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

a. Record of Engagement and Consultation activity
b. Additional information

Complete Step 2 and 3 if required.

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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]

Version Control

DISCUSSION DRAFT

Version	Date	Author	Rationale
0.1	20.8.25	Andrea Hughes	First signed off version for review by Oversight Group
0.2	22.9.25	Steve Dooré	Updated after review by working group to reflect updated Issues Paper and review and comments from Independent Strategic Adviser.

DISCUSSION DRAFT

Part A – Information on assessment work required

Section 1 – General information

Title: Penley Hospital Inpatient Service Redesign
Assessment Lead: Andrea Hughes
Who has been involved in undertaking this equality assessment: Steve Dooré (Equality and Inclusion Manager)

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		✓	

DISCUSSION DRAFT

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: 9/6/25 Completed date: 5/8/25	Start date: 9/6/25 Completed date: 5/8/25
If not undertaking EqIA state reason: N/A	**If not undertaking SEIA state reason:** N/A

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:

Penley Community Hospital is an 8 bedded inpatient facility, located in South Wrexham. The original Hospital was constructed at the outbreak of the Second World War by the US Army, in anticipation of mass casualties and housed 30 wards. This building was demolished in the early 2000's and was replaced with the 8 bedded facility of today. Inpatients at Penley Community Hospital are cared for over the 24-hour period by Registered Nurses (RN) and Health Care Support Workers (HCSW) with the staffing model below.

Band	**Job Title**	**WTE**
6	Junior Ward Sister	1.0
5	Band 5 Staff Nurse	4.3
2	HCSW	6.7

Patients are under the medical care of the Care of the Elderly (COTE) team, with one session a week provided. In addition, there is ad-hoc cover from Advanced Nurse Practitioners (ANPs) as required.

There are no therapy hours aligned to Penley. There are no portering or clerical hours aligned to Penley.

Due to the location of Penley, the small inpatient capacity and type of staff on site there is a very tight criteria for admission in order to reduce the level of risk for both patients and staff.

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District Nurses would provide support ad hoc basis outside of core hours to help with palliative pumps

To be suitable for a bed at Penley, patients must meet the following criteria:

- No requirement for rehabilitation, as there are no therapy staff available.
- Medically optimised or stable, as there is only one weekly medical session.

In December 2024 the 8 inpatient beds at Penley were closed due to the workforce challenges in supporting low numbers of inpatient beds. A paper setting out the process and timescale for developing a long-term sustainable solution for Penley was approved at the Health Board meeting on the 29th May.

Historically, maintaining occupancy of the 8 beds has been challenging, due to the admission criteria in place. Anecdotal feedback from families cite lack of transport to Penley to visit relatives as a matter of concern. The average length of stay at Penley Hospital in the year prior to its closure, from December 2023 to November 2024, was 31.1 days. The average lengths of stay at Chirk and Mold Community Hospitals during the same period were 42.9 days and 47.1 days, respectively. Of the 59 patients admitted to Penley Hospital during this period, 49.2% were admitted from Chirk Community Hospital, 47.5% from Wrexham Maelor Hospital, and 1.65% each from Mold and Deeside Community Hospitals. The average occupancy rate at Penley Hospital during the same period was 80.5%. In comparison, the average occupancy rates at Chirk and Mold Community Hospitals were 95.2% and 101.7%, respectively.
Of the patients admitted to Penley Hospital from December 2023 until its closure in December 2024, 49.2% normally resided in Wrexham and the surrounding areas, 27.9% in Chirk and the surrounding areas, 13.1% in Penley and the surrounding areas, 6.6% in Llangollen, and 1.6% each in Powys and Corwen. Alternative arrangements i.e., at other NHS facilities or non-NHS facilities are required for patients who meet the admission criteria and would have been cared for a Penley if the beds were open. Staff employed at Penley have been temporarily redeployed. There is no third sector involvement in services provided at Penley.

Links to BCUHB values Indicate any values that relate to the decision / service / policy / function / change being assessed.

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Compassion	**Openness**	**Respect**
✓	✓	✓

Links to BCUHB Equality Objectives 2024-2028

The health board published Achieving Equity: Strategic Equality Plan (SEP) in 2024, for the period 2024-2028. Please indicate which objectives align for this decision / service / policy / function / change being assessed. *Please tick the one which applies* ✓

Strategic Equality Objective	**Alignment**
• Objective A: Achieving equity by working in partnership – 'nothing about you without you'	
• Objective B: Achieving equity by providing high quality inclusive services	✓
• Objective C: Achieving equity through Governance and Accountability	✓
• Objective D: Achieving equity by being a kind and compassionate organisation	
• Objective E: Achieving equity by innovation	✓

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** ✓

DISCUSSION DRAFT

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
	✓	✓	✓	✓		

Given the high profile and sensitive nature of the service change it is a recommendation of this Integrated Equality Assessment that the W
Future Generations Commissioner is consulted with as part of the Engagement and Consultation Plans

Is the decision / service / policy / function / change being assessed related to, or influenced by, other Policies or areas of work?
Based on the outcome of the evidence review it is recommended that when work is commenced to generate and review options, the Integrated Equality Assessment will run concurrently with the options development and options appraisal process through the balanced room and lived experience engagement sessions. These will inform the generation and appraisal of the options with the equality impact being given a weighting in the scoring of the assessment.

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

This IEA will be signed-off by the Tywyn and Penley Oversight Group.

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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.

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:

The service change process is supported by a Communication and Engagement plan. Key highlights of this plan include:

- Undertake stakeholder mapping
- Publish a clear narrative on the HB's website – overarching narrative required: Tywyn and Penley Community Hospitals - Betsi Cadwaladr University Health Board
- Create and publish social media content
- Set-up a subscribers list on E-shot
- Launch public survey
- Launch survey through e-shot to subscribers in relevant areas
- Share survey link through WhatsApp broadcast channels (still pending guidance from Cyber Security
- Promote survey in community buildings via posters in community buildings such a Pharmacy, GP surgery notice boards etc. including QR Code on posters
- Email survey to identified stakeholders
- public drop ins at Penley hospital or other local facility
- Staff engagement briefing sessions
- Update to Mealor South Community Council to update on plans
- Update to Wrexham Council Executive Board or Full Council to update on plans

DISCUSSION DRAFT

- Set-up social media monitoring and listening – Sprout Social
- Collate findings from engagement to support options appraisal

A briefing has been presented to the Tywyn and Penley Steering Group with the following recommendations.

