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23 Marwth 2022 / 22 March 2022

Annwyl Aelod / Dear Member

Cynhelir Cyfarfod Blynyddol Cyngor Iechyd Cymuned Gogledd Cymru yn defnyddio 'Zoom' ar ddydd Mawrth 29 Mawrth 2022 am 10.00yb

<https://us02web.zoom.us/j/82056830405?pwd=U3pIRTJoWE44ZWwERjA4N0RwYzIHUT09>

Dalier sylw na fydd unrhyw eitemau yn cael eu hystyried o dan y pennawd 'Unrhyw Fater Arall' oni bai fod y Cadeirydd yn ystyried eu bod yn faterion brys a bod rhybudd ohonynt wedi ei roi a'i dderbyn yn swyddfa CIC erbyn dydd Gwener 25 Mawrth 2022, fan bellaf.

Cofiwch fod croeso i chi ddefnyddio'r iaith Gymraeg yn y cyfarfod - bydd cyfleusterau cyfieithu ar y pryd ar gael.

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The Annual Meeting of North Wales Community Health Council will be held using 'Zoom' on Tuesday 29 March 2022 at 10.00am.

<https://us02web.zoom.us/j/82056830405?pwd=U3pIRTJoWE44ZWwERjA4N0RwYzIHUT09>

Please note that no items will be considered under 'Any Other Business' unless they are considered by the Chair to be urgent and unless notice of them has been received at the CHC office by no later than Friday 25 March 2022.

Please remember that you are welcome to use the Welsh language at the meeting – simultaneous translation facilities will be available.

Yn gywir iawn / Yours sincerely

Geoff Ryall Harvey
Prif Swyddog / Chief Officer



Rydym yn croesawu gohebiaeth trwy gyfrwng y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg byddwn yn ateb yn Gymraeg, ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth

We welcome correspondence through the medium of both Welsh and English. If you write to us in Welsh we will answer in Welsh, this will not lead to a delay in responding to your correspondence

Cyngor Iechyd Cymuned Gogledd Cymru yw enw gweithredol Cyngor Iechyd Cymuned Betsi Cadwaladr
North Wales Community Health Council is the operational name of the Betsi Cadwaladr Community Health Council

**CYNGOR IECHYD CYMUNED
GOGLEDD CYMRU
CYFARFOD BLYNYDDOL
DYDD MAWRTH 29 MAWRTH
2022 10.00AM
DRWY ZOOM
RHAGLEN**

Cynhelir y cyfarfod yn ddwyieithog gyda chymorth cyfieithu ar y pryd. Mae croeso i chi gyfrannu yn y Gymraeg neu'r Saesneg.

<https://us02web.zoom.us/j/82056830405?pwd=U3pIRtJoWE44ZWhERjA4N0RwYzlhUT09>

Rhowch wybod i'r Cadeirydd am Unrhyw Fater Arall cyn dechrau'r cyfarfod.

EITEM AGENDA	EITEM	ATOD	AMSER
AM22.01	CROESO GAN Y CADEIRYDD a CHYHOEDDIADAU		10.00am
AM22.02	YMDDIHEURIADAU AM ABSENOLDEB		
AM22.03	DATGANIAD O DDIDDORDEB Derbyn unrhyw ddatganiad o ddiddordeb gan unrhyw aelod mewn perthynas ag unrhyw eitem ar yr agenda		
AM22.04	TREFNIADAU AR GYFER SWYDD Y CADEIRYDD AC IS-GADEIRYDD AR GYFER 2022 - 2023	<i>Llafar</i>	10.10am
AM22.05 22.05(1)	ADRODDIAD RHEOLAETH CICGC Y Prif Swyddog i adrodd ar berfformiad 2021 - 2022	<i>Llafar</i>	10.15am
AM22.06 22.06(1)	ADRODDIAD CYDRADDOLDEB, AMRYWIAETH A HAWLIAU DYNOL CICGC Cynllun Gweithredu Cydraddoldeb, Amrywiaeth a Hawliau Dynol 2021 - 2022	<i>Atod 01</i>	10.30am
AM22.07	UNRHYW FATER ARALL		

**NORTH WALES COMMUNITY
HEALTH COUNCIL
ANNUAL MEETING
TUESDAY 29 MARCH 2022
10.00AM
VIA ZOOM
AGENDA**

The meeting will be conducted bilingually with the assistance of simultaneous translation. You are welcome to contribute in either Welsh or English.

<https://us02web.zoom.us/j/82056830405?pwd=U3pIRtJoWE44ZWhERjA4N0RwYzlhUT09>

Please notify the Chair of Any Other Business prior to the start of the meeting.

<u>AGENDA ITEM</u>	<u>ITEM</u>	<u>ENC</u>	<u>TIME SLOT</u>
AM22.01	CHAIR'S WELCOME and ANNOUNCEMENTS		10.00am
AM22.02	APOLOGIES FOR ABSENCE		
AM22.03	DECLARATION OF INTEREST To receive any disclosure of interest by any member in respect of any item on the agenda		
AM22.04	ARRANGEMENTS FOR THE OFFICE OF CHAIR AND VICE CHAIR FOR 2022 - 2023	<i>Verbal</i>	10.10am
AM22.05 22.05(1)	NWCHC MANAGEMENT REPORT Chief Officer to report on 2021 - 2022 performance	<i>Verbal</i>	10.15am
AM22.06 22.06(1)	NWCHC EQUALITY DIVERSITY AND HUMAN RIGHTS REPORT Equality, Diversity and Human Rights Action Plan 2021 - 2022	<i>Enc 01</i>	10.30am
AM22.07	ANY OTHER BUSINESS		

North Wales Community Health Council
Equality and Human Rights Action Plan – Final Update
April 2021 – March 2022

Introduction

Last year was an extremely unusual time that impacted on every strategic and operational part of last year’s plan. This led to reviewing the commitments in the plan and identifying new ways of working, with the aim of addressing our priorities in the most appropriate ways we could develop. These included designing and utilising ways of digital communication for meetings internal to the North Wales Community Health Council (NWCHC). This approach was quickly expanded to include meetings with partners, along with delivering a range of “safe space” events for engaging and consulting patients, their families and carers. Confidentiality was maintained throughout and participants were able to share their own experiences.

