Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 January 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Transforming Learning Disability Services
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	Liz Carroll, Director, Mental Health & Learning Disabilities

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to set out the Directorate's plans to improve Learning Disability (LD) Services in line with the Health Board's Strategic Planning Objective 5G. The proposed model of service delivery focusses on progressive models of care, aimed at improving community resilience and enablement through choice and control. This will provide an opportunity to move away from traditional services such as hospital to care in the community.

The Learning Disabilities Service Improvement Programme (LDSIP) is focussed on developing services for adults that will provide safe, effective, compassionate, evidence-based and outcome focused care, which meets demand and ensures the workforce is appropriately skilled and managed. Presently LD are only commissioned for adults, with arrangements for children's services and transition managed on a person-by-person basis. The LDSIP is aligned with the Welsh Government (WG) 'Improving Care, Improving Lives' programme and the ensuing Strategic Action Plan (2022-2026), with clear links between local and national objectives and priority areas.

Co-production on the proposed service changes is being enabled through the Learning Disability Dream Team through the multi-agency Regional Improving Lives Partnership (RILP). This in line with the West Wales Learning Disability Charter which calls for individuals with learning disabilities to be involved in making decisions about their health and the services they receive. This ensures that the wishes and needs of individuals are at the heart of the LD service improvement agenda. Governance will be provided through the Operational Planning and Delivery Group, Executive Team and Board. Please see attached Appendix 1, Governance Arrangements.

Cefndir / Background

The LDSIP commenced in 2019 to oversee the redesign and restructure of LD Services.
A number of workstreams were established with a range of multi-agency stakeholders to review existing LD Services and develop a new model of service delivery in line with WG recommendations and local need.

The Service has engaged with Community Health Councils (CHC) and RILP, setting out the Directorate's plans to improve LD Services in line with national programmes of work, as set out in Improving Care, Improving Lives. Improving Care Improving Lives

Learning Disability Services in Hywel Dda provide care services to the population of Carmarthenshire, Ceredigion and Pembrokeshire. It has a staffing budget of £6,575,000.00 with a 164.46 whole time equivalent (WTE) multi-disciplinary staffing establishment, which includes nurses, medical staff, health care support workers, psychology, occupational therapy, administration, physiotherapy and speech and language therapists. LD Services currently provide care and treatment for adults with a mild to moderate learning disability, as well as those with more profound complex needs across community, inpatient and residential settings as set out below:

Community Services

Community Services consist of four locality-based Community Team Learning Disability (CTLDs) as follows:

- Penlan, Carmarthen, Carmarthenshire
- Llys Steffan, Lampeter, Ceredigion
- Ty Elwyn, Llanelli, Carmarthenshire
- Llanion House, Haverfordwest, Pembrokeshire

Services operate Monday to Friday from 9.00am – 5.00pm. Multi-disciplinary staff provide care and treatment for individuals with moderate to profound Learning Disabilities often with co-morbidities of challenging behaviour, mental health issues and physical health needs. The service works closely with Local Authority partners, outreaching into the community and provides support to Primary Care, GPs, private providers, carers, families, day services and individuals living on their own or in supported accommodation or residential units.

Inpatient Services

A key element of the LDSIP is to review our long-term hospital environments to ensure that patients are transferred to less restrictive settings. Good progress has been made in this area over recent years with the Service reducing its inpatient provision by resettling individuals from long term stay settings to less restrictive and more appropriate care settings, resulting in the closure of two inpatient facilities and the resettlement of 8 individuals. The remaining unit, Ty Bryn Assessment & Treatment Unit is a five-bed unit which specialises in challenging behaviour.

In September 2021, the Directorate reached the decision to close the Ty Bryn Assessment & Treatment Unit to new admissions. This was due to the high acuity of patients in the unit, difficulty in maintaining qualified staffing levels, alongside some environmental concerns. On 1st October 2021, a Directorate Professionals Meeting was held to consider these risks, and to agree contingency plans to mitigate and expediate the discharge of the 3 patients in the Unit. The 3 patients were discharged as follows:

- 1st November 2021, Patient A discharged to a community placement
- 4th November 2021, Patient B discharged to a community placement
- 4th November 2021, Patient C discharged to an Adult Mental Health (AMH) Ward

On 1st November 2021, in line with COVID-19 compliance, Health Inspectorate Wales (HIW) conducted a virtual inspection of the Unit. The inspection highlighted concerns with the infrastructure of the building as well as compliance issues in relation to fire risk assessments. A specific concern was raised regarding the acuity of an individual service user and the impact on staff and risk of injury due to this individual's behaviour. The significance of these concerns required an immediate assurance plan, which was submitted to HIW and approved.

On 5th November 2021, following the discharge of patients, the Health Board made the decision to close Ty Bryn. A paper was taken to Board on 31st March 2022 outlining the decision-making process. All staff have been temporarily redeployed to support acuity in AMH wards and to support the vaccination programme, with a targeted approach for individuals with a learning disability. Since the closure of Ty Bryn, LD individuals who require admission have been managed within AMH Inpatient services, supported by LD staff from Ty Bryn.

Reflecting on the HIW report, it is clear the findings were consistent with the risk assessments that the Directorate had undertaken through September and October 2021. All the issues identified had clear plans for mitigation and resolution in place that may have provided additional assurance to the inspectors. As part of the learning from this process and report, the Directorate have taken steps to ensure visible leadership in units such as Ty Bryn has been enhanced to ensure similar issues would be identified and escalated even earlier in the future. Also, a revised process for managing the responses to any future HIW reports has been put in place which will ensure Senior Directorate Management and Executive Director sign off all documentation submitted as part of and in response to any future inspection process.

Health Action Team

The function of the Health Action Team (HAT) is twofold, providing support to individuals with a LD to receive an annual physical health check from their GP, as well as providing support to those attending or admitted to a District General Hospital (DGH). The team also provide a range of training and support for DGH staff. The primary care element of the HAT is sustainably funded by Regional Improvement Funding (formerly Integrated Care Fund).

Residential Units

The Service provides two residential facilities in Church Close, Begelly, Pembrokeshire and Greville Court, Pembroke Dock, with Health Board staff providing long term residential care though a supported accommodation model. The buildings are managed by a Housing Association through a Service Level Agreement (SLA), with the residents holding individual tenancy agreements. All tenants have a severe Learning Disability and lack capacity to manage their own finances. As the staff are Health Board employees, the facilities are subject to HIW Regulation as the Inspectorate rather than Care Inspectorate Wales (CIW), which can be challenging as these are home environments, not clinical settings.

Asesiad / Assessment

In May 2022, Welsh Government published its Learning Disability Strategic Action Plan (2022-2026). Learning Disability Strategic Action Plan 2022-2026 The Action Plan sets out the Governments strategic agenda for the development and implementation of learning disability policy until 2026. A Delivery Plan aligned to this is currently in development which will contain specific actions and timelines for Health Boards to commit to.

The Action Plan includes legacy actions from the Improving Care, Improving Lives programme and aligns to the principles and objectives of the Well-being of Future Generations (Wales) Act.

The Plan is flexible in its approach to delivery and takes into account the ongoing focus on recovery from the Pandemic and limited available resources. The following key priority areas have been identified for action:

- COVID recovery and well-being
- Health, including reducing health inequalities and avoidable deaths
- Social services and social care
- Facilitating independent living and access to services through increased access to advocacy and self-advocacy skills, engagement and collaboration
- Education including children and young people's services
- Employment and skills
- Housing – appropriate housing, close to home, access to joined-up services
- Transport

In order to ensure that our service proposals align to the Strategic Plan and to garner peer feedback the Service invited Public Health Wales (PHW) 1000 Lives Improvement Team to meet with a cross section of staff from across LD services. In September 2022, over the course of a week, a range of workshops and facilitated discussions were held with managers and staff where the proposed model of care was put forward for validation. Feedback from Improvement Team colleagues and staff was that the proposals met the objectives of the Strategic Plan and that our direction of travel aligned to local and national priorities.

The proposed service redesign set out below includes the development of a progressive and robust operational, strategic and professional plan for the service as a whole, to enable future growth and development.

Inpatient Provision

An options appraisal has been undertaken on the future use of Ty Bryn and the most appropriate pathway for individuals with a LD who require admission. Since the closure of Ty Bryn in November 2021, LD patients requiring an inpatient admission have been managed within AMH inpatient services, either on Morlais Ward which has a designated inpatient bed for patients with a LD, or on the Psychiatric Intensive Care Unit; with the exception of one patient, where care was commissioned from another Health Board. In the past 12 months there have been 3 LD patients admitted to AMH Inpatient services, as detailed in Table 1 below. An analysis of these admissions against our population indicate that it is unlikely that there will be any increased demand for admissions.

Table 1 LD Inpatient Admissions to AMH Wards

	Admission Date	Discharge Date	Length of Stay
Patient 1	21/02/2022	17/08/2022	6 months
Patient 2	24/08/2022	Current	Transition plan in place
Patient 3	04/11/2021	05/05/2022	6 months

In order to provide an opportunity to progress our model we engaged internally on the following two options to help inform our next steps in terms of wider engagement. On January 10th 2023 the proposals, including a detailed engagement plan, were presented to Community Health Council (CHC) colleagues for consideration. CHC colleagues made further recommendations regarding the engagement process and have approved the approach.

