



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	14 August 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Section 136 Place of Safety Option Appraisal and Conclusion
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Liz Carroll – Service Director MHL D Clinical Care Group Kay Isaacs Service Assistant Director for MHL D Clinical Care Group

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

Section 136 (S136) is a section of the Mental Health Act (MHA) that allows a police officer to convey an individual they suspect to be mentally disordered in a public place, without a warrant, to a place of safety. Hywel Dda University Health Board is required to provide a place of safety in order that an assessment is undertaken within the required timeframe under the Act. In 2023, the Health and Safety Committee recommended a review be undertaken of the designated places of safety across the then, Directorate of Mental Health and Learning Disabilities (MHL D). The review was undertaken jointly by the MHL D Directorate and the Health, Safety and Security Team which encompassed site visits, triangulation of information and data analysis in relation to S136 activity and related incidents reported over the previous two years.

On completion of the review, environmental improvements were required at each S136 place of safety as well as an immediate action to temporarily close the Gorwelion Community Place of Safety due to safety concerns. The place of safety for children and young persons required immediate environmental actions to be undertaken but could remain on Morlais Ward, Glangwili hospital. There was a recommendation to consider potential benefits in having a centralised place of safety for adults in an appropriate environment and with a dedicated staff resource.

In respect of the recommendation to consider a centralised place of safety, an option appraisal process was undertaken by health and relevant external stakeholders to determine a future place of safety arrangement for adults.

The Committee are asked to consider the conclusion of the option appraisal and note the Quality Impact Assessment (QIA) and Equality Impact Assessment (EIA) assessments ahead of submission to Board.

**Cefndir / Background**

Historically, MHL D has provided S136 places of safety in all three counties. Two in Carmarthenshire, Carmarthen and Llanelli, one in Pembrokeshire, Haverfordwest and one in

Ceredigion, Aberystwyth. The Child and Adolescent Mental Health (CAMHS) place of safety is located on Morlais Ward, Glangwili Hospital, Carmarthen and is not included for consideration in this paper.

Data is routinely collated in respect of the number of individuals detained under S136 of the MHA and this data is monitored at the Mental Health Legislation Scrutiny Group (MHLSG) with a paper submitted to Mental Health Legislation Committee (MHLC) to provide an update in respect of governance, assurance and risk.

It is not possible to predict when an individual will be detained under the Act, nor can the police provide a notice period of less than an hour before an individual will arrive at the place of safety. There is a legal requirement for police to consult with a mental health clinician prior to use of S136 but urgent situations allow the police to proceed without consultation when there is a perceived risk to the individual or others. Consultation affords the opportunity to consider less restrictive options for assessment which is good practice and referenced in the MHA Code of Practice. To ensure consultation happens, mental health and police, have robust processes in place to facilitate this.

Use of S136 of the MHA for 20024/2025 occurred on 160 occasions with the percentage that were consulted on before use of the Act at 77%. The highest proportion were adults 85%, older adults 5% with children 10%.

Carmarthenshire was the location for most detentions and this is captured below.

Carmarthenshire	43%
Pembrokeshire	28%
Ceredigion	21%
Out of Area	8%

The main issues for the Health Board to consider are the environmental requirements and the ability to provide appropriate staffing in respect to the place of safety provision. Lack of location suitability and an unsafe staffing resource are currently the respective reasons why the place of safety in Aberystwyth and Haverfordwest are temporarily closed. Since the pandemic the place of safety has been centralised to Bryngofal ward, Llanelli, Carmarthenshire and has remained there whilst the joint review by mental health and the Health, Safety and Security team was undertaken and this arrangement has continued during the optional appraisal multi-agency review.

**Required standards for Section 136 of the Mental Health Act 1983 (England and Wales)**  
**Reference: Royal College of Psychiatrists (RCoP)**

The RCoP recommends a minimum of two mental healthcare professionals immediately available to receive the individual from the police at the place of safety and staff must be able to safely manage challenging behaviour without police support. Consideration should be given to having dedicated Section 136 staff who can be assigned to other wards or teams when not required. Extra staff should be available at short notice if required. In most cases the police should be free to leave within one hour, or once all staff are satisfied, they can safely manage the individual. Mental healthcare staff competences should include physical health assessment, risk assessments, physical restraint and the administration of medication as well as the care and comfort of the person.

The MH&LD Clinical Care Group are also exploring how, when not utilised for an individual detained under S136 the location can be used to assess the mental health of individuals away

from an Emergency Department (ED) when there is no physical requirement for them to attend there.

Historically, there was no identified funding for the staffing resource required to care for individuals detained in the place of safety. This has now been rectified following approval of the MH&LD Inpatient Workforce Stabilisation paper.

## Asesiad / Assessment

### Multiagency Stakeholder Group Option Appraisal to determine S136 Place of Safety Arrangements

The following options were considered by the multi-agency stakeholders which consisted of health representatives from the Clinical Care Group for Mental Health, Mental Health Act Administration Team, Dyfed Powys Police, local authorities, Carmarthenshire, Pembrokeshire, Ceredigion, West Wales Action for Mental Health (WWAMH) and Llais. As S136 is not a service and there is not a defined group of individuals that can be identified for detention under S136, WWAMH and Llais were able to contribute from the perspective of a person with lived experience at this stage, but if approval was provided by Board and in accordance with Welsh Government guidelines, public engagement may be required for a period of up to 8 weeks.

The following options were considered.

**Option 1** - change nothing, maintain S136 place of safety locations as they were.

**Option 2** - A single site adjacent to Bryngofal ward on the Prince Philip Site Llanelli

**Option 3**- A single site adjacent to the Psychiatric Intensive Care Unit and the Low Secure Unit at Hafan Derwen St David's Park, Carmarthen

**Option 4**- A single site adjacent to Morlais ward on the Glangwili site Carmarthen

**Option 5**- Utilise Sanctuary Service

The benefit considerations were categorised into patient and staff benefits in respect of health, local authority, and police alongside financial considerations. The negative and risk considerations are categorised under patient experience, quality & Safety, sustainability and finance.

Option Three – a single site located on Hafan Derwen, St David's Park, Carmarthen was concluded on completion of the appraisal as the recommended option to proceed with for the following reasons;

- The Health Board is only required to provide a Place of Safety for S136 detentions.
- Budget provided for the staffing resource required, will fund **one** place of safety only.
- The Hafan Derwen location enables immediate staff support from 2 wards when acute risk management is needed
- The clinical environment on the Hafan Derwen site is compatible with point of ligature health and safety requirements
- Geographically, for Hywel Dda's three counties, Carmarthen is the most central point.

The Section 136 Quality Impact Assessment has been submitted as appendix 1. A summary of key themes arising from the Quality Impact Assessment are as follows:

Centralised Provision & Co-location

- Positioning the suite at Hafan Derwen alongside Psychiatric Intensive Care Unit (PICU) and Low Secure Unit (LSU) enhances clinical oversight and inter-service coordination.
- Provides access to broader holistic care and hospital resources (e.g., medication, medical staff, A&E).

#### Staffing & Safety Enhancement

- Dedicated HCSW establishment supports compliance with national standards and ensures safe, skilled care.
- Facilitates better staff back-up arrangements and lowers overall staffing costs if concentrated to a single suite.

#### Physical Environment & Safety

- Environmentally safer design with some adjustments needed for entrance safety.
- Reduces environmental risks and supports quicker escalation of care when needed.

#### Accessibility & Travel Impact

- Central Carmarthen location improves travel times for individuals and multi agency professionals from Ceredigion and Pembrokeshire.
- Travel times increase for Llanelli-based individuals, though current arrangements have not led to Mental Health Act time breaches.
- Offers the ability to divert Section 136 cases from Glangwilli Hospital A&E more efficiently.

#### Resource Efficiency & Service Capacity

- Consolidating S136 sites improves resource utilisation however constrains capacity.
- Ongoing monitoring required to understand impact on alternative places of safety (e.g. custody, A&E).

#### Multi-Agency Collaboration & Support

- If only a single site is feasible, Carmarthen's location benefits multi-agency professionals who travel from across the 3 HDUHB counties.
- Transportation options for non-detained individuals will be considered individually to support safe discharge.

The Quality Impact Assessment Panel reviewing the QIA noted the statutory power that Section 136 affords police to detain individuals they believe are experiencing a mental health crisis and take them to a designated place of safety—meaning that access to these services is not elective or voluntary, but initiated by police intervention to safeguard the individual and the public. The panel supported the QIA conclusion that relocating to a single suite will improve operational safety, compliance, and holistic care opportunities. Although travel implications exist for certain areas, benefits in centralised access, efficiency, and enhanced staff support justify the change, pending ongoing impact monitoring, particularly around A&E's.

The Section 136 Equality Impact Assessment has been submitted as appendix 2.

The Options Appraisal presentation has been submitted as appendix 3.

## Argymhelliad / Recommendation

To receive assurance that due process has been followed in collaboration with key stakeholders for the centralised relocation of the S136 place of safety to Carmarthen, Carmarthenshire.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.2 Provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of health care provided and secured by the University Health Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care
Amcanion Cynllunio Planning Objectives	
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	

### **Gwybodaeth Ychwanegol:**

#### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ceisiadau Gofal Sylfaenol: Parties / Committees consulted	
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Contained within the body of the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Contained within the body of the report.
<b>Gweithlu:</b> <b>Workforce:</b>	Contained within the body of the report.
<b>Risg:</b> <b>Risk:</b>	Contained within the body of the report.
<b>Cyfreithiol:</b> <b>Legal:</b>	Not applicable
<b>Enw Da:</b> <b>Reputational:</b>	Contained within the body of the report.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not applicable

# Duty of Quality

## Quality-driven decision-making tool



### Part 1 - Quality Impact Assessment Toolkit

#### Overview & Guidance

This initial assessment should be completed to quantify potential impacts on quality or safety aspects (either positive, negative, or neutral/no impact), from any strategic decisions e.g. policy decisions, business cases, service improvements and changes, or efficiency savings projects that will affect operational services.

When completing the checklist consider the impact that the change will bring about in the long term. Also consider any impacts that might occur whilst the change is being implemented. For example, the project may be to introduce a new clinical pathway into an existing team, this will reduce waiting times for patients and result in smaller caseloads which are both long-term positive impacts. However, to introduce the new pathway staff working arrangement will need to change which may increase staff turnover resulting in patient waiting times for treatment increasing both are short term negative impacts. The QIA should reflect both the short-term and long-term impacts.

For the approval process and to ensure you are using the current version of the tool, please visit the QIA SharePoint page [https://nhs.wales365.sharepoint.com/sites/HDD\\_Nursing-assurance-and-safety/SitePages/Quality-Impact-Assessment.aspx](https://nhs.wales365.sharepoint.com/sites/HDD_Nursing-assurance-and-safety/SitePages/Quality-Impact-Assessment.aspx)

The tool once approved by the Directorate Triumvirate should be submitted to [patient.safety@wales.nhs.uk](mailto:patient.safety@wales.nhs.uk) for consideration at the QIA Panel

<b>Strategic Decision / Organisational Activity / Project Title:</b>	<b>Section 136 Review</b>
<b>Name and role of lead:</b>	<b>Rebecca Temple-Purcell, Assistant Director of Nursing MH&amp;LD</b>
<b>Executive sponsor:</b>	

Description of Strategic Decision / Project:	
Broadly outline what is being proposed and the decision that needs to be made	<p>The Health Board currently and on a temporary basis uses a single adult S136 place of safety located in Bryngofal Ward, Llanelli and an age-appropriate suite in Morlais Ward, Glangwili District General Hospital (DGH), Carmarthen. Historical arrangements have been to provide adult places of safety at Gorwelion Community Mental Health Centre (CMHC), Aberystwyth, Ceredigion, and on Cwm Seren Ward, Hafan Derwen, Carmarthen. There was formerly a Section 136 suite located on St. Caradog Ward, Brocerwyn, Haverfordwest, Pembrokeshire, however this was temporarily closed in February 2023 due to staffing capacity issues.</p> <p>In September 2023 a review of the S136 facilities was undertaken jointly by the Mental Health and Learning Disability (MH&amp;LD) Directorate and the Health, Safety and Security Team to check environmental conditions and operational arrangements of the service and facilities. This included risks and impacts associated with staff and patient safety. The review included site visits, together with information relating to S136 activity and incidents reported over the last 2 years.</p> <p>In order to mitigate the patient, health, safety, environmental and staffing risks that were highlighted as part of the review, minor works was undertaken to facilitate moving the age appropriate S136 space within Morlais Ward and a decision was made on 26th October 2023 to temporarily stand down the alternative/community place of safety at Gorwelion with immediate effect and to stop use of Cwm Seren. As a consequence to this action, all adults detained under S136 requiring a place of safety in a mental health environment have been diverted to the S136 facility based on Bryngofal Ward, Llanelli.</p>
Why is the proposal / decision needed	<p>The health and safety review highlighted that there are potential benefits in forming a single place of safety where the environment, staff resources, support and collaborative work with partner agencies, could be consistently provided. A multi-agency group has been established to include representatives from Carmarthenshire County Council, Pembrokeshire County Council, Ceredigion County Council, Dyfed Powys Police, Third Sector and mental health services. The purpose of the multi-agency Group has been to oversee a review of the provision of Section 136 facilities across the Hywel Dda region. The conclusion and recommendation from the review, in the absence of a feasible option to sustain S136 provision in each county, has been to change the location of the temporary single place of safety in Llanelli to Carmarthen.</p>
What are the drivers and influencing factors around the decision to be made? (e.g. legislation, national policy, professional body guidance, cost savings, ministerial priorities, quality standards, incidents etc)	<p>Drivers were the outcome to the health and safety review undertaken jointly by the MH&amp;LD Directorate and the Health, Safety and Security Team. This included site visits, triangulated with information regarding S136 activity and related incidents reported over the previous 2 years. The following National guidance and best practice standards were consulted as part of the review:</p> <ul style="list-style-type: none"> <li>• Health Building Note 03 - 01: Adult acute mental health units</li> <li>• Guidance for Commissioners: service provision for section 136 of the Mental Health Act 1983, Royal College of Psychiatrist</li> </ul> <p>The purpose of the review was to check environmental conditions and operational arrangements of the service and facilities. This included the risks and impacts associated with staff and patient safety.</p>
Who is directly affected by this proposal / decision? Please also consider people who may be indirectly affected	<p>Service Users, Family/Carers, Health Board, Local Authority, Dyfed Powys Police staff, Section 12 doctors that undertake assessments on behalf of the Health Board.</p>
How have you engaged with the people affected? If you have not yet engaged, what are your plans?	<p>Following the health and safety review, a report with its findings and recommendations was shared with MH&amp;LD Triumvirate, Heads of Service and Senior Nurse Managers. The temporary closure was discussed with the affected staff working on the alternative/community 'place of safety' at Gorwelion by the Senior Nurse Manager in Gorwelion. A multi-agency meeting was held with police, local authorities, St. John Ambulance and mental health services on 12<sup>th</sup> October 2023 to discuss the findings of the report and agree a plan to divert S136 cases from Gorwelion to a single place of safety in Carmarthenshire. On 22<sup>nd</sup> November 2023 a meeting was held with a representative of Llais to inform them of the temporary closure. Since then multi agency partners including the LAs from the 3 counties, Police and a representative from West Wales Action for Mental Health who has undertaken engagement with service users and carers about experiences of S136, have participated in a multi agency group to develop and review options for future S136 provision. A best option has been developed, to be taken through board to seek approval for formal public engagement on the plan.</p>
How does the proposal / decision impact on delivery of the organisation's strategic objectives or ministerial priorities?	<p>This proposal supports the annual work plan for the MH&amp;LD CCG with regard to providing a single point of assessment and further developing the Single Point of Contact 111 press 2 service.</p>
Is the proposal / decision planned to be temporary or permanent?	<p>The proposal to create a single place of safety at Hafan Derwen, Carmarthen will be permanent.</p>

<b>Has this Quality Impact Assessment been completed in collaboration with the clinical team(s) that the project will affect?</b>	Yes / No
YES	

This tool was developed by the Quality Assurance and Safety Team using ideas from Rotherham, Doncaster and Humberstone NHS Trust QsIA tool and the NHS (Wales) Executive beta tool <https://www.rdash.nhs.uk/wp-content/uploads/2022/10/QsIA-Policy-v1.pdf>

For advice and guidance using this tool, please contact Olwen Morgan, Assistant Director of Nursing, Cathie Steele, Head of Quality and Governance or Caroline Burgin, Patient Safety and Assurance Manager.

