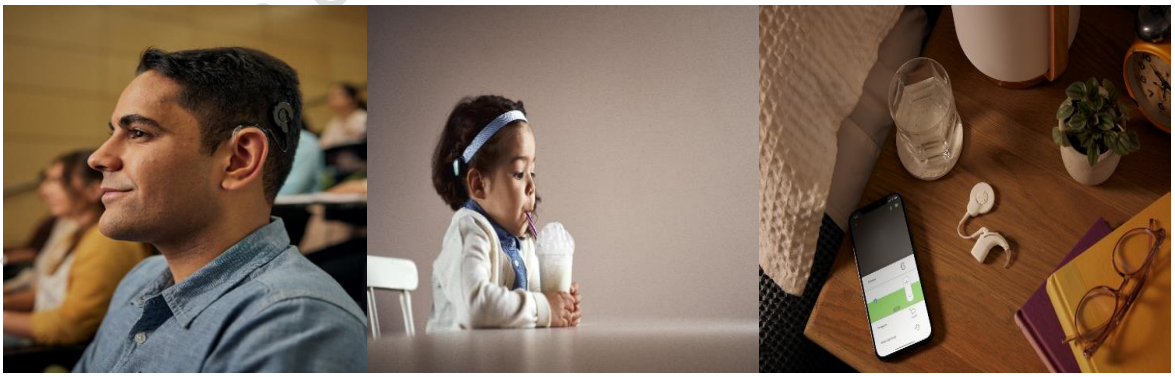
WELSH HEALTH SPECIALISED SERVICES COMMITTEE

PROPOSED CHANGES TO THE SOUTH EAST WALES, SOUTH WEST WALES AND SOUTH POWYS COCHLEAR IMPLANT AND BONE CONDUCTION HEARING IMPLANT (BCHI) DEVICE SERVICE

EQUALITY IMPACT ASSESSMENT (EIA)



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EQUALITY IMPACT ASSESSMENT (EIA)

1. INTRODUCTION

In order to demonstrate that a public sector body has given due regard to the general duty, public sector bodies in Wales are required under the Welsh Public Sector Equality Duties to conduct an equality impact assessment (EIA) of their policies and service developments in order to assess the potential impact(s) upon people with protected characteristics.

Equality is about making sure people are treated fairly. It is not about treating 'everyone the same', but recognising that everyone's needs are met in different ways. As part of this duty, public sector bodies in Wales are required to publish an assessment of impact in order to be transparent and accountable i.e. their consideration of the effects that their decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, and age, to include gender re-assignment, pregnancy and maternity, marriage and civil partnership issues. These are classed as 'protected characteristics', it is relevant because people from within protected groups are more likely to experience it.

In addition we recognise that Wales is a country with two official languages: Welsh and English. The importance of bilingual healthcare for all patients in Wales is fundamental and is particularly important for four key groups - people with mental health problems; those with learning disabilities; older people and young children. Research has shown these groups cannot be treated effectively except in their first language. Our consideration of equality takes account of this.

The equality impact assessment (EIA) requires us to consider how the proposed changes to the Cochlear Implant and Bone Conduction Hearing Implant (BCHI) Device Services in South East Wales, South West Wales and South Powys. (note, many people also call a BCHI a Bone Anchored Hearing Aid (BAHA) may affect a range of people in different ways.

The EIA will help with answering the following questions:

- Do different groups have different needs, experiences, issues and priorities in relation to the proposed service change?
- Will the proposed service change promote equality?
- Will the proposed service change affect different groups differently?
- Is there evidence of negative impact and what alternatives are available?

The document is intended to describe our understanding in the EIA process of the likely impact on the relevant protected characteristics.

2. THE DEMOGRAPHIC PROFILE

Hearing loss affects over 10 million people across the United Kingdom (approximately one in seven of the population), which makes it the second most common disability in the UK. It can lead to significant health and mental health issues, and incidence increases steeply with age.
In people over the age of 50, at least 40% have some form of hearing loss and this rises to around 70% in adults over 70[1]. 900,000 are classed as severe to profoundly deaf. There are around 50,000 children in the UK with hearing loss and half that number are born with it.

