Equality & Health Impact Assessment for

Cardiff and the Vale of Glamorgan Population Needs Assessment 2022

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
  - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
  - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required[1]
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Cardiff and the Vale of Glamorgan **Population Needs Assessment 2022** for the Social Services and Well-being (Wales) Act 2014
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Cardiff and Vale University Health Board Public Health Directorate Dr Emily Clark, Specialty Registrar in Public Health Dr Suzanne Wood, Consultant in Public Health Medicine Hsc.Integration@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	The Social Services and Well-being (Wales) Act requires each region to produce a Population Needs Assessment (PNA) every electoral cycle. The PNA is due for publication by 1st April 2022, and will provide input to the Market Stability Report and Area Plans. The Regional Partnership Board (RPB) encompasses Cardiff and the Vale of Glamorgan Local Authority areas.

[1] http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,73860407,253_73860411&_dad=portal&_schema=PORTAL

		The PNA requires local authorities and Local Health Boards to form partnerships to assess: 1. The needs for care and support, and the support needs of carers in the local authority's area 2. The extent to which those needs are not being met 3. The range and level of services required to meet those needs 4. The range and level of services required to deliver the preventative services required in section 15 of the Act; and 5. How these services will be delivered through the medium of Welsh (1) The PNA must look forward until the next iteration in April 2027. The Code of Practice specifies that a broad range of individuals, groups, and organisations should provide input into the development of the Population Needs Assessment, and consider how to reach those seldom heard, for example, homeless people (1). Supplementary guidance issued in March 2021 states that careful consideration of communication needs should be given, for example, British Sign Language users (2). The Socio-Economic Duty was launched in March 2021 and should be included in the PNA. The following themes are required, by law, to be included: • Children and young people • Older people • Health / physical disabilities • Learning disability / autism • Mental health • Sensory impairment • Carers who need support; and • Violence against women, domestic abuse and sexual violence • Secure estate Three additional themes were chosen for inclusion as they are of particular relevance for the population of Cardiff and the Vale of Glamorgan • Asylum seekers and refugees

		• Substance misuse • Armed Forces Service Leavers (Veterans) The Code of Practice states the following regarding equality impact assessment and Welsh language: ***Equality Impact Assessments*** *93. As set out in chapter 1, local authorities must have due regard the United Nation Convention on the Rights of Persons with Disabilities, United Nation Convention on the Rights of the Child, and the United Nation Principles for Older Persons in relation to an individual person who needs care and support and carers who need support. In addition, the Public Sector Equality Duty contained in section 149 of the Equality Act 2010 requires all public authorities to have due regard to protected characteristics when exercising their functions.* *Local authorities and Local Health Boards must therefore undertake an Equality Impact Assessment as part of the process of undertaking a population assessment, which must include impact assessments on; Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Beliefs, Sex and Sexual Orientation* (1)*.* ***Welsh Language*** *121. When assessing the extent to which there are people who need care and support and carers who need support, local authorities and Local Health Boards should establish, and make clear in their population assessment report, the Welsh language community profile* (1)*.*
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment	Throughout the production of the Population Needs Assessment, consideration was given to inequalities and people with increased vulnerability. We were mindful of the “seldom heard voices” as this refers to under-represented people who may have care and support needs. Many factors can contribute to being seldom heard, of which some of these factors are themes

	• 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 Population pyramids are available from Public Health Wales Observatory[2] and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need[3].	within the Assessment, such as disabilities, age, communication impairments, and mental health problems. COVID-19 is known to have had a disproportionate impact on certain groups within the population. A meeting was held with the CAV UHB Equalities Manager, Specialist Health Promotion, and Welsh Language Officer early in the process (18.06.2021). The Steering Group included representatives from Cardiff Third Sector Council and Glamorgan Voluntary Services, as well as strategic and data leads from both local authorities, and representatives from CAV UHB, Cardiff and Vale Regional Partnership Board, and Public Health. For each population group, a meeting was held with professional leads from CAV UHB and each Local Authority, with additional attendees as relevant for the topic. The group discussed the key documents, policies, strategies, and developments since the 2017 PNA. Data sources for this iteration of the PNA was discussed. Engagement was based on the 2017 Population Needs Assessment and updated for this report. The coronavirus pandemic has influenced how communications and engagement events can be run. Engagement conducted for the Population Needs Assessment needed to adhere with and anticipate future guidelines and legislation, as well as consider people's individual wishes. Footfall in public spaces were less than prior to COVID-19. A number of different approaches were taken to obtain the information required to give a holistic overview of the care and support needs in Cardiff and the Vale of Glamorgan, and the range and level of services required to meet those needs. This included gathering existing data, assessments and reports; as well as conducting bespoke engagement work for this Population Needs Assessment.

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

		Three public surveys were developed: • Adults in the general public (available online, hard copy, and Easy Read) • Children and young people (available online, hard copy, and Easy Read) • Adults in HMP Cardiff (available as hard copy) Cardiff Youth Board kindly piloted the children and young people's survey and provided feedback which was incorporated into the final survey. A total of 661 general public surveys were returned; 3 Easy Read surveys; 35 surveys from children and young people; and 96 from HMP Cardiff. A professionals and provider survey was developed (available online and hard copy). A total of 118 responses were received. Surveys were disseminated through a variety of organisations, including Cardiff and Vale University Health Board, Cardiff Council, Vale of Glamorgan Council, Glamorgan Voluntary Services, Cardiff Third Sector Council, as well as through organisations working in health and social care services, education, and youth services. The surveys were also advertised through social media. Survey responses are not representative of the population of Cardiff and the Vale of Glamorgan. A total of 23 focus groups were held across 18 themes. These were conducted by Cardiff Third Sector Council with support from Glamorgan Voluntary Services and third sector organisations. Focus groups were mostly virtual (12); with some hybrid (2); and 5 face to face. One population group ran two separate focus groups – one virtual and one face to face. A total of 132 participants (range 1-12) took part in the focus groups, which took place in October 2021.

		The following focus groups were held. Numbers of participants are given in brackets: • Infants, children and young people with disabilities, their parents or carers (n=8) • Children looked after, adopted children, care experienced children, children on the edge of care (n=3) • Older people (65-84 years) (n=4) • Older people (85+ years) (n=3) • Adults with a long term condition (n=5) • Adults with a disability (n=8) • Adults with learning disability x3 (n=7; n=5; n=8) • Autistic adults (n=1; considered an interview rather than a focus group) • Adults with a mental health illness (n=4) • Adults with cognitive impairment/dementia (n=7) • Adult unpaid carers of adults (n=12) • Adults with sight loss (n=6) • Adults from the D/deaf community (n=4) • Women with experience of violence, domestic abuse, or sexual violence x2 (n=9 total) • Asylum seekers and refugees x2 (n=9 total) • Adults currently residing in HMP Cardiff (n=8) • Armed forces service leavers (veterans) (n=6) • Adults with substance misuse (n=2) • Adults who are currently homeless / have experience of homelessness (n=10) Unfortunately three planned focus groups did not take place as no participants could be identified in the timeframes available, or, the provider withdrew: • Young people & young adults who require care and support due to, or experiencing transition to adult services • Children and young people and families using neurodevelopmental assessment services/post-diagnostic support

		• Gypsies and travelers The following organisations provided support with engagement work: • Adferiad Recovery • Age Cymru • Cardiff and Vale Action for Mental Health (CAVAMH) • Cardiff People First • Cardiff Third Sector Council • Cardiff Youth Board • Cerebral Palsy Cymru • Chinese in Wales Association • Community Care & Wellbeing Service (CCAWS) • Glamorgan Voluntary Services • Grandparents Raising Grandchildren • Huggard Centre • HMP Cardiff • Oasis Cardiff • Richard Newton Consultants • Sightlife – Sight Cymru • Vale of Glamorgan Council - Autistic Spectrum Disorder Project • Wales Neurological Alliance • Women's Aid Quantitative data were taken from open source, publically available, validated sources such as Stats Wales and Social Care Wales Daffodil Population Projection. Other indicators were obtained directly through personal communications with relevant organisations (for example, Welsh Refugee Council, Cardiff and Vale of Glamorgan Councils), or through a Freedom of Information request (for example, South Wales Police). Demography data were provided by Cardiff Council to ensure cohesion across the Well-being Assessment and Population Needs Assessment.

