



Meeting Date	28 October 2021	Agenda Item	2.1
Report Title	Outcome of the Engagement for Older People’s Mental Health Services		
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Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	<p>The Health Board has recently completed a public engagement exercise on changes to Older People’s Mental Health Services. The engagement took place between 5 July 2021 and the 12 September 2021.</p> <p>The report outlines the responses received to the engagement, any mitigations proposed and a suggested way forward.</p>		
Key Issues	<p>The first phase of engagement focused on ensuring we engaged with, and provided opportunities for, the public, stakeholders, our staff, and families of patients to ask questions and share their views. The proposals were also discussed with our established engagement mechanisms, as outlined in the Strategic Framework between the Health Board and Swansea Bay Community Health Council.</p> <p>The engagement resulted in a relatively small number of responses which were largely opposed to the proposed service changes. Because of the services potentially affected relating to a specific group of patients and their families – i.e., those with the highest level of need who can’t be cared for in any other services it is proposed that the Health Board undertake further engagement with the patients and carers directly affected by these proposed changes to identify their views and concerns, specifically in relation to:</p> <ul style="list-style-type: none"> • Older Person’s Day Hospital provision at Neath Port Talbot Hospital 		

	<ul style="list-style-type: none"> Patients who have been inpatients in the Older Peoples' Mental Health wards at Neath Port Talbot and Tonna Hospitals 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> NOTE the service change proposals outlined in the OPMHS engagement NOTE the engagement process undertaken NOTE the responses and issues raised through the engagement process CONSIDER and AGREE the further actions proposed to take account the issues raised through engagement NOTE the financial implications NOTE that the Community Health Council has agreed to the actions outlined by the Health Board and has further agreed that the temporary closures of Older Peoples' Mental Health beds can continue until the outcomes of the further work identified in this report are reported back to the Health Board in January 2022. 			

OUTCOME OF THE PUBLIC ENGAGEMENT PROCESS FOR OLDER PEOPLE'S MENTAL HEALTH SERVICES

1. INTRODUCTION

The Health Board has recently completed a public engagement exercise on changes it proposed to Older People's Mental Health Services (OPMHS). The engagement took place between 5 July 2021 and 12 September 2021.

The engagement focused on asking for people's experiences of older people's mental health support and services and proposals for:

- The creation of a single integrated service for Swansea Bay.
- changes to the permanent location of some beds from Neath Port Talbot Hospital to Tonna (releasing capacity to deliver protected elective orthopaedic activity)
- the reduction of 37 beds for older people with the highest level of mental health needs reflecting the actual demand experienced and the increased levels of care provided in communities to support people in their own homes
- repurposing of the vacated facilities at Neath Port Talbot Hospital to meet the increased needs of our orthopaedic patients

This report outlines the responses received to the engagement, proposes the actions to be taken to address these issues and a proposed way forward.

2. BACKGROUND

The proposal on public engagement on proposed changes to OPMHS in Swansea Bay was approved by the Board on 23 June 2021. This outlined the Health Board's intention to ask for people's experiences of older people's mental health services to support the development of the multi-agency strategic framework for these services, as part of the West Glamorgan Regional Partnership Board's (RPB) work programme. It also:

- outlined the proposal to create a single integrated older peoples' assessment service for Swansea Bay patients with the highest level of need.
- proposed changes to the permanent location of some OPMHS beds from Neath Port Talbot Hospital to Tonna Hospital.
- outlined that should these beds at Neath Port Talbot Hospital become vacant as a result of these proposed changes, that these would be used to deliver increased protected elective orthopaedic activity to address long waiting lists and
- proposed to reduce the number beds for older people with the highest level of mental health needs reflecting the actual demand experienced and the increased levels of care provided in communities to support people in their own homes.

It should be noted that during the engagement process the Health Board has undertaken further work on its proposals for the potential expansion of orthopaedic activity at Neath Port Talbot Hospital. As confirmed at the Board meeting earlier in October, because of the need for clinical adjacencies it has been decided that Ward G at Neath Port Talbot Hospital will not be used to house any part of the expansion of orthopaedic services there.

Abertawe Bro Morgannwg University Health Board engaged on changes to older people’s mental health services in 2017 as part of a package of changes to invest more resources in community services, so allowing the number of older people’s mental health beds to be reduced at that time. Our Older Peoples’ Mental Health Services has been changing and developing over a number of years to provide more community-based services and support for people to stay at home for as long as possible as well as establishing services which support care homes to be able to care for people more appropriately and for longer. Our focus has been, and continues to be, ensuring people are cared for at home or as close to their home as possible with the right people supporting them to do this.

We have been working to develop new ways of providing care for people, aimed at preventing problems before they occur, intervening sooner when things do go wrong, and ensuring people don’t have to be admitted to hospital unless there is no other way of providing appropriate care for their needs. The Health Board continues to work with our Local Authority partners, voluntary sector services, service users, carers, and their families as part of the West Glamorgan RPB to develop a Strategic Framework for Older Peoples’ Mental Health services which will describe the pattern of support and services in the Swansea Bay area which we all agree need to be in place in the future. As part of the public engagement on changes to these services, we asked for feedback on people’s experience of services and support for older people with mental health problems so we can take account of these as we develop this Framework by the end of 2021-22.

Comparison across the UK indicates that even after the bed reductions implemented in 2017 there is currently a much higher than average number of older people’s mental health beds in Swansea Bay than other areas. This is outlined in the table below:

Area	Equivalent beds per 100,000 of over 65-year-olds
United Kingdom	48
Wales	84
Swansea Bay prior to temporary changes due to Covid (112 actual beds)	144

The Health Board proposed, through this engagement, to establish a single integrated inpatient assessment service to support older people with the highest level of mental health needs for the Region (i.e. Swansea Bay area). The single point of access to these services would be Celyn Ward in Ysbryd y Coed at Cefn Coed Hospital in Swansea, with extended assessment / care provided in the other 2 wards within Ysbryd y Coed for Swansea residents and in Tonna Hospital for extended assessment / care for Neath Port Talbot residents.

The facilities at Tonna Hospital were recognised as not providing the privacy, dignity and dementia friendly facilities required for our older patients and so it was also proposed to refurbish the suites there to provide single rooms, mostly ensuite rooms and additional bathrooms and facilities. These refurbishments would result in a reduction of beds at Tonna Hospital to 15 from 32.

The changes in beds proposed in the public engagement is outlined below:

Location	Number of beds pre-pandemic	Proposed Number of Beds
Ysbryd y Coed, Cefn Coed Hospital	60 for Swansea patients (54 due to temporary reduction due to Covid)	20 for Neath Port Talbot and Swansea patients requiring short-term assessment 40 for Swansea patients requiring longer term care / assessment
Neath Port Talbot Hospital	20	0
Tonna Hospital	32 (including 14 temporarily closed in 2019) for short-term assessment of Neath Port Talbot patients and longer-term care / assessment of Neath Port Talbot patients	15 for longer term care / assessment of Neath Port Talbot patients
Total	112	75

In summary, the proposal was that we should reduce the 112 beds we had prior to the pandemic to 75 beds for our older people with the highest level of mental health needs who cannot receive safe care anywhere else. This proposed closure of 37 beds at Tonna and Neath Port Talbot Hospitals would result in Swansea Bay having the equivalent of **97 beds per 100,000 over 65-year-olds, which would still be higher than the Welsh or UK averages (84 and 48 respectively)**. Analysis of bed occupancy within these services shows that the number of beds proposed in the engagement document are sufficient to meet the demands for the Swansea Bay population and demand for these beds continues to fall. Currently we have XX patients in our Older People’s Mental Health beds, with no waiting list for admission.

These proposed changes would enable us to concentrate our nursing and therapy staff more effectively into a smaller number of wards / sites and provide more appropriate designed environments and facilities for our patients. It will also enable the Health Board to make better use of scarce resources and use public money to best effect.

Therefore, with the:

- additional community services put in place in recent years.
- planned new investment in memory assessment services; and
- continued reduction in demand for admissions

the Health Board believes we can reduce these beds without negatively affecting our ability to provide services for our patients when they need it.

It was agreed with Swansea Bay Community Health Council that public engagement on these proposed changes should run for 10 weeks from 5th July to 12th September 2021.

To support this, an engagement document was developed (**Appendix A**) together with an engagement plan (**Appendix B**), which were approved by the Board on 23 June 2021.

3. RESPONSES TO PUBLIC ENGAGEMENT

During the engagement period, a total of 43 responses were received, as follows:

- 17 from people with a family member / friend who had previously used our mental health services for older people in Swansea or Neath Port Talbot, or were a patient,
- 7 from politicians including a response from a Member of the Senedd,
- 5 from staff,
- 2 from organisations (Morgannwg Local Medical Committee and Neath Port Talbot Council),
- 1 social worker
- 11 did not specify.

Of the 43 responses, 21 respondents answered the questions in the response form (although not necessarily all questions). The comments and issues raised in all responses have been taken into account in the consideration of the feedback received and any subsequent actions to be taken by the Health Board.

The details of all these responses have been shared with Swansea Bay Community Health Council.

In the response form a series of questions were asked:

Q1 have you or a family member / friend used our mental health services for older people in Swansea or Neath Port Talbot?

15 out of 21 respondents or 71% confirmed they had family members or friends who had used our older adult mental health services

Q2 If yes, what was your experience of the older people's mental health services you received – 6 responses

Responses in general these were very positive:

'Excellent service. The staff on ward G and in the day hospital were caring and supportive. Nothing was too much trouble.'

‘My experience received at NPT Daycare each week was superb, something that should never have been taken from us.’

‘The Day Hospital service was vital in providing social stimulation for the patient and providing vital respite for the carer.’

‘For the patient it provided a place to socialise with other people. A chance to take part in activities in a safe environment with dedicated and experienced staff to care for them.’

‘The nurses were very experienced at all aspects of nursing care. Tonna hospital has always been a great asset to West Glamorgan. My uncle is currently in Tonna and will be very distressed if he moves to another area as he is settled with the great care. He has great pleasure going to the garden to see me. Cefn Coed has a small area which is not appropriate for visiting. Please can you consider this? It is a fabulous hospital, please do not get rid of it.’

‘Excellent service. The staff on ward G and in the day hospital were caring and supportive. Nothing was too much trouble. My husband hates leaving the house but having the day hospital on the doorstep was a godsend and prevented him from relapsing and having to be readmitted to Ward G.’

Q3 How do you think we could improve these services in the future? – 6 responses

Many respondents wanted Ward G and Day Hospital services reinstated back to the pre-pandemic position. One respondent reiterated the importance of listening, speaking with family and the extension of the sanctuary scheme to include overnight accommodation, cover more people and be publicised more widely and another stressed the importance of supporting people to stay at home for as long as possible.

The individual responses to Questions 1 – 3 will be collated and presented to the multi-agency OPMHS and dementia steering group under the West Glamorgan Regional Partnership Board to ensure these views are considered as the Strategic Framework for OPMHS for the Region is developed.

Q4 To what extent do you agree / disagree with the proposal to establish a single, integrated inpatient service across Swansea Bay? – 20 responses

Strongly Disagree or Tend to Disagree = 16 responses (80%)

Strongly Agree or Tend to Agree = 4 responses (20%)

Key issues raised by respondents:

- Discussions around admission when the hospital is not local and the difficulties families face trying to visit loved ones
- For older people Cefn Coed still has the ‘asylum’ label

- Many older people have co-morbidities and having access to services such as physicians, scans x-rays is important and provide a whole health approach and prevents hospital admissions
- Attendance at the Day Hospital reduces hospital admissions and helps facilitate earlier discharge through the support it provides
- Concerns the workload of CPNs has increased significantly since the services have changed
- Concerns about access and equity of service, particularly the impact on people living in Port Talbot and having to travel to Swansea
- Need to retain Tonna Hospital
- Concerns about the impact on waiting lists
- The current day facilities are inadequate and not fit for purpose
- Significant impact on carers and their ability to continue with their caring role

Q5 To what extent do you agree with the proposal to reduce and change the use of beds? – 20 responses

Strongly Disagree or Tend to Disagree = 19 responses (95%)

Strongly Agree or Tend to Agree = 1 response (5%)

Key issues raised by respondents (Q6):

- This will provide a second-class service for the people of Neath and Port Talbot
- There will be longer waiting times for beds
- There have been no arrangements or extra resources to Community Mental Health Teams to manage additional demand and facilitate faster discharge
- The lack of Day Hospital support will result in increased hospital admissions
- There is no accessible treatment facility in the county
- When beds are full there will be more out of county placements
- UK averages are not helpful, the Health Board should be finding a local solution
- Access to beds is already a problem
- Home care plans – there is a need for additional resourcing around this
- Keep people at home for as long as possible
- Keep the service local
- The impact of the Covid pandemic on mental health
- Mental health is always a second-class service and there should be more beds not less

Q7 Are there any groups protected under the Equality Act 2010 who you believe will be positively or negatively affected by the changes proposed for older people's inpatient care for those with the highest level of mental health needs? – 17 responses

Yes – 14

No – 3

Key issues raised by respondents (Q7b):

- Disabled people and older people will be affected by transport issues, especially those without access to a car and dependent on public transport

- This will disadvantage the people of Port Talbot
- There is a need for more localised provision, not less
- People in Neath Port Talbot will receive a reduced older peoples' mental health service
- Concern about the closure of Tonna and the impact this would have on bed availability at Cefn Coed if it were to close. Concern that in this instance it would have an impact on people of a different race.

