

**Tameside Metropolitan Borough Council
Equality Impact Assessment (EIA) Form**

Subject / Title	Tameside Serious Violence Strategy	
Team	Department	Directorate
Population Health	Population Health	Population Health
Start Date	Completion Date	
October 2023	January 2024	
Project Lead Officer	James Mallion	
Contract / Commissioning Manager	N/A	
Assistant Director/ Director	James Mallion	
EIA Group (lead contact first)	Job title	Service
James Mallion	Assistant Director of Public Health	Public Health
Debbie Watson	Director of Public Health	Public Health
Dave Smith	Partnership Manager	Community Safety
Michelle Foxcroft	Public Health Intelligence Manager	Public Health

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery and/or provision. Note: all other changes – whether a formal decision or not – require consideration for an EIA.

The Initial screening is a quick and easy process which aims to identify:

- those projects, proposals and service or contract changes which require a full EIA by looking at the potential impact on, or relevance to, any of the equality groups*
- prioritise if and when a full EIA should be completed*
- explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevancy is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.

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<p>1a.</p>	<p>What is the project, proposal or service / contract change?</p>	<p>The EIA is being undertaken to prevent the strategy and plan from adversely affecting people with different protected characteristics or at known disadvantage. The template will identify potential discrimination or disadvantage, propose steps to strengthen against those and record and monitor the success of those strengthening actions.</p> <p>This strategy sets out the priorities and areas of focus for preventing and reducing serious violence in Tameside over the next ten years. This is in response to the new Serious Violence Duty, which the council and other partners (via the Community Safety Partnership) must have a plan in place and published for by the end of January 2024. The strategy is based on a recent strategic needs assessment on serious violence which has been completed. The strategy sets out five key areas, under which are a series of commitments and objectives which is will set out to achieve. This will continue to be worked on in collaboration between the council and other specified authorities responsible for delivering this (including the NHS, police, fire & rescue service, Justice) via the Tameside Community Safety Partnership.</p>
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1b.	<p>What are the main aims of the project, proposal or service / contract change?</p>	<p>The main aims are to ensure that we are meeting the requirements of the national Serious Violence Duty which sets out a statutory requirement for each area (metropolitan borough of Tameside) to have a plan, which is published, for how the specified authorities will work to reduce and prevent serious violence in the area.</p> <p>The strategy sets out 5 key priorities to achieve this:</p> <ul style="list-style-type: none"> • Community-led approach • Early and timely intervention • Partnerships for change • Equality, equity and justice • Trauma-responsive support for communities in Tameside <p>Alongside the work that has been done here in Tameside, the Greater Manchester Violence Reduction Unit has also done a GM-wide strategic needs assessment and there is a serious violence strategy for GM. We have worked closely alongside partners in GM, utilising their insight and lived experience work, to inform our approach. The 5 priorities listed above align to the 5 priorities in the GM strategy, however the specific objectives under each are specific to Tameside and based on the evidence, insight and recommendations which have come from the strategic needs assessment that has been completed for Tameside.</p>
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1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.

Protected Characteristic	Direct Impact/ Relevance	Indirect Impact/ Relevance	Little / No Impact / Relevance	Explanation
Age		<u>x</u>		The strategy highlights increasing prevalence of violence and particularly domestic abuse targeted at older victims – the approach outlined in the strategy will have a positive impact to tackle disproportionate impacts of violence on older people as one of the specific priorities is to prioritise work to tackle this abuse among older people. There is also a focus throughout the life-course approach of the strategy, on the importance of early intervention with children and young people and highlights the disproportionate impact of serious violence on young people (both as victims and perpetrators)

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Disability		<u>x</u>		<p>This strategy does identify some of the additional challenges and barriers that people living with physical and learning disabilities face. One of the priorities in the strategy commits to putting trauma-responsive interventions and awareness raising in place to support groups who are at greater risk of serious violence, which includes those living with a disability. There is also a commitment to improve all partners' understanding of the link between violence an neurodiversity including SEND. This strategy also commits to all the 'specified authorities' continuing to engage with relevant forums supporting people with disabilities including the Learning Disabilities & Autism Partnership Group</p>
Ethnicity		<u>x</u>		<p>This strategy recognises the disproportionate impact that people from ethnic minority communities suffer from serious violence, which is not a trend seen in other areas. Based on this, one of the commitments is to strengthen relationships between and with faith groups to increase their visibility and accountability around tackling serious violence. There is also a priority around providing trauma-responsive interventions to people facing additional barriers, such as people from ethnic minority communities.</p>
Sex		<u>x</u>		<p>The strategy highlights the disproportionate impact that serious violence has on young males, both as victims and perpetrators. Based on this, a range of commitments are made around targeted support for young men and boys. This includes co-production and engagement to speak to the groups at greatest risk of being the victims and/or perpetrators of serious violence, including young males; and having trauma-responsive interventions in place for those groups at increased risk, including young males.</p> <p>The strategy also highlights the high prevalence of domestic abuse and violence against women and girls in the borough, which women and girls are disproportionately impacted by, mainly as victims. This can be tackled by having a focus on mens violence against women. A</p>

