Equality Impact Assessment Number

Part A

Initial Impact Assessment

Proposal name

Information, advice and guidance

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

Launch a new information, advice and guidance platform to improve the access citizens of Sheffield have to information advice and guidance regarding adult social care and health.

o other other
ue Account)
ommittee)
ge Linders-Hammond

Initial Impact

Under the <u>Public Sector Equality Duty</u> 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 <u>Council website</u> including the <u>Community Knowledge Profiles</u>.

Identify Impacts

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

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

Cumulative Impact				
Does the Proposal have a cumulative impact ○ Yes No				
O Year on Year	O Across a Community of Identity/Interest			
O Geographical Area	O Other			
If yes, details of impact				
Proposal has geographical impact across Sheffield ○ Yes No				
If Yes, details of geographical impact across Sheffield				
Local Area Committee Area(s) impacted ● All ○ Specific				
If Specific, name of Local Committee Area(s) impacted				

Initial Impact Overview Based on the information about the proposal what will be the overall equality impact? The development will enable people who live in Sheffield to find out about the health and social care system and get support to access it more easily, and when they do access it the information, advice and guidance they receive wil be better quality and more relevant to them. Is a Full impact Assessment required at this stage? ○ Yes No

Initial Impact Sign Off				
		ned off by the Equality lead Offi this been signed off?	cer in your	
○ Yes	O No			
Date agreed	DD/MM/YYYY	Name of EIA lead officer		

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.

Part B

Health

Full Impact Assessment

			impact on health and well-being minants of health)?
O Yes	O No	if Yes, comple	ete section below
Staff O Yes	O No	Customers ○ Yes	O No
Details of	fimpact		
Compreh	ensive Healt	h Impact Asses	sment being completed
○ Yes	○ No		
Please att	ach health imp	pact assessment	as a supporting document below.
Public He	ealth Leads h	as signed off th	ne health impact(s) of this EIA
O Yes C	N		
Name of Lead Offi			
Ago			
Age			
Impact o O Yes	n Staff ○ No	Imp ○ Y	act on Customers es O No
Details of	f impact		

Disability	
Impact on Staff ○ Yes ○ No	Impact on Customers O Yes O No
Details of impact	
D / M - L	
Pregnancy/Maternit	У
Impact on Staff O Yes O No	Impact on Customers ○ Yes ○ No
Details of impact	
Race	
Impact on Staff ○ Yes ○ No	Impact on Customers ○ Yes ○ No
Details of impact	

Religion/Belief	
Impact on Staff ○ Yes ○ No	Impact on Customers ○ Yes ○ No
Details of impact	
Sex	
Impact on Staff O Yes O No	Impact on Customers ○ Yes ○ No
Details of impact	
Sexual Orientation	
Impact on Staff O Yes O No	Impact on Customers ○ Yes ○ No
Details of impact	

Gender Reassignment (Transgender)

Impact on Staff Impact of ageomers

○ Yes	O No	○ Yes	○ No	
Details of	impact			
Carers				
	Staff		Customers	
○ Yes	○ No	Yes	○ No	
Details of	impact			
Details of	Шрасс			
Dovortir o	. Einanaia	l Inclusion		
Poverty o	x rinancia	l Inclusion		
Impact on	Staff	Impact or	Customers	
Yes		Impact of		
			O No	
	O No plain the imp			
Please exp	olain the im			
Please exp	olain the im			
Please exp	olain the im	pact	○ No	
Please exp	olain the imp	pact	○ No	
Please exp	olain the imp	pact	○ No	
Cohesion Staff O Yes	Olain the imp	pact	○ No	
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Cohesion Staff O Yes	Olain the imp	pact	○ No	
Cohesion Staff O Yes	Olain the imp	pact	○ No	
Cohesion Staff O Yes	Olain the imp	pact	○ No	
Cohesion Staff Yes	Olain the imp	pact	○ No	

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Impact on Staff○ Yes ○ No

Impact on Customers O Yes O No Details of impact		
Armed Forces		
Impact on Staff O Yes O No	Impact on Customers ○ Yes ○ No	
Details of impact		
Other		
Please specify		
Impact on Staff ○ Yes ○ No	Impact on Customers ○ Yes ○ No	
Details of impact		

Action Plan and Supporting Evidence

What actions will you take, please include an Action Plan including timescales			
Supporting Evidence (Please of	detail all your evidence used to support the EIA)		
Detail any changes made	e as a result of the EIA		
Following mitigation is there still significant risk of impact on a protected characteristic. O Yes O No If yes, the EIA will need corporate escalation? Please explain below			
Sign Off			
Sign Off EIAs must be agreed and signed off by the Equality lead Officer in your Portfolio or corporately. Has this been signed off?			
O Yes O No			
Date agreed DD/MM/YYYY	Name of EIA lead officer		
Review Date DD/MN	M/YYYY		