ONE EQUALITY SCHEME

2018 - 2022
One Equality Scheme 2018-22 is the first joint Equality Scheme of Tameside & Glossop Strategic Commission (Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group). In April 2016, employees from Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group joined together to form a Strategic Commission. The creation of the Strategic Commission is but one milestone in the wider Care Together project; a collaborative joint venture approach to delivering health and social care in Tameside and Glossop.

The creation of the Strategic Commission has allowed us the opportunity to jointly set out our approach to equality and diversity for residents, patients and service users across Tameside and Glossop for the first time. Previously Tameside Council had its own, well established Corporate Equality Scheme which set out their approach to equality and diversity, details of achievements to date, and outlined the authority’s equality objectives. Likewise, NHS Tameside & Glossop Clinical Commissioning Group summarised their approach through the publication of their Equality, Diversity and Human Rights Strategy.

The single joint Scheme sets out how the Council and CCG strive to reduce the impact of inequality and to improve the lives of the most vulnerable members of our community. The Scheme will ensure that our ethos towards equality and diversity is embedded in everything that we do and every service that we provide, an objective that is particularly important in this period of great structural change and financial challenge. In addition, we aim wherever possible to challenge discrimination and ensure that provision of services is not carried out in a way that is discriminatory. This can only be achieved through strong corporate ownership, effective partnership working and, above all, listening to what our residents and communities are telling us and responding accordingly and appropriately.

The Scheme is divided into several complementary sections, which together provide a complete picture of the Strategic Commission’s holistic approach to equality and diversity.
Part 1 details our equality objectives that we will be working towards across the lifetime of the scheme.

Part 2 gives an overview of Tameside and Glossop providing statistics relating to the demographic make-up of the area. These will place the case studies and work described later on in the One Equality Scheme into context, and presents the inequalities and challenges we need to address in a clear and effective manner.

Part 3 provides a list of case studies where our stated objectives have been turned, or are due to be turned, into reality. These case studies draw from a wide variety of council and CCG services, from Commissioning to Arts and Culture, showing how principles of equality and diversity are being embedded in all areas of the local public sector. It should be noted that this is not an exhaustive list, but a flavour of how we are working towards our objectives.

Part 4 lays out how the Strategic Commission intends to fulfil its legal obligations towards equality and diversity, as embodied in the Public Sector Equality Duty of the Equality Act 2010. It goes into further detail about the protected characteristics covered under the Act, and requirements such as the Equality Delivery System 2 and the Workforce Disability Equality Standard.
Our One Equality Scheme sets out what this means in practice for the policies and projects of the Council, Clinical Commissioning Group and Strategic Commission. It takes a holistic approach, recognising that true commitment to equality and diversity goes beyond the nine protected characteristics and the strict legal definitions of the terms. It beholds us to taking this approach and using it to identify and tackle the inequalities that exist within Tameside and Glossop, making a real and valuable difference to the quality of people’s lives. It describes and sets out our equality objectives. Most importantly of all it recognises that all this is the beginning of our equality journey as a Strategic Commission.
PART 1
OUR OBJECTIVES
The Equality Act 2010 (Specific Duties) Regulations 2011 - replaced by The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 in March 2017 - state that we must publish one or more specific and measurable equality objectives, and subsequently at intervals of no more than four years. Tameside & Glossop Strategic Commission’s equality objectives cover five key themes.

**a. Reducing inequality and improving outcomes**

- This theme lies at the heart of not just the One Equality Scheme, but at the heart of all our strategies and initiatives.

- The objectives under this focus on key areas of inequality where our work in developing this scheme highlighted as being in need of increased attention and focus.

- We know that in certain areas such as people’s health, employment status and educational level, there are gaps that we need to address and attempt to narrow.

**b. Meeting our obligations under the Equality Act 2010**

- Our objectives for this theme are a combination of what the law requires us to do, and what we have decided needs to be done to meet the general Public Sector Equality Duty.

- The Equality Act 2010 is both very broad in its expectations of what public bodies must achieve, and also very specific regarding the information we must publish on equalities.

- Given how broad the requirements are, many actions in other area will nevertheless be connected to us fulfilling our obligations under this theme.
c. Equality training, development and awareness

• If we are to ensure that we meet our legal obligations, and deliver services that are fair and equitable, we need ensure that staff are aware of their responsibilities and that service users are aware of their rights.

• Fulfilling our objectives in this theme requires both internal measures such as staff training, and external ones, such as raising awareness of the support available for different groups and individuals to access services.

d. Consultation and engagement

• Without effective and meaningful consultation and engagement, we are unable to shape our services to meet customer need in the most efficient and service user friendly way.

• The objectives contained in this theme relate to how we maintain effective dialogue with our residents, patients, communities and businesses to make best use of our resources. There is a particular focus on ensuring that the needs of the most vulnerable and disadvantaged are heard.

e. Understanding Service Use and Access

• Once we know what our customers and service users need, and we are aware of any inequalities that exist, we need to make sure that those most in need and at a disadvantage can access services to improve their situations.

• Access to services is about, amongst other things, service availability, service location (both physical and virtual), and potential barriers. This theme requires us to think about how best to utilise our resources to ensure the maximum benefit for those most in need.
Reduce Inequalities & Improve Outcomes

1. Address key priority quality of life issues such as health inequalities, educational attainment, access to skills, training and employment opportunities, income levels, and health and wellbeing, across equality groups and the vulnerable and disadvantaged with a view to narrowing the gap.

2. Help people to continue to live independent lives, and assist the most vulnerable in our communities to access support and services that exist around this aim, through targeted interventions and tailored service provision. Work closely with partner organisations to most effectively facilitate this.

3. Aim to increase the level at which people believe that Tameside and Glossop is a place where people get on well together, amongst the population as a whole and by protected characteristic group. A key focus of this aim is to raise awareness and support the prevention of hate crime across the locality.

Meeting our obligations under the Equality Act 2010

4. Publish our equality objectives and ensure that they are published in a manner that is accessible.

5. Publish our workforce monitoring information by equality group (where known).

6. Undertake to produce and publish Equality Impact Assessments (EIAs) to support service delivery and commissioning decisions to be published with papers. These will help us to understand the impact of our policies and practices on persons sharing a relevant protected characteristic.

Equality Training, Development and Awareness

7. Ensure that employees are appropriately trained on equality legislation and their responsibilities under it - this includes Equality Act 2010, Equality Delivery System 2 (EDS2), Accessible Information Standard, Workforce Race Equality Scheme, Workforce Disability Equality Scheme and the requirements of the EDHR contract schedule. Staff are offered support and guidance through a range of methods and approaches such as briefing notes, training sessions and workshops.

8. Raise awareness and understanding of equality and diversity by working with partners (such as voluntary organisations, community groups and service providers) to ensure that the views of those from protected characteristic groups are represented and supported.
Consultation & Engagement

9 Engage (as early as possible to enable co-design and co-production processes) and consult with our communities through a broad range of methods and forums, such as surveys, events and customer feedback to ensure comprehensive and meaningful coverage. Ensure feedback is provided to participants following the engagement or consultation process.

10 Disaggregate the results of monitoring, surveys, feedback and consultation exercises by equality group (where appropriate and practical) to inform our understanding of the needs of different groups and individuals. When collecting demographic data as part of the engagement or consultation process ensure that respondents understand the importance of collecting this data and how it will be used.

11 Develop specifically tailored engagement and consultation activity where appropriate and when required for specific equality groups and disadvantaged / vulnerable people across Tameside and Glossop.

Information, Intelligence & Need - Understanding Service Use & Access

12 Use a range of intelligence gathering, customer monitoring and insight tools, together with specific pieces of analysis, to inform both our understanding of residents, service users, service delivery and design, and to develop services that provide a varied, flexible and accessible offer.

13 Where possible, work with partner organisations to maximise the data available to provide deeper insight into understanding our local communities (whilst remaining mindful of data protection standards)

14 To encourage and promote the use of customer monitoring and disaggregation of data by equality group (where practical).

14 Use a variety of tailored communication methods to increase the accessibility and understanding of council and CCG services, that allows our different customers, residents and service users to make informed choices.
PART 2
A PICTURE OF TAMESIDE & GLOS SOP
### Tameside and Glossop Population by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Persons Under 16</th>
<th>Persons 16 - 64</th>
<th>Persons 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>19.6%</td>
<td>62.9%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Females</td>
<td>19%</td>
<td>62.3%</td>
<td>18.7%</td>
</tr>
</tbody>
</table>

### England Population by Age Group

Source: 2016 Mid-Year Population Estimates (ONS)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Persons Under 16</th>
<th>Persons 16 - 64</th>
<th>Persons 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>19.1%</td>
<td>63.1%</td>
<td>17.9%</td>
</tr>
<tr>
<td>Females</td>
<td>18.4%</td>
<td>62.4%</td>
<td>19.3%</td>
</tr>
</tbody>
</table>

### Tameside and Glossop Population by Sex

Source: 2016 Mid-Year Population Estimates (ONS)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>51%</td>
</tr>
<tr>
<td>Males</td>
<td>49%</td>
</tr>
</tbody>
</table>

### England Population by Sex

Source: 2016 Mid-Year Population Estimates (ONS)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td>51%</td>
</tr>
<tr>
<td>Males</td>
<td>49%</td>
</tr>
</tbody>
</table>
Ethnic Groups

Ethnic Population in Tameside and Glossop and England
Source: Census 2011

Religious Denominations in Tameside and Glossop and England
Source: Census 2011
**Disability**

**Tameside and Glossop**
Source: Census 2011

Day-to-day activities limited a lot: 10.3%
Day-to-day activities limited a little: 10.2%
Day-to-day activities not limited: 79.5%

**England**
Source: Census 2011

Day-to-day activities limited a lot: 8.3%
Day-to-day activities limited a little: 9.3%
Day-to-day activities not limited: 82.4%

**Carers**

**Provision of Unpaid Care in Tameside and Glossop**
Source: Census 2011

- Provides 1 - 19 hrs care per week: 6.5%
- Provides 20 - 49 hrs care per week: 1.6%
- Provides 50+ hrs care per week: 2.8%
- Provides no unpaid care per week: 89.1%

