



GIG
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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	Health Board – 25th October 2018		Agenda Item	2i.
Report Title	Engagement Document, Engagement Plan, Equality Impact Assessment and Timeline for Maesteg Day Hospital			
Report Author	Joanne Abbott-Davies, Asst Director of Strategy & Partnerships Hilary Dover, Director, P&CS Delivery Unit			
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy			
Presented by	Siân Harrop-Griffiths, Director of Strategy			
Freedom of Information	Open			
Purpose of the Report	This report outlines the plan for engagement on the closure of Maesteg Day Hospital, contains the draft engagement document, engagement plan, EqlA and the timeline for engagement for approval.			
Key Issues	Maesteg Day Hospital was temporarily closed, initially because of staffing shortages on the ward in Maesteg Hospital and the transfer of staff to the wards from the Day Hospital to alleviate this problem. When the Day Hospital was planned to reopen because the staffing for the wards had been stabilised, the core staff had left and so serious consideration was given as to what the future provision of day hospital services in Bridgend should be going forward. It was subsequently agreed by Senior Leadership Team that the Day Hospital at Maesteg should close and engagement should take place, in conjunction with the CHC, on this issue. This paper outlines the engagement document, EqlA, engagement plan and timeline for this process to be completed. The documentation and process have been developed and agreed with the ABM Community Health Council.			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
				✓
Recommendations	The Health Board is asked to: <ul style="list-style-type: none"> • Agree the engagement document on the closure of Maesteg Day Hospital; • Agree the associated Equality Impact Assessment; • Agree the associated engagement plan; • Agree the associated timeline. 			

Engagement Document, Engagement Plan, Equality Impact Assessment and Timeline for Maesteg Day Hospital

1.0 Introduction

This report outlines the plan for engagement on the closure of Maesteg Day Hospital, contains the draft engagement document, the Equality Impact Assessment and the timeline for engagement.

2.0 Background

In November 2017, to ensure the continued operation of the in-patient ward at Maesteg Community, the day hospital was temporarily closed. GPs were advised that all referrals for MDH services were to be redirected to Bridgend Community Resource Team (CRT) or Medical Day Unit (MDU - formerly Pendre Day Hospital) at Princess of Wales Hospital (POWH) during the temporary closure.

Prior to its temporary closure the Maesteg Day Hospital was operating at approximately 50% capacity and received 20 referrals per month. This was despite the efforts of the Day Hospital manager and Advanced Nurse Practitioner promoting the role of the Day Hospital with the local GP practices. Since the temporary closure, referrals for patients from the Llynfi Valley area for MDH services has further reduced to 7 per month. At present, this additional demand on Medical Day Unit has been consumed without adverse impact on its existing clinical services.

During February and March the Day Hospital had Wi-Fi installed throughout. This took longer to complete due to the age of the building and safe removal of asbestos. The Day Hospital was due to reopen in April 2018, however, during the period of temporary closure the Consultant Physician retired his clinical session and in the weeks leading up to the reopening the Advanced Nurse Practitioner also left the service. This has left the Day Hospital with no medical cover and therefore unable to reopen.

MDH operated a different clinical model to POWH MDU, with one Consultant session per week compared with Consultant led/supported Multi-Disciplinary team assessments 5 days per week in POWH. The Consultants within POWH also work within the Bridgend community services and so seamless transfer between these provisions can take place, providing joined up care often via single lead consultant.

With no critical clinical staff available to reopen the Day Hospital at this time and the low level of demand it is considered appropriate to consider and engage with the public regarding the permanent transfer of services from MDH to POWH Medical Day Unit.

3.0 Assessment

Discussions have taken place with ABM Community Health Council about the required engagement on this closure and associated transfer of service. It has been agreed that this service change should be subject to 8 weeks engagement, running from end of October until Christmas. The CHC have recommended that in addition to the Health Board's usual engagement mechanisms that it should hold a series of drop in events in and around the local area so that residents can have their questions answered, as well as holding a public meeting to outline the changes

proposed and answer questions. The resultant engagement plan is attached as **Appendix A**.

To support the engagement process an engagement document has been drafted which has been shared and commented on by the CHC. The draft engagement document is attached as **Appendix B**.

The overall timeline agreed with the CHC is attached as **Appendix C**.

To support this engagement and ensure the impacts on any of the groups with protected characteristics under the Equality Act (2010) are understood, an equality impact assessment has been developed which is attached as **Appendix D**.

4.0 Conclusion

This report outlines the plan for engagement on the closure of Maesteg Day Hospital, the draft engagement document, the equality impact assessment and the timeline for engagement.

5.0 Recommendations

The Health Board is asked to:

- Agree the engagement document on the closure of Maesteg Day Hospital;
- Agree the associated equality impact assessment;
- Agree the associated engagement plan;
- Agree the associated timeline.

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Embedding effective governance and partnerships
			✓		✓		
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
		✓	✓				✓
Quality, Safety and Patient Experience							
Improved access to wider range of support for all patients in Bridgend needing Day Hospital services							
Financial Implications							
Savings of £110,000 will be delivered as a result of this change.							
Legal Implications (including equality and diversity assessment)							
HB will need to take account of the outcome of engagement on the equality impact assessment in considering responses and making a decision on the proposal							
Staffing Implications							
Application of the OCP process for staff affected by the proposed closure							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
More effective use of resources and delivery of more sustainable services							
Report History							
Appendices		Appendix A – Engagement Plan Appendix B – Draft Engagement Document Appendix C – Timeline Appendix D – Equality Impact Assessment					

Engagement Plan on Maesteg Hospital
29th October – 21st December, 2018

Recipient	Method	Enclosures	Date of Meeting
Public on database	Email / post depending on preference	Letter Engagement document in requested format Response form Details of public meeting & drop ins	N/A
CHC	Briefing at meetings E-mail	Engagement document Engagement Plan i.e. Details of public meeting & drop ins	ABM CHC Executive Meeting 23 rd October (preparation) 27 th November Cwm Taf CHC tbc
Citizens	Public Meeting	Presentation & supporting documentation	14th November, Maesteg Town Hall
	Drop in Sessions x 2	Leaflet, engagement document, response form	22nd November, Maesteg Community Centre 4th December, Maesteg Leisure Centre
	Briefing at meeting	Inform at meeting & send out:	WB Regional Citizens' Panel

Recipient	Method	Enclosures	Date of Meeting
		Letter Engagement document Response form Sign up sheet for database Details of public meeting & drop ins	18 th October
Third Sector organisations via Regional Third Sector Network	Briefing at meeting E-mail	Inform at meeting & send out: Letter Engagement document Response form Sign up sheet for database Details of public meeting & drop ins	Third Sector HSWCB 17 th October
Stakeholder Reference Group	Briefing at meeting E-mail	Letter Engagement document Response form Details of public meeting & drop ins	Stakeholder Reference Group 7 th November
Equality Groups	Offer of meeting E-mail	Inform at meeting & send out: Letter Engagement document Response form	Bridgend Equality Forum tbc

Recipient	Method	Enclosures	Date of Meeting
		Sign up sheet for database Details of public meeting & drop ins	
Chinese Community	E-mail	Letter Engagement document Response form Sign up sheet for database Details of public meeting & drop ins	N/A
BME Communities	E-mail	Letter Engagement document Response form Sign up sheet for database Details of public meeting & drop ins	N/A
Disability / Access groups	Briefing at Meeting E-mail	Letter Engagement document Response form Sign up sheet for database Details of public meeting & drop ins	Disability Reference Group 9 th November 2018 Deaf Focus Group 30 th October 2018
Local Authorities	Letter to be sent to Chief Executives, Leaders &	Letter Engagement	N/A

Recipient	Method	Enclosures	Date of Meeting
Carer Groups	Carers Centre in three localities for circulation to members E-mail	Letter Engagement document Response form Sign up sheet for database Details of public meeting & drop ins	N/A
Children & Young People	E-mail Offer to present at meeting	Letter Engagement document Response form Sign up sheet for database Details of public meeting & drop ins	ABM Youth 7 th November 13 th December
Older people	Older people's forums E-mail Offer to present at meeting	Letter Engagement document Response form Sign up sheet for database Details of public meeting & drop ins	OPC/Cabinet Liaison Forum 1 st October OPC Open Meeting 25 th October 27 th November Bridgend SHOUT 21 st November
Faith Groups	ABMU Chaplaincy Maesteg & Aberkenfig Ecumenical Partnership	Letter Engagement document Response form Sign up sheet for database Details of	N/A

Recipient	Method	Enclosures	Date of Meeting
		public meeting & drop ins	
Sexual Orientation	Email to Swansea LGBT Forum	Send information to secretariat for distribution to members: Letter Engagement document Response form Sign up sheet for database Details of public meeting & drop ins	N/A
Staff Side	Briefing at meeting	Packs of engagement documents, summary document, additional information distributed Details of public meeting & drop ins	Partnership Forum 27 th November
Medical staff committees	Email	Letter Engagement document Response form Details of public meeting & drop ins	N/A
LMC	Briefing at meeting	Engagement document Response form Details of public	13 th November

