



Cardiff and Vale

local public health plan

2019-22



Equality and health impact assessment

Final

Contents

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Introduction

This assessment



This equality and health impact assessment (EHIA) has been undertaken while developing the [Cardiff and Vale local public health plan 2019-22](#). A summary of the findings of this assessment are also given in the plan.

For more information on public health in Cardiff and the Vale of Glamorgan and the actions being taken to address population health issues please see the main [plan](#).

Why this assessment was undertaken



The [Equality Act 2010 \(Statutory Duties\) \(Wales\) Regulations 2011](#) requires an equality impact assessment to be made when reviewing any policy or practice. In accordance with best practice and local policy in Cardiff and Vale UHB, we have undertaken a combined equality and health impact assessment (EHIA) which meets the statutory requirements as well as extending the assessment to consideration of additional impacts.

Understanding the potential impact of changes in policies and plans on health and well-being, and protected characteristics, is essential to ensure that changes do not adversely affect particular communities or groups, and where possible make a positive difference to them.

How this assessment was undertaken



This assessment followed the approach given in the [Cardiff and Vale UHB equality and health impact assessment \(EHIA\) toolkit](#).

Leads for each key programme area described in the local public health plan were asked to assess their programme area in January 2019 while the plan was at draft stage. The responses were collated in a draft version of this assessment, and made available on the [UHB website](#) along with a draft of the main plan. These draft documents were shared with colleagues in partner and third sector organisations for comments and feedback.

Following this process changes were made to address any issues highlighted, with the plan and this EHIA finalised in March 2019.

Scope of assessment

The criteria used for the assessment are set out in detail in the [EHIA toolkit](#). The key definitions and scope for each group and impact, taken from the toolkit, are given below.

Impacts on people with protected and other characteristics



| | |
|----------------------------------|--|
| Age | For most purposes, the main categories are: under 18; between 18 and 65; and over 65 |
| Disability | 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 |
| Gender incl. gender reassignment | 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 |
| Married or civil partnership | People who are married or who have a civil partner |
| Pregnant or recent birth | 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 |
| Race | People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers |
| Religion, belief or non-belief | People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief |
| Sexual orientation | People who are attracted to other people of: the opposite sex (heterosexual); the same sex (lesbian or gay); both sexes (bisexual) |
| Welsh language | People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design |
| Income | 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 |
| Where people live | 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 |
| Other relevant groups | Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service |

Impacts on health and well-being



| | |
|--|---|
| Access to services | People being able to access the service offered: consider access for those living in areas of deprivation and/or those experiencing health inequalities |
| Healthy lifestyles and health protection | 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 |
| Income and employment status | 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 |
| Physical environment | 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 |
| Social and community influences on health | 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 |
| Macro-economic, environmental and sustainability factors | People in terms of macro-economic, environmental and sustainability factors: consider the impact of government policies; gross domestic product; economic development; biological diversity; climate |

Impact assessments for work programmes

This section describes the equality and health impact assessments for the following major work programmes.



PRIORITY **Tobacco**

Reduce the number of people smoking, through smoking cessation services and smoke-free settings



PRIORITY **Immunisations**

Improve uptake of childhood and adult immunisations, to prevent serious disease



PRIORITY **Healthy weight**

A multi-dimensional approach is taken across the life-course and settings to supporting people to maintain a healthy weight, focusing on **physical activity** and **healthy eating**.



PRIORITY **Physical activity**

Support people of all ages to be active more, and more often



PRIORITY **Healthy eating**

Support people to make healthy choices around food



PRIORITY **Health inequalities**

Reduce health inequalities in Cardiff and Vale by taking a targeted and 'proportionate universalism' approach to support



Healthy environment

Improve the built and natural environment to promote a healthy diet, active and sustainable transport, thriving communities, and improved air quality



Alcohol

Reduce the harm from alcohol consumption



Sexual health

Reduce the number of teenage pregnancies and rates of sexually transmitted infections



Falls prevention

Reduce the number of falls among older people



Dementia

Reduce the risk of dementia and ensure people with dementia and their carers get the care and support they need



Healthy Schools and Pre-schools (VoG)

Promote and protect the physical, emotional and social health and wellbeing of children and young people in the Vale of Glamorgan

Tobacco

About the work programme



What we will be doing

- Increase the provision of specialist smoking cessation services in community settings - specifically targeting areas of high deprivation
- Increase the number of smokers setting a firm quit date (attending more than one appointment) and quitting smoking at 4 weeks CO verified
- Increasing the number of patients who are routinely asked if they smoke and offered smoking cessation support
- Implementing programmes and policies aimed at reducing uptake of smoking – especially amongst young people in areas of high deprivation
- Implement and enforce smoke free environment policies which aim to de-normalise smoking, help prevent uptake, promote quitting, and actively promote and support the introduction of the Public Health (Wales) Act that will prohibit smoking on hospital grounds
- Introduce changes to the UHB's No Smoking and Smoke Free Environment Policy to ensure equity of compliance across all staff, patient and visitor groups
- Increase the number of public places where smoking is prohibited – targeting settings where children and young people are present

Impacts on people with protected and other characteristics



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Characteristic | Potential positive impacts | Potential negative impacts | Response to improve or mitigate |
|----------------|---|----------------------------|---------------------------------|
| Age | <ul style="list-style-type: none"> • Quitting smoking will help in increasing life expectancy • Smoking rates are highest in the 24-44 year old age group. Active targeting of this age group will help in reducing smoking prevalence • Preventing the uptake of smoking amongst children and young people will increase the number of future | | |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|----------------------------------|--|---|--|
| | <p>adults not smoking (as most adults will have started smoking before the age of 16) and reduce the current smoking prevalence rate (as young people influence their parents and peers)</p> <ul style="list-style-type: none"> Smoke free environments (such as hospitals, school gates and playgrounds) help to de-normalise smoking and discourage adults to smoke | | |
| Disability | <ul style="list-style-type: none"> Quitting smoking will help in increasing life expectancy For those with a disability, living in a smoke free environment is important from a personal wellbeing and home safety perspective (such as fire risk for example) | | |
| Gender incl. gender reassignment | <ul style="list-style-type: none"> For all groups, quitting smoking will increase life expectancy and reduce the risks of ill health Men have higher smoking rates than women which means specific targeting of men via social media will help in reducing smoking prevalence Evidence shows that mothers specifically, have an important | Data shows that men are least likely to engage with smoking cessation support despite having higher smoking rates | Ensuring all services are offered throughout the working day and out of hours and different levels of support made available |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | influencing role in determining whether young people 'try' smoking | | |
|------------------------------|--|--|--|
| Married or civil partnership | <ul style="list-style-type: none"> For all groups, quitting smoking will increase life expectancy and reduce the risks of ill health Living and working in a smoke free home reduces the risk of developing ill health as a result of smoking/inhaling second hand smoke For smokers engaged in smoking cessation support, encouraging partners to quit is offered by all service providers | | |
| Pregnant or recent birth | <ul style="list-style-type: none"> 12% of pregnant women smoke on booking and 14% of pregnant women are smoking at 36-39 weeks (Cardiff and Vale UHB, 2017-2018) Smoking during pregnancy is harmful both to the unborn baby and to the mother Quitting smoking prior to pregnancy improves conception chances | Pregnant women who smoke are less likely to engage in smoking cessation support than the general population. 44% of all those smoking on booking, decline referral to smoking cessation services, and of those accepting a referral, less than 40% accept an appointment (Cardiff and Vale UHB, 2017-2018) | A targeted smoking cessation programme is led by the Cardiff and Vale UHB Midwifery Team where all pregnant women are Carbon Monoxide (CO) tested at booking and offered a referral to Smoking Cessation Services. Current data (2018-2019) shows CO testing at over 90% of pregnancy women on booking |
| Race | <ul style="list-style-type: none"> Smoking rates and use of specific tobacco related products (such as chewing | | Targeting specific groups of the population will help in reducing smoking rates by offering smoking cessation support in relevant community settings |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Religion, belief or non-belief | tobacco), are higher in some ethnic groups. | | |
|--------------------------------|---|--|--|
| Sexual orientation | <ul style="list-style-type: none"> Smoking rates are higher in lesbian, gay, bisexual and transgender populations so this group will benefit | | |
| Welsh language | <ul style="list-style-type: none"> All smoking cessation resources are available in Welsh Specific smoking cessation groups are led by Welsh speakers | | |
| Income | <ul style="list-style-type: none"> Smoking rates are higher in lower occupational groups such as manual, semi-skilled or unskilled labour. Targeting no smoking campaigns via social media, TV and events will help in reducing smoking prevalence rates Offering smoking cessation support out of hours or in the workplace will help in encouraging a quit attempt Reducing the supply of illegal/illicit tobacco (which is cheaper to purchase and can be easier to access for some population groups – especially children and young people) | | |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | will help in reducing smoking rates | | |
|-----------------------|--|---|--|
| Where people live | <ul style="list-style-type: none"> Smoke free environments (such as hospitals, school gates and playgrounds) help to de-normalise smoking and discourage adults to smoke For all age groups, in areas of high deprivation, smoking prevalence is higher. Targeting those areas is a priority to reduce smoking rates. Over 80% of all community based smoking cessation support is located within areas of high deprivation For children and young people, living with a smoker greatly increases the chances that they will at least 'try' smoking before the age of 16' | | |
| Other relevant groups | <ul style="list-style-type: none"> Smoking rates are high in certain patient groups such as those with mental health conditions Targeted smoking cessation support, by routine recording of smoking status on booking/admission to hospital and referral to smoking cessation services, will help in | <p>Prohibiting smoking on hospital sites increases the expectation of enforcement both by staff, patients and visitors</p> <p>Implementation of Smoke free policies outside on hospital grounds can lead to</p> | <p>Offering alternatives to tobacco smoking, whilst in hospital (such as e-cigarettes) on admission and the provision of Nicotine Replacement Therapy (NRT) may help in reducing smoking levels of mental health in-patients</p> <p>Cardiff and Vale UHB working in partnership with Cardiff Council employs a</p> |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--|--|---|--|
| | <p>reducing smoking rates, combined with smoke free policies</p> <ul style="list-style-type: none"> Prisoners have high rates of smoking. Offering alternatives to tobacco such as non-rechargeable 'cigarettes' on admission and smoking cessation support will help in reducing smoking rates | <p>increases in smoking incidence off-site, in residential areas – which also impacts on littering</p> <p>Since some in-patients are not able to leave hospital site, with a smoke free policy in place, smoking incidence outside in hospital grounds may increase</p> | <p>No Smoking and Waste Enforcement Officer. This role includes routine challenging of smokers and issuing of Fixed Penalty Notices (FPNs) for littering</p> <p>Working with community and resident groups will help in working through issues relating to smoking off-site while staff engagement in the implementation of any smoke free policy will help reduce smoking incidence on site</p> |
|--|--|---|--|

