Appendix I

1. Proposal Summary Information

<table>
<thead>
<tr>
<th>EAA Title</th>
<th>Provision of a Support Service for People Living with HIV, for Ealing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please describe your proposal?</td>
<td>To procure a service to provide support for people living with HIV in Ealing to improve health and wellbeing outcomes</td>
</tr>
<tr>
<td>Is it HR Related?</td>
<td>No</td>
</tr>
<tr>
<td>Corporate Purpose</td>
<td>Officer Decision</td>
</tr>
</tbody>
</table>

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

What the function is looking to achieve?

Ealing Council (the Council) is consulting on the future provision of a HIV Support Service. The purpose of the consultation is to seek the views and opinions of the public to help shape the future delivery of a new support service for people living with HIV, within the borough of Ealing.

The aim of the HIV Support Service will be to improve the health and wellbeing of people living with a positive diagnosis of HIV and to prevent onward transmission.

The Council intends to procure a new contract for the provision of a HIV Support Service which is innovative, outcome and prevention focused, based on evidence and best practice, is relevant to different needs, involves users in design and delivery and is easily accessible to people from Ealing living with HIV.

These service(s) are complementary to, but not the same as, HIV clinical services where people receive medical treatment. HIV Support Services are intended to provide secondary prevention to improve health outcomes, avoid physical and mental ill-health and longer-term complications for people living with HIV, and to reduce the onward transmission of HIV.

The purpose of the consultation is to seek the public’s views and opinions on the key requirements of users for future service delivery which will assist the Council with planning and shaping how services should be delivered going forward.

The ultimate aim of the Council is to provide an optimal service model for HIV support service provision under the new contract.

The findings from the consultation will be used during the procurement process to:

(a) Support the development of the service specification;
(b) Drafting the initial tender documentation;
(c) Formulate the evaluation criteria and any weightings attached to those criteria during the competitive dialogue phase and the evaluation of final tenders; and
(d) Help providers to develop their competitive tender service models and to inform the selection of the final tenders.

The intention is that following this consultation, the Council will carry out a competitive dialogue procurement process with potential providers in the market to procure a single contract to provide support services for people living with HIV, at a borough level.

Subject to the procurement process, it is intended that the Council will procure a new contract for the provision of HIV Support Services, this year, with the new contract commencing from 1st April, 2019.
Who will be affected?
Adults living with, or affected by HIV, in Ealing, who use, or potentially could use, HIV support services commissioned by Ealing Council. The service is for adults but will be expected to offer advice and appropriate support, signposting and onward referrals for families, young people and children, carers, partners, and others affected by HIV upon request.

Known Numbers of People Living with HIV in Ealing
The most recently available Public Health England (PHE) data shows that in 2016, the actual known number of people, living in Ealing, who have a positive diagnosis of HIV was 947.

This number of Ealing residents with a positive diagnosis of HIV increased from the figure of 869 in 2015.

There may be others who are not diagnosed, so the real numbers of people with HIV could be higher. It is estimated that about 13% of people with HIV are unaware of their status.

Ethnicity
Ethnicity of people diagnosed is mixed: 442 white, 244 Black African, 108 Asian with smaller numbers amongst other ethnic groups

Sex
658 were males and 289 females

New Diagnosis of HIV (2016)
In 2016, the rate of new diagnosis was 23.5 per 100,000 aged over 15.

Late Diagnoses of HIV
34.8% of HIV diagnoses amongst Ealing residents are at a late state (2014-2016)

Sources: PHE SOPHID data, 2017; PHE Sexual and Reproductive Health Profile, 2018, (numbers rounded up due to the sensitive nature of reporting)

Evidence for the Need for HIV Support Services and Patterns of Usage of Services
The UK Stigma Survey (2015) found that 46% of people diagnosed in the last year access local HIV support services. It would be hoped that this number, using local provision, could be increased through re-design (if appropriate for HIV support service users). Public Health England found that over a third of all people living with HIV accessed support during the previous year. Evidence suggests that access to HIV services is episodic and long-term, during particularly difficult times where people living with HIV need additional support.

