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Tags & Notes

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Equality Impact Assessment and Consultation

Approved

Approved by Owens Diane (CEX)

MAKE CHANGES TO THE FORM

Equality Impact Assessment

Introductory Information

Reference number

554

Proposal type Budget Project**Project name**

Joint Health & Wellbeing Strategy 2019-24

Decision Type

Type of decision

- Cabinet
- Cabinet Committee (e.g. Cabinet Highways Committee)
- Leader
- Individual Cabinet Member
- Executive Director/Director
- Officer Decisions (Non-Key)
- Council (e.g. Budget and Housing Revenue Account)
- Regulatory Committees (e.g. Licensing Committee)

Lead Cabinet Member**Entered on Q Tier** Yes No**Year(s)**

14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22
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EIA date

19/03/2019

EIA lead**EIA contact****Lead officer**

Lead Corporate Plan priority

Better Health and Wellbeing

Portfolio, Service and Team

Cross Portfolio

Yes No

Portfolio

Chief Executive's

Chief Executive service(s)

- Director of Public Health
 Policy, Performance and Communications

Chief Executive team(s)

Director of Public Health Office

Is the EIA joint with another organisation (eg NHS)?

No Yes

Please specify the organisation

NHS Sheffield CCG

Brief aim(s) of the proposal and the outcome(s) you want to achieve

Health & Wellbeing Boards are required to agree a Joint Health & Wellbeing Strategy under the 2012 Health & Social Care Act. The Board's first Strategy expired in 2018; this updated Strategy refreshes and replaces it.

It has a central aim of closing the gap in healthy life expectancy in Sheffield by improving the health and wellbeing of the poorest and most vulnerable the fastest.

This will be achieved by delivering on nine key ambitions, spread across the life course.

Impact

Under the [Public Sector Equality Duty](#) we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

More information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

Note the EIA should describe impact before any action/mitigation. If there are both negatives and positives, please outline these - positives will be part of any mitigation. The action plan should detail any mitigation.

Overview

Overview (describe how the proposal helps to meet the Public Sector Duty outlined above), Supporting Evidence (Please detail all your evidence used to support the EIA)

The Health & Wellbeing Strategy is expressly focused on reducing inequalities in Sheffield. In particular it is focused on key points throughout life that help determine health outcomes over the long term, including early development, inclusive education, and transition to adulthood. As a result advancing equality of opportunity would be a product of successful delivery.

Impacts

Proposal has an impact on

Health	Age	Disability	Pregnancy/Maternity	Race	Religion/Belief
Sex	Sexual Orientation	Transgender	Carers		

Voluntary/Community & Faith Sectors	Cohesion	Partners
Poverty & Financial Inclusion	Armed Forces	Other

Health

Does the Proposal have a significant impact on health and well-being (including effects on the wider determinants of health)?

Yes No

Staff

Yes No

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The Strategy will lead to improved health and wellbeing across the whole population over the long term, with a focus on improving the health of the worst off. It will do this by focusing attention on the wider determinants of health, and delivering improvements in areas where there are acknowledged inequalities. Over the long term this will deliver improved health and wellbeing.

Comprehensive Health Impact Assessment being complete

Yes No

Please attach health impact assessment as a supporting document below.

Public Health Leads has signed off the health impact(s) of this EIA

Yes No

Health Lead

Hird, Susan;



Age

Staff

Yes No

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

The Strategy contains three ambitions specifically targeted at delivering better outcomes for young people in Sheffield. It also takes an approach that focuses on healthy ageing over the life course, delivering benefits for older people over the long term.

Disability**Staff** Yes No**Customers** Yes No**Impact** Positive Neutral Negative**Level** None Low Medium High**Details of impact**

19% of people in Sheffield have a disability or long term health condition, and these are concentrated in the more deprived areas of the city. The Strategy's focus on delivering reductions in health inequalities means it can be expected to deliver benefits for disabled people in Sheffield.

Race**Staff** Yes No**Customers** Yes No**Impact** Positive Neutral Negative**Level** None Low Medium High**Details of impact**

19% of people in Sheffield are from a BAME community, and these are concentrated in the more deprived areas of the city. The Strategy's focus on delivering reductions in health inequalities means it can be expected to deliver benefits for BAME people in Sheffield.

Sex**Staff** Yes No**Customers** Yes No**Impact** Positive Neutral Negative**Level** None Low Medium High**Details of impact**

We know that health outcomes, including healthy life expectancy, are worsening for women in Sheffield, with disproportionate distribution towards the more deprived areas of the city. We also know that women make up a disproportionate amount of some of the specific groups identified as part of this EIA, such as Carers. Therefore we expect the Strategy's focus on reducing health inequalities, and on delivering benefits for those groups, to result in health outcome improvements and reduction of inequalities for women.

