Reference Number: UHB73 **Version Number: 4**	**Date of Next Review:** 26/04/2024 **Previous Trust/LHB Reference Number:** Trust91

NO SMOKING AND SMOKE FREE ENVIRONMENT POLICY PROCEDURE

Introduction and Aim

On 1 March 2021, as part of the Smoke-Free (Wales) Regulations, Welsh Government implemented changes to smoke-free requirements. This new legislation means that hospital grounds, schools grounds and public playgrounds, as well as outdoor day care and child-minding settings will be required to be smoke-free by law.

Some changes within this legislation have also extended the 2007 Smoke-free Premises etc (Wales) Regulations, resulting in the need to revise the Cardiff and Vale University Health Board's No Smoking and Smoke Free Environment Policy.

Additionally, as the policy was last updated in 2016, amendments are required (such as name changes of service providers, data updates and new evidence guidance).

The aim of this policy is:

- 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 new, Smoke-Free (Wales) Regulations 2021
- to actively promote and support health and wellbeing.

Objectives

The objective of this policy is to improve health by promoting action to reduce smoking, ensure compliance with Regulations and to protect and promote the health of both the smoker and the non-smoker.

In order to achieve this, the following will be implemented:

- Provide effective communication processes to ensure compliance and adherence to the policy and legislation
- Provide adequate smoking cessation support and encouragement for those smokers who wish to stop smoking
- Ensure that arrangements are in place for enforcing and monitoring of the policy/legislation
- Ensure full UHB commitment and reinforcement of support from all independent members, executive directors, senior clinicians and managers

Scope

This procedure applies to all of our staff in all locations including those with honorary contracts The Policy includes staff who are required to visit private residents as part of their duties.	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) was completed in 2013, amended in 2016 and further amended to reflect Policy changes, in 2021. This found there to be no impact.
Documents to read alongside this Procedure	British Thoracic Society (2005). *Smoke Free Hospitals.* London: The British Thoracic Society Phillips, C. And Bloodworth, A. (2009) *Costs of smoking to the NHS in Wales.* ASH Wales and BHF Optimising Outcomes Statement Policy, UHB Board 3 July 2013 Public Health England (2014). E-cigarettes: An evidence update. Mc Robbie H et al. (2014). Can electronic cigarettes help people stop smoking or reduce the amount they smoke, and are they safe to use for this purpose? Royal College of Physicians (2016). Nicotine without smoke. Tobacco harm reduction Welsh Government (2021) Smoke-Free law: Guidance on the changes from March 2021
Approved by	Strategy and Delivery Committee 11 May 2021

Accountable Executive or Clinical Board Director	Executive Director of Public Health
Author(s)	Principal Health Promotion Specialist Cardiff and Vale Public Health Team
Disclaimer **If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.**	

Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1	N/A	02/09/11	New policy to replace Trust Version 91
2	03.07.2013	September 2013	New policy replaces existing UHB Version 1 (UHB73). Amendments include: • Full no smoking ban across all UHB sites, with no provision for on-site smoking (except exceptions as listed) and removal of the designated smoking shelters • Prohibit of use of e-cigarettes inside UHB buildings • To strengthen the 'Responsibilities' section of the policy.
3	28.07.2016	17.08.2016	New policy replaces UHB Version 2. Amendments include: • Policy reformatted into new UHB style • All sections updated to include new legislative changes and any relevant narrative amended to reflect these changes (Section 1, 3, 4, • Amendments with regard to mental health patients and smoking and use of e-cigarettes • Section 10.6 and Appendix 6 – Level 3 Pharmacy information included • Section 11 – training • Section 12 – Communication • Appendix 1: Guidance and evidence section updated • Appendix 2: Mental health.
4	11.05.2021	26.04.2021	*TBA:* New Policy replaces UHB Version 3. Amendments include: • Procedures document reformatted into new UHB style • New legislation narrative added to Section 1 and referenced in all relevant sections throughout the Policy • Section 10.6 name change relating to Smoking Cessation Services and additional Enhanced Community