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				<p>commitment made in the strategy is around embedding early preventative approaches to tackle problem behaviours which can escalate into serious violence. This will focus on supporting education in schools around respectful relationships and tackling misogyny and violence against women. Women and domestic abuse victims are also at greater risk of knife crime in Tameside, therefore a commitment is included in the strategy for the police to appropriately target knife crime interventions, based on this insight for Tameside – including appropriate stop and search interventions. The strategy also commits to enhanced support for pregnant women and lone parents, who may be at increased risk of domestic abuse, and to the wider work to tackle broader forms of domestic abuse across Tameside.</p>
Religion or Belief			<u>x</u>	<p>While there are no immediate risks or disproportionate links identified in this work around serious violence and religion or belief, there is a commitment in the strategy to strengthen relationships between and with faith groups to increase visibility and accountability regarding their role in reducing violence, particularly in relation to young people</p>
Sexual Orientation			<u>x</u>	<p>The strategy highlights that people from LGBTQ+ communities are among those who face additional barriers and are at increased risk of being victims of serious violence. In response to this, the strategy commits to putting a range of trauma-responsive interventions in place to support those groups at increased risk.</p>
Gender Reassignment			<u>x</u>	<p>The strategy highlights that people from LGBTQ+ communities are among those who face additional barriers and are at increased risk of being victims of serious violence. In response to this, the strategy commits to putting a range of trauma-responsive interventions in place to support those groups at increased risk.</p>
Pregnancy & Maternity		<u>x</u>		<p>The strategy identifies that young pregnant women and young parents, particularly lone parent households, are at greater risk of issues including poverty, which itself is a risk factor for serious violence, but these groups are also at increased risk of being</p>

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				victims of serious violence, and particularly domestic abuse themselves. The strategy commits to developing targeted support for younger pregnant women and mothers; and lone parents on lower incomes – this will be across the prevention spectrum from contraception through to parenting, welfare and employment support.
Marriage & Civil Partnership			<u>x</u>	The priorities outlined in this strategy apply to all residents in the borough and present equal opportunity to support regardless of marriage or civil partnership
Other protected groups determined locally by Tameside Metropolitan Borough Council?				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Mental Health		<u>x</u>		This strategy recognises the existing inequalities in mental health and wellbeing across the community and sets out specific objectives to improve this including the action to develop an all age borough wide mental health and wellbeing strategy. Mental health is a cross cutting theme in this strategy including tackling inequalities experienced by those living with severe mental illness, transforming community mental health services and reducing the impact of suicides.
Carers		<u>x</u>		Carers have been identified and recognised in a range of evidence (including the Ageing Well Needs Assessment) as requiring support, particularly among older carers. This is identified as an objective, and the strategy also refers to the GM ICP ambitions to support carers.
Military Veterans			<u>x</u>	The priorities outlined in this strategy apply to all residents in the borough and present equal opportunity to support regardless of being military veterans
Breast Feeding		<u>x</u>		Some of the priorities outlined in this strategy refer to improving support for breastfeeding women as part of the best start for every child area of focus.
Cared-for Children		<u>x</u>		The support outlined in the strategy will apply to cared for children, particularly in relation to giving every child the best start with an objective around young people leading positive lives and reducing exposure to health harms such as tobacco and alcohol
Care		<u>x</u>		The support outlined in the strategy will

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Leavers				apply to care leavers, particularly in relation to giving every child the best start with an objective around young people leading positive lives and reducing exposure to health harms such as tobacco and alcohol. Also objectives around contraception access for young people, and committing sustainable resources to in-work support programmes led by the council's work and skills team, some with a particular focus on supporting care leavers
Low or no income groups		x		Evidence presented in the strategy identifies that low income groups also experience inequalities in health outcomes. A recurring theme of providing more support to those in more deprived areas or in greater need to tackle inequalities is included throughout the strategy. There are also specific objectives under 'Strengthening Our Communities' around tackling poverty and supporting the delivery of the Tameside Tackling Poverty Strategy. This strategy will go on to produce action plans around this including measures to monitor the rate of poverty, child poverty and fuel poverty.

Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to?
(e.g. *vulnerable residents, isolated residents, those who are homeless*)

Group (please state)	Direct Impact/Rel evance	Indirect Impact/Relev ance	Little / No Impact/Rel evance	Explanation
People living with long term chronic health conditions Children with Special Educational Needs and Disabilities People not in Education Employment or Training		x		Under the priority around helping people to live well and detect illness earlier in the strategy, there are objectives to focus on secondary prevention by finding more people with risk factors or long term conditions and tackle the barriers they face in accessing support One of the objectives under the best start for children priority is to remove barriers for children and young people living with SEND The priority around helping people get into and stay in good work includes focus on those young people who are NEET

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Wherever a direct or indirect impact or relevance has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact or relevance is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	Does the project, proposal or service / contract change require a full EIA?	Yes	No
		x	
1e.	What are your reasons for the decision made at 1d?	This is a wide ranging strategy which applies to all people and all geographies in the borough and does have indirect impacts on a range of protected characteristics as outlined above.	

If a full EIA is required please progress to Part 2.