Health & Care Quality Standard	Possible considerations for this standard	Risk Score (current risk before change)			Tick impact			Does this impact link with a Quality Enabler? If yes, please list the enabler(s)? (Leadership, Workforce, Culture, Information, Learning improvement and research, Whole-system perspective)	Risk Score (after proposed change)			Description of impact
		Likelihood 1-5	Impact 1-5	Overall score	Positive	Neutral	Negative		Likelihood 1-5	Impact 1-5	Overall score	
Safe	It has not been possible to provide county based S136 facilities for some time due to there not being a dedicated establishment for S136 provision compounded by significant staffing deficits both in inpatients and in Ceredigion Community Mental Health Services where historical S136 provision has been sited. As set out in the review, environmental conditions including having appropriate staffing in the Gwrelton S136 facility are unsafe and cannot be mitigated against in a timely manner. There is a risk to patient safety as well as privacy and dignity concerns due to the physical location of the age appropriate S136 facility on Morlais Ward and the environment. These temporary closures and diversion of S136 patients to a single place of safety in Carmarthenshire, improves staff and patient safety, health and well-being though compliance with H&S regulations. There is potential for enforcement action including Improvement Notices/Prosecutions and claims due to breaches in legislation.	4	4	16	✓			Workforce	3	2	6	A single site, adult S136 suite co located with 2 other inpatient units on the Hafan Derwen site, with a dedicated HCSW staffing establishment, minimises safety risks associated with Staffing the S136 suite and addresses competencies needed in line with 'Standards on the use of Section 136 of the Mental Health Act 1983 (England and Wales)' and 'Guidance for commissioners: service provision for Section 136 of the Mental Health Act 1983', including appropriate back up when required. Environmental safety risks are significantly reduced however some adaption to the environment is required to create a safer entrance.
Timely	The historical position of having a S136 facility in each locality minimises time required to convey individuals to the place of safety and eases access by county based Approved Mental Health Professionals (AMHPs) who coordinate assessment however this has not been feasible for sometime and is judged to be an unfeasible option moving forwards. The current temporary single place of safety in Llanelli, causes an increase in travel time and a delay in assessment and treatment for individuals and staff in Ceredigion and Pembrokeshire.	4	3	12	✓			Whole System Perspective	3	3	9	Formally moving away from having places of safety in each of the 3 localities does impact on the timeliness of travel and access to assessment however current arrangements with a single place of safety in Llanelli have not resulted in time breaches under the MHA 1983. Changing location of the current, adult S136 place of safety facility in Llanelli to a single place of safety on the Hafan Derwen site, Carmarthen, will reduce distance and travelling times for some individuals, particularly for individuals and staff from Ceredigion and Pembrokeshire counties however will increase distance and travelling times for others, particularly individuals and staff from Llanelli. Basing the S136 in Carmarthen provides quicker access to A&E at Glangwilli in the event of physical health deterioration and offers opportunities to more easily divert S136 cases taken to Glangwilli A&E in the first instance.
Effective	The historical provision of S136 suites across each county included providing a community based place of safety at Gwrelton community mental health centre in Ceredigion which when in use diverted staff from the Crisis Intervention Home Treatment team in Ceredigion creating a business continuity risk and unpredictable, temporary removal of mental health critical services.	3	3	9	✓			Whole System Perspective	2	3	6	A single site, adult S136 suite on the Hafan Derwen site, Carmarthen enhances staff and patient safety, without compromising other essential services and facilitates provision of additional staffing back up, when required. Reducing the number of sites providing a S136 facility makes more effective use of resources. This does limit the mental health services capacity for accommodating individuals subject to S136 and will require ongoing monitoring of any impact on use of other places of safety that sit outside of mental health (Eg A&E and custody facilities). Having the single site in Carmarthen is a more central point for professionals/multi agency partners from across the three counties to travel to in comparison to the current temporary single site on Bryngofal Ward in Llanelli.
Efficient	The historical provision of S136 suites across each county and current temporary single place of safety on Bryngofal Ward Llanelli has been reliant on diverting staff from other essential services or using temporary staffing which has impacted on high levels of variable pay spending. Establishing dedicated establishments (as is required to meet commissioning standards) in order to ensure safe provision of S136 suites across each county is not cost efficient given the current level of S136 activity.	4	4	16	✓			Workforce	2	2	4	A single, adult S136 suite on the Hafan Derwen site, in Carmarthen will decrease the required Health Board Staffing costs to ensure delivery of a safe service. Its co location with PICU and LSU will generate benefits and efficiencies with staffing and clinical oversight.

Health & Care Quality Standard	Possible considerations for this standard	Risk Score (current risk before change)			Tick impact			Does this impact link with a Quality Enabler? If yes, please list the enabler(s)? (Leadership, Workforce, Culture, Information, Learning improvement and research, Whole-system perspective)	Risk Score (after proposed change)			Description of impact
		Likelihood 1-5	Impact 1-5	Overall score	Positive	Neutral	Negative		Likelihood 1-5	Impact 1-5	Overall score	
Equitable	Individuals detained under S136 of the Mental Health Act from across Health Board counties will continue to be conveyed to a place of safety within the Health Board footprint.	3	3	9	✓			3	3	9	<p>Has an EQIA screening tool been undertaken? Yes</p> <p>Has a full EQIA been undertaken? Yes</p> <p>Please provide a summary below: EQIA, completed and approved at the MH&amp;LD CCG Business Performance Assurance Group</p> <p><b>Link to full EQIA when published</b></p>	
Person-centred	The historical position of having a S136 facility in each locality reduces traveling time home for individuals if not detained and potentially makes it easier for families/carers to provide support however this has not been feasible for sometime and is judged to be an unfeasible option moving forwards. The current temporary single place of safety in Llanelli, causes an increase in travel time for family/carers travelling to support from Ceredigion and Pembrokeshire.	4	4	16	✓			3	3	9	A single, adult S136 suite on the Hafan Derwen site, Carmarthen will facilitate access to a wider range of holistic services to support individuals, in some instances access to medication, wider hospital services and medical staff etc. Options to facilitate transportation home for individuals who are not detained and are unable to access support from their family/carers will be looked at on a case by case basis.	

[https://nhs.wales.sharepoint.com/sites/HDD\\_HDD\\_Strategic\\_Partnerships\\_Diversity\\_Inclusion/SitePages/Equality-Impact-Assessments.aspx](https://nhs.wales.sharepoint.com/sites/HDD_HDD_Strategic_Partnerships_Diversity_Inclusion/SitePages/Equality-Impact-Assessments.aspx)



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**QIA Panel Use Only**

<b>Considered and supported by:</b>	<b>Name</b>
Deputy Director of Health Science	Jon Arthur
Head of Strategic Partnerships	Anna Bird
Associate Medical Director for Quality and Safety	Subhamay Ghosh
Assistant Director of Nursing, Assurance & Safeguarding	Cathie Steele
Consultant in Public Health Medicine	Michael Thomas
Assistant Director of Assurance and Risk	Charlotte Wilmshurst

<b>Considered and approved by Clinical Executive:</b>	<b>Name</b>
Director of Nursing, Quality and Patient Experience	Sharon Daniel
Medical Director	Mark Henwood
Director of Therapies and Health Science	James Severs

<b>Date presented to panel</b>	
<b>Panel decision</b>	
<b>Chair of Panel</b>	

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Supported	Date

Approved	Date

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

## Hywel Dda University Health Board Equality Impact Assessment (EqIA)

Service Director and Clinical Care Group	Liz Carroll – Service Director of Mental Health and Learning Disabilities
Service Area	MH&LD

### What is an Equality Impact Assessment (EqIA)?

An EqIA is a scrutiny tool which is used to ensure that when making decisions related to creating or changing projects, practices and policies, the decisions made are fair and do not discriminate against any protected group defined under the Equality Act 2010.

### Why do they have to be completed?

All public authorities in Wales are **legally required** under the Public Sector Equality Duty 2011 to **demonstrate that due regard** has been given in accordance with the [Equality Act 2010](#) with the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

### When should they be completed?

A fully completed EqIA, or if applicable an EqIA Screening, must be produced before the Health Board is asked to make decisions about:

- Changes to the way health services are delivered
- The development of a new service
- Clinical or non-clinical policy document/guidance

Completion of an EqIA or EqIA Screening is monitored as part of the Health Boards escalation process, and forms part of the Quality Impact Assessment process. An EqIA is a living document and should be regularly reviewed and updated in light of new information, emerging evidence or stakeholder engagement.

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions you will also need to consider undertaking an Equality and Health Impact Assessment. Please contact the Diversity and Inclusion (D&I) team if you require further clarity.

**Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the Clinical Care Group's responsibility to update the EqIA and inform the D&I team.**

### **Support**

For further support please visit the [EqIA Sharepoint](#) or contact:

Email: [Inclusion.hdd@wales.nhs.uk](mailto:Inclusion.hdd@wales.nhs.uk)

Tel: 01554 899055

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

**Section 1: Overview**

1.	<b>What are you Equality Impact assessing?</b>	Forming a single Adult S136 Suite in Carmarthenshire.
2.	<b>Brief Aims and Description of the procedure/ proposal/ project/ policy:</b>	In line with the Mental Health Act (1983) requirements, Hywel Dda University Health Board provides Section 136 (S136) place of safety facilities for individuals who have been detained under S136 of the Mental Health Act by the Police following concerns that they are suffering from a mental disorder.
3.	<b>Who is involved in undertaking this EqIA? (names/job titles)</b>	<p>Sophie Rees, Service Improvement Support Manager, Service Transformation and Partnerships Team, MH &amp; LD Clinical Care Group.</p> <p>Rebecca Temple-Purcell – Assistant Director of Nursing, Patient Safety, Quality and Experience, MH &amp; LD</p> <p>Kay Isaacs – Assistant Service Director of MH &amp; LD</p>
4.	<b>Is the procedure/ proposal/ project/ policy related to other policies/ areas of work?</b>	<p>Inter-agency Protocol – S136 MHA 1983, Mentally Disordered Persons Found in Public Places Policing and Crime Act 2017</p> <p>Mental Health Measure 2010 Code of Practice</p> <p>MHA Code of Practice</p> <p>Welsh Health Care Standards</p> <p>Right Care, Right Person</p>
5.	<b>Is this a new EqIA or an updated EqIA?</b>	<p>New <input checked="" type="checkbox"/></p> <p>Updated <input type="checkbox"/> Date of original or last version of the EqIA: Please give details / explain any amendments.</p>
6.	<b>Who will be affected by the procedure/ proposal/ project/ policy development?</b>	<p>Persons detained under S136</p> <p>Carers</p> <p>Mental Health Staffing receiving S136 persons.</p> <p>Dyfed Powys Police Officers who implement the S136</p>

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

<p>(Consider staff as well as the population, patients, carers and family members who may be affected to different degrees)</p>	<p>Dyfed Powys Police Custody officers receiving the S136          Accident &amp; Emergency staff          Pembrokeshire, Carmarthenshire, and Ceredigion Local Authorities          Approved Mental Health Professional          Section 12 Approved Doctors          Welsh Ambulance Service Trust          St Johns Ambulance Service          Third Sector Organisations</p>
<p><b>7. What might help/hinder the success of the procedure/ proposal/ project/ policy?</b></p>	<p>Lack of awareness, reliance on electronic storage systems to access policy. Raising awareness through Quality Assurance forums and meetings. Senior Managers cascading information and reference to the policy in line management supervision.</p>

## Section 2: 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.

Depending on the **procedure/ proposal/ project/ policy** you are considering, you may find the examples below helpful in relation to the Articles.