**Provision of Unpaid Care in England**
Source: Census 2011

- Provides 1 - 19 hrs care per week: 6.5%
- Provides 20 - 49 hrs care per week: 1.4%
- Provides 50+ hrs care per week: 2.4%
- Provides no unpaid care per week: 89.8%
General Health

Tameside and Glossop
Source: Census 2011

England
Source: Census 2011

Very Good Health 44.6% 47.2% Very Good Health
Good Health 33.6% 34.2% Good Health
Fair Health 14.7% 13.1% Fair Health
Bad Health 5.5% 4.2% Bad Health
Very Bad Health 1.5% 1.2% Very Bad Health

Tameside and Glossop Healthy Life Expectancy
(2014/2016)

Females 64.3 Years
Males 62.4 Years

England Healthy Life Expectancy
(2014/2016)

Females 64.1 Years
Males 63.4 Years

Tameside and Glossop Under 75 Mortality Rates
(2013/2015)

Cancer 131.19 per 100,000
Cardiovascular Disease 113.07 per 100,000

England Under 75 Mortality Rates
(2013/2015)

Cancer 136.8 per 100,000
Cardiovascular Disease 73.05 per 100,000

General Health

Very Good Health 44.6% 47.2% Very Good Health
Good Health 33.6% 34.2% Good Health
Fair Health 14.7% 13.1% Fair Health
Bad Health 5.5% 4.2% Bad Health
Very Bad Health 1.5% 1.2% Very Bad Health

Tameside and Glossop
Source: Census 2011

England
Source: Census 2011

Females 64.3 Years
Males 62.4 Years

Tameside and Glossop Healthy Life Expectancy
(2014/2016)

Females 64.3 Years
Males 62.4 Years

England Healthy Life Expectancy
(2014/2016)

Females 64.1 Years
Males 63.4 Years

Tameside and Glossop Under 75 Mortality Rates
(2013/2015)

Cancer 131.19 per 100,000
Cardiovascular Disease 113.07 per 100,000

England Under 75 Mortality Rates
(2013/2015)

Cancer 136.8 per 100,000
Cardiovascular Disease 73.05 per 100,000
Information on the demographic breakdown of both Tameside Council and Tameside & Glossop Clinical Commissioning Group’s workforces can be found at www.tameside.gov.uk/workforceequalitydata and www.tamesideandglossopccg.org/corporate/equality-and-diversity/publishing-equality-information.
PART 3
CASE STUDIES
Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group are committed to ensuring all our residents lead long, fulfilling and healthy lives. These are set out in the Corporate Plan ‘Our People, Our Place, Our Plan’ which brings together the priorities and ambitions of both Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group. Our priorities and ambitions cover three themes covering all life courses:

- **Starting Well**
- **Living Well**
- **Ageing Well**

The three life courses are underpinned by two visions:

- **Great Place**
- **Vibrant Economy**

Together the themes in our vision will enable residents to lead healthy, long and fulfilling lives. They can access jobs and learning opportunities which in turn drives economic growth. By building stronger communities, developing digital and supporting our residents to access the services they need enables everyone to lead successful lives.

The following are examples of projects delivered by Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group which highlight some of the good work we are already doing across a range of service areas and equality groups. These are set out by the themes of ‘Our People Our Place, Our Plan’. Although our achievements demonstrate the depth and breadth of the work we undertake to reduce inequality and disadvantage, this document is not intended as an exhaustive list of case studies or performance measures. They cover each life course and underpinning theme of ‘Great Place’ and ‘Vibrant Economy’. It is our goal to provide more integrated, inclusive and place-based services. This is represented in the case studies, as some cover more than one life course, or cover a life course as well as one of the underpinning themes.
Transforming Tameside & Glossop

Our People - Our Place - Our Plan
For everyone every day

Starting Well

Living Well

Ageing Well

Priorities

Very Best Start
1. Very best start in life where children are ready to learn and encouraged to thrive and develop
   - Reduce rate of smoking at time of delivery
   - Reduce the number of children born with low birth weight
   - Improve school readiness
   - Children attending ‘Good’ and ‘Outstanding’ Early Years settings
   - Take up nursery at 2yrs
   - Promote good parent infant mental health

Aspiration
2. Aspiration and hope through learning and moving with confidence from childhood to adulthood
   - Reading / writing / maths at Key Stage 2
   - Attainment 8 and Progress 8 at Key Stage 4
   - Young people going onto higher education
   - Children attending ‘Good’ and ‘Outstanding’ schools
   - Number of 16-19 year olds in employment or educated
   - Proportion of children with good reading skills
   - Promote and whole system approach to education and improving wellbeing and resilience

Resilient families and supportive networks
3. Resilient families and supportive networks to protect and grow our young people
   - Early Help Intervention
   - Reduce the number of first time entrants into Youth Justice
   - Increased levels of fostering and adoption
   - Improve the quality of social care practice
   - Improve the placement stability for our looked after children
   - Reduce the impact of adverse childhood experiences

Opportunities
4. Opportunities for people to fulfil their potential through work, skills and enterprise
   - Increase median resident earnings
   - Increase the working age population in employment
   - Increase the number of people earning above the Living Wage
   - Increase number of enterprises / business start ups
   - Working age population with at least Level 3 skills
   - Increase the number of good quality apprenticeships delivered

Modern infrastructure and a sustainable environment that works for all generations and future generations
5. Modern infrastructure and a sustainable environment that works for all generations and future generations
   - Improve air quality
   - Increase the number of net additional dwellings
   - Increase the number of affordable homes
   - Digital inclusion - average download speeds
   - Reduce tonnes of waste sent to landfill and increase the proportion recycled
   - Increase journeys by sustainable transport / non-car
   - Increase access to public transport

Nurturing communities
6. Nurturing our communities and having pride in our people, our place and our shared heritage
   - Increase participation in cultural events
   - Reduce victims of domestic abuse
   - Reduce the number of rough sleepers / homelessness
   - Improve satisfaction with local community
   - Victims of crime / fear of crime
   - Reduce levels of anti social behaviour
   - Increase access, choice and control in emotional and mental self-care and wellbeing

Longer and healthier lives
7. Longer and healthier lives with good mental health through better choices and reducing inequalities
   - Increase physical and mental healthy life expectancy
   - Improve the wellbeing for our population
   - Reduce hospital admissions due to falls
   - Increase levels of self-care / prescribing
   - ‘Good’ and ‘Outstanding’ social care settings
   - Prevention support outside the care system

Independence and dignity in older age, and dignity and choice at end of life
8. Independence and activity in older age and dignity and choice at end of life
   - Increase the number of people helped to live at home
   - Reduce ‘Good’ and ‘Outstanding’ QPs practice
   - Increase levels of physical activity
   - Smoking prevalence

Great Place
Vibrant Economy
We want our young people to live in a safe and supportive environment where they have the opportunity to reach their full potential

Breastfeeding

Encouraging breastfeeding is a health priority in Tameside & Glossop. Any amount of breastfeeding has a positive effect— the longer that mothers breastfeed, the longer the protection lasts and the greater the benefits for both mother and baby.

To this end, Tameside Council (jointly with Oldham Council) commissioned the ‘Homestart’ contract. Homestart is a family support charity based in Audenshaw that works with families with children under the age of 5 to ensure that their health and social needs are met.

They do this by recruiting, training and supporting volunteers who go into family homes for a few hours to offer practical help and emotional support. Delivering support in homes means that families are more relaxed and more likely to engage in any support, which is always tailored to the individual needs of each family.

In 2016 / 17 Homestart supported 2,112 families with infant feeding. Tameside Council also supported a Homestart campaign seeking more volunteers on top of the 30 existing ones to work in the community offering breastfeeding support. Between April 2017 and January 2018, 81 families in Tameside had been supported by a Home Visiting volunteer and there are currently 57 Home Visiting volunteers in the borough.
Story Makers

Story Makers are free interactive story sessions for all families in Tameside with children aged 0-4 years. It is a 35-week project aimed at getting families from Tameside’s deprived areas to embrace reading and develop literacy skills.

Story Makers been set up with £60,000 in funding from Arts Council England’s Libraries Opportunities for Everyone Innovation Fund and in collaboration with Stone Soup, a local leading creative industries organisation. Art bodies like the Lowry and Halle Orchestra have also provided input into the planning and delivery of the scheme. Writers and illustrators will work with parents and children to create a series of stories. The books will then be published for family audiences. Each family that participated will receive a copy.
Fun Palaces

Fun Palaces are events celebrating international arts, culture and science, provided for free to give local families a fun day out and increase community cohesion by bringing Tameside’s residents together and exposing them to different cultural activities and exhibitions. The event has brought much success. Over the last two years there were more than 3,800 attendances at the Fun Palace events. Activities included archery, a climbing wall, face-painting, brass band, circus activities, balloon modelling, kite-making, Bollywood dance, and model vehicles. People stayed longer and toured more of the events that spread across the Armoury and the library.

The event was led by Tameside Libraries and Cultural Services as well as the Tameside Armed Services Community.
Tameside YES Offer – Youth Employment Scheme

Tameside’s Youth Employment Scheme is open to any Tameside resident aged 16-24 who is not currently in education, training or employment. The Council offers to find a minimum of 6 months paid employment, giving young people the opportunity to gain valuable skills and experience.

The Scheme also incorporates the Council’s further commitment to youth employment.

Tameside Youth Council

A Full Council meeting at the close of 2015 approved the creation of Tameside Youth Council, the purpose of which being to bring young people from all walks of life into the council’s decision-making process on an ongoing basis.

Tameside Youth Council provides opportunity for young people from across Tameside to influence local decision-makers on the issues they consider to be important. They are made up of elected youth councillors from across the borough.

The TYC sets out what issues young people want to be prioritised in the borough, one of which was encouraging personal financial responsibility. After consultation with the Youth Council on how to achieve this goal, and in conjunction with local credit union Cashbox, the Smart Savers scheme was created. This scheme aims to help every child in Tameside set up a savings account and provides £10 to help them start off.

TYC made their views known in a nationwide Youth Council campaign that consulted on what issues matter most to 11-18 year olds. The results were fed into regional and national findings which were then discussed by the Youth Parliament at the House of Commons with Speaker John Bercow.
**Investing in Children Award**

A Tameside Children’s Home has been recognised with a national ‘Investing in Children’ Award for its innovative use of social media.