Conclusions from responses to engagement

As can be seen from the analysis above, response levels to the engagement were low, but of these 80% of respondents strongly disagreed or tended to disagree with the proposal to establish a single, integrated inpatient service across Swansea Bay and 95% of respondents strongly disagreed or tended to disagree with the proposal to reduce and change the use of beds. There is concern around the potential negative impact these proposed changes will have more broadly on older peoples' mental health services.

4. PROPOSED NEXT STEPS

Due to the negative responses to the engagement, further work is required to explain the proposals more fully and to reassure people and partner organisations about the impact of these changes or amend the proposals to address these issues.

Detailed below are the main issues raised by respondents to the engagement and the proposed further actions to be taken to address these.

Issues	Proposed Actions
Concern over the creation of a single assessment service for Swansea Bay and the impact for Neath Port Talbot residents	<p>The Health Board understands the concerns regarding a single assessment facility but remains convinced that having a single assessment service will improve the range of clinicians involved in the assessment and therefore the quality of the assessment and resulting care plan for the individual, rather than continuing to run two smaller assessment services on two sites.</p> <p>The Health Board will therefore relook at these proposals to clearly identify the benefits / disadvantages relating to having one vs two assessment facilities alongside the further work on transport identified below.</p>
Transport issues from Neath Port Talbot to Cefn Coed Hospital	Alongside the work above, it is proposed that the Health Board will work with Local Authorities, third sector and transport providers to identify alternative transport options to ensure

Issues	Proposed Actions
	that relatives of those patients admitted to the proposed single point of assessment service at Cefn Coed Hospital, who only have access to public transport, can visit their loved ones without incurring additional cost.
Concern that the remaining beds proposed will be insufficient, placing additional pressures on Local Authorities, GPs, domiciliary care, care homes and out of area placements.	The Health Board believes, based on its modelling of usage, that this will not be the case, but recognises the concerns expressed by a range of respondents on this issue. As the number of beds available in Tonna Hospital is dependent on the number of ensuite bedrooms / other facilities proposed to be provided there, the Health Board will relook at these options to see whether there are other viable options for increasing the number of beds there whilst still achieving significant environmental improvements. At other options could be pursued, particularly to ensure an improved balance of beds between Neath Port Talbot and Swansea areas. Discussions will also be held with Local Authorities to fully understand the concerns about these changes and how these could be mitigated.
Concern about the accessibility of Day Hospital services at Tonna Hospital for the wider Neath Port Talbot population, concerns that the service has not restarted, and the detriment to patients as a result.	In the engagement document the Health Board proposed that the day service from Neath Port Talbot Hospital would be re-provided in totality at Tonna Hospital. The Health Board will relook at this proposal and work with other partners and sectors to see what other alternatives could be considered to ensure that access to the day hospital is for the whole Neath Port Talbot population.
Need to identify and fill gaps in provision around community and associated services	The Health Board reaffirms its commitment to work with partner organisations through the West Glamorgan Regional Partnership Board to ensure that all aspects of services provided to support older people with mental health needs are mapped, gaps identified and plans put in place to address these through the development

Issues	Proposed Actions
	of a multiagency Strategic Framework for OPMHS.
Fragility of care home and domiciliary care sectors	The Health Board fully recognises the fragility of these sectors and their vital role in supporting people's needs. We have been working with partner organisations throughout the pandemic to support homes and services which are vulnerable and would restate our full commitment to continuing this work with partners through the West Glamorgan Regional Partnership Board. The Health Board has invested in designated Older Peoples Mental Health Care Home In-Reach teams which continued to support and work with the sector throughout the pandemic.
Difficulties around funding for complex care placements	Again, the Health Board fully recognises these difficulties and the delays which can arise as a result. The Health Board is fully committed to the Complex Care Programme under the West Glamorgan Regional Partnership Board and would wish to restate our commitment to this work, aimed at addressing these issues.
Concerns over Neurological Day Hospital provision and concerns that the service has not recommenced	The Health Board understands the concern which this engagement may have caused for these patients and their relatives. The Health Board wishes to make clear that it fully intends to restart this service at Neath Port Talbot Hospital, albeit potentially in a different area of the hospital once it is safe to do so. In the meantime, the Health Board will work at pace, once the outcome of the associated engagement on Changing for the Future is completed at the end of October, to identify how these services can be restarted, taking into account the safety of these patients bearing in mind the current high level of Covid-19 cases.
Concerns over the poorer environment at Tonna Hospital compared to Ward G at Neath Port Talbot and the need for therapy space as part of this provision.	The Health Board fully accepts that the facilities at Tonna Hospital where Ward G patients and staff were moved to, do not provide suitable dementia friendly facilities, with ensuite rooms and associated therapy and activity space. The engagement document outlined the

Issues	Proposed Actions
	Health Board's intention, should the proposals be accepted, to seek funding from Welsh Government for the refurbishment of the remaining Suites at Tonna Hospital so that these standards could be achieved. Bearing in mind the concerns expressed by respondents about the reduction in beds within Neath Port Talbot, the Health Board will relook at the options for improving the facilities at Tonna Hospital to improve environmental conditions whilst increasing the number of beds, as outline above.

In conclusion it is proposed that the changes proposed in the engagement document should not be implemented until the further actions identified above have been completed and fed back to the Board at their January 2022 meeting.

Swansea Bay Community Health Council have received all the responses to the engagement plus the Health Board's proposals regarding next steps and considered their response at their Executive Committee on 19th October 2021. As a result, the Community Health Council has agreed with the actions the Health Board has proposed. Furthermore, it has agreed to the Health Board's request that the temporary closure of beds currently in place affecting Ward G at Neath Port Talbot Hospital and the Suites at Tonna Hospital should continue until this work has been completed and the Health Board considers the outcomes of this work in January 2022.

5. GOVERNANCE AND RISK ISSUES

The engagement document outlined that there were significant numbers of nursing vacancies across the Health Board and specifically in our Mental Health and Learning Disabilities services. At the time there were about 60 full-time registered nurse posts and 27 non-registered nurse posts vacant in Mental Health and this position has deteriorated during the engagement period, exacerbated by staff movements to roles in the new Mother and Baby Unit at Tonna Hospital which has given some of our staff in OPMHS opportunities to change roles.

As a result, the Health Board had to make the difficult decision to urgently temporarily close Suite 4 at Tonna Hospital from 8th September because the vacancy factor and the number of staff who have secured posts elsewhere meant that the registered nurse staffing levels of Suite 4 were becoming untenable and placed at risk the ward's ability to maintain safe levels of care. All alternative options to improve staffing levels had been explored and therefore this urgent change was discussed with the Community Health Council, in line with our Strategic Framework with them. There were only 3 patients on Suite 4 at that time, who were accommodated in our other mental health services, based on their needs, with two remaining at Tonna Hospital in Suite 2 and one moving into an adult bed.

Health Board 28th October 2021

Engagement on service change is carried out in partnership with Swansea Bay Community Health Council and the relevant information was circulated widely as agreed and outlined in the appendices.

A Stage 1 Equality Impact Assessment was prepared and available as part of the engagement process. Subsequently an amended Stage 2 Equality Impact Assessment with the views expressed in the engagement (**Appendix C**).

Engagement on service change inevitably evokes strong feelings from respondents and these can be seen in the responses received. It is important that the Health Board takes due regard of the issues raised and those arising from the Equality Impact Assessment in making any decisions about how the service changes proposed in the engagement document should be implemented.

Formal staff consultation for those directly affected by these proposed changes will be carried out once the outcome of the engagement has been confirmed, in line with the All-Wales Organisational Change Policy as appropriate.

The Health Board has been challenged in some of the responses to the engagement regarding whether it has predetermined the outcome of the engagement through its actions and Board members need to understand that there is a risk that legal challenge could follow if the changes proposed are implemented.

6. FINANCIAL IMPLICATIONS

Implementation of the proposed changes will contribute to the Health Board utilising its resources, both money and staff, to best effect, and reducing its dependence, and the financial cost of using agency and locum staff. Implementing these changes will save an estimated £1.1million to offset our overspending, partly on costly agency staff and partly because we have in effect been double running our new community services and beds to ensure that the anticipated increase in care nearer peoples' homes is delivered and demand on beds reduced as a result.

As part of our proposed mitigations, there are likely to be some revenue costs incurred due to transport costs to ensure that patients and their families are not impacted by the costs of accessing services in Cefn Coed Hospital while initial assessment is carried out, and that access to the Day Hospital Service at Tonna Hospital is supported. If the proposals are approved, these will be quantified, and offset against the financial savings.

The proposed refurbishment of Tonna Hospital would incur capital costs to enable the facility to deliver the standard of care which we would expect for our patients. A proposal has been made to Welsh Government for this funding, and if the proposals in this paper are accepted, then they will not be implemented until the capital funding is secured.

The Health Board also intends to use some of the annual Mental Health Development monies allocated by Welsh Government each year to further develop community-based services to support these changes. In 2021-22 this allocation is

£3m, with a proportion of this being required to be spent on improving access to memory services for people developing or living with dementia.

7. RECOMMENDATION

Members are asked to:

- **NOTE** the service change proposals outlined in the OPMHS engagement
- **NOTE** the engagement process undertaken
- **NOTE** the responses and issues raised through the engagement process
- **CONSIDER and AGREE** the further actions proposed to take account the issues raised through engagement
- **NOTE** the financial implications
- **NOTE** that the Community Health Council has agreed to the actions outlined by the Health Board and has further agreed that the temporary closures of Older Peoples' Mental Health beds can continue until the outcomes of the further work identified in this report are reported back to the Health Board in January 2022.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>The report highlights how the Health Board has been raising awareness and seeking feedback from staff, patients, families, and our stakeholders to inform our approach and deliver more sustainable older peoples' mental health services.</p>		
Financial Implications		
<p>The engagement process is supporting the development of more sustainable older peoples' mental health services for the future and making best use of Health Board resources.</p>		
Legal Implications (including equality and diversity assessment)		
<p>The Health Board has a requirement to ensure that it complies with Welsh Government guidance on public engagement and consultation and that it considers the impacts of these proposed changes on the protected characteristic groups outlined in the Equality Act 2010, including the newly introduced Socioeconomic duty.</p> <p>There is a risk of legal challenge regarding the predetermination outlined in a number of the engagement responses.</p>		
Staffing Implications		
<p>The engagement process provides staff with the opportunity to share their views regarding the proposals for developing more sustainable older people's mental health services. For some staff the changes proposed in the engagement document will result in changes in working arrangements which will be subject to the Organisational Change Policy. There is no risk to the employment of any member of staff.</p>		

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

The actions outlined in the report support the five ways of working outlined in the Act. Swansea Bay UHB is working collaboratively with partner organisations to improve services provided for older people with mental health needs.

Report History

23rd June 2021 Board – Public engagement on proposed changes to Older Peoples’ Mental Health Services in Swansea Bay.

Appendices

Appendix A Engagement Document
Appendix B Engagement Plan
Appendix C Updated EQIA



Public Engagement – From 5th July to 12th September 2021

Tell us what you think about:

- Your experiences of support and services for older people with mental health needs in Swansea Bay**
- Our proposals to create a single integrated service across Swansea Bay for older people with mental health needs and**
- Our proposals to reduce & change use of beds**

Who are we, and what do we do?

