element of the One You Ealing programme. The service offers residents who want to quit a combination of weekly 1-1 support and treatments such as nicotine patches and gum, or medicines on prescription. and there are specialist stop smoking advisers to support people with, for example, mental health problems, long term conditions, pregnant women etc. The service operates from primary care, pharmacies and community clinics.

Although there is an option for text and/or telephone support, this is not the current focus of the service. The stop smoking budget is £395,000 in 2017/18. The current contract expires in March 2019. The key performance indicators target: routine and manual groups, people with mental health problems, pregnant women, BME groups, training and partnership work to support the Tobacco Control plans. The service is based upon behavioural support and pharmacotherapy where appropriate with success assessed at 4 and 12 week.
Smoking prevalence in Ealing, similar to national trends, has been steadily falling over the last ten years, and is now at its lowest level (at 15.4% in 2016). This fall is likely to have been driven by the smoking ban, e-cigarettes and changing societal attitudes towards smoking driven by ongoing advertising on the harmful effects of smoking. However, inequalities in smoking remain a key issue locally. Data shows us that there is a direct correlation between smoking behaviour and socioeconomic deprivation; with higher numbers of smokers living in the highest areas of deprivation. The highest rates of smoking prevalence, equal to or above 17.5% were seen in 5 wards of Southall (Dormers Well, Lady Margaret, Southall Green, Southall Broadway and Norwood Green). Northolt West End (17.9%) was another ward with a similar rate. Smoking prevalence in routine and manual workers is 24.6% in Ealing, lower than both England (26.5%) and London (24.2%).

The Council is proposing to cease the Stop Smoking service contract with the West London Mental Health NHS Trust from April 2019. If the proposal goes ahead, the following programmes will cease:

- Locally provided Stop Smoking support for all residents, including specific groups such as smokers with mental health issues, pregnant women, routine and manual workers, and those with long term health conditions
- Training on tobacco control and basic smoking cessation for health professionals, social workers and pharmacy staff
- Local campaigns to raise awareness of the harm of smoking, to promote attempts to quit smoking, and to stop young people from smoking
- Stop Smoking expertise for businesses, professionals and partners
- Stop Smoking support in primary and secondary schools

2. What will the impact of your proposal be?

Smoking causes avoidable deaths and diseases as well as driving needs for higher level health and social care services which means cost implications for various services of the Borough such as adult social care, public protection and environmental health.

No longer commissioning the stop smoking services at any level may have a detrimental impact in the medium and longer term on demand for services across the health and care system in Ealing.

The impact in primary and secondary care will be that there will no Level 1 and Level 2 smoking cessation training and development function for community professionals (Health and Social Care). There will be a gap in service as there will be no provision to provide a specialist training function to support professionals in the community (such as GPs, Community pharmacists, midwives, etc.) working with vulnerable groups.

With regard to nicotine replacement therapy, people may access via their GPs (if willing) or buy nicotine replacement therapy, which is available as an over the counter medication. Stop

1 ASH Ready Reckoner, Dec 2015 Update
smoking medication available on prescription (eg Varenicline) would be available only through a person’s GP.

Most people make several attempts to quit smoking; however, they find it much harder when they are dealing with stress in their lives. To improve their chances of quitting there is a need for effective services and therapies, supportive social networks and smoker free environments. Local stop smoking services offer the best chance of success. They are up to 4 times more effective than no help or over the counter nicotine replacement therapy.

Some areas of the tobacco control strategy & plan will not be delivered such as raising awareness around illicit tobacco, underage sales and harmful effects of Shisha. It will be very challenging to meet a 3.4% smoking prevalence reduction target by 2021.

Patients who want to quit cannot access specialist support and the rates of ill health are likely to rise creating pressures in the health and social care economy. This would be a major gap in tackling inequalities and improving life expectancy.

Smoking related hospital admissions may increase further. The number of smoking related hospital admissions have gone up by 15% in Ealing from 2,269 in 2014/15 to 2,609 in 2015/16

Annually, the council may have to dispose of the 111 million non-biodegradable cigarette filters – approximately 19 tonnes of waste. 4 tonnes of this is street litter that must be collected by street cleaning teams

Impact on businesses and productivity

Reduced productivity of local businesses due to staff smoking breaks and additional sick days taken by smokers.