Action on Hearing Loss further indicate that there are around 575,500 deaf and hard of hearing people in Wales[2]. In 2018 the total number of deaf children in Wales was 2,625.

3. BACKGROUND AND RATIONALE

Many people in Wales experience hearing loss. Health Boards in South East Wales, South West Wales, and South Powys have been working together to identify the best way to deliver an implantable hearing device service in South Wales. These services currently include the Cochlear Implant service

[1] https://libguides.southwales.ac.uk/c.php?g=669129&p=4748827
[2] https://rnid.org.uk/wp-content/uploads/2020/05/Hearing-Matters-report-_-Wales-Supplement.pdf#:~:text=Action%20on%20Hearing%20Loss%20runs%20free%20hearing%20aid,hearing%20aids%20%28Action%20on%20Hearing%20Loss%20Cymru%2C%202014%29.

and the Bone Conduction Hearing Implant service (BCHI). (Some people call a BCHI a BAHA).

The reason for the proposed changes is that urgent temporary service change arrangements for the Cochlear Implant service located in the Princess of Wales Hospital, Bridgend have been in place since September 2019. The patients previously seen at the Princess of Wales Hospital in Bridgend are currently seen in the University Hospital of Wales, Cardiff.

As the service commissioner, the Welsh Health Specialised Services Committee (WHSSC) would like to get them to a more permanent position, and has worked with colleagues from across South East Wales, South West Wales, and South Powys to consider how to deliver a safe and sustainable hearing implant devices service for adults and children that meets published national standards and guidance. Services for patients living in North Wales and North Powys are not included in this work.

4. CURRENT SERVICE PROVISION

There are two specialist centres for Cochlear Implant services in South Wales:

- University Hospital of Wales, Cardiff and Vale University Health Board
- Princess of Wales Hospital, Bridgend, Cwm Taf Morgannwg University Health Board

There are three centres delivering the Bone Conduction Hearing Implant (BCHI) Service.

- Neath Port Talbot Hospital, Swansea Bay University Health Board
- University Hospital of Wales, Cardiff and Vale University Heath Board
- Royal Gwent Hospital, Aneurin Bevan University Health Board

Services from University Hospital of Wales, Cardiff and the other at Neath Port Talbot Hospital are funded by the Welsh Health Specialised Services Committee (WHSC) on behalf of all Health Boards, whilst the service delivered from the Royal Gwent hospital is funded by Aneurin Bevan University Health Board.

5. PROPOSED SERVICE PROVISION

Following the pandemic, a scoping exercise was undertaken.

The aim of the service review was to have a safe and sustainable specialist hearing implant device service for children and adults in South East Wales, South West Wales and South Powys that:

- Provides equitable access,

- Meets published standards and guidance,
- Has staff in the right place with the right specialist skills,
- Has a multi-disciplinary team where all patients are discussed and planned for, and able to offer access to all types of commissioned hearing implants,
- Facilitates timely access to surgery.

To consider the best option, three pieces of work have been undertaken:

- A clinical option appraisal,
- An external assessment of the options and how they would deliver against standards set for the service,
- A financial option appraisal.

Underpinning all three pieces of work were the British Cochlear Implant Group guidelines[3] and the NHS England BCHI Commissioning policy[4].

The approach and outcome of all of these processes can be viewed at this link **WHSSC.GeneralEnquiries@wales.nhs.uk**

Having paid due regard to all three assessments, and the service standards, the only option that meets these requirement is:

A single implantable Hub with outreach model with a central Multi-Disciplinary Team provision (note this is called option D in the link above).

This option will comprise:

- A single centre for both children and adults, for the provision and maintenance of both Cochlear Implant and BCHI, ensuring that the delivery model provides a safe and sustainable hearing implant device service, which meets national standards for the South East Wales, South West Wales and South Powys.
- A central hub with an outreach service. This supports the establishment of a central Multi-disciplinary Team (MDT) where all referrals are discussed and planned for and where patients will be able to be offered access to all types of commissioned implants.

