SERVICE PLANS AND PRIORITIES FOR OLDER PEOPLE'S SERVICES ACROSS CWM TAF
EQUALITY IMPACT ASSESSMENT

1. INTRODUCTION

The development of a Cwm Taf Joint Commissioning Statement for Older People's Services 2015-2025 has been considered 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. SERVICES FOR OLDER PEOPLE

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 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 worked together to develop a Joint Commissioning Statement for Older People's Services which 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 plans and priorities outlined in the Commissioning Statement have been developed with this extended sense of partnership in mind.

2.1. THE VISION AND SERVICE MODEL

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

Our new service plans include an emphasis on the important part families and communities play in offering people care and support.

Our role is to work alongside and complement these networks, rather than instead of them, and support people to live independent, healthy, and fulfilled lives as they get older.

When people do need help, we need to make the right services available at the right time. This will mean that we can help older people stay with their family and local community, and will limit the number of older people who need more intensive, institutional and disruptive and expensive care services later on in their lives.

Our new approach to health and social care services has **3 levels** which overlap:

Level 1 Community, Universal and Prevention Services

These types of service are universal, anyone in the community can access them, and an example of this type of service would be local leisure centres or primary care services. It seeks to support and build on the strength of family and community support networks.
In the future, our role will be to nurture and support informal support networks, such as the care and support provided by family and friends or by voluntary/ charitable groups and organisations that work in local communities. By creating these types of local services, we will give people across Cwm Taf the chance to stay healthy and independent for as long as possible.

Level 2 Early Intervention and Reablement Services

We must be able to respond to people's needs quickly, to help people live healthy and fulfilled lives which mean that there is less need for additional health and social care services. When people's needs cannot be met through Community, Universal and Preventative Services (Level 1), we will offer people early intervention and reablement services. These will help older people deal with the difficulties they may be having, and help them recover their independence and remain living within their community.

Level 3 Specialist and Substitute Services.

This level of service is the most intensive and is for people who have health problems, or circumstances that mean they need longer term specialist or substitute care and support.
Examples of these types of services are domiciliary care, residential and nursing care, and community hospital services.

All three levels overlap to make-up our approach for health and social care services for older people. The services work at different levels of need. As the services get more specialised, they are required by a smaller number of people but provide specific, more tailored interventions.

In our new approach to health and social care services our focus is on local solutions and planning services that prevent older people's health and wellbeing getting worse. We will make sure that services at different levels are coordinated effectively and work closely with each other, so that people receive the help they need, when they need it, they way they want it.

We anticipate that by providing more support at Level 1(Community, Universal and Prevention Services), fewer older people will need Level 2 (Early Intervention and Reablement) and Level 3 (Specialist and Substitute Services). This will mean that more older people will stay independent and have healthy, fulfilled lives at home or within their local community.

2.2 OUR COMMISSIONING PRIORITIES

The Commissioning Statement identifies a number of Priorities:

- Building Community Capacity
  Helping communities work together to find local solutions to problems older people face.
- Information, advice and assistance
  Making it easier for people to find out about and access a range of preventative, care and support services
- Health and Wellbeing
  Helping older people to "age well", stay healthier, happier and able to participate in local activities
- Domiciliary care
  Care and support provided to people in their own home which empowers service users and carers to have more choice and control
- Accommodation with support
  Different housing options to enable people to live independently for as long as possible
- Responsive Primary care services and an integrated@Home service
  Development of the UHB's Primary care and Communities Services strategy
- Governance and infrastructure
  The way the Health Board, Local Authorities and other key partners will work together to deliver the changes needed.

2.3 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. We have

identified the following outcomes and will measure the success of the Commissioning Statement against them.

- Older people live longer, healthier and happier lives.
- Older people live life to the full and are enabled to maintain their independence for as long as possible.
- Older people who become ill, frail or vulnerable receive the care and support they need at the right time in the right place.
- All individuals and communities recognise the need to take more responsibility for their own health and wellbeing and are supported to do this.

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.

A detailed Needs Assessment has been undertaken to inform the development of the Commissioning Statement. 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 wellbeing 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 our health and wellbeing 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. 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. Our proposed new service model is intended to address this challenge by changing the way these needs are met in the future.