		Engagement frameworks were considered during the development of the engagement plan (e.g., Citizen's Engagement Framework; Children and Yong People National Participation Standards). **Limitations** COVID-19 has had a tremendous impact on the population, which the Population Needs Assessment will detail. It has also impacted on professionals working in operational and strategic roles which presented a challenge for the completion of this assessment. Additional challenges presented themselves in the form of the timeline with which the Population Needs Assessment was conducted; a novel approach to the Population Needs Assessment will be taken in future to mitigate this as detailed below. Due to uncertainty of the future evolution of the COVID-19 pandemic in terms of restrictions and risks at each stage of the Population Needs Assessment, a cautious approach was taken. For example, engagement work was planned for an online format, with opportunities for face to face interactions in the focus group where legislation allowed, and where participants and hosting organisations felt comfortable. The tight timeline within which engagement work needed to be conducted reduced participation in both surveys and focus groups. The Regional Partnership Board are developing their Communications and Engagement strategy which will address these difficulties and gaps, and will incorporate lessons learned. For example, some residents may not have digital access and may not wish to engage in in-person engagement, and so their views will be sought in future work as a priority. Only a minority of focus group participants (9/132) completed equalities monitoring forms, and therefore the results are not presented here. Feedback from focus group organisers has been shared with the Regional Partnership Board for consideration during planning of future engagement work. Feedback included: • The need for a longer lead in time to increase participation in focus groups

		• The Social Model of Disability, rather than the Medical Model of Disability, should be used • Improved access to the Easy Read survey • The length of the equalities monitoring form • The duration of the focus groups Future engagement will learn from these experiences and endeavor to address these concerns, through advanced planning, and bespoke consideration of each population group.
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The PNA will help shape the Cardiff and Vale Area Plan and Market Stability Report. Although the assessment concentrates on the following population groups, many findings will be transferable to others not within the group. Some people will feel included in more than one of the themes. Themes included: children and young people (including children and young people with complex needs, and children looked after); older people; healthy lifestyles and long term conditions; physical disabilities; learning disability; autism; adult mental health; cognitive impairment including dementia; unpaid adult carers; sensory loss and impairment; violence against women, domestic abuse and sexual violence; secure estates; asylum seekers and refugees; armed forces service leavers (veterans); substance misuse. **As a needs assessment, the main impact of concern is that of under-representation of certain groups. This document will describe the characteristics of those who participated in engagement work. The findings of this assessment should therefore not be considered exhaustive.** **Those who are under-represented in engagement work include:** • Those who are digitally excluded • People who are trans

		• Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding • People who are from an ethnic minority background • People who consider themselves: Buddhist, Hindu, Jewish, Muslim, or Sikh • Those who were physically unable to participate in engagement and did not have an individual who could speak for them • Gypsies and travelers The Population Needs Assessment will take a hybrid approach in future iterations. This comprises a rolling update of quantitative data, and periodic refresh of qualitative data from engagement work. Therefore, this PNA report and Equality & Health Impact Assessment (EHIA) should be considered a first iteration: the beginning of an ongoing conversation between the Regional Partnership Board, and the residents of Cardiff and the Vale of Glamorgan. **We welcome comments and feedback on the PNA and the EHIA, as we seek to learn, improve, and develop. Please send these to Hsc.Integration@wales.nhs.uk**

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	No negative impacts of the PNA on age were identified. However, children and young people were underrepresented in engagement work and so there may be additional views which were not captured by this assessment. The findings of the PNA should therefore not be considered exhaustive. Participants in the Children Looked After focus group were grateful for the opportunity to be listened to, suggesting that future engagement work with young people would be welcomed. Examples of key needs identified for children and young people include: • Emotional and mental health and well-being • Independence and having a voice • Role of education in learning and signposting, and it's interruption due to COVID-19 and restrictions Examples of key needs identified for older people (aged 65 or over) include: • Reducing loneliness and isolation • Needs arising because of changes in behaviour due to COVID-19 and restrictions such as less (physical) activity, deconditioning • Addressing financial insecurity • Appropriate and accessible housing	RPB programmes are designed to support people at different stages of their life cycle: starting, living and ageing well. We want to deliver services that are tailored for people at different stages of life and our engagement will be designed to capture the experiences and opinions of people in each age category. Each chapter in the PNA has developed	

Age is explicitly considered in the following chapters:

- The chapter on **demography** (chapter 4) provides an overview of the current and projected age make up of Cardiff and the Vale of Glamorgan. Each chapter provides a summary of characteristics of the population in its introduction.
- **Children and young people** (those aged up to and including 17) are specifically considered in chapters 5, 6 and 7.
- **Older people** (those aged over 65) are discussed in chapter 8.

Some conditions increase in prevalence with age; for example, sight loss. RNIB provide data on the number of people with sight loss by age:

Estimated number of adults living with sight loss by age group (2021) Reference**:** (3)

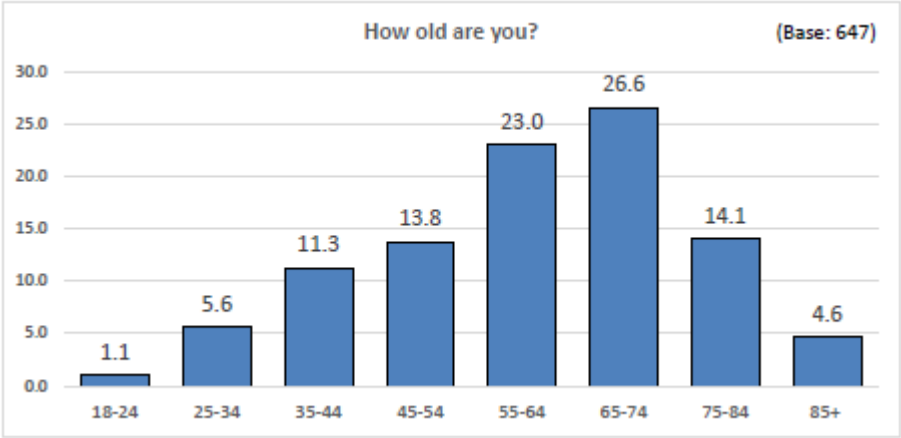
Area	Working age people aged 18-64	Older people aged 65-74	Older people aged 75-84
Wales	20,100	23,400	32,100
Cardiff	2,090	1,860	2,440
The Vale of Glamorgan	870	1,020	1,410

Through articulating the needs of specific age groups within the PNA, services can better meet them. This is a positive impact.

Engagement findings

Respondents of the general public survey had the following age profile:

recommendations based on the key needs. Future plans and assessments should consider the findings of the PNA in their development.

	 Older people are more likely to be digitally excluded and therefore their full range of views may not have been captured by this survey. Digital exclusion has been identified in many chapters in the PNA, in particular, chapter 8 (older people) (see section 8.2.1 in the PNA report). 26 of the 35 respondents of the children and young people survey provided their age; the breakdown is as follows: 42% were aged 12-15, 35% were aged 16-18, and 23% were aged 0-11. This is a small, self-selecting sample, and so their views cannot be extrapolated to the whole population of people aged under 18. Two focus groups which were planned did not take place, therefore the in-depth views of young people & young adults who require care and support due to, or experiencing transition to adult services, as well as children and young people and families utilising neurodevelopmental assessment services/post-diagnostic support were not captured by this PNA.		
6.2 Persons with a disability as defined	No negative impacts of the PNA on people with a disability were identified. However, feedback from engagement identified that the Social Model of Disability should have	The RPB has identified disability as a key focus in our	

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

been used instead of the Medical Model of Disability when questions were framed and structured. This feedback will be considered during future citizen engagement.