Swansea Bay University Health Board runs your local NHS services in Neath Port Talbot and Swansea areas, specialist services for South West Wales and some very specialist services for people from further away. We plan and provide services provided by family doctors (GPs), dentists, chemists and opticians as well as providing community services such as district nurses, therapists, school nursing and health visiting.

About 390,000 people live in Swansea Bay and we employ approximately 12,500 staff and spend around £1 billion every year on providing health services for our population.

In all of this we work closely with patients, their families and carers, the ambulance service, local authorities, universities and the voluntary sector.

We provide a wide range of community and inpatient Mental Health services, in partnership with the Social Services Departments of Neath Port Talbot County Borough Council, Swansea Council and the voluntary sector.

The vast majority of care for Older People with Mental Health needs is provided in the community, supporting people to live in their own homes or in care homes with additional support where required from the NHS, family doctor services, social services, the voluntary sector, communities, carers and families. Our general hospitals (Morriston, Neath Port Talbot, Singleton) and our community hospital at Gorseinon also provide care for older people with mental health problems who have physical health problems as do our community services and family doctor services.

Older People's Mental Health specialist inpatient beds are provided in Ysbryd Y Coed on the Cefn Coed Hospital site for the Swansea area and both Neath Port Talbot and Tonna Hospitals for the Neath Port Talbot area. These beds provide specialist inpatient care for patients with the very highest level of need who cannot be cared for safely anywhere else.

What is this engagement about and who should read it?

Firstly, we want to hear about your experiences of how we support older people with Mental Health problems across the Swansea Bay area; how well we enable people to stay in their own home or care home for as long as possible, living their best life possible; and how well we support you to reduce your risk of developing poor mental health as you get older. The Health Board, Local Authorities and voluntary sector are developing a longer term plan to improve how we do all of this and we want to take into account your experiences and views in developing this plan.

Secondly, we want to hear your views about the changes we are proposing to our specialist inpatient beds which provide assessment and longer-term care for the small number of older people with the highest levels of need who cannot be cared for safely anywhere else. These proposals will also allow us to increase the number of orthopaedic (joint) operations where we have seen a continued rise in our waiting lists with high numbers of patients waiting over one year for major orthopaedic operations.

Over recent years we have invested significant additional resources into our community mental health services, which has contributed to less of

our specialist inpatient beds being used. We had been reviewing the number of mental health beds for older people we need due to the low number of beds being used, and staffing challenges associated with supporting the number of beds we had prior to COVID. Therefore, late in 2019 we temporarily closed 14 beds (Suite 4) at Tonna Hospital because of acute staffing problems and started a public engagement on closing these beds permanently in March 2020. Because of the pandemic we paused this engagement. We have now reviewed these proposals in the light of changes made to services so that the health service could cope with Covid-19 demands and the need to increase the number of orthopaedic operations we can carry out. As a result, we have withdrawn our original proposals (March 2020 engagement) and developed an alternative set of proposals which are outlined in this document.

How we changed services to cope with the Covid-19 pandemic

When the Covid-19 pandemic started early in 2020, the NHS in Wales worked hard to identify how its available beds could be increased to cope with the expected rise in the number of patients we would need to treat. As a result, a number of changes were made to Older People's Mental Health services:

- Specific wards were designated across the Health Board for new admissions so patients could be assessed and the risk of Covid-19 spreading to our other patients was minimised

- Patients on Ward G at Neath Port Talbot Hospital (which has 20 beds for older people with mental health needs) were transferred, with the staff, to the temporarily empty Suite 4 at Tonna Hospital so that Ward G could be used for Covid patients.

- We temporarily reduced the bed capacity at Ysbryd y Coed by two beds on each ward (6 beds in all which were shared rooms) on the advice of the Health Board's infection control department to minimise the risk of Covid-19 being spread.

Conclusions from our review of the usage of our older people's mental health beds & Covid-19 impacts

Our Older Peoples' Mental Health Services have been changing and developing for a number of years to provide more community based services and support for people to stay at home for as long as possible, as well as establishing services which support care homes to be able to care for people more appropriately and for longer. Our focus has been, and continues to be, ensuring people are cared for at home or as close to their home as possible with the right people supporting them to do this.

Evidence shows that if you can be treated at home your outcomes are better than if you have to be admitted to hospital because, particularly for older, frail patients, people's physical strength and abilities decline. For older people with mental health conditions, particularly dementia, the sudden loss of routine and familiar surroundings increase the risk of their condition worsening and can also increase their risk of falling, resulting

in longer stays in hospital and then needing more care when they are discharged than might otherwise be required.

We have therefore been working hard to develop new ways of providing care for people, aimed at preventing problems before they occur, intervening sooner when things do go wrong, and ensuring people don't have to be admitted to hospital unless there is no other way to provide appropriate care for their needs. We have changed how our Older Peoples' Community Mental Health Teams work across Swansea Bay, with different roles and functions for the specialist staff within these teams. This has allowed us to triage and manage our referrals differently for those requiring brief interventions under Part 1 of the Mental Health Measure and those referrals who would require more intensive and ongoing support under Part 2 of the Mental Health Measure, so making our services more responsive and improving how quickly people are seen.

Our Older People's Mental Health beds are used to admit the most vulnerable, high risk and acutely unwell patients, usually for relatively short periods to overcome an acute episode or adjust the level of support required at home. There are occasions where the needs of a person are so complex that they cannot be met through community based support (including in care homes) and in these cases extended assessment may be required. Our community teams for older people with mental health needs try all options to support a patient and their carers at home in their familiar environment before admission into a bed is considered.

Covid-19 has not only meant we've had to make temporary service changes quickly so that we have enough beds for all our patients with

both physical and mental health needs, but has also resulted in our waiting times for routine operations increasing and the number of patients waiting for operations going up – we currently have over 2,000 people waiting, most of whom are elderly. As a result, we need to use every one of our beds to best provide the right level of inpatient care for all our patients, be it for physical or mental health needs, and for unplanned as well as planned care.

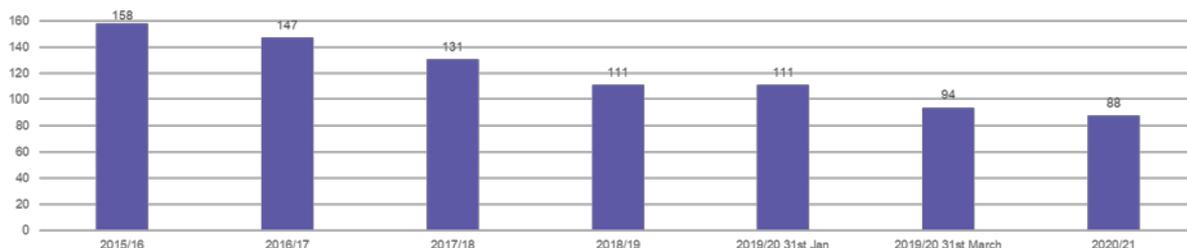
Relocating the Older People's Mental Health beds from Neath Port Talbot Hospital to Tonna Hospital as part of the pandemic response demonstrated the benefits of having these services provided from two sites instead of three, both in terms of staffing and also consistency of care for our patients due to lower use of agency staff. However, we also recognised that the ward environment at Tonna Hospital is not as dementia friendly and did not provide the same level of bathroom facilities and privacy (because of the lack of single rooms) as Ward G at Neath Port Talbot Hospital.

We had already identified prior to the pandemic that our specialist older people's mental health beds (for people with the highest level of needs who couldn't be cared for anywhere else) were not fully used and that there were problems staffing the 112 beds we had prior to the temporary changes due to the pandemic, across three sites and 6 wards across Swansea Bay.

Demographic changes and improvements in life expectancy mean that there is an expected increase in the overall number of people with dementia. In 2015, approximately 6,979 people in the ABMU area had a diagnosis of dementia. By 2030 this is predicted to rise by 48% to 10,295 (Figures not available for Swansea Bay as it only came into

existence in April 2019). However, in spite of these increases in demand, the services we have developed to support people at home, in care homes and in the community mean that demand for admissions to our older people’s mental health beds is still decreasing. On the evidence available to us from benchmarking against other similar services and our own information on the usage of beds over a significant period of time we believe the bed numbers proposed for Swansea Bay will be enough to meet the needs of those older people who require the highest level of care.

Below is a table showing how the number of beds for older people who require the highest level of care have reduced over the past 6 years. Throughout this time we have not had a waiting list for our beds.



With ongoing monitoring of our bed occupancy both before and after the Covid pandemic, and the impact of the enhanced community services we have developed, we believe that the proposed number of beds will meet the future demand for these specialist services.

Our Community services supporting older people with mental health needs

Investment of £1.5million into community based services over the past 3 years has already enabled us to establish a better balance between inpatient and community services. We have developed more services in

local communities, so more people can receive care in their own home and stay at home longer.

We have developed services specifically aimed at:

- Quicker access to memory assessment services so that people can receive an earlier diagnosis of dementia, which can help them adapt earlier to living with dementia
- Providing support including short-term outcome-focused interventions and/or signposting to available services for people with physical and mental health problems closer to home so that hospital admissions are avoided
- Providing designated care home in reach teams for people with complex mental health needs to anticipate problems and so avoid hospital admissions. Over 50% of care home residents have some form of dementia symptoms which increase the risk of hospital admission. Providing support and specialist input into care homes helps improve staff's understanding of their residents' needs and in turn improves the service provided to them and reduces hospital admissions where earlier intervention could prevent this
- Providing Community Mental Health Teams for older people with complex ongoing issues living in the community
- Providing more psychology, physiotherapy and occupational therapy services to support people in the community to better manage behaviour problems, promote physical exercise, improve balance and mobility and develop activities of daily living which can reduce reliance on medicines

As well as these new services which have been developed over the past 3 years as part of the national move towards more care being provided in or closer to people's homes, there are other community services for older people with mental health needs which we also provide within Swansea Bay, including:

- Enhanced community mental health teams specifically to meet older peoples' mental health needs, seven days a week, 365 days a year. These are multi professional teams which have psychiatrists, community mental health nurses, psychologists, occupational therapists, a physiotherapist and social workers.
- Support and Stay workers - community support workers attached to the community mental health teams that work seven days a week, 365 days a year from 7am -9pm
- Day hospitals and day hospital-type services in Neath Port Talbot and Swansea for older people with mental health needs
- Pathways into psychological therapies for older patients with mental health needs other than dementia that may be appropriate for that type of service
- Specific memory assessment clinics with links to family doctor services to enhance early diagnosis of dementia
- Dementia care coordinators that work with families both before and after diagnosis
- Close links with relevant voluntary sector organisations
- Enhanced links with groups of family doctor services (Primary Care Clusters) to improve seamless care for patients

The Welsh Government for this financial year are targeting £3 million specifically for the development of Memory Assessment Services across Wales. We will ensure our Health Board’s allocation of that funding is targeted towards early detection through enhanced memory assessment services, thus allowing patients to remain in the community setting and their homes for longer and reducing the over reliance on specialist Older Peoples Mental Health beds.

Therefore, even prior to the pandemic we had a lot of older peoples’ mental health beds empty at Tonna, Neath Port Talbot and Cefn Coed Hospitals, and significantly more services supporting older people with the highest levels of mental health needs at or closer to home. As a result, we believe we can continue to provide the better balance of care that our population needs with less beds.

What did our review of usage of our beds show?

Comparison across the UK demonstrates that there is currently a significantly higher than average number of older people’s mental health beds in Swansea Bay than other areas. This is outlined in the table below:

Area	Equivalent beds per 100,000 of over 65 year olds
United Kingdom	48
Wales	84

Area	Equivalent beds per 100,000 of over 65 year olds
Swansea Bay prior to temporary changes due to Covid (112 actual beds)	144

(Over 65 populations at end September 2018 – NPT 29,530 and Swansea 48,049 – from Welsh Government Statistics for Wales).

The Welsh Government’s Delivery Unit’s report into older people’s mental health services in Abertawe Bro Morgannwg University Health Board (Swansea Bay’s predecessor organisation covering Neath Port Talbot, Swansea and Bridgend areas) also showed that the balance between hospital and community based care needed to change in favour of more community based care.

Overall we believe this shows us that we have too much money and staff resources tied up in hospital beds and we need to move more staff to support patients in community settings and in their own homes, including providing more support to their families and carers.