			Pharmacy Scheme added (and relevant amendments made to Appendix 6, List of participating Community Pharmacies) • Appendix 1: Guidance and evidence section updated to reflect new legislation and updated Public Health Wales E-Cigarette Statement (2016) • Appendix 2: Mental Health section updated to reflect changes relating to use of e-cigarettes • Appendix 3: List of Definitions amended • Appendix 4: Amended to 'non-hospital settings' • Appendix 5: Added – relevant to Hospital settings only • Appendix 6: Updated with current participating Community Pharmacies Level 2 and Level 3 Enhanced Schemes • Appendix 7: Updated • EHIA amended to reflect changes as above

Equality & Health Impact Assessment for

No Smoking and Smoke Free Environment Policy

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
  - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required[1]
- Appendices 1-3 must be deleted prior to submission for approval

An Integrated Screening tool (which has been updated April 2021) to reflect the amendments in the Policy, is provided below which comprises the EHIA.

[1] http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

Integrated Screening Tool

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)

This explicit consideration of the above will apply to strategies (e.g. Shaping Our Future Strategy, Estates Strategy), policies (e.g. catering policies, procurement policies), plans (e.g. Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g. developing new clinical services, setting up a weight management service).

Considering and completing the Integrated Screening Tool in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the Integrated Screening Tool will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)[2]

[2] http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en

- Equality Act 2010[3]
- Well-being of Future Generations (Wales) Act 2015[4]
- Social Services and Well-being (Wales) Act 2015[5]
- Health Impact Assessment (non statutory but good practice)[6]
- The Human Rights Act 1998[7]
- United Nations Convention on the Rights of the Child 1989[8]
- United Nations Convention on Rights of Persons with Disabilities 2009[9]
- United Nations Principles for Older Persons 1991[10]
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance[11]
- Welsh Government Health & Care Standards 2015[12]
- Welsh Language (Wales) Measure 2011[13]

This Integrated Screening Tool allows us to meet the requirements of the above as part of an integrated screening method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (ie their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.
They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health

[3] https://www.gov.uk/guidance/equality-act-2010-guidance
[4] http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en
[5] http://gov.wales/topics/health/socialcare/act/?lang=en
[6] http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782
[7] https://www.equalityhumanrights.com/en/human-rights/human-rights-act
[8] http://www.unicef.org.uk/UNICEFs-Work/UN-Convention
[9] http://www.un.org/disabilities/convention/conventionfull.shtml
[10] http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx
[11] http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf
[12] http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en
[13] http://www.legislation.gov.uk/mwa/2011/1/contents/enacted

impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **Integrated Screening Tool** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. The outcome should be a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the Tool, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 1.

Completion of this tool should not be undertaken in isolation. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed during a meeting with relevant others or as part of a facilitated session. You should start the assessment as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal or policy. Some useful tips are included in Appendix 2.

For further information or if you require support to facilitate a session, please contact Susan Toner, Principal Health Promotion Specialist (susan.toner@wales.nh.uk) or Keithley Wilkinson, Equality Manager (Keithley.wilkinson@wales.nhs.uk)

- The completed Integrated Screening Tool must be
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
  - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required[14]

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates[15]
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide

[14] http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

[15] http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf (accessed 4 January 2016)

Developing strategies, policies, plans, procedures and services that reflect our Mission of 'Caring for People, Keeping People Well'

Integrated Screening Tool

Please answer all questions:-

1.	Title of strategy/ policy/ plan/ procedure/ service	Cardiff and Vale University Health Board (UHB) No Smoking and Smoke Free Environment Policy
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	The aim of this policy is: • 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 (Wales) Regulations 2021 • to actively promote and support health and wellbeing. 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 (Wales) Regulations 2021. 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 2021 Regulations prohibit smoking by law on the grounds of hospital sites with Fixed Penalty Notices of £100 issued to those breaching the Regulations. The objective of this policy is to improve health by promoting action to reduce smoking, ensure compliance with Regulations and to protect and promote the health of both the smoker and the non-smoker.