Disability is explicitly considered in the following chapters:

- People with **long term conditions** are considered within the chapter "Healthy Lifestyles and Long Term Conditions" (chapter 9)
- Disabled people are included within chapter 10, "Physical Disability"
- People with a **learning disability** are considered in chapter 11; autistic people are included in chapter 12.
- Adult **mental health** is discussed in chapter 13.
- **Cognitive impairment including dementia** is discussed in chapter 14.
- People with **sensory loss and impairment** are discussed in chapter 16.
- People who have experienced **substance misuse** are discussed in chapter 18.
- Many people in one chapter were also included in another; for example, people with learning disability are more likely to have or develop sight loss than the general population:

Learning disability and visual impairment in adults (2021)

Adults with learning disabilities are 10 times more likely to experience sight loss than the general population.

Area	Estimated number of adults with a learning disability and visual impairment (partial sight)	Estimated number of adults with a learning disability and blindness	Estimated number of adults with a learning disability and blindness or partial sight
Wales	3,970	1,120	5,090
Cardiff	420	120	540

phase 1 engagement as we recognise people with disabilities will be particularly impacted if we redesign health and social care services. The RPB hopes that by bringing services closer to home and making them easier to navigate people with disabilities will find they have improved.

The RPB's Living Well Programme has established excellent links with people who have a learning disability and they have had a great deal of input into developments in this area e.g. Smart House design. This will continue as our work progresses.

The Vale of Glamorgan	170	45	215

Reference: (3)

Through articulating the needs identified in these population groups, services can consider how they can best meet these needs: a positive impact.

Examples of key needs identified by people with a long term condition or a physical disability include:

- Countering the disproportionate impact of COVID-19 on disabled people (direct harm from COVID-19 as well as difficulty accessing health services; mental health and well-being impacts of COVID-19 and restrictions)
- Service access for people with mental health disorders and homelessness

Examples of key needs identified by people with learning disability or autism include:

- Independence, supported autonomy, and co-production
- Accessible transport options

Examples of key needs identified by people with a mental health condition or cognitive impairment including dementia include:

- Timely access to services and treating physical and mental health conditions holistically
- Caring for unpaid carers

Examples of key needs identified by people with sensory loss or impairment include:

- Availability of suitable communication mechanisms to access services equitably (for example, hearing loop availability and BSL interpreters)
- Education and employment opportunities

The Social Model of Disability will be used, in accordance with feedback received.

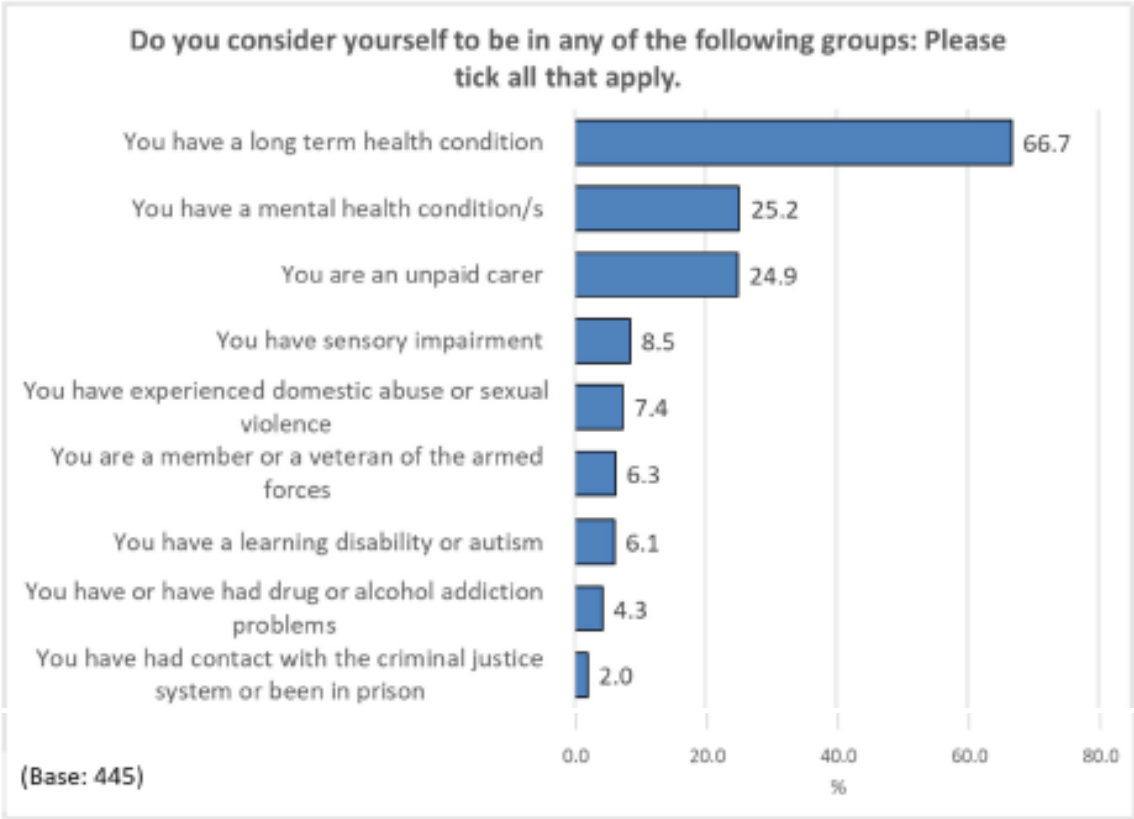
Each chapter in the PNA has developed recommendations based on the key needs identified. Future plans and assessments should consider the findings of the PNA in their development.

Examples of key needs identified by people with substance misuse include:

- Specialist medical care including mental health
- Prevention and management of homelessness

Engagement findings

General survey respondents stated they considered themselves in the following groups. Two thirds (66.7%) of respondents indicated they had a long-term health condition; this was followed by one in four that considered themselves to have a mental health condition and/or to be an unpaid carer (25.2% and 24.9% respectively).



(NB. Percentages do not total 100% as respondents could select multiple options)

	Three Easy Read surveys were returned. In view of small numbers, no further disaggregation is provided. A number of focus groups were held to identify the views of people with disabilities: • Adults with a long term condition (n=5) • Adults with a disability (n=8) • Adults with learning disability x3 (n=7; n=5; n=8) • Autistic adults (n=1; considered an interview rather than a focus group) • Adults with a mental health illness (n=4) • Adults with cognitive impairment/dementia (n=7) • Adults with sight loss (n=6) • Adults from the D/deaf community (n=4) • Adults with substance misuse (n=2) Some focus groups were very small, and so views garnered cannot be said to be representative; however, they provide depth of insight of people's lived experiences.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change	No negative impact of the PNA on people of different genders was identified. There may be some positive impact as gender is considered in some of the chapters, and the PNA report articulates the needs of people of different genders. Trans people may be underrepresented, with fewer than 3 respondents identifying as trans in the public survey. Gender including gender reassignment was not an explicit theme within the PNA, however, gender was considered within the Secure Estate and Violence Against Women, Domestic Abuse, and Sexual Violence (VAWDASV) chapters. Inequalities in the management of prisoners was identified in the **Secure Estate** chapter (chapter 19) as HMP Cardiff only accepts men. No female prisoners are resident in HMP Cardiff; they are instead imprisoned in England, most often HMP Eastwood Park. Increasing distance between an individual's residence prior to prison, and the location of	Men and women may experience different barriers when accessing social care and it is important that their needs are met when redesigning services. People who have had gender reassignment will need to use our	

his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	their prison is known to be associated with decreased professional visits, therefore putting women at a disadvantage (4). It is recognised that there have been challenges with TB management for Welsh individuals imprisoned in England in terms of timeliness of care, with some reports that treatment is delayed until transfer to Wales (5). This will disproportionately disadvantage women. The **Violence Against Women, Domestic Abuse, and Sexual Violence (VAWDASV)** chapter (chapter 17) is predominantly focussed on women, however, men can be victims of domestic abuse and sexual violence also. This is discussed in the chapter. Examples of needs identified in the VAWDASV chapter include: • Gynaecological and maternity services **Engagement findings** General public survey respondents reported their gender as follows: 59% female, 38% male, and 3% non-binary / other / prefer not to say. In response to the question, “Are you trans”, most responded “no” (487/510; 95.5%), with 23 respondents stating they prefer to self-describe, they prefer not to say, or they were Trans (fewer than three). Adults responding to the Easy Read survey were all female, and did not consider themselves trans. Children and young people reported their gender as follows: 58% female, 35% male. Most (88%) did not describe themselves as trans, with others preferring to self-describe or preferring not to say.	services and we will need to understand how to make them welcoming and inclusive. Each chapter in the PNA has developed recommendations based on the key needs identified. Future plans and assessments should consider the findings of the PNA in their development.	