The number of patients being admitted into our mental health beds has, and is, continuing to reduce across all our sites. The average occupancy of older peoples’ mental health beds in Tonna Hospital has been 60%. The average occupancy across all older people’s mental health beds in Swansea Bay has been 75%. This means that on average there have been 23-25 empty older peoples’ mental health beds across Swansea Bay since April 2018 with 13-14 in Tonna Hospital.

However, as outlined previously, we also know that the use of beds is still reducing.

With the transfer of beds from Ward G at Neath Port Talbot Hospital during the pandemic the number of Older Peoples' Mental Health beds further reduced by 6 (as there were only the 14 free beds at Tonna Hospital available to replace the 20 at Neath Port Talbot Hospital). On average even after these changes we still had around 23-25 beds empty at any one time across our Older Peoples' Mental Health wards across Swansea Bay, meaning that of the 92 beds we had available during the pandemic, only 67-69 beds were actually being used. We have considered the occupancy levels for all the older peoples' mental beds and for 2019/20 this was 78% and for 2020/21 75%, and admissions to these specialist beds have continued unchanged throughout the pandemic.

As part of this review of beds we also looked at usage of our respite beds at Tonna Hospital, which are included in the bed numbers outlined above. There are 4 beds available for complex respite at Tonna Hospital for Neath Port Talbot residents but no provision for Swansea residents. To access these beds, patients have to meet criteria in line with the Welsh Government's guidance on Continuing Healthcare, as this is respite for those patients with the most challenging needs which can't be provided in any other facilities. When we reviewed these beds at Tonna Hospital they were not fully utilised with only the equivalent of 1.2 beds being used for Neath Port Talbot residents. However, we recognise that access to this specialist respite should be provided for the whole of the Swansea Bay population, not just Neath Port Talbot's and so our proposals address this. We also took the opportunity to

benchmark this provision against other Health Boards in Wales and this level of provision is at least as high as that provided in other areas.

What are our proposals for changing beds for older people with complex mental health needs?

We believe that we can provide better and more sustainable services in the future by delivering our specialist beds for older people with complex mental health needs as one integrated service for Swansea Bay rather than two separate services for Neath Port Talbot and Swansea. This will mean we will be able to provide access to the same services for everyone in Swansea Bay, rather than have some services which are only available to some of our population.

Following the review of the use of specialist beds for older people with complex Mental Health needs who cannot be cared for anywhere else and ensuring that all our beds are utilised as fully as possible, we believe we can accommodate the needs of these patients within a reduced number of beds, and within our facilities at Tonna Hospital and Cefn Coed Hospital (i.e. no longer providing these beds at Neath Port Talbot Hospital as well).

Specifically, our proposal is that we will provide 15 beds in refurbished accommodation at Tonna Hospital plus the existing 60 beds in Ysbryd y Coed at Cefn Coed Hospital (6 of these beds remain temporarily out of use due to the infection control advice regarding COVID). This would result in a total of 75 beds being available as an integrated service for the population of Swansea Bay (69 at present due to the temporary reduction in Cefn Coed due to Covid risks). This allows us to have on

average about 90% of our beds occupied at any one time, which should give capacity for any variations in demand.

Our proposal is that we will consolidate short-term assessment beds in Ysbryd y Coed for the whole of the Swansea Bay population. This will allow us to centralise the associated staff in one location rather than two (this is currently provided both in Ysbryd y Coed and Tonna Hospital) and improve the consistency of assessment, staffing and sustainability of this service.

For those patients needing extended assessment / care we will transfer them to the remaining beds at Ysbryd y Coed (for Swansea area) and those at Tonna Hospital (for Neath Port Talbot area) to receive this care.

The current and proposed bed configurations which would result are outlined in the table below:

	Number of beds pre-pandemic	Proposed Number of Beds
Ysbryd y Coed, Cefn Coed Hospital	60 for Swansea patients (54 due to temporary reduction due to Covid)	20 for NPT and Swansea patients requiring short-term assessment 40 for Swansea patients requiring longer term care / assessment
Neath Port Talbot Hospital	20	0

	Number of beds pre-pandemic	Proposed Number of Beds
Tonna Hospital	32 (including 14 temporarily closed in 2019) for short-term assessment of NPT patients and longer term care / assessment of NPT patients	15 for longer term care / assessment of NPT patients
Total	112	75

However, we recognise that the facilities at Tonna Hospital currently do not provide the best environment for care of our patients. Therefore, as part of these proposals we would plan to refurbish facilities at Tonna Hospital to provide more appropriate facilities and all single room accommodation for our patients there. A complete refurbishment of the remaining suites is likely to cost in the region of £4.5million, subject to agreement by Welsh Government on a business case for these works. Indicative plans show that this will provide us with 15 single rooms at Tonna Hospital with most having ensuite facilities and we would want to co-design these improved facilities with our patients and their families. These will be longer term assessment / care beds for the Neath Port Talbot population.

Ysbryd y Coed is a relatively new purpose-built unit consisting of three wards of 20 beds each which have all single rooms with ensuite

facilities, apart from one joint room on each ward to meet the needs of couples or patients that prefer not to be on their own. It was designed specifically for older people and incorporates a dementia friendly environment. Therefore, Ysbryd y Coed will retain 60 beds (54 at present due to the temporary reduction in Cefn Coed), with 20 of these providing short term assessment for the Swansea Bay population and the remaining 40 longer term assessment / care for the Swansea population.

In summary, we are proposing that we should reduce the 112 beds we had prior to the pandemic to 75 beds for our older people with the highest level of mental health needs who cannot receive safe care anywhere else. This proposed closure of 37 beds at Tonna and Neath Port Talbot Hospitals would result in Swansea Bay having the equivalent of **97 beds per 100,000 over 65 year olds, which would still be higher than the Welsh or UK averages (84 and 48 respectively).**

Within these 75 beds would be provision of specialist respite care in 4 beds at Tonna Hospital, which we are proposing will now be available for the first time to the whole population of Swansea Bay who meet the Welsh Government's Continuing Healthcare criteria. Based on the usage outlined above we believe this level of provision will be sufficient to meet the needs of the whole area.

What do these proposals mean for Neath Port Talbot Hospital?

These proposals would mean that Older People's Mental Health beds would no longer be provided on the Neath Port Talbot Hospital site. As a result we will also relocate our day services for older people needing

mental health support from Neath Port Talbot to Tonna Hospital, to be incorporated in the proposed newly refurbished accommodation there.

However, as part of the Health Board's plans to increase beds and capacity so that we can reduce our backlog of patients waiting for orthopaedic (joint) surgery we are proposing developing Neath Port Talbot Hospital as a Centre of Excellence for planned orthopaedic (joint) surgery with associated rehabilitation and ambulatory services.

We are therefore proposing using Ward G at Neath Port Talbot Hospital, which would be empty as a result of these proposed changes, for joint surgery patients. This will help us reduce the length of waiting lists and increase the number of patients we can operate on and will be subject to a separate engagement process.

What do these proposals mean for Tonna Hospital?

Swansea Bay University Health Board remains committed to Tonna Hospital and continuing to provide a range of services and facilities there for our patients. Tonna Hospital provides services in addition to older peoples' mental health inpatient beds which will remain at the Hospital.

These services and facilities are outlined below:

- Tonna Day Services which provides brief interventions for patients
- Access to medical staff, physiotherapy, specialist nursing staff, speech and language therapists, occupational therapists
- Patient facilities – including an Activity Room, Day Room, Sensory Room and Sensory Garden

- Base for and clinic facilities for Adult and Older Peoples Community Mental Health Teams
- Base for the Older Peoples Care Home in reach team
- Swansea Bay Integrated Autism Service
- All Wales Mother and Bay Mental Health Inpatient Unit (opened April 2021)
- Base for Community Perinatal Mental Health Community Team
- Base for Local Primary Mental Health Services
- Base for Community Drug and Alcohol Services

In addition, as part of the refurbishment of Tonna Hospital we would be looking to:

- Provide an overnight family room
- Develop the existing communal hall area to continue to provide a café visiting area and a new patient activity area.

What do these proposals mean for Ysbryd y Coed at Cefn Coed Hospital?

Prior to the pandemic Ysbryd y Coed provided an assessment service for the Swansea area with Tonna Hospital providing this for the Neath Port Talbot area. During the pandemic Celyn Ward in Ysbryd y Coed

has been used as a single point of admission for all older people with the highest level of mental health needs from the whole of Swansea Bay. We are proposing to continue using Celyn Ward as the single point of admission across Swansea Bay as part of our proposal to establish a single integrated inpatient service for the region.

Ysbryd y Coed will continue to provide all other services as it did prior to the pandemic and day support provision at Westfa, Gorseinon and Garngoch will not be affected by these proposals.

What about the money?

These changes are about making sure we provide the highest quality services possible in the most appropriate place and with the best staff in appropriate environments. We need to make sure we are living within our means and using all our resources – money, staff and buildings, as efficiently and effectively as possible. Swansea Bay University Health Board has a budget of about £1 billion every year. However, we are currently overspending this budget and so we have to make sure we're using all of this public money wisely and to best effect.

We have significant numbers of nursing vacancies across the Health Board and specifically in our Mental Health and Learning Disabilities services. Currently there are about 60 full time registered nurse posts and 27 non-registered nurse posts vacant in Mental Health. Our workforce has a lot of staff aged over 50 and because many of them can retire at 55 this also affects the number of vacancies we have. In addition, in mental health services there are higher sickness rates, compared to other services, partly due to the intense nature of the work, which contributes to absences with stress, anxiety or depression. We

have staff wellbeing services to look after our staff in the long run but we still rely heavily on the use of bank and agency staff to fill gaps in staffing. We know that using temporary staff, however well qualified or experienced they are, can sometimes reduce the quality of care and patient experience. This is because temporary staff may be unfamiliar with the environments and may not have the personalised knowledge of patients' individual needs that comes with consistency of staffing. The delivery of our future services from less sites / wards will allow us to better utilise the available specialist workforce and ensure the services are more sustainable for the future.

Covid-19 impacts mean that it is even more important that we need to use our facilities and beds as efficiently as possible to address the backlog of patients waiting for operations.

The proposals in this document will allow us to:

- Increase the number of orthopaedic (joint) operations we carry out so that we can reduce waiting times for patients
- Save £1.1million to offset our overspending: partly on costly agency staff and partly because we have in effect been double running our new community services and beds to ensure that the anticipated increase in care nearer peoples' homes is delivered and demand on beds reduced as a result.
- Refurbish Tonna Hospital to provide more dementia friendly environments with single rooms and ensuite / increased bathroom facilities
- Reduce our reliance on agency staff to provide a higher quality, more consistent and sustainable staffing of our inpatient facilities

Our intention is to use some of the annual Mental Health Development monies allocated by Welsh Government each year to further develop community based services to support these changes. In 2021-22 this allocation is £3m, with a proportion of this being required to be spent on improving access to memory services for people developing or living with dementia.

What about plans for supporting older people with mental health needs and their families going forward?

We are working with our Local Authority partners, voluntary sector services, service users, carers and their families to develop a Strategic Framework for Older People's Mental Health services which will describe the pattern of support and services in the Swansea Bay area which we all agree need to be in place in the future.

We want to hear your experiences of our current services and support available to you, good and bad, as well as your ideas for how these can be improved. Details about how you can do this are included below.

This Strategic Framework is likely to cover areas such as, but not only,

- Improving the range of information and support available to help older people maintain good mental and physical health
- Improving support to communities to help older people maintain good mental and physical health
- Providing enhanced community services for Older Peoples Mental Health Services

- Improving access to respite care to meet the range of different needs across the Swansea Bay region;
- Providing consistent access to day support services across the Swansea Bay area.

This Strategic Framework will be available by the end of 2021 but will then also be widely engaged upon on its own right.

Summary of our proposals

This document outlines our proposals to establish a single integrated inpatient service to support older people with the highest level of mental health needs for the Region (i.e. Swansea Bay area). The single point of access to these services for the population of Swansea Bay would be Celyn Ward in Ysbryd y Coed at Cefn Coed Hospital with extended assessment / care provided in the other 2 wards within Ysbryd y Coed for the Swansea area and in the 15 refurbished beds at Tonna Hospital for the Neath Port Talbot area.

We believe these proposed changes will enable us to concentrate our nursing and therapy staff more effectively into a smaller number of wards / sites and provide more appropriate designed environments and facilities for our patients. We also believe this will make better use of scarce resources and allow us to use public money to best effect.

