

EQUALITY IMPACT ASSESSMENT – MODERNISATION OF RESIDENTIAL CARE HOMES

1. INTRODUCTION

The Equality Act 2010 places a General Duty on public bodies, which includes a statutory requirement to undertake Equality Impact Assessments (EIAs). Under the Public Sector Equality Duty (PSED), in carrying out their public functions public bodies are required to give due regard (i.e. give appropriate weight) to the need to:

- Eliminate unlawful discrimination harassment and victimisation;
- 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 relevant protected characteristic and those who do not.

In proposing changes to community services, Local Authorities should have particular regard to Principle 18 of the United Nations Principles for Older Persons, (part of the LA duties under the Social Services and Well-being (Wales) Act 2014) which states that older people should be treated fairly regardless of age, gender, racial or ethnic background, disability or other status, and be valued independently of their economic contribution to society.

This full EIA addresses the requirement under the Equality Act 2010 to publish an assessment of impact in order to be transparent and accountable i.e. the Council's consideration of the effects that their decisions, policies or services have on people on the basis of the defined 'protected characteristics'. Whilst deprivation does not constitute a 'protected characteristic' it is relevant because people from protected groups are more likely to experience it and because there are such high levels of deprivation in our local communities, which are among the most deprived in Wales.

The need for the collection of evidence to support decisions and for engagement mean that the most effective and efficient impact assessment is conducted as an integral part of policy development and service re-design, with the assessment being commenced at the outset. These will help to eliminate discrimination, tackle inequality, develop a better understanding of the community, and target resources effectively. The Duty to undertake EIAs is in the context of these Council proposals, there in particular to support older people who may face 'double' or 'multiple' discrimination on the grounds of age and e.g. disability or sexual orientation or ethnicity.

2. THE CONTEXT - RESIDENTIAL CARE MODERNISATION

The expectations of legislation, regulators, society and most importantly service users themselves, as to what is demanded from residential care has changed over the last decade and will shift significantly further in the next few years to come. Accommodation has to meet higher standards and offer dignity and privacy including en-suite facilities that we all expect in our lives now. Also, the experience of life in a care home must be more shaped to improve our well-being and quality of life and our own preferred outcomes as well as engage us and offer more choice and control in decisions affecting us.

In determining its strategy and policies for Adult Social Services the Council has decided to review its residential services for older people to examine the options to best meet the needs and well-being of its older population now and in the future within its available and planned resources. The Council developed its Strategy to modernise accommodation options for older people and deliver extra care housing places in Rhondda Cynon Taf which was [approved by Cabinet in November 2016](#) and gave a commitment to review and reshape the care market to:

- Increase the options available for people needing accommodation with care and support; and
- Deliver a viable alternative for people who are able to remain independent with support.

Alongside development of early intervention and prevention and care and support services in local communities, the Cabinet agreed in [September 2017](#), a £50m investment plan to develop, in total, 300 Extra Care beds across the Councils area to deliver modern accommodation options for older people. The Council are implementing these plans with an Extra Care facility opened in Talbot Green another being built in Aberaman and plans progressing for 4 other facilities in strategic locations at Porth, Pontypridd, Treorchy and Mountain Ash.

An independent review of residential and day care services for older people was commissioned in 2018 and undertaken by Practice Solutions Ltd, Abercynon, in order to determine future opportunities for service delivery in line with the Council's strategy for accommodation for older people and provision of extra care.

The main findings of the review were to recommend the following preferred options:

Phased decommissioning of all the Council's care homes as part of planned programme of transformation in line with the implementation of the Council's extra care development programme and Cwm Taf care home market position.

Phased decommissioning of the Council's day services as part of a planned programme of transformation in line with the proposed new service model

The rationale for these conclusions included the declining use of the Council's residential care homes with available unfilled places increasing and impacting on the cost efficiency of homes. Significantly, whilst the standard of care in Council run homes was regarded highly, there was an obvious deficit observed against the published benchmarks for the environment in care homes because of the outdated accommodation currently in use. The telling example of this is the lack of availability of en-suite facilities in nearly all rooms.

