

<b>Reference Number:</b> UHB 009 <b>Version Number:</b> 3	<b>Date of Next Review:</b> 18 <sup>th</sup> Sep 2021 <b>Previous Trust/LHB Reference Number:</b> UHB 009
<p align="center"><b>Interventions Not Normally Undertaken (INNU) Policy</b></p>	
<p><b>Policy Statement</b></p> <p>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, or which will be undertaken only within specified criteria.</p> <p>Interventions Not Normally Undertaken (INNUs) are not routinely available because:</p> <ul style="list-style-type: none"> <li>• There is currently insufficient evidence of clinical and /or cost effectiveness <i>or</i></li> <li>• The intervention is considered to be of relatively low priority for NHS resources</li> </ul> <p>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 <i>List of Interventions Not Normally Undertaken by Cardiff and Vale University Health Board</i>.</p> <p>The Individual Patient Funding Request (IPFR) process can be used to apply for an intervention included in the INNU list in clinically exceptional circumstances.</p> <p>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.</p>	
<p><b>Policy Commitment</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The UHB lead or designated lead in conjunction with the appropriate Clinical Board(s) and the Head of Outcomes Based Commissioning, will agree whether an addition/deletion/amendment to the INNU list is required.</li> <li>• Proposed changes will be taken to Health System Management Board (HSMB) for approval prior to updating the INNU list.</li> <li>• The INNU list part 2, for services commissioned by the Welsh Health Specialised Services Committee (WHSSC) will be updated by WHSSC.</li> <li>• The current INNU list will be published on the Cardiff and Vale UHB IPFR internet page.</li> <li>• 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 and the Director of Operations, Surgery Clinical Board.</li> </ul>	

Document Title: Interventions Not Normally Undertaken policy	2 of 30	Approval Date: 18 Sep 2018
Reference Number: UHB 009		Next Review Date: 18 Sep 2021
Version Number: 3		Date of Publication: 18 Sep 2021
Approved By: QSE committee		

- Overarching INNU activity will be monitored through the UHB Board Performance Report.

## 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
- The All Wales Prioritisation Framework
- Welsh Health Specialised Services Committee (WHSSC) Specialised services commissioning policies and service specifications
- Cardiff and Vale UHB Formulary
- Public Health Wales Evidence summaries to support INNU

Documents are publicly available as follows:

The INNU list and IPFR policy (when approved):

[www.cardiffandvaleuhb.wales.nhs.uk/individual-patient-funding-requests](http://www.cardiffandvaleuhb.wales.nhs.uk/individual-patient-funding-requests)

The All Wales Prioritisation Framework:

[http://www2.nphs.wales.nhs.uk:8080/HealthTopicLeads.nsf/85c50756737f79ac80256f2700534ea3/c997185d64441b3980257bb80049f48d/\\$FILE/Prioritisation%20Framework\\_Final%2021-12-11.pdf](http://www2.nphs.wales.nhs.uk:8080/HealthTopicLeads.nsf/85c50756737f79ac80256f2700534ea3/c997185d64441b3980257bb80049f48d/$FILE/Prioritisation%20Framework_Final%2021-12-11.pdf)

WHSSC Specialised services commissioning policies and service specifications:

[www.whssc.wales.nhs.uk/policies-and-procedures-1](http://www.whssc.wales.nhs.uk/policies-and-procedures-1)

Cardiff and Vale UHB Formulary:

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

Public Health Wales Evidence summaries to support INNU:

<http://nww.publichealthwalesobservatory.wales.nhs.uk/favicon.ico>

## 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,

Document Title: Interventions Not Normally Undertaken policy	3 of 30	Approval Date: 18 Sep 2018
Reference Number: UHB 009		Next Review Date: 18 Sep 2021
Version Number: 3		Date of Publication: 18 Sep 2021
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	<p>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.</p> <p>Key actions have been identified and incorporated within supporting procedures.</p>
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<b>Policy Approved by</b>	Quality, Safety and Experience Committee
<b>Group with authority to approve procedures written to explain how this policy will be implemented</b>	Health Systems Management Board
<b>Accountable Executive or Clinical Board Director</b>	Executive Director of Public Health
<p style="text-align: center;"><b><u>Disclaimer</u></b></p> <p>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 <a href="#"><u>Governance Directorate.</u></a></p>	

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 23/09/2014	Sept 2014	Additional information provided to strengthen Equality Impact Assessment
3	Quality, Safety and Experience Committee 18/09/18	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.

## Equality & Health Impact Assessment for Interventions Not Normally Undertaken (INNU) 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	<p>Public Health</p> <p>Executive Director: Dr Sharon Hopkins</p> <p>Anne Hinchliffe, Consultant in Public Health. Tel: 029 2183 2125 Anne.hinchliffe@wales.nhs.uk</p>
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"> <li>• Adopting evidence based practice, standardising as appropriate</li> </ul>

		<ul style="list-style-type: none"> <li>• Fully using the limited resources available, living within the total</li> <li>• Minimising avoidable harm</li> <li>• Achieving outcomes through minimum appropriate intervention</li> </ul>
4.	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory<sup>1</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>2</sup>.</p>	<p>In 2015 there were estimated to be 357,160 people living in Cardiff, and 127,592 living in the Vale of Glamorgan. The population age structure of the Vale of Glamorgan is very similar to the Wales average. The Cardiff population is relatively young compared with the rest of Wales, with the proportion of infants (0-4 years) and young working age population (20-39 years) significantly higher than the Wales average. There are several universities in Cardiff and the student population exceeds 40,000.</p> <p>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> <a href="https://www.nomisweb.co.uk/">https://www.nomisweb.co.uk/</a> Cardiff and Vale identified:</p> <ul style="list-style-type: none"> <li>• Marital status: Single (incl. divorced and widowed) 56%, Married 40%, Civil partnership 0.2%, Separated 3.5%*</li> <li>• 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%</li> <li>• Ethnicity: White 88%, Asian 6.8%, Mixed 2.5%, Black/African/Caribbean/British Black 1.7%, Arab 1.0%, Other ethnic</li> </ul>

