

# Equality Impact Assessment

## Introductory Information

### Budget/Project name

Living the life you want to live – AH&SC Strategy

### Proposal type

- Budget
- Project

### Reference number

1148

### Decision Type

- Cooperative Executive
- Leader
- Individual Cooperative Committee Member
- Executive Director/Director
- Officer Decision (Non-Key)
- Council (e.g. Budget and Housing Revenue Account)
- Regulatory Committee (e.g. Licensing Committee)
- Local Area Committee

### Lead Cooperative Executive Member

CLlr George Lindars-Hammond

### Entered on Q Tier

- Yes
- No

### Year(s)

18/19
  19/20
  20/21
  21/22
  22/23
  23/24
  24/25
  25/26

### EIA date

21/12/2021

### EIA Lead

- |                      |                    |
|----------------------|--------------------|
| ▪ Adele Robinson     | ▪ Ed Sexton        |
| ▪ Annemarie Johnston | ▪ Louise Nunn      |
| ▪ Bashir Khan        | ▪ Richard Bartlett |
| ▪ Bev Law            | ▪ Rosie May        |

### Person filling in this EIA form

Charlotte Murrie

### Lead officer

Alexis Chappell

### Lead Corporate Plan priority

- |   |   |  |  |  |
|---|---|--|--|--|
| <input type="checkbox"/> An In-Touch Organisation | <input type="checkbox"/> Strong Economy | <input type="checkbox"/> Thriving Neighbourhoods and Communities | <input type="checkbox"/> Better Health and Wellbeing | <input type="checkbox"/> Tackling Inequalities |
|---|---|--|--|--|

## Portfolio, Service and Team

### Cross-Portfolio

- Yes
- No

### Portfolio

People

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

- Yes
- No

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

Update, February 2023

Adult social care is made up of a complex system of organisations that provide care and support to a significant proportion of Sheffield's population. We have been without a clear strategy that unifies this whole system in Sheffield for many years. Adult social care across the city faces substantial challenges, including the ongoing effects of the coronavirus pandemic, and we must develop a response that commits to improving the lives of people who draw on care and support.

The new strategy meets our obligations under the Care Act to have a strategy for adult social care. It has been developed with citizens, providers, and partners. It sets our vision for how the whole of adult health and social care will work together to deliver better outcomes for the people of Sheffield and tackle the challenges we are currently facing.

The Adult Social Care Strategy Delivery plan sets out the enablers and timeframes for delivery to meet the commitments and outcomes in the strategy.

## 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

### Briefly describe how the proposal helps to meet the Public Sector Duty outlined above

The strategy is fully consistent with the Duty and is particularly focused on ensuring equality of opportunity for people and communities who draw on care and support. Not enough people in Sheffield who need support in their daily lives are able to live the life they want to live.

The vision of our strategy - *Everyone in Sheffield lives in a place they can call home, in communities that care, doing things that matter to them, and when they need it, they receive care and support that prioritises independence, choice, and recovery* – is a statement of intent that everyone in Sheffield should be able to live the life they want to live. The strategy outlines that it is our role as advocates of the

adult social care system to make sure this is the reality for the people of our city who draw on care and support.

The strategy sets out key values of how we as an adult health and social system should work – these are person-centred and strengths based, collaborative and empowering, and compliance and best value. These values highlight how we should recognise strengths, assets, skills, and talents who should be supported by flexible services that focus on the outcomes they want to achieve. By working in this way, we aim to remove the barriers people face to being able to engage and connect to what matters to them and tackle inequalities that affect people’s lives and the care they receive.

We set out high-level actions that indicate how we’ll focus our work over the next ten years to achieve the vision of the strategy. These include:

- Working with communities to develop and deliver the care and support people are looking for – moving away from fitting people into inflexible services that don’t meet their specific needs or outcomes
- Developing an accessible team model where social work staff can work in partnership with and get to know their community – whatever and wherever this may be
- Providing more options for care with accommodation – that helps people retain or regain control over their life, connected to their strengths and networks
- Transforming care at home – so that people can continue to live in their homes, as they choose, in a way that meets their needs and doesn’t limit their opportunities
- Improve how we share information and how people access our services – so it’s straightforward and recognises people have different access needs
- Ensure everyone, no matter how they access social care and support, receives the same standard of person-centred care
- Make sure everyone has an equal voice in designing the support and services they receive
- Deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support – around what they want to achieve

These actions are a commitment to working with our communities and understanding what they need to live the life they want to live and ensuring equal opportunity of access. Through this we deliver on the Public Sector Equality Duty.

## Impacts

### Proposal has an impact on

▪ Health	▪ Transgender
▪ Age	▪ Carers
▪ Disability	▪ Voluntary/Community & Faith Sectors
▪ Pregnancy/Maternity	▪ Cohesion
▪ Race	▪ Partners
▪ Religion/Belief	▪ Poverty & Financial Inclusion
▪ Sex	▪ Armed Forces
▪ Sexual Orientation	▪ Other

Give details in sections below.

## 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

#### Impact

- Positive       Neutral       Negative

#### Level

- None       Low       Medium       High

#### Details of impact

The strategy sets a clear commitment to recognising the value of staff right across adult health and social care. In this context we have taken staff to refer to anyone who works in the sector, not just for the Local Authority. It outlines the role of all parts of the system in ensuring people who draw on care and support can live the life they want to live. It sets a commitment to deliver a workforce strategy that is cross-sector and Sheffield-focussed.