- Ensure that an evaluation of the impact of the initial closure of the beds is comprehensive and informed by lived experience and high risk groups.
- Adopt the principle that Integrated Equality Assessments (including EqIA, Socio-economic Impact Assessment, Carers, Human Rights and Welsh Language Impact Assessment) are to be undertaken as part of the work programme and in such a way as to meet the Brown Principles as outlined above.
- Identify key decision points and other milestones where the Impact Assessment requires updating and inclusive and representative stakeholder involvement is necessary.
- Use the Achieving Equity in Decision Making Toolkit to guide the development of the service changes.
- Ensure all key decisions are taken in compliance with the "balanced room" model, including focused facilitated conversations with specific high risk groups including disabled people, older people, Welsh Language speakers and carers.
- Ensure key equality groups are included in Stakeholder Mapping and Consultation and Engagement Plans.

b. Give a summary on how the decision / service / policy / function / change will be shared?

As per the Communication and Engagement Plan.

c. Are there planned arrangements for gathering feedback during implementation of the decision / service / policy / function / change being assessed?

This will form part of the implementation plan.

d. Summarise any emerging themes from the engagement work carried out:

Key considerations that have emerged from discussions at Health Board level include the impact of the change on travel time for staff, accessibility of service for patients, financial impact, quality and safe care delivery, recruitment challenges and travel time and costs for older people, disabled people, carers and people living with socio-economic disadvantage. Considerations have been made in regards to the above when putting forward recommendations for a solution to ensure continuation of safe care and a further paper regarding innovative workforce plans will be developed as a result of this review and key themes identified.

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- **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?**

All impacts identified from this phase of the Integrated Equality Assessment will be addressed directly throughout the engagement phases with the relevant identified stakeholders. This will inform the shaping of the options. This Integrated Equality Assessment is a live process and will be used to inform the options development. Where potential negative impacts are identified, each option will be assessed as to its potential to mitigate against these. Each option will then also be measured for its ability to advance equality further. The final score for each option will be weighted along with financial, service and workforce implications to evaluate the preferred option. An example of this model is provided in Appendix 3.

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b. Additional information

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

Health Inequality and the Inverse Care Law

The groups who often experience the worst health include (but are not limited to) black and ethnic minority groups, people sleeping rough, people living in poverty, disabled people or long-term health conditions, and those who are part of the LGBTQ+ community. The 'inverse care law' describes how people who most need health care are least likely to receive it.[1] In Wales, healthy life expectancy and mental wellbeing is poorer in deprived communities. The Wellbeing of Wales 2024 report showed little change in the gap in life expectancy between the most and least deprived areas, and that inequality in life expectancy and mortality remain wide. The proportion of total deaths that were avoidable continued to be substantially larger in the most deprived areas compared with the least deprived areas. People in the most deprived areas are twice as likely to die prematurely from cardiovascular disease than people in the least deprived areas.[2]

Local Demographic Intelligence

- The Penley area largely corresponds to **Middle Super Output Area (MSOA) Wrexham 018**, which is composed of four LSOAs: Bronington 1; Bronington 2; Overton 1; Overton 2.
- The four **Penley LSOAs** are located in **South Wrexham Primary Care Cluster**.
- MSOA Wrexham 018 has a population of almost 6,480. Within MSOA Wrexham 018, Wrexham 018D (Overton 2) has the largest number of residents.
- Almost 28% of residents in MSOA Wrexham 018 are aged 65 years and over and just over 4% aged 85 years and over; these are higher than the averages for BCUHB and Wales.
- At LSOA level, LSOA Overton 2 has the youngest population profile; LSOA Bronington 1 has the highest proportion of residents aged 65 years and over (33.2%) and 018C has the highest aged 85 years and over (5%).
- Population projections predict the overall population of Wrexham is expected to decline by 1.8% between 2025 and 2040.

[1] The King's Fund, *Tackling the Inverse Care Law,* (2024), accessed at https://www.health.org.uk/sites/default/files/upload/publications/2022/Tackling%20the%20inverse%20care%20law.pdf

[2] Welsh Government, *Wellbeing of Wales 2024,*(2024), accessed at https://www.gov.wales/wellbeing-wales-2024-healthier-wales-html

- Wrexham is expected to experience the largest decline in young residents as 0 to 15 year olds are predicted to fall by 9% between 2025 and 2040.
- The older population aged 65 years and over in Wrexham is predicted to increase by 15.7%, around 5,450 residents.
- The proportion of the BCUHB population able to speak Welsh (29.1%) is higher than the average for Wales (17.8%). At a regional level, the proportion of Welsh speakers ranges from 12.2% in Wrexham UA to 64.4% in Gwynedd.
- In North Wales, Wrexham has the highest proportion of people who are Black, Asian and Minority Ethnic (4.5%).
- The percentage of one-person households with person aged 66 years and over in MSOA Wrexham 018 (16.1%) is above the average for Wrexham UA (13.9%) and Wales (14.6%).
- Wrexham UA has second highest population density in North Wales and higher than Wales.

Wider determinants of health

- LSOA **Bronington 2** is the most deprived of the four **Penley LSOAs**, ranked as the 1,290th most deprived LSOA in Wales.
- Almost 20% of children in Wrexham are living in poverty; this is among the lowest in the region and below the averages for BCUHB and Wales.
- The gap between the employment rate for those with a long-term conditions and the overall employment rate in **Wrexham UA** (16.1%) is higher than the averages for BCUHB and Wales.
- 17.1% of residents aged 16 years and over in MSOA Wrexham 018 have no qualifications, which is below the average for Wrexham and Wales.

