

Asesu'r Effaith ar Bobl Gwynedd

This document assesses the impact that the policy, procedure, plan etc will have on the population of the county and operates based on a number of laws.

- **The Equality Act 2010.** It places a duty on public organisations to pay due attention to the impact of any new policy, procedure, scheme etc (or in adapting them) on people with protected characteristics. We are asked to
 - abolish unlawful discrimination, harassment and persecution and other conduct prohibited by the Act.
 - promote equal opportunities between people who share a relevant protected feature and those who do not.
 - foster good relationships between people who share a protected trait and those who don't.

In Wales the specific duty sets out the need to carry out an impact assessment following specific guidelines to consider the impact that a change in any policy or procedure (or the creation of a new policy or procedure) will have on people with protected equality characteristics. A timely assessment must be made before a decision is made on any material change (i.e. affecting people with a protected feature).

- **Socio-Economic Duty.** Wales has now implemented this duty which is part of the Equality Act 2010 giving a duty to address socio-economic disadvantage in strategic decisions.
- **Welsh Language Standards (Section 44 of the Welsh Language (Wales) Measure 2011).** The Council is required to consider the impact that a change in any policy or procedure (or the creation of a new policy or procedure) will have on opportunities for people to use Welsh and to ensure that the Welsh language is not treated less favourably than English. This document therefore ensures that these decisions protect and promote the use of the Welsh language.
- **Well-being of Future Generations Act 2015.** The Council has a duty to implement the five ways of working, and to respond to the 7 national well-being goals.

- **the Armed Forces Act 2021.** Councils must give due regard to the impact of this proposal on those serving or having served in the Armed Forces, as well as their families.

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STAGE 1 - Main Aims and Objectives of the Policy or Practice

1. What kind of document or procedure is being assessed?

Decisions affecting service users, employees or the wider community including commissioning/decommissioning or reviewing services.

2. What are the goals, objectives and intended outcomes of the policy or practice?

Working with the health service is one of Caring Gwynedd's priorities and one workstream is to work with them to ensure that patients who are discharged from hospital are cared for.

A report on this has recently been published by the Welsh Government as well as a report by Heads of Social Services responding to the challenges around care following hospital discharge.

The Council is also required to create a plan detailing the pathway of care for those discharged from hospital and progress must be reported annually to the government.

Hospital entry is a significant event in every individual's life, it deserves adequate attention and investment to ensure that the experience of leaving hospital and engaging with the health and social care services is a positive and smooth experience and that the journey of receiving any form of care and support is the best start to the journey.

To date, Gwynedd has received short-term grants to meet the growing demand from the hospital, which is hampering our ability to invest in long-term plans to meet an ongoing and increasingly worrying situation. The messages and expectations from various Welsh Government papers make it clear that local authorities must ensure every effort to support people to move out of hospital as quickly as possible with little additional resource. This expectation comes at a significant cost, impacting our ability to provide wider support in the community. With resources and staffing being redirected to prioritise hospital discharge, services such as preventative care, early intervention, and long-term support for vulnerable individuals have faced increasing stress. While we all recognise that hospital discharge is a priority, social care must also be able to provide preventative and ongoing support. Without this balance, the pressure on hospitals may decrease in the short term, but the demand for emergency interventions could increase, making the system less sustainable over time. We have therefore had to be creative and balanced in transforming the service and introducing improvements and changes within our existing resources.

3. Who are the main advisory groups (stakeholders)?

The main advisory group is the service users/patients receiving our service and care at the hospital.

We also consult continuously with hospital staff and Social Services staff at the Council.

STEP 2 - Engagement Data and Impact Assessment

4. Has an attempt been made to comply with the duty to engage in accordance with what is described above and has sufficient information been gathered to proceed?

Yes.

Details of engagement. Please note any consultation or engagement you have made or intend to do.

Operation	Dates	Knowledge
Workshop held with staff working at YG on the project	5/20/2025 12:00:00 AM	Members of the teams had the opportunity to give their views on the project, as well as what works well and what doesn't.
Scrutiny Committee	9/25/2025 12:00:00 AM	The project will be scrutinised by Gwynedd Council's Scrutiny Committee in September.

5. What information is available about the impact on each of the features and topics below?

	Relevant Evidence, Information and Data	Potential Positive and/or Negative Impact
Race	Nothing.	Nothing has been identified so far.