Recipient	Method	Enclosures	Date of Meeting
		meeting & drop ins	
LMAG Not meeting currently	Ask to distribute to all members	Letter Engagement document Response form Details of public meeting & drop ins	N/A
Infection Control Board	Ask to distribute to all members	Letter Engagement document Response form Details of public meeting & drop ins	N/A
Local Dental Committee	Ask to distribute to all members	Letter Engagement document Response form Details of public meeting & drop ins	N/A
LOC	Ask to distribute to all members	Letter Engagement document Response form Details of public meeting & drop ins	N/A
LPC	Ask to distribute to all members	Letter Engagement document Response form Details of public	N/A

Recipient	Method	Enclosures	Date of Meeting
		meeting & drop ins	
GP Cluster Leads	Briefing at meeting E-mail	Letter Engagement document Response form Details of public meeting & drop ins	GP Cluster Leads Meeting 28 th November
Practice Managers' Group	Ask to distribute to all members	Letter Engagement document Response form Details of public meeting & drop ins	N/A
Volunteer Services	Ask to distribute to all volunteers	Letter Engagement document Response form Details of public meeting & drop ins	N/A
AMs	Phone briefing by Chairman prior to HB papers publication Distribute via email	Letter Engagement document Response form Details of public meeting & drop ins	AMs Briefing
MPs	Distribute via email	Letter Engagement document Response form Details of public	N/A

Recipient	Method	Enclosures	Date of Meeting
		meeting & drop ins	
Other Health Boards – CEO & Chair	Cwm Taf	Letter Engagement document Response form Details of public meeting & drop ins	N/A
Outpatient Departments / A&E at POWH Glanrhyd Hospital Maesteg Hospital Send information to Delivery Unit Directors	Send copies to Delivery Unit Directors for distribution in waiting areas	Engagement document Leaflets showing how to get more information Details of public meeting & drop ins	N/A
Staff Send information to Delivery Unit Directors	Send copies electronically to Delivery Unit Directors for briefing of staff	Engagement document Leaflets showing how to get more information Details of public meeting & drop ins	Team Briefs
Social Media	Opportunity to post updates and comments	Facebook and Twitter Details of public meeting & drop ins	N/A
Internet/Intranet	Information posted on internet Bulletin posted on intranet	Engagement document Response form Details of public meeting & drop ins	N/A

Abertawe Bro Morgannwg University Health Board

Closure of Maesteg Day Hospital

**This is an engagement document on
the proposal to close Maesteg Day
Hospital and transfer the service to the
Princess of Wales Hospital, Bridgend**

**Public Engagement from
29th October to 21st December 2018**

Who are we, and what do we do?

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

We also have four main hospitals – Morriston, Singleton, Neath Port Talbot and the Princess of Wales, as well as two community hospitals in Maesteg and Gorseinon. We provide inpatient and community mental health services and a full range of learning disability services for an even greater population. We help you stay fit and healthy by providing information and support about healthy lifestyles.

Over 500,000 people live in ABMU and we employ over 17,000 staff.

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

What is this engagement document about and who should read it?

Our priority is to ensure that our NHS continues to be safe, reliable and high quality for the increasing number of people who need us when they are ill. Therefore sometimes we need to change our services to ensure this is maintained.

In 2017 we did not have enough nurses to staff the inpatient ward at Maesteg Hospital. Therefore we temporarily closed Maesteg Day Hospital in November 2017 so that the nurses from the Day Hospital could work on the ward to ensure it stayed open. We worked hard to recruit to the vacant nursing posts and were successful in filling all these vacancies. Therefore, we planned to reopen the Day Hospital early in 2018, but unfortunately, due to further staff changes in key areas for the day hospital we have been unable to do this.

Since then we have been considering the best way to provide Day Hospital services which are of a high quality and sustainable for the population of the Llynfi Valley and Bridgend as a whole. In the following sections we describe the services which were provided at Maesteg Day Hospital, how the current service is provided and how we are proposing these services should be provided in future.

There is no intention at present to move or change any other services at Maesteg Hospital, in fact we plan to increase the other services there, as outlined on page 7 of this document.

Why our NHS needs to change

The NHS across the UK and in Wales is facing growing challenges, and our local NHS is no different. People are living longer now than previous generations - which is great news - but often they also develop multiple health conditions as they get older. So we need to change the methods of caring for people, to make the most of our staff and services.

Some of the types of challenges we face are:

- Unequal health – where you live in the ABMU area makes a big difference (some men in our area live 20.8 more years of being healthy than others, and the gap for women is 18.3 years)
- A growing population – including more babies and older frail people needing care
- Poor lifestyle choices – smoking, being overweight, drinking too much alcohol or too often and not exercising enough
- Long term illness – the number of people with long term illnesses like diabetes and chest conditions is going up
- Staffing – a serious shortage of some doctors, nurses and other key staff is making some services hard to deliver safely and means we have to rely on short-term agency staff to run our services
- Funding – NHS funds are not keeping track with the rising costs of running our services and we are spending more money than we have to keep current services going

- Expectations – you rightly expect the NHS to support you when you need it, but increasingly you want this to be in or as close to your home as possible, rather than in hospital

If we carry on delivering services as we do now, we won't be able to meet these challenges and the standard of care in our NHS will deteriorate. We don't want that and so are continually checking that our services are effective and provide the best care we can.

Is it just about saving money?

No it's not. It's about making sure we provide the highest quality services possible in the most appropriate place and with the best staff. However, we do 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. ABMU Health Board has a budget of approximately £1.2billion. However, we are currently overspending this budget. For 2017-18 we had in effect an agreed overdraft with the Welsh Government of £20million, or a £1.7million agreed overdraft each month. To achieve this we have had to make changes to our services to be more efficient and to reduce waste and duplication.

We have significant numbers of nursing vacancies across the Health Board (about 400 on average, primarily on medical wards) which means we are relying on agency and temporary staffing to provide enough staff to safely provide care on our wards. This was the problem we had at Maesteg Hospital last year which led to the Day Hospital being temporarily closed so that we could staff our inpatient ward at Maesteg Hospital safely. We have now recruited into our vacant staff posts at the Hospital and no longer have to rely on agency staff to run the inpatient ward.

So what services are we planning to change?

We are proposing to close Maesteg Day Hospital (based within Maesteg Hospital) permanently reprovide this service instead from the Medical Day Unit at the Princess of Wales Hospital, Bridgend.

In November 2017 Maesteg Day Hospital was temporarily closed to provide staff to support the inpatient (Llynfi) ward at Maesteg Hospital due to the problems we were having with staffing it safely. At that time the Day Hospital was providing one morning a week of consultant input, with nursing and other multidisciplinary support over 5 days. It was then operating at approximately 50% capacity and received 20 referrals of patients each month with a wait for assessment of 2 to 3 weeks. There was limited ability to be seen more quickly if the patient's needs were more urgent due to the limited Consultant input.

Despite Maesteg Day Hospital staff linking with the three local GP Practices and holding regular events and activities to highlight the Day Hospital services the number of patients referred did not increase.

Even when the Maesteg Day Hospital was open not all patients from the Llynfi Valley area were suitable for assessment and support there because of the complexity of their needs. For these patients their care has always been provided from the Princess of Wales Hospital in Bridgend.

GPs were advised that all referrals for the Day Hospital were to be sent to the Community Resource Team or the Princess of Wales Medical Day Unit during the temporary closure. Since that time referrals for patients from the Llynfi Valley area for Maesteg Day Hospital services has further reduced to about 7 patients a month. Those patients referred have instead been seen in the Princess of Wales Hospital's Medical Day Unit (MDU) without any negative impact on its existing services.

The MDU has consultant and multi-disciplinary assessments carried out 5 days a week and patients wait a maximum of 2 weeks to be assessed, or less if their needs are more urgent. The consultants in Princess of Wales Hospital's MDU work not only at the hospital but also in the community so that seamless care can be provided, often with a single consultant for all a patient's care.

Consideration has been given to reopening Maesteg Day Hospital, but medical input would be required, and this would need to come from existing consultants at Princess of Wales Hospital, which would reduce the service for the wider population of Bridgend. The relatively low level of demand from Maesteg and the surrounding area and the greater

range of skills at the Princess of Wales Hospital's Medical Day Unit mean that we believe it is more appropriate and a better use of resources to provide these services in future from the Princess of Wales Hospital for the whole county rather than in Bridgend and Maesteg.

Are the other services at Maesteg Hospital under threat?

