

Tameside Metropolitan Borough Council Equality Impact Assessment Form



Subject / Title	Adult Social Care Strategy
Project Lead Officer (Name and Job Title)	Reyhana Khan (Programme Manager)
Assistant Director / Director	Tracey Harrison / Steph Butterworth
Department	Transformation
Directorate	Adults

EIA Start Date	EIA Completion Date
June 2023	29 September 2023

This Equality Impact Assessment template contains collapsible advice and instructions. **Whenever you see a triangle pictured here, click on it to reveal or collapse advice and instructions.**

PURPOSE OF THE EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) aims to examine whether a proposal will contribute to or alleviate inequalities in Tameside through assessing the potential impacts the proposal may have on people with 'protected characteristics'. (A 'proposal' here includes any strategy, policy, service change, or project).

'Protected characteristics' are attributes that people have or experiences that people may go through which can result in marginalisation or disadvantage. Under the Equality Act 2010, there are nine legally mandated protected characteristics to consider:

- Age
- Sex
- Race (including colour, nationality, and ethnicity)
- Religion or belief
- Disability
- Sexual orientation
- Gender identity¹

¹ We have rearticulated 'gender reassignment' under the Equality Act 2010 as 'gender identity'. An explanation for this is given in the definitions of protected characteristics in STEP FIVE.

Tameside Metropolitan Borough Council Equality Impact Assessment Form

- Pregnancy and maternity
- Being married or in a civil partnership

Tameside Council has classified further characteristics as protected, referred to as 'extra protected characteristics'. These are below:

- Carers
- Cared for Children and Care Leavers
- Ill Mental Health
- Neurodivergence
- Socio-Economic Disadvantage

Conducting an Equality Impact Assessment based on these protected characteristics will aid compliance with the Public Sector Equality Duty (Equality Act 2010, section 149), which requires that all public bodies pay 'due regard' to the three general aims of the Public Sector Equality Duty:

- i. Eliminate unlawful discrimination, harassment, and victimisation
- ii. Advance equality of opportunity between people who share a protected characteristic and those who do not
- iii. Foster good relations between people who share a protected characteristic and those who do not

Having 'due regard' involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low

EQUALITY IMPACT ASSESSMENT CORPORATE STANDARDS

Due to the important ethical and legal aims of the Equality Impact Assessment (EIA), there are several corporately agreed criteria which should be fulfilled when completing EIAs:

- An EIA is required for all formal decisions that involve changes to service delivery. For all other proposals, an EIA must be considered.
- The decision as to whether an EIA is undertaken rests with the Project Lead Officer in consultation with the appropriate Assistant Director / Director where necessary. Where an EIA is not completed, the reason(s) for this must be detailed within the appropriate report.

Tameside Metropolitan Borough Council Equality Impact Assessment Form



- EIAs must be timely and completed alongside the development of any proposal. The findings of any potential detrimental or inequitable impact that may occur through the implementation of the proposal on residents, service users, or staff must be brought to the attention of the decision maker in the accompanying report. Appropriate mitigations must be integrated into the development of the proposal.
- EIAs should be carried out by at least two people. Guidance from case law indicates that judgements arrived at in isolation are not consistent with showing ‘due regard’ to the necessary equality duties.

INITIAL SCREENING

Purpose: To identify which proposals need to proceed to Part II of the EIA Process – the full EIA.

Step 1: Summarise the proposal

1a.	Proposal Title:	Adult Social Care Strategy 2024-27
1b.	Proposal Aims:	The Adult Social Care Strategy sets out the vision and priorities based on what people told us mattered to them, and for the next 3 years.
1c.	Context:	The context of this proposal is framed by the imperative to address need and gaps in service provision, which have been identified through analysis of national, regional and local performance data and extensive engagement work.

