



## **Adult Mental Health Assessment Beds: Draft Equality Impact Assessment Stage 1**

**18 January 2022**

### **1. Introduction**

The proposal is to reconsider the location of the single site for adult acute mental health beds from Neath Port Talbot Hospital to Cefn Coed. This has been influenced and shaped by:

- a change in the boundaries of the Health Board, Swansea Bay Health Board now covers Neath Port Talbot and Swansea. (Bridgend is now covered by Cwm Taf Morgannwg Health Board)
- a change to policy, there is no longer a requirement for adult mental health beds to be co-located on an adult acute site.

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

This is a Stage 1 Equality Impact Assessment (EIA) which will be used to develop the evidence base, and describe our current understanding of the potential impact of the proposed service changes based on that

evidence base. Following the agreed engagement period 31<sup>st</sup> January 2022 - 18<sup>th</sup> March 2022 a Stage 2 EIA will be produced, which will incorporate an analysis of feedback from our engagement activity with stakeholders, and any new evidence identified.

This report is not intended to be a definitive statement on the potential impact of the proposed changes on protected characteristic groups, but to describe our understanding at this point in the process. The Stage 1 EIA process will help us to identify and address any gaps in our knowledge by engaging and consulting with the public and stakeholders. This Stage 1 EIA will remain in draft form throughout the engagement period and will be updated accordingly as further evidence is gathered.

## **2. Background and rationale for the proposed service change**

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

About 390,000 people live in Swansea Bay and we employ approximately 12,500 staff and spend around £1.1 billion every year on providing health services for our population.

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

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

Most of the care for people with mental health needs is provided in the community, supporting people to live in their own homes with additional support where required from the NHS, family doctor services, social services, the voluntary sector, communities, carers, and families. Our main hospitals (Morriston, Neath Port Talbot, and Singleton) also provide care for people with mental health problems who have physical health problems as do our community services and family doctor services.

Mental health adult acute assessment inpatient beds are provided in Fendrod and Clyne Wards on the Cefn Coed Hospital site and in Ward F on the Neath Port Talbot Hospital site.

In April 2019, responsibility for the planning and delivery of services for the Bridgend population transferred to Cwm Taf Morgannwg University Health Board and Swansea Bay University Health was formed. However, Swansea Bay patients continue to be admitted to the Princess of Wales Hospital in Bridgend if they need Psychiatric Intensive Care services, as there is currently no such provision in Swansea Bay area.

The engagement is seeking views about the locations we have looked at as possible sites for our new single adult mental health assessment unit. We also want to know what people think of the recommendation of the multi-agency group that reviewed these options against a set of agreed criteria, as to what our recommendation for a future site should be.

## **Background**

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. In March 2014 ABMU Health Board considered the outcome of this consultation and concluded that a single 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) 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 need to be reconsidered, as Neath Port Talbot Hospital site is no longer a central site for the Swansea Bay population and Welsh Government guidance recommending co-location with an acute hospital

has 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. We now need to confirm the future site for the new unit through this engagement so that we can work with Welsh Government to identify the required capital funding and start the detailed planning, with our partners, service users and carers for the unit.

As part of our response to the pandemic, we have developed a single integrated service, designated specific wards for admissions and treatment and built on the work our Crisis / Home Treatment teams are doing. We are also developing a Mental Health Assessment Hub for all ages utilising the 111 platform. These developments support the pathway preparation in advance of the new unit opening.

### **Rationale for changing our services**

As outlined in the previous public consultation, the Health Board recognises that Fendrod and Clyne Wards, which provide adult acute assessment beds at Cefn Coed Hospital, are not fit for purpose, and do not provide the facilities, privacy, or dignity which our patients deserve. The wards are the last remaining Victorian styled psychiatric buildings in Wales and their design and layout have been criticised in a number of reports as no longer being suitable for providing modern care. Whilst improvements have been made to the wards, it is not possible to modernise it fully to meet suitable standards of care for now and in the future. Our proposal of a new unit will incorporate en-suite bedrooms, therapeutic spaces, single sex facilities, quiet rooms, activity areas both internally and externally and easy access to secure, safe outdoor spaces to support our patients' recovery.

Ward F at Neath Port Talbot Hospital, which currently provides adult acute assessment beds, is more modern, but the combination of these beds with other services on the ward such as the "age appropriate" bed for 16–18-year-olds in crisis and the Calon Lân substance misuse inpatient detoxification unit is not satisfactory. Each of these patient groups have different needs and require their own designated areas within the overall service.

