



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# **EQUALITY IMPACT ASSESSMENT**

**PARTS A and B**

**SCREENING**

**BCU 3 YEAR PLAN 2019/22**

**Introduction:**

These forms have been designed to enable you to record, and provide evidence of how you have considered the needs of all people (including service users, their carers and our staff) who may be affected by what you are writing or proposing, whether this is:

- a policy, protocol, guideline or other written control document;
- a strategy or other planning document e.g. your annual operating plan;
- any change to the way we deliver services e.g. a service review;
- a decision that is related to any of the above e.g. commissioning a new service or decommissioning an existing service.

**This is not optional:** Equality Impact Assessment is a specific legal requirement on public sector organisations under equalities legislation and failure to comply could result in a legal challenge to a decision or strategy. More importantly, equality impact assessment helps to inform better decision-making and policy development leading to improved services for patients. **This form should not be completed by an individual alone, but should form part of a working group approach.**

**The Forms:**

You must complete:

- **Part A** – this is the Initial Screening that is always undertaken and consists of Forms 1 to 3; these forms are designed to enable you to make an initial assessment of the potential impact of what you are doing, and decide whether or not you will need to proceed to a Full Impact Assessment (Part C);

AND

- **Part B** – this is the Outcome Report and Action Plan (Form 4) you will need to complete whether or not you proceed to a Full Impact Assessment;

Together, these forms will help to provide evidence of your Impact Assessment and how you have shown “due regard” to the duties.

You may also need to complete Part C (see separate Form) – if parts A and B indicate you need to undertake a Full Impact Assessment. This enables you to fully consider all the evidence that is available (including engagement with the people affected by your document or proposals) to tell you whether your document or proposal will affect people differently. It also gives you the opportunity to consider what changes you may need to make to eliminate or mitigate any adverse or negative impact you have identified.

Remember that these forms may be subject to external scrutiny e.g. under a Freedom of Information request.

To enter text, click on the grey box in the part of the form you are completing. Help text will appear in the status bar at the foot of the page. Some boxes have drop-down lists from which you can select options. Others may simply be a box to answer a question. Once completed, the EqIA Forms should accompany your document or proposal when it is submitted to the appropriate body for approval.



Part A  
Form 1: Preparation

1.	What are you equality impact assessing? What is the title of the document you are writing or the service review you are undertaking?	BCU Three Year Plan 2019/22
2.	Provide a brief description, including the aims and objectives of what you are assessing.	<p>The purpose of this screening is to consider the Equality Impact of the BCU Three Year Plan. This is the overarching plan describing the key strategic themes for the organisation during 2019/22 and describes the key initiatives for action.</p> <p>The BCU Board is responsible for ensuring that services are planned and delivered to reflect the Welsh Government’s vision for the NHS and the population needs of North Wales, working with partners and stakeholders to make the best use of our resources.</p> <p>The Health Board has a duty to plan for the future in a more structured way. Our long term strategy Living Healthier, Staying Well (LHSW) represents a major step forward for the Health Board. This provides us with a clear direction going forward and for the people of North Wales to have a clear understanding of what the Health Board, working with partners, will deliver in the future.</p> <p>A key part of this work has involved using feedback from our population, partners and staff, alongside an understanding the health needs of our population to help us plan improvements in service design and delivery to meet these needs. Importantly, this work has also served to provide the framework which sets out what we aim to deliver over the next three years, which forms the context for this plan.</p> <p>One of our duties under the Well-being of Future Generations Act is to set well-being objectives for the Health Board. We think these should be our organisation’s long-term strategic goals. When we talked to people about this strategy, we asked for their views about these. This has helped us refine our objectives. Our plan is set within the BCU strategic context and our refreshed well-being objectives are:</p> <ul style="list-style-type: none"> <li>• To improve physical, emotional and mental health and well-being for all</li> <li>• To target our resources to those with the greatest needs and reduce inequalities</li> <li>• To support children to have the best start in life</li> <li>• To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being</li> <li>• To improve the safety and quality of all services</li> <li>• To respect people and their dignity</li> </ul>

