PROPOSED CHANGES TO THE SOUTH WALES COCHLEAR IMPLANT AND BONE CONDUCTION HEARING IMPLANT (BCHI) DEVICE SERVICE 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.

This purpose of this document is to set out the narrative and findings of the equality impact assessment (EIA) of proposed changes to the Cochlear Implant and BCHI Hearing Implant Device Services in South Wales.

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. Such high levels of deprivation in our local community mean that 36% of the Cwm Taf population live in areas which are among the most deprived 20% in Wales.

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.

Hearing loss affects over 10 million people across the United Kingdom which makes it the second most common disability in the UK. It can lead to significant health and mental health issues. It is a very common condition affecting approximately one in seven of the population, with a steeply increasing incidence with age.

Background

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The intention to consolidate the cochlear implant service in South Wales has been discussed for some time. The reasons cited were the close proximity of the two providers, the disjointed delivery of activity and infrastructure.

During 2019, an urgent temporary service change was made as a result of the service provided from Bridgend becoming unsustainable, with all patients being moved to Cardiff. The staff associated with the service were also temporarily moved in order to support the service.

At this time, there were plans to implement a formal service change, however the emergence of the pandemic resulted in a delay to the conclusion of the preparatory work and subsequent progress into formal engagement and consultation.

Whilst the urgent temporary change related to the provision of Cochlear Implant services, the original discussion related to both Cochlear and BCHI. The scope of the project was revised to include both Cochlear, BCHI, adult and children services.
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?

2. CURRENT SERVICE PROVISION

Cochlear Implant services are commissioned from two centres in South Wales:
- University Hospital of Wales Cardiff and Vale University Health Board
- Princess of Wales Hospital, Bridgend, Cwm Taf Morgannwg University Health Board

The BCHI Hearing Implant Services are located at three sites:
- Neath Port Talbot Hospital, Swansea Bay University Health Board
- University Hospital of Wales, Cardiff and Vale University Heath
- Royal Gwent Hospital, Aneurin Bevan University Health Board.

3. PROPOSED SERVICE PROVISION

Following the pandemic, work has been undertaken to:

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- Develop an options appraisal on the future commissioning of the service, with the scope of that consideration also including the provision of BCHI Hearing Implant Devices.
- An external assessment of the options against the service standards
- A financial appraisal of the options

A Clinical option appraisal workshop took place in September 2021, with invites extended to clinical teams and planning colleagues from Health Boards affected by any proposed change. Five options were presented for consideration and participants had the opportunity to consider and influence both criteria and weightings, before being asked to score each option against the weighted criteria.

The options were:

	OPTION	**DESCRIPTION**
A	Do nothing	2 Cochlear hubs for adults and children 3 BCHI hubs for adult and children
B	Central Cochlear Distributed BCHI	Single hub (with outreach) for Cochlear 3 x BCHI hubs for both adults and children
C	Central Cochlear, Central Paeds BCHI, distributed Adult BCHI	1 x Cochlear hub with Cochlear outreach 1 x BCHI hub (paediatrics) 1 x BCHI hub (adult)
D	Single implantable device hub	1 x single centre for Cochlear and BCHI for both children and adults with an outreach support model
E	1 cochlear hub (Children and adults) 1 BCHI hub (Children and adults)	1 x single centre for BCHI (children and adults) 1 x single centre for Cochlear (Children and adults)

Following application of weighted criteria by each person present, the preferred option from the clinical options appraisal was Option B.

Single hub (with outreach) for Cochlear 3 x BCHI hubs for both adults and children

In order to assess the options against relevant service standards, an external assessment was undertaken by members of the Bristol Specialist Hearing Centre. The same options and criteria as those used in the clinical option appraisal were used. The following standards were used as a framework for assessment:

Accept referrals based on agreed criteria e.g. NICE/Commissioning Policy	Be able to provide full Audio logical care for patients across the pathway including assessment, surgery, and device programming
MDT where all referrals are discussed and planned for, and able to offer access to all types of commissioned hearing implants	Service has required recommended throughput required to maintain surgical (min 10 CI/surgeon/year) and clinical scientist/physiologist's skills.(centre undertakes min 15 BCHI/year)

Facilitate timely access to surgery	Facilitate rapid access to a Clinical Scientist/Physiologist when device failure is suspected(recommended that a centre should have a minimum of 3)
Provide equitable and lifelong access	Have clear governance processes
Facilitate effective liaison with relevant local services (local audiology, Speech and Language Therapist (SLT) and Teacher of the Deaf (TOD)	Publish data on audit and outcomes

Through external assessment of the options against the standards, the only option considered to meet all standards was option D.

