

# 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)<sup>1</sup>
- Equality Act 2010<sup>2</sup>
- Well-being of Future Generations (Wales) Act 2015<sup>3</sup>
- Social Services and Well-being (Wales) Act 2015<sup>4</sup>
- Health Impact Assessment (non statutory but good practice)<sup>5</sup>
- The Human Rights Act 1998<sup>6</sup>
- United Nations Convention on the Rights of the Child 1989<sup>7</sup>
- United Nations Convention on Rights of Persons with Disabilities 2009<sup>8</sup>
- United Nations Principles for Older Persons 1991<sup>9</sup>
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance<sup>10</sup>
- Welsh Government Health & Care Standards 2015<sup>11</sup>
- Welsh Language (Wales) Measure 2011<sup>12</sup>

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.

<sup>1</sup> <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

<sup>2</sup> <https://www.gov.uk/guidance/equality-act-2010-guidance>

<sup>3</sup> <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

<sup>4</sup> <http://gov.wales/topics/health/socialcare/act/?lang=en>

<sup>5</sup> <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

<sup>6</sup> <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

<sup>7</sup> <http://www.unicef.org/UNICEFs-Work/UN-Convention>

<sup>8</sup> <http://www.un.org/disabilities/convention/conventionfull.shtml>

<sup>9</sup> <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

<sup>10</sup> <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

<sup>11</sup> <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

<sup>12</sup> <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 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 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](mailto:susan.toner@wales.nh.uk)) or Keithley Wilkinson, Equality Manager ([Keithley.wilkinson@wales.nhs.uk](mailto:Keithley.wilkinson@wales.nhs.uk))

**Please note:**

- 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<sup>13</sup>

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<sup>14</sup>
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide<sup>15</sup>

---

<sup>13</sup> [http://nww.cardiffandvale.wales.nhs.uk/portal/page?\\_pageid=253.73860407,253\\_73860411&\\_dad=portal&\\_schema=PORTAL](http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253.73860407,253_73860411&_dad=portal&_schema=PORTAL)

<sup>14</sup> <http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf> (accessed 4 January 2016)

<sup>15</sup> <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782> (accessed on 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) Optimising Outcomes 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	<p>The Optimising Outcomes Policy aims to ensure appropriate smoking cessation and/or weight management support is given to patients prior to surgery in order that they experience an optimal post-operative outcome.</p> <p>Two statements (revised June 2014) outline the policy. These statements must be applied in the context of a patient's individual clinical need which is ultimately to be determined by the clinician responsible for the patient's care.</p> <p style="padding-left: 40px;">1. Smoking Cessation Anyone being referred or listed for an elective intervention who is recorded as a smoker is expected to have been offered, accepted and completed smoking cessation support<sup>16</sup> prior to their surgery.</p> <p style="padding-left: 40px;">2. Weight management Anyone being referred or listed for an elective intervention who has recorded a BMI of 40 or above is expected to have been offered, accepted and completed weight management support<sup>17</sup> prior to their surgery.</p>

<sup>16</sup> Smoking cessation support includes one of the following services: NHS community or hospital based Smoking Cessation Services.

<sup>17</sup> Weight management support includes one of the following services: Community Dietetic Service, National Exercise Referral Scheme, commercial weight management programmes. Whilst non-NHS provider weight management programmes are an option they currently lie outside of the NHS resourced referral pathway

<p>4.</p>	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• consultation and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> </ul> <p>The UHB's 'Shaping Our Future Wellbeing' Strategy and needs assessment provides good background data<sup>18</sup>.</p>	<p>Mid year population estimated for 2018 suggest 496,400 people are resident in Cardiff and Vale UHB area, 49.3% of whom are male<sup>19</sup>. 18.5% of the population is aged 0-15 years and 15.9% 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, 88.8% of the population identify as White (compared to 95.2% in the Vale), 2.1% of mixed ethnicity (Vale 1.4%) , 5.6% Asian/Asian British (Vale 1.8%), 1.7% Black/Black British (Vale 0.6%), and 1.8% 'other' ethnic group (Vale 1.0%)<sup>20</sup>. The majority of the people in the South East Wales Region report having a religious faith, with 48.6% being Christian, 2.3% Muslim and 2.8% other faith. 46.1% report having no religion<sup>21</sup>. In South East Wales, the largest proportion of the population aged 16+ years reported being married/civil partnership (47.3%), followed by single (35.7%), divorced/separated/dissolved civil partnership (10.3%) and widowed/surviving civil partnership (6.7%)<sup>22</sup>.</p> <p>Currently, 16.9% of the population in Cardiff and the Vale of Glamorgan smoke<sup>23</sup> (2018-2019, National Survey for 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<sup>24</sup>.</p>
-----------	---	--