		<ul style="list-style-type: none"> <li>To listen to people and learn from their experiences</li> </ul> <p>There is also a continued focus in 2019/22 upon the urgent work that needs to be done to improve access to the services we currently deliver, enhance the quality and safety of those services and focus upon improving the experience of those individuals who access our care, as well as their families and carers. The plan takes into account direction provided by the Welsh Government and responds to the performance expectations set upon us.</p> <p>A summary of focus areas for 2019/22 is set out below. We recognise that there also needs to be careful assessment and appropriate mitigating actions for any detailed project where negative impacts are identified.</p> <p>The plan is divided into the following key priority areas for 2019/22:</p> <ul style="list-style-type: none"> <li>Health Improvement and Health Inequalities</li> <li>Care Closer to Home</li> <li>Excellent Hospital Care including Urgent and Emergency Care (Unscheduled Care), Planned Care and Women’s Services</li> </ul>		
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	The BCU Planning and Service Development Group, chaired by the Assistant Director of Corporate Planning, oversees the development of the Three Year Plan and is accountable to the Executive Team and Executive Management Group.		
4.	Who is Involved in undertaking this EqIA? Include the names of all the people in your sub-group.	<table border="1" data-bbox="844 849 2034 898"> <tr> <td data-bbox="844 849 1230 898">Name: John Darlington</td> <td data-bbox="1230 849 2034 898">Title/Role: Assistant Director of Corporate Planning</td> </tr> </table> <p>Planning and Service Development Group (please refer to end of document for membership).</p> <p>The EqIA will be subject to review by the Strategy and Planning Equality Scrutiny Group.</p> <p>The EQIA has taken into account supporting delivery plans aligned to the service priority areas identified above. Detailed delivery schemes will be subject to an individual EQIA.</p>	Name: John Darlington	Title/Role: Assistant Director of Corporate Planning
Name: John Darlington	Title/Role: Assistant Director of Corporate Planning			
5.	Is the Policy related to, or influenced by, other Policies/areas of work?	<p>The Three Year Plan has been developed in the context of ‘A Healthier Wales: Our Plan for Health and Social Care’, published by Welsh Government in 2018.</p> <p>In addition, statutory duties under the Social Services and Well-being (Wales) Act 2014 (SSWB) and the Well-being of Future Generations (Wales) Act 2015. Both Acts came into force in April 2016 and have major implications for the Health Board and the way that we carry out our functions.</p> <p>The SSWB Population Assessment (published March 2017) and the four Public Services Boards’ Well-being Assessments (published in the period up to May 2017) have both provided helpful evidence to inform the development of LHSW.</p>		

		<p>The plan has also been developed in the context of the wider legislative duties of the Health Board, national policy and guidance and local policy frameworks:</p> <ul style="list-style-type: none"> <li>• Equality Act 2010</li> <li>• Equality Act 2010 (Statutory Duties) (Wales) regulations 2011</li> <li>• BCU Strategic Equality and Human Rights Plan 2016-2020</li> <li>• Special Measures Improvement Framework</li> <li>• NHS Wales Planning Framework 2018/19</li> <li>• Maternity, Neonatal and Paediatric Strategic Framework (November 2016)</li> <li>• Integrated Primary and Community Services Strategic Framework (November 2016)</li> <li>• Together for Mental Health in North Wales (April 2017).</li> </ul> <p>We have also worked with colleagues in the Local Authorities to develop a single North Wales Population Assessment to inform the Social Services and Wellbeing Act implementation. This Population Assessment describes the care and support needs of specific groups within our population.</p>
6.	Who are the key Stakeholders i.e who will be affected by your document or proposals?	<p>There are a wide range of stakeholders who are involved with and affected by this Three Year Plan including:</p> <ul style="list-style-type: none"> <li>• People, their families, carers and communities</li> <li>• BCUHB Staff</li> <li>• The Health Board's statutory advisory forums: <ul style="list-style-type: none"> <li>- The Stakeholder Reference Group</li> <li>- The Healthcare Professional Forum</li> <li>- The Local Partnership Forum</li> <li>- Community Health Council</li> </ul> </li> <li>• Partnership organisations including Local Authorities, third sector and existing networks</li> <li>• Primary Care contractor professions (General Practice, Pharmacy, Dentistry and Optometry)</li> <li>• External NHS / health care providers such as North West England providers</li> <li>• Welsh Health Specialist Services Committee (WHSSC)</li> <li>• Welsh Ambulance Services Trust (WAST)</li> <li>• Emergency Ambulance Services Collaborative (EASC)</li> <li>• Neighbouring LHBs in Wales</li> <li>• Mid Wales Collaborative</li> <li>• Public Health Wales</li> <li>• Independent sector e.g. private care providers</li> <li>• Specialist Services Commissioners and Cross-Border Providers</li> <li>• Elected representatives including MP's, AM's, Town and Community Councillors.</li> </ul>

7.	<p>What might help/hinder the success of whatever you are doing, for example communication, training etc?</p>	<p>The LHSW strategy is a far reaching and complex approach to transform the way the Health Board supports the health and well-being of the population of North Wales. The Three Year Plan sets out how the next three years 2019/22 of the strategy will be implemented. This has been completed through the Transformation Groups, namely:</p> <ul style="list-style-type: none"> <li>• Improving Health and Tackling Health Inequalities.</li> <li>• Care Closer to Home (Primary and Community Care).</li> <li>• Unscheduled Care.</li> <li>• Planned Care.</li> <li>• Women's Services.</li> <li>• Children's and Young People's Services.</li> <li>• Ageing Well.</li> </ul> <p>Strong leadership, organisational, cultural and behavioural change will be required to deliver the transformation required.</p> <p>The engagement of the staff of the Health Board in responding to the vision described and committing to the change required to fulfil this.</p> <p>Ongoing communication, engagement and co-production with partners and stakeholders will be essential to the successful implementation of the priorities within the plan.</p> <p>Ongoing research and development to monitor, evaluate, challenge and support innovation. Other key enablers include Informatics and Information and Estates aligned to delivering the Three Year Plan.</p> <p>Service and divisional plans put into place aligned to deliver the change required will greatly help to ensure the success of the plan.</p> <p>A clear accountability structure for transformational change will be essential to ensure performance management and remedial action where needed.</p> <p>Resources will need to be re-aligned to deliver the changes required within our strategy and 3 year plan.</p> <p>There are potential barriers to change which may hinder the implementation of the plan. These may include:</p> <ul style="list-style-type: none"> <li>• Lack of capacity amongst staff to deliver the changes required</li> </ul>

