



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Equality Impact Assessment Stage 2

Post-engagement analysis

Changing for the Future Public Engagement on our Proposals for the future of Acute Adult Mental Health Services in Swansea Bay University Health Board which run from 31st January 2022 and 25th February 2022.

DRAFT

1. Introduction

The purpose of this report is to set out the narrative and findings of the Equality Impact Assessment of proposed changes the future of adult acute mental health in-patient assessment services across the Swansea Bay area.

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

A stage 1 equality impact was developed to inform the adult acute mental health in-patient assessment services public engagement process. The stage 1 Equality Impact Assessment (EIA) outlined the reasoning behind the proposed service change and provided a summary of available background evidence which described our current understanding of the potential impact of the proposed service changes based on that evidence base. The purpose of this document was to describe our understanding at that point in the process of the likely impact. By following the EIA process it was intended that we would identify and address any gaps in our knowledge by engaging and consulting with the public and stakeholders.

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

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

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

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

2. Background and rationale for the proposed service change

Introduction

In 2013-14, the former Abertawe Bro Morgannwg University (ABMU) Health Board undertook formal public consultation on the organisation and location of its Adult Mental Health Acute Assessment Facilities. This arose due to a number of adverse reports into the unsuitable and unfit for purpose accommodation, particularly on the Cefn Coed Hospital site.

In March 2014 ABMU Health Board considered the outcome of this consultation and concluded that a single adult acute mental health assessment unit for the Swansea, Bridgend and Neath Port Talbot population covered by ABMU, should be built, supported by local community and crisis mental health services. The Board further agreed that the site for this unit should be Neath Port Talbot Hospital as it was an acute hospital site (reflecting Welsh Government guidance at the time), it was geographically central for the areas served and the site could accommodate this new build. The then ABMU Community Health Council subsequently agreed to support, in principle, the centralisation of these services subject to the development and implementation of pathways of care to support this in advance of the new unit opening.

Due to changes to the Health Board's boundary, the potential site options needed to be reconsidered, as Neath Port Talbot Hospital site was no longer a central site for the Swansea Bay population, and Welsh Government guidance recommending co-location with an acute hospital had changed. Therefore, the planned new build was not progressed and further work was required to reconsider the best location of this unit for the Swansea Bay area.

Since that time, the Health Board has continued with plans to significantly change and modernise our mental health services provision. We have made improvements to Fendrod and Clyne Wards which provide adult acute assessment beds at Cefn Coed Hospital, but it is not possible to modernise it fully to meet 21st century standards of care and provide the facilities, privacy and dignity our patients deserve.

By far the majority of our care for people with mental health problems is provided outside of hospital settings (around 95%) and our service models reflect this.

Over the past three years we have invested over £3.4 million from the Welsh Government Mental Health Service Improvement Funding into developing these services across the West Glamorgan region, including the third sector provision. These have included:

- the development of the Single Point of Access for Adult Mental Health Services, further expansion of this to develop into an all age Assessment Hub

for Mental Health Services, connected to the 111 expansion of services across Wales.

- the expansion of our provision for psychological therapies to ensure we continue to meet the Welsh Government waiting time targets and aim to try and reduce this level further.
- the provision of Mental Health links workers into GP Clusters continues to expand to jointly manage the level of need within the community and primary care.
- engaging and supporting third sector organisations to plan and develop their services to support prevention and low level mental health need, with the development of the Mental Health Sanctuary service within the region.

These developments support the pathway preparation in advance of the new unit opening.

As part of our response to the pandemic a number of changes were made to Adult Mental Health Services:

- The service has been provided as one integrated service across Swansea Bay, rather than separate services for Swansea and Neath Port Talbot populations.
- Specific wards were designated across the Health Board for new admissions so patients could be assessed and tested in a single location, so reducing the risk of Covid-19 spreading to our other patients.
- We designated our treatment wards within Cefn Coed Hospital as wards where patients who required ongoing treatment following assessment would be cared for.
- We created a COVID isolation unit attached to Ward F at Neath Port Talbot Hospital, using the space previously used for the Substance Misuse Detoxification Unit (Calon Lân) which allowed us to isolate patients that were admitted and tested positive for Covid-19.
- In collaboration with the Local Authorities and the Police we re-designed our place of safety under the Mental Health Act to Neath Port Talbot Hospital as part of the admission unit (Ward F).
- The crisis/home treatment teams continue to work separately by day within Swansea and NPT areas, but out of hours both these teams are based in Neath Port Talbot Hospital attached to Ward F. This allows us to concentrate our staff resources to deal with out of hours' assessments.
- During this time, we also made changes to the medical on call rota following a review of the arrangements put in place as part of the Health Board boundary changes in 2019. As a result, we no longer have a shared Neath Port Talbot / Bridgend medical rota. This means that we now have a junior on call doctor based in Ward F, Neath Port Talbot Hospital covering the admission unit and providing support to Cefn Coed Hospital when required.

These changes have allowed us to continue to provide Adult Mental Health Services during the pandemic in the safest way for our patients. This is working towards the centralised model outlined and agreed in the previous public consultation, where we

have designated separate assessment and treatment wards, which is the preferred future model of care and will provide better patient experience.

The Health Board has written a Strategic Outline Case for the provision of the new facility, which has been endorsed by Welsh Government. To finalise the Outline Business Case and detailed planning for submission to Welsh Government for approval, we need to confirm the final site for the new unit and this engagement informs that decision. The decision to have a single in-patient unit is not being reconsidered as part of this work.

It was agreed with Swansea Bay Community Health Council (CHC) that public engagement on these proposed changes should run for 8 weeks from 31st January 2022 and the 25th March 2022.

The Health Board has recently completed a public engagement exercise on proposals on the future of adult acute mental health in-patient assessment services across the Swansea Bay area. The engagement took place between 31st January 2022 and the 25th March 2022.

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.

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.

Age

NICHE Health & Social Care Consulting undertook a simulation modelling of its mental health services based on a three-year census of historic data (pre the 1st April 2019 boundary change); and then forward projected a wide range of scenarios. NICHE's report (May 2019) to determine the Health Board's future adult in-patient bed numbers and community services requirements. NICHE advised that "demographic change is not a real concern over the coming five years; ONS forecasts are for a very small fall in the local population aged 16 to 64 NICHE concluded "*Demographic change for adults of working age, demographic change is not a real concern over the coming five years; ONS forecasts are for a very small fall in the local population aged 16 to 64*", supporting a 'steady-state' baseline for population growth in the population served by SBUHB.

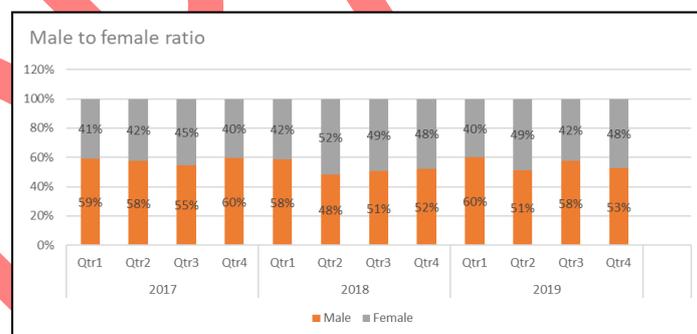
Based on the currently available evidence, no impact is anticipated on this protected characteristic group.

The feedback from the public engagement exercise did not raise any issues or concerns around age. We will continue to monitor for any potential impacts as the proposals are implemented.

Gender

Over the 3-year period of 2017-2019 there has only been one quarter where the number of females admitted was greater than the number of males.

Admissions by sex (2017 – 2019)



Based on the currently available evidence, no impact is anticipated on this protected characteristic group.

The feedback from the public engagement exercise reiterated the importance of single sex wards as part of the new building design work. We will continue to monitor for any potential impacts as the proposals are implemented.

Disability

Based on the currently available evidence, no impact is anticipated on this protected characteristic group.

The feedback from the public engagement exercise reiterated the importance of accessibility for people with a disability as part of the new building design work. We will continue to monitor for any potential impacts as the proposals are implemented.

Race

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

Ethnic group by SBUHB area

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

(Source: Table KS201EW Census 2011, ONS)

Where English is not a patient's first language the ability of patients to receive and communicate about their health care provision in the language of their preference, may be affected.