4. FINANCIAL ASSESSMENT

The budget for the Cochlear and BCHI Hearing Implant service is almost £5m, with the majority of investment going to Cardiff and Vale University Health Board. A financial assessment of each of the options was undertaken using contract values, costing returns and service proformas, It was identified that none of the options would cost more than the current contract value.

5. ARRIVING AT A PREFERRED OPTION

The table below summarises the 5 options against the 3 processes enabled.

Option	Title	Clinical Option Appraisal	External Assessment – application of standards	Financial Appraisal
Option A	Do nothing			
Option B	Central Cochlear /distributed BCHI	√		
Option C	Central Cochlear, Central Paediatrics BCHI Distributed adult BCHI			
Option D	Single implantable device hub for both paediatrics and adults with an outreach support model		√	√
Option E	1 Cochlear hub (Paediatric & adults) 1 BCHI hub (Paediatrics and adults)			

Welsh Health Specialised Services as commissioner of the service, has responsibility to ensure the provision of high quality specialist services for the welsh population and will commission these in line with agreed service

standards. Throughout discussion, it has been made clear that the future service must:

- Accept referrals based on agreed criteria e.g. The National Institute for Health and Care Excellence (NICE)/Commissioning Policy,
- Be able to provide full Audio logical 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 a Clinical Scientist/Physiologist 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.

6. THE PREFERRED OPTION

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

A single implantable Hub with outreach model with a central Multi-Disciplinary Team provision

- A single centre for both children and adults, for the provision and maintenance of both cochlear and BCHI, ensuring that the delivery model provides a safe and sustainable hearing implant device service, which meets national standards for the south Wales region.

- The preferred option will therefore require a central hub with an outreach service. This supports the establishment of a central 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.

- The option 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.

As well as the perceived benefits outlined above, the other key implications of the proposed relocation that are likely to have an impact on patients and staff are:

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How will it be delivered

Central Hub

A decision has yet to be made on where the single site will be located in south Wales but there are a number of considerations:

All patient areas should be able to meet the needs of a hard of hearing population and the needs of families and young children

There should be a full range of specialist staff to provide the service to meet the national standards

There is a need to have other services at the same site for example day case, operating theatres

The centre must provide a central multi-disciplinary team where all referrals are discussed and planned for

Outreach Services

The location of outreach services has not been agreed but here are some suggested centres:

- Neath Port Talbot, Swansea Bay University Health Board
- A location in north Cwm Taf Morgannwg University Health Board
- A location in Aneurin Bevan University Health Board
- University Hospital of Wales, Cardiff and Vale University Health Board

Patient parking

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

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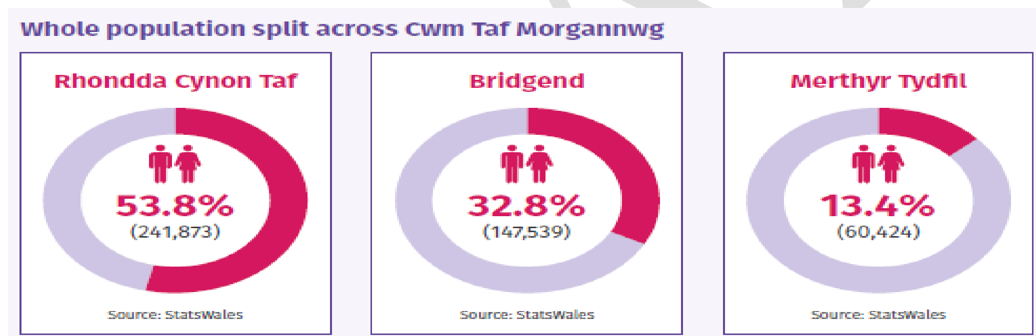
- Working tax credit or child tax credit
- Or hold a HC2 or HC3

7. THE DEMOGRAPHIC PROFILE

The Wales average life expectancy is 78.3 years for men, 82.3 for women with healthy life expectancy 65.3 years for men, 66.7 for women. For Cwm Taf Morgannwg, the life expectancy and healthy life expectancy for both men and women is lower than the Wales average. The gap in life expectancy and healthy life expectancy in Cwm Taf is lower than Wales and there are great inequalities in outcomes for the poorest compared to the most affluent.