No. There will be no further changes at present to the other services provided at Maesteg Hospital including the Bron Y Garn GP Surgery which operates from there. In fact we have already introduced some new services at Maesteg Hospital over recent months, as detailed here:

- Recently in Maesteg Hospital we have started a community wound clinic. This is running five days per week, 09:00-17:00 hrs Monday, Wednesday and Friday, and Tuesday and Thursday mornings, with approximately 55 patients having their care needs met.
- In addition, a Community Catheter Clinic has started, which is currently running 09:00-17:00hrs weekly on Monday, with the capacity to see 8-10 patients per day. This has been running for approximately 3 months.
- Furthermore, there is a new Dementia Support team being set up in Maesteg Hospital. The team is actively being recruited to at this time and is due to open in March 2018.

We also have some ideas of other new services we are considering establishing at Maesteg Hospital and we would welcome your views on these and any other ideas you may have to provide a greater range of services for people from Maesteg and the surrounding areas. These include:

- To run alongside the wound clinic, a 'Leg Club' has been suggested. This would be an opportunity for patients with leg wounds to socialise together, share experiences, whilst having their care provided by nursing staff.
- The introduction of a Doppler ultrasound service (which estimates blood flow through your blood vessels) would also assist to make this a 'One Stop Shop' for the local population who have chronic wounds.

- The catheter clinic could also be expanded to include full continence assessments together with advice and education, again making it a 'One Stop Shop' for local people who suffer from continence problems.

These services would be established in the space previously used for the Maesteg Day Hospital if our proposal to permanently close the Day Hospital is agreed.

There is no intention at the moment to reduce, move or change the existing services provided at Maesteg Hospital.

What are the benefits and drawbacks of permanently closing Maesteg Day Hospital and transferring this service to the Princess of Wales Hospital?

Benefits:

- Quicker access to assessments and a wider range of skills available to support people from Maesteg and the surrounding areas who need Day Hospital care.
- No reduction in consultant led services for people from the rest of the Bridgend area due to the diversion of sessions to Maesteg and away from the Medical Day Unit at Princess of Wales Hospital.
- Opportunity to develop new services at Maesteg Hospital to support people with chronic conditions from Maesteg and the surrounding area instead of them having to travel to the Princess of Wales Hospital in Bridgend.
- Availability of additional staff to support other services which are relying on agency and temporary staff currently.

Drawbacks:

- Transport problems for people from Maesteg and the surrounding areas in getting to the Princess of Wales Hospital, Bridgend.
- Changes would require redeploying staff which could negatively affect their wellbeing.

Overall we believe that the population of Maesteg and the County as a whole will benefit from the permanent closure of Maesteg Day Hospital.

Whilst we recognise the difficulties which may be faced by some due to the longer travel distance involved, the majority of people travelling to the Medical Day Unit at the Princess of Wales Hospital, Bridgend from Maesteg and the surrounding areas use non-emergency ambulance transport and this will still be available to them. Other patients use their own or a family member's transport and they will be able to reclaim mileage if they are on any of the recognised benefits under the "help with health costs" scheme (including income support, universal credit, pension credit guarantee credit or if you live permanently in a care home where the Local Authority helps with your costs).

What will be the impact on our staff?

The potential implications are for our existing staff who worked at Maesteg Day Hospital should this proposal be agreed. They have been temporarily redeployed into other roles while the Day Hospital has been temporarily closed, but should the permanent closure be agreed these staff will be offered permanent redeployment or relocation options. This process will be managed in accordance with the ABMU Health Board's Organisational Change Policy (OCP) April 2017.

For some staff it may be possible to redeploy them to suitable posts within Maesteg Community Hospital or into local community services, if that is what they would like. Where possible, every effort will be made to ensure staff are redeployed / relocated in line with their preference, but this cannot be guaranteed in every individual circumstance. Staff will be given the opportunity to have a one to one discussion about their individual preferences and circumstances as part of the OCP process. All will be supported through the transition.

What's the financial impact of the closure of Maesteg Day Hospital?

The closure of Maesteg Day Hospital will support the better use of resources to provide high quality, efficient and effective services going forward. It is anticipated that approximately £110,000 per year will be saved from the permanent closure of Maesteg Day Hospital. More importantly, the staff released as a result of the closure will fill vacancies within the Health Board, so reducing our dependency on agency staff.

How can you help us shape the future of your NHS?

Whilst this document outlines a specific change we want to make to our services now, i.e. the permanent closure of Maesteg Day Hospital, we also want to talk to you about our NHS and how we can work together to improve it.

We want to know what you think about our proposal, and also what ideas you have about how we can continue to improve our services and provide more care, more locally to you, in particular services which we could develop at Maesteg Hospital to support local peoples' health needs better.

Below you will find details of how you can contact us and get involved in this conversation. We are developing a new on-line way for you to tell us your ideas, which can be supported by others and get responses from us about how we are progressing these. We are also developing alternative ways for those who aren't so keen on computers to let us know what they think and what their ideas are.

We would like you to let us know if you'd like to join our database of people who want to know changes that are underway in our NHS and be able to give your views on any proposed changes and ideas you and others may have going forward.

Detailed below are the ways you can let us know your views and how you can get involved in shaping your NHS.

What do you think of our proposal to permanently close Maesteg Day Hospital and transfer this service to Princess of Wales Hospital, Bridgend?

In partnership with the Abertawe Bro Morgannwg Community Health Council, the NHS Watchdog for our area, we will be discussing this proposal with our patients, their carers, the public, politicians and partner organisations to get their views and suggestions on how we can improve our services.

Between 29th October and 21st December 2018 we are engaging on the proposal to permanently close Maesteg Day Hospital and transfer this service to the Medical Day Unit at the Princess of Wales Hospital, Bridgend.

We have agreed the range and scope of engagement with the ABM Community Health Council and are holding a public meeting in Maesteg Town Hall on Wednesday 14th November from 6pm to 8pm as well as running drop in events in Maesteg and the surrounding areas to explain to local people the reasons for our proposal to permanently close Maesteg Day Hospital and transfer the service to the Princess of Wales Hospital in Bridgend. These drop in events have been organised for:

- 22nd November, Maesteg Community Centre (9am to 5pm)
- 4th December, Maesteg Leisure Centre (9am to 5pm)

The outcome of the engagement will be considered by the CHC and Health Board in January 2019, giving careful consideration to the feedback received on the proposal. Based on this a decision will be made about whether this proposal can be implemented or whether further public consultation is required. Any other ideas put forward by the public and our partners will be formally considered by the Health Board and feedback given to those who have signed up to be part of this discussion on progress with making these changes.

You can let us know what you think by:

Writing to us:
Chief Executive
ABMU Health Board
One Talbot Gateway
Baglan
SA12 7BR

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

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

Contacting us on Facebook: @ABM.healthboard

Twitter: @ABMhealth #ABMengagement

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 and you can request these by ringing 01639 683355 or by emailing ABM.engagement@wales.nhs.uk.

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

Writing to them: ABM Community Health Council
Cimla Hospital
Cimla
Neath
SA11 3SU

Or emailing them: office.abm@waleschc.org.uk

Maesteg Day Hospital
Integrated Public / Staff Engagement and Consultation Plan

Item	By When	Completed / Not Completed
AG and other project managers to be invited to co-ordinating group	Weekly	
Board Agreement of Engagement		
Agree Communications Plan with Sue Bailey including intranet bulletins before Board meetings	Before 7th August 2018	complete
Pack to R&S Programme Board including engagement plan and timeline	7th August (papers due 2nd Aug) 2018	meeting cancelled - Execs on 22nd instead
Pack to Executive Team to include draft Board Paper for information	22nd August (papers due 17th) 2018	completed
CHC SPC - discuss approach and scope of engagement	6th September (papers due on 24th Aug) 2018	completed
Develop engagement document & questionnaire	25th September 2018	completed
Director to Director - inform re the proposal and current status, intention to take forward	17th September 2018	complete
Formally inform CT LHB - (they will need to discuss with CT CHC)]	3rd October 2018	
Develop engagement plan	25th September 2018	complete
Change pack' with JAD	25th September 2018	complete
Request ABMU CHC have SPC make decision in early January (prior to 11th January)	25th September 2018	complete - CHC revising timetable of meetings to fit with Health Board meetings - Exec planned w/c 8.1.19)
Senior Leadership Team presentation to agree engagement document and plan	3rd October (papers due 26th September 2018)	complete
Deadline for October Board papers - JAD to amend Board paper after SLT and CHC amendments	4th October	complete
Arrange pre-engagement briefing of AMs with assoiated briefing pack.	Before October Board meeting	arranged for w/c 15th October
CHC Executive to agree engagement document and plan	By 3rd October 2018	complete
Alternative formats of documentation commissioned	11th October 2018	underway
Health Board to agree engagement document & engagement plan	25th October 2018	on agenda & papers prepared
Start Public Engagement	29th October 2018	
Sort out standard presentation, staff bulletins, amend document, following comments from Board	By 26th October 2018	underway
Hold public drop in sessions	22nd November & 4th December 2018	arranged for 22nd November and 4th December
Hold public meeting	14th November 2018	CHC asked to Chair
Staff briefings all sites and particularly Maesteg and POWH and PCS sites	Before October Board meeting	underway
CHC Executive meeting - consider interim results of engagment	27th November	Use as a mid point review.
Close of public engagement - 8 weeks	21st December 2018	
Draft Board paper to Senior Leadership Team on 9th January 2019	Paper due 3rd January 2019	
CHC Executive Meeting to make recommendations based on results of engagement and consider draft Board paper	8th January 2019 (tbc)	
Re-draft Board paper with views of SLT and CHC	10th January	
Board to consider results of engagement	31st January	
Staff consultation timeline	8th October (28 days)	
Assessment of staff affected and proposed resolutions	17th August	complete
Written staff consultation documents to be prepared in template. Draft but not approved (for the Exec Pack)	8th August	complete
Quality Assurance of staff consultation documents	2nd August	complete
Staff consultation documents to be signed off by Service Remodelling Workstream Group	18th October 2018	
Discuss staff consultation documents at Partnership Forum Sub-Group	week 13th August	complete taking back to further meeting
Staff consultation documents to be issued for schemes agreed at Board	29th October 2018	
Conclusion of staff consultation	26th November 2018	
Consideration of results by Units and response	26th November - 21st December 2018	
Align Staff consultation feedback and Public Engeagement feedback to inform CHC exec and Health Board recs	21st December 2018	
Implementation of OCP outcomes. - depenedant on the CHC public engagement timeline.	1st February to 1st March 2019	
Implementation of approved scheme to start	1st February 2019	