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 and 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

Analysis undertaken to develop the Joint Commissioning Statement has shown that the majority of partner resources, including staffing, are focussed on services at Level 2 and 3 (see page 3 above for description of Levels) whereas we need a stronger emphasis in the future on Level 1, Community and universal preventative services.
We will need to consider the implications of the new service models 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 should be taken into account.

5. THE ENGAGEMENT EXERCISE

Considerable engagement has been undertaken in the development of the Joint Commissioning Statement. A public facing summary of the draft Statement was prepared together with a leaflet and questionnaire. All documents were also available in Welsh.

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 general public via the next round of UHB Public Forums in July.
- 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 peoples 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

The engagement document and questionnaire were made available on the partner organisations' websites, as well as the Cwm Taf Consultation Hub. Individual partners used their own additional mechanisms as appropriate eg the UHB published the engagement document via Sharepoint and used the Chief Executive's weekly blog in order to ensure that staff were also actively engaged and had the opportunity to respond.

Public engagement ran for 9 weeks from 27th July to 18TH September 2015. A detailed Consultation Analysis report has been written which is attached as Appendix 1. This outlines the engagement activities undertaken and presents the results, including the findings from the 193 responses received. 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

Concern was expressed by a few that there is too much emphasis on families providing support and that there is a lack of suitable specialist accommodation. Others wanted more information, recognising that this was a high level, brief document which will need to be supported with more detailed action and delivery plans.

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 Level 1 Services and not enough choice of good quality care homes.

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

The engagement on the draft Joint Commissioning Strategy has therefore confirmed that it is generally accepted and supported by stakeholders. The draft Statement has been amended to reflect the findings of the engagement eg by quoting some of the comments made and also acting on the responses by clarifying, adding to or strengthening the proposals as appropriate.

6. POTENTIAL POSITIVE AND NEGATIVE IMPACT IDENTIFIED

The engagement questionnaire asked specifically if people felt that the proposed changes would have more of an impact (positive or negative) on them because of their individual characteristics.
52% of people felt there would be a positive impact. 48% did not feel there would be any impact on them personally.

More specific impacts that have been identified are as follows:

6.1. Positive:

i) The primary beneficiaries are 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, universal and preventative services but 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 and values the contribution they can make in their communities.

iii) The proposed service model (three interrelated Levels) 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 the Joint Commissioning Statement 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 emphasis is for the majority of 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 be preserved.

vi) The improved coordination of services to be achieved by the collaborative approach taken by partners and the development of a Joint Commissioning Statement 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

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.

ii) There is an expectation that suitable alternative preventative and support services will be available at Levels 1 and 2 to address the increased demand that is anticipated as a result of demographic pressures etc. If these services are not available quickly enough with sufficient capacity, there will still be additional demand at Level 3 which may be difficult to meet.

iii) Some groups, eg people with sensory impairment, may be unable to access appropriate information, advice and assistance which will disadvantage them further.

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 quantative 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 the Joint Commissioning Statement for Older People will outweigh any negative impacts. The potential negative

impacts will be addressed as identified below and as the Strategy 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 Carers Measure (Wales), 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 as the 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 are developing a new Cwm Taf Carers Strategy and the views of key partners, but most importantly Carers themselves, will inform what we do and shape our plans. The feedback from the engagement on the Joint Commissioning Statement will also be fed into the work on the new Carers Strategy.

7.2. Whole system approach

To mitigate against a lack of coordination which considers the planning and delivery of the different Levels of the new service model in isolation, 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. The Joint Commissioning Statement for Older People advocates this approach and commits our organisations to shifting the emphasis in budget allocations away from traditional long term services towards services that promote wellbeing and independence. It is intended to act as a catalyst to transform the way we commission services in partnership.

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 Neighbourhood Capacity grant scheme and Community coordinators 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 Wellbeing 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.

8. MITIGATION

An effective EIA 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 the Joint Commissioning Statement for Older People. 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 the Joint Commissioning Statement 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 intentions within the Joint Commissioning Statement which will 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 - The Joint Commissioning Statement is built on a co productive approach. The focus on building community capacity and working alongside individuals, families and communities will encourage good relations, intergenerational working 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. EQIA issues will be included in progress reporting.