



Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

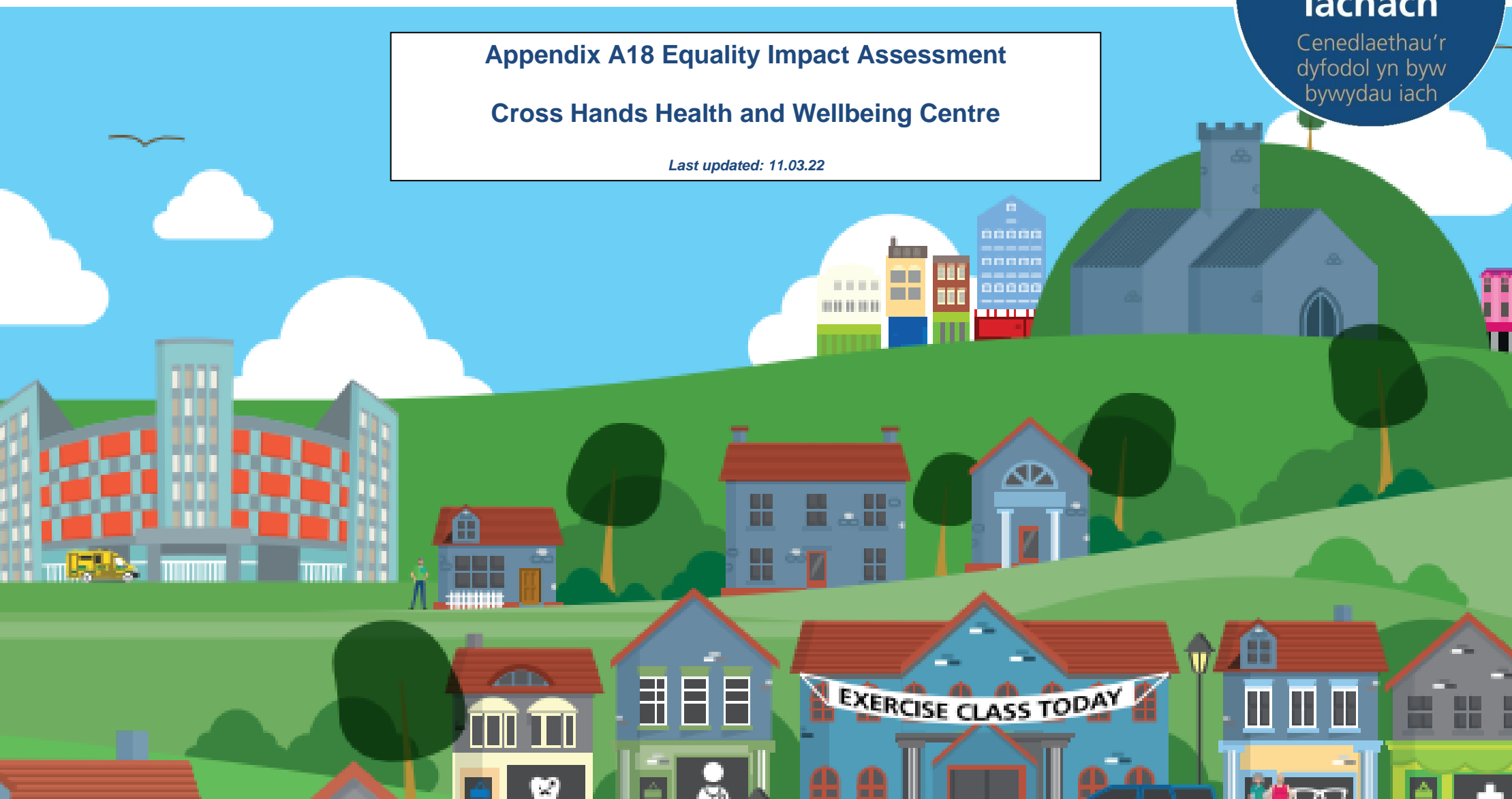
## Canolbarth a Gorllewin Iachach

Cenedlaethau'r  
dyfodol yn byw  
bywydau iach

### Appendix A18 Equality Impact Assessment

### Cross Hands Health and Wellbeing Centre

*Last updated: 11.03.22*



## Introduction

Protected characteristics are defined by the Equality Act 2010 and include: Age, Disability, Sex, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief and Sexual Orientation. The Equality Act 2010 means that health boards have a legal duty to protect people from discrimination in the workplace and the wider society. This means that we have to consider the needs of people from different groups in our communities.

The Public Sector Equality Duty in Wales forms part of the Equality Act 2010. The Duty means that policies and service plans developed by the health board must be designed to contribute to a fairer society. They must attempt to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the act.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and
- Foster good relations between people who share a protected characteristic and those who do not. This means that, wherever possible, the health board must take reasonable steps to identify both the positive impacts and negative impacts that our policies and services may have upon people with a protected characteristic. Once identified, the health board must try to mitigate and eliminate any negative impacts by whatever means possible in order to avoid putting people with a protected characteristic at a further disadvantage. The Human Rights Act 1998 places a duty upon health boards to promote and protect human rights for all. This means that health boards must treat everyone equally, with fairness, dignity and respect

In Wales, health boards also have a responsibility to comply with the Welsh Language (Wales) Measure 2011 and must implement a set of Welsh Language Standards. This means that health boards have a duty to meet the needs of Welsh speakers and offer healthcare services bilingually.