<b>Consider, is the procedure/ proposal/ project/ policy relevant to:</b>	Yes	No
<p><b>Article 2: The right to life.</b>  <b>Example:</b> The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control.</p>	√	
<p><b>Article 3: The right not to be tortured or treated in an inhuman or degrading way.</b>  <b>Example:</b> 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</p>	√	
<p><b>Article 5: The right to liberty</b>  <b>Example:</b> Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p>	√	

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<p><b>Article 6: The right to a fair trial</b>  <b>Example:</b> issues of patient choice, control, empowerment and independence</p>	√	
<p><b>Article 8: The right to respect for private and family life, home and correspondence.</b>  <b>Example:</b> 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</p>	√	
<p><b>Article 11: The right to freedom of thought, conscience and religion</b>  <b>Example:</b> 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</p>	√	

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### Section 3: Gathering of Evidence and Assessment of Potential Impact

How will the procedure/ proposal/ project/ policy impact on Age: Is it likely to affect older and younger people in different ways or affect one age group and not another?								Positive		
								Negative		
								No Impact	√	
<b>Guidance</b>  Remove population data if not relevant to EqIA and upload relevant data.	<b>Population Data</b>									
	County	Carms		Cere		Pembs		Total		Summary
	Age	value	%	value	%	value	%	value	%	All three regions that comprise the Hywel Dda area have seen an increase in the average age of their population between the last two population censuses, Ceredigion (has seen an increase by 5 years to 47), Pembrokeshire (increase by 3 years to 48) and Carmarthenshire (increase by 2 years to 42). <a href="https://ons.gov.uk/people-population-and-community">People, population and community - Office for National Statistics (ons.gov.uk)</a>
	Total: All usual residents	187,897	100	71,474	100	123,360	100	382,731	100.0	
	Aged 4 years and under	9,057	4.8	2,709	3.8	5,583	4.5	17,349	4.4	
	Aged 5 to 9 years	10,274	5.5	3,288	4.6	6,731	5.5	20,293	5.2	
	Aged 10 to 15 years	13,080	7	4,086	5.7	8,495	6.9	25,661	6.5	
	Aged 16 to 19 years	7,799	4.2	4,129	5.8	4,889	4	16,817	4.7	
	Aged 20 to 24 years	8,820	4.7	6,366	8.9	5,621	4.6	20,807	6.1	
	Aged 25 to 34 years	20,692	11	7,107	9.9	12,907	10.5	40,706	10.5	
	Aged 35 to 49 years	31,802	16.9	10,145	14.2	19,461	15.8	61,408	15.6	
	Aged 50 to 64 years	40,906	21.8	15,256	21.3	27,331	22.2	83,493	21.8	
	Aged 65 to 74 years	24,603	13.1	9,942	13.9	17,445	14.1	51,990	13.7	
	Aged 75 to 84 years	15,247	8.1	6,097	8.5	10,855	8.8	32,199	8.5	
Aged 85 years and over	5,617	3	2,349	3.3	4,042	3.3	12,008	3.2		

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Insert an age breakdown of those affected. This data can be recorded in table or free text format.

If no information is available, please state that here, including how you plan to address any identified data gaps in the future.

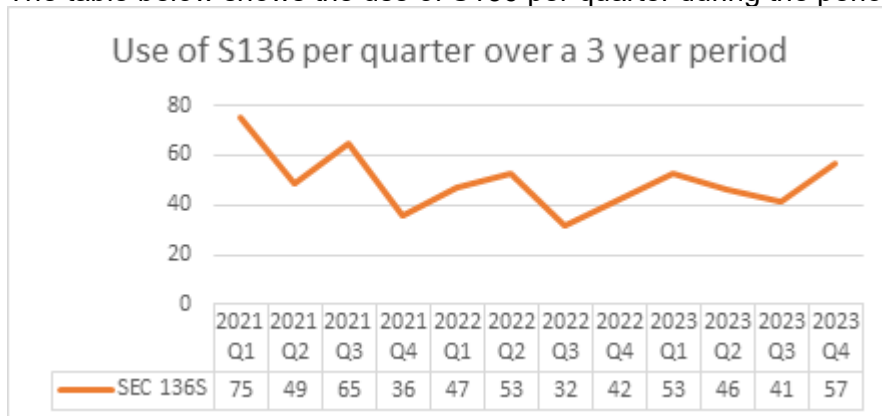
**Patient data**

**Service User Impact**

In line with the Mental Health Act (1983) requirements, Hywel Dda University Health Board provides Section 136 (S136) place of safety facilities for individuals who have been detained under S136 of the Mental Health Act. The powers of S136 provide authority for a police officer who finds a person who appears to be suffering from mental disorder, in a place to which the public has access, to remove them to a place of safety.

Mental health issues can affect anyone at any age. The increase in mental health crisis amongst the population is widely reported in the media and particularly prevalent in younger persons. The use of S136 is not age restricted however younger persons (those under 30) appear to be more likely to be placed on S136.

The table below shows the use of S136 per quarter during the period April 2021- March 2023.



Source MH&LD Internal reporting

The age range demonstrated by % within Hywel Dda during April 2021 and March 2023 can be seen below:

<b>Total of S136 use from April 2021-March 2023</b>	<b>591</b>
Older Adult	1.4%
Adult	91.6%
S-CAMHS	7%

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Source MH&LD Internal reporting

Insert breakdown of staff age in the specific service/ area of work.

If no information is available, please state that here including how you plan to address any identified data gaps in the future.

**Staff data**

***Mental Health and Learning Disabilities Clinical Care Group Age Range Breakdown***

From the table below we can see that the Clinical Care Group workforce age ranges closely mirror that of the health board workforce age range, with 19.6% of the Clinical Care Group over the age of 55.

Age Band	Headcount	%
<=20 Years	3	0.2%
21-25	53	4.2%
26-30	128	10.2%
31-35	164	13.0%
36-40	168	13.3%
41-45	140	11.1%
46-50	175	13.9%
51-55	182	14.5%
56-60	146	11.6%
61-65	80	6.4%
66-70	13	1.0%
>=71 Years	7	0.6%
<b>Grand Total</b>	<b>1,259</b>	<b>100.0%</b>

Source: Internal Mental Health and Learning Disability Reporting.

The Highest workforce age demographic with the Mental Health and Learning Disabilities Clinical Care Group is 51-55 highlighting the need for succession planning to encourage newer staff to join the service to enable continuity of service for the growing trend in Mental Health prevalence. The health board’s Annual Workforce equality report sets out to support the following initiatives:

- Apprenticeship Academy
- Kick start scheme to engage with local communities

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

	<ul style="list-style-type: none"> <li>• Continue to develop Stakeholder Engagement with partnering organisations to promote opportunities and increase accessibility</li> <li>• Job Description language revision</li> <li>• Identify the characteristics of work that are important to people aged 24 and under, and people aged 50 and over to explore actions that can be taken to attract and retain workers in the age profiles.</li> </ul> <p>The review and updates to the procedure reflect recommendations from the 2020 National Review “Beyond the Call” and are in line with the Mental Health Act code of practice for Wales 2016. The updates will not be outside the remit of current roles and responsibilities.</p>	
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Provide a brief summary of the positive impacts you have identified.</p>	<p><b>Positive Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p><b>No Impact</b></p> <p>No impact is foreseen for individuals under 18yrs old as there are no proposed changes to the existing age appropriate S136 provision.</p> <p>No impact is foreseen for individuals 18yrs+ in Carmarthenshire as the proposal is to deliver S136 provisions in Carmarthenshire.</p> <p>No greater or lesser impact on Pembrokeshire and Ceredigion individuals 18yrs+ is foreseen. Individuals who require S136 services will still receive them, however these will be delivered in an alternative location.</p>	

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

	No greater or lesser impact on staff ages is foreseen, the provision of S136 will apply to all Staff regardless of age and mental health service area.
--	--

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<b>How will the procedure/ proposal/ project/ policy impact on Disability:</b>					<b>Positive</b>	
Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.					<b>Negative</b>	
					<b>No Impact</b>	√
<b>Guidance</b>  Remove population data if not relevant to EqIA.	<b>Population Data</b>					
		<b>Carms</b>	<b>Cere</b>	<b>Pembs</b>	<b>Total</b>	
	Disabled under the Equality Act: Day-to-day activities limited a lot	21225	6686	12522	40463	
	Disabled under the Equality Act: Day-to-day activities limited a little	21897	8951	14651	45499	
	Total with a disability	43152	15637	27173	85,963	
	Total population	187,895	71,474	123,366	382,735	
	Percentage of population with a disability	23%	22%	22%	22%	
<a href="https://ons.gov.uk/people-population-and-community">People, population and community - Office for National Statistics (ons.gov.uk)</a>						
Insert data for those affected. Include data on the disabilities listed above. (The aging population may have significant levels of age-related disabilities.)  If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	<b>Patient data</b>					
	<b>Service User Impact</b>					
<p>From Census data (2021) records of people on local authority registers or claiming certain benefits, a reasonable indication of the numbers in the region living with serious illness or disability is as follows:</p> <p>In the West Wales (HDdUHB) region over 22,000 people (18-64) are entitled to Personal Independence Payment (PIP); 10,000 people are entitled to Disability Living Allowance (DLA) and over 13,500 people are entitled to Attendance Allowance (AA). With approximately 2,588 adults (16+) living with a moderate or severe learning disability (LD).</p> <p>According to Welsh Government records, in 2019, there were 9,444 people with physical or sensory disabilities on local authority registers in West Wales, 1,679 of those are aged between 18 and 64 and are registered with a physical disability and a further 1,744 aged between 18 and 64 are registered as having physical and sensory disabilities.</p> <p>According to a National Survey for Wales, 71% of the Hywel Dda population report 'very good or good general health'. 21% report their general health as 'Fair' with 9% reporting their general health to be 'bad or very bad'.</p>						

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	Illness				Type of illness				
	△Any longstanding illnesses	⚙️2 or more longstanding illnesses	⚙️Limited at all by longstanding illness	⚙️Limited a lot by longstanding illness	⚙️Musculoskeletal complaints	⚙️Heart and circulatory complaints	⚙️Endocrine and metabolic diseases	⚙️Respiratory system complaints	⚙️Mental disorders
Hywel Dda University Health Board	49%	21%	34%	20%	17%	14%	8%	8%	9%

[General health and illness by local authority and health board., 2016-17 to 2019-20 \(gov.wales\)](#)

From the table we can see that just under half of the Hywel Dda population report longstanding Health Conditions:

No data is collected on this characteristic during the S136 process.

Insert breakdown of staff with a disability who may be affected by your specific service/area of work.

If no information is available, please state that here including how you plan to address any identified data gaps in the future.

### Staff data Workforce Impact

#### Hywel Dda Health Board workforce disability data

The percentage of staff identifying as having a disability has decreased in by 0.48%. As of 31 March 2021, 2.20% of staff identified as having a disability.

The percentage of staff preferring not to answer has remained the same since 2019/20, (reported as 0.02%).  
23% of the Hywel Dda population have a limiting long-term illness or disability. This compares to 2.20% of the workforce.

Those staff whose records are not recorded on ESR has fallen by 4.89%. A total of 24% of the workforce are not recorded on ESR which makes drawing a conclusion on the data more difficult.

[Annual Workforce Equality Report 2020-21 Final Version for Board 23.8.21.pptx \(sharepoint.com\)](#)

#### Mental Health and Learning Disabilities Clinical Care Group Workforce disability data

Disability?	Headcount	%
No	979	77.8%
Learning disability/difficulty	21	1.7%

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Long-standing illness	11	0.9%
Mental Health Condition	8	0.6%
Not Declared	68	5.4%
Other	8	0.6%
Physical Impairment	6	0.5%
Prefer Not to Answer	5	0.4%
Sensory Impairment	3	0.2%
Yes - Unspecified	5	0.4%
Unspecified	145	11.5%
<b>Grand Total</b>	<b>1,259</b>	<b>100.0%</b>

Source: Internal Mental Health and Learning Disability Reporting.

5.4% of the Clinical Care Group workforce have not declared if they do/ do not have a disability, with a further 11.5% recorded as unspecified which again makes drawing a conclusion on the data more difficult.

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.

**Negative Impact**

- 
- 
- 

**Opportunities for improvement / mitigation**

- 
- 
- 

Provide a summary of the positive impacts you have identified.

**Positive Impact**

If you have determined no impact, please

**No Impact**

No impact is foreseen for individuals under 18yrs old as there are no proposed changes to the existing age appropriate S136 provision.

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

provide a brief explanation.

No impact is foreseen for individuals 18yrs+ with this characteristic in Carmarthenshire as the proposal is to deliver S136 provisions in Carmarthenshire.

No greater or lesser impact on Pembrokeshire and Ceredigion individuals 18yrs+ with this characteristic is foreseen. Individuals who require S136 services will still receive them, however these will be delivered in an alternative location.

No greater or lesser impact is foreseen, the S136 provisions will apply to all services users regardless of mental health service area and whether they identify or have previously identified as having a disability. The procedure promotes multi-agency consistency in the risk assessment, reporting and response processes when service users require S136 provisions. The procedure has been developed in line with equality and human rights legislation which the following policy acknowledges [Equality, Diversity and Inclusion Policy](#).

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Gender Reassignment: Consider the potential impact on individuals who have undergone, intend to undergo or are currently undergoing gender reassignment; and those who do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.								Positive	
								Negative	
								No Impact	√
<b>Guidance</b>  Remove population data if not relevant to EqIA.	<b>Population Data</b>								
	County	Carms		Cere		Pembs		Total	
	Gender	value	%	value	%	value	%	value	%
	Gender identity the same as sex registered at birth	144,924	93.2	55,874	91.02	95,794	93.41	296,592	92.54
	Gender identity different from sex registered at birth but no specific identity given	210	0.14	84	0.14	121	0.12	415	0.13
	Trans woman	93	0.06	73	0.12	58	0.06	224	0.08
	Trans man	90	0.06	62	0.1	66	0.06	218	0.73
	Non-binary	60	0.04	143	0.23	40	0.04	243	0.1
	All other gender identities	38	0.02	66	0.11	32	0.03	136	0.05
	Not answered	10,072	6.48	5,087	8.29	6,438	6.28	21,597	7.01
<a href="#">People, population and community - Office for National Statistics (ons.gov.uk)</a>									
Insert evidence of what proportion of those affected identify as a gender that is different to their sex registered at birth. This data can be recorded in table or free text format.  If no information is available, please state that here, including how you plan to address any	<b>Patient data</b>								
	<b><u>Service User Data</u></b> <u>No data currently collected by the service around this protected characteristic.</u>								
<b>Service User Impact</b> The service has been developed to ensure the Health Board operates in line with equality and human rights legislation which the following policy acknowledges: <a href="#">Equality, Diversity and Inclusion Policy</a> . The service does not discriminate and will be open to all regardless of their gender identity, with the Health Boards values embedded firmly in all they do: <ul style="list-style-type: none"> <li>▪ Putting people at the heart of everything we do</li> <li>▪ Striving to deliver and develop excellent services</li> <li>▪ Working together to be the best we can be</li> </ul>									