Impacts on health and well-being



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|---------------------------|--|---|--|
| <p>Access to services</p> | <ul style="list-style-type: none"> Over 40 different venues across Cardiff and Vale UHB offer support to smokers to help quit smoking Ensuring all smokers have access to free, smoking cessation support in a variety of settings and venues is a priority for Cardiff and Vale | <p>Currently, only Community Pharmacies in areas of high deprivation offer a level 3 Smoking Cessation Enhanced Service</p> | <p>Smokers can access smoking cessation support directly via the Help Me Quit website, telephone number or App. Additionally, smokers can ask to be referred via their GP.</p> |
|---------------------------|--|---|--|



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|---|---|--|--|
| | <p>UHB. 25 Community Pharmacies offer 1:1 smoking cessation support in areas of high deprivation</p> <ul style="list-style-type: none"> • Smokers can access community based support via the Help Me Quit website or via a health professional such as their GP • All patients on admittance to hospital or at booking in a clinic can be referred to smoking cessation support and offered free NRT during their stay in hospital • Smoking cessation services can be accessed by the smoker directly via telephone, website or App, or by professional (telephone, e-referral, website or App) | | |
| <p>Healthy lifestyles and health protection</p> | <ul style="list-style-type: none"> • Tobacco smoke contains over 3,000 dangerous chemicals. Encouraging smoke free environments – such as hospitals, playgrounds and schools, will help reduce incidence of ill health relating to smoking and reduce the take-up of smoking • Quitting smoking has immediate benefits to health | | |



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | and will help in increasing life expectancy and reduce the incidence of ill health and diseases relating to smoking | | |
|------------------------------|--|--|---|
| Income and employment status | <ul style="list-style-type: none"> Smoking rates are higher in lower occupational groups such as manual, semi-skilled or unskilled labour. Targeting no smoking campaigns via social media, TV and events will help in reducing smoking prevalence rates Offering smoking cessation support out of hours or in the workplace will help in encouraging a quit attempt | | |
| Physical environment | <ul style="list-style-type: none"> Tobacco smoke contains over 3,000 dangerous chemicals. Encouraging smoke free environments – such as hospitals, playgrounds and schools, will help reduce incidence of ill health relating to smoking and reduce the take-up of smoking Prohibiting smoking by implementing smoke free Policies and the introduction of Fixed Penalty Notices (FPNs) for smoking outside on hospital sites (as part of the Public Health (Wales) Act 2017 | | <p>The UHB implements a No Smoking and Smoke Free Environment Policy</p> <p>All Local Authority enclosed Children's Playgrounds are designated 'smoke free playgrounds'</p> |



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | <p>will help in reducing smoking incidence</p> <ul style="list-style-type: none"> Smoking increases litter. Removal of waste from hospital sites and public highways is costly. Littering may incur a FPN in some areas | <p>Tobacco related litter levels have increased in the perimeter areas outside hospitals</p> | <p>The UHB's No Smoking and Waste Enforcement Officer can issue FPNs for littering on-site at UHW and the surrounding area. In UHL off-site enforcement is provided by the Vale of Glamorgan Council</p> |
|---|--|--|--|
| <p>Social and community influences on health</p> | <ul style="list-style-type: none"> Encouraging a smoke free environment both in the community and workplace will help reduce smoking rates Using social media to promote smoking cessation services and TV advertising may help in quit attempts All community based smoking cessation support is promoted on the Help Me Quit website and smokers can access support where it is most convenient to attend | | |
| <p>Macro-economic, environmental and sustainability factors</p> | <ul style="list-style-type: none"> Increasing the price of tobacco related products and raising the age of sale have shown to reduce smoking rates in countries where this has been implemented Reducing the number of 'designated smoking areas' at workplaces or venues can reduce smoking incidence and | | |



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--|---|--|--|
| | longer term prevalence and can influence the number of people making a quit attempt | | |
|--|---|--|--|

Additional comments on impacts



The implementation of the Public Health (Wales) Act (expected June 2019) will prohibit smoking outside, on hospital grounds in addition to other public areas. It is expected that a FPN of up to £80 may be issued for those challenged smoking on hospital grounds. Evidence shows that legal enforcement of tobacco sales and smoking areas contribute to a reduction in smoking incidence and rates across all population age ranges and groups.

Immunisations

About the work programme



What we will be doing

- Promote and support vaccination uptake, exceeding WG vaccination targets
- Reduce inequalities in uptake of vaccines
- Introduce changes to vaccine schedule safely and efficiently