Because of the investment in community services we have already made and the planned new investment in memory assessment services and the continued reduction in demand for admissions, we believe we can reduce these beds without negatively affecting our ability to provide services for our patients when they need it.

What are the benefits and drawbacks of these proposed changes?

Detailed below are some of the benefits which should be delivered by these proposed changes:

- Consistent nursing and medical staffing improves patient care.
- Increased availability of home based support to further reduce the need for inpatient care and to increase access to memory assessment services.
- Less wards across the Health Board increases our ability to staff the remaining ones and to ensure a safe service.
- Less wards also increases consistent levels of nursing in preparation for the introduction of the All Wales Nurse Staffing Act
- Increases medical care and increases the availability of therapists to our patients to the remaining inpatient wards and the community services.
- Reduces use of bank and agency staff improves consistency and quality of care and reduces its cost.
- Enables us to invest in refurbishing our facilities at Tonna Hospital to provide more appropriate bedrooms for our patients and improved facilities to support their care.
- Increased capacity to treat orthopaedic (joint care) patients at Neath Port Talbot Hospital.

When we temporarily closed the 14 beds at Tonna Hospital we discussed this with the Swansea Bay Community Health Council and relatives of older people with mental health problems receiving care in Tonna Hospital's beds previously. At that time, a number of concerns were raised about these proposed changes, which have been taken into account when these revised proposals were prepared, and as a number related to the environment at Tonna Hospital our intention would be to involve the families and CHC in the design of the refurbished facilities there should these proposals be accepted.

Detailed below are some of the disadvantages we could arise from these proposed changes:

- Changes to inpatient care requires redeployment of some staff which could negatively affect their wellbeing
- Changes could be interpreted as a reduction in services rather than rebalancing care between inpatient and community services

To ensure that the impacts of these proposed reductions in beds are carefully monitored, this will be overseen by the Older People's Mental Health and Dementia Strategy Group – a partnership group between the Health Board, Local Authorities and other partners to review data about the impacts and ensure there weren't any unintended consequences.

What will happen to staff affected by these proposed changes?

We have had some initial discussions with the consultants and the ward managers within the Older Peoples Mental Health Services in relation to the proposed changes, while recognising the importance of not prejudging the outcome of this engagement process. They are content to engage further in the proposed changes and understand the rationale for the changes to the services.

Engagement with the staff and Trade Unions involved took place in order to implement the temporary closure of Suite 4. In the main staff have been redeployed within the Mental Health Service Delivery Group of the Health Board, many into Tonna Hospital. The proposed changes outlined in this document will be managed in accordance with the agreed Organisational Change Policy and there is no risk to the employment of any member of staff affected. For some of our staff this will mean a permanent change of base for their work. Any staff affected by these proposed changes will be provided with the available options for redeployment into existing vacancies or utilised across other areas with their individual needs addressed as far as possible.

What about the impacts on equality groups?

We need to make sure that any decisions we make following engagement ensures we understand and take account of any impacts on people with protected characteristics under the Equality Act 2010. In addition, the new socio-economic duty, introduced on 31st March 2021, means we need to also actively consider the effects of these changes on increasing inequalities both nationally and locally. Therefore, we have produced an Equality Impact Assessment on these proposed changes which we will also engage on alongside this document.

Your experiences of support and services for older people with mental health needs in Swansea and Neath Port

Talbot

Whilst this document outlines proposed changes to our services by closing 37 beds, we also want to know about your experiences of the support and services available for older people with mental health problems in the Swansea Bay area so that we can make sure we take account of these when developing our Strategic Framework for Older People's Mental Health Services.

We want to know what your experiences have been – good and bad, and what you think we should do differently in providing support and services for older people with mental health problems in the future and their carers and families, particularly how we can support you to stay in your own home.

Below you will find details of the variety of ways you can contact us and get involved in this engagement. We have produced a response form so that it is easier for you to respond to this engagement. We would appreciate you filling this in and sending / emailing it to the contact points listed below.

What do you think of these proposed changes?

In partnership with the Swansea Bay Community Health Council, the NHS Watchdog for our area, we will be discussing these proposals with our patients, their carers, the public, politicians and partner organisations. It is important that we get as many views as possible on these proposals for change and also on how we can improve our services and the support we provide going forward.

Between **5th July to 12th September 2021** we are engaging on these proposed changes.

We have agreed the range and scope of engagement with the Swansea Bay Community Health Council and will also be using events being run by partner organisations to talk to people (albeit virtually) about the proposed reduction in beds and associated changes and to get as many people as possible to tell us about their experiences of our older peoples' mental health services and their ideas for how we can improve these.

The outcome of the engagement and all the responses received will be considered by the CHC and Health Board in October 2021. Based on this, decisions will be made about whether the proposed closure of beds can be implemented or whether further public consultation is required. Any other ideas put forward by the public and our partners will be incorporated into the Strategic Framework for Older People's Mental Health Services which we are developing with our partners.

You can let us know what you think by:

Writing to us: Chief Executive
Swansea Bay UHB
One Talbot Gateway
Baglan, SA12 7BR

Emailing us: SBU.engagement@wales.nhs.uk

Phoning us and leaving us a message: (01639) 683355

Contacting us on Facebook: Swansea Bay NHS

Twitter: @SwanseabayNHS

We have produced a response form so that it is easier for you to respond to this engagement. We would appreciate you filling this in and sending / emailing it to the contact points listed above.

Alternative versions of this document, in Welsh, large print (English and Welsh), audiobook (English and Welsh), British Sign Language video, Easy Read and Braille are available at <https://sbuhb.nhs.wales/about-us/public-engagement-consultation/> and you can request these by ringing 01639 683355 or by emailing us at SBU.engagement@wales.nhs.uk.

Because of the pandemic we are not planning to hold face to face community events to talk to people about these changes and get their views as we normally do. However instead we will be hosting a series of sessions where we will explain these changes and be able to answer your questions and hear your views on these issues. A list of these events will be found on our website and we will also be publicising these on social media.

Alternatively, you can let the Community Health Council know your views by:

Writing to them:

Swansea Bay Community Health Council

Cimla Hospital

Cimla

Neath

SA11 3SU

Or emailing them:

swanseabay@waleschc.org.uk

Older People's Mental Health Services Engagement Plan

5th July to 12th September 2021

Forum	Date of meeting	Contact	Who	Engagement Method
Stakeholder Reference Group	14 th July	Confirmed with JAD	JAD	On agenda Completed
LMC Executive	LMC Exec 10th August	admin@morgannwglmc.org.uk office@morgannwglmc.org.uk	DN	On agenda LMC Exec 10 th August Meeting starts at 7.00 pm Zoom. Exec meeting postponed. Documentation circulated to all elected members
Swansea Bay Youth		Jane.Phillips@wales.nhs.uk	DN	Information shared with forum Offered to attend a session to present
Accessibility Reference Group	3 rd September	Confirmed with JAD	JAD	On agenda completed
Sight Loss Groups	25 August	Conference calls undertaken happy for HB to join to call. Dates to be confirmed.	DN	NOS chased Information shared with forum Meeting postponed due to unforeseen circumstances
Deaf Clubs	Awaiting	Michelle is happy to arrange engagement events via Zoom platform. Discussion will take place with residents of Swansea and Michelle will get back to us.	-	NOS met with Michelle to discuss requirements 05/08 Offered to attend a session to present

Forum	Date of meeting	Contact	Who	Engagement Method
Hard of Hearing Groups	Information			NOS met with Michelle to discuss requirements 05/08 Offered to attend a session to present
Access Groups		Circulate to access groups using the Consultation List		Information circulated
NPT Older People's Forum		OPC@npt.gov.uk	DN	Information shared Offered to attend a session to present
Swansea 50+ Forum	24 August	Sheila.betts@ntlworld.com Meetings not being held currently contact via telephone and e-mail. Would like to engage with HB happy to arrange Zoom call with three members of the Group's Executive	JAD	Information shared Offered to attend a session to present On agenda Completed
CALON		Calon.LGBTStaffNetwork@wales.nhs.uk	JAD	Information shared Offered to attend a session to present
Health Board Partnership Forum	12 th August	Kim.Clee@wales.nhs.uk	DN	On agenda for 12 th August
West Glamorgan Transformation Board 2	10 th August	West.Glamorgan@swansea.gov.uk To be agreed with SHG - Chair	DN	On agenda Completed
Wellbeing & Mental Health Board	2 nd September	To be confirmed with JAD	DN	On agenda Completed
OPMHS & Dementia Steering Group	19 th July 2021	Ian.Hutchinson@wales.nhs.uk	DN	Meg to arrange with Ian Hutchinson Completed
Swansea LGBTQ+ Forum	10am 2-September	Catherine.Window@swansea.gov.uk	JAD	Information shared

Forum	Date of meeting	Contact	Who	Engagement Method
				Offered to attend a session to present Meeting cancelled
Regional Carers Partnership	26 th August	Johanna Hall-Davies johannad@nptcvs.org.uk	JAD	On agenda Completed
Regional Carers Forum	3 rd Monday of the month	Johanna Hall-Davies johannad@nptcvs.org.uk	DN	Information shared Offered to attend a session to present
Local Authorities		Letter and copies of document to be sent electronically from CEO's office with offer of briefings		Information shared
Assembly Members				Completed 26/07/21
Libraries		Circulate to libraries		Information shared
Voluntary Sector and Community Groups	2 nd September	Circulate to Third Sector colleagues via e-mail for distribution to voluntary sector and community groups Carys Richards carysr@nptcvs.org.uk Amy Meredith-Davies amy_meredith-davies@scvs.org.uk	JAD	On agenda Completed
Families of in-patient older peoples' mental health patient at Tonna Hospital		Documents to be shared with Tonna Hospital for distribution around the Hospital ensuring that family and carers are provided with copies.	DN	Letters to the families were sent out 29 th , 30 th July and 2 nd August. The letters included the engagement document.
Staff engagement	26 th July	Staff meeting with NPT Staff	DG	Complete
	29 th July	Staff meeting with NPT Staff	DG	Complete
	4 th August	Staff meeting with YYC Staff	DG	Complete
	6 th August	Staff meeting with YYC Staff	DG	Complete
	24 th August	Swansea Community Team Leads meeting (Teams)	DG	Complete

Forum	Date of meeting	Contact	Who	Engagement Method
Meeting with family members	12.30pm 9 th August	Face to face discussions planned at Tonna Hospital Note: additional session to be planned for the families of Tonna	DG	Invitation circulated
	1.00pm 27 th August	Family meeting – Tonna	DG	Complete
	12.30pm 8 th September	Family meeting – Cefn Coed	DG	Complete
Engagement public events	TBC	Whether online or in person or combination will need to be confirmed once WG guidance revisions are understood		



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Bae Abertawe
Swansea Bay University
Health Board

Equality Impact Assessment Stage 2

Post-engagement analysis

Post engagement analysis following the public engagement process on Older Peoples Mental Health Services which run from 5 July 2021 and 12 September 2021.

Engagement on:

- **Your experiences of support and services for older people with mental health needs in Swansea Bay**
- **Our proposals to create a single integrated service across Swansea Bay for older people with mental health needs and**
- **Our proposals to reduce beds**

1. Introduction

The purpose of this report is to set out the narrative and findings of the Equality Impact Assessment of proposed changes to Mental Health inpatient capacity for older people as part of the modernisation of Older People's Mental Health Services across the geographical area served by Swansea Bay University Health Board.

The Equality Act 2010 places a positive duty on public authorities to promote equality for protected groups. The Equality Act 2010 requires Welsh public bodies to demonstrate how they pay 'due regard' to equality when carrying out their functions and activities. Equality is about making sure people are treated fairly. It is not about treating everyone in the same way but recognising that everyone's needs are met in different ways. Our age, disability, faith or belief, gender, race, sexual orientation, being married or in a civil partnership, being transgender or being pregnant should not disadvantage us. These different characteristics are protected under the Equality Act 2010.

A stage 1 equality impact was developed to inform the Older People's Mental Health Services Public Engagement process. The stage 1 Equality Impact Assessment (EIA) outlined the evidence behind the proposed service change and provided a summary of available evidence which described our current understanding of the potential impact of the proposed service changes based on that evidence base. The purpose of this document was to describe our understanding at that point in the process of the likely impact. By following the EIA process it was intended that we would identify and address any gaps in our knowledge by engaging and consulting with the public and stakeholders.

