

Equality & Health Impact Assessment for No Smoking and Smoke Free Environment Policy

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Executive Director of Public Health, Cardiff and Vale University Health Board
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<p>The aim of this policy is:</p> <ul style="list-style-type: none"> • to protect employees, contractors, visitors and patients/service-users to UHB sites from exposure to second hand smoke (also known as passive or environmental smoke) and • to ensure compliance with the Health Act 2006, the Smoke Free Premises etc (Wales) Regulations 2007 and the Smoke-Free Premises and Vehicles (Wales) Regulations 2020 • to actively promote and support health and wellbeing. <p>The ban, which was introduced on the 1st October 2013, prohibits smoking by patients, staff, contractors and visitors throughout the UHB workplace, grounds and vehicles. The Smoke-Free Premises and Vehicles (Wales) Regulations 2020 prohibit smoking by law on the grounds of hospital sites with Fixed Penalty Notices of £100 issued to those breaching the Regulations.</p> <p>The policy outlines the implementation and monitoring of the ban on smoking across Cardiff and Vale UHB grounds and the measures required to adhere to the Smoke-Free Premises and Vehicles (Wales) Regulations 2020.</p>

<p>4.</p>	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².</p>	<p>Mid year population estimated for 2022 suggest 505,581 people are resident in Cardiff and Vale UHB area, 48.8% of whom are male³.18.2% of the population is aged 0-15 years and 16.5% are aged 65 years and older.</p> <p>The ethnic diversity of the populations of Cardiff and the Vale of Glamorgan vary significantly, with Cardiff being more diverse and the Vale having a profile similar to Wales as a whole. Estimates suggest that in Cardiff, 79.2%% of the population identify as White (compared to 94.6% in the Vale), 4.0% of mixed ethnicity (Vale 2.3%), 9.7% Asian/Asian British/Asian Welsh (Vale 2.1%), 3.8% Black/Black British/Black Welsh/Caribbean/African (Vale 0.5%), and 3.3% 'other' ethnic group (Vale 0.5%)⁴.</p> <p>At the last Census (2021) the majority of people in the region reported either having no religion (Cardiff 42.9%; Vale 47.9%) or did not answer (Cardiff 6.3%; Vale 5.7%). The most commonly reported religions were Christian (Cardiff 38.3%; Vale 44.1%), Muslim (Cardiff 9.3%; Vale 0.9%), Hindu (Cardiff 1.5%; Vale 0.3%) and 'other religion' (Cardiff 0.6%; Vale 0.5%). In Cardiff, 48.6% of people aged 16 years and over reported that they were never married/registered a civil partnership, 36.8% were married/in a registered civil partnership, 7.8% divorced/dissolved civil partnership and 5.0% widowed/surviving civil partner; the equivalent proportions for the Vale of Glamorgan are 33.5%, 47.4%, 10.1% and 7.0%.</p> <p>Most recent estimates (2021-22 & 2022-23) show that 13% of the population in Cardiff and the Vale of Glamorgan smoke⁵. Smoking prevalence in Wales (2022-23) is highest in the 16-44 age group (16%) and the 45-64 age group (13%) but thereafter the prevalence of smokers declines to 7% by 65+ years. The prevalence of smoking in males aged 16+ in Wales is 13% compared to 12% in females.</p>
-----------	--	--

³ Stats Wales. [Local health boards \(gov.wales\)](https://gov.wales) [Last accessed 10/2/24]

⁴ Office for National Statistics: Census 2021. Accessed at [Census - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk) [Last accessed 10/2/24]

⁵ StatsWales Accessed at [Adult lifestyles \(gov.wales\)](https://gov.wales) Last accessed 10/2/24

		<p>The following information is copied from ‘A Smoke Free Wales – Tobacco Control Delivery Plan 22-24’ (Pgs 9-10)⁶, and provides insight into smoking prevalence among different population groups:</p> <p>“As identified in our strategy, A Smoke-free Wales, there are groups and communities in Wales for who have higher smoking prevalence, have a higher risk of taking up smoking, or experience increased health impacts from smoking. These priority groups are defined as pregnant women, children and young people, people from socio-economically deprived backgrounds, people in routine and manual occupation, people who are unemployed, people living in social housing, people engaged with mental health services, people from ethnic backgrounds which have a higher smoking prevalence, and people from the LGBTQ+ community. A cohesive, community-led approach is required to prevent uptake and reduce smoking prevalence in people who belong to one or more of these groups.”</p> <p>“We have good data which shows smoking rates vary amongst different groups in our society. Smoking rates amongst people living in the most socio-economically deprived areas of Wales are over twice as high as the rates for people living in the least deprived areas⁷. People in routine and manual occupations are 2.5 times more likely to smoke than those in professional occupations, whilst people who are unemployed are 2.8 times more likely to smoke.⁸ People living in social housing are twice as likely to smoke compared</p>
--	--	--

