

Equality Impact Assessment No. 2314

Date of latest update

Commented [ES1]: Please add date of most recent changes and save each update with the new date included

Part A

Initial Impact Assessment

Proposal name

Commented [ES2]: Slightly tweaked title if OK

Commented [TL(SYI03R2)]: Yes that's fine

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

In 2022 we started the process of reviewing and updating the citywide Sheffield Physical Health Strategy for People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People (2019-2022).

The refreshed Strategy (2023-2028) outlines:

- Our shared vision for Sheffield – people of all ages with severe mental illness, people with a learning disability and people who are autistic will live longer and healthier lives because of improvements in their physical health and reduction (or early identification) of avoidable physical illness
- How NHS organisations, Sheffield City Council, and community and voluntary sector partners will work together on three key ambitions to achieve this vision.

The three key ambitions of the strategy are:

1. People will have equitable access to healthy living and wellbeing activities and support in their community (This will contribute towards the Promotion of Wellness; Prevention of Illness; Earliest Intervention; Recovery; and Living Well)
2. People will have equitable access to the physical health care and interventions that they need (This includes GP and hospital appointments/care, national screening, dental care, vaccinations, and recognition and care of deterioration in health).
3. People who receive health and care services to help with needs related to their mental illness, learning disability, or autism, will (as part of this care) be supported with their physical health

Key to the strategy is a partnership approach across the City and 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 together deliver the strategy's objectives.

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)

Appendix 2

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

Councillor Angela Argenzio

Lead Director for Proposal

Alexis Chappell

Person filling in this EIA form

Liz Tooke (NHS SY ICB,
Sheffield)

SCC officer contact

Christine Anderson

Commented [ES4]: EIA app needs an SCC officer name who could be named as author and have editorial rights

Commented [TL(SYI05R4)]: I will check this

EIA start date

18/08/2023

Equality Lead Officer

- Adele Robinson
- Annemarie Johnston
- Bashir Khan
- Beverley Law
- Ed Sexton
- 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 |
|---|---|---|---|

Directorate, Service and Team

Is this Cross-Directorate

- Yes No

Directorate

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

- Yes No Please specify

The Strategy is cross-organisational: Sheffield's NHS organisations, partners in the Voluntary and Community Sector, and Sheffield City Council

Consultation

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

- Yes No

If consultation is not required please state why

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

Some staff and individuals will be aware of the existing 2019-2022 strategy and the refresh of the strategy. The strategy has been developed in partnership across key organisations (and in consultation with people with lived experience and their carers) and it builds on the publicly available 2019-2022 strategy (including an easy read version).

It is however primarily a document to help organisations improve their service delivery rather than a document for members of the public – so it is likely that many people will not be aware of it (and that they probably don't need to be, as long as they are aware of the initiatives relevant to them). The revised strategy will however continue to be in the public domain though (including an easy read version).

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

Cumulative Impact

Does the Proposal have a cumulative impact

- Yes No

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

If yes, details of impact

POSITIVE IMPACT

The Strategy recognises (as set out in Sheffield's Joint Health and Wellbeing Strategy) that People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People will face a range of barriers and inequities in terms of health, disability, poverty etc and that this will have a cumulative negative impact on them – the strategy will aim to mitigate some of these barriers.

Proposal has geographical impact across Sheffield

- Yes No

If Yes, details of geographical impact across Sheffield

POSITIVE IMPACT

The strategy recognises that People Living with Severe Mental Illness, People with Learning Disabilities, and Autistic People will face a range of cumulative barriers and inequities and that poor health and wellbeing are inequitably distributed across our city.

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?

- Overall the refresh of the strategy will have a positive impact on people with Protected Characteristics, particularly on people of all ages with learning disabilities, people living with severe mental illness, and autistic people.
- People living with learning disabilities, autism, and severe mental illness, are more likely to experience other long term health conditions and related physical disability. For example, nearly half of all people with diagnosed mental illness also have at least one, and often more, long-term physical condition. The strategy will therefore improve health inequalities for people experiencing a range of long term health conditions and related disabilities. Additionally, the refreshed strategy recognises that that poor health and wellbeing are inequitably distributed across our city.
- The refreshed strategy will be extended to include the physical health of children and young people as well adults, which will help to improve outcomes across all ages. Further focus will also be addressed in the detailed delivery plans about the support needed by older adults. These were both areas highlighted for further work through our engagement activity.