- Wrexham UA has the second lowest percentage of housing assessments free from category one hazards.
- Wrexham has among the lowest number of known and estimated houses of multiple occupancy in the region.

Healthy lifestyles and behaviours

- In Wrexham, 9.1% of adults report smoking, this is among the lowest across the region and below the average for Wales (12.8%) but not statistically significantly lower.
- Smoking prevalence is almost three time higher among adults in the most deprived areas compared to those in the least deprived areas.
- The percentage of adults in Wrexham (15.5%) reporting to drink alcohol above the recommended guidelines is lower than the averages for Wales and BCUHB.
- In Wrexham UA, just under 22% of adults report eating at least five portions of fruit and vegetables the previous day, which is similar to the average for BCUHB but below the Wales average (28.5%).
- Around half of adults in Wrexham report meeting the recommended levels of physical activity each week.

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Morbidity

- In Wrexham, just over 75% of working age adults report being in good health, which is the same as the average for BCUHB and above the Wales average (72.6%).
- Just under 73% of adults in Wrexham UA report being free from limiting long term illness, which is similar to the BCUHB average and higher than the average for Wales.
- Data from the 2021 Census on long term health problems or disability show that 6.4% of residents in MSOA Wrexham 018 report being disabled under the Equality Act, with day-to-day activities limited a lot; this is lower than Wrexham UA (9.4%) and Wales (10.3%).

Mental health and well-being

- Wrexham UA's score of mental well-being score of 50 indicates better mental well-being compared to the other UAs in North Wales.
- 8.1% of people in Wrexham report feeling lonely which is the second lowest across the region and below the averages for BCUHB (10.4%) and Wales (12.7%).

Wrexham has the lowest proportion of residents who report feeling a sense of community across North Wales and among the highest who report to volunteer.

Children & Young People

- In Wrexham, 7.9% of babies are born with low birth weight, which is the highest across the region.
- 87.5% of children aged 4 years in Wrexham are up-to-date with routine immunisations.
- 27% of children aged 4 to 5 years in Wrexham are overweight or obese.
- Wrexham has the highest teenage conception rate (21 per 1,000 females aged under 18 years) in North Wales and is higher than the rates for BCUHB (17.8 per 1,000) and Wales (15.2 per 1,000).

Older People

- Rising life expectancy is likely to increase the prevalence of frailty, which is estimated to affect around one in four people aged 85 years and over.
- **Wrexham UA** has a relatively high rate of hip fracture.

The rate of patients registered by their GP as having dementia is highest in South Wrexham Primary Care Cluster which are similar to the Wales. Rates in Central Wrexham Primary Care Cluster are statistically significantly higher than Wales.

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Mortality

- Premature mortality from key non-communicable deaths in Wrexham UA relatively high compared to other UAs in North Wales but not statistically different to the Wales average.
- WIMD 2019 data shows the rates in the four LSOAs that make up MSOA Wrexham 018 are all below the rate for Wales as a whole.

Current Service Provision in the Penley Area

The District Nursing Service is one point of contact for people to access community home based general nursing services. They provide care through an appropriately skilled and qualified nursing workforce, which delivers an equitable and accessible range of services. They predominantly see patients who are deemed house bound, with the focus of care being promotion and maintenance of health, providing support through ill health, promoting and maximising independence, recovery, and/or the terminal stages of life. The District Nursing service leads and delivers care within patient's homes, residential and care home settings, clinics and hospital settings:The provision of **end-of-life care** in Penley and the surrounding area is provided by the District Nursing Team supported by the CRT which consists of the GP service, District Specialist Palliative Care, Nursing and Residential Homes, Local Authority, Therapies, and Pharmacy.

Interim Service Mitigation since April 2023 (including activity data)

In response to being unable to safely open the ward, the Health Board has focused on providing alternative models of care. These included providing health and care services directly in patient's homes, working closer with care homes in the area to provide services for their residents and enabling and providing the health support for patients to spend their last few weeks and days with dignity in their own home. Partnership working with key stakeholders including the Local Authority and Third Sector services has been key in delivering the service mitigations

DISCUSSION DRAFT

Risk Factors

The key factors impacting on service delivery and ability to provide current service provision is in relation to the care model and demand and workforce sustainability, which is impacting on the future of the current and potential service models. This issues paper will review the existing service configuration along with service gaps to identify opportunities to deliver a sustainable service model and provide safe, high-quality services in line with population health needs.

The overriding aim of services is to improve health, provide safe services and deliver the best possible standards of care to the local population of Penley and the surrounding area ensuring a sustainable service model. In this paper there is a focus on achieving quality standards, addressing local population health need, and making the most cost-effective use of resources. National standards for nursing and clinical services set clear expectations for safety, efficiency, and effectiveness. This review seeks to establish the principles upon which safe and sustainable care can be provided. The review compared current services, alongside these recognised standards.

Safe Staffing

The Nurse Staffing Levels (Wales) Act 2016 is a law that places a duty on Welsh health boards and NHS trusts to ensure sufficient nurses are available to provide safe and effective care

Current ratios are of 1 registrant to 8 patients or 1:4 when non registrants are included. The level of risk associated with only having 2 members of staff in the building overnight is noteworthy, in recent months the executive nurse director has stated in order to provide safe and effective care a band 5 Staff nurse should not routinely be left as sole registrant overnight, and that one registrant should not be working in isolation overnight. This would significantly impact on the staffing mix and numbers required.

Medication Safety

Medication Safety requires an independent second check and witnessed administration of controlled drugs, intravenous medicines, all insulin products and wherever a calculation is required. This has to be undertaken by a registered nurse or non-registered nurse with a Level 3 qualification. current ward budget is only established to provide one registered staff member per shift. This can cause a delay in the administration of medication to patients leading to increased length of stay, a potential increased risk of medication errors, potential increased medication-related incidents, non-compliance with local and national

DISCUSSION DRAFT

regulations (with potential legal consequences), and increased stress for staff It may also impact on the quality of patient care and staff retention.

