

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.

		<p>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.</p> <p>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.</p>
<p>4.</p>	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • 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 <p>Population pyramids are available from Public Health Wales Observatory and the ‘Shaping Our Future Wellbeing’ Strategy provides an overview of health need.</p>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ The Disability Staff Network, Porffor ○ The Enfys LGBT+ Staff Network ○ The Women's Network ○ The Black, Asian & Minority Ethnic Staff Network
<p>5.</p>	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p>	<p>All staff, including employees, workers, secondees, and volunteers</p>

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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, 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																																																								
<p>6.1 Age</p> <p>For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>Staff profile:</p> <table border="1"> <thead> <tr> <th>Age Band</th> <th>Headcount</th> <th>%</th> <th>FTE</th> </tr> </thead> <tbody> <tr> <td><=20 Years</td> <td>8</td> <td>0.38</td> <td>7.60</td> </tr> <tr> <td>21-25</td> <td>165</td> <td>7.75</td> <td>163.66</td> </tr> <tr> <td>26-30</td> <td>235</td> <td>11.03</td> <td>226.77</td> </tr> <tr> <td>31-35</td> <td>267</td> <td>12.54</td> <td>249.85</td> </tr> <tr> <td>36-40</td> <td>301</td> <td>14.13</td> <td>269.93</td> </tr> <tr> <td>41-45</td> <td>295</td> <td>13.85</td> <td>263.31</td> </tr> <tr> <td>46-50</td> <td>242</td> <td>11.36</td> <td>216.12</td> </tr> <tr> <td>51-55</td> <td>304</td> <td>14.27</td> <td>271.17</td> </tr> <tr> <td>56-60</td> <td>208</td> <td>9.77</td> <td>179.50</td> </tr> <tr> <td>61-65</td> <td>89</td> <td>4.18</td> <td>71.17</td> </tr> <tr> <td>66-70</td> <td>13</td> <td>0.61</td> <td>10.44</td> </tr> <tr> <td>>=71 Years</td> <td>3</td> <td>0.14</td> <td>1.30</td> </tr> <tr> <td>Grand Total</td> <td>2,130</td> <td>100.00</td> <td>1930.82</td> </tr> </tbody> </table>	Age Band	Headcount	%	FTE	<=20 Years	8	0.38	7.60	21-25	165	7.75	163.66	26-30	235	11.03	226.77	31-35	267	12.54	249.85	36-40	301	14.13	269.93	41-45	295	13.85	263.31	46-50	242	11.36	216.12	51-55	304	14.27	271.17	56-60	208	9.77	179.50	61-65	89	4.18	71.17	66-70	13	0.61	10.44	>=71 Years	3	0.14	1.30	Grand Total	2,130	100.00	1930.82	<p>Continue to evaluate data relating to stress e.g. staff accessing counselling service but consider doing so with the filter of the protected characteristics, when data is available. This will increase our awareness of where support is needed. Ensure work life balance and flexible working options are</p>	
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	<p>In the UK, evidence shows that adults between 25 – 34 are more stressed than other age groups, with inability to “switch off” from work a key factor.</p> <p>We have an ageing workforce, and there is evidence that stress can lead to unhealthy ageing.</p> <p>The policy will impact positively due to increased awareness of stress issues.</p>	<p>signposted to managers and staff.</p>	
<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>3.8% of our staff have indicated that they have a disability, with a further 5.9% not declaring their disability, and 19.5% stating they have an unspecified disability.</p> <p>Continued emphasis on greater awareness for line managers in particular, of how to support staff who may be suffering stress because of their disability, and guidance on how to use other supportive policies.</p>	<p>Foster an environment where staff feel comfortable in disclosing information about their disabilities, so that supportive interventions may be put in place.</p> <p>Awareness raising of non-inclusive behaviours and defining of</p>	

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		<p>unacceptable behaviours</p> <p>Use of Skills Boosters resources will also support everyone in understanding our responsibilities in creating an inclusive culture across all of our work settings.</p>	
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>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</p>	<p>The gender breakdown of the organisation is approximately 75% female and 25% male.</p> <p>Women have a statistically significantly higher rate of work-related stress, depression and anxiety compared with the total population average; this is evident in the ranges 25-54 years (HSE 2019). Around 1 in 8 men suffer with issues with mental wellbeing but they are less likely to seek treatment for depression, anxiety and other mental health challenges. A high percentage of men die from suicide (75% of people who die from suicide are men, Samaritans 2019).</p>	<p>Continue to evaluate data relating to stress e.g. staff accessing counselling service but consider doing so with the filter of the protected characteristics, where available.</p>	