Impacts on people with protected and other characteristics



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Characteristic | Potential positive impacts | Potential negative impacts | Response to improve or mitigate |
|----------------|---|---|--|
| Age | Due to evidence of clinical and cost-effectiveness of vaccines, vaccines are usually only available for a particular age cohort, to protect against diseases relevant to that age. For example the shingles vaccine targets a disease which can be particularly unpleasant in older people. Similarly, young people in their late teens and early 20's have a higher carriage rate for meningococcal disease, increasing their risk of catching and spreading the disease | | Information sessions for young people to be provided on the importance of immunisation through School Nursing and School PSE lessons |
| Disability | | Although everyone eligible is offered vaccination, people with learning | |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | disabilities are less likely to receive routine vaccinations under existing programmes | <ul style="list-style-type: none"> There is the potential to develop literature (e.g. leaflets and posters) which are accessible to people with learning disabilities, for example by providing easy to read or pictorial information resources rather than written information. |
|----------------------------------|---|--|--|
| Gender incl. gender reassignment | HPV vaccination in girls protects against cervical cancer. An HPV programme for boys is planned for Wales-wide roll out, potentially in 19-20 | | <ul style="list-style-type: none"> Implement roll out of programme for boys once this is nationally agreed |
| Married or civil partnership | No impact identified | | |
| Pregnant or recent birth | Pregnant women are offered additional vaccination against seasonal flu and pertussis to protect them and their unborn baby | | |
| Race | | Although everyone eligible is offered vaccination, a review of equity of uptake in Cardiff and Vale found people of black ethnic origin were less likely to receive some routine childhood vaccines | We are working closely with practices and clusters with a higher proportion of BME residents, and have introduced additional materials in a variety of languages relevant to our local population. We are also working with local community leaders and community workers to improve engagement and discussion on vaccine issues |
| Religion, belief or non-belief | | The childhood flu vaccination programme uses a vaccine (Fluenz) which contains porcine gelatine. Some people in some faiths (mainly, but not solely, Muslim) do not feel they can accept this vaccine for religious reasons. | We link on our website to information provided by PHE on gelatine in vaccines, to allow parents who may have a religious objection to make an informed decision. This leaflet is also provided to schools as required |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Sexual orientation | A specific HPV vaccination programme has been introduced for men who have sex with men | | |
|-----------------------|--|---|---|
| Welsh language | Public-facing information leaflets developed by Cardiff and Vale local PH team are available in English- and Welsh-language, as well as additional languages spoken in Cardiff | The Cardiff and Vale UHB website is not currently available in Welsh | This is outside the control of the local PH team |
| Income | | Although everyone eligible is offered vaccination, people in more deprived communities are less likely to have received all their vaccines. In Cardiff and Vale this affects South Cardiff and Central Vale predominantly | Targeted actions are taking place in more deprived areas in Cardiff and Vale to raise immunisation uptake, working with primary care clusters in those areas. In addition an immunisation support protocol identifies practices with outlying low uptake across C&V and offers direct support and advice to the practice to raise uptake. |
| Where people live | | See above under income | |
| Other relevant groups | No impact identified | | |

Impacts on health and well-being



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Area of impact | Potential positive impacts | Potential negative impacts | Response to improve or mitigate |
|--|---|---|--|
| Access to services | We are engaging with more deprived clusters, with lower immunisation uptake, to identify ways to improve access to services and uptake in these areas | | |
| Healthy lifestyles and health protection | Immunisation is a key health protection intervention | All medical interventions carry the risk of side effects. The risks associated with routine vaccinations are very low, and are heavily outweighed by the health benefits. | The risks and benefits of vaccines are discussed before they are administered. |
| Income and employment status | See above under access to services | | |
| Physical environment | No impact identified | | |
| Social and community influences on health | No impact identified | | |
| Macro-economic, environmental and sustainability factors | No impact identified | | |

Additional comments on impacts



While HPV vaccination is currently only offered to teenage girls to protect against cervical cancer, the vaccine can also protect men against sexually-mediated head and neck cancers. A recent UK review by the Joint Committee on Vaccination and Immunisation (JCVI) has concluded that an HPV programme should therefore be introduced for boys. This recommendation has been accepted by Welsh Government, with introduction of a programme expected in due course. Men who have sex with men are currently offered vaccination opportunistically through sexual health clinics to reduce their risk.

Healthy eating

About the work programme



What we will be doing

- Develop and implement a local Healthy Weight Strategy & Framework for Cardiff and the Vale by March 2020
- Develop and expand Sustainable Food partnerships across Cardiff and the Vale by the end of March 2020.
- Ensure that a minimum 75% of food and drink sold in UHB outlets is healthier, in compliance with the UHB Restaurant and Retail Standards by end of March 2020

Impacts on people with protected and other characteristics



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Characteristic | Potential positive impacts | Potential negative impacts | Response to improve or mitigate |
|----------------|--|---|---|
| Age | <p>The actions in the plan focus on all ages - children, young people, and adults, including older adults.</p> <p>Nutritional Standards will positively impact on the health outcomes for people of all ages.</p> | | |
| Disability | <p>Good nutrition enables individuals to reach their full physical, mental, and emotional potential. Individuals with disabilities are often at risk for nutritional problems</p> <p>Nutrition can be a protective factor. (Good nutrition, nutritional status, or</p> | <p>Nutrition is linked to a variety of health outcomes linked to disability:</p> <p>Nutrition may be viewed as a risk factor for secondary conditions. (Poor nutrition, nutritional status, or eating habits make the secondary condition worse.)</p> | <p>Continue to promote all aspects of healthy eating and raise awareness of the nutritional value of a healthy diet</p> |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|----------------------------------|--|---|---|
| | eating habits can improve the secondary condition.) | Poor nutrition in the form of deficiencies can be a secondary condition itself. Many secondary conditions can further modify one's diet and create subsequent nutritional problems (Montana Disability & Health Programme) Nutritional information is currently provided in standard size text that could be a potential barrier to those with visual impairments. | Promote healthy options in larger font and braille where possible. Address BSL provision / training for catering staff |
| Gender incl. gender reassignment | The action plan focuses on all ages irrespective of gender | | |
| Married or civil partnership | No impact identified | | |
| Pregnant or recent birth | The diet and nutritional status of the mother before conception and during pregnancy, combined with infant and toddler feeding all contribute significantly to the long term health of into adulthood and reduce the risk of chronic diseases including some cancers, Type 2 Diabetes and heart disease. | Lack of nutritional information (i.e. allergens and high risk foods) provided to pregnant and nursing mothers could increase risk of harm. | Continue to support midwives to deliver 'Foodwise in Pregnancy Courses' Promote the messages of the '10 Steps' campaign Ensure nutritional information materials are visible and where appropriate targeted at pregnant and nursing mothers. Optimize the uptake of Healthy start vouchers |
| Race | | Certain populations are at an increased risk of poor health conditions related to nutrition – for example, higher rates of Type 2 Diabetes in the South Asian population | Continue to focus on delivering healthy eating messages to the whole population ensuring culturally appropriate, ensuring that information is available in other BME languages |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Religion, belief or non-belief | We are working across a variety of settings to promote healthy eating The actions in this plan support those with a religion, belief or non-belief | | The catering team ensure that Halal and kosher foods are always available |
|--------------------------------|---|---|--|
| Sexual orientation | No impact identified | | |
| Welsh language | Some promotional materials are available in Welsh through partner organisations | The UHB website and promotional materials in the UHB food retail outlets & restaurants are predominantly English only | Improve the availability of Welsh services and resources to promote healthy eating |
| Income | Healthy eating initiatives and SHEP are targeted at areas of deprivation Food Cardiff & Food Vale focus on improving the availability and affordability of healthy food in areas of need and optimizing family income by ensuring uptake of schemes such as Healthy start and free school meals, | Some programmes are limited to certain numbers therefore not everyone will be able to access the support on offer Uptake of FSM remains a challenge as is those accessing food-related benefits Those accessing WG's free breakfast scheme are not always those in need Healthy Start Vouchers not always utilised by those eligible The UHB Standards promote a cheaper healthy option but this is not always available so limits the opportunities for customers on low incomes to access this The procurement and provision of healthy snack options is often limited due to cost | Roll out training programme to Council benefit / financial advice officers to increase awareness and uptake of food-related benefits by residents Continue to work with Commercial Services to address the pricing structure in retail food outlets in the UHB Continue to work with Procurement to encourage suppliers to provide healthy snack options at reasonable costs |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|-----------------------|--|--|--|
| Where people live | We work across a variety of settings to deliver key healthy eating messages and interventions - schools, workplaces, primary care and community settings | Schemes such as free school meals, healthy start vouchers and school holiday enrichment programme have eligibility criteria which may exclude families in need | Continue to advocate for changes in eligibility criteria for FSM and Healthy start and keep SHEP eligibility criteria under review |
| Other relevant groups | | | |

Impacts on health and well-being



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--|---|---|--|
| Access to services | Working across settings (schools, the UHB, primary care) to promote healthy eating, provides opportunities to identify the need for community-based services and facilities Through the delivery of community-based programmes such as Foodwise and Nutrition Skills for Life / Get Cooking programmes improves our residents opportunities to access services | There is a lack of community facilities for cooking skills courses thus limiting opportunities Access to fresh affordable food is challenging in certain areas | Continue work with partners – e.g. housing associations – to deliver community cooking programmes Continue to work with partners to develop solutions to “food deserts” |
| Healthy lifestyles and health protection | The action plan promotes healthy eating and the importance of good nutrition in promoting and protecting health | | Continue to develop programmes which support people to make the healthy food choice the easy choice |
| Income and employment status | Healthy eating initiatives and SHEP are targeted at areas of deprivation | | |