This document is the stage 2 post-engagement analysis and presents the findings of the public engagement with our earlier analysis of the available evidence on potential impacts from the stage 1 document. The purpose is to inform those making the decision on whether the Older People's Mental Health Services proposals should be adopted, and what potential mitigations may be required to address any impacts on protected characteristic groups that have been identified. The health board will need to demonstrate they have assessed how the Older People's Mental Health Service proposals may impact service users and the wider public.

This stage 2 EIA seeks to help the organisation to answer the following questions:

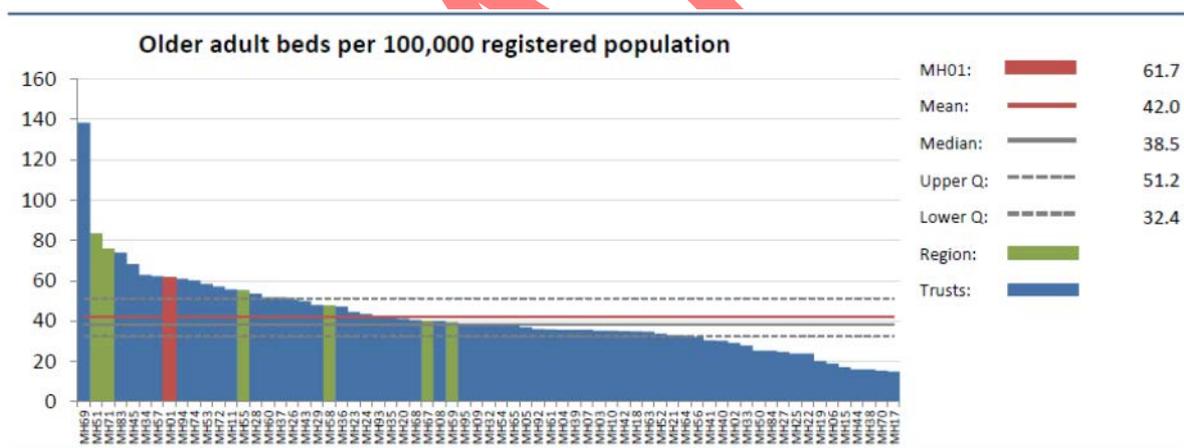
- Do different protected characteristic groups have different needs, experiences, issues and priorities in relation to the proposed service changes?
- Is there potential for or evidence that the proposed changes will promote equality?
- Is there potential for or evidence that the proposed changes will affect different groups differently (positively or negatively)?
- If potential negative impact is identified, what changes can be made to eliminate or minimise the impact?

This report is not intended to be a definitive statement on the potential impact of the proposed changes on protected characteristic groups, but to describe our understanding at this point in the process. The EIA process will help us to identify and address any gaps in our knowledge by engaging and consulting with the public and stakeholders. The EIA will be updated as further information becomes available.

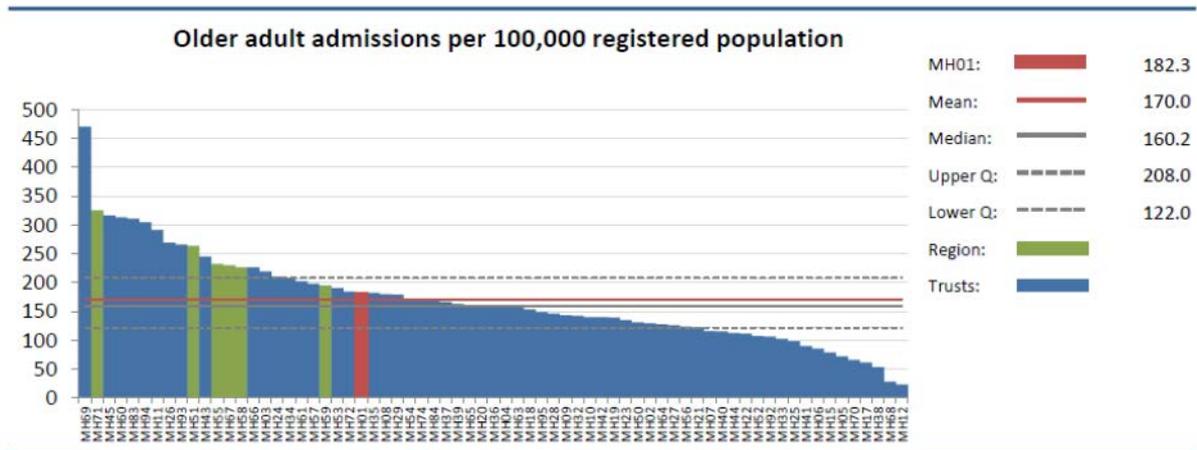
2. Background and rationale for the proposed service change

The Health Board's Annual Plan for previous years and for 2021/22 was and is still committed to review capacity and bed provision of the Older People's Mental Health services across the geographical area covered by Swansea Bay University Health Board based on previous benchmarking data and also current vacant capacity within the service for a significant period of time. Particular attention was to be given to re-focusing continuing long term care for older people to support people in the right place and to re-shape the existing resources.

UK wide benchmarking in 2019 indicates that acute inpatient services for older people are significantly above average in the number of acute beds – 61.7 per 100k of over 65s compared to benchmark average of 42. (Swansea Bay = red bar)



The number of admissions per 100k population are close to the benchmarked mean suggesting we are not out of step with our service.



The Health Board invested an additional £1.5m in community services across Swansea Bridgend and Neath Port Talbot from 2018, adding predominantly therapies in community services, to improve multidisciplinary working and outcome focused work for people and their families. Within Swansea and Neath Port Talbot we also introduced two specialist care home in-reach multi professional teams, which included the following designated staff solely for care home in reach, consultant psychiatrists, community mental health nurses, psychologists, occupational therapists and physiotherapists. Alongside this investment we were able at that time to reduce inpatient capacity by 38 beds as occupancy levels dropped across all units. We engaged on this service change in the spring and summer of 2018.

For the Swansea Bay Health Board area, we are now proposing to continue with this ongoing review and proposing to re-provide services across the SBUHB as one service. This will comprise of inpatient beds in Cefn Coed Hospital within three wards based there within Ysbryd y Coed the purpose built unit there and one suite at Tonna Hospital for extended assessment and respite provision in the proposed new planned refurbished Suite two.

The number of patients being admitted into our mental health beds has, and is, continuing to reduce across all our sites. The average occupancy of older peoples' mental health beds in Tonna Hospital has been 60%. The average occupancy across all older people's mental health beds in Swansea Bay has been 75%. This means that on average there have been 23-25 empty older peoples' mental health beds across Swansea Bay since April 2018 with 13-14 in Tonna Hospital. However, as outlined previously, we also know that the use of beds is still reducing.

The Health Board took a decision to transfer beds from Ward G at Neath Port Talbot Hospital during the pandemic to a vacant suite in Tonna Hospital to assist the wider Health Board in its plans to manage COVID patients across its acute hospital sites. As a result of this change the number of Older Peoples' Mental Health beds further reduced by 6 (as there were only the 14 free beds at Tonna Hospital available to replace the 20 at Neath Port Talbot Hospital). On average, even after these changes we still had around 23 - 25 beds empty at any one time across our Older Peoples' Mental Health wards across Swansea Bay, meaning that of the 92 beds we had available during the pandemic, only 67- 69 beds were actually being used. We

have considered the occupancy levels for all the older peoples' mental beds and for 2019/2020 which was 78% and in 2020/21 75%, and admissions to these specialist beds have continued throughout the pandemic.

It is neither sustainable nor of high value to run a service model with a considerable amount of capacity being underutilised.

Rationale for service change

The service is predominantly for older people but is provided based on assessment of best being able to meet a person's needs rather than based only on age. Services address needs of older people with functional illnesses, such as depression and psychosis, as well as organic illnesses such as dementia.

Beds provide acute assessment, extended assessment for complex long term conditions and some planned respite to support carers. Currently services are provided and managed within each local authority area but the proposal would move this to Swansea Bay University Health Board area service. The reduction in capacity is removing unused beds which does not see a reduction in service provision, but is removing spare capacity.

However, on the Tonna site the change will see the two current wards combined which represents a change from single gender environments to a mixed gender environment. A complete refurbishment of the proposed remaining Suite Two would create a 15 single room unit with ensuite facilities to enhance the privacy and dignity of the patients cared for there.

Since all the changes in community services and clinical practice has resulted in reduced occupancy in Older People's Mental Health inpatient wards which offers an opportunity to reduce our inpatient wards from the current 6 wards to the proposed 4 wards. This reduces the risk to patient safety as it has been identified by external review that our current distribution of wards across multiple sites is not sustainable.

Furthermore "The Hidden Cost of Dementia" suggests that the setting in which the person is cared for has a large impact on the overall cost. It demonstrates that the cost is much higher in residential care compared to the cost of care in the community. Surprisingly, it suggests that care costs are only marginally different between the severity levels for caring for people with 'mild', 'moderate' and severe levels of dementia.

3. Assessment of relevance and impact on the public

The Equality Act 2010 places a positive duty on public authorities to promote equality for protected groups. The Equality Act 2010 requires Welsh public bodies to demonstrate how they pay 'due regard' to equality when carrying out their functions

and activities. There is a specific duty in Wales to assess the impact of existing and new services or policies on each of the nine protected characteristics¹ in order to:

- Eliminate unlawful discrimination
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The following sections considers the potential for impact upon the public by each protected characteristic and highlights where further exploration/engagement is necessary.

Age

Demographic changes and improvements in life expectancy mean that there is an expected increase in the overall number of people with dementia. In 2015, approximately 6,979 people in Western Bay had a diagnosis of dementia. By 2030, this is predicted to rise by 48% to 10,295.

The inpatient services are not solely provided in relation to age but nevertheless the majority of people affected by this change are older adults who would currently access the services or be referred to the services.

The increased option of enhanced community based care and reduction of inpatient care will therefore have a direct impact upon people as a consequence of their age, as the service predominantly provides services to the older adults. This will have the potential to be a positive impact in relation to the change of model of service to be more community based where the older person tends to want to be cared for rather than a hospital based model.

However, based on the currently available evidence, no impact is anticipated on this protected characteristic group but may need further detail following the engagement process.

Gender

It is acknowledged that women in the Heath Board area live longer than men. (MYE 2016 gender split of 57,000/47,000 female/male) The inpatient capacity will be flexible to accommodate differential demands including the provision of specialist respite.

There was concerns with previous temporary changes regarding a potential negative impact of changing to a gender separable environment as could place vulnerable people of any gender at risk of experiencing some aspects of inappropriate behaviour related to their illness if not effectively managed through appropriate observation levels and relational security. The outcome of that temporary change did

¹ The Protected Characteristics outlined in the Equality Act 2010 are: Age; Disability; Gender; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Religion and Belief (including non-belief); Race and Sexual Orientation.

not develop as anticipated and the level of incidents on the mixed gender ward were very low.

However, all the staff are experienced working within the Older Peoples Mental Health setting and have increased awareness regarding observations of behaviours and detecting any potential negative impact on individuals. The staff also receive training in the protection of vulnerable adults as part of their mandatory training.

A single ward for a service has the potential to remove stigma of gender specific areas for people who are gender neutral.

However, based on the currently available evidence, no impact is anticipated on this protected characteristic group but may need further detail following the engagement process.

Disability

The availability of services delivered into an individual's own home could adversely affect access to services or mobility if reasonable adjustments in terms of aids and adaptations are not in place in the home. Planning the person care in the community will need to ensure completion of the comprehensive assessment in place when people are referred to the services currently.

The availability of physical, progressive illness, mental health conditions, learning disabilities and sensory loss will not be affected as this is an established core function of the Older Peoples Mental Health services regardless of whether a person is being cared for within a community or inpatient setting.

The availability of inpatient care is not being removed, will continue to be provided in the inpatient setting described in the full engagement document. These services will be able to provide and meet the needs of patients with any level of disability and be able to make reasonable adjustment to meet the person needs if required.

However, based on the currently available evidence, no impact is anticipated on this protected characteristic group but may need further detail following the engagement process.

Race

The 2011 census data for the Black and Minority Ethnic (BAME) population across the Health Board shows an above average BAME population in Swansea at 6.0% and lower percentage in Neath Port Talbot of 1.9%. These proportions have all increased from the 2001 census data as there was evidence that ethnicity was under reported in 2001 and there have been increases in migrant workers within both areas.