Disability	<p>The Llechen Lân Report emphasises the need to take proactive and preventative action to ensure that social services are able to cope with the growing demand for services for older people and disabled people.</p> <p>Across Gwynedd, 109 individuals want new or increased support. About half of the hours come from the hospital for about a third of the people.</p>	<p>We have placed four practitioners at Ysbyty Gwynedd, representing four of the five Community Resource Teams. This means that practitioners have a much more local structure and awareness and therefore a better chance of identifying the alternative resources, community, third sector, and to look beyond statutory resources. Having a separate and dedicated Team to the hospital would lose the local awareness and knowledge that is now so necessary.</p> <p>By ensuring that a collaborative conversation takes place between the nurse and the patient, family and friends (or any other relevant professional), this will allow the team to focus on the patient's strengths and resources to support them with what is important to them.</p> <p>The project will have a positive impact on disabled people as they receive improved care provision and service from the Health and Social Care sector, with the intention of being discharged from hospital in a more timely manner and benefiting from a multidisciplinary and integrated service.</p>
Sex	Nothing.	Nothing has been identified so far.
Age	It is a matter of concern that "10 days in the hospital leads to the equivalent of 10 years of muscle aging in people over the age of 80." This harm and loss of independence means that older and vulnerable people are more likely to need care and support to return home, increasing the pressure on social care and community services that are already under pressure.	We have placed four practitioners at Ysbyty Gwynedd, representing four of the five Community Resource Teams. This means that practitioners have a much more local structure and awareness and therefore a better chance of identifying the alternative resources, community, third sector, and to look beyond statutory resources. Having a separate and dedicated Team to the hospital would lose the local awareness and knowledge that is now so necessary.

	<p>The Llechen Lân Report emphasises the need to take proactive and preventative action to ensure that social services are able to cope with the growing demand for services for older people and disabled people.</p> <p>Since 2011 the population over 65 years of age grew by 7.8% in Gwynedd. Social Care Wales said that Wales has more people over 85 than the rest of the UK and that the number is likely to double across Wales by 2045.</p> <p>Further, the Welsh NHS Confederation explains that Wales has the highest number of people with limiting or chronic long-term conditions in the United Kingdom, with numbers increasing rapidly (from 105,000 people with limiting or chronic long-term conditions in Wales in 2001/2 to 142,000 in 2010/11) and likely to continue to increase as the population ages further.</p> <p>By Census 2021 there were over 25,000 people over the age of 65 in Gwynedd, with around a third of them over the age of 80. Compared to Wales, 23.5% of people over the age of 65 are in Gwynedd and 21.3% in Wales.</p> <p>This increase clearly brings its challenges, with a high probability that there will be an increased demand for health and social care services. Medical advances have improved people's survival but have also led to more complex needs. Linked to the ageing population, an increase in the number of people living with dementia and the condition can lead to many complications in terms of care and support</p>	<p>By ensuring that a collaborative conversation takes place between the nurse and the patient, family and friends (or any other relevant professional), this will allow the team to focus on the patient's strengths and resources to support them with what is important to them.</p> <p>The project will have a positive impact on disabled people as they receive improved care provision and service from the Health and Social Care sector, with the intention of being discharged from hospital in a more timely manner and benefiting from a multidisciplinary and integrated service.</p>
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	<p>which for some affect hospital discharge arrangements, particularly individuals who are unable to meet their own needs and make decisions about their care where best welfare decisions and the involvement of the Court of Protection are required to organise their continuing care. These are intensive processes with a legal framework and therefore take more time to organise.</p>	
Religion and belief	Nothing.	Nothing has been identified so far.
Sexual Orientation	Nothing.	Nothing has been identified so far.
Gender reassignment	Nothing.	Nothing has been identified so far.
Marriage and Civil Partnership	Nothing.	Nothing has been identified so far.
Pregnancy and Maternity	Nothing.	Nothing has been identified so far.
Welsh Language	Nothing.	Nothing has been identified so far.
Socio-Economic Considerations	<p>This project ensures that patients are able to get home to their community sooner, prevents potential loneliness, ensures they are able to be part of their community as soon as practicable, and receives support at a more local level through local interventions and initiatives e.g. Active Dementia, community hubs.</p> <p>There is also another element to note that the practitioners/social workers are going to visit the patients who are within their area of work, and therefore can offer them a snippet from home by</p>	<p>We have placed four practitioners at Ysbyty Gwynedd, representing four of the five Community Resource Teams. This means that practitioners have a much more local structure and awareness and therefore a better chance of identifying the alternative resources, community, third sector, and to look beyond statutory resources. Having a separate and dedicated Team to the hospital would lose the local awareness and knowledge that is now so necessary.</p> <p>By ensuring that a collaborative conversation takes place between the nurse and the patient, family and friends (or</p>

	discussing what is available in their area, any local updates etc.	any other relevant professional), this will allow the team to focus on the patient's strengths and resources to support them with what is important to them. The project will have a positive impact on disabled people as they receive improved care provision and service from the Health and Social Care sector, with the intention of being discharged from hospital in a more timely manner and benefiting from a multidisciplinary and integrated service.
Those who serve or have served in the armed forces, together with their families	Nothing.	Nothing has been identified so far.
Skip to footer	Nothing.	Nothing has been identified so far.
Other	Nothing	Anything

6. Are there any data or information gaps and if so, what are these and how are they intended to be addressed?

Consideration is being given to the data that needs to be collected and recorded as part of this project, and a dashboard is being created for the purpose of collecting data on the patients being discharged from hospital.

