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07 Hydref 2019 / 7 October 2019

Annwyl Aelod / Dear Member

Cynhelir Cyfarfod Cyngor Iechyd Cymuned Gogledd Cymru yng **Nghlwb Criced Bae Colwyn, 77 Rhodfa Penrhyn, Llandrillo Yn Rhos, Bae Colwyn LL28 4LR, ar ddydd Mawrth 15 Hydref 2019 am 10.00yb**, ac yna cynhelir Cyfarfod Arferol y Cyngor Iechyd Cymuned.

Darperir lluniaeth o 9.30yb ymlaen. Atgoffir yr Aelodau y dylent gofrestru eu presenoldeb wrth iddynt gyrraedd gyda'r ysgrifenyddiaeth.

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

Darperir cinio ysgafn am tua 1.00yp. Gofynnir am eich presenoldeb.

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The Meeting of North Wales Community Health Council will be held at **Colwyn Bay Cricket Club, 77 Penrhyn Ave, Rhos On Sea, Colwyn Bay, LL28 4LR, on Tuesday 15 October 2019 at 10.00am**, followed by an Ordinary Meeting of the Community Health Council.

Refreshments will be provided from 9.30am. Members are reminded to register their attendance on arrival with the secretariat.

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

A light lunch will be provided at approximately 1.00pm. Your attendance is requested.

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

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

**Please notify the Chair of Any Other Business prior to the start of the meeting.
A light lunch will be provided at around 1pm**

MINUTE	ITEM	ENC	TIME SLOT
FC19.30	CHAIR'S WELCOME		10.00am
FC19.31	APOLOGIES FOR ABSENCE		
FC19.32	DECLARATION OF INTEREST To receive any disclosure of interest by any member in respect of any item on the agenda		
FC19.33	PRESENTATION Mrs Jill Newman, BCUHB Director of Performance will be in attendance to provide an update in respect of Ophthalmology Outcome Measures	Verbal	10:10am
FC19.34	UPDATE ON PROGRESS ON THE BILL TO ESTABLISH A NEW CITIZENS VOICE ORGANISATION 19.34(1) To receive an update in respect on progress on the Bill	Verbal	11.10am
FC19.35 19.35(1) 19.35(2) 19.35(3)	CHAIR AND CHIEF OFFICER UPDATE National Projects NWCHC Matters Membership Update	Verbal Verbal Verbal	12.20pm
FC19.36 19.30(1) 19.30(2)	MINUTES To receive and approve the minutes of:- Full Council Minutes held on 9 July 2019 Matters Arising not on the Agenda by exception	Enc 01 Verbal	12.30pm
FC19.37 19.37(1)	NWCHC EQUALITY DIVERSITY AND HUMAN RIGHTS ACTION PLAN To receive an update Equality Diversity and Human Rights Action Plan April 2019 – March 2020	Enc 02	12.40pm
FC19.38 19.38(1) 19.38(2)	WELSH LANGUAGE NWCHC Welsh Language Annual Report Welsh Language Standards	Verbal Verbal	
FC19.39	ANY OTHER BUSINESS	Verbal	12.50pm
FC19.10	DATE OF NEXT MEETING Tuesday 28 January 2020, 10.00am, Colwyn Bay Cricket Club, Rhos on Sea, LL28 4LR.		



**Minutes of the of North Wales Community Health Council Meeting held at Colwyn Bay
Cricket Club, LL28 4LR
Tuesday 9 July 2019, 10.00am**