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Physical environment | Food Cardiff & Food Vale focus on improving the availability and affordability of healthy food in areas of need | | |
|--|--|---|--|
| Social and community influences on health | <p>The UHB restaurants are much improved in terms of the eating and dining experience</p> <p>The food partnerships are working towards creating social movements for change to improve the availability, sustainability, affordability and promotion of good food at a local level.</p> <p>Engagement events have been key in influencing the development of food charters and identifying key work streams</p> <p>Regular customer satisfaction surveys are conducted to gain feedback on the UHB retail food service</p> | There are cost implications to the refurbishment programme for the food outlets | |
| Macro-economic, environmental and sustainability factors | The food partnerships address the food system as a whole and the economic and environmental impacts of producing, distribution and consuming food. Links to key Wales and UK food networks | | |



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--|---|--|--|
| | The UHB is addressing sustainability in terms of limiting single-use plastics and reducing its food waste | | |
|--|---|--|--|

Additional comments on impacts



No additional comments

Physical activity

About the work programme



What we will be doing

- Develop and support the delivery of the Active Travel to School actions within the Cardiff Child Friendly City Strategy and within the Vale of Glamorgan Well-being Plan
- Develop and deliver multi-component public health programmes within the NHS setting that supports adults be more active
- Influence and lead the delivery of programmes that ensure that the environment supports physical activity (e.g. influence the LDPs, transport plans, and UHB estates projects)

Impacts on people with protected and other characteristics



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Characteristic | Potential positive impacts | Potential negative impacts | Response to improve or mitigate |
|----------------|--|---|---|
| Age | <p>The plan includes actions that focus on children, young people and adults, including older adults.</p> <p>The falls prevention plan targets older people specifically</p> <p>Teenage girls in particular are less likely to engage in physical activity, so targeted action for this group by partner organisations will impact positively.</p> | | Family based interventions will be delivered in 2019/2020 |
| Disability | We work with settings (schools, the UHB, primary care) to promote | Evidence suggests that nearly half of adults with disabilities who are able to be | |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|----------------------------------|--|--|---|
| | physical activity. Those with a disability and/or medical condition should be supported to be active through this work | physically active do not get any aerobic physical activity. Specific interventions are not included in the plan. | Working in partnership, ensure that services provided are accessible to those with a disability |
| Gender incl. gender reassignment | The plan includes actions that focus on children, young people and adults, including older adults, irrespective of gender | Physical activity rates for girls and women are lower than those for boys and men. Specific interventions for girls and women are not included in the plan. | To support the development of actions that focus on women and girls |
| Married or civil partnership | No impact identified | | |
| Pregnant or recent birth | | Recent evidence suggests the development and implementation of interventions that support pregnant women to be active and engage in physical activity following birth. Currently appropriate actions are within the plan | Family based interventions will be delivered in 2019/2020 |
| Race | The plan focuses within communities in areas of deprivation, where rates of inactivity and sedentary behaviour are high. These communities often have a high proportion of individuals and families from black and minority ethnic groups. | National campaigns promoting being active are mainly delivered in English and Welsh | To develop actions that:- <ul style="list-style-type: none"> • raise awareness within settings of the barriers to being active for those from black and minority ethnic communities • Ensure appropriate non-English campaign materials are developed and accessed, where appropriate |
| Religion, belief or non-belief | We work with settings (schools, the UHB, primary care) to promote physical activity. The actions in this plan support those with a religion, belief or non-belief. Girls from some religions are less likely to engage in physical | | |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|-----------------------|--|--|--|
| | activity, so targeted action will help with this (see action under Race, above, for BME communities) | | |
| Sexual orientation | No impact identified | | |
| Welsh language | Partner organisations who deliver the activities comply with the Welsh Language Measures | The Cardiff and Vale UHB website is not currently available in Welsh | Endeavour to ensure that resources developed to support the plan are compliant |
| Income | We work with settings (schools, the UHB, primary care) to promote physical activity. Working within areas of deprivation and disadvantage is a priority | | Strengthen the focus of work to address inequalities in health |
| Where people live | We work with settings (schools, the UHB, primary care) to promote being active in communities. The active environment actions focus on influencing the location and provision of infrastructure to ensure access via active travel | | Strengthen the focus of work to address inequalities in health |
| Other relevant groups | | | |

Impacts on health and well-being



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--------------------|---|--|--|
| Access to services | We work with settings (schools, the UHB, primary care) to promote being active in communities. The active | | Strengthen the focus of work to address inequalities in health |
|--------------------|---|--|--|



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | environment actions focus on influencing the location and provision of infrastructure to ensure access via active travel | | |
|--|---|--|--|
| Healthy lifestyles and health protection | The plan promotes physical activity, including actions that focus on children, young people and adults, including older adults. | | Strengthen the focus of work to address inequalities in health |
| Income and employment status | We work with settings (schools, the UHB, primary care) to promote physical activity. Working within areas of deprivation and disadvantage is a priority | | Working in partnership, ensure that services provided are affordable and accessible for those on low income or not in employment |
| Physical environment | Actions focus on influencing the built and natural environment to support physical activity and active travel | | |
| Social and community influences on health | Actions support social and community networks | | |
| Macro-economic, environmental and sustainability factors | The active environment actions focus on influencing policies and strategies of national and local organisations to facilitate physical activity. Environmental and sustainability benefits are included | | |

Additional comments on impacts



No additional comments

Health inequalities

About the work programme



What we will be doing

- Consider health inequalities in all aspects of our work
- Work in partnership with internal and external stakeholders, in the public and third sectors to narrow the gap in LE and HLE
- Adopt a 'proportionate universalism' approach so that public health interventions are delivered to the whole population, with the intensity adjusted according to the needs of specific groups

Impacts on people with protected and other characteristics



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Characteristic | Potential positive impacts | Potential negative impacts | Response to improve or mitigate |
|----------------|---|---|---|
| Age | SHEP provides nutritious meals, food and nutrition education, a minimum of an hours physical activity and enrichment activities during 12 days of the holiday in a quality assured programme Predominantly Key stage 2 | Limited resources and funding mean that key stage 2 children are the focus for SHEP programme | Continue to pilot Foundation phase and key stage 3 schemes and advocate for SHEP expansion through WLGA SHEP Advisory board |
| Disability | SHEP delivery in special schools - Supporting families by keeping their children in a routine over the summer, mental health of carers and wider family | Funding and resources limit the reach of SHEP in special schools | Continue to advocate for expansion of SHEP through the WLGA Advisory Board |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|----------------------------------|---|--|--|
| Gender incl. gender reassignment | Roughly equal numbers of boys and girls take part | | |
| Married or civil partnership | No impact identified | | |
| Pregnant or recent birth | No impact identified | | |
| Race | Girls from BME populations are often restricted from taking part in physical activity any where other than within the school environment, which SHEP provides | | |
| Religion, belief or non-belief | Provision of food during SHEP is in line with school standards and therefore respects different religions and beliefs | | |
| Sexual orientation | No impact identified | | |
| Welsh language | SHEP is delivered in Welsh schools through the medium of Welsh including all food and nutrition education resources | | |
| Income | SHEP supports low income families through providing breakfast and lunch for children for 12 days of the holiday and by inviting parents and siblings to join. Also reduces costs of wider holiday expenses such as trips. | | |
| Where people live | SHEP is predominantly delivered in areas of need | | |
| Other relevant groups | | | |