In light of the independent Report, the Council's Cabinet agreed at a meeting on 19 November 2018 that officers should:

- initiate a 12-week public, resident and staff consultation on the future service delivery model for the Council's residential care homes and specifically on their proposed alternative preferred option that the Council retains a level of provision of Residential Care Homes which are focused on providing complex care and respite. The level of provision retained would be based on a determination of the market share and need required in each of the Rhondda, Cynon and Taf geographical areas;
- on commencement of the consultation process a policy to restrict admissions to the Council's residential care homes, was introduced, other than in exceptional circumstances where an appropriate alternative placement that can meet the assessed need is not available. This is in order to minimise any potential impact on service users until such time as the Cabinet considers the results of the consultation exercise and any decision it may take in relation to the proposal;
- Initiate a 12-week public and staff consultation on the options regarding the future of the Council's day service provisions for older people and specifically on the proposed preferred option, of a phased decommissioning of the Council's day services as part of a planned programme of transformation in line with a proposed new service model.

In the context of these proposals, the term "complex care needs" includes for example, people who are bed bound, and/or i. have dementia, ii. where

manual handling was needed, iii. require feeding or iv. have complex medication regimes.

At a meeting of the Council's Cabinet on 11 September 2019, Members considered the outcome of the consultation on the preferred options for the Council's residential care homes and day care provision. The Cabinet agreed to initiate a further 12 week period of public, staff and resident consultation on the preferred option for the future of the Council's residential care homes, i.e. that the Council retains the level of provision of residential care homes, as set out below, focused on complex needs, residential reablement and respite care which is based on a determination of the market share and considered need required in each of the Rhondda, Cynon and Taf geographical areas:

CARE HOMES PROPOSED TO BE RETAINED

- Clydach Court Residential Care Home, Trealaw
- Ferndale House Residential Care Home, Ferndale
- Pentre House Residential Care Home, Pentre
- Tegfan Residential Care Home, Trecynon
- Troedyrhiw Residential Care Home, Mountain Ash
- Cae Glas Residential Care Home, Hawthorn
- Parc Newydd Residential Care Home, Talbot Green

CARE HOMES PROPOSED TO BE DECOMMISSIONED

- Bronllwyn Residential Care Home, Gelli
- Ystradfechan Residential Care Home, Treorchy
- Danymynydd Residential Care Home, Porth
- Garth Olwg Residential Care Home, Church Village

3. RESIDENTIAL CARE PROPOSALS

The Council's agreed policies are leading to service models for the delivery of care for older people which have an emphasis on supporting older people to remain at home longer. The Cwm Taf Joint Market Position Statement for Older People acknowledged that in the context of the ongoing modernisation of Adult Social Care Services, the care home sector is not expected to grow significantly over the next 10 years, although there will be need to ensure that we can meet more complex needs for nursing and dementia care in high quality facilities.

Implementation of the Council's Strategy to modernise accommodation options for older people is expected to result in further reductions in care home admissions (currently the highest proportionately in Wales) as a key objective of the strategy is to replace high cost residential services with extra care housing and deliver more effective services with better outcomes for residents.

However residential care homes dealing with more complex needs such as dementia, occupy an important position in the spectrum of services commissioned and provided for older people by Rhondda Cynon Taf Adult Social Care. Residential care homes offer an important choice for people who are not able to stay living in their own homes due to their complex needs and will continue to play an important part in Rhondda Cynon Taf's modernisation of Adult Social Care Services.

Refocusing internal provision so that it focuses on complex care, and residential respite, would allow the Council to provide better services and care for its residents. It would also provide market certainty for the external market surrounding the commissioning of standard residential care but still be commissioned to provide complex care if they choose to access it in the external market.

By concentrating its resources on fewer discreet specialisms, the Council would ultimately provide a better service for residents in Rhondda Cynon Taf with complex needs because it would be in a position to upskill staff to better meet these needs and consequently provide a higher quality service. If the Council no longer focus on the delivery of standard residential care it would need fewer beds to deliver a service that focuses on residential reablement, respite and complex needs based on current demand and projected future growth in demand.