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary
<p>The EIA is being undertaken to prevent the strategy and plan from adversely affecting people with different protected characteristics or at known disadvantage. The template will identify potential discrimination or disadvantage, propose steps to strengthen against those and record and monitor the success of those strengthening actions.</p> <p>This EIA has been undertaken due to the broad nature of the Joint Health & Wellbeing Strategy and Locality Plan for Tameside (2023-2028). This is a strategic overview of the priorities and objectives of both the health and wellbeing board and the Tameside Locality functions of the GM Integrated Care Partnership. These objectives have relevance across all of the health and care sector and public system, as it is the plan of all partners and members of the health and wellbeing board. Therefore this plan impacts on all residents in Tameside and as outlined, the specific priorities and objectives have relevance for a number of protected characteristics and groups within Tameside. This is expected as the nature of the plan is to aim to identify and tackle health inequalities faced by people in Tameside, and therefore certain groups are targeted in terms of specific ambitions for improvements and better support. The intention is that the work which falls out from this strategy and the objectives set will reduce these inequalities and make many improvements of the lives of people across Tameside including and particularly those with some of the protected characteristics identified.</p> <p>It is a statutory requirement that each borough has a functioning health and wellbeing board and which sets out it's objectives and plan to improve the health of the local population and tackle inequalities (https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance/health-and-wellbeing-boards-guidance)</p> <p>The proposals and key points for this strategy are to set out and achieve the following vision: <i>That people in Tameside all have the opportunity to have a healthier and happier life, no matter where they live or who they are. This should include people being able to get the help and support they need without facing barriers.</i></p> <p>This will be achieved via a framework of Building Back Stronger, Fairer and Together – with sets of key principles. Also there are six areas of focus within the strategy, with a series of objectives under each, which will work towards achieving the vision. Cross cutting all of this are two priorities around supporting all age mental health and wellbeing; and tackling inequalities.</p>

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Areas of focus:

- Give Tameside children the best start in life
- Help people stay well across the life course and detect illness earlier
- Enable all Tameside residents to grow old with dignity and independence
- Help people get into and stay in good work
- Strengthen our communities
- Delivery healthy places with accessible and inclusive services

This EIA has identified indirect impacts from the Joint Health & Wellbeing Strategy and Locality Plan for a range of protected characteristics (age; disability; ethnicity; sex and pregnancy & maternity). It has also identified some of the protected groups determined locally in Tameside which are indirectly affected including people with mental health issues; carers; people who are breastfeeding; cared for children; care leavers; and people in low or no income groups. Finally some additional groups have been identified who will be affected by the priorities and objectives set out in this strategy including those living with long term chronic health conditions; Children with Special Educational Needs and Disabilities; and Young People not in Education Employment or Training.

For all of the groups identified above which are affected by this strategy, the intention is that there will be positive impacts for these protected groups due to the nature of the priorities and objectives set out in the strategy. For each of the 6 areas of focus, a set of key objectives has been outlined which commit the Tameside Health & Wellbeing Board and the GM Integrated Care Partnership to delivering on these ambitions and making improvements in order to improve health and wellbeing and the support on offer, particularly for some of the protected groups identified. Examples of this include the focus in the 'best start for every child' priority on breastfeeding and maternity services to support mothers and babies; support for children in care and care leavers; and support for more vulnerable children such as those living in poverty. Other examples include the priority around 'enabling Tameside residents to grow old with dignity and independence' which focus on evidence from the recent Ageing Well Needs Assessment (2022) which identifies older women, older carers, older people with disabilities and older people in ethnic minority communities as being at greater risk of poorer outcomes due to existing inequalities and therefore commitments are made to improve the support available and the focus on this.

In terms of ongoing monitoring, accountability and assurance that these priorities are being followed up and improvements are made, the intention is that two action plans will be developed to sit under this strategy, one for the Health & Wellbeing Board (continuing with a focus on the priorities of poverty, work & skills, and healthy places), and one for the Tameside Strategic Partnership Board (with a focus on health and social care delivery in Tameside). These action plans and progress will be regularly held to account via existing governance at these two forums which meet in public regularly. There will also be outcome and metric monitoring as part of this as outlined in section 10 of the strategy document, with a range of indicators to measure progress to ensure that improvements are made. These include direct measurement of protected groups including the rate of child poverty; rate of breastfeeding initiation; improve falls rates and life expectancy of older people; reduce social isolation of older people; increasing proportion of people with a long term disability in employment.

2b. Issues to Consider

The Health and Care Act 2022 did not change the statutory duties of HWBs as set out by the 2012 Act but established new NHS bodies known as ICBs and required the creation of ICPs in each local system area. This will empower local health and care leaders to join up planning and

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provision of services, both within the NHS and with local authorities, and help deliver more person-centred and preventative care. HWBs continue to be responsible for:

- assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment (JSNA)
- publishing a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA
- The JLHWS should directly inform the development of joint commissioning arrangements (see section 75 of the National Health Service Act 2006) in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans

An integrated care board (or ICB) is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area. A decision has been made to produce one integrated plan to cover both the Locality Plan and Borough Joint Health and Wellbeing Strategy.

When looking at the protected characteristic groups affected by this strategy, a number of issues have been taken into consideration when priority setting (it should be noted that the impact of this strategy on protected characteristic groups are overwhelmingly positive and aim to tackle the inequalities these groups face):

Age – Two of the key priorities/areas of focus within the Strategy are focussed on the best start for children and supporting people as they grow older. While these are directly impacting groups of the population based on age, these priorities are targeted at work and improvements for those who need support the most and will benefit all residents. There is a focus on all age responses and approaches as well such as improving all age mental health and wellbeing. Evidence suggests that a focus on giving children the best start in life protects them from further adverse outcomes and inequalities throughout life, hence the focus on this aspect of the strategy. There is also a focus on enabling people to grow old due to the nature of health issues and ageing (increasing age is a risk factor for most illnesses). There are a number of areas linked to older people where we know further work is needed such as improving the experience and outcomes of older women, those who are disabled or carers, and ethnic minority communities – these issues are informed by the recently Ageing Well Needs Assessment for Tameside. There is also evidence of the disproportionate impact of some health issues on younger people in Tameside, for example Tameside has the highest rate of under 19 hospital admissions for asthma in the country, which is highlighted in the recent Inequalities Report produced by TMBC Population Health. Access to services and support will need to be considered across the life course. Younger residents may struggle to access some sites, or to attend Children may struggle to attend services if parents/guardians/chaperone is working, or during term time. Working age or older people may face potential issues accessing sites if points of care are altered or changed, potential for digital exclusion, may struggle to attend services during work time, may have issues getting to sites which are far away if transport arrangements not in place, mobility issues may affect access.

