Closure of some older peoples' mental health beds at Tonna Hospital:
Draft Equality Impact Assessment Stage 1

20th February 2020

1. Introduction

The proposal is to permanently close 14 older peoples' mental health beds (Suite 4) at Tonna Hospital.

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.

This is a Stage 1 Equality Impact Assessment (EIA) which will be used to develop the evidence base, and describe our current understanding of the potential impact of the proposed service changes based on that evidence base. Following the agreed engagement period (2nd March 2020 – 24th April 2020) a Stage 2 EIA will be produced, which will incorporate an analysis of feedback from our engagement activity with stakeholders, and any new evidence identified.

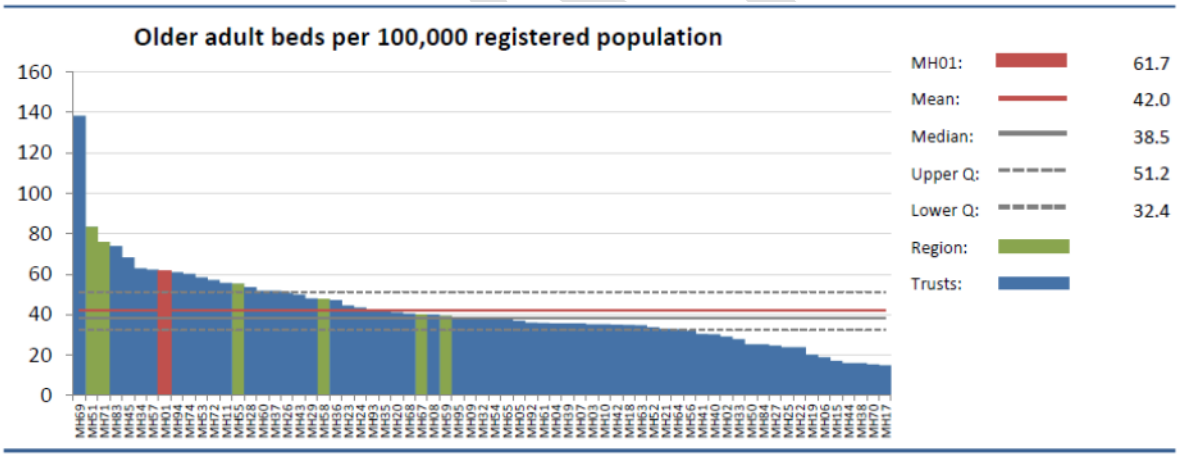
This report is not intended to be a definitive statement on the potential impact of the proposed changes on protected characteristic groups, but to describe our understanding at this point in the process. The Stage 1

EIA process will help us to identify and address any gaps in our knowledge by engaging and consulting with the public and stakeholders. This Stage 1 EIA will remain in draft form throughout the engagement period and will be updated accordingly as further evidence is gathered.

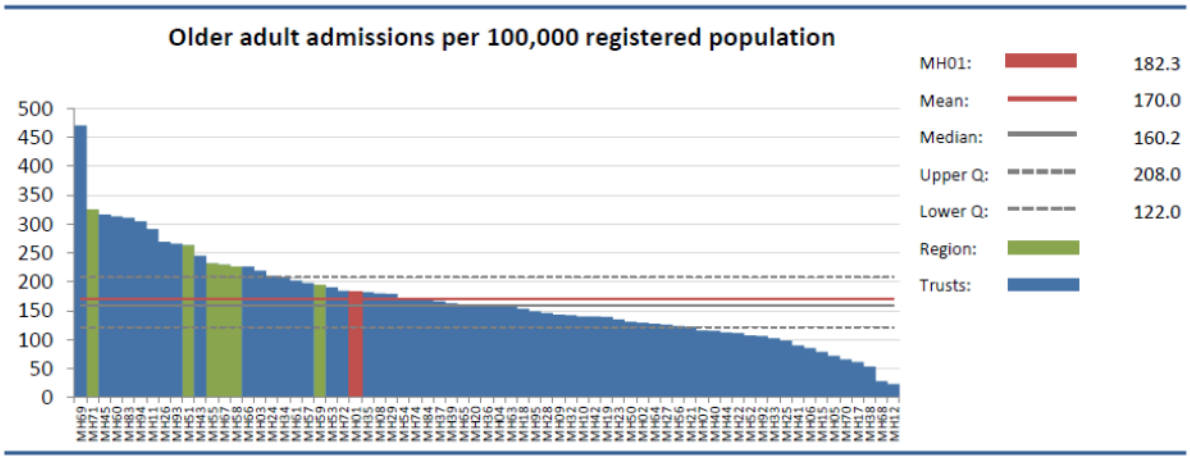
2. Background and rationale for the proposed service change

The Health Board's Annual Plan for 2017/18 committed to review capacity and bed provision of older people's mental health services in each local authority area based on previous benchmarking data (figures were higher than below). 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 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 as well as introducing specialist care home in-reach services. Alongside this investment we were able to reduce inpatient capacity by 38 beds as occupancy levels dropped across all units.