Deconditioning

Patients in Community Hospitals are expected to be discharged within 21 to 35 days. However, prolonged hospital stays can negatively impact health, leading to sleep deprivation, increased risk of falls, delirium, infections, and muscle loss, which reduces mobility and independence (known as deconditioning or PJ paralysis). Addressing long stays is vital to preventing harm, disability, and unexpected costs, especially for vulnerable patients.

Infection prevention

Public Health Wales enforces a zero-tolerance policy for preventable HCAIs, integrating national guidelines such as the National Standards for Cleaning in NHS Wales. Additionally, hospitals implement infection prevention improvement plans, focusing on staff education, compliance monitoring, and timely incident reporting. These measures collectively foster a culture of accountability and continuous improvement in infection control. There have been no recorded issues relating to infection prevention in Penley Hosptial over the previous 12 months prior to temporary closure.

At Penley Hospital, should the registered member of staff become unwell whilst on duty, the ward could be left with no registrant cover posing a significant risk to patient safety and placing non-registered staff in a challenging position where they may be required to work outside the scope of their role. This may lead to the ward being non-compliant with local and national quality and safety standards. To mitigate against this risk the staff member may remain on site providing clinical care either due to a lack of backfill or whilst awaiting assistance from another site - potentially increasing a risk of transmission and infection prevention risks.

Furthermore, patients can be at an increased risk of exposure during a prolonged hospital admission where there is a pathway of care delay.

Service Usage and Performance

Between December 2023 and November 2024, the average length of stay for patients was 31.1 days.

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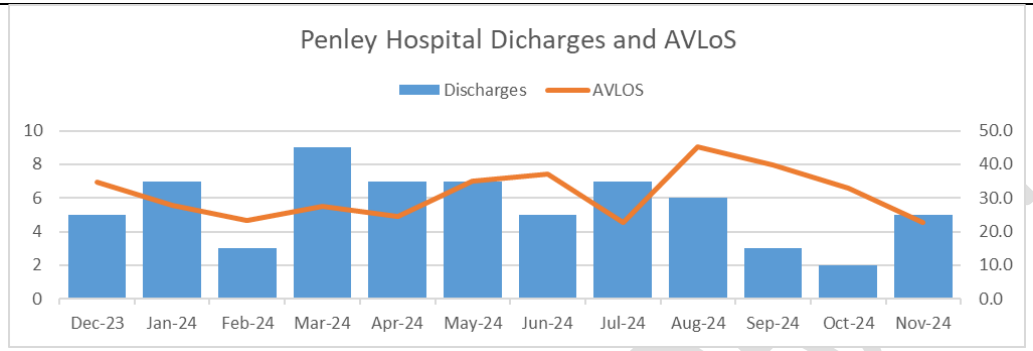
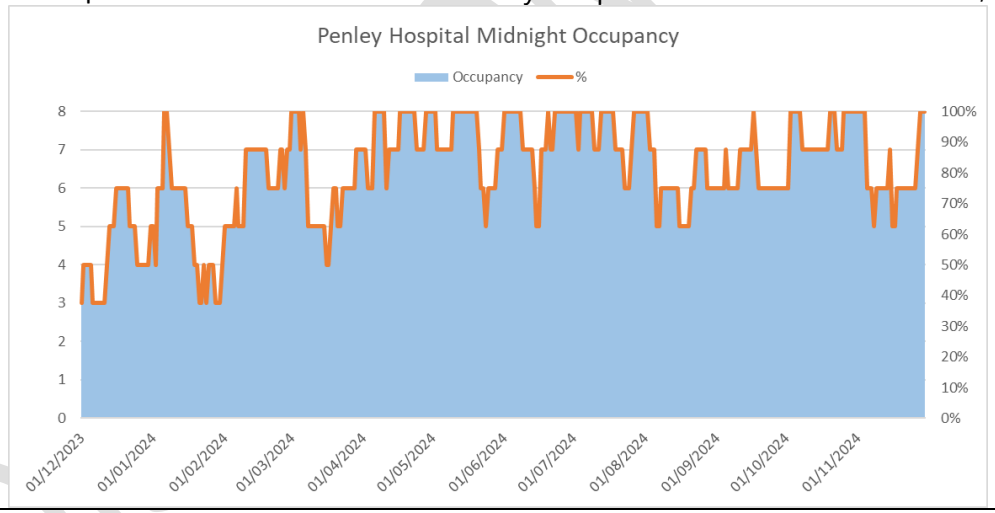


Average length of stay for community hospitals in Chirk and Mold for this period were 42.9 and 47.1 days.

Of the 59 patients admitted to Penley Hospital during this period, 49.2% were admitted from Chirk Community Hospital, 47.5% from Wrexham Maelor Hospital, and 1.65% each from Mold and Deeside Community Hospitals.

The average occupancy rate for this same period was 80.5%. Mold Community Hospitals were 95.2% and 101.7%, respectively.



Of the patients admitted to Penley Hospital from December 2023 until its temporary closure in December 2024, 49.2% normally resided in Wrexham and the surrounding areas, 27.9% in Chirk and the surrounding areas, 13.1% in Penley and the surrounding areas, 6.6% in Llangollen, and 1.6% each in Powys and Corwen.

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				
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: ✓				
Age Future versions of this assessment will use this section to assess the potential impact of each option on this group once the options have been developed.	**Option**	**Positive effect**	**Negative effect**	**Neutral**
	Initial Closure			
	1			
	2			
	3			
	4			
	5			
Evidence / supporting narrative: Evidence shows us that the affected population are older than the average population across Wales. This means they are more likely to be living with co-existing long-term conditions, frailty and impairments, and more likely to be in need of regular health support.				

DISCUSSION DRAFT

The risks posed by the current state has a disproportionate impact on older people, who are high users of community hospitals and inpatient beds. This impact assessment will identify the potential positive and negative impacts of each option to inform the options appraisal. Potential negative impacts of the current state have been identified through desktop analysis. These will be reviewed, challenged and redrafted through the balanced room engagement sessions and lived experience sessions. ➢ Decreased access to local inpatient beds providing rehabilitation and end of life care, with a subsequent negative impact on patient outcomes and patient experience. ➢ Increased travel time and potential increased waiting times. ➢ Potential reduction in carers, family and friends being able to visit due to time and distance with a subsequent impact on recovery time.
Mitigation action if adverse impact found: This will form part of the development of the options and will be completed using feedback from the balanced room engagement sessions and lived experience engagement sessions.

