



APPENDIX 2

EQUALITY IMPACT ASSESSMENT – DRAFT FOR COMMENT

ESTABLISHMENT OF A CWM TAF @HOME: INTEGRATED ASSESSMENT & RESPONSE SERVICE

1. INTRODUCTION

The development of integrated @Home services is a key priority within the Cwm Taf Joint Commissioning Statement for Older People's Services 2015-2025, and Cwm Taf UHB's Integrated Medium Term Plan 2016-19. A business case has therefore been developed by the partner agencies for a new @Home: Integrated Assessment & Response Service (IARS). The purpose of this report is to consider IARS against the Equality Act 2010 and specifically the Public Sector Equality Duty, which came into force on 5th April 2011.

As part of this duty, public sector bodies in Wales are required to publish an assessment of impact in order to be transparent and accountable i.e. their consideration of the effects that their decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, and age, to include gender re-assignment, pregnancy and maternity, marriage and civil partnership issues. These are classed as '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 community. 36% of the Cwm Taf population live in areas which are among the most deprived 20% 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 or 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.

2. @HOME: INTEGRATED ASSESSMENT & RESPONSE SERVICE

Improvements in health care and more effective medical interventions, together with a greater emphasis on prevention and

public health activities, have led to the population as a whole living longer. In spite of these successes, inequalities still remain in how these benefits are realised across our population and local communities. Demographic changes and the ageing population mean a significant increase in the number of older people who will need access to health and social services over the next twenty years. This increase in demand will challenge the current pattern of services at the same time as public sector spending is also under severe pressure. Continuing with current models of service will not be an option. Restricting the number of people receiving support to only those with the highest needs may result in a short term reduction in demand for services. However, without putting in place adequate preventative strategies, we will not secure longer term sustainability, neither in terms of the outcomes for individuals nor from a financial and capacity perspective for health and social care services. We need to change the way we offer support and care to older people through statutory and voluntary services.

Partners wish to move away from a response that offers institutional (bed based) care as almost inevitable and necessary for older people as they become frailer. Instead our responses should be focused on individual outcomes, preventing crises and promoting independence.

Rhondda Cynon Taf (RCT) County Borough Council, Merthyr Tydfil County Borough Council and Cwm Taf University Health Board have therefore worked together to develop a business case for an @Home: Integrated Assessment & Response Service (IARS). The business case describes a strong and shared commitment to deliver a new model of integrated health and social services for our older population. The invaluable role of the Third Sector has also been recognised and the business case has been developed with this extended sense of partnership in mind.

2.1. THE VISION AND SERVICE MODEL

Through our Joint Commissioning Statement for Older People's Service 2015-25, we have adopted a common vision for older people in Cwm Taf:

VISION FOR OLDER PEOPLE IN CWM TAF

We want to support older people in Cwm Taf to live independent, healthy and fulfilled lives. This will be achieved by providing health and social care services that are:

- Integrated, joined up and seamless
- Focussed on prevention, self management and reablement
- Responsive and locally delivered in the right place, at the right time and by the right person
- Safe, sustainable and cost effective.

One of the ways for taking this vision forward will be through the establishment of a new @Home: Integrated Assessment & Response Service (IARS). The aim of the service is to improve individual service user outcomes through enhanced communication and integration of health and social care services at the critical interface that occurs during presentation at A&E (at the Royal Glamorgan Hospital – RGH or Prince Charles Hospital – PCH) and hospital admission through to discharge. The pivotal functions of the service will be to:

- Undertake initial assessments and commission/provide health, social care and third sector community support to facilitate safe and timely return home from A&E and the Clinical Decision Unit (CDU) to prevent unnecessary admission.
- For those patients who are admitted, integrated complex discharge assessments will be undertaken utilising the default position that individuals are supported to return to a community setting.

The above will enable the connection of services, which will provide the foundation for the longer term vision of the development of an integrated health and social care Single Point of Access and corresponding community response, building upon and adding to the learning acquired during this first phase of the integrated model.

