

Report to :	EXECUTIVE CABINET
Date :	20 June 2018
Reporting Officers:	Councillor Brenda Warrington – Executive Leader Sandra Stewart – Director of Governance & Pensions
Subject :	ONE EQUALITY SCHEME (2018-2022)
Report Summary :	<p>One Equality Scheme (2018-22) is the first joint Equality Scheme of the Tameside & Glossop Strategic Commission (Tameside Council and NHS Tameside and Glossop Clinical Commissioning Group).</p> <p>This report provides an update on the development of the One Equality Scheme, including the final draft Scheme attached at Appendix 3, and its role in helping satisfy our obligations under the Specific Duties / Regulations of the Public Sector Equality Duty (Section 149 of the Equality Act 2010) which will now be undertaken jointly as a Strategic Commission.</p> <p>The report seeks formal adoption of One Equality Scheme by Executive Cabinet</p>
Recommendations :	It is recommended that Executive Cabinet formally adopt One Equality Scheme and the equality objectives set out within it for Tameside & Glossop Strategic Commission.
Links to Corporate Plan :	Equality and diversity work is relevant to all Corporate Plan priorities
Policy Implications :	The issues highlighted in the report directly relate to meeting the requirements set out in the Equality Act 2010, and aid compliance with legislative and performance management frameworks.
Financial Implications : (Authorised by the Section 151 Officer)	There are no direct financial implications arising from the report.
Legal Implications : (Authorised by the Borough Solicitor)	The scheme supports the Council and Clinical Commissioning Group in meeting the public sector equality duty and the obligations to publish information pursuant to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 which replaced the 2011 regulations in 2017. The scheme should be reviewed in advance of formal adoption to ensure continued compliance.
Risk Management :	This report fulfils the commitment for equalities issues to be monitored on a regular basis by Executive Cabinet. It also ensures awareness of the agenda across the organisation.
Access to Information :	The background papers relating to this report can be inspected by contacting the report writer Jody Smith:



Telephone: 0161 342 3170



e-mail: jody.smith@tameside.gov.uk

1.0 PURPOSE OF REPORT

- 1.1 This report provides an update on the development of the One Equality Scheme (2018-22), and its role in helping satisfy our obligations under the Specific Duties / Regulations of the Public Sector Equality Duty (Section 149 of the Equality Act 2010).
- 1.2 The content of this report is as follows:
 - One Equality Scheme (2018-22) update
 - **Appendix 1** – Our equality objectives
 - **Appendix 2** - Feedback from the February 2018 Partnership Engagement Network (PEN) Conference on One Equality Scheme
 - **Appendix 3** - One Equality Scheme (2018-22)

2.0 ONE EQUALITY SCHEME (2018-22)

- 2.1 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). Previously Tameside Council had its own, well established Corporate Equality Scheme (2015 – 19) which set out our approach to equality and diversity, details of achievements to date, and outlined the authority's equality objectives. NHS Tameside & Glossop Clinical Commissioning Group summarised their approach through the publication of their Equality, Diversity and Human Rights Strategy (2014-17).
- 2.2 The public sector equality duty is laid out in section 149 of the Equality Act 2010. It came into force on 5 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
- 2.3 The Equality Act (Specific Duties) Regulations 2011 stated that by January 2012, and annually thereafter, public bodies 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. By April 2012, public bodies were also required to 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 2011 Regulations were replaced by The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 in March 2017.
- 2.4 As outlined above, Tameside Council and NHS Tameside & Glossop Clinical Commissioning Group previously set out their equality objectives through their own organisational schemes. A set of joint equality objectives for the Strategic Commission have now been developed which are detailed in One Equality Scheme (2018-22). This ensures we continue to fulfil our obligation to publish our objectives at intervals of no more than four years from the date of first publication.