It will facilitate timely and equitable access to surgery and provide life management and care for these patients offering care closer to home with the establishment of outreach clinics across the region.

[3] https://www.bcig.org.uk/sig-quality-standards/
[4] https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/05/16041_FINAL.pdf

The proposed delivery model must be able to:

- Accept referrals based on agreed criteria e.g. The National Institute for Health and Care Excellence (NICE)/Commissioning Policy, [5]
- Be able to provide full Audiological care for patients across the pathway including assessment, surgery, and device programming,
- Be able to offer access to all types of commissioned hearing implants,
- Have a functioning Multi-Disciplinary Team (MDT) where all referrals are discussed and planned for,
- Facilitate timely access to surgery,
- Facilitate rapid access to an Audiologist when device failure is suspected,
- Provide equitable and lifelong access,
- Have clear governance processes,
- Facilitate effective liaison with relevant local services, and
- Publish data on audit and outcomes.

As commissioner of the service, the Welsh Health Specialised Services Committee (WHSSC) has responsibility to ensure the provision of high quality specialist services for the Welsh population, which it will commission these in line with the agreed service standards.

6. HOW WILL IT BE DELIVERED

Having considered all three assessments, WHSSC have concluded that **Option D, a single implantable device hub for both children and adults with an outreach support model** is the model that will achieve the aim of delivering a safe and sustainable hearing implant devices service for adults and children that meets national standards and would like to commission this.

The preferred option will enable the safe and sustainable delivery of services for patients requiring an implantable hearing device which will include:

- Assessment by a multi-disciplinary team that is able to offer access to all types of (commissioned) hearing implants,
- Operations at the centre, staffed by a team of 3 surgeons who will have enough patients to maintain their skills,
- Device programming at the centre by a team of 3 audiologists who will have enough patients to maintain their skills,
- Consideration will be given as to whether some pre-surgical and follow up appointments for the Bone Conduction Hearing Implant service can be delivered through an outreach model at a local

[5] https://whssc.nhs.wales/commissioning/whssc-policies/all-policy-documents/cochlear-implant-for-children-and-adults-with-severe-to-profound-deafness-cp35/

hospital,
- Speech and language therapy (SLT), and Teacher of the Deaf (QTOD) support will be provided at a local hospital or in the community, where required.

The service will:

- Support rapid access to a Specialist Audiologist when device failure is suspected at the specialist hearing implant centre and provide equitable and lifelong access,
- Ensure equity of access for all patients (i.e. all patients having the same options open to them, and considered for them),
- Support a large number of patients required for the adoption of new technological advances,
- Provide remote digital programming (when available and where applicable) and outreach clinics in the local hospitals to improve access to services.

Areas of particular patient consideration could be:

- **Patient parking**

  This is available at all sites. There are no car parking charges within Wales' hospital sites.

- **Staff parking**

  This is available at all sites. Members of staff who wish to park on site may need to apply for a permit. A permit does not guarantee them a parking space on site. Staff must park in designated staff car parks.

- **Healthcare Travel Costs Scheme**

  Under this scheme, patients on low incomes or receiving specific qualifying benefits or allowances are reimbursed in full or in part for costs incurred in travelling to receive NHS services provided in a hospital. This includes:

  - Income support benefit,
  - Income based job seekers allowance,
  - Working tax credit or child tax credit,
  - NHS Low Income Scheme and receive an HC2 (full help with health care costs)[6] or HC3 (Limited help with health care costs)[7].