Disability (including long term conditions, mental health, neurodivergence and invisible impairments) Future versions of this assessment will use this section to assess the potential impact of each option on this group once the options have been developed	**Option**	**Positive effect**	**Negative effect**	**Neutral**
	Initial Closure			
	1			
	2			
	3			
	4			
	5			
Evidence / supporting narrative:				

DISCUSSION DRAFT

The risks posed by the current state have a disproportionate impact on disabled people, who are high users of community hospitals and inpatient beds. This impact assessment will identify the potential positive and negative impacts of each option to inform the options appraisal. Potential negative impacts of the current state have been identified through desktop analysis. These will be reviewed, challenged and redrafted through the balanced room engagement sessions and lived experience sessions. ➢ Decreased access to local rehabilitation care may impact mostly on disabled people and people living with long-term, chronic conditions. ➢ Increased travel requirements presents higher risks to disabled people who are more likely to use public transport as their primary mode of transport.
Mitigation action if adverse impact found: This will form part of the development of the options and will be completed using feedback from the balanced room engagement sessions and lived experience engagement sessions.

Sexual Orientation The desktop analysis has not highlighted any particular issues for this group from the proposal at this stage. We are aware that issues may be raised during the engagement process and will record and respond to these here. All staff are required to undertake mandatory Treat Me Fairly Training which includes information on equality and discrimination relating to sexual orientation.

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Gender Reassignment / Gender identity (including non-binary, gender fluid and intersex) The desktop analysis has not highlighted any particular issues for this group from the proposal at this stage. We are aware that issues may be raised during the engagement process and will record and respond to these here. All staff are required to undertake mandatory Treat Me Fairly Training which includes information on equality and discrimination relating to Gender Reassignment/Gender Identity.
Sex / Gender The desktop analysis has not highlighted any particular issues for this group from the proposal at this stage. We are aware that issues may be raised during the engagement process and will record and respond to these here. All staff are required to undertake mandatory Treat Me Fairly Training which includes information on equality and discrimination relating to sex.
Race (including ethnicity) The desktop analysis has not highlighted any particular issues for this group from the proposal at this stage. We are aware that issues may be raised during the engagement process and will record and respond to these here. All staff are required to undertake mandatory Treat Me Fairly Training which includes information on equality and discrimination relating to race. In Gwynedd, 3.8% of residents are Black, Asian and Minority Ethnic. Data from the 2021 Census shows that almost 96% of residents in South Meirionnydd Primary Care Cluster are White-British.
Religion and Belief (including non-belief and Philosophical belief) The desktop analysis has not highlighted any particular issues for this group from the proposal at this stage. We are aware that issues may be raised during the engagement process and will record and respond to these here. All staff are required to undertake mandatory Treat Me Fairly Training which includes information on equality and discrimination relating to religion and belief.
Pregnancy and Maternity The desktop analysis has not highlighted any particular issues for this group from the proposal at this stage. We are aware that issues may be raised during the engagement process and will record and respond to these here. All staff are required to undertake mandatory Treat Me Fairly Training which includes information on equality and discrimination relating to pregnancy and maternity.
Marriage and Civil Partnership The desktop analysis has not highlighted any particular issues for this group from the proposal at this stage. We are aware that issues may be raised during the engagement process and will record and respond to these here. All staff are required to undertake mandatory Treat Me Fairly Training which includes information on equality and discrimination relating to marriage and civil partnership

DISCUSSION DRAFT

Unpaid Carers Future versions of this assessment will use this section to assess the potential impact of each option on this group once the options have been developed	**Option**	**Positive effect**	**Negative effect**	**Neutral**
	Initial Closure			
	1			
	2			
	3			
	4			
	5			
Evidence / supporting narrative: Potential negative impacts of the current state have been identified through desktop analysis. These will be reviewed, challenged and redrafted through the balanced room engagement sessions and lived experience sessions. ➢ Potential increase in travel required to provide care. ➢ Potential increase in daily care needs if capacity is unstable in community or home care settings. ➢ Increase in reliance on limited transport opportunities locally. ➢ An increase in caring responsibilities can have a negative impact on the mental and physical well-being of carers. ➢ May reduce local employment opportunities for people with less access to transport or those with increased caring responsibilities				
Mitigation action if adverse impact found: This will form part of the development of the options and will be completed using feedback from the balanced room engagement sessions and lived experience engagement sessions				

Other groups / communities of interest - Staff	**Option**	**Positive effect**	**Negative effect**	**Neutral**
	Initial Closure			
	1			

DISCUSSION DRAFT

	2			
	3			
	4			
	5			

Explanation:

Consolidating current resources will improve working conditions and reduce stress for staff. At present the team is carrying a significant risk due to lack of staff and is reliant on overtime to manage which can cause burn out. Pooled resources will have a positive impact on staff wellbeing and patient outcomes. At present there are a number of shifts within the Community Hospitals without registered nurse cover, consolidation resources would ensure that these gaps are covered and would ensure safe care for patients and reduce the risk of patients coming to harm as a result of no registered nurses on shift.

Mitigation action if adverse impact found:

This will form part of the development of the options and will be completed using feedback from the balanced room engagement sessions and lived experience engagement sessions

Intersectional disadvantages

.

