Equality & Health Impact Assessment for:-

Perfect Locality & Shaping Our Future Wellbeing: In the community programmes (Final)

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

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Perfect Locality & Shaping Our Future Wellbeing: In the community programmes
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Strategic and Service Planning Corporate Strategic Planning Lead 02920 747951
3.	Objectives of strategy/ policy/ plan/ procedure/ service	**The Mission**: Caring for People, Keeping People Well **Vision**: A person's chance of leading a healthy life is the same wherever they live and whoever they are.

		Overarching strategy is: Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them. The Perfect Locality /Shaping Our Future Well-being in the Community Strategy has the following priorities - Focus on well-being - Develop whole system models (that matter to patients and citizens) - Sustain primary care, particularly general practice - Improve patient pathways across primary and secondary care - Develop Health &Wellbeing Centres and Wellbeing Hub - Facilitate technology solutions All underpinned by co-production, co-design, co-ownership, health literacy, empowerment and self care
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages	Information is available on the - SOFW website http://www.cardiffandvaleuhb.wales.nhs.uk/page/86420 outlines the approach adopted by the UHB - The Stakeholder and Communication Plan together with future planned engagement work is available at http://www.cardiffandvaleuhb.wales.nhs.uk/engagement-our-future-wellbeing . A list of stakeholders, including the Community Health Council, is included in the plan. Further local level engagement will occur during the development of the Wellbeing Hubs and Health & Wellbeing Centres - Perfect Locality website http://www.cardiffandvaleuhb.wales.nhs.uk/the-perfect-locality-specification. The priorities and model proposed were developed through discussions by the Perfect Locality /BIG2 Working Group. Evidence in the literature informed best practice

	Population pyramids are available from Public Health Wales Observatory[2] and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[3].	- Needs assessment data is available at http://www.cvihsc.co.uk/about/what-we-do/population-needs-assessment . The needs assessment highlighted
		    o Inequalities in health and the life expectancy gap experienced across the UHB area
		    o The increase in numbers in the older age group and the increasing complexity of conditions experienced
		    o Lifestyle choices that increase risk of disease
		    o Patterns of service utilisation
		
		Additional briefing papers on specific elements (eg Organisational Models of Primary Care, Health Literacy) are also available

5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	Individuals across Cardiff and Vale of Glamorgan accessing primary, community and secondary care services will be affected by the strategy. UHB staff will also be affected by the planned changes to service delivery.

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

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

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[2] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf
[3] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	**Potential Positive impact** All ages • Accessible local primary and community care services delivered from fit for purpose facilities • Improved access to multi-disciplinary primary care teams • Facilitates social prescribing approaches • Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well • IT supports patient engagement	All ages • Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12) • Ensure times of clinics/services flexible to facilitate access • Embed sustainable social prescribing approaches • Embed health literacy approaches • Develop IT support /social media programmes • Access appropriate communication technology	Action to be taken by:- • Capital and Estates Team and Public Health Team • PCIC Clinical Board • Strategy & Service Planning Team • SOFW Programme Team (including PCIC and other Clinical Board members) • UHB IM&T Team and Communication Team

4

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	• Social isolation addressed through partnership working **Potential negatives impact** All ages • Time required to support patients understand the change to multi-disciplinary primary care teams	• Develop local patient engagement programmes • Enable further partnership working and integration across health and social care organisations • Access appropriate communication technology • Develop local patient engagement programmes	• Patient Experience Team • Third sector Health & Social Care Facilitators • Integrated Health and Social Care Partnership • UHB IM&T Team and Communication Team • Patient Experience Team
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	**Potential Positive impact** • Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities • Improved access to multi-disciplinary primary care teams	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12) • Times of clinics/services flexible to facilitate access	Action to be taken by:- • Capital and Estates Team and Public Health Team • PCIC Clinical Board

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	• Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well	• Staff employed to reflect population demographics • Ensure patient is able to communicate in language (eg Welsh) or format (eg sign language) appropriate to need • Embed health literacy approaches • Partnership working with specialist organisations (eg RNIB)	• Workforce and Organisational Development • SOFW Programme Team (including PCIC and other Clinical Board members)
	Potential negatives impact • Time required to support patients understand the change to multi-disciplinary primary care teams	• Develop IT support /social media programmes • Access appropriate communication technology • Develop local patient engagement programmes	• UHB IM&T Team and Communication Team • Patient Experience Team • Third sector Health & Social Care Facilitators
6.3 People of different genders:	**Potential Positive impact**	• Development and implementation of a	Action to be taken by:-