Option 1

The first option proposed is to re-open the Ty Bryn facility as a one bed unit in accordance with the trajectory for potential admissions (unlikely to exceed four per annum) and provide a blended inpatient and community model. This option will require significant estates work against an already inadequate capital budget and the recruitment of additional LD registered nurses. The unit would be managed by Ty Bryn staff, providing a flexible model of care in order to support patients within the community as well as supporting those in an inpatient setting when required. The disadvantage of this model is that staff who predominantly work in the community would be unable to maintain the competencies required for inpatient care. It may also be challenging to achieve a flexible staffing model for this purpose.

Option 2

The second option proposed is to continue managing LD inpatient admissions within AMH wards, with additional staff training and reasonable environmental adjustments. This would be in line with the National Care Review of LD hospital inpatient provision (Improving Care, Improving Lives) which outlines the need for admissions to be short term in nature and for a 'community first' approach to be taken. Caring for LD patients on AMH wards over the past 12 months has improved collaborative working between the ward and LD services and provided better outcomes for patients.

To support this option there would be a need to provide additional training for AMH inpatient staff to enhance their skills in caring for LD patients. We would ensure that CTLDs continue to support admissions, which will ensure LD patients' needs are met, that the length of stay is appropriate to individual needs and that identified ward areas are compliant with autism environments.

Option 2 is the preferred option, as it will ensure safe clinical environments and a sustainable workforce. This option provides a progressive and robust operational, strategic and professional plan for the service as a whole, to enable future growth and development. Option 2 will enable staff to be re-deployed through an organisational change process to progress the development of a Well-being and Early Intervention Team (WEIT).

Well-being and Early Intervention Team

A Well-being and Early Intervention Team (WEIT) will be established to provide early intervention and primary care functions. This will include the primary care function previously delivered by HAT to support annual physical health checks for people with a LD. The Service will operate seven days a week, working closely with GP clusters, CTLDs and the Directorate wide Out of Hours Clinical Co-ordinator service. This additionality will create capacity for CTLDs to better manage crisis care and improve performance for physical annual health checks.

The secondary care Liaison element of HAT will transfer to the Directorate wide MH&LD Liaison Service to compliment the core structure already in situ within District General Hospital (DGH) sites, which will bring benefits from being incorporated into an established team, with Directorate wide links.

Community Team Learning Disability Services

The proposal for CTLDs is to review existing staffing establishments in line with the population need and prevalence. The teams will then need to review and agree core business, eligibility criteria and how individuals presenting in crisis are managed. The CTLD will continue to manage long term complex individuals, undertake annual reviews for those subject to the MH Measure, including those in commissioned care placements. Involvement of therapy leads across the Health Board will be key to ensure the development of an appropriate professional structure across the service.

As part of the Pandemic Recovery Plan, Health Boards have been asked to consider services which were stood down during COVID and whether these services are needed going forward. This is a joint statutory duty with Local Authority colleagues. In line with this, functions of the team which ceased during the Pandemic are being reviewed in line with the new Strategic Action Plan to determine future service requirements.

Epilepsy Pathway

In June 2021, the Specialist Epilepsy Psychiatric Consultant in Neurology Services left the service. This post provided specialist support for individuals with a learning disability and epilepsy. Since then, Neurology services have been unable to recruit a substantive Consultant, despite a widespread recruitment campaign. The Clinical Lead for LD undertook a review of priority patients to ensure all have Care & Treatment Plans (CTP) or LD Care Plans (if not subject to the Measure). Following advice from the Clinical Audit Team, a new system of review and audit has been introduced for Care and Treatment Planning (CTP) through the supervision system. Team Managers review sample CTPs utilising Quality Assurance and Professional Development (QAPD) tools which measure the quality and content of the CTP. Audit forms for Epilepsy management have been updated, to identify whether there is a management plan, risk assessment, rescue medication plan and Valproate – Annual Risk Acknowledgement Form (ARAF) in place.

The Director of Operations, on behalf of the Chief Executive, has commissioned an independent review of the service to ensure all urgent matters of concern are identified and addressed, as well as to support the development of a medium-term improvement plan for the service going forward. The comprehensive review will define the functions and roles for the management of epilepsy in line with NICE guidelines (Epilepsy in Adults, 2013), undertaken by the internationally accredited author of the current UK national guidance on LD epilepsy pathways. The service is linking with families and carers, to ensure individuals remain supported whilst the review is completed and has developed close working relationship with the Health Board's Neurology service. Once the review has been concluded, a report outlining the findings and next steps will be taken to Quality, Safety and Experience Committee (QSEC).

Residential Units

One of the underlying principles of 'Improving Care, Improving Lives' is to enable people with a learning disability to live well and as independently as possible, at home or close to home. Recognising that a hospital bed is not a home, we are exploring the long-term sustainability of our continuing care residential units in Pembrokeshire. Work is currently being undertaken to review individuals residing in these units with Local Authority colleagues, including identifying health and social care needs as well as more appropriate residential settings such as those provided through the Welsh Government funded Housing Support Grant. This piece of work will be undertaken separate to the LD SIP redesign programme.

Next Steps

The proposed model of care for LD Services set out in this paper will enable a model of care which is fit for purpose and meets future need. Staff will be more suitably trained, with enhanced services which align to local and national priorities, all of which will improve the quality of care provided to our LD population. In particular, the proposal to integrate LD inpatient services with AMH inpatient services is in line with WG recommendations on COVID recovery which asked, 'what did we stop doing that we would not re introduce?'

Pending approval from the Board, and in line with the Health Board's Organisational Change Policy, the proposed service model outlined in this paper will require staff consultation through a robust Organisational Change Process (OCP), scheduled to commence in April 2023. All aspects of the service change will be consulted on with staff, Workforce and Trade Union colleagues. Currently, all staff from Ty Bryn have been deployed to work across other service areas in MH&LD. If Option 2 is agreed, existing staff will have the option of transferring to AMH inpatient settings, or into the proposed new innovative community setting, which will provide primary care functions and early intervention.

While new staffing structures have not yet been finalised, we have held a number of workshops with senior staff and Finance Business Partners to agree costings for the proposed service model. It has been agreed that the proposed changes will be cost neutral, with no impact to the MH&LD financial position.

Alongside the OCP, we will engage with service users, carers, staff and partner organisations such as Local Authorities, GPs, Primary Care and Third Sector to garner views on the proposals. This will include presentations on the new proposals to governing groups such as the RILP, Local Mental Health Partnership Board and CHC etc. In line with this, a robust Communication and Engagement Plan has been developed (Attached at Appendix 2) which was approved by CHC colleagues on 10th January 2023. Key methods to ensure effective communication during the engagement period will include:

- Face to face meetings with service users, families, carers on a group and one to one basis
- Fortnightly meetings with CHC colleagues to inform on progress and feedback
- Engagement and information packs including feedback questionnaires
- Group engagement meetings
- Displays and suggestion boxes (virtual and physical)
- Key representative group meetings including partner agencies
- Dedicated Intranet and internet pages
- Regular communications such as newsletters

Alongside the 12-week OCP commencing in April 2023, a new Service Specification for the LD Service will be developed which defines the new operational processes and procedures. This will be ratified through the Directorate's Written Control Documentation Group (WCDG).

An Equality Impact Assessment (EQIA) on the proposed new service model has been undertaken to assist the Health Board in discharging its Public Sector Equality Duty under the Equality Act 2010. The EQIA has assessed that the proposed service changes will affect individuals with assessed needs in relation to Learning Disabilities and individuals employed by the Health Board to support those with LD.

The proposed model will not have an adverse effect on people with LD, as all service users will be assessed on the basis of need. The proposed service changes may mean that service

users access services in the future in a different location than they currently do. However, providing LD Inpatient facilities through AMH wards is considered justified, as it will ensure greater independence, whilst services will continue to meet individual assessed needs.

The addition of 7 day a week services will ensure more equitable service provision. The establishment of the WEIT will create capacity for CTLDs to better manage crisis, which will improve service user outcomes. There may, therefore, be an effect on some individuals in different equalities groups and within specific groups as some individuals may no longer attend the same service(s) in the future.

Staff working within LD Services will benefit from the proposals as they will have access to better training and resources to support them in their roles. The establishment of the WEIT will ease capacity within CTLDs enabling better use of staffing resources. There will be potential for professional development and promotion.

The above provides a summary of the findings of the EQIA only, and it is recommended that Board Members read the EQIA which is attached to this report at Appendix 3. The EQIA will remain in draft through the engagement process and will be updated subject to the outcome of the engagement.

Following the period of engagement, a further report will be taken to the CHC and Board in March 2023, which will provide an analysis of the engagement and final recommendations for approval.