The biggest risk posed by the current state

is the potential to perpetuate the Inverse Care Law. Without proper considerations of the potential impacts the Health Board could potentially make care more difficult to access for older people, disabled people and people living with socio-economic disadvantage while also increasing the responsibilities of unpaid carers. The options development and appraisal will be undertaken with these issues at the heart of decision-making in order to proceed in a way that complies with the Public Sector Equality Duty. This impact assessment will provide documented evidence of how these processes show due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other unlawful conduct prohibited by the act
- advance equality of opportunity between people who share and people who do not share a relevant protected characteristic

foster good relations between people who share and people who do not share a relevant protected characteristic

DISCUSSION DRAFT

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 – *please state:*	

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? N/A

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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: ✓	**Option**	**Positive effect**	**Negative effect**	**Neutral**
We do not envisage any particular impacts on the Armed Forces Community.	**1**			
	2			
	3			
	4			
	5			
Reasons for your decision There is no evidence that the current state has a disproportionately impact on the Armed Forces Community.				

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.	**Yes**	**No**
	✓	

DISCUSSION DRAFT

e.g. Consider if the proposal increase or decrease the opportunities for people to receive information or access information in Welsh.		

Services at Penley Hospital are offered bilingually and patients will continue to have the opportunity to use the Welsh language should they choose to do so.

For many Welsh speakers, being able to access services in Welsh significantly improves their overall experience as health and care service users. The proportion of adults aged 16 years and over in BCUHB who can speak Welsh ranges from 12.4% in Flintshire to 64% in Gwynedd; the average for the whole of Wales in 18% (Table 10).

In South Meirionnydd Primary Care Cluster, 53% of residents aged 3 years and over speak Welsh (Table 11).

Table 10: Welsh speaking ability, persons aged 16 years and over, Wales and North Wales unitary authorities, 2022-23

	Percentage of adults (aged 16 years and over)		
	Speak Welsh	Cannot speak Welsh	Some Welsh speaking ability
Wales	18.0	66.0	15.9
Isle of Anglesey	48.0	39.7	12.3
Gwynedd	64.0	24.9	11.1
Conwy	27.6	57.5	14.9
Denbighshire	20.9	56.3	22.7
Flintshire	12.4	65.4	22.2
Wrexham	16.7	64.7	18.6

Produced by StatsWales (WG) using National Survey Welsh Language

Data source: Welsh Government, StatsWales: Welsh Language

Table 11: Welsh speaking in persons aged 3 years and over, South Meirionnydd Primary Care Cluster, 2021

	Gwynedd UA		South Meirionnydd		North Wales	Wales
	Number	%	Number	%	%	%
Speak Welsh	73,561	64.4	9,748	53.0	29.1	17.8
No skills in Welsh	29,977	26.2	6,829	37.1	61.3	74.8

Source: Census 2021 (Office for National Statistics)

Data source: Statistical profiles for North Wales (northwalescollaborative.wales)

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? e.g. Consider if the proposal will alter the linguistic nature of the department. Consider opportunities to develop Welsh language skills within the department?		
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: The Health Board's policy on Welsh Language provision will continue to apply		
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: The Health Board's policy on Welsh Language provision will continue to apply		
Will the proposal increase or reduce the department/division's ability to deliver services through the medium of Welsh? *e.g. Considerations for the proposal ensuring that people can access services in their preferred language, Welsh or English, and increases or reduces the opportunity for persons to use the Welsh language within the workplace. Consider impacts on the number of Welsh speaking staff within the service and if the proposal increases or reduces the opportunity for staff to improve their Welsh language skills or access training via 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: The Health Board's policy on Welsh Language provision will continue to apply		
Will the proposal treat the Welsh language no less favourably than the English language?	**Yes**	**No**

DISCUSSION DRAFT

e.g. Consider how Welsh speakers receive services to the same standard as those who access the same services through the medium of English.		✓
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: The Health Board's policy on Welsh Language provision will continue to apply		

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? *Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic*	Yes
Advancing equality of opportunity between people who share a protected characteristic and those who do not? *Making sure that people are treated fairly and given equal access to opportunities and resources*	Yes
Fostering good relations between people who share a protected characteristic and those who do not? *Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference*	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: At the current stage of the work this assessment has given due regard to the duties and has demonstrated a forward plan to ensure that the duties and the issues identified will inform the development of the options and the options appraisal.	
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

Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ owner
Engagement activities delivered through the “Right People in the Room” and “Balanced Room” frameworks provided by the Independent Strategic Adviser.	Inclusive engagement is ensured and the voices of people with protected characteristics and high risk groups identified in the assessment are included in the process.	None	Ongoing	Regular reporting to Tywyn and Penley Oversight Group	Helen Stevens-Jones
Lived Experience Sessions are being planned to focus specifically on the high risk groups and the potential negative impacts identified in this impact assessment.	Inclusive engagement is ensured and the voices of people with protected characteristics and high risk groups identified in the assessment are included in the process.	None	Ongoing	Regular reporting to Tywyn and Penley Oversight Group	Helen Stevens-Jones

DISCUSSION DRAFT

Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ owner
Stakeholder Mapping exercise undertaken with an protected characteristic and socio-economic duty focus	Inclusive engagement is ensured and the voices of people with protected characteristics and high risk groups identified in the assessment are included in the process.	None	5.8.25	Regular reporting to Tywyn and Penley Oversight Group	Helen Stevens-Jones
Produce engagement summary report at the end of each phase, to include a dedicated section on equality, protected characteristics and high risks groups identified in this impact assessment.	Inclusive engagement is ensured and the voices of people with protected characteristics and high risk groups identified in the assessment are included in the process.	None	End of each phase	Regular reporting to Tywyn and Penley Oversight Group	Helen Stevens-Jones
Agree to undertake Options Development and Options Appraisal in line with BCUHB Inclusive Decision Making Framework and agree weighting for equality scoring.	Inclusive engagement is ensured and the voices of people with protected characteristics and high risk groups identified in the assessment are included in the process.	None	Ongoing	Regular reporting to Tywyn and Penley Oversight Group	Andrea Hughes
Ensure arrangements are in place for all engagement activity to ensure all engagement opportunities are fully accessible to and inclusive of Welsh Language speakers, British Sign Language Users.	Inclusive engagement is ensured and the voices of people with protected characteristics and high risk groups identified in the assessment are included in the process.	None	Ongoing	Regular reporting to Tywyn and Penley Oversight Group	Helen Stevens-Jones
Ensure that arrangement are agreed so that materials can be provided in other languages and/or formats upon request	Inclusive engagement is ensured and the voices of people with protected characteristics and high risk groups identified in the	None	Ongoing	Regular reporting to Tywyn and Penley	Andrea Hughes