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<p>identified data gaps in the future.</p>	
<p>Insert breakdown of staff gender reassignment information affected by your specific service/area of work.</p> <p>If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p><b>Staff data</b>  <b>Workforce Data</b>  <b>Hywel Dda Health Board Workforce Data</b></p> <p>No specific workforce data is collected around this protected characteristic, however, is monitored as part of the wider Health Board workforce equality reporting.</p> <p><b>Mental Health and Learning Disabilities Clinical Care Group Workforce Data</b>          No Clinical Care Group level data is collected around this protected characteristic.</p> <p><b>Workforce Impact</b></p> <p>Mandatory Staff induction training which includes 'Treat Me Fairly' - This course will help staff to recognise the value of their contribution in providing an excellent standard of service that is fair and meets individual needs whilst treating everyone with dignity and respect. Other Health Board training available includes:</p> <ul style="list-style-type: none"> <li>▪ Equality &amp; Diversity Awareness and Unconscious Bias (Diverse Cymru)</li> <li>▪ Introduction to Allyship, Delivering Inclusive Services &amp; Allies Programme Parts 1 &amp; 2 (Stonewall Cymru)</li> </ul> <p>Resources for staff support can be found on the health board website: <a href="#">Equality, diversity and inclusion - Hywel Dda University Health Board (NHS. Wales)</a> which includes specific learning around gender reassignment: <a href="#">Home   Gendered Intelligence</a></p> <p>There is an Inclusive recruitment policy in place to ensure no discrimination against staff with this characteristic: <a href="#">Working for Us - Inclusive-Recruitment---Sexual-Orientation-and-Gender-Identity--English--.pdf - All Documents (sharepoint.com)</a></p> <p>The health board promotes and highlights key dates throughout the year and support available, including Transgender Day of Remembrance. To promote awareness, the Enfys staff network is promoted via Global emails and on the staff Facebook page.</p>

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<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Provide a summary of the positive impacts you have identified.</p>	<p><b>Positive Impact</b></p>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p><b>No Impact</b></p> <p>It is perceived that no greater or lesser impact is foreseen, the provision of S136 will apply to all services users regardless of mental health service area and gender and it will not affect the support provided by the service.</p> <p>No greater or lesser impact to the workforce is foreseen. The Health Boards <a href="#">Supporting Transgender Staff Policy</a> outlines workplace guidelines for addressing the needs and issues that arise in the workplace when a trans person is recruited or transitions during their term of employment.</p>	

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How will the procedure/ proposal/ project/ policy impact on Marriage and Civil Partnership		Positive															
		Negative															
		No Impact	√														
<p><b>Guidance</b></p> <p>Remove population data if not relevant to EqIA.</p>	<p><b>Population Data</b></p> <p>Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment.</p> <p>In Carmarthenshire, 32.4% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 20.3% either had their legal partnership status dissolved, are separated or are surviving their partner.  <a href="#">How life has changed in Carmarthenshire: Census 2021 (ons.gov.uk)</a></p> <p>In Ceredigion, 38.7% of people never married or registered a civil partnership, against 43.1% of people who are married or on a civil partnership. The remaining 18.2% either had their legal partnership status dissolved, are separated or are surviving their partner.  <a href="#">How life has changed in Ceredigion: Census 2021 (ons.gov.uk)</a></p> <p>In Pembrokeshire, 31.8% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 21% either had their legal partnership status dissolved, are separated or are surviving their partner.  <a href="#">How life has changed in Pembrokeshire: Census 2021 (ons.gov.uk)</a></p>																
<p>If data is available insert evidence of those that are affected are Married or are in a Civil Partnership. This data can be recorded in table or free text format.</p> <p>If no information is available, please state that here, including how you plan to address any</p>	<p><b>Patient data</b></p> <p><b>Service User Impact</b></p> <p><a href="#">The table below shows the</a> number of people in West Wales by county who are registered within a Marital or Civil Partnership:</p> <table border="1" data-bbox="376 1077 1512 1372"> <tbody> <tr> <td><b>All usual residents Carmarthenshire aged 16+</b></td> <td>150,763</td> </tr> <tr> <td>Single (never married or never registered a same-sex civil partnership)</td> <td>44,478</td> </tr> <tr> <td>Married</td> <td>74,636</td> </tr> <tr> <td>In a registered same-sex civil partnership</td> <td>205</td> </tr> <tr> <td>Separated (but still legally married or still legally in a same-sex civil partnership)</td> <td>2,977</td> </tr> <tr> <td>Divorced or formerly in a same-sex civil partnership which is now legally dissolved</td> <td>15,017</td> </tr> <tr> <td>Widowed or surviving partner from a same-sex civil partnership</td> <td>13,450</td> </tr> </tbody> </table>			<b>All usual residents Carmarthenshire aged 16+</b>	150,763	Single (never married or never registered a same-sex civil partnership)	44,478	Married	74,636	In a registered same-sex civil partnership	205	Separated (but still legally married or still legally in a same-sex civil partnership)	2,977	Divorced or formerly in a same-sex civil partnership which is now legally dissolved	15,017	Widowed or surviving partner from a same-sex civil partnership	13,450
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identified data gaps in the future.	<b>All usual residents Pembrokeshire aged 16+</b>	100,362
	Single (never married or never registered a same-sex civil partnership)	28,538
	Married	50,580
	In a registered same-sex civil partnership	133
	Separated (but still legally married or still legally in a same-sex civil partnership)	2,159
	Divorced or formerly in a same-sex civil partnership which is now legally dissolved	10,162
	Widowed or surviving partner from a same-sex civil partnership	8,790
	<b>All usual residents Ceredigion aged 16+</b>	64,692
	Single (never married or never registered a same-sex civil partnership)	25,047
	Married	27,711
	In a registered same-sex civil partnership	113
	Separated (but still legally married or still legally in a same-sex civil partnership)	1,218
	Divorced or formerly in a same-sex civil partnership which is now legally dissolved	5,525
Widowed or surviving partner from a same-sex civil partnership	5,078	
	<a href="#">Data Viewer - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)</a>	
	It can be assumed that a number of Service Users across the Mental Health and Learning Disability Clinical Care Group will be either married or in a civil partnership.	
Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work.	<b>Staff data</b>	
	<b>Workforce Impact</b>	
	Compared to 31 <sup>st</sup> March 2020 the percentage of staff detailing marital status information has increased by 0.25% by 31 <sup>st</sup> March 2021. Those staff whose records are not recorded on ESR has decreased by 0.25% for the period.	
	<a href="#">Annual Workforce Equality Report 2020-21 Final Version for Board 23.8.21.pptx (sharepoint.com)</a>	
If no information is available, please state that here including how you	No Clinical Care Group level data is collected around this protected characteristic, however, is monitored as part of the wider Health Board workforce equality reporting.	

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

<p>plan to address any identified data gaps in the future.</p>	<p>It can be assumed that a number of staff working across the Mental Health and Learning Disability Clinical Care Group will be either married or in a civil partnership.</p> <p>The review and updates to the procedure reflect recommendations from the 2020 National Review 'Beyond the Call' and are in line with the Mental Health Act code of practice for Wales 2016. The updates will not be outside the remit of current roles and responsibilities.</p> <p>The procedure has been developed in line with equality and human rights legislation which the following policy acknowledges <a href="#">Equality, Diversity and Inclusion Policy</a>.</p>	
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Provide a summary of the positive impacts you have identified.</p>	<p><b>Positive Impact</b></p>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p><b>No Impact</b></p> <p>It is perceived that no greater or lesser impact is foreseen, the provision of S136 will apply to all services users regardless of mental health service area and marital or civil partnership status.</p> <p>Whether an individual is single, married, or in a civil partnership it will not affect the support provided by the service.</p> <p>No impact is foreseen for individuals under 18yrs old single, married, or in a civil partnership as there are no proposed changes to the existing age appropriate S136 provision.</p>	

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

No impact is foreseen for individuals 18yrs+ single, married, or in a civil partnership in Carmarthenshire as the proposal is to deliver S136 provisions in Carmarthenshire.

No greater or lesser impact on Pembrokeshire and Ceredigion individuals 18yrs+ single, married, or in a civil partnership is foreseen. Individuals who require S136 services will still receive them, however these will be delivered in an alternative location.

It is perceived that no greater or lesser impact to staff on the basis of their marital or civil partnership status, the provisions of S136 will apply to all Staff regardless of mental health service area and their marital or civil partnership status.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.		Positive	
		Negative	
		No Impact	√
<p><b>Guidance</b></p> <p>Remove population data if not relevant to EqIA.</p>	<p><b>Population Data (Wales)</b></p> <p><a href="https://www.ons.gov.uk/births-in-england-and-wales">Births in England and Wales: summary tables - Office for National Statistics (ons.gov.uk)</a></p>		
<p>If data is available insert evidence of those that are affected are Married or are in a Civil Partnership This data can be recorded in table or free text format.</p> <p>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p>	<p><b>Patient data</b></p> <p>As many as one in five women develop a mental health problem during pregnancy or in the first year after the birth of their baby. Maternal mental health problems can range from anxiety, low mood, and depression to psychosis. Depression and anxiety are the most common mental health problems during pregnancy, with around 12% of women experiencing depression and 13% experiencing anxiety; many women will experience both. Depression and anxiety also affect 15-20% of women in the first year after childbirth.</p> <p><a href="https://theconversation.com/maternal-mental-health-problems-the-impact-in-numbers">Maternal mental health problems – the impact in numbers (theconversation.com)</a></p> <p><b>National Population Data</b></p> <p>Wales statistics in 2021 relating to Pregnancy and Maternity and Mental Health found the following:</p> <ul style="list-style-type: none"> <li>• There were 28,879 live births, an increase of 0.3% from 2020</li> <li>• 29% of pregnant women reported that they had a mental health condition at their initial assessment.</li> <li>• Younger pregnant women (aged 24 or younger) reported a higher percentage of mental health conditions than other age groups</li> <li>• 30% of pregnant women were obese (recorded as having a BMI of 30 or more) at their initial assessment</li> <li>• 15% of pregnant women were recorded as being a smoker at their initial assessment</li> </ul> <p><a href="https://gov.wales/maternity-and-birth-statistics-2021">Maternity and birth statistics: 2021   GOV.WALES</a></p>		

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

**Local Population Data**

The following table shows the number of live births recorded for the year 2015 in the Hywel Dda Footprint.

Hywel Dda University Local Health Board	Ceredigion	632
	Pembrokeshire	1,180
	Carmarthenshire	1,855

[Live births by area and age of mother \(gov.wales\)](#)

In 2021, 29% of women in the Hywel Dda footprint reported a mental health condition at their initial assessment which mirrors the national statistics recorded for Wales in the same year.

**Service User Data**

No data currently collected by the service around this protected characteristic.

Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work.

If no information is available, please state that here including how you plan to address any identified data gaps in the future.

**Staff data**

**Workforce Data**

**Hywel Dda Health Board Workforce Data**

As of the 31<sup>st</sup> March 2021 the percentage of employees on leave due to maternity and adoption showed a decrease of 0.05% compared to 31<sup>st</sup> March 2020. With only two individuals out of 1,189 left following a period of maternity or adoption leave.

HDUHB Headcount by Pregnancy & Maternity/Adoption Leave		
	Headcount	%
<b>Maternity &amp; Adoption</b>	438	3.50%

[Annual Workforce Equality Report 2020-21 Final Version for Board 23.8.21.pptx \(sharepoint.com\)](#)

**Mental Health and Learning Disabilities Workforce Data**

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

	No Clinical Care Group level data is collected around this protected characteristic, however, is monitored as part of the wider Health Board workforce equality reporting	
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
Provide a summary of the positive impacts you have identified.	<p><b>Positive Impact</b></p>	
If you have determined no impact, please provide a brief explanation.	<p><b>No Impact</b> <b>Service User Impact</b></p> <p>No greater or lesser impact on pregnancy or maternity. The service has been developed to ensure the Health Board operates in line with equality and human rights legislation which the following policy acknowledges: <a href="#">Equality, Diversity and Inclusion Policy</a>.</p> <p>No impact is foreseen for individuals under 18yrs old with this characteristic as the existing age appropriate S136 provision is centralised in Carmarthenshire.</p> <p>No impact is foreseen for individuals 18yrs+ with this characteristic in Carmarthenshire as the proposal is to deliver S136 provisions in Carmarthenshire.</p> <p>No greater or lesser impact on Pembrokeshire and Ceredigion individuals 18yrs+ with this characteristic is foreseen. Individuals who require S136 services will still receive them, however these will be delivered in an alternative location.</p>	

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**Workforce Impact**

No greater or lesser impact on pregnancy or maternity. The positive actions identified to support Pregnant Staff or those on maternity leave are detailed within the annual workforce equality Report.

- All pregnant staff and those returning from maternity and adoption leave have equal access to training opportunities for career progression
- Promotion of flexible working options for those returning from maternity or adoption leave
- Improvement strategies around retaining employees following periods of maternity or adoption leave

**How will the procedure/ proposal/ project/ policy on Race/Ethnicity or Nationality**

People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers. Also includes citizenship.

<b>Positive</b>	
<b>Negative</b>	
<b>No Impact</b>	√

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<p><b>Guidance</b></p> <p>Remove population data if not relevant to EqIA.</p>	<b>Population Data</b>								
	<b>County</b>	<b>Carms</b>		<b>Cere</b>		<b>Pembs</b>		<b>Total</b>	
	<b>Ethnicity</b>	<b>Value</b>	<b>%</b>	<b>Value</b>	<b>%</b>	<b>Value</b>	<b>%</b>	<b>Value</b>	<b>%</b>
	Total: All usual residents	187,898	100	71,473	100	123,359	100	382,730	100
	Asian, Asian British or Asian Welsh	2,321	1.2	1,096	1.5	1,159	0.9	4,576	1.2
	Black, Black British, Black Welsh, Caribbean or African	455	0.2	366	0.5	244	0.2	1,065	0.3
	Mixed or Multiple ethnic groups	1,756	0.9	867	1.2	1,162	0.9	3,785	1
	White	182,652	97.2	68,776	96.2	120,375	97.6	371,803	97
	Gypsy or Traveller	450	0.2	55	0.08	585	0.5	1,090	0.3
	Another ethnic group	714	0.4	368	0.5	419	0.3	1,501	0.4
<a href="https://ons.gov.uk/people-population-and-community">People, population and community - Office for National Statistics (ons.gov.uk)</a>									
<p>If data is available insert a breakdown of Race / Ethnicity or Nationality of those that are affected.</p> <p>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p>	<b>Patient data</b>								
	<p>National evidence indicates that people from Black, Asian, and Minority Ethnic backgrounds, (BAME) – including Gypsies and Travellers are disproportionately represented among mental health service users.</p> <p>Rates of mental health problems can be higher for some BAME groups than for White people. As well as the factors that can affect everyone’s mental health, people from BAME communities may also contend with racism, inequality, and mental health stigma.</p> <ul style="list-style-type: none"> <li>• Black men are more likely to have experienced a psychotic disorder in the last year than White men</li> <li>• Black people are four times more likely to be detained under the Mental Health Act than White people</li> <li>• Older South Asian women are an at-risk group for suicide</li> <li>• Refugees and asylum seekers are more likely to experience mental health problems than the general population, including higher rates of depression, anxiety, and PTSD</li> </ul> <p>Some groups have better mental health. For example:</p> <ul style="list-style-type: none"> <li>• People of Indian, Pakistani, and African-Caribbean origin showed higher levels of mental well-being than other ethnic groups</li> </ul>								

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- Suicidal thoughts and self-harm were less common in Asian people than in White people
- Mental ill-health is lower among Chinese people than among White people

Different communities understand and talk about mental health in different ways. In some communities, mental health problems are rarely recognised or spoken about. They may be seen as shameful or embarrassing. This can discourage people from talking about their mental health or seeing their GP for help.