Cwm Taf overall had statistically highlighted higher levels of mental illness, respiratory illness, hypertension, arthritis and diabetes mellitus in the combined 2012-2013 Welsh Health Survey compared with other areas in Wales.

According to Action on Hearing Loss in Wales, there are around 575,500 deaf and hard of hearing people in Wales. Cwm Taf Morgannwg is made up of three local authority areas: Merthyr Tydfil, Rhondda Cynon Taf and Bridgend. There are 449,836 people living in Cwm Taf Morgannwg. [1]



Cwm Taf has an ageing population, recognised health inequality (Inverse Care Law) and high levels of deprivation. There is an associated lower life expectancy (8 less years for males and 6 less years for females between the poorest and most affluent areas within the Cwm Taf community), shorter good health (the lowest in Wales) and high incidence of multiple morbidities. The population is growing and there is low employment and low levels of academic achievement.

Taff Ely is an area of significant contrast, with pockets of both affluence and high deprivation. Compared to the rest of the Cwm Taf UHB area, Taff Ely appears relatively affluent with 26.8% of its population living in the least

[1] https://www.ctmregionalpartnershipboard.co.uk/wp-content/uploads/2022/05/CTM-Regional-Partnership-Board-Population-Needs-Assessment-Summary_e5.pdf

deprived areas of Wales. However, 38.8% of its population live in the most deprived or next most deprived areas. Particularly relevant is the identification of Tylorstown (Rhondda), Caerau (Bridgend), Penrhiwceiber (Rhondda Cynon Taf) and Penydarran (Merthyr Tydfil) as areas of greatest deprivation in Wales (ranked 4th, 5th, 6th and 7th respectively).[2] This level of deprivation in the area brings with it associated high rates of mental health issues, long term disability/morbidity, and chronic illness from the legacy of heavy industry particularly mining, and benefits uptake.

8. UNDERSTANDING THE IMPACT ON PROTECTED CHARACTERISTICS

The proposal to locate a single implantable device hub for both paediatrics 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 parts of Powys.

Gender/Sex

In the Cwm Taf area as a whole there are a very slightly higher proportion of female residents than male, and this is broadly consistent with the rest of Wales.

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%) than males (49%).

Region	Males	Females	Total (%)	Total
Aneurin Bevan UHB	49.0%	51.0%	100.0%	576,754
Caerphilly	*49.0%*	*51.0%*	*100.0%*	*178,806*
Blaenau Gwent	*49.2%*	*50.8%*	*100.0%*	*69,814*
Torfaen	*48.7%*	*51.3%*	*100.0%*	*91,075*
Monmouthshire	*49.2%*	*50.8%*	*100.0%*	*91,323*
Newport	*49.0%*	*51.0%*	*100.0%*	*145,736*
Cardiff and Vale UHB	49.%	51.0%	100.0%	472,426
Vale of Glamorgan	*48.7%*	*51.3%*	*100.0%*	*126,336*
Cardiff	*49.1%*	*50.9%*	*100.0%*	*346,090*
Cwm Taf UHB	48.9%	51.1%	100.0%	293,212
Rhondda Cynon Taf	*48.9%*	*51.1%*	*100.0%*	*234,410*
Merthyr Tydfil	*49.0%*	*51.0%*	*100.0%*	*58,802*
Powys THB	49.4%	50.6%	100.0%	132,976
*South Powys**	*49.4%*	*50.6%*	*100.0%*	*66,488*
Area affected*	**49.0%**	**51.0%**	**100.0%**	**1,408,880**