⁶ A Smoke Free Wales: Tobacco Control Delivery Plan 2022-2024 Accessed at <https://www.gov.wales/sites/default/files/consultations/2021-10/tobacco-control-delivery-plan-2022-to-2024.pdf> [Last accessed 12/2/24]

⁷ Public Health Wales. 2020. Smoking in Wales. Available at: <https://publichealthwales.shinyapps.io/smokinginwales/>

⁸ Office for National Statistics (ONS). 2020. Adult smoking habits in the UK 2019 <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2019>

		<p>to those living in other housing tenures.⁹ Higher smoking rates contribute to existing equalities and health inequalities in these disadvantaged groups.”</p> <p>“We also know, prevalence of smoking and use of other tobacco products varies between people from different ethnic backgrounds. In Great Britain, smoking rates are higher for men and women of mixed ethnic backgrounds, compared to people from white ethnic backgrounds, and lower for most other ethnic groups.¹⁰ . There are also strong links between gender and smoking for people from different ethnic minority groups, with smoking rates being much higher in men from Black, Asian or Chinese ethnic backgrounds compared to women from those groups.¹⁹ - There are also differences in the types of tobacco products used by people from different ethnic groups, such as use of smokeless tobacco by people from South and South East Asian ethnic backgrounds.¹⁹ It is important that our tobacco control actions consider these differences to provide appropriate support to people from a wide range of ethnic backgrounds.”</p> <p>“Smoking rates are higher in lesbian, gay and bisexual people compared to heterosexual people.¹¹ Surveys also show that transgender people are more likely to smoke.¹² The relationship between members of the LGBTQ+ community and higher smoking rates is also seen from a young age, with 40% of 15-16-year olds who do not identify as either male or female smoking at least weekly. ¹³ Despite these higher rates many LGBTQ+ people report that they can</p>
--	--	--

⁹ Office for National Statistics Smoking status and housing tenure, England and London, 2015 to 2017. 2018. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/>

¹⁰ ASH. 2019. Tobacco and ethnic minorities. Available at: https://ash.org.uk/wpcontent/uploads/2019/08/ASH-Factsheet_Ethnic-Minorities-Final-Final.pdf

¹¹ National Institute of Economic and Social Research. 2016. Inequality among lesbian, gay, bisexual and transgender groups. Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/539682/160719_REPORT_LGBT_evidence_review_NIESR_FINALPDF.pdf [Last accessed 22/2/24]

¹² ASH. 2020. Smoking: LGBT People. Available at: <https://ash.org.uk/wp-content/uploads/2019/09/HIRPLGBT-community.pdf>

¹³ SHRN. 2021. Student Health and Wellbeing in Wales: Report of the 2019/20 School Health Research Network Student Health and Wellbeing Survey. Available at: https://www.shrn.org.uk/wpcontent/uploads/2021/03/SHRN-NR-FINAL-23_03_21-en.pdf

		feel excluded from healthcare by non-inclusive language and policies. ¹⁵ Further work is required in Wales to support LGBTQ+ people to reduce smoking rates amongst these communities.”
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>The stakeholders include:-</p> <ul style="list-style-type: none"> • In-patients, outpatients, staff, contractors and visitors. • Any referrer e.g. General Practitioners, Surgeons, Physiotherapists, Outpatient Nurses etc. • Primary Care – General Practices, Community Directors, Local Medical Committee (LMC) • CVUHB, Clinical Boards • CVUHB IT Department • Cardiff and Vale Public Health Team • Llais • Help Me Quit • Hospital in-house Smoking Cessation Service • Level 3 Pharmacy • Level 2 Pharmacy • Local Authority • Shared Regulatory Services

EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

¹⁴ SHRN. 2021. Student Health and Wellbeing in Wales: Report of the 2019/20 School Health Research Network Student Health and Wellbeing Survey. Available at: https://www.shrn.org.uk/wpcontent/uploads/2021/03/SHRN-NR-FINAL-23_03_21-en.pdf