We are working with the Area Planning Board (APB) for Substance Misuse Services on their plans for the remodelling of its existing model of service, which the inpatient detox unit forms part of. Jointly with the

APB we have commissioned a review of the model of service for inpatient Detox services to better inform the future provision for this aspect of the overall service. This review will be complete before the end of the engagement and will be used with feedback from the engagement exercise to inform the next steps.

## **Services before the Covid-19 Pandemic**

Pre-Covid, Adult Mental Health Services were divided into Swansea and Neath Port Talbot Localities. Both localities had their own inpatient admission beds, crisis teams and community mental health teams within their localities.

Swansea inpatient beds were based on Clyne (14 bed female ward) and Fendrod (19 bed male ward) in Cefn Coed Hospital along with the mental health crisis/home treatment team. There were three community mental health teams that cover the Swansea area based across the geographical area.

Neath Port Talbot inpatient beds were based on ward F (21 beds mixed gender) on the NPTH site along with the crisis/home treatment team. There were two community mental health teams based in Tonna Hospital for Neath and The Forge Centre for Port Talbot areas.

There are other services across the adult mental health services that have remained unchanged and will continue to remain unchanged in relation to purpose and location e.g. Local Primary Mental Health Services, Veterans services, Early Intervention Psychosis services, Assertive Outreach services.

## **Changing services to cope with the Covid-19 pandemic**

When the Covid-19 pandemic started early in 2020, the NHS in Wales worked hard to identify how its available beds could be managed to cope with the expected rise in the number of patients we would need to treat. As a result, a number of changes were made to 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.
- 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 by day within Swansea and NPT areas separately 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.

The table below shows the number of adult assessment mental health beds prior to the pandemic and how they have changed during the pandemic.

	<b>Number of beds pre-pandemic</b>	<b>Changes made during Pandemic</b>
<b>Neath Port Talbot Hospital</b>	21 admission and treatment beds on Ward F for Neath Port Talbot patients	21 admission/assessment beds on Ward F for Swansea and Neath Port Talbot patients
<b>Neath Port Talbot Hospital</b>	5 Inpatient Substance Misuse Detox beds on Calon Lan	Temporarily closed the 5 beds on Calon Lan and re-provided access to 2 detox beds on ward F at Neath Port Talbot Hospital
<b>Cefn Coed Hospital</b>	33 admission and treatment beds on Fendrod and Clyne for Swansea patients	33 treatment beds on Fendrod and Clyne for the Swansea and Neath Port Talbot patients
<b>Princess of Wales Hospital</b>	Access to 5 beds with the PICU unit in POW	Access to 5 beds with the PICU unit in POW (tbc)
<b>Total</b>	<b>64</b>	<b>64</b>

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. It is proposed that we continue with this change whilst we agree the future location for our adult mental health beds and progress with the necessary business case to access Welsh Government capital for this new facility.

## **How did we confirm how many beds and what services we would need in the new unit?**

We confirmed the various options and future number of beds needed following various reviews. The Health Board commissioned an external consultancy to work with Health Board, Local Authorities, third sector organisations and patient/family representatives to be part of a process completing a needs assessment and potential future modelling for Adult Mental Health Services.

Outlined in the table below are the number of beds available pre-Covid and the number proposed in the planned new unit.



	<b>Number of beds pre-pandemic</b>	<b>Proposed beds within new facility</b>
<b>Neath Port Talbot Hospital</b>	21 admission and treatment beds on Ward F for Neath Port Talbot patients	0
<b>Neath Port Talbot Hospital</b>	5 Inpatient Substance Misuse Detox beds on Calon Lan	0
<b>Cefn Coed Hospital</b>	33 admission and treatment beds on Fendrod and Clyne for Swansea patients	0
<b>Princess of Wales Hospital</b>	Access to 5 beds with the PICU unit in POW	0
<b>New Unit</b>	0	55 adult mental health beds in 3 wards for assessment and treatment. + 5 bed PICU solely for Swansea Bay patients + 5 beds for inpatient substance misuse detox
<b>Total</b>	<b>64</b>	<b>65</b>

## What services would be included in the new unit?

The new unit will have all the inpatient beds on one site, which will include an assessment ward, two treatment wards, and our own Psychiatric Intensive Care Unit for the Swansea Bay area, as we will discontinue using the service currently provided at Princess of Wales Hospital in Bridgend. There is also a planned inpatient Substance Misuse Detoxification unit and we are continuing to work with Area

Planning Board and its commissioning team in relation to the future requirements of this service. This will be informed by the review which will be completed by the end of February 2022.