- |  |  |  |
|--|--|--|
|  |  | <ul style="list-style-type: none"><li>• Current pressures on the service leading to the inability to focus attention on the longer term changes required within the plan.</li><li>• Funding constraints, both revenue and capital, which may hinder the pace of change</li><li>• The overall impact of austerity on the capacity of public services and resilience of communities.</li></ul> |
|--|--|--|

**Form 2: Considering the potential impact of your document, proposals etc in relation to equality and human rights**

Characteristic or other factor to be considered	Potential Impact by Group. Is it:-		Please detail here, for each characteristic listed on the left:- (1) any Reports, Statistics, Websites, links etc. that are relevant to your document/proposal and have been used to inform your assessment; and/or (2) any information gained during engagement with service users or staff; and/or (3) any other information that has informed your assessment of Potential Impact.
	Positive (+) Negative (-) Neutral (N) No Impact/Not applicable (N/a)	Scale (see Table A on next page)	
Age	+ve	Low positive	<p><b>Additional evidence considered:</b></p> <ul style="list-style-type: none"> <li>• LHSW Children and Young People strategic framework – baseline assessment</li> <li>• Child Health Matters – A Vision for 2016 in Wales</li> <li>• Inequalities in Health: theory and evidence, presentation by Siobhan Adams, PHW, 2017</li> <li>• LHSW Older People’s strategic framework – baseline assessment</li> <li>• Dying Matters</li> <li>• Is Wales Fairer?, EHRC, 2015</li> <li>• Together for Health Delivery Plans</li> </ul> <p><b>Children and Young People</b></p> <p>Early Years and children’s services are a key priority area with specific initiatives being introduced which will be assessed in more detail as part of work of BCU Children’s Service Transformation Group. Refer to Children’s plan for detail.</p> <p>There has been very little change in the number of children in North Wales over recent years (with just over 124,000 aged 0-15 in 2016). This trend is likely to continue over the next 25 years with an overall increase of around 1% anticipated.</p> <p>Anglesey, Conwy and Flintshire are expected to see a decrease of around 6% in the number of children aged 0-15 by 2039; Denbighshire and Wrexham will remain about the same; and Gwynedd is expected to see an increase of around 9%.</p> <p>Support in the early years is crucial - experiences during childhood can have a significant impact on health and well-being in later life. Child poverty, Adverse Childhood Experiences, childhood obesity, disability, emotional and mental health and well-being, resilience, education attainment and many other factors can contribute. The First 1,000 Days of life are acknowledged as the most significant in a child’s development.</p>



			<p><b>Ageing Well</b></p> <p>The estimated 2016 mid-year population of people aged 65 and over was nearly 157,000 and the population aged 85 and over was 20,289. By 2036 the older population will have experienced a greater percentage increase than Wales as a whole, with an increase of around 34% in those aged 65 and over and an increase of 23% in those aged 85 or over. About 1 in 4 people aged 85 or over are likely to have significant or complex needs.</p> <p>Reducing loneliness and isolation is one of the main challenges in improving well-being for people of all ages; however, for older people, the risk factors for loneliness and isolation tend to increase and converge. Participation and good community support networks are important.</p> <p>Older people tend to be more likely to use care and support services including community based services as well as hospital services. Maintaining independence is important to people. Many older people are carers for relatives or friends.</p> <p>Actions being taken in response to meeting these needs are integrated into all our delivery plans in 2019/22.</p> <p>The plan therefore has the potential to deliver increased and improved services for people from pre-conception to end of life, particularly through its focus on ill-health prevention, early intervention and improvement for example, investment in Primary and Community services and Mental Health Services, which aim to support and deliver care for people within their own homes and communities and reduce pressures on Unscheduled Care Services.</p>
Disability	+ve	Low positive	<p><b>Additional Evidence Considered:</b></p> <ul style="list-style-type: none"> <li>• Together for Mental Health in North Wales, 2017</li> <li>• Strategic Dementia Plan (draft), 2017</li> <li>• All Wales standards for communication and information for people with sensory loss.</li> <li>• Hearing Matters, Action on hearing Loss</li> <li>• Is Wales Fairer?, CEHR, 2015</li> <li>• UN Convention for the Rights of Disabled Persons</li> <li>• Health and Social Care and Disability Equality Duty</li> <li>• Equal Treatment: Closing the Gap (Disability Commission)</li> <li>• Cluster Profiles</li> </ul>