<table>
<tr>
<td>6.4 People who are married or who have a civil partner.</td>
<td>No impacts identified of the PNA on marriage or civil partnership. This protected characteristic was not considered an explicit theme within the PNA.

Engagement findings

Survey respondents to the public survey were predominantly married (55%), with 19% responding they were single.
<table>
<tr><th></th><th>No.</th><th>%</th></tr>
<tr><td>Single</td><td>96</td><td>18.5</td></tr>
<tr><td>In a same-sex Civil Partnership</td><td>4</td><td>0.8</td></tr>
<tr><td>Married</td><td>283</td><td>54.6</td></tr>
<tr><td>Living together/Co-habiting</td><td>40</td><td>7.7</td></tr>
<tr><td>Separated/divorced or legally separated if formerly in a same-sex Civil Partnership</td><td>36</td><td>6.9</td></tr>
<tr><td>Widowed</td><td>52</td><td>10.0</td></tr>
<tr><td>Other</td><td>7</td><td>1.4</td></tr>
<tr><td>Total</td><td>518</td><td>100.0</td></tr>
</table>
Three Easy Read surveys were returned. In view of small numbers, no further disaggregation is provided.</td>
<td>People who are married or who have a civil partnership may need to access our services and the RPB will have to understand how to make them welcoming and inclusive. Future plans and assessments using the PNA should consider the findings of the PNA in their development.</td>
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<td>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not</td>
<td>No impacts identified of the PNA on women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. These protected characteristics were not an explicit theme in the PNA. They are underrepresented in our engagement work.

Engagement findings</td>
<td>People who are pregnant or have just had a baby may need to access our services and the RPB will have to understand how to make them welcoming and inclusive. Future</td>
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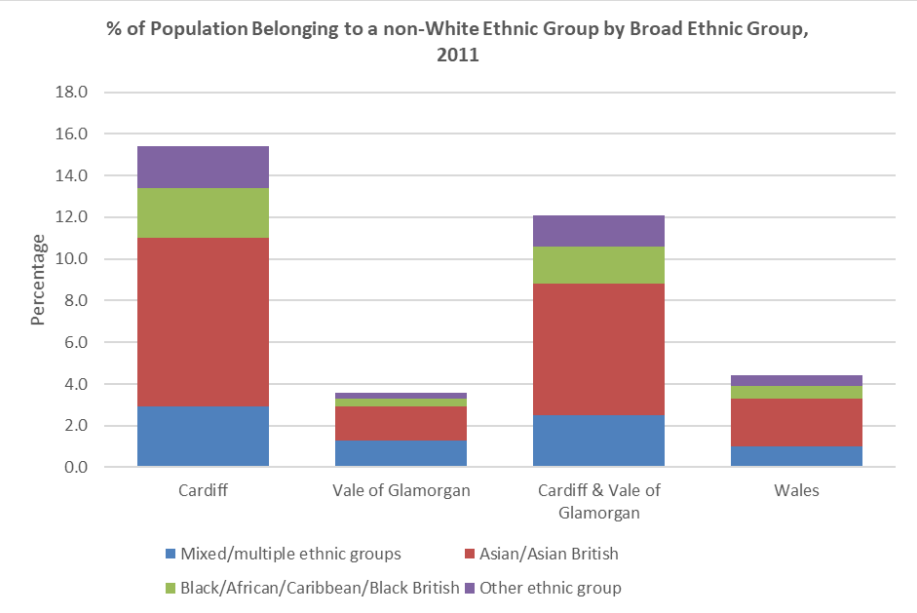
they are on maternity leave.	A minority of survey respondents to the public survey responded that they were expecting a baby (3/57 who responded to the question); three were on a break from work after having a baby or currently breastfeeding.	plans and assessments using the PNA should consider the findings of the PNA in their development.	
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	No negative impact identified of the PNA on people of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers. This protected characteristic was not an explicit theme within the PNA. Unfortunately the planned focus group with gypsies and travellers could not take place. Future work should seek to identify the view of these communities. People who are of a different ethnicity are underrepresented in the engagement work for the PNA. The PNA includes a chapter on **Asylum Seekers and Refugees** (Chapter 20), which details the needs and services required for this population group. By articulating the needs of asylum seekers and refugees, their needs for care and support can be better designed. Examples of key needs of asylum seekers and refugees identified by the PNA include: • Variation in medical needs based on the person's background • Mental health and support for long term conditions • Understanding the NHS system including access to services Data gaps identified included the numbers and needs of undocumented migrants. Welsh Government have recently published a report on the association of ethnicity with impact of COVID-19 (6). Wales Governance Centre in their report identified that people from a Black, Asian, or Mixed Ethnic group experienced higher custody rates, compared to White defendants.	The RPB understands that people may experience barriers to accessing health and social care because of their race. The RPB has allocated funding to explore this specific area in phase 1 of our engagement plan. The PNA recommends all agencies working with asylum seekers, refugees, and undocumented migrants to improve data collection in order to address data gaps.	

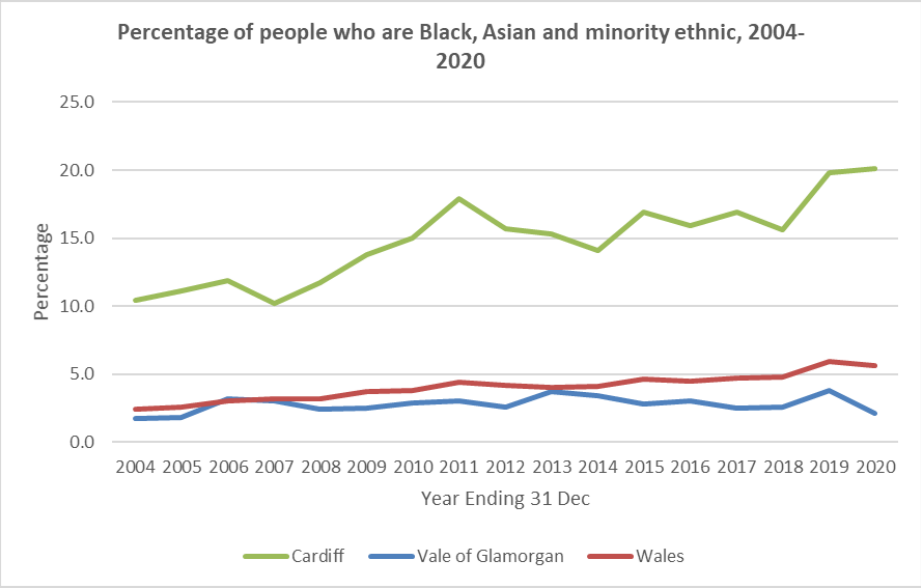
Additionally, custodial sentence length was longer for Black, Asian, and Minority Ethnic groups (4).

