Equality Impact Assessment Interim Summary Report

Engaging with the People of North Powys in regard to Inpatient Assessment Services in North Powys for Older People with Organic Mental Health Problems

13 June 2017

Draft Version 1.2
Introduction

Section 149 of the Equality Act 2010 places a duty, referred to as the general duty, on public sector bodies. Public bodies subject to the general duty are required, when designing policies or making decisions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation.
- Advance equality of opportunity between different groups.
- Foster good relationships between different groups.

In order to demonstrate that a public sector body has given due regard to the general duty, public sector bodies in Wales are required under the Welsh Public Sector Equalities Duties to conduct an Equality Impact Assessment (EIA) of their policies and decisions which are likely to have an impact upon people with protected characteristics.

What is meant by equality?

Equality is about making sure people are treated fairly. It is not about treating “everyone the same”, 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 Equalities Act 2010.

We also recognise the importance of putting human rights at the heart of the way our services are designed and delivered. We believe that this makes better services for everyone, with patient and staff experiences reflecting the core values of fairness, respect, equality, dignity and autonomy.

In addition we recognise that Wales is a country with two official languages: Welsh and English. The importance of bilingual healthcare for all patients in Wales is fundamental and is particularly important for four key groups – people with mental health problems; those with learning disabilities; older people and young children. Research has shown these groups cannot be treated effectively except in their first language. Our consideration of equality takes account of this.

The EIA process requires us to consider how the withdrawal of general medical services from Fan Gorau may affect a range of people in different ways.
The EIA process will help us answer the following questions:

- Do people with organic mental health have different needs, experiences, issues and priorities in relation to the proposed service changes?
- Is there potential, or evidence that the proposed changes will promote equality?
- Is there potential for, or evidence that the proposed changes will affect people with organic mental health differently? Is there evidence of negative impact on this particular group of people?
- If there is evidence of negative impact, what alternatives are available? What changes are possible?

Background

Fan Gorau is an 8 bed mental health inpatient assessment unit for adults at the Montgomeryshire infirmary in Newtown. It provides an inpatient assessment service for people with organic mental health issues, such as dementia. Typical service occupancy is between 3 and 6 patients at a time.

Responsibility for the management of Fan Gorau transferred from Betsi Cadwaladr University Health Board to PTHB in December 2015 as part of a wider ongoing transfer of direct management of mental health services from neighbouring health boards to PTHB.

Rationale for closure

Fan Gorau has been temporarily closed to admissions since 13 June 2016 due to significant patient safety concerns arising from sustainability levels of qualified staffing. The unit has 2 RMHN vacancies within the team (26.6% of the workforce), compounded due to sickness absence and during times of annual leave and other planned leave.

Vacancies presented a challenge to the sustainability of the service prior to and post the transfer of the service from BCUHB to PTHB.

Safe staffing requires an RMHN to be on duty 24 hours a day; this level of vacancies and other staff absence meant it was not possible to cover all operational shifts with substantive or bank registered staff.

Prior to the temporary closure the unit had drawn extensively on agency RMHN staff to cover shifts (especially nights in the absence of bank staff). Sustained use of agency staffing as the only registered member of staff is not a safe staffing model.
The Health Board assessed the available options and following discussions with Powys Community Health Council (CHC), the temporary closure was agreed in accordance with regulation 27 (5,7 (d)) of the Community Health Council Regulations as an urgent service change decision to be taken immediately because of the risk to the safety or welfare of patients.

**Aims of the proposal**

1. Raise awareness of the issues/ challenges facing the sustainability of Fan Gorau in Newtown and the interim Dementia Home Treatment Team model that has been put in place.

2. Gather insights from patients, potential patients and their family/ carers about their experiences of the service and their aspirations & concerns.

3. Gather feedback from the public and wider stakeholders about their aspirations and concerns.

4. Discuss the feedback from the process with the Powys CHC in accordance with the NHS Wales Guidance on Engagement and Consultation, in order to agree a way forward.

**Methodology**

The Health Board worked closely with Powys Community Health Council (CHC) to undertake a formal engagement process which was carried out in North Powys between 13th February to 31st March 2017 (6 weeks). The consultation was undertaken by PTHB to gather views on the proposed changes.