Adult social care has faced significant challenges over the last decade, and this has impacted on staff. The sector has not been sufficiently funded over recent years through austerity measures and improvements have been slow to be embedded due to the ongoing, day-to-day challenge of keeping delivering care. Population changes, the ongoing stress of the day-to-day job, zero-hours contracts, increasing vacancy rates, a perception that social care is an unskilled profession – all contribute to challenging staff wellbeing.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

The Strategy Delivery plan sets out the enablers to deliver on the commitments in the strategy. Particular enablers that impact health and wellbeing are:

- The design and implementation of the new operating model (commitment 1). The model is now aligned to the Primary Care network areas and we are collaborating with health partners to move to a more integrated health and care place based model.
- The implementation all age mental health and emotional wellbeing strategy (commitment 4A)
- The development of the Sheffield joint health and social care outcomes framework (Commitment 4A)
- Improvements to the Hospital Discharge pathways (Commitment 2)
- The development of Adult Social Care Prevention, Independent Living and Wellbeing Strategic Delivery Plan (Commitment 2 )

#### Customers

- Yes       No

#### Impact

- Positive       Neutral       Negative

#### Level

- None       Low       Medium       High

**Details of impact**

The strategy recognises the importance of wellbeing as a determinant of health and that health creation takes place in communities. We have embedded the 5 ways to wellbeing throughout the strategy.

We want to encourage our citizens to:

- keep healthy, active, and safe — including managing emerging and existing conditions
- give — volunteer if they can, share their knowledge and experience
- get connected — reach out to friends, talk to a neighbour, engage with their community
- keep learning — learn, relearn, and grow skills
- take notice — pause and reflect, focus on the here and now, look out for one another

We identified Integrated Care Systems as an enabling factor in the continued join up between health and social care, recognising that many people need social care support due to a health issue – whether that’s in recovery from a crisis or as an ongoing issue.

The strategy is expected to go to Health & Care Partnership, CCG commissioning directors group, Health & Wellbeing Strategy for endorsement, recognising that in order to succeed in our vision for adult social care, we all have to work as a partnership and we need cross-sector buy in to ensure everyone has a good experience of health and social care.

**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
  No

**Health Lead**

## Age

### Staff

- Yes                      ▪ No

### Impact

- Positive      ▪ Neutral      ▪ Negative

### Level

- None              ▪ Low              ▪ Medium              ▪ High

### Details of impact

26% of the adult social care workforce is aged 55 and over. This proportion of the workforce represents years of experience and skill and it's important this is value and recognised in the workforce strategy that comes out of the adult health and social care strategy. As a social care system, we must ensure that all the organisations in our system are age-friendly, with opportunities for flexible working, access to training and technology and investment in staff wellbeing. Age UK estimates that there are likely to be more over 50s in work than those under 30 in the next decade – this aligns with our strategy period and should be an important part of our approach.

In 2020/21, we also have a 7.3% vacancy rate in the adult social care workforce across the city – an increase on the previous year. We're exploring opportunities to reengage recently retired staff members in short term work where this suits them. We must also make social care an attractive career. This means breaking the perception that it is an unskilled profession and in the shadow of the NHS and means working attract younger workers.

### Customers

- Yes                      ▪ No

### Impact

- Positive      ▪ Neutral      ▪ Negative

### Level

- None              ▪ Low              ▪ Medium              ▪ High

### Details of impact

According to POPPI data, in 2020, there are approximately 95,000 people aged over 65 in Sheffield. The 2030 estimate indicates a rise to 108,200. This increase in the number of older adults in the city could mean an increase in the need for services or support. An ageing population means more people with long term health conditions, and a higher risk of having 2 or more at the same time. This makes care and support more challenging in old age.

Carer's UK, Carer's Trust and our own research indicates that more people are receiving the care and support they need from unpaid care – from family, friends, or neighbours. For older people, family care can come from spouses and partners, who are themselves elderly with their own changing needs.

Older people are significantly the highest proportion of users of adult health and social care services. Much of the initial engagement and strategy development work focused on understanding people's experiences of ageing and how the strategy can suitably change the system to ensure this is a more positive experience in Sheffield.

The strategy details Commitments which should improve people's experience of ageing:

- Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed – supporting people to live at home where this is the right choice for them and connecting them to their community, reducing loneliness and isolation
- Provide temporary assistance to help people regain some stability and control in their life following ill health or crisis – perhaps following a fall or a diagnosis

- Provide care and support with accommodation where this is needed in a safe and supportive environment that can be called home – including care homes but expanding our options to ensure people have a choice of accommodation that best meets their needs, rather than defaulting to care homes.

The strategy recognises that transition between services is a key issue in how people experience adult social care in Sheffield. This has often been defined by services, rather than people’s experience. We have particularly noted that the transition between children and young peoples’ services to adult services needs improvement. The strategy sets the context for improving this transition and will further be explored in our subsequent and more detailed annual delivery plans in line with the commitment in Sheffield’s One Year Plan 2021-22.

The particular impacts that are in the Strategy Delivery plan are

The design and implementation of the new operating model, this new model now has specialist services for older people

The strategic review of care homes which is informed by the healthwatch report that sets out people’s experiences of residential care

The transformation of homecare which is moving to a strengths based, outcomes focussed service

## Disability

### Staff

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

Skills for Care provides information on the social care workforces in local authority areas, enabling comparison across the country. The information provided allows us to understand the number of roles and demographics of the workforce. Unfortunately it does not indicate the proportion of the workforce that class themselves as having a disability.

Recent figures (SCC, 2021) indicate that 11.3% of the Council’s entire workforce is disabled, compared to 15% in the internal adult social care workforce. In the wider adult social care workforce, if this followed in line with the wider figure of 19% of working-age adults with a disability, approximately 2660 of that workforce may have a disability. We need to do further work to understand these demographics of our workforce.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

### Customers

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

The prevalence of disability among working-age adults is 19%, up from 15% in 2010/11. For those of State Pension age, the percentage reporting a disability has been between 44% and 46% in every year of the past decade.