Assessing impact across a broad range of characteristics (not just those required by law), helps organisations to embed equality and human rights in the delivery of their services. For this reason, we are also concerned about other groups, these include unpaid carers (people who care for someone with a disability, but who often may face barriers to accessing services themselves) and people who experience socio-economic disadvantage (for example, people who lack access to their own or public transport, people who are homeless, people who live in remote areas or people who live in areas of deprivation). Evidence suggests that people from protected groups are more at risk of experiencing socio-economic disadvantage and as a result may. This Equality Impact Assessment enables us to consider the effects of its decisions, policies or services on different communities, individuals or groups, particularly in relation to those most vulnerable in society. Assessing the impact on the equality of proposed changes is also a positive opportunity for the UHB to ensure that better decisions are made which are based on robust evidence. The EqIA is a constantly evolving process ensuring that the needs of protected groups are considered at every stage of planning, development and delivery. This EqIA should be considered in the context of the wider Equality and Health Impact Assessment submitted as part of the wider Programme in support of our Strategy [A Healthier Mid and West Wales' – Our Future Generations Living Well](#) (Appendix 5 of the Programme Business Case).

## Form 1: Overview

1.	<b>What are you equality impact assessing?</b>	<p>The proposed provision of a Health and Wellbeing Centre at Cross Hands, Carmarthenshire.</p> <p>For the purpose of this assessment we have focused on data for the two GP Practices relocating to the new Health and Wellbeing Centre at Cross Hands which is generally reflective of all GP Practice populations in the Amman Gwendraeth locality.</p>
2.	<b>Brief Aims and Description</b>	<p>The development of a Cross Hands Health &amp; Wellbeing Centre supports the delivery of HDUHB's business strategy by providing a solution not only for delivering integrated primary care and community services but also supporting improved wellbeing by adopting a 'whole systems' population health focus. The latter form a critical element of delivering the integrated model of care that underpins the Transforming Clinical Services (TCS) Programme and subsequent strategy <a href="#">A Healthier Mid and West Wales' – Our Future Generations Living Well</a></p> <p>The Health Boards strategic plans are predicated on the need to redesign our services to focus on the wider determinants of health; central to which is the idea of a network of community hubs, where integrated health and care services can be provided in one location alongside other health promoting information, advice and assistance (IAA) opportunities. Our proposals for Cross Hands directly responds to this future model by aiming to bring together a range of health and care services into one location to provide a sustainable model of care that best meet the needs of the local population through improved access and multidisciplinary working.</p> <p>The project scope is wide and includes the relocation of two GP Practices and the provision of community health and social care services, including third sector partners. The proposed facility will also provide a 'satellite' for the clinical skills unit which will be based in Pentre</p>

		<p>Awel and will support clinical staffing sustainability in the locality. Wider Information, Advice and Assistance opportunities will include a community library offering educational services, opportunities to access third sector groups and information and access to IT learning opportunities and use of digital hardware. Access to much improved library facilities will ensure that the locality has equal access to these facilities as the rest of Carmarthenshire. A police hub and 'flexible space' for the community to host community group activities that meet population need will also be provided which will contribute to the development of community resilience. A commercial Pharmacy is also included within the project scope.</p> <p>Community Health Services included within the project scope are:</p> <ul style="list-style-type: none"> <li>Therapies</li> <li>Podiatry</li> <li>Audiology</li> <li>Health Visiting</li> <li>Midwifery</li> <li>District Nursing</li> <li>Short Term Care Team</li> <li>Research and Innovation</li> <li>Chronic conditions</li> <li>Mental Health</li> </ul>
3.	<b>Who is involved in undertaking this EqIA?</b>	<p>Lee Davies – Executive Director of Strategic Development &amp; Operational Planning (Senior Responsible Owner)</p> <p>Rhian Matthews – Integrated Systems Director Carmarthenshire (Project Director)</p>
4.	<b>Is the Policy related to other policies/areas of work?</b>	<p>Project Board and workstreams and development of an outline business case seeking approval for Welsh Government funding for priority Community and primary care projects throughout Wales.</p>