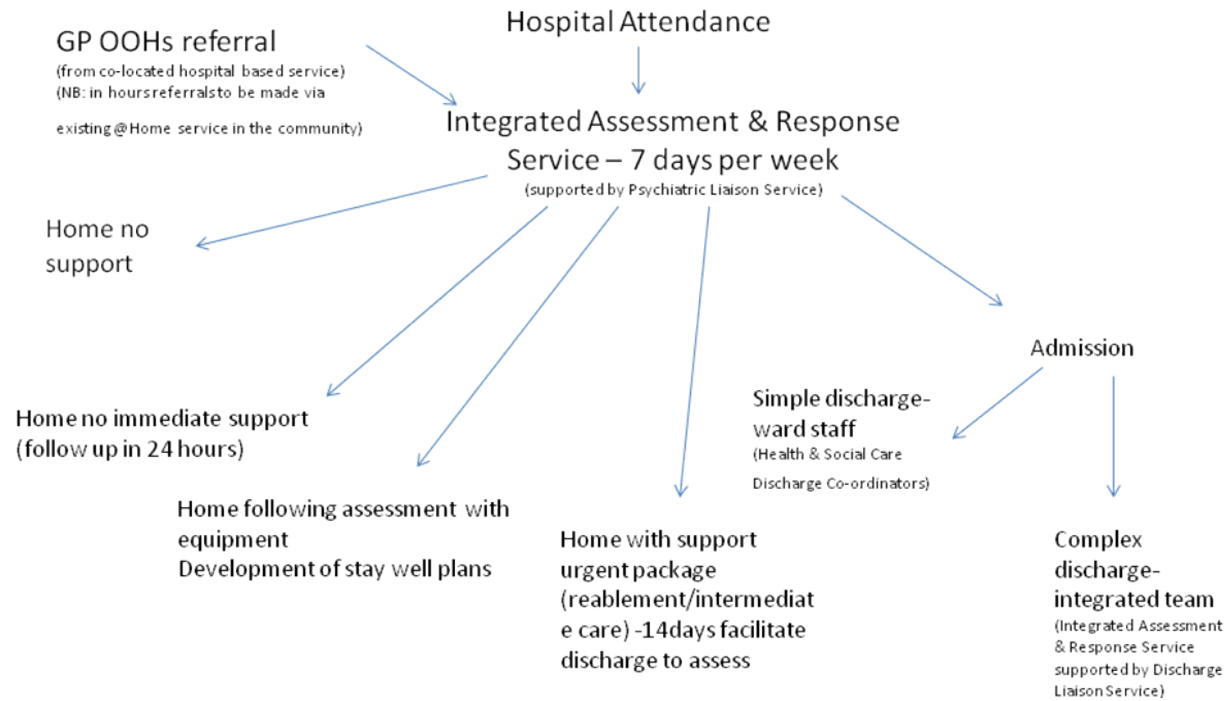
The radical redesign of our integrated assessment and response services represents transformational change and the first step in delivery of integrated @Home services, which will be equipped to support older people to remain living independently in community settings.

IARS will span the patient pathway and will include:

- Hospital based teams with 2 functions at RGH and PCH:
 - Hospital admission avoidance at A & E and the Clinical Decisions Unit
 - Complex and simple discharges from the wards
- Cwm Taf wide enhanced multi-agency community based services

The hospital team will comprise Occupational Therapists, Social Workers and Assistant Therapy Practitioners and will be supported by revised access and response arrangements within the Cwm Taf wide enhanced, multi-agency community based services. The community team will comprise of community based services to support hospital avoidance and discharge.

