



Equalities Impact Assessment - Enhanced Public Health Programmes March 2009

<u>Directorate</u>	NHS Sheffield - Public Health Directorate
<u>Service</u>	<p>Review of content of Enhanced Public Health Programme (EPHP) against the six single equality scheme (SES) elements. The SES is part of the Department of Health (DH) Human Rights agenda and a public commitment of how it intends to meet the duties placed on it by equality legislation. This approach demonstrates World Class Commissioning competence, addresses health inequalities, the health needs of those most vulnerable, and the promotion of social inclusion.</p> <p>This Equality Impact Assessment (EIA) is categorised as both retrospective and concurrent, and offers a snapshot of city wide activity, with analysis, recommendations and action plan. It is envisaged that further work may be needed to capture other elements of the whole Healthier Communities block in future including specific city wide BME interventions and Pacesetters. In addition, there is some discussion on NHS Sheffield's response to developing 'additional' new areas (outside the EPHPs) where there is identified high health needs.</p>
<u>Piece of work being assessed</u>	<p>The Healthier Communities block of the Sheffield Local Area Agreement, contains a total of 15 Enhanced Public Health Programmes each at different stages of development. (Appendix 1) These programmes were each developed from a 'logical framework' Business Plan model, following comprehensive Health Needs Assessment, with full consultation and involvement at the outset from local people in each area. (Appendix 2) Central to EPHP success is a continued commitment to a bottom up approach, emphasising quality, community engagement and involvement at every stage of programme planning, development and delivery – an approach highlighted as best practice by the National Audit Commission 2008. A range of initiatives are operating and in planning for 2009/2010; individual analyses of these can be made available. The numbers of single contacts across the city in 2007/8 was 50,800. (Appendix 3)</p> <p>Each programme is tailored to address specific health needs and narrow the gaps in health inequalities. In order to monitor progress and measure impact on mortality and life expectancy, a set of 24 indicators were developed to compare these against the city as a whole. The Health Indicators can be found at www.sheffield.nhs.uk/healthdata</p> <p>The basic premise of the EPHP work is that activity is already concentrated within the 35 'most deprived' from Sheffield's 100 neighbourhoods; in this way we can demonstrate that those 'most vulnerable' and 'hard to reach' (BME, Older Adults etc.) are already hard-targeted. It is recognised however, that 'layers' of need exist, for example within a high BME population area of high health needs, new Migrants may be even more marginalised and experience isolation, which has obvious detrimental health impact .</p>
<u>Aims & Objectives</u>	<p>The aim of this EIA is to review the EPHP initiative which makes up a significant part of the Healthier Communities Block of the Sheffield LAA. Specific objectives include:</p> <ul style="list-style-type: none"> • Review existing programmes • Consider the needs of very vulnerable target groups against SES • Identify any key gaps • Establish actions to address identified gaps • Review actions which contribute to a) maximum access to existing health services and b) equity in resource allocation to meet health need
<u>Method, Findings & Analysis</u>	<p>The methodology used for this EIA consisted of planning meeting with both NHS Sheffield Equality and Communities of Interest Leads, 1-1 interviews with EPHP Leads, a full review of each programme, and an analysis of the findings broken down by the six strands – Gender, Race, Disability, Sexuality, Age, Religion/Belief. Detailed findings against each of these strands are discussed in detail below.</p> <p>Analysis shows that a total of 231 individual initiatives make up the current EPHP programme. A typical initiative might include an Emotional Health programme to improve health and achievement of potential for young children, or a Teen Parenting programme with specific emphasis on engagement of young fathers. Other examples include the appointment of an Advocacy Worker to encourage BME Women towards higher take up of an existing service, or a Diabetes Health course based within a mosque, specifically for Asian elder men.</p> <p>For the purposes of this report and for consistency, each individual initiative is counted only once. There is obvious cross referencing for example, a regular tea dance which accommodates both genders but attracts primarily older adults, would be listed under the 'age' category.</p> <p>Health data monitoring using the 24 indicators show that EPHP areas continue to improve faster than for Sheffield as a whole. Latest data shows that the rate of improvement has slowed for older men in the most deprived quintile. This may mean a 'refresh' of the programmes to address this trend. We recognise the key role that partners from VCF, private and public sector play in the delivery of this city</p>

