

## Equality Impact Assessment (EIA) Template – Part 1

<b>Policy title and purpose (brief outline):</b>	A Healthier Wales our Plan for Health and Social Care
<b>Name of official:</b>	Jon Roche
<b>Department:</b>	Health and Social Services
<b>Date:</b>	April 2018
<b>Signature:</b>	

**1. Please provide a brief description of the policy/decision.**

**For example what is the overall objective of the policy/decision, what are the stated aims (including who the intended beneficiaries are), a broad description of how this will be achieved, what the measure of success will be, and the time frame for achieving this?**

At its most strategic level, the aim of *A Healthier Wales* is to ensure the sustainability of health and social care services in Wales into the future. The plan sets out the actions that will be taken by the Welsh Government, including in response to the Parliamentary Review of Health and Social Care in Wales, to support the Welsh NHS, local authorities, the voluntary and independent care sectors and wider public services make the transformation required across Wales to ensure we have sustainable, value-based, high quality health and care services that meet the needs of our citizens now and in the future.

One of the four key themes in ‘Prosperity for All’ is ‘Healthy and Active’, with Welsh Government’s stated aim being to improve health and wellbeing for the citizens of Wales. Our health and social care services are critical to delivering this overarching objective, and *A Healthier Wales* sets out the ways in which we expect them to support it, both through the provision of effective and sustainable health and care services, and by requiring them to place greater emphasis on prevention and early intervention with the aim of promoting healthy lifestyles and reducing health inequalities<sup>1</sup>.

In addition, all of the ambitions and actions in *A Healthier Wales* are informed by, and reflect, the Well-being of Future Generations Act’s five ways of working, and the principles of the Social Services and Well-being Act: it emphasises the importance of planning and delivering services co-productively *with* rather than *to* individuals by taking a ‘person-centred’ approach and delivering these in community settings wherever possible.

The objectives of *A Healthier Wales* are wide-ranging and cut across a number of sectors: it is intended to drive service transformation over the next decade, with regular checkpoints at which progress will be reviewed

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<sup>1</sup> [http://www.who.int/social\\_determinants/thecommission/finalreport/key\\_concepts/en/](http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/)

and published.

**2. We have a legal duty to engage with people with protected characteristics under the Equality Act 2010 (please refer to Annex A of the EIA guidance) identified as being relevant to the policy. What steps have you taken to engage with stakeholders, both internally and externally?**

Before describing the stakeholder activity undertaken in developing *A Healthier Wales*, it should be recognised that the fundamental purpose of the Plan is to support the physical and mental wellbeing of every citizen of Wales by ensuring that high quality, effective and accessible health and care services, including preventative healthcare approaches, continue to be available, free at the point of use, to all. Therefore, in the broadest sense, every Welsh citizen is a stakeholder because every one of us will make use of NHS and/or social care services at certain points in our lives, typically when we are at our most vulnerable (during maternity and at the beginning of life, childhood, older age, or when we experience acute or chronic health problems) and as such we all have a vested interest in a plan which seeks to ensure that these services remain sustainable into the future, irrespective of whether we currently possess a protected characteristic.

More specifically, over recent years a large number of voluntary sector organisations have emerged to support and represent the interests of people affected by particular health conditions, such as the Wales Council for the Blind, the Downs Syndrome Association for Wales, the MS Society Cymru (there are currently over 100 such organisations in Wales). In addition there are a smaller number of larger organisations which act as membership or ‘umbrella’ groups coordinating activity strategically across smaller organisations and acting as policy influencers more broadly on behalf of people with disabilities or other protected characteristics (e.g. Disability Wales, Diverse Cymru, Age UK Cymru). Over time a number of statutory bodies have also been created to champion the rights of service users in general or particular demographic cohorts, for example Community Health Councils, the Public Services Ombudsman, the Children’s Commissioner and Older People’s Commissioner for Wales.

In relation to the nine protected characteristics, there are four which by their nature are of particular relevance in relation to *A Healthier Wales*: Age, Disability, Gender Reassignment, and Pregnancy and Maternity.

