

Appendix 2 - Equalities Impact Assessment

What is an Equality Impact Assessment?

An Equality Impact Assessment (“EIA”) is a way of analysing a proposed organisational policy or decision to assess its effect on people with protected characteristics covered by the Equality Act 2010*. To meet the Council’s statutory duty the EIA should also address issues of advancing opportunities and fostering good relations between different groups in the community.

It is essential that you start to think about the EIA process before you develop any new activity or make changes to an existing activity (such as a change of policy or formal decision). This is because the EIA needs to be integral to service improvement rather than an ‘add-on’. If equality analysis is done at the end of a process it will often be too late for changes to be made.

The courts place significant weight on the existence of some form of documentary evidence of compliance with the Public Sector Equality Duty* when determining judicial review cases. Having an EIA as part of the report which goes to the decision makers and making reference to the EIA within that report helps to demonstrate that we have considered our public sector equality duty and given “due regard” to the effects the decision will have on different groups.

The EIA must be considered at an early stage of the formation of a policy/decision and inform its development, rather than being added on at the end of the process. The EIA form should be completed and updated as the policy / decision progresses and reviewed after the policy or change has been implemented.

If a staff restructure or organisational change is identified as necessary following the review of an activity then an EIA needs to be completed for both stages of the process, i.e. one when the activity is reviewed and one when the restructure or organisational change is undertaken.

Please note all sections must be completed. However the obligation is to have due regard and it may be that while an issue requires the completion of an EIA, the matters at hand may not lend themselves to some of the obligations, for example fostering good relations. As long as this has been properly considered it is legitimate to conclude that this cannot be applied in a particular case.

Name of proposed decision/policy being reviewed:
Camden and Islington Stop Smoking Service Procurement Strategy

Explanatory Notes

What is our Public Sector Equality Duty (PSED)

Under section 149 of the Equality Act 2010 (the Act/ EqA 2010) all public authorities must, in the exercise of their functions, have 'due regard' to the need to:

1. Eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act (s149(1)(a));
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it (s149(1)(b)); This involves having due regard to the need to:
 - o remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - o take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it (section 149(4)); and
 - o 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.
(Section 149(3), EqA 2010.)
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it (section 149(1)(c)). This involves having due regard, in particular, to the need to tackle prejudice and promote understanding (section 149(5), EqA 2010).

Section 149(6) makes it clear that compliance with the duties in section 149(1) may involve treating some people more favourably than others, but that is not to be taken as permitting conduct that would otherwise be prohibited by or under the Act (this includes breach of an equality clause or rule or breach of a non-discrimination rule (section 149(8))).

Section 146(4) states that the steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take into account of disabled persons' disabilities.

Under the Duty the relevant protected characteristics are: Age, Disability, Gender reassignment, Pregnancy and maternity, Race, Religion or belief, Sex, Sexual orientation.

- In respect of the first aim only i.e. reducing discrimination, etc. the protected characteristic of marriage and civil partnership is also relevant.

- In meeting the needs of disabled people we have a duty to take account of their disability and make reasonable adjustments to our services and policies where appropriate. Under s29 of the Act a person (a “service-provider”) concerned with the provision of a service to the public or a section of the public (for payment or not) must not discriminate against a person requiring the service by not providing the person with the service. In addition, a person must not, in the exercise of a public function that is not the provision of a service to the public or section of the public, do anything that constitutes discrimination, harassment or victimisation.
- We must be able to demonstrate that we have considered and had due regard to all three parts of this duty. We must also look for anything that directly or indirectly discriminates.

What do we mean by “due regard”?

- This is not a question of ticking boxes, but should at the heart of the decision-making process.
- decision-makers must be made aware of their duty to have due regard – so understand the legal requirements on them;
- There should be an analysis of the data – who is this going to affect and how will it put against the legal requirements
- We need to have thought about these duties both before and during consideration of a particular policy and we need to be able to demonstrate that we have done so
- The Duty is “non-delegable” so it is for the decision maker themselves to consider with assistance from the report and officer analysis. What matters is what he or she took into account and what he or she knew so it is important to have the relevant papers accompanying the report. The report should make explicit reference to the EIA. the duty is continuing so while this guide is aimed at the point of decision we should at appropriate points review our duties against the decision/policy
- The decision maker must assess the risk and extent of any adverse impact and the ways in which such risk may be mitigated before the adoption of a proposed policy or decision has been taken
- Officers reporting to or advising decision makers must not merely tell the decision maker what he/she wants to hear but need to be “rigorous in both enquiring and reporting to them”
- The duty should be reconsidered if new information comes to light