Argymhelliad / Recommendation

The Board is requested to:

- **CONSIDER** the proposals for the future model of care for Learning Disability Services
- **APPROVE** the Communication & Engagement Plan on the proposal to restructure the Service in line with the proposed service model, specifically:
  - Option 2 - integrate Learning Disability inpatient services with Adult Mental Health inpatient services
  - Review Community Teams Learning Disability core business functions, eligibility criteria and staffing establishments
  - Reconfigure the Health Action Team in order to develop a 7 day a week Well-being and Early Intervention Team

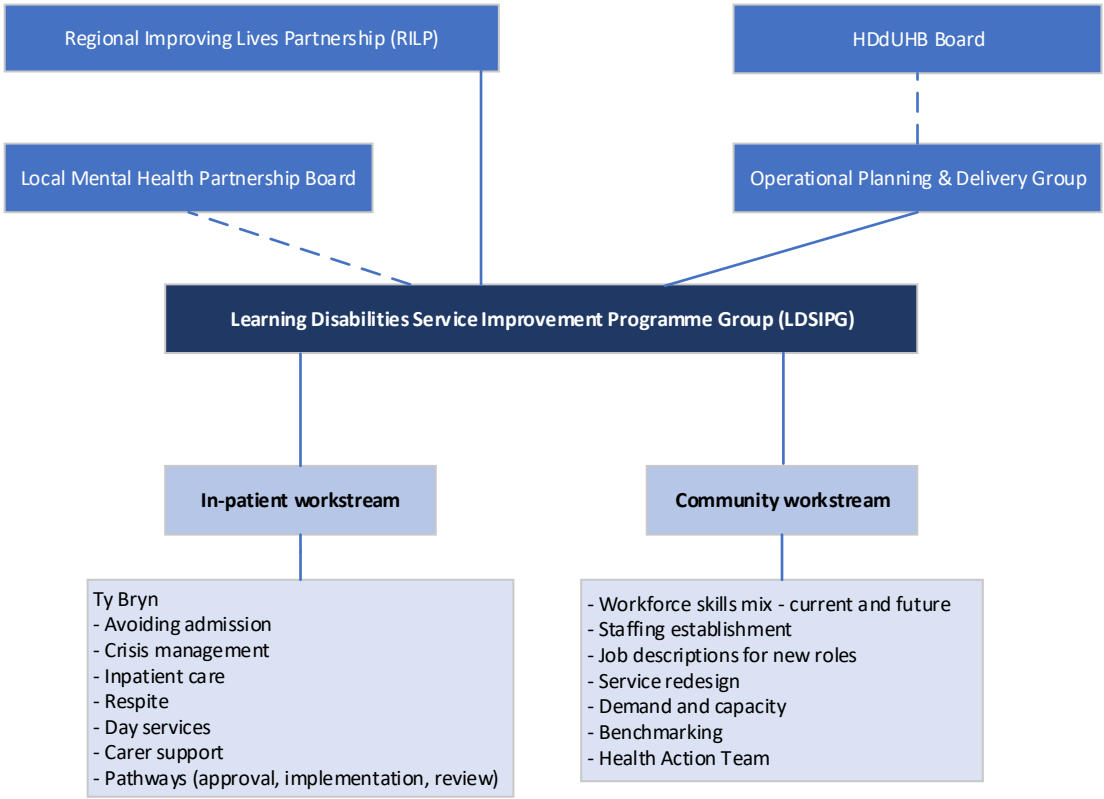
Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 137 – Ageing LD Registered Workforce leading to vacancies difficult to fill Risk 1368 – Lack of neurology service to manage people with a Learning Disability with epilepsy Risk 1379 – Unable to recruit substantive Consultant Psychiatrist in Learning Disabilities Risk 1408 – Risk of inappropriate restrictive practice being used regarding patient finance

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	6. Individual Care 5. Timely Care 5.1 Timely Access 6.1 Planning Care to Promote Independence
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	5G_21 Transforming MH and LD implementation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Improving Care, Improving Lives – National Care Review of Learning Disabilities (2020 Together for Mental Health Delivery Plan (2019 – 2022) Learning Disability Strategic Action Plan (2022-2026) The Social Services and Well-being (Wales) Act (2015) Well-being of Future Generations (Wales) Act 2015
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	MH&LD Business Planning, Performance & Assurance Group Regional Improving Lives Partnership Mental Health Legislation Committee Quality, Safety and Experience Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A

Enw Da: **Reputational:**	N/A
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	N/A


Regional Improving Lives Partnership (RILP)
HDdUHB Board
Local Mental Health Partnership Board
Operational Planning & Delivery Group
Learning Disabilities Service Improvement Programme Group (LDSIPG)
In-patient workstream
Community workstream
Ty Bryn
- Avoiding admission
- Crisis management
- Inpatient care
- Respite
- Day services
- Carer support
- Pathways (approval, implementation, review)
- Workforce skills mix - current and future
- Staffing establishment
- Job descriptions for new roles
- Service redesign
- Demand and capacity
- Benchmarking
- Health Action Team

Communications and Engagement Plan Learning Disability Service Improvement Programme

Background

The Learning Disabilities Service Improvement Programme (LDSIP) has been established to oversee the redesign and restructure of Learning Disability (LD) Services. The proposed model of service delivery focusses on progressive models of care, aimed at improving community resilience and enablement through choice and control. This will provide an opportunity to move away from traditional services such as hospital to care in the community.

Learning Disability Services in Hywel Dda provide care services to the population of Carmarthenshire, Ceredigion and Pembrokeshire. It has a budget of £6,602.00 with a 164.46 whole time equivalent (WTE) multi-disciplinary staffing establishment, which includes nurses, medical staff, health care support workers, psychology, occupational therapy, administration, physiotherapy and speech and language. LD Services currently provide care and treatment for adults with a mild to moderate learning disability, as well as those with more profound complex needs across community, inpatient and residential settings.

A key element of the LDSIP is to review our long-term hospital environments to ensure that patients are transferred to less restrictive settings. Good progress has been made in this area over recent years with the Service reducing its inpatient provision by resettling individuals from long term stay settings to less restrictive and more appropriate care settings.

Current provision

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Health Action Team

The function of the Health Action Team (HAT) is twofold, providing support to individuals with a LD to receive an annual physical health check from their GP as well as providing support to those attending or admitted to a District General Hospital (DGH). The team also provide a range of training and support for DGH staff. The primary care element of the HAT is funded by Regional Improvement Funding (formerly Integrated Care Fund).

Inpatient Services

Learning Disabilities Services has made good progress in reducing its inpatient provision by resettling individuals from long term stay settings to less restrictive and more appropriate care settings, resulting in the closure of two inpatient facilities. The remaining unit, Ty Bryn Assessment & Treatment Unit is a five-bed unit which specialises in challenging behaviour.

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Residential Units

The Service provides two residential facilities in Church Close, Begelly, Pembrokeshire and Greville Court, Pembroke Dock, with Health Board staff providing long term residential care though a supported accommodation model. The buildings are managed by a Housing Association through a Service Level Agreement (SLA), with the residents holding individual tenancy agreements. All tenants have a severe Learning Disability and lack capacity to manage their own finances. As the staff are Health Board employees the facilities are subject to HIW Regulation as the Inspectorate rather than Care Inspectorate Wales (CIW), which can be challenging as these are home environments not clinical settings.

Proposed New Model

Community Team Learning Disabilities Services

The proposal for CTLDs is to review existing staffing establishments in line with the population need and prevalence. The teams will then need to review and agree core business, eligibility criteria and how individuals presenting in crisis are managed. The CTLD will continue to manage long term complex individuals, undertake annual reviews for those subject to the MH Measure, including those in commissioned care placements. Involvement of therapy leads across the HB will be key to ensure the development of an appropriate professional structure across the service.

As part of the Pandemic Recovery Plan, Health Boards have been asked to consider services which were stood down during COVID and whether these services are needed going forward. In line with this, functions of the team which ceased during the Pandemic are being reviewed in line with the new Strategic Action Plan to determine future service requirements.

Well-being and Early Intervention Team (WEIT)

A Well-being and Early Intervention Team (WEIT) will be established to provide early intervention and primary care functions. This will include the primary care function previously delivered by HAT to support annual physical health checks for people with a LD. The Service will operate seven days a week, working closely with GP clusters, CTLDs and the Directorate wide Out of Hours Clinical Co-ordinator service. This function will create capacity for CTLDs to manage crisis care and improve performance for physical annual health checks.

The secondary care Liaison element of HAT will transfer to the Directorate wide MH&LD Liaison Service to compliment the core structure already in situ within District General Hospital (DGH) sites, which will bring benefits from being incorporated into an established team, with Directorate wide links.

Inpatient Services

An options appraisal has been undertaken on the future use of Ty Bryn and the most appropriate pathway for individuals with a LD who require admission. Since the closure of Ty Bryn in November 2021, LD patients requiring an inpatient admission have been managed within Adult Mental Health inpatient services either on Morlais Ward as the designated inpatient bed for patients with a LD or on the Psychiatric Intensive Care Unit, with the exception of one admission that was commissioned to another Health Board. In the past 12 months there have been 3 LD patients admitted to AMH Inpatient services, as detailed in the following table:

	Admission Date	Discharge Date	Length of Stay
Patient 1	21/02/2022	17/08/2022	6 months
Patient 2	24/08/2022	Current	Transition plan in place
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An analysis of these admissions against our population indicate that it is unlikely that there will be any increased demand for admissions.

In order to provide an opportunity to progress our model we engaged internally on the following two options to help inform our next steps in terms of wider consultation:

Option 1: The first option proposed is to re-open the Ty Bryn facility as a one bed unit in accordance with the trajectory for potential admissions (unlikely to exceed four per annum) and provide a blended inpatient and community model. This option will require significant estates work and the recruitment of additional LD registered nurses. The unit would be managed by Ty Bryn staff, providing a flexible model of care in order to support patients within the community as well as supporting those in an inpatient setting when required. The disadvantage of this model is that staff who predominantly work in the community would be unable to maintain the competencies required for inpatient care. It may also be challenging to achieve a flexible staffing model for this purpose.