4. UNDERSTANDING THE DEMOGRAPHIC PROFILE

Gender

Women are expected to live longer than men so may need more access to services if they become increasingly frail. Women are more dependent on public transport and the importance of providing locally based care services within community settings as far as possible is an important element of our service plans.

The profile of residents in care homes shows a large majority are female which indicates the need to take account of differing needs of male residents in for example achieving a good quality of life.

In respect of staff, for residential care we have 471 females and 40 males (2019).

Age

The age profile of our population is similar to Wales but with slightly higher proportions of children under 5 years old and in the 20-44-year age group and slightly higher proportions of people aged 60 and over.

Current projections in the Cwm Taf Population Assessment see a rise in the total resident population of Cwm Taf (80% of whom live in Rhondda Cynon Taf) to 298,600 by the year 2033. This is primarily due to an

increase in the older population. By 2030, the number of people over 65 years will increase by 30.4% and people over 80 years by 71.3%. The number of residents aged 75 years and over is projected to rise from 23,300 (7.9% of total population) in 2013 to 37,100 (12.4% of total population) in 2033.

Overall, our population is living longer and the increase in elderly population is likely to result in an increase in the prevalence of chronic conditions such as circulatory and respiratory diseases and cancers. The proportion of the population aged over 75 who live alone is higher in Rhondda Cynon Taf than other parts of Wales. All these factors will have implications for the number of people who may need care and support.

The Cwm Taf Population Needs Assessment says:

“The services we commission to support our older citizens and their carers’ are often already stretched. It has been estimated that if these services simply increase to keep pace with demographic change, this will result in a near doubling of care costs by 2026. We know that we have to adopt a new approach to use our resources as wisely as possible.”

The age profile of the staff in our residential care homes is nearly 60% over 50 years old and this raises issues for the stability and capacity of the work force in the medium term. It may also mean that some members of staff will want to take the opportunity of any service changes to take retirement. Our approach to work force planning and the close involvement of the Trade Union in engagement about these proposals will take these factors into account and ensure transparency and fairness.

Disability

The Cwm Taf Population Needs Assessment suggests that there are around 3,280 people in Rhondda Cynon Taf with a physical or sensory disability in the Region. However, it has been contended that this figure is substantially under-estimated because of the resistance to formal diagnosis and all that entails.

People who have a disability are twice as likely as people without a disability to have no access to a car (Office for Disability Issues 2009). Disabled people are also less confident in using public transport because of physical access issues but also because of staff attitudes (Framework for Action on Independent Living 2012). This is therefore an issue in respect of on-going and future public transport arrangements to the location of care homes for visiting purposes, where a proportion of relatives will also be disabled.

The numbers of people with sensory impairments will increase with age. Such people may have difficulty accessing services and participating in activities that promote their health and wellbeing or social inclusion as well

as maintaining independent living. It will also mean that increasing numbers who have complex care needs will have a sensory impairment.

Physical and sensory disability is highly prevalent amongst residents of care homes and it is therefore an important factor to take into account in modernisation of these services, particularly in relation to access but also how care and support is provided on a day to day basis and the equipment provided. Regular training for staff and use of up to date equipment wherever possible ensures we meet the needs of people with disabilities.

Health

In relation to Rhondda Cynon Taf, the County has 17 areas where health deprivation was in the highest 200 for Wales according to the Welsh Index of Multiple Deprivation (2019).

Public Health Wales say (2017):

“Rhondda Cynon Taf has a health profile that is largely worse than the Welsh average. The majority of small areas in Rhondda Cynon Taf are deprived compared with the average for Wales however, there are some pockets of relative non-deprivation. There is a growing older population that will impact on the demand for health services in the future”

“Rhondda Cynon Taf has a poor life expectancy for males and females, poor educational attainment and worse alcohol consumption and obesity levels compared with the Wales average. It also has a worse rate than Wales for premature death from heart disease.”

