Equality & Health Impact Assessment for

Winter Preparedness and Resilience Plan

APPROVED BY: Chair's Action and reported to the Board on 30th March 2017.

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Winter Preparedness and Resilience Plan
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Operations Assistant Chief Operating Officer Phone number: 46730 E-mail: lee.davies3@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	To maintain safe and high quality services through the winter period.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research	Demand for emergency services increases during the winter period across the entirety of the health and social care system. Primary care attendances increase as do contacts with the GPOOH service. Overall attendances do not tend to increase at Emergency Units but the proportion of majors rises and the number of admissions increases. This is particularly the case for the very young, i.e. under 4 years of age, and the older age groups. Analysis of the last ten years for C&V UHB has identified an increase in hospital admissions of 18% for under 17s over the winter months (October – March) as compared to the

	• good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory[1] and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[2].	summer months (April – September). Similarly the winter period brings an increase in admissions for the over 65s of 3% and 4% for the 75s. In addition, over time the age of those admitted to hospital is steadily increasing – 33% (22%) of all emergency admissions were over 65 (over 75) in 2006/07 rising to 36% (24%) in 2015/16. The older age groups are more likely to present at the Emergency Unit (per 100,000 residents), more likely still to require admission to an assessment unit for further investigations etc, even more likely to be admitted and more likely again to have a long length stay in hospital and require a higher level of support upon discharge. The average length of stay of an emergency hospital admission is 7.2 days, for patients in the 65-74 age range the average is 9.8 days and for those patients over 75 the average stay is 15.7 days. During the winter the average LOS of patients can increase and, again, this is typically more pronounced amongst the oldest patients – on average the LOS of patients over the age of 75 increases by 0.5 days. Overall the number of beds occupied by medical emergencies is typically 40-60 beds higher during the winter months (all sites), with approximately 50% of these beds occupied by patients over the age of 85. The aggregate impact of these demand increases can lead to significant pressure on services, leading to delays in individuals receiving the care they need, which further compounds the problem by increasing the probability of admission and an extended length of stay. In general all

[1] http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf
[2] http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face

		measures of performance for the unscheduled care system deteriorate during the winter – 4-hour, 12-hour, ambulance delays, delayed transfers of care etc. Many of the major chronic diseases are more common in BME groups, than in the overall population. These include coronary heart disease, stroke, diabetes, hypertension and tuberculosis. Learning Difficulties - the health issues of this group relate firstly to a reduced intellectual and social functioning but also poor access and sub-optimal uptake of health care services. Incidence of some cancers and coronary heart disease has risen in people with learning difficulties. This reflects lifestyle changes associated with a shift towards community living and increased longevity in this group. Access to services is a key issue, as people who are homeless are 40 times less likely to be registered with a GP, than the general population. This makes continuity of treatment difficult. The pensions that we as a society pay to older people as a percentage of average income (the replacement ratio) are and always have been low in comparison to other countries. So there are groups of older people, who do not have a great deal of income, but the majority do have reasonable incomes and there some very, very rich older people. Older people do not claim all the benefits that they are entitled to receive but also there are a large number of benefits which they can claim or are paid automatically: - winter fuel allowance - free television licence

		- Age related benefits
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	All patients receiving unscheduled care services through the winter period, including primary care, hospital and community services.

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	Positive impacts: - Patients of all ages receive timely and safe unscheduled care services (note: over 65s tend to use more services over winter than other age groups so will disproportionally benefit from winter-specific actions) - Specific elements within the plan for paediatric patients and	Future iterations of the winter plan should look to include further schemes tailored towards the needs of older people, particularly given forecast demographic changes. Health and social care staff are required by their training and their professional codes of conduct to treat people with respect and in the case of social work to work	The winter plan for 16-17 and wider unscheduled care plans incorporate schemes designed specifically to meet the needs of the old and frail, and under 18s. Age related discrimination is part of the Equality Mandatory training that staff have to complete.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
	elderly patients - Fewer elective cancellations (all ages) No negative impacts identified though we recognise that issues of ageism and discrimination is an issue particularly for 'younger' and 'older' people	within an anti-discriminatory framework which in itself seeks to highlight and combat oppression and discrimination.	
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Persons with a disability or long-term medical condition are more likely to utilise unscheduled care services and therefore are expected to disproportionately benefit from winter schemes. The aim is to maintain the	Future iterations of the plan may wish to consider specific actions to support individuals with a disability	Specific schemes in the plan for 16-17 for patients with mental health conditions and frailty

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
	independence of these individuals and encourage them to self-help and access community provision from within their own homes. People with a learning disability are more likely to be admitted to hospital for oral health conditions, epilepsy, mental health conditions and diabetes. In addition there is high ED attendance for people who have some form of Mental health crisis who require health and social care support.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment	It is widely known that there are differences between men and women in the incidence	None	