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What is due regard? In my view, it is the regard that is appropriate in all the circumstances. These include on the one hand the importance of the areas of life of the members of the disadvantaged ... group that are affected by the inequality of opportunity and the extent of the inequality; and on the other hand, such countervailing factors as are relevant to the function which the decision-maker is performing”

Lord Justice Dyson

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We need to take a sensible and proportionate approach to this based on the nature of the decision or policy being reviewed

Section 1 - WHAT IS BEING ANALYSED?

Question 1: What is changing and why?

If the issue is going for decision, e.g. at Cabinet meeting, what are the decision makers being asked to decide? If you are reviewing a policy what are its main aims? How will these changes affect people?

The activity in question is the procurement of Camden's community stop smoking service jointly with Islington. The service has successfully been delivered as a joint service since 2017. The proposed model will continue to provide an evidence-based Community Stop Smoking Service that will use support and medication to help residents to successfully stop smoking.

Equalities issues are at the heart of this procurement because smoking remains the single biggest preventable risk factor for poor health and premature death and the harms it causes are not evenly distributed. Smoking is a leading cause of health inequality. This service plays a key role in reducing the health harms caused by smoking which are a significant cause of health inequalities in both Camden and Islington.

The service already, and it is proposed, will continue to use a three-tiered model that is flexible, offering the correct level of support depending on the resident's needs, stage of change/readiness to quit and greater choice of service.

This brings greater value for money as each tier is more targeted to specific groups resulting in greater success rates in people quitting. The approach also provides specialist intervention to long term entrenched smokers with a unique approach to smoking addiction (e.g. those with chronic and severe respiratory disease). Locally the model has proven successful, with more than half of all smokers who accessed support, stopping smoking after four weeks and a high percentage remaining smoke-free at 12 weeks.

Notes to Question 1

- Summarise briefly and precisely just what the decision is about. In particular what changes will happen if this decision is agreed and put into effect? What happens now and what will happen in the future? What will be different?
- **Do not cut and paste the report or policy** but concisely restate it, considering equalities issues directly against the facts
- **Focus on the impacts on people** e.g. the users of any facility or service.

Section 2: PLANNING YOUR EQUALITY ANALYSIS

Question 2: Do those from protected groups benefit or will they experience specific and disproportionate impacts? Will there be any direct or indirect discrimination?

Gather relevant equality data and information to show who will be affected by this decision and how. Set this out below. Include the results of any consultation or engagement. If you have identified any information gaps set out what these are.

An important approach to service delivery is ensuring a targeted approach with those groups in whom quitting smoking will have particularly high benefit. Our analysis of residents registered with a Camden GP¹ looks at how prevalence, access to smoking services and successful completions vary by different groups to ensure an effective targeted approach. Local GP data does not capture and report information in relation to all protected characteristics. This has also been the pattern in terms of reporting by the commissioned stop smoking service. Going forward, as commissioners we will work with providers to ensure a more robust dataset is collected which is equalities focused, including greater requirements for improved data capture, monitoring and reporting of protected characteristics smoking data, where this is possible.

Age

14.4% of people aged 15+ registered with a Camden GP are thought to be current smokers.

In Camden there are more smokers than average in the 35-64 year age groups:

- 14.6% of 25-34 year olds smoke ¹
- 8.1% of 35-44 year olds smoke
- 18.8% of 45-54 year olds smoke and
- 19.1% of 55-64 year olds smoke.

Deprivation

Men and women from the most deprived groups have more than double the death rate from lung cancer compared with those from the least deprived.

Locally, 18.1% of residents registered with a Camden GP and living in the most deprived quintile in the borough are current smokers compared with fewer than 10.7% of residents registered with a Camden GP living in the least deprived quintile.

Sex

- 11.3% of smokers registered with a Camden GP were female
- 17.5% of smokers registered with a Camden GP were male.

Nationally more men than women smoke.