The data from Public Health Wales shows that for Rhondda Cynon Taf female and male life expectancy, mental health, high body mass index, death from all causes, death from heart disease and cancer are all significantly worse than the Wales average. Analysis of this information would suggest that these adverse factors are likely to mean additional pressures on social services and an on-going need for provision to deal with complex care needs in old age in accommodation with care.

Ethnicity

Cwm Taf has lower representation from ethnic groups other than white than Wales as a whole. However, in RCT there are Polish, Portuguese and Czech people living in the local community and their access issues, along with those from an ethnic minority background, will need to be considered in terms of language issues and availability of transport to care settings. However small the number of care home residents from an ethnic minority background, their language and cultural needs will need to be catered for.

In respect of Residential Care Homes, 2 members of staff have classified themselves as Asian and 1 as “other”. In Day Centres, 2 members of staff

have declared their ethnicity as “other” (2019). Our recruitment of staff to these services will endeavour to increase the number of people who are not White in our Social Services Workforce with the aim to match at least the % of people from an ethnic minority in our local population.

Actions in our Strategic Equality Plan demonstrate our commitment to encouraging a more diverse workforce.

Marriage and Civil Partnership

The number of people who are married or in a same-sex civil partnership living in Rhondda Cynon Taf is the same as for Wales as a whole.

For the majority of people, including older people, losing a long-term partner as a result of bereavement can be a life changing event that has a significant impact on their health and wellbeing and on potentially their care needs.

These factors need to be taken into account in delivering residential care services e.g. accommodating married couples together in care homes, visiting arrangements for people in care, emotional support, advocacy, complimentary care planning for couples receiving respite, need for care on death of spouse.

Religion

There is a lower representation in every religious group in Cwm Taf than is seen in Wales as a whole. Higher than average proportions of the population stated that they had no religion.

However, it is important that services take cultural needs into account in providing a good quality of life for those in care homes and that this is integrated into the operation of the care homes and day centres. People must have a choice in whether or how they observe their religious beliefs.

Sexuality and transgender

Research by Travis and Argosy (2011) on LGBT+ Older Adults in long term care found the following good practice should be adopted in care homes:

- Assess overall readiness to care for LGBT+ in welcoming and safe environments that recognize LGBT history, culture, challenges, and strengths.
- Understand variations and nuances in the “coming out” processes for LGBT+ older adults.
- Honour LGBT+ partners and families of choice.
- Respect the diversity within the LGBT+ community.
- Know protections and legal rights for LGBT+ residents in long-term care facilities.

Some evidence suggests lesbian, gay and bisexual and transgender people, are perhaps more likely than other groups to face hostility and misunderstanding and are more likely to experience poor mental health.

The Isolation to Integration report found that gay men and lesbians are at greater risk of becoming lonely and isolated as they age because they are more likely to live alone and have less contact with family. They are more likely to find it difficult to take the decision to move into residential care and to maintain their identity and independence in the new setting.

It is also recognised that these groups find it particularly difficult in how they access services and their dignity and respect must be protected in receiving care in both care home and community settings.

Through good systems as well as training and awareness raising with staff the Council will ensure that these issues are handled sensitively and effectively and responses to these needs are automatically part of the way care and support is provided

Deprivation

Rhondda Cynon Taf has areas of significant deprivation and far too many people still experience poor health. The Welsh Index of Multiple Deprivation (WIMD) (2019) shows that overall 2 of the top 10 most deprived Wards in Wales are in the County; 4 Wards in the top 50 and 17 Wards are in the top 200 most deprived areas. The County includes socio-economically deprived areas, with concentrations of low levels of employment and educational attainment. These factors, along with other aspects of the physical environment, impact on the lifestyles of people living in the area

Higher levels of deprivation are evident in every category compared with the rest of Wales and this has implications for access to transport and health generally. This is likely to have a knock-on effect in respect of the levels and trends of people with complex care needs who over time would need support from the Council through its modernised services. Whilst it is not possible to predict with any accuracy how that translates to numbers of people, it is probably fair to say that the levels of support required by people with complex care needs will not be reduced and may rise.