			<p>It is difficult to estimate accurately the number of disabled people in North Wales. The number of people on the Social Services disability registers is not seen as reliable due to under reporting. The number of adults of working age reporting themselves as disabled was around 409,000 in 2013.</p> <p>Around 4% of the population are estimated to be living with sight impairment. The number of people with vision impairment increases with age.</p> <p>Around 19% of the population in the UK have hearing loss or are deaf. Approximately 1 in every 1,000 children is born with a severe or profound hearing loss. Many people within the deaf community will use BSL as their first or preferred language, and many others will know and use sign language. It is estimated that more than 70% of people aged over 70 have some form of hearing loss.</p> <p>It is estimated that the number of people who are deafblind – having vision and hearing impairments that significantly impact on day to day lives – will increase to around 1% of the population by 2030.</p> <p>There are around 2,700 people registered with Local Authority Social Services departments as having a learning difficulty or learning disability. The actual number may be higher. Current projections estimate that the total number of people with a learning disability needing support will increase 2% each year until 2020 and will then stabilise.</p> <p>People with a learning disability are living longer, which is a positive outcome from improved health, social care and well-being support. However it is important that the needs of older people with a learning disability, which may be more complex, are addressed. People may be at greater risk of dementia, experience poorer health, and experience barriers to care and support because of communication difficulties.</p> <p>Disabled people and people with mental health needs experience increased poverty and inequality. Amongst the key challenges identified in Is Wales Fairer? are the need to improve living conditions, reduce homelessness, improve access to services and eliminate violence, abuse and harassment.</p> <p>There are barriers to care and support services arising from many factors – stigma and attitude; poor communication and information; accessibility; timeliness of response.</p> <p>The UN Convention on the Rights of Disabled Persons is designed to promote and protect the human rights of disabled person and ensure full and equal enjoyment. The 8 principles set the framework for the approach and the</p>
--	--	--	---

			<p>strategy programmes will seek to adopt the principles. Whilst article 25 relates specifically to health and healthcare, the Health Board has a broader responsibility in relation to the overall articles.</p> <p>Around 1 in 4 people will experience mental health issues each year; and around 13% of respondents in the Welsh Health Survey reported receiving treatment for mental health needs.</p> <p>The number of adults with a common mental health need in North Wales is expected to increase from around 93,000 in 2015 to 99,000 in 2035. This may increase due to risk factors such as unemployment, lower income, debt and stressful life events.</p> <p>The Three Year Plan has the potential to deliver reduced waiting times and increased and improved access to services for disabled people, particularly for example through a focus on community based services.</p> <p>By undertaking separate equality impact assessments for any changes, at a detailed project level, mitigating actions can be identified to ensure people at risk are supported.</p> <p>It is recognised that there is a need for continued strengthening of strategic and operational/commissioning relationships with Local Authorities around meeting the needs of disabled people.</p> <p>The plan positively promotes disability equality and includes</p> <ul style="list-style-type: none"> <li>• Actions to meet the needs of people with sensory impairments – a commitment to raise awareness with all frontline staff of how to ensure communication support is in place and review barriers to access via patient experience activity</li> <li>• A commitment to training all staff in the mandatory equality and human rights e-learning resource with refresher training every 3 years</li> <li>• A commitment to better meeting the needs of patients with Learning Disabilities outside of Mental Health and Learning Disabilities Division by undertaking self-assessment audit</li> <li>• Work to address the specific dental health and treatment needs of people with Learning Disabilities.</li> </ul> <p>All Wales Standards for Accessible Communication and Information for People with Sensory Loss were introduced in May 2013 and became operational by Autumn 2013. There is a steering group within BCUHB that monitors implementation of the standards and a reference group consisting of third sector providers, BCUHB staff and service users.</p>
--	--	--	--

Gender Reassignment	N		<p><b>Additional Evidence Considered:</b></p> <ul style="list-style-type: none"> <li>• Fair for all – Gender Equality Leaflet</li> <li>• It’s Just Good Care; a guide for health staff caring for people who are trans*, CEHR, 2015</li> <li>• LGBT in Britain – Trans Report, Stonewell 2018</li> <li>• Guidance for GPs, other Clinicians and Health Professionals on the Care of Gender Variant People (DoH)</li> <li>• The Gender Agenda (CEHR)</li> <li>• BCU Workforce information</li> <li>• Information relating to North Wales characteristics provided through Public Health Wales.</li> </ul> <p>No compelling evidence of positive or negative impact. There needs to be a careful assessment and appropriate mitigating actions for any detailed project where negative impacts are identified.</p> <p>Data on gender reassignment is not routinely collected. The Gender Identity Research and Education Society estimates of the trans* community in the UK range from 65,000 to 300,000. This includes people who have transitioned to a new gender role via medical intervention, and the broader trans* community.</p> <p>The absence of official estimates makes it difficult to ascertain the level of discrimination, inequality or social exclusion faced by the trans community. <b>Is Wales Fairer?</b> identifies there is still the need to eliminate violence, abuse and harassment against LGBT people. This is supported by Stonewall's new research, based on research with 871 trans and non-binary people by YouGov, it highlights the profound levels of discrimination and hate crime faced by trans people in Britain today.</p> <p>Proposals for the development of a new primary care-led Gender Identity Care pathway in Wales for trans* people have been a positive step forward in relation to care and support. A group at the Health Board, including members of the trans community is working to implement proposals.</p>
Pregnancy & Maternity	N		<p><b>Additional Evidence Considered:</b></p> <ul style="list-style-type: none"> <li>• Feedback from Maternity Services Liaison Committees, 2017</li> <li>• Outcome Report, Consultation on temporary changes to Women’s Services, 2015</li> <li>• Prudent Maternity Care Report, BCUHB</li> <li>• National Service Framework for Children, Young People and Maternity Services, 2005</li> </ul>