Chair: Mr Mark Thornton

PRESENT:			
CONWY LOCAL COMMITTEE	Mrs M Baines Miss J Baker Cllr F Bradfield	Cllr P Capper Dr G Higginbotham	Ms L Liddall Mrs S Ramessur
DENBIGHSHIRE LOCAL COMMITTEE	Mrs K Benton Miss M Jones	Mrs S Wright	
FLINTSHIRE LOCAL COMMITTEE	Ms L Harper Mr R Jackson	Mrs R Jones	
GWYNEDD LOCAL COMMITTEE	Mrs M Buttigieg Dr A Drake-Lee Cllr S Jones (part)	Mr M Lloyd-Jones Cllr P Rowlinson	Mr M Thornton
WREXHAM LOCAL COMMITTEE	Mrs J Allen Ms E Burnham	Mrs C Hayward Cllr G Jones	Mrs N Tabern-Price Mrs J Thomas
YNYS MÔN LOCAL COMMITTEE	Mr A Burgen Cllr G Haynes	Miss V Monaghan Cllr D Rees	Mr P Rendle
CO-OPTED MEMBERS	Mr R Bladon Mrs N Cossey Mrs D Griffiths	Mrs J Hilton Mr G Hughes	Mr N Taylor Mrs V Wilson
Staff	Mrs E Ellis Ms A Hughes Mrs R Hughes Mrs C Jones Mrs C Williams	Administrative Officer Advocacy Office Manager Management Officer (part) Management Officer Deputy Chief Officer	
IN ATTENDANCE:	Mr G Ryall-Harvey Ms S Irlam Mr H Huws Ms D Charles Mr S Rhys-Davies Dr A Salmoiraghi Ms L Singleton	Chief Officer Secretariat Translator Caniad Caniad BCUHB Consultant Psychiatrist BCUHB Director of Strategy and Partnership	
APOLOGIES:			
CONWY	Mr P Edwards Mrs L Johnson	Mrs H Randall Mrs J Reeve	Mr R Williams
DENBIGHSHIRE	Mrs E Edwards Mrs A Marshall	Mr M Theaker Ms G Williams	Cllr E Wynne



FLINTSHIRE	Mr M Boyle Mrs D Gill	Mrs S Howard	Cllr D Mackie
GWYNEDD	Mrs G Jones Mr J Jones	Mrs M Jones Cllr D Wyn Roberts	Mrs M Williams
WREXHAM	Mrs S Goodall	Cllr F Hemmings	
YNYS MÔN	Mr A Dixon Dr S Francis	Mr B Griffiths Mr A Osborne-Taylor	Ms A West
STAFF	Mrs E Bowen Mrs L Barker Mrs B Davies	Mr R Duffield Mrs D Jones Ms B Perkins	Mrs D Postle Mrs J Scupham Mrs R Valentine
NOT PRESENT	Mrs K Bellis Mr J Chorlton	Cllr G Healey	Cllr P Prendergast Cllr D Wisinger

MINUTE	ITEM	ACTION
FC19.20	CHAIR'S WELCOME AND ANNOUNCEMENTS The Chair welcomed all present to the meeting. The Chair reminded members that simultaneous translation facilities were available and that contributions were welcome through the medium of Welsh. The Chair also noted that photographs would be taken; anyone not wishing to have their picture taken should inform the attendant staff.	
FC19.21	APOLOGIES FOR ABSENCE Apologies were received and are as recorded	
FC19.23	DECLARATION OF INTERESTS There were no declarations of interest in respect of any item on the agenda.	
FC19.24	PRESENTATION Dr Alberto Salmoiraghi, BCUHB Consultant Psychiatrist, Ms Lesley Singleton, BCUHB Director of Strategy and Partnership (Mental Health and Learning Disabilities) were in attendance to speak about the possible service re-design in North Wales for the Psychiatric Intensive Care Unit (PICU). Ms Denise Charles and Mr Steven Rhys Davies of Caniad, were also in attendance. A copy of the presentation is appended to these minutes. The following points in particular were made: <ul style="list-style-type: none"> • Poor performance in mental health was one of the contributory factors to the BCUHB being placed in Special Measures. • A number of changes have been made to the structure of the Mental Health and Learning Disabilities (MHL) division. The MHL strategy has been co-produced and delivered with key partners, including Caniad and service users. • The strategy is along the lines of the models laid down by the Royal College and the Kings Fund. • The Vice Chair of the BCUHB has oversight of mental health. A new governance structure has been established and this is backed by robust scrutiny. • 'Today ICAN' is an evidence based quality improvement framework, which has been introduced at the 3 DGHs in North Wales. Patients presenting at A&E with mental health issues, will be supported and will be able to speak to someone who can signpost them to other sources of 	



help.