Users of HIV Support Services
Stigma Survey evidence suggests that one-third of people living with HIV use HIV support services. The application of this estimate to Ealing residents suggests that of the estimated 947 people (adults and children) diagnosed with HIV approximately 315 may use HIV support services.

2. What will the impact of your proposal be?

Before Proposal

Current Service Provision
The Council currently has three separate contracts in place with three different providers for the delivery of HIV Support Services. All three contracts expire on 31st March 2019.
The services currently provided under the existing contracts are located outside of the borough of Ealing, but do provide satellite provision within Ealing. Services currently provided include secondary prevention including psycho-social support, counselling, life coaching, self-management programmes, adherence/treatment support, educational workshops, peer-led emotional and practical support for people living with HIV and the prevention of onward transmission.

The current services are delivered by the following providers:
1. Living Well
2. Postively UK
3. Riverhouse Trust

Whist the services are valued by service users and meet their physical, mental and emotional health needs, provision is historical and services are mainly provided outside of the borough. Historically, HIV Support Services were commissioned collaboratively with other authorities and/or public bodies. However, most London boroughs have now moved to more localised delivery of HIV Support Services by procuring contracts for their own locations. Accordingly, the Council plans to move away from the current service provision to a more localised delivery of HIV support services. We seek to build on best practice and innovation to develop provision that is relevant to our residents.

**Use of current HIV Support Service Provision:**

**Living Well**
Living Well provide a range of health and wellbeing services designed to help people overcome the challenges of living with HIV. These include counselling, life coaching, self-management programmes, positive mental health and wellbeing and facilitator training programmes, as well as peer support. Service user feedback suggests activities make a positive impact on wellbeing and people may attend more than one intervention. Service usage by Ealing residents is shown below (2016 and 2017 data):

<table>
<thead>
<tr>
<th></th>
<th>2016 Q1</th>
<th>2016 Q2</th>
<th>2016 Q3</th>
<th>2016 Q4</th>
<th>Year to date (actual)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-to-One Services</td>
<td>60</td>
<td>41</td>
<td>32</td>
<td>48</td>
<td>192</td>
</tr>
<tr>
<td>Talking Therapies – e.g. Counselling</td>
<td>32</td>
<td>25</td>
<td>11</td>
<td>40</td>
<td>108</td>
</tr>
<tr>
<td>Life Coaching</td>
<td>28</td>
<td>16</td>
<td>21</td>
<td>10</td>
<td>72</td>
</tr>
<tr>
<td>Group Services</td>
<td>28</td>
<td>40</td>
<td>12</td>
<td>18</td>
<td>98</td>
</tr>
<tr>
<td>Information Services</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017 Q1</th>
<th>2017 Q2</th>
<th>2017 Q3</th>
<th>2017 Q4</th>
<th>Year to date (actual)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-to-One Services</td>
<td>77</td>
<td>53</td>
<td>60</td>
<td>18</td>
<td>208</td>
</tr>
<tr>
<td>Talking Therapies – e.g. Counselling</td>
<td>69</td>
<td>34</td>
<td>51</td>
<td>9</td>
<td>163</td>
</tr>
<tr>
<td>Life Coaching</td>
<td>8</td>
<td>19</td>
<td>9</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td>Group Services</td>
<td>16</td>
<td>18</td>
<td>24</td>
<td>16</td>
<td>74</td>
</tr>
</tbody>
</table>
Riverhouse Trust
Riverhouse Trust provides a range of support services to people living with HIV and accepts referrals from a wide variety of sources, including HIV clinical services

Support services include adherence/treatment support, including support from health professionals, sexual health advice and support, educational workshops, counselling, casework, laundry, internet services. The service is needs-led to specific needs including financial/legal and help with gaining employment and skills and housing. Riverhouse Trust also provides meals (which are not paid for by this contract, but Ealing residents benefit from this service). Other services include volunteer led services providing complementary therapies, peer support in partnership with Positively UK, and psychological support. Needs are complex and issues people face include financial hardship, co-morbidity with other health problems and alcohol and substance misuse.