<sup>1</sup> <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

<sup>2</sup> <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

	<p>group 0.5%</p> <ul style="list-style-type: none"> <li>• 50,580 carers were recorded in Cardiff and Vale of Glamorgan</li> <li>• The number of men and women is similar, with women slightly outnumbering men (50.8% Cardiff, 51.4% Vale of Glamorgan)</li> <li>• There are 36,735 fluent Welsh speakers in Cardiff and 13,189 in the Vale of Glamorgan, equating to approximately 10% of the population</li> </ul> <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 (see below) 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>In 2016 there were 105,800 women aged 16-44 resident in Cardiff and Vale and there were 5676 maternities.</p> <p><a href="#">Births by mothers' usual area of residence in the UK - Office for National Statistics</a></p> <p>The <a href="#">Cardiff and the Vale of Glamorgan Population needs assessment</a> 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.</p>
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	<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> <p>The assessment report presented findings for the following population themes:</p> <ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Health and physical disabilities</li> <li>• Learning disability and autism</li> <li>• Adult mental health and cognitive impairment</li> <li>• Adult carers</li> <li>• Sensory loss and impairment</li> <li>• Violence against women, domestic abuse and sexual violence</li> <li>• Asylum seekers and refugees</li> <li>• Offenders</li> <li>• Veterans</li> <li>• Substance misuse</li> </ul> <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</p>
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	<p>kindness and compassion and the importance of avoiding unwarranted inequalities in access to services.  <a href="http://www.cvihsc.co.uk/wp-content/uploads/2017/02/DHNA-Cardiff-and-Vale-Final.pdf">http://www.cvihsc.co.uk/wp-content/uploads/2017/02/DHNA-Cardiff-and-Vale-Final.pdf</a></p> <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.  <a href="http://www.valeofglamorgan.gov.uk/Documents/Living/Social%20Care/Adult%20Services/Older%20Peoples%20Needs%20Assessment%20First%20Report%20June%202011%20(2).pdf">http://www.valeofglamorgan.gov.uk/Documents/Living/Social%20Care/Adult%20Services/Older%20Peoples%20Needs%20Assessment%20First%20Report%20June%202011%20(2).pdf</a></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>There is an enduring association between socioeconomic position and health, both over time and across major causes of death. The difference in life expectancy between those living in the most and least deprived communities in Cardiff and Vale is 10.3 years for men and 9.2 years for women.</p> <p>To explore the potential impact of the INNU policy on individuals with one or</p>
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	<p>more protected characteristics searches were undertaken on 5 March 2018 using the search engine Google. The searches listed below provided little evidence that implementing an INNU policy would have a negative impact on individuals with protected characteristics. However, the impact is inextricably linked to the interventions included in the INNU list.</p> <p><a href="#"><u>Age + interventions not normally undertaken policy - Google Search</u></a>  <a href="#"><u>Disability + interventions not normally undertaken policy - Google Search</u></a>  <a href="#"><u>Gender reassignment + interventions not normally undertaken policy - Google Search</u></a>  <a href="#"><u>Marriage or civil partnership + interventions not normally undertaken policy - Google Search</u></a>  <a href="#"><u>Pregnancy or breastfeeding + interventions not normally undertaken policy - Google Search</u></a>  <a href="#"><u>Race + interventions not normally undertaken policy - Google Search</u></a>  <a href="#"><u>Religion or belief + interventions not normally undertaken policy - Google Search</u></a>  <a href="#"><u>Sex + interventions not normally undertaken policy - Google Search</u></a>  <a href="#"><u>Sexual orientation + interventions not normally undertaken policy - Google Search</u></a></p> <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</p>
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		<p>not provided by protected characteristic. As the focus of this policy is on clinical needs and capacity of any patient to benefit, it is not deemed beneficial to request further data analysis in this regard.</p> <p>The following sources provided evidence for the interventions included in the INNU list.</p> <p>Public Health Wales Observatory evidence summaries.  <a href="http://nwww.publichealthwalesobservatory.wales.nhs.uk/favicon.ico">http://nwww.publichealthwalesobservatory.wales.nhs.uk/favicon.ico</a></p> <p>Relevant technology appraisals and clinical guidelines published by the National Institute for Health and Care Excellence  <a href="http://www.nice.org.uk/">www.nice.org.uk/</a></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. 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
<b>6.1 Age</b> For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	<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.</p> <p>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"> <li>• No provision because the intervention is not clinically and cost</li> </ul>	<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	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	effective <ul style="list-style-type: none"> <li>• Provision only within certain criteria</li> </ul>		
<b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	<p>Some of the interventions in the INNU list are particularly pertinent to people with disabilities and wherever this has been identified actions are in place to ensure that there is no negative impact because of disability.</p> <p>In some instances a positive impact was identified, for example, good practice in dental services for people with learning disabilities. For patients with a learning disability or sensory loss</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>appropriate measures need to be put in place to ensure effective communication.</p>  <p>Reasonable adjustments UHW d</p>		
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> 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</p>	<p>Some interventions in the INNU list may be particularly applicable to men or women 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</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	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<p>procedures. Sometimes referred to as Trans or Transgender</p>	<p>interventions are commissioned by Welsh Health Specialised Services Committee and the INNU list includes a hyperlink to the WHSSC policy webpage.</p> <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	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.4 People who are married or who have a civil partner.</b>	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. Any health needs would be covered by who they are in terms of other characteristics, such as gender or sexual orientation in terms of civil partnership	None identified	N/A
<b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> 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	<b>Action taken by Clinical Board / Corporate Directorate.</b> 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, which apply to all women were developed in partnership with clinical leads.</p> <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. No information was identified to suggest that pregnant women, those who had recently given birth or are breast feeding would be negatively impacted by the INNU policy.</p>	The Individual Patient Funding Request (IPFR) route is available to clinically exceptional cases.	