Research shows BAME people can face barriers to getting help, including:

- not recognising they have a mental illness because mental health was stigmatised or never talked about in their community
- not knowing that help is available or where to go to get it
- language barriers
- turning to family or friends rather than professional support, especially for people who don't trust formal healthcare services
- financial barriers, such as paying for private counselling
- not feeling listened to or understood by healthcare professionals
- White professionals who do not understand their experiences of racism or discrimination

[Black, Asian and minority ethnic \(BAME\) communities \(mentalhealth.org.uk\)](https://www.mentalhealth.org.uk/information/support/black-asian-and-minority-ethnic-bame-communities)

**National Population Data**

[Ethnicity data reported in June 2022 by Stats Wales shows that, 5.1% of people identify as Black, Asian or a Minority Ethnic.](#)

Location	White	Black, Asian, and Minority Ethnic	Percentage of people who are Black, Asian, and Minority Ethnic
Wales	2973,800	158,400	5.1%

[Ethnicity by area and ethnic group \(gov.wales\)](#)

**Local Population Data**

Local Ethnicity data reported in June 2022 for the Hywel Dda footprint shows a greater percentage of White people living in each county.

Location	White	Black, Asian, and Minority Ethnic	Percentage of people who are Black, Asian, and Minority Ethnic
Pembrokeshire	125,000	1,600	1.5%
Carmarthen	176,900	5,600	3.1%
Ceredigion	74,800	1,100	1.5%

[Ethnicity by area and ethnic group \(gov.wales\)](#)

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It should be noted that the data collected on Black, Asian and Ethnic Minorities is not considered robust due to a low engagement in responses.

**The number of detentions for Q,2,3,4 2024 and Q1 2025 comprised of 160 detentions, 159 white British and 1 Chinese national.**

**Service User Data**

No data is collected by the service around this protected characteristic.

Insert breakdown of the Race/Ethnicity or Nationality of the staff affected by your specific service/area of work.

**Staff data**

No greater or lesser impact is foreseen on Race/ Ethnicity or nationality.

Mandatory Staff induction training which includes 'Treat Me Fairly' - This course will help staff to recognise the value of their contribution in providing an excellent standard of service that is fair and meets individual needs whilst treating everyone with dignity and respect.

Other Health Board training available includes:

- Equality & Diversity Awareness and Unconscious Bias (Diverse Cymru)
- Introduction to Allyship, Delivering Inclusive Services & Allies Programme Parts 1 & 2 (Stonewall Cymru)

Resources for staff support can be found on the health board website: Equality, diversity and inclusion - Hywel Dda University Health Board (NHS. Wales)

Positive Actions identified in the Annual Workforce Equality report include-

- BAME Staff Network established- members can be kept up to date with news, information, and training opportunities
- Further promotion and engagement with ongoing projects: 'Active Bystander Pilot' and 'Reverse mentoring'
- 'Inclusive requirement' Training to include guidance on the equality principles and use of discriminatory words in job descriptions and person specifications.

If no information is available, please state that here including how you plan to address any identified data gaps in the future.

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<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Provide a summary of the positive impacts you have identified.</p>	<p><b>Positive Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p><b>No Impact</b></p> <p>No greater or lesser impact is foreseen on Race/ Ethnicity or nationality. The service has been developed to ensure the Health Board operates in line with equality and human rights legislation which the following policy acknowledges: Equality, Diversity and Inclusion Policy.</p> <p>The service does not discriminate and is available to anyone regardless of their Race, Ethnicity or National Identity. Anybody entering the service will receive the same standard of care regardless of their background and cultural beliefs.</p> <p>As standard all documentation and information issued to Patients is available in English and Welsh, with a translation service available within the health board for other languages.</p> <p>The Health Board has a process to ensure that people have easy access across the organisation to accredited interpretation and translation services for Welsh, community languages, Braille and British Sign Language, outlined in the Interpretation and Translation Policy. There are a number of translation tools available which include a language Line, Insight App and Attend Anywhere Video Consultation.</p> <p>No impact is foreseen for individuals under 18yrs old with this characteristic as the existing age appropriate S136 provision is centralised in Carmarthenshire.</p>	

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No impact is foreseen for individuals 18yrs+ with this characteristic in Carmarthenshire as the proposal is to deliver S136 provisions in Carmarthenshire.

No greater or lesser impact on Pembrokeshire and Ceredigion individuals 18yrs+ with this characteristic is foreseen. Individuals who require S136 services will still receive them, however these will be delivered in an alternative location.

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How will the procedure/ proposal/ project/ policy impact on Religion or Belief (or non-belief) The term 'religion or belief' includes a religious or philosophical belief, including ethical veganism.								Positive	
								Negative	
								No Impact	√
<b>Guidance</b>  Remove population data if not relevant to EqIA.	<b>Population Data</b>								
	County	Carms		Cere		Pembs		Total	
	<b>Religion</b>	Value	%	Value	%	Value	%	Value	%
	Total: All usual residents	187,899	100	71,476	100	123,363	100	382,738	100
	No religion	83,409	44.4	30,749	43	52,998	43	167,1560	43.5
	Christian	89,378	47.6	33,409	46.7	60,174	48.8	182,961	47.7
	Buddhist	557	0.3	378	0.5	462	0.4	1,397	0.4
	Hindu	419	0.2	158	0.2	161	0.1	738	0.2
	Jewish	103	0.1	75	0.1	58	0	236	0.1
	Muslim	1,026	0.5	515	0.7	587	0.5	2,128	0.6
	Sikh	177	0.1	35	0	32	0	244	0.0
	Other religion	1,127	0.6	677	0.9	746	0.6	2,550	0.7
Not answered	11,703	6.2	5,480	7.7	8,145	6.6	25,328	6.8	
<a href="https://ons.gov.uk/people-population-and-community">People, population and community - Office for National Statistics (ons.gov.uk)</a>									
If data is available insert a breakdown of the Religion or Belief (or non-belief) of those affected. This data can be recorded in table or free text format.  If no information is available, please state that here, including how you plan to address any	<b>Patient data</b>								
	<p>Wider research suggests that in better treating and understanding service users religious and cultural needs can contribute to their wellbeing and has been seen to reduce Length of Stay in hospital.</p> <p>Research indicates that higher levels of religious belief and practice (known in social science as "Religiosity") is associated with better mental health. In particular, the research suggests that higher levels of religiosity are linked with lower rates of depression, anxiety, substance misuse, and suicidal behaviour.</p> <p>Religiosity is also linked with better physical health and subjective well-being.  <a href="#">Religion and Mental Health: What Is the Link?   Psychology Today</a></p>								
<b><u>National Population Data</u></b>									

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identified data gaps in the future.

According to wellbeing Wales 2022, for the first time in Wales (2018 to 2020), the proportion of the population stating they had no religion (49.9%) was higher than the proportion identifying as Christian (45.8%), though these figures varied by region. 1.7% of the population identified as Muslim and 2.4% identified with another religion (apart from Christian). [A more equal Wales \[HTML\] | GOV.WALES](#)

Location	No Religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other Religion	Religion Not Stated
All Wales	982,997	1,763,299	9,117	10,434	2,064	45,950	2,962	12,705	233,928

[Data Viewer - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

### Local Population Data

This table provides information that classifies usual residents by religion in the Hywel dda footprint as at census day, 27 March 2011.

Location	No Religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other Religion	Religion Not Stated
Pembrokeshire	33,442	77,162	422	230	50	425	36	648	10,024
Carmarthenshire	53,036	113,534	420	351	82	625	125	945	14,659
Ceredigion	23,329	43,981	355	197	64	521	30	742	6,703

[Data Viewer - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)

### Service User Data

No data is collected by the service around this protected characteristic.

Insert breakdown of Religion or Belief (or non-belief) of staff affected by your specific service/area of work.

### Staff data

#### [Workforce Data](#)

#### Hywel Dda Health Board Workforce Data

Conclusions following the analysis of data in the Annual Workforce Equality report shows that Compared to 31<sup>st</sup> March 2020 the percentage of staff identifying as having a specific religion or belief has risen by 3.55% as of 31<sup>st</sup> March 2021. The percentage of staff choosing not to disclose this information has fallen by 0.35%.

The percentage of staff identifying as having other religious belief has also risen by 0.80% for the reporting period.

The workforce profile of Hywel Dda shows, 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 has fallen by 4% in the recording period, 1,994 employees do not have their religious belief recorded on ESR which makes drawing a conclusion on the data more difficult.

If no information is available, please state that here including how you plan to address any

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identified data gaps in the future.

	Headcount	%
Atheism	1,673	13.36%
Buddhism	49	0.39%
Christianity	5,141	41.04%
Hinduism	62	0.49%
Islam	114	0.91%
Judaism	4	0.03%
Sikhism	2	0.02%
Other	1,150	9.18%
I Do Not wish To Disclose My Religion/Belief	2,337	18.66%
Not Recorded on ESR	1,994	15.92%
Total	12,526	100%

[Annual Workforce Equality Report 2020-21 Final Version for Board 23.8.21.pptx \(sharepoint.com\)](#)

### Mental Health and Learning Disabilities Workforce Data

Clinical Care Group level data closely mirrors that of the health board data profile with the highest recorded religion as Christianity (35.9%) with a higher percentage (19.3%) of staff not wishing to disclose their religion or belief.

Religious Belief	Headcount	%
Atheism	273	21.7%
Buddhism	5	0.4%
Christianity	452	35.9%
Hinduism	7	0.6%
I do not wish to disclose my religion/belief	243	19.3%
Islam	16	1.3%
Judaism	2	0.2%
Other	148	11.8%
<i>Unspecified</i>	113	9.0%
<b>Grand Total</b>	<b>1,259</b>	<b>100.0%</b>

Source: Internal Mental Health and Learning Disability Reporting.

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<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Provide a summary of the positive impacts you have identified.</p>	<p><b>Positive Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p><b>No Impact</b></p> <p><b>Service User Impact</b></p> <p>No greater or lesser impact on Religion or Belief. The service has been developed to ensure the Health Board operates in line with equality and human rights legislation which the following policy acknowledges: <a href="#">Equality, Diversity and Inclusion Policy</a>.</p> <p>The service does not discriminate and is available to anyone regardless of their religion or belief. Anybody entering the service will receive the same standard of care. The health Boards Chaplaincy service supports patients, staff and visitors and respects people of all religions and cultural beliefs as well as those who have no faith.</p> <p>No impact is foreseen for individuals under 18yrs old regardless of their religion or belief as there are no proposed changes to the existing age appropriate S136 provision.</p> <p>No impact is foreseen for individuals 18yrs+ regardless of their religion or belief in Carmarthenshire as the proposal is to deliver S136 provisions in Carmarthenshire.</p> <p>No greater or lesser impact on Pembrokeshire and Ceredigion individuals 18yrs+ regardless of their religion or belief is foreseen. Individuals who require S136 services will still receive them, however these will be delivered in an alternative location.</p> <p><b>Workforce Impact</b></p>	

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

No greater or lesser impact on religion or belief is foreseen. All health board staff receive induction training that informs diversity and inclusion. Anybody entering the service will receive the same standard of care regardless of their religion or belief. Positive actions identified in the annual equality report highlight the following:

The health board publishes a Celebrating diversity calendar which 10,000+ members of health board staff, new recruits and volunteers receive. It is used proactively to celebrate key dates including religious festivals and non-religious awareness days.

The organisational development team introduced a programme of reverse monitoring for Board and executive Team members. Each of these actions drive forward the commitment to promote equality, diversity and inclusion in the workplace and is evidence of the commitment to the strategic Equality Plan objectives- leadership by all.

The Advisory Group and network participated in a national conference on workplace Equality and are using this learning to stimulate local actions.

The health board is committed to improving how they support people of all faiths and improving recruitment and retention around those with a wide range of cultural or religious beliefs.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on 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?								Positive																																															
								Negative																																															
								No Impact		√																																													
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Pembrokeshire		
	Male	Female
Age 18-64	34248	33917
Over 65	14683	16587
<b>Total</b>	<b>48931</b>	<b>50504</b>
<b>%</b>	<b>49%</b>	<b>51%</b>

Ceredigion		
	Male	Female
Age 18-64	27888	26655
Over 65	11234	12416
<b>Total</b>	<b>39122</b>	<b>39071</b>
<b>%</b>	<b>50.04%</b>	<b>49.96%</b>

Insert breakdown of the Sex of staff affected by your specific service/area of work.

If no information is available, please state that here including how you plan to address any identified data gaps in the future.

#### Staff data

#### Workforce Impact

Around 50% of the Hywel Dda population are male and 50% female. This is significantly different from the health board workforce profile being 78% female and 22% male. However, the health board profile mirrors the national trend of the majority of the NHS workforce being female.

	Headcount	%
<b>Female</b>	9,726	77.65%
<b>Male</b>	2,800	22.35%
<b>Total</b>	12,526	100%

Clinical Care Group level data closely mirrors that of the wider Health board workforce profile with 76% of the workforce being female.

Gender	Headcount	%
Female	966	76.7%

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Male	293	23.3%
Grand Total	1,259	100.0%

Source MH&LD Internal reporting

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.

**Negative Impact**

- 
- 
- 

**Opportunities for improvement / mitigation**

- 
- 
- 

Provide a summary of the positive impacts you have identified.

**Positive Impact**

- 
- 
- 

If you have determined no impact, please provide a brief explanation.

**No Impact**

No impact is foreseen for individuals under 18yrs old as there are no proposed changes to the existing age appropriate S136 provision.