Welsh Language

In Cwm Taf, 12.3% of adults and 8.9% of children are able to speak Welsh. The proportion of those who are able to understand, speak and/or write Welsh varies within this. It is possible that the elderly or confused may prefer or need to communicate in Welsh and every effort will be made to accommodate this in line with the “More than Just Words” Strategy for Social Care in Wales. We are ensuring as far as we can, Welsh speakers receive care services in their first language, using existing skills and

resources and for example providing staff training to improve their Welsh. We are committed to delivering the 'Active Offer' required by Welsh Government Guidance (i.e. providing a service in Welsh without someone having to ask for it) and are providing help and support to our staff to achieve this aim.

In respect of staff in residential care homes we know that (in 2019) 20 are Welsh speakers and 243 are not. A further 248 did not provide information. This suggests about 4% of care home staff speak Welsh.

To help increase the supply of Welsh speakers in our workforce:

- All advertised roles (since 01/2018) now include Welsh Language Level 1 as an essential criterion on job descriptions. - See [recent advert here](#) for a 'Casual Care / Domestic Assistant' at Parc Newydd Care Home. If you download the job description, you'll see this policy decision in action.
- If individuals do not hold Welsh Language Level 1 skills then they are not barred from applying, they simply need to attend a corporate Welsh language session which lasts 2 hours and provides them with the basics to achieve level 1 on the Council's framework.
- The Council's Welsh Language Skills framework is available to view [here](#).
- Training is made available to care staff.
- Staff who wish to progress from Level 1 are offered corporate training via our internal tutor or signposted to an external provider in the community (whose delivery times may better suit the individual).
- Residential Services have received bespoke sessions, tailored to the needs of their Welsh speaking residents, for example at Pentre House, during October and November 2018 and delivered by our in-house tutor.
- The house received 3 sessions and 14 members of staff attended, they all achieved advance Level 1 (which means they met the corporate Level 1 requirements, but also had additional tutoring on specific work-related phrases).
- In addition, all Welsh Speaking staff on a level 4 and 5 (fluent on the Council's Welsh Language Skills Framework) receive a corporate lanyard with the 'Welsh speaker' logo on it. This raises awareness amongst staff and residents of their linguistic abilities (increases use of the Welsh Language).

- All Council's Social Services are mandated to record the language preference of all who use their services, at their first point of contact. This will be important if as a result of these modernisation proposals some services are transferred to the Private Sector. We will need to consider when decisions about the future are known, how to respond as there is a possible reduction in Welsh language skills of staff in changes to the delivery models which could result in fewer staff being employed by the local authority.

Human Rights

At its most basic, care and support offer protection of people's right to life under Article 2 of the European Convention by ensuring their most fundamental physiological needs, such as eating, taking medication, getting up in the morning and going to bed at night are met. But for those who require it, and those with whom they share their lives, the availability and organisation of care and support also determines whether they enjoy a number of other important human rights including freedom from inhuman and degrading treatment (under Article 3 of the Convention) and the right to respect for private and family life (under Article 8). These rights are underpinned by some important human rights principles: dignity, autonomy and respect which have to be taken into account in delivering residential services.

The United Nations Principles for Older Persons and Convention on the Rights of Disabled People are also both enshrined in Welsh legislation (see the Social Services and Well-being (Wales) Act 2014 and related Code of Practice). The Council therefore have a duty both at the general level of Human Rights and at the specific client services level to be able to demonstrate that it has given due regard to these Conventions/Principles, have taken action to codify them against service delivery policies and procedures and ensure staff receive training on them. Essentially, the Council is able to demonstrate how it has had regard to the UN Principles when making decisions about identifying an individual's needs and providing services to meet those needs.

5. EQUALITY PROFILE OF STAFF WHO MAY BE AFFECTED BY THESE PROPOSED CHANGES

It is important that if as a result of these proposals staff are required to relocate or work differently, their personal characteristics and circumstances are taken into account, particularly if their journey is more difficult or their work pattern changes e.g. their age and family commitments.