Integrated Assessment & Response Service



2.2 THE OUTCOMES WE WANT TO ACHIEVE

We need to be sure that we focus effort on making a difference and improving the health and wellbeing of our older citizens. Our aim is to ensure:

The experience of people using both health and social care services are improved
People and their carers are better supported to live independently and avoid reliance on long term community service
People receive the right service at the right time in the right place
People avoid being admitted or readmitted to hospital and return to their home where their needs can be met in the community
People are supported to return safely home from hospital earlier to reduce lengthy hospital stays and the risk of further complications and deterioration (e.g. hospital acquired infections and falls). Prevent likelihood of reduced mobility and dependence.
People will experience less repeat assessments and be supported by joined up services
People are not admitted to residential /nursing care straight from an acute hospital following a period of ill health.

3. UNDERSTANDING THE DEMOGRAPHIC PROFILE

Information relating to the local community is based on Public Health Observatory and 2011 Census information. Staffing information is based on the Electronic Staff Record (ESR). It is limited to data that is collected and available at this point in time.

Cwm Taf includes 4 localities which are Rhondda, Cynon Valley, Taf Ely and Merthyr Tydfil. It has an ageing population, recognised health inequality (Inverse Care Law) and high levels of deprivation. There is an associated lower life expectancy (8 less years for males and 6 less years for females between the poorest and most affluent areas within our own community), shorter good health (the lowest in Wales) and high incidence of multiple morbidities including stroke.

The population is growing and there is low employment and low levels of academic achievement.

The development of the IARS business case was informed by the detailed Needs Assessment that was undertaken as part of the of the Joint Commissioning Statement for Older People's Services. In addition, the following information is relevant in relation to protected characteristics.

3.1 Gender

There are a very slightly higher proportion of female residents living in the Cwm Taf area and this is broadly consistent with the rest of Wales. 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 services within community settings as far as possible is an important element of our service plans.

Men and women experience loneliness differently, as evidenced in the report "Evaluation of the Isolation to Integration Project" completed in May 2015 which looked at the issues of isolation and loneliness in the over 65s population in RCT. Studies have linked male loneliness to the lack of a spouse or partner. Women tend to develop relationships with a wider network of people which means they have access to a larger resource that can cushion and support them during times of need.

3.2. Age

The 2011 Census indicates that Cwm Taf has a slightly higher proportion of younger people than Wales as a whole, particularly in the 0-4 and 5-15 bands. Other groups are broadly consistent with the rest of Wales, except for 25-44 group and 65-84 age band which is 1% higher.

In Cwm Taf there are over 53,000 people over the age of 65 and over 23,000 people over 75. The Local Authorities successfully support more than 5000 people over 65 to live in the community which suggests that there are more than 48,000 people living in the community without formal support.

Current projections see a rise in the total adult population of Cwm Taf to 237,930 by 2030, an increase of 2.7%. However, this figure masks a disproportionate increase in the older population. Overall, the population under 54 will decrease by c. 14,000 (10%) whilst we expect the number of older people to grow much more rapidly. By 2030, people **over 65 years** will increase from 53,060 to 69,210 (**30.4% increase**) and people **over 80 years** will increase from 13,270 to 22,740 (**71.3% increase**).

Meeting the needs of an increasingly ageing population will be a key challenge. In the current economic climate, the relative (and absolute) increase in people who are economically dependent and, in some cases, care-dependent, will pose particular challenges to individuals, families, communities and public sector organisations.

Without a change in approach and service redesign, projecting the current proportion of over 65s in receipt of community services or in care homes to the increased population figures, indicates a significant level of demand with a need for increased places and associated financial pressures.

In addition to care needs (considered further below eg under Disability and Health) there are a range of other issues. For example, older people are less likely to have access to a car which highlights the need for services to be as local as possible, within their own homes and communities.

Implications of lower income levels, reliance on benefits and issues such as fuel poverty and digital inclusion will also cause difficulties for many older people and may prevent them from participating in health and wellbeing activities, accessing information or services or contribute to them becoming socially isolated. Older people are more likely to live alone which can present problems if they become unwell or have been in hospital and unable to be discharged without support.