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
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	• Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities	*Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12)	• Capital and Estates Team and Public Health Team
6.4 People who are married or who have a civil partner.	N/A		
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.	**Potential Positive impact** • Accessible local primary and community care services delivered from fit for purpose facilities • IT supports patient engagement	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12) • Develop IT support /social media programmes	Action to be taken by:- • Capital and Estates Team and the Public Health Team • UHB IM&T Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Potential negatives impact • Time required to support patients understand the change to multi-disciplinary primary care teams	• Develop local patient engagement programmes	• Patient Experience Team • Third sector Health & Social Care Facilitators • Strategy & Service Planning Team
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	**Potential Positive impact** • Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities • Improved access to multi-disciplinary primary care teams • Improved staff access to appropriate communication	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12) • Ensure times of clinics/services flexible to facilitate access • Employ local people to reflect demographics /population • Embed health literacy approaches	Action to be taken by:- • Capital and Estates Team and Public Health Team • PCIC Clinical Board • Workforce and Organisational Development • Patient Experience Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	methods that facilitate engagement with non-English speaking patients	• Ensure patient is able to communicate in language or format appropriate to need • Access and use appropriate communication technology and services	• SOFW Programme Team (including PCIC and other Clinical Board members)
	• IT supports patient engagement and communication	• Develop IT support /social media programmes	• UHB IM&T Team and Communications Team
	• Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well **Potential negatives impact** • Time required to support patients understand the change to multi-disciplinary primary care teams	• Develop local patient engagement programmes	• Third sector Health & Social Care Facilitators • Integrated Health and Social Care Partnership • Locality Care Transformation Workstream • Patient Experience Team • Third sector Health & Social Care Facilitators • Strategy & Service Planning Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	**Potential Positive impact** • Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12)	Action to be taken by:- • Capital and Estates Team and Public Health Team
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	• Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12)	Action to be taken by:- • Capital and Estates Team and Public Health Team
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	**Potential Positive impact** • Improved staff access to appropriate communication methods that facilitate engagement with non-English speaking patients	• Translation services to be available • All public documents available in Welsh • Develop IT support /social media programmes in Welsh	Action to be taken by:- • Strategy & Service Planning Team • Clinical Boards • UHB IM&T Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language	• IT supports patient engagement and communication	• Employ Welsh speaking staff • Develop local patient engagement programmes in Welsh • Promote the availability of Welsh speaking staff	• Workforce and Organisational Development • Patient Experience Team • SOFW Programme Team (including PCIC and other Clinical Board members)
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	**Potential Positive impact** • Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities • Improved access to multi-disciplinary primary care teams • Prioritisation of services in areas of deprivation	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12) • Ensure times of clinics/services flexible to facilitate access • Prioritise areas of deprivation for service	Action to be taken by:- • Capital and Estates Team & Public Health Team • PCIC Clinical Board • SOFW Programme Team (including PCIC and other Clinical Board members) • Capital and Estates Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Potential negatives impact • Time required to support patients understand the change to multi-disciplinary primary care teams	development and provision of new /renovated buildings or facilities • Develop IT support /social media programmes • Develop local patient engagement programmes	• SOFW Programme Team (including PCIC and other Clinical Board members) • UHB IM&T Team • UHB Communications Team • Patient Experience Team
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	**Potential Positive impact** • Facilities available in areas of most need and services tailored to community need • Buildings to be accessible by walking, cycling and public transport • Facilities to be interconnected with other local services **Potential negatives impact** In some areas, location of buildings is based on opportunity rather than need	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12) • Prioritise areas of deprivation for service development and provision	Action to be taken by:- • Capital and Estates Team and Public Health Team • Strategy & Service Planning Team • Capital and Estates Team • Clinical Boards

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		of new /renovated buildings or facilities	• Programme Team
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities	Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12)	Action to be taken by:- • Capital and Estates Team and Public Health Team

Note 1   A *Statutory /Mandatory and Public Health Reference List* is in development for use during the development and refurbishment of the UHB Estate. This reference document will bring together the statutory and mandatory requirements that guide any development and will also include best practice for promoting population health. The list may include the following examples

- Opportunities to ensure provision promotes health - e.g. positioning of stairs, hearing loops, use of colour, height of reception desks, entry systems, width of doorways, play areas, child friendly toilets, breast feeding areas, space for carers to support family members (seats together), pictorial /multi-lingual /universal signage, universal changing facilities
- Buildings to be accessible by walking, cycling and public transport. Traffic speed restricted to 20mph
- Facilities to be interconnected with other local services
- Access to open green spaces to promote mental health
- Provision of community food growing spaces
- Provision of universal toilets
- Dementia friendly services and facilities
- Child friendly services and facilities
- Access to a quiet, private space for discussion, reflection or contemplation

