Pecyn Dogfen Gyhoeddus

Gareth Owens LL.B Barrister/Bargyfreithiwr
Chief Officer (Governance)
Prif Swyddog (Llywodraethu)

Swyddog Cyswllt:
Sharon Thomas 01352 702324
sharon.b.thomas@flintshire.gov.uk

At: Cyng Hilary McGuill (Cadeirydd)

Y Cynghorwyr: Mike Allport, Marion Bateman, Paul Cunningham, Jean Davies, Carol Ellis, Gladys Healey, Cindy Hinds, Mike Lowe, Dave Mackie, Michelle Perfect a David Wisinger

Dydd Gwener, 14 Ionawr 2022

Annwyl Gynghorydd,

RHYBUDD O GYFARFOD ANGHYSBELL
PWYLLGOR TROSOLWG A CHRAFFU GOFAL CYMDEITHASOL AC IECHYD
DYDD IAU, 20FED IONAWR, 2022 2.00 PM

Yn gywir

Gareth Owens
Prif Swyddog (Llwodraethu)

Sylwch: Bydd hwn yn gyfarfod dros y we a bydd 'presenoldeb' wedi'i gyfyngu i Aelodau'r Pwyllgor a'r Aelodau hynny o'r Cyngor sydd wedi gofyn i Bennaeth y Gwasanaethau Democrataidd am wahoddiad. Y Cadeirydd fydd yn penderfynu a yw'r rhain yn cael siarad ai peidio.

Bydd y cyfarfod yn cael ei ffrydio'n fyw ar wefan y Cyngor. Bydd recordiad o'r cyfarfod ar gael yn fuan ar ôl y cyfarfod ar https://flintshire.publici.tv/core/portal/home

Os oes gennych unrhyw ymholiadau, cysylltwch ag aelod o'r Tîm Gwasanaethau Democrataidd ar 01352 702345.

R H A G L E N

1 **YMDDIHEURIADAU**

Pwrpas: I dderbyn unrhyw ymddiheuriadau.

2 **DATGAN CYSYLLTIAD (GAN GYNNWYS DATGANIADAU CHWIPIO)**

Pwrpas: I dderbyn unrhyw ddatganiad o gysylltiad a chynghori'r Aelodau yn unol a hynny.

3 **COFNODION** (Tudalennau 5 - 22)

Pwrpas: I gadarnhau, fel cofnod cywir gofnodion y cyfarfodydd ar 4 Tachwedd a 9 Rhagfyr 2021.

4 **RHAGLEN GWAITH I'R DYFODOL A OLRHAIN GWEITHRED** (Tudalennau 23 - 30)

Adroddiad Hwylusydd Pwyllgor Trosolwg a Chraffu Iechyd a Gofal Cymdeithasol -

Pwrpas: I ystyried y flaenraglen waith Pwyllgor Trosolwg & Chraffu Gofal Cymdeithasol ac Iechyd a rhoi gwybodaeth i'r Pwyllgor o'r cynnydd yn erbyn camau gweithredu o'r cyfarfod blaenorol.

5 **CYNLLUN Y CYNGOR 2022-23** (Tudalennau 31 - 48)

Adroddiad Prif Weithredwr - Dirprwy Arweinydd y Cyngor (Partneriaethau) ac Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

Pwrpas: Ymgynghori ar Ran 1 o Gynllun y Cyngor 2022/23.

6 **GWASANAETH CYMORTH GOFALWYR IFANC SIR Y FFLINT** (Tudalennau 49 - 58)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor (Partneriaethau) ac Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

Pwrpas: Ystyried y sefyllfa ddiweddaraf o ran y gyllideb, fel y cytunwyd yng nghyfarfod y Pwyllgor ar 21 Ionawr 2021.

7 **ADRODDIAD GWASANAETHAU RHEOLEDIG MEWNOL** (Tudalennau 59 - 64)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor (Partneriaethau) ac Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

Pwrpas: Derbyn adroddiad ar rôl yr Unigolyn Cyfrifol a pherfformiad y gwasanaethau rheoledig mewnol yn ystod y 12 mis diwethaf.

8 **ASESIAD O ANGHENION POBLOGAETH GOGLEDD CYMRU AC ADRODDIAD AR SEFYDLOGRWYDD Y FARCHNAD** (Tudalennau 65 - 412)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor (Partneriaethau) ac Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

Pwrpas: Darparu trosolwg o Asesiad o Anghenion Poblogaeth Gogledd Cymru 2022 sydd wedi cael ei lunio fel gofyniad gan Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014.

9 **PROSIECT MICRO-OFAL SIR Y FFLINT** (Tudalennau 413 - 454)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor (Partneriaethau) ac Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

Pwrpas: Derbyn yr wybodaeth ddiweddaraf am Ofal Micro.

ER GWYBODAETH YN UNIG

10 **PROSIECT TRAWSNEWID GWASANAETHAU PLANT** (Tudalennau 455 - 460)

Adroddiad Prif Swyddog (Gwasanaethau Cymdeithasol) - Dirprwy Arweinydd y Cyngor (Partneriaethau) ac Aelod y Cabinet dros y Gwasanaethau Cymdeithasol

Pwrpas: Derbyn yr wybodaeth ddiweddaraf.

Sylwch, efallai y bydd egwyl o 10 munud os yw'r cyfarfod yn para'n hirach na dwy awr.

Nodyn Gweithdrefnol ar redeg cyfarfodydd

Bydd y Cadeirydd yn agor y cyfarfodydd ac yn cyflwyno eu hunain.

Bydd nifer o Gynghorwyr yn mynychu cyfarfodydd. Bydd swyddogion hefyd yn mynychu cyfarfodydd i gyflwyno adroddiadau, gyda swyddogion Gwasanaethau Democrataidd yn trefnu a chynnal y cyfarfodydd.

Gofynnir i bawb sy'n mynychu i sicrhau bod eu ffonau symudol wedi diffodd a bod unrhyw sain gefndirol yn cael ei gadw mor dawel â phosib.

Dylai'r holl feicroffonau gael eu rhoi "ar miwt" yn ystod y cyfarfod a dim ond pan fyddwch yn cael eich gwahodd i siarad gan y Cadeirydd y dylid eu rhoi ymlaen. Pan fydd gwahoddedigion wedi gorffen siarad dylen nhw roi eu hunain yn ôl "ar miwt".

Er mwyn mynegi eu bod nhw eisiau siarad bydd Cynghorwyr yn defnyddio'r cyfleuster 'chat' neu yn defnyddio'r swyddogaeth 'raise hand' sy'n dangos eicon codi llaw electronig. Mae'r swyddogaeth 'chat' hefyd yn gallu cael ei ddefnyddio i ofyn cwestiynau, i wneud sylwadau perthnasol ac yn gyfle i'r swyddog gynghori neu ddiweddaru'r cynghorwyr.

Bydd y Cadeirydd yn galw ar y siaradwyr, gan gyfeirio at aelod etholedig fel 'Cynghorydd' a swyddogion yn ôl eu teitl swydd h.y. Prif Weithredwr neu enw. O bryd i'w gilydd mae'r swyddog sy'n cynghori'r Cadeirydd yn egluro pwyntiau gweithdrefnol neu'n awgrymu geiriad arall ar gyfer cynigion er mwyn cynorthwyo'r Pwyllgor.

Os, a phan y cynhelir pleidlais, mi fydd y Cadeirydd yn egluro mai dim ond y rheiny sy'n gwrthwynebu'r cynnig/cynigion, neu sy'n dymuno ymatal a fydd angen mynegi hynny drwy ddefnyddio'r swyddogaeth 'chat'. Bydd y swyddog sy'n cynghori'r Cadeirydd yn mynegi os bydd y cynigion yn cael eu derbyn.

Os oes angen pleidlais fwy ffurfiol, bydd hynny yn ôl galwad enwau – lle gofynnir i bob Cynghorydd yn ei dro (yn nhrefn yr wyddor) sut mae ef / hi yn dymuno pleidleisio.

Yng nghyfarfodydd Pwyllgorau Cynllunio a Chyngor Sir mae amseroedd siaradwyr yn gyfyngedig. Bydd cloch yn cael ei chanu i roi gwybod i'r siaradwyr bod ganddyn nhw funud ar ôl.

Bydd y cyfarfod yn cael ei ffrydio'n fyw ar wefan y Cyngor. Bydd recordiad o'r cyfarfod ar gael yn fuan ar ôl y cyfarfod ar https://flintshire.publici.tv/core/portal/home

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE
4 NOVEMBER, 2021

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held remotely on Thursday, 4 November 2021

PRESENT: Councillor Hilary McGuill (Chair)
Councillors: Mike Allport, Marion Bateman, Paul Cunningham, Jean Davies, Carol Ellis, Gladys Healey, Cindy Hinds, Mike Lowe, Dave Mackie, Michelle Perfect and David Wisinger

APOLOGIES: Senior Manager (Integrated Services and Lead Adults)

IN ATTENDANCE:
Councillor Carolyn Thomas

CONTRIBUTORS:
Councillor Christine Jones (Deputy Leader for Partnerships and Cabinet Member for Social Services); Chief Executive, Chief Officer (Social Services); The Wellbeing and Partnerships Lead, Senior Manager – Safeguarding and Commissioning and Senior Manager – Children and Workforce

REPRESENTATIVES OF BETSI CADWALADR UNIVERSITY HEALTH BOARD

Jo Whitehead – Chief Executive for Betsi Cadwaladr University Health Board
Mark Polin – Chair of the Betsi Cadwaladr University Health Board
Rob Smith – East Area Director

IN ATTENDANCE: Social Care and Environment Overview & Scrutiny Facilitator; Community and Education Overview & Scrutiny Facilitator and Democratic Services Officer.

33. DECLARATIONS OF INTEREST (INCLUDING WHIPPING)

None were received.

34. MINUTES

The minutes of the meeting held on 9th September 2021 were approved and moved by Councillor Dave Wisinger and seconded by Councillor Mike Lowe.

RESOLVED:

That the minutes be approved as a correct record and signed by the Chair.

35. FORWARD WORK PROGRAMME AND ACTION TRACKING

The Overview & Scrutiny Facilitator presented the current Forward Work Programme stating the next meeting on the 9th of December had a heavy agenda and provided an outline of the items scheduled to be presented. She then referred to the 20th of January meeting and provided an update of the items for that meeting. The January meeting was the last in the municipal year because of the local Elections. If any member would like to add any additional items to the Forward Work Programme they could do so by contacting her.

The Facilitator then referred to the Action Tracking report confirming that the face to face GP Appointments information and the update on Long Covid had been circulated. No response had been received from WG on the Mental Health Services in Flintshire but she confirmed that this had been chased. She then referred to the suggestion from Councillor Marion Bateman that the committee walk around a town centre or Retail Park to gain an understanding of the issues faced every day by disabled people. This was not featured at present but was on the radar and would be included in the new municipal year's programme. All of the other actions had been completed.

RESOLVED:

(a) That the Forward Work Programme be noted;

(b) That the Facilitator, in consultation with the Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises; and

(c) That the Committee notes the progress made in completing the outstanding actions.

36. BETSI CADWALADER HEALTH BOARD

The Chair welcomed Mark Polin, Jo Whitehead and Rob Smith from Betsi Cadwaladr University Health Board (BCUHB) to the meeting.

Mark Polin (Chair of the Betsi Cadwaladr University Health Board) thanked the committee for the opportunity of attending the meeting to provide responses to the questions raised. This was also an opportunity to highlight the good working relationships that existed between the Health Boards and Local Authorities, especially during the Covid Pandemic. He explained that some of the pressures were unable to be resolved in the short term but hoped that this meeting would provide some reassurance that they were doing all they could to try and mitigate these.

Jo Whitehead (Chief Executive for Betsi Cadwaladr University Health Board) thanked the committee for the opportunity to speak and also paid tribute to the Chief Officer, the Senior Leadership Team and Partners delivering services in Flintshire. This work had enabled interesting and forward thinking service models of care which were making a difference to the population.

Having only been in post for 10 months Jo Whitehead was pleased that, despite the challenges, there was a shared focus on the needs of the people in Flintshire. BCUHB looked after a population of around 700,000 with the over 85 age range expected to increase by 154%. Vital schemes such as Marleyfield were so important.

Jo Whitehead then provided information on the number of Covid cases and an update on the Vaccination and Booster Programmes. The level of patients in hospital across Wales was as high as February but preparations were underway to execute the Surge Plan for ITU. The implications of Long Covid, impacts on children and carers were also being considered. She then provided an overview of their organisational priorities and the Clinical Services Strategy. Information on the three main acute sites which included Emergency Departments (ED), Maternity and a range of core services was also provided. WG funding had enabled improvements to the Maelor and Bangor sites with discussions ongoing with regard to the creation of a number of regional treatment centres. Jo Whitehead then referred to the waiting list initiatives and provided an example for those patients waiting for cataracts or eye surgery who were now travelling to the Wirral, to reduce waiting times.

In response to a question from the Chair on the Area Teams it was confirmed that the Operating Model was currently being reviewed to ensure that provision could be delivered locally and safely. The structures were currently being considered and Jo Whitehead wanted to maintain the focus on the East, West and Central areas developing integrated health care management systems.

The Chair asked if the promised minor injuries unit would be placed at Deeside Hospital. It was confirmed that options were being considered for Deeside to alleviate the urgent care cases at the Maelor. There was no timetable for this work but it was one of the options that was hoped to continue.

Questions from the Committee

1. Please provide an update on the long waiting times at A & E Departments, especially the Maelor Hospital.

Jo Whitehead referred to the extreme pressures faced by the Health Care System which was problematic for patients, staff and ambulance colleagues with a range of issues impacting the long waiting times. More people were waiting to be seen at the Emergency Department (ED) with fewer beds available because of bed spacing to cope with the Covid challenge. There was a shortage of en-suite facilities and single rooms ward space in main body of the hospital and this was included in the request for capital from Welsh Government (WG). There were also a number of patients who although fit for medical discharge, because of the lack of available domiciliary care packages and other reasons, were still in hospital. The partnership working with the Council was effective and making a difference. She provided examples of how the Home First Discharge to Assess programme together with the support of care staff provided by the Health Board were able to assist these patients with

home care packages and support for care homes. Pressure had been placed on WG regarding the Public Health Guidance on the management of Red Care Homes to ensure these were safe and appropriate and she understood that WG would be responding positively to the guideline changes.

In response to a question from the Chair on long waiting times in Emergency Department (ED) Jo Whitehead explained systems were in place to move staff from the wards to ED if appropriate. Clinical staff from the Children's Ward for example would move to support ED if there were large numbers of children waiting to be seen. There was capacity to use overtime provision for Doctors and Staff where needed. She then referred to the recruitment programme for Doctors, Nurse Consultants and Clinical Technicians which was under way. Discussions were being held with the Ambulance Trust and the Fire and Rescue Service with a view to extending their support for patients who had fallen.

Mark Polin added that it was not possible to address unscheduled care without considering planned care as they were interlinked. He provided information on the significant number of expressions of interest for regional diagnostic and treatment centres that had been received and said that WG wanted to move this forward. If these were to progress it would take a significant amount of pressure off the acute sites. This would be funded via money received from WG earlier in the first year and it was expected that WG would continue to support this moving forward. Mark Polin then referred to the Orthopaedic business case which had been ongoing for over 2 years and confirmed that this was now progressing within the regional diagnostic and treatment centres proposal. The unscheduled care improvement programme was new and included engagement with WG and national leads. The Board was likely to agree shortly to invest in a significant number of additional staff for the ED departments and would then seek to overcome the challenge concerning recruitment.

2. Do BCUHB have any plans to provide a GP surgery, dentist surgery or better still a Health Centre for the growing population of Saltney and Saltney Ferry? There is only a part time GP surgery in a terraced house in Saltney and the majority of residents have to travel over the border to England to obtain these services. This is one of the most frequent questions asked by residents, especially as more houses are being built in the area.

Jo Whitehead reported that the Health Board provided a range of services together with a small branch surgery in Saltney. Discussions had been held with the practice to establish what service provision would be required for the future primary care needs of the population. As this was an independent medical practice they would need to secure support for any changes and go through formal engagement with the Health Board. It was for the Practice, with the support of the Health Board and the Authority, to expand or change the practice building premises. The Health Board was keen to work with the practice in Saltney.

3. Three weeks ago a patient was rushed into hospital with a bladder infection which resulted in the patient being seriously ill with Sepsis, the paramedics were superb and I have nothing but praise for them. However the patient left home in the ambulance at 8.30 am and then had to wait in the ambulance for around 8 hours. During these hours the patient had to be moved from one ambulance to another whilst waiting outside the hospital. When patients are so seriously ill with Sepsis or any other illnesses that they could die within minutes or hours what on earth is going on? Also, when patients die in situations such as the above, how many people sue the NHS?

Jo Whitehead could not discuss individual cases or circumstances. She referred to her earlier comments on the pressures faced by the whole health care system, ED and the Ambulance services. She explained when Ambulances were asked to wait outside the ED that the clinicians conducted assessments of those patients similar to those within the ED department. She commented that if colleagues emailed her with regard to this case she would be happy to arrange for an investigation to take place.

The Chair sought reassurance that if a patient was outside in an ambulance that a clinician would be carrying out assessments which could be changed if needed. Jo Whitehead confirmed that this was happening with some patients well enough to go home.

4. Can you please provide an update regarding a joint funded package and a loss of £133K to the Council when BCUHB declined to pay their portion. Please can you explain the reasons and process of agreeing a joint funded package? Furthermore, how do you avoid inequality of arms when the financing of a package is in dispute?

Jo Whitehead referred to the strengthened processes which now existed between the two organisations regarding outstanding payments. She reported on the fortnightly meetings between the two finance teams to monitor the progress of payments. There were a number of invoices which were under query but the value had reduced since this process was put in place. When queries had arisen, if no agreement was reached, then these would be escalated between the finance lines, herself and the Chief Officer.

Councillor Carol Ellis commented that a 16 hour wait at A & E was very worrying and impacted not only the patient in the ambulance but also those waiting at home. Residents had reported that after a long wait to get into A&E they then faced the issue of a lack of pillows or bedding. She commented that no information was provided on cancer care, especially people waiting for diagnostic tests, or mental health which were both at crisis levels. A lot of these issues were prior to the Covid Pandemic. She then asked why the Rainbow hospitals were not being used to relieve the pressure especially for those waiting to be discharged. Councillor Ellis had the greatest sympathy for the staff on the frontline but was concerned about waiting times especially with the impact of winter pressures. She then commented that it now took 5 weeks to

get a blood test from the GP and she felt the health systems in North Wales were at crises point and wondered why WG did not intervene.

In response Mark Polin clarified that the responses were being provided to questions that had been raised. If questions on cancer care and mental health had been raised then responses would have been provided. This demand was not just being faced by BCUHB but was across the UK. He agreed these were pressures which existed before the pandemic and outlined negotiations which had taken place with WG for additional funding support as the Health Board had been underfunded previously. The existing pressures were now compounded with additional pressures from the pandemic. Mark Polin confirmed that because of this funding it was possible to move forward and address some of the pressures which were referred to earlier. He then referred to the in the region of 300 patients waiting at any one time to be discharged from the acute hospitals saying this was something that required a joint focus.

The Chair referred to the Bloods tests forms which stated in the tiniest print that people could go online to book themselves an appointment. This was not clear as the print was so small.

Councillor Gladys Healey referred to locum staff and asked if training was provided, especially with regard to mental health. She felt because doctors were concerned about prescribing medication that this could lead to suicide. In response Jo Whitehead confirmed that appropriate training was provided together with local familiarisation training and guidance for each individual department. They were also asked to undertake all mandatory training the same as permanent members of the clinical teams.

The Chief Executive provided an overview of the partnership working which existed between the Authority and the Health Board. He had not been in post long and accepted that there were challenges for the Authority and BCUHB which had been intensified by the pandemic. He then referred to the working relationship between the social care teams and BCUHB which kept the flows moving. Finding beds was a pressure for both organisations and asked that a developed level of understanding be given to BCUHB as they were under the same pressures as our social services.

The Chief Officer supported the comments made by the Chief Executive saying that everything was being done to support flow through the system, which was the case in every other local authority. He added that as of today there were 28 people in our inbox which equated to 250 hours of home care. He said that for most winters there would be 50 or 60 people in the inbox. This was monitored closely with colleagues in health with places such as Marleyfield a fantastic system to support that flow.

Rob Smith agreed with the comments made and said the partnership working to deal with the stresses the teams were facing was key. This included

caring for people in the community rather than admitting them to hospital and ensuring the correct services were in place for those patients being discharged from hospital.

The Chair asked how the Booster Programme was progressing. Jo Whitehead confirmed the programme had commenced and that WG had requested that the Pfizer vaccination be used. This was safe even if the AZ vaccine had been used previously. There were operational complexities around storages of these vaccines which meant it was more difficult for GP practices to administer them. It was also a longer process of 22 minutes which included a 15 minutes wait after the injection. There were fewer locations in place but discussions were being held with high street pharmacies to ascertain if there could assist delivering the booster jabs. With regard to performance she confirmed that they were on track but said that unfortunately 10% of the people invited failed to attend. She asked if Members could spread the word in their constituencies and encourage people to attend when invited. She explained that the slots were overbooked and sometimes couples would turn up together when only one of them had been invited. They endeavoured to accommodate these extra people whenever possible. Work to encourage the younger generation to come forward was also continuing.

Councillor Marion Bateman referred to reports which suggested that a person should ask that the vaccine did not enter the blood stream. She asked what BCUHB's view were on this. Jo Whitehead replied that she was not a clinician and asked if she could respond outside the meeting

Councillor Michelle Perfect wanted to say a massive thank you for the work the BCUHB had done ensuring that the vaccination roll out had commenced so quickly. It was vital that as many people as possible were encouraged to get vaccinated. She said it was important for the committee to raise concerns on improvements which could be made but it was also very important to say thank for the work which had been done to keep us safe.

The Chair referred to the site at Deeside saying because of block booking people were waiting outside in the rain. She asked if it was possible to use the inside of the centre so people were not waiting in the rain. Jo Whitehead agreed to feed this back and said that it was not quite a block booking system but because of the lanes and slots that it did get very busy.

The Chair then referred to the waiting times for the initial diagnosis at neuro development service for children and asked if there were anything which could be done to reduce this waiting time? In response Jo Whitehead said waiting times were long but that a virtual assessment process had been introduced with face to face assessments now happening for children, young people and their families. Some people preferred to wait rather than have a virtual assessment. She then reported on the good work across North Wales on the "No Wrong Front Door" concept which brought health, education and social care colleagues together. Work was ongoing to simplify the assessment

process to enable more young people to be seen quickly using the Trusted Assessor model. The model was established in adult services to respond to waiting times.

Prior to leaving the meeting Jo Whitehead provided an update on the telephone line access into Primary Care. She referred to the three practices managed by the BCUHB confirming work was progressing to improve and enhance the phone access by working with external providers to add additional lines or upgrade in house systems. She confirmed that start dates were scheduled for late November and early-mid December for those pieces of work. She also reported on the recent successful recruitment for GP and Advanced Nurse Practitioners in Flintshire with the new GPs already making a positive difference.

The Chair thanked Jo for her attendance and appreciated the information she had provided.

Rob Smith referred to the earlier point on access to see GPs and understood the concerns raised. The model used was currently a mixture of home triage and then bringing patients into practice if it was felt necessary. This had been accelerated as we emerged from Covid and as a result of the increased demand.

He then reported on the primary care engagement events which would include members of the committee. This would ensure that the committee was informed as much as possible and would enable questions to be asked. An email invitation would be sent soon

The Facilitator asked if an update on perinatal mental health services and visiting patients moving forward could be provided. Rob Smith did not have that information to hand but would circulate it following the meeting.

Rob Smith then provided an update on the WG Long Covid Programme confirming that funding had been made available to set up the service. A multi-disciplinary team would be working out of a location in Flintshire but the location had yet to be confirmed. It was hoped this Specialist Long Covid Service would be running early in the New Year.

Craig Macleod referred to the points made by Jo Whitehead regarding children and families and welcomed the focus around ND services. He wanted to reassure committee on the Council's approach to this. If people on the waiting list required care and support from Social Services or additional support in School this was available for children to access. The council's position was to put that support in place, if required, prior to diagnosis. He referred to the "No wrong door approach" which enabled collaborative working to better support the mental well-being of children and families prior to diagnosis. It was

really important that support was available especially around the emotional and well-being of children and families coming out of Covid. He hoped that this could come back to committee to ensure it developed to make a difference for children and families. Rob Smith agreed with the comments made and reported on the joint working with Flintshire and the Health Board which was leading the way across Wales and making strong progress.

Councillor Gladys Healey referred to the Booster Programme and to comments made in her ward by parents of young people especially girls. They were not going to have the booster because of the lack of research and were concerned about the side effects. Councillor Healey then referred to Long Covid Clinic and asked if this was to treat patients who had contracted Covid or patients who had suffered the effects of Covid during the lockdown. In response to the Booster question Rob Smith commented that he could not provide a detailed response but confirmed that they were following WG Guidance and the science to the letter on the booster programme. He then referred to Long Covid Clinic and confirmed it would treat people who had contracted Covid and were suffering the long term impacts rather than the indirect impact on individuals which would hopefully be supported by primary care and mental health services.

Councillor Carol Ellis sought clarification on the 300 patients ready for discharge across three district hospitals and asked if it was possible to have a breakdown of how many there were per authority. In response the Chief Officer confirmed there were 10 hospital requests for domiciliary care with 3 from the Countess of Chester and 7 from BCUHB.

Councillor Ellis commented that Flintshire was doing a good job which was not portrayed in the general publication for individual local authorities. The Chair agreed saying the information did not show that Flintshire was doing an excellent job.

Councillor Dave Mackie thanked Councillor Ellis for highlighting this. He had researched this especially through the Community Health Council as there were very often differences between the figures produced by the hospitals and the figures produced by social services. He suggested that when this information was produced that the committee ask for the specific figures for Flintshire. The Authority's social services teams work incredibly hard to keep the number as low as possible. He added that because of the codes used patients who were still receiving treatment in hospital were included in these figures. In response the Chief Officer said that he would rather respond to specific issues than bombard committee with figures. He reassured members if they required information to contact himself, Jane Davies or Susie Lunt.

Rob Smith provided an update on visiting patients at the Maelor Hospital. He confirmed that one person per patient was permitted, apart from exceptional circumstances such as end of life care. It was at the discretion of the Ward Sister and was also dependent upon outbreaks of Covid with visitors asked to

contact the ward prior to visiting. They were also asked to confirm that they did not have the virus.

The Chair thanked the representatives from the Betsi Cadwaladr Health Board for their attendance and for responses provided to the questions raised.

37. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There was no members of the press or public in attendance.

(The meeting started at 10.00 am and ended at 11.23 am)

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Chair

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE
9 DECEMBER 2021

Minutes of the meeting of the Social & Health Care Overview & Scrutiny Committee of Flintshire County Council held remotely on Thursday, 9 December 2021

PRESENT: Councillor Hilary McGuill (Chair)
Councillors: Marion Bateman, Paul Cunningham, Carol Ellis, Gladys Healey, Mike Lowe, Dave Mackie, Michelle Perfect and David Wisinger

APOLOGIES: Councillors Mike Allport and Jean Davies

CONTRIBUTORS: Councillor Christine Jones (Deputy Leader for Partnerships and Cabinet Member for Social Services); Chief Officer (Social Services); Senior Manager – Integrated Services and Lead Adults, Senior Manager – Children; Senior Manager – Safeguarding and Commissioning; Flying Start Manager; Service Manager Disability, Progression and Recovery; Direct Payments Team Manager

IN ATTENDANCE: Social Care and Environment Overview & Scrutiny Facilitator; and Democratic Services Officer.

38. VARIATION IN ORDER OF BUSINESS

The Chair proposed a change in the order of the agenda to enable item 8: Early Years and Flying Start Programmes to be brought forward. This was moved and seconded by Councillors Cunningham and Lowe.

39. DECLARATIONS OF INTEREST (INCLUDING WHIPPING)

None were received.

40. MINUTES

The minutes of the meeting of the Committee held on 30 September 2021 were submitted. The minutes were approved and moved by Councillor Wisinger and seconded by Councillor Lowe.

RESOLVED:

That the minutes be approved as a correct record and signed by the Chair.

41. FORWARD WORK PROGRAMME AND ACTION TRACKING

The Facilitator presented the current Forward Work Programme and drew attention to the items scheduled for the next meeting of the Committee to be held on 20 January 2022. The Senior Manager – Integrated Services and Lead Adults, explained that in addition to the item on Extra Care which was scheduled for the next meeting of the Committee, she could also submit a regulated service update from the Services Manager Resources and Regulated

Services which would include extra care. This was supported by the Committee.

The Senior Manager – Children referred to the item on Children's Services Transformation and advised that work to develop children's homes was progressing well. He suggested that he provided a progress report for information to the next meeting and a detailed report to follow to a future meeting during the year. This was agreed by the Committee.

The Facilitator referred to the actions arising from previous meetings and gave an update on progress to date.

Councillor Healey referred to the action arising from the item on Mental Health Services in Flintshire and asked if a response had been received to the letter and email which had been sent to the Welsh Government (WG). The Facilitator explained that a letter and a number of emails had been sent and a reply was awaited. The Facilitator said she was chasing a response and it was agreed that the action be escalated.

RESOLVED:

(a) That the Forward Work Programme be approved;

(b) That the Facilitator, in consultation with the Chair of the Committee, be authorised to vary the Forward Work Programme between meetings, as the need arises; and

(c) That the Committee notes the progress made in completing the outstanding actions.

42. SOCIAL CARE WORKFORCE PRESSURES AND RESPONSES

The Chief Officer (Social Services) introduced a report to advise of the challenges associated with recruitment within the social care sector and the national, regional, and local responses. He provided background information and context and gave assurance that the Council's dedicated management team and staff were continuing to do their utmost to provide responsive services to vulnerable adults and children under current considerable and sustained pressures. He spoke of the increase of demand and complexity of needs, the lack of social workers (particularly at Level 3) and occupational therapists, shortage of a direct care workforce (particularly domiciliary care staff), a reduction in foster carers, and restricted supply of agency/ temporary staff.

The Chair asked how many social workers and occupational therapists were on long-term sickness absence or had left the County Council in the last 12 months. The Chief Officer agreed to provide the number to the Chair following the meeting. He explained that the welfare of staff was paramount and staff were fully supported to ensure health and well-being was maintained and workload/responsibilities were manageable.

Councillor Ellis referred to the comments she had made at the meeting of the Committee held on 30 September, concerning the pressure of £1.952m

under Social Care Commissioning and had said that this did not reflect the current shortages and pressures regarding recruitment of staff.

The Senior Manager – Integrated Services and Lead Adults drew attention to the pressures in Adult and Children's Services as highlighted in section 1.04 of the report. She said there were vacancies in all levels of social work in Adult Services and commented on the vacancies for Level 3 social workers and occupational therapists. She spoke of the equal value given to recruitment and retention of existing staff and said Adult Services was in 'Amber' position which meant that the Service was able to meet its duty of care and undertake assessments but this was taking longer than usual, there was higher demand, and people were being placed on waiting lists and cases were being prioritised. Detailed action plans were being produced and senior management meetings were held each week to monitor the position of care availability. Daily meetings were held with the Maelor Hospital, Wrexham, Ysbyty Glan Clwyd Hospital, Bodelwyddan and the Countess of Chester Hospital to support patients.

The Senior Manager – Integrated Services and Lead Adults referred to the actions as detailed in the report and explained that there was a risk assessment for sickness absence and vacancies. She commented on discussion with the WG around the local authority having parity with the Health Service in terms of pay and terms of conditions for social work and direct care workers. She also spoke of the improvements in occupational therapy and the agreement with Wrexham Maelor Hospital to include the local authority as part of newly qualified Occupational Therapist rotation which would come into effect in the New Year.

Councillor Ellis asked if the criteria for eligibility for the Homecare service would be changing. The Senior Manager – Integrated Services and Lead Adults explained that the Social Services and Well Being Act stipulated that the needs of all people had to be considered. Social Services prioritised need and meets the duty of care under the Act and works in conjunction with the independent sector and volunteer organisations.

The Senior Manager – Children reported on the position on Children's Services. He explained that all cases, through supervision with the appropriate manager, were being risk assessed to inform where resources were most needed to be deployed, and he cited the example that child protection work was designated as a RAG 'Red' status. He drew attention to sections 1.05 and 1.06 in the report and advised that the core principle was that Social Services was prioritising and maintaining its safeguarding responsibilities for all services

In response to a question from Councillor Healey, the Chief Officer advised that there was national consideration being given about a national care service but it was too early to know what this would mean. The Chief Officer expressed the view that national care services were best delivered by local authorities providing local governance.

The Senior Manager – Children commented on the challenges and pressures within Children's Services and reported on the proactive work in the short, medium and long term, to meet statutory responsibilities and regulatory requirements. He spoke of the difficulty in recruiting experienced social workers

and explained a business case had to be made to bring Children's Level 3 Social Workers pay to the market rate for the local area. He said there was a call for a standardised national pay scale for social workers and the harmonisation of pay rates for health and social care workers

Councillor Ellis expressed the view that all Members should be made aware of the extreme pressure on Adult and Children's Services Social Services and proposed that this issue be brought to a meeting of the County Council for consideration. This was seconded by Councillors Healey and Bateman. It was agreed that the Chair would provide a briefing paper to County Council.

Councillor Mackie proposed that the issue of pay parity be raised as a recommendation from the Committee and this was seconded by Councillor Bateman. The Senior Manager commented on the call for a standardised national pay scale for social workers and harmonisation of pay rates for health and social care workers. It was agreed that a letter be sent to the Welsh Government on behalf of the Committee to support the call for pay parity.

Councillors Mackie and Bateman moved recommendation (a) below. Councillors Cunningham and Mackie moved recommendations (b) and (c) as follows.

RESOLVED:

(a) That the current staffing crisis in the social care workforce and the impact on the Council's ability to consistently deliver a safe and effective service be acknowledged;

(b) That the action being taken in response to this crisis to ensure sufficient capacity and resilience to effectively support vulnerable adults and children be supported; and

(c) That a letter be sent to inform the Welsh Government and County Council.

43. EARLY YEARS AND FLYING START PROGRAMMES

The Senior Manager – Children introduced a report on the extensive work to support parents and families and address the impact the pandemic has had on babies and young children. He provided background information and context and asked Hayley Wilkes, Flying Start Co-ordinator, to present the report.

The Chair paid tribute to all staff who had worked during the pandemic to keep Early Years and Flying Start services and centres open to support key workers. She asked what support was being provided to children, and their families, which had autism, during the pandemic lockdown. The Flying Start Co-ordinator explained that there would not normally be an expectation of a diagnosis of autism to be made for a child under the age of four, however, some children were showing signs of developmental concerns and Autism Spectrum Conditions (ASC) and the Flying Start Programme would be a response to that. Specific programmes support parents with routine, communication, and speech and language before school age. Parents were being supported to access

support and quality child care to enable children to have responsive interaction with an adult or parent in the home. The Flying Start Co-ordinator reported on the main points as detailed in the report.

Councillor Mackie thanked the Flying Start Co-ordinator for an 'uplifting' and comprehensive report and the success of the Early Years and Flying Start Programmes and initiatives.

Councillor Cunningham welcomed the speech and language therapies for young children.

The Chief Officer (Social Services) commented on the effective team working between Children's Services and the Early Years and Flying Start Services which was a key element in addressing the complex demands and challenges on social services. He also spoke about the continued capital investment during challenging times to expand and develop services as referred to in section 1.05 of the report.

The recommendations in the report were moved by Councillor Cunningham and seconded by Councillor Mackie.

RESOLVED:

(a) That the work of the Early Year's Services to proactively support young children and families during the response phase of the pandemic be noted; and

(b) That the continued work to develop effective seamless services with key partners as part of our recovery strategy to providing the best start for every child be supported.

44. TRANSITION PROGRAMMES – UPDATE ON ACHIEVEMENTS

The Senior Manager – Integrated Services and Lead Adults, introduced a report to provide an update on the achievements of transition programmes. She provided background information on the service provided by the Transition Team within the Child 2 Adult Team and reported on the main points, as detailed in the report, on the support provided to young people with disabilities.

Councillor Mackie spoke in support of accessing the local facilities provided by the Council's Education Services as opposed to using out of county services. The Senior Manager explained that where possible young people were encouraged to remain local and said that transition funding stayed with the individual during their time and needs in education services.

Councillor Bateman commented on the work that Theatr Clwyd undertook in conjunction with Social Services to support young children. In acknowledging the comment made by Councillor Bateman the Chief Officer said that the Service was considering making an application for an accolade in recognition of the work undertaken in partnership with Theatr Clwyd.

The Chief Officer (Social Services) referred to section 2.01 in the report and drew attention to the Transition to Adulthood budget pressure which was

currently included as £0.943m within the Medium Term Financial Strategy for 2022/23 to maintain the level of service required (residential college or home support).

The recommendations in the report were moved by Councillor Healey and seconded by Councillor Bateman.

RESOLVED:

(a) That the information contained in the report be noted; and

(b) That the challenges in relation to the support required and work ongoing to help families' expectations as well as understanding the challenges in relation to the Additional Learning Needs Act be acknowledged.

45. SUPPORTING THE STABILITY OF THE SOCIAL CARE MARKET

The Senior Manager Safeguarding and Commissioning introduced a report on pressure points within the social care market and the associated action to support sufficiency and stability of high quality provision (to include fees and funding). She advised that the report reflected the support being made available by the Council to create stability in the independent social care market which in turn increased capacity within the system and supported the Health Board to maintain patient flow through the health system and supported the discharge of patients back into the community.

The Senior Manager reported on the main considerations as detailed in the report.

The Chair thanked the Senior Manager for the high standard of the report and praised the initiatives to address the issues raised.

Councillor Mackie spoke in support of the Falls Task and Finish Group referred to in section 1.07 of the report. He endorsed the comments of the Chair in support of the quality of the report and the initiatives in place. Councillor Mackie referred to the letter which was appended to the report from the North Wales Regional Leadership Board to the Welsh Government and suggested that the Committee supported the letter. The proposal was seconded by Councillor Bateman and agreed by the Committee.

RESOLVED:

(a) That the Committee notes the progress made to support the stability of the social care sector in Flintshire; and

(b) That the letter which was appended to the report from the North Wales Regional Leadership Board to the Welsh Government be supported by the Committee.

46. DIRECT PAYMENTS

The Senior Manager – Integrated Services and Lead Adults introduced a report to provide an update on Direct Payments. She provided background

information and asked the Direct Payments Team Manager to present the report and explain the direct payments scheme. A short film on the Direct Payments Support Service accompanied the report.

In response to the question raised by Councillor Mackie concerning the employment of Personal Assistants, the Direct Payments Team Manager explained that if individuals chose to engage Personal Assistants they became employers and received information and support from the Direct Payments Support Service.

Members and the Chief Officer (Social Services) spoke in praise of the Direct Payments Scheme and the support service provided. The Chair commented on the need to raise awareness of the Service for families who had members being admitted into care.

The recommendations in the report were moved by Councillor Mackie and seconded by Councillor Cunningham.

RESOLVED:

That the information contained in the report and the progress made be noted.

47. COUNCIL PLAN 2021/22 MID-YEAR PERFORMANCE REPORTING

The Chief Officer (Social Services) introduced the report and provided background information. He advised that the mid-year performance monitoring report for the 2021/22 Council Plan was positive and showed that 70% of activities were making good progress with 73% likely to achieve planned outcomes; 53% of the performance indicators had met or exceeded targets; 2% were being closely monitored and 20% were currently not meeting target. The remaining 25% accounted for measures which were new and were being monitored as a baseline year. There were no performance indicators (PIs) which showed a red RAG status for current performance against targets relevant to the Social & Health Care Overview & Scrutiny Committee.

The Chief Officer responded to the comments and questions raised by Councillor Dave Mackie on the data appended to the report.

Referring to the final safeguarding action concerning the duty to report as detailed on page 103 of the report, the Chair emphasised that it was everyone's duty to report and explained that the form to be completed was ambiguous in terms of who was to be informed. The Chief Officer acknowledged the points raised and suggested that this be referred to the Corporate Safeguarding Panel. The Senior Manager – Safeguarding and Commissioning advised that work was being undertaken to include the reporting process on the Council's website to speed up matters. The Chair raised further questions around the data presented on targets on safeguarding on page 105. She asked if a track was kept of the safeguarding incidents reported. The Senior Manager – Safeguarding and Commissioning explained that the PARIS system was used to combine all safeguarding incidents reported. The Chair referred to page 107 and the action on developing the services offered to provide respite for families with disabled children and asked if this included families with an autistic child. The Senior Manager – Integrated Services and Lead Adults explained that this

would be determined by the level of need and said respite care was available and referred to the support provided by Arosfa and the direct payments scheme.

The following recommendation was moved by Councillor Healey and seconded by Councillor Bateman.

RESOLVED:

That the Mid-Year Performance Monitoring Report be received.

48. MEMBERS OF THE PUBLIC AND PRESS IN ATTENDANCE

There was no members of the press or public in attendance.

(The meeting started at 2.00 pm and ended at 4.35 pm)

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Chair

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday, 20 January 2022
Report Subject	Forward Work Programme and Action Tracking
Report Author	Social & Health Care Overview & Scrutiny Facilitator
Type of Report	Operational

EXECUTIVE SUMMARY

Overview & Scrutiny presents a unique opportunity for Members to determine the Forward Work programme of the Committee of which they are Members. By reviewing and prioritising the Forward Work Programme Members are able to ensure it is Member-led and includes the right issues. A copy of the Forward Work Programme is attached at Appendix 1 for Members' consideration which has been updated following the last meeting.

The Committee is asked to consider, and amend where necessary, the Forward Work Programme for the Social & Health Care Overview & Scrutiny Committee.

The report also shows actions arising from previous meetings of the Social & Health Care Overview & Scrutiny Committee and the progress made in completing them. Any outstanding actions will be continued to be reported to the Committee as shown in Appendix 2.

RECOMMENDATION	
1	That the Committee considers the draft Forward Work Programme and approve/amend as necessary.
2	That the Facilitator, in consultation with the Chair of the Committee be authorised to vary the Forward Work Programme between meetings, as the need arises.
3	That the Committee notes the progress made in completing the outstanding actions.

REPORT DETAILS

1.00	EXPLAINING THE FORWARD WORK PROGRAMME AND ACTION TRACKING
1.01	Items feed into a Committee's Forward Work Programme from a number of sources. Members can suggest topics for review by Overview & Scrutiny Committees, members of the public can suggest topics, items can be referred by the Cabinet for consultation purposes, or by County Council or Chief Officers. Other possible items are identified from the Cabinet Work Programme and the Improvement Plan.
1.02	In identifying topics for future consideration, it is useful for a 'test of significance' to be applied. This can be achieved by asking a range of questions as follows: 1. Will the review contribute to the Council's priorities and/or objectives? 2. Is it an area of major change or risk? 3. Are there issues of concern in performance? 4. Is there new Government guidance of legislation? 5. Is it prompted by the work carried out by Regulators/Internal Audit? 6. Is the issue of public or Member concern?
1.03	In previous meetings, requests for information, reports or actions have been made. These have been summarised as action points. Following a meeting of the Corporate Resources Overview & Scrutiny Committee in July 2018, it was recognised that there was a need to formalise such reporting back to Overview & Scrutiny Committees, as 'Matters Arising' was not an item which can feature on an agenda.
1.04	It was suggested that the 'Action tracking' approach be trialled for the Corporate Resources Overview & Scrutiny Committee. Following a successful trial, it was agreed to extend the approach to all Overview & Scrutiny Committees.
1.05	The Action Tracking details including an update on progress is attached at Appendix 2.

2.00	RESOURCE IMPLICATIONS
2.01	None as a result of this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	In some cases, action owners have been contacted to provide an update on their actions.