Individuals with any of these characteristics are likely to have contact with health or social care services as a result of their protected characteristic. Because of this, Welsh Government has developed a range of strategies and guidance documents, some cross-cutting and others specifically related to the provision of healthcare, to ensure that service providers deliver appropriate support to people with these characteristics (e.g. the *Wales Transgender Action Plan*, the *Strategic Vision for Maternity Services*).

There are also several Welsh Government healthcare policies which relate to the protected characteristic of Race including *Travelling to Better Health - advice and guidance on culture and health needs for practitioners working with Gypsies and Travellers*, and *Raising the Standard - the Race Equality Action Plan for Adult Mental Health Services in Wales*.

Beyond the protected characteristics, there are also over 30 Welsh Government strategy and policy documents which set out requirements or expectations in relation to particular health conditions or services (e.g. the *Autism Strategy*, the *End of Life Care Delivery Plan*).

All of these strategies and guidance documents were developed with a high degree of input from the service user and carer community, and Welsh Government ensures ongoing engagement and monitoring of progress through a series of groups and networks which meet regularly to bring together Welsh Government Ministers and officials, representatives of health and social care service providers, professional and regulatory bodies and third sector organisations including service user groups (e.g. the *National Mental Health Partnership Board*, the *Taking Social Care Forward Partnership Board*).

The arrangements described above are of relevance in relation to *A Healthier Wales* because the plan will not bring to end or replace any current Welsh Government healthcare strategies or guidance relating to individuals with protected characteristics. Rather, the plan will set out the overarching strategic direction and organisational framework within which these policies and stakeholder relationships will continue to drive service delivery at an operational level.

As far as engagement with stakeholders directly in relation to the development of *A Healthier Wales* is concerned, firstly it is worth noting that the plan builds on the work carried out by the Parliamentary Review of Health and Social Care in Wales during 2017-18. That review undertook extensive face to face engagement activity across Wales and

considered over 100 submissions of evidence, oral and written, from a wide range of stakeholders, including a large number of those organisations and bodies referenced above which represent the interests of individuals with protected characteristics. All of the evidence gathered through this process, its analysis by the panel, and the recommendations it informed in the two Parliamentary Review Reports, were the starting point for the development of *A Healthier Wales*.

For the full list of methods of engagement and organisations consulted see Annex A of the [Parliamentary Review](#).

Given the comprehensive engagement undertaken by the Parliamentary Review, Welsh Government has not undertaken a formal public consultation exercise in developing *A Healthier Wales*. Instead, a wide-ranging round of informal engagement has been undertaken, including with service user and carer organisations, service providers and statutory bodies. Input from stakeholders has directly influenced many of the areas included in the plan, such as the emphasis on co-production and person-centred services, and several of the most substantive actions (e.g. the development of new locality-based models of care) will be taken forward with direct participation from service user and carer organisations at an operational level.

A full list of those organisations engaged with is at Annex A.

**3. Your decisions must be based on robust evidence. What evidence base have you used? Please list the source of this evidence e.g. National Survey for Wales. Do you consider the evidence to be strong, satisfactory or weak and are there any gaps in evidence?**

As mentioned above, in producing *A Healthier Wales* Welsh Government has given careful consideration to the comprehensive work undertaken by the Parliamentary Review. The panel members themselves were independent experts in their respective fields who gathered and analysed a wide range of written and oral evidence from stakeholders across Wales during their work. In addition, the panel considered international research and practice to identify examples of effective approaches elsewhere with the potential for adoption in Wales. The conclusions and recommendations in the interim and final reports of the Parliamentary Review were based on this evidence and expertise, and this work has been key in identifying the areas for action contained in *A Healthier Wales*.

In addition, the issues which *A Healthier Wales* seeks to address (e.g. service capacity and sustainability, a greater emphasis on preventative healthcare approaches, etc.) have been identified as priorities through ongoing evaluation of the wealth of data routinely captured through Welsh Government's ongoing performance monitoring and quality assurance of health and social care services in Wales over time. Research undertaken by the Public Health Wales Observatory in relation to population health, and the wider societal and economic evidence which informs the Welsh Index of Multiple Deprivation has also provided reliable population-level intelligence.