All the support services required for the assessment facility will also be provided within the unit. For example, space for therapy support for inpatients from the various wards, and all the associated catering, cleaning and portering services.

Changes have been made within some of the community mental health services that support the inpatient units, for example, changes to the Crisis / Home Treatment teams as part of our response to the pandemic. We have also worked with Welsh Government on developing a new Mental Health Assessment Hub for all ages utilising the 111 platform and building on the existing crisis team model. As this develops, it will form a core part of the new Adult Mental Health Inpatient provision, operating in a similar way to the service being planned and developed on the Neath Port Talbot Hospital site, attached to Ward F.

Mental health service improvement funding has been provided to the Health Board again for 2022/2023 and this presents further opportunities to enhance community services. One of the impacts of this investment will be that as community services are better able to support more challenging patients, this will mean that the patients requiring admission will be those who are more unwell. This supports the need for one facility sited in the most appropriate location. Patients supported by the community teams will be afforded local rehabilitation and support in partnership with social care.

The number and organisation of the current Adult Mental Health community mental health teams will not change and they would continue

to function within the geographical areas they currently cover across Swansea and Neath Port Talbot.

## **What will be the location of the new unit?**

When we made the decision to build the unit at Neath Port Talbot Hospital the former ABMU Health Board was responsible for Swansea, Neath Port Talbot, and Bridgend populations. With the transfer of the Bridgend population's services to Cwm Taf Morgannwg University Health Board, we decided we should revisit our decision on where the new unit should be built.

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.

By 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 Morriston 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. The five shortlisted sites were considered across the four potential locations listed above.

The results of this evaluation were as follows:

Evaluation Criterion	Cefn Coed Hospital	Adjacent to Morriston Hospital	Neath Port Talbot Hospital	Singleton Hospital
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.	✓✓✓ ✓✓ ✓✓✓	✓✓ ✓ ✓	✓✓ ✓ ✓✓✓	✓✓ ✓ ✓✓
Total	34	24	26	24
Rank	1	3	2	3

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. The other location options

scored within 2 points of each other. **In summary, Cefn Coed Hospital was selected as the preferable option for the location of the new unit.**

Feedback in the workshops from service users and carers preferred the Cefn Coed site to Morryston for several reasons:

- Service users and carers preferred the tranquillity of the Cefn Coed, compared to the high level of activity on an acute site such as Morryston with many patients, visitors, ambulances arriving and it being overwhelming for mental health patients when they are poorly.
- Privacy was important to service users and carers, acute sites such as Morryston with increased footfall from visitors and patients didn't offer the same level of privacy as Cefn Coed.
- The availability of green outside space, offers an environment that would be positive for mental health and wellbeing and was valued by service users and carers.
- The Cefn Coed site, with housing developments and nearby amenities offers patients the opportunity to be part of a local community, which can help with recovery. The location of Morryston hospital doesn't offer the same opportunity.
- Morryston is closer to high risk areas for people who are unwell than Cefn Coed.

If the new unit were to be built on the Cefn Coed site, as proposed in this document, there would be access to on-site expertise and existing facilities from the existing units and services provided there. These

services include the Older People's Mental Health inpatient wards and Mental Health Rehabilitation wards, allowing the new Adult Mental Health Unit to be an integrated part of a range of mental health services for the Swansea Bay population within new fit for purpose units on one site.

Offering mental health services on one site has several advantages including less transport and disruption for patients who become more poorly and require the PICU service as well as patients who are improving and ready to access rehabilitation services.

Locating the mental health services together provides additional benefits around economies of scale, particularly around costs such as medical rotas, cross cover of staff between wards and reduced costs for support services.

In addition, it is a health board owned location that means the planning permissions required would be quicker and simpler.

The Health Board's strategic direction has been agreed to provide local services where possible and specialist where necessary and the approach to the development of a single adult mental health unit fits with our agreed direction of travel. The Health Board's Changing for the Future public engagement exercise, which was carried out during the summer of 2021, gave a clear mandate to the Health Board's strategic development of our acute hospital sites. The co-location of mental health services on the acute hospital sites is not a part of the creation of these centres of excellence for physical health. The proposed location supports the outcome of the Changing for the Future public engagement, and the Health Board's Clinical Services Plan.