Young people used the social media group to communicate with staff informally. The Children’s Home staff use the page to prompt discussion, post information, signpost services and to praise and recognise young people’s achievements. Not only has this allowed direct communication with vulnerable, hard-to-reach young people, the group has also enabled the Children’s Home to make progress in getting kids involved in their care planning and shaping the service they receive.

It had been proven so successful that it has been rolled out across other homes in the borough.

**Tameside Council Tax Discount for Young People Leaving Care**

In August 2017, it was decided by the Council that Tameside would exempt young people leaving care from paying council tax. This came after consultation with the local Children in Care Council, 2BeUs, which provides platform for children and young people in the care of Children’s Services to speak up about their wishes and feelings.

It is believed that the move will result in more favourable treatment of one of the most vulnerable groups in the area. Removing this financial barrier is actively promoted by the Children’s Society, who now endorses Tameside as committed to supporting young people leaving care.
Family Group Conferencing & Edge of Care, Care to Success

Tameside Council has approved the launch of a number of projects aimed at helping struggling families stay and thrive together. These ‘Invest to Save’ initiatives come from the need to resolve family issues earlier to give better lives to families and young people in the long term.

Family Group Conferencing: a more intensive form of intervention for vulnerable families that helps them to identify their own solutions to support any children. (For example: By reaching out to extended family members).

Edge of Care: an intensive, whole family response to children at the edge of care through outreach, family sessions and short residential breaks.

From Care to Success: transitional support for young people leaving care through a bedsit transition scheme. Up to 7 young people at any one time have been supported from care into their own independent living environment with the help of New Charter Housing.

As well as investing in young people to be more stable through support to independence, the authority has estimated that the overall savings of £900,000 could be realised through successful deliver of these schemes.
Tameside Young Carers Project

There are 469 young people registered with the Tameside Young Carers Project, run by the Council and CCG. However, in line with the situation nationally, it is believed that this is only a small proportion of the number of children and young people caring for a parent.

Tameside Council and Tameside & Glossop CCG used Young Carers Awareness Day to spread the message of one Tameside young carer and the support he receives from the Young Carers’ Project. This is somewhere that young carers can go to for advice and support, a chance to meet other carers, regular trips and activities. Participants are also provided with a newsletter, a Young Carers Pack and advice such as information on assessments, help with money, what to do in an emergency and information about disability and illness.

Smart Savers Scheme

In August 2017, it was decided by the Council that Tameside would exempt young people leaving care from paying council tax. This came after consultation with the local Children in Care Council, 2BeUs, which provides platform for children and young people in the care of Children’s Services to speak up about their wishes and feelings.

It is believed that the move will result in more favourable treatment of one of the most vulnerable groups in the area. Removing this financial barrier is actively promoted by the Children’s Society, who now endorses Tameside as committed to supporting young people leaving care.
Every Child a Coder, one of the Tameside Pledges, promises to provide coding clubs for children of primary school-age children and above. Since the pledge was made, a range of coding opportunities for young people in Tameside have been set up, including:

**Coder Dojo:** Free monthly coding sessions are held at Active Medlock for anyone aged 7-17, giving young people the chance to learn skills such as website-building and creating apps. In hosting these events we hope to better equip our young people with the digital skills they need for the future.

**Tameside Hack:** This two-day competition at Tameside College brought in over 50 young people aged 12-18 from schools and colleges across the borough to take part. Local companies such as Purple, Brother UK, Avecto and Arcadis, sponsored the event and were able to witness first-hand the talent that Tameside has to offer. Young people worked in teams to produce original websites, apps, games, computer programmes and innovative solutions to real-world digital problems.
Online Safety

Being online is a valuable and important tool for everyday life, and this is no different for children accessing computers through schools, libraries and at home. Aligning with campaigns to raise awareness of issues such as CSE, sessions to promote children’s online safety have been taking place.

SSNAP – Secondary school pupils in Tameside were given the task of running sessions for their younger peers using the SSNAP (Safer Social Networking Activity Pack) – a card game and fun way to raise awareness and prompt serious discussion about the consequences of sharing personal information on the internet. Initially delivered to by Year 7 and 10 pupils in New Charter Academy; the scheme has now been rolled out on a borough-wide scale.

Keeping children safe online – Tameside libraries have been running online safety sessions to help parents and carers keep their children safe online. Parents could take in children’s phones, laptops, tablets etc. for hands-on help in updating security and privacy settings. The sessions, delivered by MadLab, also focused on cyber-bullying, online shopping, radicalisation, eating disorders and protecting personal information and images. Initially run as a one-off event, demand and positive feedback resulted in numerous additional sessions being scheduled in 2017.

![Image of children holding a poster about online safety]
Special Educational Needs and Disabilities

Local Offer

Tameside Council has launched a campaign to raise awareness of the Local Offer, the first port of call for anyone who has concerns with their child’s development. The Local Offer signposts to all services available for children & young people aged 0-25 with any additional needs or disabilities. As part of the campaign, we highlighted case studies to show how individual families can and have been supported.
Tameside has refreshed its strategy for Early Help services, which ensure that children and families get the best start in life possible, and that where family problems arise, they are able to get the right support at the right time from the right person.

The new approach is targeting a ‘Smarter, Stronger, Sooner and Safer’ response from Tameside Council and its partners.

There is national evidence that helping families early and providing support at the right time at the right place can reduce the likelihood of problems escalating and improve long term outcomes for children, young people and their families. The outcome of this Strategy will be that children have the best start in life, families will know how and be able to access services and information, manage their health and prevent illness, and be confident and self-reliant.

The strategy aims to build a culture of Early Help that is child and family-centred, and that focuses on reducing risk to children early, improving outcomes and reducing the demand for high-cost and stressful social care interventions wherever appropriate.

The ultimate goal is to ensure that services promote a good quality of life for all families in Tameside, regardless of where they struggle. Part of this means minimal need for additional support. Where families do need help, it will be from a range of services suitable to families’ needs: universal (GP, School, Health visiting), targeted, or specialist. It is essential that families are supported to thrive and be happy independently and not to depend upon social care intervention where it can be avoided in the first instance.

Child Sexual Exploitation (CSE)

A robust response to children who are at risk of or are thought to be victim of child sexual exploitation is one of the most important responsibilities we are charged with. The council has therefore dedicated significant resources and support to protecting vulnerable children.
We want all our residents to have access to high quality joined up health and care services that help our residents to live longer and healthier lives.

**Care Together**

Care Together is a collaboration between Tameside Council, Tameside & Glossop Clinical Commissioning Group and Tameside Hospital to reform and improve services, and help make it easier for residents lead healthier and more independent lives. Care Together is guided by a Strategic Commission to deliver services from health professionals such as doctors, community nurses and home care workers. The aim is to ensure that patients get the right care, in the right place and at the right time.

Care Together aims to provide support to those who need it in a more coordinated way and as close to their home as possible. In particular, it focuses on the benefits of early support to prevent hospital admissions.
Digital Health Centre

The digital health service is a team of nurse specialists who provide advice and guidance to Care Homes via tablet devices. The service is based at the Tameside Hospital site and operates 7 days per week. This enables staff to access a hospital specialist via SKYPE, for advice, guidance and (where appropriate) a care intervention for people under their care, before considering an Ambulance or GP call-out.

The service was launched in March 2017, and initially piloted in four care homes before being rolled out across all care homes in Tameside and Glossop.

Patient and staff feedback of the service has been positive and indicative financial benefits have been significant. In the six months following the pilot of the project and during the roll in April to September 2017 service avoided 494 A&E attendances and 265 admissions, saving in the region of 795 Hospital bed days, the equivalent to four beds, saving the Hospital £117,818.
Glossop

Glossop neighbourhood has piloted the use of a community specialist paramedic as a member of the primary care work force. This is now being developed across all neighbourhoods as part of the integrated neighbourhood. This role supports practices with home visits and advice, improving ease of access for older and disabled residents.

Denton

Denton neighbourhood is piloting a Mental Health Project at two practices with a Community Mental Health Nurse/Non-Medical Prescriber. All the neighbourhood practices can refer any patient who is anxious or depressed. The evaluation of this pilot will inform the next steps.

A physiotherapy project is also being piloted in Denton neighbourhood. This pilot aims to reduce the number of GP appointments/referrals for diagnostic scans and similar services. It is being delivered at two sites in the neighbourhood for all patients aged 16+ registered in the Denton neighbourhood who meet the criteria of the service.

The Denton neighbourhood is recognised as a ‘hotspot’ for falls. Joint working with Live Active has established a network to support the early management of frail patients. This involves the organisation of a series of low level exercises/walks/adapted cycling sessions to get them exercising in the community to prevent falls.
In February 2017 the first free Stalybridge Family Fun Day was held, partnering with Live Active and Live Well Tameside. The day aimed to encourage residents to be proactive in looking after their health and wellbeing. Activities included football, netball and face painting for children, NHS checks (for anyone aged 40-74) and health advice information.

In March 2017 Stalybridge neighbourhood held its first coffee morning for isolated/lonely patients. This was supported by Action Together (formerly CVAT) who arranged transportation, Live Active, who promoted their walks/armchair exercises/fitness classes, and Beatrix House (Adult Social Care), who made cakes for the event. These coffee mornings will be held once a month for the next six months.

In conjunction with Fit Over Fifty, armchair exercise sessions were also piloted for six weeks at St Andrews Medical, and a further short pilot is being arranged before evaluation. The neighbourhood has also established two Healthy Walks which begin at neighbourhood GP practices.
Urgent Care Review

Tameside & Glossop CCG have also recently consulted on how Urgent Care is delivered across the locality, to ensure that those most in need of emergency care receive the quickest treatment. We have recently been mandated to provide an Urgent Treatment Centre (UTC) which is GP-led, open 12 hours a day, every day. The UTC needs to be equipped to deal with the most common ailments which people attend A&E with, that are not a life-threatening emergency.

There is therefore a need to look at the way we deliver the range of Urgent Care services so that we can deliver it in an affordable way. Any changes will be designed to enhance services – making more services available in one place; making services simpler by bringing multiple services into one place and to making services more accessible by bringing care closer to home.