The Family Resources Survey 2019-2020 gives us an overarching understanding of the prevalence of different impairments. Mental health impairment is the only category of impairment to have increased in the latest report – a 4% rise since 2017-18.

Impairment type*	2019/20	18-64	Over 65
Mobility	49%	41%	68%
Stamina/breathing/fatigue	36%	32%	44%
Dexterity	25%	21%	32%
Mental health	29%	42%	10%
Memory	16%	16%	17%
Hearing	13%	8%	23%
Vision	12%	9%	18%
Learning	14%	15%	8%
Social/behavioural	9%	9%	2%
Other	17%	18%	16%

\* figures add to over 100% as individuals can report multiple impairments

This helps us have a picture of our communities and changing needs: the system needs to ensure it supports and responds to these.

The CQC State of Care 2020 report identified that there were higher rates of death from coronavirus during the pandemic for people with a learning disability. People with dementia, Alzheimer's disease, and mental health issues reported poorer experiences of care in hospital in the pandemic.

The strategy sets high level actions that recognise the differing needs of individuals to ensure the system can best support people with a disability in Sheffield:

- We will make sure everyone can be involved as an equal partner in designing the support and services they receive across the whole system.
- We will deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support.
- We will overhaul how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps.
- We will ensure people can move between care and support more easily, including health, social care, providers and the voluntary, community, and social enterprise sector.
- We will develop an accessible team model where social work staff can really work in partnership with and get to know their community.

From the strategy delivery plan the elements below are changes that will positively impact people with disabilities

The design and implementation of the new operating model, this new model now has specialist services for adults with disabilities and mental health issues  
 The Learning disability strategy and delivery plan co-development and delivery  
 The Autism strategy and delivery plan co-development and delivery  
 The implementation of the new supported living, respite care and day services for adults with disabilities



## Pregnancy/Maternity

### Staff

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

As a strategy for the whole of the adult social care workforce, we must ensure our workforce strategy enables whole social care workforce, across the city to have the same rights and equality of access. This includes pregnancy and maternity.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

### Customers

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

The strategy focuses on people living the life they want to lead. This includes enabling people to make informed choices around pregnancy. We need to ensure the need to ensure the system doesn't discriminate and that people are supported in positive risk-taking. Pregnancy and maternity are an opportunity for the adult social care system to advocate for people, where required, ensuring they receive the same quality of service and access to pregnancy and maternity services and support. This is part of our values under compliance and best value – 'Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.'

From the strategy delivery plan the Changing futures project is likely to have a positive impact for pregnancy for some of our most vulnerable women who struggle to maintain a housing tenancy and experience multi disadvantage.

## Race

### Staff

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

15% of the adult social care workforce in Sheffield is from an ethnic minority according to Skills for Care data. Sheffield is an ethnically diverse city, with around 19% of its population from black or minority ethnic groups. The largest of those groups is the Pakistani community, but Sheffield also has large Caribbean, Indian, Bangladeshi, Somali, Yemeni and Chinese communities. The workforce does not fully represent this diversity of our population.

We know that management positions in the local authority are not representative of the diversity of the community. We don't yet understand this picture for the rest of the adult social care system.

There are some concerns that the government's migration policies following the EU exit will negatively impact workforce retention.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do. We identified that we need to ensure the workforce strategy doesn't lose focus on equality, diversity and inclusion and have identified this in the high-level plan.

- We will develop and deliver a Sheffield workforce strategy for the whole system, focussing on equality, diversity, and inclusion.

#### Customers

- Yes
- No

#### Impact

- Positive
- Neutral
- Negative

#### Level

- None
- Low
- Medium
- High

#### Details of impact

Sheffield is an ethnically diverse city, with around 19% of its population from black or minority ethnic groups. The largest of those groups is the Pakistani community, but Sheffield also has large Caribbean, Indian, Bangladeshi, Somali, Yemeni and Chinese communities.

We know that the coronavirus pandemic has made inequalities worse. National research (CQC State of Care Report 2020) found that there were higher rates of death from coronavirus in Black and Asian ethnic groups.

As part of our engagement work when developing the strategy, community group leaders told us that strategies often don't focus enough on the ethnic minority population, fully engage them in understanding their specific needs or design services that meet those needs. They told us that the whole adult care system is difficult and complicated and that we need to simplify the whole system and language. We need to include and be relevant to all communities and simplify our language and processes. We heard about specific challenges of some of our communities, who forgo their own care in favour of supporting families in their home countries.

The strategy has been developed from a recognition of the strength of our communities and especially during the coronavirus pandemic. Health and wellbeing happens in communities that care – our strategy aims to support and strengthen this wherever we can, alongside a commitment to equality and diversity, and adopts this as part of our person-centred value:

- We view everyone as unique individuals who have strengths, assets, skills, and talents.
- We avoid trying to fit people into a range of inflexible services. Instead, we focus on their strengths, assets, and the outcomes they want to achieve.
- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
- We tackle inequality, working to make sure that everyone has the same access to and experience of excellent care and support.

We've additionally set specific actions in our high-level plan that recognise what our community leaders have told us:

- We will provide a partnership of care and support, designed, and delivered with communities – we need to continue to trust our communities: they know themselves and their

- We will develop an accessible team model where social work staff can really work in partnership with and get to know their community – this doesn't need to be geographic: many of our ethnic minority communities are spread out across the city, though there may be community hubs communities come together in.
- We will overhaul how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps – everyone should be able to understand how to access services and what they can expect.
- We will invest in a system-wide approach that means everyone receives the same standard and continuity of preventative person-centred care – our system should tackle inequality and ensure we deliver culturally sensitive support.