The latter picked up on various themes and priorities including vascular services, mental health - including CAMHS¹ and learning disabilities - primary care, accessibility of service delivery and the lengthening waiting lists for healthcare that was not Covid-19 related. Various communities of interest were invited to become involved including LGBTQ+², disabled people, people of various ethnicity, age and abilities. If individuals did not feel comfortable attending a “safe space” event there were other options available for them to communicate their views including social media, telephone conversations, e-mail and letter. NWCHC has met all the Welsh Language Standards required and all engagement and consultation has been offered in a bi-lingual format.

Clearly, most meetings and interactions will remain on-line for the foreseeable future. This will mean that the current plan will encompass the approaches that are now in place. Flexibility will be exercised when and if it is safe and appropriate to do so.

¹ CAMHS – Children and Adolescent Mental Health Service

² Welsh government definition – Lesbian, gay, bi-sexual, trans, questioning and all other people who identify as being part of this community.

Like the Operational Plan this plan is a working document and will be a theme that threads throughout our activities. The priorities and area of focus are similar or the same as last year and include mental health provision at all levels, primary and community care and changes to services. NWCHC has also been contributing to the development of the health board's digital strategy and this will continue.

Context

As last year, the backdrop to implementation and development includes the uncertainty of the future of the NWCHC and new legal requirements that are being introduced. The socio-economic duty is part of the Equality Act, implementation of which was postponed last year and now comes into effect from 31 March 2021. This requires public sector organisations to give due regard to socio-economic disadvantage when making strategic decisions. Factors to be considered include income, social class, occupation, education and where someone lives. These factors can all interact with other forms of equality to increase disadvantage and discrimination.

The aim should be on equality of outcome and, if disadvantage or discrimination is identified, mitigating action must be put in place. An impact assessment of the socio-economic duty must now take place on policies, procedures and service delivery, and will enhance information that is already gathered as part of the current Equality Impact Assessment process.

The report from the Equality and Human Rights Commission "Is Wales Fairer" was published at the end of 2018 and quoted in last year's plan. It is still current, and, whilst it noted some positive developments such as an overall increase in employment, a narrowing of educational attainment gaps for some and an increase in political participation, specifically a spike in voter turnout for women, it identifies many challenges that are still needing to be addressed.

These include³:

³ "Is Wales fairer? Summary report 2018" page 4

- A continuing increase in rough sleeping and poverty rates due to the adverse effects of social security reform, that has contributed to an overall fall in living standards since the last review.
- Disabled people are falling further behind and more are being denied their right to independent living. Gaps in educational attainment and employment are widening rather than narrowing in many cases.
- Race inequality persists and whilst some ethnic minority people are experiencing improvements, hate crime motivated by race, is still too prevalent.
- Women's safety and career progression is still being obstructed by the prevalence of societal gender norms in education and employment and the experiences of harassment and violence.
- The responsibility to provide care disproportionately falls on women and this is usually unpaid. There are also concerns that unpaid carers in Wales are not getting the support to which they are entitled.

All the above have links to health service delivery and outcomes. In specific reference to health the key findings are⁴:

- Gypsy, Roma and Traveller families, transgender people, refugees and asylum seekers continue to experience difficulties in accessing quality health services.
- Mental health provision in Wales is not meeting demand and the number of people waiting for mental health treatment has doubled in the last six years.
- In 2016, men in Wales were over four times more likely than women to die by suicide.
- Men living in the most deprived areas of Wales have a lower life expectancy of eight years than those living in the least deprived areas.

⁴ Ibid page 22

- Health outcomes in Wales for the most vulnerable groups are not good enough. For example, non-disabled people reported good health almost twice as frequently as disabled people.

It is also worth noting that, with regard to “Participation”, one of the key findings states⁵:

- Loneliness, isolation and a reduced sense of belonging are some of the most significant issues facing groups including older people, disabled people, carers, new parents, lesbian, gay or bisexual people and people from some ethnic minorities.

The point above has been worsened by the effects of the pandemic. There has also been an increase in mental health issues and incidents of domestic abuse have increased. As stated last year, carers are not explicitly covered by the Equality Act, but they play a major role in health care. They are covered by different legislation⁶, but many people look after loved ones in very difficult circumstances with little or no support. In addition, many do not identify themselves as carers, and neither do the people they care for.

The actions contained in this plan will continue to take note of these findings as well as being aware of the need to take other aspects into account. These include relevant legislation such as The Equality Act 2010 and the “Well-being of Future Generations (Wales) Act 2015” that requires us to work positively with individuals, communities and other organisations.

Currently, Welsh Government is developing various plans that support their commitment to equality and human rights. These include the Advancing Gender Equality in Wales Plan, ‘Action on Disability: The Right to Independent Living’ framework, the Race Equality Action Plan, and the LGBT+ Action Plan. Each of these plans sit below the overarching Strategic Equality Action Plan, but with more focussed objectives and specific actions tailored to their audiences. All these plans highlight the ways in which different aspects of inequality can combine to increase discrimination and disadvantage for some people⁷.

⁵ Ibid page 26

⁶ Social Services and Well-being (Wales) Act 2014

⁷ This effect is known as intersectionality.

In 2019, Public Health Wales commissioned The King's Fund to complete a scoping review⁸ about the relationship between digital exclusion and health inequalities. The report has just been published and found that there is good evidence to believe that many groups who are already subject to disadvantage and worse health outcomes are also subject to digital exclusion, but the relationship is complex. Some national-level evidence involving narrow measures of access and use of digital technologies suggests that gaps in measures of digital technology use between disadvantaged groups and the rest of the population have been narrowing in recent years.