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

People living with severe mental illness, people with learning disabilities and autistic people face inequities in terms of physical health and disparity in health outcomes. For too many people this means living for many years with a long term physical health condition and with reduced quality of life, as well as on average a dramatically reduced life expectancy.

Our shared vision for Sheffield is people of all ages with severe mental illness, people with a learning disability and people who are autistic will live longer and healthier lives because of improvements in their physical health and reduction (or early identification) of avoidable physical illness

Comprehensive Health Impact Assessment being completed

Yes No *Confirmed by Ruth Grainger 31/08/23*

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

Name of Health Lead Officer

*Confirmed by Ruth Granger
31/08/23*

Commented [ES6]: I'd guess a HIA isn't required as, although there'll be clear impacts for people, the overall scale/reach may be limited - but you could check with public health (e.g. Ruth Grainger)

Commented [TL(SY107R6): Thanks - I'll check

Age

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

POSITIVE IMPACT

The 2019-2022 strategy was primarily an adults strategy, but we received feedback as part of our engagement on the refresh of the strategy about the importance of taking an all age approach. As a result, we are extending the 2023-2028 Strategy to cover children and young people as well as adults. The detail of this will be covered within our delivery plans.

This will help to improve outcomes across all ages.

Further focus will also be addressed in the detailed delivery plans about the support needed by older adults (this was an area highlighted through our engagement on the refresh of the strategy).

Data tells us:

- There are 4,000 patients aged 18+ with a Learning Disability diagnosis recorded on Sheffield GP registers, and about 720 children or young people recorded. However the actual number will be significantly higher as it is estimated that approx. 2.16% of adults, and 2.5% of children, have a learning disability.
- The majority of the approx. 5,540 people diagnosed with a severe mental illness in Sheffield will be adults, however we do know that many of those who have severe and enduring mental illness in adulthood are diagnosed when they are children or young people.
- The Sheffield Joint Strategic Needs Assessment states the number of autistic people in Sheffield is unknown, and could be between 8,500 to 20,000 people (all ages).
- Whilst 5% of the general population die under the age of 50, this is 30% for the learning disability population (of mostly preventable causes).
- The average life expectancy of women with a learning disability is 18 years younger than for women in the general population (men with a learning disability have a life expectancy 14 years shorter than men in the general population).

Disability

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

POSITIVE IMPACT

- The focus of the strategy is on addressing health inequalities for people of all ages with learning disabilities, living with severe mental illness, and autistic people – therefore the strategy and delivery plans will have a positive impact for these groups of people.
- The three key ambitions of the strategy are:
 1. People will have equitable access to healthy living and wellbeing activities and support in their community (This will contribute towards the Promotion of Wellness; Prevention of Illness; Earliest Intervention; Recovery; and Living Well)
 2. People will have equitable access to the physical health care and interventions that they need (This includes GP and hospital appointments/care, national screening, dental care, vaccinations, and recognition and care of deterioration in health).

Appendix 2

3. People who receive health and care services to help with needs related to their mental illness, learning disability, or autism, will (as part of this care) be supported with their physical health

Data tells us:

- People living with learning disabilities, autism, and severe mental illness, are more likely to experience other long term health conditions and related physical disability. For example, nearly half of all people with diagnosed mental illness also have at least one, and often more, long-term physical condition. The strategy will therefore improve health inequalities for people experiencing a range of long term health conditions and related disabilities.
- There are 4,714 patients of all ages with a Learning Disability diagnosis recorded on Sheffield GP registers. However the actual number will significantly higher as it is estimated that approx. 2.16% of adults, and 2.5% of children, have a learning disability.
- There are approx. 5,540 people diagnosed with a severe mental illness in Sheffield (excluding those in remission) (NHS England defines 'severe mental illness' (SMI) as anyone diagnosed with schizophrenia, bipolar disorder or other psychosis or is having lithium therapy)
- The Sheffield Joint Strategic Needs Assessment states the number of autistic people in Sheffield is unknown, and could be between 8,500 to 20,000 people (all ages).

