

CWM TAF SOCIAL SERVICES AND WELLBEING PARTNERSHIP BOARD

CWM TAF REGIONAL PLAN 2018 - 23

EQUALITY IMPACT ASSESSMENT

1. INTRODUCTION

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

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

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 also 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. CWM TAF REGIONAL PLAN 2018-23

The Cwm Taf Social Services and Wellbeing Partnership Board consists of the Cwm Taf University Health Board, both Rhondda Cynon Taf and Merthyr Tydfil Councils, representatives from the Third Sector, Care Forum Wales, Social Care Wales and service user and carer representatives.

The Cwm Taf Regional Plan which must be produced by April 2018 will set out how the Partnership will respond to the findings of the Cwm Taf Population Assessment published in April 2017. It is a five-year plan, which outlines the range and level of services to be provided in response to the needs for care and support identified in the population assessment. The Social Services and Well-being (Wales) Act 2014 (SSWB Act) requires that the Partnership Board must prioritise the integration of services in relation to:

- Older people with complex needs and long-term conditions, including dementia
- People with learning disabilities
- Carers including young carers
- Integrated Family Support Services
- Children with complex needs due to disability and illness

Due to the scale and complexity of the Regional Plan, we have taken an iterative approach to the equality impact assessment. As a high level corporate, overarching plan it is not intended to be a definitive statement on the potential impact on protected characteristic groups. As a strategic document, it is intended to describe our current understanding of the likely impact of the Plan at a high level on the communities of Rhondda, Cynon, Taf and Merthyr Tydfil. It seeks to include initial observations which will require more detailed analysis. The more detailed work will be undertaken as part of the specific service changes to be delivered which will also be subject to equality impact assessment as appropriate.

For example, EIAs have been undertaken for the following which are relevant to the Cwm Taf Regional Plan:

- Cwm Taf Carers Strategy
- Stroke Services Redesign
- Developing a Strategic Direction for Older Person's Mental Health Services
- Cwm Taf Joint Commissioning Statement for Older Peoples Services 2015-25
- Cwm Taf Joint Statement of Strategic Intent: Children, Young People and Adults with Learning Disabilities (that include autism and complex needs) and their families

This EQIA addresses the following questions:

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

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

3. DRIVERS FOR CHANGE

The Cwm Taf Social Services and Wellbeing Partnership faces and will continue to face significant challenges, particularly in terms of improving outcomes for our communities, system sustainability, service quality and performance, and ensuring the financial health of the partner organisations. These challenges to the Partnership mean that, whilst huge strides have been made in recent years, the status quo is no longer an option.

The Well-Being of Future Generations (Wales) Act (2015) looks to future-proof our communities to ensure that they are protected from pressures that threaten their viability and survival. This means that in meeting pressing short term needs, we must also make every effort to safeguard the long term interests of our local communities by addressing intergenerational challenges such as health inequalities, raising skills and mitigating the impact of climate change.

Implementation of the Social Services and Well-Being Act (2014) continues to be a priority focus for the Cwm Taf Social Services and Wellbeing Partnership Board, as we look to implement the Cwm Taf Regional Plan and deliver improved integrated services for our local communities, supported where appropriate with the introduction of joint commissioning arrangements and pooled budgets.

The Regional Plan contains detailed information about our integrated approach. The Statements of Intent and Strategies developed by the Cwm Taf Region (summarised in the Regional Plan) are all based on the premise of delivering integrated services to people of all ages, recognising the contribution from a range of partners, not just health and social services. We want to build on our existing partnerships but also create new ones. Our approach to integration also means that for those people needing care and support, they must be able to say:

"My care is planned by me with people working together to understand me, my family and carer(s), giving me control and bringing together services to achieve the outcomes important to me."

This statement comes from the Welsh Government Framework for Delivering Integrated Health and Care for Older people but it is valid for service users and carers of all ages, including those with

protected characteristics. We want to use coproductive approaches to listening to, working with and acting on what matters to our citizens and communities, responding to their aspirations and concerns.

All of the Statements of Intent describe service models which offer a continuum from prevention and universal services through early intervention for those with emerging difficulties to specialist support. Each Statement of Intent illustrates their model differently but the approach is the same.

All our plans must work to deliver the national wellbeing outcomes required by the SSWB Act - the link for the National Outcomes Framework for people who need care and support and carers who need support can be found here <http://gov.wales/topics/health/socialcare/well-being/?lang=en>

This framework

- Describes the important well-being outcomes that people who need care and support and carers who need support should expect in order to lead fulfilled lives.
- Sets national direction for services to promote the well-being of people in Wales who need care and support, and carers who need support.
- Provides greater transparency on whether care and support services are improving well-being outcomes for people using consistent and comparable indicators.