- The mental health service offers a 24/7 liaison service and covers the whole age range of patients with mental health issues. A perinatal mental health expert has also been employed. Both the Ablett Unit and Bryn Hesketh have been redeveloped. The North Wales Psychosis Service is collocated with community services and the number of restraints being used is reducing.
- It is the intention to further develop ICAN with this being made available in the community and primary care, where patients access health care in the first instance, so as to reduce the number of hospital admissions, with a pilot exercise underway at a GP practice in Wrexham.
- The ICAN model of care is fully integrated and covers every aspect of mental health from early intervention to high level care.
- It was noted that often patients with mental health issues are often assessed several times before receiving the care and support that they need, thus the shift to providing more mental health resources in the community where it is needed.
- The proposed changes to the PICU are just one aspect of the proposed changes to mental health.
- PICUs have to comply with national guidelines. Patients referred to PICUs for their care have an acute mental disorder and require rapid assessment and stabilisation and cannot generally be treated on an acute ward due to the ratio of staff to patient to meet their care needs.
- PICUs with 10 beds require a full time consultant and provide rapid care and/or interventions that are wrapped around the patient.
- Currently there are 2 PICUs in North Wales; a 9 bedded unit in the east and a 6 bedded unit in the West.
- PICU patients in North Wales stay longer than the Wales norm; occupancy rates are also lower than the Wales norm.
- The proposal is to change the current provision to one 9 bedded PICU based in the east, develop extra care beds on two locations, increasing the staffing cohort and to appoint 3 nurse consultants to oversee each of the three units (Centre, East and West)
- Should the PICU be sited in the East a dedicated medical consultant would be on site and the environment is more conducive to patient care than the Hergest Unit, located in the West.
- The proposed changes would enable developments to be made to the current Hergest unit, which could be developed as an adult male/female ward; an OPMH ward, currently provided at Cefni; or a low secure female ward not currently available in North Wales.
- It was noted that patients from the West requiring PICU would need to travel should the PICU be sited in the East, meaning that they are distanced from their familial support network.
- Changes to the rehabilitation services are also proposed. Some of the rehabilitation centres have issues with the general estate. A review of rehabilitation services also noted the high number of patients in private facilities thus indicating that the provision of rehabilitation services is too low.
- The proposal is to co-locate the rehabilitation service with community



services; Coed Celyn would be developed as an ICAN+ centre; capacity at Carreg Fawr would be increased by creating an additional 8 beds which would be categorised as low secure; and an additional 12 beds would be created at Tan Y Castell.

At this stage Ms Denise Charles spoke about the work undertaken by Caniad, making the following points:

- Caniad has worked with staff and patients on Tryweryn Ward to coproduce a number of positive initiatives and mechanisms which have seen the number of restraints fall.
- Patients have been involved in the design of a 'rant and relax' area.
- Patients and staff have also coproduced positive behavioural support plans.
- Pre-escalation tools have also been coproduced; this has resulted in a decrease in the number of patients being further escalated and the level of the care increased.
- The focus on Tryweryn Ward is on positive outcomes for the patient.
- Mr Steven Rhys-Davies noted that Caniad had consulted with 141 service users who were all supportive of the proposed changes to the PICU, although some had raised their concern in respect of the increased travel time for patients from the West.
- Notwithstanding the consultation undertaken by Caniad, it was stated that this did not constitute proper engagement and consultation as regards the proposed changes in respect of what is required when proposing such changes.
- It was further noted that in spite of the NWCHC requesting the service change protocol in January 2019, the NWCHC was yet to have sight of the document. Ms Singleton noted that this had been prepared and would be shared. Mrs Williams noted that due process would need to be followed with the NWCHC needing to consider the wider proposals and not just the proposals to the PICU.
- It was noted that the questions submitted in advance of the meeting had been considered; full written responses would be shared. In response to oral questions received, the following points were made:
- BCUHB recognises the need for patients to be able to communicate in their first language and is actively encouraging applications from Welsh speakers. It was noted that there are already a number of Welsh speaking staff including nursing staff and within Caniad.
- It was acknowledged that police often use their powers under section 135 and 136 of the Mental Health Act to detain members of the general public and to bring them to a place of safety. In many cases, admission is not needed, albeit trauma being apparent.
- To address the number of section 135 and 136 admissions nurses are being placed with the police to carry out street triage and assess the level of mental distress.
- It was also noted that funding had been received to locate mental health nurses at police control, so as to assess and advise distressed callers.
- Approximately 10% of former CAMHS patients are seen by adult mental health services.
- The Chair acknowledged the work to date in respect of