- The annual cost of 439 years of lost productivity from early smoking related deaths=£19 million
- The annual cost to Ealing businesses from smoking breaks=£32 million
- The annual cost of 39,606 days of lost productivity from smoking-related sick days: £5.79 million

The annual cost to the local economy of smoking related fires in homes £1.65 million

### 2. Impact on Groups having a Protected Characteristic

<table>
<thead>
<tr>
<th>AGE: A person of a particular age or being within an age group.</th>
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</thead>
<tbody>
<tr>
<td><strong>Negative</strong></td>
</tr>
</tbody>
</table>

Describe the Impact

Smoking rates vary with age. Over 80% of smokers begin when they are under 18. 33% of 11-15 year olds nationally are regular smokers. Prevalence increases after 15. Young people from less affluent families are more likely to smoke. The rate of smoking drops in the oldest age groups due to the impact of smoking related diseases. Smokers die earlier than non-smokers on average. Smoking in parents increases the likelihood of young people starting to smoke.
When the stop smoking quit rates are analysed by age, certain age groups have more success from the current stop smoking service model than others. In particular, older residents have the highest successful 4 week quit rates of those accessing this service. If the service ceases in April 2019, this may negatively impact on all age groups. These stop smoking services are primarily carried out at a range of venues across Ealing including schools, colleges and youth centres, with a proactive focus on those areas that are most deprived or have the highest rates of smoking prevalence. Services delivered include a range of group work, class sessions and one-to-one support. Loss of these services would also have a significant negative impact on young people as it will potentially reduce awareness and knowledge around smoking, reduce opportunities to sign post and access stop smoking service and increase the chance of risk taking behaviour among young people.

Closing the stop smoking service may
- increase the risk of potential impact of smoking on children of smokers;
- increase the risk of numbers of low birth weight babies and associated disability;
- increase the risk of number of still born babies
- Increase the risk of number of babies that die in their first year of life
- increase risk of respiratory illness and asthma in children
- increase the risk of the likelihood of children becoming smokers

Ealing information/data

The 2014/15 national What About Youth (WAY) survey estimated that 5.4% of Ealing 15 year olds are current smokers. The use of other tobacco products, including shisha, waterpipes, etc was estimated to be 18% significantly higher than for England at 15.2%.

In 2016/17, the clinic was set up at Villiers high school in Southall, due to the high prevalence of young smokers had seen 49 clients below 18 years old and 26 have quit smoking (53% quit rate).

Cut films are an award winning anti-tobacco youth charity working with young people, schools, and youth groups in partnership with local authorities to persuade young people to not smoke. The stop smoking service commissioned Cut Films to deliver 10 workshops, which was extended in 2015 to 50 workshops in a variety of settings, from secondary and primary to youth centres. In 2015, 16 films were entered into the local competition and about 180 young people took part in the project.
### Setting a quit date & quitters by Age group, 2016/17

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Total setting a quit date</th>
<th>4 week quitters</th>
<th>12 week quitters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18</td>
<td>30</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>18 - 34</td>
<td>525</td>
<td>290</td>
<td>89</td>
</tr>
<tr>
<td>35 - 44</td>
<td>726</td>
<td>417</td>
<td>138</td>
</tr>
<tr>
<td>45 - 59</td>
<td>813</td>
<td>504</td>
<td>145</td>
</tr>
<tr>
<td>60 and over</td>
<td>354</td>
<td>227</td>
<td>86</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2448</strong></td>
<td><strong>1455</strong></td>
<td><strong>462</strong></td>
</tr>
</tbody>
</table>

Alternatives and mitigating actions which have been considered in order to reduce negative effect:

**Describe the Mitigating Action**

There has also been an increase in the number of online tools that can provide support for smokers who wish to quit. Stop smoking services will still be provided through the pharmacies and GP surgeries who are able (if willing) to provide advice, support and prescriptions or through national or commercial stop-smoking resources.