Ethnicity/Race

Some ethnic groups also have higher rates of smoking than the general population. In Camden there are more smokers registered with a Camden GP than average across all the White ethnic groups, and especially high prevalence in mixed white and black Caribbean, black Caribbean, and Arab populations.

- 22.7% white Irish residents registered with a Camden GP are smokers
- 24.8% of mixed white and black Caribbean people registered with a Camden GP are

¹ GP Data extract 19.03.22

smokers.

Public Health England (PHE) state² that while smoking rates have decreased in the general population, this pattern is not reflected among black and minority ethnic communities. ONS report smoking data for ethnicity. For both men and women, the highest smoking prevalence was seen in the Mixed ethnic group, but large differences were seen between sexes particularly in Asian (13.9% in men and 2.9% in women), Chinese (12.6% in men and 4.0% in women) and Black (12.9% in men and 6.9% in women) groups.

Disability

Smoking prevalence in residents registered with a Camden GP, who are sick, disabled and unable to work and the long-term unemployed in routine and manual jobs is estimated to be 43.6%, which is a stark difference compared to 12.8% and 14.2% in managerial and intermediate occupations respectively.

There is a distinct information gap in relation to data about the prevalence of smoking amongst people with learning disabilities³: it is difficult to obtain and the local stop smoking service has not historically recorded this information. Moving forward, we will require the provider to collect this data and ensure information about the service offer and how to access it is produced in accessible / EasyRead formats and sense checked through local learning disability provider networks.

In relation to mental illness, nationally, approximately 40% of people diagnosed with a mental health disorder smoke. Local tobacco control profiles show that as the severity of mental health conditions increases, smoking prevalence is higher.

People with mental ill health smoke more cigarettes than the general population and are more addicted to nicotine.

Tobacco use contributes significantly to the main causes of ill-health and death in people with mental health disorders. Locally the stop smoking service supports mental health patients within Camden and Islington NHS Foundation Trust. The Stop smoking service has trained staff within the organisation as level 2 advisors to increase mental health patients access to stop smoking interventions and medications.

Gender reassignment

In 2016 PHE reported finding little in the way of published evidence regarding the presence of inequalities and tobacco use among people who have undergone gender reassignment or are in the process of doing so. This is not information currently collected by the commissioned stop smoking service.

Marriage and civil partnership

Nationally the prevalence of cigarette smoking varies according to relationship status. The ONS APS 2019 reports those who were married or in a civil partnership had the lowest proportion of current smokers (9.2%), which is less than half the proportion among those who are cohabiting (20.3%) or single (20.4%); the proportion of current smokers in widowed, divorced or separated respondents was 16.1%.

² Milward D. Karlsen S. (2011) Tobacco use among minority ethnic populations and cessation interventions. Race Equality Foundation.

³ <http://www.intellectualdisability.info/physical-health/articles/smoking-and-people-with-an-intellectual-disability>

Pregnancy and maternity

Data about Smoking At Time of Delivery (SATOD) is collected by the NHS. Since 2020-21 individual CCG data has not been available rather SATOD is reported for the whole of North Central London Partners. 3.5% of pregnant Camden residents reported smoking at time of delivery although the large percentage of reported 'unknowns' within every borough means this rate may be different.

Religion or belief

Data for England only reports that smoking prevalence in relation to religion or belief varies by sex. For example, the proportion of current smokers among Muslim men is 18.4%, whereas among Muslim women this is just 3.9%.

Sexual orientation

Data about smoking and sexual orientation collected in 2018 reported the proportion of current smokers was significantly higher among people who identified as gay or lesbian (22.2%) than among heterosexual (straight) people (15.5%)

Please use the below grid to capture insight already received through consultation and engagement

We are currently undertaking engagement work with residents and service users. We have developed a survey (for completion on line, through discussion or on paper) that targets Camden and Islington residents (also people who works or study in the boroughs) who either currently smoke and have tried to stop smoking in the past or think you may want to stop in future, or who are ex-smokers. The survey is being distributed as an EasyRead and regular document. We are seeking people's views about:

- What kind of help and support they want/ need to stop smoking
- Where they prefer to access this support
- How best to get this information to them
- What type of support was most helpful for them in the past

Their views will help us understand what changes we need to make to the new stop smoking service to best support our residents.