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	<p>engagement and consultation but noted that this needs to be undertaken on a much broader scale. The NWCHC does not wish to delay any changes to improve the service, however there has to be a much broader consultation exercise undertaken so as to gather public opinion and views on the proposals. It was also suggested that the NWCHC and Caniad should meet so as to clarify the role of the NWCHC in service changes.</p> <p>The Vice Chair noted his thanks to the guest speakers for attending and providing an overview of the proposed changes. The Vice Chair also went on to note that the NWCHC looks forward to receiving the service change protocol and looks forward to working with the mental health team and Caniad in respect of the proposed changes.</p>	<p>COIDCO</p>
<p>FC19.24 19.24(1)</p>	<p>UPDATE ON PROGRESS ON THE BILL TO ESTABLISH A NEW CITIZENS ORGANISATION</p> <p>To receive an update in respect of progress on the Bill; the following points in particular were made:</p> <ul style="list-style-type: none"> • The Bill had been published on 17 June 2019, with the Cabinet Secretary making his formal statement to Plenary on 18 June 2019. • The Bill itself is relatively short but has an accompanying memorandum of more than 180 pages. • It is disappointing to note that the Bill does not reference the power of CHCs to ‘enter and view’, given the correspondence prepared by the Chief Executive Officer of the Board of CHCs in Wales, which clearly outlined the demonstrable importance of CHC visits. • The non-inclusion of ‘enter and view’ is further frustrating as a significant number of the responses to the White Paper indicated this function should not be lost and as such it appears that the principle of the Bill is contrary to the White Paper responses. • At the recent Board of CHC’s meeting where Welsh Government officials were in attendance, the importance of being able to independently observe care and engage with the patients being cared for was outlined as paramount and a key principle for any new Citizens Voice organisation. • The Board also noted that any successor body should have the right of response from a health provider when it has raised concerns about the care; this response should be made public. • The Board also noted concerns around local accessibility, which is not clear or apparent in the Bill. • Finally the Board noted the need for sufficient investment and on-going funding otherwise the new organisation could fail; it was felt by the Board that the financial information as presented in the Regulatory Impact Assessment was not robust and lacked detail. • It is understood that the right to ‘enter and view’ is not in the Bill as it is a belief that this contravenes the Human Rights Act. Both Healthwatch in England and the National Patient Forum in Ireland, have the power to enter and view and were both established after the introduction of the Human Rights Act. • Recent enquiries made with Healthwatch in England has shown that they do use the power of unannounced visits, but more often make ‘announced unannounced’ visits 	