		<p>The project is one of the first Health and Wellbeing Centres identified within the UHB's wider plans for delivering its strategy '<a href="#">A Healthier Mid and West Wales - our Future Generations Living Well</a>'.</p> <p>This EqIA should be considered in the context of the wider Equality and Health Impact Assessment submitted as part of the wider Programme and Strategy noted above.</p>
5.	<p><b>Who will be affected by the strategy / policy / plan / procedure / service?</b> (Consider staff as well as the population that the project / change may affect to different degrees)</p>	<p>Staff  Patients and their families/carers  GP Practices  Health &amp; Social Care Service Leads  Community Health Council (CHC)  Third Sector  Local Authority Town and Community Councillors  LA library services, Llanelli Wellness Project Manager  Dyfed Powys Police Authority  Commercial Pharmacies included with Pharmacy Relocation  Regulations Local disability access groups  Other groups in attendance at Public &amp; Stakeholder engagement events  Local residents</p>
6.	<p><b>What might help/hinder the success of the Policy?</b></p>	<p>Failure of Welsh Government to approve business case for capital funding  Revenue consequences reliant on Health Board approval  Introduction of new service models  Land acquisition currently owned by Carmarthenshire County Council and Joint venture partner</p>

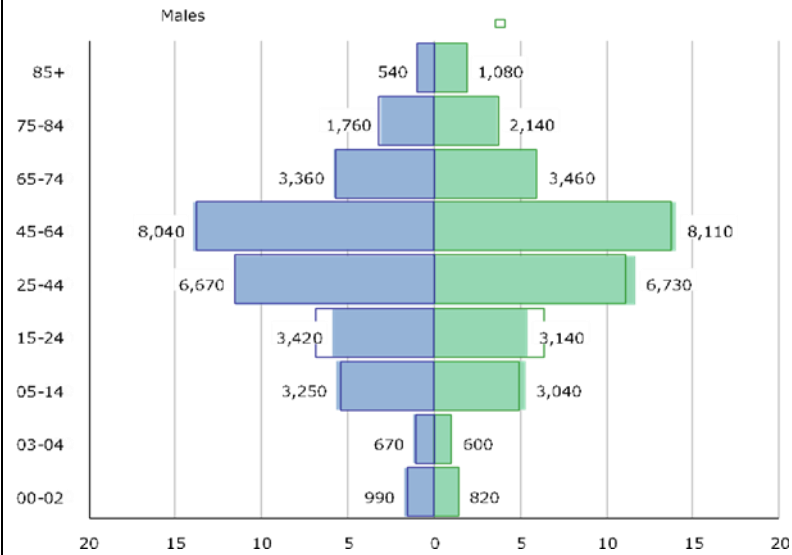
## Form 2: Human Rights

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

Consider, is the Policy relevant to:	Yes	No
<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	√	
<b>Article 3 : The right not 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	√	
<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	√	
<b>Article 6 : The right to a fair trial</b> <b>Example:</b> issues of patient choice, control, empowerment and independence	√	
<b>Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</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	√	
<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	√	

Form 3 Gathering of Evidence and Assessment of Potential Impact					
How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No impact	Potential positive and / or negative impacts	Opportunities for improvement / mitigation
				Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
<b>Age</b> Is it likely to affect older and younger people in different ways or affect one age group and not another?	√	√		<p>The Amman Gwendraeth locality has an increasingly elderly population. Currently 23% of Amman Gwendraeth's population is over 64 years old and this is anticipated to increase in line with the overall Carmarthenshire forecast which sees it's over 65 population rising from 28% to 34% by 2030.</p> <p>The challenges of an increasingly elderly population are compounded by the outward migration of the next generation for employment and the inward migration of young families which results in significant social isolation and minimal family support.</p> <p>The increasingly elderly population combined with high levels of deprivation in a post-industrial area manifests in high prevalence of diseases, in particular Asthma, Coronary Heart Diseases, COPD, Dementia, Depression, Diabetes, and Obesity. Frailty associated with the ageing demographic and multi morbidity is also prevalent in the area.</p> <p><b>Amman Gwendraeth GP CLUSTER</b></p> <p><b>Age/sex breakdown of population</b></p> <p>Percentage of patients by age and sex (with actual GP cluster counts shown next to bars), showing Amman/Gwendraeth GP cluster and Hywel Dda HB for comparison, 2012</p>	



Proportion (%) of patients  
 Produced by Public Health Wales Observatory, using WDS (NWIS)

**PENYGROES GP SURGERY**

There are generally a greater number of older patients registered with Penygroes practice than the Welsh average and there has been a noticeable shift in this trend between 2005 and 2014 as evidenced by the population pyramid below:

Population Pyramid for Penygroes Surgery



**Proportion of population by age and sex, practice W92051 and Wales, 2005 and 2014**  
 Produced by Public Health Wales Observatory, using WDS (NWIS)



**TUMBLE SURGERY**

The population pyramid for Tumble surgery is similar to that seen at Penygroes with an older than average population and a noticeable shift towards the top of the pyramid since 2005.

**Figure 5. Population Pyramid for Tumble Surgery**



Appropriate areas have been incorporated into the clinical treatment facilities for children. Community run events will also support reduction in adverse childhood experiences.