Impacts on health and well-being



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Area of impact | Potential positive impacts | Potential negative impacts | Response to improve or mitigate |
|--|--|--|---|
| Access to services | Access to children in participating schools in areas of need | Not all schools in areas of need are delivering SHEP | Work with councils, members, governing bodies and schools to promote the scheme Continue to make the case for additional resources |
| Healthy lifestyles and health protection | Encourages play, fun and provides opportunities for families to meet and engage with the school. Improved behaviour, improved readiness for school, improved physical and mental wellbeing, | Potential threats from other “holiday hunger” programmes that aren’t quality assured don’t take a holistic approach and engage the school and wider community. Potential impact from poor quality food provided at some schemes. | Work locally and with SHEP advisory board to map holiday provisions and advise Welsh Government accordingly |
| Income and employment status | SHEP supports low income families through providing breakfast and lunch for children for 12 days of the holiday and by inviting parents and siblings to join. Also reduces costs of wider holiday expenses such as trips. | | |
| Physical environment | | | |
| Social and community influences on health | Improved parental engagement in school, interaction with social services to integrate children with additional needs/at threat of going into care. Training and employment opportunities for school staff, sport staff and volunteers. Building opportunities such as school cafe and Get cooking with parents | | Links with social services could be improved to maximize opportunities to support children and families |
| Macro-economic, environmental and sustainability factors | Involvement with Universities and business sector to promote STEM subjects. Using school facilities and | | Potential to build on this through Welsh Government Food Division and Business in the Community |



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--|---|--|--|
| | staff when they would otherwise lie dormant | | |
|--|---|--|--|

Additional comments on impacts



No additional comments

Healthy environment

About the work programme



What we will be doing

- Ensure the built and natural environment promotes health and well-being through:
 - creating a food environment that promotes healthy eating
 - supporting sustainable and active travel for commuting and leisure, and a culture which recognises active travel as the default mode of travel for all ages and abilities
 - improving air quality

Impacts on people with protected and other characteristics



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|------------|---|--|---|
| Age | Poor environments often affect older and younger people more, for example air quality and transport accessibility. Addressing these factors will have a positive impact | | |
| Disability | Reducing traffic speeds and making the environment more welcoming for people on the street will benefit people with physical disabilities. Some people with physical disabilities will benefit from increased independence if supported to use an adapted bicycle. For people reliant on a car due to their disability, reducing traffic congestion through modal shift will be a benefit | Pedestrian and cycling facilities need to take into account the access requirements of people with different disabilities, including sensory impairment and loss, and ensure people do not feel at greater risk from, for example, pedal cycles on shared routes. Cycle routes also need to be of sufficient specification to allow adapted bicycles | Take into account needs of all road users when designing infrastructure |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|----------------------------------|--|--|---|
| Gender incl. gender reassignment | Interventions will benefit people regardless of gender | There is a traditional and cultural association in the UK of cycling with men, and rates are traditionally higher in men | Ensure interventions to encourage cycling do not reinforce existing stereotypes, and support cyclists regardless of gender, with some interventions deliberately targeting girls and women to bring uptake (and the benefits of cycling) to the same level as males |
| Married or civil partnership | No impact identified | | |
| Pregnant or recent birth | Reduced air pollution is of particular benefit to pregnant women, and young babies | | |
| Race | No impact identified | | |
| Religion, belief or non-belief | No impact identified | | |
| Sexual orientation | No impact identified | | |
| Welsh language | No impact identified | | |
| Income | Air pollution tends to be worse in areas with higher income (and multiple) deprivation, so interventions to reduce air pollution will have a positive impact | | |
| Where people live | See above under Income | | |
| Other relevant groups | No impact identified | | |

Impacts on health and well-being



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--|--|--|--|
| Access to services | Improving access to services by walking, cycling and public transport will be of benefit to service users | | |
| Healthy lifestyles and health protection | There are multiple health benefits associated with a healthy environment, including reduced cardiovascular disease, obesity, cancer, and improved mental wellbeing | | |
| Income and employment status | See above under Income | | |
| Physical environment | Positive (improving the physical environment is the purpose of this work programme) | | |
| Social and community influences on health | Potential to increase social cohesion by reducing traffic speeds and encouraging walking, cycling and public transport use | | |
| Macro-economic, environmental and sustainability factors | Positive impact on climate change (lower carbon emissions), air quality, and on local businesses (footfall and spend increases in areas with more walking and cycling) | | |

Additional comments on impacts



For impacts of improvements in food environment please see 'Healthy eating' section

Alcohol

About the work programme



What we will be doing

- Improve the knowledge and awareness of the general population about the risks of harmful levels of alcohol consumption
- Educate children, young people and young adults (age 18-25) about reducing risks from alcohol
- Contribute to the reduction in alcohol-related violence, accidents and injuries within the night time economy by working with licence holders and licensing teams in the local authority and police to influence changes in the operation of licensed premises

Impacts on people with protected and other characteristics



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Characteristic | Potential positive impacts | Potential negative impacts | Response to improve or mitigate |
|----------------|---|----------------------------|---------------------------------|
| Age | The plan includes actions that focus on children, young people and adults, including older adults. Particular focus on children and young people due to evidence of effectiveness of harm reduction approaches in this age group. | | |
| Disability | We work with settings (schools, the UHB, primary care) to increase knowledge around reducing harm from alcohol consumption. Includes some specific work with children and young people with learning disabilities. | | |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|----------------------------------|---|---|---|
| | Those with a disability and/or medical condition should be supported to be active through this work. | | |
| Gender incl. gender reassignment | The plan includes actions that focus on children, young people and adults, including older adults, irrespective of gender | | |
| Married or civil partnership | No impact identified | | |
| Pregnant or recent birth | Education on alcohol consumption includes specific reference to the guidelines for pregnant women and those trying to get pregnant. | Raising awareness of alcohol consumption guidelines around alcohol during pregnancy can cause concern amongst pregnant women who may have consumed alcohol before knowing they were pregnant. | Ensure training with midwives acknowledges this potential concern and provide support to address. |
| Race | Work plan includes action across all communities, including people of different race, nationality, colour, culture and ethnic origin. | Educational materials and campaign resources are provided in Welsh and English languages only. | Explore availability of appropriate non-English campaign materials. |
| Religion, belief or non-belief | We work with settings (schools, the UHB, primary care) to raise awareness of alcohol and risk reduction. The actions in this plan support those with a religion, belief or non-belief | | |
| Sexual orientation | No impact identified | | |
| Welsh language | Campaign materials are available in Welsh and English. Some educational | The Cardiff and Vale UHB website is not currently available in Welsh. | Ensure bi-lingual resources and materials are used where possible. |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|-----------------------|---|---|--|
| | resources are available in Welsh and English. Some educational sessions in schools are delivered in Welsh by peer educators in Cardiff and the Vale. | Some materials only available in English. | |
| Income | Survey data indicates slightly higher levels of alcohol consumption in areas of affluence, but levels of harm from alcohol are higher in areas of deprivation. Education work is delivered across all areas, and messages around reducing consumption apply to the whole population. | Introduction of Minimum Unit Pricing legislation in 2019, being implemented with licensing teams could negatively impact upon people with lower incomes. Due to price rises other aspects of health may be affected ie being able to afford a healthy balanced diet. | Need to focus awareness of harm amongst areas of high deprivation. |
| Where people live | Work plan includes action across all geographical communities. | | |
| Other relevant groups | | | |

Impacts on health and well-being



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--------------------|---|--|--|
| Access to services | Work plan includes action across all communities, including people of | | |
|--------------------|---|--|--|



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | different race, nationality, colour, culture and ethnic origin. | | |
|---|--|--|---|
| Healthy lifestyles and health protection | Reducing or moderating alcohol consumption will reduce harm and improve health amongst people who consume at hazardous or harmful levels across our communities. Increased awareness could result in higher use of support services, but also may reduce need for services if behaviour changes are implemented. | | |
| Income and employment status | Work plan includes action across all geographical communities, areas of deprivation and with people of varying income and employment status. | | |
| Physical environment | Influencing the conditions on alcohol licences to ensure health is a consideration also has a positive impact upon safety, crime and disorder, and for neighbouring licensed premises. | | |
| Social and community influences on health | Alcohol is often consumed with other people as a social activity, and is associated with particular events like sporting matches so has become a cultural 'norm' for many people. Campaigns such as Dry January help | Consuming alcohol is often a big factor in social activity and events, and is very much a cultural 'norm'. Changing this behaviour could result in people not feeling they want to take part in an | Encourage people to consider alternatives to socialising which only includes alcohol through campaigns. Working in partnership with organisations supporting older people in particular to raise awareness of the risks of social isolation |



