Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Canolbarth a Gorllewin Iachach
Cenedlaethau'r dyfodol yn byw bywydau iach

Date: January 2022 **LIVE DOCUMENT SUBJECT TO CHANGE**

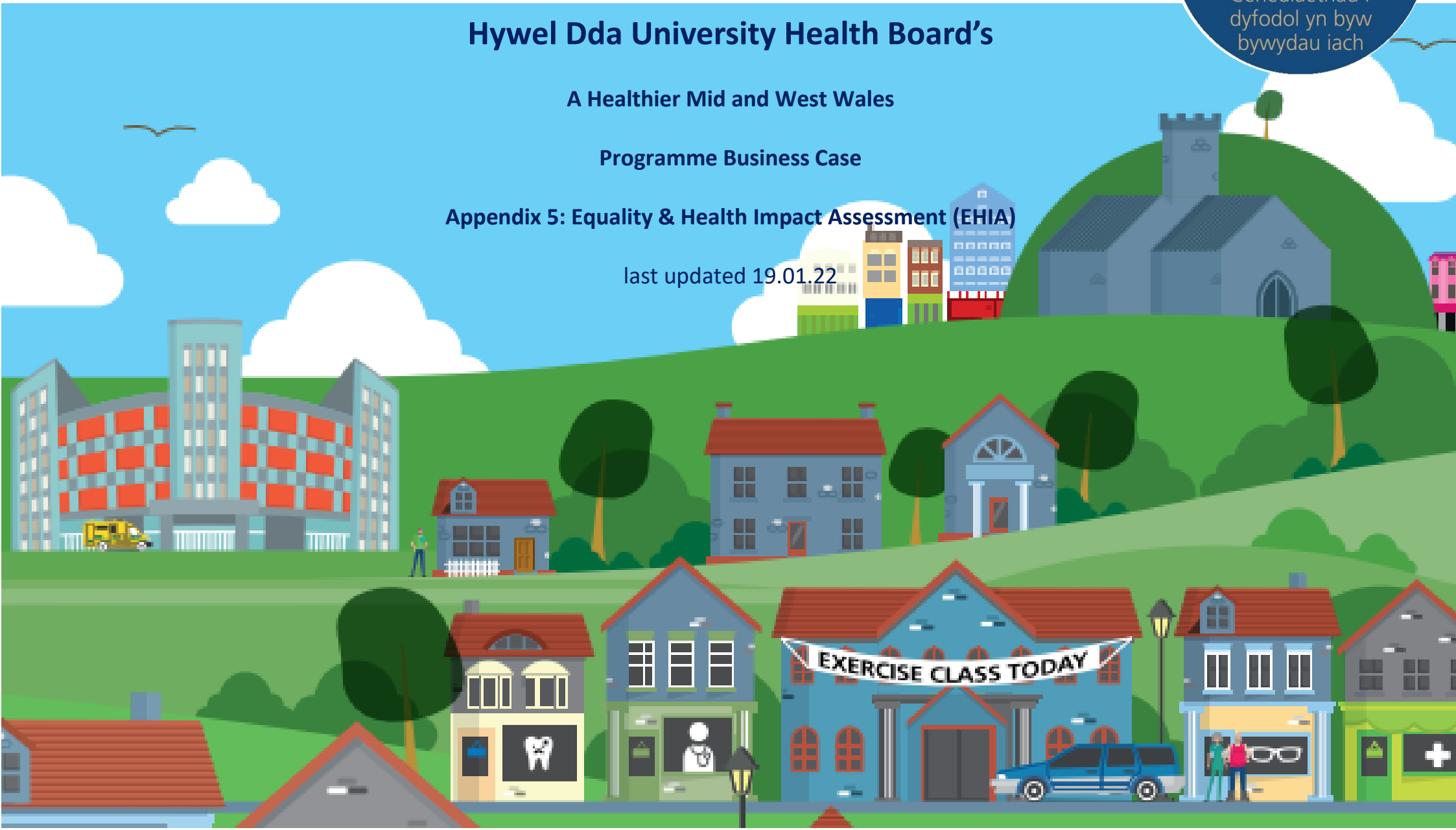
Hywel Dda University Health Board's

A Healthier Mid and West Wales

Programme Business Case

Appendix 5: Equality & Health Impact Assessment (EHIA)

last updated 19.01.22



VERSION CONTROL

Version	Date	Author	Comments
Final Draft for inclusion with PBC Annex	19.01.22	C Hale	Live document subject to change.

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Purpose of document

This document forms the ongoing Equality and Health Impact Assessment (EHIA) that is being undertaken in support of 'A Healthier Mid and West Wales: Our Future Generations Living Well' Programme.

The scope of the document is to provide an overview of how the Programme might have positive and/or negative impacts on different groups of people with 'protected characteristics'. It uses information from a variety of sources, including public and staff engagement, general background research and from surveys of people living in Wales and in the Hywel Dda region. If you would like further detailed information, this can be obtained by contacting hyweldda.engagement@wales.nhs.uk

Introduction

Anyone can experience health issues at any given time and we all may need to access healthcare services at some point in our lives. Evidence suggests that people with a protected characteristic are more likely to suffer from ill-health. Protected characteristics are defined by the Equality Act 2010 and include: Age, Disability, Sex, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief and Sexual Orientation. Further information on the Equality Act 2010 and the protected characteristics can be found here.

The Equality Act 2010 means that health boards have a legal duty to protect people from discrimination in the workplace and the wider society. This means that we have to consider the needs of people from different groups in our communities who might be affected by the decisions we make on how we deliver healthcare services across the Hywel Dda region.
The Public Sector Equality Duty in Wales forms part of the Equality Act 2010. The Duty means that policies and service plans developed by the health board must be designed to contribute to a fairer society. They must attempt to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the act.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and
- Foster good relations between people who share a protected characteristic and those who do not.

Further information on the Public Sector Equality Duty in Wales can be found here.

This means that, wherever possible, the health board must take reasonable steps to identify both the positive impacts and negative impacts that our policies and services may have upon people with a protected characteristic. Once identified, the health board must try to mitigate and eliminate any negative impacts by whatever means possible in order to avoid putting people with a protected characteristic at a further disadvantage.

The Human Rights Act 1998 places a duty upon health boards to promote and protect human rights for all. This means that health boards must treat everyone equally, with fairness, dignity and respect.

Further information on the Human Rights Act 1998 can be found here.

In Wales, health boards also have a responsibility to comply with the Welsh Language (Wales) Measure 2011 and must implement a set of Welsh Language Standards. This means that health boards have a duty to meet the needs of Welsh speakers and offer healthcare services bilingually. When developing policies and service plans, Health Boards must assess the impact they may upon Welsh speakers and ensure that they do not treat the Welsh language any less favourably that English.

Further information on the Hywel Dda UHB's Welsh Language Standards can be found here.

Assessing impact across a broad range of characteristics (not just those required by law), helps organisations to embed equality and human rights in the delivery of their services. For this reason, we are also concerned about other groups who might be affected. These include unpaid carers (people who care for someone with a disability, but who often may face barriers to accessing services themselves) and people who experience socio-economic disadvantage (for example, people who lack access to their own or public transport, people who are homeless, people who live in remote areas or people who live in areas of deprivation). Evidence suggests that people from protected groups are more at risk of experiencing socio-economic disadvantage and as a result may face additional barriers to accessing services. Evidence also suggests that that many people in society face disadvantages associated with multiple protected characteristics.

Throughout this document the term 'protected characteristics' should be taken to include all the nine protected characteristics, as well as human rights, the Welsh language and socio-economic considerations.

Equality and Health Impact Assessments (EHIA) is a process which enables an organisation to consider the effects of its decisions, policies or services on different communities, individuals or groups, particularly in relation to those most vulnerable in society. Assessing the impact on the equality of proposed changes is also a positive opportunity for health boards to ensure that better decisions are made which are based on robust evidence. EHIA draws on existing research, monitoring information and the feedback from engagement and consultation to systematically assess the potential equality impacts of an activity or policy. This involves anticipating the consequences of activities for groups of people with protected characteristics and making sure that, as far as possible, any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised. It is a constantly evolving process ensuring that the needs of protected groups are considered at every stage of planning, development and delivery.

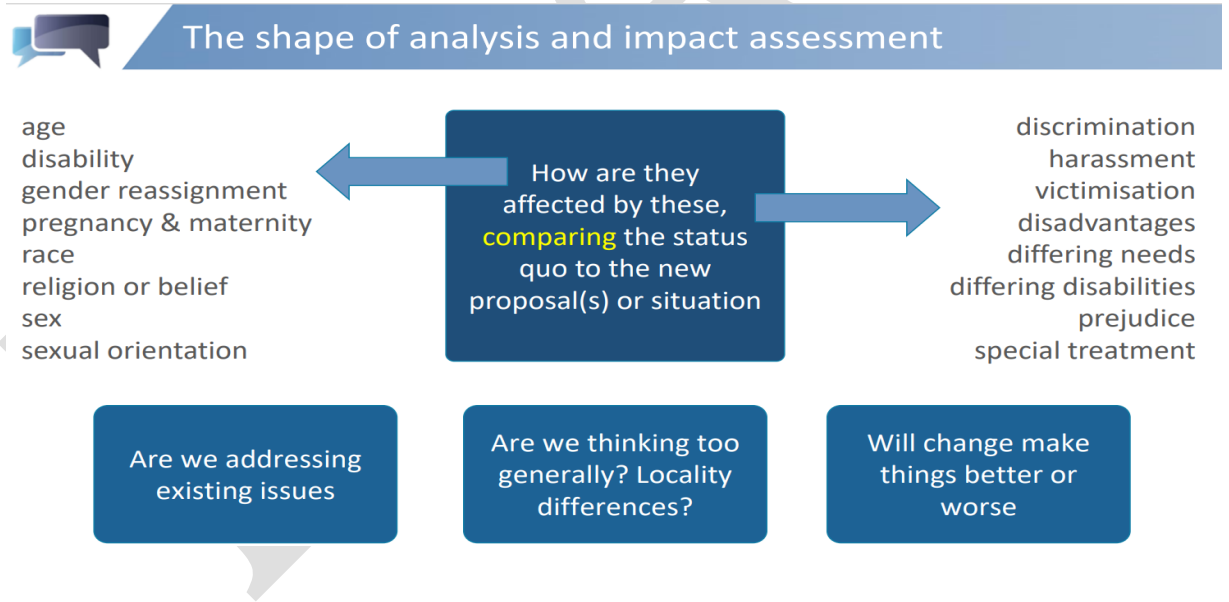
Annex 3 in particularly provides feedback from a recent engagement exercise in Hywel Dda ('Building a healthier future after COVID-19') during May – June 21. This was an opportunity to check in with its staff, patients and their families, and the wider public to find out how their lives had been impacted by the global pandemic.

The Health Board wanted to learn more about how the pandemic has affected the people's health and care, and their access to it, as well as the implications of these experiences for its long-term health and care strategy, 'A Healthier Mid and West Wales: Our Future Generations Living Well'.

As the Health Board plans to develop a new hospital in the south of the area, somewhere between and including the towns of St Clears (Carmarthenshire) and Narberth (Pembrokeshire), people were also invited to nominate possible sites for the new build. In addition, people were asked for their top priorities when considering the location of the hospital.

The Health Board is committed to continuous engagement. This means the Health Board will continue to talk with staff, patients, their families and the wider public and consider their experiences and views, whether they are positive or negative, when planning services, which will be used to further inform this EHIA.

The Health Board also recognises the need to confirm whether there are existing issues in relation to the 'status quo'. We will ensure that an impact question is asked as part of all future engagement and consultation stages and analysed so that we are fully aware of existing issues and what we need to put right, as outlined in the diagram below:



The EHIA remains a live document and will be updated to include information from the **Well-being Assessments 2022.** Work is now underway by the Public Service Boards in the Hywel Dda University Health Board area (Carmarthenshire, Ceredigion and Pembrokeshire) to gather information for the next assessment and as before this will be informed by engagement with citizens and stakeholders, together with consideration of other information such as data, evidence and research.

Part 1 – The Proposal

Sponsored by:	**Name**	Paul Williams
	Title	Assistant Director, Strategic Planning
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Policy or project title:	A Healthier Mid and West Wales: Our Future Generations Living Well Programme
Brief outline of what is being proposed:	Following extensive engagement and consultation, in late 2018 the Health Board published our Health & Care Strategy – 'A Healthier Mid and West Wales: Our Future Generations Living Well'. Our Strategy articulates our vision for services fit for current and future generations, and invests in primary and community services that create a shift from the existing and predominant medical model: ***"Our shared vision is a Mid and West Wales where individuals, communities and the environments they live, play and work in are adaptive, connected and mutually supportive. This means people are resilient and resourceful and enabled to live joyful, healthy and purposeful lives with a strong sense of belonging."***

Realising our vision means implementing an ambitious and innovative programme of whole system change to realise our population health ambitions, which signals a fundamental shift from our current emphasis on hospitals to a focus on working in partnership with people and communities to keep people well in, or close to, their own homes.

It means the development and implementation of an enhanced community model, based on an integrated social model for health and wellbeing, and its implementation at pace as a long-term commitment focused on prevention, wellbeing and early intervention to help build resilience and enable people to live well within their own communities.

The Programme includes responding to the need to achieve a sustainable workforce model with fewer emergency rotas and reduced use of agency staff. Key to the Programme is a new Urgent and Planned Care Hospital located in the south of our region, which will operate as our main site for all specialist children and adult acute services, supported by a network of hospitals which will provide more locality-based care, including Bronglais General Hospital in Aberystwyth, Glangwili Hospital in Carmarthen, Prince Philip Hospital in Llanelli and Withybush Hospital in Haverfordwest.