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	and prevalence of most health conditions. The plan does not appear to potentially exclude or have a negative impact on this particular equality group. However, research indicates that the Trans community sometimes have difficulties in accessing healthcare services as well as problems of mental health.		
6.4 People who are married or who have a civil partner.	The plan does not appear to potentially exclude or have a negative impact on this particular equality group.	None	
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are	The winter plan includes actions designed to increase the rates of flu vaccination for	Continue to monitor effectiveness of these schemes and take action	Specific scheme for increasing flu vaccination rates amongst pregnant women included in

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	pregnant women.	as necessary	the plans
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	Cardiff and Vale has a fair size population of gypsy and travelers some of whom live in houses, some living on registered sites and possibly a small population who camp in unauthorized places. This community does not traditionally register with GP services so all their access to urgent care is generally via unscheduled care. In addition they have a much lower life expectancy and often present late in their illness making management potentially more	None	

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
	complex. Cardiff and Vale also has increasing population of asylum seekers and refugees and people from other nations. For example, we have Polish nationals living predominately in the Cardiff. This is a population currently of general working age but traditionally the health services in Poland are set up differently so they access services like unscheduled care for non urgent GP services. There are alternative services to unscheduled care described in the plan that these groups		

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate.** Make reference to where the mitigation is included in the document, as appropriate
	can access.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	The plan does not appear to potentially exclude or have a negative impact on this particular equality group.	None	
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	No differences identified.	None.	
6.9 People who communicate using the	No differences identified.	None.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	Low income individuals are more likely to attend or be admitted to hospital as an emergency and therefore are expected to disproportionately benefit from winter schemes	None.	
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic	Individuals living in areas with poor economic and/or health	Schemes within the winter plan and the wider	The winter plan and wider unscheduled care plans are

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
and/or health indicators, people unable to access services and facilities	indicators are more likely to utilise unscheduled care services and therefore are expected to disproportionately benefit from winter schemes.	unscheduled care plan should aim to maintain patient's independence and allow patients to stay at home wherever possible	designed around 'home first' principles
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	The plan does not appear to potentially exclude or have a negative impact on this particular equality group.	None.	

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	Positives: - Winter schemes are designed to maintain the health and independence of individuals and promote home first principles - As the most vulnerable and those experiencing health inequalities are more likely to require health services, adequately providing for increased demand for services over winter acts to narrow the potential inequalities		
7.2 People being able to improve /maintain healthy lifestyles:	A number of winter schemes are specifically designed to	Continue to monitor effectiveness of these	

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	improve and maintain good health, e.g. flu immunisation.	schemes and take action as necessary	
7.3 People in terms of their income and employment status: Consider the impact on the	Little impact on job availability etc anticipated from the winter plan but		

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions Well-being Goal – A prosperous Wales	should minimise ill health etc and therefore support attendance at work. However we recognise the impact that mental health and well-being related to stress etc could have on staff as well as patients.		
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and	Maintaining people's good health and minimising the use of health services (e.g. hospital attendances and admissions) should reduce transport requirements. It is generally known that the physical environment can have a huge impact on the well-being of staff.		

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales			
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	The winter plan is an integrated plan, with contributions from both Local Authorities and Third Sector organisations. A number of the schemes will seek to promote good health and independence through community-based initiatives and existing networks thereby strengthening social support and inclusion.		

How will the strategy, policy, plan, procedure and/or service impact on:-	**Potential positive and/or negative impacts and any particular groups affected**	**Recommendations for improvement/ mitigation**	**Action taken by Clinical Board / Corporate Directorate** Make reference to where the mitigation is included in the document, as appropriate
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales	The winter plan aims to support the health and wellbeing of the local population during a demanding period of the year, thereby supporting economic development and minimising environmental impacts through reduced travel and use of UHB facilities etc.		

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	The winter preparedness and resilience plan is, in general, an extension of existing services in response to enhanced demand during the period November - March. There are therefore no negative equality and/or health impacts associated with the plan, but potentially significant benefits for health inequalities associated with adequately meeting the needs of those individuals most likely to access unscheduled care (i.e. over 65s, persons with long-term health conditions etc)

Action Plan for Mitigation / Improvement and Implementation

	Action	**Lead**	**Timescale**	**Action taken by Clinical Board / Corporate Directorate**
8.2 What are the key actions identified as a result of completing the EHIA?	No further actions identified.			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	It is recognised that undertaking an EHIA is an iterative process. This EHIA reflects initial key issues. The EHIA will be reviewed and monitored in September 2017.	ACOO	Sept 17	Will be implemented

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate

8.4 What are the next steps?
 	
Some suggestions:-
• Decide whether the strategy, policy, plan, procedure and/or service proposal:
  ○ continues unchanged as there are no significant negative impacts
  ○ adjusts to account for the negative impacts
  ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)
  ○ stops.
• Have your strategy, policy, plan, procedure and/or service proposal approved
• Publish your report of this impact assessment
• Monitor and review
	EHIA to be submitted for publication
	
	Review and refresh EHIA as part of winter planning for 2017-18
		ACOO
		
		ACOO
			Jan 17
			
			Sept 17	

DRAFT