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through any medical procedures. Sometimes referred to as Trans or Transgender	<p>We do not currently hold data on staff who have undergone/are undergoing gender reassignment.</p> <p>Some research indicates that transgender people, and those undergoing gender reassignment, experience lower self-esteem and higher rates of mental health problems and anxiety disorders.</p> <p>The policy will impact positively due to increased awareness of stress issues, and its impact by gender, and provision of guidance on how to deal with different levels /symptoms of stress.</p>	<p>This will increase our awareness of where support is needed.</p> <p>Continue to run targeted health promotion events e.g. Mental Health Awareness Week, with a focus on targeted signposting e.g. Men’s Health Week, International Non Binary Day</p> <p>Awareness raising of non-inclusive behaviours and defining of unacceptable behaviours</p>	

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		Use of Skills Boosters resources will also support everyone in understanding our responsibilities in creating an inclusive culture across all of our work settings.	
<p>6.4 People who are married or who have a civil partner.</p>	<p>Of the 92.54% of staff who have declared this information:</p> <ul style="list-style-type: none"> • 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 <p>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</p>	Ensure evidence is reviewed on an ongoing basis when data has been gathered about impacts on same sex relationships.	

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	health extends to same-sex couples, and whether there is a gender difference in the benefits of marriage for the health of same-sex couples.																																														
<p>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.</p>	<p>There are 47 employees currently on Maternity Leave.</p>	<p>Explicit support given to managers on how to support staff whilst on maternity leave.</p>																																													
<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p>	<p>83.52% of our staff have indicated their ethnic group:</p> <table border="1" data-bbox="517 1058 1373 1430"> <thead> <tr> <th data-bbox="517 1058 981 1094">Ethnic Group</th> <th data-bbox="981 1058 1115 1094">Headcount</th> <th data-bbox="1115 1058 1243 1094">%</th> <th data-bbox="1243 1058 1373 1094">FTE</th> </tr> </thead> <tbody> <tr> <td data-bbox="517 1094 981 1123">A White - British</td> <td data-bbox="981 1094 1115 1123">1,401</td> <td data-bbox="1115 1094 1243 1123">65.77%</td> <td data-bbox="1243 1094 1373 1123">1268.15</td> </tr> <tr> <td data-bbox="517 1123 981 1152">B White - Irish</td> <td data-bbox="981 1123 1115 1152">17</td> <td data-bbox="1115 1123 1243 1152">0.80%</td> <td data-bbox="1243 1123 1373 1152">14.79</td> </tr> <tr> <td data-bbox="517 1152 981 1181">C White - Any other White background</td> <td data-bbox="981 1152 1115 1181">45</td> <td data-bbox="1115 1152 1243 1181">2.11%</td> <td data-bbox="1243 1152 1373 1181">41.63</td> </tr> <tr> <td data-bbox="517 1181 981 1209">C3 White Unspecified</td> <td data-bbox="981 1181 1115 1209">24</td> <td data-bbox="1115 1181 1243 1209">1.13%</td> <td data-bbox="1243 1181 1373 1209">20.59</td> </tr> <tr> <td data-bbox="517 1209 981 1238">CA White English</td> <td data-bbox="981 1209 1115 1238">10</td> <td data-bbox="1115 1209 1243 1238">0.47%</td> <td data-bbox="1243 1209 1373 1238">9.60</td> </tr> <tr> <td data-bbox="517 1238 981 1267">CB White Scottish</td> <td data-bbox="981 1238 1115 1267">1</td> <td data-bbox="1115 1238 1243 1267">0.05%</td> <td data-bbox="1243 1238 1373 1267">1.00</td> </tr> <tr> <td data-bbox="517 1267 981 1295">CC White Welsh</td> <td data-bbox="981 1267 1115 1295">147</td> <td data-bbox="1115 1267 1243 1295">6.90%</td> <td data-bbox="1243 1267 1373 1295">131.90</td> </tr> <tr> <td data-bbox="517 1295 981 1324">CD White Cornish</td> <td data-bbox="981 1295 1115 1324">1</td> <td data-bbox="1115 1295 1243 1324">0.05%</td> <td data-bbox="1243 1295 1373 1324">1.00</td> </tr> <tr> <td data-bbox="517 1324 981 1353">CP White Polish</td> <td data-bbox="981 1324 1115 1353">1</td> <td data-bbox="1115 1324 1243 1353">0.05%</td> <td data-bbox="1243 1324 1373 1353">0.53</td> </tr> <tr> <td data-bbox="517 1353 981 1382">CQ White ex-USSR</td> <td data-bbox="981 1353 1115 1382">1</td> <td data-bbox="1115 1353 1243 1382">0.05%</td> <td data-bbox="1243 1353 1373 1382">1.00</td> </tr> </tbody> </table>	Ethnic Group	Headcount	%	FTE	A White - British	1,401	65.77%	1268.15	B White - Irish	17	0.80%	14.79	C White - Any other White background	45	2.11%	41.63	C3 White Unspecified	24	1.13%	20.59	CA White English	10	0.47%	9.60	CB White Scottish	1	0.05%	1.00	CC White Welsh	147	6.90%	131.90	CD White Cornish	1	0.05%	1.00	CP White Polish	1	0.05%	0.53	CQ White ex-USSR	1	0.05%	1.00	<p>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</p>	
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	<p>Research from Business in the Community's (BITC) 2019 Mental Health at Work: Time to Take Ownership report found:</p> <ul style="list-style-type: none"> almost 2 in 5 (39 per cent) of employees have experienced poor mental health where work was a 																																																																																													