Tameside Metropolitan Borough Council Equality Impact Assessment Form



		<p>Additionally the release of the Adult Social Care White Paper ‘People at the Heart of Care’ in December 2021 and the ongoing work within Greater Manchester Adult Social Care Transformation Programme to create a standardised approach to the delivery of social care services, has formed the backdrop against which this work has been undertaken.</p> <p>Within Tameside, the development of the Market Position Statement, the Carers Strategy, the Ageing Well Strategy, Tackling Poverty Strategy, Equalities Strategy, Corporate Housing Strategy and Building Back Fairer, Stronger and Together Strategy have all informed the development of the Adult Social Care Strategy and strategic alignment of key pieces of work that support vulnerable adults.</p>
1d.	Stakeholders:	<p>The key stakeholders for this strategy encompasses people who draw on care and support, who were vital during the engagement process and as a result of this new strategy for whom the service quality is hoped to improve. Similarly families and carers who will receive enhanced support and improved quality of care for their loved ones. Other key stakeholders include, but not limited to:</p> <ul style="list-style-type: none"> • the TMBC workforce who will continue to receive training, improved policies and procedures, values based supervision and career development; • commissioned services such as care homes, home care, and third-sector organisations, and property developers; • health partners, including hospitals, community learning disabilities team, community mental health teams, the ICB and primary care networks; • Children’s Services to improve processes to better prepare young people as they transition to adulthood

Step 2: Impact Analysis – identify the impacts

Purpose:	To identify potential impacts the proposal may have on people with protected characteristics.
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SEE INSTRUCTION:

Protected Characteristic	Direct Impact	Indirect Impact	Mitigation Required
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Tameside Metropolitan Borough Council Equality Impact Assessment Form



Select yes or no from the drop-down list in each box to identify whether any direct or indirect have been identified under each protected characteristic, and also select yes or no to determine whether a mitigating action is required. Subsequently, list these impacts.

Age	Yes	Yes/No	Yes/No
	A large proportion of long-term service users are over 65 and as such will be significantly affected by the policies laid out in the strategy		
Sex	No	Yes	Yes/No
	58.3% of people who draw on care and support accessing long-term services identify as female, 41.6% male, and 0.1% other.		
Race (including colour, nationality, and ethnicity)	Yes/No	Yes	Yes/No
	Demographic questions including those around ethnicity are not compulsory, therefore this data is not always collected/collated from people who draw on care and support.		
Religion or Belief	Yes/No	Yes/No	Yes/No
	Demographic questions including those around ethnicity are not compulsory, therefore this data is not always collected/collated from people who draw on care and support.		
Disability	Yes	Yes/No	Yes/No
	People who draw on care and support have disabilities that affect their day-to-day living and the strategy addresses improving their quality of care.		
Sexual Orientation	Yes/No	No	Yes/No
	There is insufficient data for people who draw on care and support.		
Gender Identity	Yes/No	Yes/No	Yes/No
	This data is not collected/collated for people who draw on care and support.		
Pregnancy/Maternity	Yes/No	Yes/No	Yes/No
	N/A		
Marriage/Civil Partnership	Yes/No	Yes/No	Yes/No
	N/A		
Carers	Yes	Yes/No	Yes/No
	Carers and families will be affected by the proposals in the strategy as they aim to improve quality of care and support.		
Cared for Children and Care Leavers	Yes	Yes/No	Yes/No
	Cared for Children who are transitioning to Adulthood will be affected, a large number of care leavers will experience an ASC assessment, and therefore be affected by the proposals.		
Ill Mental Health	Yes	Yes/No	Yes/No
	Council staff are co-located with Pennine Care in an integrated Community Mental Health Team		
Neurodivergence	Yes	Yes/No	Yes/No

Tameside Metropolitan Borough Council Equality Impact Assessment Form



	People who have a support need that falls under the bracket of neurodivergence (including Learning Disabilities support needs) will be impacted by the ASC strategy.		
Socio-Economic Disadvantage	Yes	Yes/No	Yes/No
	The strategy has been developed using foresight around the charging reform that will be being brought in nationally by 2025, which will impact how the socio-economic status of people. What will remain the same however, is that where people are eligible for support, they will be financially assessed and will only be asked to contribute what they can afford to pay for their care.		
Multiple Marginalisation	Yes	Yes/No	Yes/No
	It is expected that service users meet multiple protected characteristics such as age and disability.		

Step 3: Initial Screening Sign Off

Purpose:	To determine whether a proposal should proceed from the Initial Screening to the Full Equality Impact Assessment.
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SEE INSTRUCTION:

1e.	Does the proposal require a full EIA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
1f.	If you are not undertaking a full EIA, please provide justification as to why not.		