¹⁵ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.1 Age</p> <p>For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>The policy has a positive impact on children and young people as the policy contributes to a smoke free environment thereby reducing their exposure to second hand smoke. The policy also means children are less likely to see adults smoking in public places influencing their social norms so they perceive smoking as less common and less acceptable. This helps to prevent initiation of smoking as children are less likely to take up smoking when older. The Smoke-Free Premises and Vehicles (Wales) Regulations 2020 prohibit smoking outside on grounds of hospitals and also with nursery, pre-school and school settings.</p> <p>In terms of supporting children and young people to give up smoking, the UHB's in-house</p>	<p>No recommendations.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>smoking cessation service can provide 1-2-1 support to those under 16 years old. However, the in-house service can only prescribe to those 12+ years. Help Me Quit (HMQ) can provide support to under 16s in a 1-2-1 context or by telephone. It would not be appropriate for under 16s to access a support group of mixed ages.</p> <p>Telephone and online support to quit smoking is available from HMQ and telephone support also available to patients via the Hospital in-house Smoking Cessation Service.</p> <p>Older people can choose to access any of the in-house, HMQ or Level 2 and 3 pharmacy services face to face or via telephone/online.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.2 Persons with a disability as defined in the Equality Act 2010</p> <p>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>Smoking cessation services are provided in easily accessible venues enabling access for those with physical impairments.</p> <p>HMQ conduct an accessibility assessment of each of the venues they use.</p> <p>HMQ cessation support can also be accessed via telephone and online.</p> <p>Those with learning disabilities would need to access one to one provision. Carers are invited to attend appointments.</p> <p>For those with hearing impairments, HMQ can provide the hearing loop system and a British Sign Language interpreter.</p> <p>For those with visual impairments, no specific adaptations are provided by any of the services.</p>	<p>Smoking Cessation Provision for clients with visual impairment, learning disability and mental health diagnoses (in the community) will continue be considered as part of any service developments.</p>	<p>HMQ in the community to consider service developments for clients with visual impairment, learning disability and mental health diagnoses</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>HMQ does not offer a formal one to one support programme for community based mental health patients, but will see clients with low level mental health issues.</p> <p>Services are in place for mental health in-patients.</p> <p>Regarding access for those with a learning disability, HMQ assess on an individual basis and support offered in the most appropriate way.</p> <p>Overall no negative or positive impacts were identified for the majority. HMQ strive to support client needs as required.</p> <p>Mental health patients - If the mental health condition is the primary issue they would access the community mental health team. The management of their mental health would be prioritized initially</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>There is currently no service data available to assess whether males and females are accessing smoking cessation services in a way which is proportional to the prevalence of smokers who are male or female in the local population.</p> <p>No positive or negative impact was identified.</p>	<p>Continue to monitor the data collected and recorded on the UHB systems with a view to better understanding access to services by gender and to determine if any mitigation is required.</p>	<p>UHB to improve data collection related to protected characteristics</p>
<p>6.4 People who are married or who have a civil partner.</p>	<p>Data on access to services by marriage and civil partnership is not collected.</p> <p>No negative impact was identified.</p>	<p>Continue to monitor the data collected and recorded with a view to better understanding access to services by marriage and civil partnership and to determine if mitigation is required.</p>	<p>UHB to improve data collection related to protected characteristics</p>
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</p>	<p>A question about pregnancy is asked in the assessment telephone call with HMQ at the start of the 6week programme.</p>	<p>No recommendations.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>All pregnant women, on booking with maternity services, are carbon monoxide monitored (via a breath test) and offered a referral to smoking cessation services if found to be a current smoker.</p> <p>A dedicated maternity staff member is in post to provide support to pregnant smokers and their families.</p> <p>Data is collected on the number of pregnant women who smoke on booking, the number quitting during pregnancy, the number of women smoking on delivery, the number referred and accepting an appointment and quitting smoking at 4 weeks (CO Verified).</p> <p>Overall, a positive impact was identified on pregnant women in terms of smoking cessation.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p>	<p>Smoking Cessation services can be provided in other languages with an interpretation service and language line.</p> <p>Some HMQ resources are available in different languages, in addition to English and Welsh.</p> <p>Patient leaflets can be translated into to other languages on request.</p> <p>Overall, no negative or positive impact was identified.</p>	<p>No recommendations.</p>	
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>Stigma may be experienced by individuals whose religion discourages smoking. Access to in-house and HMQ services is confidential and can be done on a 1-2-1 basis and via</p>	<p>No recommendations.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>telephone/online support to reduce stigma.</p> <p>No culturally specific adaptations to the smoking cessation advice are necessary because of differences in an individual's religion and belief.</p> <p>No positive or negative impact was identified.</p>		
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	<p>No positive or negative impact was identified.</p>	<p>No recommendations.</p>	
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>Patient information for HMQ is available in both Welsh and English.</p> <p>HMQ can provide consultations in Welsh with the assistance of language line.</p> <p>Overall, a positive impact.</p>	<p>No recommendations.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>Smoking Cessation All smoking cessation services are free to access and prescriptions for Nicotine Replacement Therapy are free.</p> <p>Telephone support is available for people unable to travel to appointments</p>	<p>No recommendations.</p>	
<p>6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>	<p>The smoking cessation services (HMQ, Level 2 and 3 Enhanced Smoking Cessation Community Pharmacy schemes) are aligned with areas of deprivation where there is a higher smoking prevalence. Therefore, there are more Community Pharmacies offering these services in these areas of deprivation.</p> <p>Overall, a positive impact was identified.</p>	<p>No recommendations.</p>	
<p>6.12 Consider any other groups and risk factors relevant to this strategy,</p>	<p>Health Inclusion Groups may experience issues with access to services in general, HMQ</p>	<p>Access for health inclusion groups will be kept under</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
policy, plan, procedure and/or service	<p>services strive to offer a variety of options to meet individual needs.</p> <p>Overall, no specific impact was identified</p>	review and action taken as required	

6. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>The policy promotes access to several smoking cessation services in the community at venues across Cardiff and Vale.</p> <p>If choosing to access HMQ, there is the flexibility for individuals to choose to access a group that is convenient for them, for example, they could access a group near to work or home.</p> <p>Smoking cessation services are available face to face, online and telephone support.</p> <p>Individuals can self-refer to smoking cessation services. The quality of services is monitored and reported on regularly i.e. by the number of individuals accessing each</p>	<p>No recommendations</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	<p>service and the number of smokers quitting at 4 weeks.</p> <p>Building knowledge, skills and confidence to help individuals change their behaviour is a key component of the support provided by the smoking cessation services.</p> <p>Overall, a positive impact on access to services.</p> <p>Resources in relation to smoking cessation is now available via the UHBs 'Keeping Me Well' website</p> <p>Overall, a positive impact on access to services.</p>		
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and</p>	<p>The purpose of this policy and the smoking cessation services promoted within it are to empower individuals to make decisions that support healthy lifestyles.</p>	<p>No recommendations.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>/or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p>Pre-operative patients are routinely asked if they smoke and offered referral to smoking cessation services as per the UHB’s Optimising Outcomes Policy.</p> <p>Work is underway to systematically record smoking status for all patients on booking and admission and automate referral systems to smoking cessation services.</p> <p>Overall, a positive impact on access to lifestyles</p>		
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>The policy may help support individuals to reduce their level of absenteeism, as the evidence suggests smokers have a higher level of absenteeism compared to non-smokers and this may have an impact on their employment, income and job security. Therefore, quitting smoking is likely to have a positive impact on an</p>	<p>No recommendations.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	<p>individual's income, employment and work.</p> <p>Overall, a positive impact.</p>		
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p>The policy aims to produce smoke free UHB hospital sites enabling universal access to an environment which is free from second hand smoke. This improves the air quality and reduces the exposure of all individuals using the site to harmful pollutants. It can also contribute to improved open spaces for use by all.</p> <p>The design of the UHB environment has been considered in that smoking shelters have been removed prior to the Policy being implemented and signage has been erected ubiquitously across all locations in compliance with legislation.</p> <p>A key element of the policy is to support individuals to give up</p>	<p>No recommendations.</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	<p>smoking. Individuals who stop smoking will experience an improvement in the quality of the air in their living environment. There may also be a reduction in passive smoking by other individuals living in that environment and therefore their exposure to pollutants will be reduced also.</p> <p>Overall, the policy has a positive impact.</p>		
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>Smoking cessation services empower individuals to manage the social and community influences on their health.</p> <p>HMQ group sessions may help to build social networks and social support through shared behaviour change of the individuals attending the groups.</p> <p>Overall, a positive impact.</p>	No recommendations.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>The policy aims align to Welsh Government policies in relation to improving population health (e.g. Tobacco Control Strategy and NHS Performance Measures)</p> <p>Overall, a positive impact on access to services.</p>	<p>No recommendations.</p>	

Please answer question 8.1 following the completion of the EHIA and complete the action plan

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>The overall impact was determined to be a positive one.</p>
--	--

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.2 What are the key actions identified as a result of completing the EHIA?</p>	<p>Visual impairment – There is a need to develop supporting resources for people with sensory impairments e.g. audio books.</p> <p>Learning disability – a gap has been identified and further consideration of mitigation is required.</p> <p>Review the data collected and recorded on the UHB systems with a view to better understanding access to services by gender and to determine if any mitigation is required.</p>	<p>Tobacco Lead /HMQ in the Community Service Lead</p>	<p>By March 2027</p> <p>By March 2027</p> <p>By March 2027</p>	

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	No further assessment required			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	<p>The policy will continue to the People and Culture Committee on 14.5.24 to seek approval in its current format as no significant negative impacts were identified. Action will be implemented to address the negative impacts identified above.</p> <p>This impact assessment will be published on the intranet and internet of the UHB.</p>			