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	<p>contributing factor in the past year (up from 36 per cent in 2018). However, for BAME employees it was almost one in two (47 per cent).</p> <ul style="list-style-type: none"> while 51 per cent of employees overall feel comfortable talking generally in the workplace about mental health issues (down from 54 per cent in 2018), only 40 per cent of BAME employees feel comfortable. This can be linked to a further finding from this research that white employees are more likely than those from a BAME background to have been formally diagnosed with a mental health condition (31 per cent compared to 23 per cent). 																						
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>Staff profile: Of the 63.85% of our staff who have disclosed or specified their religious belief, Christianity is the largest belief specified.</p> <table border="1" data-bbox="521 1142 1111 1385"> <thead> <tr> <th>Religious Belief</th> <th>Headcount</th> <th>%</th> <th>FTE</th> </tr> </thead> <tbody> <tr> <td>Atheism</td> <td>443</td> <td>20.80</td> <td>417.71</td> </tr> <tr> <td>Buddhism</td> <td>8</td> <td>0.38</td> <td>8.00</td> </tr> <tr> <td>Christianity</td> <td>787</td> <td>36.95</td> <td>700.14</td> </tr> <tr> <td>Hinduism</td> <td>9</td> <td>0.42</td> <td>9.00</td> </tr> </tbody> </table>	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		
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	<table border="1" data-bbox="521 405 1111 754"> <tr> <td>Islam</td> <td>37</td> <td>1.74</td> <td>36.19</td> </tr> <tr> <td>Judaism</td> <td>3</td> <td>0.14</td> <td>2.33</td> </tr> <tr> <td>Not Disclosed</td> <td>327</td> <td>15.35</td> <td>295.23</td> </tr> <tr> <td>Other</td> <td>201</td> <td>9.44</td> <td>183.76</td> </tr> <tr> <td>Sikhism</td> <td>4</td> <td>0.19</td> <td>3.93</td> </tr> <tr> <td>Unspecified</td> <td>311</td> <td>14.60</td> <td>262.76</td> </tr> <tr> <td>Grand Total</td> <td>2,130</td> <td>100.00</td> <td>1919.05</td> </tr> </table> <p data-bbox="521 850 1346 970">There are religious beliefs and practices that have been shown, across all the cultures studied, to have some salutary effects on wellbeing, and therefore have a positive impact on stress.</p>	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	311	14.60	262.76	Grand Total	2,130	100.00	1919.05		
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<p data-bbox="152 986 416 1098">6.8 People who are attracted to other people of:</p> <ul data-bbox="152 1107 488 1299" style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	<p data-bbox="521 986 1346 1106">Of the 76.95% of our staff who have disclosed this information, 72.68% indicated they are heterosexual, 2.39% gay or lesbian and 1.5% bisexual.</p> <p data-bbox="521 1121 1346 1201">Mental health problems are more common among people who are lesbian, gay, bisexual and trans (LGBT).</p> <p data-bbox="521 1217 1346 1337">This may be linked to LGBT people's experience of discrimination, homophobia or transphobia, bullying, social isolation, or rejection because of their sexuality.</p>	<p data-bbox="1397 986 1682 1377">Tackling discrimination at work, by creating an inclusive, supportive and open workplace, would impact on positively on work related stress, and would in turn reduce</p>																													