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|---|--|--|---|
| | <p>people consider options that do not involve the perception of having to drink alcohol.</p> <p>Peer pressure is also a factor for many people in why they have a drink, and campaigns like Dry January can support people to make a choice to not drink and avoid peer pressure.</p> | <p>activity which would involve drinking,, potentially leading to isolation.</p> | <p>and to encourage alternative activity where appropriate.</p> |
| <p>Macro-economic, environmental and sustainability factors</p> | <p>The introduction of Minimum Unit Pricing legislation in Wales will have an impact upon health and wellbeing of some of our communities. Evidence for MUP demonstrates that it will have a positive benefit for those who drink at hazardous or harmful levels, who often drink high volume, low cost alcohol.</p> | <p>MUP could have negative consequences for some members of the community, as they may change to drug use if it's cheaper, or buy alcohol instead of paying for other essential items such as food or heating.</p> | <p>Monitor impact of MUP introduction and feedback to Welsh Government. Consider reports following MUP introduction in Scotland to try and predict whether Wales will see the same impacts.</p> |

Additional comments on impacts



No additional comments

Sexual health

About the work programme



What we will be doing

- Support the delivery of the C-Card scheme by working in partnership with Cardiff YMCA and Vale of Glamorgan Council to increase C Card outlets, promote the scheme and increase the number of young people accessing free condoms and sexual health information.
- Promote sexual health services through targeted communication with primary care clusters to ensure patients access the most appropriate sexual health service for their needs.
- Establish a Sexual Health Working Group to include representatives from Public Health Wales, Cardiff and Vale Local Public Health Team, The Department of Sexual Health, primary care, community pharmacy, Cardiff YMCA and Vale of Glamorgan Council

Impacts on people with protected and other characteristics



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Characteristic | Potential positive impacts | Potential negative impacts | Response to improve or mitigate |
|----------------|---|---|--|
| Age | <p>Young people aged 13-25 can access free condoms and sexual health information through the C Card Scheme.</p> <p>Information on sexual health services for young people will be promoted through primary care.</p> <p>Information on sexual health services for the adult population will be promoted through primary care.</p> | <p>Older adults may not consider themselves at risk of STI's – particularly those over the age of 50.</p> | <p>Work in partnership with the sexual health working group to promote services that can improve sexual health across the life course.</p> |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|----------------------------------|---|--|--|
| Disability | No impact identified | | |
| Gender incl. gender reassignment | The YMCA Sexual Health Outreach team offer support to young people around gender and sexual identity. The service is promoted through primary care. | | |
| Married or civil partnership | No impact identified | | |
| Pregnant or recent birth | Work with primary care to promote the use of Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC) to patients. | | |
| Race | C Card schemes are focussed in areas with higher rates of teenage pregnancies which are often areas of deprivation. These communities often have a high proportion of individuals and families from black and minority ethnic groups. | | |
| Religion, belief or non-belief | | There can be cultural and religious barriers to discussing contraception and safe sex in some communities. | Work in partnership with the sexual health working group and YMCA to promote services that can improve sexual health across all communities. |
| Sexual orientation | Sexual health services aimed at men who have sex with men are available at DOSH. These will be promoted through primary care and C Card services. | | |
| Welsh language | Partner organisations who deliver sexual health information comply with the Welsh Language Measures | | |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|-----------------------|---|--|--|
| Income | C Card schemes are focussed in areas with high numbers of teenage pregnancies which are often areas of deprivation. | | |
| Where people live | <p>C Card schemes are available in a number of secondary school settings in Cardiff.</p> <p>C Card schemes are delivered in a number of youth work settings in Cardiff.</p> <p>Community sexual health clinics are available in Cardiff and Vale.</p> | <p>Lack of open access C Card schemes currently available in Vale of Glamorgan.</p> <p>Some communities may have to travel some distance to sexual health services which can be a barrier to accessing services.</p> <p>A recent review of sexual health services in Wales recognises a lack of sexual health services in rural areas.</p> | <p>Work in partnership with sexual health working group to ensure that community sexual health services are well promoted through primary care and C Card schemes.</p> <p>Monitor and support open access C Card schemes in Vale of Glamorgan.</p> <p>Promote LARC fitting training opportunities to primary care with the aim of increasing capacity for women to access contraception services locally.</p> <p>Promote C Card training to primary care with the aim of establishing C Card points in GP surgeries.</p> |
| Other relevant groups | | | |

Impacts on health and well-being



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--------------------|--|--|--|
| Access to services | | | |
|--------------------|--|--|--|



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--|---|--|--|
| Healthy lifestyles and health protection | <p>Good sexual health is an important part of general health and wellbeing.</p> <p>The plan looks to support the reduction of STI's by promoting safe sex, providing condoms and promoting sexual health services.</p> <p>The plan looks to reduce Teenage pregnancies which are often associated with poor health for mother and child</p> | | |
| Income and employment status | The plan looks to reduce teenage pregnancy which is often associated with poor social outcomes for mother and child. | | |
| Physical environment | | | |
| Social and community influences on health | | | |
| Macro-economic, environmental and sustainability factors | | | |

Additional comments on impacts



No additional comments

Falls prevention

About the work programme



What we will be doing

- Establish clear pathways for people at risk of falls in the community to enable them to receive support and advice to reduce their risk
- Promote the importance of undertaking strength and balance exercise amongst the older population, and support the development of appropriate exercise opportunities
- Raise awareness amongst professionals working with older people on falls prevention key messages

Impacts on people with protected and other characteristics



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Characteristic | Potential positive impacts | Potential negative impacts | Response to improve or mitigate |
|----------------------------------|--|---|--|
| Age | The plan includes actions that focuses on older adults as they are the most likely to have an injurious fall. Particular focus on early intervention and healthy ageing. | | |
| Disability | We work with settings (sheltered housing schemes, the UHB, primary care) to increase knowledge around reducing falls risks for older people. Those with a disability and/or medical condition can be supported to be active through this work. | People with cognitive impairments eg dementia may need particular interventions to be able to reduce their falls risks. | Ensure that pathways take into account needs of people with cognitive impairments. Include information about disability support when providing falls awareness training. |
| Gender incl. gender reassignment | No impact identified. | | |
| Married or civil partnership | No impact identified. | | |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Pregnant or recent birth | No impact identified. | | |
|--------------------------------|--|--|---|
| Race | Falls prevention activities includes action across all communities, including people of different race, nationality, colour, culture and ethnic origin. It is important to recognise cultural preferences when delivering activities such as exercise classes. | Educational materials and campaign resources are provided in Welsh and English languages only. | Explore availability of appropriate non-English campaign materials. |
| Religion, belief or non-belief | We work with settings (sheltered schemes, the UHB, primary care) to raise awareness of falls prevention. The actions in this plan support those with a religion, belief or non-belief | | |
| Sexual orientation | No impact identified. | | |
| Welsh language | Campaign materials, are available in Welsh and English. | Posters advertising community falls clinics are only in English. The Cardiff and Vale UHB website is not currently available in Welsh. | Ensure bi-lingual resources and materials are used where possible. |
| Income | Falls risk reduction materials and campaign materials are offered free of charge to the public, and interventions are delivered across all areas of Cardiff and Vale, regardless of deprivation levels. | There is a small charge to attend community based strength and balance classes which could be a barrier to some. | Explore where possible providing strength and balance exercise opportunities at a reduced or no cost to participants. |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|-----------------------|---|---|--|
| Where people live | Work plan includes action across all geographical communities, but there is more of a focus on falls prevention in the north Cardiff area due to the fact that there are higher numbers of older people and more attendances at EU due to falls from this area. | People fall across Cardiff & Vale, so there is a need to ensure equality of access to all. Transport is a key issue for people to be able to access services such as clinics and strength and balance classes. | Explore opportunities for provision of community transport for services. |
| Other relevant groups | | | |

Impacts on health and well-being



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--|--|--|--|
| Access to services | Workplan includes supporting older people to access community based services to improve their health and wellbeing. | People living in some parts of Cardiff and Vale, particularly rural Vale have less ability to access services, particularly because of a lack of public transport. Fewer services such as falls clinics and exercise classes are provided in some areas. | Try to ensure equity of access to services where feasible, and investigate transport options for helping people to access. |
| Healthy lifestyles and health protection | Raising awareness of falls risks and how to lower the risks could result in people adopting healthier lifestyles, with more exercise and better diets. | | |



