Sheffield Health and Wellbeing Board
Equality Impact Assessment

Name of policy/project/decision: Joint Health and Wellbeing Strategy

Status of policy/project/decision: Revised version – initial EIA approved September 2012

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Date: 12 September 2013 **Service:** Commissioning, Sheffield City Council

Portfolio: Communities, Sheffield City Council

What are the brief aims of the policy/project/decision?

- The Health and Wellbeing Board (HWB) brings together Sheffield's councillors (from Sheffield City Council), GPs (members of the city's Clinical Commissioning Group), senior managers (from the Council, CCG and NHS England), and a representative of Sheffield people through Healthwatch Sheffield. Producing a Joint Health and Wellbeing Strategy is one of the Health and Wellbeing Board's key duties.
- This Equalities Impact Assessment (EIA) builds on the EIA approved in September 2012. **It assesses the impact of the final version of the Joint Health and Wellbeing Strategy**, which once approved and published by the Health and Wellbeing Board will be available on the Health and Wellbeing Board's website at: https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/joint-health-and-wellbeing-strategy.html.
- The Joint Health and Wellbeing Strategy (JHWS) 2013-18 sets out the strategic mission and associated outcomes for the city with regard to health and wellbeing, and ultimately brings together the ambitions of the Health and Wellbeing Board (HWB).
- An initial Strategy for 2012-13 was produced and approved by the HWB, by the CCG's Governing Body, and by the Council's Cabinet, in autumn 2012. This was used to inform commissioning plans and intentions for the 2013-14 financial year.
- Over 2012-13 a significant programme of consultation, engagement and development has taken place with the aim of suggesting some clear actions for the JHWS. This consultation, engagement and development process has been directed at the whole Sheffield community; with third sector, independent and private sector organisations; at particular protected or seldom heard groups; as well as at professionals who work in health and wellbeing.
- Over 400 people attended our Joint Strategic Needs Assessment (JSNA) events in January-March 2013. These were widely advertised and enabled a wide range of organisations and individuals to attend and feed in their knowledge and experience. Specific groups were approached to attend if we felt we had gaps in our knowledge. Reports on all the events held can be found at: https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/JSNA/events.html, and the final report, available online at https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/JSNA/positionstatement.html, contains extensive data which it is hoped will inform commissioners and providers to ensure services in Sheffield meet the needs of Sheffield people.
- Over 1,500 people were involved in our consultation on the JHWS in April-June 2013. This involved an online survey but primarily a range of focus groups were held. Officers

also attended a number of events and locations across the city. Reports on all our consultation and the focus groups held can be found at: https://www.sheffield.gov.uk/caresupport/health/health-wellbeing-board/events/strategy-consultation.html. The consultation report available at that webpage includes a detailed section on the views of hard to reach communities.

- In addition, the Fairness Commission report was a crucial source of information and was used in the drafting of the Strategy. This can be viewed online at: https://www.sheffield.gov.uk/your-city-council/policy--performance/fairness-commission.html.
- All the feedback from the JSNA events, the consultation and the Fairness Commission has been included in the first column of the table under every outcome, entitled 'Where are we now? What the JSNA and consultations have told us'. This sets out very clearly how the views of Sheffield people have impacted on the Strategy. In addition, a 'You Said, We Did' report will be produced in winter 2013-14 to demonstrate the impact such views had on the final version of the Strategy.
- The JHWS is set to be approved for the following five years. This is subject to inevitable financial and organisational changes over the following five years, but it seeks to set out an evidence-based and people-centred framework for making decisions over the following five years.
- The HWB cannot do everything, but it can make a difference in some key areas. This JHWS therefore does not cover every health and wellbeing service provided in Sheffield, but instead seeks to set out the biggest things that the HWB would like to see happen and which the HWB believes would make the biggest difference to health and wellbeing. Officers from both Sheffield City Council and the city's Clinical Commissioning group will continue to commission services that meet the needs of Sheffield people.
- The HWB will look to influence people and organisations in Sheffield, commission and jointly commission services, as well as working on some direct projects in order to deliver the five outcomes identified in the Strategy.