			<ul style="list-style-type: none"> <li>• Information about North Wales characteristics provided through Public Health Wales.</li> <li>• All Wales Maternity Strategy – local implementation plan (supported by EqlA screening).</li> </ul> <p>No compelling evidence of positive or negative impact. There needs to be a careful assessment and appropriate mitigating actions for any detailed project where negative impacts are identified.</p> <p>The Three Year Plan has the potential to deliver increased and improved services around pregnancy and maternity. The Woman’s Service Strategy and Operational Plans are linked into the ‘Acute Hospital Care Programme’ but it is also important to note that there will be clear links with the ‘Care Closer to Home Programme’, reflecting the vital importance of the services provided by the Directorate in all the three Areas in North Wales.</p> <p>The overall aim of the Women’s Strategy is to secure safe, high quality, sustainable services for the future.</p>
Race / Ethnicity	N		<p><b>Additional Evidence Considered:</b></p> <ul style="list-style-type: none"> <li>• Ethnic Inequalities in Health: addressing a significant gap in current evidence and policy, Nazroo, J. Y., 2004 in: “If you could do one thing...”,</li> <li>• Nine Local Actions to reduce Health Inequalities, British Academy 2014</li> <li>• Ethnic inequalities in limiting health and self-reported health in later life revisited, Evandrou, M et al, in Journal of Epidemiol Community Health, 2016</li> <li>• Minority Ethnic Elders Advocacy North Wales project research report 2015</li> <li>• Travelling to Better Health, Welsh Government, 2017</li> <li>• Equality Act, 2010</li> <li>• Gypsies &amp; Travellers: Simple Solutions for Living Together, 2009, Equality &amp; Human Rights Commission</li> </ul> <p>No compelling evidence of positive or negative impact. We recognise that, within this characteristic, there needs careful assessment and appropriate mitigating actions for any detailed project where negative impacts are identified.</p> <p>Around 19,000 people reported being from a non-white background in 2016 (Stats Wales, WG); the percentage of the population varies considerably, from 1.1% in Anglesey to 4.7% in Wrexham. A full breakdown of population numbers by ethnic group is given in the North Wales Local Authority Profiles.</p>

			<p>Morbidity and mortality data have identified a number of inequalities across ethnic groups as described in the <u>Living Healthier, Staying Well: Equality Information</u> paper. This includes health inequalities experienced by vulnerable groups including Gypsy, Roma and Travelling communities.</p>
Religion or Belief	N		<p><b>Additional Evidence Considered:</b></p> <ul style="list-style-type: none"> <li>• Is Wales Fairer?, CEHR, 2015</li> <li>• Religion and Belief: A Practical Guide for the NHS</li> <li>• Information about North Wales characteristics provided through Public Health Wales</li> </ul> <p>No compelling evidence of positive or negative impact. There needs to be a careful assessment and appropriate mitigating actions for any detailed project where negative impacts are identified.</p> <p>Census data identifies those people who describe themselves in relation to a religious denomination. Christianity is still the largest religion in Wales, although the proportion has decreased alongside an increase in those stating no religion. Muslim, Hindu and Buddhist populations have approximately doubled since 2001, remaining the next three largest religions in Wales.</p> <p>The vast majority of the population of North Wales describe themselves as Christian. There are communities of different religious denominations across North Wales, such as the significant Muslim population in Gwynedd and Wrexham; and slightly higher numbers of Buddhists in Gwynedd.</p> <p><b>Is Wales Fairer?</b> identifies that there is a need to encourage fair recruitment, development and reward in employment and close pay gaps for some religious groups, particularly Muslim people. The report also identifies the need to eliminate violence, abuse and harassment, again particularly against Muslim people.</p>
Sex	N		<p><b>Additional Evidence Considered:</b></p> <ul style="list-style-type: none"> <li>• Feedback from meetings with organisations and individuals with an interest in gender health inequalities</li> <li>• Evidence provided by organisations such as Fair Treatment for Women in Wales</li> <li>• Addressing Inequalities in Men's Health in a Rural Community, Dolgellau Hospital OPD team</li> <li>• Information about North Wales characteristics provided through Public Health Wales</li> <li>• Census 2011</li> </ul>