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Area of impact | Potential positive impacts | Potential negative impacts | Response to improve or mitigate |
|--|--|--|---|
| Income and employment status | Work plan includes action across all geographical communities, areas of deprivation and with people of varying income and employment status. | | |
| Physical environment | The green spaces in Cardiff & Vale provide ideal opportunities for physical activity which can help to improve general wellbeing and mobility for older people. | The physical environment can be a barrier to many older people and increase their fear of falling. This can include uneven pavements, slippery surfaces, lack of benches and lack of public toilets. | Take older people's needs into account when planning new developments or locating new services in the community. |
| Social and community influences on health | Many of the community exercise classes offer an opportunity for socialising afterwards, creating opportunities for friendships to be made, peer support and reduction in social isolation. | Many people have a fear of falling but do not wish to admit that they do. This can be a barrier to attending falls prevention programmes. | Include talking about falls as a key part of training for professionals and volunteers. Campaigns include messages about talking about falls. |
| Macro-economic, environmental and sustainability factors | | | |

Additional comments on impacts



No additional comments

Dementia

About the work programme



What we will be doing

- To reduce the risk of dementia in the population by mitigating against modifiable risk factors
- To further develop dementia friendly communities by increasing the numbers of dementia friends
- To increase the percentage of frontline NHS staff who have received dementia awareness training

Impacts on people with protected and other characteristics



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Characteristic | Potential positive impacts | Potential negative impacts | Response to improve or mitigate |
|----------------|--|--|---|
| Age | <p>The dementia strategy references older people (65+) throughout and will have a potential positive impact on this age cohort.</p> <p>Strategic objective 2 identifies the importance of building awareness in under 18s.</p> | <p>The strategy does not currently make reference to those aged between 18 – 65 or early onset dementia so the impact is currently unknown</p> | <ul style="list-style-type: none"> • Reference early onset dementia in the strategy • Give detail on how the strategy can improve young onset provision in Cardiff and Vale |
| Disability | <p>The strategy does recognise “There should be a person-centred approach to care and support, which should be needs led, not service led”. This could potentially have a positive impact.</p> <p>The strategy includes ‘monitor process and outcome measures of people with</p> | <p>People with a disability are not currently mentioned in the strategy specifically so the impact is currently unknown.</p> | <ul style="list-style-type: none"> • Reference the impact of hearing and sensory impairment within the strategy • Reference increased risk of dementia for people with Downs Syndrome |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | protected characteristics through EHIA/ Equality impact assessment of relevant dementia services, and remedy any inequities". This could potentially have a positive impact. | | <ul style="list-style-type: none"> Explore the possibility of a hearing loss programme / campaign |
|----------------------------------|---|---|---|
| Gender incl. gender reassignment | <p>The strategy does recognise "There should be a person-centred approach to care and support, which should be needs led, not service led". This could potentially have a positive impact.</p> <p>The strategy includes 'monitor process and outcome measures of people with protected characteristics through EHIA/ Equality impact assessment of relevant dementia services, and remedy any inequities". This could potentially have a positive impact.</p> | <p>The strategy does not currently discuss the specific needs of the Transgender population so the impact is currently unknown.</p> <p>The strategy does not currently discuss the disproportionate impact and risk dementia has on women so the impact is currently unknown.</p> | <ul style="list-style-type: none"> Reference the increased risk of dementia on women within the strategy Reference the impact dementia has on the transgender community within the strategy including the specific care needs |
| Married or civil partnership | <p>The strategy recognises relationships with relatives will change and advice on what to expect and how to cope so will have a potential positive impact.</p> <p>The strategy includes 'monitor process and outcome measures of people with protected characteristics through EHIA/ Equality impact assessment of relevant dementia services, and remedy any inequities". This could potentially have a positive impact.</p> | | <ul style="list-style-type: none"> Acknowledge the need for couples to be able and supported to maintain relationships within the strategy |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--------------------------------|---|---|--|
| Pregnant or recent birth | The strategy references the needs of carers including carer support, respite and education. Those who are parents as well as carers should see a potential positive impact. | | <ul style="list-style-type: none"> Reference women who are parenting as well as caring for older relatives. |
| Race | <p>The strategy does recognise “There should be a person-centred approach to care and support, which should be needs led, not service led”. This could potentially have a positive impact.</p> <p>The strategy includes ‘monitor process and outcome measures of people with protected characteristics through EHIA/ Equality impact assessment of relevant dementia services, and remedy any inequities’. This could potentially have a positive impact.</p> | The strategy does not currently discuss the specific needs of BAME communities so the impact is currently unknown. However, it does recognise the value of volunteers and workforce to help tackle cultural barriers in accessing services. | <ul style="list-style-type: none"> Make specific reference to communities at increased risk including Afro Caribbean and South Asian populations Make services / information more appropriate and relevant to people from all cultures living in Cardiff and Vale and for all languages spoken in Cardiff and Vale. Use the PARIS system to identify dementia diagnosis rates in BAME communities |
| Religion, belief or non-belief | People across Cardiff and Vale may share a religion but all other aspects of culture and life may differ. It is important to acknowledge this and avoid generalisation. The barriers to services along with health and care needs will differ. Women in some cultures and religions may experience caring for families / communities as a religious or cultural expectation. | | |
| Sexual orientation | The strategy does recognise “There should be a person-centred approach to care and support, which should be | The strategy does not currently discuss the specific needs of the LGB community so the impact is currently unknown. | <ul style="list-style-type: none"> Reference impact dementia has on the LGB community within the strategy including the specific care needs |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|-------------------|---|---|---|
| | <p>needs led, not service led". This could potentially have a positive impact.</p> <p>The strategy includes 'monitor process and outcome measures of people with protected characteristics through EHIA/ Equality impact assessment of relevant dementia services, and remedy any inequities". This could potentially have a positive impact</p> | | |
| Welsh language | The strategy does refer to the need to access information in the language of the individual's choice, this is expected to have a positive impact. | | <ul style="list-style-type: none"> No recommendations |
| Income | <p>It does recognise the need for employers to offer flexible working policies to support carers; this will have a potential positive impact on carers in work.</p> <p>The strategy includes 'monitor process and outcome measures of people with protected characteristics through EHIA/ Equality impact assessment of relevant dementia services, and remedy any inequities". This could potentially have a positive impact</p> | The strategy does not currently discuss the possible needs / barriers of people of low income / low socio economic status specifically, so the impact is currently unknown. | <ul style="list-style-type: none"> Reference barriers to accessing services / diagnosis faced by people who are in low paid work / workless. Consider service accessibility in the strategy |
| Where people live | <p>The strategy recognises</p> <ul style="list-style-type: none"> Differing needs in transport access A single number to call in crisis across Cardiff and Vale | It is not specific to people living in rural areas or poverty so impact unknown for these groups. | <ul style="list-style-type: none"> Reference the unfair barriers to accessing dementia support and services faced by those who exhibit poor economic or health indicators |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|-----------------------|--|--|--|
| | <ul style="list-style-type: none"> • Cardiff and Vale dementia friendly communities • Developing an equitable pathway of care <p>All of which potentially could have a positive impact</p> <p>The strategy includes ‘monitor process and outcome measures of people with protected characteristics through EHIA/ Equality impact assessment of relevant dementia services, and remedy any inequities’. This could potentially have a positive impact</p> | | <ul style="list-style-type: none"> • Reference the impact rurality has on accessing services and support for dementia |
| Other relevant groups | | | |

Impacts on health and well-being



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--------------------|--|--|--|
| Access to services | <p>The strategy recognises</p> <ul style="list-style-type: none"> • Moving dementia care services to Primary Care • A single number to call in crisis across Cardiff and Vale • Developing an equitable pathway of care | | <ul style="list-style-type: none"> • No further recommendations |
|--------------------|--|--|--|



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | All of which potentially could have a positive impact. | | |
|--|---|--|---|
| Healthy lifestyles and health protection | <p>The strategy recognises</p> <ul style="list-style-type: none"> • The need to maintain and be able to improve a healthy lifestyle by raising awareness of prevention messages • Promoting mid life interventions and risk reduction messages and the campaign to promote ‘what is good for your heart is good for your head’ • Existing GP referral scheme used to encourage physical activity to be inclusive of people with dementia. <p>All of which have potential positive impact on enabling people to maintain/improve a healthy lifestyle.</p> | | <ul style="list-style-type: none"> • No further recommendations |
| Income and employment status | <p>It does recognise the need for employers to offer flexible working policies to support carers, this will have a potential positive impact on carers in work.</p> <p>The strategy includes ‘monitor process and outcome measures of people with protected characteristics through EHIA/ Equality impact assessment of relevant dementia services, and remedy any</p> | <p>The strategy does not currently discuss the possible needs or barriers of people of low income / low socio economic status specifically so the impact is currently unknown.</p> | <p>There is a need to;</p> <ul style="list-style-type: none"> • Make reference and target areas of deprivation / workless or low paid workers when developing and promoting dementia specific health literature / resource and local campaigns |