This initial screening has been completed by the EIA Lead Officer:	Name:	Reyhana Khan
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Tameside Metropolitan Borough Council Equality Impact Assessment Form



	Signature:	
	Department:	Transformation - Adult Services
	Date:	29 September 2023
This Initial Screening has been checked by the Assistant Director / Director:	Name:	Tracey Harrison
	Signature:	
	Department:	Adult Services
	Date:	29 September 2023

Commented [TH1]:

Commented [TH2]:

Tameside Metropolitan Borough Council Equality Impact Assessment Form



FULL EQUALITY IMPACT ASSESSMENT

Step 4: Issues to Consider

SEE INSTRUCTION:

Data and Intelligence	
4a.	Census 2021 ASCOF data GM Benchmarking Data from Adults Care Management System Engagement Data

SEE INSTRUCTION:

Consultation and Engagement		
4b.	Has any consultation or engagement been conducted that is relevant to this Equality Impact Assessment?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		If YES, answer 4c-4e. If NO, answer 4f.
4c.	Engagement Undertaken:	The engagement undertaken for this strategy includes: <ul style="list-style-type: none"> A consultation hosted on the council’s Big Conversation webpage that was circulated via social media and through provider and staff networks

Tameside Metropolitan Borough Council Equality Impact Assessment Form



		<ul style="list-style-type: none"> • The strategy proposals were taken to the Partnership Engagement Network to be consulted on by a selection of partners and Tameside residents. • Similarly, The Big Chat was held to engage with young people and adults with a disability and/or autistic people and their family and carers to collect their views. • Carers were asked about services available to them and their loved ones across carers week, carers forums. • Learning from Safeguardings and Complaints has also provided valuable insight from people that were used in the production of the strategy.
4d.	Who has been engaged with?	<p>Using the engagement efforts listed about the following groups (with associated protect characteristics in brackets) have been engaged with:</p> <ul style="list-style-type: none"> • People who draw on care and support (Age, Disability, Neurodiversity, Care Leavers, Ill Mental Health, Ethnicity, Gender) • Families and Carers (Ethnicity, Gender, Age) • Partners • Stakeholders • Third sector organisations • Residents • Social Care Staff • People with disabilities and autistic people, including their families and carers (Age, neurodiversity, disability)
4e.	Outcomes of Engagement:	<p>Key findings from the engagement work included feedback re: accessibility of information, knowing what support is available, quality of provision, freedom of choice, and consistency of the workforce, have directly informed the five key pillars on which the strategy is built. These are:</p> <ul style="list-style-type: none"> • Review our Information so that is up to date and accessible to everyone. • Ensure there are services that help you to stay independent and confident in your community • Access to a range of high-quality services to meet your needs when you draw on care on support, offering choice and control. • Organisations and services to work better together to offer joined-up support • The people that provide your support are well trained and understand your needs

Tameside Metropolitan Borough Council Equality Impact Assessment Form



4f.	If engagement has not been undertaken, please explain why.	
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SEE INSTRUCTION:

Legislative Drivers	
4g.	Care Act 2014 Mental Capacity Act 2005 Autism Act 2009 Health and Care Act 2022 Children and Families Act 2014 Equality Act 2010 ASC Reform - People at the heart of care New Adult Social Care Assurance Framework

SEE INSTRUCTION:

Financial Considerations	
4g.	The budget is demand led and typically the higher the eligible support need, the higher the cost. People who request a Care Act assessment, and are eligible for support are only charged for what they can afford to pay following a financial assessment, no matter the cost of their care. People are signposted to preventative care and support through other agencies, such as the third sector, or telecare – these services may be chargeable.

Tameside Metropolitan Borough Council Equality Impact Assessment Form



Step 5: Impact Analysis – evidence the impacts

Purpose: To provide evidence of the potential impacts identified under each protected characteristic.

FOR DEFINITIONS OF PROTECTED CHARACTERISTICS, EXPAND THE INSTRUCTION BELOW.