Under the Public Sector Equality Duty, we have to pay due regard to: "Eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations."

Areas of possible impact	Impact	Impact level	Explanation and evidence
Age	Positive	High	The strategy has a focus on all Sheffield citizens, from young to old. There is also a particular focus on Early Years outcomes, including assistance to families to promote a best start in life, and increase of children and young people with increased complex needs and increase in health inequalities. ▪ It is right to do this because whilst children and young people growing up in Sheffield today are generally healthier than ever, between the 'best' and the 'worst' wards in the city we have: ▪ 2 fold difference in achievement at Early Years Foundation Stage; ▪ 4 fold difference in infant mortality rates; ▪ an 8 year gap in male and female life expectancy at birth ▪ Young people are also at risk of obesity.

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			The strategy also recognises the growing older population in Sheffield and seeks to respond to the potential impacts on health and wellbeing from this. ▪ It is right to do this because Sheffield has seen longer life expectancy with a 24% increase in the number of people aged over 75 and more than a doubling of people aged over 85. ▪ Currently around 9,000 older people receive support, and by 2025 it is estimated that there will be a 23% increase in people aged over 75 years living alone, and an increase of 21% in people over 65 years old unable to manage at least one self-care activity (such as washing or dressing) on their own. Both groups were involved in the JSNA and consultation and feedback has informed the final Strategy version. Information about how the revised version of the strategy responded to comments from this and other groups will be included in a 'You Said, We Did' report (see action plan).
Disability	Positive	High	The strategy has a strong focus on helping and supporting the disadvantaged and improving access to services. Outcome 3 is about addressing health inequalities, while outcome 4 talks about improving equality of access to services. The strategy is particularly specific in its mention of mental wellbeing and helping those with learning disabilities. ▪ It is right to do this, because we predict significant increases in the number of disabled people over the next 10 to 15 years. In particular, we expect there will be an increase the number of people with the most complex disabilities (including people with disabilities from black and ethnic minority groups) who require high levels of support from health, housing and social care services. ▪ There has been a large increase in the number of children and young people with a learning disability since 2000, and in the last ten years the number of 10 to 20 year olds with a learning disability increased by 120%, although in the last five years the number increased by 38%, suggesting that the rate of increase may be slowing. ▪ Data also indicates a significant increase in the number of people in Sheffield with severe or complex needs, and again particularly in younger age groups. The overall number of people with such needs rose by 17% between 1998 and 2008. However, the number of 15 to 19 year olds with severe or complex needs increased by 70% over the same time. ▪ Although deaths from suicide and undetermined injury in Sheffield are lower than the average for England, local audit has indicated that depression was a key factor in 40% of deaths between 2006 and 2010. ▪ In Sheffield we currently have 6,382 people living with dementia and this is expected to rise to 7,342 by 2020 and 9,340 by 2030. The biggest increase will be in the people aged 85+ which will nearly double over the same period. A relatively small number of people with dementia are from black and ethnic minority groups, but this will increase substantially in future years. The increases projected in the city's population means that by 2020 there will be