[6] https://www.nhsbsa.nhs.uk/nhs-low-income-scheme/hc2-certificates-full-help-health-costs
[7] https://www.nhsbsa.nhs.uk/nhs-low-income-scheme/hc3-certificates-limited-help-health-costs

7. UNDERSTANDING THE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS

The proposal to locate a single implantable device hub for both children and adults with an outreach support model will therefore affect patients living in the local Health Board regions of Cwm Taf Morgannwg, Aneurin Bevan, Cardiff and Vale, Hywel Dda, Swansea Bay and South Powys. Throughout the document we will use the phrase "area affected" which will be a way to describe people living in those regions, who may be affected by the service change.

The tables in the document have been extracted from the Office of National Statistics (ONS) Government census data 2011 except for table 1 which has been updated for the census data collected in 2021.

Gender/Sex

The gender split for the area affected by service change mirrors very closely the gender split for Wales as a whole; approximately a 50:50 split with slightly more females (51.1%) than males (48.9%).

Table 1: P01 Census 2021: Usual resident population by sex, local authorities in Wales[8]

Area name	All persons	Females	Males	Females	Males
Wales	3,107,500	1,586,600	1,521,000	51.06%	48.95%
Powys	133,200	67,500	65,700	50.7%	49.3%
Hywell Dda UHB					
Ceredigion	71,500	36,500	35,000	51.0%	49.0%
Pembrokeshire	123,400	63,300	60,100	51.3%	48.7%
Carmarthenshire	187,900	96,200	91,700	51.2%	48.8%
Swansea Bay UHB					
Swansea	238,500	121,000	117,600	50.7%	49.3%
Neath Port Talbot	142,300	72,400	69,900	50.9%	49.1%
Cardiff and Vale UHB					
Vale of Glamorgan	131,800	68,300	63,500	51.8%	48.2%
Cardiff	362,400	185,500	176,900	51.2%	48.8%
Cwm Taf Morgannwg UHB					
Rhondda Cynon Taf	237,700	121,300	116,300	51.0%	48.9%
Merthyr Tydfil	58,800	30,100	28,700	51.2%	48.8%
Bridgend	145,500	73,600	71,800	50.6%	49.3%
Aneurin Bevan UHB					
Caerphilly	175,900	90,000	86,000	51.2%	48.9%
Blaenau Gwent	66,900	34,100	32,800	51.0%	49.0%
Torfaen	92,300	47,400	44,900	51.4%	48.6%
Monmouthshire	93,000	47,400	45,600	51.0%	49.0%
Newport	159,600	81,200	78,400	50.9%	49.1%
Area Affected	**2,420,700**	**1,235,800**	**1,184,900**	**51.1%**	**48.9%**

Car travel is the most common means of transport for both men and women from all age groups, including children. However, children make more

[8] https://www.ons.gov.uk/census/aboutcensus/releaseplans

walking trips than adults. For all age groups, men drive further than women on average. According to the Department of Transport's Road Use Statistics 2016, nationally men are more likely than women to be car drivers, with 80% of men compared to 67% of women holding a driving licence in 2014.

It is therefore assumed that older female patients are most likely to be impacted by a change of location, due to their likely reliance on public transport. The evidence of a gender difference in access to transport is a relevant consideration in relation to this service change since a single centre would mean some patients and families travelling further than they would otherwise need to, however some patients will be travelling less, based on the current available evidence. We will seek to understand this further through the engagement process.

Age

Approximately 370 children in England and 20 children in Wales are born with permanent severe to profound deafness each year. About 1 in every 1,000 children is severely or profoundly deaf at 3 years old. This rises to 2 in every 1,000 children aged 9 to 16 years. About half the incidence of childhood deafness is attributed to genetic causes, although approximately 90% of deaf children come from families with no direct experience of deafness. Causes of severe to profound hearing loss in children also include conditions such as meningitis and viral infection of the inner ear (for example, rubella or measles), as well as premature birth and congenital infections. [9]

Hearing loss is a very common condition affecting approximately one in seven of the population, with a steeply increasing incidence with age. There are approximately 613,000 people older than 16 years with severe to profound deafness in England and Wales. In the UK around 3% of people older than 50 and 8% of those older than 70 years have severe to profound hearing loss. There are more females than males with hearing loss although this is associated with females living longer rather than gender differences in causes of deafness.