Pregnancy/Maternity

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

POSITIVE IMPACT

There will be people experiencing pregnancy/maternity who have severe mental illness, who have a learning disability, and who are autistic.

The strategy aims that people will have equitable access to the physical health care and interventions that they need. This should include when accessing physical health care related to pregnancy/maternity. Actions in the delivery plan relating to this aim includes planned work of Sheffield Teaching Hospitals Learning Disability and Autism service to better support patients; train staff; improve Accessible Information Standards; respond to patient experience and feedback; increase use of Health Passports; and develop how Electronic Patient Record are used to better flag care needs.

However as a result of the EIA, we have highlighted pregnancy/maternity as one of the areas for specific review during the work of the strategy. We have included a partnership action to:

Review if people experiencing pregnancy/maternity are receiving the reasonable adjustments that they need when accessing physical health care related to pregnancy/maternity.

Race

Impact on Staff

Impact on Customers

Yes No Yes No

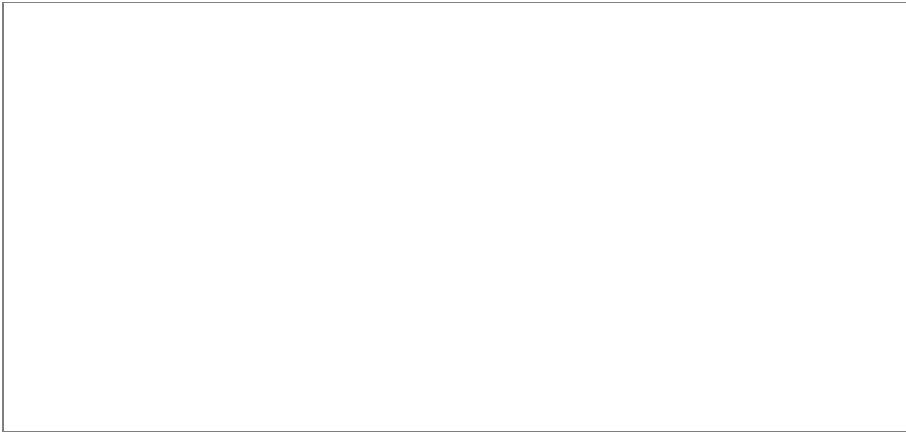
Details of impact

POSITIVE IMPACT

- There have been examples of good practice relating to equality and diversity with the achievements of the 2019-2022 strategy – for example the significant numbers of people from non-White British backgrounds supported through the learning disability and severe mental illness physical health outreach projects commissioned by the NHS.
-
- However gaps in diversity monitoring in NHS services is a barrier to monitoring impact.
- The revised Strategy commits to strengthening its approach to better understanding and meeting the needs of all our different communities (across all Protected Characteristics) and identifying ways to improve care and outcomes and address additional health inequalities faced by individual groups. This will include building this in to commissioning and contract monitoring activity. It will also include work to strengthening links between the strategy/delivery plans, and community groups/partnerships/services supporting people – this has already started with a programme of engagement between the LEDER steering group and Sheffield organisations that support diverse communities and we need to consider how to extend this to mental health workstreams. The practical actions associated with this commitment need to be included in detailed delivery plans.
 - o We received feedback through our engagement on the refresh of the strategy, which highlighted opportunities for the refresh of the strategy to focus on better understanding and meeting the needs of all our different communities (across all Protected Characteristics) and identify ways to improve care and outcomes and address additional/cumulative health inequalities. The need to “get the basics right” was highlighted in terms of culturally competent services, interpretation/translation, inclusive engagement and working with community organisations that support and advocate for diverse groups.
- Evidence shows:
 - Sheffield Race Equality Commission (2020) highlighted concerns regarding healthcare:
 - The need to ensure allocation to GP services reflects health inequalities within communities; cultural competence and Eurocentric Diagnoses; over reliance on compulsory routes into services e.g. detention for mental health;; culturally appropriate health care and availability of interpreters/translation; health environment factors such as availability of halal food in hospitals; disproportionate impact of poverty on non White British communities; experience of racism;
 - In 2014, a higher percentage of Black men than White men had experienced a psychotic disorder in the year before they were surveyed (Gov.uk).
 - Black Caribbean people had the highest rate of detention under the Mental Health Act out of all ethnic groups, at 254 detentions per 100,000 people. This was 3.7 times as high as the rate for White British people (69 per 100,000 people). Black Caribbean adults were the most likely to use mental health and learning disability services out of all ethnic groups where the data was reliable. Nearly 4,800 adults per 100,000 of the Black Caribbean population did so, compared with just over 3,600 per 100,000 White British people (Race Disparity Unit).