The service model is as follows:

Facilities	Description	
Three main hospitals	A major new urgent and planned care hospital centrally located somewhere between Narberth and St Clears, with all planned and specialist care centralised on a single site	
	Bronglais District General Hospital will continue to provide acute hospital services for mid Wales	
	A general hospital on the existing site at Prince Philip Hospital, Llanelli, with acute medicine retained	
Two repurposed hospitals	Glangwili in Carmarthen	These will be repurposed to offer a range of services to support the social model for health and well-being
	Withybush in Haverfordwest	
Community hubs	Integrated locality networks	

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)	Members of the public accessing health and care services. Families, carers and friends. Staff delivering health and care services. Partner organisations including the three constituent local authorities and the public, private sector and voluntary sectors. Community groups. Welsh Ambulance Service NHS Trust (WAST). Emergency Medical Retrieval and Transfer Service (EMRTS).
Evidence and Background Information / Data Sets considered	The following information has been used to inform health board planning and long-term health and care strategy and the subsequent EHIA: West Wales Population Needs Assessment (2017) https://www.wwcp.org.uk/wp-content/uploads/2017/03/West-Wales-Population-Assessment-March-2017.pdf West Wales Area Plan https://www.wwcp.org.uk/west-wales-area-plan/ Pharmaceutical Needs Assessment https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-6-2-1-pharmaceutical-needs-assessment/ Wellbeing Plan – Pembrokeshire Final version WBP.pdf Wellbeing Plan – Ceredigion https://www.ceredigion.gov.uk/media/3956/local-well-being-plan-2018-2023.pdf Wellbeing Plan – Carmarthenshire

	https://www.thecarmarthenshirewewant.wales/media/8331/carmarthenshire-well-being-plan-final-may-2018.pdf Public Health Wales Observatory https://phw.nhs.wales/services-and-teams/observatory/ HDUHB Strategic Discovery Report (July, 2020) https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2020/board-agenda-and-papers-30th-july-2020/board-30th-july-2020-documents/item-3-3-strategic-discover-report/ Strategic Equality Plan https://hduhb.nhs.wales/about-us/governance-arrangements/equality-diversity-and-inclusion/equality-diversity-and-inclusion-documents/strategic-equality-plan-and-objectives-for-2020-2024-pdf/ COVID-19 Research, The Influence of the COVID-19 pandemic on mental wellbeing and psychological distress: impact on a single country (October 2021) All Wales COVID 19 Survey 1.pdf HDUHB Cluster Development Plans Building a healthier future after COVID-19 (Feedback report on the public engagement around the pandemic, our strategy, our Programme Business Case, and equalities 10 May to 21 June, 2021) https://www.haveyoursay.hduhb.wales.nhs.uk/7617/widgets/39505/documents/21675 The health and care strategy was based on the 2018 public consultation and this EHIA also draws upon the positive and negative feedback from that time.

Part 2- Equality, Human Rights and Welsh language

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'.

Age - Is it likely to affect older and younger people in different ways or affect one age group and not another?

Age - Evidence - Population Data

As evidenced in the data obtained from StatsWales, Hywel Dda has a higher proportion of people aged 75 years and older compared with the rest Wales, and life expectancy for both males and females is longer than it is in Wales overall. Residents over retirement age were highlighted as a growing demographic who may be disproportionately affected by the proposals as they are more likely to develop more health issues and require more healthcare intervention as they age and accessing healthcare services may become more difficult.

Projections suggest that population ageing will continue at least until 2036, with the largest increase in our oldest population group (aged 75 years and over) which is estimated to increase by approximately 30,000 people over the years 2014-2039 (PHWO 2016)[1]. No other age group is projected to increase at such an accelerated rate.

Children and young people make up approximately 22.2% of the population in the West Wales region (West Wales Area Plan, 2018). In adolescents (11–16-year-olds) and young people (Health Needs Assessment 2016) only 76% are of a healthy weight (Wales 76%)

We know from the TCS listening and engagement exercise (summer 2017) that people would like to see more support for children's health and wellbeing, including more community-based children's services and school-based lifestyle education. The findings from our engagement work reported in September 18 found that the **majority of issues raised in relation to equalities impacts related to travel and transport issues** for specific groups which mainly include the frail, **the elderly;** those with disabilities; expectant parents; **families with children** and **children themselves**.

Age – Workforce Information (extracted from the Strategic Equality Plan Annual Report 2020/21 and Annual Workforce Equality Report 2020/21)

This section outlines comparisons between workforce data published as at 31 March 2021 against data published at 31 March 2020.
The majority of the workforce as at 31 March 2021 were aged between 25–59 accounting for approximately 80% of staff, but this was a slight reduction from the previous year. Compared to 2020, workforce information data on 31 March 2020 showed:

- The percentage of staff identifying within the Age Profile for the ages of 54 and below has decreased by 0.45%.
- Age Profiles for the ages of 55 and above have shown a percentage increase of 0.45%. This means that the health board has a slightly increasing workforce over the age of 55. This will need to be considered in the long-term plans for healthcare delivery to ensure that plans are in place to attract and recruit new staff in line with the projected retirement plans of our workforce aged 55 and above.

[1] – *These estimates are based on assumptions about births, deaths and migration*				
Impact identified - Age	**Positive**	**Negative**	**No Impact**	**Opportunities for improvement / mitigation** If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also be included within the action plan.
With services expanded within the community model, it supports the older demographic in reducing isolation and loneliness agenda, with services likely to be co-located in community hub settings. • more healthcare provided away from hospitals and nearer to people's homes, delivering outcomes that are important to the patient • Accessible local primary and community care services delivered from fit for purpose facilities • fit for purpose facilities meeting best practice standards on accessibility • facilities designed to support patient, visitor and staff wellbeing • integrated services with social care Use of technology should support more care delivered in the home, with potentially less need to travel to UHB sites	✓			Continue to review as the programme is developed through using patient experience feedback and data. The community model will support elderly people with ongoing care needs on prolonged waiting list. Continue to improve community response to meet needs and maintain independence within their own community
There is an increase in the number of women choosing to give birth at an older age. Pregnancies of women aged 40 or more are allocated into consultant led care criteria because of their age and the increased risks of developing pregnancy-related diabetes, hypertension, poor outcomes for mothers and babies. They may need to travel further for their care in the new urgent and planned care hospital, or they may decide to have		✓		Providing safe and quality consultant-led midwifery care 24/7 can only be achieved by creating a singular consultant-led unit at a one location within Hywel Dda UHB. Pooling specialist consultancy led midwifery care in the new hospital with the most up-to-date facilities will ensure the best possible care and treatment for pregnant women who are at a higher risk of pregnancy-related complications. Provision of Midwifery Led Units at Withybush, Glangwili and Prince Philip hospitals and in some of the other community hubs across the region could mitigate against

their babies in and adjacent Health Board area e.g., Swansea Bay.				negative impacts of increased travel for women with low-risk pregnancies. We will seek advice from other Health Board's and trusts that have undertaken similar changes to services to better understand the impact it has had to ensure shared learning. We will seek advice from our own clinical advisory group.
The location of a new urgent and planned care hospital in the west of the region might be perceived as disadvantaging certain age groups due to lack of access to transport, including our older population. Our engagement exercise during 10 May to 21 June 21 identified a concern about the inability for older people to drive or long travel times and that older people do not own private transport or are unable to use it		✓		The zone between Narberth and St Clears was determined through our consultation in 2018, which resulted in the development of our long-term strategy A Healthier Mid and West Wales: Our future generations living well. You can read it here Healthier mid and west Wales - Hywel Dda University Health Board (nhs.wales) The requirements for changes to public transport networks will be fully considered by the Transport workstream, working in partnership with key stakeholders. This will include the scoping of new and repurposed routes servicing the new hospital and community networks. Transport for Wales and regional transport planning around the South West Wales Metro development support these requirements. Community transport opportunities will be explored, and we will learn lessons from successes in existing rural schemes and Welsh Government pilot initiatives The opportunities available to maximise the offer of digital remote consultations will provide additional routes to access our services for our older population in their own home and/or their own community.

				The design of the new build will include ensuring that drop off and waiting areas for public transport are warm, comfortable and meet the needs of this protected characteristic group. We will seek advice from other health boards and Trusts. This location is the most central for most of the population in the south of the Hywel Dda area
People of all ages living east of the region (e.g., Llanelli, Ammanford) may choose to travel to Morriston Hospital (Swansea Bay UHB) to access A&E provision as Withybush and, Glangwili hospitals will be re-purposed as community hubs and will not have the A&E departments that they have currently. This may result in patients not being able to access NEPTS to return home after urgent or unscheduled care if required.		✓		The Transport Group will consider how patients can be supported to arrange transport to return home after urgent or unscheduled care at the urgent and planned care hospital to mitigate against the need to travel a greater distance. We will undertake discussions with neighbouring health boards to discuss potential impact.
Concerns raised about time needed for children to attend specialist appointments at the new hospital and the possible impact on education and loss of working hours to parents / guardians accompanying them to appointments.		✓		Further focused work would be needed to verify which services will only be accessible at the new hospital and the impact. Plans to move more services to the Community Hubs/ closer to home may mitigate the additional travel time for some parents/children. Digital remote consultation will also mean more follow-up appointments can be arranged from home. We will take consideration to these issues when pathways are re-designed, e.g., access in local community to manage time off school/work, etc.
Concerns raised about people being able to access digital technology particularly for some of our older generations.		✓		The Health Board will promote available support services to support those who experience challenges when accessing digital appointments / remote consultations, e.g., working with local authority partners to support the use of digital community hubs,

				using digital champions in the community, work with third sector and volunteers to promote available support. Following promotion of remote consultations, ensure that there are alternative options available e.g., face-to-face appointments.
With an ageing workforce there may be an impact from a lack of appetite for travelling further if required to work within the new urgent and planned care hospital.		✓		These issues will need to be explored with the workforce workstream of the programme along with how we ensure we have specialist skills in the workforce that we need, in replacing ageing workforce as they retire over next 5-10 years. OD Relationship Managers have been appointed to support change management We will engage with staff throughout process seeking their views.

Disability

Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes

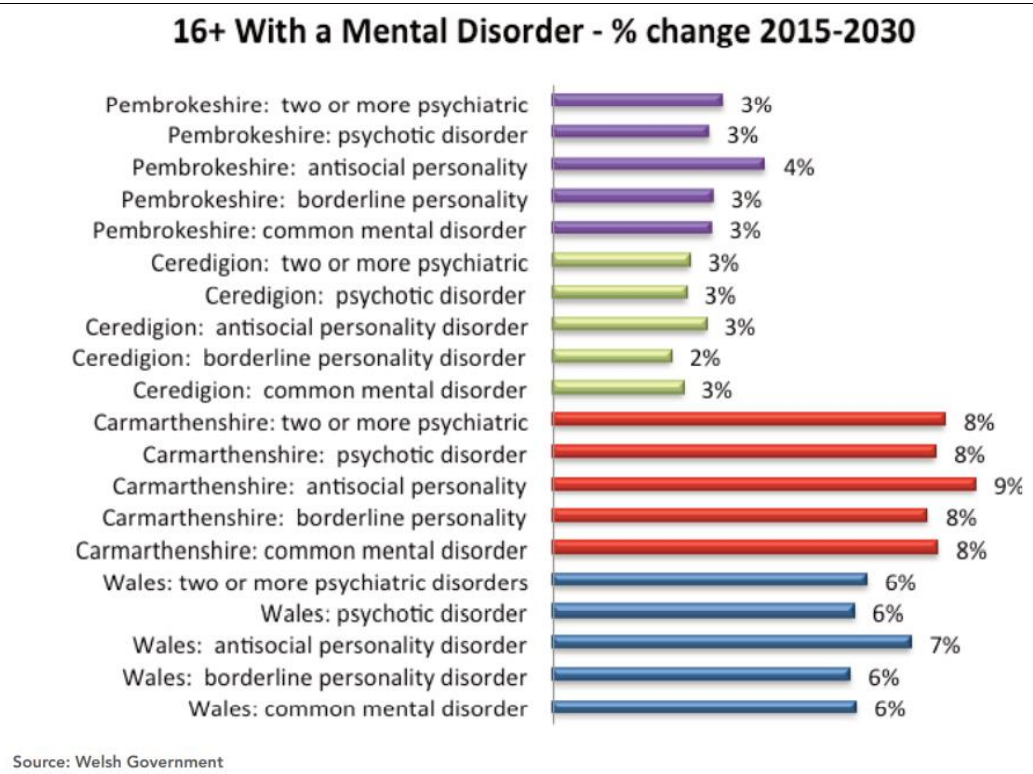
Evidence - Population Data

Research and data show that a rising number of people in Hywel Dda live with dementia. Projections suggest that the prevalence of dementia will rise further for the next two decades or more, with an estimated 9,292 people aged 65 and older living with dementia in 2030 representing an increase of 59% on the 5,842 estimated to have dementia in 2013 (Institute of Public Care, 2015). In 2015, almost 2,400 people in Hywel Dda were diagnosed with dementia according to Quality and Outcomes Framework measures, but that as many as 6,400 were estimated to have dementia if assumptions about undiagnosed cases were also included (Alzheimer's Society 2015).

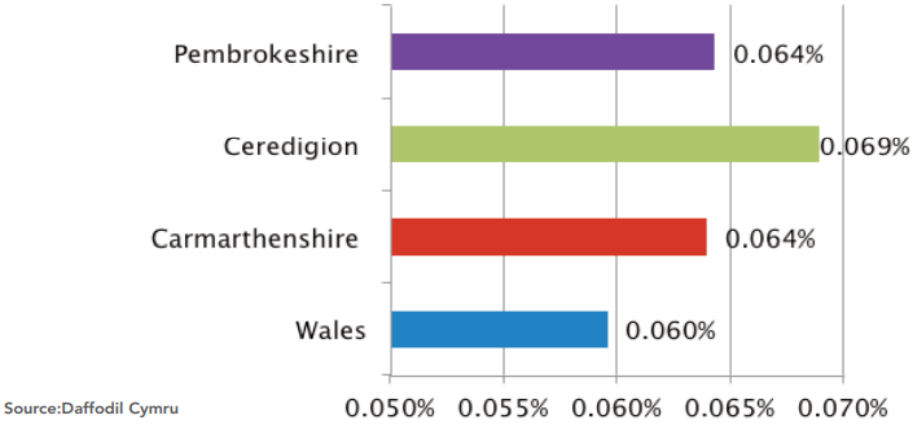
Data from the West Wales Area Plan (2018) reveal that in West Wales:

- Neurological conditions are the most common cause of serious disability and have a major, but often unrecognised, impact on people's lives and care and support services.
- There are an estimated 1,483 people over age 18 with a moderate or severe learning disability (2015 figures), representing just under 0.5% of the total adult population and comparable with other parts of Wales
- The number of people over age 18 with a moderate or severe learning disability is expected to rise over the next two decades, but in proportion with overall population growth
- A more significant rise of 33% in people over 75 with a moderate or severe learning disability is predicted over the same period.

Around 75% of people with a mental health issue have a common mental disorder (which include depression, anxiety disorder, panic disorder, obsessive-compulsive disorder and post-traumatic stress disorder). The following chart shows the predicted percentage change between 2015 and 2030 of people with a mental health disorder in each of the counties. Carmarthenshire is expected to see the biggest percentage changes across all disorders shown when compared to Ceredigion, Pembrokeshire and Wales.