Recent independent analysis of health and care services in Wales by national and international bodies including the Bevan Commission, the Nuffield Trust, Wales Public Services 2025, the OECD, the Wales Audit Office, the Wales Institute of Health and Social Care, and the Health Foundation have also been interrogated to identify and examine the key issues and areas for action.

To ensure the assumptions and proposals included in the plan are sound and realistic, Health and Care Research Wales have been involved in its development, as have the Chief Medical Officer and clinical and professional leads within Welsh Government, and senior NHS and social services leads externally.

The Welsh Government's Health Strategy Team considers the range of evidence it has used in developing *A Healthier Wales* to be comprehensive, relevant and robust.

***It is important to note any opportunities you have identified that could advance or promote equality.***

Before addressing each of the protected characteristics listed below, it should be noted that Local Health Boards and local authorities in Wales are subject to the Public Sector Equality Duty. Equality, diversity and human rights are also embedded in practice through the *Values and Standards of Behaviour Framework*, Standard 2 of the *Healthcare Standards for Wales* and the *Governance Framework*, and each organisation has their own Equality Diversity and Human Rights Policy, a person or team dedicated to lead on equality, diversity and human rights who meet collectively under the auspices of the Equality Leadership Group, and each publishes regular Diversity Annual Reports.

In addition, healthcare service providers are required to undertake Equality Impact Assessments of their own in relation to any planned

service changes in their area, and are supported in doing so by the NHS Wales EIA Practice Hub and the NHS Wales Centre for Equality and Human Rights.

## **Impact**

**Please complete the next section to show how this policy / decision / practice could have an impact (positive or negative) on the protected groups under the Equality Act 2010 (refer to the EIA guidance document for more information).**

**Lack of evidence is not a reason for *not* progressing to carrying out an EIA. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps.**

### **4.1 Do you think this policy / decision / practice will have a positive or negative impact on people because of their age?**

<b>Age</b>	<b>Positive</b>	<b>Negative</b>	<b>None / Negligible</b>	<b>Reasons for your decision (including evidence) / How might it impact?</b>
Younger people  <i>(Children and young people, up to 18)</i>			x	<p><i>A Healthier Wales</i> sets out the steps required to ensure health and care services in Wales are sustainable into the future. In the broadest sense, younger people will benefit (as will citizens of all other ages) from safe and effective health and care services – the provision of which is the plan's overarching objective.</p> <p>More specifically, under the Social Services and Wellbeing Act, all health and social</p>

services providers are required to undertake population assessments and publish Area Plans setting out how they meet the needs of particular priority groups – one of which is children and young people.

Health Boards and local authorities are reminded of their duties in relation to children and young people in the *Social Services and Well-being Act Part 9 Statutory Guidance* and the *NHS Wales Planning Framework*. The framework includes a number of specific requirements relating to children and young people, including around the delivery of mental health services to children in their area, support for children with SEN, or compliance with safeguarding requirements, and service providers are expected to evidence their compliance in their *Integrated Medium Term Plans (IMTPs)* which are subject to Welsh

				<p>Government approval.</p> <p>The planning framework is in turn underpinned by a range of Welsh Government strategies and guidance documents relating to healthcare for children and young people, such as <i>Together for Children and Young People</i> and the <i>Healthy Child Wales Programme</i>.</p> <p>None of the duties or expectations included in these guidance documents, or the accountability arrangements embedded in the IMTP or Area Planning process through which healthcare providers demonstrate their compliance with them, will be affected by anything in <i>A Healthier Wales</i>.</p>
People 18-50			x	<p>Working age adults stand to benefit from improved health outcomes as a result of sustainable, effective, joined-up, community based health and care services as envisaged in <i>A Healthier Wales</i>.</p> <p>Additionally, as</p>

				mentioned above, service providers will be expected to place more emphasis on preventative approaches to maintaining health and wellbeing: this too will have benefits for working age adults (along with all other cohorts of the population).
Older people (50+)		x		<p>As a population group, older people potentially stand to gain from the concerted shift to community based, person-centred care, which is a core aim of <i>A Healthier Wales</i>'s focus on new models of care, for the following reasons:</p> <p>Wales has the largest and fastest growing proportion of older people in the UK, and over recent years, hospitals have faced an increasing number of frail older inpatients admitted as emergencies with acute problems but with underlying multiple chronic conditions. However, hospital stays are not optimal for frail older people and can cause harm.</p>

Social care is very important to support vulnerable individuals, particularly in old age, to live independently in their own homes or with their families for as long as possible. Social care services are under substantial pressure at present, because of a large demand for local authority-funded care, a squeeze on funding, and a shortfall in staff.