DISCUSSION DRAFT

Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ owner
	assessment are included in the process.			Oversight Group	
Well-being of Future Generations Commissioner to be consulted with as part of the Engagement and Consultation Plans.	Ensure that alignment to the Well-being goals is properly addressed	None	TBC	Regular reporting to Tywyn and Penley Oversight Group	Helen Stevens-Jones

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

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If you have identified an equality risk: What is the consequence? What is the likelihood? Risk score = consequence x likelihood	Risk Score = 4 x 4 = 16 As of 30.7.25
Any narrative relating to risk score: The current status shows a number of risks that the Health Board fails to provide accessible and equitable care. As the process continues this impact assessment will be updated. The impact assessment will inform the balanced room engagement sessions, and will be used to inform the options development and options appraisal to mitigate these risks and reduce the risk score.	

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:

Project Lead Sign-off	**Equality Team Sign-off (required when both EQIA and SEIA is required)**	**Committee Chair 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	I confirm that I have reviewed this Equality Impact Assessment and I am assured that it contains sufficient evidence and rigour to be	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: 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

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Impact, Socio economic Impact, Human rights, Welsh Language requirements and Armed Forces Covenant. Signed: (Project Lead)	considered by the decision-making committee. Signed: (Equality and Inclusion Manager)	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. Signed: (Committee Chair)

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

DISCUSSION DRAFT

Section 1 - Assessment information – evidence	
Has this assessment identified Stakeholder groups?: *Supporting narrative if different to Part A.*	Yes – see part A
Has this assessment used a range of evidence?: *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.*	Yes – see part A
Has this proposal engaged with those impacted by the Policy / Strategy Proposal / Policy? *Supporting narrative if different to Part A.*	Yes – see part A

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	✓	✓	See “Living Standards”
Carers	✓	✓	See Part B
People who share a common first language			
People experiencing homelessness			
Lone parent families	✓	✓	See “Living Standards”
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	✓	✓	See “Living Standards”
Areas of high levels of unemployment / deprivation	✓	✓	See “Living Standards”
Other – please state:			

DISCUSSION DRAFT

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 You can copy and paste this tick: ✓ Future versions of this assessment will use this section to assess the potential impact of each option on this domain once the options have been developed	**Option**	**Positive effect**	**Negative effect**	**Neutral**
	Initial Closure			
	1			
	2			
	3			
	4			
	5			

DISCUSSION DRAFT

Supporting narrative:
Health is crucially linked with education; good health and wellbeing are associated with improved attendance and attainment at school, which in turn lead to improved employment opportunities and broader career options. The 2021 Census recorded around 106,340 (19%) adults aged 16 years and over in North Wales with no qualifications. Gwynedd has the lowest proportion with no qualifications (16.3%)[3] The desktop analysis has not highlighted any particular issues in regards to education from the proposal at this stage. We are aware that issues may be raised during the engagement process and will record and respond to these here.

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

All opportunities to provide education and training pathways will be explored in the development of the options.

What are the main socio economic impacts of the proposal?

Domain area: Health
You can copy and paste this tick: ✓

Future versions of this assessment will use this section to assess the potential impact of each option on this domain once the options have been developed

Option	Positive effect	Negative effect	Neutral
Initial Closure			
1			
2			
3			
4			
5			

Supporting narrative:

[3] Public Health Wales, *Health and Wellbeing Profile for Penley, Gwynedd,* (July 2025), p21

DISCUSSION DRAFT

While there may not be an immediate health risk posed at a population level by the current state we need to be aware of the impact on people's perceptions of their access to healthcare, and the resultant impact on their trust in their health provider and on their mental health and well-being. The BCUHB Public Health 'Health and Wellbeing Profile' for Penley sets out the requirements for a healthy and well population. Based on the determinants of health they include chronic condition management, healthy lifestyles and behaviours such as healthy weight, tobacco, alcohol consumption, nutrition, and physical activity.

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?

These issues will be explored through the balanced room engagement and lived experience sessions and the outcome of these discussions will inform the development of the options.

What are the main socio economic impacts of the proposal?

Domain area: Living standards
You can copy and paste this tick: ✓

Option	Positive effect	Negative effect	Neutral
Initial Closure			
1			
2			
3			
4			
5			

Supporting narrative:
Consolidating inpatient services at one site will impact patients due to location and transport infrastructure in and around Penley Hospital and may make access to services more challenging. This may also impact staff due to increased need for travelling.

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The risks posed by the current state have a disproportionate impact on people living in poverty or other socio-economic disadvantage, who make up a higher than average proportion of the population of the local area and are high users of community hospitals and inpatient beds. Potential negative impacts of the current state have been identified through desktop analysis. These will be reviewed, challenged and redrafted through the balanced room engagement sessions and lived experience sessions. ➢ Increased travel for family and friends when visiting patients in the hospital ➢ Increased reliance on limited transport opportunities locally ➢ Reduced capacity to deliver care close to home in more rural and/or isolated areas. ➢ Reduced access to Point of Care Testing, particularly in rural areas ➢ Increases in costs of travel will have a greater impact on this cohort, increasing the likelihood of this group – more likely to live with poor health – being unable to access healthcare, perpetuating the Inverse Care Law. ➢ The closure of inpatient services in Penley may reduce local employment opportunities for people with less access to transport or those with increased caring responsibilities.
As part of your proposal what are the opportunities to reduce the impact of poverty on living standards? These issues will be explored through the balanced room engagement and lived experience sessions and the outcome of these discussions will inform the development of the options.

What are the main socio economic impacts of the proposal?				
Domain area: Work You can copy and paste this tick: ✓	**Option**	**Positive effect**	**Negative effect**	**Neutral**
Future versions of this assessment will use this section to assess the potential impact of each option on this domain once the options have been developed	**Initial Closure**			
	1			
	2			
	3			
	4			
	5			

DISCUSSION DRAFT

Supporting narrative:
These issues will be explored through the balanced room engagement and lived experience sessions and the outcome of these discussions will inform the development of the options.