- 2.5 Under the Equality Act all public bodies must publish one or more equality objectives as set out at 2.3. The objectives focus on how organisations interact with communities and individuals based on their characteristics, not geographies. As such there may be other public bodies within the Tameside and Glossop locality that also have their own equality objectives. For example, Derbyshire County Council will be responsible for setting their own equality objectives which will also be relevant to residents of Glossop. Details of the Strategic Commission's joint equality objectives can be found at **Appendix 1**.

3.0 ENGAGEMENT

- 3.1 A draft One Equality Scheme was shared with key stakeholders and other interested parties as part of a period of informal engagement and feedback running to the end of April 2018.
- 3.2 The following groups and networks were part of the informal engagement and feedback work:
- Circulated to all members of the Equality Consultation & Engagement Champions of the Strategic Commission for feedback or comment and also discussed at the Equality, Consultation & Engagement Champions meetings in November 2017 and April 2018
 - Circulated to all members of the Equality & Diversity Group of the Strategic Commission for feedback or comment. This group includes patient and public representatives.
 - Three workshop sessions on One Equality Scheme were held at the Tameside & Glossop Partnership Engagement Network conference on 28 February 2018. These included representatives from the public and a number of partner organisations / stakeholders. The discussions and feedback captured during the workshop and details of those who participated can be found at **Appendix 2**.
 - Circulated to voluntary and community sector umbrella organisations from across Tameside & Glossop for feedback or comment
 - Circulated to Neighbourhood Teams for feedback or comment
 - Presented at the Health and Care Advisory Group (HCAG) on 4 April 2018 to request feedback or comments
 - Presented at the Quality and Performance Assurance Group (QPAG) on 28 March 2018 to request feedback or comments
 - Circulated to all members of the Governing Body of NHS Tameside and Glossop Clinical Commissioning Group for feedback or comment
 - Circulated to all Executive Members and Assistant Executive Members of Tameside Council (as at April 2018) for feedback or comment

4.0 RECOMMENDATIONS

- 4.1 The final version of the One Equality Scheme incorporating feedback from the informal engagement period is attached at **Appendix 3**.
- 4.2 It is recommended that Executive Cabinet formally adopt One Equality Scheme and the equality objectives set out within it for Tameside & Glossop Strategic Commission.
- 4.3 The Scheme was adopted by the Governing Body of NHS Tameside and Glossop Clinical Commissioning Group at their meeting on 23 May subject to the decision made by Executive Cabinet on 20 June.
- 4.4 Publication of One Equality Scheme will take place post approval by Executive Cabinet.

APPENDIX 1 - Our Objectives

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	<p>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.</p> <p>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)</p>
13	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

APPENDIX 2



Tameside & Glossop
Partnership Engagement
Network (PEN)



One Equality Scheme

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). 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.

The draft Scheme sets out our approach to equality and diversity guided by a joint set of equality objectives. We want to ensure that our objectives are the right ones for Tameside & Glossop.

The objective of the workshop was to obtain feedback from participants on the fourteen objectives and five themes of the draft Equality Scheme. The feedback from participants is listed in bullet-points under each objective or theme.

Workshop 1

Groups Represented: T&G ICFT, Anthony Seddon, Diversity Matters North West (formerly Hyde Community Action), Seven Day Access, Population Health, Sling Library, Healthwatch, PPG

- 14 objectives across five themes

Theme: Reduce Inequalities & Improve Outcomes (Objectives 1-3)

Objective 1:

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

- The fact that you might have a mental health issue can stop people from being able to make an informed choice
- Advocacy in Tameside could be improved, only feasible if someone has been sectioned
- People with post-natal depression and anxiety are struggling to keep their heads above water
- Engaging with the really hard to reach people in the community is becoming more difficult, as mainstream services are pulled then it is more difficult to reach people with language barriers, no formal interpreters so informal interpreters have to do this

Objective 2:

Help people to continue to live independent lives, and support the most vulnerable in our communities to access services that exist to support this aim, through targeted interventions and tailored service provision