We will need to consider the implications of any new service models for our staff. Appropriate organisational change policies should be taken into account in dialogue with Trade Union side.

There are over 547 staff working in residential care (2019). The age profile of staff is predominantly over 50 years old with only 226 or 41% under that age. There are also a wide range of circumstances of staff to be taken into account e.g. approaching retirement, caring for children/elderly relatives, couples working in these facilities, single householders, dependence on the employment etc. The impact on other protected characteristics of staff are covered above in the relevant section above.

6. THE ENGAGEMENT EXERCISE

Research (Robinson, Glasby and Allen 2013) about utilising best practice in local authority decommissioning of social care services contended that:

- Difficult decommissioning decisions require strong leadership and wider stakeholder engagement and support.
- Having supporting evidence and information was integral to successful outcomes
- A clear transparent decision-making process was important for legitimisation of decisions.

Methodology and Responses

A comprehensive methodology to implement the Cabinet decisions on a consultation for modernising residential care services was designed.

The aim of the consultation was to gather as many views as possible from residents and their relatives and the public to inform the Council in its decision making as to the future provision of residential homes for older people in each of the geographical areas of Rhondda Cynon Taf. The consultation took place in care homes, meetings open for staff to attend, at public “drop in” events and was planned to take place over a period from 15 October to 21 November 2019. The consultation with the public was to be undertaken between 15 October and 20 December 2019. The main features of the approach to consultation were:

- Letter and information pack sent to a database of all Council care home residents/relatives (11 homes)
- Presentations and question and answer sessions at all Council run Care homes for residents, and families
- 2 events for consultation with staff
- 3 “drop in” events for the public
- Information pack also contains questionnaire to be returned to Council
- Dedicated consultation email address and free post facility
- “Have Your Say” public consultation on Council’s Web Site
- Advocacy service promoted and available to all service users and their families. A representative of the advocacy service attended each consultation event.

Practice Solutions Ltd, Abercynon, were commissioned to undertake an independent consultation with residential service staff, care home residents and their families. These events were designed to provide more information about the option for change proposed and to give an opportunity for discussion and debate in group sessions.

Members of the Council's Senior Adult Social Services Management Team - including the Group Director and Director for Social Services attended the events. The Council undertook separately a public consultation exercise on their web site and ran 3 "Drop In" Events across the County

The consultation engaged a significant number of care home residents and their families – 133 in total - as well as 29 staff members, and in addition to members of the public - see below. Whilst acknowledging the need for services and facilities to be modernised for the future, there was a common response from residents, their families that the care and support currently provided by the Council was highly regarded and that the impact of any change on individuals and communities should be minimised. A summary of the main themes that emerged in the consultation covers:

- Putting residents and their families at the centre of the modernisation process and ensuring timely and effective communication with them about the detailed implications for individuals as well as the general programme of change was seen as essential. Early information about the options and choices the residents would have for the future was requested.
- Where care homes were proposed to be retained, residents and relatives want to see detailed information about how the changes will affect them. Were people to be re-assessed and those who may not meet "Complex care needs" to be moved to extra care? Members of the senior management team present were able to re-assure people that there were no plans to re-assess people in the homes proposed for retention or move current residents to extra care facilities.
- In respect of care homes proposed to be de-commissioned transparency about the basis of evaluation used and the rationale for the decision is requested to be made available. Information at a level of detail about how the transition to extra care would be undertaken and the timetable for homes to close was wanted.
- In respect of refurbishment of homes that are proposed to be retained information is wanted about what that might entail, when it might be planned and completed for each home. Advice on the implications of refurbishment of a home for residents was sought and particularly when and how it might be completed and whether any temporary moves would be required.

