

Reference Number: UHB 009
Version Number: 4

Date of Next Review: Oct 2025
LHB Reference Number: UHB 009

Interventions Not Normally Undertaken Policy

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will identify, monitor and review a list of health service interventions which are not normally undertaken by the UHB.

Interventions Not Normally Undertaken (INNUs) are not routinely available because:

- There is currently insufficient evidence of clinical and /or cost effectiveness or
- The intervention is considered to be of relatively low priority for NHS resources

They are either not normally available on the NHS in Wales, or are available only within specified criteria. The list of INNUs can be found in the supporting document *List of Interventions Not Normally Undertaken by Cardiff and Vale University Health Board*.

The Individual Patient Funding Request (IPFR) process can be used to apply for an intervention included in the INNU list in clinically exceptional circumstances.

Pharmaceutical treatments are generally excluded from the list, as there is a process for looking at these through the Cardiff and Vale UHB Corporate Medicines Management Group. Details of medicines that can be routinely prescribed along with the associated indications and criteria are detailed in the Cardiff and Vale Formulary.

Policy Commitment

- The list of Interventions Not Normally Undertaken by the UHB is a live document which will be updated as new evidence becomes available or as prioritisation decisions are made within the UHB.
- The UHB lead or designated lead in conjunction with the appropriate Clinical Board(s) and the Deputy Director of Commissioning, will agree whether an addition/deletion/amendment to the INNU list is required.
- Proposed changes will be taken to Clinical Effectiveness Committee (CEC) for approval prior to updating the INNU list.
- The INNU list part 2, for services commissioned by the Welsh Health Specialised Services Committee (WHSSC), will be updated by WHSSC.
- The current INNU list will be published on the Cardiff and Vale UHB IPFR internet page.
- The UHB Business Intelligence Team will provide a monthly INNU monitoring report on a core set of INNU interventions to Deputy Director of Public Health, Head of Outcomes Commissioning, IPFR co-ordinator, the Director of Operations, and all Clinical Boards.

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Supporting Procedures and Written Control Documents

This Policy is to be used in conjunction with the supporting documents listed below:

- List of Interventions Not Normally Undertaken by Cardiff and Vale University Health Board
- NHS Wales Policy: Making Decisions on Individual Patient Funding Requests Policy
- Welsh Health Specialised Services Committee (WHSSC) Specialised services commissioning policies and service specifications
- Cardiff and Vale UHB Formulary
- Documents are publicly available as follows:

The INNU list and IPFR policy (when approved):

[Individual Patient Funding Requests - Cardiff and Vale University Health Board \(nhs.wales\)](http://nhs.wales)

WHSSC Specialised services commissioning policies and service specifications:
www.whssc.wales.nhs.uk/policies-and-procedures-1

Cardiff and Vale UHB Formulary:

<http://cardiffandvaleuhb.inform.wales.nhs.uk/>

Scope

This policy applies to all of our staff in all locations including those with honorary contracts, and to those that deliver care to Cardiff and Vale UHB patients.

Equality and Health Impact Assessment

An Equality and Health Impact Assessment (EHIA) been completed. The results highlight that whilst certain interventions relate in particular to certain protected characteristics (age, disability, pregnancy, race, sex) due to higher prevalence of related conditions or illness in particular sub groups of the population, no negative impact on protected characteristics was identified and in some aspects the impact on protected characteristics was positive.

Key actions have been identified and incorporated within supporting procedures.

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Policy Approved by	Quality, Safety and Experience Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Clinical Effectiveness Committee (CEC)
Accountable Executive or Clinical Board Director	Executive Director of Public Health

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	Cardiff and Vale Board	May 2010	Not applicable
2	Quality, Safety and Experience Committee 3/9/2014	Sept 2014	Additional information provided to strengthen Equality Impact Assessment
3	Quality, Safety and Experience Committee 8/09/18	20/09/18	Updated and reformatted UHB009v02 in line with the revised policy template. Changes to the interventions included in the INNU list are documented alongside the INNU list.
4	Quality, Safety and Experience Committee 30/8/22	Sept 2022	Refresh of this policy included removal of out of date documents; addition of sharing data with all Clinical Boards and update to the EHIA.

