Equality & Health Impact Assessment for Mental Wellbeing Policy

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

Please note:

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

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Not applicable
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Jane Rees, Employee Wellbeing Manager People and OD Jane.Rees8@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	Creation of a supportive, productive and fulfilling environment which encourages social connection, learning, acts of kindness, and being more active, as well as one that provides people with the skills to 'take notice', and to take action. Development of managers to promote the mental wellbeing of employees and to talk to staff about difficult issues with sensitivity, and to respond appropriately when they have concerns about individuals, and/or when illness is evident.

		Support of employees, workers, secondees, and volunteers to manage their own mental wellbeing, by promoting its benefits, and providing access to tools, techniques, advice and guidance. Help provided to those who experience mental health issues to discuss these in a safe and confidential environment, and enabled to receive suitable support and adjustments to their working environment, allowing them to work effectively and to fulfil their work priorities.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.	 Staff data retrieved from ESR Data on usage of counselling service used to assess reasons for accessing service Research undertaken on subject area and impact on protected characteristics Draft policy provided to all of the Staff Network Groups for comments, with information being provided and used to adapt the policy, specifically from: The Disability Staff Network, Porffor The Enfys LGBT+ Staff Network The Women's Network The Black, Asian & Minority Ethnic Staff Network
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	All staff, including employees, workers, secondees, and volunteers

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

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

How will the strategy,	Potential positive and/or negative impacts					Action taken by Clinical
policy, plan, procedure	edure					Board / Corporate
and/or service impact			mitigation	Directorate.		
on:-						Make reference to where the
						mitigation is included in the
						document, as appropriate
6.1 Age	Staff pr	ofile:			Continue to evaluate	
For most purposes, the	Age	Headcount	%	FTE	data relating to stress	
main categories are:	Band <=20	8	0.38 7.60	e.g. staff accessing		
 under 18; 	Years		0.38	7.00	counselling service	
 between 18 and 	21-25	165	7.75	163.66		
65; and	26-30	26-30 235 11.03 2	226.77	but consider doing so		
• over 65					with the filter of the	
0 v c. 0 5	31-35	267	12.54	249.85	protected	
	36-40	301	14.13	269.93	characteristics, when	
	41-45	295	13.85	263.31	data is available.	
	46-50	242	11.36	216.12		
	51-55	304	14.27	271.17	This will increase our	
	56-60	208	9.77	179.50	awareness of where	
	61-65	89 13	4.18 0.61	71.17	support is needed.	
	>=71	3	0.01	1.30		
	Years	3	0.14	1.30	Ensure work life	
	Grand	2,130	100.00	1930.82	balance and flexible	
	Total				working options are	

How will the strategy,	Potential positive and/or negative impacts	Recommendations for	Action taken by Clinical
policy, plan, procedure		improvement/	Board / Corporate
and/or service impact		mitigation	Directorate.
on:-			Make reference to where the
			mitigation is included in the
			document, as appropriate
	In the UK, evidence shows that adults between 25 – 34 are more	signposted to	
	stressed than other age groups, with inability to "switch off"	managers and staff.	
	from work a key factor.		
	We have an ageing workforce, and there is evidence that stress		
	can lead to unhealthy ageing.		
	The policy will impact positively due to increased awareness of		
	stress issues.		
6.2 Persons with a	3.8% of our staff have indicated that they have a disability, with a	Foster an	
disability as defined in	further 5.9% not declaring their disability, and 19.5% stating they	environment where	
the Equality Act 2010	have an unspecified disability.	staff feel comfortable	
Those with physical		in disclosing	
impairments, learning	Continued emphasis on greater awareness for line managers in	information about	
disability, sensory loss or	particular, of how to support staff who may be suffering stress	their disabilities, so	
impairment, mental	because of their disability, and guidance on how to use other	that supportive	
health conditions, long-	supportive policies.	interventions may be	
term medical conditions such as diabetes		put in place.	
Sucii as diabetes			
		Awareness raising of	
		non-inclusive	
		behaviours and	
		defining of	