However, important differences in access and use persist: People living in rural areas have less access to, and slower, internet infrastructure. Recent data is lacking but deprived areas also seemed to be more likely to lack access. The study also found that older people are less likely to own smartphones or connect to the internet; where differences between ethnic groups persist in internet access this is explained by the age and income profile of these groups; people with lower income are less likely to have access to smartphones in their household.

The above issues will be considered when we feed into the Digital Strategy that is being developed by BCUHB. We have already shared initial findings from a review of GP websites, undertaken by NWCHC members. Accessibility, both in website design and clarity of information, was identified as problematic regarding some sites, along with a lack of bi-lingual provision and lack of consistency relating to availability of some services.

Last year BCUHB produced a Strategic Equality Plan 2020-2024 and the following equality objectives are of relevance to the NWCHC plan.

- *BCUHB Equality Objective 2: We will prioritise action to reduce health inequalities and increase the accessibility of healthcare for people sharing different protected characteristics in North Wales.*

⁸ Digital Technology and Health Inequalities: Matthew Honeyman, David Mcguire, Harry Evans, Alisha Davies

- *BCUHB Equality Objective 3: We will prioritise action to respond to key policy and legal developments in healthcare for people sharing different protected characteristics in North Wales.*
- *BCUHB Objective 6: We will increase engagement with individuals and groups sharing different protected characteristics in North Wales.*
- *BCUH Objective 9: We will prioritise action to advance race equality in North Wales.*

When the BCUHB Plan was first published Objective 9, listed above, was not included. It was added as the year progressed to take account of various issues that emerged during 2020/21. These include Black Lives Matter, the additional impact of Covid-19 on the BAME⁹ communities and their low take up of the vaccination as it was rolled out, when compared with the general population.

The working relationship with BCUHB is valued by NWCHC and the opportunity to discuss and share ideas and best practice is extremely helpful. The “safe spaces” engagement and consultation events, delivered by NWCHC and relating to the refresh of the Mental Health Strategy, have been mentioned in the BCUHB equality review of last year. A final report will be available by the end of March 2021.

Each action in our plan is linked to relevant national priorities, and CHC National Standards¹⁰ that can be found in Appendix 1. The Equality Aims, identified in the national CHC Equality Plan, are listed in Appendix 2. They have been taken account of in the production of this plan and cross-referenced where relevant.

It is important that projects and actions being developed across NWCHC take account of equality and human rights issues and undergo an EqIA. If anyone needs advice, please don't hesitate to contact me.

Linda Harper

March 2021

⁹ BAME – Black, Asian, Minority Ethnic

¹⁰ “National Standards for Community Health Councils in Wales” April 2017

NWCHC EHR Action Plan

April 2021 – March 2022

Actions and Links to CHC Standards / National Priorities	Date and / or Focus	Names or Group	Progress Update
<p>1. Monitor and review progress of this EHR Action Plan.</p> <p>Links to:</p> <p>National Standards</p> <p>9 / 10</p> <p>National Aims</p> <p>2 / 3 / 4</p>	Ongoing	<p>The joint Engagement & Consultation and Visiting & Monitoring Groups</p> <p>Project delivery as required</p>	<p>There was a joint meeting of the two groups, and it was agreed that new meetings would be convened as and when required.</p> <p>No formal meetings have been held but members have been encouraged to engage with their own contacts and report back any health-related concerns or issues re provision and delivery.</p> <p>Members have also been contacted when specific issues have needed a response.</p>
<p>2. Continue to raise EHR awareness by:</p> <ul style="list-style-type: none"> - induction of new members - applying EHR principles to all CHC activities - Equality impact assessing (EqIA) our products and activities. 	Ongoing		<p>Regular Briefing Papers have kept members updated of activities and progress.</p> <p>(These can be found at the end of this document)</p> <p>Data collected and collated from the Advocacy Team was scrutinised to identify any issues / disparities against the profile of our</p>

<p>Links to:</p> <p>National Standards</p> <p>1 / 2 / 3</p> <p>National Aims</p> <p>4 / 5</p>			<p>potential client group.</p> <p>The above has been addressed in more detail at the end of this section of the plan. It was decided to take positive action to target specific communities of interest in the future.</p> <p>A session re EqIA for staff members was held during the Autumn on 2 November and a way forward identified. An Integrated Impact Assessment form has now been supplied by the board.</p>
<p>3. Continue to review monitoring and visiting practice, taking into account the need for on-line delivery, and identify opportunities for enhancement and improvement, including embedding EHR.</p> <p>Links to:</p> <p>National Standards</p> <p>1 / 3 / 4 / 5</p> <p>National Aims</p> <p>All</p>		<p>LH / CW + BCUHB colleagues</p> <p>Liaison with V&MG E&CG</p>	<p>All monitoring and visiting of healthcare premises halted because of the pandemic.</p> <p>However, a series of on-line “safe space” events, around issues of mental health, had a very good response.</p> <p>Specific groups were targeted, and these included, older people, people with learning disabilities, LGBTQ+ individuals and those living in rural communities. A report has been published.</p> <p>This has resulted in delivering another series of similar events focused on Language and</p>

			<p>Speech Therapy being commissioned by the Health Board. This will be an approach that is retained as things begin to return to something like normal.</p> <p>The Speech and Language Therapy events were held during October and November and a report of findings produced. Due to rising Covid numbers the visiting of health premises has still not resumed.</p>
<p>4. Ensure engagement and consultation exercises demonstrate best EHR practice by including specific communities of interest and utilising a range of communication channels including on-line delivery and social media.</p> <p>Links to:</p> <p>National Standards</p> <p>3 / 4 / 7</p> <p>National Aims</p> <p>2 / 4 / 5</p>	<p>Continuation of work in progress</p>	<p>Ongoing – LH / CW and all members</p> <p>BCUHB Equality and Human Rights Stakeholder Group</p>	<p>See comment in the box above. Social media is also being utilised, along with the more traditional methods of engagement.</p> <p>For example, the “safe space” events also had alternative options for those who were not happy to engage on-line. This continued with the events held for Speech and Language Therapy feedback.</p>
<p>5. Work in partnership with the EHR team at BCUHB on common areas of interest that help ensure better outcomes for patients by: -</p> <p>- attending relevant groups e.g. Equality and Human</p>	<p>Ongoing Service Change</p> <p>Capital Development</p>		<p>See box above. NWCHC is represented on key BCUHB E&HR groups that are held on-line.</p> <p>EqIA has been responded to via e-mail.</p>