<sup>18</sup>

<sup>19</sup> Stats Wales. Accessed at <https://statswales.gov.wales/Catalogue/Population-and-Migration/Population/Estimates> [Last accessed 31/12/19]

<sup>20</sup> Stats Wales (2009). Accessed at <https://statswales.gov.wales/Catalogue/Population-and-Migration/Population/Estimates/Ethnicity/PopulationEstimates-by-Localauthority-Ethnicity> [Last accessed 31/12/19]

<sup>21</sup> Stats Wales (2015-17) Accessed at <https://statswales.gov.wales/Catalogue/Equality-and-Diversity/Religion/religion-by-region> [Last accessed 31/12/19]

<sup>22</sup> Stats Wales (2015-17) Accessed at <https://statswales.gov.wales/Catalogue/Equality-and-Diversity/Marital-status/maritalstatus-by-region> [Last accessed 31/12/19]

<sup>23</sup> National Survey for Wales (2018-19). Accessed at <https://gov.wales/national-survey-wales-results-viewer> [Last accessed 31/12/19]

<sup>24</sup> 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 (20%) and the 45-64 age group (18%) but thereafter the prevalence of smokers declines to 10% by 65+ years<sup>5</sup>

The prevalence of smoking in males in Wales is 18% compared to 16% in females. **Error! Bookmark not defined.** 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<sup>25 26</sup>.

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<sup>27</sup>.

Smoking rates are higher amongst lower socio-economic groups. Smoking rates increase with deprivation, with rates of those living in the most deprived fifth of areas much higher than those in the least deprived fifth (21% compared with 13%)<sup>28</sup>.

<sup>25</sup> ASH (2011). ASH Factsheet: Tobacco and ethnic minorities. Available at: [http://www.ash.org.uk/files/documents/ASH\\_131.pdf](http://www.ash.org.uk/files/documents/ASH_131.pdf) [Accessed 20<sup>th</sup> May 2016]

<sup>26</sup> 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 24<sup>th</sup> May 2016]

<sup>27</sup> Stonewall (2008) Prescription for change. Available at: [http://www.stonewall.org.uk/sites/default/files/Prescription\\_for\\_Change\\_\\_2008\\_.pdf](http://www.stonewall.org.uk/sites/default/files/Prescription_for_Change__2008_.pdf) [Accessed 20<sup>th</sup> May 2016]

<sup>28</sup> Welsh Government (2015). Statistical Bulletin: Welsh Health Survey 2014: Health-related lifestyle results. <http://gov.wales/docs/statistics/2015/150603-welsh-health-survey-2014-health-related-lifestyle-en.pdf> [Accessed 20<sup>th</sup> May 2016]

### **Pre-operative Weight Management**

Currently, 56% of the population in Cardiff and the Vale of Glamorgan report being overweight or obese (BMI 25+), with 20% reporting being obese (BMI 30+)<sup>29</sup>.

The prevalence of overweight or obesity in Wales peaks in the 45-64 age group at 68%, declining to 58% in the 65+ age group<sup>30</sup>. Prevalence is lowest in the 16-44 age group at 53%. The distribution of obesity by age group is similar, with prevalences of 21% (16-44 yrs), 29% (45-64 yrs) and 20% (65+yrs) respectively.

The prevalence of overweight and obesity in males 16+ in Wales is 66% compared to 52% of females<sup>3</sup>. The proportion of males who report being obese is 24% compared to 23% of females.