	<ul style="list-style-type: none"> • It is understood that the members of the Health, Social Care and Sport Committee, which is scrutinising the Bill, have reservations about the Bill. • It was confirmed that a number of meetings with North Wales AMs and MPs have already been convened; these would be attended by the Chief Officer, the Deputy Chief Officer, the Chair and/or Vice Chair and Local Committee Chairs and or Vice Chairs as appropriate. • As regards scrutiny visits of social services it was reported that Local Authority partners already have mechanisms in place for this to be undertaken and that any successor body to the CHC might not be well-placed to carry this out. <p>In response to questions received the following points were made:</p> <ul style="list-style-type: none"> • The Bill does not mention the right to refer in respect of proposed service changes. Nor does it outline the role and remit of volunteers as regards representing and presenting a spectrum of views. • As regards the new organisation having at least the same and more powers than the current CHC, it was felt that the Bill shows a reduction in the powers. • At this time, NWCHC needs to evidence its worth, value and influence and as such will be increasing the number of visits and engagement activities. It was confirmed that CHCs will be working with HIW to undertake a joint review of maternity services following the recent report and findings into maternity services in Cwm Taf. • Concerns noted following a recent visit, had served as an early warning; BCUHB acted quickly and is addressing the very real concerns. • Reporting on a recent visit to the maternity ward at Wrexham Maelor, Mrs Jackie Allen noted how staff were defensive and uncooperative, in spite of the fact that CHCs currently enjoy the right to enter and view. • As regards seeking the view of patients whilst in hospital, it was acknowledged that some may be reluctant to give their opinions whilst still in hospital. There are mechanisms in place so that feedback can be given once care has concluded. • Real concern was noted that the Bill will create an organisation that has less teeth and less power than existing CHCs in Wales. • The Executive Committee would be meeting to discuss the Health, Social Care and Sport Committee's inquiry and consider how it can provide evidence for the Committee. • A meeting is to be convened with the staff and members of the NWCHC and the Welsh Government; the dates would be advised in due course. 	<p>BM</p>
<p>FC19.25 19.25(1)</p>	<p>CHAIR AND CHIEF OFFICER UPDATE</p> <p>National Projects</p> <ul style="list-style-type: none"> • NWCHC will be preparing the report in respect of delayed transfers of care; it was noted that some of the comments received are very powerful and descriptive. • Work is underway to commence the national project in respect of orthodontics. • NWCHC will also be the lead CHC for the Cancer Pathway project, although this will be delayed slightly due to the work needed to prepare 	<p>CO</p> <p>CO</p>



<p>19.25(2)</p>	<p>the evidence in response to the Health, Social Care and Sport Committee's inquiry.</p> <p>NWCHC Matters The following changes in membership were noted since the meeting held on 9 April 2019:</p> <p>Conwy Local Committee Cllr Emma Leighton Jones has stepped down as Local Authority appointed representative</p> <p>Denbighshire Local Committee Mr Neil Taylor, reappointed as a co-opted member</p> <p>Flintshire Local Committee Mrs Jenny Harley, Public Appointed member, resigned due to ill health</p> <p>Gwynedd Local Committee Mrs Vera Wilson, reappointed as a co-opted member Mr John Jones, appointed as a co-opted member</p> <p>Wrexham Local Committee Mrs Carol Griffiths, third sector member, resigned Mrs Susan Goodall, appointed as a co-opted member</p> <p>Ynys Môn Local Committee Mr Richard Bladon, appointed as a co-opted member Cllr Richard Griffiths, stepped down as a local authority appointment Cllr Trefor Lloyd Hughes, appointed as a local authority appointment Mrs Patricia Rannard, has chosen not to serve a further term of office as a co-opted member.</p>	
<p>19.25(3)</p>	<p>Membership Update</p> <ul style="list-style-type: none"> It was noted that the recruitment round for public appointed members has been extended to 2 August 2019, due to the low number of applications received. The link to the advert and the application process will be shared with the membership. 	<p>CO</p> <p>BM</p>
<p>FC19.26 19.26(1)</p>	<p>MINUTES Circulated: Minutes of the Annual General Meeting held on 9 April 2019 Resolved: That the minutes of the Annual General meeting held on 9 April 2019 be approved and signed as an accurate record of the meeting.</p>	
<p>19.26(2)</p>	<p>Circulated: Minutes of the Ordinary Meeting held on 9 April 2019 Resolved: That the minutes of the Ordinary meeting held on 9 April 2019 be approved and signed as an accurate record of the meeting.</p>	
<p>19.26(3)</p>	<p>MATTERS ARISING It was noted that no response had been received from the CEO further to the query around the extension of the age for bowel screening. Chief Officer undertook to seek a response.</p>	<p>CO</p>
<p>FC19.27</p>	<p>NWCHC EQUALITY DIVERSITY AND HUMAN RIGHTS ACTION</p>	