The 2011 Census identified that around one-sixth (15.3%) of Cardiff's population belongs to a non-white ethnic group, which is higher than the proportion across Wales of 4.4%. In the Vale of Glamorgan, 3.6% of the population belongs to a non-white ethnic group (7).



Source: 2011 Census (7)

The Annual Population Survey identified an increase from 10.4% in 2004 to 20.1% in 2020 of people in Cardiff who are Black, Asian, or from a minority ethnic group. The Vale of Glamorgan has seen only a small increase in people who are Black, Asian, or from a minority ethnic group over the same time period (8).



Source: Annual Population Survey (8)

Nationally, children from Black, Asian, and Minority Ethnic groups are overrepresented amongst Children Looked After (CLA): 8.6%, despite making up 6.6% of the population (9). The majority of children looked after in 2020 were of white ethnicity (715/955 in Cardiff; 215/260 in Vale of Glamorgan). In Cardiff, 55 CLA are Black, African, Caribbean or Black British; 65 Asian or Asian British; 90 from mixed ethnic groups. In the Vale of Glamorgan, 40 were from other ethnic groups; and small numbers were suppressed for other responses (10).

Engagement findings

General public survey respondents were mostly White: 92.5%; n=482 of 521 who responded to the question. Fourteen were Asian (2.7%); 9 people identified as Mixed / Multiple Ethnic groups (1.7%). Adults responding to the Easy Read survey all reported their ethnicity as White (n=3).

6.7 People with a religion or belief or with no religion or belief. The term ‘religion’ includes a religious or philosophical belief	No negative impact identified of the PNA on people with a religion or belied, or no religion or belief. This protected characteristic was not an explicit theme within the PNA. Across many of the chapters of the PNA, religion and church were frequently identified as a community asset to support well-being. One respondent to the survey in HMP Cardiff stated: *"I would like a gypsy meal at least once a month, you're allowed Ramadan so why not food from my culture."* Increased awareness of the role of religion – or lack of religion – on well-being may have a positive impact. The views of people who practice Buddhism, Hinduism, Judaism, Islam, or Sikhism may be underrepresented. The 2011 Census states 57.6% of the population of Wales is Christian, with 32.1% of people having no religion (2001 data: 71.9% and 18.5% respectively) (11). Updated Census data is awaited in 2022. **Engagement findings** Respondents to the general public survey regarded themselves as belonging to the following religion: 54% no religion, 41% Christian, 1% Buddhist. Adults responding to the Easy Read survey all stated their religion as Christian (n=3).	The RPB understands that people may experience barriers to accessing health and social care because of their religion. The RPB plans to explore this in more detail before deciding the best way to collect people’s views. The PNA recommends in many chapters that a culture of person-centred services, with increased voice for the person, is developed, or continued in order to ensure services are welcoming to people of all beliefs and cultures.	

<table>
<tr>
<td>6.8 People who are attracted to other people of:
• the opposite sex (heterosexual);
• the same sex (lesbian or gay);
• both sexes (bisexual)</td>
<td>No negative impacts identified of the PNA on people who are heterosexual, lesbian, gay, or bisexual. The PNA identified that some services need to develop accessibility to Lesbian, Gay, Bisexual, Transgender, and Queer individuals, for example, in the VAWDASV chapter (chapter 11), and Older People (chapter 16), where a gap in knowledge was identified. This may have a positive impact as their needs can be proactively sought and articulated for future consideration.

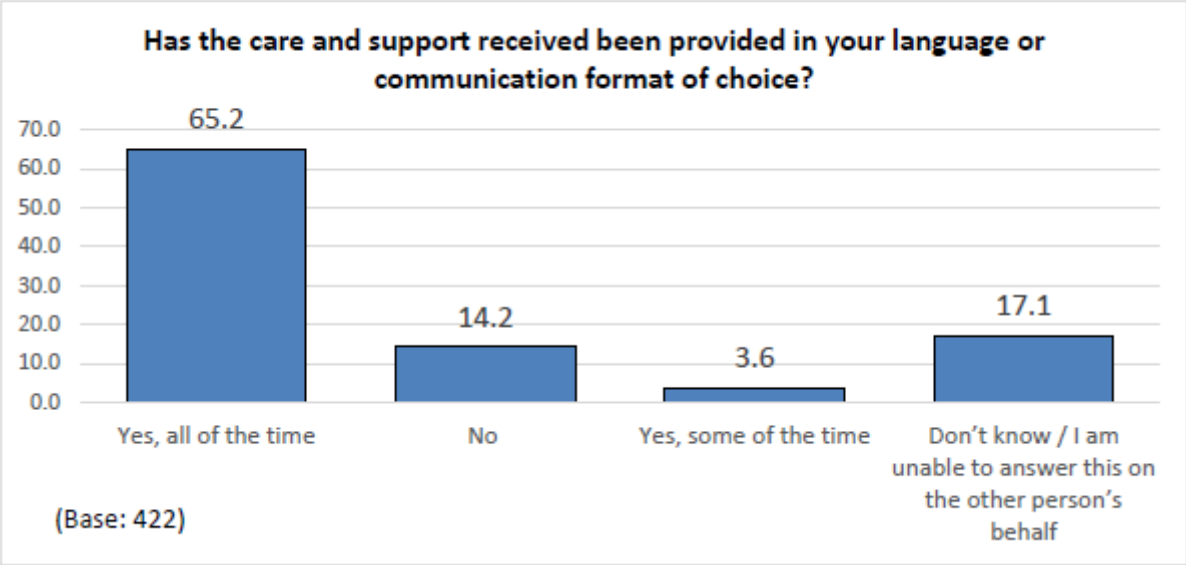
Engagement findings
Respondents to the general survey described their sexual orientation as follows:
<table><tr><th></th><th>No</th><th>%</th></tr><tr><td>Bisexual</td><td>25</td><td>4.8</td></tr><tr><td>Gay Woman/ Lesbian</td><td>5</td><td>1.0</td></tr><tr><td>Gay Man</td><td>15</td><td>2.9</td></tr><tr><td>Heterosexual/ Straight</td><td>434</td><td>83.9</td></tr><tr><td>Other</td><td>5</td><td>1.0</td></tr><tr><td>Prefer not to answer</td><td>33</td><td>6.4</td></tr><tr><td>Total</td><td>517</td><td>100.0</td></tr></table>The Office for National Statistics report that 2.7% of the population in the UK identified as lesbian, gay, or bisexual in 2019 (12).

Adults responding to the Easy Read survey all identified as heterosexual (n=3).</td>
<td>The RPB understands that people may experience barriers to accessing health and social care because of their sexual orientation; and plans to undertake specific engagement with people who are LGBTQ+ in phase 2.</td>
<td></td>
</tr>
<tr>
<td>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</td>
<td>No negative impacts identified of the PNA on people who communicate using the Welsh language. PNA surveys were available in Welsh and English. Focus groups were held using the participants' desired communication method, for example, the D/deaf community conducted their focus group in British Sign Language.