<p>Rights Strategic Forum, EHR Scrutiny Group and the Equality Stakeholder Group.</p> <ul style="list-style-type: none"> - responding to relevant consultations and EqlAs including implementation of the health board priorities for their plan 2022 - 2022 - contributing to subject specific meetings and forums when relevant - working collaboratively with BCUHB on mutually beneficial actions / projects -undertake patient feedback surveys when needed/requested <p>Links to:</p> <p>National Standards</p> <p>6 / 7 / 8</p> <p>National Aims</p> <p>3 / 4</p>	<p>Programmes</p> <p>Re-configuration of services</p>	<p>LH / CW / JD</p> <p>Other members as required</p>	<p>Subsequently, the key groups have met via “Teams”. Comments re EqlAs and plans have also been responded to via e-mail when necessary.</p> <p>BCUHB requested the engagement “safe space” events re Speech and Language Therapy.</p> <p>The above sessions were facilitated during October and November and a report of findings was produced at the end of the engagement programme.</p>
<p>6. Continue to try and identify and publicise access routes for mental health and other services at primary and community level.</p> <p>Links to:</p> <p>National Standards</p> <p>1 / 2 / 3 / 5</p> <p>National Aims</p> <p>3 / 4</p>	<p>Digital Strategy Development</p> <p>Fragility in Primary Care</p> <p>Service Change</p>	<p>LH / CW / All members</p>	<p>The original “safe space” events were focused on mental health. A new BCUHB mental health team has been working to “refresh” the mental health strategy, which is still not available.</p> <p>An EIA will need to be undertaken.</p> <p>The CHC membership conducted an on-line survey of GP websites. Many issues were</p>

			<p>identified and BCUHB were informed. These have been fed into the new digital strategy.</p> <p>The Digital Strategy is now complete, and an EIA undertaken. This was presented for feedback to the BCUHB EIA Group on which NWCHC sits.</p>
<p>7. Continue to ensure that there is a written update re EDHR at all Full Council Meetings.</p> <p>Links to:</p> <p>National Standards</p> <p>4 / 9 / 10</p> <p>National Aims</p> <p>All</p>		LH / CW	<p>Verbal and written updates have been given to the CHC Executive Committee that has met regularly. Two meetings have been held for the full membership and updates were given. Another meeting is planned for next month when this report will be presented.</p>
<p>8. Issue EDHR briefing notes and meeting reports when necessary.</p> <p>Links to:</p> <p>National Standards</p> <p>9 / 10</p> <p>National Aims</p> <p>4 / 5</p>	Ongoing and linked to Priority 2	CW/LH	<p>There are 4 Briefing Notes now available. These can be found in Appendix 3.</p>

As indicated in the main text it was planned to give regular updates to the NWCHC membership regarding how the plan objectives are being met and this has happened. It should be noted that the pandemic has continued to provide a context

which has influenced the ways by which activities and services have been planned and delivered.

The four Briefing Notes, that have been sent out throughout the year, are included in Appendix 3. Allied to that, a couple of actions re EIA have been included in the above plan, as the year has progressed. Developments and actions have been noted in the above chart.

There are two issues that needed further clarification. The first of these is the results of the advocacy data that has been collected and scrutinised. The form utilised was supplied by the CHC Board last year but turned out not to be the current one. It focused on service users, the idea being that the data collected from monitoring forms can be helpful in identifying future development plans and actions. However, due to the form being out of date, most of the data supplied gave very little useful information.

However, it was interesting to note that the preferred way that people wished to communicate with the CHC was 40 for telephone, 34 post, 33 e-mail, 27 face-to-face, 10 text, and 2 for on-line forums. NWCHC continues to utilise all these channels of communication. Additionally, the data did show a lack of diversity in the client group and an action for the need to develop an advertising campaign to reach under-represented groups has been identified.

The new equality monitoring form contained a question asked about pregnancy and maternity "Are you pregnant or have been pregnant on (*sic*) the last twelve months?" After discussion with the Board, and taking advice from the Equality and Human Rights Commission, North Wales CHC decided to remove the question from the form.

The second issue relates to expressing a commitment to the Zero Tolerance of Racism in Wales pledge. We have undertaken this action and the policy statement can be found below. The full policy is available on request.

North Wales Community Health Council Policy Statement

North Wales Community Health Council commits to promoting a zero tolerance to racism throughout the North Wales Community Health Council, this means that:

- **We will** take a stand against racism and promote a more inclusive and equal society for all.
- **We will** not tolerate racial prejudice, discrimination, harassment, victimisation, abuse, or violence against any individual.
- **We will** stand in solidarity, come together, and say no to racism, in all its forms.
- **We will** promote good race relations between people from diverse ethnic backgrounds in North Wales Community Health Council.
- **We will** promote equal and fair opportunities for people from diverse ethnic backgrounds to attain promotion.
- **We will** eliminate unlawful race discrimination, harassment, victimisation, and abuse.

The plan for April 2022 – March 2023 will be the last plan for North Wales Community Health Council. It will build on the identified issues and developments of the current year and take account of the relevant areas of focus of Welsh Government and BCUHB.

The Citizen's Voice body will be up and running from April 2023. Currently, at the time of writing, there is no detail available relating to how equality and human rights will be addressed by the new body.