Option 2: The second option proposed is to continue managing LD inpatient admissions within AMH wards, with additional staff training and reasonable environmental adjustments. This would be in line with the National Care Review of LD hospital inpatient provision (Improving Care, Improving Lives) which outlines the need for admissions to be short term in nature and for a 'community first' approach to be taken. Caring for LD patients on AMH wards over the past 12 months, has improved collaborative working between the ward and LD services and provided better outcomes for patients. To support this option there will be a need to provide additional training for AMH inpatient staff to enhance their skills in caring for LD patients. We would ensure that CTLDs continue to support admissions, which will ensure LD patient's needs are met, that the length of stay is appropriate to individual needs and that identified ward areas are compliant with autism environments.

Option 2 is the preferred option as it will ensure safe clinical environments and a sustainable workforce. This option provides a progressive and robust operational, strategic and professional plan for the service as a whole, to enable future growth and development. Option 2 will enable staff to be re-deployed through an organisational change programme to progress the development of a Wellbeing & Early Intervention Team (WEIT).

<u>Residential Units</u>

One of the underlying principles of 'Improving Care, Improving Lives' is to enable people with a learning disability to live well and as independently as possible, at home or close to home. Recognising that a hospital bed is not a home, we are exploring the long-term sustainability of our continuing care residential units in Pembrokeshire. Work is currently being undertaken to review individuals residing in these units with Local

Authority colleagues, including identifying health and social care needs as well as more appropriate residential settings such as those provided through the Welsh Government funded Housing Support Grant.

Objectives

The objectives of the overarching communications and engagement plan for the LDSIP, are to:

- Raise awareness and provide opportunities for individuals to participate and share their views on the proposed new model of care for LD Services
- Facilitate ongoing engagement with Service Users, families, carers, staff and partner organisations, to enable views and opinions to be shared and considered
- Reach individuals most affected by the proposed service changes through tailored communication and engagement methods that best meet their needs
- Ensure engagement opportunities/activities are accessible to enable service users, families, carers, staff and partner organisations to participate fully
- Communicate developments and key information to ensure stakeholders are informed on LD service improvement developments

Principles

The Mental Health and Learning Disabilities Directorate is committed to designing and delivering communications and engagement according to the Health Board principles of being safe, sustainable, accessible, and kind. In line with the Health Boards Continuous Engagement Framework, this plan sets out how we will effectively communicate with our stakeholders to support and improve individuals' health and wellbeing. The approach set out in this plan will support and target key stakeholders using a range of tailored communication and engagement tools and methods to best meet a range of individual needs.

Proposed approach for engagement activity

For the purposes of this communication and engagement plan, the key audience has been identified as follows:

- Service Users
- Carers
- Families
- Staff working within LD services
- Staff working within AMH services
- Local Authority partners

Stakeholder analysis and mapping has been undertaken to identify the various influence and interest levels of key individuals and groups.

This will be a targeted engagement for staff, service users, carers and key partner organisations.

The purpose of this engagement exercise is to:

- Provide opportunities for staff, service users, carers and key partner organisations to give their views
- To raise awareness of the engagement and provide opportunities for feedback
- Target staff, service users, carers and key partner agencies through engagement methods that are most appropriate for these groups
- Identify appropriate engagement and communication tools and methods to effectively engage

This document is a live document and will be updated regularly.

Engagement and Communications methods employed and rationale

Method	Rationale
Engagement Period	Subject to Board approval the engagement will commence on the 1st February 2023, for a period of 4 weeks up to the 28th February 2023. This period will provide those who are interested in the work to have an opportunity to participate through in person and virtual meetings, and a questionnaire that can be completed both online and in paper format.
Staff meetings/drop-in sessions	Staff are crucial to the redesign of LD services; this includes current LD staff as well as staff based on the AMH wards who may be affected by the proposed service changes. We have established weekly staff meetings/drop-in sessions to ensure that all staff affected have the opportunity to understand the proposed service changes. Staff will be able to raise questions and share their views from week one of the engagement period.

	There will be additional opportunities for staff to engage through various digital methods, such as 'Have your say' and 'Myth buster' etc. Virtual drop-in sessions have been arranged for staff that may not be able to attend the face-to-face events, such as those on night shifts and weekend working etc. The Communication & Engagement Plan will be shared online and promoted through global email. Service managers will ensure that staff without online access are made aware of the engagement and how to participate. Hard copies of the engagement documents will be made available across relevant health board locations.
Service User, Carers and Families	Service Users, Carers and families are at the heart of the LD service improvement agenda. In line with the Hywel Dda LD Charter, individuals with learning disabilities should be involved in making decisions about the services they receive. We have established four focus groups (face to face and virtual) to ensure that Service Users, Carers and families have an opportunity to understand the proposed service changes. There will be opportunities to raise questions and express their views from week one of the engagement period. There will be opportunities for Service Users, Carers and families to provide feedback on the proposed changes by completing a questionnaire, which will be available in digital format and as a hard copy, in Welsh Language, Easy Read and alternative formats.
Broad Approach	• Community Health Council 10th January 2023 • Local Mental Health Partnership Board 19th January 2023 • Public Board 26th January 2023 • Regional Improving Lives Partnership (RILP) 2nd February 2023 • A virtual focus group for our key partner organisations 13th February 2023 Awareness of the engagement and opportunity to share views through a questionnaire will be raised through the following: - Information will be circulated to staff, service users, carers and key partner organisations – in paper / electronic form as appropriate

	- Information will be available on the Hywel Dda Intranet - Information will be available on Health Board social media - Information will be shared via Health Board social media posts, emails to stakeholder groups, via post and in person focus groups - Global email to all staff and on the Staff Bulletin Board - Staff Side/Trade Union Representatives People can share their views through the online questionnaire, email to kristy.n.williams@wales.nhs.uk, phone 01267 283088 or send written comments to the Transformation & Partnerships Team, Mental Health & Learning Disability, St Brides, Carmarthen SA31 2AF.
Targeted Engagement	Specific engagement activity on the LDSIP will include: - Staff meetings, including weekly drop in sessions - Carers focus groups - Service User focus groups - Partner organisations focus groups - Regional Improving Lives Partnership - Community health Council - Public Board - Local mental health Partnership Forum - Staff side/Trade Union Representatives

Activity log

RAG	Comments
B	All actions complete

G	On target or trajectory
A	Within 10% of target or trajectory
R	Not on target or trajectory

Communications and Engagement Plan - Preparation			
Date	**Event / Activity**	**Comments/Action**	**Achieved (RAG) By (Team)**
16/11/2022	Present LD Service Improvement SBAR to OPDP		
21/12/2022	Review and update stakeholder mapping and analysis	Approved by LDSIP Project Group	
21/12/2022	Finalise draft Communications & Engagement Plan		
10/01/2023	Present LD Service Improvement SBAR, including draft Communications & Engagement Plan to CHC		
26/01/2023	Present LD Service Improvement SBAR, including draft Communications & Engagement Plan to Public Board		
20/01/2023	Finalise engagement documents (Welsh language, Easy Read, alternative formats etc)		
20/01/2023	Finalise engagement questionnaires (Welsh language, Easy Read, alternative formats etc)		

Communication and Engagement			
Week 1 w/c 30/01/2023			
Date	**Event / Activity**	**Comments**	**Achieved (RAG) By (Team)**
01/02/2023	Social media update		
	Global email update issued		
	Monitor responses / feedback to identify any additional action required		
02/02/2023	Dream Team Facilitated RILP meeting. Face to face meeting. Project manager to attend.		
03/02/2023	Staff drop-in session		
Week 2 w/c 06/02/2023			
Date	**Event / Activity**	**Comments**	**Achieved (RAG) By (Team)**
06/02/2023	Carers & Families focus group		
07/02/2023	Service Users focus group		
08/02/2023	Ty Bryn staff meeting TBC		
09/02/2023	Staff focus groups via MS TEAMS		
10/02/2023	Staff drop-in session		
10/02/2023	Monitor responses / feedback to identify any additional action required		
Week 3 w/c 13/02/2023			
Date	**Event / Activity**	**Comments**	**Achieved (RAG) By (Team)**
13/02/2023	LDSIP workstream meeting		
13/02/2023	LA Partners focus group		

16/02/2023	Ward managers forum		
16/02/2023	LD OCP workstream meeting		
17/02/2023	Staff drop-in session		
17/02/2023	Monitor responses / feedback to identify any additional action required		
Week 4 w/c 20/02/2023			
Date	**Event / Activity**	**Comments**	**Achieved (RAG) By (Team)**
20/02/2023	LDSIP Overarching Group meeting		
21/02/2023	Carers & Families focus group		
22/02/2023	Ty Bryn staff meeting TBC		
24/02/2023	Staff drop-in session		
Week 5 w/c 27/02/2023			
Date	**Event / Activity**	**Comments**	**Achieved (RAG) By (Team)**
27/02/2023	Service Users focus group		
28/02/2023	Community Managers forum		
28/02/2023	Monitor responses / feedback to identify any additional action required		

Post Engagement/ Next steps				
Date	**Event / Activity**	**Staff / resourcing required**	**Comments**	**Achieved**

	Collation and analysis of feedback			
	Share feedback with CHC			
01/03/2023	Collation of feedback and Project Manager to produce feedback report			
02/03/2023	Consideration of feedback			
	Summary of responses presented to steering group			
	Engagement to continue with staff, service users and carers	Meetings are already scheduled for the year	Ty Bryn staff meetings are bi-weekly. Community Managers forum are monthly. Ward Managers forum are monthly. CTLD Managers meet monthly. RILP Dream Team meeting is bi-monthly. RILP Business meeting is bi-monthly. LDSIP workstream meets monthly. LD OCP workstream meets fortnightly. LDSIP Overarching Group meets 6-weekly. LD National Strategy meeting is 6-weekly.	
30/03/2023	Summary of responses presented and next steps presented to Public Board			

Hywel Dda University Health Board
Equality Impact Assessment (EqIA)

Please note:

Equality Impact Assessments (EqIA) are used to support the scrutiny process of procedures / proposals / projects by identifying the impacts of key areas of action before any final decisions or recommendations are made.