Abertawe Bro Morgannwg University Health Board

Maesteg Day Hospital Services: Equality Impact Assessment, Stage 1, August 2018

Proposals relating to Maesteg Day Hospital Services. The project is intended to:

- **Transfer all Day Hospital demand (on a permanent basis) to the Medical Day Unit, Princess of Wales Hospital.**
- **Closure of the day hospital service at Maesteg Hospital**
- **Workforce Redesign of existing workforce at the Medical Day Unit.**

The purpose of this Stage 1 Equality Impact Assessment (EIA) is to develop the evidence base, and describe our current understanding of the potential impact of the proposed service changes based on that evidence base. A Stage 2 EIA will be produced that incorporates analysis of feedback from our engagement activity with stakeholders, and any new evidence identified. The Equality Impact Assessment will remain a draft throughout as changes and updates are made as new evidence is incorporated.

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Service Improvement Proposals Tranche 1: Equality Impact Assessment (EIA) Stage 2

1. Introduction

The purpose of this document is to identify and consider the equality impact of the proposed service changes as described in the public engagement document (3rd May – 27th June 2018).

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.

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.

At Abertawe Bro Morgannwg Health Board (ABMUHB) we are committed to demonstrating our core organisational values (Caring for Each Other, Working Together and Always Improving). To ensure that we "live" our values and that we make the best decisions, which are fair for all our communities, we need to go beyond the requirements of the Equality Act 2010. To achieve this, we place importance on putting human rights at the heart of the way in which our services are designed and delivered. For example, we understand that many people have caring responsibilities which can affect the way they access services and/or employment. We believe that socio-economic status is a key factor affecting healthy outcomes and we take steps to consider these areas as part of our decision making processes. In addition, we recognise that Wales is a country with two official languages, Welsh and English. The importance of bilingual healthcare for all patients in Wales is fundamental and particularly important for people with mental health problems, people with learning disabilities as well as older and younger people.

This Stage 1 EIA 1 seeks to help the organisation to answer the following questions:

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.

- Do different protected characteristics 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?

One of the main drivers for the changes is the difficulty the Health Board is facing (along with all other NHS organisations) in filling **specialist** and qualified nursing vacancies. We have significant numbers of nursing vacancies across the Health Board (about 400 on average, primarily on medical wards) which means we are relying on agency and temporary staffing to provide enough staff to safely provide care on our wards. We continually try new approaches to appointing new staff and keeping our existing ones, including overseas recruitment, but despite these efforts we continue to have roughly the same level of vacancies. We know this level of temporary staffing is not providing the best care possible and is also costing more than we can afford. If we implement the changes outlined in this document we will not have to use as much bank or agency staff to provide care on our wards, this will mean our staff can work in teams more consistently. Existing staff employed on wards where changes are planned will be transferred into vacant posts on other wards on the same hospital site. There is no risk to the employment of any of our staff.

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

Proposed service change

To transfer the provision for Day Hospital services from Maesteg Day Hospital to the Medical Day Unit Princess of Wales Hospital (POWH) on a permanent basis.

Background

The Maesteg Day Hospital Service consisted of a five day service Monday to Friday between the hours of 09:00-16:30. Service users were predominantly older people from the Maesteg area and the surrounding Llynfi Valley area referred by local GP practices within the Maesteg area.

Monday and Friday were dedicated to delivering a Fall's programme over a six week period. The programme included a full comprehensive geriatric assessment by the nurse practitioner. Physiotherapist and occupational therapist assessments were done on the patient's initial visit plus ongoing educational sessions on bone health,

footwear, diet, and tips on slips, trips and home safety . Patients attended for a full day and lunch was provided.

On Tuesday and Thursdays nurse practitioner lead Frailty clinics were held with patients returning for reassessments dependant on their frailty scoring as and when required, with the aim of preventing acute hospital admission or crisis through early intervention by hospital staff. Telephone advice was also available to all who used this service.

Wednesday was a consultant clinic session where the consultant would medically oversee all the patients and review any complex patients that the local GP's were concerned with. However, as it was only one session the consultant was only able to see a few patients. This created delays between the point of the patient being referred to the point at which the patient was seen by the consultant. First appointments were usually within two to three weeks, with limited availability to be escalated to Consultant due to capacity.

Due to the nature of the patients, the majority of patients were transported to the hospital by ambulance provided by ABMUHB, with the rest driven to the hospital by their family or carer (if the patient was unable to drive themselves). The designated ambulance service ran between the day hospital service hours. Patients would arrive between 9am and 10am and be taken home between 3pm and 4pm.

The Maesteg Day Hospital service was temporarily closed 27th November 2017 to support critical staffing levels on the inpatient beds at Maesteg Hospital. During the temporary closure GPs were advised that all referrals for Day Hospital services should be redirected to Princess of Wales Hospital (POWH) Medical Day Unit (MDU). Prior to the temporary closure demand for services had been at 50% of capacity, despite staff from the Day Hospital service canvassing the three local GP practices for increased referral rates, with regular engagement events and activities. Since the temporary closure referrals reduced further from 20 to 6 referrals per month being received.

The planned reopening of the day hospital service in April 2018 has not been possible as the Consultant Physician retired his licence to practice and the Advanced Nurse Practitioner has left ABMUHB to pursue career progression.

Rationale for service change

The loss of critical clinical staff (Consultant Physician and Advanced Nurse Practitioner) means that it is no longer feasible to deliver the day hospital service in Maesteg Hospital. It has not been possible to replace the lost critical clinical staff via recruitment.

The reduced demand for the day hospital service in Maesteg Hospital means that the service is not a sustainable model.

The service model delivered by the MDU at POWH provides patients with a more efficient "one-stop" service. The MDU operates five days per week with Consultant led and support multidisciplinary teams able to assess and provide interventions on a daily basis. The Maesteg Day Hospital service had one morning per week of

Consultant Physician time, with no annual leave cover. This resulted in the service having to be closed whenever the Consultant Physician was on leave, increasing delays for patients to be seen by the Consultant Physician.

At the MDU patients wait no longer than 14 days for first appointment and are seen sooner if clinically indicated. Patients are able to receive continuity of care between the MDU and Community services as a number of Consultants work across both areas.

The Medical Day Unit at POWH is sufficiently resourced to accept all referrals for the population of Bridgend County and includes a wider range of skills and expertise than that previously available in Maesteg.

The model of service delivery provided by the MDU is in line with Welsh Government's strategy '*A Healthier Wales: Our Plan for Health and Social Care*'.² The strategy proposes that people will only go to a general hospital when that is essential. Hospital services will be designed to reduce the time spent in hospital and to speed up recovery. The MDU provides targetted interventions as provided by the other Day Hospital models available in ABMU (NPT and Swansea), whereas the Maesteg Day Hospital service patients attend for whole days of assessment and interventions.

² <https://gov.wales/topics/health/publications/healthier-wales/?lang=en>

3. Assessment of Relevance and Impact

The Equality Act 2010 (EA) places a positive duty on public authorities to promote equality for protected groups. The EA 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 characteristics³ 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 of the report consider each protected characteristic and highlight where further exploration/engagement might be necessary.

Age

Table 6 below provides 2016 population estimates for people aged 65 years plus living in the ABMUHB area.