## **How will we get to the unit?**

We know that when we put services on a single site this can sometimes cause difficulties when people need to visit, especially for people who do not have access to a car or are dependent on public transport. We are currently working with the voluntary sector to look at how we can offer alternatives to improve access to several health services including mental health, and this would be part of those discussions.

## **What about the money?**

These changes are about making sure we provide the highest quality services possible in the most appropriate place and with the best staff in appropriate environments. We need to make sure we are living within our means and using all our resources – money, staff, and buildings, as efficiently and effectively as possible. Swansea Bay University Health Board has a budget of about £1.1 billion every year. However, we are currently overspending this budget and so we have to make sure we are using all of this public money wisely and to best effect.

These proposals will largely depend on capital funding being available from Welsh Government to build the new unit. The Health Board will need to ensure as part of this process that it can afford the ongoing costs of running the unit within the resources available to it. However, to develop a business case for the new unit, and so obtain the capital funding required, we need to be clear about the proposed location of this unit, which is why this engagement is being carried out.

## **Summary of our proposals**

This document outlines how services for adults with acute mental health needs will be provided in the future and explains the possible sites for this unit that have been identified and therefore the proposed location of this facility at Cefn Coed Hospital.



## **What are the benefits and drawbacks of these proposed changes?**

Detailed below are some of the benefits that will be delivered by these proposed changes:

- Improves the quality and safety for patients because of the difficulties in providing safe and supportive care within the current outdated facilities.
- Stops our most unwell patients having to be transferred between our assessment wards and the current Psychiatric Intensive Care Unit facility at Princess of Wales Hospital, Bridgend.
- Improves the overall environment for patients and resolve the issues that have been highlighted by previous external reviews and feedback from patient access in the services, such as lack of privacy and dignity. Current facilities do not have any en-suite bedrooms. There is also limited access to outdoor space and physical exercise on some current wards. The outdated buildings also hinder the efforts of staff to continuously maintain effective infection, prevention, and control.
- It will enable us to continue to develop enhanced community services across the Health Board area to support the new unit.

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

- The potential of ongoing stigma attached with the Cefn Coed Hospital site if that site became the agreed option.
- Public transport and access links to a single site may not be as easy as they currently are.

## **What will happen to staff affected by these proposed changes?**

The proposed introduction of the single adult mental health unit on the Cefn Coed site for Swansea Bay will be managed in accordance with the agreed Organisational Change Policy and there is no risk to the employment of any member of staff affected. For some of our staff this will mean a permanent change of base for their work. Any staff affected by these proposed changes will be provided with the available options for redeployment into existing vacancies or utilised across other areas with their individual needs addressed as far as possible.

We will also work with Cwm Taf Morgannwg University Health Board regarding potential implications as a result of the changes to Psychiatric Intensive Care Unit in Princess of Wales Hospital.

## **What about the impacts on equality groups?**

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

## **Current Activity**

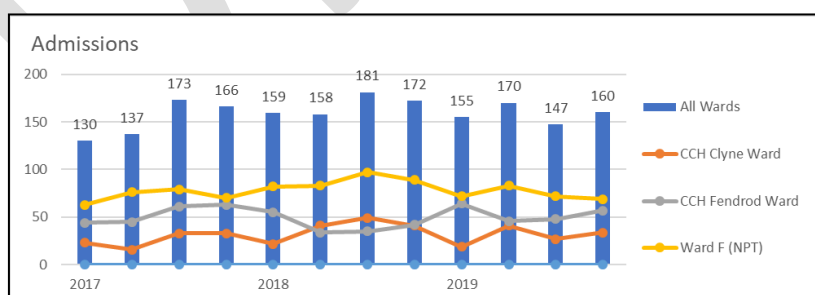
Dispersed across three sites the Health Board's current in-patient services operate as a single unscheduled care unit with patients predominantly admitted to the site closest to their home but on occasion admitted to the most appropriate environment for their clinical needs.

The unscheduled care service model is an integrated approach that aims to ensure that people's needs are assessed in a timely way and which offers a range of interventions in the least restrictive environments to meet those needs. Our focus is on providing support that is community based, even when a person is experiencing a period of crisis, but there are occasions where the most appropriate care has to be provided in a hospital setting. The service design is tailored to provide a flexible and responsive assessment and treatment service for people suffering from an acute mental health episode. An integrated approach offers choice and allows individuals to be treated in the part of the model that best matches their needs.