No recent data is available on obesity prevalence by ethnic group in Wales. Data from England, where the prevalence of overweight and obese in adults over 18 is 62%, suggests that black adults were the most likely out of all ethnic groups to be overweight or obese (72.8%)<sup>31</sup>. White British adults were also more likely than average to be overweight or obese (62.9%), whereas adults from the Chinese ethnic group were least likely to be obese (34.5%). The percentage of adults in the Asian, Other White, Mixed and Other ethnic groups was also lower than the national average (57%, 57.8%, 58.5% and 58.3% respectively)

The prevalence of overweight or obese people in Wales varies with fifths of deprivation. It is highest (66%) in quintile 2 (second most deprived) and lowest (53%) in quintile 4 (second least deprived); it is higher in the least deprived quintile (61%) than the most deprived (58%)<sup>32</sup>. The prevalence of obesity shows

<sup>29</sup> National Survey for Wales (2017-18, 2018-19 combined) Accessed at <https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles/adultlifestyles-by-localauthority-healthboard> [Last accessed 31/12/19]

<sup>30</sup> National Survey for Wales (2018-19) Accessed at <https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles/adultlifestyles-by-age-gender> [Last accessed 31/12/19]

<sup>31</sup> Gov.UK *Overweight Adults* (2017-18). Accessed at <https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/overweight-adults/latest> [Last accessed 31/12/19]

<sup>32</sup> National Survey for Wales (2018-19). Accessed at <https://statswales.gov.wales/Catalogue/National-Survey-for-Wales/Population-Health/Adult-Lifestyles/adultlifestyles-by-wimddeprivation> [Last accessed 31/12/19]

		a gradient from most to least deprived, with a prevalence of 28% in quintile 1 (most deprived) and 22% in quintile 2 (least deprived).
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>The stakeholders include:-</p> <ul style="list-style-type: none"> <li>• Patients on elective surgical pathways (with the exception of the exclusions outlined in the policy).</li> <li>• Any referrer e.g. General Practitioners, Surgeons, Physiotherapists, Outpatient Nurses etc.</li> <li>• Primary Care – General Practices, Community Directors, Local Medical Committee (LMC)</li> <li>• CVUHB, Clinical Boards</li> <li>• CVUHB IT Department</li> <li>• Cardiff and Vale Public Health Team</li> <li>• Community Health Council (CHC)</li> <li>• Help Me Quit (HMQ) community based NHS smoking cessation service</li> <li>• Hospital in-house Smoking Cessation Service</li> <li>• Level 3 Pharmacy</li> <li>• CV UHB Nutrition and Dietetic services</li> <li>• CV UHB Level 3 Specialist Weight Management service</li> <li>• National Exercise Referral Scheme (NERS)</li> <li>• Commercial companies</li> </ul>

**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
<p><b>6.1 Age</b> For most purposes, the main categories are:</p> <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	<p><b>Smoking Cessation</b> The policy does not apply to people under the age of 16, however, there are options available to access smoking cessation services. The UHB's in-house smoking cessation service is able to provide 1-2-1 support to those under 16 years although the service can only prescribe to those 12+. Help Me Quit community based services are able to provide support to under 16s in a one to one context or by telephone. It would not be appropriate for them to access a group of mixed ages..</p> <p>Overall, no negative impact was identified.</p> <p><b>Weight Management</b> The policy does not apply to people under the age of 16. However, currently children are unable to access weight management services, as there is not an equivalent service for under 16s as the weight management services for adults.</p> <p>The NERS service also delivers the service to individuals 16+.</p> <p>Overall, no impact was identified for young people</p>	<p><b>Smoking Cessation</b> No recommendations.</p> <p><b>Weight Management</b> The local prevention and management of obesity in children and adults will be addressed by the Move Move, Eat Well Plan (2020-2023), which is due to be published in March 2020. This will include the implementation of a complete referral pathway for children and adults who are overweight/obese.</p>

	<p>aged 16-25 years. A negative impact was identified for children under the age of 16 years old, however it was noted that the policy does not apply to under 16s.</p>	
<p><b>6.2 Persons with a disability as defined in the Equality Act 2010</b>  Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p><b>Smoking Cessation</b>  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 are able to 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>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 for mental health in-patients have</p>	<p><b>Smoking Cessation</b>  Provision for clients with visual impairment, learning disability and mental health diagnoses (in the community) will be considered as part of the proposed UHB's smoking cessation service review.</p>

