

Evidencing Due Regard - Equality Impact Assessment form

These assessments will help to gather and record evidence of due regard to the equality duties. The key purpose to purpose is to provide evidence that the Health Board's decisions are compliant with **statutory requirements for the** Public Sector Equality Duty, Socio-economic Duty, Welsh Language Duty, Human Rights Act and Armed Forces Covenant. See the Equality Betsi net pages for support.

Step 1 Complete Part A

Section 1

- General Information
- Which Assessments are Required
- Links to BCUHB Values and Strategic Equality Objectives
- Wellbeing of Future Generations

Section 2 – Evidence to support assessment

- Record of Engagement and Consultation activity
- Additional information

Complete Step 2 and 3 if required.

Format as Arial 12 black font.

Step 2

Complete Part B – Equality Impact Assessment (EqIA)

Section 1 - Equality Impact

Section 2 - Human Rights

Section 3 – Armed Forces Due Regard

Section 4 - Welsh Language

Section 5 - Assurance for Compliance

Section 6 – EQIA Action Plan

Section 7 – Equality Risks

Section 8 – Sign Off

[Guidance]

Step 3

Complete Part C - Socio-economic Impact Assessment (SEIA)

Section 1 - Assessment information

Section 2 - Impacts on Socio-economic Duty Domain Areas

Section 3 – SEIA Action plan

Section 4 – Sign Off

[Guidance]

Part A – Information on assessment work required

Section 1 – General information

Title: Equality, Diversity and Human Rights Policy WP8
Assessment Lead: Jen Dowell-Mulloy
Who has been involved in undertaking this equality assessment: Ceri Harris, Steve Doore and Nick Such

Quick guide on what assessments are required: This section will help guide you to which assessments are required for your proposal.			
Types of decision being assessed:	What is being assessed? please tick the one which applies ✓	EQIA Required [Part B]	SEIA Required [Part C]
Strategic policy development with strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions		✓	✓
Health Board Wide Plans. Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)		✓	✓
Business Case/Capital Involvement/Options Appraisal required		✓	✓
Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)		✓	✓



Changes to and development of public services/Closure of Services		✓	✓
Decisions affecting service users, employees or the wider community including (de)commissioning or revised services		✓	✓
Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities		✓	✓
Directorate Financial Planning		✓	✓
Divisional policies and procedures affecting staff		✓	
New policies, procedures or practices that affect service delivery	✓	✓	
Large Scale Public Events		✓	
Major procurement and commissioning decisions		✓	✓
Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)		✓	✓
Other – please state (seek advice if not sure what assessments are required)			

Equality Impact Assessment	Socio-economic Impact Assessment
Start date: 15/08/2023 Completed date: DD/MM/YY	Start date: DD/MM/YY Completed date: DD/MM/YY
If not undertaking EqIA state reason: (note that EqIA is a requirement of the Health Board to evidence compliance to equality legislation)	If not undertaking SEIA state reason: Decision does not require assessment as not of a strategic nature. The related Strategic Equality Plan will have a SEIA completed.
Please complete the rest of this section if EQIA / SEIA is required.	
Summary of the purpose and aims of the decision / service / policy / function / change being assessed:	

This Policy sets out the approach of Betsi Cadwaladr University Health Board (BCUHB) in meeting its commitment and statutory compliance to Equality and Human Rights legislation.

This policy has been operational since October 2010 and this revised version is due to a review being undertaken on the policy.

The equality and human rights legislation provides a statutory duty for compliance but this policy should also help shape an inclusive culture within the organisation.

This policy should promote inclusive practices across the whole Health Board and improve the quality of services to patients and carers across North Wales. BCUHB is committed to ensuring that it treats patients, carers and employees in line with the FREDA principles - with fairness, respect, equality, dignity and autonomy.


It is the intention of BCUHB that patients, carers employees and those prospective employees are treated fairly with respect. No one should be subject to unlawful discrimination on by reason of any protected characteristic (as defined in the Equality Act 2010) which means:

- Age
- Disability
- Sex
- Gender reassignment,
- Marriage and Civil Partnership
- Pregnancy and maternity
- Race (including ethnicity and nationality)
- Religion or Belief (or non-belief)
- Sexual orientation



Links to BCUHB values

Indicate any values that relate to the decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

				
Put patients first	Work together	Value and respect each other	Learn and innovate	Communicate openly and honestly
✓	✓	✓	✓	✓

Links to BCUHB Equality Objectives 2020-2024

The health board published the Strategic Equality Plan (SEP) in 2020, for the period 2020-2024. Please indicate which objectives align for this decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

Equality Objectives		Tick if decision relates	Any supporting narrative
1	We will prioritise action to help identify and mitigate the impact of poverty for recipients of healthcare at risk of or actually living in low income households in North Wales.	✓	
2	We will prioritise action to reduce health inequalities and increase the accessibility of healthcare for people sharing different protected characteristics in North Wales.	✓	
3	We will prioritise action to respond to key policy and legal developments in healthcare for people sharing different protected characteristics in North Wales.	✓	
4	We will prioritise action to advance gender equality in North Wales.	✓	










5	We will prioritise action to address personal security for people sharing different protected characteristics accessing health services in North Wales.	✓	
6	We will increase engagement with individuals and groups sharing different protected characteristics in North Wales.	✓	
7	We will prioritise action to increase participation for people sharing different protected characteristics in health services across North Wales.	✓	
8	We will prioritise action to develop an inclusive culture where leaders routinely demonstrate their commitment to promoting equality within BCUHB and beyond and enable a fair and inclusive workforce.	✓	
9	We will prioritise action to advance race equality in North Wales.	✓	
10	We will prioritise action to deliver the Public Sector Equality Duty.	✓	

Well-being of Future Generations (WFG)

Indicate any goals of the WFG Act that are being considered within the decision / service / policy / function / change being assessed.
please tick the one which applies ✓



 A Prosperous Wales	 A Resilient Wales	 A More Equal Wales	 A Healthier Wales	 A Wales of Cohesive Communities	 A Wales of Vibrant Culture & Thriving Welsh Language	 A Globally Responsible Wales
		✓	✓	✓	✓	✓

For descriptors of these goals - [Well-being of Future Generations \(Wales\) Act 2015 – The Future Generations Commissioner for Wales](#)

Is the decision / service / policy / function / change being assessed related to, or influenced by, other Policies or areas of work?

- Strategic Equality and Human Rights Plan
- WP7 – EQIA/SEIA procedures
- WP27 Guidelines of the Fair Treatment of Disabled People at Work in BCUHB WP43 Guidelines to Support Transgender Staff in BCUHB WP42 Guidance on Dealing with Hate Incidents and Crimes Against BCUHB Employees WP1 Policy for Safe Recruitment & Selection Practices
- Future of Generations
- People strategy and plan
- Welsh Government Plans – Anti-racist Wales Action Plan and LGBTQ+ Action Plan

Governance Route for this assessment and Executive Sponsor (usually Director level): please state which Committee / Board will scrutinise and approve this assessment:

- Equality and Human Rights Strategic Forum and WOD Policy Group

Section 2 - Evidence to support assessment

a. Record of Engagement and Consultation

The drive towards closer integration of health and social services with improved public engagement is reflected in the aims of [A Healthier Wales](#). This sets out the goal of ensuring citizens are placed at the heart of a whole-system approach to health and social care services and stresses the importance of listening to all voices through continual engagement. We also have a legal duty to engage with people who share protected characteristics and who are socio-economically disadvantaged under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could potentially impact upon people / groups.

Please record here details of any engagement and consultation you have planned / undertaken / or analysed. This may include engagement with patients, carers, communities, stakeholders and staff.

For further information and help, please contact the Corporate Public Engagement Team - BCU.GetInvolved@wales.nhs.uk

<p>a. What steps have you taken, or planned in order to engage and consult with people who share protected characteristics and how have you done this? Include consideration for co-design. Consider internal / external engagement, participatory methods and principles of co-design and co-production:</p> <ul style="list-style-type: none"> Consulting with members of the Equality and Human Rights Equality Stakeholder Group.
<p>b. Give a summary on how the decision / service / policy / function / change will be shared? (E.g. dissemination of new policy)</p> <ul style="list-style-type: none"> Published on Betsi net and promoted by the Equality Team via Betsi net news page and Equality Briefing.
<p>c. Are there planned arrangements for gathering feedback during implementation of the decision / service / policy / function / change being assessed? Please give brief summary:</p> <p>This will be ongoing – a contact address will be included within the policy.</p>
<p>d. Summarise any emerging themes from the engagement work carried out:</p>

- Align to new Socio-economic Duty
- Include glossary
- Role of Corporate Equality Team

e. How has the engagement work influenced / or how will the planned engagement influence your work/guide your policy/proposal? Does the engagement work highlight any opportunities to address adverse impacts?