We have purposely included some very targeted engagement work with Camden LGBTQ+ and older residents using doorstep/ event face-to-face conversations and completion of the survey facilitated by Camden Community Researchers. Unfortunately we were informed on 31 March 2022 that the researchers have been re-deployed to support the local Ukrainian refugee arrival and settlement process and so are not available to do this engagement work, however we will look at how this intelligence gathering can still support the development of the new service. We will work with the service provider going forward to ensure proactive engagement with communities is sought and used to actively shape and reshape the delivery offer to them over the lifetime of the contract.

Notes to Question 2

- Here use data to show who could be affected by the decision. Consider who uses the service now and might use it in the future. Think about the social mix of the borough and of our workforce.
- If available use profile of service users and potential users / staff by protected groups: (age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation). You could consider the following:
 - Take up of services, by protected group if available;
 - Recommendations from previous inspections or audits;
 - Comparisons with similar activities in other departments, councils or public bodies;
 - Results of any consultation and engagement activities broken down by protected groups (if available) - sources could include, complaints, mystery shopping, survey results, focus groups, meetings with residents;
 - Potential barriers to participation for the different protected groups;
 - National, regional and local sources of research or data – including statutory consultations;
 - Workforce equality data will be provided by your HR change adviser for organisational change / restructure EIAs and
 - For organisational change / restructure EIAs include the results of any consultation or meetings with staff or trade unions.
- **Do not simply repeat borough wide or general service equality data** – be as precise and to the point as possible.
- If there are gaps in equality information for some protected groups identify these in this section of the form and outline any steps you plan to take to fill these gaps. Consider:
 - Any relevant groups who have not yet been consulted or engaged;
 - Whether it is possible to breakdown existing data or consultation results by different protected groups;
 - If you are conducting an organisational change / restructure EIA and there are data gaps consider asking affected staff to update their details on Oracle.
- We are under a legal duty to be properly informed before making a decision. If the relevant data is not available we are under a duty to obtain it and this will often mean some consultation with appropriate groups is required.
- Is there a particular impact on one or more of the protected groups? Who are the groups and what is the impact?
- Consider indirect discrimination (which is a practice, policy or rule which applies to everyone in the same way, but has a worse effect on some groups and causes disadvantage) - for example not allowing part-time work will disadvantage some groups or making people produce a driver's licence for ID purposes.

Section 3: ANALYSING YOUR EQUALITY INFORMATION AND ASSESSING THE IMPACT

Question 3: Analysing the evidence outlined above, does the proposed decision have an impact (positive or adverse) on our duty to eliminate discrimination/harassment and victimisation, advance equality of opportunity or foster good relations between different groups in the community (those that share characteristics and those that do not)?

Please use this grid to summarise the impacts outlined above.

Protected group	Summarise any possible negative impacts that have been identified for each protected group and the impact of this for the development of the activity	Summarise any positive impacts or potential opportunities to advance equality or foster good relations for each protected group
Age	It is not anticipated that there will be any negative impact on this protected group.	The service will be open to people over the age of 13 years.
Disability	It is not anticipated that there will be any negative impact on this protected group.	Commissioners are committed to improving equalities data collection from commissioned services. Modification of equalities monitoring data by the providers will include this characteristic to ensure sensitive and responsive services are being provided. Regular and on-going conversations focused on provider reach, engagement and plans for driving improvement will be part of every contract monitoring.
Gender reassignment	It is not anticipated that there will be any negative impact on this protected group.	Commissioners are committed to improving equalities data collection from commissioned services. Modification of equalities monitoring data by the providers will include this characteristic to ensure sensitive and responsive services are being provided. Regular and on-going conversations focused on provider reach, engagement and plans for driving improvement will be part of every contract monitoring event
Marriage and Civil Partnership	It is not anticipated that there will be any negative impact on this protected group.	Commissioners are committed to improving equalities data collection from commissioned services. Modification of equalities monitoring data by the providers will include this characteristic to ensure sensitive and responsive services are being provided. Regular and on-