 Patients can access online support at;

- Google: Public Health England One You [https://www.nhs.uk/oneyou/smoking#kkdYrgE8aUXl6xOu.97](https://www.nhs.uk/oneyou/smoking#kkdYrgE8aUXl6xOu.97)
- Google: NHS Choices: Stop smoking [http://www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.aspx](http://www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.aspx)
- Google: SmokeFreeLife [https://www.smokefreelife.co.uk/](https://www.smokefreelife.co.uk/)
**DISABILITY**: *A person has a disability if s/he has a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities*.²

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<tr>
<th>Negative</th>
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<tr>
<td><strong>Describe the Impact</strong></td>
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<tr>
<td>People with disabilities often have individual complex and specific needs. Smoking prevalence is significantly higher among people with mental health problems than among the general populations. Prevalence is highest among those with a diagnosis of a psychotic disorder, more than two-thirds (70%) of people in psychiatric units smoke tobacco and it is high as 80% among people with schizophrenia. Young people aged 11-16 years with an emotional, hyperkinetic or conduct disorder were much more likely to be smokers than other young people.</td>
</tr>
<tr>
<td>Most of the reduction in the life expectancy among people with serious mental illness is attributable to smoking.</td>
</tr>
<tr>
<td>Smoking causes a wide range of diseases. Some of these long term conditions lead to disability e.g. loss of limbs due to peripheral vascular disease; diminished lung capacity due to COPD; Low birth weight due to smoking is linked to both learning disability and physical disability. People with mild to moderate learning disability and low risk perception who smoke are less likely to quit without support therefore reducing their life expectancy.</td>
</tr>
<tr>
<td>People with mental health problems especially those with drug and alcohol problems are more likely to smoke than the general population and need more support to help them quit. Smokers with a serious mental health issue (SMI) are likely to die between 10 – 20 years earlier than a smoker without a mental health issues.</td>
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<tr>
<td>Smoking rates are higher in people with HIV. Smoking further depresses the immune system of people with HIV.</td>
</tr>
<tr>
<td>Closing the stop smoking service may</td>
</tr>
<tr>
<td>- Increase the number of people with smoking-related long term conditions and the disabilities associated with them.</td>
</tr>
<tr>
<td>- Increase the need for both health and social care due to disability</td>
</tr>
<tr>
<td>- increase the inequalities in health experienced by people with a disability.</td>
</tr>
<tr>
<td>- Increase the number of people with a disability dying due to a smoking related disease</td>
</tr>
</tbody>
</table>

Positive impact on the quality of life for those people who maintain their quit attempt. In addition people with SMI’s on psychotropic medication such as Schizophrenia could see their medication dosage reduced once they come off tobacco, as drugs are no longer being suppressed.

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² Due regard to meeting the needs of people with disabilities involves taking steps to take account of their disabilities and may involve making reasonable adjustments and prioritizing certain groups of disabled people on the basis that they are particularly affected by the proposal.
Full Equalities Analysis Assessment

There are 34,415 adults who have a common mental health disorder in Ealing and 15,504 people are likely to have two or more psychiatric disorder. These figures are to increase by nearly 3% by 2020\(^3\).

Mental health is the highest spend area in Ealing and it is higher than the national average\(^3\). Addressing the high prevalence of smoking in people with mental disorder offers the potential for substantial cost savings to the NHS as well as benefits in quantity and quality of life in Ealing. To reduce these problems West London Mental Health Trust (WLMHT) implemented a no smoking policy from January 2016. This prevents any individual smoking within any rooms, buildings or communal outside areas. The stop smoking service provides specialist support across the three West London Mental Health Trusts and provides smokefree training for ward staff as well as support to deliver the service within the wards.

A total of 439 patients were seen with 242 setting a quit date. 137 quitters were obtained between April 2015 to March 2017

<table>
<thead>
<tr>
<th>Describe the Mitigating Action</th>
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<tbody>
<tr>
<td>None</td>
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<tr>
<td>People with mental health problems are able to quit smoking if they are offered face to face support. With cessation of the stop smoking service there may be no specialist stop smoking support available to mental health patients. They would no longer have access to the stop smoking service, but may be able to access support and nicotine replacement therapy from their GP.</td>
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**GENDER REASSIGNMENT:** This is the process of transitioning from one sex to another. This includes persons who consider themselves to be trans, transgender and transsexual.