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 please consult the Health Board's Equality and Health Impact Assessment Guidance Document and associated forms.

The completed Equality Impact Assessment (EqIA) must be:

- Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
- Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

For in-house advice and assistance with Assessing for Impact, please contact:-

Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Form 1: Overview

1.	**What are you equality impact assessing?**	The development and implementation of a new service delivery model for the Learning Disabilities Service within Hywel Dda University Health Board.
2.	**Brief Aims and Description**	The new service model will standardise the delivery of care and treatment to individuals with a diagnosed Learning Disability, reducing variance and promoting equity of access to LD services across the Health Board footprint. The service is specifically aimed at adults who are over the age of 18. The new model will consist of four Community Teams Learning Disabilities (CTLDs), the Well-being and Early Intervention Team (WEIT) and the in-patient provision. • The CTLDs manage crisis care, long term complex individuals and undertake annual reviews for those subject to the MH measure, including those in commissioned care placements. There are four locality-based teams in Carmarthen, Llanelli, Pembrokeshire and Ceredigion. The service operates Monday to Friday from 9.00am to 5.00pm. Multi-disciplinary staff teams provide Care and Treatment Planning (CTP) to individuals with profound and multiple Learning Disabilities (PMLD), often with challenging behaviour, mental health issues and/or physical health needs. • The WEIT provides early intervention, and the Primary Care function supports the annual physical health checks for people with a learning disability (PwLD). The team works closely with GP clusters, CTLDs and the Directorate wide Out of Hours Clinical Co-ordinator service. • LD patients requiring Mental Health (MH) assessment and in-patient treatment are managed within Adult Mental Health (AMH) on Morlais Ward as the designated LD in-patient bed. There will also be an autism friendly environment on Cwm Seren Unit and an LD skilled workforce on site should further support be required. • One of the underlying principles of 'Improving Care, Improving Lives' is to enable people with a learning disability to live well and as independently as possible – at home or close to home. Recognising that a hospital bed is not a home, we are exploring the long-term sustainability of the residential units Begelly and Greville Court. This

		work is being undertaken by Commissioning colleagues and a separate options appraisal paper is currently being developed.
3.	**Who is involved in undertaking this EqIA?**	Kristy Williams, Project Manager, Service Transformation and Partnerships Team, MHLD Lisa Bassett-Gravelle, Interim Head of Adult In-Patient and LD Service Ellie O'Connor, Service Manager LD
4.	**Is the Policy related to other policies/areas of work?**	• Hywel Dda University Health Board, Learning Disabilities Operational Guidelines 2016 • Welsh Government, Learning Disabilities Strategic Action Plan 2022-2026 • Mid and West Wales Health & Social Care Regional Collaborative Learning Disabilities Partnership, Statement of Intent 2014 • The Learning Disabilities Charter • National LD Professional Senate, Delivering Effective Specialist Community LD Health Team Support to PwLD and their Families or Carers, revised 2019 • Hywel Dda University Health Board Integrated Medium Term Plan, MHLD 2022 • Lone Worker Policy (Policy Number 170) • Discharge and Transfer of Care – Adults Policy (Policy Number 370) • Assuring a Positive Patient Experience Strategy (Policy Number 373) • Enhanced Patient Support Policy (Policy Number 555) • Restraint Reduction Network training standards (BILD, June 2019). • Guidance on reducing restrictive practices in childcare, education, health and social care settings (Welsh Government, January 2020). • Welsh Health Care Standards • NMC Standards for Documentation • NICE Guidance • Section 17 Leave of Absence Policy (Policy Number 731) • Section 5(2) Doctors Holding Power Policy, Mental Health Act, 1983 (Policy Number 596) • Section 5(4) Nurses Holding Power Policy, Mental Health Act, 1983 (Policy Number 626) • Section 117 After-Care Joint Health Board and Local Authorities Policy • The Provision and Access to the Independent Mental Health Advocacy (IMCA) Service Policy (Policy Number 214) • Mental Capacity Act Practice Guideline (Policy Number 688) • Information to Patients Procedure Mental Health Act, 1983 (Policy Number 741)

		• Independent Mental Capacity Advocacy Service Policy (Policy Number 141) • Learning Disability services Memory Clinic Pathway • Adults with a Learning Disability and Epilepsy Guidelines (Policy Number 850) • PMLD Pathway • Deprivation of Liberty Safeguards Policy • Monitoring Vulnerable People Who Were Not Brought or Did Not Attend Appointments and No Access Visits Procedure (Policy Number 811) • All Wales Safeguarding Procedures (Policy Number 887) • Record Keeping Procedure for Psychologists Psychotherapists Psychological Therapists & Counsellors (Policy Number 414) • Record Keeping for Nurses and Midwives Policy (Policy Number 289) • Clinical Record Keeping Policy(Policy Number 195) • Confidentiality Policy (Policy Number 172)
5.	**Who will be affected by the strategy / policy / plan / procedure / service?** (Consider staff as well as the population that the project / change may affect to different degrees)	• Individuals with a Learning Disability that are currently supported by Hywel Dda University Health Board LD Service • Individuals with a Learning Disability that are not currently supported by Hywel Dda University Health Board LD Service (prospective service users) such as children and young people (CYP) who may transition to LD Service. • Family members, Carers (paid and unpaid) who support adults with a learning disability • LD Service Staff • AMH Inpatient Staff
6.	**What might help/hinder the success of the Policy?**	• LD Service staff not adopting the new ways of working • AMH Inpatient staff not adopting the new ways of working • Awareness of the new service model by all affected parties

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**
Article 2 : The right to life **Example**: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	✓	
Article 3 : The right not be tortured or treated in an inhuman or degrading way **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	✓	
Article 5 : The right to liberty **Example**: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control	✓	
Article 6 : The right to a fair trial **Example**: issues of patient choice, control, empowerment and independence	✓	
Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	✓	
Article 11 : The right to freedom of thought, conscience and religion **Example**: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers	✓	

<table>
<tr><th>How will the strategy, policy, plan, procedure and/or service impact on:-</th><th>Positive</th><th>Negative</th><th>No impact</th><th>Potential positive and / or negative impacts

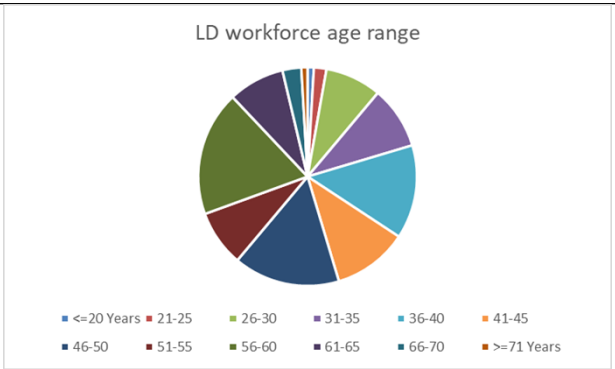
Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.</th><th>Opportunities for improvement / mitigation

If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.</th></tr>
<tr><td>Age
Is it likely to affect older and younger people in different ways or affect one age group and not another?</td><td>✓</td><td></td><td>✓</td><td><u>Workforce Impact</u>
There are currently 12,526 employees in Hywel Dda Health Board (HDdUHB).

The LD Service has 164.46 whole time equivalent (WTE) staff which consist of multi-disciplinary teams including nurses, medical staff, health care support workers, psychology, occupational therapy, administrative, physiotherapy and speech and language.

LD Service Workforce Age Data:
<table><tr><th>Age Band</th><th>Headcount</th><th>%</th></tr><tr><td><=20 Years</td><td>1</td><td>1.08%</td></tr><tr><td>21-25</td><td>2</td><td>2.16%</td></tr><tr><td>26-30</td><td>9</td><td>9.72%</td></tr><tr><td>31-35</td><td>10</td><td>10.8%</td></tr><tr><td>36-40</td><td>15</td><td>16.2%</td></tr><tr><td>41-45</td><td>12</td><td>12.96%</td></tr><tr><td>46-50</td><td>17</td><td>18.36%</td></tr><tr><td>51-55</td><td>9</td><td>9.72%</td></tr><tr><td>56-60</td><td>20</td><td>21.6%</td></tr><tr><td>61-65</td><td>9</td><td>9.72%</td></tr><tr><td>66-70</td><td>3</td><td>3.24%</td></tr><tr><td>>=71 Years</td><td>1</td><td>1.08%</td></tr><tr><td>Total</td><td>108</td><td></td></tr></table>ESR data as of November 2022</td><td>Opportunities:
• Review the transition from Children Services into Adult Services.