However with the potential to impact different groups within the community, the consultation was launched to ensure that any proposals consider the views of residents, particularly as proposals focus on relocating Urgent Care services from Ashton Primary Care Centre to a new site at Tameside Hospital. This requires as assessment of the potential impact on different protected characteristic groups.

Have YOUR say
Patient Experience and Continuing Healthcare (PEACH)

Tameside and Glossop CCG were successful in their “expression of interest” to NHS England to develop patient experience measures for Continuing Healthcare (CHC). The focus of the project was to develop a way to measure people’s experience across the Continuing Healthcare Pathway, using methods that were easy to implement and use by CHC teams. The data from this would then be used to inform and improve quality.

Engagement work was undertaken throughout 2016. Patient Voice was central to the project and feedback from the qualitative interviews was themed and used to inform the development of the patient experience questions. The measures were also developed in easy read, online/electronic versions in order to support accessibility. Support with completion was also offered to people needing additional help in providing their feedback. The measures were piloted across three localities in Greater Manchester between May and August 2017 and the learning from the pilot was used to further develop the patient experience measures and the PEACH Implementation Toolkit for staff.

The final PEACH Toolkit and Patient Experience Measures were presented to the NHSE National Leads in December 2017, the PEACH Team have been advised by NHS England that national roll-out of PEACH is anticipated by the end of 2018. Locally, the PEACH Measures have already been implemented and results are being used to inform quality across the CHC pathway.

Healthy Hattersley Pilot

A partnership between local GPs and the Council’s Employment and Skills team, the Healthy Hattersley Pilot is an example of Care Together’s joint work. GPs were encouraged to refer patients who met the criteria to a service which delivered support on employability.
Care Together has been developing an approach to ‘Self-Care’. This means supporting people and communities to be better able to manage their health and wellbeing, ultimately reducing the impact on traditional health and care services.

The programme supports people with a long-term condition to access non-medical support to improve their wellbeing so they are better able to support themselves.

For some, medical support alone is not making the impact to improve people’s daily lives, so by providing access to non-traditional services provided by VCFS groups we hope to help people develop their confidence, build social connections and take part in activities to improve their overall wellbeing.

The system-wide self-care approach will work across the whole model of care and be embedded within neighbourhoods, primary, planned, urgent and acute care.

Patients will receive clinically-led, person-centred and goal-orientated health and social care support. Care is more suited to their needs and is easier to access.
Pride in Practice Gold Award

Over half of all GP practices in Tameside & Glossop have now received training from Pride in Practice - a quality assurance support service which ensures that primary care providers strengthen and develop relationships with their local LGBT community.

Market Street Practice in Droylsden, Bedford House Medical Practice in Ashton under Lyne, Pike Practice in Mossley and Awburn House Medical Practice in Mottram are just four practices in Tameside & Glossop that have received the prestigious Gold Award for Pride in Practice, with many more currently undergoing assessment for the award.

LGBT Foundation (a national charity delivering advice, support and information services to lesbian, gay, bisexual and trans communities) has been commissioned by Greater Manchester Health & Social Care Partnership (GMHSC) and NHS England to roll out the scheme, which provides free training to all Primary Care Services, including GP Practices, Dentists, Pharmacies and Optometrists across Greater Manchester, and ensures that practices effectively meet the needs of their LGBT patients.

Members of staff embrace small but significant changes to services provided, for example introducing sexual orientation monitoring on new patient registration forms and asking inclusive questions during consultations.

Participating practices are more equipped to meet the needs of their LGBT patients, for example by understanding the importance of asking questions about gender identity, trans status and sexual orientation to get a more holistic view of patients’ needs and to determine care. Furthermore, practices with the award signal themselves as places where LGBT people feel they can talk about their issues without fear of reprisal or misunderstanding.
Denton Diabetic Diverters (DDD) turning lives around

Over 75 patients from across Denton stepped into a diabetes awareness raising event in autumn 2017 and left having committed to making lifestyle changes to reduce their risk of developing the disease.

Following the launch of the 100-day challenge in Tameside and Glossop, exploring ways to improve care and outcomes for people living across our neighbourhoods – the DDD team have been working with patients from three practices (Millgate Healthcare Partnership; Denton Medical; Market Street Medical, Droylsden) who have been screened as ‘pre-diabetic’. All of these patients were invited to the event, which supported them to develop their own personal actions to improve their health with assistance from local services and community groups.

Community services/providers available on the day included Be Well Tameside providing Health Checks; Live Active offering exercise sessions; Ambition 4 Ageing / Action Together advising of their local services; Self-Management UK signing up patients to courses and Public Health Collaboration advising patients regarding healthy eating.

Follow up sessions are being planned in order for patients to monitor their goals and continue with their healthy lifestyles. Full support will be provided for them throughout this process. The 100 day challenge will end in early 2018, but the DDD intend to continue working with these patients in order to ensure their healthy life changes continue well into the future.

Manchester Resilience Hub

Ashton Old Baths is home to the Manchester Resilience Hub, a central point where local mental health support services meet to provide support. It is hosted by Pennine Care NHS Foundation Trust and staffed by recovery workers and clinical leads with expertise in helping people who have experienced severe trauma.

It was established in response to the Manchester Arena attack in May 2017 to coordinate the care and support for children, young people and adults whose mental health and/or emotional wellbeing had been affected.

The Hub supports people involved in the incident in May, but you do not have to be a resident in Greater Manchester to receive support. The attack was a traumatic event which can cause severe emotional shock. In response the Hub offers phone-based advice, support and information and can make calls on behalf of people suffering if they are struggling to receive additional help.
Tameside has the most diverse leisure and fitness offer in Greater Manchester. A total of £20 million was allocated by the Council to help transform the health of the borough. Evidence suggests that regular exercise, such as swimming or visits to the gym, can reduce the risk of major illnesses such as heart disease, stroke, type-2 diabetes and cancer by up to a half, and can lower the risk of early death by almost a third. In Tameside, it is estimated that a 1 per cent increase in physical activity among the population would generate annual savings of around £650,000.

The new leisure offer was developed based on an eight week consultation in 2015/16 on a number of issues, including the closure of former Active Dukinfield, Denton and Ashton facilities to make way for the new facilities.

**Sky High Adventure Centre** – An indoor climbing facility for all ages. Activities include a caving feature, indoor high ropes, a soft play area and large multi-use activity room. Sky High Climbing is only the fifth of its kind to be built in England and the only one in the region.

**Total Adrenaline** – Activity centre made up of three zones; Trampoline, Laser and iPlay. It also has a café on site run by an artisan company involved with nutrition for the Team GB swimming team for the 2016 Rio Olympics.

**iTrain** – 150 piece gym and fitness suite in Dukinfield, also incorporating exercise rooms, a crèche, soft-play zone, members area and café. Within two months of opening, iTrain attracted 1,300 new members.
Integrated Neighbourhoods

The vision of Integrated Neighbourhoods is to support local areas to deliver high quality and connected services, looking after the whole neighbourhood population by supporting self-care and improving outcomes, prosperity and wellbeing.

The team is a multi-agency unit, made up of police staff, local authority staff, mental health nurses, drug and alcohol workers, adult social workers, housing representatives and more. They have been brought together to work and support all public and voluntary sector providers who deal with vulnerable people in the community.

The scheme is delivered through two hubs in Ashton & Hyde where vulnerable people can access any service or services they need behind one front door. This allows as many people as possible to get the help they need in one place.

The team primarily work on cases of crisis or abuse, problems where a situation can deteriorate if help is not accessed or is not easily accessible. Integrated Neighbourhoods have seen a huge increase in the uptake of people supported, access to treatment or rehabilitation. This multi-agency approach has helped resolved complex cases that may have been unresolvable under previous working practices.
Tameside Armed Forces Community (TASC) was created to serve the 4,000 former members of the armed forces residing in Tameside. Its objective is to support members of the armed forces and their families under the guidance of the Armed Forces Covenant, which is a promise to treat those who serve or have served in the armed forces fairly.

The transition from military to civilian life can be a difficult one for many veterans and their families. TASC seeks to provide a support network through initiatives such as participation in school activities, community projects and awareness-raising.

**Armed Forces Covenant Pledge:** Tameside Council, in partnership with GM Mayor Andy Burnham and the other nine local authorities has reaffirmed its commitment to the Armed Forces Covenant. As a result, the MoD Covenant Fund has awarded £232,000 so that the authorities can refresh their work in support of the updated covenant. The money will be used to improve access to services and online learning resources for forces personnel, their families and veterans.

**Veterans Breakfast Club:** Tameside Council hosts a breakfast club on the second Saturday of every month where ex-members of the armed services can meet up with other veterans. There are 57 clubs around the world, in places such as Germany, Bosnia, Cyprus and Spain, as well as across the UK.

**TASC Renovation of the Sensory Garden:** Using funding secured from the Greater Manchester High Sheriff’s Police Trust, the TASC worked with young people to renovate a rundown garden at a resource centre for children with additional needs and their families. Improvements to the garden include a small petting area, outdoor planting beds, bird boxes and signage. The project was hailed as a strong show of mutual support between the groups.

Additionally, TASC takes on a range of projects and mentoring for young people involved in antisocial behaviour.
Partnership Engagement Network

As the public sector continues to address challenges around service provision and funding, it is necessary to establish new ways of engaging with the public, stakeholders and partners, as well as the voluntary, community and faith sectors.

The Partnership Engagement Network (PEN) is a key part of supporting the delivery of public service reform and transformation. The PEN will involve a wide range of stakeholders who will play an active part in developing new and different public services.

While the PEN will have no formal decision making powers, it will provide a number of useful and complimentary services, including a route for engagement with the public, stakeholders and partners; this includes the large number of voluntary, community and faith organisations which exist across Tameside & Glossop, for example, Patient Participation Groups, Faiths United Tameside, Age UK and MIND. A network to develop stronger links with other services/sectors; a way to spread communications throughout Tameside and Glossop, an identified and structured approach to influence the work of public services and to proactively feedback on issues and ideas; and a strategic framework for engagement and feedback loop.