How will the strategy,	Potential positive and/or negative impacts	Recommendations for	Action taken by Clinical
policy, plan, procedure		improvement/	Board / Corporate
and/or service impact		mitigation	Directorate.
on:-			Make reference to where the
			mitigation is included in the
			document, as appropriate
		unacceptable	
		behaviours	
		Use of Skills Boosters	
		resources will also	
		support everyone in	
		understanding our	
		responsibilities in	
		creating an inclusive	
		culture across all of	
		our work settings.	
6.3 People of different	The gender breakdown of the organisation is approximately 75%	Continue to evaluate	
genders:	female and 25% male.	data relating to stress	
Consider men, women,	Women have a statistically significantly higher rate of work-	e.g. staff accessing	
people undergoing	related stress, depression and anxiety compared with the total	counselling service	
gender reassignment	population average; this is evident in the ranges 25-54 years (HSE	but consider doing so	
NB Gender-reassignment	2019). Around 1 in 8 men suffer with issues with mental	with the filter of the	
is anyone who proposes	wellbeing but they are less likely to seek treatment for	protected	
to, starts, is going	depression, anxiety and other mental health challenges. A high	characteristics, where	
through or who has	percentage of men die from suicide (75% of people who die from	available.	
completed a process to	suicide are men, Samaritans 2019).		
change his or her gender			
with or without going			

How will the strategy,	Potential positive and/or negative impacts	Recommendations for	Action taken by Clinical
policy, plan, procedure		improvement/	Board / Corporate
and/or service impact		mitigation	Directorate.
on:-			Make reference to where the
			mitigation is included in the
			document, as appropriate
through any medical	We do not currently hold data on staff who have undergone/are	This will increase our	
procedures. Sometimes	undergoing gender reassignment.	awareness of where	
referred to as Trans or	Some research indicates that transgender people, and those	support is needed.	
Transgender	undergoing gender reassignment, experience lower self-esteem		
	and higher rates of mental health problems and anxiety	Continue to run	
	disorders.	targeted health	
		promotion events e.g.	
	The policy will impact positively due to increased awareness of	Mental Health	
	stress issues, and its impact by gender, and provision of guidance	Awareness Week,	
	on how to deal with different levels /symptoms of stress.	with a focus on	
		targeted signposting	
		e.g. Men's Health	
		Week, International	
		Non Binary Day	
		Awareness raising of	
		non-inclusive	
		behaviours and	
		defining of	
		unacceptable	
		behaviours	
		DELIGNIOUIS	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
		Use of Skills Boosters resources will also support everyone in understanding our responsibilities in creating an inclusive culture across all of our work settings.	
6.4 People who are married or who have a civil partner.	Of the 92.54% of staff who have declared this information: • 49.4% are married • 34.3% single • 6.2% divorced • 1.13% in a civil partnership • 0.56% are legally separated • 0.8% are widowed	Ensure evidence is reviewed on an ongoing basis when data has been gathered about impacts on same sex relationships.	
	Those who are married are in better health than the unmarried and this benefit is greater for men than women. Marital quality is associated with better health and tends to be more positive for men. The introduction of civil partnerships and same-sex marriage raises questions about whether the marriage benefit to		

How will the strategy, policy, plan, procedure and/or service impact on:-	health extends to same-sex couple gender difference in the benefits of same-sex couples.	es, and whet			Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	There are 47 employees currently	on Maternit	Explicit support given to managers on how to support staff whilst on maternity leave.			
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	83.52% of our staff have indicated Ethnic Group A White - British B White - Irish C White - Any other White background C3 White Unspecified CA White English CB White Scottish CC White Welsh CD White Cornish CP White Polish CQ White ex-USSR	their ethnic Headcount	% 65.77% 0.80% 2.11% 1.13% 0.47% 0.05% 6.90% 0.05% 0.05%	FTE 1268.15 14.79 41.63 20.59 9.60 1.00 131.90 1.00 0.53 1.00	Tackling racial discrimination at work, by creating an inclusive, supportive and open workplace, would impact on positively on work related stress, and would in turn reduce	

