

Equality & Health Impact Assessment for *Joint Working Framework – Version 2*

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Board Business Unit Paul Veysey, Board Secretary and Head of Board Business Unit Email: paul.veysey2@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The Public Health Wales Joint Working Framework provides guidance with regard to the establishment of joint working opportunities on local, national and international levels. The Framework outlines how good governance arrangements can support effective and successful joint working, underpinned by strategic and legislative drivers. The Framework provides the means to assess the suitability of partner organisations through a risk-based approach and sets out the governance and accountability arrangements for the development, approval and monitoring of formal joint working arrangements.

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.	There was no specific equalities data available. This document is aimed at Public Health Wales staff who are required, within the provisions of this framework, to undertake an Equality and Health Impact Assessment. The framework has been developed based on good practice across sectors.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service Consider staff as well as the population that the project/change may affect to different degrees.	All Non-Executive Directors, officers and employees of Public Health Wales.

Part 2- Equality and Welsh language

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

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	Any decisions made in developing joint work arrangements within the Framework could potentially impact on any of the protected characteristic groups. The Framework also includes provision for equality and health considerations in the development of joint working arrangements.		

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	The document itself does not have a direct impact on this protected characteristic as it should not affect the ability of individuals to read and understand it As this document is an organisational governance document it will not be typically consulted by a general readership.		
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	Whilst the contents of the policy and procedure do not have a negative impact on persons with a disability, as with all written control documents there may be a negative impact due to the format	Public Health Wales does have provision for the production of documents that are accessible to persons with disabilities. Alternative versions (to suit the specific needs to	

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medical conditions such as diabetes	of the control document that is available, i.e PDF. As this document is an organisational governance document it will not be typically consulted by a general readership.	the individual) will be provided on request.	
6.3 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	See 6.1 (above).	None required.	

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going through any medical procedures. Sometimes referred to as Trans or Transgender			
6.4 People who are married or who have a civil partner.	See 6.1 (above).	None required.	
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	See 6.1 (above).	None required.	
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	See 6.1 (above). Documents accessible on the staff intranet in English and Welsh in accordance with the Welsh Language Standards.	When developing partnership arrangements with other communities, the EHIA undertaken for the partnership (see 8.1) must consider the need	

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		for publication in other languages.	
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	See 6.1 (above).	None required.	
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	See 6.1 (above).	None required.	
6.9 People according to their income related group: Consider people on low income, economically	See 6.1 (above).	None required.	

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inactive, unemployed/workless, people who are unable to work due to ill-health			
6.10 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	See 6.1 (above).	None required.	
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service			
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on:			

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(please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	Positive – The Framework includes a provision for a Joint Working Assessment of partners. This includes consideration of Welsh language provision. The Framework also advises that any arrangements consider bilingual elements.		
Treating the Welsh language no less favourably than the English language	Positive – The Framework includes a provision for a Joint Working Assessment of partners. This includes consideration of Welsh language provision. The Framework also advises that any arrangements	Where partnership arrangements are in development, the EHIA undertaken (see 8.1) as part of the partnership development must consider the need for publication in Welsh.	

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	consider bilingual elements.		

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as

more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
N/A	

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
7.2 Lifestyles • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour	The Joint Working Framework is an administrative/governance document and although it does not have a direct impact on the health of the population, the addressing of inequalities in health or the delivery of services, any			Integrated Equality and Health Impact Assessment will need to be undertaken as part of the development of any joint working arrangements.

	joint working arrangements could potentially have such an impact.			
7.3 Social and community influences on health • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering	As above			
7.4 Mental Wellbeing • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience?	As above			
7.5 Living/ environmental conditions affecting health • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space	As above			

• Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality				
7.6 Economic conditions affecting health • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time • Workplace conditions i.e. environment culture, H&S	As above			
7.7 Access and quality of services • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services • Transport including parking, public transport, active travel	As above			
7.8 Macro-economic, environmental and sustainability factors • Biodiversity • Climate change/carbon reduction/flooding/heatwave	As above			

• Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration				
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Stage 3

Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
This Equality and Health Impact Assessment found that, by its very nature that the Joint Working Framework has the potential to impact on all groups, communities and individuals, depending on the nature of the collaboration or partnership. As the document is the overarching framework, any decisions made within it could impact on any of the protected characteristic groups. There is also provision within the Framework for all joint working arrangements in development to be subject to an integrated Equality and Health Impact Assessment. Any formal				

agreement must also take such considerations into account and must be compatible with Public Health Wales' organisational values. Therefore, it is expected that the provisions within the framework will encourage greater consideration of equality and health during the development of any joint working arrangement. In the case of very formal arrangements being developed, the Joint Working Assessment, which seeks to evaluate a partner's computability with Public Health Wales, also includes a requirement to assess the ethics of a partner, including their approach equality, diversity and inclusion and the Welsh Language. Therefore, the overall impact of the Framework is likely to be very positive in terms of equality and health impact.				
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