Disability - This strategy is inclusive of those living with a disability and sets out priorities to support residents, particularly children and young people and adults with learning disabilities, and helping those with disabilities get into employment.

Ethnicity – People from ethnic minority communities in Tameside face additional barriers and inequalities in health outcomes – this strategy sets out priorities to tackle this such as supporting older ethnic minority communities based on insight from the 2022 Ageing Well Needs Assessment. Outcomes data for a range of health measures also show that people in ethnic minority communities have poorer outcomes including issues such as cardiovascular disease, diabetes and uptake of primary care (including immunisations). This strategy highlights these issues to drive improvements and to tackle them, reducing the inequalities faced by ethnic minority groups in Tameside. Health outcomes for people from Black, Asian and Minority Ethnic backgrounds have historically tracked lower than white ethnicities, brought to light especially during the COVID pandemic. Inequalities can also be seen in Employment and

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progression into more senior roles within workplaces. Language barriers also present barriers to communication

Sex - Evidence put forward in this strategy outlines the inequalities in health outcomes experienced by women in Tameside, with females aged 65 in Tameside having the worst life expectancy in the country. This strategy sets out objectives to tackle these inequalities, particularly for support available to older women and service access for women in general. This will run alongside a focus on universal offers as well for men and women. There remain other issues where men have increased risk or worse outcomes in Tameside, however the outliers when comparing to other areas, are predominantly outcomes for women including overall life expectancy (particularly in older age), cardiovascular disease, cancer and alcohol related conditions. These areas are a focus of this strategy and work will continue to prioritise these issues to address and reduce this inequality that women face in Tameside.

Pregnancy & Maternity - Some of the priorities outlined in this strategy refer to improving support for pregnant women and maternity care. This includes a focus on supporting breastfeeding, tackling smoking in pregnancy and alcohol exposed pregnancies to improve outcomes for mothers and babies. These are all areas where people in Tameside experience inequalities, particularly for people living in more deprived areas. They are also issues which have a substantial impact across the life course both for the mothers and their babies, therefore a focus on this will result in improved outcomes in the long term (preventative). There are some Long COVID impacts on pregnant women who fell ill with the virus – due to lower uptake of vaccination due to early messaging about safety. This group may also be overrepresented in Long-COVID numbers. Black/Asian women's experiences of mortality and morbidity and generally higher number of barriers which impact on safe birth chances.

This also applies to the protected groups as identified locally in Tameside:

People with mental health issues – This strategy recognizes the existing inequalities in mental health and wellbeing across the community and sets out specific objectives to improve this including the action to develop an all age borough wide mental health and wellbeing strategy. Mental health is a cross cutting theme in this strategy including tackling inequalities experienced by those living with severe mental illness, transforming community mental health services and reducing the impact of suicides. Mental health & wellbeing is a cross-cutting theme throughout this strategy due to the substantial impact mental health has on long term outcomes for all people. The framework and approach of 'Building Back Fairer, Stronger, Together' within the strategy also incorporates approaches which prioritise good mental health and wellbeing. There is also substantial evidence that some groups affected by mental health issues face inequalities such as those living with severe mental illness and learning disabilities & autism.

People who are breastfeeding - Some of the priorities outlined in this strategy refer to improving support for breastfeeding women as part of the 'best start for every child' area of focus. This is a priority due to the strong evidence of improved health outcomes for those who are breastfed throughout their lives, hence this is an important, preventative aspect of 'best start for every child' – there are also existing inequalities in breastfeeding initiation with people from more deprived areas less likely to have been breastfed, therefore this strategy ensures a focus on this issue and tackling this inequality. There is also evidence of the benefits to mental health and wellbeing both for the mother and baby (in the long term) from breastfeeding.

Cared for children - The support outlined in the strategy will apply to cared for children, particularly in relation to giving every child the best start with an objective around young people leading positive lives and reducing exposure to health harms such as tobacco and alcohol. There is extensive evidence that people who have been cared for children can experience inequalities and poor health outcomes throughout their lives, therefore this strategy aligns with existing approaches in the borough to support cared for children (including the Children & Young People's Plan; Early

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Help Strategy; Parenting Strategy) and also places a focus on the inequalities that cared for children face to ensure that this is recognised and built into approaches to provide adequate support and access across the system. Some examples of this kind of work will include working on social value contribution of commissioned providers across public services to divert resources to ensuring cared for children/care leavers are given apprenticeship and employment opportunities with a range of services and organisations.