		In order to achieve this, the following will be implemented: • Provide effective communication processes to ensure compliance and adherence to the policy and legislation • Provide adequate smoking cessation support and encouragement for those smokers who wish to stop smoking • Ensure that arrangements are in place for enforcing and monitoring of the policy/legislation • Ensure full UHB commitment and reinforcement of support from all independent members, executive directors, senior clinicians and managers
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • consultation and involvement findings • research • good practice guidelines • participant knowledge The UHB's 'Shaping Our Future Wellbeing' Strategy and needs assessment provides good background data[16].	The 2011 Census indicates that the population of Cardiff is 346,090, with 169,893 men and 176,197 women resident in the city[17]. 17.1% of the population is 0-14 years old, 69.8% of the population is 15-64 years old and 13.2% is 65+ years[17]. In terms of ethnicity, 84.7% of the population report being White, 2.9% of mixed ethnicity, 8% Asian, 2.4% Black, and 2% 'other' ethnic group[17]. The majority of the population report having a religious faith with 51.4% of the population Christian, 31.8% of no religion, 6.8% Muslim, 1.4% Hindu, 0.5% Buddhist, 0.4% Sikh, 0.4% other religion[17]. The largest proportion of the population report being single (45%), followed by married (38.5%), divorced (8.2%), widowed (6%), separated (2.1%) and in a civil partnership (0.2%)[17]. Currently, 14% of the population in Cardiff and the Vale of Glamorgan smoke[19] (compared to 17% in Wales) and smoking is the main cause of preventable disease and premature death in Wales. Smoking cost NHS Wales £386 million in 2007/08, representing seven per cent of our total healthcare expenditure. Smoking accounts overall for an estimated 22 per cent of all adult hospital admission costs, 14 per cent of all prescription costs, 13 per cent of all GP consultant costs and six per cent of outpatient costs[18].

[16] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

[17] Cardiff Council (2015). Ask Cardiff: Cardiff and Vale profile. Available at: http://formerly.cardiff.gov.uk/content.asp?nav=2872,3257,6571,6572&parent_directory_id=2865&id=13784 [Accessed on 24th May 2016]

[18] Phillips, C. J., and Bloodworth, A. (2009). Cost of smoking in Wales: Report presented by Action on Smoking and Health, British Heart Foundation at the Smoking Conference Wales 2009. Swansea: Swansea University.

		Smoking prevalence in Wales is highest in the 16-44 age group (21%) and the 45-64 age group (19%) but thereafter the prevalence of smokers declines to 10% by 65+ years[19]. The prevalence of smoking in males 16-44 in Wales is 22% compared to 20% in females[19]. There is currently no data collected on smoking prevalence in the transgender community. Smoking rates vary considerably between ethnic groups. A report from ASH Wales in 2011 using combined data from Health Surveys in England in 2006, 2007 and 2008 shows that in men, rates are particularly high in the Bangladeshi (40%), Irish (30%) and Pakistani (29%) populations compared White English (27%). Among women, smoking rates are highest in White English (26%), Black Caribbean (24%) and Irish (26%) and less than 8% in other ethnic groups (Chinese, Black Other, Pakistani, Bangladeshi, and Indian). Overall, smokers from minority ethnic groups smoke fewer cigarettes than the UK population as a whole[20] [21]. Smokers from minority ethnic groups are as ready to quit smoking as their counterparts in the UK population as a whole, though proportionally fewer make a quit attempt [20]. UK evidence shows that, a quarter of lesbian and bisexual women currently smoke. It also shows that 21% of lesbian and bisexual women who smoke, smoke more than 20 cigarettes per day compared to 28% of women in general who smoke[22].