However, based on the currently available evidence, no impact is anticipated on this protected characteristic group within these proposals.

The feedback from the public engagement exercise did not raise any issues or concerns around race. We will continue to monitor this as the proposals are implemented.

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%)

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.

The feedback from the public engagement exercise reiterated the importance of a neutral religious space to be incorporate as part of the new building design work. We will continue to monitor this as the proposals are implemented

DRAFT

Religion by unitary authorities in Swansea Bay Health Board area

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

(Source: Table KS209EW Census 2011, ONS)

Sexual Orientation

Sexual orientation is not asked for by the Census, consequently there is not access to accurate data regarding the Lesbian Gay Bisexual Transgender LGBT Queer (LGBTQ) community.

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

Further work will need to be undertaken to explore whether there is potential for differential impact with regard to sexual orientation.

The feedback from the public engagement exercise did not raise any issues or concerns around sexual orientation. We will continue to monitor this as the proposals are implemented.

Other characteristics considered

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

- Welsh Language
- Unpaid carers
- Socio-economic status

Welsh Language

Welsh language skills in the SBUHB area are lower than in Wales as a whole (see **Error! Reference source not found.**). 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%).

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.

The feedback from the public engagement exercise did not raise any issues or concerns around the use of the Welsh Language. We will continue to monitor this as the proposals are implemented.

Unpaid Carers

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

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

Data from Carers UK² shows that:

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

It is anticipated the change in service model would not have a negative impact on this group.

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

The feedback from the public engagement exercise did not raise any issues or concerns around carers. We will continue to monitor this as the proposals are implemented.

Socio-economic status

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

The World Health Organisation (2004)³ notes that:

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

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

Population density for Swansea Bay University Health Board area

Locality	Population per km²
Swansea	603.2
Neath Port Talbot	310.6

Concerns have been raised regarding access and transport to a single site. The ability to access services, especially around our hospital sites is consistently raised as a concern and was a central theme arising from the Changing for the Future engagement. As part of the response to Changing for the Future engagement it was agreed a new approach is taken to travel planning to support these service changes, including working with partners to improve the interconnections of public transport between sites and also with the third sector to provide alternative transport options. This would apply to this service change

Acutely unwell patients would not be expected to use public transport to access services at the adult acute mental health services unit. These patients will be supported by their care coordinator who would have attended the crisis assessment with the patient, which would have taken place to determine if an inpatient admission was required. The other alternative to this would be if a patient was detained under the Mental Health Act in the community and direct transfer to the

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

inpatient services. In those circumstances all the transport requirements are facilitated by the professionals involved in the mental health act assessment.

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

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

The development of an acute adult mental health unit on a site with other mental health services would make the future staffing model for mental health more sustainable.

This will aid the recruitment and retention of various professional group with the workforce due to the centralisation of the services and the purposely fit for purpose building, which will be a huge improvement on the current situation.

- Human Rights

This Stage 2 draft EIA needs to be cognisant of the European Convention on Human Rights incorporated into domestic law through the Human Rights Act 1998⁴ as well as international treaties. Everyone has the right to participate in decisions which affect their human rights. The convention on the rights of people with disabilities contains protection of the right to participate in decisions and access to support for participation and access to information.

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

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

Based on the available evidence we do not anticipate that the proposed service changes will impinge upon patients' or staff's rights protected under the Human Rights Act.

5. Summary of impact

At the Stage 1 EIA process feedback from patients, wider stakeholders, carers and staff had been captured/evidenced. The impacts identified on the protected characteristic groups based on feedback received will be outlined in the section below.