	wide programme and wish to acknowledge their contributions.
<u>Lead</u>	Chris Nield, Public Health Consultant, NHS Sheffield
<u>Date of EIA</u>	March 2009
<u>Other Stakeholders</u>	<ul style="list-style-type: none"> • Helen Bunter, Equalities Lead NHS Sheffield, • Permjeet Dhoot, Health Improvement Principal NHS Sheffield • Elaine Muscroft, Public Health Specialist NHS Sheffield • EPHP Team Leads, NHS Sheffield

<u>SES Strand</u>	<u>Baseline Analysis and Research</u>	<u>Likelihood of differential impact</u>
Gender	<p>Analysis shows that 95 initiatives described as ‘generic’ and reaching both genders, are currently operating, with an additional 15 tailored specifically for women 7 for men - making a total of 117.</p> <p>There is an ongoing provision of targeted, culturally sensitive, gender specific initiatives. There is evidence that priority is given to enabling easier access for both genders, for example men’s screening at the local fire station or Somali women’s physical activity in suitable venue appropriate to their needs.</p> <p>Amongst asylum seeking women in Sheffield, uptake rates for health services and screening is poor; there is ongoing concern regarding domestic abuse, often involving alcohol. There is an identified need to capture accurate prevalence data in future. Race for Health identifies 44% of Bangladeshi men smoking compared with 27% of the general population, with Strokes among African Caribbean men, 40% to 70% more likely. These differentials are mirrored across Sheffield.</p> <p>The city centre EPHP in particular, has a mixed and diverse population structure, and has supported an initiative for street drinkers to enable access to green and open spaces and healthy food; this has provided vital social contact and confidence to improve their health awareness and decision making skills.</p> <p>Regarding transgendered people, there is no specific activity to support their health and wellbeing needs. As Sheffield is a national centre of excellence for counselling, surgery and ongoing healthcare of transgendered people, via services based at Porterbrook, more work could be undertaken locally to better understand the general health needs of this population group. Recent DH guidance documents (2009) on ‘gender and trans people’ to support integration of local knowledge into the SES would also support any local action.</p>	<p>Direct positive impact.</p> <p>Differential Impact</p>
Race	<p>Analysis shows a total of 14 initiatives solely aimed at racial groups. This is <i>in addition to</i> the whole programmes of activity set within – and targeting BME as well as non-BME communities – for example, in Burngreave, Darnall, Tinsley, Broomhall and Sharrow. The health needs of BME individuals and communities continue to be a priority across the city, for example with Gypsy and Traveller communities, as an isolated group with a dominant sedentary lifestyle, and higher than average smoking and alcohol consumption. There are also small but growing number of economic migrants from Eastern European and other countries, and a greater understanding of their health needs could be supported via better data capture. It is identified that these groups will need continued language support in order to gain access to all mainstream services.</p>	<p>Direct positive Impact.</p> <p>Some differential impact identified around language support</p>
Disability	<p>Analysis shows a total of 29 initiatives described as addressing the health needs of people with disabilities. Note that this is <i>in addition to</i> a range of initiatives aimed at older adults, many of whom self report as having limiting long-term illness and disease, or are registered disabled.</p>	<p>Direct positive impact.</p>