There is specific emphasis on race in the strategy delivery plan for 2023/24. A commitment to a more systematic approach to designing and testing services that culturally and racially appropriate and to ensuring people equality of access and experience.

We will be looking to align to the recommendations in the Race equality report and also local reports, for example the SACMHA report about homecare.

## Religion/Belief

### Staff

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

As a strategy for the whole of the adult social care workforce, there's a recognition that our workforce strategy must ensure the whole social care workforce, across the city has the same rights and equality of access. This includes religion and belief.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

### Customers

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

Sheffield's 2011 census gives us a good understanding of the mix of religions in the city, though this is likely to have changed over the last ten years. The updated census should give us more details.

Religion	2011
Christian	52.5%
Buddhist	0.4%
Hindu	0.6%

Jewish	0.1%
Muslim	7.7%
Sikh	0.2%
Other	0.4%
None	31.2%

Our values highlight the way in which we will focus on recognising where religion and belief are important to the people who use adult social care:

- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
- Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.

## Sex

### Staff

▪ Yes      ▪ No

### Impact

▪ Positive      ▪ Neutral      ▪ Negative

### Level

▪ None      ▪ Low      ▪ Medium      ▪ High

### Details of impact

According to Skills for Care, 81% of Sheffield's care workforce are female. National figures look similar: about 80 per cent of all jobs in adult social care are done by women. The proportion in direct care and support-providing jobs is higher, at 85-95%. Considering that overall the proportion of women in the workforce in all fields nationally is 46%, these figures represent a significant difference for this workforce though the reasons this is a highly female dominated workforce are likely to be the same as in other areas.

The Women's Budget Group identified in their paper 'A Care-Led Recovery from Coronavirus' that investing in care would create 2.7 times as many jobs as the same investment in construction: 6.3 as many for women and 10% more for men. Increasing the numbers working in care to 10% of the employed population, as in Sweden and Denmark, and giving all care workers a pay rise to the real living wage would create 2 million jobs, increasing overall employment rates by 5% points and decreasing the gender employment gap by 4% points.

The workforce strategy that we commit to in the high-level plan must take sex into account.

### Customers

▪ Yes      ▪ No

### Impact

▪ Positive      ▪ Neutral      ▪ Negative

### Level

▪ None      ▪ Low      ▪ Medium      ▪ High

**Details of impact**

Disability-free life expectancy is decreasing, particularly for women (based on Office for National Statistics, Health state life expectancies UK: 2017 to 2019 report), and a higher number of people face years of poor health and increased difficulty in older age.

The Family Resources survey (2019-2020) indicates that women were more likely to be informal care providers, with 2.7 million versus 1.8 million men. In all age groups, up to the age of 74 years, the proportion of women providing informal care was greater than men. This trend reversed for all age groups over 75 years, where men were more likely to be informal carers.

Our person-centred values in particular - we listen to what matters to each person we work with, making sure they have an equal voice in their care and support - should help us ensure our system gives everyone a voice.

In the Strategy delivery plan, the carers strategy will start to be implemented on 2023 which will provide positive impacts for women who care for dependents.

**Sexual Orientation****Staff**

▪ Yes                      ▪ No

**Impact**

▪ Positive              ▪ Neutral              ▪ Negative

**Level**

▪ None                      ▪ Low                      ▪ Medium                      ▪ High

**Details of impact**

As a strategy for the whole of the adult social care workforce, there's a recognition that our workforce strategy has to ensure the whole social care workforce, across the city has the same rights and equality of access. This includes sexual orientation.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

**Customers**

▪ Yes                      ▪ No

**Impact**

▪ Positive              ▪ Neutral              ▪ Negative

**Level**

▪ None                      ▪ Low                      ▪ Medium                      ▪ High

**Details of impact**

Managing disability and ageing is challenging for everyone, however being LGBT alongside this can present extra difficulties. The LGBT community is more likely to have experienced prejudice, discrimination, or harassment. People should feel safe to share and explore their sexual orientation.

Our values highlight the way in which we will focus on ensuring everyone is comfortable with their care regardless of their sexual orientation:

- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.

- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
  - Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.
- We would expect providers of services to recognise the additional issues/concerns of people from LGBT groups and respond to this.

## Transgender

### Staff

- Yes           ▪ No

### Impact

- Positive   ▪ Neutral   ▪ Negative

### Level

- None       ▪ Low       ▪ Medium   ▪ High

### Details of impact

As a strategy for the whole of the adult social care workforce, there's a recognition that our workforce strategy has to ensure the whole social care workforce, across the city has the same rights and equality of access. This includes transgender individuals.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do.

### Customers

- Yes           ▪ No

### Impact

- Positive   ▪ Neutral   ▪ Negative

### Level

- None       ▪ Low       ▪ Medium   ▪ High

### Details of impact

Managing disability and ageing is challenging for everyone, however being transgender alongside this can present extra difficulties. The LGBT community is more likely to have experienced prejudice, discrimination, or harassment. People should feel safe to share and explore their gender identity and confident that their care provision will respect this.

Our values highlight the way in which we will focus on ensuring everyone is comfortable with their care regardless of their sexual orientation:

- We listen to what matters to each person we work with, making sure they have an equal voice in their care and support.
- We work with communities to develop and deliver care and support that helps people early and to stay healthy and connected to what matters to them.
- We remove barriers so that people can engage and connect with what matters to them, including delivering support more locally.
- Important Human Rights principles of dignity, fairness, respect, and equality will be at the centre of all we do.