Linda Harper

February 2022

Appendix 1

The National Standards

STANDARD 1

CHCs act in the interests of the public and patients in Wales

STANDARD 2

CHCs work effectively with others to safeguard and promote the welfare of people who use NHS services

STANDARD 3

CHC activities and services meet the needs of and are accessible to all

STANDARD 4

CHC activities are open, transparent and inclusive

STANDARD 5

CHC activities are properly led, resourced and supported

STANDARD 6

CHCs plan and carry out their activities in a way that maintains their independence and demonstrates their accountability to the communities they serve

STANDARD 7

CHCs strengthen the voice of patients and the public by working together and with others

STANDARD 8

CHCs reflect the views and experiences of patients and the public about NHS services

STANDARD 9

CHCs share and report upon the results of their activities in a balanced and timely way

STANDARD 10

CHCs evaluate the impact of their actions and apply the learning to future activities

Appendix 2

The National Equality Aims

1. We will work with others to find better ways to hear from everyone, including those who are in the most vulnerable situations and those whose voice might not otherwise be heard.
2. We will adapt our approaches to reach those whose care is delivered in and out of hospital and develop our resources and advocacy services to ensure that they are widely accessible, available and relevant.
3. We will develop our plans with the public and our partners so that they focus on the things that matter most and have the best chance of making a difference.
4. We will build on our existing partnerships and forge new ones where working together increased our chances of making a difference.
5. We will develop targeted and more inclusive ways to attract new members so that we better reflect the diversity of the communities we serve.

Appendix 3

Equality and Human Rights – Briefing 1

This briefing is the first relating to the current Equality and Human Rights Plan 2021-2022. It follows on from the previous five updates relating to last years' plan.

- A commitment was made by the Welsh Government, in March 2020, to produce an Action Plan following calls from the Wales Race Forum and broader stakeholders. Following the convening of the First Minister's Black, Asian and Minority Ethnic COVID-19 Steering Group work and the report from the Socio-economic Sub Group the work to develop the Race Equality Action Plan was accelerated and the consultation runs until 17 June¹¹.
- Owen Hurcum, 23, has become the first openly non-binary mayor in Wales after they were chosen by fellow councillors on Bangor City Council in Gwynedd. Owen identifies as "genderqueer" or "agender"¹² and is also understood to be the youngest-ever mayor in Wales. They thanked fellow councillors for their support when facing online abuse. After the mayoral vote by fellow councillors, they tweeted they were *"beyond humbled to become the first openly non-binary mayor of any city anywhere"* after fearing coming out would mean they would be *"ostracised by my community or worse"*.
- The King's Fund has released an independent report¹³ into the NHS's role in tackling poverty. The report concludes that there are three areas in which the NHS can take a leading role in eradicating poverty: raising awareness, practical actions and being a strong advocate.

¹¹ <https://gov.wales/race-equality-action-plan-anti-racist-wales>

¹² The terms "non-binary" and "genderqueer" are defined by the Terrence Higgins Trust as: *"Gender is often referred to as a 'binary', meaning two – male and female. The term 'non-binary' refers to people who do not believe that there are just two genders and who exist outside of the gender binary. Non-binary people class themselves as neither exclusively male nor female."*

¹³ "The NHS's role in Tackling Poverty – awareness, action and advocacy" – Deborah Fenny and David Buck

- This year all Local Health Boards and Trusts came together to mark Equality and Diversity week (10-14 May). BCUHB organised several free “lunch and learn” sessions from 12:00 - 1:30. Details of these were circulated to CHC staff and members. The sessions were well received and the following statistics relating to autism were given in one of the sessions. People with autism are: 2.5 times more likely to have a premature death than the general population / Suicide death rate 9 times higher for autistic people / 80% of autistic children have severe sleep problems / 73% of Autistic people did not report crimes against them to the police / 81% of autistic people have experienced verbal abuse.
- A new study has found large numbers of people have borrowed money to pay for their own private mental health care during the Covid-19 crisis. Research seen by ITV News shows one in six of people aged 18-24 year have been taking out loans to pay for their own care. The study also reveals how one in ten people aged 25-40 are also taking out loans to pay for their own private mental health care. A study conducted by The Guardian, of 16 to 25 year olds, has also found that Covid-19 policies may be leaving psychological and socio-economic scars on young people across Europe. “Generation Z” expressed profound anxiety about their future and accused governments of failing them during 15 months of lockdown that has de-stabilised their mental well-being, education and job prospects. Another survey¹⁴ into the lives of LGBTQI women also found that out of the entire sample, including those who did not consider themselves to have a mental health issue, 77% felt their mental health had suffered because of Covid-19. The figure was 88% for 16 to 24 year olds.

The next briefing note will be sent out in the Autumn. In the meantime, please contact me if you need further information.

Linda Harper

June 2021

¹⁴ The DIVA Survey – published by Stonewall and Kantar 2021

North Wales Community Health Council

Equality and Human Rights – Briefing 2

This briefing is the second relating to the current Equality and Human Rights Plan 2021-2022. There are a number of developments that are ongoing, at the moment, and it's worth noting that it is World Mental Health Day on 10 October.