4.00	RISK MANAGEMENT
4.01	None as a result of this report.

5.00	APPENDICES
5.01	Appendix 1 – Draft Forward Work Programme Appendix 2 – Action Tracking for the Social & Health Care OSC.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Minutes of previous meetings of the Committee as identified in Appendix 2. **Contact Officer:** Margaret Parry-Jones Overview & Scrutiny Facilitator **Telephone:** 01352 702427 **E-mail:** Margaret.parry-jones@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	**Improvement Plan:** the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish an Improvement Plan.

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Forward Work Programme

Date of meeting	Subject	Purpose of Report	Scrutiny Focus	Responsible / Contact Officer	Submission Deadline
9 June 2.00 pm	Year-end Performance Indicators for Recovery, Portfolio and Public Accountability Measures	To enable members to fulfil their scrutiny role in relation to performance monitoring. Members are required to review the levels of progress in the achievement of activities, performance levels and current risk levels as identified in the Council Plan.	Performance monitoring/ assurance	Facilitator	
21 July 10.00 am	Integrated Care Fund update	As requested at Committee on 30th September 2021.			

Regular Items

Month	Item	Purpose of Report	Responsible/Contact Officer
	Safeguarding	To provide Members with statistical information in relation to Safeguarding - & Adults & Children	Chief Officer (Social Services)
May	**Educational Attainment of Looked After Children**	Education officers offered to share the annual educational attainment report with goes to Education & Youth OSC with this Committee.	Chief Officer (Social Services)
May	**Corporate Parenting**	Report to Social & Health Care and Education & Youth Overview & Scrutiny.	Chief Officer (Social Services)
	Comments, Compliments and Complaints	To consider the Annual Report	Chief Officer (Social Services)
	Betsi Cadwaladr University Health Board Update	BCUHB are invited to attend on an annual basis – partnership working.	Facilitator

Town Centres/Shopping Centre visits - accessibility / equalities – Fiona Mocko

Invite Theatr Clwyd representatives to a future meeting

ACTION TRACKING FOR THE SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Meeting Date	Agenda Item	Action Required	Action Officers	Action taken	Timescale
27 May 2021	Mental Health Services in Flintshire	Following comments made by Cllr Gladys Healey, it was agreed that a letter be written to Welsh Government to ask if a proportion of the additional funding provided to Health Boards across Wales would be provided to Local Authorities to provide mental health support services and whether additional funding would be provided specifically to address mental health issues arising as a result of the pandemic. Also to ask how many child and adult physiatrists were in post across Wales and whether there were any concerns around recruitment and retention.	Facilitator	Letter sent to Welsh Government. Response awaited Further email sent to Welsh Government on 25/11/21 Letter received from WG and circulated to Members. On 13/12/21	Completed
4 November 21	BCUHB	Information to be circulated when available on the primary care engagement events.	Facilitator/ Rob Smith	Email received from Rob Smith advising that they are finalising the details for the events and will be in touch shortly. Currently staff are involved in vaccination programme so events on hold.	Ongoing

Meeting Date	Agenda Item	Action Required	Action Officers	Action taken	Timescale
9 December 21	Social Care Workforce Pressures and Responses	That a letter be sent to inform the Welsh Government, and County Council via the Leader, Chief Executive and Chief Officer Governance.		Email sent from the Chair and response circulated to Members of the Committee	Completed
9 December 21	Supporting the stability of the social care market	That a letter sent to WG in support of standardized national pay model for social care and health and supporting the letter sent by North Wales Regional Leadership Board		Letter sent. Response to be circulated when received.	Ongoing

SOCIAL & HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday 20th January 2022
Report Subject	Council Plan 2022-23
Cabinet Member	Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services
Report Author	Chief Executive
Type of Report	Strategic

EXECUTIVE SUMMARY

The Council Plan for 2017-23 was adopted by County Council to show the key priorities of the Council for the five year term of the new administration. The Plan is subject to annual review.

The 2022/23 Draft Plan has been reviewed and refreshed for content following on from our response to the pandemic and our Recovery Strategy. The themes and priorities remain the same to 2021/22, however there are some developments with sub-priorities.

The 'super-structure' of the Plan continues to be aligned to a set of six Well-being Objectives. The six themes continue to take a long term view of recovery, ambition and work over the next two years.

The outline of the Council Plan for 2022/23 including the six themes, their priorities and actions is appended (as Part 1).

The six themes will be mapped out against the respective lead portfolios for reporting to the Overview and Scrutiny Committees.

Following Cabinet agreement the next stage of development for the Plan's outline content is for Scrutiny Committees to review and consider its contents. All comments and suggestions will then be collated and shared with Cabinet in advance of approval for adoption in June 2022.

RECOMMENDATIONS	
1	To review and provide feedback on the refreshed content of the themes for Council Plan 2022-23 prior to sharing with Cabinet in June 2022.

REPORT DETAILS

1.00	**EXPLAINING THE COUNCIL PLAN 2021/22**
1.01	It is a requirement of the Local Government and Elections (wales) Act 2021 for organisations to 'set out any actions to increase the extent to which the Council is meeting the performance requirements.' Plans for organisations should be robust; be clear on where it wants to go; and how it will get there.

1.02	The Council Plan for 2022/23 continues to move towards a more rounded corporate plan, whilst still meeting the requirements of the Act.
	
	Changes include:
	• Poverty
	  o Digital Poverty – definition expanded
	• Green Society and Environment
	  o New sub-priority added - Climate Change Adaptation
	  o New sub-priority added – Green Access
	  o Green Environment – new definition
	• Economy
	  o Digital and Transport Infrastructure divided into two separate sub-priorities:
	  ▪ Transport Connectivity
	  ▪ Digital Infrastructure
	• Education and Skills
	  o New-sub-priority added – Well-being

1.03	The Council Plan for 2022-23 has a super structure of six themes and supporting priorities as follows: **Theme: Poverty** Priorities: - Income Poverty - Child Poverty - Food Poverty - Fuel Poverty - Digital Poverty **Theme: Affordable and Accessible housing** Priorities: - Housing support and homeless prevention - Housing Needs and Housing Options - Social Housing - Private Rented Sector - Empty Properties **Theme: Green Society and Environment** Priorities: - Carbon Neutrality - Climate Change Adaptation - Fleet Strategy - Green Environment - Green Access

	- Renewable Energy - Active and Sustainable Travel Options - Circular Economy **Theme: Economy** Priorities: - Town Centre Regeneration - Business - Transport Connectivity - Digital infrastructure - LDP Targets - Spending money for the benefit of Flintshire - Reducing Worklessness **Theme: Personal and Community Well-being** Priorities: - Independent Living - Safeguarding - Direct Provision to support people closer to home - Local Dementia Strategy - A well-connected, safe and clean local environment. **Theme: Education and Skills** Priorities: - Educational Engagement and Achievement - Digital Learning Opportunities - Learning Environments - Learning Community Networks - Specialist Educational Provision - Welsh Education Strategic Plan (WESP) - Well-being
1.04	The work on the detail behind the priorities has progressed well and is attached at Appendix 1. Cabinet have agreed to the content. The next step is for all Scrutiny Committees to be consulted with over the next cycle.
1.05	Following this cycle of consultation, the Plan will be presented to Cabinet in its second stage prior to adoption by the County Council in July. The final Council Plan (both parts 1 and 2) will be available as a web-based document published on the website.

2.00	**RESOURCE IMPLICATIONS**
2.01	Council planning and service portfolio business recovery planning is dove-tailed with the periodic review of the Medium Term Financial Strategy and Capital Programme.

3.00	**CONSULTATIONS REQUIRED / CARRIED OUT**
3.01	Consultation has been carried out with Chief Officers, Cabinet members and the wider internal senior management network on the framework of the Plan.

	All Scrutiny committees will have the opportunity to be engaged in the development of the Plan.

4.00	**IMPACT ASSESSMENT AND RISK MANAGEMENT**
4.01	**Impact Assessment** An Integrated Impact Assessment (IIA) is currently underway for Council Plan Part 1. This will be completed by March and outcomes shared with Chief Officer Team for consideration. Findings from the IIA could be included in Part 1 and inform Part 2 Council Plan as a better fit. Last year's IIA Summary is available as a background document. **Ways of Working (Sustainable Development) Principles Impact**

Long-term	Throughout the 2022/23 Council Plan development we will ensure the five ways of working are embedded within our ambitions and easily reported on.
Prevention	
Integration	
Collaboration	
Involvement	

Well-being Goals Impact

Prosperous Wales	Throughout the 2022/23 Council Plan development we will be ensuring we capture our contributions to the seven well-being goals within our ambitions.
Resilient Wales	
Healthier Wales	
More equal Wales	
Cohesive Wales	
Vibrant Wales	
Globally responsible Wales	

Council's Well-being Objectives

The Council undertook a review of its Well-being Objectives during the development of the 2021/22 Council Plan. The updated set of Well-being Objectives are a more focused set of six. The Well-being Objectives identified have associated themes for which they resonate. See the full list below.

Theme	**Well-being Objective**
Poverty	Protecting people from poverty by supporting them to meet their basic needs
Affordable and Accessible Housing	Housing in Flintshire meeting the needs of our residents and supporting safer communities
Green Society and Environment	Limiting the impact of the Council's services on the natural environment and supporting the wider communities of Flintshire to reduce their own carbon footprint
Economy	Enabling a sustainable economic recovery

Personal and Community Well-being	Supporting people in need to live as well as they can
Education and Skills	Enabling and Supporting Learning Communities

Risk Management

The risks to the statutory requirements of the Plan include: not publishing the plan within statutory timescales and, not adhering to the prerequisite content.

Both these risks are managed through adherence to well established procedures for publishing the Plan and ensuring that the content of the Plan reflects the statutory requirements.

An additional risk is that the Plan is not endorsed by Members; consultation with Members both individually and as part of the Scrutiny invites engagement.

5.00	**APPENDICES**
5.01	Appendix 1: Draft Council Plan (Part 1) 2022-23.

6.00	**LIST OF ACCESSIBLE BACKGROUND DOCUMENTS**
6.01	Summary Integrated Impact Assessment – Council Plan 2021/22.

7.00	**CONTACT OFFICER DETAILS**
7.01	**Contact Officer:** Jay Davies, Strategic Performance Advisor **Telephone:** 01352 702744 **E-mail:** jay.davies@flintshire.gov.uk

8.00	**GLOSSARY OF TERMS**
8.01	**Council Plan:** the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set objectives and publish a Plan. **Medium Term Financial Strategy:** a written strategy which gives a forecast of the financial resources which will be available to a Council for a given period, and sets out plans for how best to deploy those resources to meet its priorities, duties and obligations.

Mae'r dudalen hon yn wag yn bwrpasol

Appendix 1

Council Plan 2022/23 – Part 1

Priority Name	**Poverty**
Description/ Well-being Objective	**Protecting people from poverty by supporting them to meet their basic needs**
Income Poverty Definition: People on low income who are unable to meet day to day living costs	• Families are supported to be financially resilient by: a) Maximising the number of people signposted for support to facilitate longer term change - by March 2023 b) Ensuring that take-up to benefit entitlement is maximised in a timely way by processing claims efficiently - by March 2023 c) Maximising take-up of the Discretionary Housing Payments scheme and other financial support - by March 2023 d) Continuing to offer our community hub (Contact Centres) approach giving access to a range of programmes, services and agencies together in one place - by March 2023
Child Poverty Definition: Children who do not have access to adequate food, clothing, shelter and education to lead a healthy and active life	• The cost of sending children to school is reduced by: a) Making the processes for claiming free school meals as simple and straightforward as possible to increase the percentage of take-up against entitlement - by March 2023 b) Encouraging take-up of free school breakfast for year seven pupils eligible for free school meals - by March 2023 c) Maximising take-up of the school uniform grant – by March 2023 d) Developing a network of school uniform exchanges across the county supported by enhanced web and social media promotion – by March 2023 • Free access to books, ICT networks, devices and library services are maintained by: a) Maintaining the network of seven libraries in partnership with Aura - by March 2023 b) Increasing usage of online resources for children and young people - by March 2023 • Children have access to play opportunities by: a) Ensuring children have access to staffed open-access playwork projects in local communities - by March 2023 b) Ensuring children have access to well-maintained outdoor play areas which offer a varied and rich play environment - by March 2023 • Working with partners to ensure children in areas of social deprivation have access to food, exercise and enrichment schemes during school holidays – by March 2023

	• Ensuring children have the opportunity to access meaningful community sports programmes (which impact on a range of issues including anti-social behaviour, child sexual exploitation, drug and alcohol prevention and County Lines) – by March 2023 • Providing children with access to well-maintained outdoor play areas which offer a varied and rich play environment – by March 2023 • Maintaining access to Free Swimming to help tackle health inequalities – by March 2023
Food Poverty Definition: People who are not able to access food that meets their daily nutritional needs and requirements	• Everyone in Flintshire has access to affordable, good fresh food by: a) Developing a "Well Fed at Home service" - by December 2022 b) Continuing to develop delivery of a "Hospital to Home" meals service - by March 2023 c) Introducing a transported and delivered food service "Mobile Meals" to those who are vulnerable - by March 2023
Fuel Poverty Definition: Households that have higher than average fuel costs and meeting those costs will cause them to experience poverty Affordable and accessible housing Personal and Community Well-being	• Reducing the risk of fuel poverty for residents by increasing the energy efficiency of homes - by March 2023 Linked to Affordable and accessible housing • Engaging, supporting and referring vulnerable households to reduce fuel poverty and improve health and wellbeing - by March 2023 Linked to Personal and Community Well-being
Digital Poverty Definition: Inability to interact fully in a digital world when, where and how an individual needs to.	• Support people to use digital technology through promotion of suitable training to develop digital skills and confidence in the communities we serve – by March 2023 • Provide free of charge public access to the internet and devices where necessary at Flintshire Connects Centres and Aura library services – by March 2023 • Increasing loans of devices through the Aura Digital Access Scheme - by March 2023 • Increasing take-up of digital learning opportunities supported by Aura - by March 2023

Priority Name	Affordable and Accessible Housing
Description/ Well-being Objective	Housing in Flintshire meeting the needs of our residents and supporting safer communities
Housing support and homeless prevention Definition: Offering support to people to retain their housing and live well and avoiding homelessness	• Commissioning a wide range of housing related support that meets the needs of the people of Flintshire - by March 2023 • Promoting housing support and homeless prevention services with our residents and partners - by March 2023 • Ensuring a multi-agency partnership approach to homeless prevention and develop a culture where homelessness is "everyone's business" - by March 2023 • Ensuring when homelessness does occur it is rare, brief and non-recurring - by March 2023 • Developing and extending our Housing First and Rapid Rehousing approaches for those who do experience homelessness - by March 2023 • Remodelling the "emergency beds" Homeless Hub accommodation offer and service delivery - by March 2023 • Exploring opportunities to develop a young person's homeless hub offering accommodation and support services - by March 2023
Housing Needs and Housing Options Definition: Helping people to explore their housing options so they can access the right homes to meet their needs Poverty	• Promoting the Single Access Route to Housing (SARTH), Common Housing Register, Affordable Housing Register and Housing Support Gateway within the community and with professionals - by March 2023 • Developing self-service approaches that enable people to identify their own housing options through online support - by March 2023 • Piloting a risk assessment process to identify pre tenancy support needs to reduce risk of tenancy failure - by March 2023 Linked to Poverty • Reviewing our sheltered housing stock to ensure that it continues to meet the needs and aspirations of current and prospective tenants - by March 2023
Social Housing Definition: Working with housing partners to develop and invest in affordable housing - with modern methods of construction, and a commitment towards carbon neutral Poverty	• Working with housing association partners to build new social housing properties and additional affordable properties - by March 2023 • Increasing the Council's housing portfolio by building social housing properties and affordable properties for North East Wales (NEW) Homes - by March 2023 • Ensuring that the Council's housing stock meets the Welsh Housing Quality Standard and achieves a minimum SAP energy efficiency rating of 65 - by December 2022 Linked to Green and Environment • Developing plans for the de-carbonisation of Council homes in line with Welsh Government guidance to ensure their thermal efficiency is optimised and the cost of heating homes are minimised - by March 2023 Linked to Green and Environment, Linked to Poverty

Green and Environment	• Working with residents to ensure our communities are well managed, safe, and sustainable places to live - by March 2023 Linked to Green and Environment • Supporting our tenants to access technology and create sustainable digital communities - by March 2023 Linked to Poverty • Listening to our tenants and working with them to improve our services, homes and communities - by March 2023
Private Rented Sector Definition: Supporting the private sector to raise standards in the management and condition of housing and promote tenancy sustainment in our communities	• Engaging with private sector tenants, giving them a voice and responding to their needs - by March 2023 • Working in partnership with landlords and private sector agents to better understand their needs - by March 2023 • Developing a "landlord offer" that encourages landlords to work with the Council to raise standards of property management and condition of homes where needed - by March 2023 • Improving access to private sector properties for those who are homeless, at risk of homeless and in housing need - by March 2023 • Mapping Houses of Multiple Occupation (HMO's) across Flintshire to ensure legal minimum housing standards are met and to improve residents' quality of life - by March 2023
Empty Properties Definition: Bringing empty homes back into use to enhance the local housing market and improve our local communities Economy	• Bringing empty homes back into use thorough the Empty Homes Loan - by March 2023 • Exploring opportunities to develop a project management service for non-commercial landlords to encourage take up of the Empty Home Loan Scheme - by March 2023 • Targeting 'problem' empty homes in our communities and using enforcement powers where appropriate to improve our communities and increase housing supply - by March 2023 • Exploring opportunities to maximise housing and revitalise our towns through the redevelopment of the High Street - by March 2023 Linked to Economy
Priority Name	**Green Society and Environment**
Description/ Well-being Objective	Limiting the impact of the Council's services on the natural environment and supporting the wider communities of Flintshire to reduce their own carbon footprint.
Carbon Neutrality Definition: A net carbon zero Council by 2030 and supporting wider decarbonisation actions across the County, making this central to Covid-19 recovery	• Gathering information on annual Council greenhouse gas emissions to submit to Welsh Government and the Carbon Programme Board - by June 2022 • Reviewing the procurement policy to reduce greenhouse gas emissions from suppliers - by March 2023 • Developing plans towards net zero carbon for our assets in line with Welsh government guidance' – by March 2023 • Working with Flintshire's leisure and culture trust partners to reduce carbon emissions – by March 2023

Climate Change Adaptation Definition: Be more resilient to the changes that have happened due to climate change and prepare for predicted future change	• Carrying out flood investigation and alleviation – March 2023 • Assessing the feasibility of schemes within land assets for resisting flood and drought while enhancing biodiversity and increasing carbon storage – March 2023
Fleet Strategy Definition: Reducing the environmental impact of our fleet	• Converting the authority's fleet to electric and alternative fuels (hydrogen etc) - by March 2023
Green Environment **Definition:** Enhance and increase biodiversity and trees to deliver multiple benefits for people, wildlife and the environment.	• Delivering an increase in canopy cover as part of the Urban Tree and Woodland Plan - by March 2023 • Enhancing the natural environment through the delivery of the Section 6 Environment Act Wales biodiversity duty - by March 2023
Green Access **Definition:** The promotion, good management and protection of our green spaces to deliver multiple benefits to the environment and our residents and visitors	• Exploring opportunities to develop the Flintshire Coast Park – by March 2023 • Undertaking scoping work to look at the formal establishment of a Regional Park – by March 2023
Renewable Energy Definition: The promotion and support of renewable energy opportunities across the Council Estate and wider communities. Economy	• Assessing the feasibility of renewable energy and land assets and link to wider carbon ambitions - by September 2022 • Agreeing appropriate investment strategy for future renewable energy developments - by September 2022 Linked to Economy

Active and Sustainable Travel Options Definition: Provide opportunities for increasing levels of walking and cycling (active travel) and enable access to other alternative and sustainable methods of travel Economy Personal and Community Well-being	• Promoting the use of public transport through the further development of the Council's core bus network - by March 2023 Linked to Economy • Promoting active travel and further develop the Council's cycleway network - by March 2023 Linked to Personal and Community Well-being • Promoting multi modal transport journeys and the development of strategic transport hubs - by March 2023 Linked to Economy • Developing the County's electric car charging network - by March 2023 • Promoting active travel and further developing the County's walking and cycling network - by March 2023 Linked to Personal and Community Well-being
Circular Economy Definition: Support and promote the Welsh Government's strategy to create a sustainable, circular economy in Flintshire Poverty Personal and Community Well-being Education and Skills Economy	• Achieving Welsh Government recycling targets - by March 2023 • Developing and extending the Standard Yard Waste & Recycling Transfer Station - by March 2023 • Support and promote Re-Use and Repair initiatives in partnership with Refurbs Flintshire - by March 2023 Linked to Poverty, Linked to Personal and Community Well-being, Linked to Education and Skills • Promoting the option to reuse and repair unwanted items at Household Recycling Centres by partnering with local Charities or social enterprises- by March 2023 Linked to Poverty, Linked to Personal and Community Well-being, Linked to Education and Skills • Working in partnership, actively support and engage with community led groups by developing environmental and recycling initiatives - by March 2023 Linked to Poverty, Linked to Personal and Community Well-being, Linked to Education and Skills • Support local businesses in their efforts to reduce their carbon footprint and become more resource efficient - by March 2023 Linked to Economy
Priority Name	**Economy**
Description/ Well-being Objective	**Enabling a sustainable economic recovery and growth**
Town Centre Regeneration Definition: Regenerate and re-invent our town centres	• Monitoring the health and vitality of town centres to support effective management and business investment decisions - by March 2023 • Encouraging and supporting investment in town centre properties to facilitate more sustainable uses - by March 2023 Linked to Affordable and accessible housing • Improving the environment in town centres - by March 2023

Personal and Community Well-being Affordable and accessible housing	• Supporting the growth of community enterprises in town centre locations - by March 2023
Business Definition: Enable business continuity and encourage appropriate investment Green Society and Environment	• Engaging town centre small businesses and improve support packages available to them - by March 2023 • Supporting small and/or local businesses to engage with public sector procurement opportunities - by March 2023 • Engaging small businesses and improve support packages available to them - by March 2023 • Supporting recovery of the County's street and indoor markets - by March 2023 • Supporting growth of the local and regional food and drink business sector through marketing and collaborative projects - by March 2023 • Supporting recovery of the tourism and hospitality sectors and rebuild confidence in the industry - by March 2023 • Increasing the scale and impact of the social business sector - by March 2023 • Supporting local businesses in their efforts to reduce their carbon footprint and become more resource efficient - by March 2023 Linked to Green Society and Environment
Transport Connectivity Definition: Develop and promote effective transport connectivity while supporting recovery and economic growth **Poverty** Green Society and Environment	• Developing and delivering transport infrastructure improvements as part of North Wales Metro programme and the Council's Integrated Transport Strategy - by March 2023 Linked to Green Society and Environment • Ensuring Flintshire strategic transport priorities are well-represented in the Regional Transport Plan from the forthcoming Corporate Joint Committee development - by March 2023 Linked to Green Society and Environment
Digital Infrastructure **Definition:** Ensure the digital networks facilitate and support recovery and growth	• Starting delivery of the local plans within North Wales Growth Deal for digital infrastructure – by March 2023 • Connecting further rural communities to improved digital infrastructure - by March 2023
Local Development Plan (LDP) Targets	• Ensuring timely adoption of the LDP once Inspector's Report received - by December 2022

Definition: Achieve LDP policy objectives for growth, protection and enhancement	• Monitoring overall Plan performance via the Annual Monitoring Report (AMR) and submit to Welsh Government - by March 2023 • Maintaining and updating the LDP housing trajectory in line with planning decisions made - by March 2023 • Making decisions at Planning Committee in line with the adopted LDP - by March 2023 • Referencing the LDP growth strategy in early work on a North Wales Strategic Development Plan (SDP) - by March 2023
Spending money for the benefit of Flintshire Definition: Grow our local economic vitality through social value commitments and procurement strategy	• Continuing to generate social value outcomes through the Council's procurement activities – By March 2023 • Supporting supply chain partners to convert their social value offerings through procurement commitments, into real and tangible benefits – By March 2023 • Reviewing the Social Value Strategy to ensure broader social value commitments can be achieved – By March 2023 • Generating local spend to support economic growth through the inclusion of social value measures in procurement activity – By March 2023
Reducing worklessness Definition: Work with our partners to support individuals to gain employment Poverty	• Co-ordinating a multi-agency approach to support businesses to recruit people from disadvantaged groups - by March 2023 Linked to Poverty • Delivering mentoring and wider support programmes to assist disadvantaged people to re-engage with the labour market - by March 2023 Linked to Poverty
Priority Name	**Personal and Community Well-being**
Description/ Well-being Objective	Supporting people in need to live as well as they can
Independent Living Definition: People will be supported to live as independently as possible through the right type of support, when they need it.	• Developing a plan to provide additional placements for step down care within our in house provision – by March 2023 • Continuing to grow the Microcare market, utilising one Development Officer post – by March 2023 • Developing an Early Years Strategy to ensure that all our children ages 0-7 have the best possible start in life and are able to reach their full potential –by March 2023 • Plan for the relocation of Tri Ffordd supported employment project to a central site in Mold by March 2023
Safeguarding Definition: Implement and promote the new safeguarding procedures so our	• Continuing to promote the corporate e-learning package – by March 2023 • Preparing for the implantation of the new Liberty Protect Safeguard procedures – by March 2023

employees understand how they can help safeguard people in the community	
Direct Provision to support people closer to home Definition: The services we provide so people can access the support they need in their local community	• Setting up a registered Children's Home to help avoid the need for residential placements outside Flintshire - by March 2023 • Continuing to growing our in-house homecare service to support more people to live at home - by March 2023 • Continuing to growing our in-house fostering service to support more looked after children - by March 2023 • Developing an action plan for the progression of the advocacy priority – by March 2023
Local Dementia Strategy Definition: Continuing to improve the lives of people living with dementia in Flintshire	• Establishing a Dementia Strategy Implementation Group, to include representation from people with lived experience – by March 2023

A well-connected, safe and clean local environment.
 	
Definition:
Resilient communities where people feel connected and safe
 	
Green Society and Environment
	• Protecting residents and our environment from pollution and other public health and safety hazards by achieving the Streetscene Standard - by March 2023
	• Working in partnership, actively support and engage with community led groups by developing Local Environmental Quality initiatives - by March 2023 Linked to Green Society and Environment
	• Working with two local communities to inform a long term vision and delivery plan for using the Flexible Funding Grant programme to achieve positive outcomes for people – by March 2023
	• Contributing to Public Health Wales' priorities through partnership working with Aura by:
	  ○ Improving mental well-being and resilience – by March 2023
	  ○ Promoting healthy behaviours – by March 2023
	  ○ Securing a healthy future for the next generation – by March 2023

Priority Name	**Education and Skills**
Description/ Well-being Objective	Enabling and Supporting Learning Communities
Educational Engagement and Achievement Definition:	• Maintaining support for settings and schools with rollout of the revised curriculum for pupils from 3-16 which better prepares them for their future lives and employment – by March 2023 • School employees continuing to access the GwE professional learning offer and engage in cluster working – by March 20023

Providing diverse learning opportunities to support educational achievement in schools and communities	• Embedding the revised processes and procedures in relation to attendance and exclusion, using data to better inform and target interventions at both a pupil and school level – by March 2023 • Working with schools to support development and implementation of flexible and bespoke educational packages to improve attendance and engagement – by March 2023
Digital Learning Opportunities Definition: Supporting education engagement and achievement through proactive use of accessible digital media Poverty Personal and Community Well-being	• Supporting schools and wider education services to increase their digital offer for children and young people - by March 2023 • Upskilling employees within the Education & Youth Portfolio through access to the GwE professional learning offer and other appropriate training opportunities – by March 2023 • Embedding the delivery plan for Integrated Youth Services by maintaining focus on increased digital engagement- by March 2023 • Continuing to increase the range of digital material hosted on the North East Wales Archive website and other digital services to encourage greater participation - by March 2023 • Continuing to monitor schools' provision for learners who are 'digitally disadvantaged' – by March 2023 • Supporting schools to maximise their available hardware via the national Hwb programme and to ensure sustainable funding plans in place – by March 2023 • Increasing take-up of digital learning opportunities supported by Aura - by March 2023 Linked to Poverty • Providing community training for online learning platforms in a partnership with Aura and Adult Community Learning - by March 2023
Learning Environments Definition: Creating aspirational and flexible learning environments	• Starting construction of the proposed 3-16 campus at Mynydd Isa - by March 2023 • Consult on increasing capacity of Drury CP and Penyffordd CP schools through the School Organisation Code – by March 2023 • Commissioning a contractor and start design and development process for Drury CP and Penyffordd CP – by March 2023 • Seeking Council approval to progress Band B Wales Government 21st Century Schools Investment Programme - by March 2023 • Progressing the development of a new premises plan for the North East Wales Archive – by March 2023
Learning Community Networks Definition: Supporting our learning communities to engage and achieve through extensive partnership working unpinned by	• Continuing to consolidate the joint working between Flintshire County Council and Denbighshire County Council through the North East Wales Archive to provide a sustainable and resilient service – by March 2023 • Developing the Delivery Plan for Adult Community Learning to increase engagement and improve skills within local communities – by March 2023

common safeguarding practices Personal and Community Well-being	• Developing a Supporting Learners strategy to increase levels of engagement and provide appropriate progression routes to further engagement, study or employment – by March 2023 • Expanding the adult learning offer to reflect national, regional and local priorities in order to provide the skills required through partnership planning – by March 2023 • Working with Adult Community Learning and Flintshire Learning Recovery & Wellbeing Network Partners to share best practice and maximise opportunities for learning within the community with opportunities to be available in all Aura libraries - by March 2023 • Working in partnership with Open University Wales to support and signpost library users to Open Learn courses and subsequent learning pathways with Open Learn Champions in each library - by March 2023 • Working in partnership with Aura to provide Alternative Provision to young people excluded from school to help gain meaningful qualifications – by March 2023
Specialist Educational Provision Definition: Extending local capacity to support learners with additional learning needs (ALN)	• Implementing Year two of the Transformation plan for children and young people with additional learning needs, in line with Welsh Government legislation and associated guidance – by March 2023 • Further defining and embedding the menu of outreach support and training to be offered to schools via Plas Derwen Pupil Referral Unit – by March 2023 • Developing a strategic proposal for the next phase of the Additional Learning Needs provision which increases the level of in-house provision and seeks to reduce the reliance on out of county provision – by March 2023
Welsh Education Strategic Plan (WESP) Definition: Working with schools and partners to support the Welsh Government's strategy to enable one million Welsh speakers by 2050	• Continuing to increase capacity and take up of Welsh medium education to achieve Welsh Government targets – by March 2023 • Continuing to improve Welsh language skills of employees in schools to more effectively support learners and the delivery of the curriculum – by March 2023 • Providing targeted support and intervention to schools to raise standards and promote bilingualism – by March 2023 • Extending the range of youth services delivered bilingually to encourage young people to retain and use their Welsh language skills into early adulthood – by March 2023 • Embedding the role of the Integrated Youth Provision Welsh language coordinator – by March 2023 ○ Ensuring all digital and face to face youth and play provision has an increasing bilingual offer which supports the expansion of the Council's Welsh Language immersion programme – by March 2023
Well-Being Definition: Working with schools and partners to provide	• Rolling out the National Framework for Embedding a Whole School Approach to Emotional Health and Wellbeing in all Flintshire schools – by March 2023 • Supporting all secondary schools to complete the School Health Research Network survey in 2022

opportunities for children, young people and the education workforce to engage in activities which support their emotional health and well-being	○ Developing action plans based on the findings, particularly in relation to Emotional Health and Wellbeing – by March 2023 • Meeting the requirements under Wellbeing Whole School Approach Development Fund for employee training and pupil engagement – by March 2023 • Consolidating the Inspire Youth Work Hospital Project which provides support to young people at risk of self-harming behaviour – by March 2023 • Improving awareness of trauma informed practice with schools and Education and Youth employees – by March 2023

Social and Health Care Overview and Scrutiny Committee

Date of Meeting	20 January 2022
Report Subject	Flintshire Young Carers Support Service
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

The Social Services and Well-being (Wales) Act 2014 has brought positive and substantial changes to the rights and entitlements of young, and young adult, carers.

Covid-19 has impacted significantly on young carers, who are reporting a growing number of challenges as a result, including: increases in their caring role and responsibilities, isolation and balancing learning/ education. The pandemic has also seen an increase in young carers seeking formal means of identification to enable them to access essential foods and medicines more easily.

The new Young Carers Support Service launched on the 1st July 2020 and is being delivered by NEWCIS Young Carers. The service aims to provide a single and open access point for all young carers up to the age of 25 years old, their families, professionals and partner organisations. The service is a one stop shop for a range of universal information, advice, signposting, access to assessments, one to one support (which will be person- centred, outcome focused, proportionate) and well-being support.

NEWCIS Young Carers continues to perform above the expectations of the service contract and delivery outcomes. This report gives an overview of the positive outcomes being achieved for young carers in Flintshire.

The Deputy Minister for Health and Social Services, Julie Morgan, has made a commitment to roll out a national young carer's identification card model across Wales. On March 16th 2021 Flintshire successfully launched the Young Carers ID and is continue to work sub-regionally with partners and young carers to deliver this vision.

RECOMMENDATIONS	
1	To provide an update to Members on the progress of the Flintshire Young Carers Support Service and development of the new Young Carers ID Card.

REPORT DETAILS

1.00	EXPLAINING THE FLINTSHIRE YOUNG CARERS SUPPORT SERVICE
1.01	A young carer is someone under 18, or a young adult carer under the age of 25, who helps look after someone in their family, or a friend, who is ill, disabled, has a mental health condition or misuses drugs or alcohol.
1.02	A young carer may be required to help their family, or friend, with practical, emotional support or personal care, such as: o Practical tasks, like cooking, housework and shopping. o Physical care, such as helping someone out of bed. o Emotional support, including talking to someone who is distressed. o Personal care, such as helping someone dress or wash. o Managing the family budget and collecting prescriptions. o Helping to give medicine. o Helping someone communicate. o Looking after brothers and sisters. A Young Carer may also have an emotional role and may for example feel anxious and worried when leaving the Cared For to go to school.
1.03	There are approximately 30,000 carers under the age of 25 in Wales and one in eight of those were aged under eight. According to the 2011 census, Wales had the highest proportion of carers under 18 in the UK (Social Care Wales, 2017). However, this is widely believed to be the tip of the iceberg, with some estimates suggesting that as many as one in five school children are young carers (University of Nottingham 2018), with this number increasing during the Covid-19 pandemic.
1.04	The Social Services and Well-being (Wales) Act 2014 has brought positive and substantial changes to the rights and entitlements of young and young adult carers. This includes: o I**dentifying young carers** that provide or intend to provide care for an adult or disabled child. o A **duty to assess** a young carer where there appears to be a need for support, regardless of the level of needs or resources. The assessment will focus on '*what matters*' to the young carer and the carers needs in their own right o A young carer is entitled to a **joint assessment** with the cared for if it is considered beneficial and there is consent from both o A duty to **meet the needs of the young carer** following an assessment, depending on eligibility o The **carer's assessment should be reviewed annually** or when there is a significant change in circumstances, o Provide **advocacy** support for young carers, where appropriate and at the earliest opportunity

1.05	Flintshire Social Services delivers a range of support services for unpaid carers, both in-house and commissioned through external third sector providers.
1.06	Following a full procurement process, NEWCIS have been running the Young Carers contract since July 2020.
1.07	<u>Young Carers Support Service</u> The aims and objectives of the Young Carers Support Service is to provide a single and open access point for all young carers up to the age of 25 years old, their families, professionals and partner organisations to access information and make a referral. The service is a one stop shop for a range of universal information, advice, signposting, access to assessments, one to one support (which will be person-centred, outcome focused, proportionate) and well-being support.
1.10	The service includes the following aspects: **Tier 1 – Identification and information**: o Information, advice and signposting o Awareness raising of young carers across a range of partners o Delivery of the national young carers ID card **Tier 2 – Assessment and low level assistance**: o Carers needs assessments (including reviews) o Regular social opportunities and time off from their caring role o Upskilling and building resilience in young carers **Tier 3 – Direct support**: o Short term one to one support
1.11	<u>NEWCIS Young Carers</u> NEWCIS Young Carers (NYC) commenced delivering the Young Carers Support Service on the 1st July 2020. NEWCIS had been delivering adult carers services in Flintshire for many years and has built a successful partnership with Social Services and an excellent reputation amongst adult unpaid carers in Flintshire. NEWCIS are now able to offer a seamless and ageless service for all unpaid carers in Flintshire.
1.12	NEWCIS has now been delivering the Young Carers service for 18 months and continues to perform above the expectations of the service contract and delivery outcomes. Areas for celebration include: • 223 young carers identified since the start of the service, in addition to the existing 91 young adult carers that NEWCIS had already registered with them. • 145 new referrals have been received between January 2021 – January 2022. • 140 assessments completed, with further scheduled • 24 young carers have a support plan in place • 122 young carers engaged in groups/ peer support, with over 892 attendances in total • A hybrid approach to groups and events has been set up. This has been adopted to allow Young Carers a choice of what they feel most comfortable using. • A range of activities and groups arranged and provided, such as storytelling, street dancing, film night and Forest School • Established a 'resilience programme' of support for young carers, with 30 young carers signed up to start the programme in 2022.

	• Referrals received from a range of sources, demonstrating successful transition. A regular coffee morning for professionals to meet the team and find out more about the service has also been established. • Closer working relationships established with the Early Help Hub in Children's Services to facilitate a multi-disciplinary approach to supporting families, particularly those more complex cases. • Awareness raising across health, social care, education and with the public has taken place, with a regular awareness campaign planned • 1,003 social media followers with engagement increasing constantly. NEWCIS use their social media accounts to update Young Carers on what is available for them. • Young Carers have also benefitted from activities delivered through other grants, such as the Summer of Fun and Winter of Wellbeing activities hosted by Theatr Clwyd in partnership with Children's Services. • Good working relationships have been built with Credu and Action for Children. A Young Carers Festival is being organised for North Wales. • Young Carers took part in the 'What Just Happened' Project where they fed back their experiences of lockdown and this will be created into a film. • A 'question and answer' session held with Wrexham Football Club Team Players. • 50 Christmas crafts and gifts sent to Young Carers. • A Wellbeing Activity Booklet has been designed and printed. The booklet is based around an 8 session programme and includes activities on resilience, confidence, healthy lifestyles and more. So far 50 Young Carers have received the booklet. Other outcomes: • Launch Young Carers ID Card App • Continue to build good working relationships with Children's Services and Action for Children • Grow social media and continue to raise awareness and engagement with new and existing Young Carers. • Set up a Fundraising Committee for Young Carers. Young carers are more informed - 339 Young carers are empowered to express their views and feelings - 388 Young carers can easily identify what's important to them and develop ways to achieve their own objectives - 272 Young carers are linked with recreational and leisure opportunities – 366
1.13	**Impact of Covid-19** Covid-19 has impacted significantly on young carers, who are reporting a growing number of challenges as a result, including: increases in their caring role and responsibilities, isolation and balancing learning/ education. The pandemic has also seen an increase in young carers seeking formal means of identification to enable them to access essential foods and medicines more easily.

	NEWCIS' support to young carers has been responsive and person centred to ensure that young carers are supported during this extremely challenging time. This has included food and busy boxes, online support, virtual groups and activities as well as help with access to phones, tablets and the internet so that young carers can stay connected. Young Carers have also reported an increase in anxiety following the pandemic, especially when leaving the Cared For or going out as they are worried about bringing the virus home. Another challenge of Covid has been meeting families face to face. In August NEWCIS celebrated the services' first birthday and were able to celebrate with a family event, which gave families more opportunity to meet and get to know the team. The event was welcomes after so long apart.
1.14	**Case studies** **E** E is a Young Carer for her mum who has chronic asthma and Chronic Obstructive Pulmonary Disease (COPD). The family have experienced a great deal of trauma within the past 12 months, with the passing of a family member who E was very close with, E's mental health deteriorated which resulted in a considerable overdose and hospitalisation. This traumatic experience led to E being unable to return to the family home due to the trauma she experienced there, resulting in the breakdown of mum's relationship with her partner and E and her mum becoming unexpectedly homeless. At the point of referral, E and her mum had been housed in temporary accommodation which according to the family was exasperating mum's health and making E's caring role much more difficult. E's caring role is substantial, practically she does the shopping, cleaning, most of the cooking and personal care for her mum. Emotionally she has been described as mum's "rock" and is really the main person who is there for mum. Thankfully E reports that her mental health is considerably better since starting a new school and receiving support from CAMHS, she is much more positive about this and looking for ways to keep her mental health on an incline. During the Young Carers Needs Assessment it was identified that E can be late for school on occasions due to requiring to do additional personal care for mum some mornings (stripping the bed and helping mum to get clean if she has had a particularly difficult night), and this is a source of anxiety for E as she feels like school don't understand. We were able to liaise with school and explain E's caring role, with her consent, so that school now have a better understanding. We were also able to issue E with a Young Carers ID Card to make this process easier for her. E also shared how she is currently sharing very limited and cramped space with her mum; she doesn't have her own sanctuary to escape to when she needs some respite from her caring role. When the family are rehoused in their new accommodation (it has been postponed for some time due to Covid and limited building supplies) E will have her own room. We were able to secure a Young Carers Grant to purchase an Amazon voucher for E to be able to make her new space restful, relaxing and

	useful for her and her caring role. E has been creating a mood board on Pinterest with me and making plans for her new space when the time comes. NEWCIS have also been successful in managing to secure some funding towards floor coverings/carpets for the new home via Margarets Fund, as the family are in a hard financial position and flooring would be essential due to mum's health conditions. Another action we have been working on is getting E a gym membership, as she identified this as something she would like to do to support her mental health and physical health too. E has really come out of her shell whilst NEWCIS have been working together and she is hopeful to start attending the Young Carers groups and events soon too. With regards to the support so far E has said "Thank you soo much, I can't wait to do my room and have my own space. I'm sick of blank white walls everywhere they're so sad." **AL** AL has enjoyed attending the 8 week programme and has made new friends. As well as joining the 8 week programme with NEWCIS, A was able to attend a Theatr Clwyd Summer School where she met up with other Young Carers. "Honestly, you've made such an impression on her. We've noticed such a big difference with her, you've really brought her out of her shell" She looks forwards to groups and is gutted when it clashes with something else and she can't come or misses half (she misses half with ballet at the moment). She said that AL has really struggled with the concept of making friends and bullying and so on because she takes things so literally – she just really struggles with social interaction. But since being with Young Carers she has made friends, even exchanged numbers with one of the Young Carers she has met through the Theatre Clwyd sessions we helped her sign up to and they keep in touch all of the time.
1.15	**Alongside the success, there have also been challenges** High demand for the service NEWCIS are contracted to work with 75 young carers. As of 15th December 2021, the service had supported 215. NEWCIS are working to provide support where they can, but continued support at these levels are difficult to sustain and a waiting list of 4-6 weeks is in place. NEWCIS has gained additional monies up until March 2022 which has enabled an additional member of staff to be employed which has helped us to deliver the group work and activities which had increased on the run up to Christmas as we moved out of the pandemic temporarily. Needs of young people Although young people access the service, because of their role as young carers, it must be noted that many of the young people have needs themselves. This can include behavioural needs which are difficult to manage at group.

	NEWCIS have worked with colleagues in Children's Services and Flintshire Integrated Youth Provision to provide additional support to groups going forward and discussions have been held with AFC about supporting young carers with additional needs together.
1.16	**Young Carers ID card update** In March 2021 the Young Carers ID Card was launched in Flintshire. A partnership approach was applied where Flintshire, Wrexham, Conwy, Denbighshire and Anglesey and Gwynedd launched the same ID card. A suite of options has been available for Young Carers with the choice of either an ID Card or Wristband. The ID Card App will also shortly be made available for Young Carers.
1.17	There are 66 Young Carers registered with ID Cards in Flintshire and this number continues to grow. Young Carers are offered an ID Card during assessments and the application form can be completed online. This has been created to make it easier and quicker for families to complete.
1.18	There are regular Regional ID Card Meetings to discuss progress, updates and new ideas. A Young Carer from Flintshire will be attending these sessions going forward to feedback and give their ideas. A focus group has been set up for Young Carers to input on the marketing of the ID Card. As part of the Regional ID Card Meetings, the service is looking to establish a Young Carers Friendly training session, similar to Dementia Friends, to be delivered to professionals and businesses across North Wales. This will be delivered by NEWCIS, WCD and Action for Children.