Appendix 2

- Those identifying as Asian or Asian British are one-third less likely to be in contact with mental health or learning disability services. (MH foundation)



Religion/Belief**Impact on Staff**

Yes No

Impact on Customers

Yes No

Details of impact

- As recognised by the [RCP](#): *Spirituality can be an important – sometimes a central - part of someone's life. It can offer real benefits for mental health. People who use mental health services appreciate it when this part of their lives is taken seriously.*
- Religious belief can also influence the understanding and beliefs around mental illness, which can impact on accessing services and treatment. For example [BMJ](#) points to: *Differences have also been reported in areas such as engaging with, and access to, mental health services. When accessing mental health services, Muslims experience a lower recovery rate (40.3%), compared with Christians (54.5%) and Jews (49.5%).* Commissioned projects as part of the 2019-22 Physical Health Strategy have supported a significant proportion of clients from non-white backgrounds, and although monitoring has not specifically included religion/belief, case studies have evidenced the challenges that people from different faith groups have experienced and how culturally competent approaches to care have helped to address these.
- There is similar evidence regarding understanding around autism, for example as highlighted by the National Autistic Society/University of [Bedfordshire](#): While it is clear that autism stigma may exist across all socio-cultural contexts (Obeid et al, 2015), it is also reasonable to argue that the severity and means to which autism stigma occurs varies across different cultures. There are a range of practical measures that the autism community can employ that are likely to have an immediate positive effect. Some of these are described by Bankole (2016), such as professionals familiarising themselves with different cultures before meeting families and viewing themselves as partners who care.
- The strategy highlights that the delivery plans must: *Improve how the needs of different communities are understood and met (in relation to both different local areas and Protected Characteristics). This will include responding to areas where further work is needed as identified by the strategy engagement and the Equality Impact Assessment – including provision of culturally competent care/reasonable adjustments (**including how this relates to religion and faith**); further consideration of older adults needs; consideration of pregnancy and maternity services/care; barrier experienced by LGBTQ+ people.*
- We received feedback through our engagement on the refresh of the strategy, which highlighted opportunities for the refresh of the strategy to focus on better understanding and meeting the needs of all our different communities (across all Protected Characteristics) and identify ways to improve care and outcomes and address additional/cumulative health inequalities. The need to “get the basics right” was highlighted in terms of culturally competent services, interpretation/translation, inclusive engagement and working with community organisations that support and advocate for diverse groups.
- The significance of the contribution made by the voluntary, community, social enterprise sector and faith and community groups in helping people to improve their physical health is also recognised.

Sex

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Positive impact

Positive impact for men and women.

Evidence shows:

- There are no marked gender differences in the rates of severe mental disorders like schizophrenia and bipolar disorder that affect less than 2% of the population. (MH Foundation UK / WHO, gender & MH).
- On average men with Learning Disability die 23 years earlier than men without a Learning Disability and for women it's 27 years earlier.
- In 2017, the Royal Mencap Society reported that cervical cancer screening is much lower for women with a learning disability (30%) than in the general population (70%). According to Public Health England, breast screening uptake is also much lower for women with learning disabilities.
- Men may be less likely to disclose their mental health issues to family members or friends, and more likely to use potentially harmful coping methods such as drugs or alcohol in response to distress. 75% of suicides are men. (MH Foundation UK / WHO, gender & MH). Men are nearly 50% more likely than women to be detained and treated compulsorily as psychiatric inpatients. (Men's Health forum). A significantly higher percentage of Black men (3.2%) experienced a psychotic disorder in the past year than did White men (0.3%) (Gov.uk). All these factors have physical health implications.
- The impact of menopause on women with learning disabilities is not always fully recognised by services and this is something the Physical Health Strategy has raised awareness and produced resources regarding.