- Partnership working with specialist organisations (e.g. RNIB, Action on Hearing Loss, transgender groups)
- Healthy foods provided in cafes and healthy catering standards are adopted
- Services promote prevention and wellbeing at front of house

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
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 Well-being Goal - A more equal Wales	**Potential Positive impact** • Buildings to be placed in areas of most need and services tailored to community need • Buildings to be accessible by walking, cycling and public transport • Facilities to be interconnected with other local services **Potential negatives impact**	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12) • Develop formula for location of hubs and well-being centres being agreed	Action to be taken by:- • Capital and Estates Team and Public Health Team • SOFW Programme Team (including PCIC and other Clinical Board members)

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
	In some areas location of buildings is based on opportunity rather than need		
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 (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	**Potential Positive impact** • Focus on well-being and keeping well	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12) • Ensure prevention is part of service planning and that services promote prevention and wellbeing at front of house • Develop and embed social prescribing approaches • Embed 'Making Every Contact Count' training across all service areas	Action to be taken by:- • Capital and Estates Team and Public Health Team • Strategy & Service Planning Team • PCIC Clinical Board • SOFW Programme Team (including PCIC and other Clinical Board members) • Clinical Boards, Public Health Team and Workforce and Organisational Development

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
		• Deliver frequent public awareness campaigns • Ensure healthy foods provided in cafes and that healthy catering standards are adopted	• Patient Experience Team, Communications Team and Public Health Team • Facilities Team and Public Health Team
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 Well-being Goal – A prosperous Wales	**Potential Positive impact** • Opportunities for volunteers to deliver appropriate projects and services • Employment of a range of disciplines	• Employment of local people to reflect demographics /population	Action to be taken by:- • Workforce and Organisational Development • PCIC Clinical Board
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	**Potential Positive impact** • New design of services and buildings to promote easier access • DDA compliance of buildings with natural light and consideration for sensory loss	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12)	Action to be taken by:- • Capital and Estates Team and Public Health Team

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
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 Well-being Goal – A resilient Wales	• Location of hubs to have green space that can be utilised positively • Closer proximity to home		
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 Well-being Goal – A Wales of cohesive communities	**Potential Positive impact** • Promote sense of belonging due to location within community • Opportunities for participation and volunteering and peer support • Addressing social isolation • Understanding and promotion of social networks	• Implementation of community engagement approaches • Implementation of patient participation groups • Develop and embed social prescribing approaches	Action to be taken by:- • Strategy & Service Planning Team • Patient Experience Team • SOFW Programme Team (including PCIC and other Clinical Board members) • Third sector Health & Social Care Facilitators

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
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 Well-being Goal – A globally responsible Wales	Deliver UHB and WG policies Contribute to meeting the Well-being Objectives		

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

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	**Positive impacts / how we will achieve the objectives** • Focus on well-being and keeping well • Accessible local primary and community care services delivered from fit for purpose and DDA compliant facilities • Improved access to multi-disciplinary primary care teams • IT supports patient engagement • Implementation of chronic condition pathways results in less acute episodes and patients supported to manage their conditions well • Facilitates social prescribing approaches • Improved staff access to appropriate communication methods that facilitate engagement with non-English speaking patients • Prioritisation of services in areas of deprivation • Buildings to be placed in areas of most need and services tailored to community need. Formula for location of hubs and well-being centres being agreed • Buildings to be accessible by walking, cycling and public transport • Facilities to be interconnected with other local services • Implementation of UHB policies (eg no smoking policy) • Opportunity to access food growing spaces around NHS buildings • Signposting to community/ local services or groups • Opportunities for volunteers to deliver appropriate projects and services • Employment of a range of disciplines • New design of services and buildings to promote easier access • Location of hubs to have green space that can be utilised positively • Space within buildings could promote more diverse workforce, ie volunteers • Closer proximity to home • Promote sense of belonging due to location within community

	• Opportunities for participation and volunteering and peer support • Understanding and promotion of social networks **Negative impacts include** • Time required to support patients understand the change to multi-disciplinary primary care teams • In some areas location of buildings will take account of opportunity as well as local need	

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?	• Development and implementation of a *Statutory /Mandatory and Public Health Reference List* (see note 1 after section 6.12)
	
	• Development of service specifications for Health & Wellbeing Centres and Wellbeing Hubs that meet the requirements of the SOFWB /Perfect Locality Strategy:-
	  o High level principles
	  o Service scope and Clinical Output Specifications (for each project)
	