Equality and Health Impact Assessment for Interventions Not Normally Undertaken Policy

Note- Embedded documents are available on request

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Not applicable
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Public Health Executive Director: Fiona Kinghorn Fiona.kinghorn@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<p>The purpose of the INNU policy is to outline the UHB process for identifying, monitoring and reviewing a list of health service interventions which are not normally undertaken by the UHB, or are only undertaken within specified criteria. An intervention is placed on the INNU list if the clinical and/or cost effectiveness evidence for the intervention is weak, or as a result of service prioritisation.</p> <p>The INNU policy is in line with the UHB's Principles for Change described in <i>Shaping Our Future Wellbeing Strategy 2015-2025</i>, in particular avoiding harm, waste and variation by:</p> <ul style="list-style-type: none"> • Adopting evidence based practice, standardising as appropriate • Fully using the limited resources available, living within the total • Minimising avoidable harm • Achieving outcomes through minimum appropriate intervention

4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • 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 	<p>In 2021 there were 362,400 people living in Cardiff, and 131,800 living in the Vale of Glamorgan (Census, 2021). There are several universities in Cardiff boosting the student population.</p> <p>From the previous 2011 Census we know that there are an estimated 15,000 people living with some degree of sight loss, and 33,000 people have moderate or severe hearing impairment in Cardiff and the Vale of Glamorgan. There are 2000 people registered with learning disability in Cardiff and the Vale of Glamorgan and over 30,000 classified themselves in 'bad' or 'very bad' health.</p> <p>Population data from the <i>Census 2011</i> https://www.nomisweb.co.uk/ Cardiff and Vale identified:</p> <ul style="list-style-type: none"> • Marital status: Single (incl. divorced and widowed) 56%, Married 40%, Civil partnership 0.2%, Separated 3.5% • Religion: Christian 53%, Muslim 5.2%, Hindu 1.1%, Buddhist 0.4%, Sikh 0.3%, Jewish 0.2%, other religion 0.4%; Non-religion 32% • Ethnicity: White 88%, Asian 6.8%, Mixed 2.5%, Black/African/Caribbean/British Black 1.7%, Arab 1.0%, Other ethnic group 0.5% • 50,580 carers were recorded in Cardiff and Vale of Glamorgan
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		<ul style="list-style-type: none">• There are 36,735 fluent Welsh speakers in Cardiff and 13,189 in the Vale of Glamorgan, equating to approximately 10% of the population <p>*Data on disability and marital status were collected from the Household reference person.</p> <p>Data on sexual orientation and gender reassignment was not collected in the Census 2011. A survey undertaken for the Cardiff and Vale Population needs assessment reported 86.7% respondents specified their sexual orientation as heterosexual, 3% gay man, 2.6% bisexual, 1.7% gay woman/lesbian, 0.6% other. There are no official estimates however UK research carried out in 2009 estimated 0.6%-1.0% of the population over 15 year old identify as transgender, which would equate to between 2,300 and 3,900 in Cardiff and Vale of Glamorgan.</p> <p>The Cardiff and the Vale of Glamorgan Population needs assessment https://cvihsc.co.uk/about/what-we-do/population-needs-assessment/ was prepared following the introduction of the Social Services and Well-being (Wales) Act 2014. The Act placed a duty on Local Authorities and Local Health Boards to prepare and publish an assessment of the care and support needs of the population, including carers who need support. This has recently been refreshed.</p> <p>Information for the assessment was drawn from a number of sources including public surveys tailored to the audience; focus group interviews with local residents; a survey of local professionals and organisations providing care or support, including the third sector; and service and population data.</p>
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		<p>The assessment report presented findings for the following population themes:</p> <ul style="list-style-type: none">• Children and young people• Health and physical disabilities• Learning disability and autism• Adult mental health and cognitive impairment• Adult carers• Sensory loss and impairment• Violence against women, domestic abuse and sexual violence• Asylum seekers and refugees• Offenders• Veterans• Substance misuse <p>Suggested areas for action from the Population Needs Assessment that are pertinent to the INNU policy and EHIA include: Recognising the diversity within age groups (e.g. children and young people, older people) and tailoring services to meet individual needs; increasing engagement with people in decisions about them; increased clarity on referral pathways and criteria and support for professionals in decision making; recognising people with complex needs and requiring additional support.</p> <p>Recommendations from the Cardiff and Vale Dementia Health Needs Assessment (2017) identified the importance of treating people with kindness and compassion and the importance of avoiding unwarranted inequalities in access to services.</p> <p>http://www.cvihsc.co.uk/wp-content/uploads/2017/02/DHNA-Cardiff-and-Vale-Final.pdf</p>
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	<p>An assessment of the future health and social care needs of older people in Cardiff and Vale of Glamorgan (2011) recognised the following as having increasing impact on people’s health as they got older; reduced mobility, visual impairment, increased risk of falls, urinary incontinence, diabetes, stroke, mental health problems and dementia. https://cvihscc.co.uk/wp-content/uploads/2022/04/PNA-English-v2.pdf</p> <p><i>Health inequalities impact on people and communities</i> Health inequalities are differences in life expectancy and healthy life expectancy between people or groups due to social, geographical, biological or other factors. Some differences, such as ethnicity, may be fixed. Others are caused by social or geographical factors. The association between social inequalities and health inequity is well documented, the latter being defined as “an unnecessary, avoidable, unfair and unjust difference between the health or healthcare of one person and that of another.</p> <p>The Socio-economic Duty came into force in Wales on the 31 March 2021. It will encourage better decision making and ultimately deliver better outcomes for those who are socio-economically disadvantaged.</p> <p>There is an enduring association between socioeconomic position and health, both over time and across major causes of death. The difference in healthy life expectancy between those living in the most and least deprived communities in Cardiff and Vale is 14.4 years for men and 18 years for women.</p>
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		<p>To further explore the potential impact of this policy EHIA has been undertaken focusing on each of the interventions in the INNU list. A number of interventions in the INNU list are permitted only in accordance with NICE guidance. Processes within NICE require equality issues to be considered in the scoping and production phases and NICE publishes an equality impact assessment alongside its guidance.</p> <p>A national list of elective activity by INNU by area of residence for 2015/16 captured by Health Board was produced in September 2017 by the Financial Information Strategy team in the Welsh Health Collaborative. Activity data is not provided by protected characteristic.</p> <p>The following sources provided evidence for the interventions included in the INNU list: Relevant technology appraisals and clinical guidelines published by Royal Colleges and the National Institute for Health and Care Excellence www.nice.org.uk/</p>
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	<p>Patients, staff and stakeholders will have clear and transparent information about those health service interventions not normally undertaken by the UHB or undertaken only within specified criteria.</p> <p>The population served by Cardiff and Vale UHB will benefit through the efficient use of limited healthcare resources and minimising of avoidable harm.</p>