All service users are living with HIV, it is reported that 100% are living with some degree of disability

2017-2018

Quarter 2 (July- September)
Visits from Ealing residents 240, Individuals 42, new clients 5.
Individual Case work (new 5; existing 22) total Ealing residents 27.
Core Services used by Ealing residents 228 (195 of these were lunch service)

Quarter 3 (October-December)
Visits from Ealing residents 351, Individuals (Ealing residents) 41, New clients less than 5 (numbers less than 5 not reported due to sensitive data).

Individual case work (new and existing) provided for 24 Ealing residents.
Core services used by Ealing residents (adherence/treatment support, sexual health support/advice, laundry service, internet service, lunch service used by Ealing residents 162 (126 of these were for lunch service).

Quarter 4 (January- March)
Visits from Ealing residents 470, Individuals (Ealing residents) 44, new clients 5.
Individual case work (5 new, 21 existing) 26 Ealing residents total.
Core Services used by Ealing residents (adherence/treatment support, sexual health support/advice, laundry service, internet service, service, lunch service 197 (169 of these were lunch service).

Positively UK
Positively UK provides peer-led emotional and practical support to people living with HIV in Ealing. This includes support with new diagnoses and support for those living with HIV in the longer term. The service provides specialist one-to-one and group support for heterosexual men and women, gay men, the African community, young people, and people aged over 50.
In 2014, an independent evaluation of Positively UK’s peer support found that there was strong support for this service, including from specialist clinical professionals, including those in Ealing. In recent years, there has been closer collaboration between clinical services based at Ealing Hospital (Genitourinary Medicine and HIV clinical treatment services) and Positively UK.

In 2017-2018, 27 Ealing residents accessed services at Positively UK. 26 residents accessed one-to-one support and 5 accessed group support. In addition to services accessed under the public health contract, 5 residents also used other services provided by Positively UK (Gay Talk support group and recently diagnosed workshop. Social Isolation is a primary issue presented by service users, finances and hardship continue to be ongoing. Other issues that are prominent include disclosure, relationships and managing rejection when disclosing HIV status. Ealing residents also support delivery via peer mentoring training and providing support alongside case workers.

**Future Plans**

The Council intends to introduce a new HIV Support Service located within the borough of Ealing, giving accessibility to residents of Ealing living with, or affected by HIV. We aim to develop a new service model which improves health and wellbeing outcomes, is innovative, builds on best practice, based on evidence of need and effectiveness and involves service users and stakeholders, including peer support, in the design and delivery of the services to increase service impact.

The intention is that following this consultation, the Council will carry out a competitive dialogue procurement process with potential providers in the market to procure a single contract to provide support services for people living with HIV, at borough level.

The procurement of a single contract aims to achieve high quality service provision and efficiency savings, which more closely aligns expenditure on HIV support provision with the London annual average of approximately £77 per capita, per person diagnosed with HIV.

The expectation is that the new service develops close collaboration with key local services including sexual health and HIV clinical services, as well as wider health, public health and social services to ensure clear referral pathways, using opportunities to make every contact count (MECC) and to support self-management to improve health and wellbeing.

The service will support the delivery, directly and indirectly, of the following measures of the Public Health Outcomes Framework (PHOF), NHS Outcomes Framework and Framework for Sexual Health Improvement:

- People presenting with an HIV infection at a late stage
- Social Isolation
- Self-reported wellbeing
- Enhancing quality of life for people living with long-term conditions
- Preventing people from dying prematurely
- Reduce the onward transmission of HIV and avoidable deaths from it

2. Impact on Groups having a Protected Characteristic

**AGE: A person of a particular age or being within an age group.**

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

Neutral
The services commissioned are for adults over 18 years. Some support may be offered to younger people and their families, including advice and onward referral and support, where appropriate. The numbers of children and young people diagnosed with HIV is relatively low approximately 26 (2016) HIV Support Service provision is aimed mainly at adult populations. The latest PHE England data shows that in 2016, of the 947 people living with a positive diagnosis of HIV (2016) 402 were aged 35-49 years, 303 aged 50-64 years, 139 aged 25-34 years and 78 aged over 65 years.