All these drivers for change are intended to improve services for people who need care and support and carers who need support. By the nature of some of their needs, this will include people with protected characteristics.

4. SERVICES

Our Population Needs Assessment produced in April 2017 emphasised the need to look at the whole person and not just one problem they might experience.

<http://www.ourcwmtaf.wales/cwm-taf-population-assessment>

8 briefing documents are available on the following client groups/core themes:

- Carers
- Older people
- Health, physical disabilities and sensory impairment

- Learning disabilities including autism
- Mental health
- Children and young people
- Violence against women, domestic abuse and sexual violence

The Population Assessment has informed the development and implementation of the Cwm Taf Regional Plan. It identifies a range of issues that matter to people in relation to their needs for care and support.

The priorities and actions within the Cwm Taf Regional Plan will be reviewed annually to monitor progress. They will be amended as appropriate, to ensure that we empower and enable people in Cwm Taf who need care and support to live the best lives they can and achieve the outcomes that matter to them.

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.

The Regional Plan includes a number of joint Statements of Intent for specific client groups. Rhondda Cynon Taf (RCT) County Borough Council, Merthyr Tydfil County Borough Council and Cwm Taf University Health Board have worked together to develop the following:

- 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 link is:

<http://www.rctcbc.gov.uk/EN/Resident/AdultsandOlderPeople/JointCommissioningStatementforOlderPeoplesServices201525.aspx>

- b) Cwm Taf Statement of Strategic Intent for Children, Young People, Adults with Learning Disabilities (that includes autism and complex needs) and their families is:

<http://democracy.merthyr.gov.uk/documents/s37479/Appendix%204.pdf>

- c) Joint Commissioning Statement for children and young people (currently being finalised).

The invaluable role of the Third Sector has also been recognised and the plans and priorities outlined in the Statements have been developed with this extended sense of partnership in mind.

5. 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.

In addition to the details contained in the Population Assessment, the following information is also relevant in relation to protected characteristics.

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.

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 2015, there were 89,772 children and young people aged 0-24 living in Cwm Taf which represent 30% of the total population. The 0-24 age population group has been declining in Cwm Taf since 2011.

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.

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 compared with 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.

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.

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.

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).

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.

Deprivation

42% of children are living in poverty in Cwm Taf. Merthyr Tydfil had the second highest level of child poverty in Wales at 26.3%. RCT is 24.7%.

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.

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.

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.

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.

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.

6. EQUALITY PROFILE OF STAFF WHO MAY BE AFFECTED BY THE REGIONAL PLAN

One of the priorities in the Regional Plan is to secure a sustainable and good quality workforce across health and social care. There is a Cwm Taf Social Care Workforce Development Partnership with a workforce development plan which will help to address implications for staffing.

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.

7. THE ENGAGEMENT EXERCISE

Our approach was not reliant on statistics alone – we made efforts to understand our communities by undertaking widespread

stakeholder and public engagement to develop a more complete picture of what matters to people, what works well and what needs to improve and change.

3 Community Panel Events were held in Abercynon, Porth and Merthyr Tydfil in December 2017. The information gathered at each of the events provided a rich source of information to inform the development of the Regional Plan. Members of the community could respond through facilitate discussion to:

- Getting information, advice and assistance
- Stopping problems before they start
- Stopping problems before they get worse
- Connecting you to your community
- Seamless services
- Making it personal and working together with you

Those who attended were encouraged to share their own experiences and explore good practice though positive experiences, or use negative experiences to frame improvement opportunities. The people who attended had very local information on issues in their geographical area and area of interest/ expertise which provided a rich source of information to help steer and shape plans.

Members of the Community Panels had an opportunity to respond to the Regional Plan by focussing on the following themes:

- Identifying positive opportunities for co-production and building on community assets.
- Identifying good practice in relation to the provision of information advice and assistance that supports resilience and well-being.
- Exploring what outcomes people would expect from efficient and reliable community services.
- How they want to be kept informed on progress and the changes to the area plan.

Group discussions consisted of:

Group 1	Getting information and advice
	Seamless Services
	Connecting you to your community and effective participation
Stage 1	Give an example of where has worked well?