Mitigation:
• There is a need for the LD Service to work with the Workforce Planning team to manage the ageing workforce through succession planning.</td></tr>
</table>

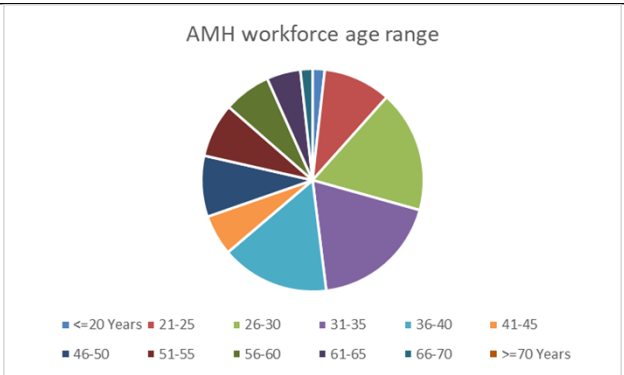


From this we know that 45% of the LD workforce are 51 years old or over, with the 56-60 age range having the highest headcount, which will require the need for future workforce planning.

AMH In-Patient Workforce Age Data:

Age band	Headcount	%
<=20 Years	1	1.79%
21-25	18	10%
26-30	32	18%
31-35	34	19%
36-40	29	16%
41-45	11	6%
46-50	16	9%
51-55	15	8%
56-60	12	7%
61-65	10	5%
66-70	1	1.79%
>=70 Years	0	0%
Total	**179**	

ESR data as of November 2022



Unlike the LD workforce the majority of staff working on AMH wards, almost 65%, are under 40 years old and the highest headcount is in 31-35 age range.

The development of the new service model for LD will have the same impact on all staff regardless of age. No impact is foreseen for any affected multi-disciplinary staffing groups, as the changes being made to the service model will not be outside the remit of current roles and responsibilities.

Service User Impact

The West Wales Care Partnership Population Needs Assessment report states that the current estimated population for the HDdUHB footprint is 384,000.

Current population projections suggest that the total population will rise to 425,000 by 2033, with a rise in those aged over 65 years old from 88,200 in 2013 to 127,700 by 2033.

The population of People with a Learning Disability (PwLD) in West Wales is projected to remain relatively stable. However, projections suggest the number of people diagnosed with severe or profound and multiple learning disabilities (PMLD) is expected to grow by 1.8% each year. The number of older people with a learning disability is also set to increase.

Data collated on referrals made into the CTLD's from 2020-2022 shows that the highest number of referrals were for service users

between the ages of 18 to 30 years old, this age group accounted for just over 40% of referrals. As seen in the table below:

Age Band	Headcount	%
<=20 Years	125	16.02%
21-25	99	12.69%
26-30	92	11.79%
31-35	66	8.46%
36-40	61	7.82%
41-45	52	6.66%
46-50	42	5.38%
51-55	60	7.69%
56-60	55	7.05%
61-65	43	5.51%
66-70	40	5.12%
>=71 Years	45	5.77%
Total	**780**	

HCPRef data provided by MHLD Informatics

Services are provided to adults aged 18+ who are assessed as requiring a particular service, this will not change under the service redesign. The new service model will provide opportunities to consider improving transition services. This is identified as an area for improvement within the Population Needs Assessment report – 'improving processes for managing transition between children's and adult services and specialist health services'.

The service can be accessed by individuals with a mild to moderate LD, as well as those with more profound complex needs across community, in-patient and residential settings residing in the HDdUHB footprint.

The development of the new service model for LD will have a positive impact on service users of all ages. The proposed model of service delivery focusses on progressive models of care, aimed at improving community resilience and enablement through choice and

<table>
<tr><td></td><td></td><td></td><td></td><td>control. The new service will include improved pathways and access, which will lead to better service user outcomes and an improved quality of service.
Service users will experience better care and treatment from more appropriately skilled staff.

As the service develops this will be reviewed, and any new or additional information will be considered.</td><td></td></tr>
<tr><td>Disability
Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</td><td>✓</td><td></td><td>✓</td><td><u>Workforce Impact</u>
Of the 12,526 staff employed by Hywel Dda Health Board, as of March 2021, 2.20% of staff identified as having a disability.
It is worth noting that 24% of the workforce are not recorded on ESR, which makes drawing a conclusion on the data more difficult.

Hywel Dda Workforce disability data:
<table><tr><th></th><th>Headcount</th><th>%</th></tr><tr><td>Disabled</td><td>276</td><td>2.20%</td></tr><tr><td>Not Disabled</td><td>9,258</td><td>73.91%</td></tr><tr><td>Prefer Not To Answer</td><td>3</td><td>0.02%</td></tr><tr><td>Not Recorded on ESR</td><td>2,989</td><td>23.87%</td></tr><tr><td>Total</td><td>12,526</td><td>100%</td></tr></table>
The Mental Health and Learning Disability Directorate has a total of 1,259 staff, of which 4.9% identified as having a disability, 77.8% stated no to having a disability and 17.3% choose not to answer/specify.

MHLD Directorate workforce disability data:
<table><tr><th>Disability?</th><th>Headcount</th><th>%</th></tr><tr><td>No</td><td>979</td><td>77.8%</td></tr><tr><td>Learning disability/difficulty</td><td>21</td><td>1.7%</td></tr><tr><td>Long-standing illness</td><td>11</td><td>0.9%</td></tr><tr><td>Mental Health Condition</td><td>8</td><td>0.6%</td></tr><tr><td>Not Declared</td><td>68</td><td>5.4%</td></tr><tr><td>Other</td><td>8</td><td>0.6%</td></tr><tr><td>Physical Impairment</td><td>6</td><td>0.5%</td></tr></table></td><td>Opportunities:
• The LD Business Manager will look into the data available on ESR and provide workforce disability status figures if available and permitted by workforce.
• The service needs to consider how to better capture data around protected characteristics for those being referred into the service.</td></tr>
</table>

Prefer Not to Answer	**5**	**0.4%**
Sensory Impairment	**3**	**0.2%**
Yes - Unspecified	**5**	**0.4%**
Unspecified	***145***	***11.5%***
Grand Total	**1,259**	**100.0%**

No impact on staff with a disability is foreseen. The changes being made to the service model will not be outside the remit of current roles and responsibilities and we will continue to make reasonable adjustments for staff under the Equality Act. This will be reviewed, and any new or additional information will be considered.

The new service model will positively impact the workforce by providing access to better training and increased competencies. This will result in a more appropriately skilled workforce and afford staff with better opportunities for professional development.

Service User Impact

From the West Wales Care Partnership (WWCP) Population Needs Assessment report June 2022, we know the following:

- A current estimate of the number of people with a learning disability is provided by people claiming financial support through Personal Independence Payments (PIP) and Disability Living Allowance (DLA).
- As of November 2020, the number of people claiming PIP is 2,264 and those claiming DLA 162.
- The population of People with a Learning Disability (PwLD) in West Wales is projected to remain relatively stable. However, projections suggest the number of people diagnosed with severe or profound and multiple learning disabilities (PMLD) is expected to grow by 1.8% each year.

The Directorate does not currently routinely capture disability status for service users, from the data available out of 780 referrals into the service from 2020 to 2022, 566 were recorded as ‘Not Known’ under disability description.

				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. All individuals supported by the CTLD service have a learning disability, however the severity of the learning disability varies for each individual. Individuals on the CTLD case load also have co-existing conditions including, but not limited to; • Profound and Multiple Learning Disabilities (PMLD) • Epilepsy • Dementia • Behaviours that Challenge • Mental Health Conditions • Physical Health Conditions • Respiratory Conditions • Dysphagia • Mobility Issues • Cardio-vascular Conditions • Cancer • Diabetes • Gastro-intestinal Conditions • Sensory Loss / Impairment The national average number of co-morbidities is approximately 6 for people with Learning Disabilities. Some individuals supported by the CTLDs are ‘non-verbal’ and therefore it is essential that any communication issued to people with a Learning Disability will need to be available in a variety of forms. This includes the provision of non-verbal communication methods. All NHS staff have had induction training that informs diversity and inclusion. Health Board approved Total Communication Strategy will be utilised as and when required. According to Pembrokeshire People First’s Learning Disability Charter, created by people with Learning Disabilities in West	

				Wales, regarding communication the LD charter states the following: • *Make everything easy to read* • *Use pictures* • *Everyone is different – find out what works and use it* • *Don't rush us* Hywel Dda University Health Board has signed up to the LD charter and therefore, all written information designed for individuals with learning disabilities must be in easy-read format. The development of the new service model for LD will have a positive impact on service users, this includes those with PMLD, as they will experience better care and treatment from more appropriately skilled staff. As the service develops this will be reviewed, and any new or additional information will be considered.	
Gender Reassignment Consider the potential impact on individuals who either: •Have undergone, intend to undergo or are currently undergoing gender reassignment. •Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.			✓	All LD services are delivered through person centred care which will continue. The LD Service is aligned to the Health Boards values: • Putting people at the heart of everything we do • Striving to deliver and develop excellent services • Working together to be the best we can be No impact is foreseen for staff within the service, as the changes being made to the service model will not be outside the remit of current roles and responsibilities. No impact is foreseen for service users, as gender reassignment will have no impact on the support offered by the service. However, this will be reviewed, and any new or additional information will be considered. Each individual will be assessed on a case-by-case basis. As the service develops this will be reviewed, and any new or additional information will be considered.	• Data around gender reassignment is not currently shared by Hywel Dda Health Board for staff or service users.

