Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	12 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Introducing the Equity focussed Health Impact Assessment Tool
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Jo McCarthy, Consultant in Public Health

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Health inequalities are unfair, preventable differences in health across the population and between different groups in society. While health inequalities ultimately lead to differences in people's health status and life expectancy, it is important to note that there are also inequalities in the access that people have to healthcare services, and in their opportunities to lead healthy lifestyles.

Action to reduce health inequalities is arguably more important than ever. The COVID-19 pandemic and cost of living crisis has led to families coming under significant, and increasing, financial pressure as household gas and electricity bills, vehicle fuel costs, and the price of food all continue to rise.

The Public Health (Wales) Act, passed in 2017, sets an expectation for public bodies to undertake Health Impact Assessments when it proposes to take an action or make a decision of a strategic nature. A consideration of the impact on equity is essential in all strategic decisions the Health Board makes, including in some operational and service spaces.

The Public Health Directorate in the Health Board have developed an Equity Focussed Health Impact Assessment tool which can be used by services to consider whether current or new programmes or projects could impact on health inequalities as a key part of the impact assessment work. The tool can be used to prompt thinking around how plans could be adapted or altered to reduce inequities in terms of accessibility and acceptability of services and programmes. Equity-Impact-Assessment-Toolkit--V-6.0-.xlsx (link accessible for internal staff only).

The purpose of this paper is to describe the tool and the initial roll out of its use and to support the journey to expand use through the Health Board to support services to align with expectations set out in the Public Health Wales Act (2017). Consideration must, as part of this work, be given to how inequities (when recognised) can be mitigated.

Cefndir / Background

The Health Board has committed to implementing a social model for health and placing prevention at the centre of all its work. To support a shift in this direction from a service perspective, the 20four7 model has been developed. This model encourages consideration of:

- **The "20" element**, representing the 20% of families in the population who are the least economically affluent.
- **The "4" element**, which focuses on preventable causes of ill health and opportunities to improve health, including weight management, exercise and movement, smoking cessation, and reducing drug and alcohol use.
- **The "7" element**, which highlights the key areas where there is the greatest opportunity to reduce avoidable demand on services. These areas are:
  • Children and young people
  • Older people and frailty
  • Cancer, including prevention and support for people living with cancer
  • Respiratory illness, including prevention, support, and rehabilitation
  • Cardiovascular illness, with an emphasis on prevention, support, and rehabilitation
  • Diabetes and metabolic illness, including prevention and support
  • Mental health, focusing on improving mental health across the population and supporting those with a mental health–related diagnosis.

The '20%' element of the model includes:

- a population focus, working with partners to decrease health inequalities at a regional level.
- a pathway focus, working with the clinical leads for key areas where there is potential to reduce health inequalities.
- A focus on 'equity in all we do', challenging us to consider equity in all our programmes and projects, this is where the health equity impact assessment can be a valuable tool.

The health equity assessment prompts service, programme and project leads to consider the impact of health inequalities that any change or new initiative may have. The ambition is that the tool becomes an essential element of service and programme planning throughout the Health Board.

Undertaking Equity focussed Health Impact Assessments for strategic decisions, going forward, is not optional. It is an expectation outlined at a national level. However, how this is implemented and how far beyond key strategic decisions it is utilised is at the health boards discretion. As an equity focussed Health Board, with a model which supports the drive towards reducing health inequalities, the hope would be that the tool is easy to use and intuitive, encouraging its wide adoption.

Asesiad / Assessment

The equity focussed health impact assessment tool addresses five key questions:

1) Does this approach consider access?
2) Will this approach address need?
3) Does this approach optimise interventions and assess effectiveness?
4) Does this approach consider partnerships and social acceptability?
5) Could this approach widen inequalities?

Each of these areas includes more detailed questions which can be considered as appropriate to the service, programme or project.

Figure 1: Introduction to the Equity Focussed Health Impact Assessment

INTRODUCTION:

Population health and wellbeing can be influenced by wider socio-economic and environmental factors and their impact vary considerably across different population groups as defined by age, sex, geography and deprivation.

Health equity is a fundamental principle that recognises that everyone deserves the opportunity to achieve their full health potential. However, inequalities in health outcomes continue to persist, disproportionally affecting marginalised and underserved individuals and communities.

WHY DOES HEALTH EQUITY MATTER?