The ageing population means that demand for both hearing assessment and associated interventions is set to rise over the coming years. The vast majority of the ageing population with poor hearing can benefit from a direct primary care referral to adult hearing services, often based in the community, and do not require referral to an Ear, Nose and Throat (ENT) out-patient appointment prior to audiological assessment. This facilitates timely diagnosis and access to support for adults with poor hearing.

[9] 2 Clinical need and practice | Cochlear implants for children and adults with severe to profound deafness | Guidance | NICE

Older People are also less likely to have access to a car. For the over 70 year age group, only 50% of women holding driving licences, compared to 73% of men. Women, and particularly older women, are therefore likely to be more dependent on public transport and would benefit from community/locality based services and those easily accessible by bus or train.[10]

Older people are thus likely to be impacted more by the move to a central single implantable device hub as they tend to be high users of the service. Some patients who are reliant on public transport may benefit from the outreach service that will be available. We will seek to understand this further through the engagement process.

Disability

Disabled people are ten times more likely to report ill health and also approximately half are likely to experience mental ill health. The proportion of people identifying themselves as disabled[11] in Wales as a whole is 22.7%. There is a great deal of variation in disability among the Health Boards, Cardiff and Vale UHB has the lowest proportion of its population reporting disability at 18.6%, while Cwm Taf at 26.1% has the highest proportion of its population reporting disability. At a Local Authority level Cardiff (18.0%), Monmouthshire (20.1%), the Vale of Glamorgan (20.3%) and Newport (20.8%) stand out with the lowest population proportions reporting a disability.

People who have a disability are twice as likely as people without a disability to have no access to a car (Office for Disability Issues 2009). Disabled people are also less confident in using public transport because of physical access issues, but also because of staff attitudes (Framework for Action on Independent Living 2012).

Patients are eligible for non-emergency patient transport if the medical condition of the patient is such that they require the skills of ambulance staff or appropriately skilled personnel on or for the journey; and/or if the medical condition of the patient is such that it would be detrimental to the patient's condition or recovery if they were to travel by any other means.

Some people undergoing hearing loss surgery may be classed as disabled. To classify as disabled under the Equality Act 2010, you must have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

10 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/514912/road-use-statistics.pdf

11 Disabled is defined as individuals whose day-to-day activities are either limited a lot, or limited a little

The service will be able to provide and meet the needs of patients with any level of disability and be able to make reasonable adjustments to meet the person's needs if required. However, based on the currently available evidence, no impact is anticipated on this protected characteristic group but may need further consideration following the engagement process.

Table 3: Long-term health problem or disability by local authorities in Wales (Source: Table QS303EW 2011 Census, ONS).

	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited	Total (%)	Total
Region					
Aneurin Bevan UHB	12.5%	10.9%	76.6%	100.0%	576,754
Caerphilly	*14.0%*	*11.4%*	*74.6%*	*100.0%*	*178,806*
Blaenau Gwent	*15.7%*	*11.5%*	*72.8%*	*100.0%*	*69,814*
Torfaen	*13.1%*	*11.0%*	*75.9%*	*100.0%*	*91,075*
Monmouthshire	*9.7%*	*10.5%*	*79.9%*	*100.0%*	*91,323*
Newport	*10.6%*	*10.2%*	*79.2%*	*100.0%*	*145,736*
Cardiff and Vale UHB	9.4%	9.2%	81.4%	100.0%	472,426
Vale of Glamorgan	*9.9%*	*10.4%*	*79.7%*	*100.0%*	*126,336*
Cardiff	*9.2%*	*8.8%*	*82.0%*	*100.0%*	*346,090*
Cwm Taf UHB	14.7%	11.3%	73.9%	100.0%	293,212
Rhondda Cynon Taf	*14.5%*	*11.4%*	*74.2%*	*100.0%*	*234,410*
Merthyr Tydfil	*15.8%*	*11.1%*	*73.1%*	*100.0%*	*58,802*
Powys	10.2%	11.2%	78.6%	100.0%	132,976
Area affected	**11.8%**	**10.4%**	**77.7%**	**100.0%**	**1,408,880**
Wales	11.9%	10.8%	77.3%	100.0%	3,063,456

Sensory Loss

20% of people have impaired hearing and up to 70% of people aged over 70 have sensory loss. This can impact significantly on their ability to understand what they are being told and to interact effectively in a healthcare situation.