6. Themes from the Public Engagement on our Proposals for the future of Adult Acute Mental Health Services in Swansea Bay University Health Board

Responses

During the engagement period, a total of 48 responses were received, this included:

- 36 completed response forms, although not all respondents completed all questions.
The response to the question 'To what extent do you agree / disagree with the proposals for the future location of Adult Acute Mental Health Assessment Beds in Swansea Bay University Health Board?':
 - Strongly Agree = 15 responses (42%)
 - Tend to Agree = 11 responses (31%)
 - Neither Agree nor Disagree = 1 responses (3%)
 - Don't know = 2 responses (5%)
 - Strongly Disagree or Tend to Disagree = 7 responses (19%)
 - 7 completed the equality impact question, with 6 identifying potential impacts

6 respondents commented on equality considerations the health board needed to take into account including:

- Accessible for people with disabilities
- Male and female wards
- Stigma of Cefn Coed is difficult to overcome
- Different areas for different needs is good
- Avoid segregation
- Access to interpreters
- Ensure there is provision for pregnant people
- Ensure there is a neutral worship place / religious space for patients

Whilst we would have preferred more responses, a smaller response rate is not unusual given the nature of the service, and the relatively low numbers of

people who use the inpatient service. We reviewed the approach with the CHC at the mid-point of the engagement exercise, and confirmed further actions with them at that point.

Full responses to this question and demographics for the survey respondents are included at *Annex 2*.

30 respondents provided suggestions for new names for the unit and how the name of the new unit should be decided, responses are included at *Annex 3*.

- 9 comments on the Health Board intranet / email submissions
- 2 comments on Facebook
- 1 comment on Twitter
- Feedback from 7 meetings (Accessibility Reference Group, Regional Health, Social Care and Wellbeing Network, NPT CVS Forum, Mental Health Wellbeing Board, Health Board Partnership Forum, two staff meetings)

The details of these responses have been shared with Swansea Bay CHC.

The main themes which were raised during the engagement are set out below.

Supportive of the proposals:

The feedback to the proposals was supportive, with 73% of responses either strongly or tending to agree with the proposals. Most considered it a positive development that will benefit patients. The proposals put recovery at the forefront and provide a real opportunity to further empower patients. The need to support and include prevention as part of this work was highlighted.

Many respondents were supportive of the integrated services and approach. It was noted that having services in one place makes sense, as it offers easy transfer between services, and there are significant benefits in having staff on a single site. The development of a Psychiatric Intensive Care Unit (PICU) within Swansea Bay was considered to be a positive development for our most acutely unwell patients.

A number of comments focused on the importance of including key features in the new development to support patient recovery, these included access to green space (secure and non-secure areas), in addition to activity space, a café, a suitable space to spend time with visitors as well as ample parking for visitors and staff.

The single unit was considered to be a real opportunity to further improve joined up working across the organisation as well as improving partnership working. Suggestions to facilitate this included the inclusion of physiotherapy gym space, Occupational Therapy assessment space and hot desks / space for Community Psychiatric Nurses / Community Mental Health Team and dedicated third sector space in the new build.

It was proposed the Section 136 suite should include a toilet and refreshments so there is less need to disturb ward staff. Consideration should be given to security on

the site and there could well be an opportunity to have mental health trained security staff to support police with patients who may be difficult to manage. The availability of night time crisis staff was considered to be a priority.

Concerns raised

Equality Concerns

Many of the equality issues raised related to the provision of the new unit and as part of the design process we will ensure the facility is accessible for people with disabilities, there is a neutral worship place / religious space for patients and there are male and female wards available.

As part of the delivery of current services and future service models we will look to meet the individual needs to patients who may be pregnant or require additional support around interpretation.

Access and Transport to Services

The ability to access services, especially around our hospital sites is consistently raised as a concern and was a central theme arising from the Changing for the Future engagement. As part of the response to Changing for the Future engagement it was agreed a new approach is taken to travel planning to support these service changes, including working with partners to improve the interconnections of public transport between sites and also with the third sector to provide alternative transport options. This would apply to this service change

Acutely unwell patients would not be expected to use public transport to access services at the adult acute mental health services unit. These patients will be supported by their care coordinator who would have attended the crisis assessment with the patient, which would have taken place to determine if an inpatient admission was required. The other alternative to this would be if a patient was detained under the Mental Health Act in the community and direct transfer to the inpatient services. In those circumstances all the transport requirements are facilitated by the professionals involved in the mental health act assessment.

Parity of treatment of patients

In order to access the inpatient services regardless of its location a gatekeeping assessment has to be completed by the crisis teams which are located both in Neath Port Talbot and Swansea. The outcome of that assessment determines whether home treatment of inpatient admission is required to meet that individual's current needs and those issues would determine the requirement for admission not geographical reasons.