Policy based on the statutory duties from the Equality Act 2010.

b. Additional information

Evidence to support assessment - your decisions must be based on robust evidence. What evidence base have you used in support?

Policy based on the statutory duties from the Equality Act 2010.

This policy is based on the full range of evidence available on health inequality in North Wales. This evidence base includes but is not restricted to:

- [Locked Out Report Wales](#)
- [Anti-racist Action Plan Wales](#)
- [LGBTQ+ Action Plan Wales](#)
- [Knowing Our Patch BetsiNet data summary](#)
- [Code of Practice for Autism Services](#)
- [North Wales Population Needs Assessment](#)
- [Census 2021 Data](#)
- [BCUHB Staff Equality Data Report](#)
- [Stonewall National LGBT Health in Britain Survey 2018](#)
- [Cemlyn S et al, Inequalities experienced by Gypsy and Traveller communities: A review. Equality and Human Rights Commission. 2009](#)
- [Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics](#) ()
- [Travelling to Better Health](#)
- [All Wales Mental Health and Well-being Group report, Deaf People Wales: Hidden Inequality](#)
- [RNID in Wales Policy and Research](#)

End of Part A

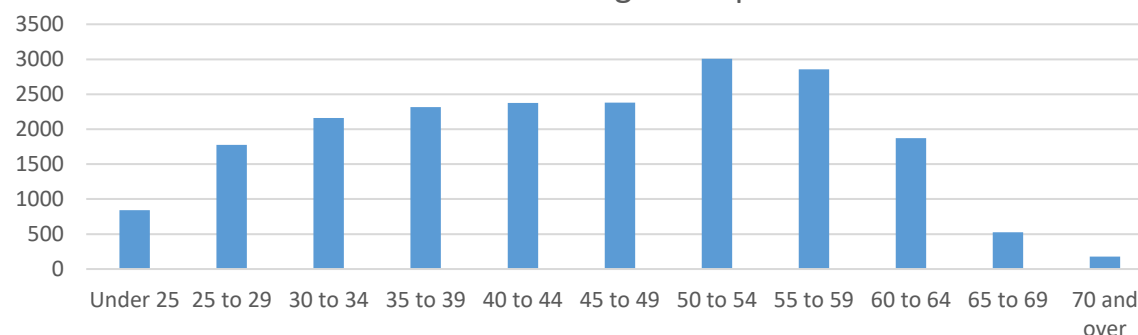
Part B – Equality Impact Assessment with Human Rights

Section 1 - Equality Impact Assessment

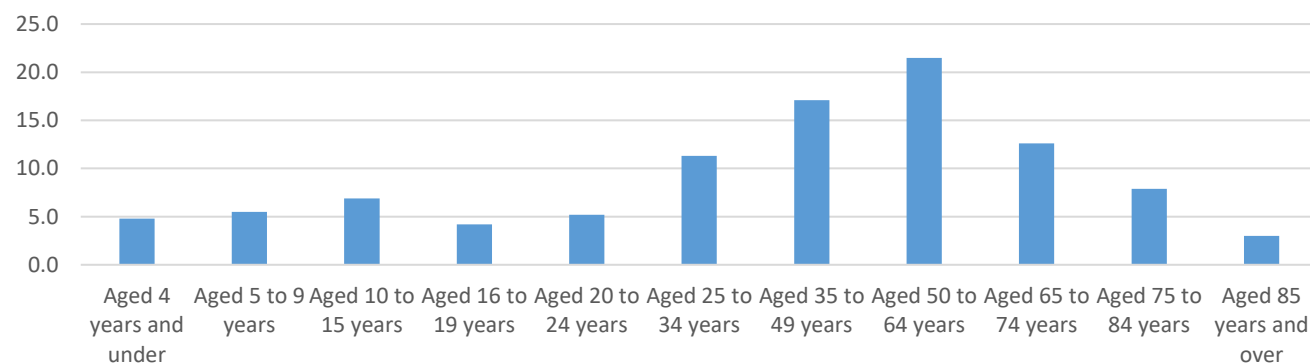
Assessment – due regard relating to people / group who share protected characteristics			
<p>This section should record any known or potential impacts for those who share protected characteristics and other key groups. Impacts may be both negative and positive and the assessment will help to identify how different groups may be disproportionately impacted. Include consideration for any intersectional impacts. Evidence can link to Part A. You can copy and paste this tick: ✓</p>			
Age	Positive effect	Negative effect	Neutral
	X		
<p>Evidence / supporting narrative:</p> <p>The policy aims to promote inclusive practices across the whole Health Board and improve the quality of services to patients and carers across North Wales. BCUHB is committed to ensuring that it treats patients, carers and employees in line with the FREDA principles - with fairness, respect, equality, dignity and autonomy.</p> <p>The policy states that no one should be subject to unlawful discrimination. Age is listed within the policy.</p> <p>Information on age profiles for employees:</p>			



BCUHB Staff All Age Groups



Population across BCUHB area



The policy includes a section around recruitment and employment – to address potential age discrimination.

The policy includes a section around inclusive health care – and supporting procedures around WP7 will aim to support inclusive decision making for all age groups.



Mitigation action if adverse impact found:
N/A

Disability

(including long term conditions, mental health, neurodivergence and invisible impairments)

Positive
effect

Negative effect

Neutral

x

Evidence / supporting narrative:

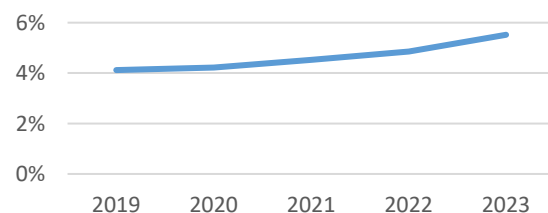
The policy aims to promote inclusive practices across the whole Health Board and improve the quality of services to patients and carers across North Wales. BCUHB is committed to ensuring that it treats patients, carers and employees in line with the FREDA principles - with fairness, respect, equality, dignity and autonomy.

The policy states that no one should be subject to unlawful discrimination. Disability is listed within the policy.

Information on disability and employees:

	Number	Percent
Disabled	1119	5.52%
Not Disabled	16259	80.15%
Not Disclosed	1741	8.58%
Unknown	1167	5.75%
Total	20286	100.00%

Disability Declaration Rate



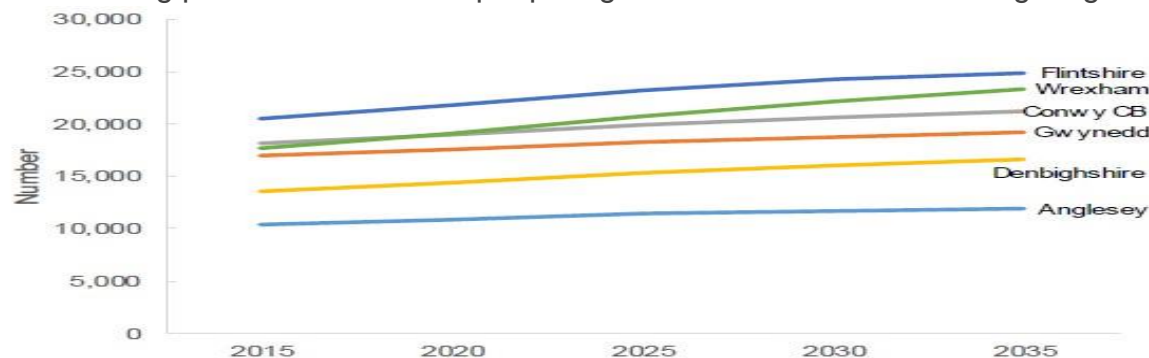
Information on disability and population in North Wales:

In Wales, Census 2021 indicates an increase in the proportion of people who reported very good health (from 45.7% in 2011, to 46.6% in 2021) and good health (from 31.4% in 2011, to 32.5% in 2021), and decreases in the proportion of people who reported bad health (from 6.0% in 2011, to 5.1% in 2021) and very bad health (from 1.9% in 2011, to 1.6% in 2021).