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			an increase of over a thousand older people projected to suffer from dementia; by 2030 there may be an additional 3,000 people with this illness. This group was involved in the JSNA and consultation and feedback has informed the final Strategy version. Information about how the revised version of the strategy responded to comments from this and other groups will be included in a 'You Said, We Did' report (see action plan).
Pregnancy/ maternity	Positive	High	The strategy has a strong focus on offering children the best start in life, recognising that this starts with pregnancy/maternity. In addition, outcome 2 supports the implementation of a city-wide Parenting Strategy. ▪ This is important, because smoking during pregnancy is reducing in Sheffield but is still above the national rate and there is a seven fold difference at Community Assembly level in the proportion of women who are smoking 'at delivery'. ▪ Breastfeeding rates are above the national average - currently 52.3% women are breastfeeding at 6-8 weeks compared to a national average of 45.2%, but again wide inequalities exist within the city. ▪ Numbers of pregnant women with substance misuse issues has remained stable (c.60 per annum) despite an overall national decline in problematic substance misuse. Information about how the revised version of the strategy responded to comments from this and other groups will be included in a 'You Said, We Did' report (see action plan).
Race	Positive	High	Several of the priority measures in the strategy include targeting health interventions for BME groups. ▪ This is important, because there are similar inequalities between different groups of people in the city – generally speaking, Black and Minority Ethnic (BME) people in the city have lower attainment at school, are more likely to be victims of crime and anti-social behaviour and are less likely to be able to find work than Sheffield's population as a whole. ▪ Similarly, there is clear evidence that particular BME communities also have a range of specific health and wellbeing needs, reflecting distinct communities of people with strong identities, and different cultural backgrounds, beliefs and experiences. Many of these communities, although not all, experience relatively poor health and wellbeing, and a number experience relative poor health in respect to coronary heart diseases (stroke is 70% more common among African Caribbean and South Asian populations); Type 2 diabetes (six times more prevalent in South Asian communities); and mental health (31% of people detained under the Mental Health Act were from BME communities in 2006/7, although BME communities only make up around 15% of Sheffield's population). This group was involved in the JSNA and consultation and feedback has informed the final Strategy version. Information about how the revised version of the strategy responded to comments from this and other groups will be included in a 'You Said, We Did' report (see

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			action plan).
Religion/belief	Positive	Low	The strategy does not impact on religion/belief specifically, but we would not expect the impact to be negative. Those of particular religions/beliefs may find themselves fitting other categories, such as pregnancy/maternity, disability or race.
Sex	Positive	High	The strategy has a strong positive focus on pregnancy/maternity issues and on improving the life expectancy of men. The strategy also seeks to help those experiencing domestic abuse under outcome 2's actions focussing on mental wellbeing and outcome 3 focussing on health inequalities. This can affect both men and women although statistically more women. ▪ In 2009, Home Office estimates suggested that 16,616 women and girls were victims of domestic and sexual abuse in Sheffield and 8,576 women and girls were victims of sexual assault. Estimates also suggest that there are between 1,092 and 3,185 hospital attendances a year in Sheffield which are directly attributable to domestic abuse. ▪ There is clear evidence of the adverse effects of domestic violence on women's mental health, that it can last for many years and that it leads to increased use of mental health services. A meta-analysis of 18 studies found an average rate of post-traumatic stress disorder among victimised women of 64%, a rate of depression of 48% and a suicide rate of 18%. Information about how the revised version of the strategy responded to comments from this and other groups will be included in a 'You Said, We Did' report (see action plan).
Sexual orientation	Positive	High	The strategy is clear that it will assist and support those who are disadvantaged, which may be those of a particular sexual orientation. Those who are LGBT do experience health inequalities, something that outcome 3 recognises and seeks to address. This group was involved in the JSNA and consultation and feedback has informed the final Strategy version. Information about how the revised version of the strategy responded to comments from this and other groups will be included in a 'You Said, We Did' report (see action plan).
Transgender	Positive	High	The strategy is clear that it will assist and support those who are disadvantaged, which may be those who are transgender. Those who are LGBT do experience health inequalities, something that outcome 3 recognises and seeks to address. Information about how the revised version of the strategy responded to comments from this and other groups will be included in a 'You Said, We Did' report (see action plan).
Carers	Positive	High	One of the strategy's central aims is to provide support to people at or closer to home. It aims to give people the services that they need and feel is right for them. ▪ This is important because the estimated the number of carers in Sheffield will be 66,715 by 2015, higher than the national estimates suggest. Although caring can be an immensely positive experience, there is also evidence that caring can increase