Table 1: 2016 Population estimates for ABMU local authorities for residents aged 65 years plus (ONS Crown Copyright Reserved, from Nomis on 6 July 2018)

Region	Age	Male	Female	Total
Bridgend	Aged 65-69	4,292	4,598	8,890
	Aged 70-74	3,371	3,690	7,061
	Aged 75-79	2,445	3,038	5,483
	Aged 80-84	1,640	2,130	3,770
	Aged 85+	1,162	2,094	3,256
	Total	12,910	15,550	28,460
Neath Port Talbot	Aged 65-69	4,434	4,651	9,085
	Aged 70-74	3,368	3,678	7,046
	Aged 75-79	2,407	2,880	5,287
	Aged 80-84	1,623	2,151	3,774
	Aged 85+	1,202	2,406	3,608
	Total	13,034	15,766	28,800
Swansea	Aged 65-69	6,747	7,484	14,231
	Aged 70-74	5,221	6,013	11,234
	Aged 75-79	3,828	4,825	8,653
	Aged 80-84	2,883	3,872	6,755
	Aged 85+	2,266	4,064	6,330

³ 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.

	Total	20,945	26,258	47,203
ABMU	Aged 65-69	15,473	16,733	32,206
	Aged 70-74	11,960	13,381	25,341
	Aged 75-79	8,680	10,743	19,423
	Aged 80-84	6,146	8,153	14,299
	Aged 85+	4,630	8,564	13,194
	Total	46,889	57,574	104,463

Source: [NOMIS](#)

Table 6 shows that within the ABMUHB area Swansea has the largest population aged 65 years plus (47,203). In total it is estimated that there are 104,463 people aged 65 years plus, equivalent to 19.7 per cent, or approximately a fifth of the total ABMUHB population (529,548).

The demographic data in Table 6 shows that for adults aged 65 years plus, there are more women than men in each age band, and this is true for each of the local authorities in the ABMUHB area. Across ABMUHB area women account for 55 per cent of all residents aged 65 years plus.

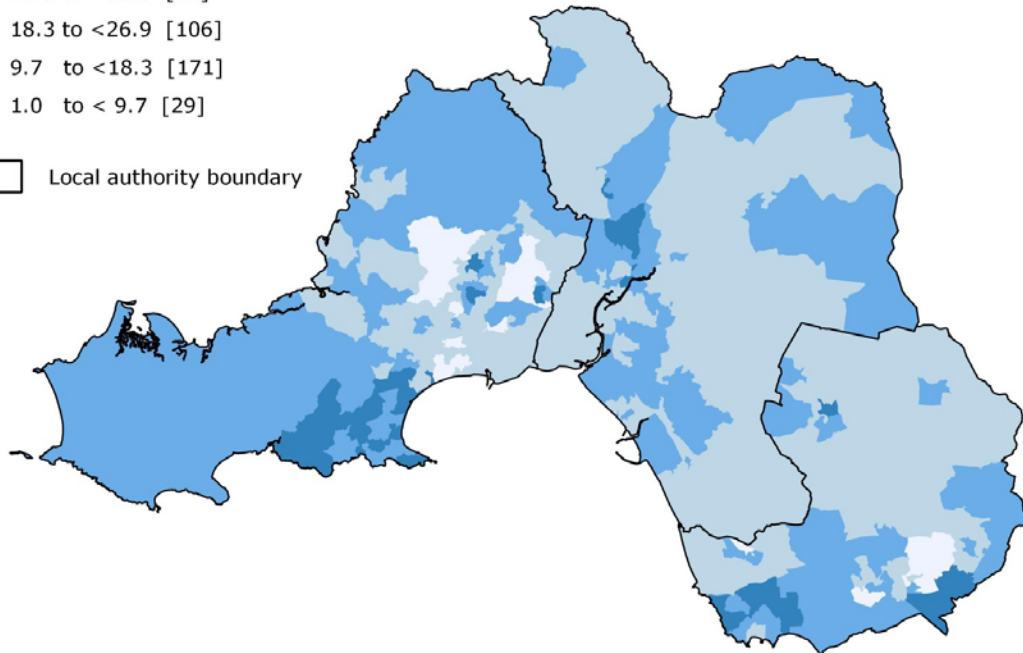
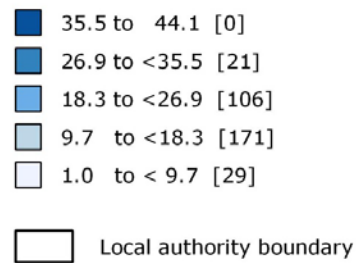
This would suggest that proposed changes to the service will affect women slightly more than men. But this would need to be verified by patient data, as it assumes that there is no difference in the proportions of men and women presenting.

Figure 1 and Figure 2 show the population distribution by age across the 327 LSOAs in the ABMUHB area.

Figure 1: Population distribution by age (65-84 years) and LSOA in ABMU Health Board area, 2014.

Estimated population aged 65 - 84 years, ABM UHB, 2014

LSOA, percentage



Produced by Public Health Wales Observatory, using MYE (ONS)
© Crown Copyright and database right 2016, Ordnance Survey 100044810

Figure 2: Population distribution by age (85 years plus) and LSOA in ABMU Health Board area, 2014.

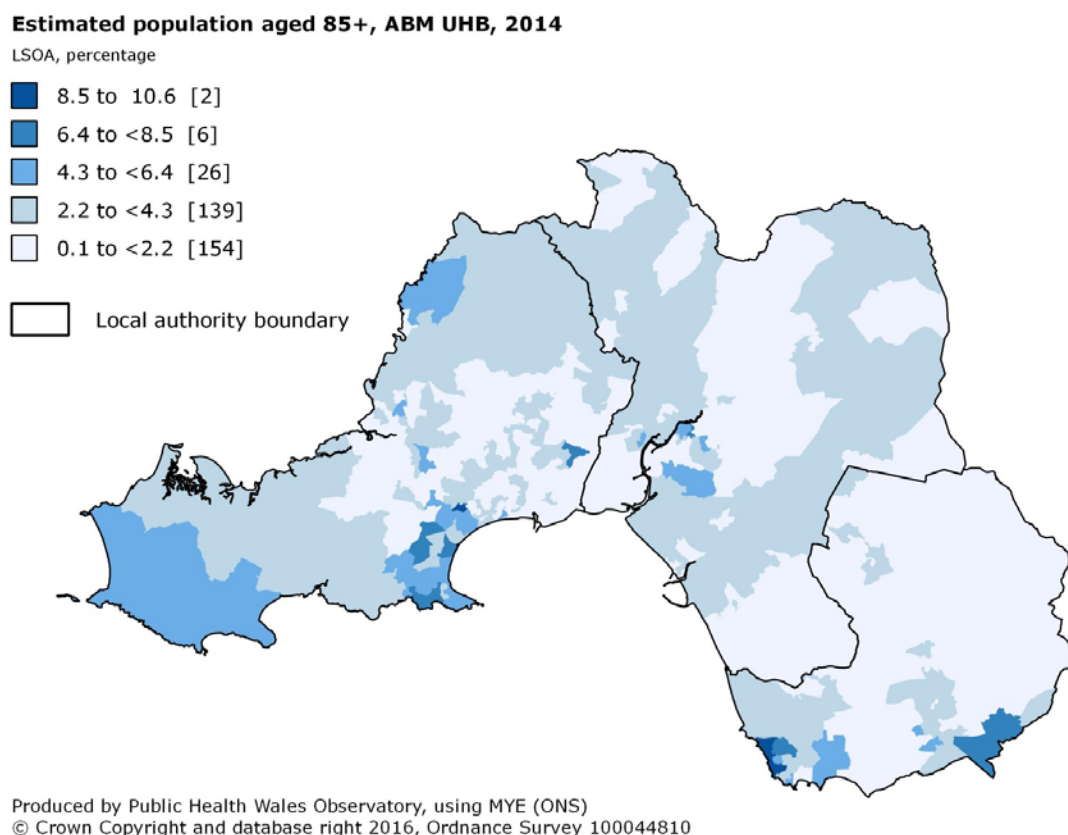


Figure 3: Population projections by age group

Population projections by age group, percentage change since 2011, ABM UHB, 2011-2036

Produced by Public Health Wales Observatory, using 2011-based population projections (WG)