[19] Welsh Government (2020). National Survey For Wales - Health related lifestyle 2019-2020 https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles?_ga=2.221004248.1580160331.1618740840-148945788.1618401999 [Accessed 16th April 2021]

[20] ASH (2011). ASH Factsheet: Tobacco and ethnic minorities. Available at: http://www.ash.org.uk/files/documents/ASH_131.pdf [Accessed 20th May 2016

[21] Race Equality Foundation (2011). Better Health Briefing 22: Tobacco use among ethnic minority populations. Available at: http://raceequalityfoundation.org.uk/sites/default/files/publications/downloads/health-brief22%20final.pdf [Accessed 24th May 2016]

[22] Stonewall (2008) Prescription for change. Available at: http://www.stonewall.org.uk/sites/default/files/Prescription_for_Change__2008_.pdf [Accessed 20th May 2016]

		Smoking rates are higher amongst lower socio-economic groups. Smoking rates increase with deprivation, with rates of those living in the most deprived quantile 3 times more likely to have smoked, compared with those in the 2 least deprived quantile of the population. (26% compared with 11%)[23].
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The stakeholders include:- • 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 • Community Health Council (CHC) • Help Me Quit • Hospital in-house Smoking Cessation Service • Level 3 Pharmacy • Level 2 Pharmacy • Local Authority

6. 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'

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation
6.1 Age For most purposes, the main categories are:	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	No recommendations.

[23] Welsh Government (2020). National Survey for Wales https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles?_ga=2.221004248.1580160331.1618740840-148945788.1618401999 {Accessed 18th April 2021]

• under 18; • between 18 and 65; and • over 65	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 Regulations 2021 prohibit smoking outside on grounds of hospitals and also with nursery, pre-school and school settings. In terms of supporting children and young people to give up smoking, the UHB's in-house smoking cessation service is able to 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) are able to 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. 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. In terms of older people, 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. Transport can be arranged to ensure older people are able to access the in-house service. Accessibility for older people with a disability is detailed under 'disability'. Overall, a positive impact was identified.	
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment,	Smoking cessation services are provided in easily accessible venues enabling access for those with physical impairments.	Visual impairment – There is a need to develop supporting resources for people with sensory impairments e.g. audio books.

mental health conditions, long-term medical conditions such as diabetes	HMQ conduct an accessibility assessment of each of the venues they use. HMQ cessation support can also be accessed via telephone and online. Hospital in-house support can be accessed via telephone. Those with learning disabilities would need to access 1-2-1 provision. Carers are invited to attend appointments. For those with hearing impairments, HMQ are able to provide the hearing loop system and a BSL interpreter. For those with visual impairments, no specific adaptations are provided by any of the services. HMQ does offer 1:1 support for community based low level mental health patients, support can also be provided via telephone or online. Smoking cessation champions have been identified in every ward. Staff have been offered training to support those patients who wish to quit. With regard to access for those with a learning disability, there may be a gap in provision. HMQ may not offer a service. Any support would need to be 1-2-1. Overall, a negative impact was identified for those with visual impairments, and those with a learning disability.	Learning disability – a gap has been identified and further consideration of mitigation is required.

6.3 People of different genders: Consider men, women, people undergoing gender reassignment **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	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 smokers in the local population. No positive or negative impact was identified.	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.
6.4 People who are married or who have a civil partner.	Data on access to services by marriage and civil partnership is not collected. Therefore, no positive or negative impact was identified.	Review the data collected and recorded on the UHB systems with a view to better understanding access to services by marriage and civil partnership and to determine if mitigation is required.
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	A trained Midwifery Support Worker, as part of the Models for Access to Maternity Smoking Cessation Support (MAMSS) programme has been appointed to provide dedicated support to pregnant women wishing to quit smoking. This programme is funded by Welsh Government Prevention funding and is managed jointly by the UHB's Midwifery Team and the Local Public Health Team. All pregnant women on booking, have smoking status recorded and a CO Monitor test undertaken and if smoke, are referred to the dedicated team member. Initial assessment of their smoking habit is taken and if appropriate, referral to HMQ is made. Data is collected on the number of pregnant women who	No recommendations

	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). Data from 2018-2019 shows over 96% of pregnant women were CO monitored on booking with 12.4% women smoking. 46% of those accepted a referral to HMQ services and of those, 45% accepted an appointment on call back. For those attending HMQ support, and becoming 'Treated Smokers' (attending at least one appointment), 52% quit smoking at 4 weeks.	
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	HMQ and in-house services can be provided in other languages through the use of an interpretation service and language line. HMQ, via the Central Public Health Team, have employed a member of staff who is able to conduct groups in Hindu, Urdu and Bengali. There are written materials available for HMQ that is available in other languages other than English and Welsh. Overall, no negative impact was identified.	No recommendations.
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	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 telephone/online support to reduce stigma. No culturally specific adaptations to the smoking cessation advice are necessary as a result of differences in an individual's religion and belief.	No recommendations.