Care leavers - The support outlined in the strategy will apply to care leavers, particularly in relation to giving every child the best start with an objective around young people leading positive lives and reducing exposure to health harms such as tobacco and alcohol. Also objectives around contraception access for young people, and committing sustainable resources to in-work support programmes led by the council's work and skills team, some with a particular focus on supporting care leavers. Similar to the above points relating to cared for children, there is evidence that care leavers experience poor health outcomes throughout their lives, therefore this strategy aligns with existing approaches in the borough to support care leavers (including the Children & Young People's Plan; Early Help Strategy; Parenting Strategy) and also places a focus on the inequalities that care leavers face to ensure that this is recognised and built into approaches to provide adequate support and access across the system. Some examples of this kind of work will include working on social value contribution of commissioned providers across public services to divert resources to ensuring care leavers are given apprenticeship and employment opportunities with a range of services and organisations.

Carers – objectives have been set to improve the system wide understanding of the support needs of carers (particularly older people) and how to give better support to these groups, including those who may be living with carers who can be indirectly affected. Evidence of this came out of the 2022 Ageing Well Needs Assessment, which included resident engagement, where these points came across and which further highlighted some of the inequalities that unpaid carers experience, including adverse impacts on their mental health & wellbeing.

People in low or no income groups - Evidence presented in the strategy identifies that low income groups also experience inequalities in health outcomes. A recurring theme of providing more support to those in more deprived areas or in greater need to tackle inequalities is included throughout the strategy. There are also specific objectives under 'Strengthening Our Communities' around tackling poverty and supporting the delivery of the Tameside Tackling Poverty Strategy. This Health & Wellbeing strategy will go on to produce action plans for meeting all the objectives outlined and will also align closely to the Tackling Poverty Strategy, including measures to monitor the rate of poverty, child poverty and fuel poverty. This work will continue to be reported into the Health & Wellbeing Board, which holds oversight over both the Health & Wellbeing Strategy and the Tackling Poverty Strategy. The strategy was written in light of awareness that people in lower socioeconomic status were overrepresented in the worst health outcomes, with lower life expectancy.

Finally some additional groups have been identified who will be affected by the priorities and objectives set out in this strategy including:

People living with long term chronic health conditions – under the priority around helping people to live well and detect illness earlier in the strategy, there are objectives to focus on secondary prevention by finding more people with risk factors or long term conditions and tackle the barriers they face in accessing support. There are elements of intersectionality for this group, with other inequalities also being barriers and additional risks such as people living in more deprived areas; women; and ethnic minority communities. The strategy drives approaches which take these inequalities into account and looks to innovative approaches to tackle the barriers that certain groups face. There is also a wide range of evidence of the disproportionate impact of many long

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term health issues such as the impact of alcohol consumption, obesity and smoking. These are highlighted in the recent report on inequalities produced by TMBC Population Health.

Children with Special Educational Needs and Disabilities - One of the objectives under the 'best start for every child' priority is to remove barriers for children and young people living with SEND. This is also embedded in approaches throughout all priorities and objectives in the strategy with improving mental health & wellbeing being a cross cutting theme throughout the whole strategy and the 'Building Back Fairer Stronger Together' approach. Some of the areas this is a particular issue for is service access and pathways with long wait lists for service support in some areas/providers. This priority in the strategy will ensure an ongoing focus on these issues to tackle barriers and improve access for children with SEND.

Young People not in Education Employment or Training - The priority around helping people get into and stay in good work includes focus on those young people who are NEET. There is evidence that people in this group face more adverse outcomes in the longer term and are at risk of other issues such as poverty and mental health issues. The priorities within this strategy will ensure an ongoing focus on this issue which will have oversight and continued work from the Health & Wellbeing Board which will include input from key services such as education partners, DWP (Jobcentre) and TMBC Work & Skills team who provide and commission services to support this group.

Consultation and Engagement

During spring 2023, existing priorities for Tameside and recent work done by the Health & Wellbeing Board were used to develop a framework to set longer term objectives under the Health & Wellbeing Strategy and Locality Plan. This built on the previous Locality Plan for Tameside, published in 2019; some of the key strategies recently produced across the system (including the Tameside Tackling Poverty Strategy, Children & Young People Plan, Inclusive Growth Strategy and GM Integrated Care Partnership Strategy); and work done in 2022 with the Health & Wellbeing Board to set a Charter for the Board around the priorities and principles of working and setting specific objectives for the Board to tackle poverty, improve work & skills, and deliver healthy places. All of this recent work already in place fed into the development of this strategy.

One of the core principles of the strategy is to incorporate cross-cutting themes of the most substantial challenges facing Tameside communities. The first of these is tackling inequalities, which is the focus of recent work in the Health & Wellbeing Board, and also has increasing focus in the NHS with the 'Core 20 Plus 5' frameworks. The other cross-cutting theme is improving mental health and wellbeing, which is a wide ranging issue which is relevant to all services and communities.

The strategy outlines the approach of Building Back Fairer Stronger Together to deliver the priorities identified. This approach has been based on the Marmot report for Greater Manchester *Building Back Fairer* which was produced in the wake of the COVID-19 pandemic and also focussed on inequalities. Many of the principles used in the Marmot review, alongside the Greater Manchester Population Health Characteristics Framework have been used to set out how the ambitions of this strategy will be achieved, by Building Back Fairer, Stronger, Together.

Based on this initial work, drafts of the joint strategy were signed off by the Health & Wellbeing Board and Tameside Strategic Partnership Board in June 2023 with a period of consultation with stakeholders and members of the public to take place throughout July and August 2023.