The Network will become a key part of the overall network structure of Tameside Council, Tameside & Glossop CCG, and Tameside and Glossop Integrated Care NHS Foundation Trust.
TAMESIDE AND GLOSSOP PARTNERSHIP ENGAGEMENT NETWORK

Decision Makers can use PEN to cascade messages to the public through established forums, networks and communication channels of Stakeholders.

Decision Makers can use PEN to cascade messages to the public through established forums, networks and communication channels of the public and patients.

Stakeholders

Formal Stakeholders
- Overview and Scrutiny
- Councillors & MPs
- Town Councils
- All Clinical Committees within the SCF
- T&G ICFT Governors

Partners
- Police
- GMFRS
- Voluntary & Community, Faith
- Housing Associations
- Schools & Colleges
- Business
- Health
- DWP
- Dental
- Optical
- Pharmaceutical

Public reps
- Healthwatch
- Action Together
- Residents Associations
- High Peak CVS – The Bureau
- Patient Neighbourhood Groups

The Partnership Engagement Network

Decision makers seek input/engagement on new and developing models, the development of options, emerging ideas and specific issues or challenges.

Integrated Neighbourhoods
Feed in, develop local participation and contribute local voice

Play active part in shaping public services
Proactively feed in issues and ideas

Play active part in shaping public services
Proactively feed in issues and ideas

Public and Patients

Members of the Public
Patients
Service users

Networks – Examples below (this list is not exhaustive)
- Patient Participation Groups
- Faith United Tameside
- Equality and Diversity Group
- Town Teams
- Youth Council
- Children in Care Council
- Carers Forum
- Age UK
- MIND
- Tameside Sight
- Glossop Visually Impaired
- People First
- The Stroke Association
- Hyde Bangladesh Welfare
- Glossop LGBT
- West African Development
- Kush Amdid
The Local Energy Advice Programme (LEAP)

The Local Energy Advice Programme provides residents with vital information about their house, and how they can save energy. The service is free and designed to empower residents to make the right energy choices that will save them money and keep on top of their energy bills without resorting to more drastic measures.

It is funded by energy companies and brings training to frontline staff to help tackle fuel poverty to support Tameside’s most vulnerable households.

Home energy advisers will visit residents who have been referred by Tameside Council and partners and carry out thorough assessments of their homes. They can make immediate improvements such as fitting LED light bulbs, draught proofing and pipe lagging. They also offer guidance on maximising income and available benefits and identify any other vulnerability in the home while making referrals to the appropriate agencies.

Tameside Council have held training sessions for frontline staff across the borough to identify residents who might need the service and how to refer them.

There have been 212 referrals into the scheme since it began in around August 2017. Of these referrals, 51 own their own home and 107 rent. Of the 107 households who rent, 49 do so privately and 58 are rented from a social landlord.
GM Energy Heroes Scheme

Tameside is also part of another GM-wide scheme designed to help residents keep their energy prices low and be more energy-efficient.

GMCA has teamed up with E.ON to help boost the energy efficiency of homes in the region. Eligible residents can have energy-saving improvements made in their homes. The application process is free of charge and there is no need to be an E.ON customer. The company carry out a survey of the house and will discuss options for replacing a boiler.

It is estimated that those eligible could save up to £215 each year.

Investing in energy efficient housing has benefits on an individual level through cheaper bills and greater comfort, and on a national level through investing in reducing our energy consumption and emissions.

The scheme bridges the gap for those who want to be more energy and cost-efficient, but do not have the financial means to take the necessary steps. At this early stage, 500 people requested help through the scheme. If fully realised this could result in a total saving of £107,500 for Tameside.
Tameside offers ‘Safe Spaces’. Safe Spaces are hate incident reporting centres, occupied by local organisations independent of police. This gives consideration to people’s concerns or lack confidence about reporting hate crime, and a designated member of staff there will complete the necessary paperwork with the victim and forward to local police.

Many of the centres are organisations that work with people who are more likely to find themselves on the receiving end of a hate incident, for example People First (for adults with learning disabilities), the Indian Community Centre, the Tameside African Families Welfare Association; and the Topaz Centre (Tameside & Glossop Mind).

Tameside takes part in the GM-wide Hate Crime Awareness Week. For Hate Crime Awareness Week 2018 community organisations and local schools will be delivering activities across Tameside around celebrating difference, culture and diversity. Facilitated by the Council’s Youth Service and Greater Manchester Police, Interactive Drama Sessions will be held in local high schools, covering the six strands of hate crime and anti-social behaviour. Hate Crime Awareness Stands will also be set up in local supermarkets, Tameside Hospital, the Primary Care Trust and Tameside College – allowing neighbourhood service officers and PCSOs to engage with residents directly.

Further information about the upcoming and previous Hate Crime Awareness Weeks can be found on the council’s website. A Greater Manchester Hate Crime Awareness page will also be set up and linked in with Tameside’s Communications service.
Sitting Right With You
(Domestic Abuse Awareness in Tameside)

‘Sitting Right With You’ is a campaign run by the Greater Manchester Police and Crime Commissioner to raise awareness of domestic abuse (both overt and “hidden”) and encourage those affected to start talking about their experiences.

The Council played a significant role in creating the campaign, sitting on the selection panel that chose the creative elements and how they would be used. The Council receive praised from the PCC’s office for “comprehensive use” of communications materials including putting up posters in all pub toilets and GP surgeries.

1 in 3 women and 1 in 6 men will experience some form of domestic abuse in their life, over 60% of which will also involve children. To help young people understand what domestic abuse is and how they can seek help, a Respectful Relationships programme was piloted with over 3,000 children aged between 5 and 18 in 13 Tameside schools. This innovative approach received praise from both the then-Police and Crime Commissioner and the Ofsted North West Director.
Open Up Campaign

The “He’s Keeping A Secret” campaign aims to highlight how one in six men experience domestic abuse but they are three times less likely than women to tell anybody. It is hoped that this will help reassure male victims that they are not alone and encourage them to tell someone and get support.

Domestic abuse isn’t just violence; it can also involve controlling and coercive behaviour such as controlling someone’s money or preventing them from seeing family and friends. The campaign was launched by Tameside male waste and recycling staff on Monday 8 January at Tame Street Depot in Stalybridge. It will also be supported by Tameside men from all walks of life – from Hyde United footballers to office workers – who will reinforce the #openup message to how important it is to talk to someone and seek help.

As part of the campaign posters have been put in place across the borough, including male toilets in pubs and gyms, to reach men who may otherwise be difficult to reach with the message. The campaign will also target men online and on social media.
Life in Tameside and Glossop

The Life in Tameside & Glossop website is the Tameside Health & Wellbeing Board’s Joint Strategic Needs Assessment (JSNA). It has replaced the static report that is usually produced and refreshed on an annual basis. The website supports commissioning decision making across Tameside and Glossop through the data observatory function and library which holds information such as needs assessment reports, ward profiles and health and wellbeing briefings. It also supports the prevention and early intervention agenda by supporting social prescribing and self-care for both health and social care professionals and residents alike. The ‘Find Support’ function, allows residents and professionals to find information on community services and groups to help and support our residents to stay healthy and well. Life in Tameside & Glossop can be found at www.lifeintamesideandglossop.org.
Our bespoke customer segmentation tool has been refreshed and updated to take account of new data available and to extend the dataset to include Glossop, demonstrating our commitment to the continued use of customer monitoring, information and intelligence. Our insight tool was first developed in 2009 to create a semi-bespoke customer segmentation tool for Tameside. The reason for creating our own segmentation tool was because 50% of the population fell into three categories of the national Mosaic segments and in order to better understand our residents we needed to differentiate them more effectively.

Tameside & Glossop Insight apportions all households within Tameside and Glossop into one of twelve segments based on their needs and behaviours. This was built by combining Experian Mosaic data with an extensive range of Tameside Council’s and the Fire Service’s customer focused data.

Examples of recent projects that have used the segmentation model include:

- Identification of those households who are likely to be suffering from loneliness and isolation.

- Identification of households to be targeted for the flu vaccination to increase uptake amongst pregnant women.

In addition to the creation of Tameside & Glossop segmentation, two bespoke models have been built to determine propensities for:

- High cost households – identification of those households that are in receipt of a large number of public services and therefore likely to cost the council and partners the most money. It also helps to identify those households likely to become high users enabling us to intervene early with appropriate services and avoid higher costs later.

- Health risk stratification – to identify households who are at the highest risk of developing health issues or requiring adult social care. This enables us to target these households and promote healthier lifestyles to them saving costs and dependency on services later in life.
The Greater Manchester Academic Health Science Network (GM AHSN) DataWell Programme is building an innovative platform that enables health and care data to be shared between providers across Greater Manchester. Six organisations across Greater Manchester are already in the process of being connected to DataWell.

The Tameside and Glossop DataWell Project is a localised pilot of the DataWell platform. It will allow the medical records of service users of signatory organisations to be shared between practitioners of these organisations, upon the condition that the service user gives explicit consent. Currently the project is limited to connecting the Council’s Adult Social Care service and two GP practices within the area. The end goal is to demonstrate that through DataWell partners can effectively and securely share patient/client information, allowing practitioners to make better, more informed decisions about their care and wellbeing.
Community Intravenous (IV) Therapy

Following the success of the Digital Health Centre service in care homes, mobile wardens for the council’s Community Response Service, who support frail and older people or people with disabilities who need support in their own homes, have been issued with iPads that allow them to use Skype to get one-to-one advice from Tameside Hospital’s digital health care centre.

As with the care home scheme, the results have been extremely positive. Of 220 calls received by the Digital Healthcare, 130 prevented an unnecessary A&E visit. A further 50 residents did not require a GP appointment. Of the 42 referrals made by the Community Response Team, only 13 resulted in hospital attendance. Of the 1,200 falls occurring in the last six months, only 93 led to ambulance call-outs, equating to a saving of around £500,000.
Tameside & Glossop have a Palliative & End of Life Care Programme Board in place. The membership includes representatives from the Integrated Care Foundation Trust (hospital and community staff including Doctors, Nurses, and managers), GPs, Willow Wood Hospice, the GP Out of Hours service and Commissioners. The Programme Board focus on the delivery of high quality persons centred palliative and end of life care to the population of Tameside & Glossop, providing leadership, direction and commitment to improving care for people across Tameside & Glossop.