Sexual Orientation

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

Positive impact

People living with mental illness, people with Learning Disabilities , and autistic adults, who are also LGB are likely to face additional health inequalities due to discrimination and barriers experience by LCB people in accessing health care.

Gaps in understanding support needs for people from LGBTQ+ communities was highlighted in feedback on the refresh of the strategy– this is not an area that the strategy has focussed on specifically during 2019-2022, however we have highlighted a need to do this in the refresh of the strategy.

- Rethink Mental Illness highlights:

- LGBT+ people are at more risk of suicidal behaviour and self-harm than non-LGBT+ people. LGBT+ people are 1½ times more likely to develop depression and anxiety compared to the rest of the population. The reasons why there are mental health issues among LGBT+ people are complex. LGBT+ people, especially trans people, can experience more social isolation than the general population. This could make it harder for LGBT+ people who have mental health problems to get support and treatment. A survey found that in gay and bisexual men who have accessed healthcare services in the last year 34% have had a negative experience related to their sexual orientation. In a survey of lesbian and bisexual women half reported a negative experience of healthcare in the last year.
- In a survey of lesbian and bisexual women half reported a negative experience of healthcare. ([Rethink Mental Illness](#)).

Gender Reassignment (Transgender)

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact

POSITIVE IMPACT

People living with mental illness, people with LD, and autistic adults, who are also transgender are likely to face additional health inequalities. For example, a transgender mental health study showed that 88% of transgender people had experienced depression and 84% had thought of ending their life. ([Rethink Mental Illness](#)).

Equality Implications for individual projects and any commissioning activity associated with the refreshed strategy will be assessed throughout the duration of the strategy.

Appendix 2

Gaps in understanding support needs for people from LGBTQ+ communities was highlighted in feedback on the refresh of the strategy – this is not an area that the strategy has focussed on specifically during 2019-2022, however we have highlighted a need to do this in the refresh of the strategy.

Carers

Impact on Staff

Yes No

Impact on Customers

Yes No

Details of impact**POSITIVE IMPACT**

(Informal/unpaid) carers, and parent carers, play a crucial role in helping their cared for ones maintain and improve their physical health. The refresh of the strategy recognises this.

Equality Implications for individual projects and any commissioning activity associated with the refreshed strategy will be assessed throughout the duration of the strategy.

Our Strategy implementation group includes representation from family carers and (from autumn 2023) Sheffield Parent Carer Forum.

Poverty & Financial Inclusion

Impact on Staff

Yes No

Impact on Customers

Yes No

Please explain the impact**POSITIVE IMPACT**

Financial challenges and lack of practical support to access appointments and take part in physical activity make it harder for people to improve their physical health, was highlighted in engagement feedback on the refresh of the strategy.

The strategy commits to as partners that we will continue to consider the impact of poverty and the cost of living challenge on healthcare and healthy living.

Financial Inclusion/Poverty issues for individual projects and any commissioning activity associated with the refreshed strategy will be assessed throughout the duration of the strategy.

Cohesion**Staff** Yes No**Customers** Yes No**Details of impact****Partners****Impact on Staff** Yes No**Impact on Customers** Yes No**Details of impact**

The Strategy is cross-organisational: Sheffield's NHS organisations, partners in the Voluntary and Community Sector, and Sheffield City Council.

How will we monitor the strategy:

- We will have a delivery plan which will be overseen by our cross organisational Physical Health Improvement Group. **The delivery plan will include key actions from the Equality Impact Assessment and themes arising from the engagement on the refresh of the strategy.**
- This group will report to the Mental Health, Learning Disabilities, Dementia and Autism (MHLDDA) Delivery Group. These groups have a range of partners on them, working together and these partners will help to progress and monitor delivery plans.
- Some actions and projects will be monitored directly by the organisations involved in the strategy.
- Some actions and projects will be monitored by boards and groups that have cross organisation oversight for particular citywide areas of interest (for example smoking cessation).
- We will gain assurance and feedback from people with lived experience and their (informal/family) carers on the progress that the strategy is making and to guide next steps.
- We will gain assurance and feedback from the organisations and networks that work with and support people of all ages with severe mental illness, people with a learning disability and people who are autistic on the progress that the strategy is making and to guide next steps.