How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	<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</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	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
	<p>particularly applicable to ethnic minority groups due to 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</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
	of a person's race.		
<b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief	No evidence has been found of specific impacts from the INNU policy on people because of their religion, belief or non-belief.	None identified	N/A
<b>6.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>the opposite sex (heterosexual);</li> <li>the same sex (lesbian or gay);</li> <li>both sexes (bisexual)</li> </ul>	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.	None identified	N/A
<b>6.9 People who communicate using the Welsh language in terms of correspondence,</b>	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.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
<b>information leaflets, or service plans and design</b>  Well-being Goal – A Wales of vibrant culture and thriving Welsh language	<p>wish to communicate using the Welsh language.</p> <p>Under the Cardiff and Vale University Health Board Welsh Language Scheme, 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</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
<b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	<p>No evidence has been found of specific impacts from the INNU policy on people because of their income.</p> <p>The INNU policy advocates clinical and cost effectiveness, taking into consideration prioritisation decisions, to determine those interventions not normally undertaken.</p>	None identified	N/A
<b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	<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</p>	None identified	N/A

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
	Cardiff and Vale UHB.		
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	The needs of other groups including carers, prisoners, refugees/asylum seekers, and people who are homeless were considered. No impacts were identified.	None identified	N/A

**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
<b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities  Well-being Goal - A more equal Wales	<p>No specific impacts from the INNU policy on people's ability to access services have been identified.</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>	None	N/A
<b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm	<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>		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

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 to support services.
<p>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</p> <p>Well-being Goal – A healthier Wales</p>	<p>rather than preventative interventions.</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><b>7.3 People in terms of their income and employment status:</b> Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels,</p>	<p>No specific impacts from the INNU policy on income and employment status 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>job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>			
<p><b>7.4 People in terms of their use of the physical environment:</b></p> <p>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>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
Well-being Goal – A resilient Wales			
<b>7.5 People in terms of social and community influences on their health:</b> 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	No specific impacts from the INNU policy on people in terms of social and community influences on health have been identified.	None	
<b>7.6 People in terms of macro-economic,</b>	No specific impacts from the INNU policy on macro-	None	

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><b>environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	<p>economic, environmental and sustainability factors have been identified.</p>		

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

<b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b>	<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 sources 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
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	No further actions are required.	FK	N/A	N/A
<b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b>  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?	No.			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<b>8.4 What are the next steps?</b>  Some suggestions:- <ul style="list-style-type: none"> <li>Decide whether the strategy, policy, plan, procedure and/or service proposal:               <ul style="list-style-type: none"> <li>continues unchanged as there are no significant negative impacts</li> <li>adjusts to account for the negative impacts</li> <li>continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>stops.</li> </ul> </li> <li>Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>Publish your report of this impact assessment</li> <li>Monitor and review</li> </ul>	Consultation responses to be considered and any necessary amendments made to the policy and/ list  Policy to be submitted to Health Systems Management Board (HSMB) and subsequently to Quality, Safety and Experience Committee for approval.  Policy, list and EHIA to be published on Cardiff and Vale UHB internet and intranet sites  Adherence to the policy will be monitored via monthly Business Intelligence Support (BIS) reports and clinical board audit processes.  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.	AH  AH  FK  BI team  Exec DPH	End July 2018  August 2018  Sep 2018  Every month  Sep 2021	There were no comments that required amendments to the documentation.  Policy & list approved by HSMB On 02/08/18.  Clinical Boards have responsibility for activity undertaken within their Clinical Board.