			<p>No compelling evidence of positive or negative impact. There needs to be a careful assessment and appropriate mitigating actions for any detailed project where negative impacts are identified.</p> <p>There remain differences in outcomes experienced by men and women in specific circumstances, and differences in the way that they access health advice, information and support.</p> <p>Overall, men have lower life expectancy (78 years, compared to 82 years for women); there are more premature deaths from cancer, more deaths from cardiac disease and a three times higher risk of death from suicide.</p> <p>Women may experience different barriers to access in healthcare and health services. More women are unpaid carers.</p> <p><b>Is Wales Fairer?</b> identifies the need to eliminate violence, abuse and harassment, including against women. The partnership working needed to address violence against women and domestic abuse is identified within the SSWB population assessment and action plan.</p>
Sexual Orientation	+ve	Low positive	<p><b>Additional Evidence Considered:</b></p> <ul style="list-style-type: none"> <li>• Unhealthy attitudes: the treatment of LGBT people within health and social care services, Stonewall</li> <li>• Don't look back? Improving Health and Social Care Delivery for older LGB Users, Ward, R., Pugh, S. and Price, E, 2010</li> <li>• Double Stigma (Stonewall Cymru 2009)</li> <li>• Improving sexual orientation monitoring (Equality and Human Rights Commission 2010)</li> <li>• Don't look back? Improving health and social care delivery for older LGB users (Equality and Human Rights Commission 2010).</li> </ul> <p>The 2015 Annual population survey found that 1.7% of the UK population identified themselves as lesbian, gay or bisexual, with Wales having a lower percentage than the UK overall. The population aged 16 to 24 years is the age group with the largest percentage identifying themselves as LGB. Government figures estimate 6% of the population is lesbian, gay or bisexual.</p> <p>National reports highlight the barriers experienced by Lesbian, Gay and Bisexual (LGB) people accessing and using services. Our plan presents an opportunity to raise awareness of the needs of LGB people. For example, BCU are working with Stonewall Cymru and were recently assessed as one of the top 100 employers within the UK.</p>

Welsh Language	+ve	Low positive	<p><b>Additional Evidence Considered:</b></p> <ul style="list-style-type: none"> <li>• Welsh Language Measure, 2011</li> <li>• Welsh Language Standards, effective from 2016</li> <li>• BCUHB Welsh Language Scheme</li> </ul> <p>The 2011 Census showed that 27% of residents in Conwy could speak Welsh and 20% could speak, read and write in Welsh. Across the region, the percentage of Welsh speakers ranges from 12.9% in Wrexham to 65.4% in Gwynedd.</p> <p>Ensuring the safety, dignity and respect of Welsh speakers is integral to the provision of health services in Wales. The Welsh Language Standards under the Welsh Language (Wales) Measure 2011 establishes the legislative requirements for the Health Board and whilst the Health Board is committed to achieving its legal requirements, it has also set a greater level of ambition that will be driven by the desire to improve the quality of care provided for patients in their first language.</p> <p>The Health Board's Welsh Language Strategic Plan ensures that changes in the legislative landscape are reflected in our approach to planning high quality, language appropriate care. The Welsh Language Standards and the 'More than just words' Framework provides the foundation on which we continue to build and improve upon.</p> <p>The plan therefore has the potential to deliver increased and improved access to Welsh Language services, particularly through its focus on community based services – recognising that services delivered within local communities are more likely to be able to respond in the medium of Welsh.</p> <p>Where a patient's first language is Welsh all efforts to accommodate the patient's wishes utilising Welsh speaking staff members will be made. Should this not be possible, then Language line can be used or WITS for face to face interpretation.</p>
Human Rights	+ve	Low positive	<p><b>Additional Evidence Considered:</b></p> <ul style="list-style-type: none"> <li>• How Fair in Wales, 2011, Equality and Human Rights Commission</li> <li>• From safety net to springboard: A new approach to care and support for all based on equality and human rights, Equality &amp; Human Rights Commission</li> <li>• The Human Rights Act: Changing Lives</li> <li>• Welsh Government: Standards for Improving the Health and Well-Being of Homeless People and Specific Vulnerable Groups</li> </ul>



			<p>The Living Heathier Staying Well strategy confirms that amongst our principles, in everything we do:</p> <ul style="list-style-type: none"><li>✓ we promote equality and human rights.</li></ul> <p>The document confirms that human rights represent all the things that are essential to us as human beings, such as being able to choose how to live our life and being treated with respect and dignity. As the Three Year Plan is the implementation of the first three years of the strategy, this principle will be woven throughout all plans.</p> <p>The Plan has been developed in line with local and national policy. It aims to actively eliminate inequalities where they may exist and improve access to high quality, safe and sustainable healthcare. The Three Year Plan recognises that we must deliver services for the health economy of North Wales, to meet the population needs of North Wales safely, whilst ensuring that appropriate, sustainable community services are delivered within locality / county areas.</p> <p>The plan acknowledges the growing prevalence in the population of people with cognitive impairment / dementia (and also learning disabilities where care for premature babies and life expectancy for adults with LD is increasing), who are at the greatest risk of having their human rights breached. On-going training and awareness raising amongst all staff groups through our mandatory Equality and Human Rights training is key to mitigating this risk.</p>
--	--	--	--

Guidance on completing Form 2: For each of the characteristics listed, and considering the aims and objectives you detailed in Q2 on Form 1, you need to consider whether your document or proposal likely to affect people differently, and if so, will this be in a positive or negative way? For example, you need to decide:

- will it affect men and women differently?
- will it affect disabled and non-disabled people differently?
- will it affect people in different age groups differently? - and so on covering all the protected characteristics.

Use the table below to indicate the scale of any impact identified. The factors used to determine an overall assessment for each characteristic should include consideration of scale and proportionality as well as potential impact.