<table>
<tr>
<td>Marriage and Civil Partnership
This also covers those who are not married or in a civil partnership.</td>
<td></td>
<td></td>
<td>✓</td>
<td><u>Workforce Impact</u>
It can be assumed that a number of staff working within the service will be either married or in a civil partnership.
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 marital status. However, this will be reviewed, and any new or additional information will be considered.

<u>Service User Impact</u>
The LD charter makes the following statements about relationships:
• We want the right to enjoy friendships, relationships and sex, just like everyone
• We want the right to have a family.

Data collated on referrals made into the CTLD’s from 2020-2022 shows that 62% of service users stated that they were single and 2% stated they were married. It is worth noting that 35% of service users marital status was recorded as not known.

<table>
<tr><th>Marital status</th><th></th></tr>
<tr><td>Married</td><td>16</td></tr>
<tr><td>Not Known</td><td>275</td></tr>
<tr><td>Single</td><td>484</td></tr>
<tr><td>(blank)</td><td>5</td></tr>
<tr><td>Grand Total</td><td>780</td></tr>
</table>

No impact is foreseen for service users, as whether an individual is married, or in a civil partnership, will not affect support provided by the service.

As the service develops this will be reviewed, and any new or additional information will be considered.</td>
<td>Opportunities:
• The LD Business Manager will look into the data available on ESR and provide workforce marital status figures if available and permitted by workforce.</td>
</tr>
</table>

<table>
<tr>
<td>Pregnancy and Maternity
Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.</td>
<td></td>
<td></td>
<td>✓</td>
<td><u>Workforce Impact</u>
As we know that the majority of staff working within the LD Service are female, it can be assumed that a number of staff will be pregnant or within the maternity period. No impact is foreseen, as the changes being made to the service model will not be outside the remit of current roles and responsibilities, whether a member of staff is pregnant or within the maternity period. However, this will be reviewed, and any new or additional information will be considered.

<u>Service User Impact</u>
As approximately 50% of all individuals supported by the CTLD are female and childbearing age is usually between the ages of 15 and 44 years old, it can be assumed that certain individuals supported by the service will be pregnant or within the maternity period.
However, whether an individual is pregnant or within the maternity period, will not affect the support provided by the service.

As the service develops this will be reviewed, and any new or additional information will be considered.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td>✓</td>
<td><u>Workforce Impact</u>
Hywel Dda Workforce Ethnicity:
<table>
<tr><th></th><th>Headcount</th><th>%</th></tr>
<tr><td>White</td><td>11,110</td><td>88.70%</td></tr>
<tr><td>Black or Black British</td><td>123</td><td>0.98%</td></tr>
<tr><td>Asian or Asian British</td><td>460</td><td>3.67%</td></tr>
<tr><td>Mixed</td><td>83</td><td>0.66%</td></tr>
<tr><td>Any Other Ethnic Group</td><td>170</td><td>1.36%</td></tr>
<tr><td>Not Recorded on ESR</td><td>580</td><td>4.63%</td></tr>
<tr><td>Total</td><td>12,526</td><td>100%</td></tr>
</table>
MHLD Directorate Workforce Ethnicity:
<table>
<tr><th>Ethnicity Group</th><th>Headcount</th><th>%</th></tr>
<tr><td>BME</td><td>67</td><td>5.3%</td></tr>
<tr><td>White</td><td>1,154</td><td>91.7%</td></tr>
<tr><td>Not Stated</td><td>38</td><td>3.0%</td></tr>
<tr><td>Grand Total</td><td>1,259</td><td>100.0%</td></tr>
</table></td>
<td>Opportunities:
• The LD Business Manager will look into the data available on ESR and provide LD specific workforce race/ethnicity and nationality figures if available and permitted by workforce.</td>
</tr>
</table>

				Around 98% of the Hywel Dda population are from a white background and 2% are from other backgrounds. Just over 88% of Hywel Dda staff and around 92% of staff within the MHLD Directorate have recorded their ethnicity as white. 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 race, ethnicity or nationality. However, this will be reviewed, and any new or additional information will be considered. **<u>Service User Impact</u>** The percentage of individuals supported by the service who are of a different: • Race/Ethnicity • Nationality • Colour • Culture/ethnic origin (including English/Welsh speakers, gypsies/travellers and migrant workers) will be in line with the general population of Carmarthenshire, Pembrokeshire and Ceredigion. The Directorate does not routinely capture race, ethnicity and nationality status for service users, however from the data available out of 780 referrals into the service from 2020 to 2022 under ethnic origin: • 312 were recorded as ‘Not stated’ • 462 were recorded as ‘White’ • 2 were recorded as ‘Asian’ • 2 were recorded as ‘Chinese’ • 2 were recorded as ‘other mixed background’. Unfortunately, what this tells us is that we do not know the race/ethnicity/nationality of 40% of the referrals received into the LD service. 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. The following data was collated: • Race/Ethnicity • Culture/ethnic origin (English/Welsh speakers)	

				On average, over 95% of individuals on CTLD caseloads were white. For, approximately 5% of individuals on CTLD caseloads, the preferred language was Welsh. Polish was the next most popular preferred language, other than English. No impact is foreseen as a Service Users race, ethnicity or nationality will have no impact on the service they receive and will not affect the support provided by the service. However, this will be reviewed, and any new or additional information will be considered.	
Religion or Belief (or non-belief) The term 'religion' includes a religious or philosophical belief.			✓	**Workforce Impact** From the Annual Workforce Equity Report 2020-2021 we know that around 60% of the Hywel Dda population are Christian, 2% are of other religion, around 30% have no religion and 9% would prefer not to state their religious beliefs. **Hywel Dda Workforce Religious Beliefs:** 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%) **MHLD Directorate Workforce Religious Beliefs:** **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%)	Opportunities: • The LD Business Manager will look into the data available on ESR and provide LD specific workforce religion or belief figures if available and permitted by workforce.

Unspecified	*113*	*9.0%*
Grand Total	1,259	100.0%

Both the Hywel Dda and the MHLD Directorate workforce figures show the highest percentage of staff identified as being Christian and, in both tables, around 19% stated they did not want to disclose their religion or belief.

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 religious beliefs or non-belief. This will be reviewed, and any new or additional information will be considered.

Service User Impact

Religion/Belief	
Agnostic	1
Anglican	23
Buddhist	1
Catholic	5
Christian	10
Church in Wales	145
Church of Ireland	1
Jehovah's Witness	2
Methodist	1
Moonies	2
None	12
Not Known	125
Other Free Church	1
Pentecostal	1
Presbyterian	448
(blank)	2
Total	**780**

HCPRef data provided by MHLD Informatics

Data collated on referrals made into the CTLD's from 2020-2022 shows that the majority, 57%, of service users recorded their religious belief as Presbyterian.

No impact is foreseen as whether an individual has a particular religious or philosophical belief, this will not affect the support offered by the service.

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?

✓

Workforce Impact

Hywel Dda workforce gender data:

	Headcount	%
Female	9,726	77.65%
Male	2,800	22.35%
Total	12,526	100%

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.

LD Service Specific Staff Gender Breakdown:

	Female	Male
Band 3	22	10
Band 4	15	4
Band 5	7	1
Band 6	18	3
Band 7	21	1
Band 8 - Range A	3	
Band 8 - Range B	1	1
Band 8 - Range C	1	
Total	**88**	**20**
%	**81.49%**	**18.51%**

ESR data as of November 2022

The LD Service staff profile also reflects the national trend with over 81% of the staff being female.

AMH in-patient Service Specific Staff Gender Breakdown:

Female	Male

Band 2	29	14
Band 3	19	27
Band 4	3	0
Band 5	43	11
Band 6	14	6
Band 7	7	4
Band 8 - Range A	1	1
Total	**116**	**63**
%	**65%**	**35%**

ESR data as of November 2022

The AMH in-patient staff profile has a slightly higher percentage of male staff compared to the LD service and the national trend, with 35% of staff working on AMH wards and in-patient units being male.

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 gender. However, this will be reviewed, and any new or additional information will be considered.

Service User Impact

The latest population estimates for the West Wales region are 389,719 for mid 2020, which is an increase of 1.34% since the 2017 population assessment. This comprises of 191,368 males (49.1%) and 198,351 females (50.9%).

The registered practice populations for Carmarthenshire, Pembrokeshire and Ceredigion reflect that the Hywel Dda population is around 50% male and 50% female, as seen in the tables below:

Registered practice populations as of 31st March 2022:

Carmarthenshire		
	Male	**Female**
Age 18-64	52273	52540
Over 65	20390	23122
Total	**72663**	**75662**
%	**49%**	**51%**

Pembrokeshire

	Male	Female
Age 18-64	34248	33917
Over 65	14683	16587
Total	**48931**	**50504**
%	**49%**	**51%**

Ceredigion		
	Male	**Female**
Age 18-64	27888	26655
Over 65	11234	12416
Total	**39122**	**39071**
%	**50.04%**	**49.96%**

Data collected on referrals made into the CTLD's from 2020-2022 show that there was a higher percentage of males referred to the LD service, but not greatly so, as can be seen in the table below:

Female	Male	Indeterminate
332	447	1
42.57%	57.30%	0.13%

HCPRef data provided by MHLD Informatics

Males and females are affected equally by the proposed service model and no impact is foreseen. However, an individual's sex will not affect the support offered by the service. This will be reviewed, and any new or additional information will be considered.