British Sign Language (BSL) is the preferred language of over 87,000 Deaf people in the UK for whom English may be a second or third language (A

total of 151,000 individuals in the UK can use BSL - this figure does not include professional BSL users, Interpreters, Translators etc., unless they use BSL at home).

Sign languages are fully functional and expressive languages; at the same time they differ profoundly from spoken languages. BSL is a visual-gestural language with a distinctive grammar using handshapes, facial expressions, gestures and body language to convey meaning.

Contrary to popular belief, sign language is not international. Sign languages evolve wherever there are deaf people, and they show all the variation expected from different spoken languages. They are not derived from the spoken language of a country. Thus, although in Great Britain, Ireland and the United States the main spoken language is English, all three have entirely separate sign languages.

Deaf people can choose from a number of communication methods. An individual's choice will have been determined by many factors to do with their experience and the nature and degree of their deafness. The range includes:

- Sign Language
- Lip-reading
- Fingerspelling
- Deafblind fingerspelling
- Written communication

There are also signing systems that attempts to encode English into sign or to illustrate spoken English.

It can be difficult for a hearing person meeting a deaf person for the first time, not knowing what communication methods they prefer, but the barriers are usually broken down once communication via the right method is established.

People with sight loss can also be affected by a changed location particularly if they are reliant on guide dogs. Others with low vision will benefit from clear signage, maps etc. It will be essential to take account the needs of people with sensory loss. This is also relevant to people with dementia.

There are already processes in place to support persons with disabilities, for example

- Easy read patient information leaflets
- Wheelchair access at places of safety facilities
- Translation services for those with sensory issues

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their disability.

Ethnicity/Race

Overall the area affected is slightly more ethnically diverse than Wales as a whole, with 5.5% black and minority ethnic (BME)[12] population compared to 4.4% BME population nationally. The area affected contains two of the four Welsh asylum seekers dispersal areas (Cardiff and Newport), and this is reflected in the higher BME populations in these areas compared to the other local authorities. Cardiff has the highest BME population at 15.3% with Newport having the second highest BME population at 10.1%. BME populations outside these local authorities in the area affected are in the range of 1.5% to 2%.

Some minority ethnic groups may have higher rates of hearing loss due to increased genetic risk associated with consanguinity and increased risk of childhood infections. Approximately 40% of children who are deaf and 45% of people younger than 60 years who are deaf have additional difficulties, such as other physical or sensory disabilities[13].

Overall, language can represent a barrier across a number of areas, for example in accessing public transport and also in terms of finding and accessing health or social services.

Cultural differences may also be a factor in how people engage with health services. It can also limit understanding during diagnosis, treatment and during recovery. The use of translation services may be appropriate.

The language needs of patients from non-white ethnic groups will be taken into account when communicating information about the relocation of services.

Certain ethnic groups are less likely to access many of our services. It will be important to take account of strategies which address this e.g. 'Travelling to A Better Future', Welsh Government. This has been a particular consideration in the development of the Health Board's Homeless and Vulnerable Groups Health Action Plan.

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their ethnicity.

[12] Black and minority population is classed here as any ethnicity not included under the white categories

[13] Overview | Cochlear implants for children and adults with severe to profound deafness | Guidance | NICE

Table 4 Ethnic group by unitary authorities in Wales (Source: Table KS201EW Census 2011, ONS).