	<p>improved, with nursing staff having undertaken smoking cessation training.</p> <p>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 one to one.</p> <p>Overall no impact or positive impacts were identified for the majority. However a negative impact was identified for those with visual impairments, mental health patients in the community and those with a learning disability.</p> <p><b>Weight Management</b> Venues that deliver the weight management service are accessible to people with disabilities.</p> <p>Housebound patients are offered a dietetic domiciliary visit. There is currently no Level 3 service for housebound patients. Patients' carers are invited to attend all appointments at the patient request.</p> <p>Equipment to support people with hearing impairments is available.</p> <p>For those with visual impairment, the service can still be provided as consultations are provided verbally. Certain resources can be produced in an audio version.</p> <p>The dietetic service for individuals with a severe</p>	<p><b>Weight Management</b> Consider development of a specialist weight management service for housebound patients.</p>
--	--	---

	<p>learning disability is offered by Swansea Bay UHB. Individuals with less severe learning disabilities who require general lifestyle support would be offered support locally in a 1-2-1 context as the groups would not be suitable.</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> <p>NERS relies on family members/carers to support individuals with sensory impairments.</p> <p>Overall, no negative impacts were identified.</p>	
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> 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><b>Smoking Cessation and Weight Management</b> There is currently no service data available to assess whether males and females are accessing smoking cessation services services in a way which is proportional to the prevalence of smokers who are male or female in the local population. The same is true of weight management services.</p> <p>Patients would be eligible for referral to the Welsh Gender Service if required.</p> <p>The multi-professional group conducting the EQIA considered that, as the policy is applied equally to all individuals needing surgery, there should be</p>	<p><b>Smoking Cessation and Weight Management</b> 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>

	no differential effect in relation to gender. No negative impacts were identified.	
<b>6.4 People who are married or who have a civil partner.</b>	<p><b>Smoking Cessation and Weight Management</b> Data on access to services by marriage and civil partnership is not collected.</p> <p>The services are set up so that all individuals needing surgery can access them. The services do not discriminate by marriage and civil partnership, therefore, no negative impact was identified.</p>	<p><b>Smoking Cessation and Weight Management</b> Continue to monitor 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.</p>
<p><b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p><b>Smoking Cessation</b> A question about pregnancy is asked in the assessment telephone call with HMQ at the start of the 6 week programme.</p> <p>HMQ provide a specific service for pregnant women.</p> <p>All pregnant women, on booking with maternity services, are carbon monoxide monitored (via a breath test) and offered a referral to HMQ if found to be a current smoker.</p> <p>A positive impact was identified</p> <p><b>Weight Management</b> The weight management service detailed in this policy is not appropriate for pregnant women as the focus in pregnancy is on preventing weight</p>	<p><b>Weight Management</b> Consider whether a weight management service should be provided specifically for pregnant women on elective lists. To review in February 2020 with the launch of the healthy weight delivery plan and associated funding.</p>

	<p>gain rather than weight loss. There is currently no separate dietetic service for pregnant women, but this is expected to be addressed as part of the local response to the Healthy Weight Healthy Wales Strategy.</p> <p>The National Exercise Referral Scheme excludes women in the first 12 weeks of pregnancy.</p> <p>Overall, a negative impact was identified on pregnant women in terms of weight management services.</p>	
<p><b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b></p>	<p><b>Smoking Cessation</b>  Services can be provided in other languages through the use of an interpretation service and language line.</p> <p>Some HMQ resources are available in different languages, in addition to English and Welsh.</p> <p>The patient leaflets supporting the policy can be translated in to other languages on request.</p> <p>Overall, no negative impact was identified.</p> <p><b>Weight Management</b>  The weight management service is provided in English and the groups are not suitable to be run in consecutive languages. The group is not offered in different languages, but there is a partnership project with Women Connect supporting women from BME communities to lose</p>	<p><b>Smoking Cessation</b>  HMQ and in-house smoking cessation written materials could be developed in different languages, if required, and will be considered as part of on-going development of all UHB smoking cessation services including any specific Service Improvement work.</p> <p><b>Weight Management</b>  No action suggested</p>