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

✓

Workforce Impact

Hywel Dda Workforce Sexual Orientation:

	Headcount	%
Heterosexual or Straight	8,787	70.15%
Gay or Lesbian	151	1.21%
Undecided	86	0.69%
Bisexual	10	0.08%
Other Sexual Orientation Not Listed	8	006%
Not Stated – Person Asked But Declined To Provide A Response	1,475	11.78%
Not Recorded on ESR	2,009	16.04%
Total	12,526	100%

Opportunities:

- The LD Business Manager will look into the data available on ESR and provide LD specific workforce sexual orientation figures if available and permitted by workforce.

MHLD Directorate workforce Sexual Orientation:

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%
Unspecified	*113*	*9.0%*
Grand Total	1,259	100.0%

Both the Hywel Dda and the MHLD Directorate workforce data shows that the majority of staff recorded their sexual orientation as heterosexual or straight.

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 sexual orientation. However, this will be reviewed, and any new or additional information will be considered.

Service User Impact
Service users' sexual orientation data is not routinely collected.
No impact is foreseen. However, an individual's sexual orientation will not affect the support offered by the service.

- Service users' sexual orientation data is not routinely collected – the service are to consider collecting this data going forward.

Socio-economic Deprivation 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	✓		✓	**Workforce Impact** The new service model will positively impact the workforce by providing access to better training and increased competencies. This will result in a more appropriately skilled workforce and afford staff with better opportunities for professional development. This will result in more opportunities for promotion within their profession, and as a result an increase in income and potentially quality of life. A workforce that has access to the appropriate support and development opportunities will be more fulfilled, resulting in a reduced likelihood of sickness due to work related stress. **Service User Impact** Individuals with Learning Disabilities supported by the service are on average, more likely than the general population of West Wales to be: • On low income	

<table>
<tr>
<td>personal or household debt should also be considered.

For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty</td>
<td></td>
<td></td>
<td></td>
<td>

Economically inactive, unemployed or unable to work due to ill-health
Unable to access services and facilities

The LD charter makes the following statements about community:

Make us welcome
Take time to listen
Give us paid jobs
Help us travel independently

The service will continue to promote supported employment programmes, such as Norman Industries in Pembrokeshire, to individuals with a learning disability on our CTLD caseloads.
Norman Industries offer:

Paid work
Work Experience
Training
Work based day service (supports individuals with moderate to severe disabilities to engage in work-based activities.

No impact is foreseen. This will be reviewed, and any new or additional information will be considered.
</td>
<td></td>
</tr>
<tr>
<td>Welsh Language
Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.</td>
<td></td>
<td></td>
<td>✓</td>
<td><u>Workforce Impact</u>
Hywel Dda Workforce Welsh Language:
<table>
<tr><th>Staff Group</th><th>0 - No eSkills</th><th>1 - Entry</th><th>2 - Foundation</th><th>3 - Intermediate</th><th>4 - Higher</th><th>5 - Proficiency</th><th>Not recorded on ESR</th><th>Grand Total</th></tr>
<tr><td>Add Prof Scientific and Technic</td><td>113</td><td>92</td><td>34</td><td>19</td><td>40</td><td>78</td><td>14</td><td>390</td></tr>
<tr><td>Additional Clinical Services</td><td>824</td><td>691</td><td>267</td><td>262</td><td>261</td><td>359</td><td>369</td><td>3,033</td></tr>
<tr><td>Administrative and Clerical</td><td>603</td><td>649</td><td>222</td><td>203</td><td>183</td><td>182</td><td>139</td><td>2,181</td></tr>
<tr><td>Allied Health Professionals</td><td>205</td><td>178</td><td>72</td><td>44</td><td>64</td><td>92</td><td>35</td><td>690</td></tr>
<tr><td>Estates and Ancillary</td><td>460</td><td>290</td><td>120</td><td>104</td><td>108</td><td>200</td><td>231</td><td>1,513</td></tr>
<tr><td>Healthcare Scientists</td><td>55</td><td>42</td><td>15</td><td>13</td><td>30</td><td>29</td><td>10</td><td>194</td></tr>
<tr><td>Medical and Dental</td><td>375</td><td>83</td><td>22</td><td>14</td><td>6</td><td>22</td><td>465</td><td>987</td></tr>
<tr><td>Nursing and Midwifery Registered</td><td>1,212</td><td>765</td><td>339</td><td>268</td><td>279</td><td>427</td><td>247</td><td>3,537</td></tr>
<tr><td>Students</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>1</td></tr>
<tr><td>Grand Total</td><td>3,847</td><td>2,790</td><td>1,901</td><td>927</td><td>971</td><td>1,390</td><td>1,510</td><td>12,526</td></tr>
<tr><td>%</td><td>31%</td><td>22%</td><td>9%</td><td>7%</td><td>8%</td><td>11%</td><td>12%</td><td>100%</td></tr>
</table>
</td>
<td>Opportunities:

The LD Business Manager will look into the data available on ESR and provide LD specific workforce Welsh Language figures if available.

</td>
</tr>
</table>

				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. 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 This will be reviewed, and any new or additional information will be considered **Service User Impact** 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. 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. Any documentation issued to patients and carers will continue to be bilingual in both Welsh and English. This will be reviewed, and any new or additional information will be considered.	

Form 4: Examine the Information Gathered So Far

1.	**Do you have adequate information to make a fully informed decision on any potential impact?**	Yes
2.	**Should you proceed with the Policy whilst the EqIA is ongoing?**	Yes
3.	**Does the information collected relate to all protected characteristics?**	Yes
4.	**What additional information (if any) is required?**	None
5.	**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).**	N/A

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**	**0**	**3**
Gender Reassignment	**1**	**0**	**1**
Human Rights	N/A	N/A	N/A
Marriage and Civil Partnership	**2**	**0**	**2**
Pregnancy and Maternity	**2**	**0**	**2**
Race/Ethnicity or Nationality	**3**	**0**	**3**
Religion or Belief	**3**	**0**	**3**
Sexual Orientation	**3**	**0**	**3**

Socio-economic Deprivation	**2**	**+3**	**6**
Welsh Language	**3**	**0**	**3**

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)

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.

Will the Policy be adopted?	Yes, this policy will be adopted by the LD Service.
If No please give reasons and any alternative action(s) agreed.	N/A
Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?	No, as of 12/12/2022
What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?	• Regular review of data of individuals on CTLD caseloads • Referral rates to the 4 CTLDs • Patient Reported Outcome Measures (PROMs) – People with Learning Disabilities asked to complete questionnaires before and after receiving support from the service to assess how they feel, from their own perspective • Patient Reported Experience Measures (PREMs) will be used to assess the quality of healthcare experiences, focusing on People with Learning Disabilities who have received support from service
When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?	• Kristy Williams will be responsible for the analysis of the caseload and referral rates monitoring data • Kristy Williams will be responsible for the subsequent update of the EqIA, as appropriate, with support from Lisa Bassett-Gravelle, Ellie O'Connor and Caitriona Quinlan • PROMs and PREMs to be analysed by clinical leads on a regular basis

Where positive impact has been identified for one or more groups please explain how this will be maximised?	Positive Impact was identified for the following groups: • Age • Disability • Socio-economic deprivation The positive impact will be maximised for individuals via the effective redesign of the Service.
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. **If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project / proposal regardless, please provide suitable justification.**	No negative impacts have been identified.

Form 7 Action Plan

Actions (required to address any potential negative impact identified or any gaps in data)	**Assigned to**	**Target Review Date**	**Completion Date**	**Comments / Update**
Review the transition from Children Services into Adult Services.	Service			
There is a need for the LD Service to work with the Workforce Planning team to manage the ageing workforce through succession planning.	Service			
The LD Business Manager will look into the data available on ESR and provide workforce marital status figures if available.	Service			
Data around gender reassignment is not currently shared by Hywel Dda Health Board for staff or service users.	Service			
The LD Business Manager will look into the data available on ESR and provide workforce disability status figures if available.	Service			
The LD Business Manager will look into the data available on ESR and provide workforce race/ethnicity and nationality figures if available.	Service			

The LD Business Manager will look into the data available on ESR and provide LD specific workforce religion or belief figures if available.	Service			
The LD Business Manager will look into the data available on ESR and provide LD specific workforce sexual orientation figures if available.	Service			
Service users' sexual orientation data is not routinely collected – the service are to consider collecting this data going forward.	Service			
The LD Business Manager will look into the data available on ESR and provide LD specific workforce Welsh Language figures if available.	Service			

EqIA Completed by:	**Name**	Kristy Williams
	Title	Project Manager
	Team / Division	MHLD Transformation and Partnerships team
	Contact details	kristy.n.williams@wales.nhs.uk
	Date	30/11/22
EqIA Authorised by:	**Name**	Lisa Bassett-Gravelle
	Title	Head of Service for Adult In-patient and LD
	Team / Division	MHLD
	Contact details	lisa.bassett-gravelle@wales.nhs.uk
	Date	30/11/22