	<p>Issues surrounding the broader determinants of health and disability across populations are complex. We know that South Asian people are 50% more likely to die prematurely from coronary heart disease than the general population, and that young black men are six times more likely than young white men, to be sectioned under the Mental Health Act. This represents a significant but avoidable limiting long term illness and disease burden.</p>	
Sexuality	<p>No one programme exists within any EPHP area solely addressing the health needs of lesbians, gay men or bisexual (LGB) individuals and communities. More work could be undertaken to better understand the general health needs of this population group. Only one in ten lesbians and bisexual women said that healthcare workers have given them information relevant to their sexual orientation, and one in five told that they don't need cervical smear tests (Prescription for Change 2008)</p> <p>The Department of Health has produced guidance documents (March 2009) to understand the role of sexual orientation in healthcare, with other guides covering disability, gender, religion and belief and trans people. Age Concern is producing a guide to age equality and the Race for Health and Pacesetter programmes provide support on race and health. These guides emphasise the need to reject damaging stereotypes e.g. that men who have sex with men are not married, do not have penetrative sex with women or are concerned only with HIV as a key health issue.</p> <p>Outside of the remit of this work but for information, there is a city wide initiative underway, led and funded by NHS Sheffield, working with LGB communities to reduce alcohol consumption and related harms, involving sessional workers awareness raising and providing education materials 'on scene' in pubs and clubs; other work may be ongoing both across and outside of the EPHP areas.</p>	Differential impact
Age	<p>Analysis shows a total of 69 initiatives in operation, aimed at specific age groups. Of these, 39 address health needs of Children and Young People and 30 Older Adults. It is unsurprising that the bulk of the activity reflects the population demographic, for example increased activity where there are numbers of young children supported within Children's Centre provision. At the other end of the age range, there are more initiatives for older adults where there are higher than city average numbers of older adults resident in those areas. Examples of initiatives include "Strength and Balance physical activity for older adults who have experienced a fall, or an Over 60s club providing important social contact. This activity provides key platforms on which to deliver important health targets.</p>	Direct positive impact
Religion/ Belief	<p>Analysis shows that only 2 initiatives directly organised around faith/religion or belief. However, it is likely that these issues are addressed within other initiatives, for example the Women's Conversation Clubs, where woman of all faiths are encouraged to practice their conversational English and speak about themselves and their lives.</p> <p>Faith based organisations, particularly from the VCF sector, have played a key role in providing services and in kind support across all EPHP areas.</p>	Direct positive impact. Some differential impact identified around language (see race)

	<p>Examples include a Churches Together initiative in Southey as well as the Terminus Initiative, providing an important focus and premises for a Healthy Living Centre in Lowedges, Batemoor and Jordanthorpe. Successful contacts have been made, for example with the Imams, who play a vital role influencing take up for Diabetic Retinopathy Screening in the mosque, in populations with high Diabetes prevalence. There are other examples of using faith centres and venues for delivery, such as the Pakistani Muslim Centre. We will continue to use these vital contacts and build further on best practice across the city.</p> <p>Each local EPHP Steering Group recognises that individuals can be marginalised because of their faith and their belief system, and as a result experience further disadvantage. A review of activity across all the equity strands, including religion and belief, may be possible for each EPHP Steering Group as they finalise programme plans for 2009/10.</p>	
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Data sources:

- NHS Sheffield. 2009. Health Informatics Service (Online resource bank SHADO)
- Stonewall. 2008 Prescription for Change – Lesbian and bisexual women’s health check 2008
- Department of Health. March 2009. Sexual Orientation – A practical guide for the NHS.
- Asylum Seeker Advisory Group Health Report. October 2008. NHS Sheffield,
- Sheffield City Council. 2009. Sheffield Neighbourhoods Information Service.
- Department of Health. 2008. Race for Health; Improving the health of black and minority ethnic communities
- Department of Health. 2008. Reducing health inequalities for lesbian, gay, bisexual and trans people. Briefings for Health and Social Care Staff.

Appendix 1 – EPHP List with EPHP Lead Contacts and Programme Areas

Appendix 2 – Example Logframe Business Plan in LBJ

Appendix 3 – Table of numbers of individual contacts 2007/8 (from Healthier Communities report)