The number of people living with a limiting long-term illness is predicted to increase by nearly 22% of the 20-year period to 2035 as can be seen from the figure below.

Much of the increase will arise from people living to older age.

Chart showing predicted number of people aged 18 and over with a limiting long-term illness, 2014 to 2035¹



Research shows that compared with the general population, people with a learning disability were 3 to 4 times as likely to die from an avoidable medical cause of death. Most of the avoidable deaths in people with a learning disability were because timely and effective treatment was not given. Many people with a learning disability have considerable, and often multiple, physical and mental health conditions. They are at increased risk of developing chronic conditions from both genetic and lifestyle factors.

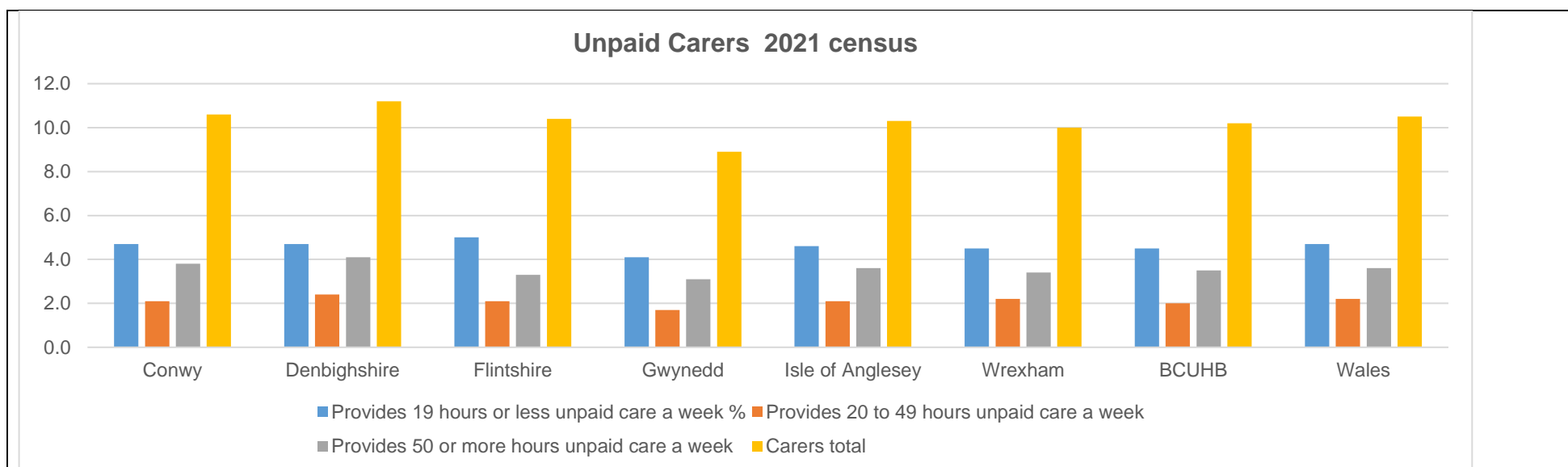
Evidence shows that people living with sensory loss live with health inequality. Findings from the All Wales Mental Health and Well-being Group report, Deaf People Wales: Hidden Inequality, showed that there are around 575,000 deaf and hard of hearing people living in Wales and this includes over 4000 people who use British Sign Language. It showed that deaf people often experience limited

¹ North Wales population assessment 2017

access to healthcare, and any Deaf people are not recorded as being Deaf in their primary care records. A recent study in Wales showed that 80% of participants believe that their hearing loss made it harder for them to use services. We've been gathering the experiences of people with sensory loss in using public services in Wales including housing, social services and GP surgeries. Compared to the UK average in the 2019 Understanding Society Study, people with sight loss reported lower levels of life satisfaction, reported significantly reduced levels of well-being, were twice as likely to experience unhappiness or depression; and were more likely than their sighted peers to say they felt a lack of companionship, felt lonely or felt isolated.

For people living with vision loss there are accessibility barriers due to the physical location of face-to-face health services. Practically, for those who live in rural areas, where transport services are typically infrequent, travelling to and from the location where health services are being provided can be challenging. Whilst the physical barriers can be somewhat addressed using technology, this can create new barriers for those who are digitally excluded.

There are accessibility barriers when information and guidance is not made available in accessible formats.



The policy includes a section around recruitment and employment – to address potential disability discrimination. Information on our commitment as a disability confident employer has been included and the Social Model of Disability has been adopted.

The policy includes a section around inclusive health care – and supporting procedures around WP7 will aim to support inclusive decision making for disabled people.

Mitigation action if adverse impact found:

The policy will add an intention around equality monitoring. It adds information around neurodiversity and includes more information of reasonable adjustments. It makes our commitment to the social model of disability explicit and adds information on carers legislation.

Sexual Orientation

Positive effect

Negative effect

Neutral

x

Evidence / supporting narrative:

The policy aims to promote inclusive practices across the whole Health Board and improve the quality of services to patients and carers across North Wales. BCUHB is committed to ensuring that it treats patients, carers and employees in line with the FREDA principles - with fairness, respect, equality, dignity and autonomy.

The policy states that no one should be subject to unlawful discrimination. Sexual Orientation is listed within the policy.

Information on employees:

	Number	Percent
Heterosexual	16628	81.97%
Gay	147	0.72%
Lesbian	136	0.67%
Bisexual	168	0.83%
Not Disclosed	1970	9.71%
Unknown	1237	6.10%
Total	20286	100.00%

Information on population in North Wales:



Sexual orientation	North Wales		Wales	
	number	%	number	%
Straight or Heterosexual	507,770	89.4	2,288,630	89.4
Gay or Lesbian	7,282	1.3	38,101	1.5
Bisexual	5,725	1.0	31,814	1.2
Pansexual	836	0.1	4,534	0.2
Asexual	269	0.0	1,558	0.1
Queer	88	0.0	583	0.0
All other sexual orientations	59	0.0	273	0.0
Not answered	46,213	8.1	193,921	7.6

Stonewall estimate that the real figure of LGB people is between 5-7%. This would mean that approximately, 35,000 to 49,000 in North Wales are LGB.

National LGBT Survey 2018 found:

- 56% are not out at work
- 24% are not out to anyone in their family
- 24% accessed mental health services in last 12 months
- 40% have experienced a hate incident in last 12 months
- 29% have experience a hate incident from someone they live with
- 2% have undergone 'conversation therapy' (5% have been offered)
- 25% of trans people have experienced DVA in the last year

In February 2022, Welsh Government published the LGBTQ+ Action Plan for Wales - Together in Pride – making Wales the most LGBTQ+ friendly nation in Europe². This outlines actions to achieve the vision of the plan to improve health outcomes for LGBTQ+ people. The key evidence within the plan highlights:

- LGBTQ+ people feel that they may face unequal treatment and discrimination. This includes witnessed discriminatory or negative remarks against LGBTQ+ people by healthcare staff.
- LGBTQ+ people do not disclose their gender or sexual orientation to healthcare services. Specific needs were disregarded when using or attempting to use healthcare services.
- LGB people were more likely to be current smokers compared to heterosexual adults (27% and 18% respectively). Similar patterns were recorded for the prevalence of drinking alcohol 'to an increased risk or higher risk' (32% for LGB adults compared to 24% of heterosexuals).
- LGBTQ+ disabled people continue to face discrimination on the basis of their sexual orientation and/or gender identity from those providing personal care (SSCR 2017).
- Research on the experiences of LGBTQ+ people in social care settings has shown it is often noted that the needs of older people are not always met (PolicyBristol 2017; Hafford-Letchfield et al 2018).
- Increased vulnerabilities for older LGBTQ+ people – less likely to report due to marginalisation.
- Areas of health where LGBTQ+ people are disproportionately affected, such as depression and substance use (Stonewall 2018b; Pitman et al 2021).
- LGBTQ+ people were twice as likely to report feeling lonely (30%) compared to their heterosexual counterparts.
- Research has shown the harms of delayed transition, with UK based research demonstrating the challenges, frustration, and trauma of trans people, including young people, who have experienced rejection and delay.

