

Equality Impact Assessment

Introductory Information

Budget/Project name

Living the life you want to live – AH&SC Strategy
2023 Directorate Plan Review and Refresh

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 Angela Argenzio

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

25/07/2023

EIA Lead

- | | |
|--|--|
| <input type="radio"/> Adele Robinson | <input checked="" type="radio"/> Ed Sexton |
| <input type="radio"/> Annemarie Johnston | <input type="radio"/> Louise Nunn |
| <input type="radio"/> Bashir Khan | <input type="radio"/> Richard Bartlett |
| <input type="radio"/> Bev Law | <input type="radio"/> Rosie May |

Person filling in this EIA form

Charlotte Murrie

Lead officer

Alexis Chappell

Lead Corporate Plan priority

<input checked="" type="radio"/> Understanding Communities	<input type="radio"/> Workforce Diversity	<input type="radio"/> Leading the city in celebrating and promoting inclusion	<input checked="" type="radio"/> Break the cycle and improve life chances	<input type="radio"/> Becoming an anti-racist organisation and city
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Portfolio, Service and Team**Cross-Portfolio**

Yes No

Portfolio

Adult Care and Wellbeing

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

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. Prior to 'Living the Life you want to live', Sheffield had been without a clear strategy that unifies this whole system for many years. Adult social care across the city faces substantial challenges, including the ongoing effects of the coronavirus pandemic, rising costs of living and reductions in funding, and we must continue to develop a response that commits to improving the lives of people who draw on care and support.

The ASC strategy 2022-2030 meets our obligations under the Care Act to have a robust and considered strategy for adult social care. It was developed with citizens, providers, and partners across Sheffield and 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.

Our annual delivery plan, also codesigned with our communities and partners, sets the priorities for the year and highlights progress.

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, celebrated for who they are - 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 compliant 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

<input checked="" type="radio"/> Age	<input checked="" type="radio"/> Carers
<input checked="" type="radio"/> Disability	<input checked="" type="radio"/> Voluntary/Community & Faith Sectors
<input checked="" type="radio"/> Pregnancy/Maternity	<input checked="" type="radio"/> Cohesion
<input checked="" type="radio"/> Race	<input checked="" type="radio"/> Partners
<input checked="" type="radio"/> Religion/Belief	<input checked="" type="radio"/> Poverty & Financial Inclusion
<input checked="" type="radio"/> Sex	<input checked="" type="radio"/> Armed Forces
<input checked="" type="radio"/> Sexual Orientation	<input type="radio"/> 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, including unpaid Carers and volunteers, not just people employed by 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 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 can be found in the ASC [Care sector Workforce Development 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 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

Health and social care are intrinsically linked. The proportion of life spent disability-free has remained roughly constant over time, at around 80%. Evidence suggests that overall increases in longevity are associated with more years spent in ill health – all likely to increase pressures on the NHS and social care (Institute of Fiscal Studies, *Securing the future: funding health and social care into the 2030s*).

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 was endorsed by the Health & Care Partnership, CCG commissioning directors group, and Health & Wellbeing Board, 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

29.8% of the council's adult wellbeing and care service is aged 56 and over. Skills for Care data for Sheffield in August 2023 indicated that 28% of the adult social care workforce in the city are aged 55 and above. This proportion of the workforce represents years of experience and skill and it's important this is valued and recognised in ASC Care Workforce Development 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.

Skills for Care workforce data in August 2023 identified a 9.2% vacancy rate in 2021/22, increasing from the 7.3% vacancy rate in 2020/21 (itself an increase on 2019/20). 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 to 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. The Institute for Fiscal Studies and Health Foundation paper, 'Securing the future: funding health and social care to the 2030s', identifies that nationally, the number of people aged 65 and over is growing three times faster than the number aged under 65. The paper also identifies that the number of people living with a single chronic condition has grown by 4% a year -outpacing population growth – the number living with multiple chronic conditions has grown by 8% a year.

The National Institute for Health and Care research states that 'two-thirds of adults aged over 65 are expected to be living with multiple health conditions (multi-morbidity) by 2035. Seventeen percent would be living with four or more diseases, double the number in 2015. One-third of these people would have a mental illness like dementia or depression.' This makes care and support more challenging in old age. The paper also highlights that 'the growing number of younger people with multi-morbidity, particularly obesity-related diseases, will contribute to the health and social care burden as they age.' As this data is based on predictions, it's likely that some of these health conditions are developing in the working age population – a preventative approach would benefit the longer-term provision of care.

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, building on community and at-home resilience.

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 – for example 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

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, as we heard from people who contributed to the strategy development and through the Accelerated Progress Plan to improve multi-agency support at transition points in children and young people's lives. 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.

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.