3.3 Disability

Cwm Taf has a significantly higher proportion (2.8%) of residents who declare that their day to day activities are 'limited a lot' and a slightly higher proportion whose activities are 'limited a little' as described in Census 2011 categories. This is consistent with the age profile as more than half of men and women over 65 years say that they have a limiting long term illness (How Fair is Wales 2011). Disabled people are ten times more likely to report ill health and also approximately half are likely to experience mental ill health (How Fair is Wales?).

People who have a disability are twice as likely than 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).

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 in their own homes.

3.4 Ethnicity

Cwm Taf has lower representation from ethnic groups other than white than Wales as a whole. However there are Polish, Portugese

and Czech people living in the local community and their access issues will need to be considered in terms of language issues and availability of transport.

Language can represent a barrier in accessing public transport (Public Transport Needs of Black and Minority Ethnic and Faith Communities, Department of Transport 2003) and services generally. It can also limit understanding during diagnosis, treatment and during recovery. The use of translation services may be appropriate and there are policies in relation to these services.

Evidence shows that people from different ethnic groups respond differently to health promotion campaigns which may not be sensitive to language or cultural differences. In planning and delivering health and wellbeing activities, providers need to be mindful of these issues. However, the importance of family and community support networks is well recognised by many ethnic groups which will be helpful in building community capacity. The Isolation to Integration report found that ethnic minority elders may be among the most lonely in their communities.

The Health ASERT Programme Wales, investigated health issues among ethnic minority groups, refugees/asylum seekers and gypsy travellers and resulted in a series of reports on these issues (Papadopoulos and Lay, 2005; Aspinall, 2005, 2006a, 2006b). These reports have highlighted the paucity of Wales-specific information in terms of research undertaken and of specific statistical Wales-based data on the groups being examined. This is an issue for Cwm Taf UHB as there are established gypsy traveller sites within our geographical area.

3.5 Marriage and Civil Partnership

The number of people who are married or in a same-sex civil partnership living in Cwm 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.

3.6 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. A guide to cultural issues has been developed by Mental

Health Advocacy Services (partly commissioned by the Health Board).

3.7 Sexuality and transgender

This information is not currently available. However in general terms, research has suggested there may be an association between harassment and poor mental health. 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 (How Fair is Britain?). Recent research looking at the mental health and emotional well-being of transgender people has found rates of current and previously diagnosed mental ill health are high.

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.

It is also recognised that these groups find it particularly difficult to access services and their dignity and respect must be protected in both hospital and community settings. It can also be an issue for older people who may feel less comfortable about disclosing their sexuality e.g. when living in care homes or when admitted to hospital and their relationships are less likely to be taken into account. This is being addressed by the Older Person's Commissioner in the Welsh Declaration of the Rights of Older People.

3.8 Deprivation

Over 40% of residents in Merthyr Tydfil live in the most deprived fifth of Wales and within Rhondda Cynon Taf over 30% of residents live in the most deprived fifth of Wales. Higher levels of deprivation are evident in every category compared with the rest of Wales and this has implications for access to health generally, as well as other issues such as transport, unemployment and prosperity.

This has implications for health and well-being given the association between deprivation and ill-health, which manifest in shorter life expectancy than the rest of Wales. There is also a gradient in life expectancy across Cwm Taf with higher levels of deprivation in valley communities, compared to the less deprived areas along the M4 corridor. A man born in the most deprived areas of Cwm Taf can expect to live 5 years less than if he were born in the less deprived areas.

We also observe this gradient in healthy life expectancy - defined as the number of years lived in good health and Disability-Free Life

Expectancy. This means that a man born into one of our most deprived communities can expect to live 23 years of his already shortened life with a disability or limiting long term illness.

People in more deprived areas are more likely than people in other areas to report a range of key illnesses including high blood pressure, diabetes and mental health problems.