<p>19.27(1)</p>	<p>PLAN To receive an update on the Equality, Diversity and Human Rights Plan April 2019-March 2020 Ms Linda Harper provided the following update:</p> <ul style="list-style-type: none"> • Feedback received on the draft EDHR plan has been included in the final version of the plan, which now references carers and socio-economic factors. • It was noted that CHCs are listed as a public body and as such should have a 4 year plan; this should be undertaken by the Board of CHCs and not delegated to local CHCs. The plan should be evidence based and not aspirational. • Ms Harper went on to note that as NWCHC does not carry out Equality Impact Assessments in respect of its projects, it is not compliant with Equality Act. However, it was acknowledged that NWCHC has undertaken a great deal of work to ensure that it is as compliant as it can be. • It was further reported that the Equality Impact Assessment undertaken by BCUHB in respect of learning disabilities had been considered by its own EDHR scrutiny committee and had been found to be non-compliant and thus escalated. • It was noted that the Engagement and Consultation group would consider how NWCHC can engage with Caniad at its meeting to be held on 11 July. 	<p>DCO</p>
<p>19.27(2)</p>	<p>NWCHC Welsh Language Report for the Period 1 April 2018 - 31 March 2019</p> <ul style="list-style-type: none"> • The annual report for the period 1 April 2018 – 31 March 2019 had been submitted to the office of the Welsh Language Commissioner. No response had been received to date. It was noted that this was the last time the report would be in this format. • The Welsh Standards Compliance Notice, as served in November 2018, had come into effect on 30 May 2019. • NWCHC has undertaken a number of actions to ensure compliance with the 110 Standards, all of which are subject to interpretation by individual CHCs and the various Imposition Officers from the Welsh Language Commissioners Office. • NWCHC has not appealed against any of the standards; however the other 6 CHCs and the Board office have all appealed some of the standards, the appeals of which are being reviewed. • It was noted that at a recent meeting with 2 different Officers from the Welsh Language Commission, there was a difference of opinion as to whether NWCHC was compliant with Standard 10, relating to how telephone calls are dealt with. One Officer noted compliance, the other noted non-compliance. • It was further noted that guidance as to how compliance could be achieved is yet to be published by the Welsh Language Commissioner; the Executive Committee noted its serious concern at the non-publication of the guidance. • So as to seek further clarity as regards how NWCHC has interpreted the Standards, a meeting with the Welsh Language Commissioner is to 	<p>CO/DCO / RV</p>



	<p>be convened on 24 July 2019, where NWCHC will set out its concerns.</p> <ul style="list-style-type: none"> • Formal thanks were noted to the officers who had undertaken the work to date and who continue to monitor performance against the standards. • Ms Harper questioned if the Welsh Language Standards have been equality impact assessed; Mrs Williams undertook to raise this with the Welsh Language Commissioner, 	DCO
FC19.28	<p>DATE OF NEXT MEETING Tuesday 15 October July 2019, 10.00am Colwyn Bay Cricket Club, Rhos on Sea, LL28 4LR</p>	
	<p>The meeting closed at 12.56pm</p>	

CHAIR

DATE

North Wales Community Health Council

Equality Diversity and Human Rights Action Plan

April 2019 – March 2020

Progress Report 1

Introduction

Most targets in last year's action plan were achieved and this year will build on the developments that have taken place. Contexts for these include "Communication" (including sensory loss) and GP provision. NWCHC will continue the programme of monitoring visits, attendance at exhibition stands and delivering talks to a variety of groups.

The latest report from the Equality and Human Rights Commission "Is Wales Fairer" was published at the end of 2018. Whilst it notes 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.