The options on offer are in-patient treatment; home treatment or support via the community based Crisis Recovery Unit. The emphasis is to provide treatment at home whenever safely possible and when admission is necessary to reduce the length of stay and promote early discharge whilst the provision of a range of treatment options promotes an effective use of resources.

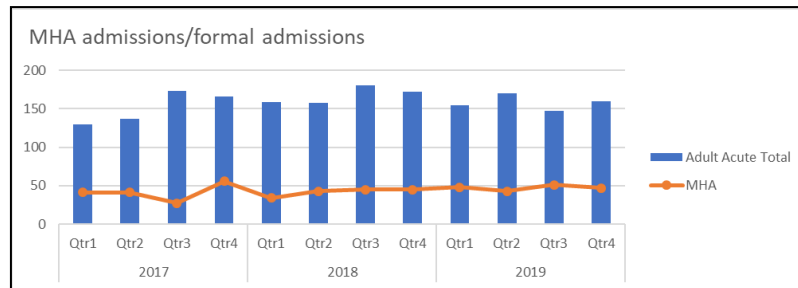
Admissions to in-patient units over the last three years have been relatively stable varying across quarters but within a standard deviation of the average as set out below. The average total admissions per year are 260 per 100,000 adult populations.

**Figure 1 – Admissions to In-patient Units (2017 – 2019)**



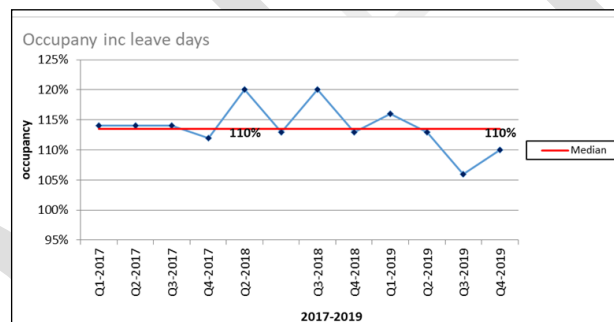
The number of formal admissions under *The Mental Health Act 1983* per quarter has remained relatively stable.

**Figure 2 – Number of Formal Admissions under *the Mental Health Act 1983***



The average occupancy including the use of home leave is regularly in excess of 100% representing excess demand over capacity. The use of home leave and home treatment services provides the flexibility and “stretch” to accommodate these fluctuations in demand.

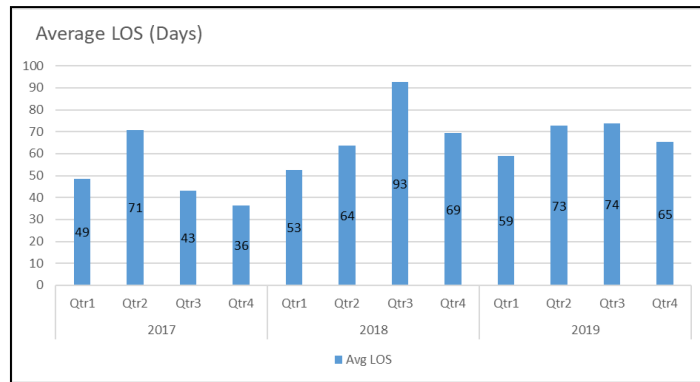
**Figure 3 – Average Occupancy (2017 - 2019)**



The Length of Stay in wards has varied across quarters but the average has increased slightly in 2019 in comparison to 2017 (68 days compared to 50 days in 2017).

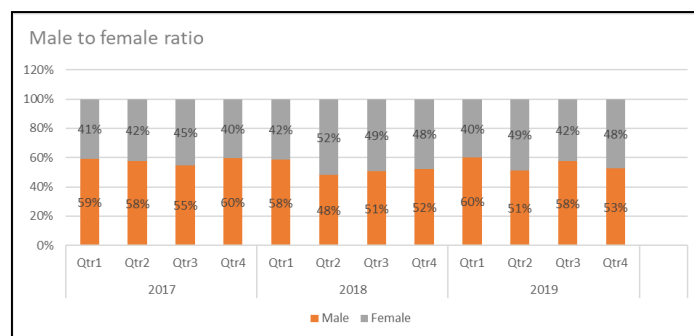
**Figure 4 – Length of Stay in wards (2017 - 2019)**

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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.