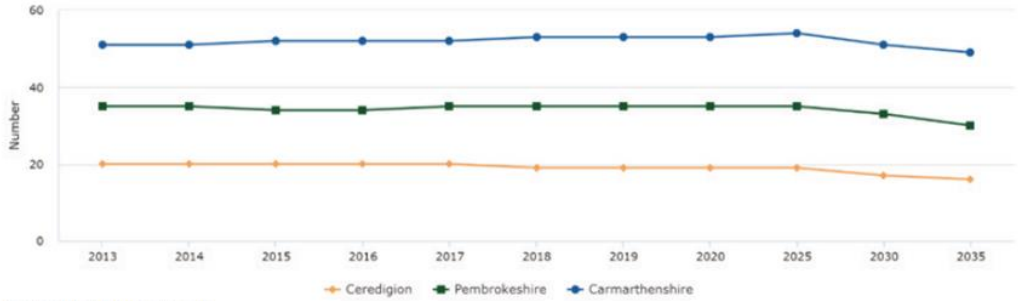


Dementia in people aged less than 65 is described as early onset dementia, young onset dementia or working age dementia. It is estimated that 1 in 1000 people in Wales have early onset dementia. This figure is slightly higher in Carmarthenshire and Pembrokeshire, and slightly higher still Ceredigion



Source:Daffodil Cymru

The Alzheimer's Society predict a small decrease in the numbers of people aged 30-64 with early onset dementia by 2035 (Alzheimer's Society). The following graph shows how this trend will affect the population in West Wales.



Source: Welsh Government

In 2015 there were an estimated 1,483 people over the age of 18 with a moderate or severe learning disability in the West Wales region. This represents just under 0.5% of the total adult population, which is comparable with the picture across Wales. The breakdown across the constituent parts of the region is as follows: Carmarthenshire: 713 Ceredigion: 305 Pembrokeshire: 465 The rate of incidence within the adult population stands at approximately 0.5% in each of the county areas, in line with the regional average. This regional total is predicted to rise to 1,571 by 2030, although as a percentage of the total population the position is expected to remain largely the same.

An increase of 35 in the total number of adults with a moderate or severe learning disability in Carmarthenshire is predicted over the same period, whilst in Pembrokeshire and Ceredigion numbers are expected to remain the same. This means the proportion of adults with a learning disability will decline slightly in those 2 areas (although the change will be negligible), whilst in Carmarthenshire it will remain about the same. Of note is the expected significant rise in the numbers of people aged 75 and over with a moderate or severe learning disability, estimated to increase by 33% by 2030. Current numbers and projections for each part of the region are as follows:

	2015	2030
Carmarthenshire	38	57
Ceredigion	16	23
Pembrokeshire	27	40
Region	81	122

Source: Daffodil Cymru

We know from the TCS listening and engagement exercise (summer 2017) that people want facilities that take account of 'hidden disabilities' such as learning disabilities, particularly in our A&E departments. The findings report for HDUHB published in September 2018 found that the majority of issues raised in relation to equalities impacts related to **travel and transport issues** for specific groups, which mainly include the frail, the elderly; **those with disabilities**; expectant parents; families with children and children themselves.

The COVID-19 pandemic and the necessity for many healthcare staff to wear face masks has made communication more difficult, especially for those Deaf or Hard of Hearing patients who use lip-reading to assist with communication. Some patients will use British Sign Language (BSL) and others who have become deafened and are hard of hearing may be fluent in English but do not use BSL. While some will be using technology such as hearing aids, many will not be using any assistive technology.

Workforce Information (extracted from the Strategic Equality Plan Annual Report 2020/21 and Annual Workforce Equality Report 2020/21)

At 31 March 2021, the Health Board employed 276 staff who identified as Disabled, which accounted for 2.2% of our workforce. The health board has measures in place to support those with a disability in the workplace and will continue to implement plans to increase support to ensure that current and future employees are not placed at any further disadvantage and to ensure that inclusivity is promoted across the health board.

Issue identified - Disability	Positive	Negative	No Impact	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also be included within the action plan.
The new urgent and planned care hospital and repurposed sites will be accessible for patients with a disability and sensory loss	✓			The Programme includes new build and refurbished sites which provides opportunities to improve accessibility and patient experience for disabled people via facilities that are built to be physically accessible and disability and sensory loss-friendly e.g., loop systems, accessible signage, drop off points and car park facilities. We will ensure that our Health Board approach to continuous engagement and co-production of services facilitates the involvement of disabled people in the design of new and renovated site facilities. We will consider making Sensory Loss e-learning mandatory training for all new employees. - Continue to offer specialised training to staff on how they can improve service delivery and support persons with a disability and sensory loss when accessing services. - Managers to continue monitoring staff mandatory training records to ensure that staff have completed basic 'Treat me Fairly' e-learning. - Improved facilities on wards for those with dementia

The new urgent and planned care hospital may be more difficult to access for people with disabilities because of its location and additional travel time. Disabled people living east of the region (e.g., Llanelli, Ammanford) may choose to travel to Morriston Hospital (Swansea UHB) which may impact upon their ability to access NEPTS transport		✓		The proposed community-based service delivery model has the potential to positively impact access and equity of service for people with a disability. By providing care closer to home could minimise travel, providing it is supported by adequate transport provision. Welsh Government have provided funding to establish a 6-month conveyance scheme to support service user flow to and from inpatient settings. The service has been operational since 1st May 2021 and is being provided by St. Johns Cymru. The service provides 1 full time vehicle with crew and operates from 10.00am – 10.00pm 7 days per week. Outside of these hours (10.00pm – 10.00am) there is an on-call system in place. The Health Board is currently working with Welsh Government to agree a sustainable funding model for service continuation post 2021/22. For those needing acute care consideration of transport and accessibility will need to be part of the Programme. Ensure that our Health Board approach to continuous engagement and co-production of services facilitates the involvement of disabled people in the design of new and renovated site facilities. From mental health perspective this will include West Wales Action for Mental Health and for learning disabilities it will be the RILP As part of regional transport planning and wider initiatives such as the South West Wales Metro, accessibility will form a key component of the public transport requirements, such as disabled friendly vehicles, infrastructure etc. These wider initiatives will consider this business case within their planning, reinforced by the work of the transport

				workstream to ensure that all accessibility opportunities are taken forward. The Programme will explore the impact of service re-locations on patients, carers and families where accessing public transport is an issue. Discussions with Swansea Bay UHB re urgent care service provision to those who choose to travel to Morriston Hospital We will use digital technology to support access to specialist care & self-management
Disabled people are more likely to have high risk pregnancies and need to have care by a consultant obstetrician. This means they would need to attend the urgent and planned care hospital for the majority of their care which may mean a greater distance of travel than to existing maternity services		✓		Providing safe and quality consultant-led midwifery care 24/7 can only be achieved by creating a singular consultant-led unit at a one location within Hywel Dda UHB. Pooling specialist consultancy led midwifery care in the new hospital with the most up-to-date facilities will ensure that the best possible care and treatment for pregnant women who are at a higher risk of pregnancy-related complications. Provision of Midwifery Led Units at Withybush, Glangwili and Prince Philip hospitals and in some of the other community hubs across the region could mitigate against negative impacts of increased travel for women with low-risk pregnancies. We will seek advice from other Health Board's and trusts that have undertaken similar changes to services to better understand the impact it has had to ensure shared learning We will work with clinicians, specialists and professional recommendations from bodies

People's abilities to access services independently are likely to be affected by the level of their disability. Also, people with certain 'hidden' disabilities (e.g. autism spectrum disorder) might find it difficult to understand the changes being proposed and to adapt to changed facilities.		✓		The health board will continue to implement its communication strategy to inform the public at every opportunity of the progress made against our long-term plans. Communication will be promoted via a number of channels to ensure that the public know about any changes to healthcare services. This will include producing easy read versions and holding regular engagement sessions with the public and protected groups. Information will also be provided in alternative formats for those who need it. Our proposals are underpinned by a community model which will support people to stay well and live independently in their communities, enabled by joint working between health and social care services and the third sector. Community-based staff will be able to help support people with disabilities to adapt to the changes we are making and explain the benefits this will have for individuals. The health board will continue to implement its diversity and inclusion plans which includes raising awareness amongst staff and delivering training programmes to help staff who work with people who have autism and learning disabilities to enhance communication and effectiveness of care delivery. The Improving Care, Improving Lives report published in February 2020 has set out a number of recommendations regarding the provision of long-term hospital care for people with Learning Disabilities and we are developing an action plan which will set out how we will look to step people down and move closer to home. In the Hywel Dda area there are relatively small numbers with just 12 people

				placed in these care settings outside of the region. To date good progress has been made in moving individuals on from the Health Board long term care units with patients from Tudor and Ty Bryn now re-settled, with a further 2 patients due to move on from Bro Myrddin in September 2021 We have recently established a Learning Disabilities Service Improvement Programme whereby we are undertaking a review of community and inpatient specialist LD Services. The work includes reviewing the role and function of the Teams, caseloads and capacity, demand and unmet need, with the view of informing a re-structure of services to meet our future needs. In scope of the review are Ty Bryn, Residential/Continuing Care Units in Pembrokeshire and the Community Learning Disability Teams

Gender Re-assignment

Consider the potential impact on individuals who either: Have undergone, intend to undergo or are currently undergoing gender reassignment.
Do not intend to undergo medical treatment but wish to live permanently in a different gender from their gender at birth.

Evidence - Population Data

Gender Reassignment –
Research used to inform Welsh Government's Transgender Action Plan suggests the following:

- Many trans people consider transitioning or do transition in middle to later life.
- Age at disclosure of transgender identity is getting younger; and
- Transgender people report facing a number of possible barriers to using public transport, in particular: fears of harassment, abuse, or mis-gendering.

The survey results from a UK-Wide Trans Mental Health and Emotional Wellbeing Study conducted in 2012 also suggest the following:

- 1% of pupils should expect to be gender variant to some degree;
- 12% had been refused or ended care because of being trans or a trans history;
- 24% had experienced hurtful or insulting language about trans people;
- 29% had received a refusal to discuss or address a particular trans-related health concern;
- 54% had been told by the health professional they didn't know enough about a particular type of trans-related care to provide it; and
- 61% had been asked questions about transgender people which made them feel they were educating the health professional.

Workforce Information (Ref: Strategic Equality Plan Annual Report 2020/21)

Statistics on gender reassignment are not currently collected on the Health Board's Electronic Staff Record system, however, probability tells us that we are likely to have a small percentage of staff who are gender variant to some degree.

Information on all Health Board on referrals to Gender Reassignment services can be found via Welsh Health Specialised Services Committee (WHSSC)

Impact identified - Gender Re assignment	Positive	Negative	No Impact	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also be included within the action plan.
Positive impacts are anticipated for people who are transgender or are undergoing gender reassignment, including having care closer to home via MIUs and community hubs.	✓			Care closer to home via MIUs and community hubs. Community-based care services will continue to undergo EIA to ensure that gender reassignment will be considered as part of our service delivery plans. Therapy for people who are transgender and who are undergoing gender reassignment will be delivered locally, and this has been considered under the Transforming Mental Health programme
The capital programme will enable the design of the new hospital and renovated sites to provide gender neutral facilities that will improve patient experience	✓			Our transgender population should expect to see improved mental health and wellbeing supported in the community with early intervention, advice and support delivered locally with improved access to experts
Transgender mothers are more likely to have high-risk pregnancies and need to have care by a consultant obstetrician; this means they would need to attend the new hospital for the majority of their care, which may impact on distance of travel and how able they are able to get to the new unit.		✓		Taxis can be provided to support access to these services. These mothers are likely to require ongoing inter professional support by other agencies and support by the mental health services which is currently in place. Discussions on access to services closer to home from neighboring health boards Patient Experience Midwife will work alongside the consultant midwife who supports bespoke birth plans for transgender parents. Staff education and training

Sex

Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?

Population data from Stats Wales tells us that there are almost equal numbers of males and females across all three counties within the Hywel Dda region. Women in the Hywel Dda region have a longer life expectancy of 82.7 years compared to 78.9 years for men. Men are more likely to:

- Die of diseases that are attributable to smoking, including all cancers, all circulatory disease, all respiratory disease, and all diseases of the digestive system.
- Have Types 1 and 2 diabetes: and
- Report drinking alcohol above guidelines.

The percentage of adults reporting to be overweight or obese is higher in men than women for each age group.
Women are more likely to report, consult for and be diagnosed with depression and anxiety. However, it is possible that depression and anxiety are under-diagnosed in men. Suicide is more common in men, as are all forms of substance abuse.

Workforce Information

At 31 March 2021, the Health Board employed 12,526 staff. 77.7% identified as female and 22.3% identified as male and this has not changed from data reported on 30th March 2020.

Issue identified - Sex	Positive	Negative	No Impact	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also be included within the action plan.
Some patients prefer to be supported by someone of the same sex, e.g., some women may request not to be supported by 'male' staff, which may be difficult to fulfil if services are stretched across another site.		✓		Where possible, the health board will respect patient choice and aim to provide health and care in line with personal preferences by reviewing staffing rotas and sourcing available staff. Increased support will also be available via new roles such as Family liaison officer who can support patients and help staff to understand their needs.

Marriage and Civil Partnership

This also covers those who are not married or in a civil partnership.

The proposal will have no impact upon service users because of their marital status. Having analysed the available data in our Workforce Equality Report for 2020/2021, the proposal will also have no impact upon staff who are married or in a civil partnership.

Impact identified - Marriage and Civil Partnership	Positive	Negative	No Impact	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also be included within the action plan.
Improved facilities for patients and partners in palliative care	✓			The programme will enable the facilities that are offered for patients and partners in palliative care, to meet the values of patient voice and choice.

Pregnancy and Maternity

Maternity covers the period when the mother books with maternity services between 9 and 11 weeks in pregnancy to 4 weeks following the birth of a baby.

Hywel Dda has a lower birth rate than the Wales average, with 56.8 live births per 1,000 women aged 15-44 years (Wales has 59.1 live births per 1,000 women aged 15-44 years). In Wales and England, the average age of mothers continues to rise (ONS 2015). This is important because there is an increased risk of developing gestational diabetes (diabetes in pregnancy) in older mothers, which in turn, raises the risk of women subsequently developing type 2 diabetes. Older women are also more likely to have pregnancy complications such as high blood pressure, placenta praevia, pre-eclampsia, premature birth and stillbirth and to have babies with genetic or chromosomal defects.

Birth weight is an important consideration when determining the future health and well-being of children. Maternal smoking and nutrition are important risk factors associated with low birth weight (less than 2500g). Low birth weight babies are not only at a greater risk of problems occurring during and after birth but there is also an association with poor health and increased risk of chronic diseases in adulthood. The percentage of low-birth-weight babies in Hywel Dda (5.3%) is similar to Wales (5.4%), and at a county level are highest in Carmarthenshire (5.5%) and lowest in Ceredigion (4.8%) (Pembrokeshire 5.3%) (Census 2011). Breastfed babies are less likely to have to go to hospital with infections and are more likely to grow up with a healthy weight and without allergies. The percentage of babies breastfed at birth is higher in Hywel Dda (65.3%) than it is in Wales overall (55.5%), with highest rates in Ceredigion (79.6%), followed by Carmarthenshire (62.7%) and Pembrokeshire (62.5%) (Census 2011).