No impact is foreseen for individuals 18yrs+, regardless of sex, in Carmarthenshire as the proposal is to deliver S136 provisions in Carmarthenshire.

No greater or lesser impact on Pembrokeshire and Ceredigion individuals 18yrs+, regardless of sex, is foreseen. Individuals who require S136 services will still receive them, however these will be delivered in an alternative location.

The procedure promotes multi-agency consistency in the risk assessment, reporting and response processes when service users go missing from services provided by the mental health and learning disability Clinical Care Group and has been developed in line with equality and human rights legislation which the following policy acknowledges [Equality, Diversity and Inclusion Policy](#).

**Workforce Impact**

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

No greater or lesser impact on gender is foreseen. As part of the annual Workforce equality Report, the health board identifies the following as key actions:

- Improvement around recruitment and attract males and females in 'Non-traditional posts'
- Improve promotion around flexible working options including part time
- Review employee relations cases for trends to identify any future action which may need to be taken
- Produce Pay gender gap report to identify disparities and help work towards mitigating them

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.		Positive							
		Negative							
		No Impact		√					
<p><b>Guidance</b></p> <p>Remove population data if not relevant to EqIA.</p>	<b>Population Data</b>								
		<b>County</b>							
		<b>Carms</b>		<b>Ceredigion</b>		<b>Pembs</b>		<b>Totals</b>	
Sexual Orientation		Value	%	Value	%	Value	%	Value	%
Total: All usual residents aged 16 years and over		155,485	100	61,390	100	102,550	100	319,425	100.0
Straight or Heterosexual		139,511	89.7	51,998	84.7	92,094	89.8	283,603	88.1
Gay or Lesbian		1,845	1.2	941	1.5	1,093	1.1	3,879	1.3
Bisexual		1,500	1.0	1,617	2.6	1,050	1	4,167	1.5
Pansexual		120	0.1	150	0.2	80	0.1	350	0.2
Asexual		79	0.1	140	0.2	52	0.1	271	0.1
Queer		23	0.0	49	0.1	12	0	84	0.0
All other sexual orientations		100	0.1	90	0.1	75	0.1	265	0.1
<a href="https://ons.gov.uk/people-population-and-community">People, population and community - Office for National Statistics (ons.gov.uk)</a>									
<p>If data is available insert a breakdown of the Sexual Orientation of those affected. This data can be recorded in table or free text format.</p> <p>If no information is available, please state that here, including how you plan to address any identified data gaps in the future.</p>	<p><b>Patient data</b></p> <p>Mental health problems such as depression, self-harm, alcohol and drug abuse and suicidal thoughts can affect anyone, but they're more common among people who are LGBTIQ+. things LGBTIQ+ people go through can affect their mental health, such as discrimination, homophobia or transphobia, social isolation, rejection, and difficult experiences of coming out.</p> <p><a href="#">LGBTIQ+ people: statistics   Mental Health Foundation</a></p> <p>The latest National Survey for Wales results available (2019-20) indicate that people who are lesbian, gay, or bisexual are about twice as likely to report feeling lonely (particularly emotional loneliness) than others. They are also more likely to report having experienced discrimination at work.</p> <p>Sexual orientation was judged to be a motivating factor in 884 hate crimes recorded by police in Wales in 2020-21, which is up 16% from 763 in 2019-20 reporting period. This represents 19% of all recorded hate crimes, the same proportion as in the previous year.</p> <p><a href="#">Wellbeing of Wales, 2022   GOV.WALES</a></p> <p><a href="#">National Population Data</a></p>								

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

The number of people in Wales who identify as lesbian, gay, or bisexual, or who chose not to identify as straight (heterosexual) are rising, with same-sex marriages now much more common than same-sex civil partnerships.

In 2020, 94.3% of the population of Wales identified as heterosexual, with 4.2% identifying as gay or lesbian, bisexual or another sexuality which has doubled since 2016.

[Wellbeing of Wales, 2022 | GOV.WALES](#)

### **Local Population Data**

Although survey-based estimates at national level are regularly published, there is currently no reliable data on sexual orientation at a local level. A White paper was presented to parliament in 2018 which outlined the proposal from the Office for National Statistics to collect information on sexual orientation in the Census 2021 to meet the needs for better equality monitoring.

ONS research and consultation showed a clear need for information on sexual orientation, to support work on policy development and service provision and to allow local authorities to meet and monitor their requirements under the Equality Act 2010.

### **Service User Data**

No data is collected by the service around this protected characteristic.

Insert breakdown of the Sexual Orientation of staff affected by your specific service/area of work.

If no information is available, please state that here including how you plan to address any identified data gaps in the future.

### **Staff data**

#### **[Workforce Data](#)**

#### **Hywel Dda Health Board Workforce Data**

Compared to the 31<sup>st</sup> March 2020, the percentage of staff identifying as bisexual has decreased by 0.38%. The percentage of staff identifying as gay, or lesbian has increased by 0.15% as of 31<sup>st</sup> March 2021. The percentage of staff identifying as heterosexual or straight has increased by 4.88% for the reporting period.

The percentage of staff choosing not to disclose this information has increased by 1.30%. Those staff whose records are not recorded on ESR has fallen by 4.03%. A total of 16% of the workforce are not recorded on ESR which makes drawing a conclusion on the data more difficult.

#### **Mental Health and Learning Disabilities Workforce Data**

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Sexual Orientation	Headcount	%
Bisexual	13	1.0%
Gay or Lesbian	21	1.7%
Heterosexual or straight	979	77.8%
Not stated (person asked but declined to provide a response)	127	10.1%
Other sexual orientation not listed	4	0.3%
Undecided	2	0.2%
<i>Unspecified</i>	113	9.0%
<b>Grand Total</b>	<b>1,259</b>	<b>100.0%</b>

Source: Internal Mental Health and Learning Disability Reporting.

Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.

**Negative Impact**

- 
- 
- 

**Opportunities for improvement / mitigation**

- 
- 
- 

Provide a summary of the positive impacts you have identified.

**Positive Impact**

- 
- 
- 

If you have determined no impact, please provide a brief explanation.

**No Impact**

**Service User Impact**

No impact is foreseen for individuals under 18yrs old regardless of sexual orientation as there are no proposed changes to the existing age appropriate S136 provision.

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

No impact is foreseen for individuals 18yrs+ regardless of sexual orientation in Carmarthenshire as the proposal is to deliver S136 provisions in Carmarthenshire.

No greater or lesser impact on Pembrokeshire and Ceredigion individuals 18yrs+ regardless of sexual orientation is foreseen. Individuals who require S136 services will still receive them, however these will be delivered in an alternative location.

The service has been developed to ensure the Health Board operates in line with equality and human rights legislation which the following policy acknowledges [Equality, Diversity and Inclusion Policy](#).

### **Workforce Impact**

No greater or lesser impact on sexual orientation foreseen. The Health Board has a policy regarding Equality and Diversity Policy and all staff complete mandatory training during their induction which includes 'Treat Me Fairly' - This course will help staff to recognise the value of their contribution in providing an excellent standard of service that is fair and meets individual needs whilst treating everyone with dignity and respect.

Other Health Board training available includes:

- Equality & Diversity Awareness and Unconscious Bias (Diverse Cymru)
- Introduction to Allyship, Delivering Inclusive Services & Allies Programme Parts 1 & 2 (Stonewall Cymru)

Additionally, as part of the Annual Workforce Equality Report positive actions highlighted

- Subscription fees to the Stonewall Cymru Diversity Champions Programme
- Continue to support the health boards LGBTQ+ staff Network- ENFYS
- Specialist consultancy sessions from Stonewall

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<p><b>How will the procedure/ proposal/ project/ policy impact on Armed Forces</b>          Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.'</p> <p>For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see:  <a href="#"><u>Armed-Forces-Covenant-duty-statutory-guidance</u></a></p>					Positive																									
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<p>identified data gaps in the future.</p>		
<p>Insert data to show the proportion of staff affected by your specific service/area of work that are a member of the Armed Forces community. If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>	<p><b>Staff data</b></p> <p><b>No known data available</b></p>	
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If you have determined no impact, please provide a brief explanation.

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No impact is foreseen for individuals under 18yrs old with this characteristic as there are no proposed changes to the existing age appropriate S136 provision.

No impact is foreseen for individuals 18yrs+ with this characteristic in Carmarthenshire as the proposal is to deliver S136 provisions in Carmarthenshire.

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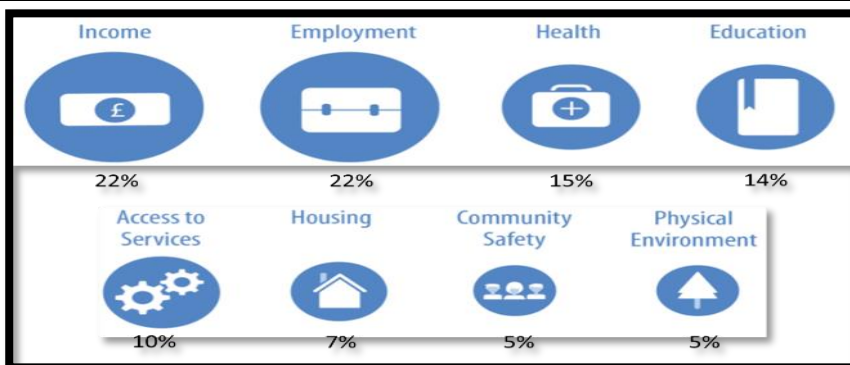
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<p><b>Socio-economic Deprivation</b>          Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food/ fuel poverty and personal or household debt should also be considered.</p> <p>For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: <a href="https://gov.wales/more-equal-wales-socio-economic-duty">https://gov.wales/more-equal-wales-socio-economic-duty</a></p>								Positive																																																							
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<p>If data is available insert evidence of what proportion of those that are affected are experiencing socio-economic deprivation. This data can be recorded in</p>	<p><b>Patient data</b></p> <p>According to The British Journal of Psychiatry (2006), individuals in lower socio-economic groups have an increased prevalence of common mental disorders. The Welsh Government in its strategy "Together for Mental Health" drew upon research which indicates that many mental health problems start in early life, often as a result of deprivation including poverty, insecure attachments, trauma, loss, or abuse. Those affected often have fewer qualifications, find it harder to both obtain and stay in work, have lower incomes and are more likely to be homeless or poorly housed.</p> <p>As defined by the Welsh Index of Multiple Deprivation (WIMD) there are 8 types of deprivation.</p>																																																														

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

table or free text format.

If no information is available, please state that here, including how you plan to address any identified data gaps in the future.



Out of the most deprived lower output areas within Wales, 12% of these, fall within the Hywel Dda Area:

- Tyisha, Llanelli
- Pembroke Dock
- Glanymor
- Haverfordwest: Garth
- Bigyn, Llanelli
- Pembroke: Monkton
- Cardigan
- Llwynhendy, Llanelli

Due to the rurality of Hywel Dda, people are more likely to suffer from poor:

- Access to services
- Digital infrastructure
- Fuel Poverty

Many of the people in the 18-64 age group are healthy adults, however, within this population there are considerable numbers with significant health concerns or physical disabilities, exacerbated by socio and economic risk factors that have a negative impact on their health and therefore on demand for services.

Insert data to show the proportion of staff affected by your specific service/area of work that are

**Staff data**

[Workforce Data](#)

Data in relation to this protected characteristic is not captured at health board, Clinical Care Group, or service level.

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

<p>experiencing socio-economic deprivation. If no information is available, please state that here including how you plan to address any identified data gaps in the future.</p>		
<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b>  <b>Service Users/carers/family support</b></p> <p>It is perceived that there will be a negative impact due to the potential additional distance to travel home in scenarios where admission is not required following assessment for individuals in Ceredigion and Pembrokeshire.</p>	<p><b>Opportunities for improvement / mitigation</b></p> <p>Admission/access to beds process not impacted by proposed change to S136 provision.          Service Level Agreement in place with St Johns Ambulance Service to support in the transportation in situations where no alternative is available.</p>
<p>Provide a summary of the positive impacts you have identified.</p>	<p><b>Positive Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p><b>No Impact</b>  <b>Workforce</b></p> <p>No greater or lesser impact identified. Any issues or challenges identified will be monitored and supported on an individual basis through Supervisions and PADR processes.</p>	

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

<b>Welsh Language</b> Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.		Positive											
		Negative											
		No Impact	√										
<b>Guidance</b>  Remove population data if not relevant to EqIA.	<b>Population Data</b>  According to Welsh Census 2022 data, it is estimated that 45% of people aged three or older had some level of Welsh language skills. This figure equates to around 172,000 people.  Definition of whether a person has Welsh language skills (as recorded in the Census 2022).  If a person can or does do any of the following: <ul style="list-style-type: none"> <li>• Understand spoken Welsh</li> <li>• Speak Welsh</li> <li>• Read Welsh</li> <li>• Write Welsh</li> </ul> <table border="1" data-bbox="371 940 1187 1174"> <thead> <tr> <th>Area</th> <th>Percentage of people who can speak Welsh</th> </tr> </thead> <tbody> <tr> <td>Carmarthenshire</td> <td>53.3</td> </tr> <tr> <td>Pembrokeshire</td> <td>25.2</td> </tr> <tr> <td>Ceredigion</td> <td>56.4</td> </tr> <tr> <td>Hywel Dda</td> <td>45</td> </tr> </tbody> </table> <p><a href="https://ons.gov.uk/people-population-and-community">People, population and community - Office for National Statistics (ons.gov.uk)</a></p>	Area	Percentage of people who can speak Welsh	Carmarthenshire	53.3	Pembrokeshire	25.2	Ceredigion	56.4	Hywel Dda	45		
Area	Percentage of people who can speak Welsh												
Carmarthenshire	53.3												
Pembrokeshire	25.2												
Ceredigion	56.4												
Hywel Dda	45												
If data is available insert evidence of what proportion of those that are affected use the Welsh Language.	<b>Patient data</b>  During a CTLD caseload data collection exercise carried out in October 2021, information for all service users supported by the 4 CTLDs was collated and analysed. This included culture/ethnic origin (English/Welsh speakers). For, approximately 5% of individuals on CTLD caseloads, the preferred language was Welsh.												

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

This data can be recorded in table or free text format.

If no information is available, please state that here, including how you plan to address any identified data gaps in the future.

If data is available insert evidence of what proportion of staff affected by your specific service/area of work use the Welsh Language. This data can be recorded in table or free text format. If no information is available, please state that here including how you plan to address any identified data gaps in the future.