- Learning Disability Wales has welcomed the publication of the report “Locked Out: Liberating disabled people’s lives and rights beyond Covid-19”. This identifies how the pandemic has identified inequalities and further eroded the rights of disabled people in Wales. There are five chapters in the report: The Social versus the medical model of disability; Human rights; Health and Well-being; Socio economic disadvantage (including housing and employment); Exclusion, accessibility and citizenship. Welsh Government has committed to setting up a Task Force to address the issues raised and implement the recommendations¹⁵.
- The “1970 British Cohort Study” has been periodically tracking the lives of about 17,000 people born in England, Scotland and Wales in a single week. Nearly 8,000 of them were surveyed for University College London¹⁶. Findings reveal that about one in three middle-aged people have multiple chronic health issues and 34% had two or more chronic health problems. The most common health problems were high-risk drinking - 26% / recurrent back problems - 21% / mental-health problems - 19% / high blood pressure - 16% / Arthritis, diabetes and asthma or bronchitis also featured. Lead researcher Dr Dawid Gondek commented that *"A substantial proportion of the population are already suffering from multiple long-term physical and mental-health problems in their late 40s. It is not a good prospect for an aging population that you can expect to live longer, but many in poor health."*
- A woman who lost her job after saying that people cannot change their biological sex has won an appeal against an employment tribunal. Ms

¹⁵ <https://gov.wales/locked-out-liberating-disabled-peoples-lives-and-rights-wales-beyond-covid-19>

¹⁶ Published in the BMC Public Health journal

Forstater did not have her contract renewed at the think tank Centre for Global Development (CGD) in March 2019, after posting a series of tweets questioning government plans - which were later scrapped - to let people declare their own gender. She claimed she was discriminated against because of her beliefs, which include *"that sex is immutable and not to be conflated with gender identity"*. In the initial tribunal employment Judge James Tayler said that her approach was *"not worthy of respect in a democratic society"* and she was not entitled to ignore the rights of a transgender person and the *"enormous pain that can be caused by misgendering"*. However, the Honourable Mr Justice Choudhury said her *"gender-critical beliefs"* fell under the Equalities Act because they *"did not seek to destroy the rights of trans persons"*. The executive vice president of CGD said the decision was a *"step backwards for inclusivity and equality for all"*.

- It has been identified that virtual contact during the pandemic has made many people aged over sixty more lonely and depressed than no contact at all. The study is one of the first to comparatively assess social interactions across households and mental wellbeing in the pandemic. *"We were surprised by the findings that an older person who had only virtual contact during lockdown experienced greater loneliness and negative mental health impacts than an older person who had no contact with other people at all"*.¹⁷The research found that older people who were unfamiliar with digital technology found it stressful to learn how to use it. In addition, people who were familiar with using the technology, still often found that extensive use of the online medium during lockdown, impacted negatively on their mental health.
- Scientists have now found that being overweight can cause depression. A study of 145,000 people, led by Exeter University, found that for every 4.6 points on the body mass index (BMI) the odds of depression rise by 50%. For example, a woman who is 5ft 7ins tall, weighing 10 stone with a BMI of 21.9

¹⁷ Dr Yang Hu – Lancaster University – co-writer of the report "Covid-19, Inter-household Contact and Mental Well-being Among Older Adults in the US and the UK" Is published in "Frontiers of Sociology".

will be at 50% greater risk of depression if she put on just over 2 stone and her BMI rises to 26.5.¹⁸

- Mind UK's "Trying to Connect: the importance of choice in mental health services"¹⁹ survey of almost 2,000 people, revealed that more than one in three (35%) found support from NHS mental health services, given over the phone or online, difficult to use. One in four (23%) said their mental health worsened after using the support. Of those who took up the offer of support by phone or online, the data also showed:
63% said they would have preferred to have been given face-to-face support / 10% said they often or always had technological issues and a further quarter of people sometimes experience technological problems / 34% said they were often or always worried about confidentiality. However, there were positives cited by respondents who took up the offer of mental health support by phone or online. 69% appreciated not having to travel / 47% valued the greater flexibility over appointment times and 40% said that waiting times were shorter.
- Covid-19 was the leading cause of death in England and Wales last year. However, dementia is killing 125 women every day and caused more female deaths last year than Covid-19. According to the Office for National Statistics (ONS) the death toll last year from dementia and Alzheimer's was only marginally lower than for Covid-19. One in three people born in the UK today will develop the condition.²⁰
- The NHS has lost its ranking as the best healthcare system in an international study of 11 rich countries. The UK has fallen from first to fourth in the latest analysis²¹. Reasons for the downgrading included patient delays in accessing care and treatment in reasonable time, lack of investment in the service and poverty. Most of the data was collected pre-pandemic.

¹⁸ Study lead Dr Jessica Tyrrell – published in "The Human Molecular Genetics Journal".

¹⁹ <https://www.mind.org.uk/>

²⁰ <https://www.alzheimersresearchuk.org/dementia-information/types-of-dementia/>

²¹ Commonwealth's Fund "Mirror, Mirror – 2021 Report" – Eric Schneider et al.

- The Welsh Government has launched a public consultation on the upcoming LGBTQ+ Action Plan²². The consultation offers organisations and members of the public to give their opinions on the Plan as it stands, to suggest improvements and provide their lived experience into the process. The action plan includes a list of actions the Welsh Government and partners should take to further LGBTQ+ equality and improve the experiences of LGBTQ+ people in Wales. LGBTQ+ people are more likely than their heterosexual counterparts to report lower life satisfaction levels; experience poorer access to healthcare services; be a victim of bullying, discrimination and hate crime in school, the workplace or in their communities; Drink alcohol, smoke and engage in substance misuse; and suffer from poorer mental health including loneliness, depression, and suicide.
- The BCUHB Equality Team has introduced targeted, fast track, mandatory Equality Impact Assessment (EIA) training for all Senior Managers, as part of its Strategic Equality Plan implementation. The pandemic has further magnified inequalities for many people with protected characteristics and those who are socio-economically disadvantaged.
- BCUHB has signed up to the Zero Racism Wales Pledge²³. Individual and organisations can sign up.
- “Sexism in Medicine”²⁴, the BMA’s UK-wide survey of doctors exposed a concerning level of sexism in medicine with 91% of female doctors confirming they have experienced sexism at work, with 42% feeling they could not report it. *“The results shine a light on the prevalence of sexism in the workplace”* said Bethan Roberts”, a GP in Wales. The picture in Wales is in line with the UK-wide results with 86% of Welsh doctors agreeing there is an issue of sexism in the NHS and 70% saying this acts as a barrier to career progression.