The policy includes a section around recruitment and employment – to address potential sexual orientation discrimination.

A link to the LGBTQ+ action plan included.

² [LGBTQ+ Action Plan for Wales | GOV.WALES](https://gov.wales/lgbtq-action-plan-for-wales)

The policy includes a section around inclusive health care – and supporting procedures around WP7 will aim to support inclusive decision making for people with any sexual orientation.

Mitigation action if adverse impact found:

The policy will add an intention around equality monitoring.

Gender Reassignment / Gender identity
(including non-binary, gender fluid and intersex)

**Positive
effect**

Negative effect

Neutral

x

Evidence / supporting narrative:

The policy aims to promote inclusive practices across the whole Health Board and improve the quality of services to patients and carers across North Wales. BCUHB is committed to ensuring that it treats patients, carers and employees in line with the FREDA principles - with fairness, respect, equality, dignity and autonomy.

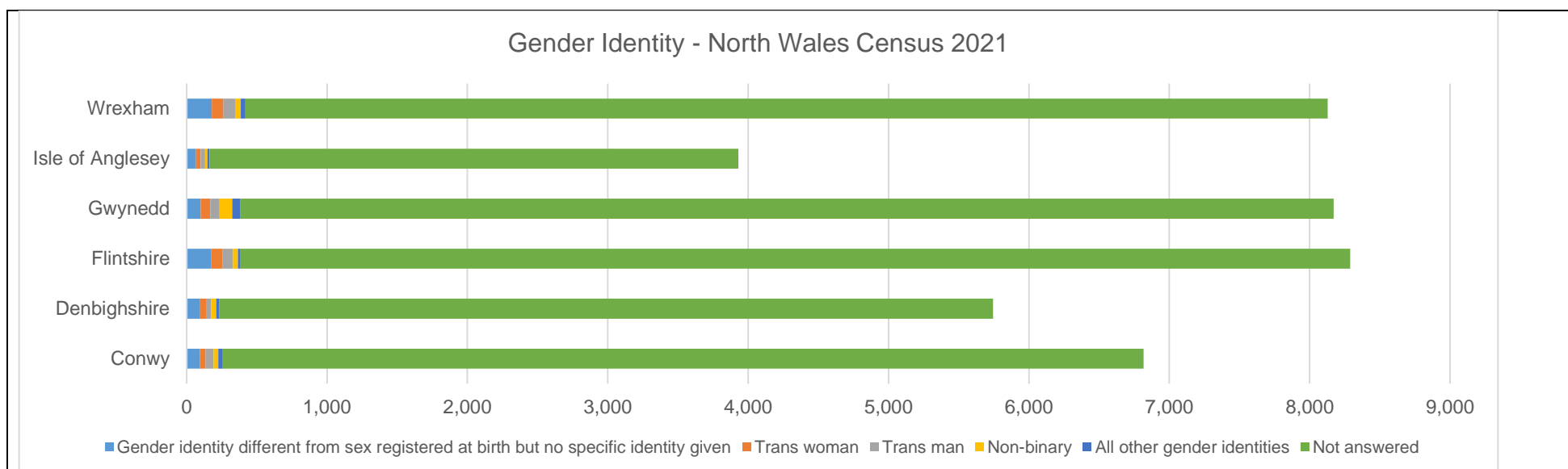
The policy states that no one should be subject to unlawful discrimination. Gender reassignment is listed within the policy.

Information on and employees: none available.

Information about the population in North Wales:

Chart showing gender identity – across North Wales³:

³ Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)



The 2021 census was the first time that gender identity was included (as a voluntary question for people aged 16 and over). 94.0% of respondents answered. This shows that there are 262,000 people living in England and Wales in March 2021 who identified with a gender different from their sex registered at birth.

- Stonewall ⁴ had previously estimate 1% of the population might identify as Trans, including people who identify as non-binary.
- Across North Wales, this would mean approximately 7000 people are Trans. Census notes that 1830 have declared that there gender is different from the sex registered at birth however the significant number of people who didn't answer (39,253) may skew the real number of trans / non binary.

See above section on sexual orientation to cross reference LGBTQ+ plan information.

⁴ ⁴ [Student Frequently Asked Questions \(FAQs\) | Stonewall](#)



Mitigation action if adverse impact found:

The policy adds gender recognition to the related legislation.

The policy adds a new guidance document in the appendix – Its Just Good Care

The policy includes a section around recruitment and employment – to address potential gender reassignment discrimination and transphobia.

A link to the LGBTQ+ action plan included.

The policy includes a section around inclusive health care – and supporting procedures around WP7 will aim to support inclusive decision making for people undergoing / intending to undergo gender reassignment and transgender people.

Sex / Gender	Positive effect	Negative effect	Neutral
	X		

Evidence / supporting narrative:

The policy aims to promote inclusive practices across the whole Health Board and improve the quality of services to patients and carers across North Wales. BCUHB is committed to ensuring that it treats patients, carers and employees in line with the FREDA principles - with fairness, respect, equality, dignity and autonomy.

The policy states that no one should be subject to unlawful discrimination. Sex is listed within the policy.

Information on and employees:

	Number	Percent
Female	16351	80.60%
Male	3935	19.40%
Total	20286	100.00%

Information about the population in North Wales:

Table showing gender (sometimes referred to as sex) – across North Wales from Census 2021⁵.

Area	All persons		Female		Male	
	number	%	number	%	number	%
Conwy	114,741	100.0	59,156	51.6	55,585	48.4
Denbighshire	95,818	100.0	49,209	51.4	46,609	48.6
Flintshire	154,962	100.0	79,059	51.0	75,903	49.0
Gwynedd	117,393	100.0	59,868	51.0	57,525	49.0
Isle of Anglesey	68,878	100.0	35,219	51.1	33,659	48.9
Wrexham	135,117	100.0	68,241	50.5	66,876	49.5
BCUHB	686,909	100.0	350,752	50.1	336,157	48.9
Wales	3,107,494	100.0	1,586,490	51.1	1,521,004	48.9

Information on women: The Fair Treatment for Wales⁶ (FTWW) are currently campaigning for health rights for women. They note:

- Burdened significantly with women's health conditions costing the UK economy billions annually
- Rates of women in full-time employment rising faster than that of men.
- The condition, Endometriosis, costs the UK economy £8.2bn annually.
- The Cumberlege Report, 'First Do No Harm' is just one of several accounts which describe how women's self-reporting of both symptoms and associated healthcare-related experiences have been systematically dismissed or underplayed, leading to continued misdiagnoses and poorer outcomes.
- According to the Office for National Statistics, in 2020, 75% of women aged between 16 and 64 are in employment in the UK. However 20% of those living with endometriosis in Wales report being unable to continue in employment due to symptoms and lack of support, whilst the TUC's research showed that 45% of employees going through menopause found their symptoms difficult to deal with.
- Ensure pan-Wales access to consistently high quality maternal and post-partum mental and physical support services.
- Ensure women experiencing miscarriage and / or fertility treatments are properly supported in the workplace and have pregnancy-related protections extended to them.

⁵ [Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://nomisweb.co.uk)

⁶ Home - FTWW

Public Health Wales note that life expectancy for men in Wales is 78.3 years and it is 82.1 years for women. Women in Wales (and across the UK) have a longer life expectancy than men, but **spend less of their life in good health.**⁷

Data sets for 2018-2020.

	Male	Female	Gender gap
UK	79.2 years	82.9 years	3.7 years
Wales	78.3 years	82.1 years	3.8 years
BCUHB	78.8 years	82.3 years	3.5 years

Source: [01_HLE_LE_Profile_Master_v1b.knit \(shinyapps.io\)](#)

Information on men: There are a range of health conditions faced by men. Some conditions also have higher prevalence in men compared to women. There are some areas of health access that are well known inequalities - such as mental health. Information on suicide notes three-quarters of deaths registered as suicide in England and Wales in 2019 were among men (4,303 deaths), which has been the case since the mid-1990s.⁸

The policy includes a section around recruitment and employment – to address potential sex discrimination. Links to

Policy includes link to Gender Pay Gap reporting and staff networks.

The policy includes a section around inclusive health care – and supporting procedures around WP7 will aim to support inclusive decision making for people who share this protected characteristic.