*A Healthier Wales* seeks to address these issues through the development and rollout of new models of care. Services will, wherever possible, be provided at home or in the community in the first instance, with hospital services focussed on assessment and treatment that only a hospital facility can provide.

More specifically, as referenced above in relation to younger people, under the Social Services and Well-being Act all health and social services providers are required to undertake population assessments and

publish area plans setting out how they meet the needs of particular priority groups: older people are identified in the Act as a priority group.

The *NHS Planning Guidance* also references the numerous duties and requirements placed on healthcare providers through a range of Welsh Government strategies and guidance, including the *Strategy for Older People in Wales*, the *Dementia Action Plan*, and *Integrated Assessment, Planning and Review Arrangements for Older People*.

As with services for children and young people, Local Health Boards demonstrate their compliance with these requirements in their Integrated Medium Term Plans which are subject to Welsh Government approval.

None of these requirements will be negatively impacted by anything contained in *A Healthier Wales*,

				which will confirm the Welsh Government's commitment to the current IMTP and area planning arrangements.
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#### **4.2 Because they are disabled?**

Rather than addressing each of the specific categories of disability listed in section 4.2 below, this free text sets out how *A Healthier Wales* will have a positive impact for individuals with a disability.

The provision of health and social care services to individuals with a disability are core functions of the NHS and local authorities in Wales. The services they deliver are provided in accordance with a wide range of Welsh legislative and statutory requirements – none of which will be impacted negatively by *A Healthier Wales*. On the contrary, the fundamental aim of *A Healthier Wales* is to secure the provision of services into the future and ensure their quality and value continuously improves over time.

As well as overarching legislation such as the NHS Wales Act, the Mental Health Measure, the Social Services and Wellbeing Act, the Nurse Staffing Levels Act, and the Public Health Act, health and social care service providers in Wales are also required to adhere to a wide range of Welsh Government policies set out in a number of strategies and guidance documents relating to particular health conditions or disabilities. These include:

*Sixteen National Delivery Plans* for health conditions including cancer, diabetes and stroke;

*The Integrated Framework of Care and Support for People who are Deaf or Living with Hearing Loss*

*Together for Mental Health*;

*The Learning Disability Strategy*;

*The Autism Strategy*.

In relation to individuals with protected characteristics, healthcare service providers are supported by the NHS Centre for Equality and Human Rights, which provides guidance and advice regarding both wider public sector equality duties and specific requirements relating to

particular protected characteristics (e.g. the Centre's *All Wales Standards for Accessible Communication and Information for People with Sensory Loss* and *Treat Me Fairly* learning resources).

None of these policies or arrangements will be negatively impacted by anything included in *A Healthier Wales*. Rather, the plan will restate Welsh Government's continued commitment to the IMTP and Area Planning processes, which will in turn ensure that health boards and local authorities continue to demonstrate their adherence to these requirements through wider planning and accountability arrangements.

<b>Impairment</b>	<b>Positive</b>	<b>Negative</b>	<b>None / Negligible</b>	<b>Reason for your decision (including evidence) / How might it impact?</b>
Visual impairment			x	
Hearing impairment			x	
Physically disabled			x	
Learning disability			x	
Mental health problem			x	
Other impairments issues			x	

#### 4.3 Because of their gender (man or woman)?

<b>Gender</b>	<b>Positive</b>	<b>Negative</b>	<b>None / Negligible</b>	<b>Reason for your decision (including evidence)/ How might it impact?</b>
Male			x	Nothing in <i>A Healthier Wales</i> will impact on any