3.9 Physical and Mental Health

The projected increase in the number of older people (75 and over) is likely to cause a rise in chronic conditions such as circulatory and respiratory diseases and cancers. Acute exacerbations and social problems in such people will have implications for A&E services and emergency hospital admissions. Our proposed new service model is intended to address this challenge by changing the way these needs are met in the future. Stroke is more common over the age of 55, with the rate doubling with every decade of life thereafter.

The Cwm Taf population report the poorest mental health status of all Health Boards in Wales. This could have implications in terms of recovery as emotional well-being, positive attitude and happiness are likely to contribute to a good recovery (as found by the Care Quality Commission).

In relation to older people, we expect dementia to be an issue of increasing significance. By 2030, our population of people over the age of 65 with dementia will increase by 53.7% and an increase of 61% is expected for people over 80 years old. When combined with the projected increase in physical health needs (from a range of illnesses and conditions that become more prevalent with age), the overall impact on health and social care services will be significant.

Estimates suggest that one in three people aged 65 years and over experience a fall at least once a year – rising to one in two among 80 year-olds and older. Although most falls result in no serious injury, approximately 5 per cent of older people in the community who fall in any year sustain a fracture or require hospitalisation. Approximately 70 people over the age of 65 attend A&E services in Cwm Taf every week. The consequences of a fall in later life can be significant, both physically and emotionally, causing loss of function, mobility, independence and confidence.

Poor health and disability, including reduced mobility, cognitive and sensory impairment, all increase older people's chances of being lonely. A number of studies, cited in the Isolation to Integration report, highlight the serious ill health consequences of being lonely or isolated and a close association with higher rates of mortality. According to the Depression Alliance (2015) depression causes

loneliness and loneliness causes depression – both are closely linked.

3.10 Carers

The 2001 census shows that 12.6% of the population in Merthyr Tydfil and 12.5% in Rhondda Cynon Taf provide care to a family member, friend or neighbour. In 2001 in Rhondda Cynon Taf, there were 29,640 Carers and in Merthyr, 7,427 Carers a combined total of 37,067. It is probable that the number of carers is even higher, as the census indicates that 65,055 people reported a long term limiting illness, yet only 32,497 reported they were carers. Whilst not everyone with a limiting long term illness would have a carer, it is surprising the number of people reporting themselves as a carer is not higher.

Of those carers that we know about, a total of 11,752 carers provide a significant level of support - over 50 hours of care per week. This has increased by 9% in Merthyr Tydfil and 7% in Rhondda Cynon Taf since the 2001 Census.

As a very general guide, the Survey of Carers in Households - England, (Health and Social Care Information Centre 2009-10) found that carers were more likely to be women than men; 60 per cent of carers in England were women; carers were most likely to be aged 45-64 (42 per cent); a quarter (25 per cent) were aged 65 or over. Around half (46 per cent) of carers were in paid employment, 27 per cent were retired from paid work and 13 per cent were looking after their home or family; 92 per cent of carers were white, while 8 per cent were from black and minority ethnic (BME) backgrounds.

Figures from the Office for National Statistics show that the rate change in the number of carers by age group is most significant for people over the age of 65. From 2001- 2011, there was an increase of over 30% in both RCT and Merthyr Tydfil in the number of carers over 65.

This is relevant to issues raised in relation to gender, age and ethnicity and also to references to empowering users and their carers.

3.11 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 eg Ward B2 at Ysbyty Cwm Rhondda has recently been designated a Welsh language ward.

3.12 Human Rights

At its most basic, care and support offers 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.

One of the main changes will be the emphasis on early discharge and community care and the Equality and Human Rights Commission led an inquiry in England into 'the protection and promotion of human rights of older people requiring or receiving care and support'. Whilst it focused on home based domiciliary social care, the findings and recommendations are also relevant to other services. The inquiry stated that 'all public authorities have duties to promote human rights.