16% of SCC Adult Wellbeing and Care Services staff declared they had a disability according to July 2023 figures. Recent figures (SCC, 2021) indicate that 11.3% of the Council's entire workforce is disabled. House of Commons library data indicates that 23% of the working age adult population reported that they were disabled in January to March 2023. The proportion of people reporting they have a disability is rising and

has nationally risen from 19% in 2010/11. In the wider adult social care workforce, if this followed in line with this 23% figure, approximately 3680 of that workforce may have a disability, compared to the 2660 estimate in 2022. The increase is accounted for by more filled care sector posts in 2021/22 (16000) than 2020/21 (14000) and the increased reported national disability percentage for working age adults. We need to do further work to understand these demographics of our workforce.

Much of the impact on staff will be found in the ASC Care Workforce Development 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

Census 2021 data indicates 9.1% of Sheffield residents identified as being disabled, a decrease from 10.6% in 2011 (age-standardised proportions). This equates to approximately 33000 people. For those of State Pension age, the percentage reporting a disability has been between 42% and 46% in every year of the past decade, which could mean approximately 43500 people with a disability 65 and over (there will be some discrepancies in these figures due to matching across state pension age, which has been increasing gradually, with population figures that are set at 65 and over)

The Family Resources Survey 2021/22 gives us an overarching understanding of the prevalence of different impairments – here it's compared to the Family Resources Survey 2019/20 utilised in the 2022 Strategy EIA. Mental health impairment continues to in the latest report – a 7 percentage point rise since 2017-18.

Impairment type*	2019/ 20	18-64	Over 65	2021/ 22	18-64	Over 65**
Mobility	49%	41%	68%	47%	43%	64%
Stamina/breathing/fatigue	36%	32%	44%	35%	34%	43%
Dexterity	25%	21%	32%	25%	23%	35%
Mental health	29%	42%	10%	32%	44%	13%
Memory	16%	16%	17%	13%	13%	13%
Hearing	13%	8%	23%	9%	5%	16%
Vision	12%	9%	18%	9%	7%	13%
Learning	14%	15%	8%	13%	15%	8%
Social/behavioural	9%	9%	2%	11%	10%	2%
Other	17%	18%	16%	20%	20%	20%

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

** Described as State Pension Age in 2021/22 data

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.

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 ASC Care Workforce Development 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.'

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

16% of the adult social care workforce is from a minoritized ethnic community, according to Skills for Care data in August 2023 (2021/22 data), a slight increase on the reported 15% in the same data in 2020/21. Sheffield is an ethnically diverse city, with 2021 Census data indicating approximately 25% of the population identifying as non White British (an increase from 19% in the 2011 census). 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 25% 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 needs.
- 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.

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 ASC Care Workforce Development 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 2021 Census religion data for Sheffield shows significant change in religious belief in the city over the last ten years.

Religion	2011	2021
Christian	52.5%	38.5%
Buddhist	0.4%	0.4%
Hindu	0.6%	0.7%
Jewish	0.1%	0.1%
Muslim	7.7%	10.3%
Sikh	0.2%	0.2%
Other	0.4%	0.5%
None	31.2%	43.4%

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, 83% of Sheffield's care workforce were female in 2021/22, compared to 81% in 2020/21. National figures look similar: about 80% 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.

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 ASC Care Workforce Development Strategy 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: 2018 to 2020 report), and a higher number of people face years of poor health and increased difficulty in older age.

56% of the people in receipt of council funded care in Sheffield is female (data as at 23 August 2023) compared with a 50.7% Sheffield female population (2021 Census). The average weekly care cost for women is £118 less than men (£569 vs £687). This difference in size or complexity of care packages means that the gender percentage breakdown of care costs reduces by 5 percentage points for women to 51%.

The Family Resources survey (2020-21) indicates that women were more likely to be informal care providers, with 3.0 million versus 1.9 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 the 65-74 age group, where men were more likely to be informal carers. Women and men are equally likely to be carers in the 75 and over age categories.

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.

Sexual Orientation

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

We recognise that 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 staff with any and all sexual orientation.

Much of the impact on staff will be found in the ASC Care Workforce Development 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 LGBTQ+ alongside this can present extra difficulties. The LGBTQ+ community is more likely to have experienced prejudice, discrimination, or harassment. People should feel safe to share and explore their sexual orientation.

Living with dementia as an LGBTQ+ person can present challenges for the person and for the people caring for them. Each person who has dementia experiences the condition differently. LGBTQ+ people with dementia may have revealed their sexual orientation to some people and not others and may forget who they've shared this with. This memory loss may mean the individual suffers anxiety about 'coming out'. Some people with dementia lose sexual inhibitions – where a person has not disclosed their sexual orientation, the way they behave may reveal this to others.

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 LGBTQ+ 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. We must work to ensure trans staff across the care sector workforce in Sheffield feel safe when doing their jobs and visiting people's homes. We must do this with our staff and embedding the actions into the ASC Care Workforce Development Strategy.

Much of the impact on staff will be found in the ASC Care Workforce Development 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 LGBTQ+ 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.