	RESOURCE IMPLICATIONS
2.01	The Flintshire Young Carers Service has been jointly commissioned and funded by Social Services, Youth Services and BCUHB for a set period of 3 years, ending 31st March 2023, with the added option to extend for a further 2 years. The contract value agreed by all partners for the duration of the contract period is a max of £71,000 per annum.
2.02	There are 3 members of staff leading the service and supporting young carers in Flintshire, they include: x2 Well-being Officers (1.5 FTE) and x1 Young Carers and Marketing Manager. As part of the regulations for TUPE, following the procurement process, one of the members of staff was transferred from the outgoing provider; which provided a level of continuity for young carers, a smoother transition and established the new service more quickly.
2.03	In order to sustain service delivery at the current level, there is a need to secure further funding to support this cohort of young people, who have gone above and beyond during the pandemic to support their family members.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	The contract and service delivery is subject to contract management, which is being led by Commissioners in Social Services; this includes regular and open dialogue with the provider, partnership working on service delivery, quarterly monitoring returns and annual monitoring reviews to ensure quality of service and that positive outcomes are being achieved for young carers.
3.02	There is a potential risk to the service, which follows the success of the awareness raising and identification of young carers to date by NEWCIS. Since the launch of the service either by way of word of mouth or social media; NEWCIS is receiving a significant level of referrals and the impact of this is positive, as more young carers within our communities are being reached and offered statutory entitlements as well as preventative support. However, this also comes with its own challenges in terms of managing this demand and the quality of the service offered if demand outweighs resource. This risk is being monitored by all partners and a collective response will be agreed if and when needed.

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	Young carers continue to play a pivotal role on the development of the service and ID card. A group is designing posters and feeding in to the development of the card, branding and publicity. A young carers is also to become a member of the regional young carers ID Card group. Young Carers and their families are continually asked to give feedback about the service and any suggestions they have.

5.00	APPENDICES
5.01	Young Carers Feedback case studies

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	https://www.newcis.org.uk/young-carers/
6.02	https://carers.org/about-caring/about-young-carers

7.00	CONTACT OFFICER DETAILS
7.01	**Contact Officer:** Craig Macleod, Senior Manager: Children's **Telephone:** 01352 701313 **E-mail:** craig.macleod@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	**Carers Trust Wales** is a charity working for, with and about carers in Wales. Its work aims to improve the support, services and recognition for anyone living with the challenges of caring and it does this with partners such as the Welsh Government, third sector organisations and local authorities.
8.02	**NEWCIS** is the largest provider of carer services in Wales – delivering information, one to one support, training and counselling to carers who provide unpaid support to family or friends living in North East Wales. NEWCIS' headquarters and carers centre is based in Mold, Flintshire.
8.03	Transfer of Undertakings Protection of Employment Regulations (TUPE) – Employees transfer automatically to the new organisation with their terms and conditions of employment and continuity of service preserved.
8.04	A young carer is someone under 18, or a young adult carer to the age of 25, who helps look after someone in their family, or a friend, who is ill, disabled, has a mental health condition or misuses drugs or alcohol.

SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	20th January 2022
Report Subject	In house Regulated Services Report
Cabinet Member	Deputy Leader (Partnerships) and Cabinet Member for Social Services
Report Author	Chief Officer, Social Services
Type of Report	Operational

EXECUTIVE SUMMARY

This report describes the role of the Responsible Individual, the requirements of this role and how in house regulated services have performed over the last 12 months.

The Responsible Individual is a statutory requirement for all organisations who deliver care services in Wales. In Flintshire Mark Holt is the Responsible Individual and as well as visiting all services a minimum of four times per year, must collate evidence to measure services against the Regulation and Inspection of Social Care (Wales) Act (2016). (RISCA).

The services covered under this report are:

- Older People's residential care homes– Marleyfield House, Llys Gwenffrwd and Croes Atti.
- Extra Care Housing – Llys Eleanor, Llys Jasmine, Llys Raddington, Plas Yr Ywen.
- The Flintshire Homecare Service.
- Short-term Care services for people with a learning disability – Hafod and Woodlee.
- Supported Living services – 17 houses across Flintshire.

The methodology for collecting evidence to ensure the services meet the RISCA regulations, includes, site visits, file audits, health and safety visits, record keeping, safeguarding, team meetings and consultation with service users and families.

In summary the Responsible Individual reports a high level of confidence that Flintshire's in house services are meeting the requirement of RISCA.

It should be noted that during the height of the Pandemic there was an easement from The Care Inspectorate Wales (CIW) in relation to the requirements of RISCA. The RI continued to monitor and support services throughout the pandemic, and has since begun again the regulatory visits .This report provides a brief summary of the finding for each service area, with the exception of the short term care services, as they have only recently reopened after a sustained period of closure due to the pandemic.

RECOMMENDATIONS	
1	Members accept and note this report, and consider whether the annual CIW return, on the performance of the service and meeting regulation, should be an annual report to this committee.
2	Consideration should be given to re-establishing member rota visits, pandemic allowing, in 2022.

REPORT DETAILS

1.00	**EXPLAINING THE IN HOUSE REGULATED SERVICES REPORT**
1.01	The role of the Responsible Individual (RI) is a statutory requirement of any organisation in Wales who provide care services that are registered with Care Inspectorate Wales. This role carries a legal responsibility for the Council.
1.02	The role is required to ensure that the statutory guidance, as set out in the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA), is adhered to and that the services being delivered are to a sufficient standard and meet regulatory requirements.
1.03	There are a total of 84 regulations that cover all aspects of care provision. The Responsible Individual has the responsibility to evidence good practice and report if a service falls short or there are potential risks identified. With a resulting action plan for improvement.
1.04	Within Flintshire Council there are registered services in a number of different areas these are Older People's provider services and Learning Disability services. Each service area has to provide its own statement of purpose, for example, each of the care homes and each of the extra care establishment are inspected as a single entity. From next year 2022 the RI role will also incorporate the newly formed in-house Children's services. The current services are as follows:

	• Older People's residential care homes– Marleyfield House, Llys Gwenffrwd and Croes Atti. • Extra Care Housing – Llys Eleanor, Llys Jasmine, Llys Raddington, Plas Yr Ywen. • The Flintshire Home Care Service. • Short-term care for people with a learning disability – Hafod and Woodlee. • Supported Living – 17 houses across Flintshire. Currently the services employ in excess of 450 staff on a variety of full and part time contracts.
1.05	A number of methods are used to collect evidence to complete the overall findings of each of the services. Time is spent in each service looking at the operational running, the record keeping, the reporting and that paperwork is up to regulatory standards. Meeting are held with service users, staff, families and managers every six months so that they can give their views on what is working well and what we could improve. The report findings, along with a service specific action plan, are submitted to the Head of Service. The action plan is then implemented by the Manager of the service and progress is regularly reported to the Responsible Individual. The Responsible Individual is also required to submit an annual report to Care Inspectorate Wales, due to the Pandemic there has been some easement of the annual reporting, and there was no expectation last year. The first annual for CIW is due May 2022. It is important to point out that the work of the Responsible Individual is in addition to inspection process as set out and completed by Care Inspectorate Wales.
1.06	The following is a summary of the findings within each of the service areas; **Residential care** – the Responsible Individual reports a high level of confidence in residential care homes in Flintshire. The reports for the last 12 months show a high level of knowledge, skills and understanding of needs and outcomes throughout all three homes. The evidence also shows residential care has been the area hit the hardest by Covid-19 and the ongoing pandemic. The constant changes to guidelines, the isolation felt by residents, the challenge of hospital discharges, have left residential care managers and staff feeling exhausted. However, despite all of the challenges the homes have maintained a high level of quality throughout. Records have remained at a good standard and the homes of managed the additional requirements of weekly testing, appointments for visitors and increased risk assessments. Staff training has continued and this is now a mix of online and face to face training. Supervisions and appraisals have also continued throughout this period. The feedback received from residents was overwhelmingly positive and many people wanted to recognise the incredible job the staff team did during lockdowns when our residents were unable to see their families.

	In terms of areas identified to be address or be aware of. Recruitment and retention of staff has become challenging and problematic. The number of applications for care posts has dramatically reduced, resulting in number of direct care vacancies across the service. As a result of this existing staff are being pushed to the limit in terms of picking up additional shifts and this is a significant risk f staff burn out if this position persists for any length of time. The portfolio are working hard to address the recruitment and retention issues, with a detailed action plan in place to help address this.
1.07	**Extra care housing** – The Responsible Individual reports a high level of confidence in Extra Care schemes in Flintshire. The reports for the last 12 months show positive outcomes for individuals, with a strong focus on people maintaining their independence. All four Extra Care schemes have worked positively to reduce the risk of falls for their tenants. The four schemes continue to be popular with tenants and there is now a waiting list for all of the schemes. Like residential care, there have been significant pressures for extra care as a result of the pandemic. The biggest challenge being that the guidelines set out by Welsh Government did not include extra care and often decisions had to be made at a local level. On the whole the feedback received from families has been very positive, although a number of families suggested that rules were too rigid during and just after lockdown. The general service delivery within extra care has remained at a high standard. The schemes have maintained training levels, medication processes, infection control and daily logs. Good outcomes for people living there and good feedback on staff attitude. Two areas that need to be considered are the staffing as described in section 1.06. Recruitment is a challenge and extra care has not been immune to the pressure. Historically this has been the easiest of the care settings to recruit to, however even extra care has seen vacancies and poor response to job adverts. One area that received a number of queries through the consultation with tenants is the lack of structured activities. This has always been a key part of extra care and as a result of covid-19 these had to cease. Some activities have now restarted, however understandably there is less choice and reduced capacity which some tenants would like to see improving. Pandemic allowing this is an area for us to work on.
1.08	**The Flintshire homecare service and supported living services**. The Responsible Individual reports a good level of confidence in the homecare service and supported living in Flintshire. The reports for the last 12 months show that the dispersed staff team have felt supported and able to maintain their role.

	Both these service areas deliver care into people's own homes, the significant difference being that supported living is 24 hour support for people with a learning disability and the homecare services operates from 7am – 11pm for predominantly for older people. The services have been able to maintain a consistent level of service throughout the last 12 months. They have adapted well to the changes that the pandemic has brought and they have responded positively to supporting vulnerable people in their own home. Supported Living has never had a service user who has tested positive for Covid-19 and this is testament to the hard work and diligence of the staff team. The homecare service has maintained its reablement delivery whilst increasing its own capacity which has been invaluable as the service continues to respond to the challenges of increasing demand via hospital discharge. Both services have committed well trained staff and managers with a good reputation for supporting some of the most complex of cases. There positive report from social workers and other in relation to the work of the homecare service, they are often the safety net services and achieve fantastic outcomes for people . Although record keeping in both areas is good, the services are reliant on paper based recording. This can be slow and cumbersome and there needs to be a drive and investment to moving the records onto a digital platform. This could include care plans, medication, one page profiles, rotas etc. It is recognised that such new technology needs capital investment to help the service modernise.
1.09	**Short term care – Hafod and Woodlee** The Responsible Individual reports that due to the two short-term care houses being closed for a significant period of time throughout the pandemic it has not been possible to report at this point. An interim desk top inspection has taken place and site visits are planned for December 2021. Staff from short term care moved to supported living and other establishments across Flintshire . The service has now reopened, but still at a reduced capacity of two people at any one time. The period of closure has allowed the service to review its existing paperwork and specifically the risk assessments for all of the service users that required updating as individuals needs have changed. Staffing is in place and the team has a degree of stability which has helped during the period of reopening. The service has also made improvements to the building with improved wi-fi and connectivity which is an area that service users had raised in previous consultations. One area that will need further improvements is how the service ensures they have all of the correct information on someone prior to their stay. The

	team have introduced pre visit checks, however there were still a small number of people arriving and not having completed the pre checks.

2.00	**RESOURCE IMPLICATIONS**
2.01	Base budgets are established and there are no additional resource implications as a result of this report.

3.00	**IMPACT ASSESSMENT AND RISK MANAGEMENT**
3.01	Not required

4.00	**CONSULTATIONS REQUIRED/CARRIED OUT**
4.01	As part of the RISCA regulations there is a statutory duty for the Responsible Individual to engage with the people who use our services.

5.00	**APPENDICES**
5.01	None

6.00	**LIST OF ACCESSIBLE BACKGROUND DOCUMENTS**
6.01	None

7.00	**CONTACT OFFICER DETAILS**	
7.01	**Contact Officer:** **Telephone:** **E-mail:**	Mark Holt – Responsible Individual 01352 701383 **Mark.holt@flintshire.gov.uk**

8.00	**GLOSSARY OF TERMS**
	Responsible Individual – the specific role that ensures that provider services meet the statutory requirements as set out in the Regulation and Inspection of Social Care (Wales) Act (2016). **RISCA –** this is the abbreviation for the Regulation and Inspection of Social Care (Wales) Act (2016). These are the statutory requirements for all provider services who operate in Wales. **Care Inspectorate Wales –** is an independent National body who inspects and monitors care services throughout Wales.

SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	20th January 2022
Report Subject	North Wales Population Needs Assessment and Market Stability Report
Cabinet Member	Deputy Leader (Partnerships) and Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Strategic

EXECUTIVE SUMMARY

This report provides an overview of the North Wales Population Needs Assessment 2022 which has been produced as a requirement of the Social Services and Well-being (Wales) Act 2014.

The report is an assessment of the care and support needs of the population and the support needs of carers, covering the North Wales footprint.

The development of the document is led by the North Wales Social Care and Well-being Services Improvement Collaborative, with information from the six North Wales councils and the health board, supported by Public Health Wales

The report is to be approved by all partners and published by 1 April 2022.

In June 2022, a Market Stability Report must also be published. This document follows on from the Population Needs Assessment and provides an assessment of the sufficiency of care and support in meeting the needs and demand for social care, as set out in the population needs assessment, and the stability of the market for regulated services providing care and support.

Together the two documents should provide those commissioning care and support, at the regional and local level, with a comprehensive picture of current and projected demand and supply.

RECOMMENDATIONS	
1	That Members support the North Wales Population Needs Assessment, prior to submission to Full Council in February 2022.
2	To agree the process for the approval of the Regional Market Stability Report as outlined in 1.12

REPORT DETAILS

1.00	EXPLAINING THE POPULATION NEEDS ASSESSMENT AND MARKET STABILITY REPORT
1.01	Section 14 of the Social Services and Wellbeing Act (2014) requires local authorities and health boards to jointly assess: a) The extent to which there are people in a local authority's area who need care and support b) The extent to which there are carers in the local authority's area who need support c) The extent to which there are people in a local authority's area whose needs for care and support are not being met d) The range and level of services required to meet the care and support needs of people in the local authority's area e) The range and level of services required to achieve the purposes in Section 15(2) (preventative services) in the local authority area The actions required to provide the range and level of services identified in accordance with paragraphs (d) and (e) through the medium of Welsh.
1.02	The report must cover as a minimum the following themes / groups: - Children and young people - Older People - Health, Physical Disability and Sensory Impairment - Learning Disabilities (Children and Adults) - Autism - Mental Health - Carers
1.03	Within the assessment regard has also been given for secure estate, homelessness and veterans. The assessment has been guided by the requirements set out in the code of practice for population needs assessment and has given due regard to other duties and policies that have a significant impact on the groups listed. Each chapter contains an assessment of: - The Welsh language (the 'active offer') - Equalities and Human Rights - Socio-economic considerations - Impact of COVID-19 pandemic - Safeguarding considerations - Violence Against Women, Domestic Abuse and Sexual Violence - Social Value

1.04	The population assessment report was engagement led. The key issues and themes identified are based on feedback from staff, partner organisations, service users and the general public to identify strategic needs for care and support. This included information from existing commissioning strategies and needs assessments. The project team collected evidence to challenge these hypotheses through data analysis, background literature reviews, service reviews and additional focussed local engagement work.
1.05	Flintshire Social Services have contributed to the development of the regional document by providing a comprehensive outline of the services available to each population group in Flintshire. Local feedback has also been submitted from senior colleagues, staff teams and individuals on what is working well, as well as areas for improvement. Information from past consultations and monitoring has also been shared, as well as recommendations based on local agreed actions and areas of focus. Colleagues have also widely shared links to an online questionnaire, which received a total of 350 responses, of which 135 (39%) were from Flintshire residents, staff and partner organisations, including the Third Sector. Social Services Senior Management Team have also scrutinised the information and data produced by the regional team to ensure that a true picture of Flintshire is presented in the report.
1.06	The requirement to produce an accessible, regional report in a short timescale has limited what can be included. The report provides an evidence base to support organisations and services across the region, specifically it is to be used for strategic planning cycles underpinning the integration of services and support partnership arrangements.
1.07	The report takes a regional focus but will be a useful tool for planners and commissioners in local authorities and health. There is still a need for a local vision and plan for services in each area. Going forward the partnership would seek to continue the work of the needs assessment to ensure that assessing the needs of our populations is an ongoing process.
1.08	A single regional report must be produced for the North Wales Region and be approved by Full Council for each of the local authority areas (Gwynedd, Ynys Mon, Conwy, Denbighshire, Flintshire and Wrexham) and the Board of the Local Health Board.
1.09	The report must be published no later than April 2022 and be published on all local authority websites, the health board website and the regional partnership website in both English and Welsh. Summary reports, children and young people and other accessible formats will also be made available. A copy of the report will be submitted to Welsh Ministers.
1.10	The population needs assessment contributes to regional and local level strategic planning cycles, consequently this will support the local authorities corporate priorities that are linked to the health and social care needs of its resident population.
1.11	In addition to the requirement to assess the care and support needs of the population there is a further requirement for local authorities and health boards to assess the sufficiency of the care and support provide to meet

	the needs of the population in the form of a Market Stability Report. This includes an assessment of the stability of the market for regulated care and support services. Following the publication of the population needs assessment a market stability report will be prepared and published by June 2022. Together the two documents should provide those commissioning care and support, at the regional and local level, with a comprehensive picture of current and projected demand and supply.
1.12	In the lead up to publication, all Local Authorities will be undertaking local elections. Therefore, the Market Stability Report may not be able to go through the usual political processes in time for publication. Attempts are being made by the North Wales Social Care and Wellbeing Services Improvement Collaborative to change the date of publication with Welsh Government. If the original date stands, it is suggested that the report is approved via Delegated Powers with an information item through the committee process following the elections. We will continue to gather the information needed and engage with our local providers to inform the regional Market Stability Report.
1.13	These documents will also support the development of the local Well-being Assessment which must be produced as a requirement of the Well-being of Future Generations (Wales) Act 2015 by each Public Service Board in a similar timescale to the Population Assessment. The population assessment considered the care and support needs of the population while the Well-being Assessment covers prosperity, health, resilience, equality, vibrant culture, global responsibility and cohesive communities. There is overlap between the two so the project team for the population needs assessment are liaising with officers for the Public Service Boards (PSBs) about the progress of the needs assessment and Well-being assessments and sharing information where necessary.
1.14	The next phase of the project will involve using the population assessment to develop an area plan for the region. Future work on the area plan may involve further research and consultation to explore priority areas in more depth before agreeing which areas to prioritise for regional work. The area plan is to be developed and published in 2023.

2.00	**RESOURCE IMPLICATIONS**
2.01	The North Wales Social Care and Wellbeing Services Improvement Collaborative has funded the regional project which has included 2 x regional project managers to support the development of the population needs assessment. Associated costs, such as translation and for specialist engagement was also funded by the partnership.

	There has been a cost to the local authorities, BCUHB and Public Health Wales in staff time and resource to support the project. This includes staff to carry out engagement work with the public, service users, staff and elected members and staff to support the analysis and writing of the report. The majority of this work took place between April 2021 and December 2021 for the population needs assessment. This cost has been met through existing resources, with social services staff contributing the necessary information and data to ensure Flintshire's activities is well represented in the final draft report.
2.02	Going forward the population needs assessment will identify regional and local priorities, it may be the case that these priorities require some level of investment at either regional or local level. The report will allow us to focus our resources on the areas of greatest need and ensure our portfolio plan is fit for purpose. As part of the process, areas identified as key priorities for Flintshire have been contributed to the regional plan.

3.00	**IMPACT ASSESSMENT AND RISK MANAGEMENT**
3.01	Welsh Government have removed the requirement for an EQIA/IIA on the needs assessment as a report in itself. The needs assessment is inclusive of equalities, human rights and socio-economic analysis and research pertaining to each of the groups included within the needs assessment.
3.02	The information from the Population Needs Assessment will support the development of the next Flintshire Wellbeing Plan.
3.03	**Ways of Working (Sustainable Development) Principles Impact**

Long-term	The report aims to improve our understanding of our population and how it might change over the coming years to help us provide better public services in North Wales.
Prevention	The assessment will look at data where trends will be identified, where responses can be put in place. This will include preventative services.
Integration	This document has been jointly developed by the Local councils and the health board in North Wales, who have responsibility to make sure that they have arrangements in place to enable effective strategic planning, delivery and purchasing of services to deliver their statutory responsibilities.
Collaboration	A needs assessment is a way to review the health and social care issues in a population. It can help agree priorities and the way resources are allocated to improve health and social care and reduce inequalities.

	Involvement	Please see section 4 for details of engagement
3.04	**Well-being Goals Impact**	
	Prosperous Wales	Neutral – no impact
	Resilient Wales	Neutral – No impact
	Healthier Wales	Positive – information and data will contribute to regional and local planning of health and social care and wellbeing services
	More equal Wales	Positive – Supporting people to meet their objectives and full potential
	Cohesive Wales	Neutral – no impact
	Vibrant Wales	Neutral – no impact
	Globally responsible Wales	Neutral – no impact

4.00	**CONSULTATIONS REQUIRED/CARRIED OUT**
4.01	The North Wales Social Care and Wellbeing Services Improvement Collaborative set up a regional steering group to lead the work for the technical, engagement, data and other theme-based groups to lead on specific tasks. Membership of the groups is from each North Wales local authority, Betsi Cadwaladr University Health Board (BCUHB), Public Health Wales and other parties with an interest in the needs assessment such as officers for the Public Service Boards.
4.02	Engagement for the population assessment included: a questionnaire for organisations that asks for their views and evidence; a facilitator's guide for partners to use to run discussion groups with service users; workshops with staff and councillors organised by each local authority. A total of 350 questionnaire responses were received during the consultation, the feedback received is included within the needs assessment. A full consultation report is also available and is appended to the main report.
4.03	A stakeholder map has been produced and reviewed listing all the population groups who may need care and support services to ensure that as many people as possible have the opportunity to have their say. This includes engagement with hard to reach groups.
4.04	Local feedback has also been submitted from senior colleagues, staff teams and individual on what is working well, and areas for improvement. Information from past consultations and monitoring has also been shared, as well as recommendations based on local agreed actions and areas of focus. Colleagues also widely shared links to an online questionnaire, which received a total of 350 responses, of which 135 (39%) were from Flintshire residents, staff and partner organisations, including the Third Sector.

5.00	APPENDICES
5.01	Appendix 1 - DRAFT - North Wales Population Needs Assessment (available mid December 2021)
5.02	Appendix 2 - Engagement Report
5.03	Appendix 3 - North Wales Population Assessment Governance structure

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Social Services and Well-being (Wales) Act 2014: Code of Practice http://www.ccwales.org.uk/codes-of-practice-and-statutory-guidance/

7.00	CONTACT OFFICER DETAILS	
7.01	**Contact Officer:** **Telephone:** **E-mail:**	Neil Ayling, Chief Officer, Social Services 01352 704511 neil.j.ayling@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
	Carers: A carer is anyone, of any age, who provides unpaid care and support to a relative, friend or neighbour who needs care and support. **Market Stability Report:** This document follows on from the Population Needs Assessment provides an assessment of the sufficiency of care and support in meeting the needs and demand for social care, as set out in the population needs assessment, and the stability of the market for regulated services providing care and support. **North Wales Social Care and Wellbeing Services Improvement Collaborative:** The North Wales Social Care and Well-being Improvement Collaborative includes the six local authorities in North Wales, Betsi Cadwaladr University Health Board and other partners. The aim is to improve services, make the most of the resources available, reduce duplication and make services more consistent across North Wales. **Population Needs Assessment:** The report is an assessment of the care and support needs of the population and the support needs of carers, covering regional footprint. It is produced a requirement of the Social Services and Wellbeing (Wales) Act 2014 requirement **Public Service Board (PSB):** The Flintshire PSB is a statutory body which was established on 1st April 2016 following the introduction of the Well-being of Future Generations (Wales) Act 2015. The Flintshire PSB replaces the Flintshire Local Service Board (LSB).

	Regional: The 6 Counties in the North Wales region and the Health Board **Social Services and Well-being (Wales) Act 2014:** The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales. **Well-being:** Reference to well-being in the Act means the well-being of an individual who needs care and support or carer who needs support in relation to any of the following aspects: • Physical and mental health and emotional well-being • Protection from abuse and neglect • Education, training and recreation • Domestic, family and personal relationships • Contribution made to society • Securing rights and entitlements • Social and economic well-being • Suitability of living accommodation In relation to a child, “well-being” also includes: • physical, intellectual, emotional social and behavioural development “welfare” as that word is interpreted for the purposes of the Children Act 1989 **Well-being of Future Generations (Wales) Act 2015:** The Well-being of Future Generations Act is about improving the social, economic, environmental and cultural well-being of Wales. It will make the public bodies listed in the Act think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach. This will help us to create a Wales that we all want to live in, now and in the future.

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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales Population Needs Assessment

April 2022
Draft

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Links for Guidance

Part 2 Code of Practice

https://gov.wales/general-social-care-functions-local-authorities-code-practice

Contents

Foreword

The North Wales Social Care and Well-being Services Improvement Collaborative, together with the involvement of all six North Wales Local Authorities and the Health Board, are pleased to publish the second regional Population Needs Assessment.

The Population Needs Assessment will be the foundation for the future provision of our services across the regions Health and Social Care Sector ensuring that our peoples' needs are met sufficiently.

This Population Needs Assessment has been developed during the ongoing COVID-19 pandemic. The pandemic has had an impact on all aspects of life, it has been a particularly challenging and demanding time for staff in the health and social care sectors and for our people that we support.

As a result of the pandemic we are seeing shifting trends in the care and support needs of the population as a whole, consequently the local impact for North Wales has been considered throughout this Population Needs Assessment. A priority for all services will be recovery from the effects of the pandemic itself and ensuring that over the medium and long term we plan effectively to respond to the changing needs of our people.

A key part of the Population Needs Assessment has been to understand the views of the population. We used a wide range of consultation reports along with the views of over 350 individuals, organisations and partners who took part in a regional survey. The feedback received has informed us what matters to those who are in need of support or have caring responsibilities and this has heavily influenced the recommendations presented within this report.

1. Introduction

1.1 Background

The Social Services and Well-being (Wales) Act 2014 introduced a new duty on local authorities and health boards to develop a joint assessment for the care and support needs of regional populations. It also established a Regional Partnership Boards (RPB) to manage and monitor services to ensure partnership working for the delivery of effective services.

This Population Needs Assessment has been produced by the North Wales Regional Partnership Board. The first population needs assessment was published in 2017 and has been used as a foundation for this new cycle.

1.2 Purpose of the population needs assessment

As a region we want to understand the care and support needs of all citizens in North Wales so that we can effectively plan services to meet those needs appropriately across the health and social care sector.

The population needs assessment will:

- Identify the care and support needs in the North Wales region
- Identify the services that are available to meet those needs
- Identify any gaps (unmet needs) and actions required

The assessment is the basis on which the Regional Partnership Board should make decisions for future planning and commissioning of care and support services. It is also intended to influence local level decision making including corporate improvement plans and the development of strategies and plans.

This assessment has been undertaken as a joint exercise by the six North Wales local councils and Betsi Cadwaladr University Health Board (BCUHB) and Public Health Wales. The six local councils are Wrexham County Borough Council, Flintshire County Council, Denbighshire County Council, Conwy County Council, Gwynedd Council and Ynys Mon.

The regional population needs assessment aims to improve our understanding of the population within North Wales and how the needs of the population will evolve and change over the coming years. The findings within this assessment will assist all public service providers within the region in providing better and sufficient services for our citizens who are in need of care and support.

1.3 Research methods

The research methods include:

- Analysis of local and national data sets to identify trends
- Evidence from the local authorities and health board
- Evidence from local, regional and national research
- Priorities from local, regional and national policies / strategies / plans
- Responses to the regional survey and other consultation exercises from citizens, organisations, staff and providers

Appendix A contains a table of references set out by thematic chapter with the details of the information source referenced in this needs assessment.

Where data is presented with rates these are crude rates unless stated otherwise. That means they are based on the total population and haven't been adjusted to take into account differences in the age structure of populations.

Most annual performance management data is available for the period between 1 April to 31 March. For example, the period 1 April 2020 to 31 March 2021 will be written as 2020/21.

1.4 Consultation and engagement

Within the Code of Practice for the development of a population needs assessment it states that local authorities and partners must work with people to identify what matters to them. A priority for all partners is the principle of co-production, as a result the development of the population needs assessment has been engagement led. The project itself has undertaken a large scale regional consultation and engagement exercise based on the national principles for public engagement in Wales and principles of co-production which informed our engagement and consultation plan.

The aim of the consultation was to identify the care and support needs of people in North Wales and the support needs of carers. We worked with partners to collate and summarise findings from consultations that had been undertaken in the last few years. Findings from any relevant research, legislation, strategies, commissioning plans, other needs assessments, position statements or consultation reports has

also been considered and included where relevant. A comprehensive literature search was also undertaken with regard for protected characteristics.

These summaries have been included within specific sections where applicable (for example, 2018 Learning Disability consultation as part of the Learning Disability North Wales Strategy) and have also been published as part of a new North Wales engagement directory. In addition, a regional survey was carried out, due to the wide range of population groups and services that we planned to cover within this survey, the engagement group agreed a small number of open-ended questions so that participants had the opportunity to share what matters to them.

We asked responders what do you think works well at the moment, what do you think could be improved and how has support changed due to Covid-19 and what the long term impacts of that will be. We also asked questions around the Welsh language and receiving the 'Active Offer'.

A total of 350 responses where received directly to the questionnaire. Around 61% of responses were from people who work for an organisation involved in commissioning or providing care and support services.

Additionally, local teams have also undertaken their own engagement where this was not being covered at a regional level. Each of the sections within this report contain a summary of the key findings for those groups in response to the consultation and via other engagement means. Draft chapters were also shared widely with partners for feedback and comments.

A detailed consultation report has been produced which details the consultation process and methods adopted.

1.5 Project governance

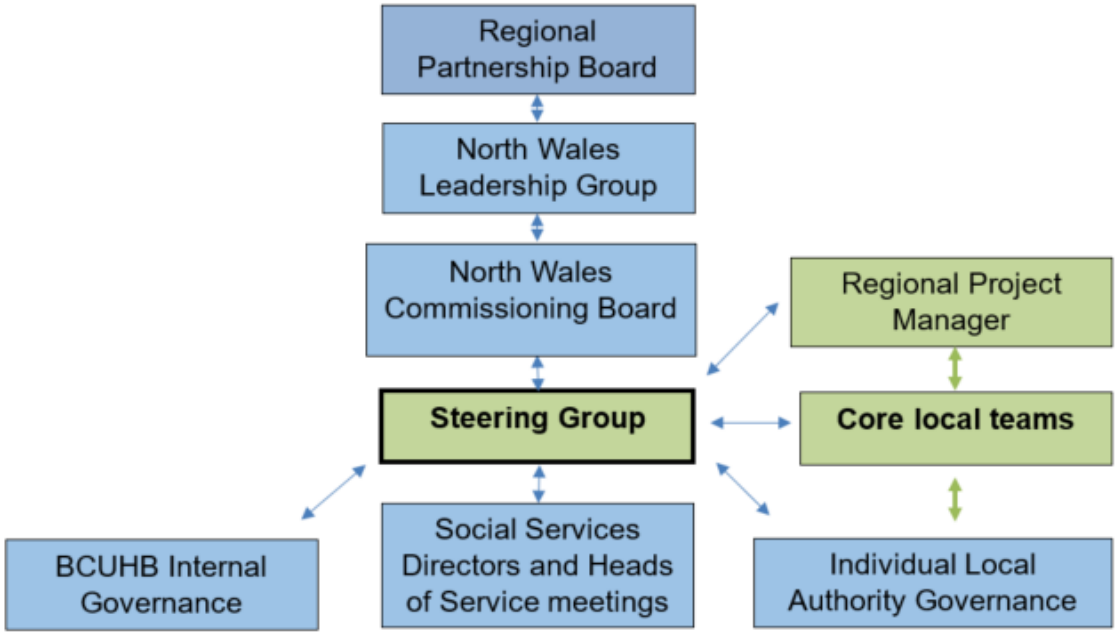
The Regional Partnership Board tasked the North Wales Commissioning Board with oversight of the project. They established a regional Steering Group to coordinate the development of the population needs assessment. In addition, there were sub-groups such as a data working group and an engagement working group. All project working groups included representation from the six local authorities, the health board and public health wales.

Leads for the Public Service Boards were also invited to link in with the Steering Group to ensure synergy between the work being undertaken for the Well-being

Assessments. The project management arrangements ensured that there was consistency for all partners in producing a regional assessment. Regular project reports were produced and shared with the regional boards as necessary.

This population needs assessment has been approved by the six local authorities, Betsi Cadwaladr University Health Board and the Regional Partnership Board.

Diagram 1: Project governance arrangements



1.6 What happens next – strategic planning

The Population Needs Assessment will be used to inform the upcoming regional Market Stability Report which is due for publication in June 2022. The Market Stability Report will assess the stability and sufficiency of the social care market in light of the findings and needs identified within this assessment. Additionally, an Area Plan is due for publication in 2023, this piece of work will also feed in to other strategies.

The Area Plan is also produced in partnership between the six local authorities, the health board (BCUHB) and overseen by the Regional Partnership Board. The Population Needs Assessment is of particular importance for strategic planning cycles for health and social care as the key findings and priorities that emerge will influence the following:

- Actions for the recommendations that partners will take for priority areas of integration for Regional Partnership Boards
- How services will be procured for delivery, including alternative models
- Details of preventative services that will be provided or arranged in response
- Actions to be taken in relation to the provision of information, advice and assistance services
- Actions required to deliver services via the medium of Welsh

Running in parallel to this population needs assessment is a breadth of other work within the North Wales region. There are four Public Service Boards (PSBs) across the region, each of these PSBs will each produce a Well-Being Assessment by May 2022. Links have been made with the PSBs where commonalities in priorities and themes have been identified across the region.

Other transformational programmes are taking place either via the Regional Partnership Board, local authorities or via the health board.

1.7 Limitations, lessons learnt and opportunities

Preparing a single accessible population needs assessment across six local authorities and one health board area within the timescales has been a challenging process. Particularly with the additional pressures of Covid-19. Thanks to the efforts of the project team, the project steering group comprising of local leads, the data subgroup, the engagement group, partner organisations, teams, people who use services and members of the public who co-produced the assessment.

One of the main challenges has been access to good quality data about the population. The 2021 census data will not be published in time to include in the assessment and many indicators were unavailable due to changes in the way data is collected since the last assessment and because some data collection paused due to Covid-19.

Since publishing the first population needs assessment in 2017 we have carried out regular updates to the assessment as required, such as for the development of the carers strategy, learning disability strategy and dementia strategy. This process will continue during the next 5 year cycle so that the Regional Partnership Board has up-to-date data and insight to inform improvements to health and care service delivery and the well-being of people and communities in North Wales. Planned updates will include the 2021 census data once available in 2022 and the production of more detailed local needs assessments.

It’s recommended that the population needs assessment steering group continues regularly scheduled meetings to oversee the updates and to make further recommendations about how to improve the quality, availability and coordination of data to inform future needs assessments.

Some of the limitations of this report are:

- **Census data**: The most recent census was undertaken in 2021, the data release for the census is in late Spring 2022 at the earliest. As a result, some data within this needs assessment is still reliant on the 2011 census data, which has been updated with any other data sets wherever that has been possible. On the release of the census data this assessment will be reviewed to reflect the most recent information available.

- **Local data**: Much of the data available to inform the report was available at a local authority, regional or national level making it difficult to identify needs at smaller geographies and differences within local authority boundaries. This will be addressed by the production of more detailed local needs assessments to supplement the regional report.

- **Service mapping**: The assessment is not intended to be a detailed mapping exercise of all services available but high level overviews are provided within each of the sections.

- **Links to other assessments / strategies**: The needs assessment will help inform the upcoming regional Market Stability Report. Links have also been made with the development of the Well-being assessments specifically were overlaps have been identified. Although some of the work has happened in parallel clearer connections will emerge as the assessments are published.

- **Hidden care and support needs**: There are people who have care and support needs but have fallen outside of or have not been identified in the report chapters. The chapters and groups covered within this assessment meet the requirements of the code of practice but decision makers are to be mindful there may be other groups that have a care and support need.

1.8 Further Information

Information gathered to develop this population needs assessment has been comprehensive, however it has not been possible to include all of the background information within this report. This is available on request using this email address northwalescollaborative@denbighshire.gov.uk / cydweithredfagogleddcymru@sirddinbych.gov.uk

2. Approach to the population needs assessment

2.1 Report arrangement

The population needs assessment has been split into thematic chapters for each group, this report will be structured as follows:

- Children and Young People
- Older people
- Health, Physical Disability and Sensory Impairment
- Learning Disability
- Autism Spectrum Disorder
- Mental Health
- Unpaid Carers

In addition to the above there is also the inclusion of other groups such as those experiencing homelessness, armed forces veterans and refugees.

Each of the chapters and themes will include as a minimum:

- A demographic regional overview of the population
- Summary of the current support arrangements
- Summary of current and projected trends
- Summary of what people who use services, staff, organisations and providers are telling us

Within the Act and Code of Practice there is a requirement upon partners to ensure that a number of requirements are considered within the population needs assessment. These areas are cross-cutting themes across the groups included within this needs assessment, for each group there will be differing impacts for each of these issues. As such the approach within this assessment is to include more specific information within the separate chapters as key themes will vary.

There are dedicated overviews to summarise these cross cutting themes which follow in this section, however where there is a specific impact on a group this will also be included within the relevant chapters.

2.2 Welsh language considerations

When providing services, the health and social care sector has a duty to ensure the service users are able to do so in their preferred language. The 'Active Offer' is the key principle within the Welsh Governments strategic framework for Welsh language services 'More Than Just Words'. This means that people should be offered services in Welsh without having to ask. The needs assessment will consider the delivery of the Welsh language within the context of the three key themes within the framework, these are:

- Increasing the number of Welsh speakers
- Increasing the use of the Welsh language
- Creating favourable conditions (infrastructure and context)

Accessing services in Welsh is important across all groups however it has specific importance for elderly people, people with dementia and younger children who speak only Welsh. The active offer places the responsibility on the provider not the user and should be an integral part of the service offer. This needs assessment provides a language profile for the North Wales region, in addition the impact of services in Welsh are included within the thematic chapters.

A key element of ensuring that services across the health and social care sector are available in the medium of Welsh, in line with the principles Active Offer, is recruitment and retention of a workforce with Welsh language skills. In August 2021 an evaluation report of the More Than Just Words framework was published by the Welsh Government, subsequently in October 2021 a written statement was issued by the Minister for Health and Social Care outlining that a task and finish group would be established to develop a five-year work plan for the framework.

Topics of focus within that task and finish group include:

- Learning and skills of the workforce
- Embedding the Welsh language into policies
- Sharing of good practice and developing an enabling approach

The five-year work plan for the More Than Just Words framework is expected to be published in 2022, the priorities and recommendations identified will shape the actions for regional and local planning for Welsh language services as part of the regional Area Plan due for publication in 2023.

2.3 Equalities and human rights

The equality profile and information on protected characteristics is included within each of the thematic chapters within this needs assessment. In addition to the statistical information other equalities information has been included under the relevant chapters. An equalities and human rights literature search has been undertaken to inform this needs assessment, the findings are also included within the chapters.

Findings from the regional consultation are also summarised where issues relating to equalities and human rights for those with protected characteristics were raised by responders. Protected characteristics that are cross cutting within the thematic chapters are as follows:

- Age
- Disability
- Gender reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Any decisions, policies or strategies developed in response to this needs assessment will require an Equality Impact Assessment to be undertaken. The information in each chapter about the care and support needs of people with protected characteristics will help to inform these impact assessments.

2.4 Socio-economic duty

Public sector bodies in Wales now have a duty to pay regard to the impact of socio-economic disadvantage when making strategic decisions with the view of reducing inequalities of outcome. Socio-economic disadvantage is defined as:

> "Living in less favourable social and economic circumstances than others in the same society"

Socio economic disadvantage can be living in areas of deprivation, having low or no wealth, an individual's socio-economic background, low or no income or material deprivation. Inequality of outcome, caused by socio-economic disadvantage is defined as:

> "Inequality of outcome relates to any measurable difference in outcome between those who have experienced socio-economic disadvantage and the rest of the population"

Inequality of outcome can be measured by factors such as education, health, employment, justice and personal security, living standards and participation especially in decision making relating to services. The impact of socio-economic disadvantage and inequality of outcome will be assessed for each group in this needs assessment in addition to an overview on poverty and deprivation across the region. In addition, the Wellbeing Assessment work by PSBs is ongoing and will provide a more in-depth assessment of socio-economic issues within the well-being goals and priorities.

2.5 Social value

"Social value" has a variety of definitions and uses. One definition is that it is the value experienced by the users of a public service. Another definition is that it is an element of *added value* over and above what a public contract might specify as the core contractual requirements. This *added value* may be social, environmental or economic, but it is often referred to in shorthand as "social value". A third definition is specific to Wales and arises from Part 2, Section 16 of the Social Services and Well-being (Wales) Act 2014.

Section 16 places a duty on local authorities to promote social care and preventative services by "social enterprises, co-operatives, co-operative arrangements, user led services, and the third sector". These five models of delivery are sometimes referred to as "social value organisations", or more accurately, as "social value models of delivery".

The legislation is seeking to promote all three types of "social value":

- Type 1: There is a clear intention that social care and preventative services should deliver "what matters" to citizen users and carers, using co-productive methods: that is, co-designing, co-delivering and co-evaluating services *with* users and carers. This intention is explicitly expressed in two of the Act's key principles: Well-being Outcomes and Co-production.

- Type 2: There is explicit encouragement for "added value", although the references are quite light touch: the core value to be attained is "what matters" to the users and carers.

- Type 3: The Section 16 duty clearly promotes the five types of "social value models" – and the main rationale for this is that these "models" are, by constitution or design, geared towards the use of co-productive methods and the delivery of "what matters". To a lesser extent, they are also promoted because of their potential to deliver "added value".

It is important to note that the Act has two other principles, Collaboration and Prevention, and the guidance in relation to Section 16 suggests that the five types of "social value model" are also to be promoted because of their potential to collaborate for the widest public benefit and to work preventatively for the long-term benefit of their user and their carer (and for the prudent stewardship of public resources).

The above overview is set out in more detail in the Wales Co-operative Centre's 2020 report along with an analysis of challenges and options for care commissioners. Three areas for activity are identified:

1. Seeking "social value" through the commissioning of contracts
2. Nurturing "social value" through the monitoring and management of contracts
3. Nurturing "social value" beyond the market.

Social value organisations are particularly well suited to provide wider care and support, including care and support that goes beyond the market, but they can also provide regulated services.

This population needs assessment will reflect the understanding of the types of "social value" set out above and will seek to identify actions specific to the region which will nurture "social value" through processes of commissioning, procurement, contract management, and support for citizen and community self-help activity beyond the market.

A fuller assessment of how these activities can maximise social value within the market and beyond will be developed in greater detail within the North Wales Market Stability Report.