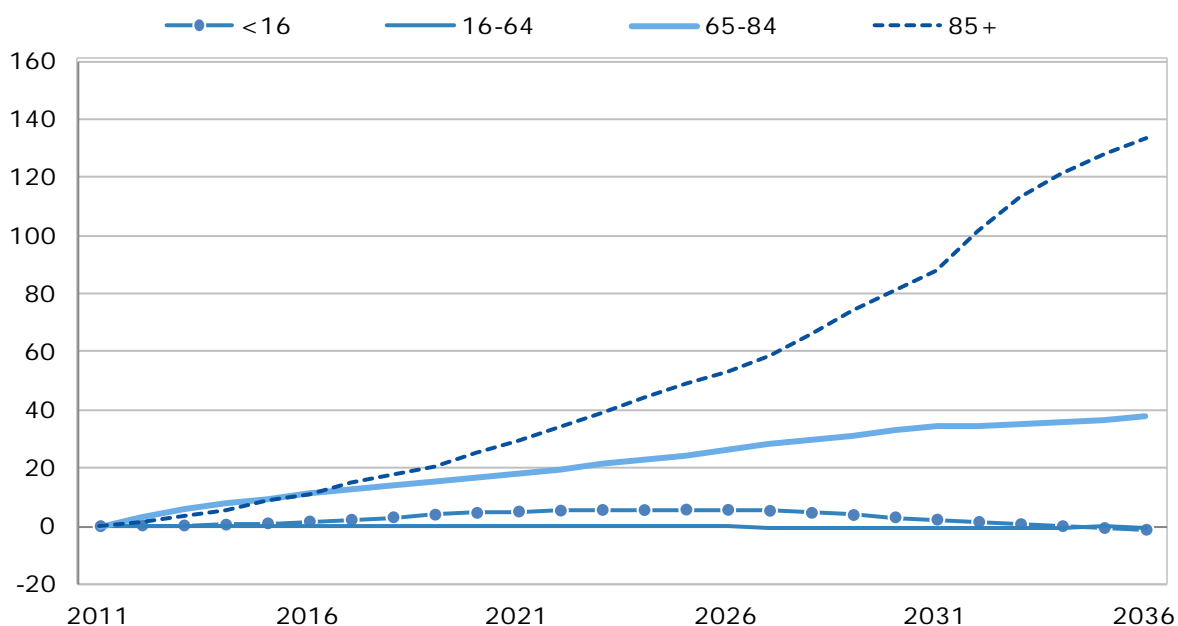


Table 6 highlighted that within ABMUHB area the 65 years plus age group accounts for a fifth of the overall population. Figure 3 above shows that this age group is projected to increase by approximately 30 percentage points between 2016 and 2036.

The 85 years plus age group (2.5 per cent of total ABMUHB area population in 2016) is projected to show a percentage change of approximately 120 percentage points between 2016 and 2036. This is the largest percentage change of all age groups.

There is evidence that the need for healthcare increases disproportionately over the age of 75 years (Capita report 2016).

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.

Due to the specific nature of the patients accessing the Maesteg Day Hospital services, the proposed changes have directly relevant to older people. However, the older people affected will in the main be older people from the Maesteg area and the surrounding Llynfi Valley area referred by local GP practices within the Maesteg area. It is anticipated that the impact on this group of older people will be a positive one, as they will experience shorter delays between referral and being seen by a specialist and related services due to the “one-stop” nature of the service provided at the MDU.

However, to ensure that any disadvantage is eliminated or minimised, the characteristic “age” will need to be considered in conjunction with other protected groups, e.g. older women/men, older disabled people etc.

Disability:

The disability⁴ profile in the ABMUHB area (25.0%) is higher than the figure for Wales as a whole (22.7%). The proportion of people in the ABMUHB area categorised as having their ‘Day-to-day activities limited a lot’ is 1.9% higher in ABMUHB than Wales.

At a local authority level there is noticeable difference between local authorities. Swansea has the lowest levels of people classed as disabled (23.4%), while Neath Port Talbot has the highest (28.0%).

Neath Port Talbot has the highest proportion of its population categorised as having their ‘Day-to-day activities limited a lot’ (16.1%) in Wales. Neath Port Talbot also has the second highest proportion of its population categorised as having their ‘Day-to-day activities limited a little’ (11.9%) in Wales. Consequently, within Wales Neath

⁴ Disabled is defined as individuals whose day-to-day activities are either limited a lot, or limited a little.

Talbot has the smallest proportion of its population categorised as not being disabled i.e. 'Day-to-day activities not limited' (72.0%).

Table 2: Long-term health problem or disability by ABMU Health Board area

Region	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited	Total (%)	Total
ABMU	13.8%	11.2%	75.1%	100.0%	518,013
<i>Bridgend</i>	<i>13.5%</i>	<i>11.2%</i>	<i>75.3%</i>	<i>100.0%</i>	<i>139,178</i>
<i>Neath Port Talbot</i>	<i>16.1%</i>	<i>11.9%</i>	<i>72.0%</i>	<i>100.0%</i>	<i>139,812</i>
<i>Swansea</i>	<i>12.6%</i>	<i>10.8%</i>	<i>76.7%</i>	<i>100.0%</i>	<i>239,023</i>
Wales	11.9%	10.8%	77.3%	100.0%	3,063,456

(Source: Table QS303EW 2011 Census, ONS)

At the LSOA level, the percentage of residents whose day-to-day activities are limited a lot or a little by a long-term health problem range from 7.7% in the Bryntirion, Laleston and Merthyr Mawr areas of Bridgend (Bridgend LSOA 017E) to 42% in the Neath North area of Neath Port Talbot (Neath Port Talbot LSOA 008D).

These are crude percentages only and do not take into account the age structure of the population. The areas with the highest percentages are found in the Castle area of Swansea, Sandfields East, Sandfields West and Neath North areas of Neath Port Talbot and the Caerau area in Bridgend.

The latest disability prevalence estimates for England and Wales (Office for Disability Issues, 2014) show that the prevalence of disability rises with age (16% working age adults and 45% adults over state pension age).

The proposed changes to Maesteg Day Hospital services are likely to affect this group and will need to be explored further to identify any potential differential impact.

Gender

The gender split (see Table 8) for the ABMUHB area mirrors very closely the gender split for Wales as a whole. Approximately a 50:50 split with slightly more females (50.3%) than males (49.7%). The variation between local authorities within the ABMU Health Board Area is small.

Table 3: Gender by unitary authorities in ABMU Health Board area

Region	Males	Females	Total (%)	Total
ABMU	49.7%	50.3%	100.0%	531,900
<i>Bridgend</i>	49.6%	50.4%	100.0%	144,300
<i>Neath Port Talbot</i>	49.3%	50.7%	100.0%	142,100
<i>Swansea</i>	49.9%	50.1%	100.0%	245,500
Wales	49.3%	50.7%	100.0%	3,125,200

(Source: NOMIS Population Estimates/Projections, Local Authority based 1981 to 2017)⁵

As previously noted (see Table 6 above), for the over 65 years age group the proportion of females to males increases as the population ages. 52% of people in ABMUHB area aged 65-69 years are female, while 64.9% of the people aged 85 years plus are female.

Data from the 2011 Census shows that 89.6% of the lone parent households in Wales are female. Lone parent households experience some of the lowest levels of wealth in Wales.⁶ As such any additional travel costs incurred due to service reconfiguration will have significant impact upon service users and staff from this group. The 2011 Census data shows that only 18.3% of female lone parent households in the ABMUHB area are in full-time employment, 32.2% are in part-time employment, and 40.3% are not in employment.

Gender Reassignment

Transgender

Trans is an umbrella term used to describe the whole range of people whose gender identity/or gender expression differs from the gender assumptions made at birth.

In *'It's just Good Care: A guide for health staff caring for people who are Trans' 2015-19*, trans people must be accommodated in line with their gender expression. This applies to toilet facilities, wards, outpatient departments, accident and emergency or other health and social care facilities, including where these are single sex environments. Different genital or chest appearance is not a bar to this. Privacy is essential to meet the needs of the trans person and other service users. If there are no cubicles, privacy can usually be achieved with curtaining or screens. The wishes of the trans person must be taken into account rather than the convenience of nursing staff. An unconscious patient should be treated according to their gender

⁵ <https://www.nomisweb.co.uk/query/construct/summary.asp?mode=construct&version=0&dataset=31>

⁶ Wales Institute of Social and Economic Research Data and Methods. (2011). *An anatomy of economic inequality in Wales*. Cardiff: EHRC.

presentation. Absolute dignity must be maintained at all times. It also states that breaching privacy about a person's Gender Recognition Certificate or gender history without their consent could amount to a criminal offence. A medical emergency where consent is not possible may provide an exception to the privacy requirements.

The EHRC note in *How fair is Britain?* that one in seven transgender people who responded to a survey felt that they had been treated adversely by healthcare professionals because of their transgender status.⁷

Research suggests transgender people are likely to experience risk of harassment when attempting to access healthcare. A survey by Press for Change (2007)⁸ found 36.8% (277) of trans people (aged 18 to 75) who chose to present their acquired gender permanently, experienced negative comments while out socially, because of their acquired gender. Only 27% of respondents in the survey recorded they had not experienced anything of the above while out in public spaces. This means that 73% of respondents experienced comments, threatening behaviour, physical abuse, verbal abuse or sexual abuse while in public spaces.

Further work will need to be done to explore the proposals in respect of potential differential impact (positive/negative) on people who identify as trans.