Table 1: Ethnic group by SBUHB area

Region	White	Mixed / Multiple ethnic group	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group	Total (%)	Total
SBUHB	96.10%	0.80%	2.10%	0.50%	0.50%	100%	378,835
Neath Port Talbot	98.10%	0.70%	1.00%	0.20%	0.10%	100%	139,812
Swansea	94.00%	0.90%	3.30%	0.80%	1.00%	100%	239,023
Wales	95.60%	1.00%	2.30%	0.60%	0.50%	100%	3,063,456

(Source: Table KS201EW Census 2011, ONS)

Where English is not a patient's first language the ability of patients to receive and communicate about their health care provision in the language of their preference, may be affected. This is a particular issue for older patients with dementia where patient's ability to communicate in English with staff may be compromised.

Further work is needed to explore whether there is potential differential impact in respect of race, language and culture in relation to access to services. However, based on the currently available evidence, no impact is anticipated on this protected characteristic group at this stage.

Religion and Belief (including non-belief)

The Health Board's area population profile closely mirrors Wales as a whole, however there are some slight variations. The proportion of Christians in the SBUHB area (55.7%) is slightly lower than in Wales (57.6%). The population proportion with 'No religion', in SBUHB (34.7%) is higher than the figure for Wales (32.1%). In general, the SBUHB area and Wales, have high numbers of people who either identify as 'Christian' (55.7%) or 'No religion' (34.7%), with very low proportions of the other religion categories.

At the local authority level Neath Port Talbot (57.7%) has the highest population proportion categorised as 'Christian' – in line with the figure for Wales (57.6%). While Swansea (55.0%) have Christian population proportions lower than Wales.

Swansea (2.3%) has the highest population proportion categorised as 'Muslim' in the SBUHB area, this is the third highest in Wales. While the Neath Port Talbot (0.4%) 'Muslim' populations are below the figure for Wales (1.5%)

In relation to peoples request to be cared for by the same gender this would continue to be achieved when requested and this change would not have a negative impact of this aspect of care.

Further work is needed to explore whether there is potential differential impact in respect of religion and belief in relation to access to services. However, based on the currently available evidence, no impact is anticipated on this protected characteristic group at this stage.

Table 2: Religion by unitary authorities in Swansea Bay Health Board area

Region	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	No religion	Religion not stated	Total (%)	Total
SBUHB	55.7%	0.3%	0.2%	0.0%	1.3%	0.1%	0.4%	34.7%	7.3%	100.0%	378,835
<i>Neath Port Talbot</i>	<i>57.7%</i>	<i>0.2%</i>	<i>0.1%</i>	<i>0.0%</i>	<i>0.4%</i>	<i>0.1%</i>	<i>0.4%</i>	<i>33.8%</i>	<i>7.3%</i>	<i>100.0%</i>	<i>139,812</i>
<i>Swansea</i>	<i>55.0%</i>	<i>0.4%</i>	<i>0.3%</i>	<i>0.1%</i>	<i>2.3%</i>	<i>0.1%</i>	<i>0.4%</i>	<i>34.0%</i>	<i>7.5%</i>	<i>100.0%</i>	<i>239,023</i>
Wales	57.6%	0.3%	0.3%	0.1%	1.5%	0.1%	0.4%	32.1%	7.6%	100.0%	3,063,456

(Source: Table KS209EW Census 2011, ONS)

DRAFT

Sexual Orientation

Sexual orientation is not asked for by the Census so there is no data is available on the size of the transgender population in the SBUHB area.

LGBT people are more likely to experience mental disorder, have issues with substance misuse, deliberate self-harm and commit suicide than the general population due to long term issues of discrimination and living in an unsympathetic society.

Further work is needed to explore whether there is potential differential impact in respect of sexual orientation in respect of access to services. However, based on the currently available evidence, no impact is anticipated on this protected characteristic group.

The availability of gender appropriate environments within the proposal rather than “same sex” environments means that the needs of people in terms of shared environments will be accommodated rather than allocating people according to sex.

The proposed built Ysbryd y Coed and the new planned refurbishment of the suite at Tonna Hospital will allow the service to be able to meet the need associated with an individual’s sexual orientation.

Shifting the balance of care towards community settings and home based care could have a positive impact for older people who may feel more comfortable in their own environment.

Further work is needed to explore whether there is potential differential impact in respect of sexual orientation in respect of access to services specifically for Older People. However, based on the currently available evidence, no impact is anticipated on this protected characteristic group at this stage.

Other characteristics considered

The following characteristics described below are not Protected Characteristics under the Equality Act 2010. However, SBUHB believe they are key factors that influence healthy outcomes and underpin our organisational values. We will, therefore, endeavour to explore any potential differential impact in respect of the following:

- Welsh Language
- Unpaid carers
- Socio-economic status

Welsh Language

Welsh language skills in the SBUHB area are lower than in Wales as a whole (see Table 11). While the SBUHB area is comparable to the Welsh figure for the proportion of the population that can understand spoken Welsh only, (5.4% vs 5.3% for Wales), it is significantly lower than Wales as a whole when considering ‘Can speak Welsh’ (12.0% vs 19.0%) and ‘Can read and write Welsh’ (8.6% compared to 14.6%).

Table 3: Welsh language profile by Swansea Bay University Health Board area

Region	Can understand spoken Welsh only	Can speak Welsh	Can speak, read and write Welsh	Total
SBUHB	5.4%	12.0%	8.6%	378,835
<i>Neath Port Talbot</i>	6.4%	15.3%	10.8%	135,278
<i>Swansea</i>	5.5%	11.4%	8.1%	231,155
Wales	5.3%	19.0%	14.6%	2,955,841

(Source: Table KS208WA 2011 Census, ONS. All usual residents aged 3 years and over)

At the local authority level there are noticeable differences between the local authorities.

It is anticipated that any impact the proposed service changes may have relating to the Welsh Language is upon the ability of patients to receive and communicate about their health care provision in the language of their preference, as staff may not be Welsh language speakers. The service does however have a list of staff within the Health Board that are Welsh Language speakers and these can be accessed currently prior to this proposed change and would continue to be accessible if the change was to proceed.

Further work is needed to explore whether there is potential differential impact in respect of the use of the Welsh Language. However, based on the currently available evidence, no impact is anticipated on this protected characteristic group at this stage.

Unpaid Carers

The majority of residents in the SBUHB area (86.8%) and Wales (87.9%) provide no unpaid care. This is relatively consistent across the health board. The 2011 Census data shows that the proportion of people providing unpaid care in the ABMUHB area is around 7% for one to 19 hours of unpaid care, decreasing to 2% for 20 to 49 hours of unpaid care, but then increasing to 4% to 5% for 50 or more hours of unpaid care.

At a health board level, SBUHB has the highest proportions of unpaid care provision, both reporting 2.0% for 20 to 49 hours of unpaid care, and 4% for 50 or more hours of unpaid care. At a local authority level for 20 to 49 hours of unpaid care, Neath Port Talbot has the highest proportion of unpaid care, reporting 2.3%. For 50 or more hours of unpaid care at a local authority level, Neath Port Talbot has the highest proportion (4.8%).

Data from Carers UK² shows that:

- 58% of carers are women, and 42% are men

² <https://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures>

- Over 1 million people care for more than one person.
- 72% of carers responding to Carers UK's State of Caring Survey said they had suffered mental ill health as a result of caring.
- 61% of carers responding to Carers UK's State of Caring Survey said they had suffered physical ill health as a result of caring.
- Over 1.3 million people provide over 50 hours of care per week.

The change in service model may have an impact on the demands of this particular group in relation to the caring role which would need further exploration as part of the engagement process specifically for the group that would be accessing the service described in the change.

Socio-economic status

The Socio-economic Duty came into force on the 31 March 2021 in Wales. It will need to ensure that those taking strategic decisions take account of evidence and potential impact, through consultation and engagement, understand the views and needs of those impacted by the decision, particularly those who suffer socio-economic disadvantage, welcome challenge and scrutiny, and drive a change in the way that decisions are made and the way that decision makers operate.

The World Health Organisation (2004)³ notes that:

“The social conditions in which people live powerfully influence their chances to be healthy. Indeed, factors such as poverty, social exclusion and discrimination, poor housing, unhealthy early childhood conditions and low occupational status are important determinants of most diseases, deaths and health inequalities between and within countries”

SBUHB covers a large geographical area and is one of the most densely populated Health Boards in Wales with 466 persons per square km. Within the Health Board there are almost twice as many people living per square km in Swansea compared to Neath Port Talbot.

Table 4: Population density for Swansea Bay University Health Board area

Locality	Population per km ²
Swansea	603.2
Neath Port Talbot	310.6

Further work is needed to explore whether there is potential differential impact in respect of the proposed change would have regarding the social economic status of the people that maybe be affected by the proposed change in the Older People’s Mental Health Services.

The proposed changes are still maintaining levels of services for the whole population for the Swansea Bay University Health Board area regarding the

³ World Health Organization. (2004). *Commission on social determinants of health*. Geneva: World Health Organization.

provision of Older Peoples Mental Health services, but just in a different type of model.

4. Assessment of relevance and impact on Swansea Bay University Health Board Staff

The preceding section focused on the potential for impact on the public by each protected characteristic.

All staff currently working within Older Peoples Mental Health Services within SBUHB are in scope of these service changes. Staff who are on secondment will be managed in accordance with their permanent / substantive post and secondment agreements will transfer to their substantive posts.

For some of our staff this will mean a permanent change of base for their work. Any staff affected by these proposed changes will be provided with the available options for redeployment into existing vacancies or utilised across other areas with their individual needs addressed as far as possible. There is no risk to the employment of any of our staff.

It is not possible at this stage of the EIA to assess fully the potential equality impact on staff and this will need to be further explored throughout the process. All staff will be part of the formal process of Organisational Change within the Health Board and full engagement will take place with all staff and their staff side organisations in a planned and constructive manner.

However, the ongoing use of agency staff is costing the Health Board both financial and also has the potential to impact on the quality of services provided to the patients, which is better provided by permanent staffing.

The proposed bed reduction in Older People's Mental Health beds within SBUHB will provide a cost saving of £1.1million. This saving will be achieved while still delivering the same levels of service to the same numbers of patients with less reliance on the inpatient model and more focus on the community model of service.

Human Rights

The Stage 1 draft EIA was to be cognisant of the European Convention on Human Rights incorporated into domestic law through the Human Rights Act 1998⁴ as well as international treaties. Everyone has the right to participate in decisions which affect their human rights. The convention on the rights of people with disabilities contains protection of the right to participate in decisions and access to support for participation and access to information.

⁴ <https://www.legislation.gov.uk/ukpga/1998/42/contents>

In producing this EIA we have considered the potential of the proposed service changes to impact upon the following rights under the Human Rights Act 1998:

- Article 2: The right to life
- Article 3: The right to freedom from torture or inhuman or degrading treatment
- Article 5: The right to freedom and liberty
- Article 6: The right to a fair trial
- Article 7: The right to no punishment without law
- Article 8: The right to respect for private and family life, home and correspondence
- Article 9: The right to freedom of thought, conscience and religion
- Article 10: The right to freedom of expression
- Article 11: Freedom of assembly and association.
- Article 12: The right to marry and found a family
- Article 14: The right not to be discriminated against in relation to any of the rights contained in the European Convention

People without a home will be differentially affected by a shift in focus to home based care and any circumstances like this would be identified as part of the individual's assessment when referred to the service and appropriate action taken to rectify this particular situation.

In the previous temporary changes families had expressed concern that alongside the reduction on capacity combining wards would leave patients with less space as a consequence of restricting the wander loop within Suite two at Tonna Hospital by a locked door to keep male and female patients apart. There concerns were this could potentially increase anxiety in patients as they come up against barriers. The review of this change and the monitoring of the aspects relating to this concern were monitoring over the past 12 months on Suite two. The use of the locked door was not required as anticipated and its usage across that period of time has been very rare and the dividing door has remained open consistently during that time. The service has reviewed the Health Boards Datix incident reporting system since the implementation of that temporary change and there has only been three incidents between both patients from both genders during that time with no negative outcome of either patient. Mitigation to be employed includes the higher ratio of therapy staff to patients by combining wards which increases opportunities for off ward activities.

Based on the available evidence we do not anticipate that the proposed service changes will impinge upon patients' or staff's rights protected under the Human Rights Act. However, we acknowledge that further work is needed to explore whether there is potential differential impact specifically for Older People and we will take on board all views and information gathered as part of the engagement process.