Pregnancy is a powerful motivator for change as it represents a time when women and partners are more susceptible to new information and are more likely to make positive lifestyle changes to provide optimal conditions to ensure the health and wellbeing of the unborn baby. The periods before, during and after pregnancy also provide opportunities to give women practical, consistent advice to help them manage their weight and stop smoking to avoid associated complications. The health benefits of breastfeeding are far reaching for both infants and mothers. These benefits are often not being realised, with only 1% of children in the UK being breastfed up to 12 months. In addition to the health impact, it is estimated that not breastfeeding results in a loss of around £200 billion in economic growth globally every year. Breastfeeding reduces health inequalities and has environmental benefits. National Infant Feeding Surveys have shown that over 90% of women who stop breastfeeding in the first 6 weeks would have liked to breastfeed for longer. Success in breastfeeding is not solely the responsibility of mothers, but a collective responsibility of society through the wide adoption of breastfeeding friendly initiatives and policies.[1]

We know from the TCS listening and engagement exercise (summer 2017) that travel and transport and access to healthcare services were particularly problematic for expectant women and new mothers. Our Big NHS Change, findings report in Sept 18 found that the **majority of issues raised in relation to equalities impacts related to travel and transport issues** for specific groups, chiefly: the elderly; those with disabilities; **expectant parents**; families with children and children themselves. There were comments about other specific equality groups

which could be affected by the proposals e.g. '**I am concerned about expectant mothers from the extreme west and north of Pembrokeshire should an emergency arise**.

Workforce Information (Ref: Annual Workforce Equality Report 2020/21)
Conclusions following the analysis of data:
Compared to 31st March 2020 the percentage of employees on leave due to maternity and adoption showed a decrease at 31st March 2021 as 0.05%.
Only two individuals out of 1,189 left following a period of maternity or adoption leave.
There were no employees on maternity or adoption leave involved in grievance or disciplinary procedures during the reporting period.

[1] HDUHB: Pharmaceutical Needs Assessment Oct 2021

Impact identified - Pregnancy and Maternity	Positive	Negative	No Impact	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also be included within the action plan.
Women may be negatively impacted by having to travel further to the new urgent and planned care hospital for services including: Antenatal, labour and postnatal follow up care.		✓		The programme / new model has potential to increase number of home births. Safer care and quality of services Mothers to continue to have a thorough risk assessment during pregnancy to ensure they have their babies in the right area according to risk. Collate patient experience information from PALS from social media and from maternity experience midwives' coming into post to develop mitigations To ensure we use PREMS to monitor our outcomes. Monitor clinical risks using DATIX system
The transfer time for women from GGH midwifery led unit, to the new obstetric unit in an event of an emergency would take longer. This will have impact on WAST and their timely availability in the event of an emergency transfer being required.		✓		Early recognition of complications, the development of clear clinical pathways, early communication with WAST and obstetric unit in new build.
Very clinically high-risk mothers who are assessed to be not suitable to give birth in BGH, and babies born in poor condition requiring SCBU care would need to come to the new hospital (BGH does not have a SCBU facility).		✓		All community midwives have laptops and remote access to access results so that mothers are given timely support after attending hospital to mitigate the risk of them returning

There is a risk it might take longer with the new hospital to transfer emergency patients from Bronglais Hospital without appropriate transport infrastructure in place. For high-risk mothers not suitable to give birth in BGH, this would mean the majority of their antenatal care might be conducted by consultant led obstetricians in the new unit.		✓		The location of the New Urgent and Planned Care Hospital is not yet determined. Travel times for services will be part of the consideration of suitable alternative sites. BGH will continue to provide support to mothers during their pregnancies and up until the baby is born. BGH is a bespoke obstetric unit with 450 births a year where care is supported by obstetric consultants for medium risk mothers. Strict pathways and protocols will continue to determine the most appropriate treatment site. There are and will continue to be Maternity Infant Feeding coordinators who provide support in WGH, GGH and BGH. These roles provide individualised breast feeding / infant feeding support. Virtual access has also been supported. 7 community midwifery teams that work across the health board that provide and will continue to provide antenatal, postnatal and care during labour for mothers and provide public health advice in line with All Wales Maternity Vision. They will also continue to work alongside GPs and visitors to provide postnatal care in line with national guidance (NICE) Opportunities to provide areas for staff within new hospital and repurposed sites areas for breast-feeding. Continued engagement as business case develops further detail, cognisant of concerns raised for maternity services. Community based support groups, midwifery / health visiting services will be subject to the same benefits in local transport network requirements

For mothers living to the East of the Health Board (Ammanford, Llanelli, Burry Port, Trimsaran), there is a possibility that they would want to have their pregnancy care in Singleton Hospital , Swansea Bay University Hospital as this will be closer to their home This would have an impact on the continuing skill set of the obstetric and neonatal staff in the new hospital due to the reduced number of births, babies requiring SCBU care and exposure to high risk cases		✓		On booking with Hywel Dda Maternity Services Community midwives would ensure that place of birth is discussed and give the 'place of birth' decision booklet to mothers to ensure that they have an informed choice where to give birth and the facilities available in the new hospital including reference to transport times in the event that mother has a home birth or requires transfer from midwifery led unit. The UHB will put in place any requirements including working with our neighbouring UHB's to ensure a sustainable and suitably skilled workforce.
From a staffing perspective, there is a risk that staff living to the east of the health Board area might look for jobs closer to home rather than travel further to the new hospital. This might also be a factor for recruitment into the maternity and neonatal departments.		✓		The location of the new hospital is not yet determined and therefore the potential impact not yet known. The UHB would seek to ensure very attractive jobs in a new hospital would be attractive to new and existing staff. Midwives currently work a 12-hour shift pattern in Glangwili and Bronglais in order to mitigate the risk of daily travel to work. Community Midwives work a 9-5 shift pattern with community on calls. These shift patterns are in place to ensure that care remains close to home and there is optimum continuity of carer to ensure the safety and quality of the service. Discussion with Swansea Bay about cross site working / cross site training to ensure that the skills set of our obstetricians and midwives is relevant for DGH services.

Currently 300 mothers go to Swansea Bay consequently there is an increased chance that this will increase which would impact on the number of births in the health board and the level of the Special Care Baby Unit which is currently level 1-2. This would have an impact on the increased number of births required in Singleton Hospital on Swansea Bay.		✓		The location of the new hospital is not yet known and this issue will be one of the factors used to determine the most appropriate location. The UHB is also already in discussion with Swansea Bay University Health Board to discuss the potential impact of any activity flow changes and this will be an important part of the planning of services between the Health Boards

Race or Ethnicity

People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers

Data has been collated to inform this section from a variety of sources, all of which are listed in the introduction section.
The Black Asian and Minority Ethnic (BAME) population in the Hywel Dda region is made up of less than 3% of the overall population (compared to 5.6% in Wales).

Most of the current healthcare research data for BAME populations focuses on the impact of COVID and the fact that people from a BAME background experience greater risk of COVID and are more likely to suffer serious health complications from the disease.

Since 2011 there has been inward migration of people from other parts of the EU and of refugees and asylum seekers from other parts of the world. Hywel Dda contains communities of Eastern Europeans, with a concentration – particularly of Polish people – in and around Llanelli (an urban town in Carmarthenshire). Our three counties have been involved in re-locating Syrian refugees and we also have a proportion of BAME staff among our workforce.

The numbers of White Gypsy Roma Travellers or Irish Travellers vary by county with 7 caravans in Ceredigion, 174 caravans in Pembrokeshire and 68 caravans in Carmarthenshire. The Gypsy Roma Traveller population faces poorer health outcomes when compared to the general population.
Certain groups such as Gypsy Roma Traveller groups, refugees and asylum-seekers are less likely to be registered with general practices.
BAME groups generally have worse health than the overall population, although some groups fare much worse than others, and patterns vary from one health condition to the next. Surveys commonly show that Pakistani, Bangladeshi and Black-Caribbean people report the poorest health. South Asian and Caribbean-descended populations have a substantially higher risk of diabetes; Bangladeshi-descended populations are more likely to avoid alcohol but to smoke, and sickle cell anaemia is an inherited blood disorder, which mainly affects people of African or Caribbean origin.
UK research, including that of Public Health Wales suggests that:

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, human immunodeficiency virus (HIV), tuberculosis and diabetes. BAME persons tend to have higher rates of cardio-vascular disease than White, British people, but lower rates of many cancers.

- Elderly BAME persons are also more likely to be disproportionately affected by health conditions. This means that an increase in the number of older black and minority ethnic people is likely to lead to a greater need for provision of culturally sensitive social care and palliative care.

- There are worse rates of ill-health among BAME persons born in the UK than in first generation migrants).

The same UK research also highlights differences in the way that BAME persons use healthcare services, these include:

- Most BAME groups are likely to access primary care services in the same way as White groups but are less likely to access secondary care services;
- Rates of smoking cessation have been lower in BAME groups than in White groups;
- Rates of dissatisfaction with NHS services are higher among some BAME groups than their White British counterparts.

Public Health Wales has found that BAME persons are more likely to come from low income families, suffering poorer living conditions and gain lower levels of educational qualifications. In Hywel Dda, BAME groups are less likely to own a car or van. Lack of access to their own transport would impact on individuals within these groups who would be reliant on public transport to access services in any capacity. BAME groups also may face discrimination and harassment and may be possible targets for hate crime.

It is important to note that BAME groups are diverse in terms of migration history, culture, language and religion. The health board must consider this diversity in its service planning and aim to meet the needs of individuals.

Impact identified - Race and Ethnicity	Positive	Negative	No Impact	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also be included within the action plan.
There are some ethnic minority populations that have a history of greater health problems than the overall population.	✓			The focus of the community model on prevention and early intervention will be particularly relevant to some ethnic minority populations who may have greater health problems than the overall population. The Health Board has invested in a Community Development Outreach team to engage to provide further insight into the needs of our hard to reach communities, including some ethnic minority populations, and Gypsy Roma Travellers. Feedback obtained from the engagement work can be used to inform service development to ensure that any health risks and disadvantage relating to ethnic minority population and service users is minimised.
Some groups such as the Gypsy Roma Travelling community have been identified as tending to be more reluctant to access health care and possibly may not engage in attending for consultation in a new hospital.		✓		A number of positive impacts are anticipated, including having care closer to home via MIUs and community hubs. Specific engagement with ethnic minority populations and GRT communities can be facilitated via the Community Development Outreach Team. We will provide information in other languages as requested to ensure that ethnic minority populations understand the changes we are making and are encouraged to engage with the health board on an ongoing basis. We will pay due consideration to barriers to access that impact the travelling community.

Issues that have been highlighted for both migrants and asylum seekers include the need for more advocacy and floating support for migrants, lack of a strategic approach to information and service provision for new migrants and lack of coordination between services for migrants, asylum seekers, migrants and refugees.	✓			Determining the language and suitability of format (e.g., written, audio, face to face, telephone) and support available, such as advocacy and interpretation are critical elements to ensure effective communication. Training and Education of the workforce resulting in improved communication. The health board will liaise with the Resettlement Managers in the local authorities to ensure that appropriate support and information is provided to migrants and asylum seekers around accessing healthcare services.

Religion or Belief (or non-Belief)

The term 'religion' includes a religious or philosophical belief.

Available data tells us that approximately 60% of the Hywel Dda Population are Christian, 30% have no religion, 2% would be of another religion and 8% would prefer not to disclose their religion.

Evidence suggests that certain religious groups (e.g., Muslims) report worse health than average.

Religion and belief within a healthcare environment could impact on:

- Gender and choice of staff.
- Disclosure of sensitive information.
- Attitudes towards illness and health practices.
- The ways in which health promotion messages are received and acted upon, for example, some religious practices (such as not drinking alcohol) may have positive links to health; others may affect whether or not certain medications can be taken due to animal/alcohol by-products.

The health board will need to consider the above and what it could mean for service delivery and the impact it could have upon the wellbeing of our service users and staff.

Workforce Information (Ref: Annual Workforce Equality Report 20/21)
Compared to the workforce profile of Hywel Dda, around 41% are Christian, 24% would be of other religion, around 19% preferred not to say. 16% of the workforce are not recorded on ESR which makes drawing a conclusion on the data more difficult.
Buddhist, Hindu, Muslim, Jewish or Sikh make up a small proportion of the workforce – 0.93% when combined.

Issue identified - Religion or Belief	Positive	Negative	No Impact	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also be included within the action plan.
Lack of education amongst staff of the religious requirements of service users and colleagues. Staff might be unaware of the religious and spiritual needs of patients. For example, patients are not offered running water to wash their hands in particularly before meals, patient's dietary requirements are not met.		✓		Increase staff training around religion and belief and how they can meet the needs of service users and support staff within the workplace Facilitate and enable conversations about 'patients' faith' and how they want to connect Raise awareness about the available facilities within our hospitals and ensure that staff and patients are able to access them. Assess our community hubs to ensure that people are empowered to have quiet and prayer time within their own space. Review admission procedures to ensure that religious and spiritual needs are identified at the earliest opportunity. Encourage people to do what they want to do within their 'given space' e.g. by the hospital bedside, providing it is appropriate and safe to do so. Every person needs to be given the opportunity to deal with their lifestyle in their own way.
Lack of facilities that are sensitive to the needs of religious people; for example, spaces for prayer and observance of religious festivals, and facilities that protect dignity, modesty and privacy.	✓			Assess opportunities to develop space in new hospital and re furbished sites for prayer or quiet spaces. Include places of worship which are suitable for everyone, quiet safe spaces / belief and non-belief

				Consideration of prayer needs for both patients and staff (e.g. direction of prayer room). Consideration of mortuary services and their experiences of supporting bereavement**.** Open spaces and being outdoors are important to people. The health board will consider creating corridor outside the urgent and planned care hospital for people to reflect. There are opportunities to incorporate faith symbols in a corridor, people may want to meditate, electric candles burning, etc. Discussions with Aneurin Bevan Health board to share learning on their facilities**.**
Staff may be prevented from providing care and treatment due to religious requirements e.g. patients who are unable to receive medication with animal / alcohol ingredients. Patients are unwilling to receive blood transfusion.		✓		Increased staff training to help raise awareness and enable conversations with service users and their families to discuss the best course of health and care treatment which will not conflict with their religious beliefs

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Data provided by Stonewall Cymru reports that approximately 7% of people living within the Hywel Dda region would be Lesbian, Gay or Bisexual. A survey conducted by the Equality and Human Rights Commission in 2012 suggested that employees who are LGBTQ+ are more likely to have poorer physical and mental health outcomes than heterosexual people.