<table>
<thead>
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<th>Neutral :</th>
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<tr>
<th>Describe the Impact</th>
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<tbody>
<tr>
<td>There is evidence that smoking rates are higher in LGBT than average rates (Cancer research UK policy statement). Whilst evidence on the efficacy of specialist outreach services for the LGBT communities is sparse, there is no reason not to believe that generic stop smoking services are less effective.</td>
</tr>
</tbody>
</table>

Local data on Gender Reassignment is currently not available but it is unlikely that this proposal will impact either positively or negatively on the protected characteristic of gender reassignment. The consultation process should identify any issues that need to be considered with regards to this protected characteristic.

Alternatives and mitigating actions which have been considered in order to reduce negative effect:

| Describe the Mitigating Action |

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\(^3\) Ealing JSNA Chapter 20

Harm reduction approaches, including the use of electronic cigarettes to reduce tobacco use are likely to be of benefit to this group known to have a higher smoking prevalence than others without this characteristic.

**RACE**: A group of people defined by their colour, nationality (including citizenship), ethnic or national origins or race.

**Negative** impact as the stop smoking service will no longer will be available to provide stop smoking support to these groups.

**Describe the Impact**
Some BME groups have higher smoking rates than average (e.g. Bangladeshi, Arab, Turkish and some Eastern Europeans). Some groups such as Polish and Somali have higher smoking rates than the rest of the population.

Smokeless tobacco is used by some ethnic minority groups, particularly those from South Asia. Chewing tobacco is most commonly used by the South Asian community. Closure of the stop smoking service may have a disproportionate impact on the health of people in some ethnic groups such as the Polish and Somali community and increase the number of people from some BME groups dying due to a smoking related disease.

**Ealing Information/data**
During 2016/17, there were 1,455 successful 4-week quitters out of a total of 2,448 who set a quit date.
- In Ealing, there were 1,639 people from BME groups (excluding 122 with non-classified ethnicity from the total of 2,448), which accounted for 67% of all those who had set a quit date. The BME group with the highest proportion of those setting a quit date were Black/Black British males (25%) and Asian British males (19%).
- Of all successful quitters, there were 395 four week quitters (27%) from White British background, and 981 four week quitters (67%) from BME backgrounds, with 79 people of undisclosed ethnicity.
Stop smoking service runs a targeted clinic from Acton Health Centre due to the proximity of the local mosque and supports the needs of the Somali and South Asian community. Southall has one of the highest Somali communities within Ealing. Through collaborative working stop smoking service has run a clinic every Tuesday for the last four years at this location. The service has used a business hub within the vicinity to target the local Somali population.

Within Ealing, Southall has been identified as having the highest South Asian and Middle Eastern communities and chewing tobacco is well known in these communities. Southall Broadway Health Centre provides a clinic to help reduce the prevalence of smokeless products. The clinic runs on Mondays and on average approximately 20 patients per year who chew tobacco are seen at this clinic. Interventions are undertaken using a swab test and then supported with behavioral interventions. 10 clients have quit chewing tobacco with support of the stop smoking clinic.

Due to the high prevalence of smoking within Polish groups, stop smoking service currently runs a unique targeted clinic from a Polish café in Ealing to support equity of access. By setting within a café stop smoking advisors are hoping to normalize the intervention amongst this population. This clinic runs on Tuesdays and was devised out of specific need highlighted in outreach. 45 clients were seen in the clinic and 17 of them have quit smoking. The quit rate for the clinic is 37% which is above department of health recommendation.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**

**Describe the Mitigating Action**

Access online tools that can provide support for smokers who wish to quit. Stop smoking services will still be provided through the pharmacies and GP surgeries who are able (if willing) to provide advice, support and prescriptions or through national or commercial stop-smoking resources.