People of different ages, living with HIV, will have different needs. For example, people who are older and living with HIV may have more complex needs, such as co-morbidities with other diseases and may require additional support with age-related issues and co-morbidities. People of childbearing age may have needs relating to pregnancy and childbirth, Young people may have different needs.

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

Describe the Mitigating Action

The service will be inclusive to all adult age groups, and tailored to specific issues of different age groups, including older people, or other groups where needs may be more complex.

Although not a children’s service, the service will be required to collaborate with other service providers and provide advice and support for children, young people and their families, upon request. Furthermore, the service will be required to consider people living within HIV within their social contexts.

Evidence suggests that people living with HIV should be involved in service design and this is the approach we prefer to take.

Quarterly performance monitoring and reporting, as well as service user feedback, will be obtained to establish any trends or potential unmet needs amongst people of different age groups. This data will be used to make service improvements.

Collaborative working with other agencies and outreach may be required to engage with different groups where there are barriers to accessing support.

ABILITY: 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.

Describe the Impact

The service will be accessible to all including people with physical or mental impairments which have an adverse effect on their ability to carry out normal day to day activities.

It is expected that the service will assess and to address the needs and access of all disabled people, including sensory impairment. The service will be required to collaborate with specialised services and develop pathways and ensure that staff are adequately trained and competent to work with people.

1 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.
where there are additional needs, such as people those who have mental health issues or learning disabilities.

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

Describe the Mitigating Action

Evidence suggests that people living with HIV should be involved in service design this is the approach we prefer to take.

Quarterly performance monitoring and reporting, as well as service user feedback will be obtained to establish any trends or potential unmet needs within these groups. This data will be used to make service improvements.

Collaborative working with other agencies and outreach may be required to engage with different groups where there are barriers to accessing support.

Service provision will be required to make due regard to the needs of people with disabilities, including taking steps to take account of their disabilities and may involve making reasonable adjustments and prioritising certain groups, if they are particularly affected by the proposal.

GENDER REASSIGNMENT: *This is the process of transitioning from one sex to another. This includes persons who consider them to be trans, transgender and transsexual.*

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

Describe the Impact Neutral

The service will be inclusive to people who consider themselves to be trans, transgender and transsexual.

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

Describe the Mitigating Action

Evidence suggests that people living with HIV should be involved in service design and this is the approach we prefer to take.

Quarterly performance monitoring and reporting, as well as service user feedback, will be obtained to establish any trends or potential unmet needs within these groups. This data will be used to make service improvements.

Collaborative working with other agencies and outreach may be required to engage with different groups where there are barriers to accessing support.

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

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

Describe the Impact Neutral
The service will be required to be inclusive to all groups defined by their colour, nationality (including citizenship) ethnic or national origins or race.

HIV disproportionately affects White people and Black African people living in the UK, and there is a need to tailor services to different groups and work to reduce barriers to care and support, for example in communities where HIV is still stigmatised to help people achieve optimal outcomes.

In 2016 PHE data shows that amongst Ealing residents diagnosed with HIV, 442 were White, 244 Black African, 108 Asian with smaller numbers in other ethnic groups, or not reported

Collaborative working with other agencies and outreach may be required to engage with different groups where there are barriers to accessing support.

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

Describe the Mitigating Action

Evidence suggests that people living with HIV should be involved in service design and this is the approach we prefer to take.

Quarterly performance monitoring and reporting, as well as service user feedback will be obtained to establish any trends or potential unmet needs within different groups.

The service will be required to be based on evidence of need and be tailored appropriately to different group. This data will be used to make service improvements.

Collaborative working with other agencies and outreach may be required to engage with different groups where there are barriers to accessing support.

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

The service will be inclusive to different beliefs and religions.