**Table A**

High negative	Note: It is important to understand that we will be required to demonstrate what we have considered and/or done in order to mitigate or eliminate any negative impact on protected groups identified within the assessment. Details should be recorded in sections 3a/3b in the Action Plan in Form 4.
Medium negative	
Low negative	
Neutral	
Low positive	
Medium positive	
High positive	
No impact/Not applicable	

### Form 3: Assessing Impact Against the General Equality Duty

<p>As a public sector organisation, we are bound by the three elements of the “General Duty”. This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:-</p> <ul style="list-style-type: none"> <li>• Eliminate unlawful discrimination, harassment and victimisation;</li> <li>• Advance equality of opportunity; and</li> <li>• Foster good relations between different groups</li> </ul>	
<p>1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, harass or victimise</p>	<p>The outcomes focussed approach used within the Three Year Plan and the emphasis on equality and human rights mitigates against any potential unlawful discrimination, harassment or victimisation.</p> <p>We have given consideration to the following which have the potential for low negative impacts:</p> <ul style="list-style-type: none"> <li>• The balance of respect of the Human Right to life and the availability and choice in relation to where and when that care is delivered. In considering these, the protection of health has been viewed as the paramount consideration</li> <li>• Accessibility will be a key consideration in determining the impact of the operational plan.</li> <li>• Public transport, the availability of alternative services and the local demographic in terms of car ownership need to be assessed as part of each scheme.</li> </ul>
<p>2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)</p>	<p>Training and awareness raising amongst all staff groups through our mandatory Equality and Human Rights training is key to advancing equality of opportunity. This will be supported by equality impact screening assessments which will be undertaken for detailed projects, building upon the Equality Impact work that has already been undertaken for the plan.</p> <p>There is opportunity to advance equality of opportunity:</p> <ul style="list-style-type: none"> <li>• Through the broader work proposed with communities in relation to the wider determinants of health</li> <li>• Through leadership and establishing culture and behaviour which models good practice.</li> </ul>
<p>3. Describe here how your policy or proposal might be used to foster good relations between different groups (if relevant)</p>	<p>The development of broader partnership working and the strong focus on human rights values, including respecting the individual, may support the development of relationships between different groups.</p>

**Part B:**

**Form 4 (i): Outcome Report**

Organisation:	BETSI CADWALADR UNIVERSITY HEALTH BOARD
---------------	---

1. What is being assessed?	BCU Draft Three Year Plan 2019/22
----------------------------	-----------------------------------

2. Brief Aims and Objectives:	<p>This is the overarching plan describing the key strategic themes for the organisation between 2019/22 and describing the key initiatives for action in 2019/22. The Plan aims to deliver the organisation's well-being objectives:</p> <ul style="list-style-type: none"> <li>• To improve physical, emotional and mental health and well-being for all</li> <li>• To target our resources to those with the greatest needs and reduce inequalities</li> <li>• To support children to have the best start in life</li> <li>• To work in partnership to support people – individuals, families, carers, communities - to achieve their own well-being</li> <li>• To improve the safety and quality of all services</li> <li>• To respect people and their dignity</li> <li>• To listen to people and learn from their experiences</li> </ul> <p>In achieving these objectives we will:</p> <ul style="list-style-type: none"> <li>• Use resources wisely , transforming services through innovation and research</li> <li>• Support, train and develop our staff to excel.</li> </ul>
-------------------------------	---

3a. Could the impact of your decision/policy be discriminatory under equality legislation?	Yes	No ✓
3b. Could any of the protected groups be negatively affected?	Yes	No ✓
3c. Is your decision or policy of high significance – consider the scale and potential impact across including costs/savings, the numbers of people affected and any other factors?	Yes ✓	No

4. Did the assessment of potential impact on Form 2, coupled with your	Yes	No	✓
--	-----	----	---

answers to the 3 questions above indicate that you need to proceed to a Full Impact Assessment?

The Three Year Plan describes the work that BCUHB will undertake over the next three years in broad terms, and supported by specific actions for 2019/20. The Plan has been developed in line with national and local policy. It includes a commitment under strategic equality objective three for all staff at Betsi Cadwaladr University Health Board to undertake training in Equality and Human Rights. It will actively seek to eliminate inequalities where they may exist and improve access to high quality, safe and sustainable health care services in an economic climate where we have to contain costs and provide more efficient levels of service. The principles of equality and human rights are built into our decision making process.

The plan highlights our public sector equality duties set out in the Equality Act 2010 to ensure that equality and human rights are properly considered and influence decision-making at all levels from service and divisional level plans through to organisational level service transformation plans. The operational plan recognises our duty in relation to the appropriate and sensitive engagement with those communities described as seldom heard, vulnerable and disadvantaged groups who often have the greatest healthcare needs yet face additional barriers to accessing services and making their views understood.

Listening to the views of these communities through our planning and engagement work is emphasised within the plan to provide us with insight about their needs and how to meet them. It will also empower them to make their views about service provision known.

The Plan describes a range of actions and programmes which are transformational in nature. The Board has considered that these initiatives should not be assessed collectively, but each initiative will require Equality Impact Assessment Screening to determine whether full Equality Impact Assessment is required. This approach ensures that the organisation has a comprehensive and detailed approach to assessing the impact of its plan against its Equality Duty.