Research suggests that the following barriers exist for LGBTQ+ persons when accessing health care services:

- Some health care professionals lack knowledge of LGBTQ+ persons' health care needs or have negative attitudes towards LGBTQ+ people;
- LGBTQ+ persons may delay or avoid seeking services because of their experiences of past discrimination or perceived homophobia within the health care system;
- Some LGBTQ+ persons are reluctant to disclose their sexual orientation, which may mean they do not receive appropriate care;
- Access may be affected by LGBTQ+ persons' ethnicity, education and income level, geographic isolation, immigration status, knowledge and cultural beliefs.

The public health white paper 'Healthy Lives, Healthy People' identified poor mental health, sexually transmitted infections, problematic drug and alcohol use and smoking as the top public health issues facing the UK. All of these disproportionately affect Lesbian Gay Bisexual Transgender (LGBTQ+) populations:

- Illicit drug use amongst LGBTQ+ people is at least 8 times higher than in the general population
- Around 25% of LGBTQ+ people indicate a level of alcohol dependency
- Nearly half of LGBTQ+ individuals smoke, compared with a quarter of their heterosexual peers
- LGBTQ+ people are at higher risk of mental disorder, suicidal ideation, substance misuse and deliberate self-harm
- 41% of transgender people reported attempting suicide compared to 1.6% of the general population

Workforce Information

At 31 March 2021 Health Board data recorded that just over 1% of staff recording their sexual orientation as Lesbian, Gay or Bisexual.
A survey conducted by the Equality and Human Rights Commission in 2012 suggested that employees who are LGBTQ+ are twice as likely to be bullied and discriminated against in comparison to heterosexual employees.
Based on the data above, I would suggest that there are potential negative impacts:
Negative Impact - Lack of awareness amongst staff about the individual needs of LGBTQ+ service users which may require sensitivity and encouragement when accessing services.

Mitigating Action – The health board's Strategic Partnerships Team will continue to promote diversity and inclusion and raise awareness amongst staff of the individual needs of LGBTQ+ service users. This will be achieved via staff training, communication and promotion. The health board will continue to engage with LGBTQ+ communities to ensure that their health concerns are considered in our service delivery and policy development. Positive Impact – LGBTQ+ staff members feel included and supported in the workplace due to the commitment of the health board to implement LGBTQ+ initiatives, for example participating in LGBTQ+ events, facilitating an LGBTQ+ staff network. Action – continue to engage with LGBTQ+ staff and encourage inclusive attitudes amongst the workforce.

Issue identified - Sexual orientation	**Positive**	**Negative**	**No Impact**	**Opportunities for improvement / mitigation** If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also be included within the action plan.
It is not foreseen at this stage that any of the changes proposed will disproportionately disadvantage people based on their sexual orientation.				
				There is the opportunity to deliver services that are inclusive of LGB persons, and to target health promotion messages to LGB persons that better suit their unique health needs. The programme will engage with the Enfys network.

Welsh Language

Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.

The Hywel Dda region has a high percentage of Welsh speakers. 47% of the Hywel Dda Population are Welsh speaking. Recent increases in Welsh speakers are largely among younger age groups; that is, school-age children attending Welsh medium schools.

It is vital that healthcare services are available in the Welsh language for people within the community for whom Welsh is the language of choice or need. Although most Welsh speakers are bilingual, in situations of stress and vulnerability many feel more comfortable and confident communicating in Welsh with healthcare professionals and are more able to express their thoughts and feelings through the medium of Welsh. Moreover, even those who are fluent in English may temporarily lose their command of English and revert completely to Welsh when they are tired, ill, or under stress.

The TCS programme was informed by the findings of the West Wales Population Assessment, which was required to consider how care and support services will be provided through the medium of Welsh. It will respond to the recommendation arising from the population assessment that 'Services should be available in Welsh for all who need them'.

Our Big NHS Change, findings report for HDUHB in Sept 18 identified specific suggestions around ensuring future healthcare facilities and services are fully inclusive and designed to cater for the needs of all protected characteristics. These included: translation services for those whose first language is not English or Welsh.

Workforce Data

The Health Board is setting its own target to ensure 50% of its workforce have a skill level which is at foundation level or above within the next 10 years. This target is aligned to the 47% of the Hywel Dda population who confirmed that they were able to speak Welsh in the "Welsh Language Use Survey 2018". As at August 2021, 36% of our workforce have a skill level which is foundation level or above, with 26% of the workforce recording skills at an intermediate or higher level of Welsh language skills.

Issue identified - Welsh language	Positive	Negative	No Impact	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also be included within the action plan.
Lack of Welsh speaking staff to provide services bilingually to those who prefer to be dealt with in Welsh. This may be more of a risk for elderly patients and very young children who are only able to communicate effectively in Welsh. The centralization of consultant led maternity services also means there is a risk that a lack of Welsh speaking staff in maternity services will prevent families from receiving care in their preferred language.		✓		Consolidating urgent and planned care on one hospital site could provide a wider pool of Welsh speaking staff to further integrate the Welsh language in healthcare delivery. There will be a proactive drive to ensure patient information leaflets, signposting, maternity services health board page are bilingual in line with the Welsh Language Act The health board will continue to implement monitor progress against the actions within its bilingual skills strategy, the Welsh Language Standards and the 'More than Just Words' Strategic Framework. Progress will be detailed in the annual monitoring procedures. They health board will continue to contribute to the wider implementation of 'Cymraeg 2050: Welsh Language Strategy', which is Welsh Government's vision for reaching a million Welsh speakers in Wales by 2050. The health boards will take action to promote and increase the use of Welsh in the workplace and across different service areas which should have a positive impact on both our service users and our staff. There is an opportunity to improve the quality of our signage as well as to rebrand and embed local culture and the Welsh language into our new site and planned refurbishments. All signage external and internal will be bilingual.

				The health board will continue to increase training opportunities for staff to improve Welsh language skills and will expand the current practice for staff to display the ‘iaith gwaith’ logo to identify themselves as Welsh speakers. Welsh Language Champions will continue to promote bilingualism and Welsh language initiatives across the organisations.

Part 3 – Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to Appendix A: The Legislative Framework.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the Policy relevant to:	**Yes**	**No**
Article 2: The right to life Example: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	✓	
Article 3: The right not be tortured or treated in an inhuman or degrading way Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	✓	
Article 5: The right to liberty Example: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	✓	
Article 6: The right to a fair trial Example: issues of patient choice, control, empowerment and independence	✓	
Article 8: The right to respect for private and family life, home and correspondence; Issues of patient restraint and control Example: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	✓	
Article 11: The right to freedom of thought, conscience and religion Example: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers	✓	

Part 4 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population and specific population groups (sometimes referred to as communities of interest or communities of place) 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)
- Potential gaps, opportunities to maximise positive health and wellbeing outcomes
- Recommendations / mitigation to be considered by the decision makers

Identification of specific population groups

The groups listed below have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in EHIA Screening and Appraisal. In an EHIA, 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. The lists provided are therefore just a guide and are not exhaustive. It may be appropriate to focus on groups that have multiple disadvantages.

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. Please remember to include evidence to support this view along with details of any engagement which has taken place with any group(s)
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.

Wider determinant for consideration Lifestyles (Diet / nutrition / breastfeeding, Physical activity, use of alcohol, cigarettes, e-cigarettes, Use of substances, non-prescribed drugs, abuse of prescription medication, Risk-taking activity i.e. gambling, addictive behaviour)

Evidence:

Hywel Dda University Health Board has recently completed an extensive Health Needs Assessment, to inform the Pharmaceutical Needs Assessment, we provide a link to this as it complements the document for information to clearly describe the health needs of the population. The Health Needs Assessment is described in chapters 2, 3 and 4 of the Pharmaceutical Needs Assessment. see Link

Citizens living in our three counties generally have healthier lifestyles than is typical across Wales, however this varies across different localities, with pockets of deprivation and poverty across both urban and rural areas. For example, there is a slightly higher rate of adults reporting alcohol consumption above guidelines in Ceredigion; and obesity rates are higher than the Welsh average in Pembrokeshire and Carmarthenshire. And while smoking prevalence has improved across Hywel Dda, there are higher rates in Carmarthenshire and in areas of deprivation, including Llanelli and Pembroke Dock. This demonstrates that Hywel Dda has a higher proportion of "most deprived" and "next most deprived" areas than Wales as a whole.

The Hywel Dda University Health Board Health Pharmaceutical Needs Assessment identified that:

- Hywel Dda UHB sees 44 **young people** per 100,000 head of population admitted to hospital annually directly due to alcohol. This is slightly above the all-Wales average (43 per 100,000 population) and Hywel Dda UHB is one of the top 4 Health Boards in Wales in terms of adolescent alcohol related admissions.
- In Hywel Dda UHB **25.6% of children, aged 4-5 years are overweight** or obese. There are also differences in children aged 4-5 years with obesity and levels in children living in the least deprived quintile compared to children living in the most deprived quintile in Wales and there is evidence that this gap is growing. Evidence shows that 80% of children who are obese at age 4-5 years remain obese into adulthood. In children aged 11-16 years within Hywel Dda UHB, 20% are classes as overweight or obese. This is above the all Wales average of 18%. Generally, within Hywel Dda UHB as nationally more boys (26%) are overweight and obese than girls (14 %)
- In adults **prevalence of overweight and obesity in Wales is higher in men than women** but for obesity prevalence alone, it is slightly higher in women and in terms of age, prevalence is highest in the 45-64 age group.
- Studies have also demonstrated a relationship between adverse childhood experiences (ACE) and adult obesity.
- As with children higher incidences of overweight and obesity are also found in adults who live in more deprived areas.
- In Hywel Dda UHB, 5% of all hospital admissions for males and 3% of all hospital admissions for females are attributable to smoking. For respiratory diseases, 22.7% of male admissions and 22.0% of female admissions are attributable to smoking.

- Type 2 diabetes is more common in socio-economically deprived communities and in Black and Asian people

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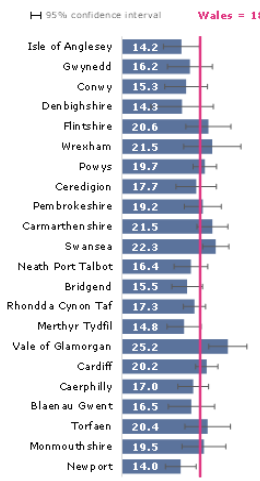
Adults drinking above guidelines, age-standardised percentage, persons aged 16+, Wales local authorities, 2018/19-2019/20

Local authority	Age-standardised percentage	(95% confidence intervals)
Isle of Anglesey	14.2	(9.9 to 18.5)
Gwynedd	16.2	(10.8 to 21.5)
Conwy	15.3	(10.2 to 20.3)
Denbighshire	14.3	(6.9 to 21.7)
Flintshire	20.6	(15.2 to 25.9)
Wrexham	21.5	(14.7 to 28.3)
Powys	19.7	(16.9 to 22.5)
Ceredigion	17.7	(12.9 to 22.5)
Pembrokeshire	19.2	(14.9 to 23.6)
Carmarthenshire	21.5	(17.9 to 25.2)
Swansea	22.3	(19.2 to 25.4)
Neath Port Talbot	16.4	(12.4 to 20.4)
Bridgend	15.5	(11.9 to 19.2)
Rhondda Cynon Taf	17.3	(14.6 to 19.9)
Merthyr Tydfil	14.8	(10.7 to 18.8)
Vale of Glamorgan	25.2	(20.7 to 29.7)
Cardiff	20.2	(17.5 to 22.8)
Caerphilly	17.0	(13.3 to 20.6)
Blaenau Gwent	16.5	(11.0 to 22.0)
Torfaen	20.4	(15.0 to 25.8)
Monmouthshire	19.5	(14.3 to 24.7)
Newport	14.0	(10.3 to 17.6)
Wales	**18.6**	**(17.6 to 19.6)**

Produced by Public Health Wales Observatory, using NSW (WG)

Adults drinking above guidelines, age-standardised percentage, persons aged 16+, Wales local authorities, 2018/19-2019/20

Produced by Public Health Wales Observatory, using NSW (WG)



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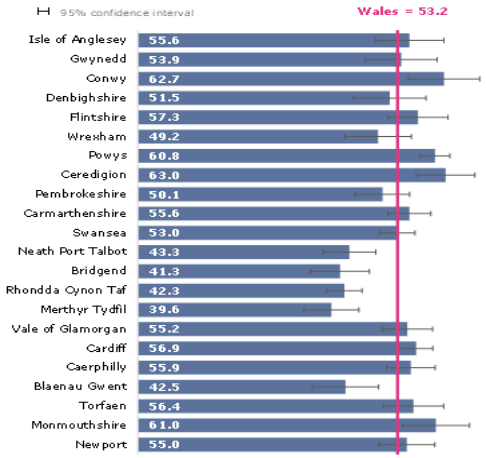
Adults meeting physical activity guidelines, age-standardised percentage, persons aged 16+, Wales local authorities, 2018/19-2019/20

Local authority	Age-standardised percentage	(95% confidence intervals)
Isle of Anglesey	55.6	(48.6 to 62.6)
Gwynedd	53.9	(46.6 to 61.2)
Conwy	62.7	(55.4 to 70.0)
Denbighshire	51.5	(44.1 to 58.9)
Flintshire	57.3	(51.2 to 63.5)
Wrexham	49.2	(42.4 to 55.9)
Powys	60.8	(57.8 to 63.8)
Ceredigion	63.0	(57.0 to 69.0)
Pembrokeshire	50.1	(44.5 to 55.6)
Carmarthenshire	55.6	(51.2 to 60.0)
Swansea	53.0	(49.4 to 56.7)
Neath Port Talbot	43.3	(37.9 to 48.7)
Bridgend	41.3	(35.3 to 47.4)
Rhondda Cynon Taf	42.3	(38.6 to 45.9)
Merthyr Tydfil	39.6	(34.0 to 45.2)
Vale of Glamorgan	55.2	(50.0 to 60.3)
Cardiff	56.9	(53.5 to 60.4)
Caerphilly	55.9	(50.9 to 60.8)
Blaenau Gwent	42.5	(35.8 to 49.3)
Torfaen	56.4	(50.2 to 62.6)
Monmouthshire	61.0	(54.1 to 67.9)
Newport	55.0	(49.3 to 60.8)
Wales	**53.2**	**(51.9 to 54.4)**

Produced by Public Health Wales Observatory, using NSW (WG)

Adults meeting physical activity guidelines, age-standardised percentage, persons aged 16+, Wales local authorities, 2018/19-2019/20

Produced by Public Health Wales Observatory, using NSW (WG)