	No positive or negative impact was identified.	
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual).	No positive or negative impact was identified.	No recommendations.
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	Patient information for HMQ is available in both Welsh and English. HMQ (Central team, Public Health Wales) can provide consultations in Welsh. The in-house service does not provide any patient information currently. Consultations can be provided in Welsh via language line. A negative impact (in part) was identified in terms of the in-house service.	The in-house service could develop resources including a Welsh version.
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	All smoking cessation services are free to access and prescriptions for Nicotine Replacement Therapy are free.	No recommendations.
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	The smoking cessation services (HMQ, Level 2 and 3 Enhanced Smoking Cessation Community Pharmacy schemes, Weight Management Service) 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	No recommendations.

	deprivation. For example, 27 (out of 31) Level 3 pharmacies are situated in areas of highest deprivation. Overall, a positive impact was identified.	
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	Nothing identified.	

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health 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

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
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; the availability of health and social care services, transport, housing, education, cultural and leisure services; the ability to access and navigate these services; the quality of services provided and received; access to education and training and information technology	The policy promotes access to smoking cessation services in the community at venues across Cardiff and Vale. 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. The in-house smoking cessation service offers ambulances for those patients who are unable to access the in-house service. Smoking cessation services are available face to face, telephone support, online, and via apps. Local GP Practices also support smoking cessation services. Smoking Cessation Services are available in all areas, and more Community Pharmacies located in higher areas of deprivation offer both the Level 3 and Level Enhanced Smoking Cessation Community Pharmacy Service. Individuals can self-refer to smoking cessation services.	**Smoking cessation** No recommendations.

	The quality of services is monitored and reported on regularly both internally within the UHB against agreed performance measures and externally by quarterly submissions to Welsh Government as part of the Tier 1 Smoking Cessation target. The number of individuals accessing each service (becoming a 'Treated Smoker' and the number of smokers quitting at 4 weeks are reported against. Building knowledge, skills and confidence to help individuals change their behaviour is a key component of the support provided by the smoking cessation services. Overall, a positive impact on access to services.	
7.2 People being able to improve /maintain healthy lifestyles: Consider decisions that support healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs; access to services that support disease prevention, including immunisation and vaccination, falls prevention	The purpose of this policy and the smoking cessation services promoted within it are to empower individuals to make decisions that support healthy lifestyles. Pre-operative patients are routinely asked if they smoke and offered referral to smoking cessation services as per the UHB's Optimising Outcomes Policy. Work is underway to systematically record smoking status for all patients on booking and admission and automate referral systems to smoking cessation services. Overall, a positive impact on access to lifestyles.	No recommendations.
7.3 People in terms of their income and employment status: Consider the availability and accessibility of	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-	No recommendations.

work, paid/ unpaid employment, wage levels, job security; cost/price controls: housing, fuel, energy, food, clothes, alcohol, tobacco; working conditions	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 individual's income, employment and work. Overall, a positive impact.	
7.4 People in terms of their use of the physical environment: Consider the availability and accessibility of transport, healthy food, leisure activities, green spaces; the Impact of the design of the built environment on the physical and mental health of patients, staff and visitors; air quality and housing/living conditions, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces	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. 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. A key element of the policy is to support individuals to give up 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. Overall, the policy has a positive impact.	No recommendations.
7.5 People in terms of social and community influences on their health: Consider family organisation and roles; social support and social networks; neighbourliness and sense of belonging;	Smoking cessation services empower individuals to manage the social and community influences on their health. The HMQ group sessions may help to build social	No recommendations.

social isolation; peer pressure; community identity; cultural and spiritual ethos	networks and social support through shared behaviour change of the individuals attending the groups. Overall, a positive impact.	
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider government policies; gross domestic product; economic development; biological diversity; climate	The policy contributes to Welsh Government's Tier 1 target for Tobacco Control which includes the target of 5 per cent of smokers setting a firm quit date and 40 per cent of those quitting at 4 weeks.	No recommendations.