Stigma

The Cefn Coed site does have the historical context of the provision of institutional mental health care, but over time we have worked hard to lessen this stigma and improve mental health services. Some of the site has been used for housing development and other parts of the site have been repurposed to provide modern mental health services such as Ysbryd y Coed.

Impact on the provision of other mental health services

The vast majority of patients with a mental illness will be supported in the community through Community Mental Health Services and Local Primary Care Mental Health Services, will not require a hospital admission. There will be no change for these patients. Our needs analysis has shown that there will not be an increase in requests for assessments at the new unit.

For patients who require hospital admission, around 32 % of all admissions are for patients with Neath Port Talbot postcodes and these figures have been consistent over the last three years.

Concerns have been raised regarding the additional travel time for Care Co-ordinators travelling to a different local authority area to see patients. The proposed site for the adult acute mental health unit should not have any impact on travel time for Care Co-ordinators, as many Multi-Disciplinary Team Meetings are held virtually and this has led to increased attendance in some areas. An important aspect of the role of a Care Co-ordinators is visiting patients at home, and travel across a wide geographical area is integral to this.

Some concern was expressed that the number of admissions under the Mental Health Act will increase as people will refuse informal admission on the basis they don't want to travel to the unit. There is no evidence to suggest that this is likely to happen. During the pandemic we have had to adapt how we provide our services. At present all admissions for Swansea and Neath Port Talbot residents have gone into Ward F at Neath Port Talbot Hospital for their assessment phase and then transferred to Cefn Coed Hospital for their ongoing treatment phase and discharge planning. These changes were to adapt to COVID but it replicates the model with the future inpatient model, an assessment ward and then treatment wards. The positive addition to the proposal is that this will then all be provided on the one site which will have better patient experience and outcomes. patients requiring extended admission or assessment have come to Cefn Coed.

Site selection process

The Adult Acute Assessment Re-provision Project Board is developing the outline capital business case for submission to Welsh Government to support the funding of fit for purpose adult acute inpatient accommodation. The engagement of service users, carer and the public is integral to developing this approach. The Project Board comprises membership from the Health Board, Local Authorities, Third Sector and service user / carer representation and has overseen the process for option appraisal. There will be subgroups of the overarching Board that will be developed at different stages of the development to inform the requirements of the unit and there will be wide ranging involvement in those subgroups from across the sectors.

The Health Board has been working with stakeholders since early 2019 to identify a potential location for this new development. Between February and November 2020, thirteen sites were identified by external advisors as being of suitable size and location within the Swansea Bay area. These sites included land owned by the NHS

and others. A series of workshops were then held with stakeholders to discuss and agree the criteria to evaluate the suitability of each of these sites.

These criteria were agreed as:

- Location provides acceptable access for areas of high demand for services across the Health Board area.
- Location has access to outside space & activity areas and is considered 'safe' in terms of avoiding known high risk areas for the development of Psychiatric Units and is 'safe' in terms of 'sanctuary'.
- Location is accessible, by public transport if necessary.
- Location offers the opportunity for joint working with other mental health services and/or physical health care services.
- Location promotes inclusivity and has reasonable access to local amenities.

In January 2021 a shortlist of five options were agreed, through the application of these criteria to the original long list of thirteen options, resulting in the following sites being considered further:

- Cefn Coed Hospital site
- Two different sites adjacent to Morryston Hospital
- Neath Port Talbot Hospital site
- Singleton Hospital site

The shortlisted five options were all NHS hospital sites. These were the options which best met the criteria and reflected the importance of being located on a site with other health or mental health services to provide clinical support as well as access to wider support services.

In April 2021, a virtual workshop was held with stakeholders including clinicians, Local Authorities, the voluntary sector, service users and carers. The workshop's participants were split into three groups, with each having clinician, service user, carer, voluntary sector and statutory service representatives. Each of the shortlisted sites were considered as to how they met the agreed criteria. This resulted in a clear ranking of each site and the extent to which it met the criteria. Ranked first was Cefn Coed Hospital. It scored the highest of the options by some margin. In addition, all three individual groups ranked Cefn Coed as their top option.