5. Summary of impact

At the Stage 1 EIA process feedback from patients, wider stakeholders, carers and staff had not been captured/evidenced. The impacts identified on the protected characteristic groups based on feedback received will be outlined in the section below.

6. Themes from the Older People's Mental Health Services Engagement

During the engagement period, a total of 43 responses were received, as follows:

- 17 from people with a family member / friend who had previously used our mental health services for older people in Swansea or Neath Port Talbot, or were a patient,
- 7 from politicians including a response from a Member of the Senedd,
- 5 from staff,
- 2 from organisations (Morgannwg Local Medical Committee and Neath Port Talbot Council),
- 1 social worker
- 11 did not specify.

Of the 43 responses, 21 respondents answered the questions in the response form (although not necessarily all questions). The comments and issues raised in all responses have been taken into account in the consideration of the feedback received and any subsequent actions to be taken by the Health Board.

In the response form a series of questions were asked:

Q1 have you or a family member / friend used our mental health services for older people in Swansea or Neath Port Talbot?

15 out of 21 respondents or 71% confirmed they had family members or friends who had used our older adult mental health services

Q2 If yes, what was your experience of the older people's mental health services you received – 6 responses

Responses in general these were very positive:

'Excellent service. The staff on ward G and in the day hospital were caring and supportive. Nothing was too much trouble.'

'My experience received at NPT Day-care each week was superb, something that should never have been taken from us.'

'The Day Hospital service was vital in providing social stimulation for the patient and providing vital respite for the carer.'

'For the patient it provided a place to socialise with other people. A chance to take part in activities in a safe environment with dedicated and experienced staff to care for them.'

'The nurses were very experienced at all aspects of nursing care. Tonna hospital has always been a great asset to West Glamorgan. My uncle is currently in Tonna and will be very distressed if he moves to another area as he is settled with the great care. He has great pleasure going to the garden to see me. Cefn Coed has a small

area which is not appropriate for visiting. Please can you consider this? It is a fabulous hospital, please do not get rid of it.'

'Excellent service. The staff on ward G and in the day hospital were caring and supportive. Nothing was too much trouble. My husband hates leaving the house but having the day hospital on the doorstep was a godsend and prevented him from relapsing and having to be readmitted to Ward G.'

Q3 How do you think we could improve these services in the future? – 6 responses

Many respondents wanted Ward G and Day Hospital services reinstated back to the pre-pandemic position. One respondent reiterated the importance of listening, speaking with family and the extension of the sanctuary scheme to include overnight accommodation, cover more people and be publicised more widely and another stressed the importance of supporting people to stay at home for as long as possible.

The individual responses to Questions 1 – 3 will be collated and presented to the multi-agency OPMHS and dementia steering group under the West Glamorgan Regional Partnership Board to ensure these views are considered as the Strategic Framework for OPMHS for the Region is developed.

Q4 To what extent do you agree / disagree with the proposal to establish a single, integrated inpatient service across Swansea Bay? – 20 responses

Strongly Disagree or Tend to Disagree = 16 responses (80%)

Strongly Agree or Tend to Agree = 4 responses (20%)

Key issues raised by respondents:

- Discussions around admission when the hospital is not local and the difficulties families face trying to visit loved ones
- For older people Cefn Coed still has the 'asylum' label
- Many older people have co-morbidities and having access to services such as physicians, scans x-rays is important and provide a whole health approach and prevents hospital admissions
- Attendance at the Day Hospital reduces hospital admissions and helps facilitate earlier discharge through the support it provides
- Concerns the workload of CPNs has increased significantly since the services have changed
- Concerns about access and equity of service, particularly the impact on people living in Port Talbot and having to travel to Swansea
- Need to retain Tonna Hospital
- Concerns about the impact on waiting lists
- The current day facilities are inadequate and not fit for purpose
- Significant impact on carers and their ability to continue with their caring role

Q5 To what extent do you agree with the proposal to reduce and change the use of beds? – 20 responses

Strongly Disagree or Tend to Disagree = 19 responses (95%)
Strongly Agree or Tend to Agree = 1 response (5%)

Key issues raised by respondents (Q6):

- This will provide a second-class service for the people of Neath and Port Talbot
- There will be longer waiting times for beds
- There have been no arrangements or extra resources to Community Mental Health Teams to manage additional demand and facilitate faster discharge
- The lack of Day Hospital support will result in increased hospital admissions
- There is no accessible treatment facility in the county
- When beds are full there will be more out of county placements
- UK averages are not helpful, the Health Board should be finding a local solution
- Access to beds is already a problem
- Home care plans – there is a need for additional resourcing around this
- Keep people at home for as long as possible
- Keep the service local
- The impact of the Covid pandemic on mental health
- Mental health is always a second-class service and there should be more beds not less

Q7 Are there any groups protected under the Equality Act 2010 who you believe will be positively or negatively affected by the changes proposed for older people's inpatient care for those with the highest level of mental health needs? – 17 responses

Yes – 14
No – 3

Key issues raised by respondents (Q7b):

- Disabled people and older people will be affected by transport issues, especially those without access to a car and dependent on public transport
- This will disadvantage the people of Port Talbot
- There is a need for more localised provision, not less
- People in Neath Port Talbot will receive a reduced older peoples' mental health service
- Concern about the closure of Tonna and the impact this would have on bed availability at Cefn Coed if it were to close. Concern that in this instance it would have an impact on people of a different race.

Feedback from the engagement has raised concerns about access to services and transport as an issue. Public transport to Tonna is not easy and this will disproportionately affect older people:

“Disabled people and elderly people without transport will be negatively affected, as public transport links are very poor to Tonna and Cefn Coed Hospitals.”

“Not everyone has a car and access needs to be thought about. This effects the older generation more than most.”

“Disabled people or older people who may be more likely to use public transport will be negatively affected by these proposed changes.”

Disability

Feedback from the engagement has raised concerns about access to services and transport as an issue. Public transport to Tonna is not easy and this will disproportionately affect disabled people:

“Disabled people and elderly people without transport will be negatively affected, as public transport links are very poor to Tonna and Cefn Coed Hospitals.”

“Disabled people or older people who may be more likely to use public transport will be negatively affected by these proposed changes.”

Carers

Feedback from the engagement has raised concerns about the impact the changes will have on carers.

“Elderly carers and family members who do not have their own transport are going to find it extremely difficult to visit patients in Cefn Coed from their families in Port Talbot and cause further distress for them.”

“The Day Hospital service was vital in providing social stimulation for the patient and providing vital respite for the carer. Carers cannot carry on without support. The 5 hours respite Day Hospital and satellite clubs provided was crucial to the carer. Carers have little time to themselves sometimes that was all they had. The Pandemic has increased the strain on them. The proposals to have fewer services now rather than more is extremely disappointing. Carers will experience severe carer strain as a result of these proposals.”

“The Health Board should consider the impact on carers. How can carers carry on their caring role without respite? Carers often do not want their loved one to go to respite for a week, which Social Services used to provide (However this service is still not provided since the Pandemic). Carers need day services so they can have regular weekly respite of a few hours to have a break and attend to their own needs. They need this respite in a block of time. The planned proposal of a short therapy session for the patient will not allow carers to have a break.”

“The impact this will have on carers and patients when they are in crisis. People need local services in order to visit and feel reassured that their loved one are close by. Many people do not have transport. To travel to Cefn Coed by bus even from the centre of Port Talbot is not feasible and would take several hours. Residents need local support services.”

“The day hospital was not only a lifeline for my fathers recovery but was also invaluable to my mother. The extra strain due to the closure of this facility will be borne by THE CARERS YET AGAIN !!”

Socio economic impact

Feedback from the engagement has raised concerns about the impact the changes will have on older people and disabled people and concerns the changes will have a disproportionately negative effect on people with fixed incomes / low income:

“Disabled people and elderly people without transport will be negatively affected, as public transport links are very poor to Tonna and Cefn Coed Hospitals.”

“Disabled people or older people who may be more likely to use public transport will be negatively affected by these proposed changes.”

7. Mitigations

Due to the negative responses to the engagement, further work is required to explain the proposals more fully and to reassure people and partner organisations about the impact of these changes or amend the proposals to address these issues.

Detailed below are the main issues raised by respondents to the engagement and the proposed further actions to be taken to address these.

Due to the negative responses to the engagement, further work is required to explain the proposals more fully and to reassure people and partner organisations about the impact of these changes or amend the proposals to address these issues.

Detailed below are the main issues raised by respondents to the engagement and the proposed further actions to be taken to address these.

Issues	Proposed Actions
Concern over the creation of a single assessment service for Swansea Bay and the impact for Neath Port Talbot residents	<p>The Health Board understands the concerns regarding a single assessment facility but remains convinced that having a single assessment service will improve the range of clinicians involved in the assessment and therefore the quality of the assessment and resulting care plan for the individual, rather than continuing to run two smaller assessment services on two sites.</p> <p>The Health Board will therefore relook at these proposals to clearly identify the</p>

Issues	Proposed Actions
	benefits / disadvantages relating to having one vs two assessment facilities alongside the further work on transport identified below.
Transport issues from Neath Port Talbot to Cefn Coed Hospital	Alongside the work above, it is proposed that the Health Board will work with Local Authorities, third sector and transport providers to identify alternative transport options to ensure that relatives of those patients admitted to the proposed single point of assessment service at Cefn Coed Hospital, who only have access to public transport, can visit their loved ones without incurring additional cost.
Concern about the accessibility of Day Hospital services at Tonna Hospital for the wider Neath Port Talbot population, concerns that the service has not restarted, and the detriment to patients as a result.	In the engagement document the Health Board proposed that the day service from Neath Port Talbot Hospital would be re-provided in totality at Tonna Hospital. The Health Board will relook at this proposal and work with other partners and sectors to see what other alternatives could be considered to ensure that access to the day hospital is for the whole Neath Port Talbot population.
Need to identify and fill gaps in provision around community and associated services	The Health Board reaffirms its commitment to work with partner organisations through the West Glamorgan Regional Partnership Board to ensure that all aspects of services provided to support older people with mental health needs are mapped, gaps identified and plans put in place to address these through the development of a multiagency Strategic Framework for OPMHS.
Fragility of care home and domiciliary care sectors	The Health Board fully recognises the fragility of these sectors and their vital role in supporting people's needs. We have been working with partner organisations throughout the pandemic to support homes and services which are vulnerable and would restate our full commitment to continuing this work with

Issues	Proposed Actions
	partners through the West Glamorgan Regional Partnership Board. The Health Board has invested in designated Older Peoples Mental Health Care Home In-Reach teams which continued to support and work with the sector throughout the pandemic.
Difficulties around funding for complex care placements	Again, the Health Board fully recognises these difficulties and the delays which can arise as a result. The Health Board is fully committed to the Complex Care Programme under the West Glamorgan Regional Partnership Board and would wish to restate our commitment to this work, aimed at addressing these issues.
Concerns over Neurological Day Hospital provision and concerns that the service has not recommenced	The Health Board understands the concern which this engagement may have caused for these patients and their relatives. The Health Board wishes to make clear that it fully intends to restart this service at Neath Port Talbot Hospital, albeit potentially in a different area of the hospital once it is safe to do so. In the meantime, the Health Board will work at pace, once the outcome of the associated engagement on Changing for the Future is completed at the end of October, to identify how these services can be restarted, taking into account the safety of these patients bearing in mind the current high level of Covid-19 cases.
Concerns over the poorer environment at Tonna Hospital compared to Ward G at Neath Port Talbot and the need for therapy space as part of this provision.	The Health Board fully accepts that the facilities at Tonna Hospital where Ward G patients and staff were moved to, do not provide suitable dementia friendly facilities, with ensuite rooms and associated therapy and activity space. The engagement document outlined the Health Board's intention, should the proposals be accepted, to seek funding from Welsh Government for the refurbishment of the remaining Suites at Tonna Hospital so that these standards could be achieved. Bearing in mind the concerns expressed by respondents about the reduction in beds within Neath

Issues	Proposed Actions
	Port Talbot, the Health Board will relook at the options for improving the facilities at Tonna Hospital to improve environmental conditions whilst increasing the number of beds, as outline above.

8. Next Steps

It is proposed that the changes proposed in the engagement document should not be implemented until the further actions identified above have been completed and fed back to the Board at their January 2022 meeting. This EQIA will be updated in advance of this meeting

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