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

Describe the Mitigating Action

Evidence suggests that people living with HIV should be involved in service design and this is the approach we prefer to take.
Quarterly performance monitoring and reporting, as well as service user feedback will be obtained to establish any trends or potential unmet needs within this group. This data will be used to make service improvements.

Collaborative working and outreach activities may be required, where beliefs may cause barriers to receiving support.

**SEX: Someone being a man or a woman.**

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

**Describe the Impact**

The service will be inclusive whether someone is a man or a woman.

In 2016, 658 males; 289 females, in Ealing were diagnosed with HIV.

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

**Describe the Mitigating Action**

Evidence suggests that people living with HIV should be involved in service design and this is the approach we prefer to take.

Quarterly performance monitoring, and reporting, as well as service user feedback will be obtained to establish any trends or potential unmet needs within this group. This data will be used to make service improvements.

Collaborative working with other agencies and outreach may be required to engage with different groups where there are barriers to accessing support.

**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:** Neutral

**Describe the Impact**

The service will be inclusive regardless or people’s sexual orientation. Some service components may be tailored specifically to the needs of different groups, for example people who identify themselves as LGBTQ or heterosexual.

HIV disproportionately affects men who have sex with men (MSM), but not exclusively, so it is important that HIV services meets the needs of MSM, heterosexual people and other groups.

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

**Describe the Mitigating Action**

Evidence suggests that people living with HIV should be involved in service re-design from the onset and this is the approach we prefer to take.

Services to be tailored to the needs of specific users, including LGBTQ groups, heterosexual people, young people, middle aged people and older people who all may have different needs, at different stages.
Collaborative working with other agencies and outreach may be required to engage with different groups where there are barriers to accessing support.

Quarterly performance monitoring, and reporting, as well as service user feedback, will be obtained to establish any trends or potential unmet needs within different groups. This data will be used to make service improvements.

**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** Neutral

The service will be required to be inclusive to people who are pregnant, during the period after birth, breastfeeding.

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

**Describe the Mitigating Action**

Evidence suggests that people living with HIV should be involved in service re-design from the onset and this is the approach we prefer to take.

Quarterly performance monitoring, and reporting, as well as service user feedback will be obtained to establish any trends or potential unmet needs within this group. This data will be used to make service improvements.

Collaborative working with other agencies and outreach may be required to engage with different groups where there are barriers to accessing support.

The service will be required to provide additional support to this groups and to establish clear pathways with specialist services in relation to HIV and pregnancy/post-birth.

**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

The service will be inclusive regardless of marriage, civil partnership, single or other status.

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

**Describe the Mitigating Action**

Evidence suggests that people living with HIV should be involved in service re-design from the onset and this is the approach we prefer to take.
Quarterly performance monitoring and reporting as well as service user feedback will be obtained to establish any trends or potential unmet needs within this group. This data will be used to make service improvements.

Collaborative working with other agencies and outreach may be required to engage with different groups where there are barriers to accessing support.

### 3. Human Rights

<table>
<thead>
<tr>
<th>4a. Does the proposal impact on Human Rights as defined by the Human Rights Act 1998?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4b. Does the proposal impact on the rights of children as defined by the UN Convention on the Rights of the Child?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4c. Does the proposal impact on the rights of persons with disabilities as defined by the UN Convention on the rights of persons with disabilities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

The service will be person-centred and provision adapted to identify and address needs in relation to disabilities, rights of the child and human rights.

### 4. Conclusion

The service will be inclusive of different needs, including those of people with protected characteristics.

The service will be required to collaborate and establish pathways across the whole system to support people to live with HIV, including an emphasis on the promotion of longer term health and wellbeing, the prevention of ill-health, self-management, including adherence to medication and/or healthier lifestyles and the prevention of onward transmission of HIV.

The service will provide additional support and be tailored to those who have complex needs and appropriate to improve access, where there are barriers to accessing support and care.