Tameside & Glossop Strategic Commission are committed to making improvements which will increase the number of people who can be supported to die in their usual place of residence. Palliative & End of Life Care in Tameside & Glossop is provided in hospital and community settings, including in patients’ own homes. The care in the community and patients’ homes is delivered predominantly by GPs, District Nurses, and Specialist Palliative Care MacMillan Nurses, supported by a range of neighbourhood based services delivered by the ICFT, social care and the voluntary sector. A range of services are also provided by Willow Wood Hospice. Patients in hospital are supported with their palliative and end of life care by hospital staff and the hospital based Specialist Palliative Care team.

The chaplaincy department at the ICFT provide patients with the opportunity to access pastoral, spiritual or religious support when they need it. The department are currently researching the potential of extending its Hospital based services to include work in the community, particularly (but not limited to) end of care life plans for people wishing to spend their last days in their own home.
Community Response Service Digital Scheme

Following the success of the Digital Health Centre service in care homes, mobile wardens for the council’s Community Response Service, who support frail and older people or people with disabilities who need support in their own homes, have been issued with iPads that allow them to use Skype to get one-to-one advice from Tameside Hospital’s digital health care centre.

As with the care home scheme, the results have been extremely positive. Of 220 calls received by the Digital Healthcare, 130 prevented an unnecessary A&E visit. A further 50 residents did not require a GP appointment. Of the 42 referrals made by the Community Response Team, only 13 resulted in hospital attendance. Of the 1,200 falls occurring in the last six months, only 93 led to ambulance call-outs, equating to a saving of around £500,000.

Extensive Care Service

Across Tameside and Glossop an Extensive Care Service is being developed as part of the Integrated Neighbourhood offer and will be led by two neighbourhood-based doctors, ‘Extensivists’, supported by a multi-disciplinary team of health and social care professionals. This is a wrap-around service that will include all aspects of need, including medical, social, psychological, functional, pharmaceutical and self-care.

The Extensive Care Service will work closely with people with long-term conditions, complex needs and those who are intensive users of the health and social care system. It aims to reduce the need for hospital admissions by predicting exacerbations of underlying conditions, and helping people improve the management of their overall general health and wellbeing. The service will provide targeted support to individuals in the top one or two percent of the population defined by risk stratification.
Intermediate Care

Intermediate Care services are provided to patients, usually older people, after leaving hospital or when they are at risk of being sent to hospital. It is designed to help people avoid going to hospital unnecessarily, help people to be independent and prevent people moving into residential care unless they need to.

One of the key principles within the Tameside & Glossop Care Together approach to integrated care is that wherever it is possible for a person to have their care requirements met within their own place of residence, the system will be responsive to meeting this need in a timely manner. In order to be responsive to people's needs and deliver against this principle we have implemented the “Home First” service model.

This model is comprised of two key elements:

**Admission Avoidance**
- People are supported to safely remain at home therefore avoiding admission to bed-based care.
  - Where additional support is required that goes beyond that which can be safely provided at home then a period of ‘step up’ care may be required in a community bed-based service.
  - Where additional support is required which goes beyond that which can be safely provided within a community bed-based service then a period of ‘step-up’ care may be required within an acute hospital bed.

**Discharge to Assess**
- Where acute hospital care is no longer required then a period of ‘step-down’ support may be required which can be safely provided in either a person's home or community bed-based service.
  - Where additional support and assessment is required which cannot be safely provided at home then a period of ‘step-down’ support may be required within a community bed-based service.
  - People are supported to return home and the assessments required to maintain them at home occur within this environment.

The Home First offer will ensure that people are supported through the most appropriate pathway with “home” always being the default position. However, it is recognised that not all individuals’ intermediate care needs can be managed safely in their own home. In some cases there is a need for an alternative community based bed, for a short period of time, to enable the appropriate interventions to be undertaken with the individual to enable them to return home, whether this be following an admission to the Hospital or to avoid the need for an admission in the first place.

Tameside & Glossop CCG have recently undertaken a large scale consultation with the public and patients to look at how Intermediate Care services are delivered in the future.
Mental Health – Dementia Friends

Tameside has a longstanding commitment to support the mental health of older adults by being a dementia-friendly borough. As part of this, we have supported the Alzheimer’s Society Dementia campaign, which aims to make life easier for people living with dementia. This is done by encouraging as many people as possible to become ‘Dementia Friends’. These volunteers receive specialised training around dementia to spread awareness and make Tameside more dementia-friendly.

For Dementia Awareness Week 2017, 122 Dementia Friends attended one of these sessions and pledged their personal actions. In Tameside there are now 4,266 Dementia Friends and 29 Dementia Champions. TMBC, the CCG and partners will continue to work towards increasing the number of friends to make the borough dementia-friendly.
Special Educational Needs and Disabilities
Sensory Garden

A new sensory garden for the Tameside Council Learning Disabilities service has been opened at Copley Resource Centre, Stalybridge. Plants were selected for smell, colour, shape & touch. Completion of the garden is testament to the goodwill of service-users & staff from Copley, Engineers & Grounds Maintenance.

Manchester Day

Tameside’s communities come together through their annual appearance in the Manchester Day Parade. In 2016 participating groups designed and paraded a giant spaceman. Funding for this was provided by the MoD Covenant Fund, which aims to support projects which bring together civilian and military communities to increase understanding between them.

Local services and armed services veterans, Scouts and Guides worked with the cultural services team to design, build and carry the Tameside Spaceman for the parade. It proved such a success that in 2017, Tameside Stronger Communities, Scouts and the Armed Forces Veterans were brought back together to make a magical-themed float for that year’s parade.
Another parading tradition that brings local communities together is the Tameside Winter Carnival. Funding from the Arts Council means that every year, families and community groups are invited to take part in the lantern parade to represent all nine towns.

The parade also includes music, dance and art, allowing local performers and artists to showcase their talent. Local organisations who worked with us to make the event in 2017 happen include Tameside Young Carers, Age UK, the Anthony Seddon Fund and the Smallshaw Tenants and Residents Association. Several scout groups and schools were also involved and representatives from a number of faith groups were also invited to participate.

Each year the lantern parade celebrates a theme that shines a light on Tameside cultural and historical heritage and diversity. Lantern workshops take place in the months before, giving participants the opportunity to work with professional artists to create large scale illuminated lantern sculpture and traditional hand-carried lanterns.

The event is free and marks the Christmas lights switch-on. Last year, the theme was ‘We Shine Brighter Together’, aimed at showcasing Tameside’s diverse communities.
Open+ Libraries

Developed after an extension period of consultation, Open+ is a self-service function that widens the use of Tameside’s libraries by increasing opening times and flexibility of access.

While libraries will be unstaffed during Open+ hours, security is maintained through CCTV monitoring and an emergency phone when no staff are available. Those wish to sign up to the Open+ system need to be aged 16 or over and must undergo an induction process.

The Open+ project means that weekly library opening hours will almost double, increasing from 276 to 495.

Outdoor Theatre in the Park

Tameside Council Cultural Services arranged a programme of outdoor theatre performances to be staged in Tameside parks. With the aim of increasing community cohesion, families from across Tameside were encouraged to come along to the free events.

The programme includes a number of children’s favourites, such as Alice Through the Looking Glass, The Water Babies and Treasure Island performed by a number of theatre groups, supported by Greater Manchester Arts.

The events, supported by Public Health and social Enterprise Tobacco Free Futures and Tameside’s Tobacco Alliance, are also smoke-free. The shows made theatre accessible in school holiday time to families across Tameside, particularly those who may not otherwise access such events.
Jobs Fairs

Every person in Tameside deserves access to skills, training and employment opportunities, and the council and its partners understand the key role they play in making this a reality. The following are some of the employment and skills-related events held in the borough over the past 12 months:

**September Jobs Fair:** Open to anybody who wished to attend, over 1,000 people who attended the September Jobs Fair were given information about vacancies in Tameside. Jobseekers were given the opportunity to speak to employers and discuss career prospects, and information about training, skills and adult learning and Tameside ACE’s CV-building course was also made available.

**Careers & Apprenticeships Exhibition:** Organised by the Employment and Skills Team, this “have-a-go” event at Stalybridge Civic Hall provided over 1,000 Year 9 and 10 pupils from 13 local schools with effective careers information, advice and guidance. Exhibitions were put on by 39 different organisations, including TMBC Engineers, Greater Manchester Police, NHS, Purple Wi-Fi, Juice Academy and local training providers such as Tameside College, Clarendon Sixth Form and Ashton Sixth Form Colleges.

**“New Year, New You” Jobs Fair:** Jobs Fair held at the offices of New Charter Housing in Ashton in January 2017. 350 people attended the event, which included exhibitions by 26 organisations offering employment, skills and training opportunities. Participating organisations included Tameside ACE, the Fire Service, Prince’s Trust, Tameside College and Manchester Airport.
**Tameside Menu of Choice**

Tameside Menu of Choice is a partnership set up by the council’s Employment and Skills team, which aims to help businesses keen to work with schools to provide mentoring, careers advice and experiences to inform the education and career pathways of young people.

When a business signs up to the Menu of Choice, they join a pool of local businesses that are willing to commit to supporting local careers activities and events for young people. These include hosting a school visit for a small group of students, offering a work placement, holding mock interviews for students, providing taster sessions, job shadowing opportunities or mentoring.

Research shows that just four interactions with a business can reduce the possibility of a young person becoming NEET (Not in Education, Employment or Training). The Menu of Choice allows Tameside’s Young People to begin thinking about options for their future through exposing them to life beyond school or college. On the other side, businesses are also being provided with an opportunity to invest locally in its workforce.

Since its creation 36 businesses in Tameside have signed up to the Menu of Choice, supported 7 schools in 11 different requests, reaching a total of over 2,000 individual pupils.

**Digital Dozen**

In order to aid entrepreneurs and small businesses the Digital Dozen scheme has been created which provides free office space in Ashton Old baths for 6 months along with sector specialist mentors to assist them in developing their businesses.
Building Business Skills for Parents

Tameside Council and Care Together conducted research that found many parents using children’s centres wanted to work for themselves so that they could spend more time with their families. As a result of this research, a six-week course called Building Business Skills for Parents (BBSP) was set up, which took the approach of integrating health with employment and skills activity.