These include¹:

- 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.

¹ "Is Wales fairer? Summary report 2018" page 4

All the above have links to health service delivery and outcomes. In specific reference to health the key findings are²:

- 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.
- 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 states³:

- 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 above findings will be no surprise to many people. When we consider the breadth of the work that NWCHC is involved with, we come across many illustrative examples. For example, although carers are not explicitly covered by the Equality Act, they play a major role in health care. They are covered by different legislation⁴, but many people look after loved ones in very difficult circumstances with little or no support. In addition, many fail to identify themselves as carers and neither do the people they care for.

The actions contained in this plan will 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

² Ibid page 22

³ Ibid page 26

⁴ Social Services and Well-being (Wales) Act 2014

(Wales) Act 2015” that requires us to work positively with individuals, communities and other organisations.

The “Framework of Action for Wales, 2017-2020”⁵ contains a list of actions for various bodies. Section 6 relates to the CHC:

“Action 30: Working with third sector actively seek public view in the performance and design of services through patient groups and feedback to the Project Board, health boards of multi-disciplinary groups and social services Regional Partnership Boards, linking closely with the primary care clusters and conditions specific groups i.e. dementia groups.”

The first two strategic objectives of the BCUHB Equality and Human Rights Strategic Plan “Fairness, Rights and Responsibilities 2016-2020” are also relevant:

- 1. Better health outcomes for all: to achieve better health outcomes for everyone, having regard to a persons protected characteristics.*
- 2. Improved patient access and experience: to improve access and experience for everyone, having regard for a persons protected characteristics with a focus on dignity and respect.*

At national level the following national priorities have been agreed by the CHC:

- Mental Health
- GP Access (fragility, recruitment, sustainability and Performers List)
- Cancer and Cancer Care Pathways
- Ophthalmology (access, waiting times, recruitment and Lucentis injections).

Each action in our plan is linked to relevant national priorities, and CHC National Standards⁶ that can be found in Appendix 1.

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

Linda Harper

March 2019

⁵ This an “integrated framework of care and support for people who are D/deaf or living with hearing loss” produced by Welsh Government.

⁶ “National Standards for Community Health Councils in Wales” April 2017

NWCHC EDHR Action Plan

April 2019 – March 2020

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 EDHR Action Plan via the Engagement & Consultation Group.</p> <p>Links to standards: 9 / 10</p> <p>National Priority:</p>	<p>30 April 2019 11 July 24 October 23 January 2020 28 April 2020</p>	<p>Engagement & Consultation Group</p>	<p>The plan was drafted and consulted on and enhancements made. It was signed off by the Exec in June.</p> <p>The E&C group met in July and discussed implementation.</p>
<p>2. Continue to raise EDHR awareness by:</p> <ul style="list-style-type: none"> - induction of new members - applying EDHR principles to all CHC activities - Equality impact assessing (EqIA) our products and activities. <p>Links to standards: 1 / 2 / 3</p> <p>National Priority: GP Access / Mental Health</p>			<p>Monitoring forms are being reviewed and will be discussed at the October meeting of the E&C Group.</p> <p>Nothing has been received from the Board re EqIA.</p>
<p>3. Continue to review monitoring and visiting practice and paperwork to</p>	<p>Work will continue throughout the</p>	<p>LH / CW + BCUHB</p>	<p>The communication survey addressing sensory loss as part of</p>