	• Development of a holistic approach to communication that includes
		Capital and Estates Team
		
		Strategy & Service Planning Team
			November 2017
			
			May 2017
			
			As per project plans	

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
	stakeholder and community engagement, health literacy approaches, use of social media	Strategy & Service Planning Team	To be agreed	
	• Implementation of employment practices that prioritise employment of individuals with the right skills from local areas	Workforce and Organisational Development	To be agreed	
	• Development and implementation of sustainable social prescribing approaches	PCIC Clinical Board with Primary Care Clusters	2018/19	
	• Implementation of UHB policies that support access to language and communication support, smoking cessation, etc	To be agreed	2018/19	
	• Delivery of 'Making Every Contact Count' and Dementia Friends training • Delivery of frequent public awareness campaigns	Public Health Team Communications Team		

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
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?	As there has been potentially very limited negative impact identified, and the consultation and engagement activity has been comprehensive, it is unnecessary to undertake a more detailed assessment. However, the SOFW:IOC Programme EHIA will be used as a basis to inform the development of specific project EHIAs			
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	On reviewing this service delivery strategy positive changes have been made. The EHIA has been consulted upon. The Strategy will continue, enhanced by the actions identified within the EHIA The EHIA will inform actions and further policy changes of the Strategy and inform			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
the justifications for doing so) • stops. Have your strategy, policy, plan, procedure and/or service proposal approved	EHIA's of the component parts of the Strategy			
Publish your report of this impact assessment Monitor and review	The EHIA will be published, alongside the Strategy, on the intranet and internet once approved. This EHIA will be reviewed three years after approval unless changes to legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).			

EQUALITY HEALTH IMPACT ASSESSMENT
SCHEDULE OF BUILDING AND ENGINEERING SERVICES DESIGN AND COMPLIANCE STANDARDS INCLUDING
EQUALITY IMPLICATIONS

Specific Engineering/Compliance Topic	Type of Standard	Equality Impact to be considered
Fire Safety	**Statutory**	• Sensory Loss (signs, emergency lighting, access and egress etc) • Age related equality issues (signs, access and egress etc) • Gender related equality issues • Dementia Care and Mental Health (access and egress etc) • Welsh Language (signage etc) • Evacuation strategies (signage, access, egress and communication strategies) • Training
Water Safety	**Statutory**	• Sensory loss (temperature related issues, scalding, signage etc) • Age related equality issues (signage, selection of taps, sanitary ware etc) • Gender related equality issues • Dementia Care and Mental Health (signage, selection of taps, sanitary ware etc) • Welsh Language (signage etc)

		• Faith/Religeon related equality issues • Training
Asbestos Management	**Statutory**	• Sensory Loss (signs, precautions, access to asbestos database etc) • Age related equality issues (signage, access to asbestos database etc) • Gender related equality issues • Dementia Care and Mental Health (signage etc) • Welsh Language (signage etc) • Training
Control of Contractors	**Statutory**	• Care of equality management with contractors including the following equality issues, age, sensory loss, age, gender, faith/religion etc
Medical Gases	**Statutory**	• Sensory Loss (signs, emergency procedures etc) • Training
Ventilation	**Statutory**	• Sensory Loss (signs, emergency procedures etc) • Training
High and Low Voltage Electricity	**Statutory**	• Sensory Loss (signs, emergency procedures etc) • Training
Environmental Management	**Statutory**	• Sensory Loss (signs, emergency procedures etc) • Training

Energy and Water Management	**Statutory**	• Sensory Loss (signs, emergency procedures etc) • Training
Building Regulations, Design Standards and HTM's, HBN's	**Statutory**	• All as above dependent on specific standard e.g. Fire Safety, Water Safety • Under the Equality Act the Architects and designers will ensure that Capital schemes meet the necessary equality standards e.g. positioning of stairs, hearing loops, use of colour, height of reception desks, entry systems, width of doorways, play areas, pictorial /multi-lingual /universal signage, toilet/changing facilities, Dementia friendly services and facilities, Child friendly services and facilities
Capital Design Team /Project Boards		In addition to the above regulatory statutory standards detailed in Building Regulations, Design Standards and HTM's, HBN's, the following topics can considered and reviewed: • Buildings to be accessible by walking, cycling and public transport. Traffic speed restricted to 20mph • Facilities to be interconnected with other local services • Access to open green spaces to promote mental health • Provision of community food growing spaces • Access to a quiet, private space for discussion, reflection or contemplation • Partnership working with specialist organisations (e.g. RNIB, Action on Hearing Loss, transgender groups)