The Population Needs Assessment report, the online summary of the PNA, and this Equality and Health Impact Assessment will all be available in English and Welsh.</td>
<td>RPB engagement resources will be available bilingually. The RPB will ask people's language preferences on registration to any events to ensure our</td>
<td></td>
</tr>
</table>

Well-being Goal – A Wales of vibrant culture and thriving Welsh language	An assessment of Welsh language / English as a second language and other communication needs is provided within each chapter of the PNA, and many data gaps are identified across the chapters of the PNA. By highlighting key needs and data gaps, future work can seek to address these so that services can be better developed to meet the language and communication needs of the population. This will be a positive impact. The National Survey for Wales reports that 11% of respondents in Cardiff and Vale were given the choice to receive treatment in Welsh or English (range 11-24% across Wales). Amongst Welsh speakers across Wales, 24% chose to receive treatment in Welsh (113). Social Care Wales report that only 2% of domiciliary care workers are fluent in Welsh, 15% have some Welsh in the Vale of Glamorgan, for Cardiff the figures are 3% and 27% (114). Chapter 16 discusses **sensory loss and impairment**. A prominent component of the chapter is around communication appropriate to the individual; including normalising use of British Sign Language and hearing loops. The 2011 Census identified that most (98.4%) of residents in the Vale of Glamorgan have English or Welsh as their main language. This is higher than the Wales average (97.1%). Cardiff has the lowest proportion of people speaking English or Welsh as their first language at 91.7%. **Engagement Findings** Respondents to the general public survey mostly spoke English at home (97.1%) with 2.2% speaking Welsh, and 1.5% speaking another language. The survey for the general public asked whether respondents have received care and support in the language or communication format of their choice. Responses were as	engagement plans are fully inclusive to Welsh speakers. Future plans and assessments should consider the PNA findings in their development.	

follows:



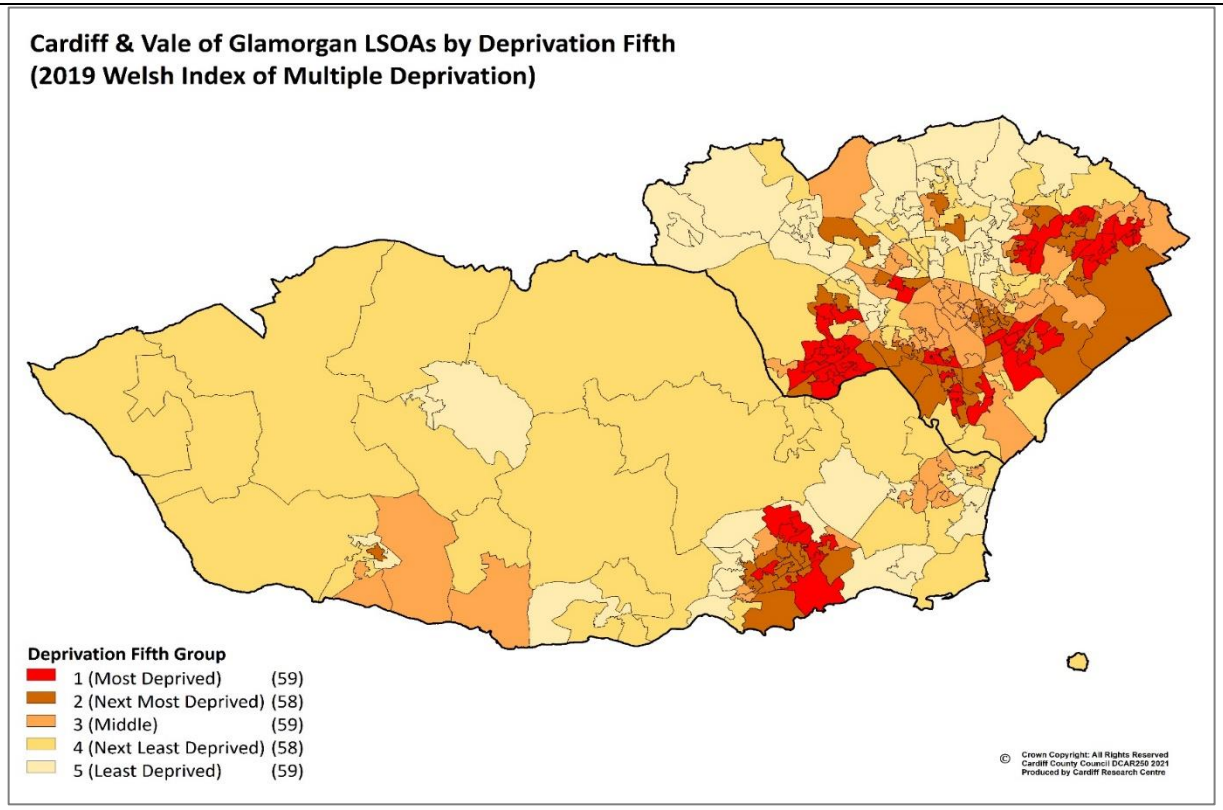
When considered by theme, adult unpaid carers were most satisfied with services being provided in a format of their choice (81.7%) compared to other groups.

	Adult mental health		Adult unpaid carers		Older people		Health and physical disability	
	No	%	No	%	No	%	No	%
Yes, all or some of the time	66	75.0	71	86.6	127	71.6	146	74.1
No	12	13.6	5	6.1	28	15.9	24	12.2
Don't know / I am unable to answer this on the other person's behalf	10	11.4	6	7.3	21	11.9	27	13.7
Total respondents	**88**	**100.0**	**82**	**100.0**	**176**	**100.0**	**197**	**100.0**

	Around one in seven (13.4%) speak a second language at home. Regarding whether respondents would like to see any improvements in language and communication provision: of the 152 respondents that left feedback to this question, three fifths (59.2%) were either happy with the service or indicated that the service didn't apply to them. 7.9% would like to see better bilingual services, whilst a further 7.2% would like to more plain language / less jargon. Free text comments in the general public survey stated the following regarding Welsh language: • *"I get everything bilingually/am happy with that, I've more serious things on my mind."* • *"More Welsh signage and options when seeking phone advice."* • *"Less forced usage of the Welsh Language."* • *"Focus on 1 language. Resources are too stretched to accommodate all languages"* One respondent wanted increased access to interpreters (although it was not clear which language was desired) • More interpreters for young people in care (and their families). A number of comments were made regarding the use of language, and finding the balance between simple and clear communication, whilst not patronising the patient. • *"I'd like my husband's oncologist to learn how to be open and explain things. We are not stupid!"* • *"More support/understanding of non-verbal communication"* • *"We should all speak our own language"* • *"More simple, easy to read, jargon free communication."*		

	All three respondents to the Easy Read survey spoke English most at home, and reported that they received care and support in the language of their choice. Respondents wanted service providers to "*speak calmly*", "*speak plainly*, *no jargon*", Most children and young people spoke English at home (84.6%; 22/27), with fewer than 3 responses for speaking English using Augmented and Alternative Communication (AAC); Welsh, Gujurati, and Romanian.		
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	No negative impacts identified of the PNA on people according to their income related group. The Socio-economic duty, inequalities and deprivation are discussed with each population group in the PNA, and so by articulating key issues and data gaps, it is hoped that the PNA will have a positive impact as service leads, commissioners, and others can consider how their services can reduce the identified inequalities. People who are digitally isolated are likely to be under-represented in engagement work, due to a focus on online distribution and communication methods relating to COVID-19. Therefore, their views may not have been comprehensively captured in the PNA. A focus group discussion with people who are homeless was conducted. Key needs identified included the following: • The need for an address in order to gain employment • Tension between accommodation rules (for example, needing to vacate by 9am) and shift work **Children and young people** An evidence review of the human rights of children in Wales identified differential outcomes in health risk factors and outcomes, education, and wellbeing depending on socio-economic background (13). Children aged 4-5 years in the most deprived decile were 76% more likely to be obese than those in the least deprived decile. Low birth weight and educational deprivation were also associated with income deprivation (14).	The Socio-Economic Duty was implemented in March 2021, and requires public bodies "to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage" (17). The Socio-Economic Duty will therefore be incorporated into the work of the Regional Partnership Board, as well as by plans and assessments utilising the PNA findings.	

