

Introduction to the Equality & Health Impact Assessment (EHIA)

Background

Our Equality and Health Impact Assessment (EHIA) is being undertaken in support of our 'A Healthier Mid and West Wales: Our Future Generations Living Well' Programme. The EHIA document is a live document for identification of impact, mitigation and action for the duration of the programme.

Scope

The scope of the EHIA is to provide an overview of how the Programme might have positive and/or negative impacts on different groups of people with 'protected characteristics'. It uses information from a variety of sources, including public and staff engagement, general background research and from surveys of people living in Wales and in the Hywel Dda region.

The EHIA considers the potential health & equality impacts that may arise as a result of the proposals for change and are presented together in one single document.

If you would like further detailed information, this can be obtained by contacting hyweldda.engagement@wales.nhs.uk

The journey so far

The Transforming Clinical Services (TCS) Programme – THREE PHASES

Phase 1 - Engagement - A pre-consultation engagement process undertaken in 2017

Our listening and engagement exercise 'The Big Conversation' took place from the 20 June 2017 to 15 September 2017. It involved sharing information widely in electronic and hard copy format to approximately 4,000 stakeholders.

Overarching themes from the engagement exercise 'The Big Conversation'

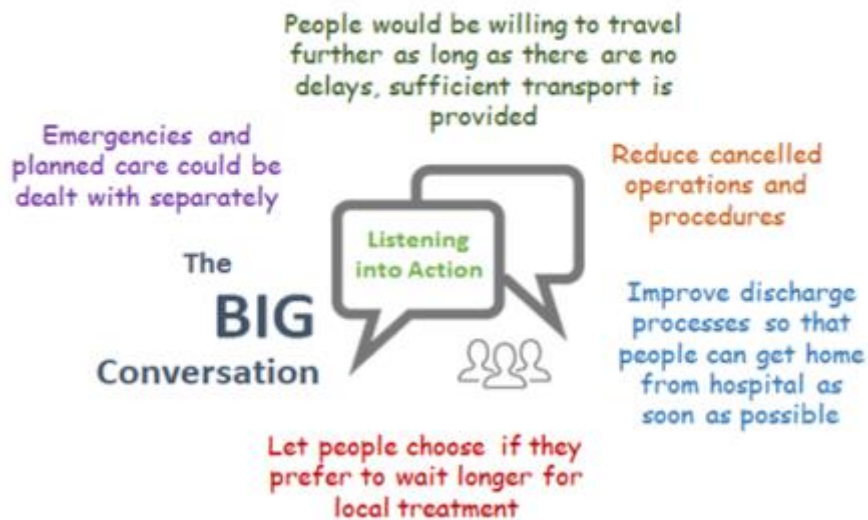
What people said about community care:



What people said about urgent and emergency care:



What people said about planned care:



Phase two – Design - Our Big NHS Change (Consultation)

Following the pre-consultation engagement process in 2017 a formal consultation period for the 'Our Big NHS Change' Programme was agreed by the partners and their respective Community Health Councils. This design phase saw 27 options for the design of future services translated into three proposals with different configurations of service models, which were put forward for a 12-week public consultation exercise in April 2018. During this consultation period, stakeholders were invited to provide feedback via surveys, consultation questionnaires, meetings, workshops & drop-in sessions as well as written submissions.

Overarching themes from the consultation period for the 'Our Big NHS Change' Programme

- Support for the case for change
- Support for the proposed community model in principle but with concerns around its implementation (chiefly in terms of staffing and resourcing, integrated working between health and social care and GP shortages)
- Support for a new hospital for the south of the Health Board area in principle, but with significant worries about travel and access by road and public transport to the proposed location between Narberth and St Clears - as well as how the proposed new facility will be funded and staffed; and
- A great deal of concern about the repurposing of Withybush as a community hospital (though some said they felt more positive about this after hearing more detailed information about what would be available there) - and, to a lesser extent, about the possible repurposing of Glangwili and Prince Philip Hospitals.

This work progressed, towards the formal approval of a long-term health and care strategy, A Healthier Mid and West Wales: Our Future Generations Living Well.