Marriage and civil partnership

The increased availability of community-based care increases the longevity of partners remaining together in their own environment.

The service model provided at the Maesteg Day Hospital meant that patients would attend all day for multiple days, often weeks. It is likely that this service model will have provided partners/carers of patients with a degree of respite.

The proposed changes to Maesteg Day Hospital services potentially could negatively impact the partners/carers of patients, as the level of respite offered via the new service model delivered at the MDU will be less. Although it should be noted that the provision of respite to partners/carers of patients is not a deliberate function of this service.

Potential differential impact needs to be further explored in respect of this protected characteristic.

Pregnancy and Maternity

Data from the ONS on live births in Wales for 2015 (see Table 9) shows that there were 5,462 births in the ABMUHB area. Hospital births account for the majority of all births in the ABMUHB area (96.0%) and in Wales as a whole (96.9%).

⁷ Equality and Human Rights Commission. (2010). *How fair is Britain? Equality, Human Rights and Good Relations in 2010. The First Triennial Review*. Manchester: Equality and Human Rights Commission.

⁸ Whittle, S., Turner, L., and Al-Alami, M. (2007). *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination*. London: Press for Change.

Low birth weight is a key health indicator for early years and is a major cause for infant mortality in developed countries, including the UK. The percentage of births in the ABMU Health Board area that are low birth weight (i.e. below 2,500 grams) is consistent with the figure for Wales as a whole (6.8%).

Among the Welsh Health Boards Cwm Taf Health Board has the highest proportion of low birth weight births (8.2%). ABMUHB has the second lowest proportion of low birth weight births (6.3%).

At the local authority level there is some variation within the ABMUHB area, with Bridgend (6.9%) having the highest low birth weight rate in the Health Board, and the ninth highest in Wales. Swansea (6.3%) and Neath Port Talbot (5.7%) are ranked 15th and 19th in Wales in terms of low birth weight rates (where rank 1 is the highest low birth weight rate).

Table 4: Births in 2015 by location and number of live births with low birth weight by ABMU Health Board area

	All	NHS hospital birth	At home, non-NHS hospital or elsewhere	Number of live births with birth weight under 2,500 grams	Percentage of live births with birth weight under 2,500 grams
ABMU	5,462	5,244	218	346	6.3%
<i>Bridgend</i>	1,487	1,405	82	103	6.9%
<i>Neath Port Talbot</i>	1,478	1,434	44	85	5.7%
<i>Swansea</i>	2,497	2,405	92	158	6.3%
Wales	32,899	31,878	1,021	2,253	6.8%

(Source: Stats Wales)^{9, 10}

No impact (positive or negative) is anticipated on this protected characteristic group due to the proposed service change.

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 3 areas. In addition, Swansea University has expanded, increasing the number of foreign students and Swansea's status as a dispersal site for asylum seekers has had an impact upon all three areas.¹¹

⁹ <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/Births-Deaths-and-Conceptions/Births/Maternities-by-Area-PlaceOfConfinement>

¹⁰ <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/Births-Deaths-and-Conceptions/Births/LiveBirthsWithLowBirthWeight-by-Area>

¹¹ <http://www.cityofsanctuary.org/swansea>

Table 5: 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)

ABMUHB area population profile closely mirrors Wales as a whole, however there are some slight variations. The proportion of Christians in the ABMUHB area (55.7%) is slightly lower than in Wales (57.6%). The population proportion with 'No religion', in ABMU (34.7%) is higher than the figure for Wales (32.1%). In general, the ABMU 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 ABMUHB 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%)

Table 6: Religion by unitary authorities in ABMU Health Board area

Region	Christia n	Buddhi st	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
<i>Bridgend</i>	55.1%	0.3%	0.2%	0.0%	0.4%	0.0%	0.4%	36.7%	7.0%	100.0%	139,178
<i>Neath Port</i>											
<i>Talbot</i>	57.7%	0.2%	0.1%	0.0%	0.4%	0.1%	0.4%	33.8%	7.3%	100.0%	139,812
<i>Swansea</i>	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)

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

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 12). 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 ABMUHB area identify as heterosexual (c.a. 95%). The percentage of the population identifying as LGB is approximately 1.5% in the ABMUHB 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 7: 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)¹²

* 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 and/or employment. However, based on the currently available evidence, no impact is anticipated on this protected characteristic group.

Other characteristics considered

The following characteristics described below are not Protected Characteristics under the Equality Act 2010. However, we 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:

¹² <https://stats.wales.gov.uk/Catalogue/Equality-and-Diversity/Sexual-Identity/SexualIdentity-by-Area-IdentityStatus>

- Welsh Language
- Human Rights
- Unpaid carers
- Socio-economic status

Welsh Language

Welsh language skills in the ABMUHB area are lower than in Wales as a whole (see Table 13). While the ABMUHB 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 8: Welsh language profile by ABMU 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
<i>Bridgend</i>	4.1%	9.7%	7.3%	134,545
<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. 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.

Human Rights

The EIA needs to be cognisant of the European Convention on Human Rights incorporated into domestic law through the Human Rights Act 1998¹³ 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

¹³ <https://www.legislation.gov.uk/ukpga/1998/42/contents>

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' rights protected under the Act.

We believe that the proposed service changes will ensure that patients' rights under Article 2 are protected. The proposed service changes are intended to ensure that patients experience shorter delays between referral and being seen by a specialist and related services due to the "one-stop" nature of the service provided at the MDU.

Unpaid Carers

The majority of residents in the ABMUHB 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, ABMUHB and Cwm Taf have 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 and Blaenau Gwent have the highest proportion of unpaid care, both 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%).

The service model provided at the Maesteg Day Hospital meant that patients would attend all day for multiple days, often weeks. It is likely that this service model will have provided partners/carers of patients with a degree of respite.

The proposed changes to Maesteg Day Hospital services potentially could negatively impact the partners/carers of patients, as the level of respite offered via the new service model delivered at the MDU will be less. Although it should be noted that the provision of respite to partners/carers of patients is not a deliberate function of this service.

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)¹⁴ 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 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

¹⁴ Wales Institute of Social and Economic Research Data and Methods. (2011). *An anatomy of economic inequality in Wales*. Cardiff: EHRC.

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)¹⁵ 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”

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

Table 9: 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)¹⁶ 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

¹⁵ World Health Organization. (2004). *Commission on social determinants of health*. Geneva: World Health Organization.

¹⁶ <https://gov.wales/statistics-and-research/welsh-index-multiple-deprivation/?lang=en>

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

The ABMUHB 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%.¹⁷

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 5 shows the geographical distribution of the WIMD multiple deprivation fifths across the ABMUHB area.

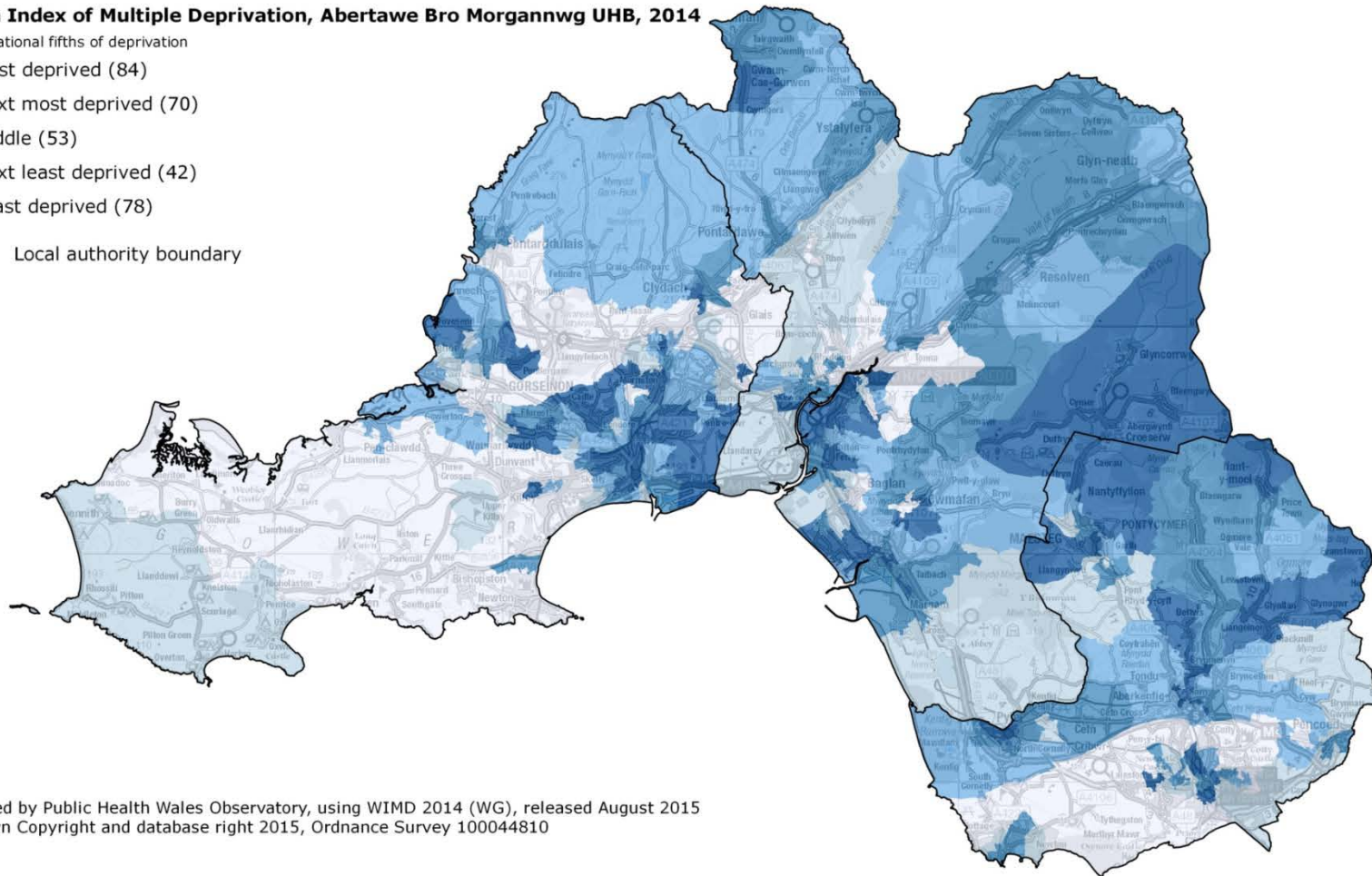
¹⁷ See Appendix A for a list of the 84 LSOAs.