Region	White	Mixed / Multiple ethnic group	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group	Total (%)	Total
Aneurin Bevan	96.1%	1.0%	2.0%	0.6%	0.3%	100.0%	576,754
Caerphilly	*98.3%*	*0.7%*	*0.8%*	*0.1%*	*0.1%*	*100.0%*	*178,806*
Blaenau Gwent	*98.5%*	*0.6%*	*0.7%*	*0.1%*	*0.1%*	*100.0%*	*69,814*
Torfaen	*98.0%*	*0.7%*	*1.1%*	*0.2%*	*0.1%*	*100.0%*	*91,075*
Monmouthshire	*98.0%*	*0.7%*	*1.0%*	*0.2%*	*0.1%*	*100.0%*	*91,323*
Newport	*89.9%*	*1.9%*	*5.5%*	*1.7%*	*1.0%*	*100.0%*	*145,736*
Cardiff and Vale	87.8%	2.5%	6.3%	1.8%	1.5%	100.0%	472,426
Vale of	*96.4%*	*1.3%*	*1.6%*	*0.4%*	*0.3%*	*100.0%*	*126,336*
Cardiff	*84.7%*	*2.9%*	*8.1%*	*2.4%*	*2.0%*	*100.0%*	*346,090*
Cwm Taf	97.4%	0.7%	1.3%	0.5%	0.1%	100.0%	293,212
Rhondda Cynon	*97.4%*	*0.6%*	*1.3%*	*0.6%*	*0.1%*	*100.0%*	*234,410*
Merthyr Tydfil	*97.6%*	*0.8%*	*1.2%*	*0.2%*	*0.2%*	*100.0%*	*58,802*
Powys	98.4%	0.6%	0.9%	0.1%	0.1%	100.0%	132,976
Area affected*	**93.7%**	**1.4%**	**3.2%**	**0.9%**	**0.7%**	**100.0%**	**1,408,880**
Wales	95.6%	1.0%	2.3%	0.6%	0.5%	100.0%	3,063,456

Marriage and Civil Partnership

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their status of marriage or civil partnership.

Pregnancy and Maternity

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on pregnancy and maternity.

Religion

Research indicates that patients and families rely on spirituality and religion to help them deal with serious physical illnesses, expressing a desire to have specific spiritual and religious needs and concerns acknowledged or addressed by medical staff.

It is important that services take cultural needs into account. Some BME groups have a strong reliance on spiritual belief and practice; this has important implications for the way that they want to be cared for.

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their religion.

Sexual Orientation

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on sexuality. Patients of all sexualities would be given appropriate support when required.

Gender Reassignment

Recent research looking at the mental health and emotional wellbeing of transgender people has found rates of current and previously diagnosed mental ill health are high among this group. It is also recognised that this group find it particularly difficult to access services and that their dignity and respect must be protected in both hospital and community settings.

Welsh Language

Public services have a responsibility to comply with the Welsh Language (Wales) Measure. This has created standards which establish the right for Welsh language speakers to receive services in Welsh. The Welsh average of 18% of Males and 20% of Females are able to speak Welsh. 19% of the population are able to speak Welsh according to the UK Census 2011.

Service users who may prefer or need to communicate in the medium of Welsh may be required to access services at sites which do not have sufficient Welsh speaking staff. This could affect the service user's ability to communicate with service providers in their preferred language. Meeting the information and communication needs of Welsh speakers will need to be taken into account. Reading materials will also be made available upon request.

It will be essential to comply with the Welsh Language Act 1993 and all supporting strategies (particularly the Bilingual Skills Strategy and the 'active offer') when planning for service change. In addition to this, the

Welsh Language Commissioner has applied a new set of Standards throughout the Health Service in Wales which were issued in November 2018 and many must be met by May 2019. They cover staff and patients and we have a legal duty to meet them.

There are no identified impacts on the Welsh Language Measure of the potential change. If staff are not Welsh speakers, approved translation services will be contacted at the earliest instance if it is suspected that one will be required.

Socioeconomic status

While socioeconomic status is not a protected characteristic under the Equality Act 2010, it is particularly relevant in relation to the protected characteristics. There is a strong correlation between the protected characteristics and low socioeconomic status[14].