We would expect providers of services to recognise the additional issues/concerns of transgender individuals and respond to this.

## Carers

### Staff

■ Yes      ■ No

### Impact

■ Positive    ■ Neutral    ■ Negative

### Level

■ None      ■ Low      ■ Medium      ■ High

### Details of impact

In Sheffield, 1 in 10 people are carers (2011 Census) and 12% of carers are estimated to be of working age. Around 1 in 10 people working for the Council declare themselves as carers – but the figure could be higher. This compares to 18.5% of the council internal workforce who say they are a carer.

Caring for someone can be an all-consuming job. If you're caring and working, not having access to help and advice may impact on your health. You may also feel like you're not able to cope. Managers can make a big difference by:

- creating a workplace where carers can identify themselves and feel comfortable about accessing support
- supporting carers to balance their responsibilities at work and to the people they care for (whether the carer is working from a worksite, in the community or from home)

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do. As a strategy for the whole of the adult social care workforce, there's a recognition that our workforce strategy must ensure the whole social care workforce, across the city improves the support provided to carers who also work in adult social care.

### Customers

■ Yes      ■ No

### Impact

■ Positive    ■ Neutral    ■ Negative

### Level

■ None      ■ Low      ■ Medium      ■ High

### Details of impact

Carers have been particularly affected by the coronavirus pandemic. The Carers UK 2020 survey 'Caring behind closed doors: six months on' allows us to estimate that there are approximately 89,700 carers in Sheffield, and that figure increased by 49.5% since before the coronavirus pandemic. 81% of carers reported that they are doing more caring since the start of lockdown. The survey showed that carers are providing more care with fewer breaks. Physical and mental health has worsened and nearly half of carers asked said they were reaching breaking point.

The national Family Resources survey (2019-2020) indicates that women were more likely to be informal care providers, with 2.7 million versus 1.8 million men. In all age groups, up to the age of 74 years, the proportion of women providing informal care was greater than men. This trend reversed for all age groups over 75 years, where men were more likely to be informal carers.

Caring can play a significant toll on individuals. Sheffield's Carer's survey explored the impact of the coronavirus pandemic on our carers.

- 28% of carers reported their health as either bad (18.4%) or very bad (9.2%).

- 51% of carers indicated that their physical health has got worse since the start of the pandemic.
- 33% of carers described their mental wellbeing as bad (25.7%) or very bad (7.6%).
- 68% of carers feel that their mental wellbeing has got worse since the start of the pandemic.
- 22% of carers reported that they found it difficult to find the information they need.
- 56% of carers would like more help in order to manage their caring role.
- 11% of carers said they didn't feel they could provide care safely.
- 67% of carers don't have an emergency plan in place.
- 11% of carers indicated they don't have enough money for essentials.

If the caring situation breaks down this has big implications for the health and social care systems in Sheffield.

The strategy makes a clear commitment to Carers: Commitment 5 states that we will 'recognise and value unpaid carers and the social care workforce and the contribution they make to our city'. Within this we set a high-level action - We will embed a clear support offer and structure for all carers.

From the strategy delivery plan, the implementation of the carers strategy should make a significant difference to carers across the city

## Voluntary/Community & Faith Sectors

### Staff

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

The adult social care strategy is a whole system approach to providing care and support Sheffield. This includes the voluntary, community and faith sectors which should be seen as a vital part of that system, supporting many people in their communities often preventing need arising in the first place. Sheffield has a well-established, vibrant voluntary, community and faith sector. It is these often smaller organisations, rooted in the community, that keep people well, understand their needs and advocate for their communities.

We identified 'collaborative and empowering' as a key value in our strategy because of this recognised need for partnership and system working:

- We communicate openly — sharing information and listening to others.
- We collaborate with people and communities to make sure we're working together effectively, and we are committed to developing more ways to share power.
- We continue to support effective integration, particularly across health and social care, but also across the system.
- We support everyone who works to deliver adult social care to be knowledgeable, informed, innovative, and creative in their work.

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent. As a strategy for the whole of the adult social care workforce, our workforce strategy must ensure the whole social care workforce, including those in the voluntary, community and faith sectors, are supported by a system that recognises their value and contribution.



**Customers**

- Yes
- No

**Impact**

- Positive
- Neutral
- Negative

**Level**

- None
- Low
- Medium
- High

**Details of impact**

Being supported by communities that care is one part of wellbeing. We know that volunteering and contributing our skills and experience to our communities has a massive impact on our well-being and overall health.

We have made a clear commitment the strategy to work in better partnership with our voluntary, community, and faith sector partners to ensure our adult social care system is better aligned with what matters to people. This means recognising the power this sector has in helping people to maintain independence and health wherever they are.

Commitment 1 in our strategy highlights this: Support people to live a fulfilling life at home, connected to the community and resources around them, and provide care and support where needed.

Within this, we've set a clear action in our high-level plan to better work with communities and those who represent them:

We will provide a partnership of care and support, designed, and delivered with communities.

This means ensuring these sectors are well-represented within strategy and delivery development alongside ongoing governance, accountability, and performance management. We have been well supported in developing this new strategy by our partners across the sector and encouraged by their ongoing commitment to help us embed this new approach.

Our commissioning plan will aim to have a positive impact on the voluntary, community and faith sector.

**Cohesion****Staff**

- Yes
- No

**Impact**

- Positive
- Neutral
- Negative

**Level**

- None
- Low
- Medium
- High

**Details of impact**

The strategy is an attempt to improve the cohesion of the adult social care system in Sheffield. By working in a partnership, there needs to be recognition that different organisations within that partnership have different, but appropriate, organisational practices, inspection and legal requirements, cultural backgrounds and starting points. In creating a community of care with our partners, we develop better links that give us a greater opportunity to understand these differing practices and see ourselves as a cohesive community, rather than defined by our organisational boundaries.