6. EHIA / 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
<p>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>Certain of the interventions in the INNU list are applicable in particular to younger or older people because of the higher prevalence of a related condition or illness in that age group. Where this is the case it is clearly stated in the EHIA undertaken on the INNU list.</p> <p>For each intervention it is stated whether there is:</p> <ul style="list-style-type: none"> • No provision because the intervention is not clinically and cost 	<p>Patients are assessed individually based on their clinical need and potential to benefit from treatment.</p> <p>The Individual Patient Funding Request (IPFR) route is available to clinically exceptional cases.</p> <p>When the IPFR panel next recruits lay members consideration should be given to diversity of the representatives.</p>	<p>The IPFR route is highlighted throughout the INNU list.</p>

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
	<p>Effective</p> <ul style="list-style-type: none"> • Provision only within certain criteria 		
<p>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</p>	<p>Some of the interventions in the INNU list are particularly pertinent to people with disabilities an example of where this has been considered specifically was for Grommets where it highlighted a significant second disability as an additional criterion.</p>	<p>Patients are assessed individually based on their clinical need and potential to benefit from treatment.</p> <p>The Individual Patient Funding Request (IPFR) route is available to clinically exceptional cases.</p>	<p>The IPFR route is highlighted throughout the INNU list.</p>

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
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment and people who are non-binary</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change their gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>Some interventions in the INNU list may be particularly applicable to different sexes due to anatomical differences (e.g. hysterectomy; management of erectile dysfunction) or variation in prevalence of some conditions by gender (e.g. hallux valgus).</p> <p>Gender reassignment interventions are commissioned by Welsh Health Specialised Services Committee and the INNU list includes a hyperlink to the WHSSC policy webpage.</p>	<p>Patients are assessed individually based on their clinical need and potential to benefit from treatment. The Individual Patient Funding Request (IPFR) route is available to clinically exceptional cases.</p>	<p>The IPFR route is highlighted throughout the INNU list.</p>

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
	<p>The INNU policy states that some interventions are not available due to lack of clinical and/or cost effectiveness; or as a result of service prioritisation.</p> <p>No evidence was identified to suggest that people would be disproportionately affected by the INNU policy on the basis of gender or gender reassignment.</p>		

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
6.4 People who are married or who have a civil partner.	The general health needs of married people or people in a civil partnership are the same as others within the population. The policy does not have a direct impact on people because of their being married or in a civil partnership.	None identified	N/A
6.5 Pregnant people, or people who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after	The INNU list includes one intervention that specifically relates to pregnancy- elective caesarean section. Criteria for when the procedure may	Patients are assessed individually based on their clinical need and potential to benefit from treatment.	The IPFR route is highlighted throughout the INNU list.