How will the strategy,	Potential positive and/or negative	impacts	Recommendations for	Action taken by Clinical		
policy, plan, procedure			improvement/	Board / Corporate		
and/or service impact			mitigation	Directorate.		
on:-		8	Make reference to where the			
011						mitigation is included in the
						document, as appropriate
	CX White Mixed	1	0.05%	1.00		document, as appropriate
	CY White Other European	2	0.05%	1.60	the potential for	
	D Mixed - White & Black Caribbean		0.09%	6.60	psychological damage.	
	E Mixed - White & Black Caribbean	5	0.38%	5.00		
	F Mixed - White & Asian	11	0.23%	10.60		
	G Mixed - Any other mixed background	7	0.52%	6.00	Awareness raising of	
	H Asian or Asian British - Indian	19	0.33%	18.93	non-inclusive	
	J Asian or Asian British - Pakistani	17	0.89%	16.60	behaviours and	
	K Asian or Asian British - Bangladeshi	7	0.33%	7.00		
	L Asian or Asian British - Any other Asian	7	0.33%	6.53	defining of	
	background	,	0.55%	0.55	unacceptable	
	LH Asian British	1	0.05%	1.00	behaviours	
	M Black or Black British - Caribbean	5	0.23%	5.00		
	N Black or Black British - African	22	1.03%	21.60	LI COLIN D	
	PB Black Mixed	1	0.05%	1.00	Use of Skills Boosters	
	PD Black British	1	0.05%	1.00	resources will also	
	R Chinese	5	0.23%	5.00	support everyone in	
	S Any Other Ethnic Group	10	0.47%	9.20	· · · · · · · · · · · · · · · · · · ·	
	SB Japanese	1	0.05%	0.80	understanding our	
	SC Filipino	1	0.05%	1.00	responsibilities in	
	Unspecified	125	5.87%	106.64	creating an inclusive	
	Z Not Stated	226	10.61%	196.74	_	
	Grand Total	2,130	100.00%	1919.05	culture across all of	
	Research from Business in the Com Health at Work: <u>Time to Take Own</u>	ership repo	our work settings.			
	 almost 2 in 5 (39 per cent) of experienced poor mental has 					

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential po	ositive and/c	or negativ	ve impacts		Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	• while talkin issue of BA to a semple back	18). However in two (47 per second for the finding for th	er, for BA er cent). It of empl in the wo m 54 per ees feel o ng from t nore likely	past year (up.ME employed oyees overall orkplace about the comfortable of the comfortable			
6.7 People with a religion or belief or with no religion or belief. The term 'religion'		% of our sta		ave disclosed e largest beli	d or specified their ef specified.		
includes a religious or philosophical belief	Religious Belief	Headcount	%	FTE			
	Atheism	443	20.80	417.71			
	Buddhism	8	0.38	8.00			
	Christianity	787	36.95	700.14			
	Hinduism	9	0.42	9.00			

How will the strategy,	Potential pos	itive and/	or negativ	ve impacts	Recommendations for	Action taken by Clinical	
policy, plan, procedure	olicy, plan, procedure						Board / Corporate
and/or service impact						mitigation	Directorate.
on:-							Make reference to where the
							mitigation is included in the
							document, as appropriate
	Islam	37	1.74	36.19			
	Judaism	3	0.14	2.33	_		
	Not Disclosed	327	15.35	295.23			
	Other	201	9.44	183.76			
	Sikhism	4	0.19	3.93	-		
	Unspecified Grand Total	311 2,130	14.60 100.00	262.76 1919.05			
	There are reli across all the wellbeing, an	cultures s	tudied, to	have some			
6.8 People who are	Of the 76.95%	% of our sta	aff who ha	ave disclosed	d this information,	Tackling	
attracted to other	72.68% indica	ated they a	re hetero	sexual, 2.39	% gay or lesbian	discrimination at	
people of:	and 1.5% bise	exual.				work, by creating an	
 the opposite sex 	Mental healt	h problems	s are more	e common a	mong people who	inclusive, supportive	
(heterosexual);	are lesbian, g	•			and open workplace,		
• the same sex (lesbian	This may be I	• -			would impact on		
or gay);	homophobia			•		positively on work	
 both sexes (bisexual) 	rejection bec	•			22.23.3.1, 21	related stress, and	
	l'ejection bec	aase or tric	ii Jekuali	су.		would in turn reduce	
						would in tarm reduce	