	<p>weight.</p> <p>A one to one service can be provided with the assistance of an interpreter.</p> <p>The consultations and nutritional advice provided is culturally specific. A lot of work has been done previously to achieve this and the team has good links with communities.</p> <p>Resources are available in different languages.</p> <p>Resources can be provided that are pictorial.</p> <p>Overall, a positive impact was identified.</p>	
<p><b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief</p>	<p><b>Smoking Cessation</b> No negative impact was identified.</p> <p><b>Weight Management</b> All staff in the weight management service have an awareness of cultural issues through staff training.</p> <p>The consultations are adapted to meet the individual's religious and cultural needs. They are person centred.</p> <p>NERS offer women only sessions.</p> <p>Overall, a positive impact was identified.</p>	<p><b>Smoking Cessation and Weight Management</b> No recommendations.</p>

<p><b>6.8 People who are attracted to other people of:</b></p> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual).</li> </ul>	<p><b>Smoking Cessation and Weight Management</b></p> <p>The impact of the policy on sexual orientation was discussed and no positive or negative impacts were identified.</p>	<p><b>Smoking Cessation and Weight Management</b></p> <p>No recommendations.</p>
<p><b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b></p>	<p><b>Smoking Cessation and Weight Management</b></p> <p>OOPs policy resources are available in Welsh.</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>In terms of the weight management services consultations can be offered to be undertaken in Welsh (in advance of the appointment).</p> <p>Overall, a positive impact.</p>	<p><b>Smoking Cessation and Weight Management</b></p> <p>No recommendations.</p>
<p><b>6.10 People according to their income related group:</b></p> <p>Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p><b>Smoking Cessation</b></p> <p>All smoking cessation services are free to access and prescriptions for Nicotine Replacement Therapy are free.</p> <p><b>Weight Management</b></p> <p>Community Dietitian led Weight Management Services are free.</p> <p>NERS has a mandatory cost of £2 per session which may have an impact on those on lower</p>	<p><b>Smoking Cessation and Weight Management</b></p> <p>No recommendations.</p>

	<p>incomes.</p> <p>Commercial organisations will charge for their services.</p> <p>Overall, no negative impact was identified.</p>	
<p><b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>	<p>Provision of smoking cessation and weight management services (HMQ, Level 3 pharmacy, Weight Management Service) are aligned with areas of deprivation and therefore there are more services in these areas. Level 3 pharmacies are situated in area of high deprivation.</p> <p>Overall, a positive impact was identified.</p>	<p><b>Smoking Cessation and Weight Management</b> No recommendations.</p>
<p><b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b></p>	<p>Nothing identified.</p>	

**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

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts and any particular groups affected</b>	<b>Recommendations for improvement/mitigation</b>
<p><b>7.1 People being able to access the service offered:</b>  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</p>	<p><b>Smoking cessation</b>  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.</p> <p>The quality of services is monitored and reported on regularly i.e. by the number of individuals accessing each 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><b>Weight Management</b></p>	<p><b>Smoking cessation</b>  No recommendations.</p> <p><b>Weight Management</b></p>

	<p>The policy promotes access to weight management services in each locality of Cardiff and Vale.</p> <p>Professional referral is required for weight management services highlighted in this policy and for NERS, although self-referral for Community Dietetics has been recently introduced. All health care providers are provided with information to refer to the service.</p> <p>The weight management service is regularly evaluated and clinical outcomes recorded.</p> <p>Education is intrinsic to the support offered by the weight management service and NERS.</p> <p>Overall, a positive impact on access to services.</p>	<p>Explore opportunities for online support, linking with wider UHB IT strategy.</p>
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b> 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</p>	<p>The purpose of this policy and the smoking cessation and weight management services promoted within it are to empower individuals to make decisions that support healthy lifestyles.</p> <p>The weight management services would signpost to some relevant preventative services such as alcohol services.</p> <p>Overall, a positive impact on access to lifestyle support.</p>	<p>No recommendations.</p>
<p><b>7.3 People in terms of their income and employment status:</b></p>	<p>The policy will help improve clinical outcomes, which may help support individuals to return to</p>	<p>No recommendations.</p>