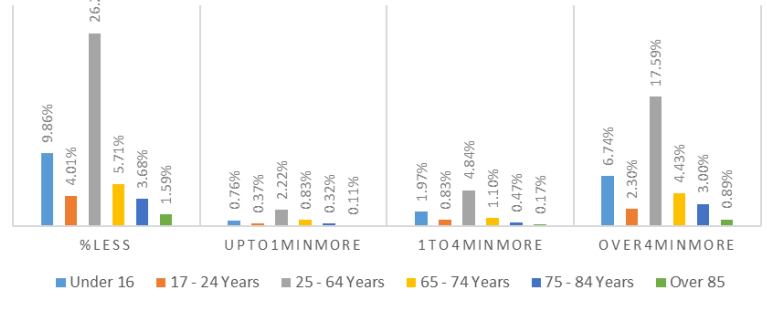
The design has also taken into account Disabled / wider parking facilities. Easy public transport links and drop off points. The Dementia Friendly Hospital Charter outlines the high-level principles that a dementia-friendly hospital should provide and fully supports the principles and actions outlined in the Dementia Action Plan for Wales 2018-22. A collaboration between Estates, Therapies and Nursing Services within Hywel Dda Health Board has the aim of providing a consistent and enabling approach for people living with a diagnosis of dementia to access and navigate health and social care services. The Dementia Friendly Design Principles and recommendations will be considered and applied to all new builds / refurbishment projects across Hywel Dda University Health Board.

The needs of older people, with adequate circulation space for wheelchairs and people with walking frames, acknowledging that they may also be accompanied by their carer(s). Mobility scooters can be parked safely at the entrance to the building.

This will be an improvement on the restrictions previously experienced when services were delivered in older buildings.

Carmarthenshire is the second most sparsely populated Health Board area in Wales and 75% of the people living in the Amman & Gwendraeth locality live in a rural area. Although the majority of the population live within a 15- minute drive of their GP practice, the area has poor public transport links. The Health Board has undertaken an analysis of change in travel times for patients resulting from the proposals to relocate some services to Cross Hands from GP surgeries at Cross Hands, Tumble and Penygroes and neighbouring acute hospital settings.

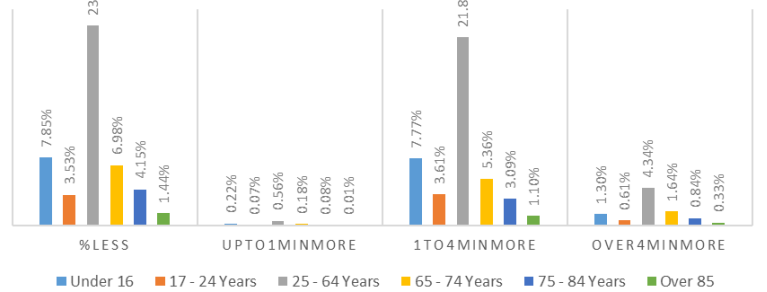
### CHANGE IN CAR TRAVELTIME FOR PENYGROES PATIENTS



#### Penygroes Patients

	Under 16	17 - 24 Years	25 - 64 Years	65 - 74 Years	75 - 84 Years	Over 85	Grand Total
%Less	9.86%	4.01%	26.22%	5.71%	3.68%	1.59%	51.06%
Upto1MinMore	0.76%	0.37%	2.22%	0.83%	0.32%	0.11%	4.60%
1to4MinMore	1.97%	0.83%	4.84%	1.10%	0.47%	0.17%	9.38%
Over4MinMore	6.74%	2.30%	17.59%	4.43%	3.00%	0.89%	34.95%
<b>Grand Total</b>	<b>19.33%</b>	<b>7.51%</b>	<b>50.87%</b>	<b>12.07%</b>	<b>7.47%</b>	<b>2.75%</b>	<b>100.00%</b>