Mitigation action if adverse impact found:

N/A

⁷ [Hormonal, emotional and irrational: Is it really the case that women's health is taken less seriously than men's? \(senedd.wales\)](#)

⁸ [get-it-off-your-chest_a4_final.pdf \(mind.org.uk\)](#)



Race (including ethnicity)	Positive effect	Negative effect	Neutral
	x		

Evidence / supporting narrative:

The policy aims to promote inclusive practices across the whole Health Board and improve the quality of services to patients and carers across North Wales. BCUHB is committed to ensuring that it treats patients, carers and employees in line with the FREDA principles - with fairness, respect, equality, dignity and autonomy.

The policy states that no one should be subject to unlawful discrimination. Race is listed within the policy.

Information on ethnicity and employees:

	Number	Percent
White	17620	86.86%
Black or Black British	234	1.15%
Asian or Asian British	652	3.21%
Mixed	141	0.70%
Chinese	25	0.12%
Any Other Ethnic Group	200	0.99%
Unknown	1414	6.97%
Total	20286	100.00%

Information on ethnicity for North Wales:

Table showing ethnicity by local authority, health board and Wales, Census 2022⁹

Ethnic group	BCUHB area		Wales	
	number	%	number	%

⁹ Nomis census 2021



Asian, Asian British or Asian Welsh	9,400	1.4	89,028	2.9
Black, Black British, Black Welsh, Caribbean or African	2,326	0.3	27,554	0.9
Mixed or Multiple ethnic groups	7,241	1.1	48,598	1.6
White	665,147	96.8	2,915,848	93.8
Other ethnic group	2,802	0.4	26,466	0.9
Total: All usual residents	686,916	100.0	3,107,494	100.0

More detailed breakdowns are available on NOMIS.

Table showing population data for Gypsy, Irish Traveller and Roma¹⁰:

Area	Total: All usual residents		White: Gypsy or Irish Traveller		White: Roma	
	number	%	number	%	number	%
Conwy	114,743	100.0	104	0.10	19	0.00
Denbighshire	95,820	100.0	62	0.10	32	0.00
Flintshire	154,960	100.0	123	0.10	74	0.00
Gwynedd	117,392	100.0	111	0.10	45	0.00
Isle of Anglesey	68,879	100.0	54	0.10	33	0.00
Wrexham	135,122	100.0	119	0.10	64	0.00
BCUHB	686,916	100.0	573	0.00	267	0.00
Wales	3,107,494	100.0	3,550	0.10	1,843	0.10

¹⁰ Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk)

The table shows on census day (21st March 2021) that there were 573 Gypsy or Irish Travellers and 267 Roma in North Wales. There is some variation across North Wales with highest numbers living in Flintshire, Wrexham and Gwynedd.

Data sets not yet available on Showmen, which we know there is a small but distinct community across North Wales.

Public Health Wales has found that ethnicity is an important issue because, as well as having specific needs relating to language and culture, persons from ethnic minority backgrounds are more likely to come from low income families, suffer poorer living conditions and gain lower levels of educational qualifications.

In addition, certain ethnic groups have higher rates of some health conditions. For example, South Asian and Caribbean-descended populations have a substantially higher risk of diabetes; Bangladeshi-descended populations are more likely to avoid alcohol but to smoke, and sickle cell anaemia is an inherited blood disorder, which mainly affects people of African or Caribbean origin.

Raising the Standard: Race Equality Action Plan for Adult Mental Health Services 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.

- Ethnic differences in health are most marked in the areas of mental wellbeing, cancer, heart disease, Human Immunodeficiency Virus, tuberculosis and diabetes
- An increase in the number of older black and minority ethnic people is likely to lead to a greater need for provision of culturally sensitive social care and palliative care
- Black and minority ethnic populations may face discrimination and harassment and may be possible targets for hate crime.
- Impacts of COVID-19 on ethnic minority communities

Report: Coronavirus (COVID-19) and the Black, Asian and minority ethnic population in Wales:¹¹

This report summarises the impact of Covid 19 on Black, Asian and minority ethnic groups¹² in Wales. The report highlights that: Covid19 has a disproportionate adverse impact on minority ethnic people.

People who are Black, Asian and ethnic minority are at higher risk of ill health and have higher mortality rates compared to people of same age in the general population

People who are Black, Asian and ethnic minority are more likely to experience socio economic disadvantage through:

- Poorer housing and overcrowding
- Employment – lower skilled work and job security

¹¹ [Coronavirus \(COVID-19\) and the Black, Asian and Minority Ethnic \(BAME\) population in Wales \(gov.wales\)](https://gov.wales/coronavirus/covid-19-and-the-black-asian-and-minority-ethnic-bame-population-in-wales)

¹² This also includes Gypsy or Irish Travellers

- More likely to be living in relative income poverty
- More likely to live within most deprived areas – based on Welsh Index of Multiple Deprivation

Report: Anti-racist Wales Action Plan:¹³

The plan was published in June 2022. The plan was a response to addressing institutional racism, which was laid bare by the adverse disproportionate impacts of Covid-19 on black, Asian and ethnic minority people as documented within the Ogbonna report as well as the international call to end racism following the death of George Floyd in USA.

The vision is for an anti-racist Wales by the year 2030. The high-level priority actions for health include actions in the following areas:

- Priority Action 1: Leadership
- Priority Action 2: Workforce
- Priority action 3: Data
- Priority Action 4: Access to services
- Priority action 5: Health Inequalities

The Health Board are implementing the actions in the plan and are building on local information on lived experiences of communities across North Wales. If your plan or proposed area of work involves workforce and or patients and carers it is likely, it will need to cite and align to the BCUHB Anti-racist action plan.

Gypsies and Travellers have significantly poorer health outcomes compared with the general population and are frequently subject to racial abuse and discrimination⁵². They have the lowest life expectancy of any ethnic group in the UK and experience:

- high infant mortality rates,
- high maternal mortality rates,
- low child immunisation levels, and
- high rates of mental health issues including suicide, substance misuse and diabetes, as well as high rates of heart disease and premature morbidity and mortality.

Gypsies and Travellers have high levels of unmet dental need, low rates of registration with a dentist and very little use of preventative services.

¹³ [Anti-racist Wales Action Plan | GOV.WALES](https://gov.wales/anti-racist-wales-action-plan)

Despite experiencing worse health and having significant health needs, travellers are less likely to receive effective, continuous healthcare. Identified barriers to healthcare access¹⁴ include:

- inequalities in registration with GPs (due to discrimination, mismatch in expectations, the perception that they will be “expensive patients”, and the reluctance of GPs to visit sites),
- poor literacy, and
- lack of “cultural awareness/competence” amongst service providers.

The policy includes a section around recruitment and employment – to address potential race discrimination.

The policy makes an explicit statement about being anti-racist.

Policy includes link to Workforce Race Equality Standard and staff networks.

Policy includes link to Anti-racist Action Plan and related Hate Crime Pledge.

The policy includes a section around inclusive health care – and supporting procedures around WP7 will aim to support inclusive decision making for people who share this protected characteristic.

Mitigation action if adverse impact found:

The policy has an additional section explicitly setting out the role of Executive Equality Champions, including the champion for race. The policy will add an intention around equality monitoring as well as a responsibility to identify equality related complaints.

Religion and Belief (including non-belief and Philosophical belief)	Positive effect	Negative effect	Neutral
	x		

Evidence / supporting narrative:

¹⁴ Cemlyn S et al. Inequalities experienced by Gypsy and Traveller communities: A review. Equality and Human Rights Commission. 2009

The policy aims to promote inclusive practices across the whole Health Board and improve the quality of services to patients and carers across North Wales. BCUHB is committed to ensuring that it treats patients, carers and employees in line with the FREDA principles - with fairness, respect, equality, dignity and autonomy.

The policy states that no one should be subject to unlawful discrimination. Religion and Belief is listed within the policy.