Armed Forces**Impact on Staff** Yes No**Impact on Customers** Yes No

Appendix 2

Details of impact

No specific impact identified

Other

Please specify

No specific impact identified

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

Appendix 2

We have added specific points in the refreshed strategy / high level delivery plan that have been prompted through completion of the EIA regarding:

- Equality Implications for individual projects and any commissioning activity associated with the refreshed strategy will be assessed throughout the duration of the strategy.
- The strategy high level delivery plan commits to respond to areas where further work is needed as identified by the strategy engagement and the Equality Impact Assessment – including:
 - extension of the strategy to include children and young people;
 - further consideration of older adults needs;
 - further work to embed provision of culturally competent care/reasonable adjustments (including how this relates to religion and faith; and ensuring we respond to the Sheffield Race Equality Commission findings);
 - consideration of pregnancy and maternity services/care;
 - consideration of barriers to healthcare experienced by LGBTQ+ people
 - to continue to consider the impact of poverty and the cost of living challenge on healthcare and healthy living.
- We will gain assurance and feedback from people with lived experience and their (informal/family) carers on the progress that the strategy is making and to guide next steps.

Timescales: Added to strategy documents by end of August 2023 (Complete)

Review: As part of quarterly review of the strategy

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

See within EIA document

Risk

After the actions and mitigations you have outlined above, is there still significant impact or risk?

No.

- Overall the strategy will have a positive impact on people with Protected Characteristics, particularly on people of all ages with learning disabilities, people living with severe mental illness, and autistic people.
- We do not anticipate any negative impacts from the 2023-2028 strategy and plans going forward will offer further opportunities to better understand and meet the needs across different communities and Protected Characteristics, and to address cumulative health inequalities.

Please outline this impact and risk

N/A

Commented [ES8]: Expanded area on new EIA - probably not risk associated with this but to consider

Commented [TL(SYI09R8)]: done

Appendix 2

Are further mitigations, changes or considerations possible that could reduce this impact or risk?

N/A

Summary

You need to provide a summary of this EIA for any decision-making report (e.g. Policy Committee) that it relates to. Use the box below to create the summary and copy and paste the wording into the report.

- Overall the strategy will have a positive impact on people with Protected Characteristics, particularly on people of all ages with learning disabilities, people living with severe mental illness, and autistic people.
- People living with learning disabilities, autism, and severe mental illness, are more likely to experience other long term health conditions and related physical disability. For example, nearly half of all people with diagnosed mental illness also have at least one, and often more, long-term physical condition. The strategy will therefore improve health inequalities for people experiencing a range of long term health conditions and related disabilities. Additionally, the refreshed strategy recognises that that poor health and wellbeing are inequitably distributed across our city.
- The refreshed strategy will be extended to include the physical health of children and young people as well adults, which will help to improve outcomes across all ages. Further focus will also be addressed in the detailed delivery plans about the support needed by older adults. These were both areas highlighted for further work through our engagement activity.
- There have been examples of good practice relating to equality and diversity with the achievements of the 2019-2022 strategy – for example the significant numbers of people from non-White British backgrounds supported through the learning disability and severe mental illness physical health outreach projects.
- We do not anticipate any negative impacts from the 2023-2028 strategy but plans going forward will offer further opportunities to better understand and meet the needs across different communities and Protected Characteristics, and to address cumulative health inequalities.
- For example, our engagement on the strategy highlighted opportunities for how (through the strategy and it's delivery plans) we could work to embed more culturally competent services and have more inclusive engagement and collaboration with community organisations that support and advocate for diverse groups (in doing this we will also ensure we respond to the Sheffield Race Equality Commission findings). Gaps in understanding support needs for people from LGBTQ+ communities was also highlighted in feedback, which is not an area that the strategy has focussed on specifically during 2019-2022.
- Equality Implications for individual projects and any commissioning activity associated with the refreshed strategy will be assessed throughout the duration of the strategy. This will include continuing to consider the impact of poverty and cost of living challenges on healthcare and healthy living.

Commented [ES10]: Please complete this summary - brief recap of potential areas of impact for different PCs

Commented [TL(SYI011R10)]: Done and added to committee report

Appendix 2

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