### CHANGE IN CAR TRAVELTIME FOR TUMBLE PATIENTS



			<table border="1" data-bbox="624 317 1680 711"> <thead> <tr> <th colspan="8" style="background-color: #0056b3; color: white;">Tumble Patients</th> </tr> <tr> <th></th> <th>Under 16</th> <th>17 - 24 Years</th> <th>25 - 64 Years</th> <th>65 - 74 Years</th> <th>75 - 84 Years</th> <th>Over 85</th> <th>Grand Total</th> </tr> </thead> <tbody> <tr> <td>%Less</td> <td>7.85%</td> <td>3.53%</td> <td>23.16%</td> <td>6.98%</td> <td>4.15%</td> <td>1.44%</td> <td>47.11%</td> </tr> <tr> <td>Upto1MinMore</td> <td>0.22%</td> <td>0.07%</td> <td>0.56%</td> <td>0.18%</td> <td>0.08%</td> <td>0.01%</td> <td>1.11%</td> </tr> <tr> <td>1to4MinMore</td> <td>7.77%</td> <td>3.61%</td> <td>21.80%</td> <td>5.36%</td> <td>3.09%</td> <td>1.10%</td> <td>42.73%</td> </tr> <tr> <td>Over4MinMore</td> <td>1.30%</td> <td>0.61%</td> <td>4.34%</td> <td>1.64%</td> <td>0.84%</td> <td>0.33%</td> <td>9.06%</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>17.14%</b></td> <td><b>7.81%</b></td> <td><b>49.86%</b></td> <td><b>14.16%</b></td> <td><b>8.16%</b></td> <td><b>2.87%</b></td> <td><b>100.00%</b></td> </tr> </tbody> </table> <p data-bbox="624 751 1744 1082">The Health Board has also undertaken a transport survey over the period of one week in the 3 x GP settings noted above to establish the modes of transport patients use to access current and future service provision. A total of 569 patients completed questionnaires. The results show that are very few patients use or intend to use public transport to access GP services. This is evidenced by the significantly high percentage of patients that use their own car to attend appointments and the number of patients using their own cars to attend appointments on the day they completed the survey, Further analysis and surveys are proposed during the full business case stage.</p>	Tumble Patients									Under 16	17 - 24 Years	25 - 64 Years	65 - 74 Years	75 - 84 Years	Over 85	Grand Total	%Less	7.85%	3.53%	23.16%	6.98%	4.15%	1.44%	47.11%	Upto1MinMore	0.22%	0.07%	0.56%	0.18%	0.08%	0.01%	1.11%	1to4MinMore	7.77%	3.61%	21.80%	5.36%	3.09%	1.10%	42.73%	Over4MinMore	1.30%	0.61%	4.34%	1.64%	0.84%	0.33%	9.06%	<b>Grand Total</b>	<b>17.14%</b>	<b>7.81%</b>	<b>49.86%</b>	<b>14.16%</b>	<b>8.16%</b>	<b>2.87%</b>	<b>100.00%</b>	<p data-bbox="1758 284 2083 464">Patient travel surveys have been undertaken and evaluated. Follow up surveys will be undertaken.</p> <p data-bbox="1758 507 2063 831">Further engagement will be planned with stakeholders, Carmarthenshire Access and Disabled Access Groups. Feedback from Stakeholders has been taken on board.</p>
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<p data-bbox="150 1182 383 1490"><b>Disability</b> Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	√		<p data-bbox="624 1161 1744 1506">Because of the nature of the services to be provided, it is expected that a certain proportion of service users will have disabilities and Mental Health Conditions. We are collating additional evidence around this protected characteristic considering the needs of people with Learning Disabilities and Children and Young People with Mental Health conditions who may use the Centre to access services located there. Service users may also include those accessing the centre for injections by the Community Mental Health Team and CDAT Team. Patients seen nearer home, reducing hospital attendances. Additional capacity to offer assessment and intervention in a</p>																																																									

			<p>more appropriate community setting reduces stigma and discrimination of these groups.</p> <p>The needs of disabled/older people, with adequate circulation space for larger bulkier wheelchairs and people with walking frames is considered, acknowledging that they may also be accompanied by their carer(s). Mobility scooters can be parked safely at the entrance to the building.</p> <p>We are also engaging with local access groups via public stakeholder engagement events, Third Sector groups, Carmarthenshire Local Authority Access and Disability Groups. Information gathered along with design guidelines will be incorporated into detailed design proposals progressing into design stage 3 progressing into the Full Business Case. The design also includes a Community Changing place and will comply to meet the needs of individual needs.</p> <p>Staff demographics and feedback evidence currently being collated</p> <p>The new building specification will meet the Equality Act 2010 requirements. Discussion is already taking place with local transport companies to secure appropriate access to the front door of the new building; Lifts and designated clinical examination/treatment areas have been designed to make provision for bariatric patients. Designated car parking facilities will be provided.</p> <p>This will be an improvement on previous restrictions previously experienced when services were delivered in older buildings.</p> <p>The new build will offer the opportunity for improved signage to assist people with sensory loss to access and navigate the building in line with the All Wales Standards for Accessible Communication and Information for People with Sensory Loss and the Health Board's Wayfinding Policy which is currently under development. Within the Health Board, all signage is required to be bi-lingual and the design and typography needs to be designed and presented in a way</p>	
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			<p>that aids orientation and wayfinding both outside and inside the health environments.</p> <p>The new facility offers the area an en suite treatment room with a hoist which is accessible for bariatric and disabled patients should wash/change facilities be required (community changing place). Bariatric seating provisions are also provided in designated clinical spaces and waiting areas.</p> <p>A travel plan has been completed as part of the planning process with the Local Authority. A bus stop will be provided on site with designated accessible car parking.</p>	
<p><b>Gender Reassignment</b> Consider the potential impact on individuals who either:</p> <ul style="list-style-type: none"> <li>•Have undergone, intend to undergo or are currently undergoing gender reassignment.</li> <li>•Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.</li> </ul>		√	<p>Reliable statistics around this protected characteristic are not available. However, there are mechanisms in place within the proposals to address the particular needs to this protected group on an individual basis. Patient and staff change and WC facilities are gender neutral. This information is not routinely collected for staff, but the needs of individuals who fall under this protected characteristic will be taken into consideration. Discussions with staff will take place on an individual basis as appropriate.</p> <p>Toilets and changing areas in the new building are not all gender specific. Unisex WC's are available in patient and staff areas. Changing facilities are integral to consulting and treatment rooms and therefore not gender specific. This will be an improvement on the restrictions previously experienced when services were delivered in older buildings.</p> <p>There will be a neutral impact in relation to this protected characteristic. The clinical treatment areas have been designed to promote privacy and dignity which is an improvement on the restrictions experienced when services were delivered in older buildings</p>	
<p><b>Marriage and Civil Partnership</b></p>		√	<p>The proposal will have no impact upon service users because of their marital status. The positive impact of having care closer to home will be of benefit</p>	