7. When considering other key decisions affecting these groups, is there an incremental effect (cumulative effect)?

There is no incremental effect here.

8. What does the proposal include to show that you have given due regard to the Public Sector Equality Duty (to promote equal opportunities; help to eliminate discrimination, harassment or unlawful victimisation and foster good relationships and wider community cohesion) as covered by the 3 aims of the General Duty in the Equality Act 2010?

This project promotes equal opportunities by ensuring that patients return to where they want to be on a long-term basis – whether that means returning to their home or going into residential or nursing care. Completing a What Matters assessment with the patient in hospital, to understand their strengths and what is important in their life, ensures that they are able to achieve the outcomes that are important to them in their life, while also receiving proportionate and appropriate care at a suitable time.

9. How does the proposal show that due attention has been given to the need to address inequalities in the cause of socio-economic disadvantage? (Note that this is about closing inequality gaps rather than just improving outcomes for all)

Mechanisms are in place to ensure that there is no disparity in the cause of socio-economic disadvantage. Each patient receives a What Matters assessment, and every effort is made to achieve the patient's outcomes. The Council also provides financial support to patients who require residential care depending on their individual situation.

10. How does the proposal demonstrate action in accordance with the requirements of the Welsh Language Standards (Welsh Language (Wales) Measure 2011), not to treat the Welsh language less favourably than English, and to ensure opportunities for people to use Welsh? Also how will action be taken in accordance with the Council's language policy and strategy to take advantage of every opportunity to promote the Welsh language (beyond providing services bilingually) and increase opportunities to use and learn the language in the community?

The project does not contravene Welsh Language Standards, and all patients are treated fairly regardless of their language. All patients are also offered a What Matters assessment in their preferred language, with Council staff at Ysbyty Gwynedd being fluent in both Welsh and English.

11. How does this proposal meet the requirements of the Well-being of Future Generations Act by implementing the five ways of working, and responding to the 7 national well-being goals including creating a More Equal Wales?

As we have been piloting a new way of working, we have not formally consulted with service users to date, but those who have been patients at Ysbyty Gwynedd have been able to experience the new way of working by being assessed by a practitioner/social worker and having a better experience in hospital in order to discharge them more timely.

This project greets barriers that currently exist in the health and care system, and which will get worse in the future according to figures from the Llechen Lân report unless we take action. The problems we face have already been identified in this report, and this work will address improving the hospital discharge system to ensure that the patient arrives home/the community in a timely manner.

The Llechen Lân report has provided a solid basis for the work, providing evidence (as mentioned at the beginning of the report) that the older population is increasing, and that demand is also increasing as a result. Carrying out this type of work at Ysbyty Gwynedd will ensure that we have a suitable resource in the setting to address these challenges and make the most of the resource we have.

As already mentioned, we have been working closely with Betsi Cadwaladr University Health Board, but we are also working with a number of third sector organisations working at Ysbyty Gwynedd such as Care and Repair, Carers Outreach etc. It is vital that we include any relevant organisation involved in the patient's journey back home/into the community.

PHASE 3 - Procurement and Partnerships

12. Will this policy or practice be carried out in whole or in part by contractors or in partnership with other organisation(s)?

Yes.

What action will be taken to comply with the General Equality Duty, Human Rights and Welsh language legislation and the Socio-Economic Duty in relation to procurement and/or partnerships?

Procurement:

Irrelevant.

Partnership:

We are collaborating with the Health Board on this project. The Health Board has a commitment to comply with the relevant legislations.

We have consulted and collaborated continuously with key members of Betsi Cadwaladr University Health Board, including Home First Office staff, Hospital Discharge Facilitators, and strategic and operational officers and senior managers. Indeed, the work from the very beginning has been a collaboration between the Council and Betsi Cadwaladr University Health Board, operating in an integrated way to put the citizen at the centre of the work and ensure that we succeed.

In addition, the Community Resource Teams have been giving their views on the work as needed, ensuring timely and proportionate insight into the need and demand.

Recently we have been holding a series of meetings and workshops for the officers working on the new project, asking their views on the pros and cons of the new way of working, as well as asking for new ideas or any improvements they can think of. We've had positive feedback from everyone so far, as well as ideas for more efficient ways to implement the model.