Phase 3 - Clinical focus groups

With our Health and Care Strategy written, the question before us in 2020 was how to progress to a list of options for analysis in the Economic Case of the PBC. We took advice from the Consultation Institute as to how best to do this, and during November and December 2020 we held a series of clinical focus group meetings. These clinical focus groups were an opportunity to re-engage with our clinicians and front-line staff on the Health and Care Strategy following their experience during the pandemic; and gave us a structured way of generating insights from them to help us to develop the long list of options and inform our Spending Objectives and Critical Success Factors.

Overarching themes from Clinical focus groups

There were several cross-cutting and overarching themes that came through clearly in the engagement responses. They can be summarised as:

Quality of care	<ul style="list-style-type: none">• This covered a variety of areas, but in particular effective communication and timeliness, especially in the context of waiting for appointments or results. Care closer to home and continuity of care and were important to many people. Equitable access to healthcare was also seen as an indicator of quality.
Where to receive healthcare	<ul style="list-style-type: none">• There was widespread support for care in the community rather than in hospital and particular enthusiasm for hubs or 'one stop shops', where multiple health and care needs can be addressed under one roof in the local community.• Some respondents accepted there is a need for travel given their geographical location. However, others felt travelling long distances for health care services was unacceptable, this view was exacerbated by inadequate public transport networks in rural areas.
Resources	<ul style="list-style-type: none">• Several questionnaire respondents expressed the view that money is wasted on management, paperwork, and continual reorganisations. Some also felt that there are too many managers and not enough basic administrative staff.• There was significant support for more community-based services by creating a more flexible, multi-skilled workforce through local partnership working.• There was also a willingness to be treated by nurses and non-medical staff (rather than doctors) for some conditions, though a minority raised concerns about staff not being sufficiently trained or equipped.• There was a recognition that the public would need to be educated and informed in order to understand new roles such as physician associates.• Some of the general hospital sites (Glangwili in particular) were considered not fit for purpose now, let alone for the future.• People also highlighted that informal carers are a vital resource and more should be done to support them.
Joined-up services	<ul style="list-style-type: none">• There was widespread support for a centralised repository of electronic patient records to allow healthcare professionals across a range of disciplines to access notes readily. This was balanced by the need for reassurance that this would be underpinned by secure IT infrastructure with sufficient back-up systems.
Travel and access	<ul style="list-style-type: none">• People told us that they were prepared to consider travelling further if it meant they would get quicker access to specialist care.

Internal and external stakeholder and public engagement – February to June 2021

We undertook a six-week engagement exercise - 'Building a healthier future after COVID-19' - between May and June 2021, as an opportunity to check in with staff, patients, their families and the wider public to find out how their lives had been impacted by the global pandemic.

The aim was to learn how the COVID-19 pandemic has affected the public's health and care, and access to it. We also wanted to understand the implications of these experiences in relation to our Health and Care Strategy

The following summary outlines the feedback received. The responses have been split into six themes:

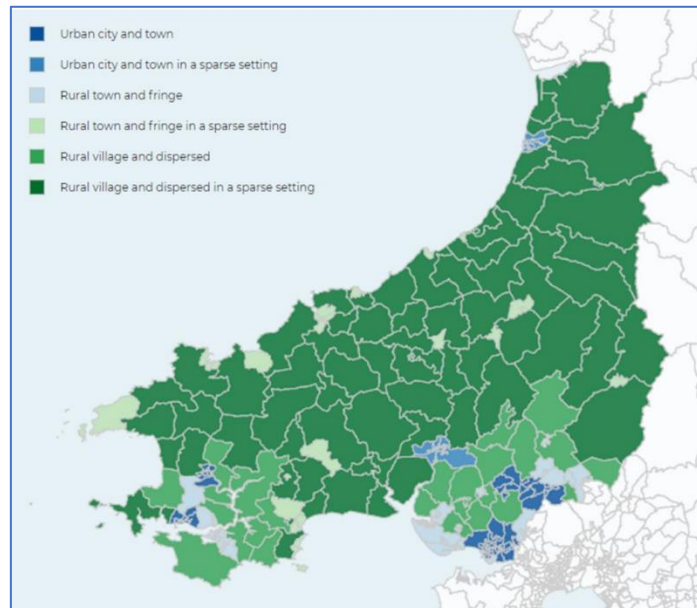
- **The impact of the pandemic on our population** - agglomerated feedback on access to services, the health and well-being of our population due to the pandemic. Many felt the pandemic highlighted the importance of more services being available at a local level, such as in the community. There was praise and acknowledgement of the hard work staff are doing in difficult circumstances.
- **The Strategy** - feedback on the population's reflection of the Health and Care Strategy. Some people expressed frustration at the lack of detail in the Strategy, particularly regarding which services would be provided at existing hospitals and at the new one. Many commented favourably on the plan for increased integration of services and more services delivered in the community.
- **The Social Model of Health and Well-being, and the wider determinants of health** - the population's view on how they felt their health and well-being could be supported in their communities. Many said community activities and support groups were important. Some people focused on education and the need for self-management and self-care of conditions. There is a recognition of the importance of different organisations across health, social care and third sector, working together for the benefit of the people.
- **Hospital site nominations** - the population's preferences on the hospital site, with a concern for distance from their home and the site's accessibility to public transport being a prevailing theme of the feedback.
- **Key priorities for location of new Urgent and Planned Care Hospital** - this section focused on people's responses to what is important to them for a hospital site, and what they feel should be considered. The feedback highlighted distance to the hospital, improved public transport links, free parking and the importance of attracting/retaining staff. The cost of building a new hospital was raised, and whether it would be more cost effective to invest in existing sites and buildings instead of building a new hospital.
- **Understanding impacts** - this section sought feedback for information on equalities and socio-economic impact. Some recurring themes in their responses were around rurality, difficulties accessing transport, poverty, and mental health.

Our approach

Establishing our baseline

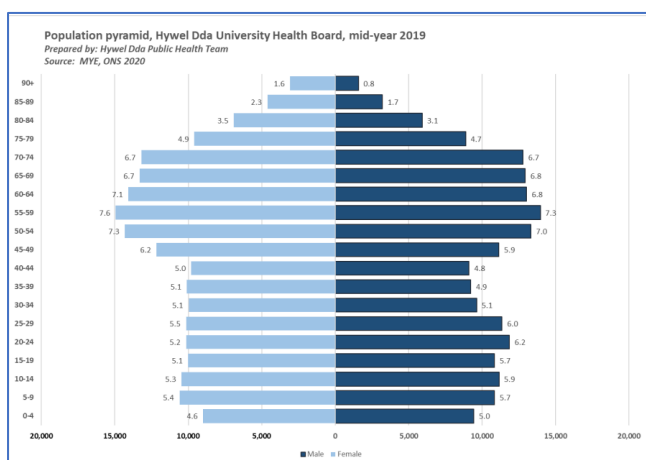
In 2021, Hywel Dda University Health Board had completed an extensive Health Needs Assessment, to inform the Pharmaceutical Needs Assessment. The information contained within the Pharmaceutical Needs Assessment helped establish our baseline for this programme.

Socio-demographic

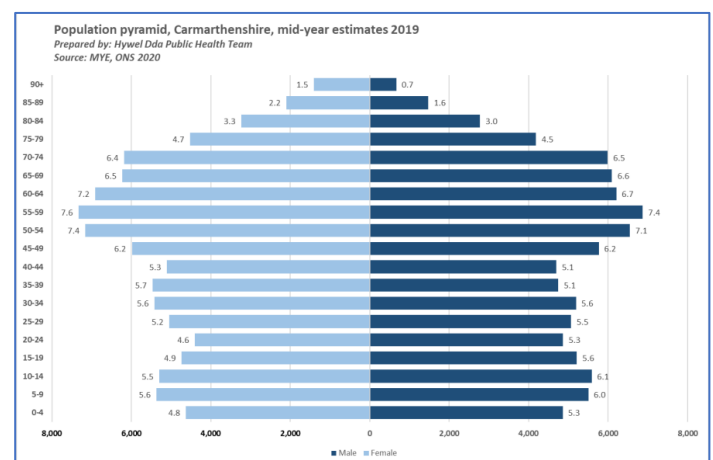


48% of the Hywel Dda UHB population live in Carmarthenshire (188,771) with 32.5% (125,818) living in Pembrokeshire and 18.8% (72,695) living in Ceredigion.