For Neath Port Talbot at Tonna Hospital we now provide 2 wards, suite 2 and 4, 18 beds and 14 beds respectively, providing longer term care for older people with complex needs and planned respite provision. We also provide acute care at Ward G in NPT Hospital, 20 beds. The provision of beds per 100k older adult population is 182 for Neath Port Talbot and 125 for Swansea. The 12 month average for unoccupied beds in Neath Port Talbot OPMHS alone is 14 per day and since April 2019, following boundary change, the average has been 16 unoccupied beds which could allow for the removal of Suite 4. It is neither sustainable nor value for money to run a service with a considerable amount of capacity being underutilized.

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. Services

are provided and managed within each local authority area. 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 two wards combined which represents a change from single gender environments to a gender separable environment. Ward G is also a gender separable environment and the pathway to Tonna is via Ward G.

Changes in clinical practice has resulted in reduced occupancy in Older Peoples' Mental Health inpatient wards which offers an opportunity to reduce our inpatient wards. This reduces the risk to patient safety as it has been identified by external review that our current number 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. There is evidence that individuals have a preference for receiving support in their own homes rather than in hospital or residential environments and that functional ability is maintained for longer when this happens.

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 characteristics[1] 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.

[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.

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.

The increased option of home based care and reduction of inpatient care will therefore have a direct impact upon people as a consequence of their age. This will be a positive impact in relation to services designed to better meet the needs of older people.

Race

The 2011 census data for the Black and Minority Ethnic (BME) population across the Health Board shows an above average BME population in Swansea at 6.0% and lower percentages in Bridgend 2.2% and Neath Port Talbot 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 all three areas.

Table 1: Ethnic group by ABMU Health Board area

Region	White	Mixed / Multiple ethnic group	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group	Total (%)	Total
ABMU	96.10%	0.80%	2.10%	0.50%	0.50%	100%	518,013
Bridgend	97.80%	0.70%	1.10%	0.20%	0.20%	100%	139,178
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 patients ability to communicate in English with staff may be compromised.

Further work will need to be undertaken to explore whether there is potential for differential impact with regard to race, language and culture.

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 SBU HB area (55.7%) is slightly lower than in Wales (57.6%). The population proportion with 'No religion', in SBU HB (34.7%) is higher than the figure for Wales (32.1%). In general, the SBU HB Health Board 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%) and Bridgend (55.1%) have Christian population proportions lower than Wales.

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

Further consideration is needed to explore whether there is any potential for differential impact relating to access to services. However, based on the currently available evidence, no impact is anticipated on this protected characteristic group.

Table 2: Religion by unitary authorities in ABMU Health Board area

Region	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	No religion	Religion not stated	Total (%)	Total
ABMU	55.7%	0.3%	0.2%	0.0%	1.3%	0.1%	0.4%	34.7%	7.3%	100.0%	518,013
Bridgend	*55.1%*	*0.3%*	*0.2%*	*0.0%*	*0.4%*	*0.0%*	*0.4%*	*36.7%*	*7.0%*	*100.0%*	*139,178*
Neath Port Talbot	*57.7%*	*0.2%*	*0.1%*	*0.0%*	*0.4%*	*0.1%*	*0.4%*	*33.8%*	*7.3%*	*100.0%*	*139,812*
Swansea	*55.0%*	*0.4%*	*0.3%*	*0.1%*	*2.3%*	*0.1%*	*0.4%*	*34.0%*	*7.5%*	*100.0%*	*239,023*
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)

Sexual Orientation

Sexual orientation is not asked for by the Census so in order to estimate the Lesbian, Gay and Bisexual (LGB) population in Wales we need to use data from the ONS's Integrated Household Survey (see Table 3). The Integrated Household Survey does not report findings by local authority, but by regional groupings, and some cells are not reported as they could either identify individuals or they are not sufficiently robust for publication.