The engagement process involved a range of methods which included active participation of the following stakeholders:
- Service users
- Service users families
- Service users carers
- Local Councillors
- Local Community Support Groups
- Llanidloes Leg Club
- Llanidloes Health Forum
- Llanfyllin Health Forum
- Machynlleth Health Forum
- Newtown Health Forum
- Newtown Public drop-in event, Newtown Library
- North GP Cluster Meeting
- North Locality Management Team
- Montgomeryshire Area Committee of Powys County Council
- My Memories Dementia Carers Group
- Public & Stakeholders drop-in session, Plas Dolerw, Newtown
- Healthy Friendships session
- Public & Stakeholders drop-in session, Welshpool
- Public & Stakeholders drop-in session, Machynlleth Hospital
- Materials provided to Crossroads Mid & West Wales, Machynlleth
- PAVO Dementia Network Event
- PTHB Board Meeting
- Powys CHC Executive Committee
- Powys CHC Service Planning Committee
- Montgomeryshire Local Committee of Powys CHC
- Regional Partnership Board

A communication and engagement plan was developed which set out the proposal, described the principles and aims of the engagement process, the communication tools that would be adopted and the process itself.

PTHB adopted recognised best practice by using a combination of different methods of engagement rather than a one size fits all approach. A range of standardised materials, which communicated the core messages and case for change were produced and distributed through a variety of methods. Materials included:

- An overview engagement document produced in English and Welsh.
- An article for syndication produced in English and Welsh.
- A questionnaire produced in English and Welsh.
- Posters and fliers for advertising engagement events.

**Distribution**

- The overview engagement document, article for syndication, questionnaire, posters and fliers were distributed directly to Local Community Support Groups, Powys Community Health Council, PAVO, PTHB Mental Health Team, North Locality Planning Manager.
- All events were advertised on the PTHB website, Twitter and Facebook.
- Patients had the opportunity to return their questionnaires directly to the health board. Service users were also given the opportunity to complete these questionnaires during the engagement sessions.
- A dedicated email address was also provided as a mechanism of providing feedback.
**Engagement Sessions:**

The approach to the engagement sessions was agreed with representations of Powys CHC and PTHB. Representatives of both the health board and CHC were in attendance at most drop in engagement sessions.

The engagement sessions aimed to be inclusive of all and meetings were arranged in order to assist attendance from as many people in the local community as possible who were affected by or had a particular interest in organic mental health problems.

Attendance was encouraged at all events, consideration was given to people with protected characteristics; particular consideration was given to equality perspectives including:

- Accessibility of venue
- Room layout
- Parking
- Toilet facilities
- Bilingual engagement materials

The public drop in engagement sessions were held in:

- Machynlleth Hospital
- Newtown Library
- Plas Dolerw, Newtown
- COWSHAC, Welshpool

The location and venue were chosen to ensure accessibility and suitability for all participants and was agreed by the CHC. Consideration was given to the most appropriate meeting time. Sessions were held at appropriate and a variety of times to increase the opportunity for people to attend, people did not need to make an appointment and were able to drop in during the specified times.

**Findings from the engagement sessions:**

The public told us they were concerned about a number of key issues:

- Do we have the right model for the crisis bed?
- Do we have the right model for out of hours support?
- Is the inpatient admission pathways adequate – in hours, out of hours?
- Do we have the right availability of respite?
• Do we have the right “step down” pathway for people in district general hospital?
• What is the model of learning and evaluation to review scope for roll-out to other parts of Powys, and for developing the future model and strategy?

For Powys people public transport can be an extremely difficult and a stressful experience; the distance of travel to access specialist services has the potential to cause further difficulties to people who experience organic mental health problems, their families and or carers. Local transport has been depleted over recent months and in some areas of North Powys, is non-existent.

Responders felt that:

• The crisis bed needs to be as close to Newtown as possible.
• There will be guaranteed access to out of hour’s service.
• Inpatient care should be as close to home as possible with the service user, their families or carer being able to refer directly into the service
• Ensure a seamless joined up approach to respite care.
• There will need to be enough resources allocated to the scheme in order to avoid delayed transfers of care.
• An integrated outreach working approach with key workers should be made available for the periods of acute care needs.
• Direct engagement is needed with families or carers to gain accurate information about the person’s condition.
• The health board should actively promote the success to date, of the Home Treatment Team.