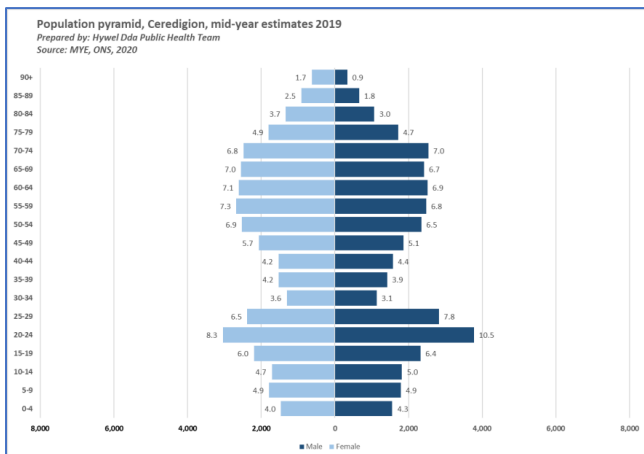
Population Profile, Hywel Dda UHB



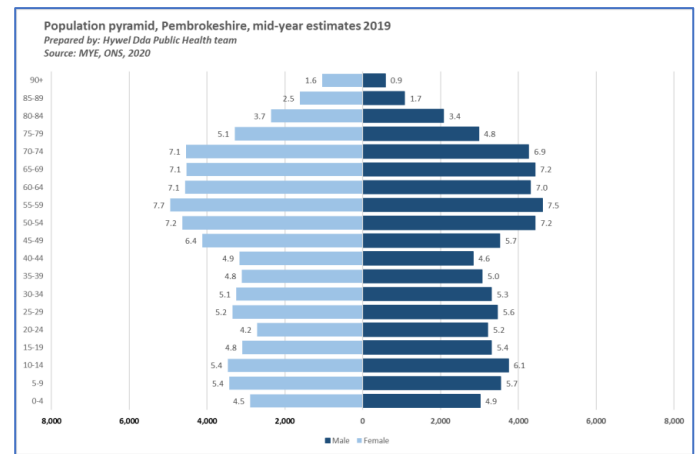
Population Profile, Carmarthenshire



Population Profile, Ceredigion



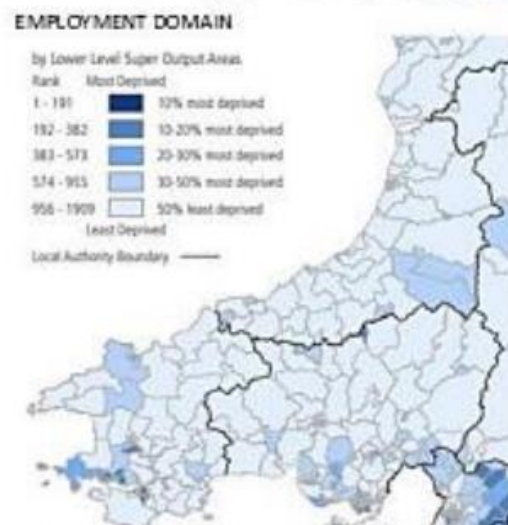
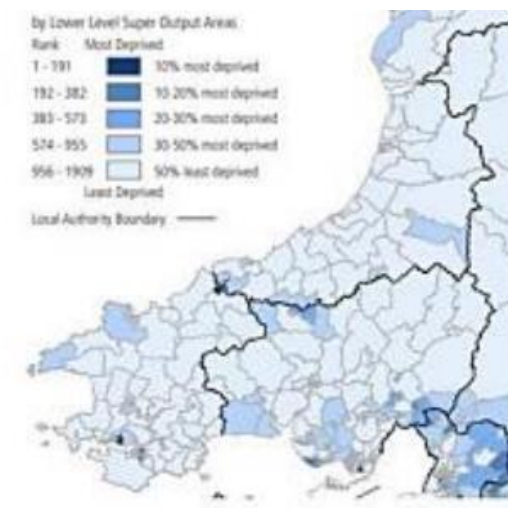
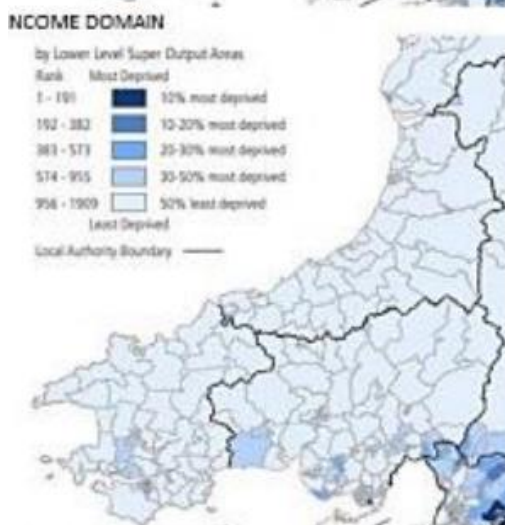
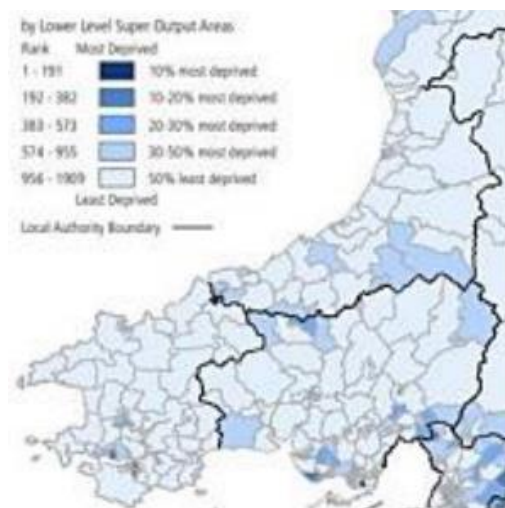
Population Profile, Pembrokeshire

