



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**

Equality Impact Assessment Stage 1

May 2021

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.

This is a Stage 1 Equality Impact Assessment (EIA) which will be used to develop the evidence base, and describe our current understanding of

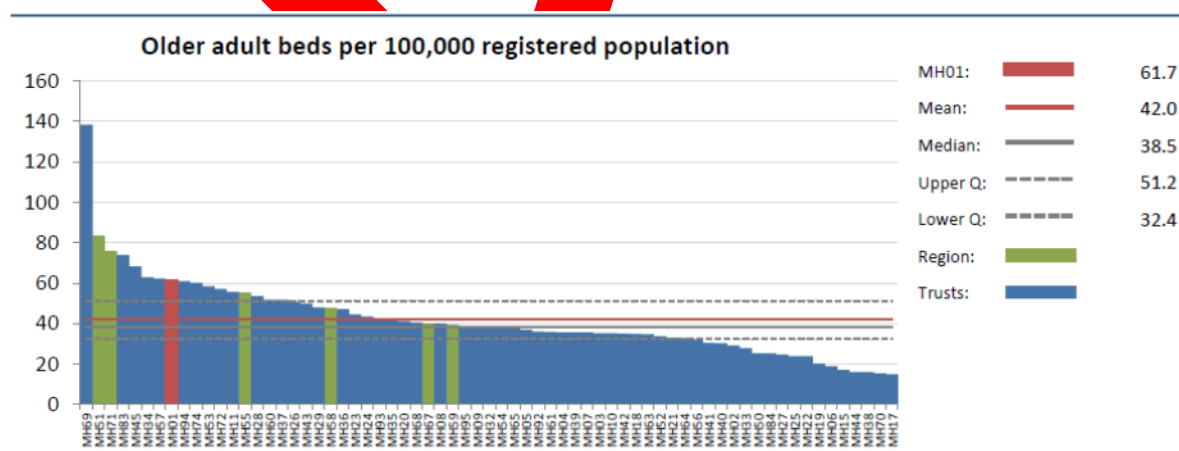
the potential impact of the proposed service changes based on that evidence base. Following the agreed engagement period after discussion with the Community Health Council a Stage 2 EIA will be produced, which will incorporate an analysis of feedback from our engagement activity with stakeholders, and 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

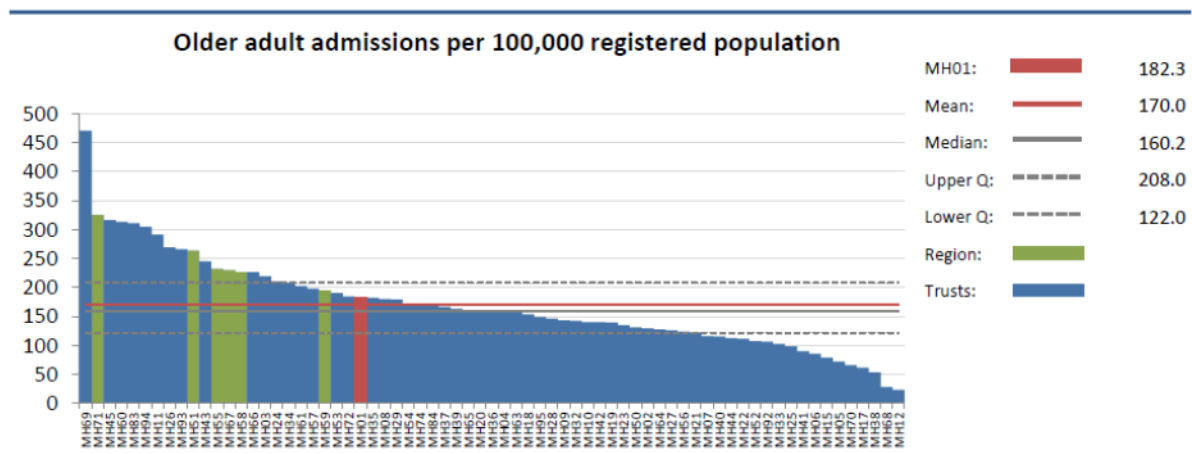
The Health Board's Annual Plan for previous years and for 2021/22 was and is still committed to review capacity and bed provision of the Older People's Mental Health services across the geographical area covered by Swansea Bay University Health Board based on previous benchmarking data and also current 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 Boards 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 2019/210 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 SBUHB 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 OPMH 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

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.

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 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 (BME) population across the Health Board shows an above average BME 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 8: 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
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(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 9: Religion by unitary authorities in Swansea Bay Health Board area

Region	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	religion
SBUHB	55.7%	0.3%	0.2%	0.0%	1.3%	0.1%	0.4%	3.0%
Neath Port Talbot	57.7%	0.2%	0.1%	0.0%	0.4%	0.1%	0.4%	3.0%
Swansea	55.0%	0.4%	0.3%	0.1%	2.3%	0.1%	0.4%	3.0%
Wales	57.6%	0.3%	0.3%	0.1%	1.5%	0.1%	0.4%	3.0%

(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 10). 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 SBUHB area identify as heterosexual (c.a. 95%). The percentage of the population identifying as LGB is approximately 1.5% in the SBUHB 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 10: Sexual orientation by Swansea Bay university 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.

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 purposed built at 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:

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

- ☐ 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 11: 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 UK³ 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.

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

³ <https://www.carersuk.org/news-and-campaigns/press-releases/facts-and-figures>

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)⁴ 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 12: 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 Peoples Mental Health Services.

The proposed changes are still maintaining levels of services for the whole population for the SBUHB area regarding the provision of Older Peoples Mental Health services, but just in a different type of model.

⁴ World Health Organization. (2004). *Commission on social determinants of health*. Geneva: World Health Organization.

4. Assessment of relevance and impact on SBUHB 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

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 1998⁵ 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

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

⁵ <https://www.legislation.gov.uk/ukpga/1998/42/contents>

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 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 plan which will start following formal discussion with the Community Health Council.

The Health Board is committed to ensure that this EIA will continue to be a live document and will incorporate all information reviewed throughout the process.

6. Next Steps

As part of the engagement on the proposed reduction in the overall number of Older Peoples Mental Health beds within SBUHB the following actions are proposed to inform the Stage 2 EIA:

- ☐ Analysis of demographic/protected characteristic data of staff affected by the proposed bed reduction to assess for differential impact.

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

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