4. STAFF WHO MAY BE AFFECTED BY THESE PROPOSED CHANGES

It is proposed that a small number of existing UHB staff will form part of the new A&E based team. Although their location will not change, they will be required to work differently as part of a wider integrated team. These staff will be consulted with on a 1-to-1 basis over the next two months.

We will need to consider the implications of the new service model for our staff. It is important that if staff are required to relocate or work differently, eg as part of integrating services, 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. Appropriate organisational change policies will be taken into account.

All other posts within the team will be new and substantive.

We will engage with the relevant trade unions to ensure the development and implementation of the IARS will align with existing core service provision.**5. ENGAGEMENT**

Considerable engagement was undertaken in 2015 to inform the development of the Joint Commissioning Statement for Older People's Services. In line with previous engagement processes the main focus of activities was:

- Direct engagement with and discussion at the Older People's Forums and Older People's Advisory Groups across Cwm Taf.
- Engagement with the Third Sector through the Health & Social Care Network (to be facilitated by VAMT and Interlink).
- Targeted engagement via the existing Citizens' Panel.
- Targeted engagement by the Intermediate Care Fund Community Coordinators who visited local Older People's groups and also hospital clinics and services.
- An open invitation for Officers from the partner agencies to attend any community, service user, carer or Third Sector group who would like further information or discussion.
- Involvement through any appropriate public events or stakeholder meetings eg the Big Bite weekend in Ynysangharad park, Pontypridd, meetings of Cwm Taf Community Health Council, Stakeholder Reference Group

193 responses were received in total. 58% of responders were aged over 55, 18% considered themselves carers and 19% considered themselves as disabled.

The key feedback received was overwhelmingly positive as summarised below:

a) Do you agree with the Service Plan?

93% of respondents agreed with the Service Plan with comments highlighting that

- care at crisis points is not sustainable
- services need to be more coordinated and better understand older people's needs
- supporting people at an earlier stage makes sense

IARS will provide more sustainable, integrated care at the point of crisis providing more support robust to older people at an early point in the patient pathway.
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b) Do you think we have the right priorities for older people's services?

89% of respondents agreed that we had the right priorities. Comments included

- Prevention is always better than cure
- Emphasis on early intervention will prevent escalation of need

Those who disagreed felt there was insufficient focus on tackling loneliness and isolation, an over emphasis on preventative and not enough choice of good quality care homes.

IARS will focus on early intervention and the prevention of escalation of need. IARS will have the ability to refer to a range of community response services, including new Third Sector Befriending Schemes to tackle loneliness and isolation.

c) COMMON THEMES

A number of common themes and suggestions emerged from the additional text/responses people made:

- **Living independently at home** - welcomed as a positive approach and the right way forward
- **Accessible information and advice** - essential but we must be mindful of formats, means of accessing eg digital, face to face, the needs of people with sensory impairments and the general level of literacy/understanding amongst the population
- **Social isolation/loneliness** – recognised as a key issue and the need for a wide range of free/low cost social activities/befriending schemes to support people to become more involved
- **Transport** - always seen as a barrier to accessing services for older people who are reliant on public transport
- **Dignity, respect and compassion** - being treated as an individual and having choice and control. We need high quality standards of care
- **Easier/quicker access to GP** – need for more GPs and/or improved access. Better coordination and continuity of help/services
- **Family/Carer support** – we must support carers and make it easier for them to undertake their caring role
- **Accommodation/Housing** - we need a range of accommodation options
- **Funding/Resources** – investment will be needed, particularly in the community. Effective integration is difficult with separate budgets, information systems etc

IARS will directly address a number of these themes, namely:

- Supporting people to live independently at home;
- Addressing social isolation and loneliness;
- Dignity, respect and compassion;
- The provision of earlier/ more timely care;
- Supporting carers; and
- Sustainable investment in integrated community services.