		going conversations focused on provider reach, engagement and plans for driving improvement will be part of every contract monitoring event.
Pregnancy and maternity	It is not anticipated that there will be any negative impact on this protected group.	Smoking at Time of Delivery (SATOD) data is collected across North London Partners although individual CCG data is not available.
Race	It is not anticipated that there will be any negative impact on this protected group.	<p>This data is collected but commissioners remain committed to improving equalities data collection from commissioned services. This will ensure our awareness of smoking, by ethnicity, is comprehensive and informs our service delivery approach.</p> <p>Regular and on-going conversations focused on provider reach, engagement and plans for driving improvement will be part of every contract monitoring event.</p>
Religion or belief	It is not anticipated that there will be any negative impact on this protected group.	Modification of equalities monitoring data by the providers will include this characteristic to ensure sensitive and responsive services are being provided. Regular and on-going conversations focused on provider reach, engagement and plans for driving improvement will be part of every contract monitoring event.
Sex	It is not anticipated that there will be any negative impact on this protected group.	This data is collected but commissioners remain committed to improving equalities data collection from commissioned services. Regular and on-going conversations focused on provider reach, engagement and plans for driving improvement will be part of every contract monitoring event.
Sexual orientation	It is not anticipated that there will be any negative impact on this protected group.	Commissioners are committed to improving equalities data collection from commissioned services. Modification of equalities monitoring data by the providers will include this characteristic to ensure sensitive and responsive services are being provided. Regular and on-going conversations focused on provider reach, engagement and plans for driving improvement will be part of every contract monitoring event.

Notes to Question 3

- Here, think about our other duties and how the proposals may impact (positive and or negative) upon those wider duties and aspirations?
- What might say a reduction in the hours of a facility that mainly serves a particular group have on our wider duties?
- Examples of eliminating discrimination: Taking action to ensure that services are open to all groups – e.g. targeting help at particular deprived sections of the community or funding services who work to prevent discrimination
- Does take up of the activity differ between people from different protected groups?
- Have the outcomes of your consultation and engagement results identified potentially negative or positive impacts?
- Are some groups less satisfied than others with the activity as it currently stands?
- Is there a greater impact on one protected group, is this consistent with the aims of the activity?
- For organisational change / restructures analyse the outcomes of consultation with staff and trade unions and analyse the staff data provided by your change adviser
- If you have identified negative impacts include details of who these findings have been discussed with (e.g. Legal, HR) and their views
- Are there any further changes that could be made to deliver service improvements or make the activity more responsive?

Section 4 – PLANNING FOR IMPROVEMENT

Question 4: If there is an adverse impact, can it be avoided? If it can't be avoided, what are we doing to mitigate the impact?

Provider performance management information will be used to monitor the use of the stop smoking services by adults with protected characteristics.

We will ask the successful provider to:

- monitor, understand and report how take up of the service differs between people from different protected groups
- ensure awareness and understanding of service user satisfaction with the service. This means making consultation and engagement with service users part of their regular practice, being informed by the findings, and acting on identified potentially negative or positive impacts.
- develop and maintain an awareness of impact on protected groups and take action to address this as required.

This will be addressed via appropriate performance management measures, for example:
Discussion at contract monitoring meetings.

Use of appropriate measures such as a performance action plan.

No unlawful discrimination was identified during the equality analysis that requires alternative activity to be considered.

Notes to Question 4

- Assuming there is an impact, what are we going to do about it? We need to make sure the **decision makers understand the impacts**
- All our policies and decisions should be designed to eliminate discrimination and contribute to our other obligations such as promoting good relations.
- If it can't be avoided can it be mitigated in some other way?
- There might be decisions elsewhere or perhaps additional spending on other services which could reduce the impact. Beware of simply saying that we will direct service users to other services or resources without considering the feasibility of doing so or the knock-on effect for those services
- We don't have to completely eliminate a negative impact, but we must identify it and try to mitigate it and the **decision makers must be in a position to fully understand the implications of their decision and balance off the competing interests** – e.g. the impact against the need to make savings and balance our budget

**Question 5: Could any part of the proposed activity discriminate unlawfully?
Can we advance equality of opportunity via this decision/policy?
Can we foster good relations via this decision/policy?**

The development of the service model is not perceived to have a negative impact on protected groups.