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		<p>the potential for psychological damage.</p> <p>Awareness raising of non-inclusive behaviours and defining of unacceptable behaviours</p> <p>Use of Skills Boosters resources will also support everyone in understanding our responsibilities in creating an inclusive culture across all of our work settings.</p>					
6.9 People who communicate using the Welsh language in terms of correspondence,	<p>We hold the following information on written Welsh competency in our staff:</p> <table border="1" data-bbox="519 1353 956 1420"> <thead> <tr> <th data-bbox="519 1353 853 1420">Skill Level</th> <th data-bbox="853 1353 956 1420">Total</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Skill Level	Total				
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<p>information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<table border="1"> <tr> <td>0 - No Skills / Dim Sgiliau</td> <td>1105</td> </tr> <tr> <td>1 - Entry/ Mynediad</td> <td>389</td> </tr> <tr> <td></td> <td>89</td> </tr> <tr> <td>2 - Foundation / Sylfaen</td> <td></td> </tr> <tr> <td>3 - Intermediate / Canolradd</td> <td>69</td> </tr> <tr> <td></td> <td>83</td> </tr> <tr> <td>4 - Higher / Uwch</td> <td></td> </tr> <tr> <td>5 - Proficiency / Hyfedredd</td> <td>135</td> </tr> <tr> <td></td> <td>260</td> </tr> <tr> <td>(blank)</td> <td></td> </tr> <tr> <td>Grand Total</td> <td>2,130</td> </tr> </table>	0 - No Skills / Dim Sgiliau	1105	1 - Entry/ Mynediad	389		89	2 - Foundation / Sylfaen		3 - Intermediate / Canolradd	69		83	4 - Higher / Uwch		5 - Proficiency / Hyfedredd	135		260	(blank)		Grand Total	2,130		
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<p>6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>We do not currently capture information relating to our staff and their socio economic status.</p>	<p>Consider how to gather this information as this will need future development.</p>																							
<p>6.11 People according to where they live:</p>	<p>Although we hold staff addresses, we have not assessed where our staff live in relation to any health indicators.</p>	<p>Consider how to gather this</p>																							

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
<p>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</p> <p>Well-being Goal - A more equal Wales</p>	<p>Policy applies to all staff and will raise awareness of how to promote wellbeing and proactively manage stress.</p>		
<p>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</p>	<p>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.</p>		

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
<p>supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p>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</p> <p>Well-being Goal – A prosperous Wales</p>	<p>The policy applies to all employees, workers, secondees, and volunteers</p>		
<p>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</p>	<p>We always aim to consider built environment of our staff when there are changes of base etc.</p>		

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
<p>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</p> <p>Well-being Goal – A resilient Wales</p>			
<p>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</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>The families and friends of individuals suffering from stress are known to also be affected, as is the likelihood of the individual feeling isolated.</p> <p>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.</p>		
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider</p>	<p>We do not currently assess how these factors impact on our staff.</p>	<p>Consider how to gather this information.</p>	

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
<p>the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>			

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

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

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	<p>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:</p> <ul style="list-style-type: none"> • Economic health inequalities • Macro-economic, environmental and sustainability factors i.e. impact of government policies; gross domestic product; economic development; biological diversity; climate 			
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>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?</p>	<p>No requirement for full EHIA identified at this time.</p> <p>Equality Act considerations fully addressed and considered.</p>			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <p>Decide whether the strategy, policy, plan, procedure and/or service proposal:</p> <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. <ul style="list-style-type: none"> ● Have your strategy, policy, plan, procedure and/or service proposal approved ● Publish your report of this impact assessment ● Monitor and review 				