A range of insights from existing consultation and engagement were utilised in the development of this strategy including:

- Themes drawn from core activity of Tameside MBC Communications &

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Engagement team throughout 2022 (21 thematic engagement projects via the Big Conversation; 3 Partnership Engagement Network conferences; 5,453 responses to DJS Research on resident views of the council and the borough; feedback on 35 regional/national consultations; supporting the Tameside Poverty Truth Commission)

- Key points from Tameside Inequalities Reference Group work programmes (digital inclusion; community cohesion; voices of people with learning disabilities; barriers to accessing information; experiences of children & young people; mental health & wellbeing).
- Actions arising from Community Champions Information Sessions
- GM and Tameside Insight Surveys
- Service based lived experience groups (including Maternity Voices Partnership; Domestic Abuse Trust Group)

During July and August 2023, the following consultation and engagement activity took place in order to seek feedback on the content as well as the format, structure and language of the draft strategy to further develop the final version:

- Partner engagement – across key Health & Wellbeing Board Partners
- Voluntary Community Faith & Social Enterprise (VCFSE) Sector engagement session
- Partnership Engagement Network meeting (with a total of 22 attendees)
- Tameside Big Conversation Survey (with a total of 74 responses which were thematically analysed and key points incorporated into the strategy as much as possible)

Some of the key themes coming out of the consultation on the draft strategy included:

- Ensuring adequate focus on mental health & wellbeing and associated indicators
- Stronger emphasis on the role of VCFSE sector organisations in Tameside
- More reference to preventative approaches
- More focus on women's health issues
- The importance of children attending school and the inequalities seen in those not attending
- The importance of physical activity and access to safe outdoor space to support good health and wellbeing
- The need for better access to early help offers, particularly for more vulnerable children and adults
- Issues with oral health care access and the need for a focus on preventative oral health approaches
- The importance of holistic palliative and end of life care including a focus on emotional and spiritual support and wellbeing
- The need to plan for future skills requirements for the borough in the future
- More emphasis on listening to communities, particularly those with learning disabilities and autism

2c. Impact/Relevance

As outlined in the strategy, there is extensive evidence of the disproportionate impact of unequal conditions and circumstances that many people in our community face. The strategy presents a range of data on health inequalities and particularly how these impact people's long term health outcomes throughout the life course. This relates to the protected characteristics and local factors already identified in the screening and section 2b of this EIA. The aim of this strategy is to raise

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awareness of these inequalities and outcomes across the system and to drive work to tackle these, linking closely with other relevant system strategies.

This strategy provides the priorities and plans for the health & wellbeing board as well as the priorities and structures for the health and care system in Tameside – hence why this is a joint Health & Wellbeing Strategy and Locality Plan. This is accountable to both the Health & Wellbeing Board and the Strategic Partnership Board (Locality Board under the GM ICB) in Tameside.

The intention of the specific objectives under the 6 areas of focus within the strategy are to make specific improvements in health and wellbeing across Tameside to close the gap of poorer health outcomes between those who are living in more deprived areas or those facing other inequalities and barriers including women, older people, and people in ethnic minority communities.

While the objectives under 'giving every child the best start in life' are specific and relate to services, these are preventative in terms of the life course and all services and access points will be increasingly targeted towards those who are in need of more support and face additional barriers.

Under the priority 'helping people to stay well across the life course', there is a focus on secondary prevention to support those at greater risk of long term health conditions, but also to adapt approaches to doing this to ensure that inequalities are addressed and methods to engage with people are based on tackling barriers and finding people who have traditionally faced challenges in accessing support.

The priority 'enabling all Tameside residents to grow old with dignity and independence' will have a focus on the groups of older people who face additional barriers and require more support. This includes the groups identified in the recent Ageing Well Needs Assessment including older women, ethnic minority communities and those living with a disability.

While the majority of the priorities and ambitions within the strategy are relatively high level and apply to wider services across multiple partners and the borough as a whole, these will be distilled down further into robust action plans, which will continue to be under the scope of this EIA and any impacts on the groups listed in previous sections will be considered. While there is no direct service uptake or usage data included within this assessment, there is assurance that there are no negative impacts on any protected characteristic or other groups as a result of the work that is being driven by and proposed as part of this strategy. The action plans associated with this strategy will be developed by partners at both the Tameside Health & Wellbeing Board and the Strategic Partnership Board, with ongoing monitoring and assurance of these also taking place at these boards, with continued work on this EIA and monitoring of the potential positive and/or negative impact of the specific interventions on protected groups. Considerable effort is being invested into the development of metrics to ensure we are measuring what we set out to measure in the most meaningful way. We would favour an approach to information collection is able to identify as broad a reach into protected characteristics and beyond as possible – at a ward and neighbourhood level.

Equality is therefore core to this plan as it is aimed at Greater Manchester citizens in the whole and their access to, experience of, and outcomes from care services, prevention and early help support and the factors influencing health more broadly.

