

# Equality Impact Assessment Number - 560

## Part A

### Initial Impact Assessment

#### Proposal name

Sheffield All-Age Mental and Emotional Health and Wellbeing Strategy

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

Sheffield's All-Age Mental and Emotional Health and Wellbeing Strategy sets the scene for supporting Sheffield people – from young to old – with their mental and emotional health and wellbeing. It is positive, ambitious, and focussed on delivering change in partnership.

Good mental health is key for everything, and poor mental health is impacting on the life chances of children, young people and adults in the city. We know that we need to act now to support our children, young people and their families.

This strategy is a strategy sponsored by the Mental Health, Learning Disabilities, Dementia and Autism (MHLDDA) Board, which sits under the Health and Care Partnership structures in Sheffield, part of South Yorkshire's Integrated Care System. The strategy will be underpinned by an annually updated delivery plan which will have clear objectives and outcomes anticipated. This will be a partnership document, and a range of organisations will continue together to the delivery of the strategy's objectives. The MHLDDA Board will oversee this process.

#### Proposal type

- Budget       Non Budget

#### If Budget, is it Entered on Q Tier?

- Yes       No

If yes what is the Q Tier reference

#### Year of proposal (s)

- 21/22     23/23     23/24     24/25     other

#### Decision Type

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

#### Lead Committee Member

Cllrs Lindars-Hammond, Argenzio, Ayris

## Lead Director for Proposal

Alexis Chappell

## Person filling in this EIA form

Louisa King

## EIA start date

8/2/2023

### Equality Lead Officer

- |  |  |
|--|--|
| <input type="radio"/> Adele Robinson     | <input type="radio"/> Beverley Law         |
| <input type="radio"/> Annemarie Johnston | <input checked="" type="radio"/> Ed Sexton |
| <input type="radio"/> Bashir Khan        | <input type="radio"/> Louise Nunn          |

## Lead Equality Objective ([see for detail](#))

- |   |   |   |   |
|---|---|---|---|
| <input type="radio"/> Understanding Communities | <input type="radio"/> Workforce Diversity | <input type="radio"/> Leading the city in celebrating & promoting inclusion | <input checked="" type="radio"/> Break the cycle and improve life chances |
|---|---|---|---|

## Portfolio, Service and Team

### Is this Cross-Portfolio

- Yes     No

### Portfolio

People – but all portfolios affected/potentially have a role

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

- Yes     No    Please specify

ICB

## Consultation

### Is consultation required (Read the guidance in relation to this area)

- Yes     No

### If consultation is not required please state why

Has already been carried out

### 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

N/A

## Initial 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

For a range of people who share protected characteristics, more information is available on the [Council website](#) including the [Community Knowledge Profiles](#).

## Identify Impacts

**Identify which characteristic the proposal has an impact on tick all that apply**

<input checked="" type="radio"/> Health	<input checked="" type="radio"/> Transgender
<input checked="" type="radio"/> Age	<input checked="" type="radio"/> Carers
<input checked="" type="radio"/> Disability	<input checked="" type="radio"/> Voluntary/Community & Faith Sectors
<input checked="" type="radio"/> Pregnancy/Maternity	<input type="radio"/> Cohesion
<input checked="" type="radio"/> Race	<input checked="" type="radio"/> Partners
<input type="radio"/> Religion/Belief	<input type="radio"/> Poverty & Financial Inclusion
<input type="radio"/> Sex	<input type="radio"/> Armed Forces
<input type="radio"/> Sexual Orientation	<input type="radio"/> Other
<input type="radio"/> Cumulative	

## Cumulative Impact

**Does the Proposal have a cumulative impact**

- Yes       No

<input type="radio"/> Year on Year	<input type="radio"/> Across a Community of Identity/Interest
<input type="radio"/> Geographical Area	<input type="radio"/> Other

*If yes, details of impact*

**Proposal has geographical impact across Sheffield**

- Yes       No

*If Yes, details of geographical impact across Sheffield*

**Local Area Committee Area(s) impacted**

- All       Specific

*If Specific, name of Local Committee Area(s) impacted*

## Initial Impact Overview

**Based on the information about the proposal what will the overall equality impact?**

Positive – strategy will set in motion partnership working in a range of areas that will be positive. However, specific plans are not included in this strategy as it is high-level, and so it will be difficult to give specific impacts on protected characteristics. Full EIAs will be carried out by those organisations who are delivering elements of the strategy.

**Is a Full impact Assessment required at this stage?**  Yes  No

**If the impact is more than minor, in that it will impact on a particular protected characteristic you must complete a full impact assessment below.**

## Initial Impact Sign Off

**EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?**

Yes  No

Date agreed  Name of EIA lead officer

## Part B

### Full Impact Assessment

#### Health

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

Yes       No      *if Yes, complete section below*

#### Staff

Yes       No

#### Customers

Yes       No

#### Details of impact

**Comprehensive Health Impact Assessment being completed**

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     N

**Name of Health  
Lead Officer**

#### Age

**Impact on Staff**

Yes     No

**Impact on Customers**

Yes       No

#### Details of impact

## Disability

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

## Pregnancy/Maternity

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

## Race

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

## Religion/Belief

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

## Sex

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

## Sexual Orientation

### Impact on Staff

Yes       No

### Impact on Customers

Yes       No

### Details of impact

## Gender Reassignment (Transgender)

### Impact on Staff

### Impact on Customers

Yes     No     Yes     No

**Details of impact**

**Carers**

**Impact on Staff**

Yes     No

**Impact on Customers**

Yes     No

**Details of impact**

**Poverty & Financial Inclusion**

**Impact on Staff**

Yes     No

**Impact on Customers**

Yes     No

**Please explain the impact**

**Cohesion**

**Staff**

Yes     No

**Customers**

Yes     No

**Details of impact**

**Partners**

**Impact on Staff**

Yes     No



**Impact on Customers**

Yes    No

**Details of impact**

**Armed Forces**

**Impact on Staff**

Yes    No

**Impact on Customers**

Yes    No

**Details of impact**

**Other**

*Please specify*

**Impact on Staff**

Yes    No

**Impact on Customers**

Yes    No

**Details of impact**

## Action Plan and Supporting Evidence

What actions will you take, please include an Action Plan including timescales

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

**Detail any changes made as a result of the EIA**

Following mitigation is there still significant risk of impact on a protected characteristic.  Yes  No

If yes, the EIA will need corporate escalation? Please explain below

### Sign Off

**EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?**

Yes  No

Date agreed  Name of EIA lead officer

**Review Date**