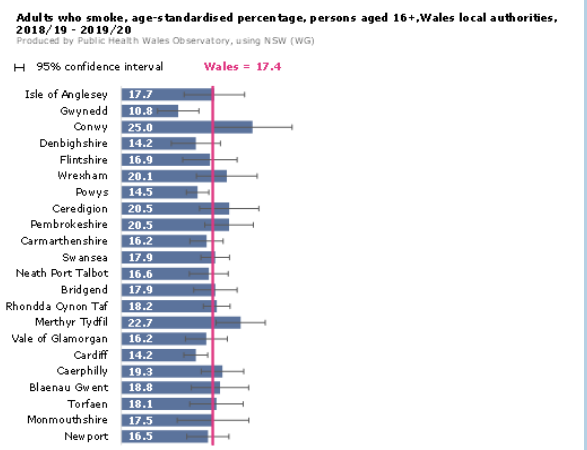


GIG CYMRU NHS WALES | Arsyllfa Iechyd Cyhoeddus Cymru Public Health Wales Observatory

Adults who smoke, age-standardised percentage, persons aged 16+, Wales local authorities, 2018/19 – 2019/20

Local authority	Age-standardised percentage	(95% confidence intervals)
Isle of Anglesey	17.7	(12.0 to 23.4)
Gwynedd	10.8	(6.9 to 14.8)
Conwy	25.0	(17.5 to 32.5)
Denbighshire	14.2	(9.5 to 18.9)
Flintshire	16.9	(11.7 to 22.0)
Wrexham	20.1	(14.3 to 25.8)
Powys	14.5	(12.4 to 16.6)
Ceredigion	20.5	(14.3 to 26.2)
Pembrokeshire	20.5	(15.9 to 25.1)
Carmarthenshire	16.2	(13.1 to 19.4)
Swansea	17.9	(15.2 to 20.6)
Neath Port Talbot	16.6	(12.9 to 20.3)
Bridgend	17.9	(13.8 to 22.0)
Rhondda Cynon Taf	18.2	(15.6 to 20.7)
Merthyr Tydfil	22.7	(18.0 to 27.4)
Vale of Glamorgan	16.2	(12.2 to 20.2)
Cardiff	14.2	(11.9 to 16.4)
Caerphilly	19.3	(15.2 to 23.3)
Blaenau Gwent	18.8	(13.3 to 24.2)
Torfaen	18.1	(13.0 to 23.2)
Monmouthshire	17.5	(10.7 to 24.3)
Newport	16.5	(12.5 to 20.5)
Wales	**17.4**	**(16.4 to 18.4)**

Produced by Public Health Wales Observatory, using NSW (WG)



Positive impacts or additional opportunities Please include evidence to support your view.	**Negative impacts, unintended consequences or gaps** Please include evidence to support your view	**Population groups affected** Please include evidence to support your view	**Mitigation / recommendations**
Our health and wellbeing centres will provide a range of support and services, e.g. - Social Prescribers. Building upon the Social Model for Health and Wellbeing. Wellbeing centres will support prevention and early intervention services to help keep people well, not just tackle poor health. This will bring a number of people and services together in one place and also provide virtual links between the population and the community network.	The development of a new hospital and the renovation of other sites, and the attendant change in service model may negatively impact staff due to the cost of living (rental and purchase) in and around the proposed site. The pandemic has exacerbated the poverty gap. There is a direct link between poverty and poor health outcomes.	Young people (alcohol) Children (obesity) Boys (obesity) 45-64 age range (obesity) Black and Asian community (diet/obesity) Staff Patients Visitors	The move to a community-based, social model for health and wellbeing will require a fundamental shift in resources and service delivery. The pace of change needs to match the development of the new hospital and renovated sites, to ensure there is no service gaps and negative

The model of service is built on the idea of empowering people to look after themselves. The multidisciplinary and multi-agency approach in our health and well-being centres will be of particular benefit for our frail and older population and those with complex needs. We will use community facilities such as community halls to deliver some of our services and activities, either face to face or virtually. We will continuously engage to personalise and tailor our health and care services to the needs and preferences of both individuals and localities, with a focus on supporting people to manage their own care and outcomes. We will use technology and innovative transport solutions to provide more choice and better access to care where it is needed Integrated community networks will be the main interface of patient and health services Presence of wider support services provided by LA within the model i.e., drug	Our workforce will require sustainable and consistent access to online platforms as well as the equipment to enable the access. Without it, there is a risk that training and development will not keep pace with demand.	Those with a disability i.e. sensory impairment Mother & Children BAME Domestic violence victims Gypsy Roma Traveler Community Homeless and roofless people	outcomes for the population. The adoption of a social model for health and wellbeing is built on a foundation of asset-based development, community based services and a focus on prevention and early intervention. The integration of services, partnership working - particularly social care and health working more closely with the third sector and ensuring local hubs reflect local expertise and resources in one place has the potential to improve the lifestyle and wellbeing of the population. The programme offers the opportunity to build on the learning from the pandemic of the role communities have played in improving community resilience. -The Wellbeing hub model can support local groups and formalize better links with community services,

& alcohol services, welfare, employability etc. More opportunities for active travel to attend appointments. Opportunity to invest in electronic cycling infrastructure Services will be aligned to need based on local issues			and realise the resource shift required from acute to community services. There are opportunities to: • Request active travel infrastructure on new acute site • Developing a sustainable travel plan for new hospital and community sites. • Promotion of routes, infrastructure development • Local Authority liaison – working together to consider active travel opportunities

Social and community influences on health (Adverse childhood experiences, Citizen power and influence, Community resilience, Domestic violence, Family relationships, Language, cultural and spirituality, Social exclusion i.e. homelessness, Parenting and infant attachment, Peer pressure, Racism, Social isolation/loneliness, Social capital/support/network)			
Evidence: Hywel Dda University Health Board has recently completed an extensive Health Needs Assessment, to inform the Pharmaceutical Needs Assessment, we provide a link to this as it complements the document for information to clearly describe the health needs of the population. The Health Needs Assessment is described in chapters 2, 3 and 4 of the Pharmaceutical Needs Assessment. see Link			
Positive impacts or additional opportunities	**Negative impacts, unintended consequences or gaps**	**Population groups affected**	**Mitigation / recommendations**

Please include evidence to support your view.	Please include evidence to support your view	Please include evidence to support your view	
HDUHB has made a clear commitment to deliver a social model of health and wellbeing with a focus on prevention and early intervention. The model provides the focus to tackle challenges like loneliness and other social impacts, that can be treated better and more swiftly using non-medical interventions. The long-term impact on dealing with such issues can and will have a profound impact on our population health. Adopting a whole system approach will enable our people and our communities to care for themselves, prevent ill health, improve wellbeing, promote independence and interconnectedness, and access specialist care and support when required. There will be integrated care and support, enabled by digital technology with communication of information between health and social care partners. A single point of access to health and care, linking all areas that contribute to the healthier lives of our people and communities. As single point of access approach offers real opportunities for Cross skilling staff, developing integrated	The medical model of service provision has engendered an over reliance on NHS services. This will be a difficult culture to break and will require time and effort. The shift to a social model of health and wellbeing, in tandem with the development of the new hospital and renovated sites could leave some people without a service they feel they need due to a lack of engagement and/or buy in to the transformation. WG have a commitment to a town centre first focus – the programme needs to consider implications of taking footfall out of town centres	See Link to Pharmaceutical Needs Assessment, chapters 2, 3 and 4	There has been a growth in mental health issues due to the pandemic. In addition, there has been an increase in domestic violence and safeguarding referrals due to the prolonged lockdown. This growth in need will need to be factored into the service model redesign. A move to a community-based prevention and early intervention, model of service provision has the potential to increase personal and community resilience, and tackle health issues before they escalate to require medical intervention. A truly integrated model of partnership working has the potential to combine services and amplify the positive impact of each other to the benefit of our population.

roles that meet the social model of health and wellbeing service model as well as increasing the learning opportunities for all people working within the health and wellbeing field. Integrated localities will tackle inequalities by working in partnership with local people to co design solutions and services Community focussed family and children's services, with a strong wellness ethos. This will help support an increase in midwife led pregnancies and births. Integrated community networks will provide information, advice, assistance and treatment through integrated community networks. Our aim is that these integrated community networks will provide the majority of health and care services, some of which have traditionally been provided in the acute hospital setting. Each integrated community network is supported by one or more health and wellbeing centres. This will bring a number of people and services together in one place and also bring virtual links between the population and the community network. Multidisciplinary teams and the wider networks will wrap around individuals and families. This approach will be of particular			The adoption of the social model for health and wellbeing embeds the idea of patient voice and choice, as well as the awareness of expert experience. Co-producing and co designing services to meet the local needs of particular populations increases the impact of non-health solutions on health outcomes, with the potential to make health resources stretch further. The UHB will source funding to retain HDUHB Community Development Outreach Workers and Family Liaison Officer roles Other mitigation measures include: • Early intervention and support • Preventative services • Health and well being centres • 24/7 mental health centres

benefit for our frail and older population and those with complex needs. The MDT approach to service provision increases the impact of the 'Making Every Contact Count' approach, due to the close and speedy linkages between agencies (statutory and 3rd Sector). UHB have appointed community development outreach workers reaching out to ethnic minority people living in Carmarthenshire, Ceredigion and Pembrokeshire in response to recommendations in a Welsh Government report on tackling health inequalities experienced by black, Asian and minority ethnic communities. The community development outreach workers will develop close links with local authorities, third sector organisations and community groups to raise awareness and understanding of the Test Trace Protect (TTP) process and the COVID-19 vaccination roll-out programme. The team will ensure wider health messages are culturally accessible and support minority ethnic communities to have a greater understanding of their rights and access to health care. 7 community midwifery teams support all women, provide assessments in first 6 months of pregnancy regarding any issues			• Collaborative working with partners • Transport infrastructure • Regional Carers Strategy, increased support to unpaid Carers. • Armed Forces Covenant • Continuous engagement .

at home, safeguarding issues, etc. They also work in tandem with health visiting and the public health team and specialized nurses in the team that specialize in motivational behavioural change. Effect of loneliness – community midwives have laptops and phones to facilitate face-to face assessment and support and are available 24/7 supported by the maternity teams in the Obstetric Units in GGH and BGH.			

Health Wider determinant for consideration: 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?)			
Evidence: Hywel Dda University Health Board has recently completed an extensive Health Needs Assessment, to inform the Pharmaceutical Needs Assessment, we provide a link to this as it complements the document for information to clearly describe the health needs of the population. The Health Needs Assessment is described in chapters 2, 3 and 4 of the Pharmaceutical Needs Assessment. see Link			
Positive impacts or additional opportunities Please include evidence to support your view.	**Negative impacts, unintended consequences or gaps** Please include evidence to support your view	**Population groups affected** Please include evidence to support your view	**Mitigation / recommendations**
Our health care strategy adopts a whole-system collaborative approach to improve well-being, promote independence, prevent ill-health and access specialist care as and when required. The future whole-system approach aims to: Deliver integrated care and support, enabled by digital technology with communication of information between health and social care partners across traditional community and hospital boundaries and allows people to access more information about their health and care, and enable more colocation of staff and services, for the benefit of patients and staff. Views mental health and care equally with physical health and care, ensuring that	Change is hard and often a source of anxiety. This can be the case for the population as well as staff and partner organisations. The programme is sizeable and extensive, therefore the potential for anxiety and depression is high and prolonged. There is already a long wait for services. This has been exacerbated by COVID as well as the impact of loneliness and isolation due to lock down, the additional of a programme of change, on staff time and resource has the potential to impact negatively.	• Women & Children • Adolescents • Older adults – i.e. frail, dementia • People with disabilities • Army veterans • Patients with eating disorders - i.e. not enough bed numbers • Staff See Chapters 2, 3 and 4 of the Pharmaceutical Needs Assessment. see Link	The social model for health and wellbeing is based on patient voice and choice, prevention and early intervention and individual and community resilience. The adoption of this service model alongside the capital programme has the potential to empower patients to manage their own symptoms, as well as meet the mental wellbeing challenges present in the population, as a much earlier stage. An example of such an opportunity could be the upskilling of parents to meet the needs

those with mental health problems receive equitable access to the most effective and safest care available Our urgent and planned care hospital will have 24/7 access to specialties including mental health assessment and treatment There will also be numerous locations providing Mental Health and Learning Disabilities Services The health board is reviewing the Transforming Mental Health Programme Business Case and delivery of Transforming Mental Health against the positive outcomes delivered in the last 12 months as a response to COVID. Improvements have been delivered in line with the TMH programme ambitions, this will be an opportunity to learn and deliver in line with population changes. New buildings and renovated sites have the potential to maximise the health benefits of green spaces and be designed to enhance people's wellbeing. Will support community cohesion and a sense of wellbeing if transport needs are lessened to an extent	Anxieties when required to attend acute site – many factors outside your control (or what would've been experienced previously) Disruption of work/life balance from additional commuting requirements Availability of public transport affecting anxieties – struggling to access general services Impacts on visitors – volume of attendances to visit family. Many patients feeling that the front door is inaccessible currently (anecdotal), need reassurance that services in the community from remodeling are accessible.		of their children with ADHD. From, a prudent healthcare perspective, this model has the potential to free up acute services for the most unwell, as well as prevent more people suffering from more severe mental health crises. The new hospital and renovated sites have the potential to review and revise the specialist unit provision in the health board and the integrated hub model will allow staff to be collocated with other partners, increasing the cross pollination of learning and the service offer.

Staff – less anxiety, not requiring to find a parking space. Adequate car parking on site within scope General positivity from services seen as being boosted / bolstered in their community 7 community midwifery teams support all women, provide assessments in first 6 months of pregnancy regarding any issues at home, safeguarding issues, etc. They also work in tandem with health visiting and the public health team and specialized nurses in the team that specialize in motivational behavioural change. Improving loneliness - midwives will link in remotely via laptops and phones to be available 24/7 supported by the maternity teams in the Obstetric Units in GGH and BGH.			