In general there was much support for the Home Treatment Team model and why it was introduced; feedback supported that this model would likely have a positive impact on the local community in North Powys should it be implemented on a permanent basis.
Service Users and Demographic Profile

The North Powys population consists of patients from Llanidloes, Llanfyllin, Machynlleth, Montgomery Newtown and Welshpool

<table>
<thead>
<tr>
<th>Locality</th>
<th>Practice</th>
<th>Population as at 1st April 2017</th>
<th>Practice List Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>North</td>
<td>Cemmaes Road</td>
<td>3019</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Llanfair Caereinon</td>
<td>5608</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Llanidloes</td>
<td>8650</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Llanfyllin</td>
<td>10642</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Machynlleth</td>
<td>3739</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Montgomery</td>
<td>7152</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Newtown</td>
<td>14297</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Welshpool</td>
<td>11013</td>
<td></td>
</tr>
</tbody>
</table>

Ethnicity

No direct or indirect impact relating to ethnicity has been identified through the engagement process.

The health board does hold information on the ethnicity of the people who took part in events and of those who provided feedback.

There is currently no evidence to suggest that the proposed change will have a differential impact on any racial groups by virtue of that protected characteristic. The health board currently has arrangements to meet the access, language and cultural needs of people from different backgrounds and will continue to do so. Staff will continue to receive Equality training.

Religion

Anecdotal feedback from staff suggests that providing home-based treatment can offer a service that is more sensitive to individual religious views, observance and privacy & dignity than an inpatient service.

The health board does not hold information on the religion/belief or non-belief of the people who took part in these particular events and of those who provided feedback.

There is no evidence to suggest that the proposed change will have a differential impact on anyone because they belong to a particular religion, hold any beliefs or none. The health board is able to meet the religious or
cultural needs of people from different backgrounds when necessary and will continue to do so despite the proposed changes. Staff will continue to receive Equality training.

**Sexual Orientation**

Inpatient environments can be associated with inhibition or difficulties for people in relation to their sexual orientation, and this can cause added distress for people with cognitive impairments such as dementia. Home treatment allows an opportunity to provide person-centred care in a familiar environment.

The health board does not hold information on the sexual orientation of the people who took part in events and of those who provided feedback. Sexual orientation is not asked for by the health board for the purpose of this exercise.

There is currently no evidence to suggest that the proposed change will have a differential impact on any person because of their sexual orientation.

**Gender Reassignment**

Inpatient care can present particular challenges for individuals in relation to gender reassignment, particularly in relation to comfort and inclusion in single sex environments. Home-based care offers greater scope for personalisation.

The health board does not hold information on the gender reassignment of the people who took part in events and of those who provided feedback. At present there is no official estimate of the transgender population. The England and Wales Census do not ask people whether they identify as transgender.

There is currently no evidence to suggest that the proposed change will have a differential impact on any person who has undergone or who are going through the process of gender reassignment.

**Welsh Language**

Evidence from the 2011 census evidences the number of residents in North Powys over the age of 3 who have an understanding of the Welsh language is:

<table>
<thead>
<tr>
<th>Residents</th>
<th>Knowledge of the Welsh</th>
<th>No knowledge of the Welsh</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Residents</th>
<th>Knowledge of the Welsh</th>
<th>No knowledge of the Welsh</th>
</tr>
</thead>
</table>
The health board has multiple welsh speakers within the Home Treatment Team and the organisation; where possible a Welsh speaker was present at all of the Fan Gorau engagement sessions. PTHB has access to translation services via Language Line.

All engagement materials were presented in both Welsh and English.

Home treatment offers greater scope for shared care involving family members and other carers who may be more familiar with the language choices and abilities of the person with dementia, particularly if the staff member is not competent in their language of choice. However, care planning aims to link service users with someone who is competent in their language of choice. Conversely, an inpatient environment offers a greater critical mass of staffing which makes it more likely that someone will be present with relevant language skills.

There is currently no evidence to suggest that the proposed change will have an overall negative impact on Welsh speaking service users as the Home Treatment Team has Welsh speaking members of the team.

Pregnancy and Maternity

Whilst the engaging with the people of North Powys in regard to Inpatient Assessment Services in North Powys for Older People with Organic Mental Health Problems exercise was not specific to Pregnancy and Maternity Services, consideration was always given to all attendees for each event for the purpose of this exercise. Particular attention was paid to access and hospitality at each venue.

The nature of the Fan Gorau service and the age profile of dementia diagnosis means that the service is unlikely to be required by someone during pregnancy or maternity.