Patients can access online support at:
- Google: Public Health England One You (https://www.nhs.uk/oneyou/smoking#kkdYrgE8aUXI6xOu.97)
### Religion & Belief

Religion means any religion. Belief includes religious and philosophical beliefs including lack of belief (for example, Atheism). Generally, a belief should affect a person’s life choices or the way you live for it to be included.

State whether the impact is positive, negative, a combination of both, or neutral:

**Describe the Impact**

Neutral. There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**

**Describe the Mitigating Action**


### Sex

Someone being a man or a woman.

State whether the impact is positive, negative, a combination of both, or neutral:

**Describe the Impact**

Negative:

Smoking rates are higher in men than in women in general although smoking rates in young women are as high and in some cases higher than in young men.

Closure of the stop smoking service may have a disproportionate impact on the health of older men and younger women.

**Ealing Information/data**

Slightly more men than women access the service, and men are slightly more likely to remain quit at four weeks. Women are therefore slightly more likely to be disadvantaged by the proposal.

In Ealing there were 803 females and 1645 males who had set a quit date, and of these, 448 females (56%) and 1007 males (61%) self-reported quitting after 4 weeks.

**Alternatives and mitigating actions which have been considered in order to reduce negative effect:**

**Describe the Mitigating Action**

Access online tools that can provide support for smokers who wish to quit. Stop smoking services will still be provided through the pharmacies and GP surgeries who are able (if willing) to provide advice, support and prescriptions or through national or commercial stop-smoking resources.

Patients can access online support at;

- Google: Public Health England One You ([https://www.nhs.uk/oneyou/smoking#kkdYrgE8aUXl6xOu.97](https://www.nhs.uk/oneyou/smoking#kkdYrgE8aUXl6xOu.97))
- Google: NHS Choices: Stop smoking
**SEXUAL ORIENTATION:** A person’s sexual attraction towards his or her own sex, the opposite sex or to both sexes.

State whether the impact is positive, negative, a combination of both, or neutral:

Describe the Impact

Neutral. There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.

Alternatives and mitigating actions which have been considered in order to reduce negative effect:

Describe the Mitigating Action

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**PREGNANCY & MATERNITY:** Description: Pregnancy: Being pregnant. Maternity: The period after giving birth - linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, including as a result of breastfeeding.

State whether the impact is positive, negative, a combination of both, or neutral:

Describe the Impact

Negative

Smoking reduces the likelihood of a woman getting pregnant. It also reduces her partner’s sperm count.

Women who smoke are more likely to

☐ Suffer complications during pregnancy
☐ Suffer from stillbirth
☐ Have a more difficult labour
☐ Have their baby prematurely – which is associated with increased risk of learning and physical disability
☐ Have a baby with breathing, feeding and other health problems
☐ Have a baby that is of low birthweight and therefore more likely to suffer from problems in regulating their temperature and be more prone to infection
☐ Suffer from a sudden infant death (cot death)

Closure of the smoking cessation service may

- increase the numbers of low birth weight babies and associated disability;
- increase the number of still born babies
- Increase the number of babies that die in their first year of life

_Ealing Information/data_
In last 3 years 53% (55 of the 103) pregnant women who set a quit date successfully quit at the four week follow-up compared to 45% in England.

The maternity service in is now provided by a cohort of various trusts, including the London Northwest Healthcare Trust (Northwick Park). The other participating trusts that are supporting Ealing’s pregnant women are West Middlesex Hospital, Queen Charlotte Hospital, Hillingdon Hospital, Chelsea & Westminster & St Mary’s Paddington. The current service specification does state that the smoking services should target high risk groups including pregnant women. The stop smoking service receives referrals from all these trusts.

Midwives based in Ealing receive localised brief intervention training on smoking in pregnancy. This enables them to provide pregnant smokers with brief advice on smoking and refer for local stop smoking support.

Alternatives and mitigating actions which have been considered in order to reduce negative effect:

Describe the Mitigating Action

Access online tools that can provide support for smokers who wish to quit. Stop smoking services will still be provided through the pharmacies and GP surgeries who are able (if willing) to provide advice, support and prescriptions or through national or commercial stop-smoking resources.