The Market Stability Report will promote "social value models of delivery" that:

- Achieve well-being outcomes
- Work co-productively – giving users a strong voice and real control
- Have a preventative and dependency-reducing orientation
- Incorporate collaboration, co-operation and partnership
- Add value - social, economic and environmental.

It will also promote activities that maintain or strengthen the well-being of unpaid carers and community capacity beyond the market – without which the market cannot be stable.

2.6 Safeguarding

Safeguarding regulations are contained within the Social Services and Wellbeing Act (Wales) 2014, this provides the legal framework for the North Wales Safeguarding Boards for both Children and Adults. The key objectives of the North Wales Safeguarding Adults and Children's Boards are:

- To protect adults / children within its area who have care and / or support needs and are experiencing, or are at risk of, abuse or neglect

- To prevent those adults / children within its area from becoming at risk of abuse or neglect

Each chapter contains a section for safeguarding, this highlights the key safeguarding issues for each of the distinct groups. More information is available in the North Wales Safeguarding Board Annual Report 2020 to 2021.

Since 2016/17 there has been an increase in the number of adults reported as suspected of being at risk of abuse or neglect across Wales. Between 1 April 2016 to 31 March 2017 a total of 2,300 adults were reported as at risk, between 1 April 2018 to 31 March 2019 this had increased to 2,900. Each local authority area saw an increase. The table below provides a breakdown by local authority area:

Table 1: Adults at risk by local authority area

Local Authority Area	Adults reported suspected at risk 2016/17	Adults reported suspected at risk 2018/19
Ynys Mon	166	204
Gwynedd	349	394
Conwy	286	552
Denbighshire	398	450
Flintshire	350	501
Wrexham	786	827
North Wales Total	2,335	2,928
Wales Total	11,761	14,938

*Source StatsWales

It is important to note that the above is for all adults, data is no longer collected on the basis of vulnerability. Specific issues relating to safeguarding for the groups within this population needs assessment will be addressed in each section.

The numbers of children on the child protection register has remained relatively stable across Wales and this is reflected at a North Wales level. There has been a slight reduction since 2016/17 however this masks some local authority differences, Ynys Mon, Gwynedd and Flintshire have seen a decrease however Conwy, Denbighshire and Wrexham have experienced an increase. The table below provides a breakdown by local authority area:

Table 2: Children on the child protection register

Local Authority Area	Children on the Child Protection Register 2016/17	Children on the Child Protection Register 2018/19
Ynys Mon	101	79
Gwynedd	80	56
Conwy	37	68
Denbighshire	78	92
Flintshire	166	111
Wrexham	132	171
North Wales Total	594	577
Wales Total	2,803	2,820

*Source StatsWales

Safeguarding concerns have been raised as a result of the COVID-19 impact, a report by The Local Government Association found that overall at the start of the pandemic (March, April and May 2020) reporting of safeguarding concerns dropped significantly. Although this then rose to exceed normal levels by June 2020. Although the Local Government Association report is focused on the data for English councils it has been noted that these trends were also seen in North Wales.

2.7 Violence against women, domestic abuse and sexual violence

The UK Government definition (Home Office 2013) of domestic violence and abuse is:

> "Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:
>
> - Psychological
> - Physical
> - Sexual
> - Financial
> - Emotional
> - Controlling behaviour
> - Coercive behaviour

Violence against women, domestic abuse and sexual violence (VAWDASV) can include physical, sexual and emotional abuse, and occurs within all kinds of intimate relationships, including same sex relationships. Domestic abuse affects people of all ages and backgrounds and individuals who have experienced domestic abuse have a significantly higher risk of suffering with mental health disorders, drug and alcohol dependency and of becoming homeless.

People who have care and support needs are disproportionately affected by domestic abuse and sexual violence. Each chapter within this assessment has a section pertaining to violence against women, domestic abuse and sexual violence which has been supported by colleagues from the Domestic Abuse and Sexual Violence North Wales regional team.

The North Wales Vulnerability and Exploitation Strategy 2021-2024 can be accessed via this link.

2.8 Covid-19

A Covid-19 rapid review was undertaken in October 2020 by the North Wales Regional Partnership Board. The rapid review summarises available research about the impact of Covid-19 on people who receive care and support services, all groups within this assessment were in scope of the rapid review. Each of the sections within this assessment will include a summary overview.

The Covid-19 pandemic has impacted every section of society, however the impact of the pandemic has been felt to a greater extent by some groups especially those with care and support needs. A report by Think Local Act Personal highlighted that people experienced confusion and anxiety including:

- Loneliness and isolation and the impact on mental health
- Financial pressures
- Practical issues such as food shopping
- Increase in health anxiety
- Changes brought about such as social distancing that affected those with sensory impairments

The impact of Covid-19 for the purpose of this needs assessment will be considered in the context of the four harms which have been used to describe the broad priorities for both the NHS and social care sector. These are:

- Harm from Covid-19 itself (health and wellbeing)
- Harm from an overwhelmed NHS and social care system
- Harm from reduction in non-covid activity
- Harm from wider societal actions (lockdowns)

The needs assessment is also mindful that the ongoing Covid-19 pandemic has further increased inequality across society, the Equality, Local Government and Communities Committee published the report “Into sharp relief: inequality and the pandemic” (August 2020) in which it states:

> “During the pandemic, our chances of dying, losing jobs or falling behind in education have in part been determined by our age, race, gender, disability, income and where we live. The virus and the response is widening existing inequalities, by reducing the incomes and increasing risks disproportionately for some groups of people”

Key issues and themes identified within the report include:

- Poverty has been a key determinant in the pandemic, from mortality rates to the risk of losing employment and income, educational attainment and overcrowded / poor housing. People from certain ethnic groups, children, disabled people, carers are all more likely to experience poverty.

- Men, older people, people from Black, Asian and minority ethnic groups, people with existing health conditions, disabled people and people living in deprived areas have higher coronavirus mortality rates.

- Almost half of the lowest earners in Wales are employed in sectors that were required to ‘shut down’.

- Children with the lowest educational attainment before the pandemic will have fallen further behind their peers including boys, children of certain ethnicities and those with additional learning needs

The rapid review also identified the following principles which should inform future work and actions, these include:

- Promoting digital inclusion
- Inclusive approaches to service redesign
- Taking a rights-based approach

It was recognised that the impact of the pandemic stretched further than health concerns, in response to the wider socio-economic impacts Covid-19 Hubs were piloted in 5 locations across North Wales. The multi-partner approach provides extra support such as signposting to benefits, information on food banks and food security, access to digital skills and mental health support.

As the pandemic has unique impacts for the groups assessed within this report a dedicated Covid-19 section has been included to make clear the impact and need for those groups as the region recovers from the pandemic. A summary of the responses received as part of the online survey specifically about the impact of Covid-19 on experiences of citizens is provided in the next section.

What people are telling us: Impact of Covid-19

The pandemic exacerbated problems with waiting lists, lack of staff and services. It left many people who use services and carers without support and with their lives severely restricted leading to loneliness, isolation and deteriorating health. The pressures have taken a toll on the mental and physical health of staff.

Not all the impacts were negative. A small number of respondents commented that they had not experienced any change in services. Lockdowns helped some become more self-reliant, spend quality time with family and some pupils, especially those with social anxieties or bullying issues at school, have benefited from not going to school.

The pandemic accelerated developments to create online methods of programme delivery and has made people more open to using IT options. This has had a positive impact for many people but the digital approach does not suit everyone and may make it difficult, especially for older people, to access and engage with services.

Respondents thought that in the long term it will be important to:

- Fix the problems that existed before Covid-19
- Support people to re-engage with services
- Support a return to face-to-face services
- Prepare for new and increased demands for services
- Increase mental health support especially for young people
- Continue providing services online
- Support existing staff and boost recruitment

Many service users and carers described being left without support and their lives being severely restricted:

> “It just stopped everything, so what was a two-year wait is now almost four.”
>
> “Services for autistic people or people with learning disabilities went from being barely there, to non-existent.”
>
> “My day services have been closed so I have been very bored during the day.”
>
> “Could not get any help during Covid lockdown, only got allocated a Social Worker after numerous calls and pleas after restrictions were lifted a little.”
>
> “There is a lack of things to do with support for physically disabled people with also a dementia diagnosis. It feels like a very forgotten sector of society.”
>
> “Less people within vehicles for transport, reducing our ability to get people with learning difficulties to and from work.”

A detailed breakdown of the responses related to Covid-19 can be found in the full consultation report.

3. North Wales overview

3.1 What does North Wales look like?

The North Wales region spans the 6 local authority areas of Wrexham, Flintshire, Denbighshire, Conwy, Gwynedd and Ynys Mon. The local health board, Betsi Cadwaladr University Health Board also shares this footprint and it includes four Public Service Boards.

North Wales has a resident population in the region of 700,000 people living across an area of around 2,500 square miles. North Wales has a population density of 113.6 persons per square kilometre. Flintshire was the most densely populated at

355.6 persons per square kilometre. Gwynedd was the least densely populated at 49.0 persons per square kilometre.

There has been an increase in the resident population since the last population needs assessment. The table below provides the mid-year 2020 estimate for population by local authority area alongside those for 2016 which informed the last needs assessment for comparative purposes:

Table 3: Mid-year population estimates by local authority area

Local council area	Population mid-year estimate 2016	Population mid-year estimate 2020	Population change (number)	Population change (%)
Ynys Mon	69,700	70,400	775	1.10%
Gwynedd	123,300	125,200	1,848	1.48%
Conwy	116,800	118,200	1,364	1.15%
Denbighshire	95,000	96,700	1,680	1.74%
Flintshire	154,600	156,800	2,221	1.42%
Wrexham	135,400	136,100	647	0.48%
North Wales	694,800	703,400	8,535	1.21%
Wales	3,113,200	3,169,600	56,436	1.78%

*Source StatsWales

Source: Mid-year population estimates, Office for National Statistics

The table below displays the population of North Wales by age profile and local authority (based on the 2020 mid-year population estimates):

Table 4: Age profile by local authority

Local council area	0-15 (number)	0-15 (%)	16-64 (number)	16-64 (%)	65-84 (number)	75-84 (%)	85+ (number)	85+ (%)
Ynys Mon	11,900	17%	39,900	57%	16,250	23%	2,400	3%
Gwynedd	20,750	17%	75,850	61%	24,400	19%	4,200	3%
Conwy	18,850	16%	66,400	56%	27,750	23%	5,150	4%
Denbighshire	17,400	18%	55,750	58%	20,850	22%	2,650	3%
Flintshire	28,800	18%	94,750	60%	29,600	19%	3,700	2%
Wrexham	25,950	19%	82,400	61%	24,300	18%	3,450	3%
North Wales	123,650	18%	415,000	59%	143,150	20%	21,550	3%
Wales	562,750	18%	1,938,250	61%	583,450	18%	85,150	3%

*Source StatsWales

Source: Mid-year population estimates, Office for National Statistics

Table 5: North Wales population projections by local authority (all ages)

Local council area	2025	2030	2035	2040	Change (number)	Change (%)
Ynys Mon	69,800	69,600	69,500	69,500	-300	-0.4%
Gwynedd	126,300	128,300	129,900	131,300	5,050	3.8%
Conwy	119,200	120,500	121,700	123,000	3,800	3.1%
Denbighshire	96,500	97,100	97,600	98,400	1,850	1.9%
Flintshire	158,200	159,200	160,100	161,300	3,050	1.9%
Wrexham	134,800	133,700	132,900	132,500	-2,350	-1.8%
North Wales	704,900	708,300	711,800	715,900	11,050	1.5%
Wales	3,193,600	3,229,300	3,260,700	3,290,300	96,700	2.9%

*Source StatsWales

Source: 2018-based population projections, Welsh Government

Overall the resident population of North Wales is set to increase by 2040, most local authorities will see a small increase in resident population with the exception of Ynys Mon which will remain relatively stable and Wrexham which will potentially see a small decrease in population.

The tables below provided a more detailed picture of the population projections by age group, overall the region will experience a decrease in the numbers of people aged 15 and under and is a pattern across all local authority areas. The working age group, those between 16 and 64 years of age will also decrease across the region, again this is replicated across all local authorities with the exception of Gwynedd which remains relatively stable.

North Wales has an ageing population. Between 1998 and 2018, the proportion of the population aged 65 and over has increased from 18.5 per cent to 23.0 per cent, while the proportion of the population aged 15 and under has fallen from 19.8 per cent to 17.8 per cent. Future projections show that this trend will continue for residents aged 65 and over in North Wales and Wales more broadly.

Table 6: North Wales population projections by local authority (aged 15 & under)

Local council area	2025	2030	2035	2040	Change (number)	Change (%)
Ynys Mon	11,700	11,100	10,800	10,800	-900	-8.4%
Gwynedd	20,700	20,400	20,700	21,100	450	2.1%
Conwy	18,900	18,100	17,700	17,700	-1,200	-6.7%
Denbighshire	17,000	16,100	15,800	15,800	-1,150	-7.3%
Flintshire	28,600	27,700	27,400	27,600	-950	-3.5%
Wrexham	25,100	23,500	22,900	23,000	-2,050	-9.0%
North Wales	122,000	116,800	115,200	116,100	-5,850	-5.0%
Wales	60,800	542,200	535,500	540,400	-20,400	-3.8%

*Source StatsWales

Source: 2018-based population projections, Welsh Government

Table 7: North Wales population projections by local authority (aged 16 - 64)

Local council area	2025	2030	2035	2040	Change (number)	Change (%)
Ynys Mon	38,600	37,700	36,700	36,200	-2,450	-6.8%
Gwynedd	76,000	76,200	75,700	75,900	-100	-0.1%
Conwy	64,900	63,500	62,200	61,800	-3,100	-5.0%
Denbighshire	54,500	53,500	52,500	52,100	-2,350	-4.5%
Flintshire	94,200	92,900	91,500	91,200	-2,950	-3.2%
Wrexham	80,700	78,700	76,500	75,000	-5,700	-7.6%
North Wales	408,800	402,600	395,100	392,200	-16,600	-4.2%
Wales	1,922,700	1,914,200	1,899,800	1,899,200	-23,450	-1.2%

*Source StatsWales

Source: 2018-based population projections, Welsh Government

Table 8: North Wales population projections by local authority (aged 65 & over)

Local council area	2025	2030	2035	2040	Change (number)	Change (%)
Ynys Mon	19,400	20,800	22,000	22,500	3,050	13.6%
Gwynedd	29,600	31,700	33,500	34,300	4,650	13.6%
Conwy	35,400	38,900	41,900	43,500	8,050	18.6%
Denbighshire	25,100	27,400	29,400	30,400	5,350	17.6%
Flintshire	35,500	38,600	41,200	42,400	6,950	16.4%
Wrexham	29,100	31,400	33,400	34,500	5,450	15.7%
North Wales	174,100	188,900	201,400	207,600	33,550	16.1%
Wales	710,200	772,800	825,400	850,700	140,550	16.5%

*Source StatsWales

Source: 2018-based population projections, Welsh Government

To note the above population projections are sourced from StatsWales, they provide estimates of the size of the future population, and are based on assumptions about births, deaths and migration. The assumptions are based on past trends.

3.2 Welsh language profile of North Wales

Each of the chapters within this needs assessments includes a section for Welsh language consideration that pertain to the specific groups included. A key principle for all people accessing health and social services is the Active Offer, the active offer is at the heart of 'More Than Just Words' the strategic framework for the Welsh language within Health and Social Care.

The 2014 Act requires any person exercising functions under the Act to seek to promote the well-being of people who need care and support, and carers who need support. The national well-being outcomes include:

"I get care and support through the Welsh Language if I need it"

An 'active offer' must be provided for service users, the Welsh Government's Strategic framework for the Welsh Language in Health and Social Care 'More Than Just Words' aims to ensure that the language needs of services are met and Welsh language services are provided for those that require it. The Welsh Government have highlighted 5 priority groups where Welsh language services are especially important, these are:

- Children and Young People
- Older People
- People with Dementia
- People with Learning Disabilities
- People with Mental Health issues

Although these groups have been identified as particularly vulnerable if they cannot receive care via the medium of Welsh this population needs assessment will consider the range of services available in Welsh for all groups due to the Welsh language profile of the North Wales population.

This section provides an overview of the Welsh language profile for the region, more detailed information around individual groups and specific impacts of Welsh language provision for them is included within the relevant chapters and sections. It is recognised that for services to be delivered in Welsh this needs to be reflected in the skills of the Health and Social Care workforce. Where the level of Welsh speakers is higher (for example in North West Wales) it will correspond with higher numbers of citizens accessing care and support services via the medium of Welsh.

Welsh-speakers in North Wales form a higher proportion of the population than the other Welsh regions (Statistics for Wales, Statistical Release North Wales, 2020). In 2020 North Wales had 279,300 residents who can speak Welsh (Source Stats Wales Annual Population Survey 2021), this equates to 41% of the overall population across the 6 local authorities.

Of these 6 local authority areas in North Wales 5 are within the top ten Local Authorities for the highest numbers of Welsh speakers. Gwynedd has the highest percentage of Welsh speakers with 76.4% of the resident population able to speak Welsh which is followed by Anglesey at 66.3%. Conwy has the third highest rate of Welsh speakers with 37.5% and neighbouring Denbighshire has 34.3%. The most Eastern counties of Flintshire and Wrexham have the lowest percentage of Welsh speakers as 23.2% and 26.2% respectively.

There are regional variations with West Wales being predominantly Welsh speaking and North East Wales with lower numbers of Welsh speakers overall. It is important to note that 4 of the 6 local authority areas have a higher percentage than the overall Wales average The table below displays the Welsh Language profile for all residents over the age of 3 that can speak Welsh:

Table 9: Welsh speakers by local authority

Annual Population Survey Ability to Speak Welsh by Local Authority				
Local council	All Aged 3 and Over (population total)	Yes can speak Welsh	No cannot speak Welsh	% of people who can speak Welsh
Anglesey	68,100	45,100	22,900	66.3%
Gwynedd	118,800	90,700	28,000	76.4%
Conwy	111,800	41,900	69,900	37.5%
Denbighshire	91,200	31,200	59,800	34.3%
Flintshire	151,300	35,000	116,200	23.2%
Wrexham	135,200	35,400	99,800	26.2%
North Wales	676,400	279,300	396,600	41.2%
Wales	3,034,400	884,300	2,147,800	29.2%

*Source: Stats Wales Annual Population Survey 2021 (ending June 2021)

It is acknowledged that the Welsh language data capture as part of the Wales Annual Population survey is often marginally higher than the census returns. At the time of publication of the needs assessment the 2021 Census data was not available for inclusion, data has been drawn from the Annual Population Survey however it is recognised that this can be marginally higher than that of the census returns. This needs assessment will be updated with the most recent census figures once these are published in mid-2022.

The North Wales region accounts for 31.3% of all school age children attending a Welsh medium setting within Wales. Children attending setting with significant use of Welsh in dual stream, bilingual AB, bilingual BB and English but with significant use of Welsh accounts for 58.4% of the all Wales total for these types of educational settings.

Table 10: Welsh educational settings by local authority area

Children and Young People Welsh Medium Educational Settings North Wales	Welsh Medium	Dual Stream	Bilingual AB	Bilingual BB	English with Significant Welsh
Ynys Mon	5,242	399	n/a	3,029	879
Gwynedd	9,298	n/a	6,088	n/a	1,465
Conwy	2,648	456	n/a	608	2,850
Denbighshire	3,252	113	n/a	2,095	259
Flintshire	1,428	n/a	n/a	n/a	n/a
Wrexham	2,464	107	n/a	n/a	n/a
North Wales	24,332	1,075	6,088	5,732	5,453

*StatsWales PLASC Data 2020/21

What people are telling us about Welsh language services

This needs assessment has been informed by a regional engagement exercise, as part of our engagement work we asked responders to provide us with feedback on their ability to access services in Welsh. Overall, respondents concluded that provision of the Active Offer is “patchy”. Some reported doing this very effectively, for example throughout Denbighshire Social Services and in some services for older people:

> *“Every individual I work with, is offered the active offer and there are appointed members of staff who have been identified who can assist if needed.”*

> *“All advertisements and notifications have both the Welsh and English versions and even our phone salutation is Welsh first then English.”*

Others reported that they can only make the offer at the point at which users of a service are assessed, rather than when they first make contact:

"I think it would be more appropriate for this to be offered at the first point of contact. However, I am aware that the first contact office has a high level of enquiries and as with us all, not enough staff to cope."

"Our single point of access team give dual greetings. It would be better to have a phone system where you can press 1 for Welsh, 2 for English etc, but with limited staff members speaking Welsh this may mean a longer wait for those people."

Some were concerned that in practice, the offer is still tokenistic. Many care homes and domiciliary care providers find it difficult to follow through with the provision of a Welsh speaker. They conclude that more needs to be done to attract Welsh speakers to the profession and to support staff to improve their Welsh. This needs to include opportunities for both complete beginners and those who need to gain confidence. Many organisations provide Welsh language training to their staff, either formally or informally. Examples included:

- Courses offered by the local council or health board
- Lunchtime Welsh language groups
- Welsh speaking staff delivering workshops to their non-Welsh speaking peers

Many of the respondents confirmed that they provide all their written information, publications, signage, newsletters, emails and so on in Welsh. They recommended that improvements must be made in simultaneous translation facilities for virtual meetings, webinars and video calls.

Many respondents reported that staff providing care did speak Welsh. However, they ranged in capacity, from fully bilingual services, with multiple native Welsh speakers at all levels in an organisation, through to more informal arrangements. Some services were able to provide training in Welsh, for example for Welsh speaking foster carers. Others stated that, while able to chat with service users in Welsh, their staff felt more confident delivering care and making formal assessments in English.

A major barrier is being able to recruit Welsh speakers. This is more of a challenge when seeking staff with specialist skills, and may become more difficult as services come to rely more and more on agency staff. Respondents working in the West of Wales reported that having Welsh speakers to provide care is essential as the

majority of the older population are Welsh speaking, and the working language is Welsh:

> *"Welsh speakers are essential for Anglesey and Gwynedd settings. All the council's residential homes have Welsh speaking staff, and all staff are encouraged to speak or learn Welsh."*

> *"More demand is present in the South of Denbighshire, but this is reflected in the skills of the workforce too, for example, 95% of staff in Cysgod Y Gaer are Welsh Speaking."*

Similarly, many adults with a learning difficulty in Gwynedd prefer to communicate in Welsh. This is not an issue for local staff, but can sometimes prove to be a barrier when working across county borders, for example, all regional meetings are held in English, which means some individuals with a Learning Disability cannot contribute.

Some thought there are not enough staff with Welsh speaking skills working in children and young people's learning disability services, and therefore families do not have the option to speak Welsh. Others highlighted that learning Welsh is particularly important when supporting people with dementia, who often revert back to the language spoken at home as a child. This is vital for building trust with service users:

> *"I have started entry level Welsh classes, it allowed me a brief introductory conversation with an elderly man with dementia, and a good relationship developed."*

3.3 Poverty, deprivation and socioeconomic disadvantage

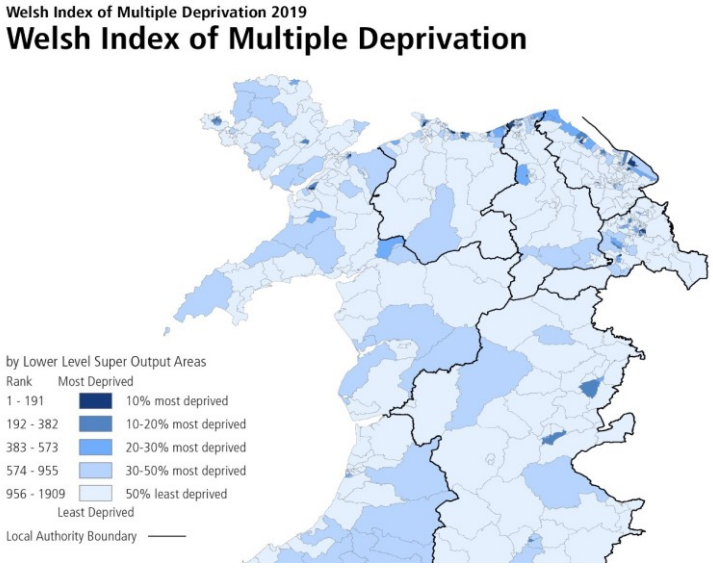
Poverty and deprivation rates in Wales have been increasing, one in four people in Wales are now living in relative poverty compared to one in five across the UK (Is Wales Fairer? 2018). One in three children are living in poverty and are more likely to in relative income poverty than the population overall (Wellbeing of Wales 2021), socio-economic disadvantage is linked with poorer overall wellbeing outcomes including health, education and employment. The socio-economic duty set out by the Welsh Government in the Social Services and Wellbeing Act seeks to make the link

between socio-economic disadvantage and the widening gap of inequality because of poverty. Within each of the thematic chapters an assessment of the socio-economic impacts on each of the groups is included to address unique or specific socio-economic issues.

The Welsh Index of Multiple Deprivation has highlighted that North Wales has some of the most deprived areas in Wales. These are the areas highlighted in darker blue in the image below. 3 of these areas are within the ten most deprived communities in Wales – these are Rhyl West 2 and Rhyl West 1 which are the first and second most deprived respectively, and also Queensway 1 in Wrexham which is the 9th most deprived ward in Wales. Detailed information relating to the areas is available in the Welsh Index of Multiple Deprivation 2019 Results Report.

Poverty and deprivation has a significant impact on the health and wellbeing of people who are socioeconomically disadvantaged. For example, people living within the most deprived communities in North Wales have a 25% higher rate of emergency admissions, there is a stark life expectancy disparity of 7 years and a general poor health and disability discrepancy of 14 years (BCUHB Annual Equality Report 2020-2021).

Image 1



*Source: WIMD 2019 Results Report

The Well North Wales programme was launched by BCUHB in 2016, alongside partners from the public sector, third sector and housing providers the programme sees to tackle health inequality across the region.

3.4 Health and well-being

In 2020 a locality needs assessment on the general health and wellbeing of the North Wales population was undertaken by the BCU Public Health Team, it concluded that:

"Health and well-being in North Wales is not showing a wholly positive trajectory. The main factors that contribute to poor health and wellbeing are deteriorating rather than improving. Social and health care use is increasing, not decreasing".

The assessment stated that the main conditions affecting the population of North Wales are hypertension (high blood pressure), diabetes, asthma, coronary heart disease and cancer. 1 in 3 people over the age of 65 and 1 in 5 people of working age are not in overall good health across the region. The assessment highlights that healthy behaviours are a major factor in the overall health profile in North Wales, indicators of good health and wellbeing such as good diet and exercise are low and in some cases trends are decreasing.

One in four children aged five are not within a healthy weight range, less than half of all adults are a healthy weight with less than three in ten adults eating 5 fruit and vegetables and one in five adults are not doing thirty minutes of physical activity a week.

More detailed information on the general health profile of the North Wales population can be found within the health, physical disability and sensory impairment, and children and young people chapters.

3.5 Preventative services

A key principle underpinning the Social Services and Wellbeing Act is prevention and early intervention. This principle is to reduce the escalation of critical need and support amongst the population and that the right help is available at the right time. This population needs assessment is a crucial part of ensuring that the partners across the region are able to establish the needs of their local populations to reduce the need for formal support via targeted preventative services.

A map of evidence and evidence based guidance has been produced by the Public Health Wales Evidence Service, working closely with the BCU Public Health team, to support the development of a framework of core functions that might contribute towards preventing, delaying or reducing reliance on managed care and support. This is available in Appendix 2.

The map builds on the work originally carried out in 2016 which identified, through evidence and local needs assessment, root causes or trigger factors that lead people to contact services. The map outlines the ideal range of evidence based responses (interventions) to trigger factors and provides structured access to various sources of evidence including high level sources such as published systematic reviews and some voluntary publications and conference reports which are particularly relevant to the intervention and / or applicable to Wales.

The map may be used to inform future integrated commissioning decisions and procurement specifications.

3.6 Loneliness and isolation

Within the last population needs assessment, the focus around loneliness and isolation was mainly covered within the chapter for older people. Since the last PNA in 2017 factors around loneliness and isolation have changed, specifically in light of the Covid-19 pandemic with legal restrictions placed on people's ability to socialise with family, friends and colleagues.

It is recognised that loneliness and isolation can impact all age groups, the National Survey for Wales found that for the period April 2019 to March 2020 younger people were more likely to be lonely compared to older people. 9% of over 65's reported being lonely compared with 19% of those aged 16-44 and 15% of those aged 45 to 64. It should be noted however that older people may be less likely to report feelings of loneliness. However, there was an overall decrease in loneliness in 2019 – 2020 with 15% of respondents feeling lonely which was a decrease from 2016-2017 when 17% of people reported feeling lonely.

Chart 1: Percentage of people who are lonely by age, Wales 2019 – 20

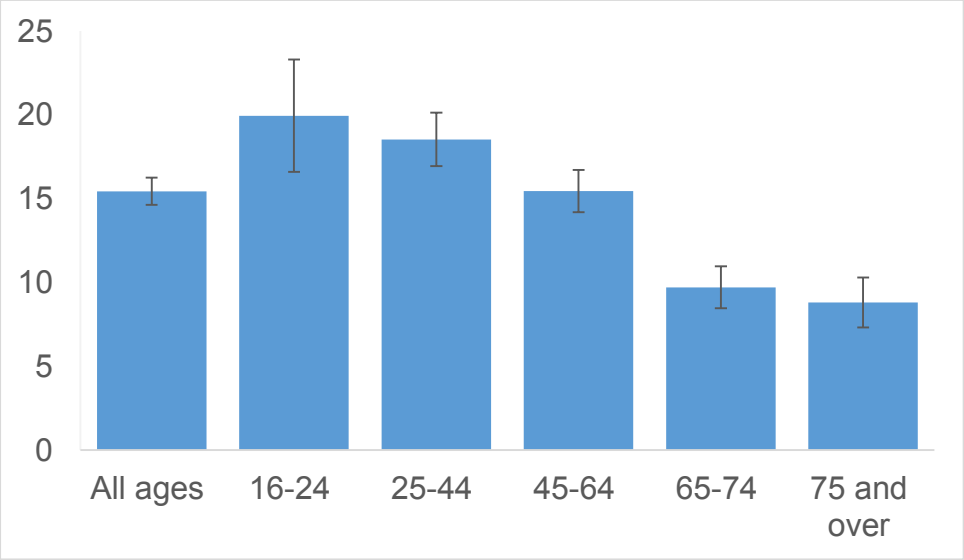


Chart 2: Percentage of people who are lonely in North Wales by local council, 2019 – 20

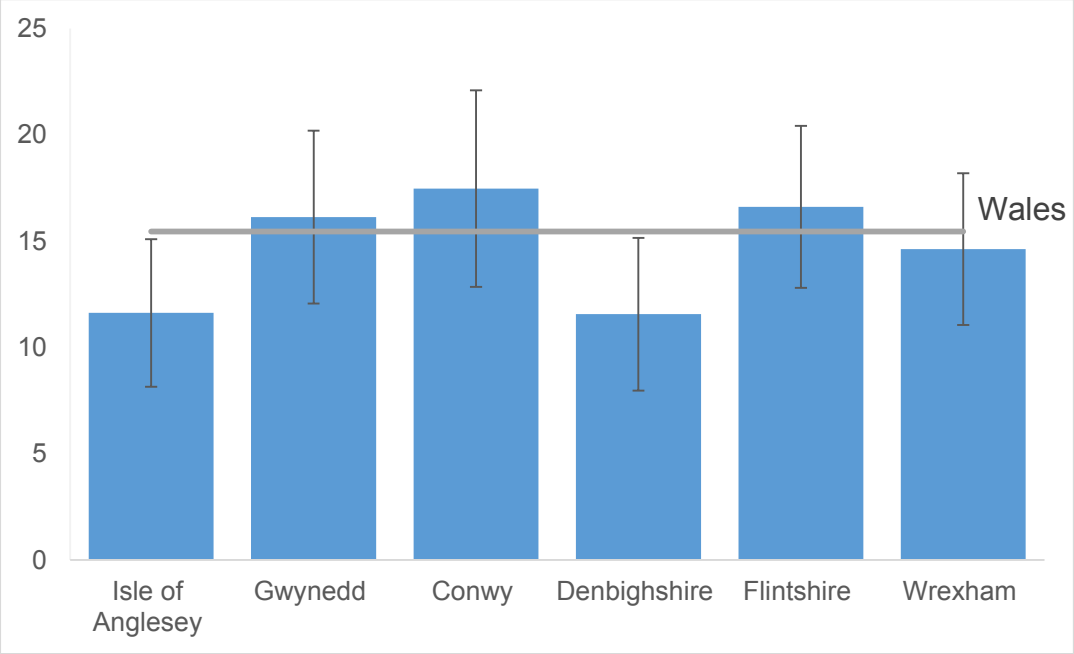
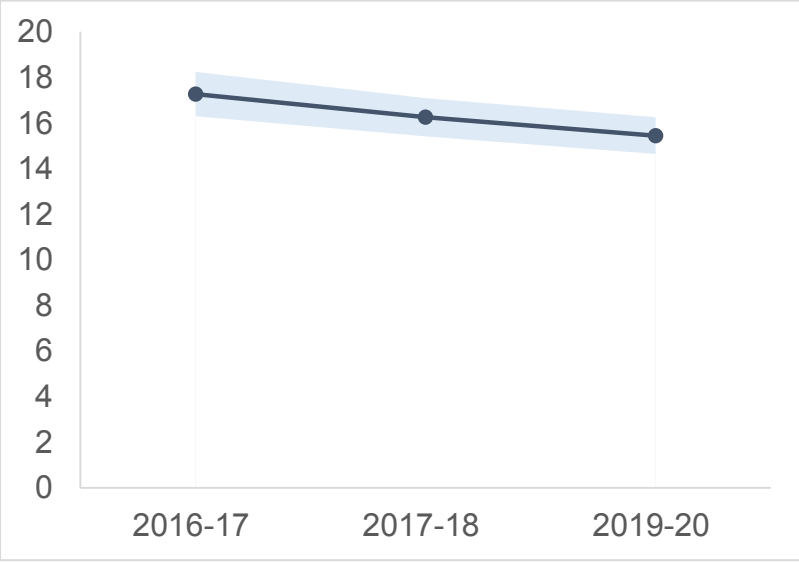


Chart 3: Percentage of people who are lonely in Wales by local council, 2016 – 17 to 2019 – 20



Other factors impacting upon loneliness includes factors such as overall health and wellbeing, individuals who consider themselves to be in ‘bad health’ are more likely to report feelings of loneliness compared to those in ‘good health’. The National Survey found that 35% in bad health and 24% in fair health were lonely compared with 11% of those in good or very good health. For those with a mental illness 44% reported feeling lonely compared to 11% without an illness. Socioeconomic factors also contribute to feelings of isolation and loneliness; it can also have disproportionate impact on those with protected characteristics.

4. Children and young people

4.1 About this chapter

This chapter focuses on the care and support needs of children and young people with complex needs. For the purpose of this needs assessment, the chapter includes those aged between 0 to 18 as well as those who are eligible for services until they are 25 years of age, such as people with disabilities and care leavers.

This chapter is extensive. It has been organised into the following themes:

- Population / demographic overview
- Children and young people who have a need for care and support (including refugees and asylum seekers)
- Children and young people on the child protection register
- Looked after children and young people (including fostering, adoption, residential settings and care leavers)
- Disabled children and young people
- Emotional well-being and mental health of children and young people
- Disabled children
- Early intervention and prevention services for children and young people

Under the Social Services and Well-being (Wales) Act 2014 the eligibility criteria for children and young people with a care and support need is:

The need of a child… meets the eligibility criteria if:

(A) Either –
    i. The need arises from the child's physical or mental ill-health, age, disability, dependence on alcohol or drugs, or other similar circumstances; or
    ii. The need is one that if unmet is likely to have an adverse effect on the child's development;

(B) The need relates to one or more of the following –
    i. Ability to carry out self-care or domestic routines
    ii. Ability to communicate

iii. Protection from abuse or neglect
iv. Involvement in work, education, learning or in leisure activities
v. Maintenance or development of family or other significant personal relationships
vi. Development and maintenance of social relationships and involvement in the community
vii. Achieving the development goals

(C) The need is one that neither the child, the child's parents nor the other persons in a parental role are able to meet, either –
i. Alone or together
ii. With the care and support of others who are willing to provide that care and support, or
iii. With the assistance of services in the community to which the child, the parents or other persons in a parental role have access; and

(D) The child is unlikely to achieve one or more of the child's personal outcomes unless-
i. The local authority provides or arranges care and support to meet the need; or
ii. The local authority enables the need to be met by making direct payments (National Assembly for Wales, 2015)

Amendments to Part 9 of the Social Services and Well-being Act last year revised the definition of children and young people with complex needs. These now include children and young people:

- with disabilities and/or illness
- who are care experienced
- who are in need of care and support
- who are at risk of becoming looked after, and,
- those with emotional and behavioural needs.

There is more information about the needs of children and young people in other chapters of this needs assessment, further information that encompasses children and young people can be found in the following chapters:

- Health, physical disabilities and sensory impairment

- Learning disabilities
- Autism Spectrum Disorder

4.2 What we know about the population

In 2020, there were around 123,700 children aged 0-15 in North Wales (Office for National Statistics, 2021). There has been little change in the number of children between 2015 and 2020 across North Wales or in each county as shown in the table below. The change has not been the same across each local authority, with some seeing an increase in the number of children, but some seeing a decrease. The proportion of children in the population as a whole also varies. Conwy has the lowest proportion of children at 16% of its population, and Wrexham has the highest at 19%.

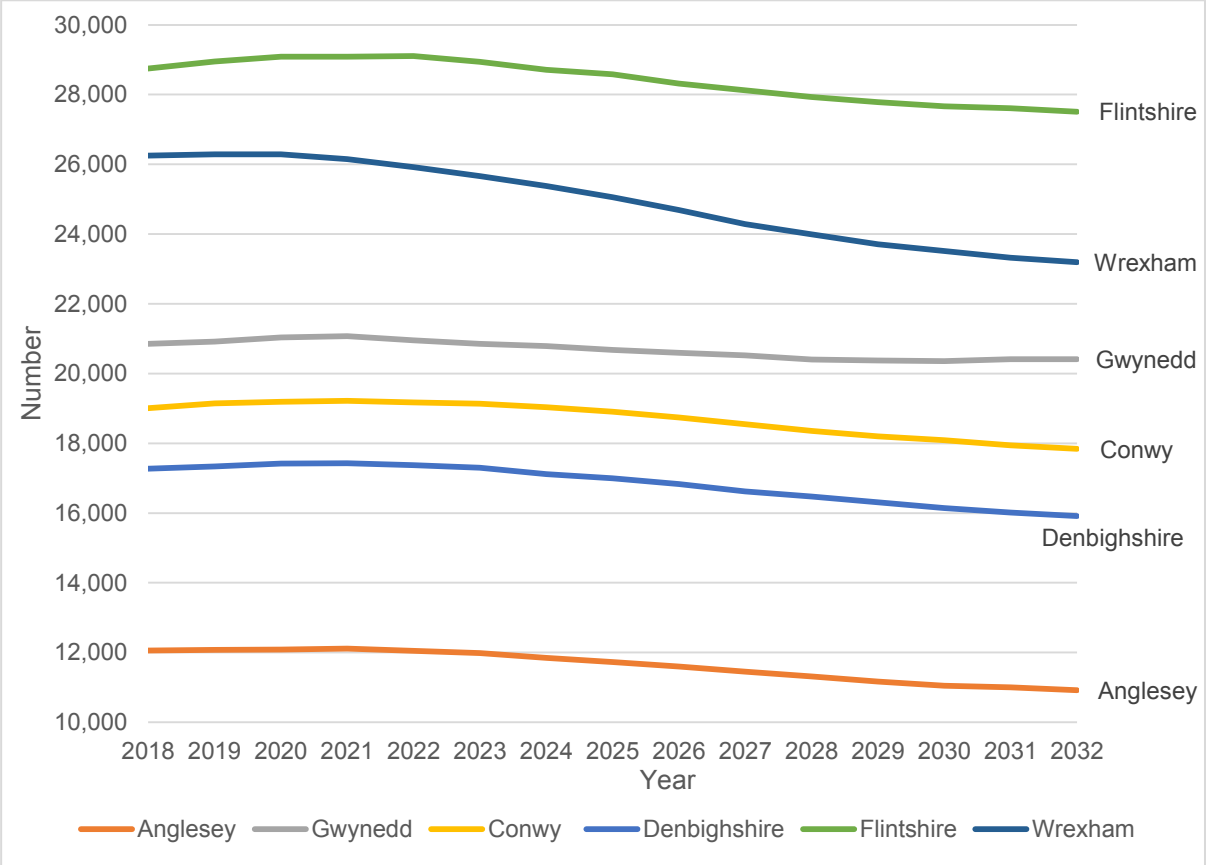
Table 11: Number of children aged 0-15 in North Wales by local authority

Local authority	2016 No	2020 %	2016 No	2020 %	Change No
Anglesey	12,000	17%	11,900	17%	-100
Gwynedd	20,900	17%	20,800	17%	-100
Conwy	18,800	16%	18,900	16%	+100
Denbighshire	17,200	18%	17,400	18%	+200
Flintshire	28,500	18%	28,800	18%	+300
Wrexham	26,100	19%	25,900	19%	-200
North Wales	557,100	18%	562,700	18%	+100
Wales	123,600	18%	123,700	18%	+5,600

Numbers have been rounded so may not sum.
Source: Mid-year population estimates, Office for National Statistics

The chart below shows the projected number of children in each North Wales local authority over a 15-year period. The number of children is projected to fall in North Wales by 7%. The level for each local authority varies from a 2% decrease for Gwynedd, to 12% in Wrexham. This is a nationwide trend, with numbers also projected to fall by 5% in Wales as a whole. The proportion of children compared to the total population will fall by 1-2% across all North Wales local authorities, and 1% for Wales as a whole.

Chart 4: Population projections, children aged 15 and under (2018 based)



Source: 2018-based local authority population projections for Wales (principal projection), Welsh Government

4.3 General health of children and young people in North Wales

Pre-conception, pregnancy and early years' phases are influential in the future health and development of children. The percentage of low birth weight across North Wales has remained relatively stable since 2017, around 5% of babies are born with a low birth rate of under 2,500g. Low birth weight is an important factor, as it is linked to infant mortality, life expectancy and is a key predictor for health inequalities. There are differences across the region, which generally link to areas with higher deprivation. Wrexham has the highest proportion of low birth weights at 6.9% and Anglesey the lowest at 4.9% (Locality Needs Assessment 2021, PHW).

North Wales has a higher infant mortality rate (deaths under 1 year old) than when compared with the Wales average, 4.5 per 1,000 live births, compared to 3.1 for Wales. Infant mortality rates range from 2.6 per 1,000 live births in Gwynedd to 6.9 per 1,000 live births in Conwy. Neonatal mortality rates (deaths under 28 days old) range from 2.6 per 1,000 live births in Gwynedd and Flintshire to 7.9 per 1,000 live births in Conwy. These are 2018 figures and rates are based on very small numbers

and so should be treated with caution. They were not calculated for some North Wales authorities, as the number was considered too small (Office for National Statistics, 2021).

The overall average for breastfeeding at 10 days for Wales is 35.2%, the BCUHB North Wales average is below that at 33.5. There are differences across the region with the highest rates at 36.9% in Gwynedd and the lowest at 31.1% in Denbighshire. Breastfeeding provides health benefits from reducing infant mortality, reduced probability of childhood obesity and reduced hospitalisations (Locality Needs Assessment 2021, PHW).

Not all four year olds in North Wales are up to date with their routine immunisations, 90% of children aged four across BCUHB are up-to-date, which is higher than the Wales average of 88%. All local authority areas meet or are higher than the Wales average (Locality Needs Assessment 2021, PHW). There has been a recent dip in immunisation rates across the country.