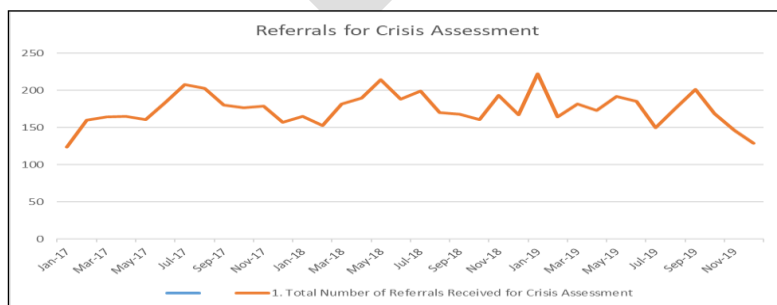
**Figure 5 – Admissions by sex (2017 – 2019)**



Requests made to our CRHT services increased significantly in the years following the service's introduction. This represented increased demand and a shift in how the unscheduled services have operated to meet this demand. Despite increases in population the average monthly referrals for crisis assessment have been relatively stable. There are on average 2,100 referrals per year, approximately 175 per month.

Crisis Resolution Home Treatment - 54% of people referred for Crisis assessment are seen within 2 hours and 100% seen within 4 hours. 16% of people assessed are admitted to hospital. 40% of people assessed are taken on for Home Treatment. 77% of people receive Home Treatment for 2 weeks or less.

**Figure 6 – Crisis Resolution Home Treatment Activity (2017 - 2019)**



## Assessment of relevance and impact on the public

The Equality Act 2010 places a positive duty on public authorities to promote equality for protected groups. The Equality Act 2010 requires Welsh public bodies to demonstrate how they pay 'due regard' to equality when carrying out their functions and activities. There is a specific duty in Wales to assess the impact of existing and new services or policies on each of the nine protected characteristics<sup>1</sup> in order to:

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

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

### Age

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 1<sup>st</sup> 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.

### Race

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

The 2011 census data for the Black and Minority Ethnic (BME) population across the Health Board shows an above average BME population in Swansea at 6.0% and lower percentages in Bridgend 2.2% and Neath Port Talbot 1.9%. These proportions have all increased from the 2001 census data as there was evidence that ethnicity was under reported in 2001 and there have been increases in migrant workers within all three areas.

**Table 7: 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
<b>Wales</b>	<b>95.60%</b>	<b>1.00%</b>	<b>2.30%</b>	<b>0.60%</b>	<b>0.50%</b>	<b>100%</b>	<b>3,063,456</b>

(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 adult inpatients where their ability to communicate in English with staff may be compromised.

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

## **Religion and Belief (including non-belief)**

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



At the local authority level Neath Port Talbot (57.7%) has the highest population proportion categorised as 'Christian' – in line with the figure for Wales (57.6%). While Swansea (55.0%) and Bridgend (55.1%) have Christian population proportions lower than Wales.

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

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

**Table 8: Religion by unitary authorities in ABMU Health Board area**

Region	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	No religion	Religion not stated	Total (%)	Total
ABMU	55.7%	0.3%	0.2%	0.0%	1.3%	0.1%	0.4%	34.7%	7.3%	100.0%	518,013
<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 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
<b>Wales</b>	<b>57.6%</b>	<b>0.3%</b>	<b>0.3%</b>	<b>0.1%</b>	<b>1.5%</b>	<b>0.1%</b>	<b>0.4%</b>	<b>32.1%</b>	<b>7.6%</b>	<b>100.0%</b>	<b>3,063,456</b>

(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.

## **Other characteristics considered**

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

- Welsh Language
- Unpaid carers
- Socio-economic status

### ***Welsh Language***

Welsh language skills in the SBUHB area are lower than in Wales as a whole (see

Table). 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%).

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**Table 9: Welsh language profile by SBUHB 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
<b>Wales</b>	<b>5.3%</b>	<b>19.0%</b>	<b>14.6%</b>	<b>2,955,841</b>

(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. Neath Port Talbot has the highest rates of Welsh language proficiency.

It is anticipated that any impact the proposed service changes may have relating to the Welsh Language is upon the ability of patients to receive and communicate about their health care provision in the language of their preference, as staff may not be Welsh language speakers.