In this way, staff in the social care workforce across the system and over the next ten years, will feel more included, more rewarded, more listened to and more respected.

**Customers**

- Yes
- No

**Impact**

- Positive
- Neutral
- Negative

**Level**

- None
- Low
- Medium
- High

**Details of impact**

The strategy has a clear focus on community as a key source of health and wellbeing. The community of people who use adult social care are at risk of exclusion from the wider community because of their differing needs, clearly impacting on the feeling of community cohesion. It's important that the strategy fosters communities of interest as well as place that everyone can feel included in.

Care with accommodation has the potential to be restrictive and exclusive environments and care homes certainly have this reputation. The high-level plan commits to 'develop vibrant options for care that offer more choice, that help the person to retain or regain control of their life and build on the strengths of the person and their networks.' This is a recognition of the connection between care and the community.

The strategy refers regularly to supporting people to live a fulfilling life at home. Everyone should be able to live in a place they can call home – this may not always be their own home and in some cases should not be. Home is a reflection of a space that is one's own, where we can feel safe and connected to the people and things that matter to us, connected to a community.

**Partners****Staff**

- Yes
- No

**Impact**

- Positive
- Neutral
- Negative

**Level**

- None
- Low
- Medium
- High

**Details of impact**

The strategy is a system wide approach to adult social care, as it recognises that the people of this city and their needs, are best supported by a cohesive whole and not by organisations operating in silos.

The strategy is about strengthening the relationship between the services providing support and the people supported, together with their carers – all as equal members of this system. How the system works in Sheffield is important for everyone who works to support our residents, including the council, NHS partners who fund, plan, and oversee health care, Sheffield Health and Social Care NHS Foundation Trust (SHSC), Sheffield Teaching Hospitals, Primary Care Sheffield, our independent sector care, and support and our voluntary, community and faith sector partners

We have worked hard to develop this new strategy in conjunction with our partners, ensuring that they have been able to be involved in our engagement work and contribute to the development of the strategy and high-level plan.

The strategy, and subsequent delivery plan, will not be successful without the support and contribution of our partners across the city.

The Department of Health and Social Care published a White Paper 'Integrating care: Next steps to building strong and effective integrated care systems across England' in February 2021. This sets out how the law will change to improve how health and social care work together, including better partnerships through Integrated Care Systems (ICS).

We identified 'collaborative and empowering' as a key value in our strategy because of this recognised need for partnership and system working:

- We communicate openly — sharing information and listening to others.
- We collaborate with people and communities to make sure we're working together effectively, and we are committed to developing more ways to share power.
- We continue to support effective integration, particularly across health and social care, but also across the system.
- We support everyone who works to deliver adult social care to be knowledgeable, informed, innovative, and creative in their work.

We already have existing strong partnerships across the city in adult health and social care. Many of these have been tested and strengthened through the recent coronavirus pandemic. The strategy sets the overarching intention to build on these connections and improve on them wherever possible.

From the strategy delivery plan, the new asc operating model and the homecare contract align to Primary care network boundaries and the embedding of the new new models will involve transforming to an integrated place based health and care model. This will make it easier for people to understand roles and responsibilities and connect with each more easily to improve customer outcomes.

The market shaping statements and principles set out how we will move to a closer, more equal relationship with partners starting with community based preventative services development through to closer working as part of a health and care family with care providers in communities.

#### Customers

- Yes
- No

#### Impact

- Positive
- Neutral
- Negative

#### Level

- None
- Low
- Medium
- High

#### Details of impact

Improved collaboration across the system with our partners should pay dividends for the people who use our services. People's support needs and the outcomes they want to achieve but not defined by the organisations that support them or their boundaries. Taking a system approach with our partners should ensure a better focus on individuals and the outcomes they want to achieve alongside really considering what matters to them.

Some of this is embedded in our commitments: for example commitment 4 we should make sure support is what matters to you with helpful information and easier to understand steps.

Actions in our high-level plan that clearly support this aim include:

- we will invest in a system wide approach that means everyone receives the same standard and continuity of preventative person-centred care
- We will make sure everyone can be involved as an equal partner in designing the support and services they receive across the whole system
- We will ensure people can move between care and support more easily, including health, social care, providers, and the voluntary, community, and social enterprise sector

The new operating model should make it easier for customers to connect up with appropriate services in communities due to more integrated working with partners and providers

## Poverty & Financial Inclusion

### Staff

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

Policy in Practice identified that in 2020, the median hourly pay for adult social care workers was £9.01, only slightly higher than the National Living Wage of £8.91. Although pay for care workers has increased significantly over the last decade, it has not kept up with increases in other sectors. In 2012, the average pay for adult social care workers was higher than the average pay for retail assistants and cleaners; by 2020 this was no longer the case. This means that pay for care workers is now one of the lowest in the economy.

Although some adult social care workers are employed directly by the NHS and local authorities, the majority are employed by private agencies or direct payment recipients. These private-sector employees are much more likely to be on zero-hours contracts and have lower pay than people employed by local authorities: in 2019, 10% of local authority employees were on zero-hours contracts compared to 36% of private-sector employees.

The strategy meets the obligation in Our Sheffield One Year Plan 2021/22 to 'Produce a long-term strategic direction and plan for Adult Social Care which sets out how we will improve lives, outcomes and experiences and adults in Sheffield'. Within the One Year Plan, we have committed to 'deliver a long-term workforce plan which empowers and values our social care workforce and sets out how we will implement the Foundation Living Wage for all social care workers in the City'.