How will the strategy,	Potential positive and/or negative impacts	Recommendations for	Action taken by Clinical
policy, plan, procedure		improvement/	Board / Corporate
and/or service impact		mitigation	Directorate.
on:-			Make reference to where the
			mitigation is included in the
			document, as appropriate
		the potential for	
		psychological damage.	
		_	
		Awareness raising of	
		non-inclusive	
		behaviours and	
		defining of	
		unacceptable	
		behaviours	
		Use of Skills Boosters	
		resources will also	
		support everyone in	
		understanding our	
		responsibilities in	
		creating an inclusive	
		culture across all of	
		our work settings.	
6.9 People who	We hold the following information on written Welsh competency	-	
communicate using the	in our staff:		
Welsh language in terms			
of correspondence,	Skill Level Total		

How will the strategy,	Potential positive and/or	r negative impacts	Recommendations for	Action taken by Clinical
policy, plan, procedure			improvement/	Board / Corporate
and/or service impact			mitigation	Directorate.
on:-				Make reference to where the
				mitigation is included in the
				document, as appropriate
information leaflets, or	0 - No Skills / Dim Sgiliau	1105		
service plans and design	1 - Entry/ Mynediad	389		
		89		
Well-being Goal – A	2 - Foundation / Sylfaen			
Wales of vibrant culture	3 - Intermediate / Canolradd	69		
and thriving Welsh	Canoiradu	83		
language				
	4 - Higher / Uwch			
	5 - Proficiency / Hyfedredd	135		
		260		
	(blank)			
	Grand Total	2,130		
6.10 People according to	We do not currently capt	ure information relating to our staff and	Consider how to	
their income related	their socio economic stat	us.	gather this	
group:			information as this	
Consider people on low				
income, economically			will need future	
inactive,			development.	
unemployed/workless,				
people who are unable to				
work due to ill-health				
Total due to in ficulti				
6.11 People according to	Although we hold staff ac	ddresses, we have not assessed where	Consider how to	
where they live:		•	gather this	
	our staff live in relation to any health indicators.		gatilei tilis	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities		information as this will need future development.	
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	Not applicable.		

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

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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	Policy applies to all staff and will raise awareness of how to promote wellbeing and proactively manage stress.		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g. immunisation and vaccination, falls prevention). Also consider impact on access to	Policy promotes wellbeing and the parallel need to develop skills in discussing sensitive issues, so likely to have a positive impact on managers being able to use these skills to support staff to adopt healthy lifestyles when required.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
supportive services including smoking cessation services, weight management services etc			
Well-being Goal – A healthier Wales			
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	The policy applies to all employees, workers, secondees, and volunteers		
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on	We always aim to consider built environment of our staff when there are changes of base etc.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			аоситен, аз арргорнасс
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	The families and friends of individuals suffering from stress are known to also be affected, as is the likelihood of the individual feeling isolated. Provision of support for staff in times of stress is known to have beneficial effects on their social relationships and for their friends and families in general.		
7.6 People in terms of macro- economic, environmental and	We do not currently assess how these factors impact on our staff.	Consider how to gather this information.	
sustainability factors: Consider	these factors impact on our stair.	iniormation.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
the impact of government policies; gross domestic product; economic development; biological diversity; climate			
Well-being Goal – A globally responsible Wales			

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

8.1 Please summarise the potential positive and/or	Positive impact on the wellbeing of staff, and support towards management of stress for
negative impacts of the strategy, policy, plan or	those in need. Development of managers skills in supporting their staff.
service	

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Consideration of how to gather information on how the policy will impact on the health and wellbeing of our staff and help address inequalities in health, in the following areas:			
	 Economic health inequalities Macro-economic, environmental and sustainability factors i.e. impact of government policies; gross domestic product; economic development; biological diversity; climate 			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?	Equality Act considerations fully addressed			
This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	and considered.			

	Action	Lead	Timescale	Action taken by Clinical Board /
				Corporate Directorate
8.4 What are the next steps?				
Some suggestions:-				
Decide whether the strategy,				
policy, plan, procedure and/or service				
proposal:				
o continues unchanged as				
there are no significant				
negative impacts				
o adjusts to account for the				
negative impacts				
 continues despite 				
potential for adverse				
impact or missed				
opportunities to advance				
equality (set out the				
justifications for doing so)				
o stops.				
 Have your strategy, policy, 				
plan, procedure and/or service				
proposal approved				
Publish your report of this				
impact assessment				
Monitor and review				