There is limited data available to demonstrate how well the current service engages with service users with some of the protected characteristics. However, commissioners are clear that a key requirement of future service provision will be to develop better service reach and improve awareness of the service. Targeted proactive engagement with residents should have a positive impact across the 9 protected groups.

The service specification will require the provider to:

- Pro-actively promote access to all protected groups.
- Develop links with key services and groups supporting those who are currently under-represented in the service and those who are identified as under-represented or hard to reach
 - Be responsive to people who require access outside of regular working hours.
- Ensure its workforce is appropriately skilled to work with, and improve access, to individuals who might find it difficult to engage due to specific circumstances (i.e. be physically accessible, ensure that male or female staff are available to support individuals upon request, provide access to translation and language support, work with other services to bring additional support around specific needs).
- Ensure that the future arrangements for contract monitoring will allow for the effectiveness of the future service in delivering this to be considered as a matter of routine.

Commissioners are committed to supporting delivery of a service that is as effective as it can be for everyone Camden serves.

Notes to Question 5

- **There may be decisions or policies where this is not going to be applicable. Explain this briefly in the box above. The important point is that it is carefully considered.**
- Suggest positive steps that can be achieved towards our statutory obligations to remove or minimise disadvantages suffered because of protected characteristics, e.g. taking steps to meet the needs of people from the different backgrounds when they are different to the needs of others, encouraging participation from groups when participation is disproportionately low
- Advancing equality of opportunity - (NB this does not apply to marriage and civil partnership). **This is a “positive duty”** which requires public authorities to consider taking proactive steps to root out discrimination and harassment and advance equality of opportunity in relation to their functions—from the design and delivery of policies and services to their capacity as employers. The duties require us to give consideration to taking positive steps to dismantle barriers. Advancing equality of opportunity might require treating some groups differently e.g. targeting training at disabled people to stand as councillors.
- **The legislation requires when we have due regard in terms of advancing equality of opportunity to:**
 - a. **Remove/minimises disadvantage suffered by those who share a characteristic and is connected to it**
 - b. **Take steps to meet the different needs of those who share a characteristic**

c. Encourage those who share a characteristic to participate in public life or any other activity when participation is disproportionately low.

- Advancing opportunity includes the fact that the steps needed to meet the needs of disabled persons take into account the disabled persons' disabilities
- We are required to have "due regard" to the need to foster good relations between people who share a relevant protected characteristic and people who do not share it. This involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.

Examples

- An employer to provide staff with education and guidance, with the aim of fostering good relations between its trans staff and its non-trans staff.
- A school to review its anti-bullying strategy to ensure that it addresses the issue of homophobic bullying, with the aim of fostering good relations, and in particular tackling prejudice against gay and lesbian people.
- Local authority (Not Camden) to introduce measures to facilitate understanding and conciliation between Sunni and Shi'a Muslims living in a particular area, with the aim of fostering relations between people of different religious beliefs.
- Our work to encourage Bangladeshi tenants involvement in TA's.

Section 5 – OUTCOME OF THE EIA

Use this stage to record the outcome of the EIA. An EIA has four possible outcomes.

Outcome of analysis	Description	Select as applicable
Continue the activity	The EIA shows no potential for discrimination and all appropriate opportunities to advance equality and foster good relations have been taken.	X
Change the activity	The EIA identified the need to make changes to the activity to ensure it does not discriminate and/ or that all appropriate opportunities to advance equality and /or foster good relations have been taken. These changes are included in the planning for improvement section of this form.	
Justify and continue the activity without changes	The EIA has identified discrimination and / or missed opportunities to advance equality and / or foster good relations but it is still reasonable to continue the activity. Outline the reasons for this and the information used to reach this decision in the box below.	
Stop the activity	The EIA shows unlawful discrimination.	
Comments (if required):		

Section 6 – CHECK AND SIGN OFF

EIA prepared by: Nina Job

Date: 1 April 2023

EIA checked by: _____

Date: _____

EIA approved by: Charlotte Ashton

Date: 08/04/2022

(Relevant Director Sponsor)

What to do upon approval

For organizational change: If your EIA relates to internal staff, please send to your HR Business Adviser.

For all other EIAs: Please add to the discussion on the [Equalities in Camden](#) Yammer group, you can do this by using the “Share something with this group..” box, attaching your draft to your message.