	The most recent Welsh Index of Multiple Deprivation report uses 2016/17 data, and finds that 28% of children aged 0-4 lived in income deprivation (range 17%-30%). This is the highest proportion by age group. Cardiff has the highest number of 0-4 year olds living in income deprivation (6,600 children) but sits just above the Welsh average at 29%; the Vale of Glamorgan has nearly 2,000 children in income deprivation (23%). Cardiff has both the most and least deprived middle super output areas in Wales, with income deprivation rates between 3% in Rhiwbina and Pantmawr, to 67% in Ely East. In both local authorities, this represents a decrease from 2012/13: Cardiff had 33% and Vale of Glamorgan 27% of 0-4 year olds living in income deprivation (14). Further details can be found in Chapter 5, 6, and 7 which focus on **Children and young people** **Adults** A summary of Cardiff and the Vale of Glamorgan is given in the demography chapter (Chapter 4). The Welsh Index of Multiple Deprivation (WIMD) 2019 suggests that there are areas of established inequalities across the Cardiff and Vale region; with areas in the 'Southern Arc' in Cardiff and areas in the East of Barry ranked as more deprived against WIMD. In Cardiff, 39 LSOAs are included in top 10% most deprived in Wales, while 3 LSOAs in the Vale of Glamorgan are ranked in the top 10% most deprived area in Wales. In Cardiff, around one-fifth of residents live in the most deprived 10% of lower super output areas (LSOAs) in Wales. Approximately 50% of Cardiff's population live in the 50% least deprived LSOAs, while for the Vale of Glamorgan, 65% live in the 50% least deprived areas (15).		

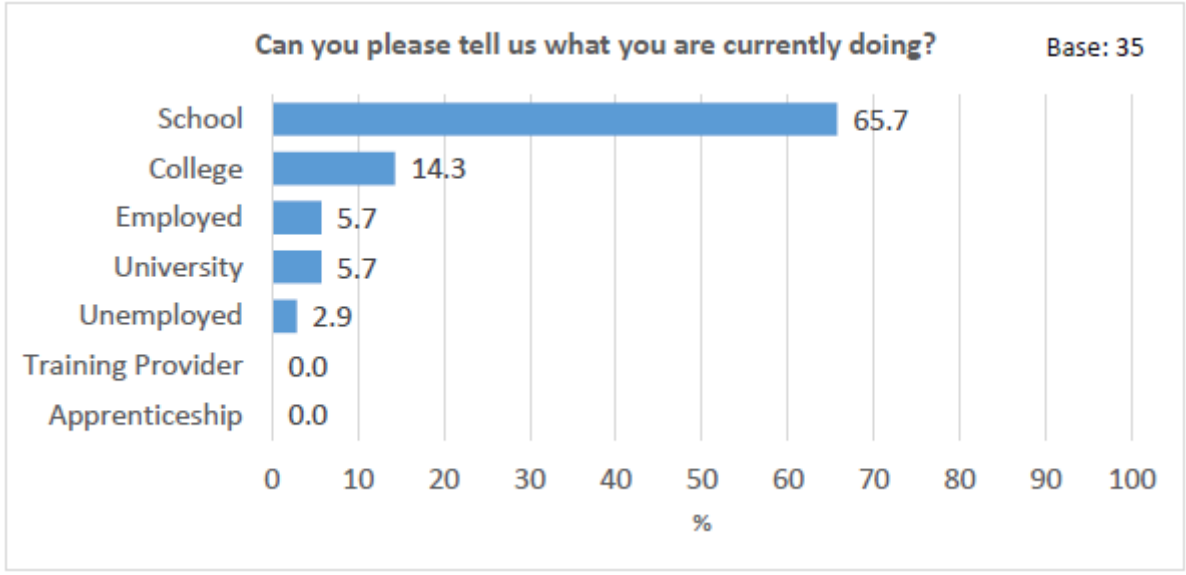


Respondents to engagement work, and existing reports and documents have described the desire for many people to have high quality, secure employment. Benefits include financial security, as well as the sense of purpose, and protective effects on mental health and well-being that employment brings. Examples of these findings can be found across the PNA, but is featured particularly prominently in the following chapters: healthy lifestyles and long term conditions (chapter 9), physical disability (chapter 10); learning disability (chapter 11), autism (chapter 12); sensory loss (chapter 16); secure estate (chapter 19); asylum seekers and refugees (chapter 20).

Welsh Government have published a report on COVID-19 and employment, an analysis of protected characteristics (16).

Engagement findings

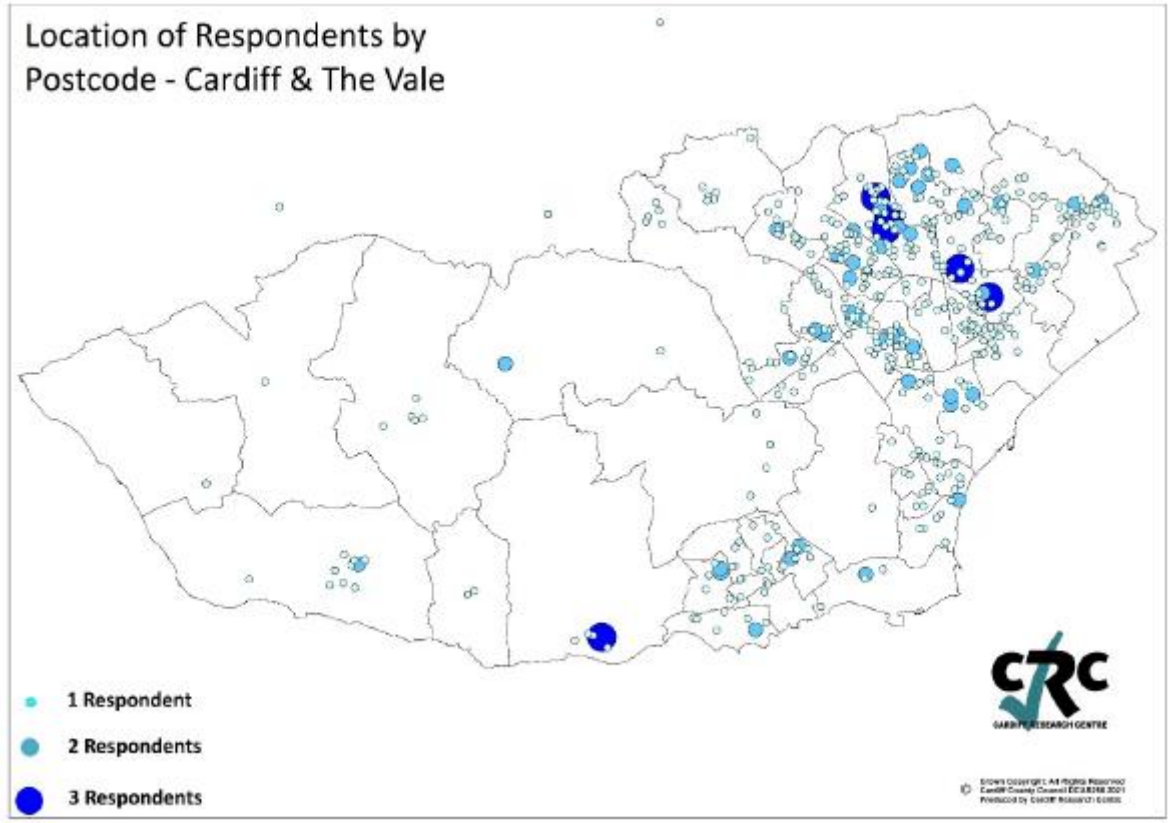
Respondents to the children and young people's survey were mostly in school. A minority (2.9%) were unemployed and not in training, education, or employment.



Twenty-six respondents of the survey answered questions relating to the Family Affluence Scale. Questions include whether the individual has their own bedroom; the number of computers/smart phones in the home; and the presence of a dishwasher. The Scale identified 7/26 respondents as low affluence, 14 as middle, and 5 as high affluence.

It was beyond the scope of the general public survey to formally assess deprivation/affluence, and so questions were chosen to provide an informal measure.