²² <https://gov.wales/lgbtg-action-plan>

²³ <https://zeroracismwales.co.uk/>

²⁴ www.bma.org.uk

- The Minister for Women and Equalities has been leading a recruitment drive for a new Wales Commissioner and a new board member of the Equality and Human Rights Commission (EHRC). The move comes as the tenure of Lord Bernard Ribeiro, one of 13 current EHRC Commissioners, comes to an end in December. It is expected that appointments will be made in November.

The next briefing note will be sent out before Christmas. In the meantime, please contact me if you need further information relating to equality and human rights.

Linda Harper

September 2021

North Wales Community Health Council

Equality and Human Rights – Briefing 3

This briefing is the third relating to the current Equality and Human Rights Plan 2021-2022. October was Black History Month. As part of the information shared via various routes, I discovered that there is now a rose named after a black gardener who lived in Gwynedd in the eighteenth century. John Ystumllyn, whose original name is unknown, was abducted as a young boy from West Africa. He became a servant to the Wynn family of Ystumllyn, whose estate he was named after. He learned horticulture in the gardens, married a local white woman, Margaret Gruffydd, and became a respected gardener. Campaigners²⁵ believe that the yellow rose, chosen to symbolise friendship, is the first to be named after a person of colour, in Britain.

Currently, there are various developments that are ongoing, within the context of health and wellbeing:

- The Children's Commissioner for Wales²⁶, Prof Sally Holland has called for "sanctuaries" to be made available when young people need help. She said it was not acceptable for young people to have to call the police, go to A&E or use adult services when they are aged 16 or 17. She wants to see a *"completely different model"* of emergency mental health services for young people. *"There's been some great work in the community services, but what we haven't cracked at all, anywhere in Wales, is what happens at that point in emergency - especially at three in the morning or 11 o'clock at night."* Publishing her annual report, the commissioner also argued that children and young people's mental health had to be a greater priority and that for too long it had been a *"Cinderella service"* which received less funding compared with adult mental health: *"Young people are telling me they've had terrible experiences, parents are saying there are moments where they could not keep their children safe at home but, also, they did not feel they had a safe*

²⁵ We Too Built Britain – approached Harkness Roses with the idea to create the bloom after the Black Lives matters protests.

²⁶ www.childcomwales.org.uk

place to take them. Clinicians have said they know they were not providing the right care for children in a crisis, especially in out of hours, so it's an urgent matter and I would really like to see good progress on this over the next year."

In response, the Welsh Government said it was investing in services as young people's mental health was a "*top priority*".

- BCUHB has funded Race Equality First to produce a Health, Wellbeing and Mindfulness Booklet²⁷ for minority communities in the North Wales region. This booklet has been broken down into local authority sections, offers information about health and wellbeing and is translated into various languages as well as Welsh and English. It contains suggestions and activities you can do from home or in your local area, provides contact details for local and regional healthcare support services, related organisations, and community groups.
- The BCUHB Vaccine Equity Programme is working to ensure equality is achieved across all protected characteristics. The programme informed the initial roll out of the vaccine.

Achievements included:

- The translation of key letters into the most frequently spoken languages (other than Welsh and English)
- Dedicated & drop-in sessions for Syrian Refugees / Re-settlement Programme
- Audit of vaccine centres in relation to accessibility
- Audit of frontline vaccination staff compliance with Equality & Human Rights Training
- Optimising role of Primary Care delivery and supporting improved access, particularly in rural areas

²⁷ <https://raceequalityfirst.org/health-wellbeing-mindfulness>

The EIA of the Booster programme is being worked on and updated. The Equality Impact Assessment Group has been reviewing feedback from participants, staff, and volunteers to inform and influence delivery.

- On the theme of Women & Girls' Health, the Period Dignity Strategic Action Plan consultation²⁸ has been launched by the Minister for Social Justice, Jane Hutt MS, on behalf of Welsh Government. The plan aims to challenge taboos around menstrual health, acknowledging the issues experienced by women, girls and those assigned female at birth, when they need to access healthcare services. By 2026, the plan aims to see people who have periods no longer experiencing embarrassment or shame, and able both to access to period products and related healthcare services. The consultation ends on 12 January 2022.
- The government will introduce a legislative ban on the practice of so-named conversion therapy. The consultation²⁹ seeks views on a package of proposed measures, which particularly effect LBBTQ+ people, which will apply to England and Wales. These include:
 - a ban on conversion therapy – introducing a new criminal offence alongside sentence uplifts for existing offences,
 - a package of support for victims, restricting promotion of conversion therapies, removing profit streams, and strengthening the case for disqualification from holding a senior role in a charity,
 - introducing Conversion Therapy Protection Orders to protect potential victims from undergoing the practice including overseas,
 - exploring further measures to prevent the promotion and advertisement of conversion therapy.
- Research led by Cardiff University³⁰, that was funded by the Welsh Government, found that primary school children reported a sharp increase in

²⁸ www.gov.wales/period-dignity-strategic-action-plan

²⁹ www.equallyours.org.uk/government-equalities-office-consultation-banning-conversion-therapy/?utm_source=Equally+Ours+ The consultation ends Friday 10 December 11.45pm.

³⁰ www.cardiff.ac.uk

“elevated or clinically significant emotional difficulties” in early 2021, compared with the results of the same survey conducted in 2019. It found that 27% of children in year 6, aged 10 to 11, reported emotional and behavioural difficulties compared with 17% in 2019. Children who came from poorer backgrounds were nearly twice as likely to be affected than those from affluent backgrounds. Kelly Morgan, a social science research fellow, said that the impact of the pandemic was likely to leave *“a lifelong footprint”* on the mental health of children as they grew older, based on evidence from previous international studies.

Finally, North Wales Community Health Council has committed to promoting the Zero-tolerance Approach to Racism (Wales) pledge. The policy statement can be found below³¹.