From the Integrated Household Survey data, we can see that the majority of the population in Wales and the regions making up the SBU HB area identify as heterosexual (c.a. 95%). The percentage of the population identifying as LGB is approximately 1.5% in the SBU HB area, this is higher than the value for Wales as a whole (1.0%) due to the higher LGB populations in Swansea (2.0%). 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.

Table 3: Sexual orientation by ABMU Health Board area

Region	LGB	Hetero-sexual	No response	Other	Don't know /Refusal	Total (%)	All people aged 16+
Bridgend and Neath Port Talbot	1.00%	95.00%	2.00%	*	2.00%	100.00%	221,500
Swansea	2.00%	95.00%	1.00%	*	1.00%	100.00%	193,200
Wales	**1.00%**	**94.00%**	**1.00%**	**0.00**	**3.00%**	**100.00%**	**2,456,400**

(Source: Integrated Household Survey 2012)[2]
* The data item could disclose identity or not sufficiently robust for publication.

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.

[2] https://statswales.wales.gov.uk/Catalogue/Equality-and-Diversity/Sexual-Identity/SexualIdentity-by-Area-IdentityStatus

Other characteristics considered

The following characteristics described below are not Protected Characteristics under the Equality Act 2010. However, SBU HB 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 SBU HB area are lower than in Wales as a whole (see Table 4). While the SBU HB 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 4: Welsh language profile by SBU HB Health Board area

Region	Can understand spoken Welsh only	Can speak Welsh	Can speak, read and write Welsh	Total
ABMU	5.4%	12.0%	8.6%	500,978
Bridgend	*4.1%*	*9.7%*	*7.3%*	*134,545*
Neath Port Talbot	*6.4%*	*15.3%*	*10.8%*	*135,278*
Swansea	*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. Bridgend has the lowest rates of Welsh language proficiency of the three local authorities, across all three categories. While Neath Port Talbot has the highest rates of Welsh language proficiency.

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.

Unpaid Carers

The majority of residents in the SBU HB 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, SBU HB 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 UK[3] shows that:

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

Socio-economic status

There is a strong correlation between the protected characteristics and low socioeconomic status, as demonstrated by the findings of numerous research studies. In Wales, research by the Wales Institute for Social and Economic Research, Data and Methods (WISERD, 2011)[4] has demonstrated:

- Disadvantage in education, and subsequently in employment and earnings attaches particularly to young people, those of Bangladeshi and Pakistani ethnicity, and people who are work

[3] https://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures
[4] Wales Institute of Social and Economic Research Data and Methods. (2011). *An anatomy of economic inequality in Wales*. Cardiff: EHRC.

limiting and Disability Discrimination Act (DDA) defined disabled. Within each of these groups, women are generally more disadvantaged.

- People who are both DDA disabled and have a work limiting condition experience most disadvantage in relation to employment. Seventy four per cent are not employed. This is more than three times the overall UK proportion of 22%.
- Women are disadvantaged in employment terms: in almost all population groups women face an above-average incidence of non-employment. This is particularly the case for some ethnic minority groups in Wales, particularly women of Indian, Bangladeshi and Pakistani and Chinese ethnicity.
- Approximately a fifth of the Welsh population live in poverty (measured after housing costs). Those living on the lowest incomes are the youngest, disabled people, those of Pakistani and Bangladeshi ethnicity and those living in rented accommodation. However, lone parents are the most susceptible group, with almost half living in poverty.
- Being in work does not necessarily provide a route out of poverty, with 13% of in-work households in Wales living in poverty. In-work poverty is most prevalent among lone parent households, Asian households and those who are renting.
- Levels of wealth are lowest among young people, lone parents and single households, non-white households and those with a work-limiting illness or disability.

Many health researchers regard socio-economic status as the fundamental factor affecting health. Socio-economic status is the pivotal link in the causal chain through which social determinants connect up to influence people's health. Socio-economic status marks the point at which social factors, such as the structure of the labour market and education system, enter and shape people's lives, influencing the extent to which they are exposed to risk factors that directly affect their health, such as workplace hazards, damp housing and a poor diet.