Stage 2	What would good look like? i.e. Where would it be, who would use it and what would happen?
Stage 3	Discussion about what's feasible versus desirable

Group 1	Working together with you – co-production
	Making it personal – being listened to and understood
	Stopping problems before they start - prevention
Stage 1	Give an example of where has worked well?
Stage 2	What would good look like? i.e. Where would it be, who would use it and what would happen?
Stage 3	Discussion about what's feasible versus desirable

A detailed report from the Community Panels has been produced and feedback from these events will enrich the Cwm Taf Regional Plan and add to its continued development and delivery. The detailed ideas and examples of good practice expressed will be fed into the specific pieces of work and the next steps we take to develop and deliver on the actions in the Plan.

Running through each of the engagement events was the importance of communication, as appropriate to the different protected groups, getting it right, and good quality information.

The importance of good quality, easily accessible and understandable information and advice was emphasised by all.

8. POTENTIAL POSITIVE AND NEGATIVE IMPACT IDENTIFIED

More specific impacts that have been identified in the Cwm Taf Regional Plan are as follows:

8.1. Positive:

i) The Plan responds to the findings of the Population Assessment for the following groups

- Carers
- Older people
- Health, physical disabilities and sensory impairment
- Learning disabilities including autism
- Mental health
- Children and young people
- Violence against women, domestic abuse and sexual violence

In addition the Plan prioritises integration for the following

- Older people with complex needs and long-term conditions, including dementia
- People with learning disabilities

- Carers including young carers
- Integrated Family Support Services
- Children with complex needs due to disability and illness

The implementation of the Strategies/Statements of Intent for Older people, Carers, Children and Young People and People with Learning Disabilities and their families will directly have positive impacts for several of the protected characteristics groups. There is a commitment to develop a Statement of Intent for people with Physical Disability and/or Sensory Impairment.

- ii) There is a focus on preventative services and early intervention.
- iii) There is a focus on actions in relation to information, advice and assistance. The ways in which we provide this must take account of differing needs in the way people can access and make use of such information.
- iv) The Plan has a commitment to an ongoing conversation on how we engage with service users, citizens, community groups to support asset based/co-productive planning and commissioning processes
- v) It was felt during engagement that the priorities and issues identified were broadly the right ones. The challenge of engaging people in developing the plan was identified and several suggestions and offers about how this could be done were provided. Using easy read, better use of IT where people access services, local hubs, running a dedicated group for people with dementia, using the auspices perhaps of the Alzheimers Society and/ or MIND.
- vi) New ways of delivering services such as social enterprises and building on community assets were identified. These include initiatives and activities set up within communities by communities such as walking groups and community choirs, which also provide opportunities to improve well-being, remove social isolation and share information.
- vii) The willingness to engage, encourage others to engage and stay involved came through at each of the engagement events. This will be positive for the future as we implement the Plan.

8.2. Negative

- i) The diversity and challenge of seeking and obtaining information was highlighted. There is no one clear centrally used source that people identify with using.
- ii) It is challenging to access information for people who have severe learning disabilities, which are compounded by health problems.
- iii) Another specific area which was felt to be difficult to access information is finance, debts and benefits.

- iv) Staff also can struggle with awareness of the information people are seeking. There is a need to provide consistent good quality training/information for staff about services which are available
- v) Lack of IT – for example access to internet in community/day centres can be a problem.
- vi) Lack of transport was seen as a problem at certain times and in some areas where communities feel isolated.

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

9. PLANS TO ALLEVIATE ANY NEGATIVE IMPACT

Whole system approach

To mitigate against a lack of coordination which considers the planning and delivery of the different components of any 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 Cwm Taf Regional Plan 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 e.g. 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 coordinators funded through the Intermediate Care Fund; befriending schemes and initiatives to reduce social isolation and loneliness. Whilst some areas such as housing and transport are not the responsibility of the SSWB Partnership Board, they can impact on people's need for care and support. We will work with the Cwm Taf Public Services Board on joint actions where appropriate eg around community resilience and loneliness and isolation.

Information and advice

The Regional Plan contains a number of actions designed to ensure there is consistent, timely and easy access to information, advice and assistance that supports resilience and well-being. The ideas and examples highlighted in our engagement will be fed into our detailed plans going forward.

Staff training

Training will be needed to support staff in continuing to adapt to new service models and ethos of care as well as the legislative changes in the Social Services and Wellbeing Act and the Regulation and Inspection Act.

10. 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 Cwm Taf Regional Plan. 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.

11. 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 the citizen and the intentions within the Cwm Taf Regional Plan 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 local 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 – The Cwm Taf Regional Plan will ensure a more co-ordinated approach to 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 Cwm Taf Regional Plan 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.

12. 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.