Whilst we are confident that the business case for IARS has addressed the views and themes that were expressed during engagement on the development of our Joint Commissioning Statement for Older People's Services, further more targeted engagement will be undertaken as the new IARS service is being established. We will also need to ensure that information about IARS is made accessible and available in a range of formats.

6. POTENTIAL POSITIVE AND NEGATIVE IMPACT IDENTIFIED

The potential positive impacts of IARS have been identified as follows:

6.1. Positive:

i) IARS will be an all age service, however the primary beneficiaries will be older people which provides a positive focus rather than any negative discrimination based on age. The proposals will affect all older people for example in relation to community and hospital, but will also have an overall benefit for the resilience of the wider population, recognising that many people are affected by the ageing of family members, friends and neighbours etc .

ii) There will be a positive impact in terms of a culture change which promotes independence and social inclusion, greater choice and control for older people.

iii) The proposed service model will improve health and social care outcomes eg by increased availability to services that promote health and wellbeing but also the opportunities to target support and care to those who need more intensive help. This will have a positive impact on those with more complex needs including health conditions or disabilities.

iv) Women in Cwm Taf have a higher life expectancy than men so IARS is likely to have a greater beneficial impact on them. However, a greater focus on the quality of life of older people in total is likely to result in greater attention being paid to the needs of men who often tend to become more isolated as they get older.

v) The introduction of IARS looks to make a transformational shift in the way that care is provided. The aim will be to avoid hospital admissions, or at least reduce lengths of hospital stays, to enable care and support to be provided in the community. The emphasis is for services to be available as locally as possible, at home or within local communities. This will have a positive impact by promoting accessibility and addressing barriers like transport. Home based and community care can minimise disruption to people's lives. It can also be easier to meet individual spiritual and cultural needs if older people remain part of their own community and any groups to which they belong. Privacy, eg LGBT status and family life, including marital and civil partnership status can also be better preserved.

vi) The improved coordination of services to be achieved by the collaborative approach taken by partners and the development of IARS will ensure older people can access the services they need in the right place at the right time, delivered by the right person.

6.2. Negative

The potential negative impacts of IARS have been identified as follows:

i) There may be a negative impact on family members/carers who feel that they have to take on additional responsibilities and a significant unpaid caring role. This could particularly impact on certain cultures and/or where women are traditionally expected to take on that role.

It is accepted that there are some groups within the older population, eg LGBT or ethnic groups, whose needs are not currently as well understood due to lack of data (both quantitative and qualitative). However it is not anticipated that there will be a negative impact on them.

Overall it is considered that the benefits to be gained from the implementation of IARS will outweigh any negative impacts. The potential negative impacts will be addressed as identified below and as the service is implemented.

7. PLANS TO ALLEVIATE ANY NEGATIVE IMPACT

7.1. Support for carers

Carers need to be identified, recognised as carers and valued as partners in care. They need to have the right information, advice and assistance to enable them to balance their caring role and their life outside caring.

The work currently being undertaken to support Carers as part of the implementation of the Social Services & Well-Being (Wales) Act 2014, for example through the identification of Carers Champions, will continue. There are now over 300 Carers Champions working in the UHB, LAs, Third sector and Job Centre Plus. Feedback from WG in August 2015 to the partners' Annual Report on Carers was that it provided a:

"detailed and robust analysis of the achievements to date and an insight into the favourable improvements hoped to be made in the future. A number of case studies have provided the qualitative information to help measure the outcome for Carers. There is clear evidence that the implementation of the Carers Measure has made a real difference to the lives of carers in Cwm Taf."

We will be building on this further during 2016/17 as Cwm UHB, Merthyr Tydfil County Borough Council and Rhondda Cynon Taf County Borough Council continue to work together to improve the ways we provide support to Carers of all ages. We have developed a new Cwm Taf Carers Strategy and the views of key partners, but most importantly Carers themselves, have informed our plans and what we do.