<p>identify opportunities for enhancement and improvement, including embedding EDHR.</p> <p>Links to standards:</p> <p>1 / 3 / 4 / 5</p> <p>National Priorities:</p> <p>All</p>	<p>year on:</p> <p>GP Watch</p> <p>Communication Survey</p>	<p>colleagues</p> <p>Liaison with V&MG</p>	<p>its focus has been trialled, altered in the light of feedback and is being utilised. Progress will be discussed at the October meeting of the E&C Group.</p>
<p>4. Ensure locally produced CHC communications, including the Strategic Plan and national themes, reports and marketing materials demonstrate best EDHR practice.</p> <p>Links to standards:</p> <p>3 / 4</p> <p>National Priority:</p> <p>Communications</p>	<p>Continuation of work in progress</p>	<p>Ongoing – LH / CW and all members</p>	
<p>5. Work in partnership with the EDHR team at BCUHB on common areas of interest that help ensure better outcomes for patients by: -</p> <ul style="list-style-type: none"> - attending relevant groups e.g. Strategic Equality Forum, EDHR Scrutiny Task and Finish and EDHR Stakeholder groups; Wayfinding Group - responding to relevant consultations and EqlAs including the health board priorities for their plan 	<p>April 2019</p> <p>Onwards</p> <p>Agenda item for E&C Group</p> <p>11 July</p>	<p>LH / CW / JD</p> <p>Other members as required</p>	<p>Quarterly meetings attended and reports sent to all members.</p> <p>The July E&C meeting was attended by BCUHB as part of their engagement and consultation on their</p>

<p>2020 - 2023</p> <ul style="list-style-type: none"> - contributing to subject specific meetings and forums when relevant - working collaboratively with BCUHB on mutually beneficial actions / projects <p>Links to standards:</p> <p>6 / 7 / 8</p> <p>National Priorities:</p> <p>All</p>			<p>new Equality and Human Rights Strategy.</p> <p>Areas of focus so far have been food/nutrition and specific engagement via the BCUHB Stakeholder Group e.g. bowel cancer and diabetes</p>
<p>6. Continue to try and identify and publicise access routes for mental health services at primary and community level.</p> <p>Links to standards:</p> <p>1 / 2 / 3 / 5</p> <p>National Priority:</p> <p>Mental Health</p>	<p>Identify any barriers through GP surveys and patient concerns</p>	<p>LH / CW / All members</p>	<p>This area remains a challenge. A presentation on approaches to mental health, including "ICAN", was given by BCUHB to full CHC council on 9 July. There seems little reported improvement at primary level to date, apart from a small project run by MIND. However, all GP clusters have not opted in, so coverage is patchy.</p>
<p>7. Continue to ensure that there is a written update re EDHR at all Full Council Meetings.</p> <p>Links to standards:</p> <p>4 / 9 / 10</p> <p>National Priority:</p> <p>All</p>	<p>9 April 2019</p> <p>9 July</p> <p>15 October</p> <p>28 January 2020</p>	<p>LH / CW</p>	<p>Draft report shared with members</p> <p>Enhancements agreed and finalised.</p> <p>Update given</p>

	31 March		
<p>8. Issue EDHR briefing notes and meeting reports when necessary.</p> <p>Links to standards:</p> <p>9 / 10</p> <p>National Priority:</p> <p>All</p>	Ongoing	CW/LH	<p>Updates given including the ministerial paper affirming WG commitment to equality. See section below for more information.</p>

Additional Information

Jane Hutt AM, Deputy Minister and Chief Whip issued a statement last June “An Update on Advancing Equality and Human Rights in Wales”. A recognition of intersectional factors is key, including poverty. Issues included:

- The need to ensure that’s the rights and benefits the people of Wales have received through membership of the EU are retained; promoting and safeguarding equality, social justice and human rights; commencing the socio-economic duty via Part 1 of the Equality Act; strengthening the Welsh regulations for the public sector quality duty; ensuring that the Social Model of Disability will inform the development of new policies and programmes; embedding older people’s rights across public services; reporting on the action plan for Gypsies, Roma and Travellers.
- The statement also included commitments on gender inequality in employment and removing barriers to progression; combating domestic abuse and hate crime; elimination of racial discrimination and achieving more diversity in public appointments.

A vegetarian has lost a case of discrimination against his employer. It was argued that vegetarianism should be recognised as a “belief” by the Equality Act. The judge ruled against him but did hint that vegans could be protected because there was “a clear cogency and cohesion in vegan belief”. To date this has not been tested. (Case: Conisbee v Fritton Arms 2019)