North Wales Community Health Council Policy Statement

North Wales Community Health Council commits to promoting a zero tolerance to racism throughout the North Wales Community Health Council, this means that:

- **We will** take a stand against racism and promote a more inclusive and equal society for all.
- **We will** not tolerate racial prejudice, discrimination, harassment, victimisation, abuse, or violence against any individual.
- **We will** stand in solidarity, come together, and say no to racism, in all its forms.
- **We will** promote good race relations between people from diverse ethnic backgrounds in North Wales Community Health Council.
- **We will** promote equal and fair opportunities for people from diverse ethnic backgrounds to attain promotion.
- **We will** eliminate unlawful race discrimination, harassment, victimisation, and abuse.

If anyone needs any advice or help with anything relating to equality and human rights, please contact me.

Linda Harper November 2021

³¹ The full Policy is available from the NWCHC office.

North Wales Community Health Council

Equality and Human Rights – Briefing 4

This is the fourth and final briefing relating to the current Equality and Human Rights Plan April 2021- March 2022. Research relating to Covid-19 continues and new areas worth further exploration are continually being identified.

- Research shows that devices such as oximeters, which estimate the amount of oxygen in a person's blood, work less effectively for patients with darker skin. Because dark skin absorbs more light than dark skin the results can be easily skewed. This could have contributed to deaths during the pandemic. A third of admissions to ICU at the height of the crisis were people of colour. Sajid Javid Minister for Health in England, in partnership with his US counterpart, has commissioned an independent review with the aim of introducing international standards for devices. The review will include gender bias covering for example, how MRI scanners can be made accessible to pregnant or breastfeeding women. The results are expected early this year.
- Public Health Wales (PHW) has apologised for causing "concern" over how it explained changes to cervical screenings. Women and people with a cervix, aged 25 to 49, will now be routinely screened every five years instead of three, following a recommendation from the UK National Screening Committee. However, following concerns that cancers could be missed, a petition gained over 350,000 signatures. The petition read: *"On average 3,197 cases of cervical cancer are discovered each year with 854 deaths between 2016 and 2018, with only 51% surviving this type of cancer for more than 10 years.99.8% of cervical cancer cases are preventable, according to Cancer Research UK."* PHW's screening division director Dr Sharon Hillier said they *"weren't really clear exactly why we've made the change"* to a system that *"saves more lives"*. Routine testing is needed less often because of the success of Human papillomavirus (HPV) testing. It was introduced in Wales in 2018 and almost nine out of 10 results show no high-risk. Every UK country, apart from Northern Ireland, also uses the method which identifies those at greater risk of cancer earlier.

- Welsh Government has published a Statutory Code of Practice on the Delivery of Autism Services. The Code sets out what autistic people, their parents and carers can expect from public services in Wales with the intention to adapt the way society is organised to be more aware of and more attuned to neurodiversity. The Code has 4 sections in addition to a ministerial foreword, an introduction, and a glossary of terms. Section 1: Arrangements for Autism Assessment and Diagnosis; Section 2: Arrangements for Accessing Health and Social Care; Section 3: Arrangements for Awareness Raising and Training on Autism; Section 4: Arrangements for Planning and Monitoring Services and Stakeholder Engagement. Sections 2 to 4 are grouped under the title “Duties”. A companion Easy Read document “How to Deliver Autism Services” is also available for download³².
- Prior to the pandemic, just over 2.3 million courses of dental treatment were completed annually by NHS Wales dentists. Latest figures show that 544,755 courses of treatment were recorded in 2020-21 - a drop of 76.7% and fewer than 3,500 children's dental examinations were recorded in 2020-21, a decrease of 99.4%. The British Dental Association Chair of the Welsh General Dental Practice Committee, Dr Gidney, said his practice saw about 100 patients a day before the pandemic, but currently the number was about 30. *“Even if we went back to where we were normally it will take a long time to catch-up - and the reality is, normal is not on the horizon yet.”* He continued *“New guidelines may increase patient volume, but they will barely make a dent into the unprecedented backlog”*. Health Minister Eluned Morgan commented that there have been *“long-standing issues”* with access to dentistry, due to difficulties with recruitment and retention of dentists, and these issues were *“impacting on the provision of NHS dental services”*.
- Changes made to the GMS GP contract were announced last December. The changes, which are backed by £12m of extra investment, should end the morning scramble to book an appointment. The new GP access commitment

³² <https://gov.wales/code-practice-delivery-autism-services-0>

will help ensure people are triaged appropriately and, if an appointment is needed, people receive one that is right for their clinical needs. Where appropriate, people may be signposted to another service – or healthcare professional. Health Minister Eluned Morgan said: *“We know GPs and their staff are under significant pressure at the moment. They have played a really important role during the pandemic. I am very pleased we have been able to agree a new contract which rewards all staff working in general practice with a pay rise. We have also agreed a way forward to improve the appointment system. I want to see an end to the 8am bottleneck where patients have to telephone their practice numerous times, day after day to get an appointment. The extra funding announced today will support GP practices to build capacity and implement more efficient booking systems to better manage patient need. I have also announced an extra £2m to help meet the immediate pressures our GPs will face this winter. Ms Morgan added: The 3% pay uplift for all GPs and practice staff shows our commitment to supporting the workforce and the sustainability of the services they deliver..... wider agreements, including a joint commitment to improve access to services and the investment into staffing capacity, will enable health boards to work closely with general practice to build and improve the service in a way that benefits patients at a time of great challenge.*

- The government will introduce a legislative ban on the practice of conversion therapy. A consultation last December sought views on proposals on how to ban these practices, which particularly affect the LGBTQ+ community. The measures will apply to England and Wales and include: a ban on conversion therapy – introducing a new criminal offence alongside sentence uplifts for existing offences; a package of support for victims; restricting promotion of conversion therapies; introducing Conversion Therapy Protection Orders to protect potential victims from undergoing the practice and exploring further measures to prevent promoting and advertising conversion therapy.