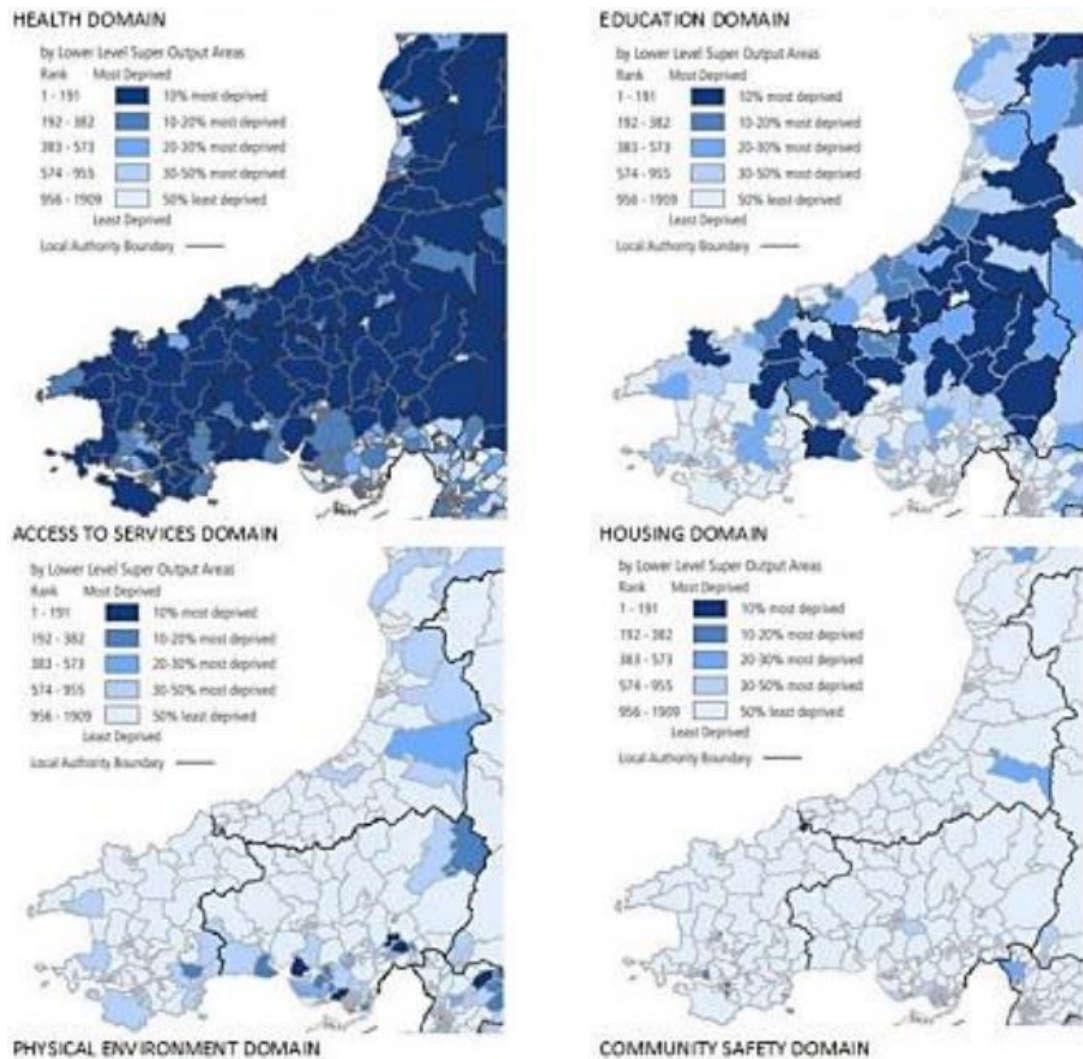


Rural Urban Classification of the population of Hywel Dda University Health Board

The Welsh Index of Multiple Deprivation (WIMD) is the official measure of relative deprivation for small areas in Wales. It is made up of eight domains of deprivation: income; employment; health, education; access to services; community safety; the physical environment; and housing.

The following maps show deprivation across the eight domains in the HDUHB region.





Travel and access baseline

Work has been undertaken to understand the baseline accessibility for the population travelling to each hospital site by public transport, private car and blue light ambulance. To address concerns about our plans for a new hospital, regardless of the three specific sites, we are developing a Transport Strategy. This will set out our vision for transport to the hospital and our community services. Transport is broad and would cover issues such as emergency and non-emergency patient transport, public and community transport, staff travel, decarbonisation, car parking and taxi or courier provision.

Sustainability baseline

We fully recognise that Welsh Government has declared a climate emergency and nature emergency, and this is the context in which the Programme is being developed. We therefore aim to demonstrate that the Programme will fully deliver on Welsh Government's aspirations and where possible deliver best practice and set the benchmark for future NHS programmes.

Stakeholder engagement

Support letters have been sought from the following stakeholders, which will be shared with Welsh Government as part of the PBC scrutiny process:

- | | |
|---|---|
| 1. Swansea University. | 6. Swansea Bay University Health Board. |