### ***Unpaid Carers***

The majority of residents in the 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 UK<sup>2</sup> shows that:

- 58% of carers are women, and 42% are men
- Over 1 million people care for more than one person.
- 72% of carers responding to Carers UK's State of Caring Survey said they had suffered mental ill health as a result of caring.
- 61% of carers responding to Carers UK's State of Caring Survey said they had suffered physical ill health as a result of caring.
- Over 1.3 million people provide over 50 hours of care per week.

### ***Socio-economic status***

There is a strong correlation between the protected characteristics and low socioeconomic status, as demonstrated by the findings of numerous research studies. In Wales, research by the Wales Institute for Social and Economic Research, Data and Methods (WISERD, 2011)<sup>3</sup> 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.  
(**Note:** references to the DDA are the descriptors used in the WISERD 2011 report, Section 6 of the Equality Act 2012 provided a more up-to-date definition of disability as a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities)
- 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.

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

<sup>3</sup> Wales Institute of Social and Economic Research Data and Methods. (2011). *An anatomy of economic inequality in Wales*. Cardiff: EHRC.

- Approximately a fifth of the Welsh population live in poverty (measured after housing costs). Those living on the lowest incomes are the youngest, disabled people, those of Pakistani and Bangladeshi ethnicity and those living in rented accommodation. However, lone parents are the most susceptible group, with almost half living in poverty.
- Being in work does not necessarily provide a route out of poverty, with 13% of in-work households in Wales living in poverty. In-work poverty is most prevalent among lone parent households, Asian households and those who are renting.
- Levels of wealth are lowest among young people, lone parents and single households, non-white households and those with a work-limiting illness or disability.

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

The World Health Organisation (2004)<sup>4</sup> 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.

**Note:** there are references to the previous ABMUHB in this section as the data has not been dis-aggregated following the boundary change

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

**Table 10: Population density for ABMU Health Board area**

Locality	Population per km <sup>2</sup>
Swansea	603.2
Neath Port Talbot	310.6
Bridgend	534.1
ABMU Health Board	466.3

The Welsh Index of Multiple Deprivation (WIMD)<sup>5</sup> is the Welsh Government's official measure of relative deprivation for small areas in Wales. It is designed to identify those small areas where there are the highest concentrations of several different types of deprivation in Wales. WIMD is currently made up of eight separate domains (or types) of deprivation. Each domain (listed below) is compiled from a range of different indicators:

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

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

Of the 1,909 Lower Super Output Areas (LSOA) in Wales ranked by WIMD, 382 are ranked as being the *Most Deprived* (0-20%). The ABMUHB area contains 84 LSOAs ranked as being in the *Most Deprived* (0-20%) LSOAs in Wales. The HB area therefore accounts for just over a fifth (22%) of all LSOAs in Wales ranked as being the *Most Deprived* (0-20%).

The HB area contains 327 LSOAs. The 84 LSOAs ranked as being in the *Most Deprived* (0-20%) therefore mean that 26% of all LSOAs in ABMUHB area are ranked as being the *Most Deprived* (0-20%). Only Cwm Taf University Health Board has a higher proportion of its LSOAs ranked as the *Most Deprived* in Wales (30%). ABMUHB is joint second

<sup>5</sup> <https://gov.wales/statistics-and-research/welsh-index-multiple-deprivation/?lang=en>



highest with Aneurin Bevan University Health Board at 26%.<sup>6</sup> 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 shows the geographical distribution of the WIMD multiple deprivation fifths across the SBU HB area.