- The people that the mental health professionals are dealing with are difficult to reach, but we do not have the capacity to knock on every door - but partnership working between Council, NHS, third sector needs to be better to help the most people
- We need to be sharing information, resources better between the public sector services
- When people approach the DWP with mental health issues, but cannot provide a sick note, they may not necessarily get the financial help they need and might end up on the street, but better joined up working could avoid this
- Vulnerable people getting more at risk as austerity bites, i.e. universal credit, access to NHS to get right medication, but joining up services can help combat this
- There are logistical issues between geographical boundaries of organisations
- Public transport not good enough to connect people to the services that they need
- Choice at the moment for NHS patients is a word, an ideal, not a practicality yet

Objective 3:

Aim to increase the level to 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.

- Agreed is a good objective
- A current foster carer notes that vulnerable ethnic minority children that have come through the foster system have not been supported enough by the Council whilst children; the onus is too much on care leavers
- A care leaver notes that there is not enough support for care leavers either, that there is PR focus on a few individuals, but not enough wide-scale support across the many hundreds of care leavers

Theme: Meeting our obligations under the Equality Act 2010 (Objectives 4-6)

Objective 4:

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

Objective 5:

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

- The main place the One Equality scheme will be published is TMBC website and NHS T&G CCG website, although it is conceded this is not accessible to everyone
- In the Asian communities, there is not enough information given out to let people know about which boxes to tick in the demographic aspects of the survey, i.e. if somebody is British but of Pakistani origin.
- Clearer information on the surveys themselves, about how to fill out the ethnicity questions and the disability questions
- People who are diabetic may not tick the disabled box, but they could be considered disabled, but then again some people who are diabetic may choose not to
- Perhaps a better explanation of demographic forms could help more people participate

- Other ways of collecting data rather than Census being collected by individual on the doorstep
- Issues between the overlap of outsourcing for health and other services between Tameside and Glossop
- Overlap of Derbyshire and Tameside/SCF's equality scheme?
- Put the One Equality scheme or objectives on posters in children's centres, GPs, libraries, in the free press
- It feels as if some of the objectives are process based/complying with legal obligations, rather than being aspirational, inspiring
- Legally we have to have a set of objective
- Remind colleagues of their legal objectives regarding equality
- Have legal requirements at the top but not as part of the objectives themselves

Objective 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

- If we fulfil legal obligations we may be ahead of some organisations,
- We need to follow the same best practice standards as public sector organisations, a shared best practice where we learn from one another
- Something like Healthwatch allows you to go outside of the regular system of the public sector, need independent aspects to public services

Theme: Equality Training, Development and Awareness (Objectives 7-8)

Objective 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

and

Objective 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 those from protected characteristic groups are represented and supported

- If services are working towards this they should take into account whether some services need interpreters
- Qualifications in TMBC are not recognised, not official, whereas the qualifications that NHS employees work towards and attain are recognised and official
- We rely on volunteers and the third sector more than ever due to cuts, but is there adequate training for volunteer staff?

Workshop 2

Groups Represented: NHS T&G CCG, Tameside Youth Service, Organisation Development from Care Together, Derbyshire CC Public Health, People First Tameside, Housing TMBC

Theme: Consultation and Engagement (Objectives 9 to 11)

Objective 9: Consult and engage with our communities through a broad range of methods and forums, such as surveys, consultation events and customer feedback to ensure comprehensive and meaningful coverage