Figure 4: Welsh Index of Multiple Deprivation, ABM UHB, 2014

Welsh Index of Multiple Deprivation, Abertawe Bro Morgannwg UHB, 2014

LSOA, national fifths of deprivation

- Most deprived (84)
- Next most deprived (70)
- Middle (53)
- Next least deprived (42)
- Least deprived (78)
- Local authority boundary



Produced by Public Health Wales Observatory, using WIMD 2014 (WG), released August 2015
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Table 14 and Table 15 show that within the ABMUHB 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 10: 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 11: 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%

Further analysis is planned that specifically focuses on the relevant Maesteg area and the surrounding Llynfi Valley LSOAs.

4. Summing up

The patient and demographic data presented in this report has identified that the proposed service changes will have direct relevance to the following protected characteristics:

- Age
- Disability
- Gender
- Marriage and civil partnership (in relation to carers)
- Race

Based on the data currently available, we do not anticipate a direct impact on the remaining protected characteristics (e.g. gender reassignment, pregnancy and maternity, religion and belief, and sexual orientation), but we will continue to monitor the proposed service changes with respect to these protected characteristics.

In addition to the above protected characteristics it is anticipated that the service changes may affect unpaid carers, the Welsh language and people with low socio-economic status.

No impact is anticipated upon patients rights protected under the Human Rights Act 1998.

With regards to the nature of the impact (i.e. positive, neutral or negative), the service model delivered by the MDU at POWH is intended to provide patients with a more efficient “one-stop” service. The MDU operates five days per week with Consultant led and support multidisciplinary teams able to assess and provide interventions on a daily basis. The impact for patients should therefore be positive.

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

5. Next Steps

The following actions are proposed to inform the Stage 2 EIA.

- Patient demographic data to be added.
- Analysis of WIMD data that focuses on the relevant Maesteg area and the surrounding Llynfi Valley LSOAs
- Conduct engagement activity with patients, wider stakeholders and staff.
- Incorporate patients, wider stakeholders and staff feedback on proposed changes.
- Identify relevant Key Performance Indicators and develop a monitoring plan to capture any impact of the proposed service changes.

Appendix A: List of Most deprived LSOAs in ABMUHB Area

Table 12: Most deprived (0-20%) LSOAs in ABMUHB area, WIMD 2014.

Name	Code	LHB Rank (of 327)	Wales rank (of 1909)	Deprivation
Caerau (Bridgend) 1	W01000991	1	6	0-10%
Penderry 1	W01000830	2	21	0-10%
Cymmer (Neath Port Talbot) 2	W01000921	3	22	0-10%
Castle 2 North	W01001955	4	27	0-10%
Townhill 1	W01000862	5	29	0-10%
Castle 1	W01000742	6	33	0-10%
Penderry 3	W01000832	7	34	0-10%
Townhill 2	W01000863	8	41	0-10%
Mynyddbach 1	W01000817	9	43	0-10%
Caerau (Bridgend) 2	W01000992	10	44	0-10%
Penderry 4	W01000833	11	45	0-10%
Townhill 3	W01000864	12	49	0-10%
Townhill 6	W01000867	13	50	0-10%
Townhill 5	W01000866	14	64	0-10%
Sandfields West 2	W01000962	15	72	0-10%
Aberavon 4	W01000886	16	79	0-10%
Bettws (Bridgend)	W01000975	17	90	0-10%
Sandfields East 2	W01000958	18	98	0-10%
Bonymaen 1	W01000738	19	102	0-10%
Neath North 2	W01000939	20	112	0-10%
Morrison 9	W01000814	21	116	0-10%
Brackla 3	W01000981	22	117	0-10%
Morrison 5	W01000810	23	119	0-10%
Neath East 1	W01000934	24	122	0-10%
Briton Ferry West 1	W01000896	25	123	0-10%
Sandfields West 3	W01000963	26	133	0-10%
Morfa 2	W01001022	27	136	0-10%
Morrison 7	W01000812	28	140	0-10%
Sarn 1	W01001055	29	141	0-10%
Penderry 6	W01000835	30	142	0-10%
Aberavon 3	W01000885	31	145	0-10%
Neath East 2	W01000935	32	148	0-10%
Penderry 7	W01000836	33	150	0-10%
Aberavon 2	W01000884	34	166	0-10%
Blackmill 2	W01000977	35	171	0-10%
St. Thomas 1	W01000849	36	176	0-10%
Gwynfi	W01000930	37	177	0-10%
Caerau (Bridgend) 3	W01000993	38	179	0-10%
Cornelly 4	W01001002	39	189	0-10%
Llansamlet 8	W01000801	40	207	10-20%
Sandfields West 4	W01000964	41	212	10-20%
Coedffranc Central 3	W01000914	42	216	10-20%
Cockett 8	W01000762	43	217	10-20%
Penderry 5	W01000834	44	218	10-20%
Cockett 2	W01000756	45	224	10-20%
Ynysawdre 1	W01001057	46	225	10-20%

Landore 3	W01000789	47	234	10-20%
Penderry 2	W01000831	48	246	10-20%
Pyle 2	W01001049	49	248	10-20%
Neath South 2	W01000942	50	249	10-20%
Maesteg West 3	W01001019	51	254	10-20%
Penyrheol (Swansea) 4	W01000844	52	264	10-20%
Llansamlet 6	W01000799	53	269	10-20%
Landore 4	W01000790	54	271	10-20%
Sandfields East 1	W01000957	55	278	10-20%
Glyncorrwg	W01000924	56	284	10-20%
Oldcastle 1	W01001035	57	287	10-20%
Castle 3	W01000744	58	292	10-20%
Caerau (Bridgend) 4	W01000994	59	293	10-20%
Sketty 4	W01000856	60	295	10-20%
Blackmill 1	W01000976	61	298	10-20%
Landore 2	W01000788	62	302	10-20%
Maesteg East 2	W01001015	63	303	10-20%
Bryn and Cwmavon 3	W01000900	64	310	10-20%
Port Talbot 3	W01000951	65	315	10-20%
Maesteg West 4	W01001020	66	319	10-20%
Briton Ferry East 2	W01000895	67	323	10-20%
Clydach 3	W01000752	68	325	10-20%
Neath East 3	W01000936	69	328	10-20%
Bonymaen 2	W01000739	70	331	10-20%
Mynyddbach 2	W01000818	71	332	10-20%
Neath North 3	W01000940	72	334	10-20%
Morrison 6	W01000811	73	336	10-20%
Neath East 4	W01000937	74	340	10-20%
Morfa 3	W01001023	75	342	10-20%
Nant-y-moel 1	W01001024	76	347	10-20%
Bryntirion Laleston and Merthyr Mawr 3	W01000990	77	352	10-20%
Sandfields East 4	W01000960	78	354	10-20%
Gwaun-Cae-Gurwen 2	W01000929	79	355	10-20%
Castle 4	W01000745	80	356	10-20%
Tai-bach 2	W01000967	81	361	10-20%
Penllergaer 2	W01000838	82	369	10-20%
Cymmer (Neath Port Talbot) 1	W01000920	83	372	10-20%
Bonymaen 4	W01000741	84	380	10-20%