Free sessions were held at Hyde Children’s Centre, with trainers invited from a wide range of backgrounds, including council agencies, partners and local businesses. Many of the parents attended had no enterprise experience or had been out of work for a number of years.

The sessions were accessible and delivered in a familiar and relaxed setting. Free childcare was also provided while parents attended. Many of the participants are looking to set up their own businesses, including holistic therapy and self-defence training.
PART 4

LEGISLATION

This part of the scheme provides details of how One Equality Scheme 2018-22 fulfils our legal obligations under the Public Sector Equality Duty of the Equality Act 2010. It also explains in more detail the meaning of the ‘protected characteristics’ that fall under the remit of the Act, and the Act’s coverage.

At the end of the document, there are details on where further information can be accessed.
The public sector equality duty is laid out in section 149 of the Equality Act 2010. It came into force on 5th April 2011, and it states that a public authority must, in the exercise of its functions, have due regard to the need to:

a) Eliminate discrimination, harassment, victimisation and any other conduct prohibited by or under the Act;

b) Advance equality of opportunity between people who share a protected characteristic and those who do not share it;

c) Foster good relations between people who share a protected characteristic and those who do not share it.

These are often referred to as the three ‘arms’ of the duty.

In short, this means that both Tameside Council and NHS T&G CCG must consider the impact our actions have on equality, and whether when delivering a particular service or function, or in our roles as employers, we are furthering the aims set out in law. The specific duties, detailed below, show the minimum amount of information we must publish in order to show that we are complying with the general duty.

This duty replaced the previous Public Sector Equality Duties that were in force covering race, sex and disability and expanded the scope of the previous duties to cover all ‘protected characteristics’ (although only the first ‘arm’ of the duty applies to marriage or civil partnership).

The Duty also applies to bodies that deliver services on our behalf, as in doing so they are exercising a public function. So for example, a private sector provider that is contracted to deliver a service in relation to adult social care would be required to consider the general duty and would be subject to its provisions. However, only the part of the organisation that is delivering the public service is subject to the duty; the organisation as a whole is not.
Having ‘due regard’ for advancing equality involves:

a) Removing or minimising disadvantages suffered by people who share a relevant protected characteristic that are connected to that characteristic;

b) Taking steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of persons who do not share it;

c) Encouraging people who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

This means that when we are considering how our practices, policies and procedures impact upon equality we need to also be considering the ways in which we can mitigate any potentially negative impacts, and ensure that access to our services remains fair and equitable.

For example, the law requires us to make reasonable adjustments to the way in which services and public functions are delivered where a disabled service user may be placed at a substantial disadvantage. In considering how a service is delivered or offered, we need to consider the potential barriers that a person with a disability may have to overcome in order to access it, and put in place reasonable adjustments to lessen these. Such adjustments may be physical, or they may involve providing an auxiliary aid, or altering the way in which the service is delivered.
The Specific Duties

The specific duties are contained within the Equality Act 2010 (Specific Duties) Regulations 2011. They came into force from July 2011, and confirm the minimum steps that public bodies must take in relation to publishing information on equalities, such as workforce monitoring data and equality objectives. The 2011 Regulations were replaced by The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 in March 2017.

The regulations state annually, public authorities (with 150 or more employees) must publish information to demonstrate compliance with the general duty, including information about the protected characteristic status of employees, and other persons affected by our policies and practices.

The regulations also state that public authorities (with 150 or more employees) must publish one or more specific and measurable equality objectives, and subsequently at intervals of no more than four years from the date of first publication.

The information we publish must be in a manner that is accessible to the public, and may be contained within another published document. This in effect removes the requirement on public bodies to publish separate and specific equality schemes, as noted earlier.

However, in order to build on existing good practice and for ease of reference, we have decided to continue with publishing a joint Corporate Equality Scheme.

Compliance with the duty

Publication of the One Equality Scheme 2018-22 ensures that we are adhering to the regulation stating that we must publish one or more specific and measurable equality objectives, and subsequently at intervals of no more than four years from the date of first publication.

The One Equality Scheme 2018-22 contains our equality objectives and we have ensured that these are outcome focussed and are in alignment with other key strategic documents. As Tameside Council and NHS T&G CCG have come together to form the Strategic Commission, the equality objectives are applicable to both organisations.

These sections also detail the processes and structures we have in place to ensure that appropriate consideration of equality issues is embedded in our decision making and day to day work.

Furthermore, it builds upon the work done as part of previous schemes and strategies of each of the organisations by including details of how we have engaged with our communities and ensured that those protected under legislation have been involved as part of influencing, developing and shaping the commissioning and delivery of services.

In providing the framework of how we approach equality in the area; it confirms a number of actions and processes that our services undertake in order to meet the general and specific duties. For example, the Equality Impact Assessment (EIA) process helps us ensure that the decisions we take have been properly considered for their impact on relevant protected characteristic groups, and are based on solid evidence, including feedback from consultation and engagement. We use the EIA process, and the principles embedded within it, to ensure that we are complying with the general public sector equality duty. Similarly, the EIA process is just one of the ways in which we satisfy the requirement of the specific duties by publishing information relating to individuals sharing a relevant protected characteristic who are affected by our policies and practices.

The EIAs produced to support individual policy changes and practices by both Tameside Council and NHS T&G CCG are available within the individual decision reports produced by the services. Equalities information relating to the Council’s workforce is published online at: www.tameside.gov.uk/workforceequalitydata; and T&G CCG workforce equalities information is published at www.tamesideandglossopccg.org/corporate/equality-and-diversity/publishing-equality-information.
Protected Characteristics

The main provisions of the Equality Act 2010 came into force on 1st October 2010.

These provide the basic framework of protection against discrimination, harassment and victimisation, for the nine recognised ‘protected characteristics’ in employment, public functions and services, transport, premises, education, and associations.

The Act replaces all existing anti-discrimination laws\(^1\) with a single piece of legislation. The aim is to streamline previous laws and ‘level up’ protection across the protected characteristic groups.

The nine protected characteristics, and what is meant by them, are detailed below, as are details of the protection given by the Act.

The nine protected characteristics are:

- Age
- Disability
- Race
- Sex
- Religion or Belief
- Sexual Orientation
- Gender Reassignment
- Pregnancy & Maternity
- Marriage & Civil Partnership

NHS T&G CCG also include a further four locally determined characteristics which have now also been adopted by Tameside Council jointly as part of the Strategic Commission arrangement, they are:

- Carers
- Military Veterans
- Breastfeeding
- Mental Health

Please note that this is intended as a general overview and introduction only, and does not constitute legal advice.

The Equality Act 2010 is a wide-ranging piece of legislation and will apply differently in certain situations and circumstances. There are, for example, areas where discrimination is lawful, such as where the provisions of another law demand it, or where an action can be justified as a proportionate means of achieving a legitimate aim. The level of protection afforded by the Act will depend on individual circumstances.

**Age**

This is defined as a reference to a person’s age group. This can mean people of the same age, or a range of ages, for example ‘under 18s’ or ‘over 50s’, or a specific age group e.g. ‘25-34 year olds’. People who share the protected characteristic of age are therefore in the same age group, although this can be broad as well as very specific. Age groups do not have to be defined numerically, they can be relative e.g. ‘older than you/me’.
Disability

The Equality Act 2010 defines a disability as a physical or mental impairment which has a long-term and substantial adverse effect on a person’s ability to carry out normal day to day activities. This includes sensory impairments such as those affecting sight or hearing, and also any impairment which consists of a severe disfigurement. Long term means that the impairment has lasted, or is likely to last, for at least 12 months or the rest of the affected person’s life.

The Act has changed previous disability law, in that a person now no longer has to demonstrate that their disability affects a particular function such as mobility or speech. This used to be known as the ‘list of capacities’.

Some illnesses, such as cancer, multiple sclerosis and HIV infection, are covered by the Act, from the point of diagnosis, under the protected characteristic of disability. Progressive conditions, and those with fluctuating or recurring conditions, will also be considered as disabilities in certain circumstances.

The Act strengthens the support given to people associated with someone with a disability, such as carers, by expanding the coverage of discrimination by association to cover disability.

It also introduces the concept of discrimination arising from a disability, where someone suffers unfavourable treatment as a consequence of something arising from their disability.

The Act also seeks to ensure that disabled people are given fair treatment when applying for positions of employment, in that it now bans the asking of pre-employment health questions, including sickness absence (other than in certain, specific circumstances).

For information as to what constitutes a disability under the Act, and where the Act applies, please consult the Statutory Codes of Practice or the information held on the Office for Disability Issues website.

Race

A person who is from a particular racial group will have the protected characteristic of race. A racial group is defined as a group of people who have, or share, a colour, nationality or ethnic or national origins. All racial groups are protected from unlawful discrimination under the Act, and an individual may fall into more than one racial group.
Sex

Sex refers to a man or woman of any age, or groups of men and/or boys, and women and/or girls. The protected characteristic of sex does not include gender reassignment or sexual orientation. These are covered separately.

Religion or Belief

Religion or belief includes any religion and any religious or philosophical belief. This protected characteristic therefore includes the commonly recognised religions such as Christianity, Islam, Judaism, Sikhism and Buddhism for example. However, in order to be protected, a religion does not necessarily need to be mainstream or particularly well known, but it must have a clear structure and belief system. It also includes a lack of any religion or belief, for example philosophical beliefs such as Humanism and Atheism.

Sexual Orientation

Sexual orientation refers to a person’s sexual orientation towards persons of the same sex (i.e. a gay man or a lesbian), persons of the opposite sex (i.e. heterosexual), and persons of either sex (i.e. bisexual). It also relates to how people feel, as well as their actions. Discrimination under this protected characteristic covers discrimination as a result of how someone’s sexual orientation manifests itself i.e. in how that person presents themselves, or the places they choose to visit.

Gender Reassignment

Gender reassignment is the act of moving away from one’s birth sex to the preferred gender i.e. from male to female, or vice-versa. It covers anyone who is proposing to undergo, is undergoing, or has undergone the process (or part of the process) to reassign their sex.