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
having a baby whether or not they are on maternity leave.	<p>be undertaken were developed by NICE. The INNU policy states that some interventions are not available due to lack of clinical and/or cost effectiveness; or as a result of service prioritisation. No information was identified to suggest that pregnant people, those who had recently given birth or are breast feeding would be negatively impacted by the INNU policy.</p>	<p>The Individual Patient Funding Request (IPFR) route is available to clinically exceptional cases.</p>	

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
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	<p>At the time of the 2011 Census 15% of people living in Cardiff and 6% in the Vale were non-UK born. Cardiff has the highest ethnic minority population of the local authorities in Wales and Asian is the most represented ethnic minority group.</p> <p>The INNU policy states that some interventions are not available due to lack of clinical and/or cost effectiveness; or because of service prioritisation.</p> <p>Certain of the interventions in the INNU list may be particularly applicable to ethnic minority groups due to</p>	<p>Patients are assessed individually based on their clinical need and potential to benefit from treatment.</p> <p>The Individual Patient Funding Request (IPFR) route is available to clinically exceptional cases.</p> <p>When the IPFR panel next recruits lay members consideration should be given to diversity of the representatives.</p> <p>Data on ethnicity is not routinely and systematically collected across the UHB. This should be implemented as standard to understand</p>	<p>The IPFR route is highlighted throughout the INNU list.</p>

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
	<p>higher prevalence of related conditions or illnesses in particular populations (e.g. cholecystectomy). Where this is the case it is stated in the EHIA accompanying the INNU list.</p> <p>The INNU policy supports the efficient use of limited resources by not routinely making treatments which are considered to have low clinical and/ cost effectiveness or are considered low priority. No evidence of negative impact has been identified because of a person's race.</p>	<p>health inequalities in our community.</p>	

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
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	No evidence has been found of specific impacts from the INNU policy on people because of their religion, belief or non-belief.	Data are not routinely collected, this should be implemented as standard.	N/A
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	No evidence has been found of specific impacts from the INNU policy on people based on whether they are heterosexual, lesbian or gay, or bisexual.	Data are not routinely collected, this should be implemented as standard.	N/A
<p>6.9 People who communicate using the Welsh language in terms of correspondence,</p>	No evidence has been found of specific impacts from the INNU policy on people who	The INNU policy states that some interventions are not available due to lack of	The IPFR route is highlighted throughout the INNU list.

<p>How will the strategy, policy, plan, procedure and/or service impact on:-</p>	<p>Potential positive and/or negative impacts</p>	<p>Recommendations for improvement/ mitigation</p>	<p>Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate</p>
<p>information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>wish to communicate using the Welsh language.</p> <p>Under the Welsh Language Standards, patients and service users whose first language is Welsh should be given the choice to receive a Welsh language service. This may include discussing treatment options, gaining consent and providing patient information.</p>	<p>clinical and/or cost effectiveness; or as a result of service prioritisation.</p> <p>The Individual Patient Funding Request (IPFR) route is available for clinically exceptional cases. Patient Information Leaflets for IPFR are available in Welsh and English.</p> <p>e-learning Welsh Language Awareness training for all NHS Wales staff is being developed.</p>	<p>IPFR patient information leaflets in Welsh and English are available on the Cardiff and Vale internet site or available as a hard copy.</p>

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
<p>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</p>	<p>No evidence was found of specific impacts from the INNU policy on people because of their income. However, we noted that specific groups such people who are homeless may experience difficulties accessing services generally.</p> <p>The INNU policy advocates clinical and cost effectiveness, taking into consideration prioritisation decisions, to determine those interventions not normally undertaken.</p>	<p>Data analysis by Welsh Index of Multiple Deprivation should be undertaken to understand the health inequalities in our community.</p>	<p>Services for health excluded groups are available to improve access to services.</p>

<p>6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>	<p>No evidence has been found of specific impacts from the INNU policy on people because of where they live.</p> <p>The INNU policy applies to the resident population of Cardiff and Vale UHB.</p>	<p>Data analysis by Welsh Index of Multiple Deprivation should be undertaken to understand the health inequalities in our community.</p>	<p>Services for health excluded groups are available to improve access to services.</p>
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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
<p>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</p>	<p>The needs of other groups including carers, prisoners, refugees/asylum seekers, and people who are homeless were considered.</p>	<p>Promotion of services which are accessible to those who are health excluded.</p> <p>Working in partnership with the third sector to promote services which are accessible to those who are health excluded.</p> <p>Ensuring the ‘digital divide’ does not exacerbate existing health inequalities.</p> <p>Using simple language in all communications.</p>	<p>Services for health excluded groups are available to improve access to services.</p> <p>In person and digital services offered as appropriate, based on patient’s need and preference.</p> <p>Offering communication through the preferred method, as needed e.g. through Braille, BSL, using interpretation services etc.</p>