SEE INSTRUCTION:

Impact No.	Protected Characteristic <i>Select a protected characteristic from the drop-down list</i>	Impact <i>Identify the potential impact of the proposal</i>	Impact Type (Direct/Indirect) <i>Select 'direct' or 'indirect' from the drop-down list</i>	Evidence <i>Provide evidence regarding the proposal's potential impact (e.g. data/intelligence, findings from consultation/engagement, research reports, etc.).</i>																					
1	Age	Impacts have been considered in section 1 of this EIA	Direct	<p>In Tameside, there are 231,063 people, in total. The breakdown based on age is shown below.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="3" style="text-align: center;">Census 2021</th> </tr> <tr> <th style="text-align: center;">Age Group</th> <th style="text-align: center;">% Tameside</th> <th style="text-align: center;">% England and Wales</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">0-9</td> <td style="text-align: center;">12.3</td> <td style="text-align: center;">11.3</td> </tr> <tr> <td style="text-align: center;">10-19</td> <td style="text-align: center;">11.8</td> <td style="text-align: center;">11.6</td> </tr> <tr> <td style="text-align: center;">20-29</td> <td style="text-align: center;">11.6</td> <td style="text-align: center;">12.7</td> </tr> <tr> <td style="text-align: center;">30-39</td> <td style="text-align: center;">14.0</td> <td style="text-align: center;">13.7</td> </tr> <tr> <td style="text-align: center;">40-49</td> <td style="text-align: center;">12.6</td> <td style="text-align: center;">12.7</td> </tr> </tbody> </table>	Census 2021			Age Group	% Tameside	% England and Wales	0-9	12.3	11.3	10-19	11.8	11.6	20-29	11.6	12.7	30-39	14.0	13.7	40-49	12.6	12.7
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Tameside Metropolitan Borough Council Equality Impact Assessment Form



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Tameside Metropolitan Borough Council Equality Impact Assessment Form



				<p>In accordance with section 105, Children Act 1989 and the UN Convention on the Rights of the Child, a child is defined as anyone under 18 years of age. In Tameside, 51,193 people in Tameside are aged 0-17, around 22.2% of the population.</p> <p><u>Older People</u></p> <p>There are approximately 40,600 residents over the age of 65 in Tameside, or around 17.6% of the population. This can be further broken down into:</p> <p>65-69 years: 11,300 (4.9%) 70-74 years: 11,600 (5.0%) 75-79 years: 8,000 (3.5%) 80-84 years: 5,300 (2.3%) 85-89 years: 2,900 (1.3%) 90+ years: 1,500 (0.6%)</p>						
2	Disability	Impacts have been considered in section 1 of this EIA	Direct	<p>Data from the 2021 Census shows that 20% of Tameside residents are considered to be disabled under the Equality Act. Of those, 10.8% find their day-to-day activities “limited a little” while 9.1% find their day-to-day activities “limited a lot”.</p> <p>Data from Tameside Citizens Advice Bureau reveals that 52% of all residents presenting themselves identified as having a disability or a long-term health condition. 42 of the 141 LSOAs in Tameside, or 29.8%, are in the lowest 10% nationally for Health Deprivation and Disability.</p> <p>Amongst long-term service users, the highest care demand comes from users requiring physical support – personal care support, at 46.5% of users. The second highest need amongst long-term service users is for learning disability support (20.5%).</p> <table border="1" data-bbox="837 1126 1702 1260"> <thead> <tr> <th>Primary Support Reason</th> <th>Number of long-term service users</th> <th>% of LT service users</th> </tr> </thead> <tbody> <tr> <td>Learning Disability Support</td> <td>568</td> <td>20.5</td> </tr> </tbody> </table>	Primary Support Reason	Number of long-term service users	% of LT service users	Learning Disability Support	568	20.5
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Learning Disability Support	568	20.5								