7.2. Whole system approach

A whole system approach will be adopted where public sector agencies work together with Third Sector and private sector partners to identify risk and take actions in a planned and proactive way. IARS advocates this approach and commits our organisations to shifting the emphasis in budget allocations away from traditional long term services towards services that promote well-being and independence. It is intended to act as a catalyst to transform the way we commission services in partnership in the future.

We are already looking at opportunities to develop more preventative activities and building community capacity with our Third sector and community partners eg our priority to support health and wellbeing initiatives includes activities such as the 5 Ways to Wellbeing programmes; the Community Capacity Grant scheme and Community Co-ordinators funded through the Intermediate Care Fund; befriending schemes and initiatives to reduce social isolation and loneliness.

7.3. Implementation of the NHS All Wales Standards for Accessible Communication and information for people with sensory loss

This will present a real opportunity to implement the NHS All Wales Standards for Accessible Communication and Information for People

with Sensory Loss with particular reference to identifying, recording and meeting people's individual needs, providing information in accessible formats, improving access to services and effective communication.

7.4. Staff training

Training will be needed to support staff in adapting to new service models and ethos of care as well as legislative changes which will have implications for older people such as the Social Services and Well-Being Act

For example, in the UHB we will be addressing Carer awareness training and e-learning; Sensory loss awareness training; Goal Planning training which focuses on providing individualised, person-centred care both in an inpatient setting and within the person's own home; e-learning module on equality and human rights 'Treat me Fairly'; use of the cultural awareness toolkit and sensory loss resource pack.

Merthyr Tydfil County Borough Council and Rhondda Cynon Taf County Borough Council will continue to provide training and learning opportunities to support the ongoing implementation of the Social Services and Wellbeing Act.

8. MITIGATION

An effective Equality Impact Assessment takes into account the views and opinions of those who may be affected by the policy and what is already known about how the policy might affect different groups. This includes national evidence, Public Health Wales information, census data, public and service user views wherever possible in order to identify and address issues.

The consideration of mitigating measures and alternative ways of doing things is at the heart of the Equality Impact Assessment process. Different options have been considered in the development of IARS. The consideration of mitigation of adverse impacts is intertwined with the consideration of all actions. Mitigation can take the form of lessening the severity of the adverse impact.

Ways of delivering services which have a less adverse effect on the relevant equality category or issue, or which better promote equality of opportunity for the relevant equality category, have been considered. The preliminary issues and potential mitigations have been listed earlier in this document and will be revisited as the service changes are agreed and developed. However it is important

to stress that the whole ethos of IARS is to support older people to lead independent, healthy and fulfilled lives, recognising the need to protect the vulnerable and deliver effective and efficient services.

This initial document represents stage one of the equality impact assessment.

9. 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?

Yes, although there is no perceived discrimination in the way services are currently provided, the focus on the needs of older people and the aim of IARS is to support them to lead healthy, independent and fulfilled lives will have a positive impact. The provision of more care within people's own homes and communities will enable greater privacy and personalised care that meets their individual needs and lifestyles.

- Does this service change help promote equality of opportunity?

Yes - older people will receive more appropriate support and services. For many, this will enable them to remain at home with the consequent benefits in terms of their individual needs, lifestyle choices and community links.

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

Yes - IARS is built on a co productive approach. The focus on building community capacity and working alongside individuals, families and communities will encourage good relations and a sense of ownership and belonging. Where staff are better trained to meet individual needs and where services are also designed to meet them, this can also minimise problems for and between people.

Where any concerns relating to equality have been raised, these have been identified and explored in order to establish possible mitigation and to avoid discrimination against any particular groups and to promote equality of access to services. This has involved

engagement with different groups in relation to the protected characteristics in accordance with the Equality Act 2010 through the use of appropriate media, fora and by building on existing relationships.

The composition of the local population (2011 Census and Public Health information) has been analysed and issues considered.

10. 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. Equality Impact Assessment issues will be included in progress reporting.