The Act removes the requirement for the person proposing to undergo this change to be under medical supervision in order to be protected, recognising that it is a personal process and not necessarily a medical one.
Pregnancy and Maternity

Where a woman is pregnant or on maternity leave she is covered by this protected characteristic, as well as being covered by protection and rights afforded to her by other statutory rights such as time off for antenatal care and health and safety protection. In cases where an employer has to treat a pregnant employee more favourably than other workers, men cannot make a claim for sex discrimination based on this more favourable treatment.

Marriage and Civil Partnership

When the Equality Act 2010 was first introduced marriage referred to any formal union of a man and a woman which is legally recognised in the UK as a marriage.

Civil Partnership refers to a registered civil partnership under the Civil Partnership Act 2004, including those registered outside of the UK. Civil partners must not be treated less favourably than married couples (except there permitted by the Equality Act).

However following legal changes in 2014, same sex couples can now marry in civil ceremonies or religious ones where the religious organisation allows it throughout England, Scotland and Wales. Civil partners who wish to convert their civil partnership into marriage are also able to do so. Additionally, married transgender men and women are now able to change their legal gender without having to end their marriage.

The status of being unmarried or single is not protected. Similarly, people who intend to marry or form a civil partnership but have not yet done so, or who are divorced or have had their civil partnership dissolved, are not protected by this characteristic.
Additional Locally Determined Characteristics

The additional local determined characteristics are defined as:

**Carers** – anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. This includes young carers who may be providing support to a parent.

**Military Veterans** – those who have served in the British Armed Forces and since left them.

**Breastfeeding** – those mothers who are feeding their infants.

**Mental Health** – those with a condition related to their psychological and emotional well-being.
The Equality Act provides the basic framework of protection for people in relation to employment, public functions and services, transport, premises, education, and associations. Most protected characteristic groups are covered by the Act in relation to the areas below, although there are some differences as to when and where this protection applies.

The information given below is intended as a brief overview of the main principles and coverage of the Act. It is not definitive and it does not constitute legal advice.
Direct Discrimination

Direct discrimination occurs when a person is treated less favourably than someone else because of a protected characteristic. This definition is broad enough to cover cases where the less favourable treatment is because of the victim’s association with someone else who has that characteristic (discrimination by association), or because the victim is wrongly thought to have that characteristic (discrimination by perception).

The Equality Act extends the coverage of discrimination by association and discrimination by perception to disability, sex, and gender reassignment. Previously, discrimination by association and discrimination by perception only applied to race, religion or belief, and sexual orientation.

Indirect Discrimination

Indirect discrimination occurs when a rule or policy which applies in the same way for everybody has an effect which particularly disadvantages people with a protected characteristic. Where a group of people are disadvantaged in this way, a person in that group is indirectly discriminated against if he or she is put at that disadvantage, unless the person applying the rule or policy can justify it. Where this rule or policy can be justified it is said to be a proportionate means of achieving a legitimate aim. Indirect discrimination is therefore not always unlawful.

The Equality Act extends the coverage of indirect discrimination to disability and gender reassignment.

Victimisation

Victimisation occurs when someone is treated badly because they have done something in relation to the Equality Act, such as making or supporting a complaint or raising a grievance about discrimination, or because it is suspected that they have done or may do these things.

Similarly, a victim of harassment need only demonstrate that they have been treated badly; they do not have to show that they have been treated less favourably than someone who has not made or supported a claim under the Act by way of comparison.

A person is not protected from victimisation if they have maliciously made or supported an untrue complaint.
Outlined below are the NHS equality requirements that the CCG has to comply with, also referred to as the Equality Delivery System 2 (EDS2).

NHS England introduced the Equality Delivery System 2 (EDS2) to help NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

The main purpose of EDS2 is to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with protected characteristics. From April 2015, EDS2 implementation by NHS provider organisations was made mandatory in the NHS standard contract. EDS2 implementation is outlined within the CCG Assurance Framework and continues to be a key requirement for all NHS CCGs.

The latest EDS2 summary report is available on NHS T&G CCG’s website: www.tamesideandglossopccg.org/corporate/equality-and-diversity/equality-delivery-system-2

More information about EDS2 in general can be found at: www.england.nhs.uk/about/equality/equality-hub/eds/
**Workforce Race Equality Standard (WRES)**

The Workforce Race Equality Standard (WRES) was introduced by NHS England in April 2015. This sets out the requirement to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME board representation. Implementation of the WRES is a requirement on both NHS commissioners and NHS provider organisations.

Clinical Commissioning Groups have two roles in relation to the WRES – as commissioners of NHS services and as employers. The provisions of the NHS standard contract require CCGs to give assurance to NHS England that their providers are implementing and using the WRES. Implementing the WRES and working on its results and subsequent action plans should be a part of contract monitoring and negotiation between CCGs and their respective providers.

CCGs are not required by the NHS standard contract to fully apply the WRES to themselves as some CCG workforces may be too small (i.e. under 150 employees) for the WRES indicators to either work properly or to comply with the Data Protection Act. However, CCGs should commit to the principles of the WRES and apply as much of it as possible to their own workforce. In doing so CCGs can demonstrate good leadership, identify concerns within their workforces, and set an example for their providers.

In practice, to aid due regard to the implementation of WRES, CCGs should:

- Collect data on their workforce
- Carry out data analyses
- Produce an annual report
- Report and action plan publication

The WRES Reporting Template is available for CCGs to use in this regard. From 1 July 2016 onwards, CCGs have been expected to produce an annual WRES report, accompanied by an action plan where appropriate.

Although T&G CCG falls below the threshold for the requirement to complete WRES we have committed to completing as many of the WRES indicators as possible. This ensures we show regard to the principles of WRES and are following good practice. Demographic data relating to T&G CCG’s workforce data is also published on the CCG website in accordance with the Equality Act (Specific Duties) Regulations.

More information about WRES in general can be viewed here: www.england.nhs.uk/about/equality/equality-hub/equality-standard/

**Workforce Disability Equality Standard (WDES)**

NHS England has agreed to a recommendation put forward by the NHS Equality and Diversity Council (EDC) to mandate a Workforce Disability Equality Standard (WDES) via the NHS Standard Contract in England from April 2018, with a preparatory year from 2017-18.

The proposed standard will use data from the NHS annual staff survey and look at areas such as workforce representation, reasonable adjustments, employment experience and opportunities.

More information about WDES can be found at: www.england.nhs.uk/about/equality/equality-hub/wdes/

**Accessible Information Standard (AIS)**

The Accessible Information Standard was introduced by NHS England in 2016. The standard tells organisations providing NHS or publicly funded adult social care how they should make sure that patients with disabilities receive information in formats that they can understand and receive appropriate support to help them to communicate.

Effective implementation required health and social care organisations to make changes to policy, procedure, human behaviour and, where applicable, electronic systems. Full implementation of the Standard was required by 31 July 2016. The WDES will need to be included as a requirement for all providers in the T&G CCG contract.

More information about AIS can be found here: www.england.nhs.uk/ourwork/accessibleinfo/
Equality, Diversity and Human Rights (EDHR) Contract Schedule

The Equality, Diversity & Human Rights (EDHR) Contract Schedule should be included in all T&G CCG contracts. The schedule sets out what is expected of providers with regards to demonstrating compliance with equality standards.

NHS T&G CCG have adopted the EDHR Schedule devised by Greater Manchester Shared Services in December 2016. The Schedule outlines all of the required equality standards including obligations under the Equality Act 2010, Workforce Reporting, EDS2, WRES and Accessible Information Standard.
If you wish to access further, more detailed information, about the Equality Act 2010 or equalities in general, a number of sources are listed below.

The Equality & Human Rights Commission (EHRC), which was established under the Equality Act 2006 and brought together the Equal Opportunities Commission (EOC), the Commission for Race Equality (CRE) and the Disability Rights Commission (DRC), has a statutory remit to promote and monitor human rights, and to protect, enforce and promote equality across the nine ‘protected characteristics’.

They have published a number of guidance notes on the public sector equality duty, which are available on their website here:


For those wanting more detail, the Statutory Codes of Practice are also available. These are intended as the authoritative, comprehensive and technical guide to the detail of law. There are three Codes of Practice – ‘Services, public functions, and associations’; ‘Employment’; and, ‘Equal pay’ – with each providing specific details of the circumstances in which the Act is applicable. These can be accessed on the EHRC website here:


The Equality Advisory Support Service (EASS) is an advice service aimed at individuals who need expert information, advice and support on discrimination and human rights issues and the applicable law, particularly when this is more than advice agencies and other local organisations can provide.
The EASS can:

- Give bespoke advice to individuals across the whole of Great Britain on discrimination issues
- Explain legal rights and remedies within discrimination legislation, across the three nations
- Explain options for informal resolution and help people to pursue them
- Refer people who cannot or do not wish to go down this road to conciliation or mediation services
- Help people who need or want to seek a legal solution by helping to establish eligibility for legal aid and, if they are not eligible, to find an accessible legal service or to prepare and lodge a claim themselves

But it cannot:

- Provide legal advice
- Provide representation in any legal proceedings
- Provide advice on court or tribunal procedures once a claim has been issued
- Advise on the strength of a case or the evidence needed to prove a case
- Provide advice to employers
- Provide advice to solicitors and other professional advisors
EASS can be contacted on 0808 800 0082 or by text phone on 0808 800 0084.

www.equalityadvisoryservice.com

The Government Equalities Office (GEO) is the department responsible for the Government’s overall strategy and priorities on equality issues. It aims to improve equality and reduce discrimination and disadvantage for all, at work, in public and political life, and in people’s life chances.

The GEO has also produced guidance material on the Equality Act, which is available online here:

www.equalities.gov.uk/equality_bill.aspx

The Office for Disability Issues (ODI) leads on the government’s vision of achieving equality for disabled people, and through its work aims to ensure that disabled people have the same choices and opportunities as non-disabled people. Information on their work, together with further guidance on how the Equality Act 2010 affects the laws protecting disabled people can be found online at:

www.gov.uk/government/organisations/office-for-disability-issues

NHS England produces guidance to support Clinical Commissioning Groups (CCGs) and NHS England in meeting their legal duties in respect of equality and health inequalities. CCGs and NHS England play key roles in addressing equality and health inequalities; as commissioners, as employers and as local and national system leaders, in creating high quality care for all.

www.england.nhs.uk/about/equality/equality-hub/legal-duties/