Explore smoking CQUIN in secondary care

Patients can access online support at:
- Google: Public Health England One You
  (https://www.nhs.uk/oneyou/smoking#kkdYrgE8aUXI6xOu.97)
- Google: NHS Choices: Stop smoking
  http://www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.aspx

Google: SmokeFreeLife
https://www.smokefreelife.co.uk/

Training and updates for smoking cessation advisors Training and updates can be accessed on line via the National Centre For Smoking Cessation and Training, please click on the following link:
http://www.ncsct.co.uk/publication_training-and-assessment-programme.php
MARRIAGE & CIVIL PARTNERSHIP: Marriage: A union between a man and a woman. or of the same sex, which is legally recognised in the UK as a marriage
Civil partnership: Civil partners must be treated the same as married couples on a range of legal matters.

State whether the impact is positive, negative, a combination of both, or neutral:

Describe the Impact

Neutral. There are neither data, nor any identified reasons to suggest that the proposals for this service will disproportionately affect a single group under this equalities characteristic.

Alternatives and mitigating actions which have been considered in order to reduce negative effect:

Describe the Mitigating Action

3. Human Rights

4a. Does your proposal impact on Human Rights as defined by the Human Rights Act 1998?

No ☐

4b. Does your proposal impact on the rights of children as defined by the UN Convention on the Rights of the Child?

No ☐

4c. Does your proposal impact on the rights of persons with disabilities as defined by the UN Convention on the rights of persons with disabilities?

No ☐

(If yes, please describe the effect and any mitigating action you have considered.)

4. Conclusion

In conclusion, the impacts associated with the proposed savings may have a significant impact on the specific groups listed above who currently access the service and who may choose not to utilise other methods of support to stop smoking.

4a. What evidence, data sources and intelligence did you use to assess the potential impact/effect of your proposal? Please note the systems/processes you used to collect the data that has helped inform your proposal. Please list the file paths and/or relevant web links to the information you have described.

Local monitoring quarterly performance reports
National Tobacco control Profiles
Annual progress Report
Tobacco control JSNA analysis Ealing
National Benchmarking analysis

4 For further guidance please refer to the Human Rights & URNC Guidance on the Council Equalities web page.
5. **Action Planning:** *(What are the next steps for the proposal please list i.e. when it comes into effect, when mitigating actions\(^5\) will take place, how you will measure impact etc.)*

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Additional Comments:

6. **Sign off:** *(All EAA’s must be signed off once completed)*

<table>
<thead>
<tr>
<th>Completing Officer Sign Off:</th>
<th>Service Director Sign Off:</th>
<th>HR related proposal (Signed off by directorate HR officer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed:</td>
<td>Signed:</td>
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</tr>
<tr>
<td>Name (Block Capitals):</td>
<td>Name (Block Capitals):</td>
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</tr>
<tr>
<td>Sapna Chauhan</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>Date:14(^{th}) March 2018</td>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

For EA’s relating to Cabinet decisions: received by Committee Section for publication by (date):

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\(^5\) Linked to the protected characteristics above
Appendix 1: Legal obligations under Section 149 of the Equality Act 2010:

- As a public authority we must have due regard to the need to:
  a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

- The protected characteristics are: AGE, DISABILITY, GENDER REASSIGNMENT, RACE, RELIGION & BELIEF, SEX, SEXUAL ORIENTATION, PREGNANCY & MATERNITY, MARRIAGE & CIVIL PARTNERSHIP

- Having due regard to advancing equality of opportunity between those who share a protected characteristic and those who do not, involves considering the need to:
  a) Remove or minimising disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic
  b) Take steps to meet the needs of persons who share a relevant characteristic that are different from the needs of the persons who do not share it.
  c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

- Having due regard to fostering good relations between persons who share a relevant protected characteristic and persons who do not, involves showing that you are tackling prejudice and promoting understanding.

- Complying with the duties may involve treating some people more favourably than others; but this should not be taken as permitting conduct that would be otherwise prohibited under the Act.