Everyone has the right to live a healthy life, but systemic barriers and injustices such as where you were born, level of education, adverse childhood experiences, community cohesion and access to quality education and housing often prevent certain individuals and population groups from accessing the resources and opportunities they need to achieve optimal health.

Promoting health equity can also lead to better health outcomes for all, as improving overall access to quality healthcare and services can improve population health.

Equity is the absence of avoidable, unfair or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.

World Health Organisation

The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone justly according to their circumstances.

Race Matters Institute

HEALTH INEQUALITIES MAY BE DRIVEN BY:

- Different experiences and distribution of the wider determinants of health or structural factors. For example, the environment, community life, income or housing. In other words, the social economic and environmental conditions in which people live, work and play.
- Different exposure to social, economic and environmental stressors and adversities. These affect states of mind from an early age and throughout life. Stress and psychological wellbeing directly affect resilience, health conditions and health behaviours.
- Differences in health behaviours or other risk factors between groups, for example smoking, diet, and physical activity levels have different social distributions. Health behaviours may be influenced by wider determinants of health, like income.
- Unequal access to or experience of health and other services between social groups.

Figure 2: Definitions of Inequalities and Equity

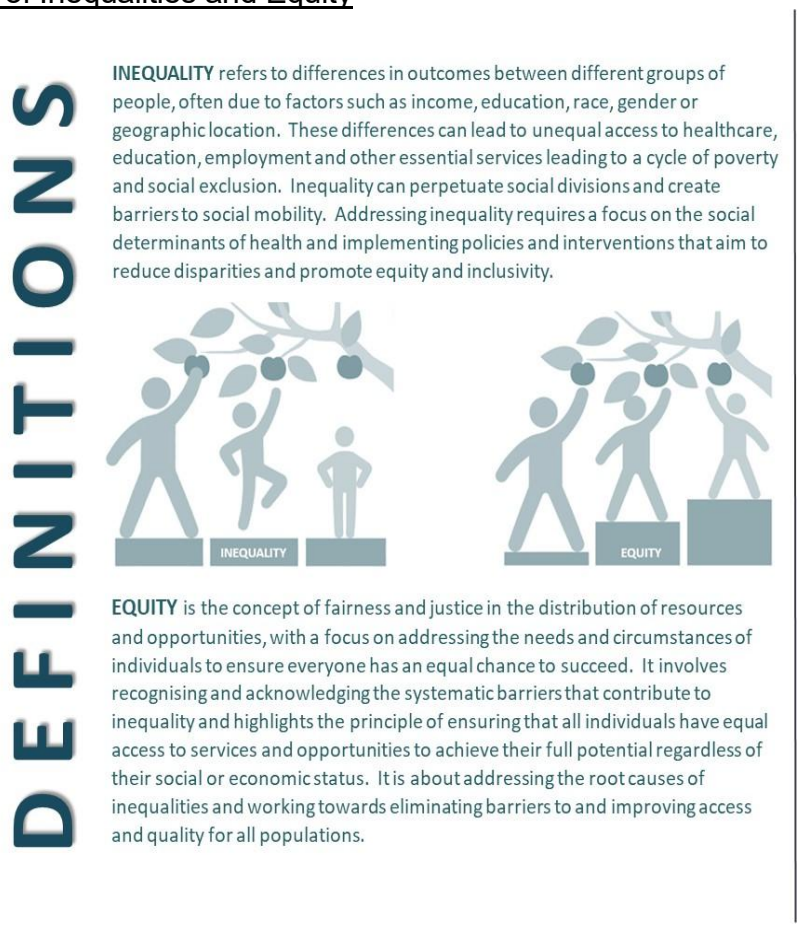

Figure 3: The cost of inequalities

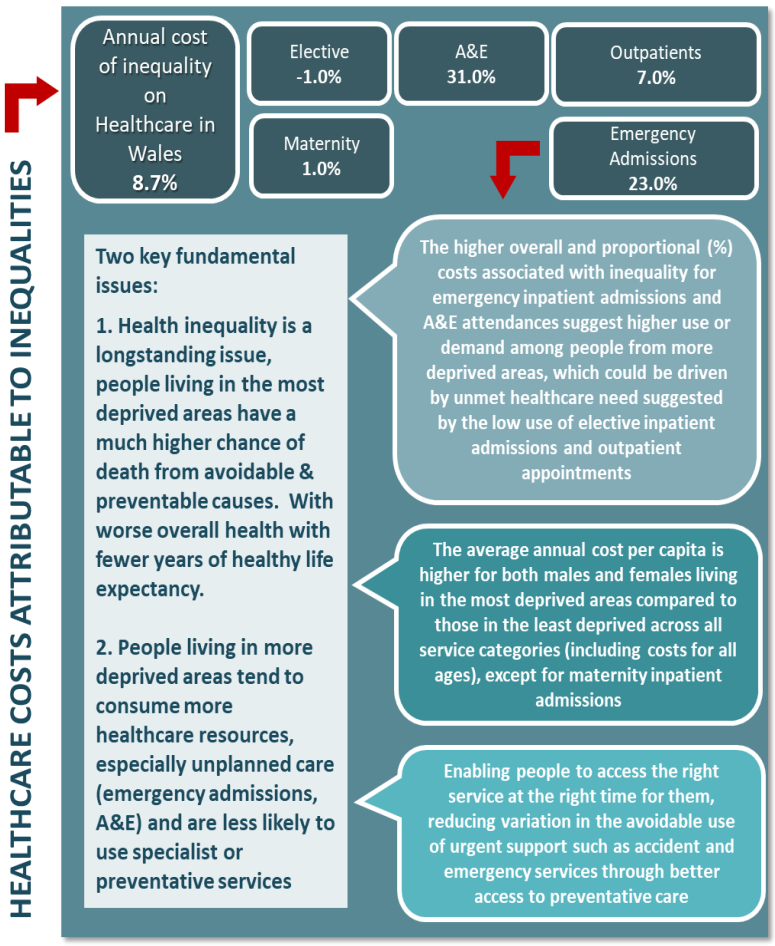

Figure 4: The equity checklist

HEALTH EQUITY CHECKLIST		Yes	Unsure	No
DOES THIS APPROACH CONSIDER ACCESS…				
	Populations living in the most deprived communities?			
	Those with protected characteristics (Equality Act, 2010)?			
	Vulnerable and inclusion health groups *(e.g. homeless, gypsy, Roma and traveller communities, sex workers, people in contact with the justice system)*?			
	Rural populations?			
	Those who miss appointments on a regular basis?			
	Those who access urgent care on a regular basis for conditions that could be managed in the community?			
WILL THIS APPROACH ADDRESS NEED?				
	Address poor health based on need and how will you know? (e.g. has a health needs assessment been undertaken?)			
	Those heath conditions that have the biggest impact on services and what are the trends ? *(e.g. Cancer, CVD, mental health)*			