| 2. Aberystwyth University. | 7. Welsh Ambulance Service NHS Trust. |
| 3. University of Wales Trinity Saint David. | 8. Carmarthenshire County Council. |
| 4. Betsi Cadwaladr University Health Board. | 9. Pembrokeshire County Council. |
| 5. Powys Health Board. | 10. Ceredigion County Council. |

Additionally, the PBC has been presented to the Hywel Dda Community Health Council Executive Committee at their meeting on 18 January 2022.

Potential Impacts identified by the Equalities and Health Impact Assessment

We have undertaken an Equalities and Health Impact Assessment (EHIA) on the proposed Scope which provides an overview of how the programme might have positive and/or negative impacts on different groups of people with 'protected characteristics'. The Assessment identified the potential impacts summarised below:

Distance / travelling times

- Age – Inability for older people to drive or long travel times.
- Age – Increased distance/ travelling times for children's services impacting school education.
- Pregnancy and maternity – Increased distance/ travelling to access maternity services.
- Gender – Increased distance/ travelling times for Women's services.
- Carers – Increased distance/ travelling times impacting on Carers lives.

Access to technology

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

Transport

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

Mental Health

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

Flexible Service Provision

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

*These findings will be updated on an ongoing basis as we move through the business case process and considered in the design of our facilities as it progresses.