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|---|---|--|--|
| | inequities". This could potentially have a positive impact. | | |
| Physical environment | <p>The strategy does include;</p> <ul style="list-style-type: none"> • The built environment • Involving people with dementia at design stage • Appropriate signage • Safe green areas • Dementia friendly communities and green spaces • Shared living schemes • Differing transport needs should be addressed. <p>All of which are potential positive impacts on the enabling the physical environment to be dementia friendly.</p> | | <ul style="list-style-type: none"> • No further recommendations |
| Social and community influences on health | <p>The strategy refers to</p> <ul style="list-style-type: none"> • Shared living schemes • Increasing dementia friendly communities • Increasing dementia friends training for all public facing staff. • Care should be person centred, interactions should be delivered with kindness and compassion and this included in service evaluation. • Repository of all services should be maintained and easily available • Aligning health, social care and third sector services | <p>However, the potential impact of social isolation and dementia on people is not currently in the strategy so the impact is currently unknown.</p> | |



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Macro-economic, environmental and sustainability factors | All of which will have a potential positive impact on people living with dementia and social and community influences. The broader strategic context in Wales will help support the actions of the strategy | | <ul style="list-style-type: none"> Align strategy to Welsh Government Dementia Strategy when available |
|--|--|--|---|

Additional comments on impacts



A separate, detailed EHIA has been carried out on the Dementia Strategy.

Healthy Schools and Pre-schools (VoG)

About the work programme



What we will be doing

- Continue to support all Vale of Glamorgan Schools to achieve WNHSS achievement criteria across 7 topic areas (Food and Fitness, Mental and Emotional Health and Wellbeing, Safety, Personal Development and Relationships, Substance Use and Misuse, Environment and Hygiene), with the ultimate goal of achieving the National Quality Award.
- Continue to co-ordinate the Vale of Glamorgan Healthy and Sustainable Pre School Scheme, with the support of a network of partners. The scheme helps pre- school settings improve standards in the areas of Nutrition and Oral Health, Physical Activity and Active Play, Mental and Emotional Health and Well Being, Environment, Safety, Hygiene and Workplace Health

Impacts on people with protected and other characteristics



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Characteristic | Potential positive impacts | Potential negative impacts | Response to improve or mitigate |
|----------------|---|----------------------------|---------------------------------|
| Age | Programmes predominantly target children and young people aged 6 months to 18 years old using a settings approach, however staff, communities and families are also included in award requirements. Evidence is clear that the earlier that children begin to learn healthy habits, the better the outcomes later in life. A healthy settings approach normalises healthy behaviours for all members of the school community, no matter what their age. | | |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|----------------------------------|--|--|--|
| Disability | Vale of Glamorgan Healthy Schools is a universal provision for all Vale schools including special schools; Ysgol Y Deri and Headlands Action for Children School. Healthy and Sustainable Pre School Scheme is a targeted programme, currently working with 36 settings. | | |
| Gender incl. gender reassignment | Support to schools to implement SRE toolkits includes advice and guidance on education and policy around different families. Working in partnership with and promoting outside agencies including Stonewall and Hafan Cymru. Under the Healthy and Sustainable Pre School Scheme, opportunities offered are not specific to one gender or another. | | |
| Married or civil partnership | Support to schools to implement SRE toolkits includes advice and guidance on education and policy around different families. | | |
| Pregnant or recent birth | Breastfeeding is promoted as the normal way to feed a baby, with the NQA expecting that a safe and comfortable space is available for breastfeeding mothers as required. The safety topic requires that risk assessments are completing, including for pregnant and new mothers. | | |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--------------------------------|---|--|--|
| | The Healthy and Sustainable Pre School Scheme encourages breastfeeding, and also requires risk assessments as detailed above. Healthy and Sustainable Pre School Scheme also requires relevant risk assessments to be undertaken. | | |
| Race | Vale of Glamorgan Healthy Schools is a universal provision for all Vale schools. Services which aim to reduce prejudice such as 'Show Racism the Red Card' are promoted. Most recent PLASC data is used to ensure that staff are aware of diversity within and between individual schools. | | |
| Religion, belief or non-belief | Vale of Glamorgan Healthy Schools is a universal provision for all Vale schools, including Faith schools. Guidance on particular topics such as SRE is tailored to the needs of different faiths. Healthy and Sustainable Pre School Scheme promotes diversity through the healthy celebration of different festivals / events. | | |
| Sexual orientation | Support to schools to implement SRE toolkits includes advice and guidance on education and policy around different families and exploring sexuality. Working in partnership with and promoting outside agencies including Stonewall and Hafan Cymru. | | |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| Welsh language | Communications including social media, guidance documents, policy exemplars and supporting resources are, where available offered in the Welsh medium. | Not all communications are in Welsh. Some of the services and resources we are promote are not available bilingually. | Advice sought from PHW Welsh language team as required |
|-------------------|---|--|--|
| Income | Vale of Glamorgan Healthy Schools is a universal provision for all Vale schools, including the Pupil Referral Unit, Westbourne Private School and Headlands Action for Children School. Particular projects, where appropriate are targeted by need, including by assessment of Free School Meal percentage. Healthy and Sustainable Pre School Scheme is targeted at registered childcare settings in areas of highest child poverty in the Vale. The programme is continually expanding. | | |
| Where people live | Vale of Glamorgan Healthy Schools is a universal provision for all Vale schools, including the Pupil Referral Unit, Westbourne Private School and Headlands Action for Children School. Particular projects, where appropriate are targeted by need, including by assessment of Free School Meal percentage. | | |



Characteristic



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|-----------------------|--|--|--|
| | Healthy and Sustainable Pre School Scheme is targeted in areas of highest levels of child poverty. | | |
| Other relevant groups | Vale of Glamorgan Healthy Schools support additional non-maintained settings; Westbourne School and Headlands Action for Children School, which are attended by a majority of children residing outside the Vale of Glamorgan. | | |

Impacts on health and well-being



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--------------------|---|--|--|
| Access to services | Vale of Glamorgan Healthy Schools is a universal provision for all Vale schools, including the Pupil Referral Unit, Westbourne Private School and Headlands Action for Children School. Where requested, the service supports home schooled children and their families via the lead in the Local Authority. Healthy and Sustainable Pre School Scheme is available to targeted, registered pre-school settings. | | |
|--------------------|---|--|--|



Area of impact



Potential positive impacts



Potential negative impacts



Response to improve or mitigate

| | | | |
|--|---|--|--|
| Healthy lifestyles and health protection | Programmes support schools and settings with actions across the full range of topic areas including both health promotion and health protection. Both programmes work in partnership, support or promote a wide range of services and resources across the topic areas and are supported by local partnership groups. | | |
| Income and employment status | Vale of Glamorgan Healthy Schools is a universal provision for all Vale schools, including the Pupil Referral Unit, Westbourne Private School and Headlands Action for Children School. | | |
| Physical environment | Although a settings approach, use of and involvement in initiatives to improve the local environment for health and wellbeing is promoted through various aspects of the schemes, particularly the community and family involvement strand. | | |
| Social and community influences on health | Issues are covered by the Mental and Emotional Health topic, which is the cornerstone of the Healthy Schools and Healthy and Sustainable Pre School Scheme approach. | | |
| Macro-economic, environmental and sustainability factors | Environment topic in both schemes covers these factors. | | |

Additional comments on impacts



No additional comments

About this assessment

Acknowledgements



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Icons used in this plan are from Flaticon (www.flaticon.com) and are used under a Creative Commons BY 3.0 licence. Creators are Eleonor Wang, Freepik, Becris, Smashicons, Gregor Cresnar and Hadrien.

The draft of this document was published on the UHB website for comments prior to finalising. If you have any comments on this assessment please email tom.porter@wales.nhs.uk. Thank you

Version control



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Author: Dr Tom Porter with contributions from across the Public Health team

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