Across BCUHB almost 70% of five year olds are of a healthy weight compared to almost 74% across Wales as a whole. At a local authority level, the percentages for Gwynedd (69.7%), Conwy (69.3%), Denbighshire (67.7%) and Wrexham (68.8%) are lower than the Wales average. An unhealthy weight in childhood can be associated with a broad range of health problems in later life and the worsening of existing conditions (Locality Needs Assessment 2021, PHW).

Educational attainment is a crucial determinant of health, good health and well-being are associated with improved attendance and attainment at school. By the age of 30, people with the highest levels of education are expected to live four years longer than those with the lowest levels of education. School leavers with skills and qualifications varies across the North Wales region. The Wales Average Capped 9 score is 349.5. Gwynedd exceeds this at 359.5 both Anglesey and Flintshire are 352.2. Ynys Mon is in line with the Wales average at 349.1, Conwy is the third lowest at 342.5 followed by Wrexham at 332.7 with Denbighshire having the lowest score at 323.2 (Locality Needs Assessment, PHW 2021).

The statistics for 2017/18 show that the Wales average for 11-16 year olds that smoke is 3.6%. BCUHB has an average of 4.4%, making it the highest health board region in Wales. For boys, this is 4.4% and for girls 4.2%, which is statistically higher than the Wales figures of 3.5% for boys and 3.3% for girls. 43% of 16-24 year olds have drunk above the recommended guidelines at least one day in a week. Among

11-16 year olds, 17% of boys and 14% of girls drink alcohol at least once a week (Public Health Wales, 2016c).

A rapid assessment from Unicef (2020) states how paediatric health services were limited as a result of the Covid-19 pandemic, with many clinics and scheduled services such as surgery being cancelled to redirect support toward supporting Covid patients. This could further exacerbate the health of children and young people with complex health needs. A report from the Royal College of Paediatrics and Child Health (2020) raised similar concerns about children and young people with long term conditions, who could face increased waiting times for referrals, delayed assessments and missed therapy clinics. Special Needs Jungle (2020) reported that therapy services, such as speech and language and physiotherapy, were missed for prolonged periods of time, resulting in many children requiring more intensive support in the future.

4.4 Children and young people with disabilities and / or illness

There is an estimated 11,500 children and young people with a limiting long-term illness in Wales. This is estimated using a survey. It includes those aged under 16 or those aged 16 and 17 who are dependents. A small decrease of almost 700 children is projected over the 20-year period.

Table 12: Predicted number of children (0-17) with a limiting long-term illness, 2020 and 2040

Local council	2020	2025	2030	2035	2040	Change
Anglesey	1,100	1,100	1,050	1,000	1,000	-110
Gwynedd	1,950	1,950	1,900	1,900	1,950	30
Conwy	1,800	1,800	1,700	1,650	1,650	-110
Denbighshire	1,600	1,600	1,550	1,500	1,500	-120
Flintshire	2,700	2,700	2,600	2,550	2,550	-100
Wrexham	2,400	2,350	2,200	2,150	2,150	-270
North Wales	11,500	11,450	11,000	10,800	10,850	-690

Numbers have been rounded so may not sum.
Source: Daffodil

There will be an increasing impact on parents and carers as the children get older and larger in terms of manual handling, behaviour management and safety, which

can mean a requirement for additional support for parent carers. More information on parent carers is available in the unpaid carers section.

The table below shows the number of pupils with additional learning needs in each local authority in North Wales. It varies significantly between authorities for the school action and school action + category. Anglesey has the highest proportion of school action pupils at 14%, compared to 8.3% in Wrexham. The North Wales average is 10%. There is also significant variance in the school action + category. Conwy has the highest proportion as 12.7%, compared to 5.0% in Wrexham. 2% of pupils in Wales have a special educational needs statement. This compares with 2.8% in Wrexham, the highest for North Wales, and 0.6% in Conwy with the lowest.

Table 13: Number of school pupils with special educational needs (age 5-15), 2020/21

Local council	School Action number	School Action %	School Action + number	School Action + %	State-mented number	State-mented %
Anglesey	628	14.0%	319	7.1%	78	1.7%
Gwynedd	612	8.8%	722	10.4%	102	1.5%
Conwy	642	9.3%	877	12.7%	41	0.6%
Denbighshire	560	8.9%	707	11.2%	62	1.0%
Flintshire	1,238	11.9%	583	5.6%	239	2.3%
Wrexham	791	8.3%	473	5.0%	268	2.8%
North Wales	4,471	10.0%	3,681	8.3%	790	1.8%
Wales	22,546	11.1%	15,216	7.5%	4,162	2.0%

Source: Pupil Level Annual School Census summary data by local authority (pupils aged 5 to 15 in primary, middle or secondary schools), table SCHS0334, StatsWales, Welsh Government

There is a disability register for children and young people, however, the numbers are very small and potentially disclosive and so this has not been included. The number of children receiving care and support with a disability supported by social services has fluctuated. There has been a decline overall for North Wales, but some areas have seen a significant increase. There are clear differences between local authorities, which could be due to differences in recording processes or the application of eligibility thresholds. The percentage is the proportion of all children receiving care and support who are disabled.

Table 14: Number and percent of children receiving care and support with a disability, 2017 to 2020

Local council	2017 No	2017 %	2020 No	2020 %	Change No
Anglesey	75	20.9%	10	2.8%	-65
Gwynedd	245	37.3%	215	26.0%	-30
Conwy	155	22.5%	130	24.6%	-25
Denbighshire	90	24.7%	105	28.1%	10
Flintshire	65	17.3%	130	23.3%	60
Wrexham	65	10.3%	80	11.7%	10
North Wales	700	22.5%	660	20.1%	-35
Wales	3,455	21.7%	3,600	21.7%	145

Numbers have been rounded so may not sum.

Source: Children Receiving Care and Support Census. StatsWales, Welsh Government

4.5 Children who are receiving care and support

In 2020, there were almost 2,900 children receiving care and support across North Wales. This is 2,302 children for each 100,000 children in the population, which is slightly lower than the rate for Wales as whole of 2,553 children in need for each 100,000 children in the population. The table below shows that the numbers vary across North Wales and over time with no clear trend.

Table 15: Number and rate per 100,000 of children (0-15) receiving care and support, 2017 to 2020

Local council	2017 No	2017 Rate	2020 No	2020 Rate	Change No
Anglesey	310	2,569	320	2,677	15
Gwynedd	560	2,681	720	3,461	160
Conwy	575	3,063	440	2,306	-140
Denbighshire	335	1,947	305	1,764	-30
Flintshire	330	1,162	480	1,658	150
Wrexham	555	2,115	595	2,276	40
North Wales	2,665	2,156	2,860	2,302	195
Wales	13,785	2,474	14,395	2,553	615

Numbers have been rounded so may not sum.

Source: Children Receiving Care and Support Census, StatsWales, Welsh Government

The table below shows the number of children receiving care and support by age group across North Wales. The age groupings are helpful for showing the amount of age-appropriate services needed, although it should be noted that when comparing them directly, the groupings are different sizes. For example, age 10-15 covers six years while age 16 to 17 covers two.

Table 16: Number of children receiving care and support, by age, North Wales

Local council	Under 1	Age 1 to 4	Age 5 to 9	Age 10 to 15	Age 16 to 17	Total
Anglesey	15	75	90	140	40	365
Gwynedd	25	150	225	320	105	825
Conwy	25	85	150	180	85	520
Denbighshire	10	65	95	130	60	365
Flintshire	15	105	160	195	75	555
Wrexham	35	135	190	235	70	665
North Wales	130	620	910	1,200	435	3,295
Wales	720	2,915	4,485	6,275	2,185	16,580

Numbers have been rounded to the nearest 5 to avoid disclosure

Source: Children Receiving Care and Support Census, Welsh Government, Stats Wales

The primary issues affecting each age group may vary. For example, for 0-5 year olds the issues may be neglect, whereas for teenagers, behaviour may be the symptom of underlying issues at home.

The category of need for children receiving care and support is shown below for North Wales. Just over half are due to abuse or neglect (56.5%). The next most frequent category is the child's disability or illness (17.2%), family dysfunction (11.1%) or family in acute stress (8.3%). Families may be referred for more than one reason, so this list reflects the main reason recorded.

Table 17: Children receiving care and support by category of need, 31 March 2020, North Wales

Category	Number	%
Abuse or neglect	1,860	56.5%
Child's disability or illness	565	17.2%
Parental disability or illness	105	3.1%
Family in acute stress	275	8.3%
Family dysfunction	365	11.1%
Socially unacceptable behaviour	65	2.0%
Absent parenting	50	1.5%
Adoption disruption	10	0.3%
Total	3,295	100%

Numbers have been rounded to the nearest 5 to avoid disclosure
Source: Children Receiving Care and Support Census, StatsWales, Welsh Government

4.6 Outcomes of children receiving care and support

The children in need of care and support census collates a lot more detailed information, but due to the small numbers and inconsistencies in collation, we have only included summary information here. The full data is available on https://statswales.gov.wales/Catalogue.

Health outcomes for children receiving care and support are monitored annually. A summary for North Wales is available in the table below. The proportion of children with up-to-date immunisations and dental checks is lower for North Wales than the national average. The percentage age 10+ with mental health problems is higher than the national average, 19% compared to 14%. Up-to-date child health surveillance checks are just above the Welsh average. The proportion of children

with ASD is higher in North Wales at 16%, compared to 12% for Wales. The full data, including for each local authority is available on https://statswales.gov.wales/Catalogue

Table 18: Health of children receiving care and support, 31 March 2020, North Wales

Category	North Wales number	North Wales %	Wales %
Percentage of children with up-to-date immunisations (1)	2,870	89%	92%
Percentage of children with up-to-date dental checks (for children aged 5 and over) (2)	1,955	79%	83%
Percentage of children with mental health problems (for children aged 10 and over) (4)	310	19%	14%
Percentage of children with up-to-date child health surveillance checks (for children aged 0 to 5) (5)	795	92%	91%
Percentage of children with autistic spectrum disorder (6)	525	16%	12%

(1) Children with immunisations up to date are recorded as having received all the immunisations that a child of their age should have received by the census date.

(2) Children with up to date dental checks are defined as those who have had their teeth checked by a dentist during the twelve months to 31st March.

(3) Includes mental health problems diagnosed by a medical practitioner and children receiving Child and Adolescent Mental Health Services (CAMHS) or on a waiting list for services. Includes depression; self harming; and eating disorders. Includes children who report experiencing mental health problems but who do not have a diagnosis. Autistic spectrum disorders, learning disabilities and substance misuse problems are not regarded as mental health problems in their own right.

(4) Local Authorities were asked to identify whether the child's health surveillance child health promotion checks were up to date at the census date.

(5) Autistic spectrum disorders (ASD) are a range of related developmental disorders that begin in childhood and persist throughout adulthood.

Numbers have been rounded so may not sum

Source: Children Receiving Care and Support Census, StatsWales, Welsh Government

Data was also collected for the percentage of children aged 10+ with substance misuse problems. This was suppressed as part of the data release for Wrexham due

to the small numbers involved being disclosive. The average for Wales was 7%. Proportions ranged from 12% in Flintshire to 3% in Conwy.

4.7 Children on the child protection register

In 2018-19, there were 575 children on the child protection register in North Wales. Although the numbers vary year to year for each local authority, overall for North Wales, the level has remained similar, with a small decrease of 3% (15 children). Due to the small numbers involved it is not possible to identify clear trends as, for example, a dramatic change from one year to the next may be due to one family moving to or from an area.

Table 19: Number of children on the child protection register 31 March, North Wales

Local council	2016-17	2017-18	2018-19	Rate per 10,000 population under 18
Anglesey	100	45	80	59
Gwynedd	80	90	55	24
Conwy	35	65	70	32
Denbighshire	80	100	90	47
Flintshire	165	145	110	34
Wrexham	130	130	170	59
North Wales	595	575	575	41
Wales	2,805	2,960	2,820	45

Numbers have been rounded to the nearest 5 to avoid disclosure
Source: Children Receiving Care and Support Census, Welsh Government, StatsWales

The table below shows the number of children on the child protection register by age group across North Wales. The age groupings are helpful for showing the amount of age-appropriate services needed, although it should be noted when comparing them directly that the groupings are different sizes. For example, age 10-15 covers six years while age 16 to 17 covers two.

Table 20: Number of children on the child protection register, by age, North Wales

Local council	Under 1	Age 1 to 4	Age 5 to 9	Age 10 to 15	Age 16 to 17	Total
Anglesey	10	20	15	25	10	80
Gwynedd	*	15	20	15	*	55
Conwy	10	20	20	20	*	70
Denbighshire	15	25	30	25	*	90
Flintshire	15	30	35	35	*	110
Wrexham	20	40	55	50	5	170
North Wales	70	145	170	170	20	575
Wales	285	745	850	820	120	2,820

Numbers have been rounded to the nearest 5 to avoid disclosure

Source: Children Receiving Care and Support Census, Welsh Government, Stats Wales

4.8 Looked after children and young people

In 2021 there were 1,470 local children and young people looked-after by North Wales local authorities. Of these, 53% were boys and 47% girls, which is similar to the national picture across the whole of Wales. The number of children looked after in North Wales has increased by 350 during the time frame shown in the table below. North Wales has a lower number of children looked after per 100,000 population than the rest of Wales, however there are significant variations across the region, from 795 in Flintshire to 1,304 in Wrexham.

Table 21: Number and rate per 100,000 of children looked after (under 18) by local authority, 2017 and 2021

Local council	2017 No	2017 Rate	2021 No	2021 Rate	Change No
Anglesey	140	1,039	160	1,214	20
Gwynedd	220	927	280	1,210	65
Conwy	180	829	215	1,015	35
Denbighshire	160	825	180	923	20
Flintshire	210	654	255	795	45
Wrexham	215	736	375	1,304	160
North Wales	1,120	805	1,470	1,063	350
Wales	5,960	949	7,265	1,153	1,305

Numbers have been rounded so may not sum.
Source: Children Looked after Census. StatsWales, Welsh Government

In terms of the ages of these children and young people, the number for each age band can be seen in the table below. The highest proportion is age 10-15. It should be noted when comparing them directly that the groupings are different sizes. For example, age 10-15 covers six years while age 16 to 17 covers two. As this age bracket includes key transitions for these children, in terms of health, education, social and emotional development, a wide range of service provision and support services are required to support this population.

Table 22: Number of children looked after, by age, North Wales

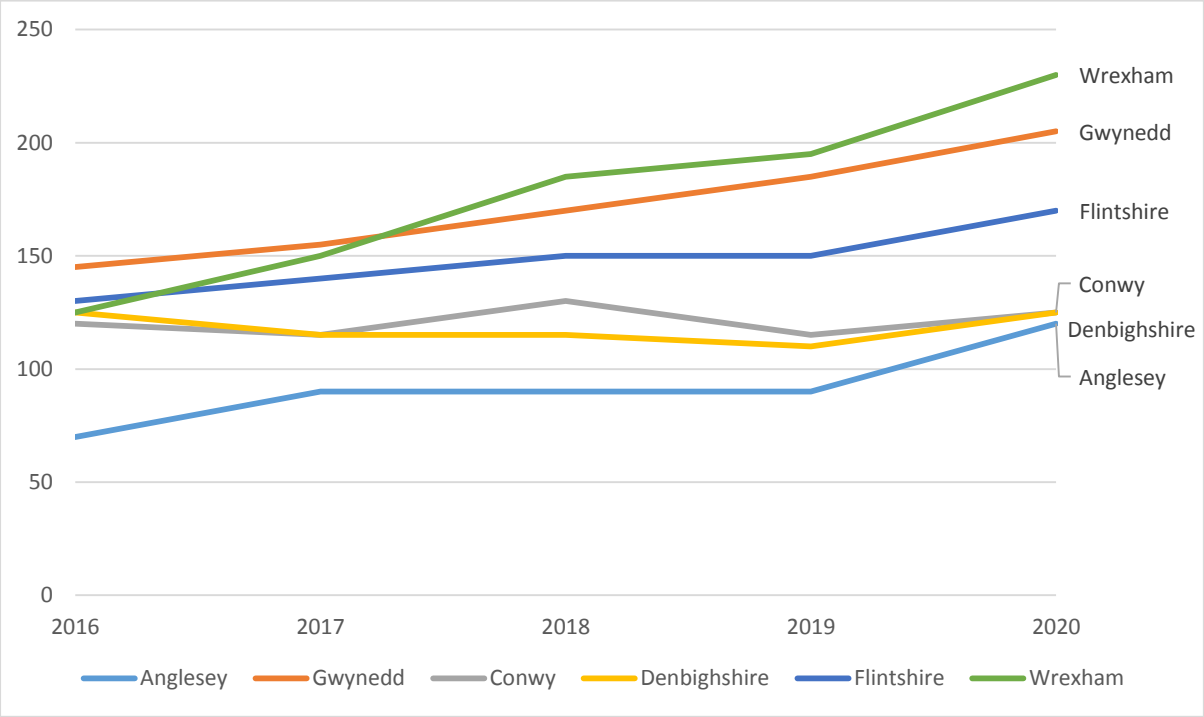
Local council	Under 1	Age 1 to 4	Age 5 to 9	Age 10 to 15	Age 16 to 17	Total
Anglesey	5	35	40	55	25	160
Gwynedd	10	60	80	95	40	280
Conwy	10	45	50	70	40	215
Denbighshire	5	30	35	75	30	180
Flintshire	10	55	50	105	40	255
Wrexham	25	100	90	120	45	375
North Wales	65	325	350	515	220	1,470
Wales	295	1,370	1,700	2,745	1,150	7,265

Numbers have been rounded so may not sum

Source: Children Looked after Census, Welsh Government, Stats Wales

The chart below shows the number of children who are looked after in placements in North Wales between 2016 and 2020. There has been an overall increase for all North Wales local authorities.

Chart 5: Number of children looked after in placements in North Wales



Source: Children Looked after Census, Welsh Government, Stats Wales

4.9 Experiences of 'Looked After' children and young people

78% of children looked after had one placement for the year. This is the same as the Wales proportion. Anglesey had the lowest proportion at 70% having one placement, and Conwy the highest with 81%. 8% of children looked after in North Wales had three or more placements in the year. This is slightly higher than the Wales average at 7%. Anglesey had the highest at 12% and Gwynedd the lowest at 2%.

It is difficult to compare the experience between counties as the numbers involved are small, and so the data tends to vary year-to-year depending on specific children and families included in the figures at that time.

Table 23: Number of placements in the year for children looked after (2021)

Local council	1 place-ment number	1 place-ment %	2 place-ments number	2 place-ments %	3+ place-ments number	3+ place-ments %
Anglesey	115	70%	30	18%	20	12%
Gwynedd	225	80%	50	17%	5	2%
Conwy	175	81%	25	13%	15	7%
Denbighshire	140	77%	30	17%	10	6%
Flintshire	200	78%	30	13%	25	9%
Wrexham	285	76%	55	15%	35	9%
North Wales	1,140	78%	220	15%	110	8%
Wales	5,635	78%	1,110	15%	515	7%

Numbers have been rounded so may not sum
Source: Children Looked after Census, Welsh Government, Stats Wales

The table below shows how many children looked after are placed in their home county, elsewhere in Wales and outside of Wales. 68% of children looked after in North Wales are placed in their own county. This is slightly higher than the Wales average. It varies from 63% in Conwy to 72% in Anglesey. There is a wide variance in the proportions placed outside of Wales. Flintshire has the highest which may be due to the fact it borders England. It is not known how far from their home county they are placed.

Table 24: Location of placements in the year for children looked after (2020)

Local council	Inside local authority number	Inside local authority %	Elsewhere in Wales number	Elsewhere in Wales %	Outside of Wales number	Outside of Wales %
Anglesey	115	72%	35	22%	5	3%
Gwynedd	205	71%	60	21%	20	7%
Conwy	125	63%	50	25%	20	10%
Denbighshire	120	71%	25	15%	20	12%
Flintshire	170	68%	40	16%	40	16%
Wrexham	220	68%	70	22%	25	8%
North Wales	955	68%	280	20%	130	9%
Wales	4,705	66%	1,795	25%	360	5%

Numbers have been rounded so may not sum

Source: Children Looked after Census, Welsh Government, Stats Wales

Children looked after from out of county are placed in North Wales. Figures are no longer collected for this. This includes in foster care and residential units. While these placements are funded externally, these numbers of children place additional demands on local services such as health, education, police and support services, all of which are funded locally.

In addition, as these children leave the care system, if they decide to settle in the local area, this can place a strain on housing departments, which are already under pressure.

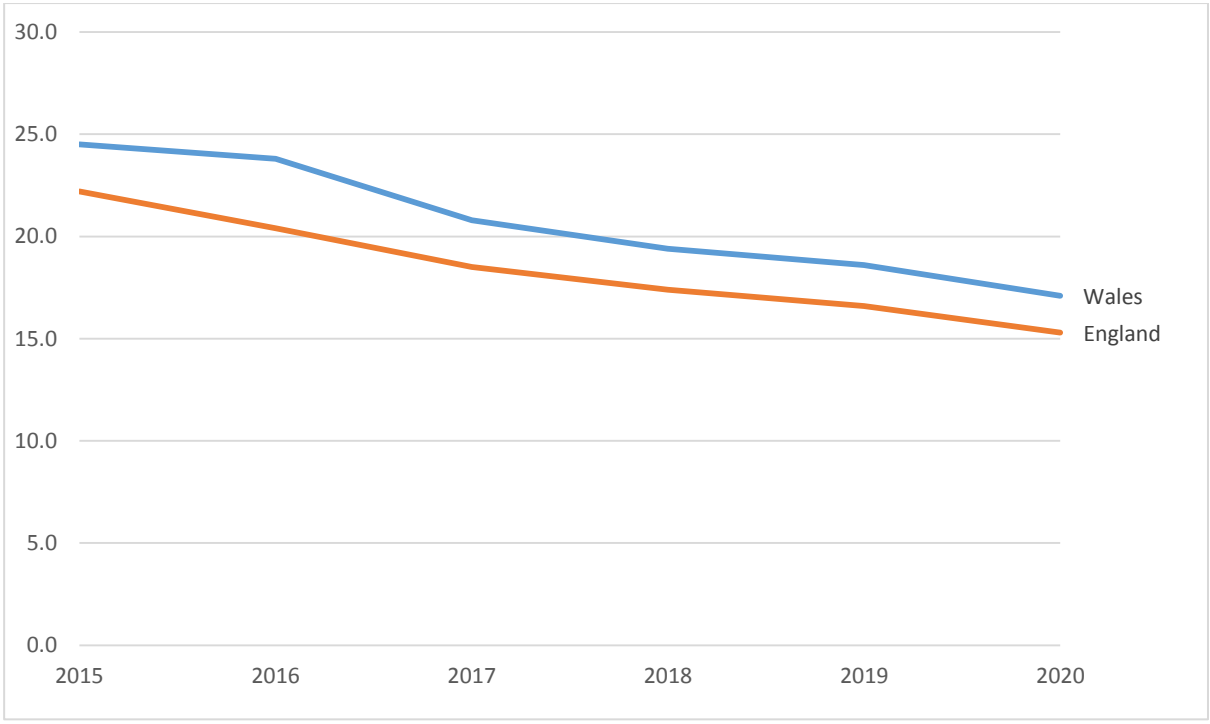
4.10 Teenage parents

The parenting ability of teenage parents can be affected by several factors including conflict within family or with a partner, social exclusion, low self-confidence and self-esteem. These factors can affect the mental well-being of the young person. The impact of being a teenage parent will be evident on both the mother and father. While the mother will be under 20 years of age, many fathers will be between 20 and 24 years. Looked after children / young people are at much higher risk of early pregnancy and may miss key school-based education sessions about protecting themselves.

Teenage conception rates are reducing and there has been a steady decrease across England and Wales for some time. Suggested reasons include, the availability of highly effective long-acting contraception, and also changing patterns of young people's behaviour where some go out less frequently. Teenage pregnancy is a risk factor contributing to low birth weight and many other poor long-term health and socio-economic outcomes for mother and baby.

Abortion rates for those aged under 18 in England & Wales have declined over the last ten years (from 16.5 to 6.9 per 1,000 between 2010 and 2020). The decline since 2010 is particularly marked in the under 16 age group, where the rates have decreased from 3.9 per 1,000 women in 2010 to 1.2 per 1,000 women in 2020. The abortion rate for 18 to 19 year olds has also declined from 30.7 per 1,000 women to 22.1 per 1,000 women in the same period (Abortion statistics, England and Wales: 2020 - GOV.UK (www.gov.uk)).

Chart 6: Conceptions per thousand women aged 15-17, England and Wales, 2015 to 2020



Source: Conceptions in England and Wales, Office for National Statistics

In all areas across North Wales, the number of teenage conceptions has been decreasing as the below table shows. These figures should be treated with caution, however, as the numbers involved are very small for some local authorities.

Table 25: Number and rate per 1,000 population of conceptions age 15-17

Local council	2015 number	2015 rate	2019 number	2019 rate	Change
Anglesey	26	23.4	18	16.7	-8
Gwynedd	44	23.0	39	22.6	-5
Conwy	48	24.7	30	17.8	-18
Denbighshire	59	37.0	33	23.5	-26
Flintshire	85	32.7	48	18.8	-37
Wrexham	83	37.1	60	28.1	-23
North Wales	345	30.3	228	21.6	-117
Wales	1,271	24.3	838	17.3	-433

Source: Conceptions in England and Wales, Office for National Statistics

4.11 Parental separation

Parental separation has been shown to be a risk factor of poor outcomes for children. Protective factors can counter such negative outcomes through good relationship with one parent and wide network of social support (Welsh Government 2014).

The rate of divorce has decreased over the last few years, but this may be due to more couples co habiting which will impact on the number divorcing.

Parental relationships whether parents are separated or together can have an impact on their children's outcomes as is outlined in the Early Intervention Foundation report (Harold et al., 2016).

4.12 Foster Care

There were around 945 children in foster care in North Wales in 2020. The numbers have increased year on year since 2015. This increase is also the national trend, with numbers increasing across Wales as a whole. Wrexham had the largest

increase, with the number of children doubling. Gwynedd also saw a significant increase. Numbers in the other local authorities have fluctuated.

Table 26: Number of children looked after in foster placements at 31 March

Local council	2015	2017	2018	2019	2020
Anglesey	90	100	100	90	110
Gwynedd	145	145	145	165	200
Conwy	120	125	150	140	140
Denbighshire	125	110	110	115	115
Flintshire	135	140	135	150	140
Wrexham	120	135	170	175	240
North Wales	735	755	810	835	945
Wales	4,250	4,425	4,700	4,840	4,990

Numbers have been rounded so may not sum.
Source: Children looked after by local authorities in foster placements. StatsWales, Welsh Government

4.13 Adoption

On average, adoption services work with between 15% and 19% of looked after children (National Adoption Service, 2016b). Up to 25% of children placed for permanent adoption have experiences in childhood that need specialist or targeted support (National Adoption Service, 2016b).

The National Adoption Service (NAS) was developed in response to the Social Services and Well-being (Wales) Act 2014. It is structured in three layers, providing services nationally, regionally and locally. They have produced a framework for adoption support which aims to make it easier for adopters and children and young people to get support when they need it (National Adoption Service, 2016a). Part of implementing the framework will involve mapping need, demand, services and resources.

The North Wales Adoption Service is a partnership between all local authorities hosted by Wrexham County Borough Council. Working regionally helps the service find new families more effectively, place children quicker and improve the adoption support services.

4.14 Child and adolescent mental health

The World Health Organisation (2014) has defined good mental health as:

> "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"

Public Health Wales (2016a) use the term mental well-being as defined above: mental health problems for experiences that interfere with day to day functioning; and, mental illness to describe severe and enduring mental health problems that require treatment by specialist mental health services.

Mental health problems can begin in childhood and can have lifelong impacts, such as poor educational attainment, a greater risk of suicide and substance misuse; antisocial behaviour and offending.

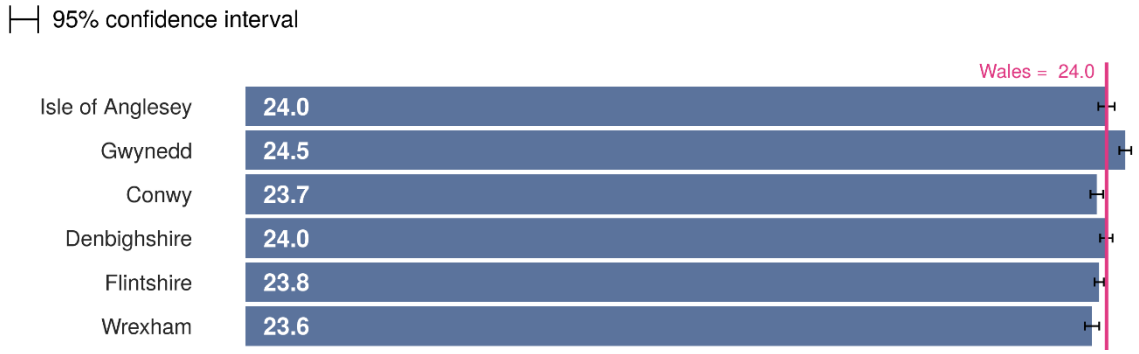
Risk factors include parental alcohol, tobacco and drug use during pregnancy; maternal stress during pregnancy; poor parental mental health; a parent in prison and parental unemployment. Children who experience child abuse; looked-after children; young offenders; children with intellectual disability; 16-18 year olds not in employment, education or training (NEET); young carers and young people with a physical illness are also at higher risk of mental illness (Royal College of Psychiatrists, 2010).

Early experiences may have long-term consequences for the mental health and social development of children and young people (Public Health Wales, 2016b).

Figure 24 shows that young people aged 11 to 16 years in Gwynedd have the highest mental wellbeing scores in North Wales (24.5) and is statistically significantly higher than the average for Wales (24). Young people in Wrexham have the lowest score (23.6) and is statistically significantly lower than the average for Wales.

Chart 7: Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) average scores, children in secondary school aged 11 to 16 years, Wales and unitary authorities, 2017/18

Produced by Public Health Wales Observatory, using HBSC & SHRN (DECIPher)



Source: Public Health Wales, 2021

Predictions from Daffodil show the number of children and young people with mental disorders in North Wales was around 9,300 in 2020. It is predicted to decrease over the next 20 years to around 8,500 in 2040. This is due to a decrease in the number of children and young people overall, and not due to an expected decrease in mental health disorders.

Table 27: estimated number of children (age 5-16), with any mental health problem, 2020

Local council	2020	2025	2030	2035	2040	Change
Anglesey	885	885	830	795	780	-105
Gwynedd	1,565	1,550	1,485	1,495	1,520	-45
Conwy	1,445	1,465	1,395	1,340	1,325	-120
Denbighshire	1,300	1,315	1,245	1,185	1,175	-125
Flintshire	2,165	2,175	2,085	2,045	2,030	-140
Wrexham	1,925	1,900	1,755	1,670	1,645	-285
North Wales	9,290	9,290	8,790	8,530	8,470	-820

Numbers have been rounded so may not sum.
Source: Daffodil

The table below shows the risk and protective factors for child and adolescent health that relate to themselves, their family, school and community. Strategies to promote children's mental health and well-being should focus on strengthening the protective factors and reducing exposure wherever possible to the risk factors.

Table 28: Risk and protective factors for child and adolescent mental health (Department of Education, 2016)

Risk factors	Protective factors
In the child:	In the child:

Risk factors	Protective factors
• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect

Risk factors	Protective factors
In the family: • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, neglect or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	In the family: • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
In the school: • Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships	In the school: • Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the community: • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	In the community: • Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

For more information about the negative impacts that adverse experiences during childhood have on an individual's physical and mental health see the report produced by Public Health Wales (2015).

4.15 Self- harm and eating disorders

Prior to the Covid-19 pandemic, one in five (19%) of young people in Wales reported mental health symptoms. The pandemic has exacerbated mental health and well-being issues for children and young people. Research undertaken by Public Health Wales found that the pandemic had an overwhelmingly negative impact on all aspects of mental well-being among children and young people.

A key area of concern identified by the Welsh Government CYPE Committee is that there is a gap in provision for what it calls 'the missing middle'. This refers to children and young people who require mental health support, but may not be unwell enough to meet the criteria for services. The Together for Children and Young People (T4CYP) Programme is an NHS Wales led programme, which aims to improve the emotional and mental health support available to children and young people in Wales. One of the work streams aims to address this gap in provision.

The North Wales 'No Wrong Door' strategy has been developed through a collaborative process to identify what is working well, develop a joint vision for the future and design a future delivery model. The strategy takes a regional approach based on a shared vision and an agreed set of common principles. It will apply across North Wales to improve mental health and well-being services for children and young people.

The strategy is based on the following principles, again derived from the collaborative development process:

- Children and young people will be valued for themselves, and their worth appreciated.
- We will listen to children, young people, and their families to understand their world and experiences. Their opinions will help us to shape and evaluate our services.

- We will reduce the numbers of children and young people requiring targeted support by investing in preventative measures.
- We will reduce the number of children of young people requiring more intensive support through timely, early intervention.
- We will make it easy for children and young people and their families to find information about mental health and, if required, to obtain help that is accessed using simple and convenient arrangements.
- There will be better support for mental health in schools.
- All the children and young people will have access to co-ordinated help from a range of professionals, when this would be in their best interests.
- All children and young people will have the opportunity to form a trusting relationship with appropriate professionals. They, and their families, will have the support of a co-ordinator who will manage their case and help them to navigate the system.
- Intervention will be timely, avoiding long waits for services and will be based on needs not diagnosis. Services will be child-centred, evidence based and flexible to ensure that needs are met and provided in ways that are suitable and convenient, including on-line.
- The pathway will operate seamlessly across health and social services, education, community provisions and the criminal justice service.
- We will have effective governance of system resources and professional activity.

The proposed formal mental health system is designed to respond to four different levels of need:

Low needs - These are experienced by children who have had a mental concern and have made good overall progress through appropriate universal services. There are no additional, unmet needs or there is / has been a single need identified that can be / has been met by a universal service.

Additional needs – Children in this category have needs that cannot be met by universal services and require additional, co-ordinated multi-agency support and early help. It also includes children whose current needs are unclear.

Complex needs - Children and young people with an increasing level of unmet needs and those who require more complex support and interventions and co-ordinated support to prevent concerns escalating.

Acute / specialist needs, including safeguarding - These occur when children have experienced significant harm, or who are at risk of significant harm and include children where there are significant welfare concerns. These children have the highest level of need and may require an urgent or very specialist intervention.

The four key outcomes that the 'No Wrong Door' strategy aims to deliver are:

- Easy access to the right services for the child and family
- Timely intervention
- Responsive services
- Organisations working together

What people are telling us about child and adolescent mental health services (regional population needs survey)

What is working well:

Respondents described the following as working well:

- collaborative working with local councils to promote services and ensure they reach the maximum number of people
- communication between agencies - police, children services and education
- counselling in high schools
- mental health and well-being apps
- phone lines such as The Samaritans and MIND

it should be noted, however, that others thought these services are not working well at all, since "it is impossible to get appointment for mental health and child related services".

What needs to be improved:

A consistent message from many respondents was that there is a significant gap in children's mental health services, waiting lists are too long and families are struggling.

Specific recommendations for improvements were:

- better access to Child and Adolescent Mental Health Services (CAMHS) and the neurodevelopmental team for young people
- integrating mental health services into schools, especially counselling for primary school children and raised awareness of trauma amongst staff
- increasing the number of Looked-after Children nurses
- joint working between mental health services and other children's services to streamline care
- increasing psychological support for children, especially those in care and less reliance on medication as an intervention
- more counsellors, especially male counsellors and counsellors speaking Welsh, Polish and other languages
- one stop shops to find out about and access all services in a local area
- making the transition from child to adult services more user-friendly for young people and tailored to the individual's developmental needs

4.16 Early intervention, prevention and parenting support

The definition of prevention and early intervention can include:

- Universal access to information and advice as well as generic 'universal services', such as education, transport, leisure / exercise facilities and so on.
- Single and multi-agency targeted interventions, contributing towards preventing or delaying the development of people's needs for managed care and support or managing a reduced reliance on that care and support.

Exposure as children to Adverse Childhood Experiences (ACE's) can have a profound impact through to adulthood. ACEs are traumatic experiences that occur in childhood and are remembered throughout adulthood.

These experiences range from suffering verbal, mental, sexual and physical abuse, to being raised in a household where domestic violence, alcohol abuse, hostile parental separation or drug abuse is present. One in seven people in Wales has experienced more than four ACEs and almost half have experienced an ACE. This demonstrates the importance of focusing on early years and reducing the number of children living in families where there is domestic abuse, mental health problems, substance misuse or other forms of abuse or neglect. Providing safe and nurturing environments for every child in Wales is the best way to raise healthier and happier adults.

The Covid-19 pandemic has resulted in new challenges for children and young people. Disruption to their education, support systems and social activities and other restrictions have meant that many people have spent increased amounts of time at home, which may increase the risk of exposure to ACEs, particularly amongst those already vulnerable. A report on the experiences of children and young people during the pandemic by the Violence Prevention Unit found that there was an increase in children and young people witnessing domestic abuse, an increase in reports of physical abuse toward children, worsening of mental health amongst children and young people and risk factors for child criminal exploitation and youth violence were exacerbated during the pandemic.

An emphasis on prevention and early intervention to give children and young people the best start in life and achieve the best possible outcomes is a key element of the SSWB Act. Flying Start is the Welsh Government's targeted Early Years programme for families with children under four years of age who live in some of the most deprived areas of Wales.

4.17 What people are telling us – social care for children and young people

Local engagement findings

We collated findings from engagement activity carried out by local partners with children and young people to inform this chapter. This included a lot of examples of children and young people's involvement in the planning and development of specific services. In this section, we focussed on the key messages that will help to plan care and support services across the region. There is also more information about the well-being of all children and young people in the Well-being Assessments being prepared by Public Services Boards.

Mental and emotional health

Children and young people asked about experiences of mental health services in North Wales said that they would like:

- online services for accessing support, booking appointments and conducting appointments;
- better and quicker access to mental health professionals, services and resources;
- clear and uncomplicated information of where, or who, to go to when they need support;
- to feel supported, valued and listened to;
- to have shorter waiting lists;
- to have better communication and consistent relationships with professionals/therapists.

Engagement with young people aged 11 to 25 about how youth services in Gwynedd support their emotional and mental wellbeing found that there is a lack of awareness, understanding and support for young people's mental health in general. The youth services provided valuable support for those who had been involved, but it needed to be promoted better.

A survey of parents of 8 to 11 year olds in North Wales found that:

- Parents / carers would like a range of support, including school based support, support from GPs or recommended websites or podcasts.

- Friends, family and school were the most important support contacts.
- Most parents / carers said that they would use digital resources to help them and their children with good habits.
- Most parents said that they were happy or very happy with the way their child experiences the five ways to well-being (connect, be active, take notice, give and keep learning).
- Most parents said that they were happy that they can support their child's well-being.

The top 10 additional concerns that parents mentioned about their child's well-being were: Loneliness, isolation, loss of education, anger issues, being active, eating disorders, lack of professional appointments (such as doctors' appointments), too much time online, lack of socialising and social media.

Children and young people who are looked after

The Bright Spots survey carried out in Flintshire in 2018 with children and young people who are looked after found the following.

What was good?

Almost all felt safe where they live and that carers noticed how they were feeling.
Almost all thought their carers were interested in what they were doing at school or college
All participants who gave an answer said that they trusted their carers
Most said that they have a really good friend.
Most, including all the girls, felt included in decisions made about their lives.

What was bad?

Several participants said they wanted more contact with their family, especially their mum, brothers and sisters.
More than a third had had three or more social workers in the last 12 months
School could be better for lots of the participants.
More than a third said no one had explained why they were in care or that they wanted to know more.
Nearly a third felt unhappy and some worried about the future.
A third of boys felt social workers made decisions without including them.
The survey noted that in Flintshire, children and young people felt embarrassed by adults drawing attention to their care status more frequently than young people (14%) in other Welsh local authorities. Although half of young people had high well-

being in all areas, more looked after young people (11-18yrs) were dissatisfied with their lives and not as happy or optimistic about their futures as other young people living in Wales.

Some of the 'Bright spots' that were noted included being allowed and supported to have pets, that children had trusting relationships with their carers and that more young people felt they were being taught independence skills: 96% in Flintshire compared to 86% of Children Looked After in other Welsh local authorities that took part in the pilot. Feedback from Flintshire's Children Looked After participation group indicates that children are able to ask questions to their social worker and that they are generally kept informed and updated with information about their placement. Work still needs to be done, however, on informing children how their placement was sourced and how the decision was made that their placement is best suited to meet their needs.

What matters to children and young people

The three most talked about topics identified by the Impact through Stories pilot programme in Flintshire were:

- Passion to protect local and global environments.
- Mental health and a need for more support when young people and their families need it.
- Fairness, equality and standing up for others. Stories were shared on the rights of girls not to be treated differently, in sports, in schools, in work and to feel safe in their community. Young people shared stories on bullying, homelessness and poverty, equality in learning and education and about what it is like to be a young person from a different country living in Wales. Some asked the question what are the adults doing about these things?

Other stories included domestic violence, adult mental health, additional learning needs and dyslexia, asthma, sports, school uniform, peer support, knife crime, social media, the arts and worldwide issues including war, hate crime and human rights violations.

Youth homelessness

Feedback from engagement sessions with young people aged 11 to 25 years old in Gwynedd found the following:

- Mental health and depression were commonly raised through engagement exercises. Having the support of family and friends, and a safe place for friends to meet were key to working through problems. For some, not having anyone trusted to talk to was a specific issue. A key theme that emerged from the engagement exercises was the importance of having access to 'normal' networks of support, and that it was more important than having access to services.
- Boredom was raised by young people across the engagement exercises. Mainly with reference to the lack of available activities that they could engage with, or that information about what was available was not readily accessible.
- Learning difficulties / neurodiversity was a prominent issue. Young people spoken to with these conditions felt that the experience of exclusion and stigma associated with having conditions such as ASD or ADHD or struggling with academic work had an impact on self-esteem, and mental health.
- Substance misuse was raised as a risk issue across all the engagement exercises. Young people viewed substance misuse as both a symptom of homelessness, as well as a contributory factor.
- Challenges around the family dynamic were frequently cited as being important factors in young peoples' future happiness and life outcomes

Covid-19 impact on children and young people

A consultation about the impact of Covid-19 on children and young people in Wrexham and Flintshire found that education was the biggest worry that young people had about the impact of coronavirus on their future. Participants said they worried about their grades, work missed, school years missed, their options, home learning, debt from university without the same learning experience, catching up, lack of routine and not being taught all the content needed.

The things that young people missed the most was family and friends, socialising and going out. Some also said that their relationships had improved, such as being closer to family and finding it easier to talk with friends in different schools.

Many participants said their mental health had changed in a negative way and some had needed support with mental health and well-being in the last year. For a small number of participants their mental health had improved. A small number of participants said that the pandemic had affected their physical health, including eating and sleeping habits, missed health appointments and fitness.

Another consultation with young people and families who are part of Flintshire's Child to Adult Team found the support they needed included: continue with Zoom calls even after restrictions are lifted and rent and benefits support information.

Regional population needs survey findings

Across the sector as a whole, respondents described the following as working well:

- positive and trusting relationships with local authority managers, social workers and health colleagues to support collaborative working
- good communication between support providers
- flexibility in working practices, especially though the pandemic
- making a wide range of services available
- funding from the Welsh Government to support the early years
- the passion, resilience and commitment of staff in this sector
- links between care services and schools. School youth workers have improved the number of young people who get access services.
- Post-16 Well-being Hubs have engaged with those who have been NEET for a while and helped them into training

Specific mention was made of the services provided by Teulu Mon, which are thought to be "friendly and efficient", the team around the tenancy at TGP Cymru, who "go above and beyond to help sort things" and the early years' sector in Flintshire.

The Wrexham Repatriation and Preventative project service was described as working well to increase placement stability for children and young people in foster care, in residential care or going through adoption. It helps carers to work in a more informed way with children who have experienced trauma and helps the children to process their early traumatic experiences. More generally, the processes in place to approve and support foster carers are thought to be effective.