2d. Mitigations *(Where you have identified an impact/relevance, what can be done to reduce or mitigate it?)*

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<i>Impact/Relevance 1 (Describe)</i>	<p>n/a – no negative or adverse impacts have been identified as a result of implementing the Tameside Joint Health & Wellbeing Strategy and Locality Plan. Where there is a specific focus on a protected group in order to address particular inequalities or existing adverse outcomes for that group, a balance between targeted enhanced support for those who need it more, and ongoing universal service offers will be maintained.</p> <p>An inclusive local communications approach will be developed for example in multiple languages, using a social marketing approach sensitive to the needs of our communities, and alternative to digital means will be developed.</p> <p>Training will be developed alongside the communication plan to raise awareness of inequalities including attitudinal/ societal and discrimination impacts.</p> <p>As highlighted in the Borough Tackling Poverty Strategy, there is more to be done to identify those who face socio-economic disadvantage and offer services/support closer to home. More focus should be given on the areas where there is already discrimination and disadvantage which impacts outcomes.</p> <p>An example of an effective intervention in this way is the targeted mobile vaccination in reach approach used by Hyde locality during the COVID vaccination rollout, and the Helping Hands Roadshow to increase financial resilience and maximise income.</p>
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2e. Evidence Sources

<p>Tameside Joint Strategy Needs Assessment (https://www.tameside.gov.uk/publichealth/healthandwellbeing) including: Ageing Well Needs Assessment (2022); Tameside JSNA Summary – Post-COVID-19 Pandemic Inequalities and Recovery in Tameside (2023); CYP Needs Assessment (2021); Health & Wellbeing – Tameside 100 Children; Tameside Cycle of Inequalities</p> <p>Building Resilience: Tackling Poverty in Tameside (2023) - https://www.tameside.gov.uk/tacklingpovertystrategy</p> <p>Greater Manchester Integrated Care Partnership Strategy (2023) - https://gmintegratedcare.org.uk/greatermanchester-icp/icp-strategy/</p> <p>Gov.uk Health & Wellbeing Boards: Guidance (updated 2022) - https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance</p>

2f. Monitoring progress

Issue / Action	Lead officer	Timescale
<i>Publication of Joint Health & Wellbeing Strategy and Locality Plan (2023-2028) via Tameside Health & Wellbeing Board and Tameside Strategic Partnership Board</i>	<i>Debbie Watson Trish Cavanagh</i>	<i>By 30/09/2023</i>
<i>Agreed metrics for outcomes monitoring under</i>	<i>James Mallion /</i>	<i>Autumn 2023</i>

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<i>the strategy including priorities highlighted around protected groups as part of the EIA – engagement with system stakeholders.</i>	<i>Tameside Provider Partnership</i>	
<i>Agreed action plans for the Health & Wellbeing Board workplan (agreed at Health & Wellbeing Board) and the delivery of the Locality Plan under the health and care system (agreed at Tameside Strategic Partnership Board)</i>	<i>James Mallion / Steph Sloan</i>	<i>By end December 2023</i>
<i>Ongoing monitoring of outcomes and action plans including regular review of EIA priorities under this strategy at the point of significant milestones such as the publication of the action plans under the strategy, and as a minimum on an annual basis going forward.</i>	<i>James Mallion / Steph Sloan</i>	<i>Ongoing</i>
Signature of Contract / Commissioning Manager		Date
		21/08/23
Signature of Assistant Director / Director		Date
		21/08/23

Guidance below to be removed from the completed EIA template submitted to Executive Board, Executive Cabinet or Strategic Commissioning Board (SCB)

**Tameside Metropolitan Borough Council
Equality Impact Assessment (EIA) Guidance**

The purpose of an EIA is to aid compliance with the public sector equality duty (section 149 of the Equality Act 2010), which requires that public bodies, in the exercise of their functions, pay ‘due regard’ to the need to eliminate discrimination, victimisation, and harassment; advance equality of opportunity; and foster good relations. To this end, there are a number of corporately agreed criteria:

- An Equality Impact Assessment (EIA) is required for all formal decisions that involve changes to service delivery. All other changes, whether a formal decision or not, require consideration for the necessity of an EIA.
- The decision as to whether an EIA is required rests with the relevant Project Lead or Contract / Commissioning Manager, in consultation with the appropriate Assistant Director / Director where necessary. Where an EIA is not required, the reason(s) for this must be detailed within the appropriate report by way of a judgement statement.
- EIAs must be timely, with any findings as to the impact or relevance of a change in policy or procedure which affects residents, the public, service users, patients or staff, being brought to the attention of the decision maker in the body of the main accompanying report. As such, EIAs must be conducted alongside the development of any policy change, with appropriate

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mitigations integrated into its development where any potentially detrimental or inequitable impact is identified.

How to complete the EIA Form

EIAs should always be carried out by at least 2 people, and as part of the overall approach to a service review or service delivery change. Guidance from case law indicates that judgements arrived at in isolation are not consistent with showing 'due regard' to the necessary equality duties.

Part 1 – Initial Screening

The Initial Screening is a quick and easy process which aims to identify:

- those projects, proposals and service / contract changes which require a full EIA by looking at the potential impact on, or relevance to, any of the equality groups
- prioritise if and when a full EIA should be completed
- explain and record the reasons why it is deemed a full EIA is not required

A full EIA should always be undertaken if the project, proposal and service / contract change is likely to have an impact upon, or relevance to, people with a protected characteristic. This should be undertaken irrespective of whether the impact or relevance is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Contract / Commissioning Manager and Assistant Director / Director.

Wherever a direct or indirect impact or relevance has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact or relevance is anticipated, this can be explored in more detail when undertaking a full EIA.

The table below is an example of what part 1c of the screening process may look like. In this example we have used a review of the services delivered at Children's Centres and the impact or relevance this may have.