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Ealing Sexual Health Strategy (2015) ealing.gov.uk</td>
</tr>
<tr>
<td>- Ealing Council (2015) Consultation on the provision of sexual health services for Ealing ealing.gov.uk</td>
</tr>
<tr>
<td>- Public Health England (PHE) Restricted data on HIV and Ealing residents (2015)</td>
</tr>
<tr>
<td>- NAT review Why We need HIV support Services: A review of the Evidence (2017)</td>
</tr>
</tbody>
</table>

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2 For further guidance please refer to the Human Rights & URNC Guidance on the Council Equalities web page.
- Feedback from partner boroughs who have undergone re-design/re-procurement of HIV support services
- Service reports from HIV support services currently commissioned by Ealing Council, Positively UK, River house Trust, Living Well

5. Action Planning: *(What are the next steps for the proposal please list i.e. when it comes into effect, when mitigating actions\(^3\) will take place, how you will measure impact etc.)*

<table>
<thead>
<tr>
<th>Action</th>
<th>Outcomes</th>
<th>Success Measures</th>
<th>Timescales/ Milestones</th>
<th>Lead Officer (Contact Details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Consultation on Procurement</td>
<td>Public views and opinions identified and considered</td>
<td>Public, stakeholder and potential user’s opinions and views captured</td>
<td>June, 2018</td>
<td>Jane Darroch 0208 825 6121 <a href="mailto:DarrochJ@ealing.gov.uk">DarrochJ@ealing.gov.uk</a></td>
</tr>
<tr>
<td>Stakeholder Involvement</td>
<td>Needs identified and considered</td>
<td>Commissioning plan and process based on need</td>
<td>Ongoing by April, 2019 and post-contract award</td>
<td>Jane Darroch 0208 825 6121 <a href="mailto:DarrochJ@ealing.gov.uk">DarrochJ@ealing.gov.uk</a></td>
</tr>
<tr>
<td>User and Public Involvement</td>
<td>Needs identified and considered</td>
<td>Commissioning plan and process based on need</td>
<td>Ongoing by April, 2019 and post-contract award</td>
<td>Jane Darroch 0208 825 6121 <a href="mailto:DarrochJ@ealing.gov.uk">DarrochJ@ealing.gov.uk</a></td>
</tr>
<tr>
<td>Market Engagement and competitive dialogue with bidders</td>
<td>Needs communicated to market to inform service design</td>
<td>Service requirements based on need communicated to market to inform new model development</td>
<td>By April, 2019</td>
<td>Jane Darroch 0208 825 6121 <a href="mailto:DarrochJ@ealing.gov.uk">DarrochJ@ealing.gov.uk</a></td>
</tr>
<tr>
<td>Contract awarded for HIV support service</td>
<td>New HIV Support service in place</td>
<td>New local HIV support service in place</td>
<td>By April, 2019</td>
<td>Jane Darroch 0208 825 6121 <a href="mailto:DarrochJ@ealing.gov.uk">DarrochJ@ealing.gov.uk</a></td>
</tr>
<tr>
<td>Contract Monitoring and Performance and ongoing service improvement</td>
<td>Service Delivery and ongoing service improvement</td>
<td>New service delivered and monitored and improved in relation to need</td>
<td>April, 2019-onwards</td>
<td>Jane Darroch 0208 825 6121 <a href="mailto:DarrochJ@ealing.gov.uk">DarrochJ@ealing.gov.uk</a></td>
</tr>
</tbody>
</table>

**Additional Comments:**

\(^3\) Linked to the protected characteristics above
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>
<td>Signed:</td>
</tr>
<tr>
<td>Name (Block Capitals):</td>
<td>Name (Block Capitals):</td>
<td>Name (Block Capitals):</td>
</tr>
<tr>
<td>JANE DARROCH</td>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Completing Officer Sign Off: [Name] [Date]
Service Director Sign Off: [Name] [Date]
HR related proposal (Signed off by directorate HR officer): [Name] [Date]

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

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Appendix 1: Legal obligations under Section 149 of the Equality Act 2010:

- As a public authority, when exercising its functions, the Council 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 and PREGNANCY & MATERNITY. MARRIAGE & CIVIL PARTNERSHIP (in employment only)

- 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 minimise 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.