We will ensure the necessary scrutiny and monitoring arrangements are in place.

5. If you answered 'no' above, are there any issues to be addressed e.g. mitigating any identified minor negative impact?

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Not applicable <input type="checkbox"/>
------------------------------	--	---

No further mitigating actions identified other than those above.

6. Are monitoring arrangements in place so that you can measure what actually happens after you implement your document or proposal?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
---	-----------------------------

How is it being monitored? The Board and its Sub-Committees will be responsible for providing the necessary scrutiny through regular quarterly updates on the operational plan.

Who is responsible? Mark Wilkinson, Executive Director of Planning and Performance, has overall responsibility for the Strategy and Three Year Plan with delivery linked to respective Executive Directors.

	What information is being used?	Sub-committee information related to Quality, Performance and Delivery, Finance and Public Engagement.
	When will the EqIA be reviewed? (Usually the same date the policy is reviewed)	The EqIA will be subject to ongoing review and further supporting EqIA work as detailed proposals are developed for the priority areas. The overall EqIA will be reviewed at the end of 2019/20 in preparation for the next year of the implementation plans.

7. Where will your decision or policy be forwarded for approval?	SPPH Committee and BCU Health Board
--	-------------------------------------

8. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	<p>Regular updates have been given to the Board's statutory advisory forums:</p> <ul style="list-style-type: none"> <li>• Stakeholder Reference Group</li> <li>• Healthcare Professionals Forum</li> <li>• Local Partnership Forum</li> </ul> <p>Progress reports have been given to the Strategy and Planning Equality Scrutiny Group and Stakeholder Forum.</p> <p>A series of workshops have been held within the organisation from October through to December 2018 to help shape the priorities for action within their plans.</p>
--	---

	Name	Title/Role
9. Name/role of person responsible for this Impact Assessment	John Darlington	Assistant Director of Corporate Planning
10. Name/role of person approving this Impact Assessment	Mark Wilkinson	Executive Director of Planning and Performance

**Please Note: The Action Plan below forms an integral part of this Outcome Report**

**Form 4 (ii): Action Plan**

This template details any actions that are planned following the completion of EqIA including those aimed at reducing or eliminating the effects of potential or actual negative impact identified.

	Proposed Actions	Who is responsible for this action?	When will this be done by?
1. If the assessment indicates significant potential negative impact such that you cannot proceed, please give reasons and any alternative action(s) agreed:	Not applicable		
2. What changes are you proposing to make (or have already made) to your document or proposal as a result of the EqIA?	Due to the transformational nature of the initiatives planned, initiatives will not be assessed collectively, but each initiative will require Equality Impact Assessment Screening to determine whether full Equality Impact Assessment is required.	Individual project leads will undertake this action.	In line with project milestones
3a. Where negative impact(s) on certain groups have been identified, what actions are you taking or are proposed to mitigate these impacts? Are these already in place?	By screening individual initiatives, detailed analysis of the potential impacts will be undertaken in relation to specific plans. Mitigating actions will be considered as part of this.	Individual project leads will undertake this action.	In line with project milestones
3b. Where negative impact(s) on certain groups have been identified, and you are proceeding without mitigating them, describe here why you believe this is justified.	Not applicable		
4. Provide details of any actions taken or planned to advance equality of opportunity as a result of this assessment.	It is recommended that the draft plan and EQIA screening are considered by Strategy & Planning Equality Scrutiny Group.		March 2018

**NOTE: If your decision recorded above is that you will need to proceed to a Full Equality Impact Assessment, then you should refer to the Full Impact Assessment Forms (Part C)**

### Members of the Planning and Service Development Group

Job Title	Post holder
Assistant Director, Corporate Planning	John Darlington
Corporate Planning Manager	Bethan Venning
Finance Director, Commissioning and Strategy (Vice Chair) and Head of Financial Strategy & Planning	Rob Nolan
Informatics Lead	Tracy Williams
Assistant Director, Strategic and Business Analysis	Ian Howard
Capital & Systems Planning Manager	Lisa Hughes
Director of Performance and Head of Capacity and Performance Management	Jill Newman
Public Health Wales Lead	Jo Charles
Assistant Director, Workforce and Head of Workforce	Lesley Hall and Georgina Roberts
Area Divisional Planning Links	Wyn Thomas (West) Emma Lea (Central) Amanda Lonsdale (East)
Secondary Care Planning Link	Joanna Elis-Williams
Mental Health Planning Link	Keeley Twigg
Estates and Facilities Planning Link	Rod Taylor
Transformation Group Programme Leads	Neil Windsor Lowri Roberts-Williams (Children's and Community) Stephen Jones (Primary Care) Meinir Williams (Unscheduled Care) Steven Vaughan (Planned Care) Gwyneth Page (Improving Health)
Strategy Links	Kamala Williams Sally Baxter Jane Trowman

**Note:** For detailed guidance on the completion of these forms, please refer to Chapter 3 of the Toolkit that is available on the Equality pages of the BCUHB Intranet site.



**This page is intentionally blank**