Objective 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

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

- Communities refers to people of all 9 protected characteristics
- Targeting specific and harder to reach groups so it's not always the same old people turning up to events or filling in surveys
- A range of approaches, going to shopping centres, interviews etc.
- Working with groups that are already in the community to reach harder to reach people
- Consultation and engagement can be perceived by communities as a tick-box exercise
- Communities perceive the council or NHS T&G CCG as making their decisions regardless of what people say, so what's the point of consultation?
- Engagement and consultation are very different things
- To work well with the community and voluntary sector, consultation and engagement needs to be done with their help so it is structured in the right way to reach the groups
- One barrier against consultation and engagement can be money, however money can be used more efficiently and effectively if consultation and engagement is channelled through voluntary and third sector groups that are in the community
- Need to think outside the box in terms of how we consult and engage
- E.g. 1 day a month all council officers could do something outside their office and their work-role, i.e. volunteering, this would help build relationships with the voluntary and third sector organisations. The benefits outweigh the cost
- Third sector or voluntary sector regularly have one or two day placements from students, where it can be perceived as the students doing this and taking away from the experience, but not there long enough to benefit the organisations in terms of time it takes to train them etc.
- Whereas if people with expertise volunteer with voluntary or third sector they can help the organisation, so this could perhaps be done with a database of skills that people are volunteering, i.e. web developers, coders, excel etc.
- In Derbyshire communities are consulted with a lot, but not enough feedback to people about how the information is used and why it is done
- Hard to reach people can be reached
- It's about organisations making the extra effort for hard to reach groups
- Most people don't feedback to the people who are consulted with
- Add to objective 9 about actually feedback to people
- Person centred approach to consultation, tailor the method of consultation to the people you are trying to consult with
- 'Consult and engage truthfully'
- Do the public know the extent of the cuts, are they fully informed, are issues explained enough to them prior to consultation so as to boost participation
- User led meetings
- On, for example, a commercial housing development, could there be links between the public, the council, and the housing developers
- It is always pertinent to involve the people being consulted with the process of designing the consultation

Workshop 3

Groups represented: T&G ICFT, Macmillan, Tameside Arts, Self-Care Alliance, Greater Manchester Fire & Rescue Service

Theme: Information, Intelligence and Need: Understanding Service Use and Access (Objectives 12 to 14)

Objective 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

Objective 13: To encourage and promote the use of customer monitoring and disaggregation of data by equality group (where practical)

Objective 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

- Need to make sure it's a deeper understanding of the communities arising from service users
- Lots of public sector organisations collecting data, but combining data from different organisations, i.e. ICFT and fire, creates a richer portrait of areas
- If we can share data to improve health or outcomes it makes sense
- ICFT and GMFRS interconnecting fire incident data with health and social care aspects of users, a number of areas in Tameside have been identified and targeted as part of this process
- Crime, drugs and alcohol, empty buildings, social isolation, cigarette smoking, all of these aspects are closely linked to fire for example
- Reinforcing messages could be done through a shared platform, i.e. if a person is getting 10 different messages from 10 different organisations, it can be difficult to process, but if this is all delivered through a single platform with a combined message, this can be easier to process
- Tameside Insight might fit in with the work that ICFT are doing with GMFRS
- Being too focused on targets may result in losing quality
- We have the data, but we need to make sure we use this data in a positive way
- It's about making data meaningful
- Although you may know the demographics of a person via their responses to an equalities form, perhaps it would be useful if there was an option for the person to provide information they think organisations need to be aware of in order to talk to work with them properly
- To make people aware of why the data is being collected
- Sometimes if things haven't been clarified there can be confusion if one organisation has referred somebody to another organisation
- Demographic forms may be filled out by an advocate or a carer if the person is unable to complete the form
- With self-reporting you have to rely on the information provided
- Engagement depends on the individual, some people may not have a laptop, just a smartphone
- People tend to do things that are quick and easy in terms of consultation and engagement, so this will boost participation
- People who have learning difficulties could be engaged with on a bi-annual basis with a multi-skilled team present, i.e. social worker, interpreter if necessary, and easy read system etc.
- Housing association are getting more easy read documents
- Public sector isn't good in general with communicating to the public, whether its interpreters, easy read, jargon etc.

- Complexities within the language where different words in the equality scheme mean different things to different people, need to use plain language