The general approaches to providing services for children and their families that are thought to work well included:

- working with the whole family holistically, and being adaptive and flexible enough to respond to the needs of each family member at any one time

- tailoring any individual's care plan to their specific needs
- focusing on recovery to enable people to achieve personal outcomes and become less reliant on services
- using direct payments, including group payments as this provides a cost efficient way of supporting people
- providing support for families in the early years, via the Early Year Hub or Team Around the Family
- making good use of community based resources
- making good use of volunteers, as they are accepted as "friends" rather than "someone from a specific agency telling them what to do"

What needs to be improved:

The level of staffing was again raised as a serious concern:

"The local authority is really struggling, and at times they are overwhelmed. They are struggling to fill posts, many of the social workers have high caseloads and there is a high turnover of staff."

This is detrimental to the children receiving care, as they need consistency and positive relationships. Better workforce planning is needed to deliver quality services and avert a social care crisis. This is likely to require increasing salaries and job benefits, increasing respect for the skills required for this work and finding ways to retain existing staff.

Many respondents commented that more funding is required from the Welsh Government to address the staffing issues and to ensure a full range of services can be made available. Many services are not fully funded. Longer term funding is required to provide sustained support to young people. Each child would benefit from having a key worker to help co-ordinate services and meetings, and to support them to ensure their voice is heard throughout. This means moving away from short-term project work:

"Funding currently runs year to year, this doesn't give the project enough time to put in the right support for some young people and some of them need over six months of support."

“Working on a shoe string poses more challenges than solutions… longer term grant awards would ensure better planning and value for money, and improve internal processes e.g. procurement/legal processes.”

Some thought that early intervention, especially where ACEs are identified in the family, needs to happen more often. Similarly, early therapeutic intervention for children that are in care is needed to help them deal with the ACEs they have experienced.

Schools could do more to identify and refer children at risk before escalation, particularly as some teenagers are falling through the gaps. Greater provision of edge of care services, with appropriately qualified and experienced staff is needed. More local venues are needed to provide therapeutic support for families.

Problems re-emerge when young people leave school, as their support systems stop unless they continue in further education. They often need continued support as they transition to adult services, which often isn’t available. This is especially a concern for young people with complex needs. One practical solution would be to increase the availability of single bedroom housing stock, to enable young people leaving supported accommodation to move into a tenancy and receive intensive support.

One group of children thought to be frequently missed by social care services are those with rare diseases. They may only be identified if their condition involves a disability or their family has other social care issues. Social care pathways do not seem to be adapted for these families, and are insufficiently sensitive to the challenges, leaving intervention too late or assigning issues to poor parenting too quickly. These concerns could be addressed by creating a register of affected families and increasing professionals’ understanding of the conditions.

Greater numbers of foster carers are required to keep up with the demands on the service, especially when families are in crisis. Solutions include increasing the support package for foster carers as well as recruiting and training more carers. This will be cost-effective if it prevents numerous placement breakdowns and reduces the number of children in out of county placements and very expensive residential settings.

Given the scale of concerns about children's services, some suggested that a systems thinking approach to service delivery is required across the local authority, health board, and third sector, to remove waste in systems and ensure service users don't have to wait a long time for care. The infrastructure to support a more collaborative way of working, such as IT systems, needs substantial investment. More joint working is needed on the continuing health care process and community care collaborative for children.

4.18 Review of services currently provided

Early years provision

Regional integrated early intervention and intensive support for children and young people

The children and young people transformation programme holds the overall purpose to achieve better outcomes for children and young people across North Wales. There are three parts to the programme, which are:

- A multi-agency drive to improve the emotional health, wellbeing and resilience of children and young people through joined early intervention and prevention
- To research and develop evidence based 'rapid response' (crisis outreach) interventions for children and families on the edge of care
- To develop short term residential services

The programme has seen the creation of two new sub-regional multi-disciplinary teams (MDTs) being established delivering services to 36 children, young people and their families. Additionally, two separate short-term residential provisions have been started to support the established MDTs.

The emotional health, wellbeing and resilience project has delivered a regional prototype framework for 8-11 year olds, producing guiding standards for supporting the healthy development of emotional health, wellbeing and resilience of children and young people about the five ways to well-being. Another work stream has established an early intervention team to focus on early help and adopting a 'No Wrong Door Approach' for children and young people experiencing emotional behavioural difficulties.

In direct response to the pandemic, the children and young people transformation programme have been able to support community resilience projects that supported children and young people through this challenging time, as well as deliver on the objectives set out in this programme.

4.19 Covid-19 impact on children and young people

Children and young people, both with and without care and support needs, have been universally impacted by the Covid-19 pandemic. The Children's Commissioner for Wales stated in the No Wrong Door Report 2020 that:

"it isn't easy to say exactly how children and young people's mental health and wellbeing will have been affected by this crisis. What we do know is that all children and young people's lives have been affected in some way by the coronavirus pandemic".

The restrictions that have been implemented to manage the pandemic have impacted on children's ability to access their human rights under the United Nations Convention on the Rights of the Child, including the right to education, access to play, an adequate standard of living, access to health care and less well protected from violence, abuse and neglect.

Child and adolescent mental health during the pandemic has also been adversely affected. Three quarters of young people (74% of those aged 13-24) said that their mental health had worsened during the period of lockdown restrictions. A third of young people who tried to access mental health support were unable to do so (The Mental Health Emergency, Mind 2020). The five concerns making young people's mental health worse are:

- Feeling bored / restless
- Not seeing friends, family and partners
- Not being able to go outside
- Feeling lonely
- Feeling anxious about family and friends getting coronavirus

In March 2021 the Children, Young People and Education Committee published a report around the impact of Covid-19 on children and young people in Wales. The key findings in the report identify issues that are believed to require prioritisation for children and young people as recovery from the pandemic begins. Areas identified include:

- Statutory education
- The mental and physical health of children and young people
- Further and higher education
- Vulnerable children and young people

There is particular focus on safeguarding, support for families, corporate parenting, care experience and care leavers and early years. There is likely to be an increase in children and young people requiring support who would not necessarily have been known if not for the impact of the pandemic. Further detail and assessment of the Covid-19 pandemic can be found in the Rapid Review.

Impacts of the Covid-19 pandemic – Flintshire findings

Families First Grant Progress Report April 2021 reports it is apparent that families are increasingly facing a wide range of issues, which are becoming more challenging as the pandemic enters its second year. Issues include:

- Anxiety: Families feel very out of control and are constantly in a high state of stress as they await new announcements and process what this means for them and their family. Families are increasingly isolating and withdrawing from all aspects of life, self-esteem is low, and peer support networks are low as everyone faces their own struggles. Mental health is becoming an increasing concern.
- Behavior: Initially families struggled with the adjustment to their lives, a few families struggled implementing the new guidance but generally children and young people complied with the national rules. Children's behaviors have been escalating as routines, boundaries and consistency have largely been abandoned. In the beginning families relaxed and pulled together, home

routines became different and children have been involved in conversations / decisions / families as they never have before. Bonds have been strengthened in a lot of cases, but this will bring more challenges as families have struggled with re-asserting boundaries, rules and are finding they are having to negotiate and explain a lot more, something a lot of families have struggled with.

- Finance: Families are worried for the future as a high number have changed their income. Some have lost jobs, been furloughed, are struggling financially and are unsure if this will improve post lockdown.
- Undiagnosed challenges: Families with a child awaiting assessment have struggled with their child's behaviors and being able to deal and cope with this competently when it is 24 hours a day, with no physical outlet and no support from other sources. It has had a significant impact on parental mental health.
- Home schooling: There has been a marked increase in the number of children being withdrawn from education to home school, as well as a number of families wanting to explore this option. Largely due to fears around transmission of the virus, but also as a way to not confront issues previously proving difficult.

4.20 Equalities and human rights

The report includes the specific needs of children and young people including disabled children. It also highlights the importance of children's rights. The United Nations Convention on the Rights of the Child (UNCRC) is an international agreement setting out the rights of children. The rationale for the UNCRC is that children's rights need specific consideration due to the special care and protection often needed by children and young people.

Children's rights are already enshrined in Welsh law under Rights of Children and Young Persons (Wales) Measure 2011 – underlining Wales' commitment to children's rights and the UNCRC. The Children's Commissioner for Wales has highlighted that as a result of the Covid-19 pandemic, children's ability to access their rights may have been hindered. The No Wrong Front Door report 2020 stated that:

"Many (children and young people) will have seen changes to their ability to access their human rights under the United Nations Convention on the Rights of the Child UNCRC, such as the right to relax and play, and the right to adequate standard of

living which meets their physical and social needs. I am also concerned that some children may have been denied the right to the best possible healthcare or been less well protected from violence, abuse and neglect during this time”

The impact of this is considered throughout this chapter as the region begins to emerge from the pandemic and mitigating the potentially negative experiences on children and young people. Further analysis of this is available in the Covid-19 section of this report and within the rapid review undertaken in October 2020.

Services for children and young people must take a child-centred and family-focussed approach that takes into account the different needs of people with protected characteristics and this will be a continued approach during the development of future implementation plans and play a key role on the development of services.

We would welcome any further specific evidence which may help to inform the final assessment.

4.21 Safeguarding

Safeguarding regulations are contained within the Social Services and Wellbeing Act (Wales) 2014, this provides the legal framework for the North Wales Safeguarding Boards for both Children and Adults. The key objective of the North Wales Safeguarding Adults and Children’s Boards are:

- To protect adults / children within its area who have care and / or support needs and are experiencing, or are at risk of, abuse or neglect
- To prevent those adults / children within its area from becoming at risk of abuse or neglect

Number of children on the child protection register 31 March, North Wales

Local council	2016-17 number	2017-18 number	2018-19 number	2018-19 rate per 10,000 population under 18
Anglesey	100	45	80	59
Gwynedd	80	90	55	24
Conwy	35	65	70	32
Denbighshire	80	100	90	47
Flintshire	165	145	110	34
Wrexham	130	130	170	59
North Wales	595	575	575	41
Wales	2,805	2,960	2,820	45

Numbers have been rounded to the nearest 5 to avoid disclosure
Source: table CARE0154, Children Receiving Care and Support, Welsh Government, StatsWales

Covid-19 has had a detrimental impact on children and young people's experience of violence and ACEs. The Violence Prevention Unit assessed the impact of Covid-19 on children and young people's experiences and found that many children and young people experienced exposure to violence, including domestic abuse, physical abuse, self-harm, sexual abuse and exploitation, and serious youth violence, particularly during the lockdown periods (Health Needs Assessment – The Impact of COVID-19 on children and young people's experiences of violence and adverse childhood experiences, 2021). At the time of publishing the known impact is still emerging.

Elective home education

A need for reform around elective home education has been identified by the Children's Commissioner for Wales. The need is now more pressing for primary legislation regarding elective home education, as the number of children who are home educated has significantly increased across Wales during the Covid-19 pandemic. In a joint statement between the Association of Directors of Social Services Cymru and the Association of Directors of Education in Wales, they stated that there is a need to place statutory obligations on local authorities to visit, have sight of and communicate with children, who are home educated as a safeguarding action, as well as supporting both educational and well-being outcomes. This statement was supported by all 22 local authorities in Wales inclusive of North Wales authorities.

The statement can be viewed here https://www.adss.cymru/en/blog/post/home-education-elective-statement

4.22 Violence against women, domestic abuse and sexual violence

VAWDASV includes 'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality' (Home Office: 2016).

The behaviours listed above can encompass a wide range of offences. However, in instances where a parent is experiencing abuse from a child with emotional and behavioural needs, practitioners must consider the fact that due to the complex family dynamics, parents may be reluctant to seek support due to a fear of involving Police and / or legal agencies. Therefore, it is likely that where behavioural and emotional needs and domestic abuse is a factor, both the parents and the child are likely to require specialist care and support.

Practitioners must recognise that as well as constituting abuse and / or neglect under the Social Services and Wellbeing (Wales) Act, children can also be considered victims of VAWDASV in their own right under the Domestic Abuse Act 2021.

VAWDASV amongst children is a significant problem. Rolling regional 12 month MARAC data showed that up to 16th September 2021, there were 2,354 children

within the North Wales Police force area living amongst households affected by domestic abuse.

As MARAC data pertains to high risk cases and domestic abuse remains an underreported crime, it is likely that the number of children affected by domestic abuse is likely to be higher.

Services for children and young people affected by VAWDASV across the region include the following:

- children's and / or outreach worker providing the STAR programme,
- age-appropriate individual and emotional support,
- therapeutic support,
- activity sessions,
- peer support group mentoring,
- Families First programmes providing holistic support to the whole family,
- specialist provision for children and young people,
- programmes to try to minimise adverse effects on children and young adults due to domestic abuse, and
- specialist support, counselling and therapeutic interventions for those from the age of three who has suffered child sexual abuse.

4.23 Advocacy

By law all local authorities in Wales must have advocacy services for children and young people to use, and that an Active Offer for advocacy must be made. Advocacy services can help by speaking up for children and young people, making sure that the rights of the child or young person are respected.

When children and young people need services, sometimes an advocate need to meet with them to explain what these services are. This helps them to understand what is on offer and how the service is able to help them. This is called an active offer.
An active offer must be made to:

- Children in care.
- Young people leaving care.
- Children and young people who need extra support.

A regional contract for commissioning is already in place and Tros Gynnal Plant provide advocacy services to children and young people.

Other advocacy services are available at local authority, for example Second Voice Advocacy for 11-25 year olds who live or are educated in Wrexham. The Service is based on an integrated universal model of advocacy and is based at the Info Shop. The service aims to address the core aims of support for young people and their families and is designed with both a protective and preventative focus aimed at the following:

- Empowering young people to become active and productive participants in society
- Increasing confidence and resilience
- Improving social and emotional well-being
- Improving the life chances of young people by encouraging them to be active participants in their own development with the support of taking a strengths based approach complimentary to the core aims of the programme

The service supports young people with poor family relationships and lack of family support, poor support networks outside the family, poverty, teenage pregnancy and teenage parents. They identify and respond to these groups and aim to prevent behavioural problems, poor mental health, poor school attendance and attainment, and poor social and emotional well-being. The advocate will aim to build resilience to help to achieve a number of long-term positive outcomes, which include reducing instances of drug / alcohol misuse, low educational achievement, poor mental health, teenage pregnancy, financial difficulties and youth offending.

4.24 Welsh language considerations

The UNCRC Article 30 states that a child has the right to speak their own language. This is especially important for children and young people who are Welsh speakers and accessing care and support services.

Across North Wales 24,332 children are educated in the medium of Welsh (Category 1 schools). There has been an increase in the numbers of children within Welsh medium settings for a number of years. As a result of this increase, more children and young people may wish to receive services via the medium of Welsh. This is especially true for young children who may only speak Welsh.

Due to the changes to children's education during the Covid-19 pandemic, there was concern about the impact on children using Welsh outside of their educational settings. Those who were attending Welsh medium settings that completed the age 7-11 survey for the Coronavirus and Me (Welsh Government, 2020) consultation showed that the majority continued to use Welsh. 86% of respondents said that they used Welsh to do work and activities from school, 59% were reading Welsh language books and 55% used Welsh with their families. 8%, however, said that they were not getting opportunities to use Welsh as they would in school.

Within the regional survey responses, it was highlighted by responders that there is requirement for more counsellors for children and young people who speak Welsh.

4.25 Socio-economic considerations

Socio-economic disadvantage experienced by children and young people has a direct impact on other aspects of their lives, including educational attainment and health outcomes. This is true for all children experiencing poverty, but can be further exacerbated for children requiring care and support. Children from lower income backgrounds are being left behind (again further worsened by the impact of the Covid-19 pandemic, with a move to online home learning during lockdowns). In the report 'Into Sharp Relief' 2020, it is recommended that because of the closure of schools widening existing inequalities, there must be targeted action to help those who have experienced the most severe loss in learning.

Although improvements in educational attainment have been realised, children from lower income backgrounds are still at a disadvantage compared to their peers. Children eligible for free school meals are more likely to have higher exclusion rates than their peers. In Wales one in five pupils with an additional learning need will achieve five GCSE's at grade A*-C, compared with two-thirds of pupils without an additional learning need. There are also higher exclusion rates for pupils with an additional learning need (Is Wales Fairer? 2018).

Research carried out by the Children's Society in 2011 found that disabled children living in the UK are disproportionately more likely to live in poverty. Disabled children living in low income families can lack the resources they need to engage in the kinds of normal social activities that other children take for granted.

Socio-economic issues for children and young people are further explored within the well-being assessments.

4.26 Conclusions and recommendations

A key theme and priority within this assessment is around child and adolescent mental health and wellbeing. This has been highlighted as a key area of priority across the region, in light of the Covid-19 pandemic this is even more pressing. The implementation of the regional No Wrong Door strategy will seek to transform mental health and wellbeing services for children and young people in North Wales. Further information pertaining to this implementation will be available in early 2022.

As highlighted within the assessment there is an emphasis on early intervention and prevention for families and the importance of this within the continuum of support. This assessment has aimed to provide an understanding of the current needs of children and young people in North Wales to assist in the design and delivery of services wherever possible.

A North Wales Regional Partnership Board Children's Transformation Programme subgroup has been developed for the region with representation from across health, social care and education. The group will provide strategic direction in respect of supporting families with health and social care needs across North Wales and ensure that children and families with complex care needs receive seamless, integrated care and support that helps them achieve what is important to them.

Areas of priority identified by the group, and linking with the key themes identified within this needs assessment include:

- A whole family approach
- Optimising early years
- Outcomes for looked after children
- Children on the edge of care
- Children with complex needs
- Mental wellbeing and resilience
- Neurodevelopmental disorders such as ASD and IAS
- Safeguarding

- Healthy behaviours

5. Older people

5.1 About this chapter

This chapter includes the population needs of older people within the North Wales region. It has been organised around the following themes:

- Population overview
- Support to live at home and maintain independence
- Healthy ageing
- Dementia
- Care homes

There is additional information about the needs of older people in other chapters within this needs assessment such as mental health, learning disabilities and unpaid carers.

Definitions

There is no agreed definition of an older person. The context will determine the age range, for example: including people aged over 50 when looking at employment issues or retirement planning; people aged over 65 in many government statistics; and, people aged over 75 or 85 when looking at increased likelihood of needs for care and support.

Policy and legislation

Ageing Well in Wales is a partnership including government agencies and third sector organisations, hosted and chaired by the Older People's Commissioner for Wales. Each local authority in North Wales has developed a plan for the actions they will undertake based on the priorities which includes:

- To make Wales a nation of age-friendly communities
- To make Wales a nation of dementia supportive communities

- To reduce the number of falls
- To reduce loneliness and unwanted isolation
- To increase learning and employment opportunities

The Welsh Government has published its strategy for an ageing society in October 2021, Age Friendly Wales has four aims:

- Enhancing wellbeing
- Improving local services and environments
- Building and retaining people's own capability
- Tackling age related poverty

The population assessment aims to support the national priorities for older people within a local context. One of the current Welsh Government priorities for health and social care integration is older people with complex needs and long term conditions, including dementia.

5.2 What we know about the population

There were around 164,700 people aged 65 and over in North Wales in 2020. Population projections suggest this figure could rise to 207,600 by 2040 if the proportion of people aged 65 and over continues to increase as shown the table below.

The proportion of the population estimated to be aged over 65 is predicted to increase from 23.4 % in 2020, to 29% in 2040. This varies over North Wales, with the highest proportion found in Conwy, and the lowest in Wrexham.

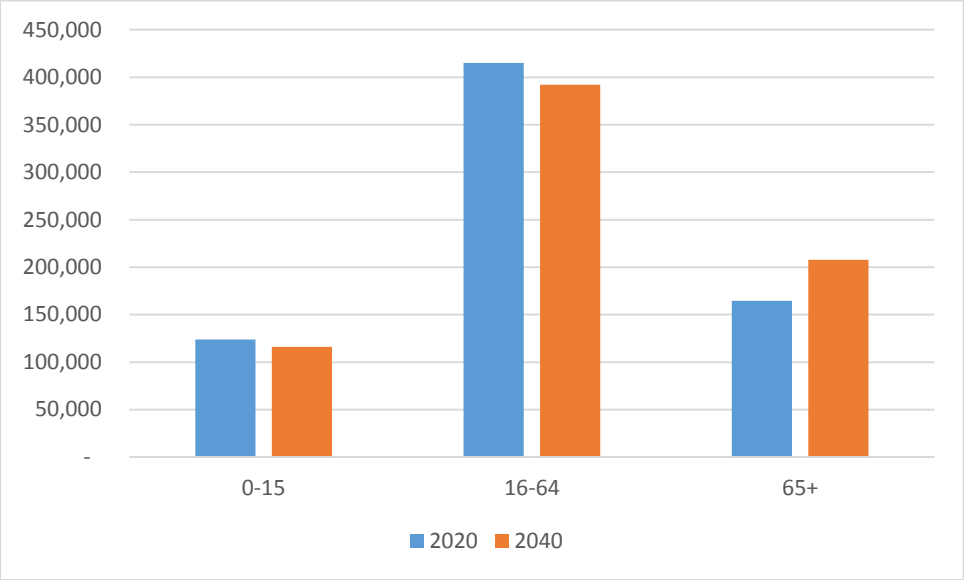
Table X: Estimated number of people aged over 65 in 2020 and projected number in 2040

Local council	2020 number	2020 percent	2040 number	2040 percent	Change number	Change percent
Anglesey	18,650	26.5%	22,500	32.4%	3,850	17.2%
Gwynedd	28,550	22.8%	34,300	26.1%	5,700	16.7%
Conwy	2,950	27.9%	43,500	35.4%	10,550	24.3%
Denbighshire	23,500	24.3%	30,400	30.9%	6,900	22.6%
Flintshire	33,300	21.2%	42,400	26.3%	9,150	21.5%
Wrexham	27,750	20.4%	34,500	26.0%	6,750	19.6%
North Wales	164,700	23.4%	207,600	29.0%	42,900	20.7%
Wales	668,600	21.1%	850,750	25.9%	182,150	21.4%

Source: Mid-year 2020 population estimates, Office for National Statistics; and 2018-based population projections, Welsh Government

The proportion of older people in the population is projected to continue to increase to 2040. At the same time the proportion of people aged 16-64, the available workforce, is expected to continue to decrease. The changes are predicted to begin levelling off by 2040. This change to the population structure provides opportunities and challenges for the delivery of care and support services.

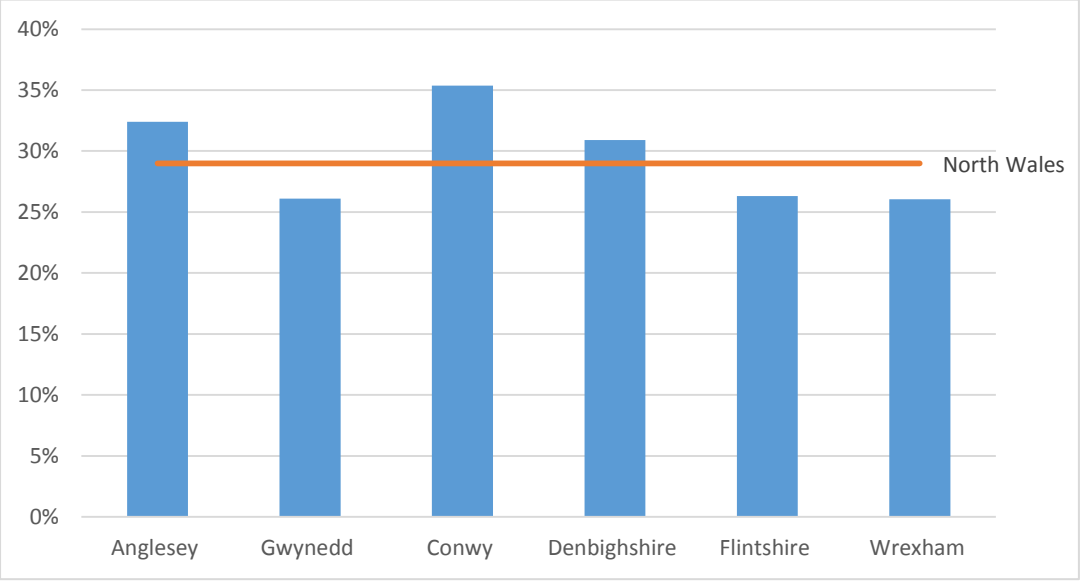
Chart X: Population change by age group for North Wales 2020-2040



Source: Mid-year population estimates, Office for National Statistics; and 2018-based population projections, Welsh Government

The change in population structure shows a similar pattern in every county in North Wales, although the counties with the highest proportion of people aged 65 and over are expected to be Conwy, Anglesey and Denbighshire as shown below.

Chart X: Projected percentage population aged 65 and over in 2040, North Wales



Source: 2018-based population projections, Welsh Government

Research suggests that living with a long-term condition can be a stronger predictor of the need for care and support than age (Institute of Public Care (IPC), 2016).

The number of people aged 65 and over is increasing

People aged over 65 are more likely to need services. The number of people aged over 65 has increased across North Wales by 16.9% between 2010 and 2020 as shown in the table below.

Table X: Number of people aged 65 and over, North Wales, 2010 to 2020

Local council	2010 number	2010 percent	2020 number	2020 percent	Change number	Change percent
Anglesey	15,450	22.1%	18,650	26.5%	3,200	17.2%
Gwynedd	24,800	20.5%	28,550	22.8%	3,750	13.1%
Conwy	27,900	24.3%	32,950	27.9%	5,050	15.3%
Denbighshire	19,700	20.9%	23,500	24.3%	3,800	16.2%
Flintshire	26,450	17.4%	33,300	21.2%	6,850	20.5%
Wrexham	22,550	16.8%	27,750	20.4%	5,200	18.7%
North Wales	136,900	20.0%	164,700	23.4%	27,800	16.9%
Wales	557,250	18.3%	668,600	21.1%	111,350	16.7%

Numbers have been rounded so may not sum

Source: Mid-year population estimates, Office for National Statistics

The number of people aged 85 and over has increased by 15.6% over the same period as shown below. This is mainly due to demographic changes, such as the ageing of the ‘Baby Boomer’ generation and increasing life expectancy. The North Wales coast and rural areas are also popular areas for people to move to after retirement.

Table X: Number of people aged 85 and over, North Wales, 2010 to 2020

Local council	2010 number	2010 percent	2020 number	2020 percent	Change number	Change percent
Anglesey	2,000	2.9%	2,400	3.4%	400	16.4%
Gwynedd	3,350	2.8%	4,200	3.3%	850	19.9%
Conwy	4,200	3.7%	5,150	4.4%	950	18.8%
Denbighshire	2,650	2.8%	2,650	2.8%	-	-0.1%
Flintshire	3,150	2.1%	3,700	2.4%	600	15.7%
Wrexham	2,850	2.1%	3,450	2.5%	600	16.9%
North Wales	18,200	2.7%	21,550	3.1%	3,350	15.6%
Wales	73,750	2.4%	85,150	2.7%	11,450	13.4%

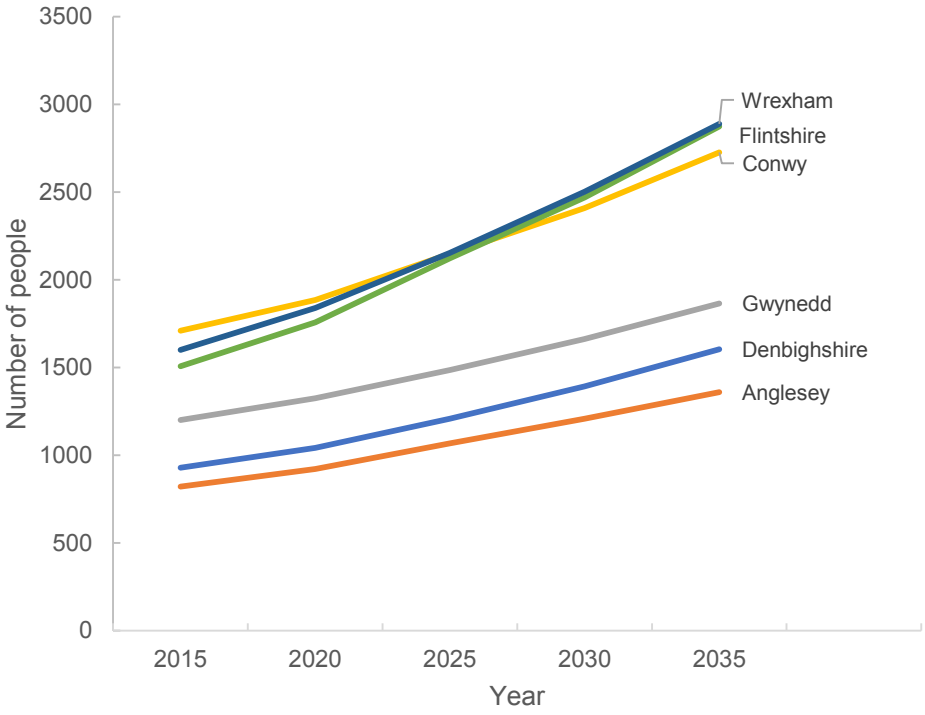
Numbers have been rounded so may not sum

Source: Mid-year population estimates, Office for National Statistics

The number of people aged 65 and over receiving services will continue to increase

The number of people aged 65 and over who receive community based services in North Wales is expected to increase from 7,800 in 2015 to 13,300 in 2035 as shown below. This is at the same time as the number of people aged 16-64, the available workforce, is decreasing. The number estimated to receive care in future is linked to health and not just age. Conwy has a higher proportion of older people, but as they are healthier, their care needs are lower.

Chart X: Predicted number of people aged 65 and over receiving community support



Source: Daffodil

The table below shows the number of people aged over 65 who struggle with activities of daily living. This includes activities around personal care and mobility around the home that are basic to daily living, such as taking medications, eating, bathing, dressing, toileting etc. The proportion struggling with the activities is predicted to increase slightly. The numbers increase significantly, however, due to the changes in the population structure with an increase in the amount aged 65+.

Table X: Predicted Number of people aged 65 and over who struggle with activities of daily living

Local council	2020 number	2020 percent	2040 number	2040 percent	Change number	Change percent
Anglesey	5,100	27%	6,550	29%	1,500	23%
Gwynedd	8,000	28%	10,050	29%	2,050	20%
Conwy	9,450	29%	13,050	30%	3,600	27%
Denbighshire	6,450	27%	8,800	29%	2,400	27%
Flintshire	9,150	27%	12,350	29%	3,250	26%

Local council	2020 number	2020 percent	2040 number	2040 percent	Change number	Change percent
Wrexham	7,550	27%	10,000	29%	2,450	24%
North Wales	45,700	28%	60,900	29%	15,150	25%
Wales	185,300	28%	248,900	29%	63,600	26%

Numbers have been rounded so may not sum

Source: Daffodil , Mid-year population estimates, Office for National Statistics and 2018-based population projections, Welsh Government

Many older people provide unpaid care for friends and relatives

In North Wales, around 14% of people aged 65 and over provide unpaid care.

See carers' chapter for more information for the support needs of carers including older carers.

There will be more people aged 65 and over living alone

The composition of households can also affect the demand for services to support independence. Data from the 2011 Census shows that there are 44,000 people aged 65 and over living alone, which is 59% of all households aged 65 and over. Research by Gwynedd Council found a strong relationship between the number of people aged 65 and over who live alone and the number of clients receiving a domiciliary care package in an area.

The gap between life expectancy and healthy life expectancy

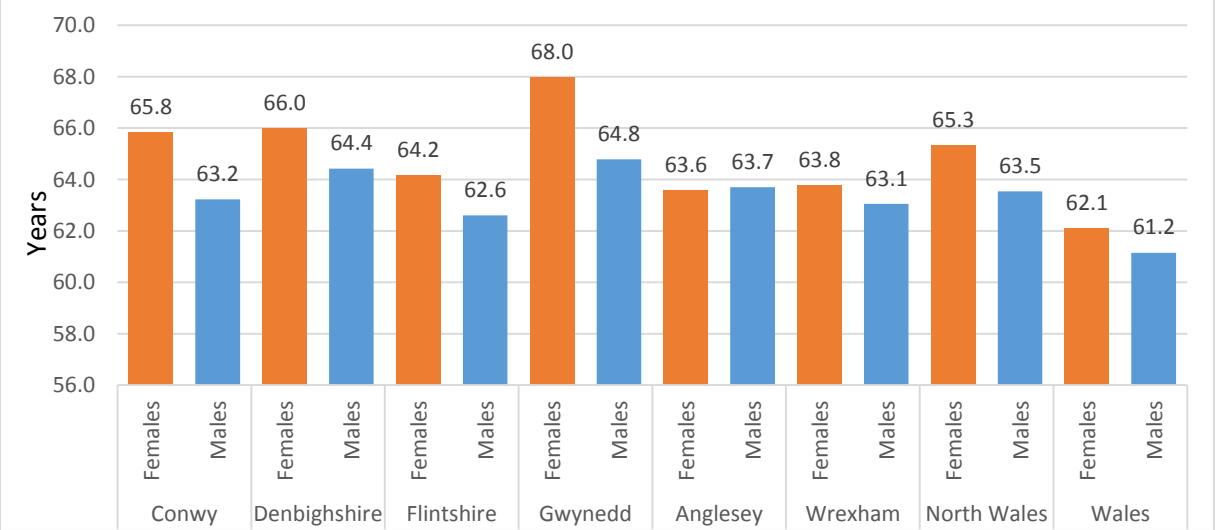
Life expectancy is the average length of time a child born today can expect to live. Life expectancy for the 2017-2019 period in North Wales was 79 years for men and 82 years for women. In contrast, healthy life expectancy is an estimate of lifetime spent in "very good" or "good" health, based on how individuals perceive their general health. Health life expectancy for the period 2017-2019 in North Wales is 64 years for men and 65 years for women (Office for National Statistics). On average, women in North Wales will spend 78% of their life in good health, compared to 82% of their life for men. Average life expectancy and healthy life expectancy are both

important headline measures of the health status of the population. The health state life expectancy measure adds a ‘quality of life’ dimension to estimates of life expectancy by dividing it into time spent in different states of health.

There are also significant variations in healthy life expectancy across North Wales. The chart below shows the variance at a county level across North Wales. Gwynedd has the highest healthy life expectancy of 68 years for females. Conwy and Denbighshire are also above the North Wales average. Flintshire has the lowest healthy life expectancy of 62.6 years for males, although this is above the Wales average.

This data also does not reflect inequalities that people will experience within local authority areas where those in more deprived communities will be experiencing poorer healthy life expectancy than those who live in more affluent ones.

Chart X: Healthy life expectancy 2017-19



Source: Health state life expectancy, all ages, UK, Office for National Statistics

Fewer adults aged 65 and over are receiving services from local councils in North Wales although the number is expected to increase

Local councils provide or arrange social services such as homecare for older people who need additional support. In North Wales the number of people aged 65 and over

has risen by 27,800 between 2010 and 2020, but the number of people in that age group receiving services has fallen by around 1,100 as shown below. When looking at a local council level, some areas have an increase in the number, whereas others have a decrease.

Table X: Number of people aged 65 and over receiving services, North Wales, 2016-17 to 2018-19

Local council	2016-17 number	2016-17 percent	2018-19 number	2018-19 percent	Change number
Anglesey	2,690	15%	2,350	13%	-340
Gwynedd	6,855	25%	7,220	26%	365
Conwy	5,090	16%	5,750	18%	655
Denbighshire	2,960	13%	2,080	9%	-880
Flintshire	5,120	16%	5,655	17%	535
Wrexham	8,385	32%	6,920	26%	-1,465
North Wales	31,100	20%	29,970	19%	-1,130
Wales	114,195	18%	94,585	15%	-19,610

Numbers have been rounded so may not sum

Source: Adults receiving services by local authority and age group, table CARE0118, StatsWales, Welsh Government

The figures above show a wide range of variability across the councils in North Wales. This can be explained by:

- Increased sign-posting to services in the community. For example to shops that sell small and low value mobility aids such as grab rails or walking aids.
- The success of intermediate care and reablement services that support people to return to independence following a health crisis such as a fall or a stroke. Across Wales, 71% of people who receive a reablement service require less or no support to live independently as a result. Most services focus on physical or functional reablement, such as daily living tasks including personal care as a result of a fracture or stroke for example. The development

of services to support the reablement of people with dementia/confusion or memory loss are less well developed (Wentworth, 2014).

- A change in cognitive or physical status can dramatically impact on the ability of people to manage their own medications and can be linked with falls and requirement for occupational therapy intervention.
- The number of people aged 65 and over in poverty varies across local councils, and therefore the number eligible for means tested charging policies varies.
- Around 28% of people in Wales have such low incomes that they do not contribute to the cost of their domiciliary care (CSSIW 2016). It is anticipated that 30% of people have enough capital to totally fund their own care in both domiciliary care and care homes (CSSIW 2016 & North Wales Social Care & Wellbeing Services Improvement Collaborative, 2016).
- Changes in eligibility criteria to be able to receive services.
- Unmet need, perhaps due to lack of service capacity, or unidentified needs.

5.3 General health and wellbeing needs of older people

Prevention

Poor health is not inevitable as we get older. Focusing on prevention can ensure that the number of years lived in good health is maximised. Health behaviours are crucial to health in our later years, a healthy diet; regular physical activity, safe alcohol use and avoiding tobacco use all contribute to reducing the risk of ill health as we age. Continuing these positive health behaviours throughout our older years is also important. It is crucial that people are able to access a range of services that support them to adopt healthy behaviours.

Healthy ageing

A longer life presents key opportunities for older people, families and wider society. Older people have a significant amount to offer to society including knowledge, skills

and expertise. Ageing can present many opportunities for learning new things, change career or offering unpaid care to older or younger family members. Doing this successfully though requires people to have good health.

Our health and wellbeing in later life cannot be looked at in isolation. Poorer health in later years is strongly determined by factors throughout the course of our lives. Interventions targeted throughout pregnancy, early years, childhood and adolescence are crucial in determining our health.

Health inequalities and healthy life expectancy

People living in more deprived areas are more likely to experience poorer health compared to those living in more affluent areas.

In North Wales, there is a 7.0-year difference in life expectancy between men living in the most and least deprived areas and a difference of 5.1 years for women.

In North Wales for the period 2010-2014 there was a 11.6 year difference in male healthy life expectancy for those living in the most deprived areas compared to those living in the least deprived areas. For females this difference was 12.1 years difference between those living in the most and least deprived areas (Public Health Wales Observatory, 2016).

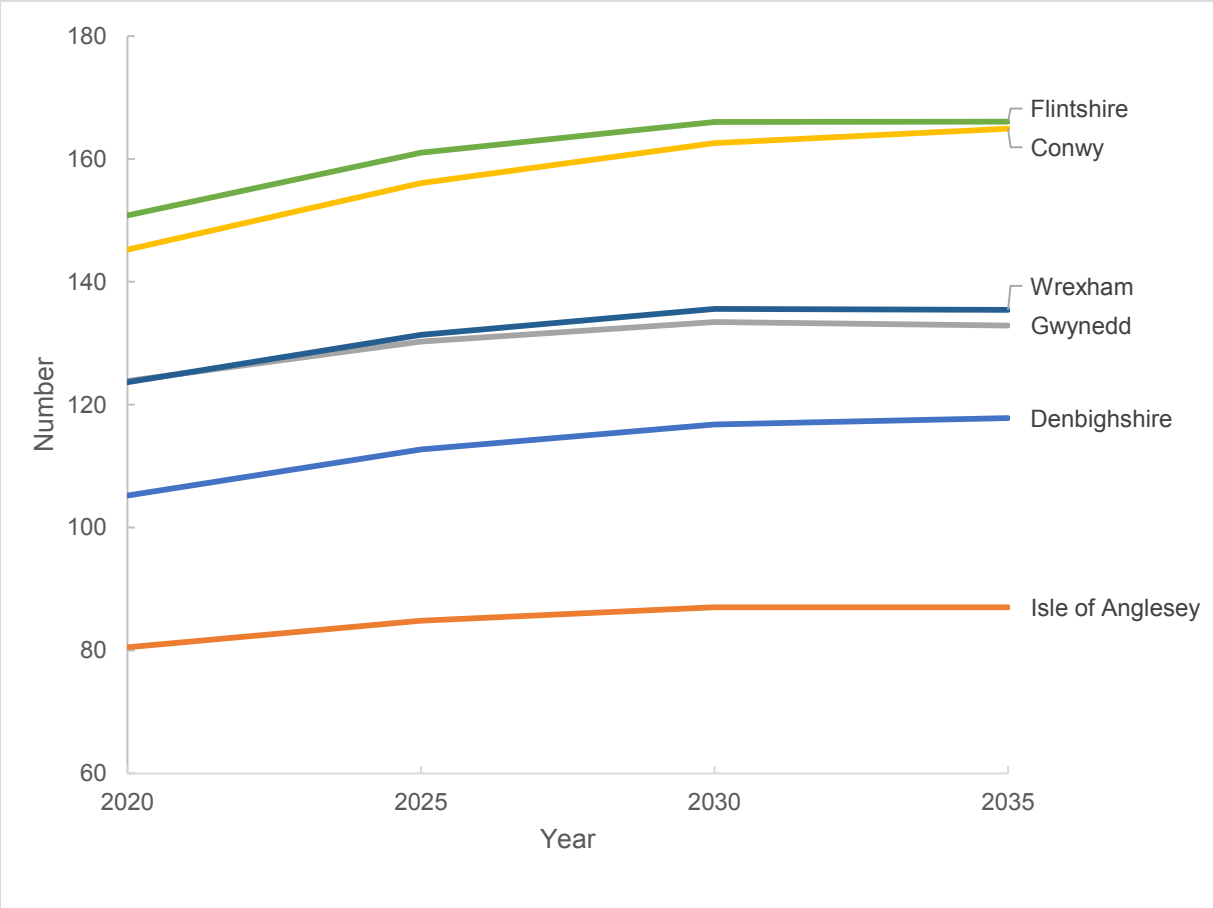
Physical activity

One in four people aged 55-64 are physically inactive, meaning they do less than 30 minutes of physical activity a week. This proportion increases with age and is higher among people living in the most deprived areas. Physical activity has a number of benefits including improved mental health and wellbeing, reduced risk of dementia (see below), reduced risk of being overweight or obese, and if the physical activity incorporates strength and balance techniques it will also reduce the risk of falls. Supporting more people in mid- and later-life to be physically active requires investment in strength and balance programmes; promoting active travel, walking and cycling infrastructure; and encouraging a more age-positive and inclusive offer from the fitness and leisure sector.

Falls and falls prevention

The number of people admitted to hospital following a fall is likely to increase. Falls are a substantial risk to older people and injuries caused by falls are a particular concern, such as hip fractures. After a fall there is an increased need for services, which help the older person to regain their independence and tackle their loss of confidence and skills, particularly after periods of hospitalisation. Loss of confidence, skills and independence may contribute to issues of loneliness and isolation. The chart below shows how the number of people admitted to hospital following a fall is estimated to increase.

Chart X: Predicted number of people aged 60 and over that will be admitted to hospital because of a fall



Source: Patient Episode Database for Wales, Daffodil Cymru

Reducing falls and fractures is important for maintaining the health, wellbeing and independence of older people. It is estimated that between 230,000 and 460,000 people over the age of 60 fall in Wales each year (Ageing Well in Wales). Falls are estimated to cost the NHS more than £2.3billion per year in the UK. The cause of falls can be multifactorial and risk factors include muscle weakness, poor balance,

visual impairment, polypharmacy, environmental hazards and some specific medical conditions. Evidence suggests that falls prevention can reduce the number of falls by between 15% and 30%. To address the risk of falls, a whole system approach is required that addresses risk factor reduction across the life-course through case finding and risk assessment, strength and balance exercise programmes, healthy homes, reducing high-risk care environments, fracture liaison services, collaborative care for severe injury.