It's important to note that doing this has not only improved the way we work, but has also boosted staff morale, who have been under a lot of constant pressure to meet demand for months, if not years. In turn, the culture of the teams and the team involved in the project has transformed into a much more positive culture, with a fresher overview of the work.

STEP 4 - Dealing with Negative or Unlawful Impact and Strengthening the Policy or Practice

13. In considering proportionality, does the policy or practice cause a significant positive or negative impact or create unequal outcomes?

Significant Positive Impact:

One of the main objectives of our work in conjunction with the Health Board is to ensure that people come home from hospital at the appropriate time, with the appropriate support, to avoid complications that contribute to a decline in the living condition of our residents and increase the demand for support in the community.

The contact of the four practitioners within the CRTs is considered to mean that they can follow cases through from the hospital to the community. The hope is that individuals will leave hospital promptly, are less likely to deteriorate and therefore their care needs will be less or more proportionate to the needs, which avoids overprovision and creating dependence too early. This project creates a significant positive impact on the residents of Gwynedd by ensuring that they are discharged from hospital in a timely manner, receive the right care at the right time from the right person, and receive better care provision.

Significant Negative Impact:

Having weighed everything up, it is not considered that there will be a significant negative impact or any disproportionate outcomes as a result of this project.

14. Any intentional negative impact should be explained, and why it is believed that there is justification for such action (for example, on the basis of improving equal opportunities or fostering good relationships between those who share a protected characteristic and those who do not or because of objective justification or positive action)

None predicted. The work aims to improve patients' experiences in hospital by improving their journey from hospital to a suitable and safe location.

15. Will any of the negative impacts identified count as unlawful but unavoidable discrimination (e.g. reduction of funding)?

No.

Please note the reason for saying so and the justification for continuing

Irrelevant.

16. What other measures or changes could be included in order to strengthen or change the policy/practice to demonstrate that due consideration has been given to promote equal opportunities; helping to eradicate unlawful discrimination, harassment or persecution and foster good relationships and wider community cohesion; as addressed in the General Duty of the Equality Act 2010?

Promoting equal opportunities, and fostering community cohesion is at the heart of this project. Indeed we look at our internal practices and culture when considering the provision of care and support, with an effort to move away from 'traditional' practices. It can be argued that a domiciliary care package can be 'uniform' and rigid.

The report itself answers this question in more detail.

17. What other measures or changes could be included to strengthen or change the policy/practice to demonstrate that due attention has been given to the need to reduce unequal outcomes as a result of socio-economic disadvantage?

As already mentioned, we have been working closely with Betsi Cadwaladr University Health Board, but we are also working with a number of third sector organisations working at Ysbyty Gwynedd such as Care and Repair, Carers Outreach etc. It is vital that we include any relevant organisation involved in the patient's journey back home/into the community.

18. What other measures or changes could be included to strengthen or change the policy/practice to demonstrate that due regard has been given to the need to increase opportunities for people to use the Welsh language and not to treat the Welsh language less favourably than English in accordance with the Welsh Language (Wales) Measure 2011 and to reduce or prevent any adverse effects that the policy/practice may have on the Welsh language?

All staff at the CRTs are fluent Welsh speakers and can provide a bilingual service to any patient.

19. Is there enough information to form a balanced view and move forward?

Yes.

STEP 5 - Decide to Go Ahead

20. Given the information gathered at Steps 1-4, is it possible to proceed with the policy or practice, and if so, on what basis? Choice of:

Continue the policy or practice in its current form.

PHASE 6 - Actions and Arrangements for Monitoring Results and Reviewing Data

The AEC process is an ongoing one and does not end when the policy/practice and the AEC have been agreed and implemented. There is a specific legal duty to monitor the impact of the policies/practices on equality on an ongoing basis to identify whether the outcomes have changed since you introduced or modified this new policy or practice. If you do not have the relevant data, you should be taking action to correct this in your action plan. To view the EHRC's guidance on data collection you can review their [Measurement Framework](#)

21. What actions identified in Steps 1-5, or any additional data collection work will assist in monitoring the policy/practice when implemented:

Operation	Dates	Timetable	Lead Responsibility	Add to Service Plan
Continue to communicate with YG and CRT staff to ensure that qualitative and anecdotal data are fully and fairly considered.	Continuous.	Continuous.	Project Managers and Assistant Head of Adults Department	No
Data dashboards are regularly monitored and maintained to keep an eye on progress, barriers and any gaps	Continuous	Continuous	Project Managers and Assistant Head of Adults Department	No

22. What arrangements to monitor and review the ongoing impact of this policy or exercise will be implemented, including timescales for when it should be formally reviewed:

Monitoring and Review Arrangements (including where the results will be recorded)	Timetable and Frequency	Lead Responsibility	Add to Service Plan
Data dashboard	Continuous.	Project Managers and Assistant Head of Adults Department	No