Tameside Metropolitan Borough Council Equality Impact Assessment Form



				Mental Health Support	141	5.1
				Physical Support - Access and Mobility Only	301	10.9
				Physical Support - Personal Care Support	1288	46.5
				Sensory Support - Support for Dual Impairment	8	0.3
				Sensory Support - Support for Hearing Impairment	10	0.4
				Sensory Support - Support for Visual Impairment	40	1.4
				Social Support - Substance Misuse Support	8	0.3
				Social Support - Support for Social Isolation / Other	77	2.8
				Support with Memory and Cognition	331	11.9
3	Race (including colour, ethnicity, and nationality)	Impacts have been considered in section 1 of this EIA	Indirect	2021 Census Data		
				Ethnicity	% Tameside	% England and Wales
				Asian, Asian British or Asian Welsh: Bangladeshi	2.5%	1.5%
				Asian, Asian British or Asian Welsh: Chinese	0.6%	0.7%
				Asian, Asian British or Asian Welsh: Indian	1.6%	3.1%
				Asian, Asian British or Asian Welsh: Pakistani	3.9%	2.7%
				Asian, Asian British or Asian Welsh: Other Asian	0.5%	1.6%
				Black, Black British, Black Welsh, Caribbean or African: African	1.8%	2.5%
				Black, Black British, Black Welsh, Caribbean or African: Caribbean	0.3%	1.0%

Tameside Metropolitan Borough Council Equality Impact Assessment Form



			Black, Black British, Black Welsh, Caribbean or African: Other Black	0.2%	0.5%
			Mixed or Multiple ethnic groups: White and Asian	0.6%	0.8%
			Mixed or Multiple ethnic groups: White and Black African	0.4%	0.4%
			Mixed or Multiple ethnic groups: White and Black Caribbean	0.8%:	0.9%
			Mixed or Multiple ethnic groups: Other Mixed or Multiple ethnic groups	0.4%	0.8%
			White: English, Welsh, Scottish, Norther Irish or British	82.4%	74.4%
			White: Irish	0.7%	0.9%
			White: Gypsy or Irish Traveller	0.0%	0.1%
			White Roma	0.0%	0.2%
			White: Other White	2.4%	6.2%
			Other ethnic group: Arab	0.2%	0.6%
			Other ethnic group: Any other ethnic group	0.6%	1.6%
			<p>Tameside's long-term service users do not reflect the demographic make-up of the borough, and ethnic minority community groups are underrepresented. The proportion of Tameside's population who are from a Minority Ethnic Background is 14.4%, whereas the proportion of long-term service users from a Minority Ethnic Background is only 5.4%</p>		

Tameside Metropolitan Borough Council Equality Impact Assessment Form



4	Religion or Belief	Impacts have been considered in section 1 of this EIA	Indirect	<table border="1" data-bbox="898 363 1630 927"> <thead> <tr> <th colspan="3">Census 2021 Data</th> </tr> <tr> <th>Religion</th> <th>% Tameside</th> <th>% England and Wales</th> </tr> </thead> <tbody> <tr> <td>Buddhist</td> <td>0.3</td> <td>0.5</td> </tr> <tr> <td>Christian</td> <td>47.8</td> <td>46.2</td> </tr> <tr> <td>Hindu</td> <td>1.3</td> <td>1.7</td> </tr> <tr> <td>Jewish</td> <td>0.0</td> <td>0.5</td> </tr> <tr> <td>Muslim</td> <td>7.3</td> <td>6.5</td> </tr> <tr> <td>Sikh</td> <td>0.1</td> <td>0.9</td> </tr> <tr> <td>Other religion</td> <td>0.4</td> <td>0.6</td> </tr> <tr> <td>No religion</td> <td>38</td> <td>37.2</td> </tr> <tr> <td>Not answered</td> <td>4.7</td> <td>6.0</td> </tr> </tbody> </table> <p data-bbox="835 959 1693 1038">A greater proportion of Tameside residents identify as Christian, Muslim and non-religious than in England and Wales. However, fewer Tameside residents identify as Sikh, Jewish, Hindu or Buddhist.</p>	Census 2021 Data			Religion	% Tameside	% England and Wales	Buddhist	0.3	0.5	Christian	47.8	46.2	Hindu	1.3	1.7	Jewish	0.0	0.5	Muslim	7.3	6.5	Sikh	0.1	0.9	Other religion	0.4	0.6	No religion	38	37.2	Not answered	4.7	6.0
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Sikh	0.1	0.9																																			
Other religion	0.4	0.6																																			
No religion	38	37.2																																			
Not answered	4.7	6.0																																			
5	Ill Mental Health	Impacts have been considered in section 1 of this EIA	Indirect	The estimated rate of Common Mental Disorders (CMDs) in Tameside is 19.5% for residents aged 16 or over, and 12.1% for residents aged 65 or over. This is above the England averages of 16.9% (16+) and 10.2% (65+).																																	
6	Carers	Impacts have been considered in section 1 of this EIA	Direct	Data from the 2011 Census shows that 9.5% of residents (20,675) in Tameside have some kind of unpaid caring responsibilities, and 3.1% of residents (6,719) provided more than 50 hours of unpaid care a week.																																	