Part 4 – Health Wider determinant for consideration: Living / environmental conditions affecting health **(**Attractiveness / access / availability / quality of area, green and blue space, natural space, Health & safety, community, individual, public / private space, 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)			
Evidence: Hywel Dda University Health Board has recently completed an extensive Health Needs Assessment, to inform the Pharmaceutical Needs Assessment, we provide a link to this as it complements the document for information to clearly describe the health needs of the population. The Health Needs Assessment is described in chapters 2, 3 and 4 of the Pharmaceutical Needs Assessment. see Link			
Positive impacts or additional opportunities Please include evidence to support your view.	**Negative impacts, unintended consequences or gaps** Please include evidence to support your view	**Population groups affected** Please include evidence to support your view	**Mitigation / recommendations**
Use of green spaces in our hospitals and premises Biophilic design of our estates Working in collaboration with local authority partners Establishment of Green Health initiatives across the Health Board estate building on the work currently underway Development of strategic partnerships with a wide range of organisations and funders and deliver effective programmes that improve people's quality of lives. E.g. development of social enterprise cafés, encompassing a range of available support across the themes of communities, health and wellbeing, and employment, skills and	The new hospital and renovation - Programme may require the destruction of the green spaces, and thus require remedial work. Any new building and-or renovation has the potential to increase or change traffic flow, both impacting negative on the carbon footprint of the population and workforce alike. The model of care in the home or close to home may necessitate more home visits. In a rural and dispersed area such as Hywel Dda, there is the potential staff safety to be negatively impacted. Local community will lose some of their green space, which will impact on their sense of place (a large hospital on green space with large areas of car parking).	See Link to Pharmaceutical Needs Assessment, chapters 2, 3 and 4	There is real potential to make a positive and sustainable impact on the built environment, through good, energy efficient, accessible design, both for the new hospital and the renovated sites. Working with transport partners, the new hospital could increase the public transport offer and therefore uptake for patients, their families and carers, as well as the workforce. The new and renovated sites can add value to the

enterprise. Activities focus on welfare benefits, housing, debt and legal advice, training opportunities and careers advice, art and horticulture, healthy lifestyles and more, tackling social isolation while increasing personal wellbeing. We will design our Programme to meet the long-term needs of our population, so we will consider how we can procure our construction, equipment and facilities management contracts to enable ongoing refinement as digital and environmental technologies evolve; we will also consider how we will maximise the long-term socio-economic impacts of the Programme as a whole and the individual projects within it **Prevention:** the framework encourages us to design our Programme so that it supports the breaking of negative cycles and/or inter-generational challenges such as poverty, poor health, environmental damage and loss of biodiversity; breaking cycles of poverty and poor health are the point of the Social Model of Health we want to implement, which envisages health and care facilities and services as integral and accessible parts of a community's social fabric; avoiding environmental damage and contributing where we can to the biodiversity of the communities where our	Health board will need to look at how they can mitigate the impact e.g. how can the health board off set the development and contribute to wider green landscape for the benefit of the community. Increasing volumes of traffic and clean air issues along A40 will impact on the local community. The UHB will need to look at what can be done to offset this, e.g. planting of additional trees and plants. Travelling to and from the new urgent and planned care hospital site may be challenging for some mothers and their families. Mitigation would be community midwives delivering some risk assessed individualized patient reviews virtually.		patient and staff experience through good design and the provision of green and blue spaces. There is the potential for the new hospital to better meet the needs of families and patients through the provision of family accommodation, for long term/ acutely ill patients The development of integrated with statutory and non-statutory services being co-located, has the potential to build on the Making Every Contact Count approach in a very meaningful way. The development of integrated services based on a social model for health and wellbeing has the potential to transform patient pathways to reflect prevention and early intervention and community asset-led solutions for their health and wellbeing.

facilities our placed are elements of our Environmental Strategy Biodiversity / decarbonisation agenda may support staff recruitment / retention Active transport / travel also a positive H & WB centre scopes supporting these considerations. Clean air quality in Carmarthen, Haverfordwest > congestion alleviated EV infrastructure & vehicles within model offsetting carbon emissions Car parking pressures / inappropriate parking in WGH, BGH & GGH alleviated with change in model Noise pollution – emergency vehicles transporting to a new location			

Part 4 – Health Wider determinant for consideration: Economic conditions affecting health (People on low income, economically inactive, unemployed / workless, People who are unable to work due to ill-health, People living in areas known to exhibit poor economic and/or health indicators, People unable to access services and facilities, Food / fuel poverty, Personal or household debt. Socio Economic Duty in Wales https://gov.wales/more-equal-wales-socio-economic-duty)			
Evidence: Hywel Dda University Health Board has recently completed an extensive Health Needs Assessment, to inform the Pharmaceutical Needs Assessment, we provide a link to this as it complements the document for information to clearly describe the health needs of the population. The Health Needs Assessment is described in chapters 2, 3 and 4 of the Pharmaceutical Needs Assessment. see Link			
Positive impacts or additional opportunities Please include evidence to support your view.	**Negative impacts, unintended consequences or gaps** Please include evidence to support your view	**Population groups affected** Please include evidence to support your view	**Mitigation / recommendations**
Opportunities for local colleges and apprenticeship programmes to upskill a workforce for careers in construction, design, maintenance and sectors that are shown to have significant job creation for a green and just recovery. With the support of the Future Generations Commissioner, we aim to work with Welsh Government to benefit the local economy as much as possible. We have developed a strategy for improving our approach to social value. We will bring this ongoing work into our procurement strategies and engage regularly with Welsh Government and SVP to ensure that we are maximising opportunities to achieve our socio-economic duty through our procurements	The centralisation of services at a new hospital will require some patients and staff to travel further. The cost of travel, as well as access to travel options and the additional time it will take, poses negative impacts. For the workforce who currently walk to work, a move to a centralised site may reduce the appeal of working for the Health Board and exacerbate the staffing challenge already being faced. Demographics of the population shows high areas of deprivation to the east and to the west of the Health Board and to the west of the health board linked to rural poverty. These are likely to suffer from fuel poverty which again will provide	See Link to Pharmaceutical Needs Assessment, chapters 2, 3 and 4	The move to a community based service model allows us to explore the community assets already in place, and potentially use them as service delivery options. This increases community resilience due to the investment being made by health, as well as provide care close to home and

and contracts. In addition to the work underway on improving social value as noted above, we are also giving consideration to what impacts the Health Board can have on improving the performance of the 'foundational economy'. Community based services as well as a move to an agile workforce, may provide greater opportunities to attract a more diverse workforce, as well as provide a more sustainable model for a rural and dispersed Health Board such as Hywel Dda.	challenging in arranging transport to the urgent and planned care hospital.		

Part 4 – Health Wider determinant for consideration: Access and quality of services (Careers advice, Education and training, Information technology, internet access, digital services, Leisure services, Medical and health service, 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)			
Evidence: Hywel Dda University Health Board has recently completed an extensive Health Needs Assessment, to inform the Pharmaceutical Needs Assessment, we provide a link to this as it complements the document for information to clearly describe the health needs of the population. The Health Needs Assessment is described in chapters 2, 3 and 4 of the Pharmaceutical Needs Assessment. see Link			
Positive impacts or additional opportunities Please include evidence to support your view.	**Negative impacts, unintended consequences or gaps** Please include evidence to support your view	**Population groups affected** Please include evidence to support your view	**Mitigation / recommendations**
The programme will enable: • Social model for health working with partners including leisure services • Working closer with third sector, use of community assets use of public halls, etc • Support the foundation economy We anticipate that the opportunities presented through newly built facilities, new innovative or advanced roles, and modernised services will encourage people to join Hywel Dda's workforce now and in the future. In terms of existing staff, we actively lead and support a number of programmes and initiatives that focus on retaining staff and developing future skills by creating opportunities for existing staff, delivering	Themes from recent engagement May 21 We heard mixed feedback about virtual care Positives were: • Virtual care and triage worked well for some people – quicker access and more convenient (however for others it did not work) • Worked well for non-frontline staff and some specialties • Mixed feedback about virtual consultations • Mixed feedback about GP triage in its various forms (phone, photo, online, video etc.) • Not equitable - some people don't have the skills, access to	Specifically - Older adults, people who need physio, people with sensory impairments See Link to Pharmaceutical Needs Assessment, chapters 2, 3 and 4	Requirements of changes to public transport networks to be fully considered by the transport workstream including scoping of new and repurposed routes servicing the new hospital and community networks. More local public transport will be developed to reflect services delivered in community SB&WW Metro liaising to ensure the acute sites are part of this programme.

an attractive and alternative career pathway for our local population, attracting medical and other clinical staff to the area with innovative career opportunities, and meeting our corporate social responsibility by investing in local population and building our future workforce. Fundamental to our health and care system transformation, will be the delivery of high quality, cost effective Digital Services. Our vision is to have secure, resilient, accurate and timely information at the point of patient care. This will be delivered through an integrated All Wales application suite, combining clinical and line of business applications, underpinned by a robust and cost-effective information infrastructure which will increasingly become cloud based. Our key focus areas will be: - Integration with the partners to take forward the digital programmes and related population health initiatives. - Unlocking the power of information to improve decision making at the point of care. Keeping patient and service user's information safe, secure and up to date, and only used	equipment, others don't have signal • Challenges for people with sensory impairments such as hearing issues as well as people who have difficulty using the phone • Need to give patients 'autonomy' in the healthcare system • Virtual risks potential discrimination against older people • Some concerns raised about need to see older people in person • Limitations for staff in not seeing people in person e.g. physiotherapy Transport (in relation to proposal for new hospital): • Need to improve public transport links (bus and train) – suggestions for new stations; cost / expense of transport • Concern about good road networks (beware of traffic and congestion) • Concerns about emergency transport - air ambulance; EMERTs, needs a helipad • Wider transport concerns community transport; access for people living in rural areas,		Community transport opportunities to be explored and lessons learnt from existing rural schemes and WG pilots

with appropriate governance and controls. - Improving organisational digital maturity and user digital literacy to maximise the benefits of digital technologies. - Delivering digital services which will be paper-free at the point-of-care by 2022. - We will collaborate with our partners to deliver the best solutions for our communities. We will learn from each other and share our experiences so that we can all improve digital technology for the benefit of our patients wherever they are treated. • In addition, Hywel Dda has already deployed the Welsh Clinical Portal which means the GP record is already viewable in secondary care locations for appropriate authorised staff. In addition, GP's have access to secondary care information through integration with the Welsh Clinical Portal and using services such as GP Links and the Welsh Clinical Communications Gateway. • Hywel Dda are also deploying the Welsh Clinical Community Information System (WCCIS) so are moving rapidly towards an integrated	transport out of hours; cycle shelters; • Concerns about distance to hospital and how people would get there in a timely way; access to public transport; • Fears about potential risk to lives, including some concerns expressed about the 'the golden hour'; • Worries about the rurality of location - needs to be central and local and provide access for people living in rural areas • Queries about the suitability of site (within zone), ensuring there is room for expansion and digital connectivity • Pleas for free parking and plenty of it • Requests for plenty of accessible parking • Allow sufficient space for staff parking • Concerns about public transport links (bus and train) to proposed site / zone, suggestions for new stations • Worries about the costs of transport • Identification of issues of access for people living in rural areas, the		

record for community teams in Ceredigion (where the local authority has already deployed WCCIS). • We are working closely with Carmarthenshire and Pembrokeshire local authorities on opportunities to work more closely together. • The Health Board is also investing in Telehealth technologies, which will see many patients benefitting from monitoring their health from the comfort of their home, and when the need arises, the ability to link via video to their supporting healthcare professionals. Car parking demands will switch – less demand for oversubscribed car parks Active travel opportunities greater in community sites Improved front of house arrangements will improve accessibility for public transport Designated bays – alleviating issues, more adequate provision for disabled parking, NEPTs etc. Themes from recent engagement May 21: There is a need for more:	distance and challenges for older people, families etc. • Concerns about the availability of transport out of hours • Major concerns about the suitability of the road network • Worries about the traffic and congestion, particularly in the peak season summer months • Acknowledgement the hospital needs to be close to the main road Access – other issues raised in engagement: • Concerns about addressing accessibility for wheelchair users • Worries about access around and to the hospital site • Fears about access to services • Concerns about access to the hospital for people from the east, west, south and north boundaries of the Health Board • Community Connectors • Local colleges and apprenticeships web skill that we can pre opportunities for careers in construction and sectors • Work life balance • Easy systems to use to find what you need		

• Classes in the community around health and wellbeing • Social prescribing groups • Community groups We also heard mixed feedback about virtual care: Positives were: • Virtual care and triage worked well for some people – quicker access and more convenient Worked well for non-frontline staff and some specialties	Public transport to the acute site will be less developed than the existing model of public transport Active travel less of a possibility Lack of taxi supply may be scenario		

Part 5 – Action Plan

Actions (required to address any potential negative impact identified or any gaps in data)	**Assigned to**	**Target Review Date**	**Completion Date**	**Comments**
Implementation of communications strategy and promotion of information in alternative formats for those who need it.	Communication & Engagement Workstream	Quarterly basis		
Ensure that an impact question is asked as part of all future engagement and consultation stages and analysed so that we are fully aware of existing issues and what we need to put right	Communication & Engagement Workstream	Quarterly basis		
Work closely with the Patient Experience Team on how we can talk with people going through hospital services about the status quo to ascertain if there was anything related to equality/inequality issues that should be addressed in the new hospital	Transformation Team – service design and pathways Diversity & Inclusion Team	Quarterly basis		
To set up a continuous mechanism for people to tell us about anything that they felt we should hear related to equality/inequalities – e.g. online forum using Engagement HQ as an option.	Communication & Engagement Workstream	Quarterly basis		
Age				
Continue to review the programme to ensure it meets the needs of the older demographic in reducing isolation and loneliness e.g. through the use of technology and ongoing care needs / prolonged waiting lists.	Digital Workstream Transformation Team – service	Quarterly basis		

	design and pathways Diversity & Inclusion Team			
Seek advice from other health boards and trusts that have undertaken similar changes to services to understand the impact to ensure shared learning	Programme Manager	January, 2022		
Requirements of changes to public transport networks to be fully considered by the transport workstream including scoping of new and repurposed routes servicing the new hospital and community networks.	Transport Workstream	Quarterly reporting		
Community transport opportunities to be explored and lessons learnt from existing rural schemes and WG pilots.				
Maximise offer of digital remote consultations to provide additional routes to access for our older population in their own homes / community	Digital Workstream Transformation Team – service design and pathways County Directors – for community model	Reviewed quarterly		
Disability				
Ensure HB approach to continuous engagement facilitates involvement of disabled people in the design of new and renovated sites	Engagement Team	Quarterly basis		

Sensory loss e learning mandatory training for all employees	Diversity & Inclusion Team L&D	Quarterly basis		
Offer specialist training to staff on how they can improve service delivery and support persons with a disability and sensory loss when accessing services	Diversity & Inclusion Team L&D	Quarterly basis		
Managers to continue monitoring staff mandatory training records to ensure that all staff have completed basic treat me fairly e learning	L&D	Quarterly basis		
Discussions with Swansea Bay UHB re urgent care service provision to those who choose to travel to Morriston hospital.	Programme Manager	Quarterly basis		
Continuation of diversity and inclusion implementation plans which includes raising awareness amongst staff and delivering training programmes to help staff who work with people who have autism and learning disabilities to enhance communication and effectiveness of care delivery	Diversity & Inclusion Team L&D	Quarterly basis		
Pregnancy and Maternity				
Collation of patient experience information from PALS from social media and from maternity experience midwives coming into post to develop mitigations	Head of Midwifery and Patient Experience Team	Quarterly basis		
Discussions with Swansea Bay about cross side working / cross side training to ensure that the skills set of our obstetricians is relevant for DGH	Programme Manager	Quarterly basis		
Race and Ethnicity				
Engagement through community development outreach team	Community Development Outreach Team	Quarterly basis		