1c. Will the project, proposal or service / contract change have either a direct or indirect impact on, or relevance to, any groups of people with protected equality characteristics? Where there is a direct or indirect impact on, or relevance to, a group of people with protected equality characteristics as a result of the project, proposal or service / contract change please explain why and how that group of people will be affected.				
Protected Characteristic	Direct Impact /Relevance	Indirect Impact/ Relevance	Little / No Impact/Relevance	Explanation
Age	✓			Children's Centre services are targeted to the 0 to 5 age group
Disability		✓		Some Children's Centre users may be disabled
Ethnicity		✓		Children's Centre users come from a range of ethnic backgrounds
Sex		✓		Children's

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				Centres aren't sex specific but evidence shows service users are predominantly women
Religion or Belief			✓	
Sexual Orientation			✓	
Gender Reassignment			✓	
Pregnancy & Maternity	✓			Children's Centres provide services to pregnant women
Marriage & Civil Partnership			✓	
Care Leavers			✓	Children's Centre services are targeted to the 0 to 5 age group
Cared for Children	✓			We actively encourage parents/carers to attend
Low or No Income Group		✓		Children's Centre users come from a range of socio economic backgrounds
Tameside Metropolitan Borough Council locally determined protected groups?				
Mental Health			✓	
Carers		✓		
Military Veterans			✓	
Breast Feeding	✓			Children's Centres provide services to pregnant women and new mothers
Are there any other groups who you feel may be impacted by the project, proposal or service/contract change or which it may have relevance to? (e.g. vulnerable residents, isolated residents, low income households, those who are homeless)				
Group (please state)	Direct Impact/Relevance	Indirect Impact/Relevance	Little / No Impact/Relevance	Explanation
Lone Parents		✓		Children's Centre users may include lone parents

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Disadvantaged families	✓			Children's Centres support the most disadvantaged families, with an aim to reduce inequalities in child development and school readiness.
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Part 2 – Full Equality Impact Assessment

If a full EIA is required then part 2 of the EIA form should be completed.

2a. Summary

In this section you should:

- Explain the reason why the EIA was undertaken i.e. the main drivers such as a change in policy or legislation etc. This can be a combination of factors.
- Outline what the proposals are
- Summarise the main findings of the EIA - what are the main impacts or relevancies of the change in policy and what protected characteristic groups do they effect?
- Summarise what measures have been put in place to mitigate any negative impact or relevance and how the success of these measures will be monitored

It may be useful to complete this section towards the end of the EIA process.

2b. Issues to Consider

In this section you should give details of the issues you have taken into consideration when coming to your proposals / recommendations and outline the protected characteristic group(s) affected - Age, Ethnicity, Disability, Sex, Sexual Orientation, Religion / Belief, Gender Reassignment, Pregnancy/Maternity, Marriage/Civil Partnership, and how people associated with someone with a particular characteristic (i.e. a carer of a disabled and / or elderly person may be affected (you can refer to the information in 1c identifying those groups who may be affected).

Considerations should include (but are not limited to):-

- Legislative drivers. How have you considered the Equality Act, and the elimination of discrimination, victimisation and harassment, and the three arms of the PSED in coming to a decision / set of proposals i.e. the need to take into account the specific needs of disabled people above and beyond the general needs of other service users? You should consider similar circumstances where a similar service has been provided and changed, and whether this has been challenged. What rules / laws was it challenged under, and what lessons have you taken from this? This can include things such as Judicial Reviews or cases considered by the relevant Ombudsman.
- Comparative data and examples of learning from other areas / benchmarking (linked to legal issues as above)
- Financial considerations. How have your recommendation / proposals been shaped by finances /

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resources available (please note –legal rulings have indicated that the need to make savings alone is not likely to be deemed sufficient on its own to justify reduction in services – evidence of assessment of impact and relevance is required to ensure a safe and sound decision)

- Service user information. What information do you hold about service users and patients and their protected characteristics? How does this compare to comparative data i.e. national / regional picture?

- Consultation, engagement & feedback. What work has been done to ensure interested parties have been made aware of proposed changes, and that comments have been recorded and have the opportunity to influence the final decision? You should detail when consultation took place, those involved i.e. staff, service users, timescales. Any consultation should be timely in order to ensure that all participants are able to contribute fully.

2c. Impact/Relevance

Use this section to outline what the impact or relevance of the changes being proposed is likely to be based on the evidence, and consultation & engagement? Will there be a disproportionate impact on, or relevance to, particular group/s? Does the evidence indicate that a particular group is not benefiting from the service as anticipated? What are the uptake / participation rates amongst groups? Where a greater impact on, or relevance to, a particular group is recorded, is this consistent with the policy's aims? Does the project, proposal and service / contract change include provision for addressing inequality of delivery / provision?

Try to distinguish clearly between any negative impacts or relevancies that are or could be unlawful (which can never be justified) and negative impacts or relevancies that may create disadvantage for some groups but can be justified overall (with explanation). Similarly, does the evidence point to areas of good practice that require safeguarding? How will this be done?

2d. Mitigations

Where any potential impacts or relevancies have been identified as a result of the EIA, you should detail here what can be done to reduce or mitigate these.

2e. Evidence Sources

Use this section to list all sources of information that the EIA draws upon. Evidence can include surveys & questionnaires, policy papers, minutes of meetings, specific service user consultation exercises, interviews etc

NB – this section is not asking you to give details of your findings from these sources, just the sources from which evidence and considerations were drawn.

2f. Monitoring Progress

Use this section to identify any ongoing issues raised by the EIA, how these will be monitored, who is the lead officer responsible and expected timescale.

Sign Off

Once the EIA is complete this should be signed off by the relevant Contract / Commissioning Manager and the Assistant Director / Director.