Tameside Metropolitan Borough Council Equality Impact Assessment Form



7	Sex	Impacts have been considered in section 1 of this EIA	Indirect	Tameside has 231,063 people, 117,797(51%) of these are female, 113,276 (49%) of these are male, this reflects the national demographic picture. ² In comparison, long-term service users in Tameside identified as 41.6% male, 58.3% female, and 0.1% other.
8	Choose a protected characteristic.		Choose an impact type.	
9	Choose a protected characteristic.		Choose an impact type.	
10	Choose a protected characteristic.		Choose an impact type.	

Step 6: Plan mitigating actions

Purpose: To identify mitigating actions to minimise potential detrimental impacts of the proposal on people with protected characteristics.

Impact No. <i>Impact number from Impact Analysis</i>	Impact <i>Identify the impact being addressed</i>	Mitigating Action and Rationale <i>Describe the action required to reduce the detrimental impact identified in the Impact Analysis, and explain the rationale underneath and/or intended outcome.</i>	Officer Responsible <i>Identify who is responsible for implementing the mitigating action (name and department).</i>	Timescale <i>Provide the timeframe for when the mitigating action should be implemented.</i>	Completed (Yes/No) <i>Has the mitigating action been implemented?</i>	Update <i>Provide any progress updates below.</i>
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² [Population and household estimates, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

Tameside Metropolitan Borough Council Equality Impact Assessment Form



	Being able to have more targeted data and analysis – although it is always a choice for people to provide the information if they wish to	There are clear gaps as evidenced above in terms of data collection with regards to equalities. A mitigating action will be to modernise data collection in line with equalities duties to better ensure that the impact of future strategies can be more accurately assessed against groups with protected characteristics.	Anna Jenkins	March 2025 – In line with work across the wider Council and the Adult Social Care Strategy.	No	
	Sustainable future service provision	There is a strong market position statement which sets out intentions of how to provide services based on upcoming trends. Annual data and rationale for services. Mitigating market provider failure by stimulating the market, and working towards fair cost of care.	Trevor Tench	On an annual basis	Yes – baseline Market Position Statement is published on our website	

Step 7: Sign-off

Purpose: For the EIA Lead Officer to sign that the EIA is complete, and for the Assistant (Director) to counter-sign that they agree with the content of the EIA and that it is sufficiently robust.

This Equality Impact Assessment has been completed by the EIA Lead Officer:	Name:	Reyhana Khan
	Signature:	
	Department:	Transformation - Adult Services

Tameside Metropolitan Borough Council Equality Impact Assessment Form



This Equality Impact Assessment has been checked by the Assistant Director / Director, and signs that it is sufficiently robust and rigorous:	Date:	29 September 2023
	Name:	Tracey Harrison
	Signature:	
	Department:	Adults
	Date:	29 September 2023

Tameside Metropolitan Borough Council Equality Impact Assessment Form



POST-IMPLEMENTATION REVIEW

Step 8: Review EIA after implementation

Purpose:

To update the EIA with any new impacts and to provide a progress update on mitigating actions.

SEE INSTRUCTION:

This step should only be completed if the proposal has passed through the governance process where appropriate and has been implemented. It should be completed at two stages:

- Six months after implementation
- Twelve months after implementation

The evidence in the Impact Analysis should serve as the baseline against which change can be measured.

The Post-Implementation Review can find out whether:

- The proposal has had any positive impacts on people with protected characteristics
- Mitigating actions to minimise detrimental impacts have worked
- There are impacts that were not foreseen in the Impact Analysis that need to be accounted for

Six Months After Implementation

Twelve Months After Implementation

Describe and explain the effects of the proposal on people with protected characteristics, using evidence to compare against the Impact Analysis as a baseline.

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