- In respect of extra care further awareness and understanding is needed in respect of the programme and timing for new facilities to be built as well as the detailed operation of the service, how the care and support is delivered and the facilities available and their suitability for residents impacted by decommissioning and residents in other homes.
- Staff were highly praised across all care homes and their role was seen as essential in transition to new arrangements for care homes in the Borough.
- There was strong resistance to decommissioning of two of the four care homes proposed – Garth Olwg and Ystradfechan – from residents, families and staff. Positive cases were put forward for these homes to be retained.
- Where the issues raised were not appropriate to be dealt with through these proposals or were linked to specific operational delivery of services, we have passed the information to other relevant officers to inform their actions and plans.
- In relation to public consultation there were 310 responses to the Residential Services questionnaire which were received together with 13 letters, 8 emails and a petition signed by 1020 people to keep Garth Olwg open. A summary of the outcome of consultation with the public shows that for Care Homes, 47% of respondents to the questionnaire were members of the public, 23% were relatives of the residents, 18% were staff and 7% were residents. This is in addition to the consultation with residents of care homes, their families and staff – see above.
- 53.4% of respondents disagreed with the Council's preferred option, with 41% agreeing with the preferred option and the others stating, "don't know". Nearly 50% of respondent's comments related to objections to the closure of Garth Olwg.
- 57.3% of respondents said that the preferred option would impact on them or their family whilst 42.7% said they would not be impacted by the preferred option.

7. POTENTIAL POSITIVE AND NEGATIVE IMPACTS IDENTIFIED

Care Homes

Positive:

- Standard of care provided in Council residential care homes was highly regarded.

- Extremely positive comments were made about the quality of the staff, their dedication and dignity shown to residents, the high standard of the care and support as well as the food provided.
- A temporary halt on admissions to Council residential care homes has been implemented to ensure fair and even-handed decision taking.
- Relatives and residents must continue to be part of any decision-making process and to be fully consulted about the impacts.
- General recognition about the need to improve care homes for the future.
- There was a positive reaction to the availability of extra care and in particular the independence it provided including having separate bathrooms and living arrangements with availability of care and support and central facilities.
- Society's expectations of a care home are changing and higher quality of facilities are sought.
- Staff generally agreed that care homes should be refurbished and modernised but wanted to keep their residential home open.
- The "Butterfly" dementia model of care was praised by relatives whose kin had dementia and staff wanted to see the model used more extensively by the Council.

Negative:

- Concerns about the temporary halt to new entrants meant that homes are being earmarked for closure and that the numbers of residents would reduce so the homes are no longer financially or operationally viable.
- In respect of homes that it is proposed should be decommissioned, there were concerns that the evidence presented as the rationale for the decision should be fair, accurate and valid and that the suspension of placements for permanent residents in Council residential care homes should not distort the analysis.
- Concerns about the implications of refurbishment of any home for residents including about whether residents would need to move out, if so where to, and assurance that they would be able to return when improvements were complete.
- Concerns about the position of current permanent residents in homes to be retained and that they won't be impacted by closure of other homes. Concerns were also raised about residents who were being

cared for on a respite basis but wanted to remain permanently in the home.

- Concerns about staffing arrangements for extra care including the level of support provided, how safeguarding was ensured and whether existing staff would be able to transfer with residents they look after currently.
- Concerns about care being transferred to the private market as a result of the plans being consulted about. It was suggested that the quality of Council residential care homes was much higher. The cost of private sector care homes was also of concern including the need in some cases to pay top up fees which families could not always afford.
- There were concerns expressed about the continuity of care being disrupted where individuals needed to be transferred.
- Concerns about the impact on staff including potential job loss and financial impact and travel distance to new location unachievable. There were also concerns about the impact of home closure on communities and the potential loss of option for home in future for self or relative.
- Relatives were concerned about impact of a move / closure would have on residents and that it would be negative and that for visits it would mean increased travel time and reduced ability to access public transport for them.
- There was uncertainty about what “complex care” means in the consultation papers and how that would be defined and affect the decision-making process about individual’s placement.

8. PLANS TO ALLEVIATE ANY NEGATIVE IMPACT

In respect of Care Homes:

- A temporary halt on admissions to Council residential care homes has been implemented
- A small number of people have however been offered permanent and interim placements during the period of restricted admissions because of their specific care needs and/or circumstances.
- In addition to these in-house placements, all other people who were assessed as needing residential care were placed in an independent sector care home that met their assessed need.