	A total of 482 of 661 participants stated they had a small amount of money to spend each week on themselves; 517 were able to keep up with bills and regular debt repayments; 461 were able to afford to keep their house in a decent state of repair; and 478 were able to keep their house warm in winter. Overall, 367 respondents (56%) reported being able to afford all four of these.		
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	No negative impacts identified of the PNA on where people live. Inequalities and deprivation are discussed with each population group in the PNA, and so by articulating key issues, it is hoped that the PNA will have a positive impact as service leads, commissioners, and others can consider how their services can reduce the identified inequalities. Some people including professional leads identified the move to online / telephone service provision as helpful for people living in more rural locations, as it made accessing services easier (see, for example, chapter 8: adult mental health and cognitive impairment). It should be noted, that many respondents observed difficulties with accessing services online/via the telephone – for example, those with sensory loss or impairment (chapter 16). **Engagement findings** Responses from the Children and Young Person's survey identified that 17/23 who answered the question lived in Cardiff, with 6 from the Vale of Glamorgan. Responses for the general public survey were mostly from Cardiff: of postcode data available, 402 were from Cardiff and 105 from the Vale of Glamorgan.	The RPB plans to redesign services to bring them closer to home. They will be seamless and be able to share information. These developments should all help people navigate the system more easily and save time travelling and repeating information.	

	 Two respondents for the Easy Read public survey answered regarding housing: due to small numbers, no disaggregated results are reported. Respondents reported having a small amount of money to spend on themselves each week, able to pay their bills and debts on time, and able to keep their house warm.		
6.12 Consider any other groups and risk factors relevant	No negative impacts identified of the PNA on other groups.	Unfortunately some planned focus groups did not take place. We	

to this strategy, policy, plan, procedure and/or service	The PNA explicitly and proactively sought the views of people who identified as being in one of the following themes: • Children and young people (including children and young people with complex needs, and children looked after) • Older people • Healthy lifestyles and long term conditions • Physical disabilities • Learning disability • Autism • Mental health • Cognitive impairment including dementia • Sensory impairment • Unpaid carers who need support • Violence against women, domestic abuse and sexual violence • Secure estate • Asylum seekers and refugees • Substance misuse • Armed Forces Service Leavers (Veterans) • Adults who are currently homeless / have experience of homelessness It is recognised that the findings are not comprehensive or exhaustive, but instead form the basis of an ongoing conversation between the Regional Partnership Board, and the residents of Cardiff and the Vale of Glamorgan.	were unable to gain an understanding of Gypsies and Travellers' views, for example. Further work should consider these gaps in our understanding of care and support needs of marginalised communities and seek to address them. We welcome comments and feedback on the PNA and the EHIA, as we seek to improve. Please send these to Hsc.Integration@wales.nhs.uk	

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	Two versions of the PNA report will be published: 1. a summary of the PNA report, available online (expected audience: the general public) 2. the full formal PNA report (expected audience: professionals) The full report will be available for download from the online summary, for those who would like more detailed information. This approach aims to increase access to the information in the PNA for all, with the appropriate level of detail. Those who do not have internet access may not be able to access the online version of the PNA report or the summary.	Communications regarding the publication of the PNA will be disseminated widely including through health and social care organisations and third sector organisations so that they can inform their service users. A summary of the PNA report will be available as an online, lay-friendly format, with an option to download the full report for people who would like increased detail. Hard copies of both versions (for general public and professionals) will be available on request. Formatting (both the public and professionals version)	

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
	Accessibility for those with sensory loss or impairment has been considered during the formatting of the document. Font, text size, and layout has been decided upon in line with guidance on accessibility.	will be accessible for screen-readers.	
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 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.	The PNA has identified care and support needs and the range and level of services including prevention for each population group named within the PNA Code of Practice, and additional population groups as they are of particular importance to Cardiff and the Vale of Glamorgan.	These PNA findings will form the basis for further research and planning to further develop and improve services, and contribute to people being able to improve or maintain healthy lifestyles.	

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 healthier Wales			
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, job security, working conditions Well-being Goal – A prosperous Wales	Deprivation, inequalities, and the Socio-Economic Duty has been considered for all population groups in the PNA. Data gaps have been identified. Respondents in engagement work identified their desire to find high quality, secure employment, and recommendations are made for more inclusive recruitment.	Recommendations in each chapter include addressing data gaps, and supporting inclusive recruitment and reasonable adjustments to promote employment. The Socio-Economic Duty was implemented in March 2021, and requires public bodies "*to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage*" (17). The Socio-Economic Duty will therefore be incorporated into the work of the Regional Partnership Board, as well as by plans and assessments utilising the PNA findings.	
7.4 People in terms of their use of the physical environment:	Access to services was identified by the PNA as a key need by many of the population	The PNA will be one source of information contributing to future plans, for example, the	

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 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 Well-being Goal – A resilient Wales	groups. The PNA recommends improved access to services, which will require an understanding of the barriers facing each group. Some of this detail is provided within each chapter.	Cardiff and Vale Area Plan, or local commissioning decisions. In this way, relevant information from the PNA can be built upon. Some recommendations are relatively specific in terms of how information from the PNA can be used; however, the recommendations are not exhaustive.	
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	For each population group, the PNA has identified assets at an individual, community and population level which make a positive benefit to people's well-being.	Future plans including the Cardiff and Vale Area Plan and commissioning decisions can build upon the information contained in the PNA. For example, through promoting assets, reducing barriers, and addressing service gaps identified within the PNA in order to work	

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 Wales of cohesive communities		towards a Wales of cohesive communities.	
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 PNA has identified key overarching factors such as the "*triple challenge*" of Brexit, climate change, and COVID-19. Each chapter in the PNA contains a section on overarching national considerations (for example, new legislation, or guidance). However, international context has not routinely been included within the PNA.	The PNA recommends that policy makers should use the Triple Challenge lens to inform policies and strategies around issues impacted by Brexit, COVID-19 and climate change, such as food systems and diet (18). Future plans and strategic decisions should contextualise the information within this PNA and align findings with overarching macro-economic, environmental, and sustainability factors.	

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	No negative impacts of the PNA on any of the protected or health characteristics were identified. However, people with some characteristics were underrepresented within engagement work in this iteration of the PNA, and so their views may not have been captured. These gaps in the completeness of the engagement work should be borne in mind when findings from the PNA are utilised within local plans and decisions. Future engagement work conducted by the Regional Partnership Board will build upon these beginnings and proactively consider how to most appropriately hear seldom heard voices. The PNA has identified a number of novel findings and data gaps compared to the previous publication. These findings can now be further investigated and data gaps addressed in order to plan the care and support services for Cardiff and the Vale of Glamorgan now, and in the future. Future iterations of the Population Needs Assessment will take a hybrid approach, so that the information contained within it can be more up to date. This will comprise a rolling update of quantitative data, and periodic refresh of qualitative data from engagement work. Therefore, this PNA report and Equality & Health Impact Assessment (EHIA) should be considered a first iteration; the beginning of an ongoing conversation between the Regional Partnership Board, and the residents of Cardiff and the Vale of Glamorgan. **We welcome comments and feedback on the PNA and the EHIA, as we seek to learn, improve, and develop. Please send these to Hsc.Integration@wales.nhs.uk**

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?	There is a real commitment and enthusiasm in the RPB to ensure that diverse voices are reflected in all we do. Areas of under-representation in terms of engagement work have been identified. Future engagement work will proactively consider how best to hear seldom heard voices so that their needs can be understood and met.	Senior Communications and Engagement Officer; Cardiff and Vale Regional Partnership Board	To commence by March 2022	
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?	No, however, plans, strategies, and other decisions developed from information contained within the PNA will require an Equalities Health Impact Assessment to be conducted	Leads of individual assessments and plans	According to timescale of the individual assessments and plans	

8.4 What are the next steps? Some suggestions:- • Decide whether the strategy policy, plan, procedure and/ 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	Use results of PNA as a basis to undertake further engagements where we are developing plans and making decisions. Support the RPB's overarching communications and engagement strategy, which includes the following outcomes: 1. A citizen's panel that can help represent and reflect the diverse voices of older people 2. Ensuring adults with disabilities coproduce and drive our work in this area (this will often use existing forums) 3. Resources and engagements that give children and young people a voice and a way to directly influence the policies and decisions that affect them.	Senior Communications and Engagement Officer; Cardiff and Vale Regional Partnership Board	To commence by March 2022	

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