Information on religion and belief for employees:

	Number	Percent
Atheism	2846	14.03%
Buddhism	84	0.41%
Christianity	10034	49.46%
Hinduism	190	0.94%
Islam	222	1.09%
Jainism	*	
Judaism	12	0.06%
Sikhism	11	0.05%
Other	2305	11.36%
Not Disclosed	3340	16.46%
Unknown	1240	6.11%
Total	20286	100.00%

Figures below 5 are suppressed and denoted by *

Information on religion and belief for North Wales:

Religion	BCUHB		Wales	
	number	%	number	%
Total: All usual residents	686,910	100.0	3,107,494	100



No religion	286,722	41.7	1,446,398	46.5
Christian	341,972	49.8	1,354,773	43.6
Buddhist	2,076	0.3	10,075	0.3
Hindu	1,433	0.2	12,242	0.4
Jewish	311	0.0	2,044	0.1
Muslim	5,326	0.8	66,947	2.2
Sikh	248	0.0	4,048	0.1
Other religion	3,141	0.5	15,926	0.5
Not answered	45,681	6.7%	195,041	6.3

In 2021, across the North Wales population, Christian is the largest disclosed group (41.7%), followed by 'No Religion' (41.7%). In comparison to the Wales base line, there is some variation in North Wales, in which there is a higher rate of Christian and lower rate of 'No Religion'. Also there are lower percentages of other religions and beliefs in North Wales – the biggest differences compared to Wales are Muslim and Sikh.

- Religion and belief can affect how people view their treatment. This can have an impact on end of life care and arrangements made following a death. Some people may have related fatalistic views regarding their health which impacts on seeking early advice or help.
- Some people may oppose treatments / vaccines due to ingredients – e.g. alcohol, animal treatment/ blood products. Procedures are in place for the Health Board involving seeking consent.
- Possible link with 'honour based violence' which is a type of domestic violence motivated by the notion of honour and occurs in those communities where the honour concept is linked to the expected behaviours of families and individuals
- Female genital mutilation is related to cultural, religious and social factors within families and communities although there is no direct link to any religion or faith. It is an illegal practice that raises serious health related concerns. There is a possibility of hate crime related to religion and belief.
- Views of end of life (rituals) and processes to support family when a family member / loved one dies.

The policy includes a section around recruitment and employment – to address potential discrimination based on religion and belief.

The policy makes a link with spiritual care of both employees and patients / carers.

The policy includes a section around inclusive health care – and supporting procedures around WP7 will aim to support inclusive decision making for people who share this protected characteristic.

Mitigation action if adverse impact found:

The policy will add an intention around equality monitoring.

Pregnancy and Maternity	Positive effect	Negative effect	Neutral
	X		

Evidence / supporting narrative:

The policy aims to promote inclusive practices across the whole Health Board and improve the quality of services to patients and carers across North Wales. BCNUHB is committed to ensuring that it treats patients, carers and employees in line with the FREDA principles - with fairness, respect, equality, dignity and autonomy.

The policy states that no one should be subject to unlawful discrimination. Pregnancy and Maternity is listed within the policy.

Information on pregnancy for employees:

	Number	Percent
No	19879	97.99%
Yes	407	2.01%
Total	20286	100.00%

Information on North Wales Fertility data from ONS: 2020 to 2021:

	Number of live births	Number of still births
Conwy	592	1.72
Denbighshire	1,039	1.55
Flintshire	921	1.58

Gwynedd	919	1.82
Isle of Anglesey	1,470	1.62
Wrexham	1,266	1.58
BCUHB	6207	
Wales	28871	

There is variation across births across North Wales with highest numbers in Isle of Anglesey, Wrexham and Denbighshire.

The policy includes a section around recruitment and employment – to address potential discrimination based on Maternity and Pregnancy. Links also for people taking paternity leave, fostering and adoption (also links to same sex couples).

The policy includes a section around inclusive health care – and supporting procedures around WP7 will aim to support inclusive decision making for people who share this protected characteristic.

Mitigation action if adverse impact found:

N/A

Marriage and Civil Partnership

**Positive
effect**

Negative effect

Neutral

x

Evidence / supporting narrative:

The policy aims to promote inclusive practices across the whole Health Board and improve the quality of services to patients and carers across North Wales. BCUHB is committed to ensuring that it treats patients, carers and employees in line with the FREDA principles - with fairness, respect, equality, dignity and autonomy.

The policy states that no one should be subject to unlawful discrimination. Marriage and Civil Partnership is listed within the policy.



Information on marriage and civil partnership for employees:

	Number	Percent
Civil Partnership	472	2.33%
Divorced	1479	7.29%
Legally Separated	150	0.74%
Married	10403	51.28%
Single	5984	29.50%
Widowed	278	1.37%
Unknown	1520	7.49%
Total	20286	100.00%

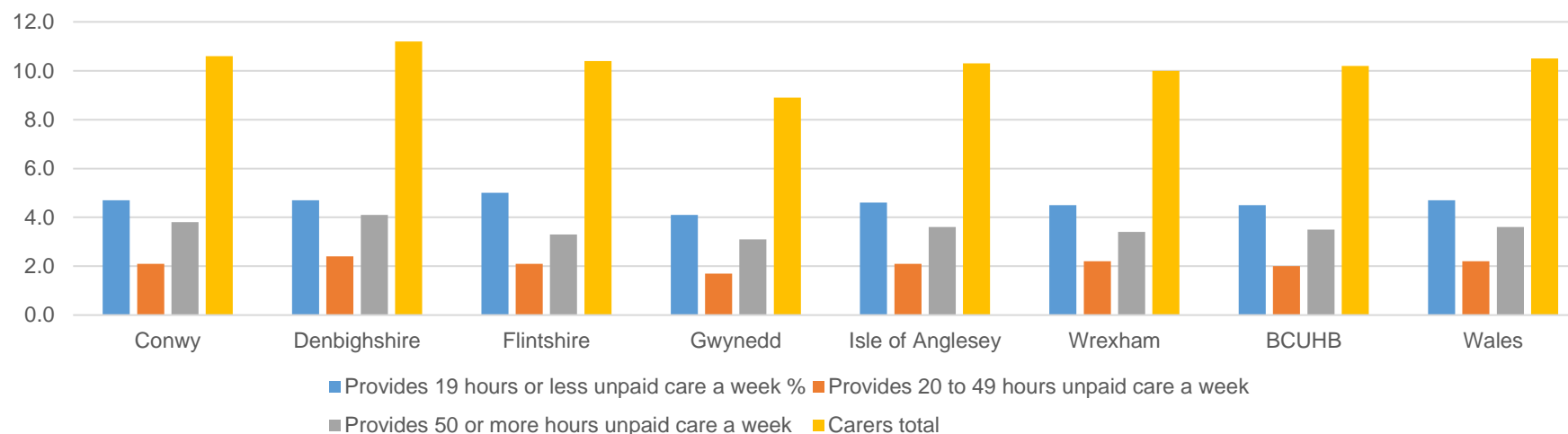
Information on marriage and civil partnership for North Wales:

	BCUHB	Wales
Married or in a registered civil partnership: Married	20.3	43.6
Married or in a registered civil partnership: Married: Opposite sex	20.3	43.4
Married or in a registered civil partnership: Married: Same sex	17.8	0.3
Married or in a registered civil partnership: In a registered civil partnership	19.6	0.2
Married or in a registered civil partnership: In a registered civil partnership: Opposite sex	20.1	0.1
Married or in a registered civil partnership: In a registered civil partnership: Same sex	19.4	0.1
Separated, but still legally married or still legally in a civil partnership: Separated, but still married	20.0	2.0
Separated, but still legally married or still legally in a civil partnership: Separated, but still in a registered civil partnership	15.2	0.0
Divorced or civil partnership dissolved: Divorced	20.9	9.9
Divorced or civil partnership dissolved: Formerly in a civil partnership now legally dissolved	16.2	0.0
Widowed or surviving civil partnership partner: Widowed	21.2	7.1

Widowed or surviving civil partnership partner: Surviving partner from civil partnership	22.0	0.0	
<p>The policy includes a section around recruitment and employment – to address potential discrimination based on marriage and civil partnership.</p> <p>The policy includes a section around inclusive health care – and supporting procedures around WP7 will aim to support inclusive decision making for people who share this protected characteristic.</p>			
<p>Mitigation action if adverse impact found: N/A</p>			
<p>Other groups at risk of poorer health outcomes:</p>			
Unpaid Carers	Positive effect	Negative effect	Neutral
	x		
<p>Evidence / supporting narrative:</p> <p>The policy aims to promote inclusive practices across the whole Health Board and improve the quality of services to patients and carers across North Wales. BCUHB is committed to ensuring that it treats patients, carers and employees in line with the FREDA principles - with fairness, respect, equality, dignity and autonomy.</p> <p>The policy states that no one should be subject to unlawful discrimination.</p> <p>Information on carers in North Wales: The Welsh Government defines a carer as “anyone of any age, who provides unpaid care and support to a relative, friend or neighbour who is disabled, physically or mentally ill, or affected by substance misuse”.</p>			