				<p>individual either positively or negatively because of their gender as it will not affect any of the existing public sector equality duties Welsh NHS and social care providers are currently required to adhere to in relation to gender.</p> <p>In many instances health and care providers deliver essentially the same services to individuals of both genders, but in a gender sensitive/appropriate way (i.e. domiciliary care). However, many of the services provided by the NHS in particular relate to conditions that affect only males or females, or one gender predominantly (e.g. gynaecological conditions, certain types of cancers).</p> <p>Health Boards and local authorities rely on a range of intelligence to identify the composition of the populations they serve in planning and delivering an appropriate range of services, with population assessments and area plans now being produced jointly in accordance with the requirements of the Social Care and Well-</p>
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				being Act.  A <i>Healthier Wales</i> will reemphasise the Welsh Government's commitment to these arrangements as the mechanism by which seamless health and care services with a greater emphasis on preventative healthcare approaches, will be delivered moving forwards.
Female			X	As above.

<b>4.4 Because they are transgender</b>	<b>Positive</b>	<b>Negative</b>	<b>None / Negligible</b>	<b>Reason for your decision (including evidence) / How might it impact?</b>
			X	Healthcare services for transgender individuals are provided in accordance with a number of Welsh Government policy documents and specialised services commissioning policies, including in relation to hormone therapy prescribing, and gender identity services. Service providers are supported by the NHS Centre for Equality and Human

				<p>Rights which has produced the best practice guidance document <i>Its Just Good Care</i>.</p> <p>None of the policies or arrangements currently in place will be negatively impacted by anything included in <i>A Healthier Wales</i>.</p>
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#### 4.5 Because of their marriage or civil partnership?

Marriage and Civil Partnership	Positive	Negative	None / Negligible	Reason for your decision (including evidence)/ How might it impact?
Marriage			X	Nothing in <i>A Healthier Wales</i> will impact on any individual either positively or negatively because of their marital status as it will not affect any of the existing public sector equality requirements Welsh NHS and social care providers are currently required to adhere to in relation to marital status.
Civil Partnership			X	As above.

#### 4.6 Because of their pregnancy or maternity?

<b>Pregnancy and Maternity</b>	<b>Positive</b>	<b>Negative</b>	<b>None / Negligible</b>	<b>Reason for your decision (including evidence) / How might it impact?</b>
Pregnancy			X	<p>In their role as employers, healthcare providers' responsibilities in relation to their employees during pregnancy and maternity will not be affected by anything in <i>A Healthier Wales</i>.</p> <p>As far as service provision is concerned, the NHS and local authorities in Wales will continue to provide a range of health and care services to expectant and new parents in accordance with statutory duties and non-statutory guidance, including the <i>Strategic Vision for Maternity Services in Wales</i>, <i>Welsh Government Screening and Immunisation Policy</i>, and the <i>Healthy Child Wales Programme</i>, none of which will be adversely impacted by anything in <i>A Healthier Wales</i>.</p>
Maternity			X	As above.

(the period after birth)				
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#### 4.7 Because of their race?

Race	Positive	Negative	None / Negligible	Reason for your decision (including evidence) / How might it impact?
Ethnic minority people e.g. Asian, Black,			x	<p>At a strategic level healthcare providers are bound by their overarching public sector equality duties, which will not be affected by <i>A Healthier Wales</i>.</p> <p>At an operational level, as mentioned above in relation to gender, LHBs and local authorities undertake population assessments to identify local healthcare needs and provide the services required to meet these. Ethnicity is a relevant factor because certain BME groups have higher rates of some health conditions (e.g. South Asian and Caribbean-descended populations have a substantially higher risk of diabetes; Bangladeshi-</p>

descended populations are more likely to smoke, and sickle cell anaemia mainly affects people of African or Caribbean origin).

The Public Health Wales Observatory also provides resources to support providers in this analysis, including *Ethnicity and Health in Wales*.

At a service delivery level, a number of policy documents set out Welsh Government's expectations in relation to the provision of services for individuals from BME groups, e.g. *Raising the Standard* which aims to promote race equality in the design and delivery of mental health services in order to reduce the health inequalities experienced by some ethnic groups.