[2] https://gov.wales/sites/default/files/statistics-and-research/2020-06/welsh-index-multiple-deprivation-2019-results-report.pdf

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Wales	49.1%	50.9%	100.0%	3,063,456

Car travel is the most common means of transport for both men and women from all age groups, including children. However, children make more 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 the change of location to the University Hospital of Wales 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, no impact is anticipated on this protected characteristic group but may need further detail following 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 1000 children is severely or profoundly deaf at 3 years old. This rises to 2 in every 1000 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. [3]

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

[3] 2 Clinical need and practice | Cochlear implants for children and adults with severe to profound deafness | Guidance | NICE

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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.

Older People are also less likely to have access to a car with the over 70 year age group with only 50% of women holding driving licences compared to 73% of men. Women, 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.[4]

Older people are therefore 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.

Disability

Disabled people are ten times more likely to report ill health and also approximately half are likely to experience mental ill health. The Cwm Taf Morgannwg population report the poorest mental health status of all Health Boards in Wales. The proportion of people identifying themselves as disabled[5] in the area affected is very similar to the proportion in Wales as a whole, 22.2% compared to 22.7%. There is a great deal of variation in disability among the health boards in the area affected. 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

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

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

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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.

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

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. In 2017 Cwm Taf UHB won an Action on Hearing Loss award for supplying hearing equipment to all secondary care wards and departments which help people to communicate effectively with health professionals thus ensuring dignity and confidentiality. This has been accompanied by staff training on use of the equipment and how to communicate with people who have difficulty hearing.

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 who 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 you would expect from different spoken languages.

There 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. As with spoken languages, a sign language can evolve from a parent sign language and therefore show affinities. For instance, due to historical and political links, Australian Sign Language and modern BSL share a common ancestor, and there are similarities between the two. American Sign Language (ASL)

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bears a resemblance to French Sign Language (LSF) because Laurent Clerc introduced the "methodical sign system" developed by the Abbe de I'Epee in eighteenth century France into American Deaf education. There are also the regional dialects and "accents" which are present in every language.

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

Cwm Taf Morgannwg have lower representation from ethnic groups other than white than Wales as a whole. However there are significant number of Polish, Portuguese and Czech people living in the Cwm Taf Morgannwg community and their access issues will need to be considered.

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Overall the area affected is slightly more ethnically diverse than Wales as a whole, with 5.5% black and minority ethnic (BME)[6] 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[7].

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 e.g. gypsies and travellers, and 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. Approved translation services will be contacted at the earliest instance if it is suspected that one will be required.

Marriage and Civil Partnership

The number of people who are married or in a same-sex civil partnership living in Cwm Taf Morgannwg is the same as for Wales as a whole.

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

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

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

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.

Sexuality 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

Information is not available on this group within the local community. However, 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 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.

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In the Cwm Taf area, 11% of the population are able to speak Welsh according to the UK Census 2011. This compares with the Welsh average of 19%. 11% of Males and 14% of Females are able to speak Welsh compared with the Welsh average of 18% of Males and 20% of Females.

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

Approximately a quarter of households (25.2%) in the area affected has no access to a car, which is slightly higher than the proportion across the whole of Wales (22.9%).

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.

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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 with a central Multi-disciplinary team provision 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

What will the changes mean for the service?

- Quality standards are met
- Services are no longer spread too thinly across South Wales
- A more safe and sustainable service
- Single implantable Hub with outreach model with a central Multi Disciplinary Team provision
- Equity of access
- Improved outcomes for patients
- Support the majority of patients

Next Steps

Welsh Health Specialised Services will enter a period of targeted engagement, noting that a period of consultation may be required following this stage.

A commitment was made throughout the clinical option appraisal that Welsh Health Specialised Services would develop a Clinical Reference Group that would continue to evolve thinking throughout the engagement process. The first meeting will take place early October.

Discussions will remain ongoing with colleagues in Cwm Taf Morgannwg University Health Board regarding the staff affected by the temporary arrangements and who have moved with the service during 2019. Staff have been notified in advance that a targeted engagement process is due to commence.

Through the targeted engagement information will be gathered that will enable further development of the EIA.

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