Sheffield

Equalities Impact Assessment

NHS Sheffield Enhanced Public Health Programmes March 2009

ACTION PLAN 2009/2010

<u>Strand</u>	<u>Issue</u>	<u>Action Required</u>	<u>How will you measure impact/outcome?</u>	<u>Time</u>	<u>Lead</u>
<u>Gender</u>	<p>Differential Impact found in provision for transgendered persons*</p> <p>Need identified for more information on local/national support services</p> <p>Training need identified to understand more about this vulnerable group.</p>	<ul style="list-style-type: none"> • Liaise with Porterbrook to identify appropriate services and support groups, national and local. • Specific places for EPHP representatives at CHIV Conference including specific workshops on Transgender work, BME Women and cultural issues, Lesbian Sexual Health etc. 	<ul style="list-style-type: none"> • Production of list/flyer signposting appropriate local and national services • Number of flyers, leaflets etc distributed. • Number of EPHP leads at training on transgender health. Note: This training can be used as a springboard to explore general health issues. 	<p>May 2009</p> <p>May 2009</p> <p>Summer 2009</p>	
<u>Race</u>	<ul style="list-style-type: none"> • Adequate level of support for those whose first language is not English. • Training need identified to maximise on BME health needs research • Continued provision in areas with higher than BME communities and further investment in BME interventions and engagement activities. 	<ul style="list-style-type: none"> • Review language support to all programmes as appropriate; ensure that EPHP Steering Groups allocate adequate resource to those areas identified as having additional needs. . • Public Health staff to attend training to develop knowledge of evidence relating to race and ethnicity. • Explore potential for Minorities Engagement Work including access to health signposting and lifestyles training (via PUAC) for new migrants on the Gateway Protection Programme 	<ul style="list-style-type: none"> • Ongoing quarterly monitoring returns involving language support • 10 x Public Health staff (including 3 EPHP leads) attending Race and Ethnicity training. • Achievement of Health Inequalities Action Plan (National Audit Commission) re work with BME communities. 	<p>March 2010</p> <p>Apr. to Sept 2009</p> <p>May 2009</p>	6
<u>Disability</u>	<ul style="list-style-type: none"> • Continue to focus on access and those especially hard to reach. 	<ul style="list-style-type: none"> • Review access to all existing programmes via audio tape, large print, sign, venues, and talking book provision. 	<ul style="list-style-type: none"> • Evidence of tools as described to improve access; reporting back via existing monitoring mechanisms 	<p>March 2010</p>	
<u>Sexuality</u>	Differential impact	<ul style="list-style-type: none"> • Specific places for 	<ul style="list-style-type: none"> • Number of EPHP leads 	<p>Summer</p>	

	found in provision for LGB individuals and communities. Training need identified to understand more about general health needs of this vulnerable group.	EPHP representatives at local conference having specific workshops on Lesbian Sexual health (see gender)	at training on BME women, cultural issues and Lesbian health. Note: This training can be used as a springboard to explore general health issues.	2009	
<u>Age</u>	Continue to focus on specific and broader health initiatives around age as a focus for development.	<ul style="list-style-type: none"> Ongoing review and reporting on specific age-related health programmes. 	<ul style="list-style-type: none"> Quarterly monitoring and report back via existing mechanisms. 	Dec 2009	
<u>Religion/ Belief</u>	Continue to explore all opportunities for appropriate faith based activity.	<ul style="list-style-type: none"> Ongoing review of faith based activity – including use of venues and appropriate single-gender access across all EPHP areas. 	<ul style="list-style-type: none"> Quarterly monitoring and report back via existing mechanisms. 	Dec 2009	

One definition of transgender is that people with the deep conviction that their gender identity (believing oneself to be a man or a woman) does not match their appearance and/or anatomy. This condition is called gender dysphoria or gender identity disorder. Gender dysphoria (transsexualism) is a widely recognised medical condition as confirmed by the Chief Medical Officer, and may need treatment and that treatment may be carried out by the National Health Service (NHS), as well as privately. Many individuals with gender identity disorder become socially isolated. This ostracism contributes to low self esteem, with teasing/bullying and especially common sequelae for boys. The disturbance is often so pervasive that individuals' lives revolve around activities which lessen their gender distress. Relationships with one or both parents are often seriously impaired. **Department of Health. 2008. Reducing health inequalities for lesbian, gay, bisexual and trans people. Briefings for Health and Social Care Staff.*

Ellaine Muscroft, Public Health Specialist, NHS Sheffield March 2009