Unpaid Carers 2021 census



Area	Provides 19 hours or less unpaid care a week		Provides 20 to 49 hours unpaid care a week		Provides 50 or more hours unpaid care a week		Carers total	
	number	%	number	%	number	%	number	%
Conwy	5,160	4.7	2,284	2.1	4,196	3.8	11,640	10.6
Denbighshire	4,253	4.7	2,190	2.4	3,726	4.1	10,169	11.2
Flintshire	7,328	5.0	3,058	2.1	4,876	3.3	15,262	10.4
Gwynedd	4,562	4.1	1,912	1.7	3,514	3.1	9,988	8.9
Isle of Anglesey	3,025	4.6	1,373	2.1	2,348	3.6	6,746	10.3
Wrexham	5,746	4.5	2,772	2.2	4,340	3.4	12,858	10
BCUHB	30,074	4.5	13,589	2.0	23,000	3.5	66,663	10.2
Wales	138,325	4.7	65,597	2.2	106,829	3.6	310,751	10.5

% calculated from pop aged 5 and above.

Mitigation action if adverse impact found:			
<p>The policy includes a section around recruitment and employment – to address potential discrimination based carers (who may be protected under the Equality Act under association with disability).</p> <p>The policy includes a section around inclusive health care – and supporting procedures around WP7 will aim to support inclusive decision making for people who are carers.</p>			
Socio-economically disadvantaged	Positive effect	Negative effect	Neutral
	x		
Evidence / supporting narrative:			
<p>The policy aims to promote inclusive practices across the whole Health Board and improve the quality of services to patients and carers across North Wales. BCUHB is committed to ensuring that it treats patients, carers and employees in line with the FREDA principles - with fairness, respect, equality, dignity and autonomy.</p> <p>The policy revision include Socio-economic Duty and how the Health Board will discharge this duty.</p> <p>The policy includes a section around inclusive health care – and supporting procedures around WP7 will aim to support inclusive decision making for people who are socio-economically disadvantaged.</p>			
Mitigation action if adverse impact found:			

This policy links to the People Strategy, as the Health Board is an anchor institution providing approximately 19,000 jobs across North Wales. The People Strategy identifies our opportunities to use our recruitment and employment processes to support the reduction of health inequalities.

Other groups / communities of interest - please state	Positive effect	Negative effect	Neutral
	x		

Explanation:
The policy aims to promote inclusive practices across the whole Health Board and improve the quality of services to patients and carers across North Wales. BCUHB is committed to ensuring that it treats patients, carers and employees in line with the FREDA principles - with fairness, respect, equality, dignity and autonomy.

The policy states that no one should be subject to unlawful discrimination. The policy includes discharging duty for the Socio-economic Duty – which aims to reduce inequality of outcome for communities of interest / communities of place that may experience socio-economic disadvantage.

Mitigation action if adverse impact found:

N/A

Intersectional disadvantages - summary potential impacts – this may include how potential impacts may be more adverse due to the interconnected nature of multiple disadvantages.

The policy should have positive impacts for the Health Board to gain greater understanding of intersectional disadvantages. This is explicit within the WP7 procedures but not made explicit within this policy.



Section 2 – Human Rights Assessment

Assessment – based on human rights based approach in health	
Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our Betsi pages and additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker https://humanrightstracker.com	
Here is a list of Human Rights (articles) and UN Conventions that may potentially impact on our patients, carers and staff. Please tick which are relevant to the proposal?	Use a tick ✓
Article 2 - Right to life	✓
Article 3 - Prohibition of inhuman or degrading treatment	✓
Article 5 - Right to liberty and security	✓
Article 8 - Right to respect for family and private life	✓
Article 9 - Freedom of thought, conscience and religion	✓
Article 14 – Prohibition of discrimination	✓
UN Convention on the Rights of the Child	✓
UN Convention on the Rights of Persons with Disabilities	✓
UN Convention on the Elimination of All Forms of Discrimination against Women.	✓
UN Principles for Older Persons	✓
Other articles – <i>please state:</i>	✓

Is the proposal aligned to the FREDA principles? You can copy and paste this tick: ✓				
Fairness	Respect	Equality	Dignity	Autonomy
✓	✓	✓	✓	✓
If any negative impacts are identified, how will this be reduced/addressed?				
Policy provides intent around Human Rights approach to Health through the FREDA principles.				

Section 3 – Armed Forces Covenant

All decision makers are required under the Armed Forces Act 2022 to have due regard to the principles of the Armed Forces Covenant. WP7 contains guidance and information to help complete this section. Decision makers should recognise the unique obligations of, and sacrifices made by, the Armed Forces and ensure there are no adverse effects and where possible a positive or increased positive effect on the armed services community. Special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.

Due regard to the Armed Forces Covenant - Factors regarding impact to the Armed Forces community have been considered. You can copy and paste this tick: ✓	Positive impact	Negative impact	Neutral / No impact
Considering the unique obligations of, and sacrifices made by, the Armed Forces have you identified any potential impacts?	✓		
<p>Reasons for your decision (including brief summary that has led you to decide on the level of impact) If any negative impacts have been identified, how will this be reduced/addressed? Include here any special provisions if appropriate.</p> <p>The policy aims to promote inclusive practices across the whole Health Board and improve the quality of services to patients and carers across North Wales. BCUHB is committed to ensuring that it treats patients, carers and employees in line with the FREDA principles - with fairness, respect, equality, dignity and autonomy.</p> <p>This group taken into account within the EQIA/SEIA processes within the Health Board.</p>			

Section 4 – Welsh Language

In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.



Welsh Language Impact Assessment		
You can copy and paste this tick: ✓		
Will the proposal ensure that patients and carers can choose to live and receive services through the medium of Welsh? For example - delivered bilingually in Welsh & English. e.g. Consider if the proposal increase or decrease the opportunities for people to receive information or access information in Welsh.	Yes	No
	✓	
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:		
Welsh language legislation included within the policy.		
Will the proposal have an effect on opportunities for persons to use the Welsh language?	Yes	No
Will the proposal encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh?	✓	
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:		
Welsh language legislation included within the policy.		
Will the proposal act as a catalyst for Welsh cultural awareness, understanding, activity and integration? For example, encouraging new staff and students to take up Welsh language learning opportunities and to appreciate the socio-economic and cultural context of Wales.	Yes	No
	✓	
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:		
Welsh language legislation included within the policy.		
Will the proposal increase or reduce the department/division's ability to deliver services through the medium of Welsh?	Yes	No
	✓	



Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: Welsh language legislation included within the policy.		
Will the proposal treat the Welsh language no less favourably than the English language?	Yes	No
	✓	
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: Welsh language legislation included within the policy. Policy will be translated and made available bi-lingually.		

Section 5 – Summary of assurance for compliance – Public Sector Equality Duty and Human Rights

Equality Legal Duties – summary of compliance	
Has BCUHB given due regard and given consideration for this proposal with the following:	
Eliminating unlawful discrimination, harassment, and victimisation? <i>Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic</i>	Yes
Advancing equality of opportunity between people who share a protected characteristic and those who do not? <i>Making sure that people are treated fairly and given equal access to opportunities and resources</i>	Yes



Fostering good relations between people who share a protected characteristic and those who do not? <i>Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference</i>	Yes
Are there any potential Human Rights concerns?	No
Compliance to the Welsh Language requirements?	Yes
Compliance to giving 'due regard' to the principles of the Armed Forces Covenant?	Yes
Supporting narrative to support the above responses: <i>This section must be completed</i> Policy will guide intent of how the Health Board will discharge the equality duty.	
Do you consider the evidence used in this assessment to be robust? If you answer no, address this in the action plan (section 6)	Yes
Has this assessment been subject to scrutiny / been reviewed?	Yes

Section 6 – EQIA Action Plan and Recommendations

This needs to address negative impacts, which may represent a potential equality risk. All equality risks should be reviewed in line with BCUHB risk management procedures. Include any positive action.

Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ owner
Add in areas of policy intent as identified within this assessment.	Inclusive and robust policy	-	31/08/2023	EHRSF group	JDM

Section 7 Equality Risks

This section helps you work out the level of risk posed by any equality related risks identified above. Guidance is available [here](#) on completing this section, which may be helpful if you are not familiar with risk score analysis. If you have not identified any equality risks, please note this in the narrative box below. Examples include retrospective assessments and decisions that treat a protected characteristic unfavourably without objective justification.

Equality Related Risk Assessment Section					
If you have identified an equality risk, please use the table below to work out the risk score. Use the table below to record the highest risk score. If you have a score of 9 and above you should escalate to risk management procedures .					
	Level of risk				
Level of consequence	RARE: 1	UNLIKELY: 2	POSSIBLE: 3	LIKELY: 4	VERY LIKELY: 5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25
If you have identified an equality risk: What is the consequence? What is the likelihood? Risk score = consequence x likelihood			Risk Score =		

Any narrative relating to risk score:

No equality concern identified.

Section 8 – EQIA Sign off

Name of persons who signed-off this Equality Impact Assessment (see below):

As per the Health Board's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Health Board as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.

Approval Date:

Review Date:

<p>Project Lead Sign-off I confirm that this Equality Impact Assessment has been carried out in accordance with Betsi Cadwaladr University Health Board's WP7 Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language requirements and Armed Forces Covenant.</p>	<p>Equality Team Sign-off (required when both EQIA and SEIA is required) I confirm that I have reviewed this Equality Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee.</p>	<p>Committee Chair Sign-off I confirm that this Equality Impact Assessment represents evidence that we (The Health Board), in making this decision, have given due regard to the need to:</p> <ol style="list-style-type: none"> 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. 2. Advance equality of opportunity between people who share a protected characteristic and those who do not. 3. Foster good relations between people who share a protected characteristic and those who do not.
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Signed: Ceri Harris, Head of Equality and Human Rights	Signed: Steve Doore, Equality and Inclusion Manager	Signed: (Committee Chair)
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End of Part B. Only complete Part C if required.

Part C – Socio-economic Impact Assessment

The requirement for completion of Part C will have been identified in Part A and relates to complying with the Socio-economic Duty. This is a statutory duty with the aim of improving decision making to help improve outcomes for those who are socio-economically disadvantaged. The Socio-economic Duty gives us an opportunity to do things differently in Wales. It puts tackling inequality at the heart of decision-making, and will build on the good work public bodies are already doing.

This SEIA procedure should be commenced at the outset and inform the development of both new strategic decisions and when reviewing previous strategic decisions. It provides a clear audit trail for all decisions made under the 2010 Act.

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>

Section 1 - Assessment information – evidence	
Has this assessment identified Stakeholder groups?: <i>Supporting narrative if different to Part A.</i>	Yes / No
Has this assessment used a range of evidence?: <i>Supporting narrative to consider socio-economic disadvantage and inequalities of outcome in relation to this decision? Note additional evidence if different to information within Part A.</i>	Yes / No



Has this proposal engaged with those impacted by the Policy / Strategy Proposal / Policy? <i>Supporting narrative if different to Part A.</i>	Yes / No

Relevant communities of interest identified that may be impacted by this proposal and engagement work undertaken:	Proposal may impact these groups Use a tick ✓	Engagement undertaken Yes / Planned	Any supporting narrative / comments
People experiencing poverty			
Carers			
People who share a common first language			
People experiencing homelessness			
Lone parent families			
Those seeking sanctuary			
Experience of local health and social care system			
Military Veterans and Armed Forces Community			
University students			
Long term caravan residents and second home visitors			
Other – please state:			
Relevant communities of place			
Urban areas			
Rural areas			
Areas of high levels of unemployment / deprivation			
Other – please state:			

How has / will this influence your work/guided your policy/proposal, or changed your recommendations? Supporting narrative:			

Section 2 - Impacts on Socio-economic Duty Domain Areas:

The Equality and Human Rights Commission monitor progress on equality and human rights across a range of areas of life in Great Britain. These domain areas include education, work, living standards, health, justice and personal security and participation.

It is helpful to consider where action can be taken to reduce inequality of outcome resulting from socio-economic disadvantage in regards to each of these areas, evidence is provided below and issues for consideration suggested.

Consider evidence from both research and any engagement already carried out. Who is being affected? Are some communities of interest or communities of place more affected by disadvantage than others? Betsi Net Equality pages provides further guidance.

What are the main socio economic impacts of the proposal?			
Domain area: Education	Positive impact	Negative impact	Neutral / No impact
You can copy and paste this tick: ✓			



Supporting narrative:

How does your proposal take account of the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have or have had access to training opportunities and qualifications?

Think about how careers support at BCUHB and with partners, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market.

Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage:

What are the main socio economic impacts of the proposal?

Domain area: Health

You can copy and paste this tick: ✓

**Positive
impact**

**Negative
impact**

**Neutral / No
impact**

Supporting narrative:

How does your proposal take account of the expected health outcomes of the local population? What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage? Have the costs of transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors.



Action / Opportunities that can be taken to reduce inequality of outcome resulting from socio-economic disadvantage? What are the opportunities for collaboration, have local third sector organisations been engaged and opportunities to promote access to financial wellbeing, social and other support maximised?

What are the main socio economic impacts of the proposal?			
Domain area: Living standards You can copy and paste this tick: ✓	Positive impact	Negative impact	Neutral / No impact
Supporting narrative: <i>How does your proposal take account of the impact of poverty and deprivation? Are there groups who may be disproportionately impacted by poverty e.g. disabled people / lone parents / unemployment / homelessness. This domain includes issues of accessibility of transport, healthy food, leisure activities, road safety and the quality and safety of play areas and open spaces.</i>			
As part of your proposal what are the opportunities to reduce the impact of poverty on living standards?			



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What are the main socio economic impacts of the proposal?			
Domain area: Work You can copy and paste this tick: ✓	Positive impact	Negative impact	Neutral / No impact
Supporting narrative: <i>As one of the largest employers in Wales BCUHB provides numerous opportunities for people to access work. Will this plan impact on employment / apprenticeship / volunteering opportunities? What are the implications of the proposal for people on low income, those who are economically inactive, unemployed, workless, and people who are unable to work due to ill-health. Consider people living in work poverty. During the pandemic lower earners are three times as likely to have lost their job or been furloughed as high earners.</i>			
How can procurement and commissioning arrangements be optimised to reduce inequalities of outcome caused by socio-economic disadvantage? As part of your proposal what are the opportunities to increase employment opportunities for people who experience socio-economic disadvantage?			



What are the main socio economic impacts of the proposal?			
Domain area: Justice and personal security	Positive impact	Negative impact	Neutral / No impact
You can copy and paste this tick: ✓			
Supporting narrative: <i>How does your proposal take account of local crime rates and feeling safe? Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse. Evidence suggests that domestic violence incidents are becoming more complex and serious, with higher levels of physical violence and coercive control.</i>			
How can your proposal promote and protect people's rights and increase their access to justice and personal security?			

What are the main socio economic impacts of the proposal?			
Domain area: Participation	Positive impact	Negative impact	Neutral / No impact
You can copy and paste this tick: ✓			
Supporting narrative: <i>How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal? Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities.</i>			

How can your proposal increase participation for people who experience socio-economic disadvantage?

Section 3 – Socio-economic Duty Action plan

Socio-economic Impact Assessment Action Plan and Recommendations Please include any related recommendations arising from this assessment. Include any positive action.					
Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ owner

Section 4 – SEIA Sign off

Who signed-off this SED Impact Assessment:
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As per the Health Board's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Health Board as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.

Approval Date:

Review Date:

<p>Project Lead Sign-off I confirm that this Socio-economic Impact Assessment has been carried out in accordance with Betsi Cadwaladr University Health Board's WP7 Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language requirements and Armed Forces Covenant.</p> <p>Signed: (Project Lead)</p>	<p>Equality Team Quality Check (required when both EQIA and SEIA is required) I confirm that I have reviewed this Socio-economic Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee.</p> <p>Signed: (Equality and Inclusion Manager)</p>	<p>Committee Chair Sign-off I confirm that this Equality Impact Assessment represents evidence that we (The Health Board), in making this decision, have given due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.</p> <p>Signed: (Committee Chair)</p>
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End of SED assessment