This also covers those who are not married or in a civil partnership.			when partners drop off clothes, for visiting and reduces the need for hotel stays.	
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<p><b>Pregnancy and Maternity</b> Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.</p>	√		<p>At any given time a proportion of service users, their families/carers and staff will be covered by this protected characteristic. Their needs will be addressed on an individual basis. The design incorporates separate baby change and feeding facilities as per design guidance issued by Welsh Government.</p> <p>Breastfeeding and baby change facilities are provided adjacent to the main waiting area. Appropriate decoration/play areas for children.</p> <p>This will be an improvement on the restrictions previously experienced when services were delivered in older buildings.</p> <p>Improved working environment for staff who are pregnant.</p>	
<p><b>Race/Ethnicity or Nationality</b> People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.</p>	√		<p>The proportion of service users and staff is small in relation to the population of Carmarthenshire. There are mechanisms in place within the new proposals to assess individual needs of staff and service users as appropriate.</p> <p>Focusing on 2 x populations the following data is available from Policy Research and Information, Carmarthenshire County Council May 2021:</p> <p><b>Penygroes Ward:</b> Total population 2,917 <b>Population key facts (Census data 2011)</b> People born in Wales – 2311 (80%) Carmarthenshire 76%</p>	



			<p>Born outside the UK – 72 (2.5%) Carmarthenshire 4.1%</p> <p>Non-white ethnic groups – 49 (1.8%) Carmarthenshire 1.9%</p> <p><b>Llannon Ward (Tumble &amp; Cross Hands):</b> Total population 5,500</p> <p><b>Population key facts (Census data 2011)</b> People born in Wales – 4255 (80.7%) Carmarthenshire 76%</p> <p>Born outside the UK – 157 (3%) Carmarthenshire 4.1%</p> <p>Non-white ethnic groups – 108 (2.1%) Carmarthenshire 1.9%</p> <p>Staff demographics and feedback evidence currently being collated.</p> <p>This proportion of service users, staff and residents within Carmarthenshire is relatively low. The service model has mechanisms in place to address particular needs on an individual basis as is currently the case.</p> <p>Mechanisms are in place to address particular needs as is currently the case. It is therefore anticipated that there will be a neutral impact on this protected group.</p> <p>Improved community services may make it easier for ethnic minority communities to access certain healthcare services which they might not have done in the past.</p>	
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			<p>We plan on engaging with specific ethnic minority groups in the local area via the CDOT and will share key messages in the development stages with ethnic minority communities affected by this change in an appropriate language and communication method.</p>	
<p><b>Religion or Belief (or non-belief)</b> The term 'religion' includes a religious or philosophical belief.</p>	√		<p>2011 Census indicated Christian or no religion to be most prevalent identified. Staff demographics and feedback evidence currently being collated. No direct impact identified, but the proposed model of integrated care provides a more flexible environment which may be beneficial to facilitating service users to continue practicing religious or belief observances when receiving care closer to home. An interview room has been included for discreet discussion if required. This could also act as a 'quiet room' for reflection and prayer as necessary.</p>	
<p><b>Sex</b> Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?</p>		√	<p>For Staff, evidence to follow/currently being collated. Initial information shows that the majority of nursing, community and admin staff are female. The sex breakdown of the population by locality and 2 x GP practices is illustrated in the graphs above.</p> <p>Toilets and changing areas in the new building are not all gender specific. Unisex</p>	

			<p>WC's are available in patient and staff areas. Changing facilities are integral to consulting and treatment rooms and therefore not gender specific. This will be an improvement on the restrictions previously experienced when services were delivered in older buildings.</p>	
<p><b>Sexual Orientation</b> Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.</p>	√		<p>It may be assumed that there will be a proportion of service users and staff affected by this proposal. Needs will be assessed on an individual basis.</p> <p>The public health white paper 'Healthy Lives, Healthy People' identified poor mental health, sexually transmitted infections, problematic drug and alcohol use and smoking as the top public health issues facing the UK. All of these disproportionately affect Lesbian Gay Bisexual Transgender (LGBTQ+) populations:</p> <ul style="list-style-type: none"> <li>• Illicit drug use amongst LGBTQ+ people is at least 8 times higher than in the general population</li> <li>• Around 25% of LGBTQ+ people indicate a level of alcohol dependency</li> <li>• Nearly half of LGBTQ+ individuals smoke, compared with a quarter of their heterosexual peers</li> <li>• LGBTQ+ people are at higher risk of mental disorder, suicidal ideation, substance misuse and deliberate self-harm</li> </ul>	

			<ul style="list-style-type: none"> <li>• 41% of transgender people reported attempting suicide compared to 1.6% of the general population</li> </ul> <p>The proposed community health services and wider IAA services, community hub will make it possible for LGBTQ+ persons to access advice and support more easily.</p> <p>The clinical treatment areas have been designed to promote privacy and dignity which is an improvement on the restrictions experienced when services were delivered in older buildings.</p>	
<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>	√		<p>Hywel Dda University Health Board has recently completed an extensive Health Needs Assessment, to inform the Pharmaceutical Needs Assessment, we provide a link to this as it complements the document for information to clearly describe the health needs of the population. See chapters 2, 3 and 4 <a href="#">Link</a></p> <p>There will be integrated care and support, enabled by digital technology with communication of information between health and social care partners.</p> <p>A single point of access to health and care, linking all areas that contribute to the healthier lives of our people and communities. As single point of access approach offers real opportunities for Cross skilling staff, developing integrated roles that meet the</p>	

			<p>social model of health and wellbeing service model as well as increasing the learning opportunities for all people working within the health and wellbeing field.</p> <p>Integrated localities will tackle inequalities by working in partnership with local people to co-design solutions and services.</p> <p>Community-focussed family and children's services, with a strong wellness ethos. This will help support an increase in midwife-led pregnancies and births.</p> <p>Integrated community networks will provide information, advice, assistance and treatment through integrated community networks. Our aim is that these integrated community networks will provide the majority of health and care services, some of which have traditionally been provided in the acute hospital setting.</p> <p>The Cross Hands Health and Wellbeing Centre aims to deliver services closer to home in the community. An integrated approach to promoting health lifestyles and access to education and community services aims to improve outcomes for those who experience social deprivation and socioeconomic disadvantage.</p>	
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<p><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.</p>	<p>√</p>		<p>Carmarthenshire has a rich natural and cultural environment. It includes sites designated at an international level to protect important biodiversity features, as well as striking landscapes and distinctive historic towns and villages. The Welsh language in Carmarthenshire plays a key role in our everyday lives with 43.9% of the population over the age of 3 being Welsh speakers and 58.1% of the population having one or more skill in Welsh.</p> <p>Taking a closer look into the 2 x GP Practice ward areas the following information is available for the number of the local population that are Welsh speakers:</p> <p><b>Penygroes:</b> Population has a higher proportion of Welsh speakers than Carmarthenshire. Out of a total population of 2,875, 1733 people speak Welsh which represents 62.2% compared to 43.9% in Carmarthenshire.</p> <p><b>Llannon (Tumble/Cross Hands):</b> Population has a higher proportion of Welsh speakers than Carmarthenshire. Out of a total population of 5,559. 3,262 people speak Welsh which represents 64.2% compared to 43.9% in Carmarthenshire.</p> <p>Staff demographics and feedback evidence currently being collated.</p>	
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			<p>The Health Board has a Welsh Language Strategy to assist the Health Board and its staff to comply with its Welsh Language Standards when delivering services. Efforts will continue to be made to mirror the Welsh speaking demographic of Carmarthenshire within the staff group delivering direct care in the new model e.g. Welsh language skills will be considered when recruiting future staff. Welsh Language will be promoted in accordance with the HDUHB Welsh Language Standards.</p> <p>It is anticipated that the change in the model of service delivery will have a neutral impact in relation to Welsh Language. The new build will offer opportunities to include bi-lingual signage in accordance with the Health Board's Wayfinding Policy, which is currently under development and will set out the operational requirements for the management and use of sustainable universal signage across all Health Board sites. The signs design will be simple and user friendly to patients &amp; Visitors.</p>	
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#### Form 4: Examine the Information Gathered So Far

1.	<b>Do you have adequate information to make a fully informed decision on any potential impact?</b>	Yes
2.	<b>Should you proceed with the Policy whilst the EqlA is ongoing?</b>	Yes
3.	<b>Does the information collected relate to all protected characteristics?</b>	<p>There is lack of detailed information regarding Gender reassignment. Due to the comparatively small numbers of staff affected by the proposals, information has not been disaggregated into protected groups in order to avoid potential disclosure of sensitive personal information. Discussions will need to take place with staff affected on a group and individual basis to ensure that particular needs relating to any relevant protected characteristics can be addressed. A number of meetings have already taken place with staff representatives to identify any constraints associated with the design. We are also delivering transgender awareness sessions in 2022, which will be available to all staff.</p>
4.	<b>What additional information (if any) is required?</b>	<p>Staff age and sex profiles Disability stats.            Following advice, in view of the risk of disclosure of sensitive personal information, it is not necessary to provide a detailed breakdown of numbers of staff affected within each protected group. Due to the comparatively small numbers of staff affected by the proposals, information has not been disaggregated into protected groups in order to avoid potential disclosure of sensitive personal information.            See above regarding group/individual discussions.</p>



5.	<b>How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this (if applicable).</b>	Further feedback in relation to potential impact will be gathered at future stakeholder events. Staff leads to report any further information relating to staff needs, understanding numerous group meetings have already been held as part of the design consultation.
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### Form 5: 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.