Approximately a quarter of households (22.9%) in Wales have no access to a car. Comparing the health boards in the area affected, Powys has the lowest proportion of households with no car or van at 15.0%, while Cwm Taf at 27.6% has the highest proportion with no car or van.

In terms of local authorities, Merthyr Tydfil (29.7%), Blaenau Gwent (29.0%), and Cardiff (29.0%) have the highest proportion of households with no car or van. Powys (15.0%) and Monmouthshire (15.2%) have the lowest proportion of households with no car or van.

Table 5: Car or van availability by local authorities in Wales (Source: Table KS404EW 2011 Census, ONS)

Region	No cars or vans in household	1 car or van in household	2 cars or vans in household	3 cars or vans in household	4 or more cars or vans in household	Total (%)	Total
Aneurin Bevan UHB	24.3%	42.4%	25.3%	6.0%	2.0%	100.0%	242,824
Caerphilly	*24.4%*	*43.2%*	*25.0%*	*5.7%*	*1.8%*	*100.0%*	*74,479*
Blaenau Gwent	*29.0%*	*43.8%*	*20.9%*	*4.9%*	*1.5%*	*100.0%*	*30,416*
Torfaen	*23.6%*	*43.5%*	*24.9%*	*6.0%*	*2.1%*	*100.0%*	*38,524*
Monmouthshire	*15.2%*	*40.2%*	*32.5%*	*8.7%*	*3.4%*	*100.0%*	*38,233*

[14] National Equality Panel. (2010). *An anatomy of economic inequality in the UK.* London: London School of Economics & Political Science (LSE) - Centre for Analysis of Social Exclusion

Newport	*27.9%*	*41.4%*	*23.7%*	*5.2%*	*1.7%*	*100.0%*	*61,172*
Cardiff and Vale UHB	26.4%	42.9%	24.1%	5.0%	1.6%	100.0%	196,062
Vale of Glamorgan	*19.4%*	*43.0%*	*28.8%*	*6.7%*	*2.2%*	*100.0%*	*53,505*
Cardiff	*29.0%*	*42.9%*	*22.3%*	*4.4%*	*1.4%*	*100.0%*	*142,557*
Cwm Taf UHB	27.6%	42.7%	22.9%	5.2%	1.6%	100.0%	123,927
Rhondda Cynon Taf	*27.1%*	*42.6%*	*23.4%*	*5.3%*	*1.6%*	*100.0%*	*99,663*
Merthyr Tydfil	*29.7%*	*43.2%*	*21.0%*	*4.6%*	*1.5%*	*100.0%*	*24,264*
Powys THB	15.0%	42.8%	30.1%	8.4%	3.6%	100.0%	58,345
Area affected*	25.2%	42.6%	24.6%	5.6%	1.9%	100.0%	591,986
Wales	22.9%	43.0%	25.8%	6.1%	2.2%	100.0%	1,302,676

Human Rights

At its most basic, care and support offers protection of people's right to life under Article 2 of the European Convention and the aim of this service is to preserve life through advanced treatment delivery. Reference has also been made to dignity and respect which is relevant to freedom from inhuman and degrading treatment (under Article 3 of the Convention) and the right to respect for private and family life (under Article 8).

Right to Life (taking reasonable steps to protect life)

It is anticipated that having a single implantable hub with outreach model and a central Multi-disciplinary team will provide a safe and sustainable specialist auditory implant device service that meets national standards, will improve clinical outcomes and will have a positive impact on individuals right to have their life protected.

Summary Conclusion

WHSSC has considered all of the protected characteristics. Although the proposed relocation of specialised services is not considered to have any significant negative impacts, WHSSC will continue to review this position throughout the engagement period.

Next Steps

WHSSC will enter a period of targeted engagement, noting that a period of consultation may be required following this stage. The feedback from these processes will enable this EIA to be further updated and associated considerations accordingly.