### Customers

- Yes
- No

### Impact

- Positive
- Neutral
- Negative

### Level

- None
- Low
- Medium
- High

### Details of impact

Adult social care is responsible for making sure services are coordinated, effective, and suitable to meet the needs of individuals. It includes making sure people can choose how their support is provided and making sure the support available can meet the needs of the local population.

Unlike NHS health services, most adult care and support is not free. Many of us will have to pay for some or all our support, depending on our circumstances.

In September 2021, the government announced the Health and Care Levy, which identified a £5.4 billion investment in adult social care over the next three years and an increasing share of the funding beyond that, though this is still to be defined. Some of the expected reform funded by the Levy was published in the Department for Health and Social Care's White Paper, People at the Heart of Care in December 2021. The paper sets out the new cap on fee contributions people make towards their care.

We know that paying for care can put considerable stress on individuals and affect whether they approach services for support, considering that they worry they will be financially worse off or must sell their homes. The number of pensioners in poverty has now passed the two million mark, according to Age UK, with Black and Asian older people most at risk of struggling financially in later life. Since 2013/14, the number of pensioners in poverty has risen by almost a third (31 per cent) from 1.6 million. Official figures show that a third of Asian older people (33 per cent) and just under a third of Black older people (30 per cent) in the UK live below the poverty line, compared to 16 per cent of White older people. The over-85s, renters, and single, female pensioners, are also at greater risk of poverty than the older population as a whole.

Benefits changes affect the whole population, and some people on long-term benefits worry about working affecting their income. The system can be incredibly difficult to navigate, and issues can take a significant amount of time to resolve when they arise. We heard from carers of autistic people that they felt pressured into finding work by a system that didn't want them on benefits rather than that a good job was the right for them.

Carers receive a limited Allowance, and some feel this is a limited recompense for the support they provide that effectively saves the adult social care system overall.

The strategy sets out Commitment 6 to 'make sure there is a good choice of affordable care and support available, with a focus on people's experiences and improving quality.' We've further outlined a high-level actions that are relevant to ensuring people are better able to understand our financial processes and take more control over them:

- We will overhaul how we share information so that it meets the needs of everyone in Sheffield, with plain language and simplified access steps.
- We will deliver more flexible and simplified ways for people to be able to purchase and arrange their care and support.

In the adults social care strategy delivery plan we have already improved availability of money management options for those that opt to have direct payments.

We are also looking to broaden our support around debt management and managing money in future

## Armed Forces

### Staff

■ Yes            ■ No

### Impact

■ Positive    ■ Neutral    ■ Negative

### Level

■ None        ■ Low        ■ Medium    ■ High

### Details of impact

Much of the impact on staff will be found in the subsequent workforce strategy but the overarching adult health and social care strategy sets the strategic intent to recognise and value our social care workforce for the incredible job they do. Issues identified for customers will also affect staff across the workforce.

### Customers

■ Yes            ■ No

### Impact

■ Positive    ■ Neutral    ■ Negative

**Level**

- None
- Low
- Medium
- High

**Details of impact**

40% of UK veterans are aged 16-64 and 60% are over 65. Experience of service and the transition to civilian life may have a negative effect on veterans' wellbeing (The health and wellbeing needs of veterans: a rapid review, 2017). Veterans can face disability and injury, alongside trauma and mental health issues, on discharge.

There is also a concept called the 'healthy soldier effect' that means some veterans have been observed to have a lower mortality risk relative to the general population – this can be partly attributed to high physical health standards for entry into the Armed Forces. Recent conflicts may be changing this 'healthy soldier effects' – some research indicates that 'prolonged and repeated deployments [and] survival from injuries that would have resulted in death in previous conflicts' could be changing this.

Overall there are no differences between veterans' and non-veterans' self-reported general health (Annual Population Survey 2017).

The King's Centre for Military Health Research 'estimates the overall rate of probable PTSD among a sample of current and ex-serving regular military personnel was 6% in the 2014/16 cohort... this compares to a rate of 4.4% within the civilian population'. There are dedicated services available to support veterans' and armed forces personnel's mental health.

In 2014 it was estimated that the proportion of those sleeping rough who had services in the Armed Forces ranged from 3% to 6%.

The whole system has a role to play in supporting the Armed Forces community in line with the Armed Forces Covenant – for example in employment, healthcare, housing, education, and financial advice.

**Other**

**Staff**

- Yes
- No

*Please specify*

**Impact**

- Positive
- Neutral
- Negative

**Level**

- None
- Low
- Medium
- High

**Details of impact**

**Customers**

- Yes
- No

*Please specify*

<p><b>Impact</b></p> <p> <input type="checkbox"/> Positive    <input type="checkbox"/> Neutral    <input type="checkbox"/> Negative </p> <p><b>Level</b></p> <p> <input type="checkbox"/> None    <input type="checkbox"/> Low    <input type="checkbox"/> Medium    <input type="checkbox"/> High </p> <p><b>Details of impact</b></p> <div style="background-color: #cccccc; height: 50px;"></div>

## Cumulative Impact

### Proposal has a cumulative impact

- Yes                       No

<input 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*

The strategy is a cross-city approach for the whole of the city for the next 10 years. We expect it to particularly interest and effect:

- People aged over 65
- People with a disability
- People who care for someone who needs social care support

### Proposal has geographical impact across Sheffield

- Yes                       No

#### *If Yes, details of geographical impact across Sheffield*

The strategy is a cross-city approach for the whole of the city for the next 10 years. It sets the strategic intention for changing how services are delivered and provided across the city and to tackle inequality and disparity faced by different areas. For example, it could see the development of new provision in a different area or the changing of provision in a specific locality. This would be dependent on need and in conjunction and consultation with individuals and communities.