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. (See Scoring Chart A below)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B below)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C below)
Age	3	3	9
Disability	3	3	9
Sex	3	1	3
Gender Reassignment	1	0	0
Human Rights	3	3	9
Marriage and Civil Partnership	2	0	0
Pregnancy and Maternity	3	3	9
Race/Ethnicity or Nationality	3	1	3
Religion or Belief	3	1	3
Sexual Orientation	1	0	0
Socio-economic Deprivation	3	1	3
Welsh Language	3	3	9

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

-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)

### Form 6 Outcome

You are advised to use the template below to detail the outcome and any actions that are planned following the completion of EqIA. You should 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.

<b>Will the Policy be adopted?</b>	Yes
<b>If No please give reasons and any alternative action(s) agreed.</b>	
<b>Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?</b>	No
<b>What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?</b>	<b>See Action Plan below</b>
<b>When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?</b>	<b>See action plan below</b>
<b>Where positive impact has been identified for one or more groups please explain how this will be maximised?</b>	<b>Please see positive impacts as noted in form 3.</b>
<b>Where the potential for negative impact on one of more group has been identified please explain what mitigating action has been planned to address this.</b>	Negative impact identified in Age group in terms of increased travel times for some age groups. Patient travel

<b>If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project / proposal regardless, please provide suitable justification.</b>	surveys have been undertaken and evaluated. Follow up surveys will be undertaken.  See action plan below.
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### Form 7 Action Plan

<b>Actions</b> (required to address any potential negative impact identified or any gaps in data)	<b>Assigned to</b>	<b>Target Review Date</b>	<b>Completion Date</b>	<b>Comments / Update</b>
There has since been a census 2021 survey, resulting data should be published in late April 2022 and the EqIA will be updated to reflect the latest available information this provides.	Sian Morgan	May 2022	June 2022	
Disability – collation of additional evidence around this protected characteristic e.g. e.g. number of patients in Penygroes and Tumble with chronic conditions / registered disability?	Sian Morgan	May, 2022	August 2022	
Speak to Medical Records for information on transgender service users	Sian Morgan	May, 2022	August 2022	
Link in with the UHB Community Development Outreach Team to plan engaging with specific ethnic minority groups in the local area via the CDOT and will share key messages in the development stages with	Sian Morgan	May, 2022	August 2022	

ethnic minorities communities affected by this change in an appropriate language and communication method				
<p>Further feedback in relation to potential impact will be gathered at future stakeholder events. Ensure that an impact question is asked as part of all future engagement and analysed so that we are fully aware of existing issues and what we need to put right.</p> <p>Staff leads to report any further information relating to staff needs, understanding numerous group meetings have already been held as part of the design consultation.</p>	Sian Morgan	Quarterly	Ongoing for duration of project	
Need to continue to note any potential adverse impacts on protected groups as a result of the proposal and that particular needs of staff who may be affected will be discussed on a one to one basis.	Sian Morgan	Quarterly	Ongoing for duration of project	
The Population Needs Assessments for Hywel Dda are currently being refreshed where there will be more accurate data moving forward for this EQIA	Sian Morgan	May, 2022	May 2023	
Continued discussions ongoing with Council and public transport providers to ensure transport infrastructure in place.	Sian Morgan	Quarterly	Ongoing for duration of project	Patient travel surveys have been undertaken and evaluated. Follow up

				<p>survey will be undertaken.</p> <p>Further engagement will be planned with stakeholders, Carmarthenshire Access and Disabled Access Groups. Feedback for Stakeholders has been taken on board.</p> <p>Staff 'User' Groups have been established to develop the clinical output specifications, the floor plans (1:200 scale) and the C-sheets (room layouts) at 1:50 scale, will ensure their active involvement in the design process.</p>
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<b>EqIA Completed by:</b>	<b>Name</b>	Sian Morgan
	<b>Title</b>	Planning Project Manager
	<b>Team / Division</b>	Capital Planning Team
	<b>Contact details</b>	Sian.Morgan18@wales.nhs.uk
	<b>Date</b>	17.02.22
<b>EqIA Authorised by:</b>	<b>Name</b>	Eldeg Rosser
	<b>Title</b>	Head of Capital Planning
	<b>Team / Division</b>	Capital Planning Team
	<b>Contact details</b>	Eldeg.rosser@wales.nhs.uk
	<b>Date</b>	

**Annex 1 – [Equality and Health Impact Assessment for A Healthier Mid and West Wales – Programme Business Case](#)**

**Annex 2 – Hywel Dda University Health Board, Pharmaceutical Needs Assessment, October, 2021**

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