Sexual Orientation

Staff

Yes No

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

There are no official statistics for the LGB population in Sheffield, with the best estimate suggesting that there are up to c.40,000 people in this group living in Sheffield. We know that LGB people have worse health and wellbeing outcomes than the general population, and so this Strategy's focus on reducing health inequalities should be expected to deliver benefits for them.

Transgender

Staff

Yes No

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

There are no official statistics for the transgender population in Sheffield, with the best estimate suggesting that there are c.3,400 people in this group living in Sheffield. We know that transgender people have worse health and wellbeing outcomes than the general population, and so this Strategy's focus on reducing health inequalities should be expected to deliver benefits for them.

Carers

Staff

Yes No

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

57,373 people in Sheffield (10% of the population) provide unpaid care, of which more than 4,500 are young people and more than 14,500 are providing more than 50 hours per week. These are concentrated more in the more deprived areas of Sheffield, and we know that being a carer is associated with poorer health outcomes than the rest of the population. The Strategy's overall focus on reducing health inequalities should lead to benefits for this group of people, and beyond this there are specific ambitions within it (such as "Everyone has a fulfilling occupation and the resources to support their needs", and "Everyone has the level of meaningful social contact that they want") that are expected to deliver particular benefits for carers.

Poverty & Financial Inclusion

Staff

Yes No

Customers

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

After housing costs, 23.3% of Sheffield's population live in households in poverty, with some areas of the city where this rises to over 40%. This Strategy positions the resources that people have access to as a major driver of health inequalities in Sheffield, and has addressing this as one of the nine key ambitions to deliver reduced health inequalities in the city. As a result it is expected that successful delivery of the Strategy will result in major improvements in this area.

Customers High

Supporting Documentation

[Click here to attach a file](#)

Cumulative impact

Proposal has a cumulative impact

Yes No

Cumulative impact

- Year on Year
 Across a Community of identity/interest
 Geographical Area
 Other

Details of cumulative impact

The Health & Wellbeing Strategy is targeted at reducing inequalities in Sheffield, specifically health inequalities, with each of the nine ambitions set out within it expected to have an impact. As a result, it is expected that where a specific group, or specific areas of the city, suffer from health inequalities, there will be a cumulative impact across all the ambitions.

Proposal has geographical impact across Sheffield

Yes No

Details of geographical impact across Sheffield

The Strategy is focused on reducing health inequalities in Sheffield, and it is well understood that these are geographically distributed, as well as across the groups described above. As a result it is expected that delivery of the Strategy will have a positive impact on the more deprived areas of Sheffield.

Local Partnership Area(s) impacted

All Specific

Action Plan and Supporting Evidence

Action plan

It is not anticipated that there will be any negative impacts as a result of the Strategy and therefore there is no action plan in place for mitigation at this time. As specific projects are brought forward under the Strategy, further EIAs will be conducted and action plans put in place to mitigate impacts as appropriate.

Supporting Evidence (Please detail all your evidence used to support the EIA)

This EIA is based on the content of the Joint Strategic Needs Assessment.

Consultation

Consultation required

Yes No

If consultation is not required please state why

There is no requirement for statutory consultation on the Strategy; there is however a requirement in the 2012 Health & Social Care Act that people who live or work in Sheffield to be involved in preparing the Strategy. To fulfil this, during the production of the Strategy, officers have engaged with a range of stakeholders, including members of the public, to test approaches and ask for input, all of which has served to shape the final Strategy.

It is also required under the Act that Sheffield Healthwatch be involved in preparing the Strategy. This has been fulfilled through their place on the Board, and by the inclusion of the Chair of Sheffield Healthwatch on the Editorial Group that has guided the development of the Strategy.

Are Staff who may be affected by these proposals aware of them

Yes No

Are Customers who may be affected by these proposals aware of them

Yes No

If you have said no to either please say why

Summary of overall impact

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This Strategy is expected to have a strongly positive impact on inequalities overall.

Summary of evidence

This EIA is based on the evidence set out in the Joint Strategic Needs Assessment.

Changes made as a result of the EIA

No changes have been made as a result of this EIA, as all impacts are expected to be positive.

Escalation plan

Is there a high impact in any area?

Yes No

If there is a high impact this EIA will be escalated to Adele Robinson for corporate consideration

Overall risk rating after any mitigations have been put in place

High Medium Low None

Review date

Review date

If a review date is specified, it will appear in the 'Upcoming Reviews' view when the EIA review is within 30 days.

Approved