	Engagement Team			
Provide information in other languages	Community Development Outreach Team Engagement Team	Quarterly basis		
Liaison with resettlement managers in the LA to ensure appropriate support	Community Development Outreach Team	Quarterly basis		
Engagement with BAME Network	Engagement Team Diversity and Inclusion Team	Quarterly basis		
Religion or Belief				
Increase staff training around religion and belief	D&I Team L&D	Quarterly basis		
Raise awareness of the available facilities within our hospitals	Chaplaincy Services	Quarterly basis		
Assess community hubs to ensure that people are empowered to have quiet and prayer time	Chaplaincy Services	Quarterly basis		
Assess opportunities to develop space in new hospital and re purposed sites for prayer or quiet spaces	Chaplaincy Services	Quarterly basis		
Consideration of open spaces and corridors outside the hospital for people to reflect.	Chaplaincy Services Capital Planning	Quarterly basis		

	Estates			
Discussion with Aneurin Bevan to share learning on their facilities	Chaplaincy Services Programme Manager	Quarterly basis		
Sexual Orientation				
Delivery of services inclusive of LGB persons and target of health promotion messages that better suit unique needs.	Communication and Engagement Workstream D&I Team	Quarterly basis		
Engagement with Enfys Network	D&I Team	Quarterly basis		
Welsh Language				
Proactive drive to ensure patient information leaflets, signposting etc are bilingual in line with Welsh Language Act.	Patient Experience Communication and Engagement Corporate Services	Quarterly basis		
Continue to monitor progress against actions within its bilingual skills strategy, more than just words, strategic framework.	Welsh language team	Quarterly basis		
Improvements to quality of our signage to re brand and embed local culture and Welsh language into our new site and planned refurbishments.	Estates Capital Planning	Quarterly basis		

Health Impact Assessment				
See Recommendations Section of EHIA		Quarterly basis		

EHIA Completed by:	**Name**	Clare Hale (on behalf of EHIA Editorial / Working Group)
	Title	Capital Planning Programme Manager
	Department	Capital Planning
	Contact details	Clare.hale@wales.nhs.uk
	Date	29 November, 2021
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	Title	Assistant Director of Strategic Planning
	Department	Capital Planning
	Contact details	Paul.williams19@wales.nhs.uk
	Date	19 January, 2022

Annex 1

Pharmaceutical Needs Assessment – see link

https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-6-2-1-pharmaceutical-needs-assessment/

Annex 2

Record of engagement with protected characteristics

A Healthier Mid and West Wales – Programme Business Case Protected Characteristics Engagement Log		
Protected Characteristic	**Activity Completed or Scheduled**	**Additional Actions/Notes**
Age	• 10/05/21 - PBC Main Document/Questionnaire and Easy Read Document - Distribution to the following groups and organisations: Carmarthenshire Youth Council, Ceredigion Youth Council, Pembrokeshire Youth Assembly, Dyfed-Powys Police Youth Forum, Youth Clubs, Area 43 Youth Project, Future Minds CAMHS User Group, Mudiad Meithrin, Cylch Ti a Fi, Nurseries, Parent and Toddler Playgroups, Family Centres, Plant Dewi, Carmarthenshire, Ceredigion and Pembrokeshire Federation of Young Farmers, Guides and Brownies, Scouts, Carmarthenshire, Ceredigion and Pembrokeshire Youth Services, Youth Carers Services, Urdd Cymru, Action for Children, Carmarthenshire Youth Cares Service , Crossroads Young Adult and Young Carers Service, Echo (Voices from Care), LGBTQ at Dr.M'z ,Coleg Ceredigion, Coleg Sir Gar, Pembrokeshire College, University of Wales Trinity St David, University of Wales Trinity St Davids Student Unions, Children's Commissioner for Wales, Older Persons Commissioner for Wales, Red Roses Luncheon Club, Saron Cuppa Club, 50+ Carmarthenshire, Ceredigion and Pembrokeshire, Age Cymru Ceredigion, Pembrokeshire and Sir Gar	

	Representatives from Hywel Dda University Health Board attended meetings with the following groups: • 15/05/21 – PBC Engagement – Young People Speak Up Llanelli • 02/06/21 – PBC Engagement – Carmarthenshire Youth Council • 07/06/21 – Future Minds CAMHS User Group • 09/06/21 – PBC Engagement – Pembrokeshire Youth Assembly – facilitated own meeting and provided feedback • 11/06/21 – PBC Engagement – Ceredigion Youth Council	
Disability	• 10/05/21 - PBC Main Document/Questionnaire and Easy Read Document- Distribution to the following groups and organisations: Wales Council for the Deaf, Action for Hearing Loss, RNIB Cymru Aberystwyth District Visually Impaired Club, Llanelli Blind Society, Sign and Share Club, Narberth Deaf Club, Carmarthen and Ceredigion Hard of Hearing Groups, Deaf Blind Cymru, Gwendraeth Amman Blind Social Group, Carmarthenshire Disability Coalition for Action, Ceredigion MS Group, Cymru Verses Arthritis, Arthritis Care in Wales, Disabled People Together Forum, Learning Disability Wales, Pembrokeshire Access Group, Ataxia South Wales, Disabled People Together Forum, Disability Wales, Stroke Recovery Service, MS Support Group, Scope Cymru, MENCAP, Carmarthenshire and Pembrokeshire People First, Branching Out, Clynfyw Care Farm, , Noddfa, HUTS Workshop, VC Gallery, Arts Care, Links, Llanelli Veterans Association, Hywel Dda UHB Veterans Service, Carmarthenshire and Pembrokeshire Counselling Service, Create Me Happy,	

	Get the Boys A Lift, Hafal, MIND, Spirituality and Mental Health Network, West Wales Action for Mental Health Representatives from Hywel Dda University Health Board attended meetings with the following groups: • 07/06/21 – Future Minds CAMHS User Group • 09/06/21 – PBC Engagement – Cymru Versus Arthritis • 05/07/21 – PBC Engagement – Carmarthenshire Disability Partnership • 28/7/21 – SPD&I - Carmarthenshire Disability Partnership – specific questions from the PBC EHIA	
Gender Reassignment	• 10/05/21 - PBC Main Document/Questionnaire and Easy Read Document- Distribution to the following groups and organisations: Stonewall Cymru, Trans GIST Interaction • 3/8/21 - SPD&I – ENFYS County Lead & Carmarthenshire LGBTQ+ Forum – specific questions from the PBC EHIA	
Pregnancy and Maternity	• 10/05/21 - PBC Main Document/Questionnaire and Easy Read Document – Distribution to the following groups: Carmarthen Breast Feeding Club and Tumble Breast Feeding Club	
Race	• 10/05/21 - PBC Main Document/Questionnaire and Easy Read Document- Distribution to the following groups and organisations: Bawso, Diverse Cymru, EYST, Syria Sir Gar, Syrian Refugee Resettlement Programme, Llanelli Multicultural Network, Polish Welsh Association, Gypsy and Traveller Trust	
Religion or Belief	• 10/05/21 - PBC Main Document/Questionnaire and Easy Read Document- Distribution to the following groups and organisations: Swansea Mosque, West Wales Islamic Cultural Education Centre	

	• 29/7/21 - SPD&I – Senior Chaplain – specific questions from the PBC EHIA. Teams meeting followed to discuss and follow up email with outcome sent to PBC	
Sex	• 10/05/21 - PBC Main Document/Questionnaire and Easy Read Document- Distribution to the following groups and organisations: Men's Sheds, Merched y Wawr, Federation of Women's Institute, Rugby Clubs (Men and Women's), Football Clubs, Cricket Clubs, Cylch Ti a Fi, Parent and Toddler Playgroups, Family Centres, Plant Dewi	
Sexual Orientation	• 10/05/21 - PBC Main Document/Questionnaire and Easy Read Document- Distribution to the following groups and organisations: Carmarthenshire LGBTQ+ Group, LGBT Youth Group Pembrokeshire, LGBTQ+ Pembrokeshire, LGBTQ at Dr.M'z, Aber Staff LGBT Network, Aberpride, Snowdrops, Enfys Staff Network, West Wales LGBT Group, Dyfed Diners • 3/8/21 - SPD&I – Enfys County Lead & Carmarthenshire LGBTQ+ Forum – specific questions from the PBC EHIA	

Annex 3

Summary of Engagement Exercise (Building a Healthier Future after COVID-19 around the pandemic our strategy, our programme business case, and equalities. 10 May to 21 June 2021)

What did the engagement cover?

The Health Board engaged about the following areas:

- The impact of the pandemic on the population: people's perceptions about the impact on health and wellbeing, access to services, personal experiences of using services
- The strategy: what people feel needs to be considered since the strategy was approved in 2018
- People's understanding of the Social Model of Health and Wellbeing, and the wider determinants of health
- Nominations for potential sites for the new hospital and key priorities when considering its location
- Understanding impacts:

a) Suitable and accessible services for all without disadvantage or discrimination
b) The effects of poverty or reduced income on wellbeing or access to services

How did the engagement take place?

Engagement methods included:

- an online questionnaire on the Health Board's engagement platforms 'Have Your Say' and 'Dweud Eich Dweud'
- paper questionnaires
- inviting feedback by email, letter and telephone
- A mail-out of the discussion document and questionnaire to stakeholders on the Engagement Team's database and the Siarad Iechyd/ Talking Health network, including 1700 by email and 1520 by post

How was the engagement promoted?

Media releases promoting the engagement exercise were issued to local and regional press and we broadcast information about the engagement across Radio Pembrokeshire, Radio Carmarthenshire and Radio Ceredigion, with an estimated audience reach of 101,000 adults.

We posted regular messages on the Health Board's corporate Twitter account and Facebook pages, and paid social media advertising on Facebook to promote our posts about the engagement exercise to local people who may not 'follow' our pages. Each English boosted post reached an average of 8475 people, and each Welsh boosted post reached an average of 7824 people.

Internally, messages were posted to the closed staff Facebook page (5.8k members), and in the Global email and Team Brief, both of which are distributed to all Hywel Dda staff (circa 13k).

We facilitated 24 meetings with groups including Health Board staff bodies, an open-to-all-staff online event, local authority chief executives and leaders, a disability organisation, and young people's groups.

How many people responded to the engagement, and who were they?

Our reach on our online engagement platform, 'Have your Say' was as follows:

- 2,396 visits to the English language site, and 42 to the Welsh language site
- 1,590 people accessed the English language information, and 19 people access the Welsh
- 227 people shared their views (completed the survey online)

We also received 44 paper questionnaires, 34 email responses, 8 telephones calls, and 5 letters.
In addition to the general public, respondents included our staff, County councillors, organisations, town and community councillors, politicians and Hywel Dda Community Health Council.

How did we analyse the responses?

The questions in the survey were free text, and therefore generated detailed responses.
For the majority of questions, the Engagement team used a simplified version of Braun and Clarke's 6-step Framework for Thematic Analysis to analyse responses.

The responses to some questions have been analysed and reported in greater detail – for example, questions around nomination of land (Programme Business Case), and equalities.

How successful was the engagement exercise?

One measure of the success of this engagement is that **of the 271 respondents** (including online and paper questionnaire responses), **209 asked to be kept informed** as the work progresses.

Another measure of success is people's willingness to share their views with the Health Board. Although many respondents offered negative views about the zone for the location of the new Hospital, they offered their detailed views nevertheless about their priorities and considerations in relation to the site of the hospital. This suggests that respondents believe they have an opportunity to influence the next steps in the process.

A final measure of success is that the feedback from completed surveys, the meetings with groups, and on our social media platforms, all present very similar themes. This suggests that we have probably captured the key priorities and considerations from our communities in relation to the Programme Business Case, and that we can use their feedback to influence the next steps of the work, for example the land nomination process, with some confidence.

What did we learn about people's views in relation to the Programme Business Case for a new Hospital?

A detailed report provides the full thematic analysis of feedback relevant to the Programme Business Case. For example, here is a summary of some of the feedback about the strategy:

- Concerns about travel and transport and access to services
- A request for more integrated services, health and social care and closer working with the third sector
- The importance of local hubs
- The impact of the pandemic on mental health and wellbeing
- The need to build more resilient communities
- Frustration about the lack of detail in the strategy – e.g., what services will be delivered in each of the hospitals, including the new hospital?
- The need for more staff engagement at ground / frontline level

Here is a summary of people's priorities and key considerations for the location / site of the new hospital:

- Concerns about distance to hospital and how people would get there in a timely way

- Access to public transport to proposed site
- Road infrastructure for proposed site – concerns about suitability of road network, and traffic and congestion, especially during summer months
- Concerns about costs of transport
- Plenty of free, accessible parking for patients and staff
- Consider impact on local community and population
- Environmental considerations: avoid greenfield sites, consider carbon footprint and impact on wildlife, include green spaces around the hospital for patients and staff
- Accessibility for wheelchair users
- Attracting and retaining staff: importance of affordable staff housing near the hospital site, easy access for staff, and affordable transport for staff
- Future proofing: consider the need for expansion in future, and sustainability of the design, build and future development of services

Engagement Key Findings

Stated or perceived impacts on individuals with protected characteristics

The effects on individuals in accordance with age, sex, race and other protected characteristics and how the impacts may differ between different groups have been gathered in recurring themes throughout the report.

The questionnaires were neither tailored nor targeted to gathering equalities information. Many of the statements were observations made by others who do not share a protected characteristic; they may have witnessed inequality or believe that there is potential inequality.

This section highlights the potential groups adversely affected under each of the themes, using the feedback to identify potential groups affected, however further focused work would be needed to verify whether this information is accurate, and to what extent the impact would affect them.

Distance / travelling times

- Age – Inability for older people to drive or long travel times

- Age – Increased distance/ travelling times for children's services impacting school education
- Pregnancy and maternity – Increased distance/ travelling to access maternity services
- Gender – Increased distance/ travelling times for Women's services
- Carers – Increased distance/ travelling times impacting on Carers lives

Access to technology

- Age – Inability for older people to use digital technology
- Disability – Inability for people with disabilities to use digital technology

Transport

- Age – Older people do not own private transport or are unable to use it
- Disability – Disabilities make public transport difficult to use
- Pregnancy and maternity – Lack of affordable public transportation options

Mental Health

- Age – Children are unable to access services
- Disabilities – People experiencing mental ill health unable to use virtual appointments, etc.
- Disabilities – Lack of dementia and learning disabilities training on hospital wards making services less accessible
- Carers – Carers of those with dementia were negatively impacted during the pandemic

Flexible Service Provision

- Pregnancy and maternity – Single mothers who are pregnant have difficulties attending appointments with other dependants or during school collection times, etc.
- Age – Working age adults have difficulty accessing services when appointments are within working hours
- Age – Children miss longer school hours when appointments are made during school time to account for travelling
- Carers – Carers have difficulty supporting people to attend early appointment times as travel time is not always factored into the appointment time

Summary report also available on this link
https://www.haveyoursay.hduhb.wales.nhs.uk/7617/widgets/39505/documents/21675