BCUHB has a falls prevention team in each of the three areas (East, Central and West). There are three falls leads heading up the community falls prevention for each area, the teams are ICF funded in Central and West with partial funding for the East team. People can be referred to the teams if they are found to be at risk or have had a fall, the falls prevention team provide strength and balance classes although these have been impacted by Covid-19.

The teams are able to assess people in their own home and community to support them with reducing the risks of falls using a multifactorial risk assessment. Interventions can be provided for those assessed via environment assessment, equipment provision, mobility assessment and providing mobility aids, advice, strength and balance classes, home exercise programmes, referring to MDT and other signposting based on need. The team also promote national and local falls prevention messages and events. This includes visiting schools to provide information on bone health at an early age.

Training and support is also provided for care homes across the region. Each area has an operational group that meets regularly with stakeholders. Project pilots are also underway with the CRTs, home first, district nursing teams, community hospitals and rehabilitation wards to help increase knowledge and empowerment in risk assessment competency. From 01/01/2021 to 22/11/2021, 690 referrals have been made to the falls team. A falls database has been created to track the interventions and monitor outcomes for those referred to the service.

Referrals are not yet back to pre-pandemic levels. The teams provide home exercise programmes, but are finding that they are seeing a greater need as a result of the shielding guidance and lockdown restrictions limiting people to their homes.

Following the lockdown people would likely still have a reluctance to go out for shopping, hobbies etc. and the service noted a rise in deconditioning as a result.

Age-friendly communities

Age-friendly communities are places where people of all ages can live healthy and active lives. The wider determinants of health are often important factors that can impact on how age-friendly our communities are. Housing, environment, employment and income are all crucial factors that determine our health and wellbeing and can significantly impact on healthy ageing.

Housing

Housing can have a significant impact on healthy ageing. The majority of older people live in mainstream housing rather than specialist housing. Many mainstream homes are contributing to poorer health in older people due to them being cold and damp or having hazards that risk trips and falls. Upgrading and refurbishing housing would significantly reduce these risks around falls (such as fewer trip hazards) and create a significant saving to the NHS and social care.

Environment

The environment helps determine how active older people can be in society. The built environment and outdoors spaces can determine the long-term health and wellbeing of those who use them regularly, reduce the risk of falls, promote physical activity and reduce social isolation. This can include access to green spaces, the design of public buildings and spaces (including our high streets) and transport. Making these accessible to older people can ensure they are able to continue to participate in society. Key changes to making the environment more age-friendly, include things such as:

- maintaining pavements,
- providing public benches,
- improving traffic related safety by lowering speed limits,
- having appropriate signal timings for pedestrians and cars,
- signal-controlled crossings
- central pedestrian refuges.

- more accessible public transport by having short distances between bus stops, sheltered bus stops, good signage and seating in well-maintained areas.
- Ensuring communities are dementia friendly and incorporate dementia friendly measurers into new developments.

Creating these environments requires collaboration across partners coproduced with older people.

Digital inclusion

As more information and services move online, it is crucial that older people are able to benefit from the opportunities this offers in terms of accessing services and reducing isolation. There are still 4.8 million people over the age of 55 who are not online, making up 91% of the population who are not online (5.3 million people) (ONS, 2018). 87% of those aged 65 – 74 use the internet compared to 99% of 16 – 44 year olds. Fewer people in Wales use the internet to manage their health needs compared to the UK overall. Only 36% of over 75's have basic digital skills. Some of the most digitally excluded groups are also more likely to be accessing health and social care services (Digital Communities Wales, 2021).

Failing to address the online divide places older people, particularly those from more deprived communities, at increased risk of poorer health. A common barrier to using the internet is a lack of digital skills, as well as lack of trust and not having the equipment or broadband (Age UK, 2021).

Providing older people with a range of support to develop digital skills including telephone and video call support is one way of addressing this. This does need time and investment to ensure that older people have the opportunity to learn to trust this technology. There should also be choice available to ensure those who do not want to use the internet can continue to access services.

Social isolation and loneliness

Around 10% of over 65s report experiencing chronic loneliness at any one time (Victor, C, 2011). As absolute numbers of older people grow, the number of people experiencing loneliness is also likely to increase. Particular groups of older people have also been found to be at increased risk of loneliness and isolation. Older people in residential care have been found to experience high levels of loneliness and isolation. Surveys suggest older lesbian and gay people also experience higher levels of loneliness. Loneliness is associated with a range of health risks, including coronary heart disease, depression, cognitive decline and premature mortality (Valtorta, N.K., Kanaan, M., Gilbody, S., Ronzi, S. and Hanratty, B., 2016). Developing responses to tackle loneliness in older people are crucial for preventing the adverse impacts of loneliness.

It is recognised that when addressing loneliness, there are a number of key challenges. These include reaching lonely individuals, understanding the nature of the loneliness and personalising the response, and supporting the lonely person to access appropriate services. Taking an approach that considers loneliness within this framework will ensure that the interventions offered are reaching those who need the services and are personalised to their needs.

5.4 Dementia

Definition

The definition for dementia is taken from the North Wales Dementia Strategy which was published in March 2020. The term dementia describes symptoms that may include memory loss and difficulties with thinking, problem solving or language. There are many different types of dementia. The most common is Alzheimer's disease but there are other causes such as vascular dementia or dementia with Lewy bodies.

Young onset dementia is where someone is under the age of 65 at the point of diagnosis and affects about 5% of people who have dementia.

Mild cognitive impairment is a decline in mental abilities greater than normal aging but not severe enough to interfere significantly with daily life, so it is not defined as

dementia. It affects an estimated 5% to 20% of people aged over 65. Having a mild cognitive impairment increases a person's risk of developing dementia but not everyone with a mild cognitive impairment will develop dementia.

What we know about the population

There are estimated to be between 10,000 and 11,000 people living with dementia in North Wales. The lower estimate is published in the Quality Outcomes Framework Statistics (Welsh Government, 2018a) and the higher estimate is used in the Daffodil projections (Institute of Public Care, 2017).

The table below shows the number of people in North Wales living with dementia.

Table X: Number of people in North Wales with dementia, by county, 2017

Local council	Total population aged 30-64 with young onset dementia	Total population aged 65 and over with dementia	Total
Anglesey	20	1,200	1,200
Gwynedd	30	2,000	2,000
Conwy	35	2,400	2,400
Denbighshire	25	1,500	1,600
Flintshire	40	2,100	2,200
Wrexham	35	1,800	1,900
North Wales	190	11,100	11,200

Source: Daffodil Cymru.

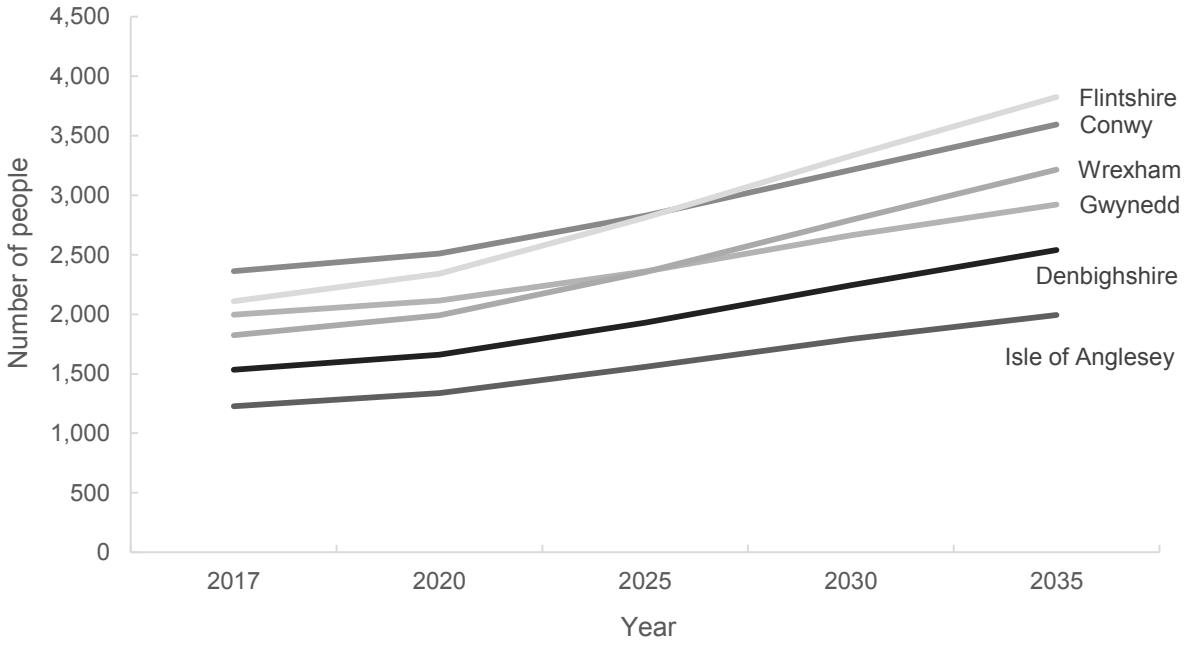
The age profile of North Wales is older than the average for Wales with a higher proportion of older people and a smaller proportion of younger residents in the region compared to Wales. This trend is projected to continue by the latest population

projections produced by Welsh Government. In 2018, there were an estimated 160,900 people age over 65 living in North Wales. This is projected to increase to 206,900 by 2038 (Welsh Government, 2020). This increase is due to improvements in mortality rates, meaning that people are living longer, and also due to the ageing on of the large 'baby boomers' who were born after World War II. There was also a second 'baby boom' in the early 1960s, who are included in this age band towards the end of the projected period.

As people live longer, it is estimated that the number of cases of dementia will increase, as age is the biggest known risk factor. **Error! Reference source not found.** shows the anticipated increase in the number of older people with dementia in North Wales based on this assumption. There is a 64% increase between 2017 and 2035, which would mean around 7,000 more people living with dementia in North Wales. Flintshire is predicted to see the highest increase in people living with dementia.

A study suggests that the anticipated 'explosion' in cases of dementia has not been observed as the incidence at given ages had dropped by about 20%, mainly in men with women's rates decreasing less strongly (Matthews *et al.*, 2016). This means that as the number of people aged 65 and over has increased in the UK they found the number of people developing dementia each year had remained relatively stable. This may be due to improvements to health and more years spent in education, for example, fewer men smoking, eating less salt and doing more exercise. Researchers have warned, however, that an increase in less healthy lifestyles could overturn this trend in the future.

Chart X: Predicted number of people aged 65 and over to have dementia, 2017 to 2035



Source: Daffodil

Mild cognitive impairment is a decline in mental abilities greater than normal aging but not severe enough to interfere significantly with daily life, so it is not defined as dementia. It affects an estimated 5% to 20% of people aged over 65. Having a mild cognitive impairment increases a person's risk of developing dementia. Estimates vary of the number of people with mild cognitive impairments who go on to develop dementia each year from about 5% to 15% each year (Alzheimer's Society, 2019). Not everyone with a mild cognitive impairment will develop dementia.

Dementia prevention

Evidence suggest one-third of cases of dementia in old age could potentially be prevented, through changes in lifestyle behaviour in mid-life (40-64 years old). There is evidence that physical inactivity, current smoking, diabetes, hypertension in mid-life, obesity in mid-life and depression increase the risk of dementia and that mental activity can reduce the risk of dementia. Research tells us that the greatest mid-life risk factor for dementia is physical inactivity. People who are physically inactive in mid-life have more than double the risk of dementia in old age than those who are physically active. This highlights the importance of looking at what positive changes an individual can make as there is sufficient evidence to show that a range of behaviours in mid-life can impact on the risk of dementia in later life.

How can we reduce the risks?

Health behaviours will contribute to reducing the risk of developing dementia. Healthy lifestyle choices can also improve health, wellbeing and help maintain mobility following a diagnosis. Initiatives to support people to make healthy lifestyle choices may want to consider a range of different activities which may address more than one risk factor simultaneously. For example, someone wishing to lose weight may be given healthy weight information and encouraged to increase their activity levels. The Welsh Government's Dementia Action Plan for Wales, 2018-2022, highlights that it is never too early or too late to make changes to your lifestyle, by following six simple steps that may reduce the risk of dementia.

What people are telling us – Flintshire Dementia Strategy consultation

The Flintshire Dementia Strategy is being developed by Flintshire County Council Social Services team, with input from BCUHB, independent care providers, third sector organisations and community groups. This reflects a co-productive approach to developing and delivering integrated health and social care.

This is a summary of the key findings, based on what people said, during the Flintshire Dementia Strategy consultation, with further feedback in the Engagement Report.

- The Flintshire consultation findings echo to a great extent the priority themes and actions defined within the North Wales Regional Strategy and Dementia Action Plan.
- In addition to validating and supporting the regional strategy, the Flintshire consultation has provided some key local insights into current needs and constraints, and provides a focal point for some specific short and long term actions.
- Dementia is perceived as a disease that is becoming more widespread in Flintshire, year-on-year. Awareness and understanding of dementia has improved, but there is still room for improvement to increase knowledge and remove myths across the wider population, especially for younger people.

- There is a fear and stigma relating to dementia, and that diagnosis can prevent a person or their loved ones from living well. Connecting people and sharing positive stories can help.
- The assessment and diagnosis process is seen to take too long for some people, with lengthy waiting times, uncertainty about next steps and limited support throughout the experience.
- There are lots of positive experiences of community action and engagement, with a demand for new groups, cafes and activities, particularly in rural areas. Community engagement and involvement has been impacted greatly by Covid-19 restrictions. Additional organisational and financial support will be required to enable things to restart and new things to start.
- Access to flexible care and respite services and community activities can be limited, and this is compounded by local transport challenges.
- There is some fatigue in relation to consultation, strategies and action plans.

5.5 What people are telling us

In response to the regional engagement survey responders said that there are pockets of examples where services work well. Teams from across different sectors and different organisations work well together to meet the needs of older people, and where well-trained and committed staff work very hard in difficult situations. Specific examples of local services working well included:

- fast assessments for older people in Flintshire,
- proactive and dynamic Social Services in Flintshire,
- improved integrated care and support plans in Denbighshire,
- excellent care from individual staff in Wrexham Social Services, and
- support from Gorwel with housing related needs.

The approaches to providing care to older people that respondents thought to be working well included:

- offering a variety of support options for people to choose from,
- options to engage with services and communities both online and offline,
- delivery of bilingual services,
- care homes that ensure wellbeing outcomes and independence, and provide the security of overnight care when needed,
- support services in people's own homes, and
- providing older people with low level support, such as information and contact numbers, so that they can help themselves and remain independent.

Some responders had more negative views of the current care and support needs for older people. One gap highlighted by responders is the provision of support to older people leaving hospital. People are being discharged from hospital with no care in place, and end up back in hospital because they cannot manage.

Services are aimed at crisis management rather than focussing on preventative support. This results in people being admitted to placements far away from their homes and against the wishes of the family. Further investment in specialised services is required to ensure older people receive the help that they need before they reach crisis point.

Some respondents were concerned that older people with high levels of need, such as nursing needs and dementia care, are not receiving adequate levels of care, because only low level care is available. While emergency care is being provided for older people who fall and are injured, a response service is needed for non-injured fallers and for out-of-hours domiciliary care. Currently, if an older person needs additional support due to an unexpected incident, such as their carer becoming unwell, they have no access to support.

A wider range of suitable housing options is also needed to accommodate the different needs and varying levels of care support of older people. People using services thought older people's care needs to be:

- Streamlined so that one person can provide a range of support rather than lots of people doing their own little bit of support.
- Better organised so that the individual's needs can be met properly.
- Provided by the same staff member, so '*you don't have to repeat yourself every time'* and the staff get to know the individual and their needs.
- Better monitored to ensure the correct amount of hours are delivered.
- More flexible, so they can be delivered only when needed, at a time that suits the client, and can be adapted in response to a change in needs.
- Longer-lasting, with lengthier review periods, rather than closing cases '*at the first opportunity'.*
- Better advertised so that information is available in multiple places and media formats, not only relying on the internet.
- Needs-led rather than requiring the service user to fit with what's on offer.
- Supported by direct payments, so older people can manage their own care and/or employ their own staff.

Some thought that improvements to services would come from more effective and extensive joined up working between local authority and private care, and between health and social care services. Communication around hospital discharge from hospital and co-ordination of joint care packages are two of the main issues of concern.

"*There is absolutely no joined up thinking or approach between health, social care, charitable and contracted care companies. This means a carer has to try to co-ordinate all these services, which adds to their burden*."

The majority of respondents reported that staff shortages are one of the biggest problems for older people's services. Few people want to work in the care sector, and salaries are too low, given that older people's needs are far more intensive than they were years ago.

"*A massive recruitment shortage is affecting the end service user, who is vulnerable and elderly, with poor quality of calls, missed calls, and not being able to provide full amount of time agreed in care packages*."

Proposed solutions included:

- Increasing staff salaries above minimum wage and improving working conditions to attract more new recruits and retain existing staff.
- Investing in training and creating a better career structure for care staff, with financial reward for developing skills and experience, so that services are provided by trained professionals, rather than inexperienced young people.
- Posts to become permanent rather than fixed term or reliant on funding.
- Establishing standard terms and conditions for staff across the sector to improve the stability of the workforce.
- Supporting and incentivising care agencies to deliver safe, single-handed care and upskilling staff in this, so that double-handed care isn't automatically assumed to be necessary.

Such changes clearly require more funding from the Welsh Government, so that services can function at their optimum level, and service users are supported with high quality care in a timely manner.

Another suggestion was to adopt an Italian model of *'strawberry patch'* care providers, whereby small businesses work together to share purchasing and training and then spread out via additional small enterprises.

Specific responses were also received for older people with learning disabilities. Direct payments were working well, but areas for improvement included increasing the number of support staff and allocating more hours of care. More information on older people with a learning impairment can be found in the learning disability chapter.

Few respondents commented on where services for older people with physical / sensory impairments are working well. They reported the following:

- Health and social care staff and the third sector are working more closely together than they used to, partly through the introduction of Community Resource teams.
- The new Chief Officer of Denbighshire Voluntary Services Council is encouraging better working links between the third sector and social value organisations.
- NEWCIS, is providing valuable respite care (though this is limited).

Respondents also highlighted issues which includes the desperate lack of accessible and affordable housing, which has a knock on effect on services as people have to access more support. Many new houses are not designed to be accessible. This has a detrimental impact on how disabled people and older people live. Their only option is residential care, as more flexible and creative options are lacking.

Very little support, counselling or advice is available for people who are having problems coping with loss of hearing and are feeling isolated and or frightened. It is difficult for example to find courses to learn sign language. Services are fragmented and there is no central point of contact for support, information. Social workers who specialise in helping people with hearing difficulties would be helpful.

Staff in a nursing home reported finding it difficult to access social services for their residents, because social workers are closing cases once the individual is admitted to the care home. They said they found the Single Point of Access referrals time-consuming and were concerned about the lack of continuation in care.

Specific recommendations to improve services included:

- better timekeeping,
- more staff so that carers are not rushed and that two staff turn up when needed,
- better liaison between staff so that the needs of the client are always met,
- increased frequency of review of care needs, and
- actions being taken to ensure matters raised on review are addressed.

Mental health services for older people

Service users and carers mentioned the following specific services as providing valuable advice and support:

- the Alzheimer's Society,
- NEWCIS,
- the 24/7 carers in Plas Cnigyll,
- Crossroads Health Respite,
- the Trio service,
- Bridging the Gap scheme for carers,
- Dementia social care practitioners, and
- The Hafan Day Centre.

Services work well when they provide respite and support to both the person living with dementia and their carer, so they can '*have a short break from each other, but be in the same building*'. Home visits also work well, particularly to help the carer adapt to living with dementia. Some carers reported being able to find care quickly when they needed and feeling well-supported:

"*When I made a call to 'single point of access' I couldn't have spoken to a more caring person, and I was extremely distressed at the time. Having that access was reassuring - their help will be required again I'm sure."*

Service providers reported that support from Social Services is working well, particularly the weekly meetings with staff, financial support and PPE provision as well as good communication about what's happening in the care sector. One respondent highlighted the high quality support from CIW and Flintshire Social Services.

A social worker with many years' experience, however, commented that, '*currently I honestly think there is very little that is working well*'. Only the Telecare services, along with the fire service, were thought to have been working well to keep older people safe.

Generally, more services need to be made available to reduce waiting lists, and referrals improved to make access easier. Specific recommendations for improvement included:

- Make a comprehensive list of the existing services more widely available to reach potential service users before a crisis point.
- Open day centres for a greater number of days per week, including bank holidays and weekends.
- End any 'postcode lottery' in services such as the free sitting service for people with dementia that is available in Denbighshire, but not Flintshire.

To this end, funding of services for older people needs to be equal to those of other service groups. Funding for individual care also needs to be simplified and made consistent. For example, Continuing Health Care funding is reported to lead to different outcomes in similar cases. Recruitment of care staff for dementia services is difficult:

"*The stress has been too much on the staff during the pandemic, no matter what we pay them, they are just utterly exhausted. It puts others off to come into care work*."

The lack of staff means that care becomes task-focused rather than treating service users '*as human beings'*. Lack of staff in care homes is reducing communication with families and calls are not being answered.

The care provided by domiciliary carers could be improved by ensuring staff are encouraged to work in the field where they have most talent, either working with mental health or physical health. Those working with people living with dementia require specialist training and extra time to complete tasks. There is a lack of dementia trained care workers, which should be addressed by the local authorities. Social services need to ensure the agencies they employ to provide dementia care are fulfilling their obligations and following care plans carefully. The profile of the profession needs to be raised to attract a high calibre of staff.

A gap in services exists in relation to short home calls for support with medication. Neither health nor social care services provide calls only for medication, but older people with memory problems do need this vital care.

At a system level, health and social care need to work together more effectively. One suggestion for a joint initiative would to be to develop a North Wales Dementia Centre, that can provide pre- and post- diagnostic support to all. This is supported by the All Wales Dementia Standards.

5.6 Review of services

Within North Wales there is a commitment to ensuring that people experience seamless care and support, delivered closer to home. To do this there is a requirement to strengthen the delivery of health and social care services within communities. A range of primary care, community health, social care, independent and third sector services are being brought together to develop integrated health and social care localities based largely on the geography of primary care clusters. This will be supported by greater integrated commissioning and planning between health and social care at county-level.

Integrated health and social care ‘at place’ will mean that we can bring services together within people’s communities, and ensure that they are coordinated, easier to access and better able to deliver what matters to people.

Integrating health and care ‘at place’ also means that the way services are designed and delivered will be determined by the specific needs of individual communities, as determined through the development of Locality Needs Assessments. Strengthened Community Resource Teams (CRTs) will deliver care and support within communities, and will bring together a range of professions and agencies including:

- Community nursing,
- GPs,
- Social work,
- Pharmacists,
- Physiotherapy,
- Occupational therapy, and
- Community agents / navigators / connectors.

The people of North Wales have been very clear that they want to have better access to services in their own communities, and that they want to continue living in their own homes for as long as possible.

These new integrated health and social care localities will improve support available within communities, meaning that people can remain in their own homes for longer, with better access to a range of services to meet their needs. In North Wales the integration of Community Health and Social Care Services is underway. Representatives from all sectors including councils, the NHS and the third sector have come together to form Area Integrated Service Boards (AISBs).

Planning services at the locality level is intended to improve the relationship between statutory health and social care services and communities. Locality leadership teams will provide support to existing community-based services and activities as well as develop new opportunities where none exist currently.

We will focus on improving the health and well-being of people in North Wales. People will be able to better access a whole range of support within their own communities, earlier, and we will move away from providing specialist services, such as traditional day services, and connect people to everyday activities within their local community instead.

Delivering care closer to home will mean that we are able to support more people to stay in their own homes for longer, with fewer admissions to hospital and fewer people needing to move into long-term care.

Digital communities

The North Wales Digital Communities initiative started in response to the Covid-19 pandemic. Over 350 iPads were purchased through Community Transformation, ICF, MacMillan and core funding. These were distributed to hospitals, hospices, care homes, and individuals in supported living accommodation, in order to support with ‘virtual visiting’ and enable people to remain in contact with family and friends, as well as take part in online consultations with their GPs, whilst in lockdown.

The project was so successful that we were able to purchase more iPads, tablets, and technology such as Amazon Echo's and Amazon Show's, as well as smart plugs, and a range of other innovative digital devices. These additional devices have also been given to care homes and are being used to promote independence, as well as being used for a range of well-being activities. They are also being used to support positive risk management within the community.

We have worked collaboratively with Digital Communities Wales to train community volunteers, called Digital Companions, to provide advice and support to assist people who have never used an iPad before, to get online.

Dementia Friendly Communities

In partnership with NEWCIS, Flintshire Council employs a small team to lead on the development of Dementia Friendly Communities, intergenerational projects, Memory Café's, research and programmes aimed at supporting people living with dementia.

Marleyfield dementia Saturday respite

NEWCIS is commissioned to administrate and promote carer respite for a cared for that is living with dementia within the council run Marleyfield Day Service on a Saturday for a period 12 weeks.

This service is referral based, where NEWCIS is commissioned and works in partnership with Flintshire Social Services to provide respite for a carer for a person living with dementia within the council run Marleyfield Day Service on a Saturday for a period of 12 weeks. The carers details are provided to Marleyfield Day Service for an assessment of cared for living with dementia to access the service. The assessment is completed by a senior care worker that manages the respite service.

5.7 Covid-19

The Older People's Commissioner for Wales published a report focusing on the impact of Covid-19 on older people in Wales (Leave No-one Behind – Action for an age friendly recovery, 2020). Key statistics for Wales published in the report found that:

- 94% of people who have died from Covid-19 have been over the age of 60.
- There were 694 care home resident deaths due to Covid-19.
- 53,430 people aged over 70 were required to shield in Wales.
- Over 50% of people aged over 70 say access to shopping, medication and other essentials had been affected.
- 41% of people over 75 do not have access to the internet, with many services moving online during the pandemic, digital exclusion has been a major issue.

Although these statistics are for Wales as a whole, they will reflect a general picture of the impact on older people in the North Wales region. BCUHB statistics for North Wales have demonstrated that the biggest impact on well-being has been social isolation due to shielding guidance. 1 in 3 older people have reported that they have less energy. 1 in 4 older people are unable to walk as far as before the pandemic and 1 in 5 feel less steady on their feet (BCUHB Infographic, 2021).

The Office for National Statistics found over 50% of the over 60s were worried about their wellbeing. Of these, 70% were worried about the future, 54% were stressed/anxious and 43% felt bored. They found the over 60s coped by staying in touch with family/friends, gardening, reading and exercise. The data showed they were more likely to help neighbours, less worried about finances, more worried about getting essentials and less optimistic about how long the pandemic would last. Banerjee (2020) also claims older people are more vulnerable to mental health problems during a pandemic and recommends that consideration is made for the mental health of this group, with increased risk of health anxiety, panic, depression and feeling of isolation, particularly those living in institutions.

Hoffman, Webster and Bynum (2020) discuss the implications of isolation on the older population. They claim reduced physical activities, lack of social contact, and cancellation of appointments, can lead to increases in disability, risk of injury, reduced cognitive function and mental health issues. Campbell (2020) also finds social isolation can impact physical and mental health, with reduced physical activity, limited access to resources, loneliness and even grief. Cox (2020) claims the higher risks for older people are further exacerbated by inequalities, including chronic illness, poverty and race, making individuals with long-term conditions, low socio-

economic status and Black, Asian and Minority Ethnic (BAME) people even more vulnerable.

The Centre for Ageing Better (2020) claim that although many more of the over 55s have moved online, the digital divide has widened during the pandemic, with more services moving to online only. It is important to ensure that older people aren't digitally excluded moving forward. Boulton et al (2020) in a review of remote interventions for loneliness, highlighted methods that can reduce loneliness, including telephone befriending, video communication, online discussion groups and mixed method approaches. They claim that the most successful involved the building of close relationships, shared experiences or characteristics and some pastoral care. In a rapid review, Noone et al (2020) contradict this, suggesting evidence that video consultations reduced loneliness, symptoms of depression and/or quality of life were inconclusive and more high quality evidence was needed.

Third sector organisations supporting older people across the region have reported two major concerns, the first being digital exclusion and the need to find alternatives for those who don't want or aren't able to move activities online. The second concern has been raised regularly by older people of Do Not Resuscitate (DNR) notices being automatically applied to older people in hospital during the pandemic.

A rapid review was undertaken in October 2020 by the North Wales Regional Partnership Board. The rapid review summarises available research about the impact of Covid-19 on people who receive care and support services, this included a section on older people. The Population Needs Assessment Rapid Review 2020 contains further information about the impact of Covid-19 on the population.

5.8 Equalities and Human Rights

Ageism is the stereotyping, prejudice and/or discrimination against people on the basis of their age or perceived age (Older People's Commissioner for Wales, Ageism 2019). There are many impacts of ageism which can include loss of social networks, decrease in physical activity, adverse health effects including mental health, loss of

financial security and loss of influence or self-esteem (Ageism Leaflet Older Peoples Commissioner for Wales, 2019).

The Equality Act 2010 states that the providers of goods and services (e.g. shops, GPs, hospitals, dentists, social services, transport services such as bus services, local authority services such as access to public toilets) and employers must not discriminate – or offer inferior services or treatment – on the basis of a protected characteristic, which includes age.

5.9 Safeguarding

The Social Services & Well-being (Wales) Act 2014 defines an adult at risk as someone who is experiencing or are at risk of abuse or neglect, have needs for care and support (whether or not the authority is meeting any of those needs) and, as a result of those needs, are unable to protect themselves against the abuse or neglect, or the risk of abuse or neglect. A North Wales Safeguarding Adults Board was set up under the Social Services and Well-being (Wales) Act 2014 to:

- Protect adults within its area who have needs for care and support (whether or not a local council is meeting any of those needs) and are experiencing, or are at risk of, abuse or neglect.
- Prevent those adults within its area becoming at risk of abuse or neglect (North Wales Safeguarding Board, 2016).

Abuse can include physical, financial, emotional or psychological, sexual, institutional and neglect. It can happen in a person's own home, care homes, hospitals, day care and other residential settings (Age Cymru, 2016). A report from the Older People's Commissioner for Wales has highlighted the need for more services and support tailored to meet the needs of older people who are experiencing or are at risk of abuse, to ensure they can access the help and support that they need to keep them safe or leave abusive relationships.

The report also identifies a number of issues that can prevent older people from accessing services and support. These include a lack of awareness amongst some

policy-makers and practitioners about the specific ways that older people may experience abuse, and the kinds of support that would have the most beneficial impact. In December 2021 the Welsh Government are due to publish a strategy 'Action Plan to Prevent the Abuse of Older People'.

Age UK found that over half of people aged 65 and over believe that they have been targeted by fraudsters (Age UK, 2015). One in 12 responded to the scam and 70% of people who did respond, said they personally lost money. While anyone can be a victim of scams, older people may be particularly targeted because of assumptions they have more money than younger people and may be more at risk due to personal circumstances such as social isolation, cognitive impairment, bereavement and financial pressures. They may also be at risk of certain types of scam such as doorstep crime, bank and card account takeover, pension liberation scams and investment fraud. This has also been exacerbated by the Covid-19 pandemic during lockdown, where there was reduction in face-to-face service delivery. Many areas of safeguarding resulted in hidden abuse. BCUHB works in partnership with North Wales Police in line with the Wales Safeguarding Procedures s126.

5.10 Violence against women, domestic abuse and sexual violence

Older people may be more likely to be impacted by lack of mobility, sensory impairments, and conditions such as Alzheimer's and Dementia, which may make them particularly vulnerable to exploitation and abuse. Research shows that people aged over 60 are more likely to experience abuse either by an adult family member or an intimate partner than those ages under the age of 60. Safe Lives have a care pathway for Older People which can be accessed here:

Older peoples care pathway.pdf (safelives.org.uk)

Furthermore, such conditions may mean that they are reliant on other people for their care and in certain circumstances, this can make them more vulnerable to abuse and / or neglect, as defined by the Social Services and Wellbeing (Wales) Act.

VAWDASV includes, 'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or

have been, intimate partners or family members regardless of gender or sexuality' (Home Office: 2016). It is likely that in at least some circumstances, older people may be at risk of, or indeed be living with, domestic abuse. Furthermore, they may also be inadvertently perpetrating abuse against caregivers.

This may present unique challenges for social workers and other professionals working with older people. Older people may need a holistic approach, which not only addresses their need to be safe, but to continue to live independently insofar as possible, while having any other ongoing health needs addressed as well.

5.11 Advocacy

The Golden Thread Advocacy Programme was funded by Welsh Government for four years from 2016 – 2020 to run alongside and support the implementation of Part 10 (Advocacy) of the Social Services and Well-being (Wales) Act 2014. The programme has now ended, but Age Cymru's commitment to advocacy in Wales continues through the HOPE project.

Anglesey, Gwynedd and Wrexham: North Wales Advice and Advocacy Association (NWAAA) offer advocacy to over 65s

Conwy and Denbighshire: DEWIS Centre for Independent Living offer advocacy to anyone over 65, or any carer.

People living with Dementia (all counties): Alzheimer's Society offer support for anyone living with dementia, whether they have capacity or can communicate or not.

5.12 Welsh language considerations

An 'active offer' must be provided for people who are receiving or accessing services for older people. The Welsh Government's strategic framework for the Welsh language in health and social care, 'More Than Just Words', aims to ensure that the language needs of services are met and that Welsh language services are provided for those that request it. The Welsh Government have highlighted five priority groups where Welsh language services are especially important. This included older people and people living with dementia.

It is estimated that approximately 2,700 people living with dementia in North Wales will be Welsh speakers (North Wales Dementia Strategy, 2020). It is vitally important that services and diagnostic tests are available via the medium of Welsh for people living with dementia. If Welsh is a person's first language, they may lose the ability to communicate in English when living with dementia (Alzheimer's Society, 2020).
A priority action within the North Wales Dementia Strategy is to continue to promote the active offer of Welsh language services, implement the strategic framework across North Wales and recommendations from research undertaken by the Welsh Language Commissioner and Alzheimer's Society Cymru to overcome barriers.

5.13 Socio-economic considerations

It is estimated that around 18% of pensioners in Wales were living in relative income poverty between 2017 and 2020 (Welsh Government 2020). This number that has been rising in recent years. The pandemic will have been an especially difficult time for the 1 in 5 older people in Wales living in relative income poverty, as they will have felt the greatest impact of increased living costs (Leave no-one behind: action for an age friendly recovery, 2020).

Every year, thousands of older people in Wales, who are struggling financially miss out on millions of pounds of entitlements and financial support. Unclaimed Pension Credit alone totals as much as £214 million during 2018/19. Fuel poverty is a major issue for older people. Again this has been made worse by the Covid-19 pandemic with older people in self-isolation or shielding during periods of lockdown (Leave no-one behind: action for an age friendly recovery, 2020).

A report by the Older Peoples Commissioner for Wales (Leave no-one behind, 2020) highlighted a number of long term actions that should take place to support older people potentially facing financial and economic hardship. These actions include:

- Targeted intervention at a local level to ensure take up of financial entitlements.
- Review support for older workers and examine how interventions could better support people to remain or enter employment again.
- Widen existing home energy efficiency programmes to reduce fuel poverty.

5.14 Conclusions and recommendations

It is recommended that, in line with all legislation, policy and guidance, the following recommendations and priorities are progressed to meet the vision for those with older people within the North Wales region:

- **Workforce:** There are critical pressures faced by older people's social services. This has been exacerbated by the pandemic. There is an urgent priority around ensuring a sufficient workforce is in place to meet the needs of the older population of North Wales, particularly those with more complex needs. Further exploration of this priority will be included within the Market Stability Report.
- **Supporting people at home:** Delivering care closer to home will focus on improving the health and wellbeing of people in North Wales. People will be able to better access care and support in their own communities. This means people can stay in their own homes for longer. The integration of health and social care, such as the work ongoing with Community Resource Teams will support this.
- **Co-production and social value:** Delivering services for older people must include the views of the population. Older people should have a voice in shaping services that they may access. The Wales Cooperative Centre has published a paper outlining how services, such as domiciliary care, can be commissioned using an outcomes based approach for provision, which focuses on well-being. as well as any immediate need.
- **Digital inclusion:** Older people are likely to be one of the more digitally excluded groups. The recent increase in the use of digital technology to access and manage health and social care services means that there is a risk that older people will be left behind. A regional priority around the Older People's Commissioner for Wales guidance for ensuring parity of access to

digital services should be explored cross the partnership. This will ensure older people can access information and services, in a way that protects their rights. This builds on the work taking place as part of digital communities across North Wales.

- **Supporting people in mid and later life to be more active:** Ensuring that new developments incorporate Active Travel routes into and through development, and provide walking and cycling infrastructure contributes towards achieving this. Providing more inclusive services from the fitness and leisure sector, including strength and balance programmes will also assist.
- **Housing and accommodation:** Ensuring developments for new homes are accessible to all, through for example incorporating dementia friendly measures and accessible homes and developments.

Please note that there will be further recommendations within the Market Stability Report for older people's services such as care homes, domiciliary care etc. This will be published on the North Wales Collaborative website in 2022 https://www.northwalescollaborative.wales/

6. General health needs, physical impairment and sensory loss

6.1 About this chapter

This chapter includes information on the needs of the population relating to general health, lifestyle, long term conditions. This chapter also contains information for groups with a physical and / or sensory impairment. The general health and well-being needs for specific groups can also be found in each of the other chapters of this population needs assessment.

Data used within this chapter is from surveys and the sample size means it is not entirely accurate and so needs to be treated with caution.

Definitions

The World Health Organisation (WHO) defines good health as:

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

They describe disability as;

“An umbrella term covering impairments, activity limitations, and participation restrictions. An impairment is a problem in bodily function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. This means that disability is not just a health problem. It is about the interaction between features of a person’s body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.”

Policy and legislation

The Social Services and Well-being (Wales) Act 2014 has placed a duty on local authorities and health boards to development joint needs assessment for their

populations. This population needs assessment is a product of that requirement The duty to assess the overall health of the population underpins other key legislative priorities, such as ‘A Healthier Wales’, which aims to further integrate health and social care within Wales and produce a framework of support that is fit for the future.

6.2 General health status

North Wales compares well in terms of health compared to Wales as a whole, a lower proportion of adults in North Wales report their general health status as fair, and bad or very bad, compared to the Wales average. Denbighshire has the lowest proportion in good or very good health, which is slightly below the Wales average. Other councils in North Wales all have similar proportions.

Table X: General health of adults (age 16 and over) 2018-19 and 2019-20 combined, age standardised

Local council	Health in general Good or Very Good	Health in general Fair	Health in general Bad or Very Bad
Anglesey	76%	18%	6%
Gwynedd	75%	18%	6%
Conwy	76%	16%	8%
Denbighshire	70%	20%	10%
Flintshire	76%	17%	7%
Wrexham	74%	18%	8%
North Wales	75%	18%	8%
Wales	72%	20%	9%

Source: StatsWales table hlth5052, National Survey for Wales, Welsh Government

The table below shows the proportion with any illness, and how much people are limited by longstanding illness. North Wales as a whole has a lower proportion with a long standing illness than the Wales average. Denbighshire is similar to other parts of North Wales for the proportion with a long standing illness, which does not match with the table above for general health.

Table X: Percent of adults (age 16 and over) limited by illness 2018-19 and 2019-20 combined, age standardised

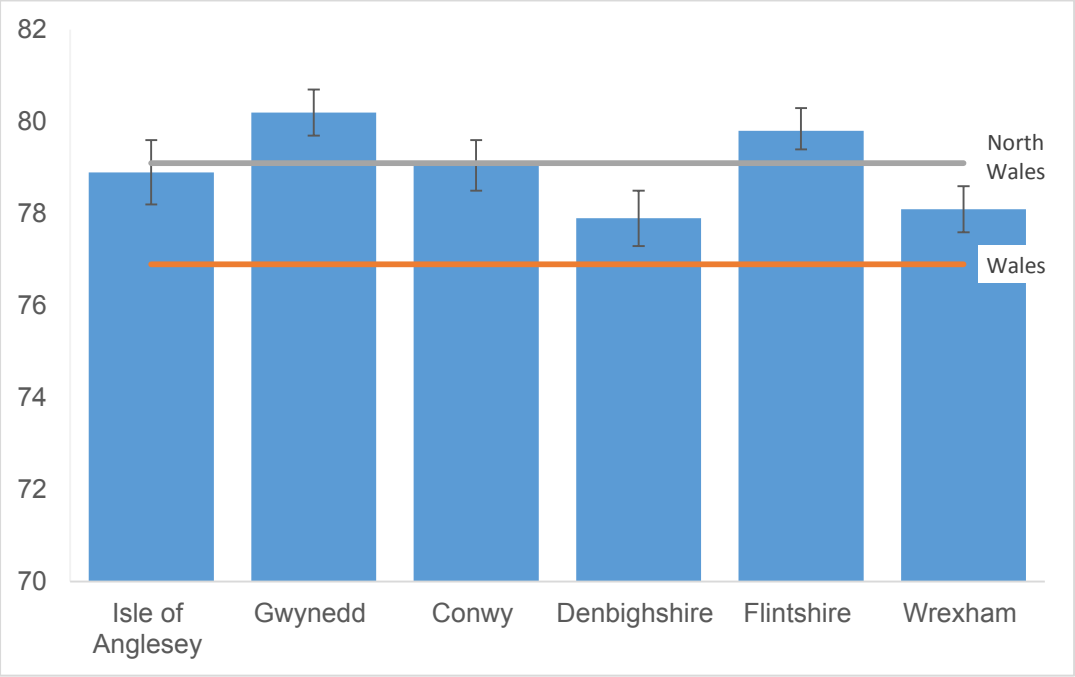
Local council	Any long standing illness	Limited at all by longstanding illness	Limited a lot by longstanding illness
Anglesey	48%	30%	17%
Gwynedd	44%	32%	17%
Conwy	41%	29%	15%
Denbighshire	41%	32%	16%
Flintshire	42%	30%	13%
Wrexham	44%	30%	19%
North Wales	43%	31%	15%
Wales	47%	34%	18%

Source: StatsWales table hlth5052, National Survey for Wales, Welsh Government

Health asset data from the 2021 Census will be reviewed when this data becomes available in 2022. The Census information for 2011 is provided below, as it is still a relevant source of information.

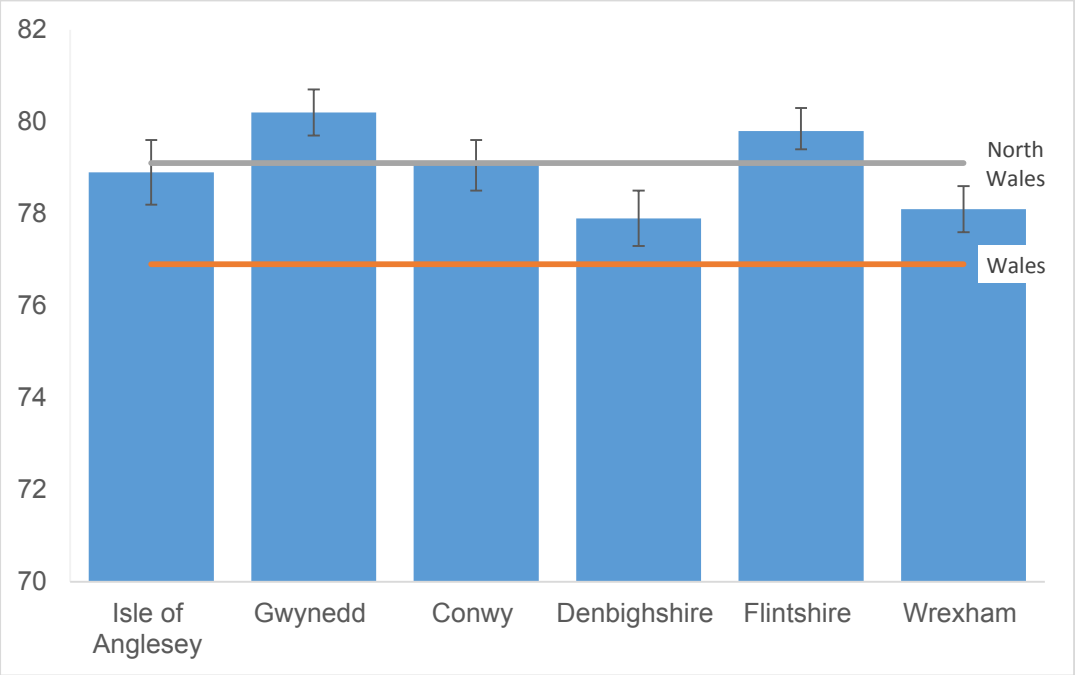
The chart below shows around 80% of people in North Wales report that they are in good health and that their day-today activities are not limited (Jones et al., 2016). Gwynedd has the highest proportion of people reporting good health and not being limited by poor health.