### Local Partnership Area(s) impacted

- All                       Specific

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

## Action Plan and Supporting Evidence

### Action Plan

The delivery of the strategy through the AHSC Transformation Programme puts in place a formal partnership governance structure that will enable monitoring of impact for citizens and the system. The Strategy Delivery Board, reporting to the Strategic Board, will:

1. Provide assurance that plans are complete and sufficient to achieve the aims of the Adult Health & Social Care Strategy
2. Provide assurance that the outcomes of the Adult Health & Social Care Strategy are being delivered

Three Engagement Boards will sit alongside this structure – Workforce, Citizen Social Care Panel and Providers – to shape and influence ongoing delivery. This will help ensure we are accountable for the impact on citizens and progress against our delivery plans and achievement of outcomes.

The strategy’s high-level plan sets out actions that shape our intentions over the years: how will we know we’ve made a difference is a key question that sits alongside them. This ensures there is a focus on experience and outcomes over output based metrics.

The high-level plan also commits to an action to ‘embed open and transparent decision making alongside plans and priorities for adult social care, designed and developed with the people of Sheffield.’ This is likely to take the form of annually co-designed and published delivery plans. We will review this EIA annually in line with this delivery plan.

Additional actions arising from the EIA:

- Improve system understanding of cultural factors that affect uptake of social care by ethnic minority groups
- Improve the identification of carers
- Gain a better understanding of the whole of the social care workforce in Sheffield, for example those with a disability or who are informal carers
- Utilise updated Census data to explore previously limited demographic data, such as sexual orientation, in our social care cohort

(New) Develop an approach that ensures that we understand the impact of changes and service delivery on diverse groups and that supports equality of experience in relation to race equality, diversity, and inclusion for our programme of change.	April 2023 – April 2024	(New) Embed and quality assure the approach when changes are made	April 2024 to March 2026
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**Supporting Evidence** (Please detail all your evidence used to support the EIA)

- Living the life you want to live - 2022-2030 - adult social care strategy
- Skills for Care - local authority workforce figures - My local area (skillsforcare.org.uk)
- Age UK - What does it mean to be an age-friendly workplace? | Age UK
- Projecting Older People Population Information - [www.POPPI.org.uk](http://www.POPPI.org.uk)
- Carer's Trust, A few hours a week to call my own, November 2020 ,  
<https://carers.org/downloads/resources-pdfs/a-few-hours-a-week-to-call-my-own.pdf>
- Carers UK, Caring behind closed doors, (Caring behind closed doors: six months on, (  
<https://www.carersuk.org/news-and-campaigns/campaigns/caring-behind-closed-doors>)
- Sheffield's One Year Plan 2021-22, <https://www.sheffield.gov.uk/home/your-city-council/corporate-plan>
- Sheffield City Council Intranet, Disability Confident in the workplace (sheffield.gov.uk)
- Family Resources Survey: financial year 2019 to 2020 - GOV.UK ([www.gov.uk](http://www.gov.uk))
- The state of health and adult social care in England 2020-21,  
20211021\_stateofcare2021\_print.pdf (cqc.org.uk)
- Census 2011, <https://www.sheffield.gov.uk/home/your-city-council/population-in-sheffield>
- Adult social care workforce survey: December 2021 report - GOV.UK ([www.gov.uk](http://www.gov.uk))
- Women's Budget Group, <https://wbg.org.uk/analysis/reports/a-care-led-recovery-from-coronavirus/>
- Office for National Statistics, Health state life expectancies UK: 2017 to 2019,  
<https://www.ons.gov.uk/releases/healthstatelifeexpectanciesuk2017to2019>
- Sheffield City Council Carer's consultation - April 2021
- Sheffield City Council intranet, Support for carers (sheffield.gov.uk)
- 'Integrating care: Next steps to building strong and effective integrated care systems across England' NHS England » Integrating care: Next steps to building strong and effective integrated care systems across England
- King's Fund, Overview of the health and social care workforce,  
<https://www.kingsfund.org.uk/projects/time-think-differently/trends-workforce-overview>
- Policy in Practice - <https://policyinpractice.co.uk/wages-and-welfare-for-adult-social-care-workers/>
- People at the Heart of Care -  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1037594/people-at-the-heart-of-care\\_asc-form-accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1037594/people-at-the-heart-of-care_asc-form-accessible.pdf)
- Age UK, Number of pensioners living in poverty 2021,  
<https://www.ageuk.org.uk/latest-press/articles/2021/number-of-pensioners-living-in-poverty-tops-two-million/>
- Veterans factsheet 2020,  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/874821/6.6409\\_CO\\_Armed-Forces\\_Veterans-Factsheet\\_v9\\_web.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874821/6.6409_CO_Armed-Forces_Veterans-Factsheet_v9_web.pdf)
- The health and wellbeing needs of veterans: a rapid review,  
<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-017-1547-0>

## Consultation

### Consultation required

- 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

## Summary of overall impact

### Summary of overall impact

Overall positive impact from setting the intention around developing a more flexible system of support that is driven by 'what matters' to the people who use the system. This includes reducing organisational silos and increased partnership working and making our information and processes easier to understand.

### Summary of evidence

The strategy is informed by national research and local consultation feedback

### Changes made as a result of the EIA

Feedback will inform the delivery plan and subsequent projects

## Escalation plan

### Is there a high impact in any area?

- Yes
- No

### Overall risk rating after any mitigations have been put in place

- High
- Medium
- Low
- None

**Review Date**

31/03/2023



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