The World Health Organisation (2004)[5] 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*

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

childhood conditions and low occupational status are important determinants of most diseases, deaths and health inequalities between and within countries"

SBU HB 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 5: Population density for ABMU Health Board area

Locality	Population per km^2
Swansea	603.2
Neath Port Talbot	310.6
Bridgend	534.1
ABMU Health Board	466.3

The Welsh Index of Multiple Deprivation (WIMD)[6] is the Welsh Government's official measure of relative deprivation for small areas in Wales. It is designed to identify those small areas where there are the highest concentrations of several different types of deprivation in Wales. WIMD is currently made up of eight separate domains (or types) of deprivation. Each domain (listed below) is compiled from a range of different indicators:

- Income
- Employment
- Health
- Education
- Access to Services
- Community Safety
- Physical Environment
- Housing

The WIMD rank score is constructed from a weighted sum of the deprivation score for each domain. The weights reflect the importance of the domain as an aspect of deprivation, and the quality of the indicators available for that domain.

Of the 1,909 Lower Super Output Areas (LSOA) in Wales ranked by WIMD, 382 are ranked as being the *Most Deprived* (0-20%). The ABMUHB area contains 84 LSOAs ranked as being in the *Most*

[6] https://gov.wales/statistics-and-research/welsh-index-multiple-deprivation/?lang=en

Deprived (0-20%) LSOAs in Wales. The SBU HB area therefore accounts for just over a fifth (22%) of all LSOAs in Wales ranked as being the *Most Deprived* (0-20%).

The SBU HB area contains 327 LSOAs. The 84 LSOAs ranked as being in the *Most Deprived* (0-20%) therefore mean that 26% of all LSOAs in ABMUHB area are ranked as being the *Most Deprived* (0-20%). Only Cwm Taf University Health Board has a higher proportion of its LSOAs ranked as the *Most Deprived* in Wales (30%). ABMUHB is joint second highest with Aneurin Bevan University Health Board at 26%.[7] In addition, 70 LSOAs in the ABMUHB area (21% of all LSOAs in the ABMU Health Board area) are ranked as being in the *Next Most Deprived* (20-40%) LSOAs in Wales. Figure 1 shows the geographical distribution of the WIMD multiple deprivation fifths across the SBU HB area.

[7] See **Error! Reference source not found.** for a list of the 84 LSOAs.