None of the arrangements currently in place to support BME individuals will be affected by anything contained in A

				<i>Healthier Wales.</i>
National Origin (e.g. Welsh, English)				<p>Any person who is usually resident in Wales is entitled to care and support from health and social care providers in Wales, irrespective of their national origin.</p> <p>This entitlement will not be affected by anything in <i>A Healthier Wales.</i></p>
Asylum Seeker and Refugees				<p>Service providers are expected to adhere to the Welsh Government's <i>Policy Guidance on the Provision of Healthcare Services for Asylum Seekers and Refugees.</i></p> <p>This guidance will not be affected by anything in <i>A Healthier Wales.</i></p>
Gypsies and Travellers				<p>Service providers are expected to adhere to the Welsh Government's policy guidance on the provision of healthcare to gypsies and travellers, <i>Travelling to Better Health.</i></p> <p>This guidance will not be affected by anything in <i>A</i></p>

				<i>Healthier Wales.</i>
Migrants				<p>Any person who is usually resident in Wales is entitled to care and support from health and social care providers in Wales.</p> <p>This entitlement will not be affected by anything in <i>A Healthier Wales.</i></p>
Others				

#### 4.8 Because of their religion and belief or non-belief?

<b>Religion and belief or non – belief</b>	<b>Positive</b>	<b>Negative</b>	<b>None / Negligible</b>	<b>Reason for your decision (including evidence)/ How might it impact?</b>
Different religious groups including Muslims, Jews, Christians, Sikhs, Buddhists, Hindus, Others (please specify)			x	<p>There are no specific Welsh Government policies relating to the provision of healthcare services to individuals of particular religions. However, at a strategic level, healthcare providers are bound by their overarching public sector equality duties, which will not be affected by <i>A Healthier Wales.</i></p>
Belief e.g.				As above.

Humanists				
Non-belief				As above.

#### 4.9 Because of their sexual orientation?

Sexual Orientation	Positive	Negative	None / Negligible	Reason for your decision (including evidence)/ How might it impact?
Gay men			x	Nothing in <i>A Healthier Wales</i> will impact on any individual either positively or negatively because of their sexual orientation, as it will not affect any existing public sector equality requirements Welsh NHS and social care providers are currently required to adhere to in relation to marital status.
Lesbians			x	As above
Bi-sexual			x	As above

#### 4.10 Do you think that this policy will have a positive or negative impact on people's human rights? Please refer to point 1.4 of the EIA Annex A - Guidance for further information about Human Rights.

Human	Positive	Negative	None /	Reason for your decision (including
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Rights			Negligible	evidence) / How might it impact?
Human Rights including Human Rights Act and UN Conventions			x	

***If you have identified any impacts (other than negligible ones), positive or negative, on any group with protected characteristics, please complete Part 2.***

***Only if there are no or negligible positive or negative impacts should you go straight to part 2 and sign off the EIA.***

## **Equality Impact Assessment – Part 2**

**1. Building on the evidence you gathered and considered in Part 1, please consider the following:**

**1.1 How could, or does, the policy help advance / promote equality of opportunity?**

For example, positive measures designed to address disadvantage and reach different communities or protected groups?

**1.2 How could / does the policy / decision help to eliminate unlawful discrimination, harassment or victimisation?**

**1.3 How could/does the policy impact on advancing / promoting good relations and wider community cohesion?**

## **2. Strengthening the policy**

**2.1 If the policy is likely to have a negative effect ('adverse impact') on any of the protected groups or good relations, what are the reasons for this?**

**What practical changes/actions could help reduce or remove any negative impacts identified in Part 1?**

**2.2 If no action is to be taken to remove or mitigate negative / adverse impact, please justify why.**

**(Please remember that if you have identified unlawful discrimination (immediate or potential) as a result of the policy, the policy must be changed or revised.)**

## **3. Monitoring, evaluating and reviewing**

**How will you monitor the impact and effectiveness of the policy?**

List details of any follow-up work that will be undertaken in relation to the policy (e.g. consultations, specific monitoring etc).

The results of all impact assessments where the impact is significant will be published on the Welsh Government's website.

#### **4. Declaration**

**\*Please delete as appropriate:**

**The policy does not have a significant impact upon equality issues**

**Official completing the EIA**

Name:

Jon Roche

Department:

Health Strategy

Date:

30 April 2018

Signature:



**Head of Division (Sign-off)**

Name:

Ifan Evans

Job title and department:

**Deputy Director, Technology & Innovation**

Date:

Signature:

Review Date: