

Equality & Health Impact Assessment for {insert title of strategy/ policy/ plan/ procedure/ service}

Please read the Guidance Notes in Appendix 1, 2 & 3 (located at the back) prior to commencing the EHA for help and support in completing this document.

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 (submit to equality team)
- Appendices 1-3 must be deleted prior to submission for approval
- We have put helpful hints in, to support you in completion of the Document. Please delete them before submission.
- Useful links have been added to relevant sections for quick reference and support.

Please answer all questions: -

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Not applicable
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Mental Health Clinical Board. Adult Mental Health Directorate Lead member of staff: Bethan Henderson Clinical Lead Nurse for Adult mental health Community services. Bethan.henderson4@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service Policies and Procedures - Home (sharepoint.com)	To provide a standard operating procedure for all Community Mental Health Teams in Cardiff and Vale University Health Board in relation to expected practice for escalation of patient concerns after non attendance at appointments. The purpose of this procedure is to define the required actions when a patient under a Community Mental Health Team (CMHT) does not attend a scheduled clinical appointment and fails to make contact to cancel or rearrange. To ensure expectations of care are clear and understood.
4.	Evidence and background information considered. For example • population data • staff and service user's 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 design and development stages	Information and learning from serious incidents within the directorate. Input and comment from lived experience team and staff within the clinical board. Benchmarking with other areas and utilizing good practice guidance. Participant knowledge. Comments from those involved in the design and development stages

	Public Health Wales Observatory Cardiff and Vale of Glamorgan Population Needs Assessment - Cardiff & Vale Integrated Health & Social Care Partnership (cvihscc.co.uk) CAVUHB - Home (sharepoint.com)	
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	It will be expected that all staff within the CMHT will utilize the Standard operating procedure. This should not change care specifically but enhance quality and standardization of care across teams. It should provide a more robust framework for patient safety and needs to be clearly considered, acted on and documented.

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 based on 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.

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. Refer to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: - under 18; - between 18 and 65; and - over 65	This procedure is only for patients within adult community mental health teams which is people aged 18-67 years. It does not impact patients outside of these age brackets.	Not required.	Not applicable.

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. Refer to where the mitigation is included in the document, as appropriate
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	No identified impacts specifically on this population from this procedure.	Not required.	n/a
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 Stonewall Gender Identity Research & Education Society – Improving the Lives of Trans People (gires.org.uk)	No identified impacts specifically on this population from this procedure.	Not required.	n/a
6.4 People who are married or who have a civil partner.		Not required.	n/a

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. Refer to where the mitigation is included in the document, as appropriate
	No identified impacts specifically on this population from this procedure.		
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 they are on maternity leave.	No identified impacts specifically on this population from this procedure.	Not required.	n/a
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers The Runnymede Trust	No identified impacts specifically on this population from this procedure.	Not required.	n/a
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	No identified impacts specifically on this population from this procedure.	Not required.	n/a
6.8 People who are attracted to other people of:		Not required.	n/a

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. Refer to where the mitigation is included in the document, as appropriate
- the opposite sex (heterosexual); - the same sex (lesbian or gay); - both sexes (bisexual) Stonewal	No identified impacts specifically on this population from this procedure.		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	Staff that prefer to communicate in the medium of Welsh can request for this procedure to be translated into Welsh as per UHB policy.	Staff that prefer to communicate in the medium of Welsh can request for this procedure to be translated into Welsh as per UHB policy.	Staff that prefer to communicate in the medium of Welsh can request for this procedure to be translated into Welsh as per UHB policy.
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	No identified impacts specifically on this population from this procedure.	Not required.	n/a
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	This procedure should ensure that all service users from whatever area of Cardiff and the Vale UHB receive the same high quality of	Not required.	n/a

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. Refer to where the mitigation is included in the document, as appropriate
	service, and all clinical concerns around not attending are considered in the same way and acted upon regardless of where someone lives.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	None identified.		

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 groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
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	This procedure should ensure that all service users from whatever area of Cardiff and the Vale UHB receive the same high quality of service, and all clinical concerns around not attending are considered in the same way and acted upon regardless of where someone lives.	Not required	n/a
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 /or non-prescribed drugs plus access to services that support disease prevention (e.g., immunisation and vaccination, falls prevention). Also consider the impact on access to supportive services including smoking cessation	No identified impacts specifically on this topic from this procedure.	Not required	n/a

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
services, weight management services etc. Creating healthier places spaces.pdf (wales.nhs.uk)			
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	No identified impacts specifically on this topic from this procedure.	Not required	n/a
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	No identified impacts specifically on this topic from this procedure.	Not required	n/a

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
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	This procedure should ensure that all service users from whatever area of Cardiff and the Vale UHB receive the same high quality of service, and all clinical concerns around not attending are considered in the same way and acted upon regardless of where someone lives. This procedure encourages staff to consider involvement of communities and families to enhance patient outcomes.	Not required	n/a
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	No identified impacts specifically on this topic from this procedure.		n/a

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

8.1 Please summaries the potential positive and/or negative impacts of the strategy, policy, plan, or service	This procedure should ensure that all service users from whatever area of Cardiff and the Vale UHB receive the same high quality of service, and all clinical concerns around not attending are considered in the same way and acted upon regardless of where someone lives. It should not discriminate against or differently impact on protected characteristic group.
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	None identified			
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: is the impact significant enough that a more formal and full consultation is required?	Not required			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions: - - 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) - stops. - Have your strategy, policy, plan, procedure and/or service proposal approved - Publish your report of this impact assessment - Monitor and review				

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. 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)¹

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:

¹

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)²
- Equality Act 2010³
- Well-being of Future Generations (Wales) Act 2015⁴
- Social Services and Well-being (Wales) Act 2015⁵
- Health Impact Assessment (non-statutory but good practice)⁶
- The Human Rights Act 1998⁷
- United Nations Convention on the Rights of the Child 1989⁸
- United Nations Convention on Rights of Persons with Disabilities 2009⁹
- United Nations Principles for Older Persons 1991¹⁰
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹¹
- Welsh Government Health & Care Standards 2015¹²
- Welsh Language (Wales) Measure 2011¹³

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). Several 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 diverse groups; and
- foster good relations between diverse groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently based on 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 care 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.

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

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>

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 based on 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 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 into 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 details of the Act are available in Appendix 2.

Completion of the EHIA should be an iterative process and commence as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and be 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 equityand.inclusion@wales.nhs.uk or kate.roberts6@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 templates¹⁴
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide

Resources for Equality Health impact Assessments

Diverse Cymru – list of useful reports

[Equality in Wales - Diverse Cymru](#)

Welsh Health Impact Support Unit (focus on health inequalities)

[Home - Wales Health Impact Assessment Support Unit \(phwwhocc.co.uk\)](#)

What Works Wellbeing

[Homepage - What Works Wellbeing](#)

Nice Guidance

[Find guidance | NICE](#)

Creating healthier places and spaces for our present and future generations
(Public Health Wales and Natural Resources Wales)

[Creating healthier places spaces.pdf \(wales.nhs.uk\)](#)

The Kings Fund

[Ideas that change health and care | The King's Fund \(kingsfund.org.uk\)](#)

Institute of Health Equity

[Resources & Reports - IHE \(instituteofhealthequity.org\)](#)

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':

[Protected characteristics | Equality and Human Rights Commission](https://www.equalityhumanrights.com/protected-characteristics)
([equalityhumanrights.com](https://www.equalityhumanrights.com/))

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 travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labor
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 travelers, 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 travelers
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 whistleblowing 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 based on 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

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.
- 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 diverse groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.