Living with dementia as an LGBTQ+ person can present challenges for the person and for the people caring for them. Each person who has dementia experiences the condition differently. Some trans people will have sex reassignment surgery, whilst other trans people may not. People providing personal care for a trans person may become aware of the person's trans status even if not disclosed. LGBTQ+ people with dementia may have revealed their trans status to some people and not others and may forget who they've shared this with. This memory loss may mean the individual suffers anxiety about 'coming out'. Trans people who have transitioned (or who are in the process of doing so) or have a friend or partner who is transitioning may not remember 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.

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. 23.8% of the Adult Wellbeing and Care service in SCC declared they are an unpaid carer. We don't know the proportion of the wider care workforce that would consider themselves an informal 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 ASC Care Workforce Development 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 were 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 did more caring since the start of lockdown. The survey showed that carers provided more care with fewer breaks. Physical and mental health has worsened and nearly half of carers asked said they were reaching breaking point.

The Family Resources survey (2020-21) indicates that women were more likely to be informal care providers, with 3.0 million versus 1.9 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 the 65-74 age group, where men were more likely to be informal carers. Women and men are equally likely to be carers in the 75 and over age categories.

The Family Resources survey (2020-21) includes a new categorisation of 'sandwich carers' – people who care for a child within their household or who have a child dependent on them within their household and who care for an adult relative. 16% of informal carers are classified as 'sandwich 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.

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 in 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 or de-escalating crises. 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 more intrinsically 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 ASC Care Workforce Development 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, partners who fund, plan, and oversee health care, the Integrated Care System, 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 add 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.

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 should not be 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

Poverty & Financial Inclusion

Staff

Yes No

Impact

Positive Neutral Negative

Level

None Low Medium High

Details of impact

Skills for Care indicates the average hourly rate for all job roles in the independent sector in Sheffield in 2021/22 was £10.05 (National Living Wage £8.91), higher than the same average of £9.69 in 2020/21 (National Living Wage £8.72). 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 one of the lowest in the economy. The cost-of-living crisis has seen wages squeezed, so the comparative spending power of these wages has decreased.

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. Homecare tests of change exploring some of these issues have indicated that zero-hours and weekly pay is preferable to some care worker staff.

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. Carer's Allowance is £76.75 a week for at least 35 hours of caring per week - £2.19 an hour at it's maximum. May 2023 findings from Carers UK and University of Sheffield show that unpaid carers in England and Wales contribute £445 million to the economy every day – equivalent to another NHS every year.

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.

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 ASC Care 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. Census 2021 data indicates 2.9% of Sheffield's population previously service in the armed forces. This would mean about 16150 veterans live in Sheffield. 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 effect' – 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 government's rough sleeping strategy, published in September 2022, revealed 6 per cent of UK nationals who were street homeless served in the armed forces, according to the government's national questionnaire on the subject.

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

Impact

- Positive Neutral Negative

Level

- None Low Medium High

Details of impact

Cumulative Impact

Proposal has a cumulative impact

- Yes No

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

If yes, details of impact

The strategy is a cross-city approach for the whole of the city until 2030. We expect it to particularly interest and effect:

- People aged over 65
- People with a disability or is otherwise impacted by health concerns
- People who care for someone who needs social care support
- People accessing care who also experience disadvantages socio-culturally or economically.
- Those with intersectional characteristics that may experience disadvantages or concerns.

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 until 2030. 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 minoritized ethnic 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
- Improve awareness of intersectionality and the impact of this on individual requirements and care needs, including increasing complexity

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 (POPPI)
- Carer's Trust, A few hours a week to call my own, November 2020
- Carers UK, Caring behind closed doors
- Sheffield's One Year Plan 2021-22
- Sheffield City Council Intranet, Disability Confident in the workplace (sheffield.gov.uk)
- Family Resources Survey: financial year 2019 to 2020 - GOV.UK
- Care Quality Commission, The state of health and adult social care in England 2020-21
- Census 2011 and Census 2021
- Local Insight Profile for 'Sheffield' area, 16 May 2023
- Adult social care workforce survey: December 2021 report - GOV.UK
- Women's Budget Group, A care-led recovery to coronavirus
- Office for National Statistics, Health state life expectancies UK: 2017 to 2019 and Office for National Statistics, Health state life expectancies UK: 2018 to 2020
- Sheffield City Council Carer's consultation - April 2021
- Sheffield City Council intranet, Support for carers
- Adult Social Care Business Information Hub (Person dashboard)
- DHSC, 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,
- Policy in Practice, Wages and Welfare for the social care workforce
- DHSC, People at the Heart of Care
- Age UK, Number of pensioners living in poverty 2021
- Office for Veteran's Affairs, Veteran's factsheet 2020
- BMC Psychiatry, the health and wellbeing needs of veterans: a rapid review
- Expressing identity or orientation for LGBTQ+ people with dementia, Alzheimer's Society
- Unpaid care in England and Wales valued at £445 million per day, Carers UK
- Census 2011 Veteran Comparison Statistics (2091017)
- UK armed forces veterans, England and Wales: Census 2021 (ONS)
- How many veterans are homeless in the UK?, Big Issue

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

30/09/23