Marriage and Civil Partnership

No particular differential impact of a home treatment service versus an inpatient service has been identified. Where a person with dementia is married or in a civil partnership the wider care needs of their spouse will be an important consideration in the development of a package of care. A home
treatment service may offer greater scope to maintain the family unit, whilst an inpatient service may offer a form of “respite” for partners.

The health board does not hold information on the marriage and civil partnership of the people who took part in events and of those who provided feedback. The 2011 census shows that single (never married or never registered as a same sex civil partnership) and married make up the bulk of all marital/ civil partnership statuses. This information was not required for the purpose of this exercise, therefore the data was not collected.

**Carers**

Some carers expressed anxiety and distress when an individual was admitted to an unfamiliar environment. Others have emphasised the supportive nature of a home treatment service that reduces the decompensation and anxiety that can be associated with an inpatient stay. Feedback has also highlighted that Fan Gorau was experienced or perceived by some family & carers as a form of “respite” and this needs to be explored further as part of the consultation. Carers needs must be central to the development and delivery of any home treatment service.

Travel was also raised as an issue. Home treatment offers more care at home or closer to home, rather than carers needing to travel from across Montgomeryshire to Newtown. Conversely, some patients requiring inpatient stay have experienced admission to services much further away from home including in Ystradgynlais. Since that time the health board has been repatriating adult mental health services in Llandrindod and Brecon which gives greater scope for these to be offered where needed, pathways have been strengthened with Redwoods, and a crisis bed has been purchased on a pilot basis in Rhayader. Overall around 5% of people accessing the home treatment service have required admission. The model of crisis bed and pathways for hospital admission should be reviewed further.

The 2011 population census reported that Powys has over 16,000 carers out of a population of 133,000, (compared to just over 14,000 in 2001, an increase of 14%).

**Age Related Carer’s Data (pan Powys)** evidenced in the Health & Social Care Integrated Leadership Board – Joint Commissioning Strategy for Carers in Powys 2016 – 2018:

<table>
<thead>
<tr>
<th>Age Related Carer’s Data Categories</th>
<th>All</th>
<th>Age 0-24</th>
<th>Age 25-49</th>
<th>Age 50-64</th>
<th>Age 65 +</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(Powys) Carer</th>
<th>Total Population</th>
<th>131,047</th>
<th>35,188</th>
<th>37,424</th>
<th>29,277</th>
<th>29,158</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides unpaid care: Total</td>
<td>16,104</td>
<td>1,066</td>
<td>4,665</td>
<td>6,074</td>
<td>4,299</td>
<td></td>
</tr>
<tr>
<td>Provides 1 to 19 hours unpaid care a week</td>
<td>10,214</td>
<td>860</td>
<td>3,138</td>
<td>4,123</td>
<td>2,093</td>
<td></td>
</tr>
<tr>
<td>Provides 20 to 49 hours unpaid care a week</td>
<td>2,078</td>
<td>123</td>
<td>585</td>
<td>808</td>
<td>562</td>
<td></td>
</tr>
<tr>
<td>Provides 50 or more hours unpaid care a week</td>
<td>3,182</td>
<td>83</td>
<td>942</td>
<td>1,143</td>
<td>1,644</td>
<td></td>
</tr>
</tbody>
</table>

The above reflects the situation on a pan Powys basis; for the purpose of this exercise it is not known how many of the registered practice population in North Powys are carers or are cared for by other people.

**Age**

Admission to an inpatient service, particularly for older people with cognitive impairment, can lead to a level of decompensation that is not associated with home treatment.

The engaging with the people of North Powys in regard to Inpatient Assessment Services in North Powys for Older People with Organic Mental Health Problems exercise focused on older people, based on previous and current service users to the Fan Gorau Unit, Newtown Hospital; however the health Board acknowledge that organic mental health can affect people of differing ages.

**Gender**

Home treatment potentially offers greater scope to address individual privacy & dignity needs associated with gender then in an inpatient environment.
As per the arrangements of the Fan Gorau Unit, the Home Treatment Team will provide both male and female members of the team and will provide a services that will treat both male, female or gender assignment people with organic mental health problems. For the purpose of this exercise it is not known the actual ratio of different genders who access the Fan Gorau Unit.

**Disability**

The Equality of Human Rights commission (EHRC) Wales in its report How Fair is Wales? (2011) notes:

- Disabled people are almost 10 times more likely to report poor health as non disabled people.
- Disability and long term illness is also associated with poor mental health; 52% of people with limiting long-term illness/disability have a low score which indicates poor mental health compared to 24% of those without a limiting long term illness/disability.