<p>Consider the availability and accessibility of work, paid/ unpaid employment, wage levels, job security; cost/price controls: housing, fuel, energy, food, clothes, alcohol, tobacco; working conditions</p>	<p>work or to gain employment. For example, evidence suggests a higher level of absenteeism in smokers compared to non-smokers and this may have an impact on their employment, income and job security and therefore, quitting smoking is likely to have a positive impact on an individual's income, employment and work.</p> <p>Overall, a positive impact.</p>	
<p><b>7.4 People in terms of their use of the physical environment:</b>  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</p>	<p>The policy aims to support individuals to give up smoking pre-operatively. Individuals who stop smoking will have improved air quality 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.</p> <p>Overall, the policy has a positive impact.</p>	<p>No recommendations.</p>
<p><b>7.5 People in terms of social and community influences on their health:</b>  Consider family organisation and roles; social support and social networks; neighborliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p>	<p>The smoking cessation and weight management services empower individuals to manage the social and community influences on their health.</p> <p>Relatives are encouraged to attend weight management sessions thereby helping to build support for lifestyle changes in the family.</p> <p>The group sessions may help to build social</p>	<p>No recommendations.</p>

	<p>networks and social support through shared behaviour change of the individuals attending the groups.</p> <p>Overall, a positive impact.</p>	
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider government policies; gross domestic product; economic development; biological diversity; climate</p>	<p>The policy influenced the Welsh Government's Planned Care Programme and as such, has had a positive impact on Government policy.</p> <p>Overall, a positive impact on access to services.</p>	<p>No recommendations.</p>

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

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

**Action Plan**

	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>
<p><b>8.2 What are the key actions identified as a result of using the Integrated Screening Tool?</b></p>	<p>The local prevention and management of obesity in children and adults will be addressed by the Move Move, Eat Well Plan (2020-2023), which due to be published in March 2020. This will include the implementation of a complete referral pathway for children and adults who are overweight/obese.</p> <p>Provision for clients with visual impairment, learning disability and mental health diagnoses (in the community) will be considered as part of the proposed UHB's smoking cessation service review.</p> <p>Consider development of a specialist weight management service for housebound patients Continue to monitor the data collected and</p>	<p>Community Dietetic Clinical Lead/Consultant in Public Health Medicine</p> <p>Principal Public Health Practitioner</p> <p>Community Dietetic Clinical Lead</p>	<p>Timescale of plan 2020-2023</p> <p>September 2020</p> <p>Paper detailing resource required to be developed by May 2020</p>

	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>
	<p>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>Continue to monitor 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.</p> <p>Consider whether a weight management service should be provided specifically for pregnant women on elective lists.</p> <p>HMQ and in-house smoking cessation written materials could be developed in different languages, if required, and will be considered as part of on-going development of all UHB smoking cessation services including any specific Service Improvement work.</p> <p>Explore opportunities for online weight management support.</p>	<p>OOP Review Group</p> <p>OOP Review Group</p> <p>Community Dietetic Clinical Lead/ Consultant in Public Health Medicine</p> <p>Principal Public Health Practitioner</p> <p>Community Dietetic Clinical Lead</p>	<p>December 2020</p> <p>December 2020</p> <p>April 2020</p> <p>June 2020</p> <p>December 2020</p>

	Action	Lead	Timescale
<p><b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b></p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: Is the impact significant enough that a full consultation will be required? Is the impact important enough that you need to do a full consultation?</p>	Not required.		
<p><b>8.4 What are the next steps?</b></p> <p>Some suggestions:-</p> <p>1. Decide whether the strategy, policy, plan, procedure and/or service proposal:</p> <ul style="list-style-type: none"> <li>- continues unchanged as there are no significant negative impacts;</li> <li>-adjusts to account for the negative impacts;</li> <li>-continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so); or</li> <li>-stops.</li> </ul> <p>2. Get your strategy, policy, plan, procedure and/or service proposal approved</p>	<p>The OOP Review Group will ensure the actions identified by this assessment are included in the ongoing action planning and monitored as part of the work of the group.</p> <p>Review the content of the Policy, supporting procedures and EQIA following publication of Healthy Weight Healthy Wales Strategy and Action Plan.</p>	<p>Consultant in Public Health Medicine</p> <p>OOP Review Group</p>	<p>April 2020</p> <p>September 2020</p>

	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>
3. Publish your report of this impact assessment			
4. Monitor and review			

## Appendix 1 – The Human Rights Act 1998<sup>33</sup>

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 travelers, 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 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 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

---

<sup>33</sup> <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

## Appendix 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.