What are the main socio economic impacts of the proposal?				
Domain area: Justice and personal security You can copy and paste this tick: ✓		**Positive impact**	**Negative impact**	**Neutral / No impact**
	Initial Closure			
	1			
	2			
	3			
	4			
Supporting narrative: *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*.				
How can your proposal promote and protect people's rights and increase their access to justice and personal security?				

DISCUSSION DRAFT

What are the main socio economic impacts of the proposal?

Domain area: Participation

You can copy and paste this tick: ✓

Option	Positive effect	Negative effect	Neutral
Initial Closure			
1			
2			
3			
4			
5			

Supporting narrative:

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.

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

DISCUSSION DRAFT

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
Include all considerations and issues identified in this Socio-economic Impact Assessment in the Stakeholder Mapping Exercise	Representatives of all communities of place or interest are included in the stakeholder mapping exercise.	None	5.8.25	Report to Tywyn and Penley Oversight Group	Steve Dooré
Undertake a travel analysis as part of the options development and appraisal	Impacts on people who rely on transport infrastructure are better understood.	TBC	TBC	Report to Tywyn and Penley Oversight Group	Andrea Hughes

Section 4 – SEIA Sign off

Who signed-off this SED Impact Assessment:
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

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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:		
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. Signed: (Project Lead)	**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. **Signed:** Steve Dooré (Equality and Inclusion Manager)	**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. Signed: (Committee Chair)

End of SED assessment

DISCUSSION DRAFT

"Right People in the Room" Checklist

Use this checklist to ensure your consultation or engagement activity includes the people most relevant to the decision, those affected by it, and those with the right knowledge or perspective.

How to Use This Checklist

This checklist is designed to help you assess whether the right individuals and groups have been included in your consultation or engagement process:

- For each question, consider the current stage of your project and tick **Yes**, **No**, or **Partially** as appropriate. (Click in the check box with your cursor)
- Use the "Partially" option if some effort has been made but further action is needed.
- Where gaps are identified, make a note of any planned follow-up steps.
- This tool is best used collaboratively by the project team to support transparency, fairness, and inclusive decision-making.

Checklist Questions:

1. Who is Affected?

Have we identified all those directly or indirectly affected by the decision or proposal?

Yes ☐

No ☐

Partially ☐

2. Who Has Lived Experience or Expertise?

Are people with relevant lived experience, local insight, or frontline knowledge included?

Yes ☐

No ☐

Partially ☐

3. Who Holds Influence or Responsibility?

Are those with decision-making power, policy responsibility, or implementation roles involved?

Yes ☐

No ☐

Partially ☐

4. Are Diverse Voices Present?

Have we actively included people from seldom heard or marginalised groups, and made adjustments for them to participate?

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Yes ☐

No ☐

Partially ☐

5. Have We Covered Key Perspectives?

Do we have a range of viewpoints, including those who may challenge or disagree with the proposals?

Yes ☐

No ☐

Partially ☐

6. Are Gaps Acknowledged and Addressed?

Where key groups couldn't attend, have we taken other steps to include their views (e.g. interviews, outreach, intermediaries)?

Yes ☐

No ☐

Partially ☐

7. Have We Recorded Our Reasoning?

Is there a clear record of who was included, why, and how this was judged to be fair and sufficient?

Yes ☐

No ☐

Partially ☐

DISCUSSION DRAFT

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"Balanced Room" Checklist

Use this checklist to assess whether your consultation, co-production or engagement space includes a fair and diverse range of voices, perspectives, and stakeholder types, and whether any group is underrepresented or overly dominant.

How to Complete This Checklist

This checklist is designed to help you assess whether your engagement, consultation, or co-production session is inclusive and balanced:

- For each question, review the composition and dynamics of your group and tick **Yes**, **No**, or **Partially**. (Click in the check box with your cursor)
- Use the "Partially" option if efforts have been made but further action is needed.
- The checklist can be completed individually or as a team and should ideally be revisited at multiple stages.
- Use the Final Reflection section to determine whether your room is sufficiently balanced or if further adjustments are necessary.

Checklist Questions:

1. Representation and Diversity

1.1 Have we included a range of demographic groups (e.g. age, gender, ethnicity, disability, geography)?

Yes ☐
No ☐
Partially ☐

1.2 Does the group reflect the diversity of people affected by the issue or decision?

Yes ☐
No ☐
Partially ☐

2. Stakeholder Interests and Perspectives

2.1 Are different stakeholder types present (e.g. service users, staff, community leaders, campaigners, dissenting voices)?

Yes ☐
No ☐
Partially ☐

2.2 Is there a balance between supporters, critics, and those who are undecided?

Yes ☐
No ☐
Partially ☐

3. Power and Influence

DISCUSSION DRAFT

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3.1 Are less powerful or marginalised groups supported to participate fully (e.g. interpreters, access needs, digital support)?

Yes ☐
No ☐
Partially ☐

3.2 Have we prevented domination by powerful voices (e.g. senior professionals, loud stakeholders)?

Yes ☐
No ☐
Partially ☐

4. Participation and Voice

4.1 Are all participants being heard equally during the session?

Yes ☐
No ☐
Partially ☐

4.2 Are we using methods that allow quieter voices to contribute safely (e.g. breakout groups, written input)?

Yes ☐
No ☐
Partially ☐

5. Monitoring and Responsiveness

5.1 Are we actively reviewing who is in the room and who is missing?

Yes ☐
No ☐
Partially ☐

5.2 Have we taken additional steps to bring in underrepresented views (e.g. targeted outreach, focus groups)?

Yes ☐
No ☐
Partially ☐

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6. Final Reflection

Based on the checklist above, is this a balanced room, or are there risks of consultation capture, under-representation, or power imbalance?

☐ Balanced

✓ Some gaps identified

☐ Major imbalances: follow-up required

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Appendix 2

DISCUSSION DRAFT

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