Research by the Office for Disability issues (2009) found:

“Lack of access to a car is a significant issue for disabled people and can have a significant impact on families and carers or can result in a greater reliance on public transport services, which we know can be minimal or even non existent in North Powys. Data from the Omnibus Survey (2004) suggests that disabled people were more than twice as likely to have no access to a car in a household that non-disabled people”.

The Welsh Government’s (2012) consultation Framework for Action on independent Living highlights a number of issues relating to public transport for disabled people. It notes that some disabled people do not feel confident in using public transport even when physical access is possible. Some report that they don’t use buses, or have stopped using them because of problems experienced, in some cases with the attitudes of members of the public or individual drivers.

In the engagement process it was identified that there were many benefits for supporting the person in their own home environment; there is evidence to suggest that people with organic mental health problems benefit from visits to day centres and the stimulating activities that take place within these environments.

**Mitigation of potential negative impacts**
As part of the equality impact assessment, PTHB is considering the views expressed by those who may be affected by the proposed change and what is already known about how the proposal might affect people who are affected by organic mental health problems. PTHB has used local evidence, travel times and public views to identify issues.

This equality impact assessment consultation analysis document identifies that the main causes for concern are:

- That services are safe and delivered as close to home to home as possible.
- The crisis bed is as close to home as possible.
- Consideration be given to the financial implication for those relatives travelling long distances to visit family members.
- That there is access to out of hours service.
- That families/ carers are listened to.
- That intensive support, with effective assessments are put in place within the person’s own home.
- That the service provided is a bilingual one.
- That all staff receive adequate training.
- That early engagement is put in place with multi disciplinary teams to ensure early intervention.

Central to the equality impact assessment is the consideration of actions to mitigate adverse impacts. PTHB recognises the needs for and is committed to providing safe services for those people experiencing organic mental health problems in North Powys. PTHB recognises the impact that public transport has on its service users and has factored that into its decision making. Once a decision on the way forward is agreed we will work with Powys CHC to ensure that these issues are addressed.

The health board wish to ensure that any negative impact on people who access this service in North Powys are mitigated. The health board wish to ensure that ongoing engagement with patients, their families and carers to ensure services being delivered are meeting their needs.

The mitigations described above are preliminary and will be discussed further once a way forward has been agreed. For this reason, any mitigation described at this stage is not exhaustive and will require discussion with key stakeholders.

**Summation**
To determine whether Powys Teaching Health Board has met the general duty of the Equality Act, we need to ask ourselves these questions:

- Does this policy help eliminate discrimination?
- Does this policy help promote equality of opportunity?

**Eliminate Discrimination**

The analysis and evidence presented in this document have highlighted a small number of potential impacts that people with protected characteristics may experience in accessing health services in North Powys, particularly around access to service and transport for individuals who do need hospital admission. We recognise that there were particular challenges when the Fan Gorau service was initially temporarily closed, but improvements have been made since then and continue to be made – particularly linked to the repatriation of adult mental health services in Mid and South Powys from 1 June 2017.

It is our belief that the potential negative impacts identified are not evidence of direct discrimination but are instead examples of potential indirect discrimination as services are not being closed but relocated. Indeed, more individuals will receive more of their service closer to home, and where a residential service is needed there is greater scope to use options that are close to home (e.g. local nursing home) rather than being dependent on a service in Newtown which may not be convenient for other parts of Montgomeryshire.

In recognition of the risk of potential indirect discrimination against some protected characteristic groups PTHB has already begun exploring potential mitigation options.

**Promote Equality of Opportunity**

Powys Teaching Health Board is not proposing to cease organic mental health services in North Powys but instead the implementation of the Home Treatment Team will transfer the care of most patients from Fan Gorau to their own homes.

In doing so, PTHB recognises that some protected characteristics may face difficulties in accessing inpatient services or coming to terms with a change of patient pathway. However it is worth recognising that patients will have access to a wider variety of multidisciplinary professionals within their own environment and quicker access to safe and effective services with improved outcomes.
Where potential negative impacts on people’s equality of opportunity have been identified, options to mitigate these are being explored.

**Next Steps**

The next steps of the equality impact assessment will be after the recommendation on the way forward has been considered by the health board.

This is an interim draft and will continue to be developed through formal consultation.