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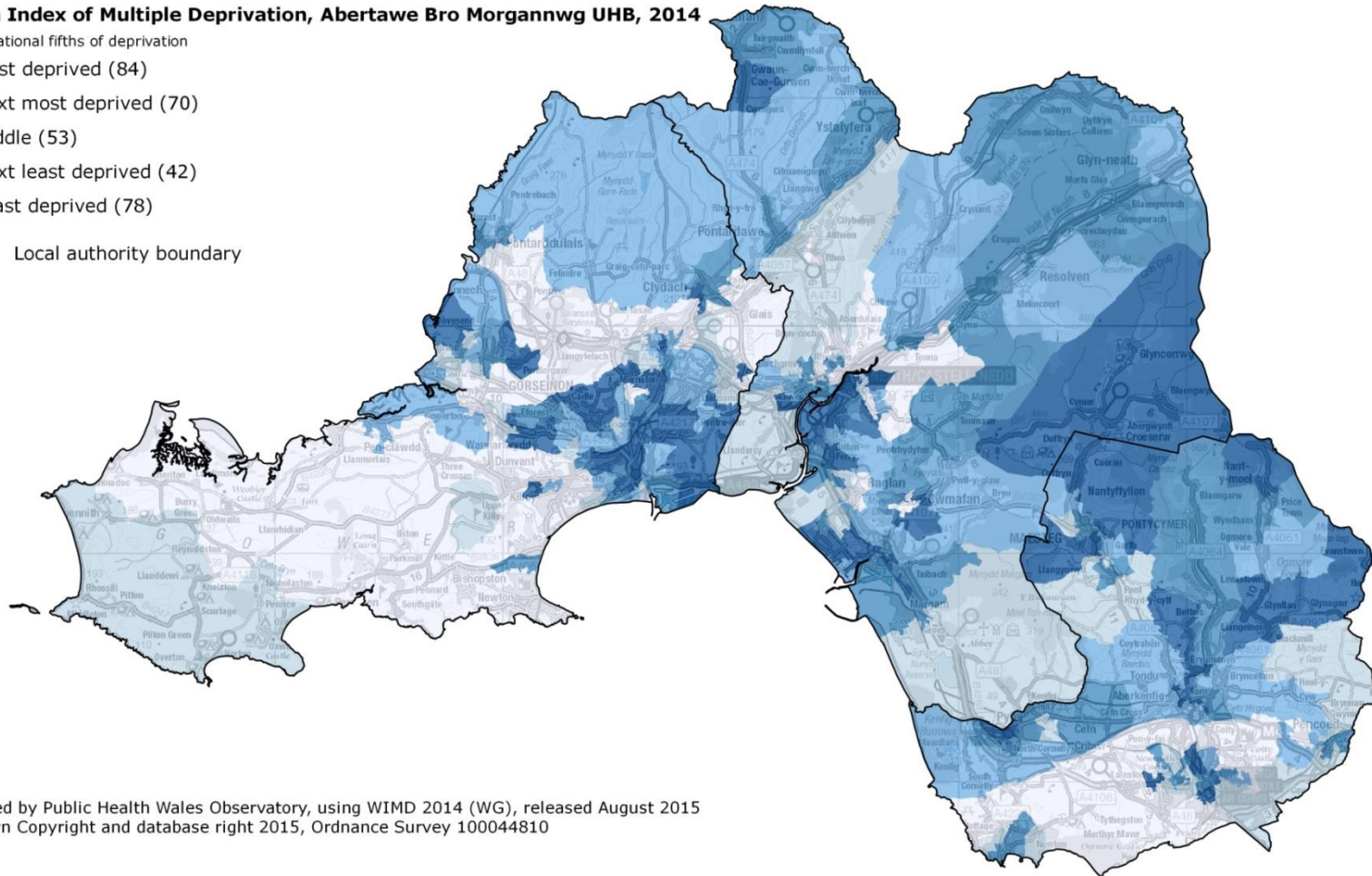
<sup>6</sup> See **Error! Reference source not found.** for a list of the 84 LSOAs.

**Figure 11: Welsh Index of Multiple Deprivation, SBU HB, 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 12 and Table 13 show that within the ABMU Health Board area Neath Port Talbot has the highest levels of multiple deprivation. 60% of Neath Port Talbot's LSOAs are classed as being in the *Most Deprived* (0-20%) or *Next Most Deprived* (20-40%) LSOAs, while Swansea has only 38%.

**Table 12: 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 1: 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%

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

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

All staff currently working on Clyne and Fendrod wards at Cefn Coed Hospital and Ward F and Calon Lan at Neath Port Talbot Hospital are in scope of these service changes.

It is not possible at this stage of the EIA to assess fully the potential equality impact on staff.

### 4. Human Rights

This Stage 1 draft EIA needs to be cognisant of the European Convention on Human Rights incorporated into domestic law through the Human Rights Act 1998<sup>7</sup> as well as international treaties. Everyone has

<sup>7</sup> <https://www.legislation.gov.uk/ukpga/1998/42/contents>

the right to participate in decisions which affect their human rights. The convention on the rights of people with disabilities contains protection of the right to participate in decisions and access to support for participation and access to information.

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

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

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

## **5. Summary of impact**

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

## **6. Next Steps**

As part of the engagement on The proposal is to reconsider the location of the single site for adult acute mental health beds from Neath Port Talbot Hospital to Cefn Coed the following actions are proposed to inform the Stage 2 EIA:

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