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
<p>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</p> <p>Well-being Goal - A more equal Wales</p>	<p>The INNU policy is explicit about those interventions that should not be undertaken routinely or only under certain circumstances. This supports consistency in the management of patients between clinicians, in relation to the interventions included on the INNU list.</p>	<p>Data analysis by Welsh Index of Multiple Deprivation should be undertaken to understand the health inequalities in our community.</p>	<p>Partnership working with other agencies to make onward referrals as needed.</p> <p>Offering patient transport services to those who need support.</p>
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm</p>	<p>No specific impacts from the INNU policy on people's ability to improve / maintain healthy lifestyles have been identified.</p> <p>The interventions included in the INNU list are treatment</p>		<p>The introduction of <i>Making Every Contact Count (MECC)</i> by Cardiff and Vale UHB has supported health and social care staff to maximise their interactions and when appropriate to offer healthy lifestyle advice and signposting</p>

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
<p>caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g. immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>	<p>rather than preventative interventions.</p>		<p>to support services.</p> <p>The <i>Optimising Outcomes Policy (OOP)</i>, offers patients who require surgery additional support to lose weight or quit smoking which will improve their chances of successful surgery.</p> <p>A proportionate universalism approach to the delivery of preventative services is supported by the Public Health team as part of a strategy to reduce health inequalities.</p>
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels,</p>	<p>One policy (Spinal injections for pain medicine) negatively impacted those who are not currently employed.</p>	<p>One policy (Spinal injections for pain medicine) mentions treatment in order to avoid medication related side effects in order to retain their job. This could be expanded to include those not in employment currently in order to ensure equality.</p>	

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
<p>job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>			
<p>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 preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>	<p>No specific impacts from the INNU policy on people’s use of the physical environment have been identified.</p>	<p>None</p>	

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
<p>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</p> <p>Well-being Goal – A Wales of cohesive communities</p>	<p>No specific impacts from the INNU policy on people in terms of social and community influences on health have been identified.</p>	<p>None</p>	
<p>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</p>	<p>No specific impacts from the INNU policy on macro-economic, environmental and sustainability factors have been identified.</p>	<p>None</p>	

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
Well-being Goal – A globally responsible Wales			

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

<p>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</p>	<p>The INNU policy outlines the UHB process for identifying, monitoring and reviewing a list of health service interventions which are not normally undertaken by the UHB, or are only undertaken within specified criteria.</p> <p>The INNU list makes explicit the interventions not normally undertaken, and for those interventions where the intervention may be offered to patients meeting certain criteria, what the criteria are.</p> <p>The policy supports the <i>Shaping Our Future Wellbeing Strategy 2015-2025</i>. Interventions are placed on the INNU list if the clinical and/or cost effectiveness evidence for the intervention is weak, or as a result of service prioritisation. The policy supports the avoidance of harm, waste and variation within the UHB and making best use of the limited resources available.</p> <p>The Individual Patient Funding Request (IPFR) route is available in clinically exceptional cases.</p>
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.2 What are the key actions identified as a result of completing the EHIA?</p>	<p>The main action for the organisation is improving the systematic collection of data on the factors that may impact health inequalities.</p> <p>When the IPFR panel next recruits lay members consideration should be given to diversity of the representatives.</p>	<p>TBC</p> <p>ZC</p>	<p>TBC</p> <p>Next recruitment Feb 2025</p>	
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>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?</p>	<p>No.</p>			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ 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 	<p>To seek approval for the INNU Policy, INNU List and the associated EHIA to the Quality, Safety and Experience Committee on 30 August 2022.</p> <p>Policy, list and EHIA to be published on Cardiff and Vale UHB internet and intranet sites</p> <p>Adherence to the policy will be monitored via monthly Business Intelligence Support (BIS) reports and clinical board audit processes.</p> <p>The EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required.</p>	<p>CB</p> <p>ZC</p> <p>Clin. Boards</p> <p>Exec DPH</p>	<p>Aug 2022</p> <p>Sept 2022</p> <p>Monthly</p> <p>Sep 2025</p>	<p>Clinical Boards have responsibility for activity undertaken within their Clinical Board.</p>