8. Please answer questions 8.1 to 8.4 following the completion of the Integrated Screening Tool and complete the action plan

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

Action Plan

	Action	**Lead**	**Timescale**
8.2 What are the key actions identified as a result of using the Integrated Screening Tool?	**Smoking Cessation actions** Visual impairment – There is a need to develop supporting resources for people with sensory impairments e.g. audio books. Learning disability – a gap has been identified and further consideration of mitigation is required. 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. On-going development of resources in Welsh for the hospital in-house Smoking Cessation Service.	Trina Nealon Trina Nealon Trina Nealon Trina Nealon	September 2021 December 2021 December 2021 December 2021
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: the impact significant enough that a full consultation will be required?	Not required.		

	Action	Lead	Timescale
Is the impact important enough that you need to do a full consultation?			
8.4 What are the next steps? Some suggestions:- 1**.** Decide whether the strategy, policy, plan, procedure and/or service proposal: - 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); or -stops. 2. Get your strategy, policy, plan, procedure and/or service proposal approved 3. Publish your report of this impact assessment 4. Monitor and review	The policy will continue to the Strategy and Delivery Committee on 11th May 2021 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. The impact assessment will be published on the intranet and internet of the UHB.		

Appendix 1 – The Human Rights Act 1998[24]

The Act sets out our human rights in a series of 'Articles'. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

[24] https://www.equalityhumanrights.com/en/human-rights/human-rights-act

A**ppendix 2**

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Allow adequate time to complete the Integrated Screening Tool
- Identify what data you already have and what are the gaps.
- Engage with stakeholders early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)[25]

This explicit consideration of the above will apply to strategies (e.g. Shaping Our Future Strategy, Estates Strategy), policies (e.g. catering policies, procurement policies), plans (e.g. Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g. developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are'. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)[26]
- Equality Act 2010[27]

[25] http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015
[26] http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en

- Well-being of Future Generations (Wales) Act 2015[28]
- Social Services and Well-being (Wales) Act 2015[29]
- Health Impact Assessment (non statutory but good practice)[30]
- The Human Rights Act 1998[31]
- United Nations Convention on the Rights of the Child 1989[32]
- United Nations Convention on Rights of Persons with Disabilities 2009[33]
- United Nations Principles for Older Persons 1991[34]
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance[35]
- Welsh Government Health & Care Standards 2015[36]
- Welsh Language (Wales) Measure 2011[37]

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (i.e. their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.
They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to

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[27] https://www.gov.uk/guidance/equality-act-2010-guidance
[28] http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en
[29] http://gov.wales/topics/health/socialcare/act/?lang=en
[30] http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782
[31] https://www.equalityhumanrights.com/en/human-rights/human-rights-act
[32] http://www.unicef.org.uk/UNICEFs-Work/UN-Convention
[33] http://www.un.org/disabilities/convention/conventionfull.shtml
[34] http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx
[35] http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf
[36] http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en
[37] http://www.legislation.gov.uk/mwa/2011/1/contents/enacted

ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information or if you require support to facilitate a session, please contact Susan Toner, Principal Health Promotion Specialist (susan.toner@wales.nh.uk) or Keithley Wilkinson, Equality Manager (Keithley.wilkinson@wales.nhs.uk)

Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates[38]
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide[39]

[38] http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf (accessed 4 January 2016)

[39] http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782 (accessed on 4 January 2016)

Appendix 2 – The Human Rights Act 1998[40]

The Act sets out our human rights in a series of 'Articles'. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

17. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
18. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers, issues of patient restraint and control
19. Article 4 Freedom from slavery and forced labour
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29. solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
30. Protocol 1, Article 1 Right to peaceful enjoyment of your property
31. Protocol 1, Article 2 Right to education
32. Protocol 1, Article 3 Right to participate in free elections
33. Protocol 13, Article 1 Abolition of the death penalty

[40] https://www.equalityhumanrights.com/en/human-rights/human-rights-act

Appendix 3

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
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