- Comprehensive assessment process was completed for all individuals impacted and their care and well-being needs identified and care plans formulated.
- Revisions to care plans as required.
- Planned implementation of proposals over the period to 2025 to coincide with availability of alternative care options including extra care and private sector places.
- A programme of refurbishment of care homes that are retained.
- Further information about and visits to extra care facilities to increase understanding and awareness of the benefits of the care model and how it operates.
- Further information and advice about the options and choices the residents would have for the future.
- Close engagement of residents and their families on an on-going basis including provision of further information and advice, advocacy service made available and a supporting communications plan.
- Development of dialogue with Private Care Sector about current and future provision and quality requirements

9. MITIGATION

We will implement an action plan to mitigate the negative impacts on services users that have been identified including:

- Implement a clear service delivery model for the County that takes into account the implications of any care homes it is planned to decommission and accompanying rationale, encompassing private care homes, Council residential care homes and extra care.
- Take account of concerns raised during the consultation e.g. transition impacts on residents, comparative fees and costs for individuals and their families, transport, travel distances, community cohesion, staffing issues, availability of support services etc.
- Develop a clear implementation plan with timescales that is co-ordinated with the planned opening of new extra care as well as any other modernisation of care homes to be undertaken to achieve the desired service model.
- Use a cohesive communications process to raise awareness and understanding of the extra care model and how it operates on a day to day basis.

- Consult further on implementation of agreed care home model with services users, their families, representative bodies and the public.
- Instigate a dialogue with the local private sector care market as how best to maintain stability and ensure availability of sufficient capacity for standard and more complex residential care in the short and medium term. Compliance with the duty to develop a market oversight regime introduced by the Regulation and Inspection of Social Care Act 2016 would be an outcome of the process. Updating and changes to the Rhondda Cynon Taf Care Home Market Position Statement would also be required.
- Utilise best practice guidance in the re-provisioning of social care to ensure the appropriate level of support for individuals whose care and/or location is impacted by the modernisation proposals is tailored to their needs and in full liaison with families.
- Older people's health, safety and protection during a period of transition to new care settings are of central importance and Rhondda Cynon Taf will ensure each individual is given a personalised approach and care plan in ensuring the best possible outcomes are achieved. This will involve the families of the residents/service users. Advocacy and representation are seen as important services that will be made available to help service users express their views.
- the supply of a well-motivated, high quality and qualified workforce is essential to the current and future provision of these care services. Therefore, a transparent process of engagement with staff and their Union representatives will be undertaken throughout the transition period to the new service model for care homes.
- An overall implementation communications plan to ensure there is effective information, advice, assistance and advocacy available that mitigates the stress and anxiety for individual care clients, families and staff, any changes of provision like this will create

10. SUMMATION – GENERAL DUTY

Due Regard to 3 elements of general equality duty

This Equality Impact Assessment is representative of a real attempt to address the following questions:

- Does this service change help to eliminate discrimination?

There is no perception that the way services are currently provided is in any way discriminatory. Indeed, residential care homes are highly praised by respondents to the engagement. The changes will help to ensure that in the future that there continues to be no discrimination in the way

services are provided by providing additional skills training to staff supporting people with complex care needs.

- Does this service change help promote equality of opportunity?

These changes will result in more equitable responses for people living in the Council area as a whole by improving the quality and quantity of early intervention and prevention services. It will also improve service responses for those in residential care by providing modernised facilities and staff who can focus on and be trained more effectively those with complex care needs

- Does this service change help foster good relations between people possessing the protected characteristic and those that do not?

Staff will be better trained to meet individual needs and where services are also designed to meet them, this can minimise problems for and between people. By the Council focussing its efforts on complex care it will result in a more level playing field for people in the community with protected characteristics in accessing care and support.

11. MONITORING ARRANGEMENTS

The impact of the proposals will be closely monitored and careful consideration will continue to be given to the points highlighted in this equality impact assessment at each stage of the decision-making process and its implementation