**Staff data**

**Hywel Dda Workforce Welsh Language:**

Staff Group	0 - No eSkills	1 - Entry	2 - Foundation	3 - Intermediate	4 - Higher	5 - Proficiency	Not recorded on ESR	Grand Total
Add Prof Scientific and Technic	113	92	34	19	40	78	14	390
Additional Clinical Services	824	691	267	262	261	359	369	3,033
Administrative and Clerical	603	649	222	203	183	182	139	2,181
Allied Health Professionals	205	178	72	44	64	92	35	690
Estates and Ancillary	460	290	120	104	108	200	231	1,513
Healthcare Scientists	55	42	15	13	30	29	10	194
Medical and Dental	375	83	22	14	6	22	465	987
Nursing and Midwifery Registered	1,212	765	339	268	279	427	247	3,537
Students	0	0	0	0	0	1	0	1
<b>Grand Total</b>	<b>3,847</b>	<b>2,790</b>	<b>1,901</b>	<b>927</b>	<b>971</b>	<b>1,390</b>	<b>1,510</b>	<b>12,526</b>
<b>%</b>	<b>31%</b>	<b>22%</b>	<b>9%</b>	<b>7%</b>	<b>8%</b>	<b>11%</b>	<b>12%</b>	<b>100%</b>

The Welsh Language User Survey 2018 reported that 46% of the population of Hywel Dda were able to speak Welsh. The workforce data above shows us that 26% of the workforce have skills at intermediate level or higher and 31% of the workforce do not speak Welsh.

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

<p>Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.</p>	<p><b>Negative Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	<p><b>Opportunities for improvement / mitigation</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>
<p>Provide a summary of the positive impacts you have identified.</p>	<p><b>Positive Impact</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	
<p>If you have determined no impact, please provide a brief explanation.</p>	<p><b>No Impact</b></p> <p>No impact is foreseen. However, where an individual's preferred language is Welsh, every effort will be made to allocate a Welsh speaking member of staff to their care.</p> <p>Any documentation issued to patients and carers will continue to be bilingual in both Welsh and English.</p> <p>This will be reviewed, and any new or additional information will be considered.</p> <p>As the changes being made to the service model will not be outside the remit of current roles and responsibilities, there will be no impact to staff on a basis of their ability to speak Welsh or not</p> <p>This will be reviewed, and any new or additional information will be considered.</p>	

**Additional considerations**

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

**In addition to the above protected characteristics please consider impact on the following:**

- **Vulnerable groups (homeless and vulnerably housed, Gypsy, Roma and Travellers, Refugees, Asylum Seekers)**
- **Unpaid Carers**
- **Individuals and communities who experience Digital Exclusion**
- **Rural and Urban communities**

**Negative Impact**

**Service Users/carers/family support**

It is perceived that there will be a negative impact due to the potential additional distance to travel home in scenarios where admission is not required following assessment for individuals in Ceredigion and Pembrokeshire.

**Opportunities for improvement / mitigation**

Admission/access to beds process not impacted by proposed change to S136 provision.  
Service Level Agreement in place with St Johns Ambulance Service to support in the transportation in situations where no alternative is available.

**Intersectionality**

It is important to consider breaking the analysis down by more than one protected characteristic. This is often referred to as 'intersectionality'. Many people will have more than one protected characteristic and, certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges.

**Example:** The experiences of a Muslim woman will differ from that of a Muslim man and of a non-Muslim woman. An EqIA may separately identify impacts for Muslim people under Religion or Belief and the impacts for men and women under Sex, but it is also important to recognise that the combined impacts could be very different for a Muslim woman compared to a Muslim man or a non-Muslim woman.

**Have you identified any specific additional impacts regarding intersectionality e.g., age and sex, disability and sexual orientation? No**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

#### Section 4: Assessment of Scale of Impact

This section requires you to assign a score to the evidence gathered and potential impact identified above. Once this score has been assigned the Decision column will assist in identifying the areas of highest risk, which will allow appropriate prioritisation of any mitigating action required.

**(Scoring Chart A x Scoring Chart B = Scoring Chart C)**

Scoring Chart A: Evidence Available	
3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact	
-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High Positive

Scoring Chart C: Impact	
-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Protected Characteristic	Scoring Chart A Evidence: Existing Information to suggest some groups affected.	Scoring Chart B Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score	Scoring Chart C Decision: Multiply 'evidence' score by 'potential impact' score.
Age	3	0	0
Disability	1	0	0
Gender Reassignment	1	0	0
Marriage and Civil Partnership	2	0	0
Pregnancy and Maternity	1	0	0
Race/Ethnicity or Nationality	1	0	0
Religion or Belief	1	0	0
Sex	1	0	0

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

<b>Sexual Orientation</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Armed Forces</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Socio-Economic Deprivation</b>	<b>1</b>	<b>-2</b>	<b>-2</b>
<b>Welsh Language</b>	<b>1</b>	<b>0</b>	<b>0</b>

**Section 5: Outcome and Actions**

This section should be used to detail and monitor any actions identified in sections 1-4.

<b>Will the procedure/ proposal/ project/ policy be adopted? If no, please give reasons and any alternative action(s) agreed.</b>	Yes
<b>If a negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan/ project/ proposal regardless, please provide your justification for this.</b>	N/A

**Please note - All white boxes within this EqIA must be completed, please do not leave them blank.**

	<b>Actions</b> <ul style="list-style-type: none"> <li>• Some actions have been populated for further elaboration, please delete as appropriate and add any additional actions identified.</li> <li>• Include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.</li> </ul>	<b>Assigned to</b>	<b>Target Review Date</b>	<b>Completion Date</b>	<b>Comments/ Update</b>
1.					
2.					
3.					
4.					
5.					
6.					

Please note - All white boxes within this EqlA must be completed, please do not leave them blank.

<b>EqlA Completed by:</b>	<b>Name/s</b>	Sophie Rees
	<b>Title</b>	Service Improvement Support Manager
	<b>Team / Division</b>	Service Transformation and Partnerships
	<b>Contact details</b>	<a href="mailto:Sophie.rees12@wales.nhs.uk">Sophie.rees12@wales.nhs.uk</a>
	<b>Date</b>	14 <sup>th</sup> November 2024
<b>EqlA Authorised by/Owned by:</b> <ul style="list-style-type: none"> <li>Usually the Clinical Care Group lead would be the owner of the procedure/ proposal/ project/ policy</li> <li>Responsible for the accuracy of the data captured in this EqlA as well as progressing any actions recorded in Section 5</li> </ul>	<b>Name</b>	Rebecca Temple-Purcell
	<b>Title</b>	Assistant Director of Nursing, Patient Safety, Quality and Experience, MH & LD
	<b>Team / Division</b>	MH&LD
	<b>Contact details</b>	Rebecca.Temple-Purcell@wales.nhs.uk
	<b>Date</b>	
<ul style="list-style-type: none"> <li>Screening Approved at MH&amp;LD IGG CCG BPPP:</li> </ul>	<b>Name</b>	<i>R. Carroll</i> Liz Carroll
	<b>Title</b>	Service Director, MHL D
	<b>Team / Division</b>	Liz.Carroll@wales.nhs.uk
	<b>Contact details</b>	01.07.2025
<b>Guidance has been provided by Diversity &amp; Inclusion Team:</b>	<b>Name</b>	Alan Winter
	<b>Title</b>	Senior Diversity and Inclusion Officer
	<b>Team</b>	Strategic Partnership Diversity & Inclusion
	<b>Contact details</b>	Alan.Winter@wales.nhs.uk
	<b>Date</b>	16/7/2025
<b>Diversity and Inclusion Team additional Comments:</b>		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the Clinical Care Group's responsibility to update the EqlA and inform the D&I team.

# S136 Options Appraisal

27<sup>th</sup> June 2027

# Option 1 – Do Nothing - Maintain S136 services as is



- 1 X age-appropriate suite, Morlais Ward, Carmarthen
- 1 X adult S136 suite, Bryngofal Ward, Llanelli
- 1 X adult alternative/community place of safety, Gorwelion, Aberystwyth (Remove temporary closure arrangement and reopen)
- 1 X adult S136 suite, St Caradog, Pembrokeshire (Remove temporary arrangement and reopen)

Benefits	Benefit Category
An adult S136 suite available in each Local Authority area ensures equitable access to S136 suites for all patients regardless of where they reside, promoting equality and consistent support across diverse communities.	Patient Benefit
An adult S136 suite available in each Local Authority area enhances timely access to mental health assessment and treatment, through providing services based closer to home, and therefore quicker to get to.	Patient Benefit Clinical Benefit
An adult S136 suite available in each Local Authority area reduces travel and resource time for Police and Local Authority partners, streamlining operations and promoting efficient use of resources.	Financial Benefit Staff Benefit
An adult S136 suite available in each Local Authority area reduces travel time home for patients who are not admitted to hospital and makes it easier for carers/family to provide support.	Patient & Family/Carer Benefit

Risks	Risk Category
There is a risk to safety and business continuity due to the environment and staffing model in the adult alternative/community place of Safety in Gorwelion, as this facility does not meet the standards defined through the professional guidance and has limited back up services and additional staff resources due to the geographical location of the facility.	Quality & Safety Service Sustainability
There is a risk to service capacity, delivery, and business continuity due to the staffing model in the adult alternative/community place of safety in Gorwelion, as this facility is staffed utilising the existing Crisis Team which impacts their service capacity and delivery.	Quality & Safety Patient Experience Service Sustainability
There is a risk to service delivery and business continuity due to the staffing challenges in the adult alternative/community place of safety in Gorwelion a this means that the facility is often closed, especially overnight providing an inconsistent service provision.	Quality & Safety Patient Experience Service Sustainability

# Option 1 – Do Nothing - Maintain S136 services as is



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Risks	Risk Category	Risks	Risk Category
There are health and safety risks to patients and staff highlighted in the H&S review which could not be mitigated without the temporary closure of the adult alternative/community place of safety and the relocation of the age appropriate S136 suite on Morlais Ward.	<ul style="list-style-type: none"> <li>Quality &amp; Safety</li> <li>Patient experience</li> <li>Service Sustainability</li> </ul>	The use of agency Health Care Support Workers (HCSW's) poses a quality and assurance risk due to their lack of a professional registration.	<ul style="list-style-type: none"> <li>Quality &amp; Safety</li> </ul>
There is a risk to service capacity, delivery, and business continuity by reinstating the adult S136 suite on St Caradog ward, Pembrokeshire, which will result in the loss of 1X inpatient surge bed.	<ul style="list-style-type: none"> <li>Quality &amp; Safety</li> <li>Service Sustainability</li> </ul>	The recruitment and management of HCSW's through bank/agency raises concerns in ensuring adequate training and qualifications to support in a S136 suite.	<ul style="list-style-type: none"> <li>Quality &amp; Safety</li> </ul>
		The continued use of agency HCSW's to support S136 suites poses a reputational risk given the national stance advocating the removal of this.	<ul style="list-style-type: none"> <li>Reputational</li> </ul>
There is a risk to service delivery and business continuity due to the staffing challenges in St Caradog, Pembrokeshire, as this meant the facility was often closed providing an inconsistent service provision which resulted in its temporary closure. Its not been possible to sustain this service to date and is unlike possible to sustain in future.	<ul style="list-style-type: none"> <li>Service Sustainability</li> <li>Quality &amp; Safety</li> <li>Patient Experience</li> </ul>	There is a risk associated with the need to identify capital funding for the required work, posing potential challenges to project financial planning and successful implementation.	<ul style="list-style-type: none"> <li>Finance</li> <li>Service Sustainability</li> </ul>
		Implementation of RCRP phase 3 will change the transportation of patients on S136. Alternative transportation will need to be considered and will impact on patient waiting/travelling times. Police may still be required for transport due to violence/aggression, or to follow another vehicle.	<ul style="list-style-type: none"> <li>Service Sustainability</li> <li>Patient Experience</li> <li>Finance</li> </ul>
There is a risk to service sustainability and financial sustainability as the absence of a staffing budget for the S136 suites necessitates reliance on bank and/or agency staffing.	<ul style="list-style-type: none"> <li>Finance</li> <li>Service Sustainability</li> </ul>		

# Option 1 – Do Nothing - Maintain S136 services as is



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## Recurrent Costs

To sustain 1 X S136 suite (24/7) for one individual would require a staffing establishment of 11.2 Whole Time Equivalent (WTE) Band 3 Health Care Support Worker (HCSW). Please note there are no additional staffing costs for age-appropriate S136 on Morlais Ward.

Therefore, staffing costs for Option 1 would require a staffing establishment of 33.6 WTE staff Per Annum as set out in the table below.

Site	Staff	Unit Cost (1 WTE) (Top of scale)	WTE	1 X S136 (24/7) Full Year Effect
Bryngofal Ward, Llanelli	Band 3 HCSW	£38,408	11.2	£430,170
St. Caradog Ward, Pembrokeshire	Band 3 HCSW	£38,408	11.2	£430,170
Gorwelion, Ceredigion	Band 3 HCSW	£38,408	11.2	£430,170
			<b>Total</b>	<b>£1,290,510</b>

Capital Costs	
Morlais Ward, Carmarthen	£22,000
Bryngofal Ward, Llanelli	£0
St Caradog Ward, Pembrokeshire	TBC
Gorwellion, Ceredigion	TBC
<b>Total</b>	

## Recurrent Costs + Capital Costs = £

(Figures are inclusive of 26.92% enhanced hours and Headroom)

# Option 2- A single site S136 Suite, Bryngofal, Llanelli



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- 1 X adult single site, S136 suite in Bryngofal Ward, Llanelli.
- Maintain age appropriate S136 suite on Morlais Ward, Carmarthen.
- Permanent closure of adult alternative/community place of safety in Gorwelion, Ceredigion.
- Permanent closure of adult S136 suite on St Caradog Ward, Pembrokeshire.