	Evaluate/audit existing services and pathways to ensure their accessibility and equity?			
	Ensure that service utilisation is monitored to assess healthcare service use by various characteristics?			
DOES THIS APPROACH OPTIMISE INTERVENTIONS AND ASSESS EFFECTIVENESS …				
	Through using data to understand key factors in the local population that may contribute to poor health or high service utilisation. *(e.g. an ageing population, areas of deprivation, higher prevalence of lifestyle risk factors)* ?			
	Through systematically assessing impact on inequalities and monitoring changes over time? (e.g. pilot testing, evaluation, research, establishing benchmarks)			
	Ensuring resource /financial implications of the programme/intervention/option in terms of workforce demand, skills, training and programme costs are considered?			
DOES THIS APPROACH CONSIDER PARTNERSHIPS AND SOCIAL ACCEPTABILITY THROUGH…				
	Strengthening and expanding partnerships to enhance health equity? (e.g. multi-sectoral, community working)			
	Working with those that are likely to be affected by the outcome are engaged in the process? (e.g. Collaboration, coproduction, engagement)			
	Making a commitment to health equity through the development of inclusive policy and practice that is fair and transparent?			
	Ensuring that organisations and teams understand their responsibilities to tackling inequalities?			
	Collecting data to monitor patient experience?			
COULD THIS APPROACH WIDEN INEQUALITIES BY…				
	Not tackling the full spectrum of causes (e.g. behavioural risk factors, social determinants)?			
	Not being co-designed (e.g. engaging stakeholders)?			
	Relying on professional led interventions (e.g. can reinforce existing structures & barriers)?			
	Not recognising the economic impact of ill health and treatment (e.g. travel cost, time off work)?			
	Failing to ensure that health information is delivered in a way that empowers people to make informed decisions to meet their needs? (e.g. Health literacy, communications strategy)			

Additional elements of the tool, including advice on collating information, information on the Welsh Index of Multiple Deprivation (WIMD) assessment, data sources, mitigation, barriers and facilitators are outlined within the main document, which can be accessed here:

Copy of Equity-Focused HIA Version 3.0.xlsx

Feedback to date

The tool has been used and refined over the past few months. Feedback indicates that the tool strikes a good balance, being straightforward to use, while broad in its questioning, yet still providing enough detail to be genuinely informative and support decision-making.