Figure 1: Welsh Index of Multiple Deprivation, SBU HB, 2014

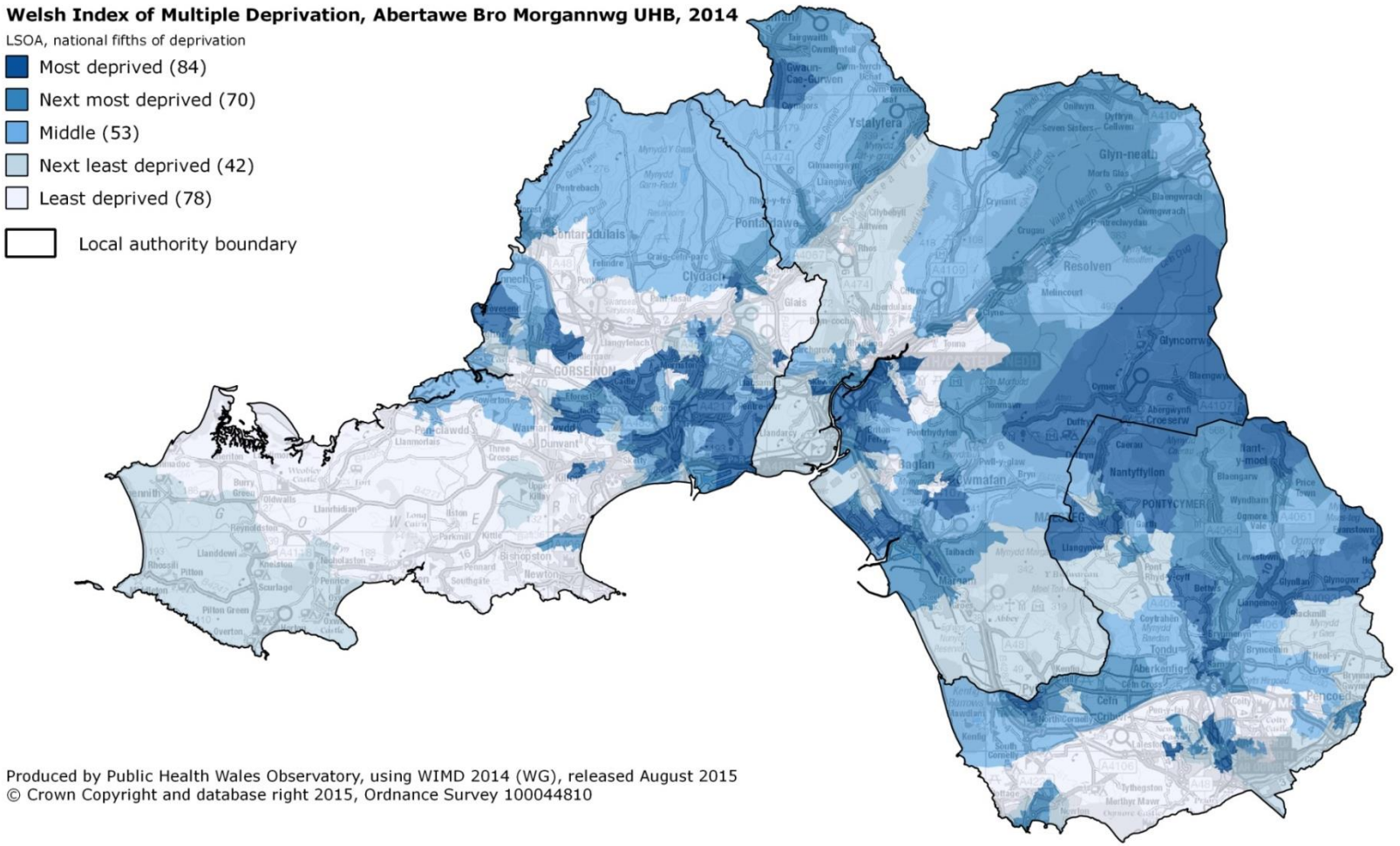


Table 6 and Table 7 show that within the ABMU Health Board area Neath Port Talbot has the highest levels of multiple deprivation. 60% of Neath Port Talbot's LSOAs are classed as being in the *Most Deprived* (0-20%) or *Next Most Deprived* (20-40%) LSOAs. Bridgend is close behind with 50%, while Swansea has only 38%.

Table 6: LSOAs in ABMU Health Board area ranked as Most Deprived (0-20%), WIMD 2014

Local Authority	LSOAs ranked Most Deprived (0-20%)	LSOAs as %age of all LSOAs in local authority
Bridgend	20	23%
Neath Port Talbot	27	30%
Swansea	37	25%

Table 7: LSOAs in ABMU Health Board area ranked as Next Most Deprived (20-40%), WIMD 2014

Local Authority	LSOAs ranked Most Deprived (20-40%)	LSOAs as %age of all LSOAs in local authority
Bridgend	24	27%
Neath Port Talbot	27	30%
Swansea	19	13%

4. Assessment of relevance and impact on SBU HB Staff

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

All staff currently working on Suite 2 and Suite 4 in Tonna Hospital 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.

It is not possible at this stage of the EIA to assess fully the potential equality impact on staff. The impact of the Nurse Staffing Act on the remaining wards will need to be explored following the period of engagement to future proof changes and ensure investment is not required to meet standards on the remaining wards.

However the use of agency staff is costing the Health Board more than can be justified in a financially constrained environment. The proposed 14 bed reduction in older people's mental health beds in Tonna Hospital will provide a cost saving of £384,000. This saving will be achieved while still delivering the same levels of service to the same numbers of patients using less beds.

Human Rights

This Stage 1 draft EIA needs to be cognisant of the European Convention on Human Rights incorporated into domestic law through the Human Rights Act 1998[8] 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.

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

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.

5. Summary of impact

At this stage of the Stage 1 EIA process feedback from patients, wider stakeholders, carers and staff has not been captured/evidenced. The anticipated impacts on the protected characteristic groups will be updated once that feedback has been collected via the proposed engagement activities.

6. Next Steps

As part of the engagement on the proposed closure of 14 older persons mental health beds at Tonna Hospital the following actions are proposed to inform the Stage 2 EIA:

- Analysis of demographic/protected characteristic data of staff affected by the proposed ward closure to assess for differential impact.
- Analysis of demographic/protected characteristic data of patients affected by the proposed ward closure to assess for differential impact.

[8] https://www.legislation.gov.uk/ukpga/1998/42/contents

- Analysis of demographic/protected characteristic data of carers affected by the proposed ward closure to assess for differential impact.
- Conduct engagement activity with patients, carers, staff and wider public stakeholder groups.
- Incorporate patients, carers, wider stakeholders and staff feedback on proposed changes.
- Develop a Stage 2 EIA incorporating an analysis of feedback from the engagement activity outlined above with stakeholders, patients, carers, staff and the public with any new evidence identified.