Benefits	Benefit Category
A single site, adult S136 suite in Llanelli will decrease the required Staffing costs by the health board.	Financial Benefit
A single site adult S136 suite on Bryngofal offers the benefit of enhanced staff safety by being adjacent to a ward which provides additional backup resources e.g. contingency for urgent situations such as RPI, BLS and to facilitate staff breaks.	Patient Benefit Staff Benefit
A single site, adult S136 suite on Bryngofal minimises risks associated with Staffing the S136 suite with Healthcare Support Workers and addresses competencies needed in line with 'Standards on the use of Section 136 of the Mental Health Act 1983 (England and Wales)' and 'Guidance for commissioners: service provision for Section 136 of the Mental Health Act 1983'.	Patient Benefit Staff Benefit Clinical Benefit

# Option 2- A single site, S136 Suite, Bryngofal, Llanelli



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Risks	Risk Category	Risks	Risk Category
There is a risk to patients in Ceredigion and Pembrokeshire due to a delay in assessment caused by the need to travel to a single site, adult S136 suite in Llanelli. The delay may impede timely intervention, cause potential exacerbation of their mental health condition, increased distress, and heightened anxiety.	<ul style="list-style-type: none"> <li>Quality &amp; Safety</li> <li>Patient experience</li> </ul>	There is a risk to service capacity and financial sustainability as a single site, adult S136 suite in Llanelli would increase travel time, resource time and costs for Police and Local Authority partners in Ceredigion and Pembrokeshire.	<ul style="list-style-type: none"> <li>Finance</li> <li>Service Sustainability</li> </ul>
There is a risk to service delivery and business continuity as the adult S136 suite on Bryngofal only has capacity to support with one individual at any one time, therefore the S136 suite may be unavailable if there is more than one S136 case.	<ul style="list-style-type: none"> <li>Quality &amp; Safety</li> <li>Patient experience</li> <li>Service Sustainability</li> </ul>	Lack of car parking spaces on site would delay the undertaking of timely assessments if visiting professionals such as doctors or AMPs are finding difficulty accessing parking.	<ul style="list-style-type: none"> <li>Patient experience</li> </ul>
There is a risk to service sustainability and financial sustainability as there is no staffing budget for the single site, adult S136 suite on Bryngofal and Morlais Ward.	<ul style="list-style-type: none"> <li>Finance</li> <li>Service Sustainability</li> </ul>	There is a risk of increased service demand on Carmarthenshire Local Authority for Mental Health Act Assessment as a result of the adult S136 suite in their county.	<ul style="list-style-type: none"> <li>Finance</li> <li>Service Sustainability</li> </ul>
There is a risk associated with the need to identify capital funding for the required work, posing potential challenges to project financial planning and successful implementation.	<ul style="list-style-type: none"> <li>Finance</li> <li>Service Sustainability</li> </ul>	There is a risk that likely overnight closure of the MIU in Prince Philip Hospital, will impact service capacity and delivery in a single site, adult S136 suite in Llanelli.	<ul style="list-style-type: none"> <li>Patient experience</li> <li>Service Sustainability</li> </ul>
		Implementation of RCRP phase 3 will change the transportation of patients on S136. Alternative transportation will need to be considered and will impact on patient waiting/travelling times. Police may still be required for transport due to violence/aggression, or to follow another vehicle.	<ul style="list-style-type: none"> <li>Finance</li> <li>Service Sustainability</li> <li>Patient experience</li> </ul>

# Option 2- A single site, S136 Suite, Bryngofal, Llanelli



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## Capital Costs

No Capital Costs

## Recurrent Costs

To sustain 1 X S136 suite (24/7) for one individual would require a staffing establishment of 11.2 Whole Time Equivalent (WTE) Band 3 Health Care Support Worker (HCSW).

Two locations would require a staffing establishment of 22.4 WTE staff Per Annum.

Site	Staff	Unit Cost (1 WTE) (Top of scale)	WTE	1 X S136 (24/7) Full Year Effect
Bryngofal Ward, Llanelli	Band 3 HCSW	£38,408	11.2	£430,170

(Figures are inclusive of 26.92% enhanced hours and Headroom)

# Option 3 - A single site, S136 Suite, Hafan Derwen, Carmarthen



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- 1 X adult single site, S136 suite on the Hafan Derwen site in Carmarthen.
- Permanent closure of adult alternative/community place of safety in Gorwelion, Ceredigion.
- Permanent closure of adult S136 suite on St Caradog Ward, Pembrokeshire.
- Permanent closure of adult S136 suite on Bryngofal.
- Maintain age-appropriate bed on Morlais ward.

Benefits	Benefit Category
A single site, adult S136 suite on the Hafan Derwen site, in Carmarthen will decrease the required Staffing costs by the health board.	Financial Benefit
A single site, adult S136 suite on the Hafan Derwen site, Carmarthen offers the benefit of enhancing staff safety by providing additional staffing resources, when required.	Financial Benefit Staff Benefit
A single site, adult S136 suite on the Hafan Derwen site, minimises risks associated with Staffing the S136 suite with Healthcare Support Workers and addresses competencies needed in line with 'Standards on the use of Section 136 of the Mental Health Act 1983 (England and Wales)' and 'Guidance for commissioners: service provision for Section 136 of the Mental Health Act 1983'.	Patient Benefit Staff Benefit Clinical Benefit
A single site, adult S136 suite in Carmarthen offers the advantage of diverting S136 cases away from Accident & Emergency departments.	Patient Benefit
Sufficient car parking spaces on site for visiting professionals such as doctors or AMPs undertaking timely assessments.	Staff Benefit
A single site, adult S136 on the Hafan Derwen Site, Carmarthen allows for 4 (per shift) Registered Mental Health Nurses to be available to provide professional oversight 24/7.	Patient Benefit Staff Benefit Clinical Benefit

# Option 3 - A single site, S136 Suite, Hafan Derwen, Carmarthen



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Risks	Risk Category	Risks	Risk Category
There is a risk to patients in Ceredigion and Pembrokeshire due to a delay in assessment caused by the need to travel to a single site, adult S136 suite in Carmarthen. The delay may impede timely intervention, cause potential exacerbation of their mental health condition, increased distress, and heightened anxiety.	Quality & Safety  Patient Experience	There is a risk to service capacity and financial sustainability as a single site, adult S136 suite in Carmarthen would increase travel time, resource time and costs for Police and Local Authority partners in Ceredigion and Pembrokeshire.	Finance  Service Sustainability
There is a risk to service delivery and business continuity as the adult S136 suite in Carmarthen only has capacity to support with one individual at any one time, therefore the S136 suite may be unavailable if there is more than one S136 case.	Service Sustainability  Quality & Safety  Patient Experience	There is a risk of increased service demand on Carmarthenshire Local Authority for Mental Health Act Assessment as a result of the adult S136 suite in their county.	Service Sustainability  Finance
		There is a risk associated with the need to identify capital funding for the required work, posing potential challenges to project financial planning and successful implementation.	Finance  Service Sustainability
There is a risk to service sustainability and financial sustainability as there is no staffing budget for the single site, adult S136 suite in Carmarthen and age-appropriate suite on Morlais Ward.	Finance  Service Sustainability	Implementation of RCRP phase 3 will change the transportation of patients on S136. Alternative transportation will need to be considered and will impact on patient waiting/travelling times. Police may still be required for transport due to violence/aggression, or to follow another vehicle.	Service Sustainability  Patient Experience  Finance

# Option 3 - A single site, S136 Suite, Hafan Derwen, Carmarthen



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NHS  
WALES

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Hywel Dda  
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## Recurrent Costs

To sustain 1 X S136 suite (24/7) for one individual would require a staffing establishment of 11.2 Whole Time Equivalent (WTE) Band 3 Health Care Support Worker (HCSW).

Two locations would require a staffing establishment of 22.4 WTE staff Per Annum.

Site	Staff	Unit Cost (1 WTE) (Top of scale)	WTE	1 X S136 (24/7) Full Year Effect
Hafan Derwen, Carmarthen	Band 3 HCSW	£38,408	11.2	£430,170

Capital Costs	
Hafan Derwen, Carmarthen	£135,617

**Recurrent Costs + Capital Costs = £ 565,787**

(Figures are inclusive of 26.92% enhanced hours and Headroom)

# Option 4 - A single site, S136 Suite, Glangwili, Carmarthen



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- 1 X adult single site, S136 suite in Glangwili, Carmarthen.
- Permanent closure of adult alternative/community place of safety in Gorwelion, Ceredigion.
- Permanent closure of adult S136 suite on St Caradog Ward, Pembrokeshire.
- Permanent closure of adult S136 suite on Bryngofal.
- Relocate age appropriate S136 suite to alternative location on adjacent Morlais Ward, Carmarthen.

Benefits	Benefit Category
A single site, adult S136 suite in Glangwili, Carmarthen will decrease the required Staffing costs by the health board.	Financial Benefit
A single site, adult S136 suite in Glangwili, Carmarthen offers the benefit of enhancing staff safety by providing additional staffing resources.	Financial Benefit Staff Benefit
A single site, adult S136 suite in Glangwili, Carmarthen minimises risks associated with Staffing the S136 suite with Healthcare Support Workers and addresses competencies needed in line with 'Standards on the use of Section 136 of the Mental Health Act 1983 (England and Wales)' and 'Guidance for commissioners: service provision for Section 136 of the Mental Health Act 1983'.	Patient Benefit Staff Benefit Clinical Benefit
A single site, adult S136 suite in Carmarthen offers the advantage of diverting S136 cases away from Accident & Emergency departments.	Patient Benefit

# Option 4 - A single site, S136 Suite, Glangwili, Carmarthen



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Risks	Risk Category	Risks	Risk Category
There is a risk to patients in Ceredigion and Pembrokeshire due to a delay in assessment caused by the need to travel to a single site, adult S136 suite in Carmarthen. The delay may impede timely intervention, cause potential exacerbation of their mental health condition, increased distress, and heightened anxiety.	Quality & Safety  Patient Experience	There is a risk to service capacity and financial sustainability as a single site, adult S136 suite in Carmarthen would increase travel time, resource time and costs for Police and Local Authority partners in Ceredigion and Pembrokeshire.	Finance  Service Sustainability
There is a risk to service delivery and business continuity as the adult S136 suite in Carmarthen only has capacity to support with one individual at any one time, therefore the S136 suite may be unavailable if there is more than one S136 case.	Service Sustainability  Quality & Safety  Patient Experience	There is a risk of increased service demand on Carmarthenshire Local Authority for Mental Health Act Assessment as a result of the adult S136 suite in their county.	Service Sustainability  Finance
There is a risk to service sustainability and financial sustainability as there is no staffing budget for the single site, adult S136 suite in Carmarthen and age-appropriate suite on Morlais Ward.	Finance  Service Sustainability	Lack of car parking spaces on site would delay the undertaking of timely assessments if visiting professionals such as doctors or AMPs are finding difficulty accessing parking.	Patient Experience
There is a risk associated with the need to identify capital funding for the required work, posing potential challenges to project financial planning and successful implementation.	Finance  Service Sustainability	There is a risk if Registered Mental Health Nurses are required, as would need to be directed from the Morlais Ward, and there are only 2 on duty per shift.	Patient Experience
		Implementation of RCRP phase 3 will change the transportation of patients on S136. Alternative transportation will need to be considered and will impact on patient waiting/travelling times. Police may still be required for transport due to violence/aggression, or to follow another vehicle.	Service Sustainability  Finance  Patient Experience

# Option 4 - A single site, S136 Suite, Glangwili, Carmarthen



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## Recurrent Costs

To sustain 1 X S136 suite (24/7) for one individual would require a staffing establishment of 11.2 Whole Time Equivalent (WTE) Band 3 Health Care Support Worker (HCSW).

Two locations would require a staffing establishment of 22.4 WTE staff Per Annum.

Site	Staff	Unit Cost (1 WTE) (Top of scale)	WTE	1 X S136 (24/7) Full Year Effect
Glangwili, Carmarthen	Band 3 HCSW	£38,408	11.2	£430,170

## Capital Costs

Glangwili, Carmarthen	£309,687
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**Recurrent Costs + Capital Costs = £739,857**

(Figures are inclusive of 26.92% enhanced hours and Headroom)

# Option 5 – Utilise existing Sanctuary Services



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- Further develop adult and children and young people's Sanctuary services available in each Local Authority area. This would involve extending operating hours from 4 nights per week to 24/7.

Benefits	Benefit Category
A S136 suite available in each Local Authority area ensures equal access to S136 suites for all patients regardless of where they reside, promoting equality and consistent support across diverse communities.	Patient Benefit
A S136 suite available in each Local Authority area enhances timely access to mental health assessment and treatment, through providing services based closer to home, and therefore quicker to get to.	Patient Benefit Clinical Benefit
A S136 suite available in each Local Authority area reduces travel and resource time for Police and Local Authority partners, streamlining operations and promoting efficient use of resources.	Financial Benefit Staff Benefit
A S136 suite available in each Local Authority area reduces travel time home for patients who are not admitted to hospital and makes it easier for carers/family to provide support.	Patient & Family/Carer Benefit

Risks	Risk Category
There is a risk to service sustainability and financial sustainability as there is no staffing budget for the S136 suite.	Finance Service Sustainability
There is a risk to staff safety as the Sanctuary Services would have no back up services and additional staff resources due to the geographical locations of the facilities.	Quality & Safety Service Sustainability
The S136 suite needs to be overseen by Mental Health Professionals, therefore the current staffing model in Sanctuary Services does not meet standards and would require significant overhaul, compromising the philosophy and principles of the Sanctuary approach.	Quality & Safety
The recruitment and management of Sanctuary Staff raises concerns in ensuring adequate training and qualifications to support in a S136 suite.	Quality & Safety
There is a risk of resistance from people accustomed to existing alternative to admission/Sanctuary Services, potentially impacting their trust and engagement with the integrated S136 suite and Sanctuary model.	Service Sustainability Patient Experience
There is a risk to patient safety as well as privacy and dignity concerns as the spaces may serve different functions with this model.	Quality & Safety Patient Experience
Implementation of RCRP phase 3 will change the transportation of patients on S136. Alternative transportation will need to be considered and will impact on patient waiting/travelling times. Police may still be required for transport due to violence/aggression, or to follow another vehicle.	Service Sustainability Patient Experience Finance

# Option 5 – Utilise existing Sanctuary Services



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## Capital Costs

The Directorate currently commissions 3 adult sanctuary services, one in each local authority. An additional 2 CYP sanctuaries have been commissioned in Pembrokeshire and Ceredigion. All buildings meet the environmental requirements for S136 suites; therefore, no additional capital costs would be required.

## Recurrent Costs

To provide the current service provision of the 3 adult sanctuary services 24/7 would cost approximately 500,000K per service Per Annum (1.5 million PA).

To extend the 2 current CYP sanctuary services to 24/7 would cost approximately 500,000 per service Per Annum (1 million PA).

Mental Health practitioners would need to be recruited to oversee service delivery 24/7 adding significant cost and create professional supervision challenges.



**DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG**  
**SAFE | SUSTAINABLE | ACCESSIBLE | KIND**



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