The tool has proved useful as part of the Hywel Dda Arts Referral Programme as it provided a systematic approach to checking the team had considered equity as well as reassurance in terms of mitigating against any challenges and ensuring access to the programme is equitable. The summary of mitigation strategies, barriers and facilitators included in the tool has been highly praised.

The tool has also proven useful in partnership working and has been part of work planning with the food partnerships across Hywel Dda. The data sources and Welsh Index of Multiple Deprivation (WIMD) section have proved invaluable in ensuring the partnership is working with key communities in the least affluent areas and those who are at risk or experiencing food insecurity, even being able to drill down to postcode/street level.

However, feedback included that there are clear overlaps in terms of the Health Equity Impact Assessment, Quality Impact Assessments and Equality Impact Assessments which already have to be undertaken. Feedback has included that, once the Integrated Impact Assessment or the planned toolkit is introduced, this will mitigate the overlap because the information will all be in one place.

It is important that the tool is recognised as independent of Equality Impact Assessments. While Equality Impact Assessments (EqIA) cover socio-economic impacts of all strategic decisions, as required by the Socio-Economic Duty which was enacted as a part of the Equality Act in 2021, the Equity tool prompts for further detail. EqIA consider impact on the 9 protected characteristic groups, the socio-economic impacts and the impact on the armed forces community as required by the Armed Forces Covenant Duty. However, the EqIA process would not specifically address the broader vulnerable groups, such as sex workers and those in the criminal justice system.

Further changes will be made to the Equity focussed Health Impact Assessment tool based on feedback from Equality, Diversity and Inclusion colleagues. These edits will include referring to parts of an EqIA where these have been completed and streamlining the engagement elements so that engagement with affected individuals happens once for multiple assessments. The tool will continue to evolve as more services utilise it and feedback on its use and will be reviewed as part of a wider toolkit of assessment documents, which are currently in development.

Formal use of the tool in strategic decision making, 2025-26

The Clinical Services Plan Programme team has utilised the tool extensively in their options appraisals around strategic direction and delivery of services in a number of clinical areas. These include critical care, dermatology, emergency general surgery, endoscopy, ophthalmology, orthopaedics, radiology, urology and stroke services. Ensuring proposed

changes to do not negatively impact on equity of access to high quality care has been at the heart of planning discussions, and the equity focussed health impact assessment tool has been key to this.

Use of the tool going forward

It is expected that the Equity focussed Health Impact Assessment (HIA) will be utilised for strategic decision making, and also for key operational decisions, and become a standard part of practice throughout the Health Board in 2026. Discussions are ongoing around the governance, policy and use of equity focussed health impact assessments.

As highlighted, the equity focused HIA forms an important and integral part of the 20four7 prevention model. Currently, the EF-HIA has been incorporated within the 20four7 planning checklist, this is an MS Form being used by CCGs and Directorates to ensure the Prevention Model is being considered during the 2026/27 planning cycle: 20four7 Model Planning Cycle Self-Assessment Checklist – Fill in form

Discussions with colleagues are in progress with the intention to embed the 20four7 prevention model with existing quality improvement processes, therefore ensuring prevention is seen as a key element of quality and patient safety i.e. prevention prevents avoidable patient harm.

Argymhelliad / Recommendation

The Committee is asked to **approve** the Health Equity Toolkit.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.19 Provide assurance that a review process to receive and act upon clinical outcome indicators suggesting harm or unwarranted variation is in place and operating effectively at operational level, with concerns escalated to the Board
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply Domains of Quality
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	10 Population health

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Public Health Wales Act (2017) Welsh Index of Multiple Deprivation (WIMD) Socio-Economic Duty Armed Forces Covenant Duty
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Business Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are no capital requirements. Financial impact will be difficult to measure, but in reducing inequalities will be positive.
Ansawdd / Gofal Claf: Quality / Patient Care:	There are no perceived adverse outcomes
Gweithlu: Workforce:	No perceived risk
Risg: Risk:	No perceived risk
Cyfreithiol: Legal:	It is highly unlikely there is any scope for legal challenge
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable

Cydraddoldeb: Equality:	The purpose of the tool is to reduce inequalities