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			physical stress, lack of sleep and long term limiting illness, with a strong association between long hours of caring (50+) per week and mental health issues, including increased stress, anxiety and depression. Caring commitments can reduce opportunities for training and education, loss of income (including increased likelihood of poverty and reliance on benefits), increased costs and reduced levels of social interactions and friendships. ▪ There are also inequalities in caring, with a higher proportion of carers providing at least 50 hours care per week in the more deprived areas of Sheffield. Information about how the revised version of the strategy responded to comments from this and other groups will be included in a 'You Said, We Did' report (see action plan).
Voluntary, community & faith sector	Positive	High	The strategy recognises the crucial role that the VCF sector plays in improving health and wellbeing and delivering key services in Sheffield. Outcome 5 recognises the role that they play. This group was involved in the JSNA and consultation. Information about how the revised version of the strategy responded to comments from this and other groups will be included in a 'You Said, We Did' report (see action plan).
Financial inclusion, poverty, social justice:	Positive	High	One of the key outcomes of the strategy is that health inequalities reduce - outcome 3 is focussed on this. The strategy is also clear and strong in its focus on the wider determinants of health – outcome 1 is focussed on this. The Fairness Commission's evidence was an important part of the Strategy's drafting process. ▪ 12% of households rely on benefits and 8% of older people are on some sort of state support. Around 24% of Sheffield's dependent children and 28% of the population over 60 years old live in households claiming Housing and/or Council Tax Benefit. There are 29 neighbourhoods in the city that are within the most 20% deprived within England, in total accounting for 28% of the city's population, whilst there are seven neighbourhoods in the 10% of least deprived locations in England. ▪ 19% of private households in the city experience fuel poverty compared to 13% in England as a whole. ▪ The economic climate also affects people's mental health. For example: 11,000 people in Sheffield claim Employment Support Allowance because of mental health conditions and 87% of these have been claiming for over two years. Information about how the revised version of the strategy responded to concerns about financial inclusion, poverty and social justice from this and other groups will be included in a 'You Said, We Did' report (see action plan).
Cohesion:	Positive	High	Whilst social cohesion has to date remained positive in the city, the continuing financial and economic crisis is beginning to impact on the people who live in Sheffield. This affects people's health, including their mental health. For example, a key concern is the number of young people becoming homeless with almost half of priority homeless cases aged 16 to 24 years old. One of the key outcomes of the strategy is that health inequalities reduce. Through its ten key principles the strategy states that its aim is

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			for strong, resilient communities which enable people to have control over their lives. Information about how the revised version of the strategy responded to concerns about cohesion from this and other groups will be included in a 'You Said, We Did' report (see action plan).
Other/additional: Independence	Positive	High	The strategy is clear that it values independence and allowing people to make their own choices for their lives. For example, outcome 4 is is that "People can get health, social care, children's and housing services when they need them, and they're the sort of services they need and feel is right for them."

Action plan

The following actions are suggested:

- Issuing a 'You said, We Did'-type report which will demonstrate how the responses the consultation has been utilised in the strategy and/or state why this has not been the case. This will supplement existing reports available at http://www.sheffield.gov.uk/healthwellbeingboard and is expected by winter 2013-14. (Lead officer: Louisa Willoughby.)
- The HWB will monitor the high-level progress of the outcomes. This will happen on a yearly basis, starting in September 2013. (Lead officer: Louise Brewins.)
- Identifying opportunities to build an EIA approach into Health and Wellbeing Board activity and scrutiny, e.g. commit to carry out/monitor EIAs for all jointly commissioned services. This will happen as and when services are commissioned. (Lead officer: Joe Fowler, Tim Furness.)
- Working to ensure that each of the 5 work programmes systematically considers equality issues/impacts. The work programmes report back to the HWB once a year. (Lead officer: Joanne Knight.)

Overall summary of possible impact: Positive.

Review date: A yearly review date is recommended, with the next expected in September 2013.

Approved (Lead Managers):

Joe Fowler, Director of Commissioning, Sheffield City Council

Tim Furness, Director of Business Planning and Partnership, NHS Sheffield Clinical Commissioning Group

Date: 17th September 2013

EIA Approved

Phil Reid, Development Manager, Sheffield City Council

Date: 18th September 2013

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