Chart X: Health asset indicators day-to-day activities not limited, age-standardised percentage 2011



Source: Census 2011 (ONS), Produced by Public Health Wales Observatory

Chart X: Health asset indicators good health, age-standardised percentage 2011



Source: Census 2011 (ONS), Produced by Public Health Wales Observatory

The overall rates mask differences in health across the region. Some areas of our population experience greater levels of deprivation and poorer health; and some

groups in the population tend to experience poorer health or experience more barriers in accessing health care and support.

1.1.1. Lifestyle factors

Smoking

Smoking is a major cause of premature death and one in two long-term smokers will die of smoking related diseases. A recent report to the women's board for BCUHB stated that the proportion of women that smoked during pregnancy was 18.7% for the year ending Sep 2020. Rates range from 17% in the East to 22% in the Centre and 19% in the West. When compared with previous years, the Central area has seen in an increase in the proportion of women that smoked during pregnancy.

Table X: proportion who smoke during pregnancy (12 month rolling average to September for each year)

Local council	2017	2018	2019	2020
West (Anglesey and Gwynedd)	18.1%	20.0%	18.1%	16.9%
Centre (Conwy and Denbighshire)	20.5%	19.8%	17.4%	22.1%
East (Flintshire and Wrexham)	16.5%	13.9%	17.4%	17.2%
North Wales	18.1%	17.4%	17.6%	18.7%
Wales	-	-	17%	-

Source: BCUHB / PHW

Nationally, the percentage of pregnant women, who were recorded as smoking at their initial assessment, decreased marginally between 2018 and 2019. The proportion of women (all births) that gave up smoking during pregnancy is reported at 13.6% for the year ending September 2020. An increase from previous years. Rates range from 12% in the East to 17% in the West. Rates have increased in both

West and East areas when compared with the previous two years. A reduction is seen for the Central area.

In North Wales, 17.6% of adults aged 16 years and over report being a smoker and 5.7% reported using an E-cigarette, compared to 17.4% and 6.4% across Wales. Conwy had the highest smoking prevalence at 24.9%, followed by Wrexham at 20%. Gwynedd had the lowest at 10.8%. Rates of smoking vary considerably by area with more deprived areas of North Wales have higher levels of smoking.

Table X: Percent of adults (age 16 and over) who is a smoker or e-cigarette user 2018-19 and 2019-20 combined, age standardised

Local council	Smoker	E-cigarette user
Anglesey	18%	4%
Gwynedd	11%	4%
Conwy	25%	6%
Denbighshire	14%	5%
Flintshire	17%	6%
Wrexham	20%	9%
North Wales	18%	6%
Wales	17%	6%

Source: StatsWales table hlth5002, National Survey for Wales, Welsh Government

Overweight and obesity

Obesity is a major contributory factor for premature death and is associated with both chronic and severe medical conditions, including coronary heart disease, diabetes, stroke, hypertension, osteoarthritis, complications in pregnancy and some cancers. People who are obese may also experience mental health problems, bullying, or discrimination in the workplace (Public Health Wales, 2016a).

Overweight and obesity is related to social disadvantage, with higher levels in the most disadvantaged populations. In North Wales, just over half the adult population (55%) are overweight or obese, which is just below the average for Wales, 60%. Across the region, Flintshire and Wrexham have the highest proportion of adults who are overweight or obese at 58%, followed by Gwynedd (57%) and Anglesey (56%). Conwy and Denbighshire have the lowest proportions.

Table X: Percent of adults (age 16 and over) who are classed as overweight or obese 2018-19 and 2019-20 combined, age standardised

Local council	Underweight (BMI under 18.5)	Healthy weight (BMI 18.5-25)	Overweight (BMI 25-30)	Obese (BMI 30+)
Anglesey	0.9%	42.4%	37.4%	19.4%
Gwynedd	3.9%	38.9%	39.0%	18.1%
Conwy	7.0%	43.1%	30.1%	19.8%
Denbighshire	4.2%	43.6%	30.6%	21.6%
Flintshire	3.7%	38.3%	39.3%	18.8%
Wrexham	3.2%	38.6%	31.5%	26.7%
North Wales	4.0%	40.6%	35.8%	24.1%
Wales	1.9%	38.2%	35.8%	24.1%

Source: StatsWales table hlth5002, National Survey for Wales, Welsh Government

Physical activity

People who have a physically active lifestyle can significantly improve their physical and mental well-being, help prevent and manage many conditions such as coronary heart disease, some cancers, and diabetes and reduce their risk of premature death (Public Health Wales, 2016a).

In North Wales, 34% of adults report being physically active for at least 150 minutes in the past week, which is slightly higher than the Wales average of 55%. Across the region, 63% of adults in Conwy were physically active, which is the highest proportion. Wrexham had the lowest proportion at 49%, which is below the North Wales and Wales proportion (53%).

Table X: Percent of adults (age 16 and over) participating in physical activity 2018-19 and 2019-20 combined, age standardised

Local council	Active less than 30 minutes in previous week	Active 30-149 minutes in previous week	Active at least 150 minutes in previous week
Anglesey	29%	15%	56%
Gwynedd	32%	14%	54%
Conwy	28%	9%	63%
Denbighshire	37%	12%	52%
Flintshire	30%	12%	57%
Wrexham	29%	21%	49%
North Wales	31%	14%	55%
Wales	33%	14%	53%

Source: StatsWales table hlth5002, National Survey for Wales, Welsh Government

Alcohol

Alcohol is a major contributory factor for premature death and a direct cause of 5% of all deaths in Wales (Betsi Cadwaladr University Health Board, 2015). Alcohol consumption is associated with many chronic health problems including: mental ill health; liver, neurological, gastrointestinal and cardiovascular conditions; and several types of cancer. It is also linked with injuries and poisoning and social problems, including crime and domestic violence (Public Health Wales, 2016a).

Alcohol has the greatest impact on the most socially disadvantaged in society, with alcohol-related mortality in the most deprived areas much higher than in the least deprived. Although alcohol consumption is gradually declining, more than 18% of adults in North Wales self-report drinking above guidelines in an average week. Wrexham has the highest proportion of adults aged 16 and over reporting drinking above guidelines, 22%, followed by Flintshire, 21%, which are just above the averages for North Wales, and Wales, (19%). Anglesey and Denbighshire have the lowest proportions across the region, 14%.

Table X: Average weekly alcohol consumption in adults (age 16 and over) 2018-19 and 2019-20 combined, age standardised

Local council	None*	Some, up to 14 units (moderate drinkers)	Above 14 units (over guidelines)
Anglesey	22%	64%	14%
Gwynedd	22%	61%	16%
Conwy	18%	67%	15%
Denbighshire	35%	51%	14%
Flintshire	15%	65%	21%
Wrexham	18%	61%	22%
North Wales	21%	61%	18%
Wales	21%	60%	19%

*may include some people who do sometimes drink

Source: StatsWales table hlth5002, National Survey for Wales, Welsh Government

6.3 Chronic conditions

Chronic conditions are generally those which cannot be cured, only managed. They can have a significant impact for individuals, families and health and social care services (Jones et al., 2016). It is estimated that around a third of adults in Wales are currently living with at least one chronic condition. Evidence from GP practice registers in North Wales confirms a figure slightly higher than this.

Table XX shows the number and percentage of GP practice patients registered as having a chronic condition.

Table X: percentage of GP practice patients registered as having a chronic condition, 2020

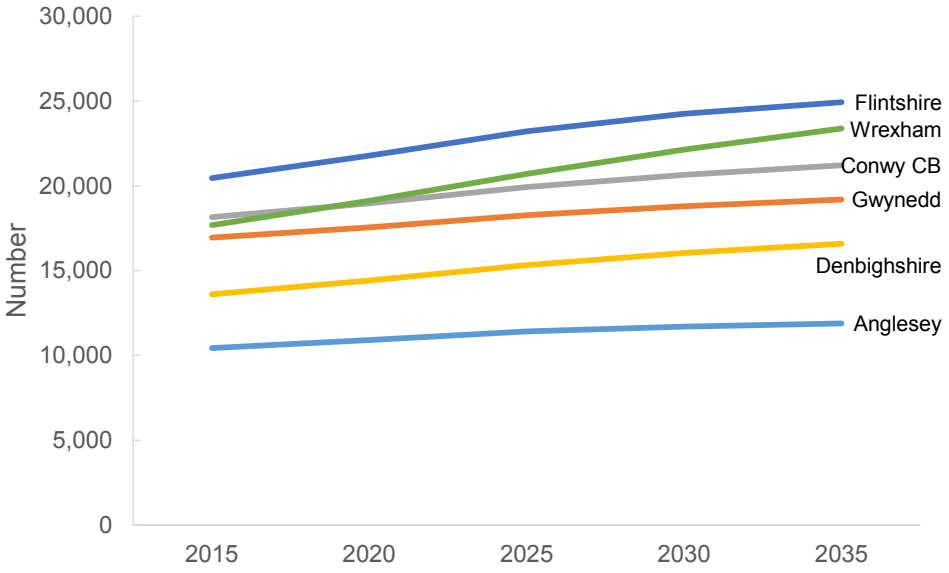
Local council	Asthma	Atrial fibrillation	COPD*	CHD **	Heart failure	Hyper-tension	Stroke ***
Anglesey	8.5%	2.8%	3.1%	4.0%	1.2%	17.9%	2.6%
Gwynedd	7.2%	2.5%	2.8%	3.3%	1.1%	16.1%	2.0%
Conwy	7.6%	2.9%	2.7%	4.4%	1.3%	18.1%	2.5%
Denbighshire	7.8%	2.7%	3.2%	4.2%	1.2%	17.3%	2.2%
Flintshire	7.4%	2.4%	2.4%	3.6%	1.0%	16.2%	1.9%
Wrexham	7.5%	2.3%	2.5%	3.5%	1.1%	16.8%	2.0%
North Wales	7.6%	2.6%	2.7%	3.8%	1.1%	16.9%	2.2%
Wales	7.4%	2.4%	2.4%	3.6%	1.1%	15.9%	2.2%

*Chronic obstructive pulmonary disease: a group of lung conditions that make it difficult to empty air out of the lungs because airways have been narrowed
**Secondary prevention of coronary heart disease
***Stroke and transient ischaemic attack
Source: Quality Assurance and Improvement Framework (QAIF) disease registers, StatsWales, Welsh Government

While these are common conditions, there are many other long-term conditions, which can have a significant impact on a person's ability to participate fully in society and on their general well-being. These include neurological conditions, cancer and the impact of diseases such as stroke. More detailed data on specific conditions can be obtained from local councils or the health board. However, for the purposes of this chapter, we have focused on a summary of the general issues that affect well-being. It is what matters to the individual that should be taken into consideration.

The number of people living with a limiting long-term illness is predicted to increase by nearly 22% over the 20 year period to 2035. See chart XX below. Much of the increase will arise from people living to older age.

Chart X: Predicted number of people aged 18 and over with a limiting long-term illness, 2014 to 2035



Source: Daffodil (Prevalence rate from taken from the Welsh Health Survey 2012, table 3.11 Adults who reported having illnesses, or limited by a health problem/disability; pop base from WG 2011-based population projections)

6.4 Physical disability and sensory impairment

Physical disability

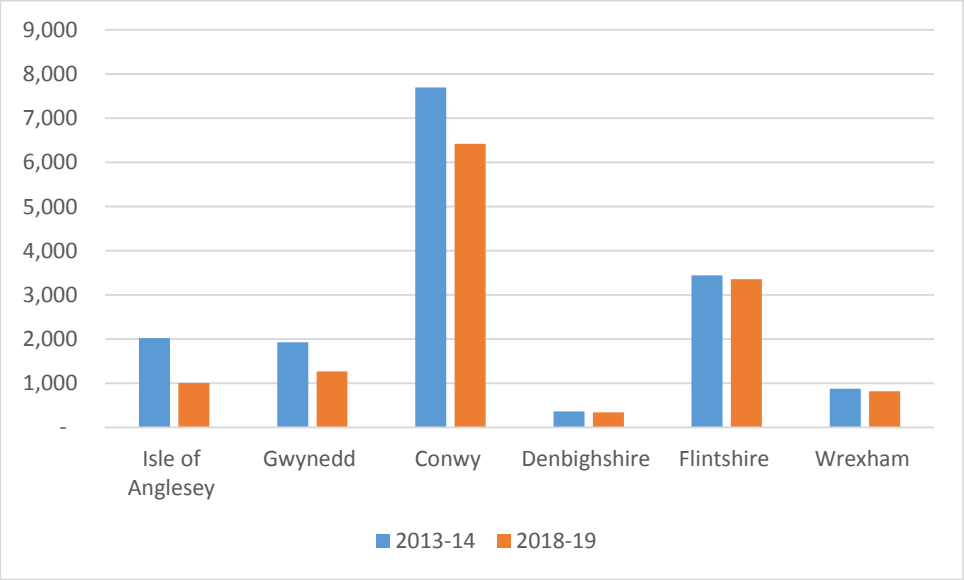
There is an estimated 14.1 million disabled people in the UK. 8% of children are disabled; 19% of working adults are disabled and 46% of pension age adults are disabled (Scope, 2019/2020). The 2011 Census shows that there were nearly 700,000 individuals in Wales with some form of limiting long-term illness or 'disability'. This is 22.7% of the population. 10.8% reported that their day-to-day activities were limited a little, and the remaining 11.9% were limited a lot. The 2021 Census data will become available in 2022. Census data within this assessment will then be reviewed and updated.

More recent estimates from the Annual Population Survey (APS) (year ending September 2020) show that there were 415,600 disabled people (Equality Act 2010 definition) aged 16 to 64 in Wales, representing 21.9% of the 16 to 64 population (Locked Out Report, 2021).

Sensory impairment

Some information concerning physical or sensory impairment (but without visual impairment) is held on local council registers as shown below. The wide variation in numbers suggests the data is incomplete.

Chart X: Physically/sensory disabled people without visual impairment



Source: Local authority register of persons with physical or sensory disabilities (StatsWales table care0016) data collection, Welsh Government

The registers of people with physical or sensory disabilities include all persons registered under Section 29 of the National Assistance Act 1948. However, registration is voluntary and figures may therefore be an underestimate of the numbers of people with physical or sensory disabilities. Registration of severe sight impairment is, however, a pre-condition for the receipt of certain financial benefits and the numbers of people in this category may therefore be more reliable than those for partial sight impairment or other disabilities. These factors alongside the uncertainties about the regularity with which councils review and update their

records, mean that the reliability of this information is difficult to determine and so it cannot be thought of as a definitive number of people with disabilities.

People with sight impairment are registered by local authorities following certification of their sight impairment by a consultant ophthalmologist. The Certificate of Vision Impairment (Wales) formally certifies someone as partially sighted or as blind (now using the preferred terminology 'sight impaired' or 'severely sight impaired', respectively) so that the Local Authority can register him or her. Registration is voluntary and access to various, or to some, benefits and social services is not dependent on registration. If the person is not known to social services as someone with needs arising from their visual impairment, registration also acts as a referral for a social care assessment.

Sight loss, blindness and partial sight loss

Visual impairment is when a person has sight loss that cannot be corrected using glasses or contact lenses (Jones and Atenstaedt, 2015).The table below shows the total number and rate predicted to be living with sight loss. The rate per 1,000 people for North Wales is higher than the Wales rate. Conwy has the highest rate for North Wales at 48 people per 1,000. Wrexham and Flintshire have the lowest at 34 and 35 per 1,000 people.

The numbers registered blind or partially sighted are much lower. Rates per 100,000 people for North Wales are above the Wales average. Conwy has the highest rate at 586 per 100,000. Denbighshire has the lowest at 424 per 100,000 people.

Table X: Estimated number and rate of people living with sight loss (2021) and registered blind or partially sighted (2018-19)

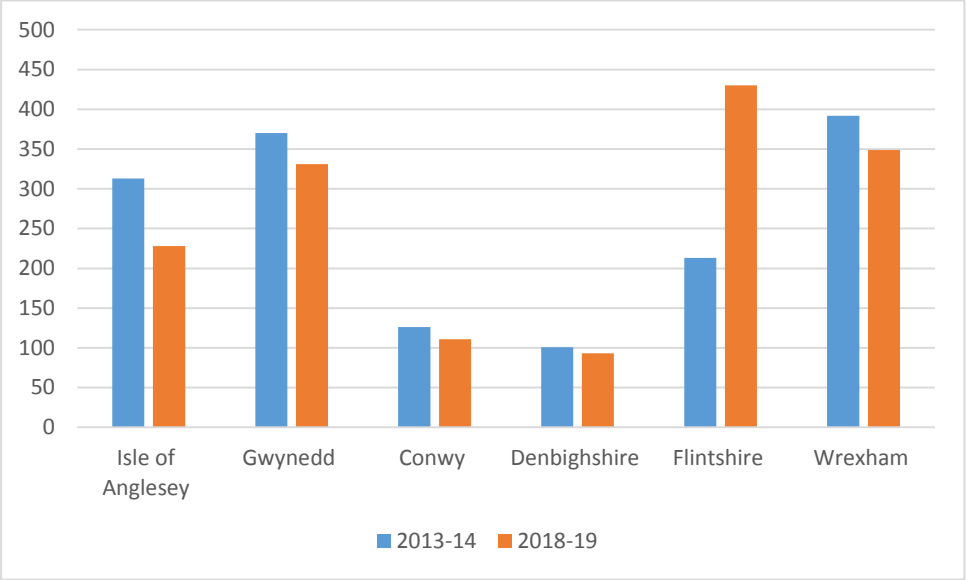
Local council	Estimated number living with sight loss	Rate living with sight loss per 1,000	Total registered blind	Total registered partially sighted	Rate per 100,000 registered blind or partially sighted
Anglesey	2,960	42	200	228	576
Gwynedd	4,820	39	289	331	523
Conwy	5,660	48	168	111	586
Denbighshire	3,750	39	147	93	424
Flintshire	5,460	35	375	430	512
Wrexham	4,580	34	282	349	440
North Wales	27,230	39	1,461	1,542	429
Wales	111,000	35	6,484	6,653	417

Source: RNIB sight loss data tool version 4.3.1

The National Eye Health Epidemiological Model (NEHEM) estimates using 2011 Census population data are shown in table xx. This shows that the estimated prevalence of all vision impairment and low vision in the population aged 50 years and over was slightly higher in North Wales than the all-Wales estimates. The estimated prevalence of severe sight impairment was the same in North Wales as in Wales.

The numbers of people with sight impairment or severe sight impairment can be estimated from the registers held by social services. However, these figures are likely to be underestimates as they rely on self-referral.

Chart X: Number of people with sight impairment



Source: Local authority register of persons with physical or sensory disabilities (SSDA900) data collection, Welsh Government

Table X: Number and rate of sight impaired people per 100,000 population

Local council	Number sight impaired 2013/14	Rate sight impaired 2013/14	Number sight impaired 2018/19	Rate sight impaired 2018/19
Anglesey	313	447	228	326
Gwynedd	370	304	331	267
Conwy	126	109	111	95
Denbighshire	101	107	93	98
Flintshire	213	139	430	276
Wrexham	392	289	349	256
North Wales	1,515	219	1,542	221
Wales	8,676	281	6,653	212

Source: Local authority register of persons with physical or sensory disabilities (SSDA900) data collection, Welsh Government

The percentage of people living with sight loss compared to the overall population is projected to increase from approximately 3.73% in 2016 to 4.92% by 2030 (Welsh Government, 2016).

The table below shows that cataracts, glaucoma and macular degeneration have higher rates in North Wales than for Wales as a whole. Rates vary between local authorities. For cataracts, Conwy has the highest rate in North Wales at 1,638 per 100,000 population, compared to the lowest in Wrexham at 1,118 per 100,000. Conwy also has the highest rate for glaucoma at 1,493 per population, compared to the lowest in Wrexham at 1,103 per 100,000. Conwy, again, has the highest rate for macular degeneration at 7,807 per 100,000 population, compared to the lowest in Wrexham at 5,627. The rate for diabetic retinopathy in North Wales is similar to the Wales rate.

Table X: Rate per 100,000 of people estimated to be living with eye related conditions, 2021

Local council	Cataracts	Glaucoma	Diabetic retinopathy	Macular degeneration*
Anglesey	1,442	1,356	1,999	7,096
Gwynedd	1,285	1,212	2,023	6,294
Conwy	1,638	1,493	2,039	7,807
Denbighshire	1,348	1,285	1,985	6,688
Flintshire	1,179	1,160	1,986	5,932
Wrexham	1,118	1,103	1,957	5,627
North Wales	1,312	1,251	1,997	6,471
Wales	1,174	1,145	1,992	5,871

*includes people living with both Drusen, an early stage age-related macular degeneration, and late stage age-related macular degeneration

Source: RNIB sight loss data tool version 4.3.1

Deaf and hard of hearing

Loss of hearing can be mild, moderate, severe or profound. It can affect one or both ears. Hard of hearing is normally used for people with mild to severe hearing loss. The term Deaf is normally used to describe people with profound hearing loss. There are various ways to communicate, including Sign Language, lip reading, fingerspelling, deafblind fingerspelling and written words.

The RNID estimate that one on five adults in the UK is Deaf or has hearing loss. For people over 50, around 40% are estimated to have some form of hearing loss. this rises to 71% of people aged over 70. Up to 75% of people in care homes are affected (National Institute for Health and Care Excellence, 2019).

Hearing loss can lead to withdrawal from social situations, emotional distress, and depression. Research shows that it increases the risk of loneliness. Hearing loss can increase the risk of dementia by up to five times, but evidence also suggests that hearing aids may reduce these risks.

Number and rate per 100,000 of people estimated to be living with hearing impairments, 2021

Local council	Estimated number moderate or severely hearing impaired	Rate moderate or severely hearing impaired	Estimated number profoundly hearing impaired	Rate profoundly hearing impaired
Anglesey	9,580	13,677	210	300
Gwynedd	15,300	12,283	350	281
Conwy	17,700	15,102	420	358
Denbighshire	12,300	12,853	270	282
Flintshire	17,900	11,467	380	243
Wrexham	15,000	11,033	320	235
North Wales	87,780	12,548	1,740	249
Wales	360,000	11,418	7,940	252

Source: RNIB sight loss data tool version 4.3.1

Deafblindness

The term deafblind covers a wide range of different conditions and situations. We use this term for the purposes of this assessment to mean people who have 'sight and hearing impairments which, in combination, have a significant effect on their day to day lives'. There are approximately over 390,000 people in the UK who are deafblind, with this figure set to increase to over 600,000 by 2035. If you would like more detailed estimates, please contact Sense Information and Advice.

Deafblindness is also known as dual sensory loss or Multi-Sensory Impairment. People who are deafblind, include those who are congenitally deafblind and those who have acquired sensory loss. The most common cause however is older age. Deafblindness can cause problems with communication, access to information and mobility. Early intervention and support provides the best opportunity of improving a person's well-being (Sense, 2016).

Estimates of the number of people with co-occurring vision and hearing impairments suggest that by 2030, in the region of 1% of the population of North Wales will be deafblind. The proportion of deafblind people increases significantly with age.

Table X: Number and rate per 100,000 of people estimated to be living with any dual sensory loss, 2021

Local council	Estimated number with dual sensory loss	Rate with dual sensory loss
Anglesey	560	800
Gwynedd	910	731
Conwy	1,070	913
Denbighshire	710	742
Flintshire	1,040	666
Wrexham	880	647
North Wales	5,170	739
Wales	21,300	676

Source: RNIB sight loss data tool version 4.3.1

Mental health and well-being

Shoham et al (2019) investigated whether people with sensory impairment have more depressive and anxiety symptoms than people without sensory impairment. The study used analysed data from the Adult Psychiatric Morbidity Survey (2014) and found that 19% of people with hearing impairment, 31% with distance visual impairments and 25% with near visual impairments had clinically significant psychological morbidity. The authors found that social functioning accounted for around 50% of these relationships between sensory impairment and psychological morbidity (Shoham et al. 2019).

Deaf people are more likely to have poor mental health – up to 50%, compared to 25% for the general population (Understanding disabilities and impairments, UK

Government, 2017). Depression in adults with a chronic physical health problem is well recognised and there is a significant amount of evidence on effective care and support. As well as management and treatment, the evidence supports the positive impact of information provision, group physical activities and support programmes (NICE, 2012).

Housing needs and homelessness

People living in the most deprived areas have higher levels of hearing and visual impairment, and also long-term health problems, particularly chronic respiratory conditions, cardiovascular disease and arthritis (Public Health Wales, 2016b). People in these areas also may be living in poor conditions.

Housing has an important effect on health, education, work, and the communities in which we live. Poor quality housing, including issues such as mould, poor warmth and energy efficiency, infestations, second-hand smoke, overcrowding, noise, lack of green space and toxins, is linked to physical and mental ill health as well as costs to the individual, society and the NHS in terms of associated higher crime, unemployment and treatment costs (Public Health Wales, 2015). Health problems associated with these issues include respiratory problems, depression, anxiety, neurological, cognitive, developmental, cardiovascular and behavioural conditions, cancers, poisoning and death (Public Health Wales 2016a).

Dealing with hazards, such as unsafe stairs and steps, electrical hazards, damp and mould growth, excessive cold and overcrowding, costs around £67 million per year to the NHS in Wales (Public Health Wales, 2015).The wider cost to society, such as poor educational attainment and reduced life chances were estimated at £168 million a year. It was estimated that the total costs to society could be recuperated in nine years if investment was made to address these problems (Public Health Wales, 2016).

Adaptations to housing can help maintain or regain independence for people with physical disability or sensory impairment. There are a range of initiatives which can assist with housing adaptations, some provided through local councils and some through third sector support agencies.

Extra care housing schemes can give a balance between living in a person's own home and having on-site dedicated care and support if needed. Residential and nursing care provides accommodation with trained staff on hand day and night to look after a person's needs.

Inclusive design and planning requirements

Inclusive design aims to remove the barriers that create undue effort and separation. It enables everyone to participate equally, confidently and independently in everyday activities. Inclusive design is everyone's responsibility. This is an important consideration in the development or redesign of facilities and services.

Meeting access needs should be an integral part of what we do every day. We should use our creativity and lateral thinking to find innovative and individual solutions, designing for real people. By designing and managing our environment inclusively, difficulties experienced by many – including people with a disability or sensory impairment, but also older people and families with small children – can be reduced.

The built and natural environment is a key determinant of health and well-being. The way places are can impact on the choices made such as travel, recreational choices and how easy it is to socialise with others. The planning system is required to identify proactive and preventative measures to reduce health inequalities. For example, through providing opportunities for outdoor activity and recreation, active travel options, enabling connections to social activity, reducing air and noise pollutions and exposure to it, and seeking environmental and physical improvements.

Planning policy Wales sets out five key planning principals, which are vital to achieving the right development in the right place. Facilitating accessible and healthy environments is one. Land use planning and the places created should be accessible to all and support healthy lives. They should be barrier free and inclusive to all. Built and natural environments should be planned to promote mental and physical well-being. Creating and sustaining communities is another planning principal and seeks to work in an integrated way to maximize well-being.

This links to the national sustainable placemaking outcomes, including facilitating accessible and healthy environments, which provide equality of access and supports a diverse population. Environments should promote physical and mental health and well-being. Developments should be accessible by Active Travel. Development proposals should place people at the heart of the design process. Ensuring ease of access for all is also listed as an objective of good design. Proposals must address this, including making provision to meet the needs of people with sensory, memory, learning and mobility impairments, older people and people with young children.

It has been found that good quality housing and well planned developments with enabling environments can have a significant impact on the quality of life of people living with dementia. If a development is planned well for people living with dementia, it is also planned well for everyone, including older people, disabled people and children.

Well planned developments and communities can also impact positively on mental health, through factors such as noise, pollution, access to green space, services and the appearance of a local area. An accessible and inclusive environment, where everyone can participate in society is important to enhancing and protecting well-being and mental health.

The Royal Town Planning Institute has produced practice guidance on mental health and planning and dementia and planning.

6.5 Neurological conditions

There are more than 250 recognised neurological conditions. In Wales, there are approximately 100,000 people living with a neurological condition that has a significant impact on their lives. Each year approximately 2,500 people are diagnosed with a neurological condition, including Parkinson’s disease, epilepsy, multiple sclerosis or motor neurone disease (Neurological Conditions Delivery Plan 2017). The care and support needs of people with neurological conditions can vary from living with a condition to requiring help for most everyday tasks.

The Neurological Conditions Delivery Plan 2017 states that in the near future, the numbers of people with neurological conditions will likely increase due to increased life expectancy, improved survival rates and improved general health care. A key recommendation from the delivery plan is for health boards and local authorities to

develop neurological education frameworks to support training for staff to better understand the needs of those with neurological conditions and their carers.

6.6 What are people telling us

Physical disability and sensory impairment services

What is working well

One service user reported that they are “struggling to get the support they need.”

Others thought that the Accessible Health Service and BCUHB’s diversity work is working well, as well as the provision of aids, adaptations and the befriending service offered by the Live Well with Hearing Loss project.

A service provider commented that partnership work with local social service departments and third sector organisations is strong, which supports delivery of a wide range of quality services, networking and sharing good practice.

What needs to be improved

Access to information and advice in alternative formats is a big challenge for service users with sensory and physical disabilities, in particular information from local authorities and the NHS. Printed material is not appropriate for many, while the increase in online only access to services and information is a major barrier for others.

For Deaf people in North Wales, the provision of information, advice and assistance (IAA) is described as a “postcode lottery”, where some people can access support Monday to Friday 9am to 5pm, while others are limited to certain days of the week. More generally, Deaf people find it difficult to access many activities, as there is no communication provision.

People with disabilities, especially younger adults with disabilities have limited access to care and support that is person centred. People have to wait too long for assessments and support, and communication with social workers needs to be improved.

Those with disabilities that are invisible, fluctuating or rare, can find themselves excluded from services because they fail to meet certain criteria, such as “full-time

wheelchair use". In fact, many wheelchair users have some mobility. Services are therefore creating a "disability hierarchy", rather than responding to individual needs.

Lack of care staff is a concern, which means care is provided at a time that suits the care agency, rather than when the client needs it. Staff sickness and holidays are not always being covered.

The Flintshire Disability Forum have identified three main issues. These include accessible toilet facilities, transport and technology. Transport issues raised include:

- Despite funding to community organisations, accessible transport is limited.
- Transport for Wales recommends that individuals' who require assistance to access the train, book at least 6 hours in advance.
- In regards to buses, not all floors are low enough for wheelchair/scooter access. This needs to be checked before planning a journey.
- Individuals are advised to call 24 hours before their journey if they require assistance.
- Community transport only runs Monday-Friday, 9am-5pm.

NHS services (general health services)

What is working well

Few respondents commented on the health services that are working well. They highlighted the following:

- The service received at Bron Ffynnon Health Centre, Denbigh is commendable, and the care received at Glan Clwyd Hospital's Cardiology department is priceless.
- Social care workers value their close collaboration with primary health professionals.
- Many were grateful for the support from environmental health and NHS service during the pandemic.
- Care workers reported that health services for young people are working well to ensure that they receive the correct health support and advice, especially

around sexual health advice, getting registered with a GP and referral to Community Dental Services.

What needs improving

A range of services were mentioned as needing improving including:

- Improved end of life support, particularly at nights.
- Continence products are very poor quality and people often use more than is predicted for.
- Speech and language therapists should give more time to non-verbal children.
- Improve older people's access to dental care to avoid impact of oral conditions and dental issues. This includes care home residents receiving dental care in their care home.

6.7 Services currently provided

In 2017, the Welsh Government published a Framework for Action for Wales, 2017-2020, Integrated framework of care and support for people who are D/deaf or living with hearing loss. The North Wales Clinical Care Group for Hearing Loss is working on priorities identified by people living in North Wales, who are hearing impaired. Conwy Council, along with the third sector and health, are participant in this work. Two years ago Conwy introduced Sign Live to all public reception areas of the Council enabling people who use BSL as their first language to communicate with the Council through an online interpreter.

Wales Co-operative Centre, via 'Care to Co-operate', its former co-operative development project, supported a group of Deaf people to fill the gap in services, while Conwy Council invested in Sign Live. Supporting the community to take control and use their own voices, a new service emerged that responds absolutely to their requirements and aspirations, which can develop and grow with further investment from commissioners in social value models. Here's an extract from the case study:

‘Conwy Deaf Translation and Support Service, a co-operative by Deaf People for Deaf People, meet regularly to help sort the troubles their community has. It’s more than a translation service too – people come for help with many things, it could be questions on social media, or advice on private matters. The co-operative have created a place where the Deaf Community feel comfortable to get the assistance they need. This is so important, as 40% of Deaf People have a mental health condition, and the services offered make a huge difference to the well-being of their members. Conwy Deaf Translation and Support Service have made daily life more accessible for their community – the way it should be everyone!’

Community Support Initiative (CSI)

In October 2018, organisations were commissioned to deliver services in the community for citizens in Flintshire who are living with a disability. Each contract was awarded to a different third sector organisation following a tender process.

Each service was designed to deliver support for individuals in the community living with a disability, enabling and supporting their independence and maintain their well-being. The services were designed to capture individuals in the community who may not have had involvement with statutory services yet, supporting them to maintain their independence and not require statutory intervention unnecessarily, with the exception of the Sensory Loss Service which is a statutory obligation of the Local Authority

In the initial stages of the contracts the four organisations, in accordance with the SSWB Act principles, agreed to work collaboratively together to support one another in the delivery of these services. They termed this partnership the ‘Community Support Initiative’.

Community Enrichment and Transport – Keyring Scheme:

- Enable adults and children with disabilities to feel valued and to actively contribute and participate.
- Engage adults and children with disabilities, working with them to recognise and harness their strengths, resources and skills.

- Provide information and advice regarding local transport and facilitate training for safe and equal access to transport.
- Provide advice, resource, practical training and support to help people with disabilities to establish and sustain projects and initiatives.
- Support the growth of active and sustainable communities and developing initiatives in local communities.
- Offer access to technical expertise and support to start-up projects and let the communities continue to support them to grow.
- Provide information and guidance relating to funding streams and fundraising opportunities.

Sensory Loss – Deafness Support Network (DSN):

- Rehabilitate, habilitate and re-able people with sensory loss.
- Enhance quality of life, promote continuing independence and raise awareness of sensory loss in communities.
- Centre on re-ablement, enabling people to do things for themselves (in contrast to the traditional service models) to maximise their ability to live life as independently as possible.
- Enable children and adults with a sensory loss to live more independently and develop skills that otherwise would have been learnt incidentally. This is vital where an individual has lost, been unable, or is delayed in developing those skills as a result of their sensory loss.
- Support individuals through required registration processes, where appropriate.

Technology and Equipment – Centre of Sight and Sound:

- Give people the skills and confidence to use local and online resources.
- Research and evaluate new equipment and technology solutions.
- Identify additional support needs for individuals to enable them to access information & advice.
- Hold community training workshops for people who require extra support.
- The service will recognise the need for specialist provision and refer on to other providers, social service teams, health bodies and other relevant groups.

Wrexham Borough Council currently contract with Vision Support and Deaf Support Network who form part of the Single Point of Access Offer. These services are currently under review with recommendations to follow. Initial findings are that there is a gap in provision for the assessment of people with dual sensory loss and that assessors trained to this standard are in short supply. We will consider how to accommodate these services to better support citizens with dual sensory loss within future service development and commissioning plans.

Wrexham Borough Council are also engaged with BCUHBs regional Hearing Loss Project, which aims to support citizens with hearing loss at a preventive level with less clinical intervention. Care staff across Wrexham are being trained in how to support with low level repair and maintenance of hearing aids.

6.8 Covid-19

The table below provides an overview of Covid-19 in the North Wales area including total cases, hospital admissions and deaths in hospital by local authority area.

Table X: Covid-19 hospital admissions and deaths up to October 2021

Local council	Total cases	Hospital admissions	Deaths (in hospitals)
Anglesey	4,883	202	81
Gwynedd	8,650	287	122
Conwy	10,434	498	181
Denbighshire	10,428	387	164
Flintshire	17,213	475	204
Wrexham	17,771	711	269
North Wales	69,379	2,560	1,021

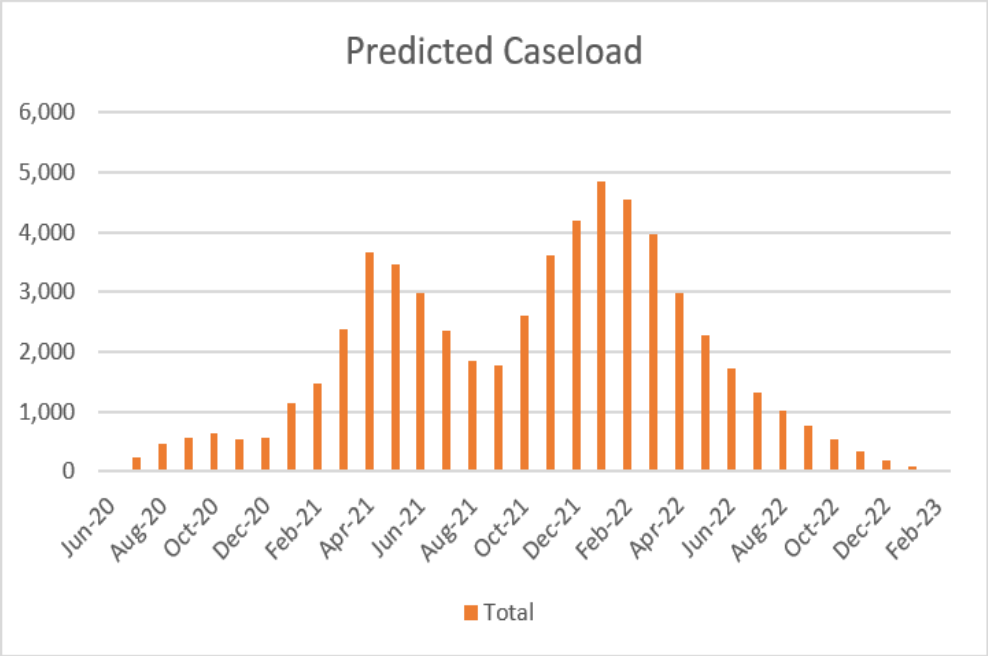
Source: *COVID-19 Dashboard data, BCUHB, October 2021

A key issue emerging as a result of the Covid-19 pandemic for the health and social care sector, is the management of people with symptoms of ‘long-covid’. The Office

for National Statistic has placed a 15% assumption of long-covid cases emerging amongst those who have tested positive for the virus. Based on this assumption, BCUHB have modelled predicted long-covid caseloads as the most likely and reasonable worst case scenarios as part of the BCUHB Long-Covid Recovery Programme.

It estimates that around 700 patients are already in the system awaiting long-covid services to commence. The modelling estimates that there could be a further 7,000 patients who may acquire long-covid over the coming 12-18 month period. The data underpinning these models is updated on a monthly basis and is subject to change in caseloads. This estimate was provided in September 2021.

Chart X: Predicted long-COVID caseloads BCUHB as of September 2021



*Source: BCUHB

Impact on health and social care services

The Covid-19 pandemic has had a significant impact on the delivery of services across Wales. Much of this is also reflected in North Wales and includes:

- Reduced capacity in emergency departments and hospitals as a whole.
- Disruption of clinical services resulting in significant backlogs.
- The number of people waiting over 52 weeks is at its highest ever.
- People are delaying contacting their GP about symptoms, which could impact on treatment and outcomes.
- Increase in demand for mental health services, including an estimated 25% increase in demand for hospital services.

The impact of Covid-19 is wider than the impact on public health. This is explored in more detail for each of the chapters and a rapid review document is available with in-depth analysis of the impact of Covid-19 on those with care and support needs.

6.9 Equalities and human rights

In May 2013 the Minister for Health and Social Services wrote to all health boards introducing the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. The purpose of the standards is to ensure that the communication and information needs of people with a sensory loss are met when accessing healthcare services. Effective and appropriate communication is fundamental to ensuring services are delivered in ways that promote dignity and respect. The evidence also demonstrates that ineffective communication is a patient safety issue and can result in poorer health outcomes. The standards have informed the objectives of the health board's objectives within the Equality and Human Rights Strategic Plan (BCUHB, 2016).

As a result of the Covid-19 pandemic, people with sensory loss where especially disadvantaged by the guidance and restrictions including measures pertaining to social distancing, face masks and perspex screening. As detailed in the Locked Out report, disabled people have experienced these additional exclusions as a result of

the pandemic. The report states that this has been caused by a lack of co-production with disabled people.

6.10 Safeguarding

Protection from abuse and neglect is noted as one of the key aspects of well-being described above. People with long-term health needs, a physical disability or sensory impairment may fall within the definition of an adult at risk. People who have communication difficulties, as a result of hearing, visual or speech difficulties may be particularly at risk, and may not be able to disclose verbally (Adult Protection Fora, 2013). We should not assume that all adults with a physical disability or sensory impairment are vulnerable, however, but should be aware of potential increased risk factors.

6.11 Violence against women, domestic abuse and sexual violence

As with older people, and any adult with care and support needs, those with health and physical needs, including sensory impairment, may be particularly vulnerable due to their health conditions and thus, be reliant on other people for their care needs, thus increasing a sense of isolation.

Studies have shown that disabled women are twice as likely to experience domestic abuse and are also twice as likely to suffer assault and rape (Safe Lives: 2017)[1].

This may mean that these individuals are at risk of, or living with, abuse and/ or neglect subject to the Social Services and Wellbeing (Wales) Act 2014. This means that they often require a holistic approach that endeavours to keep them safe, while promoting independent living and addressing ongoing care needs.

Again, there is no specific data for those with sensory impairments who are living with domestic abuse across the region, however, it is possible that these conditions may be considered a disability by most agencies. Therefore, in terms of disability across the region, it is estimated that as of 16th September 2021, 12 month rolling

MARAC data showed that between 0-2.3% cases deemed as “high risk” involving disability were heard at MARAC.

As MARAC data covers high risk cases and domestic abuse is an underreported crime, it is reasonable to assume that these figure are an underrepresentation of the true picture. Once again, local authorities should have procedures in place for identifying domestic abuse and signposting to the relevant designated lead for safeguarding. A referral to MARAC can be considered in conjunction with pre-existing care that individuals may already be receiving.

The Social Services and Wellbeing (Wales) Act makes reporting a child or adult at risk a statutory duty and also has an obligation to undertake an assessment of the individual and carers’ needs. An assessment may include a consideration of the individual’s housing needs and other support needs.

Across the region, specialist services available to support those experiencing domestic abuse include Independent Domestic Violence Advisor support, floating support, crisis support, group programmes, advocacy support for current and historic abuse, and sexual abuse and a referral centre.

6.12 Welsh language considerations

As per the More Than Just Words Framework and Action Plan, all health and social care services must provide the active offer for those who wish to access support in Welsh. BCUHB publish a Welsh Language Services Annual Monitoring Report it sets out the work undertaken to meet the requirements of the Welsh language standards.

March 2019 marked the end of the three-year period covered by the Welsh Government’s follow-on *More than just words...* strategic framework. A 2019-2020 Action Plan was developed to provide a structure for continued progress in relation to the promotion and provision of Welsh language services in health, social services, and social care.

The Health Board continues to make progress against the plan and is pro-active in all its theme areas:

Theme 1 – increasing the number of Welsh speakers
Theme 2 – increasing the use of the Welsh language
Theme 3 – Creating favourable conditions – infrastructure and context

Partnership working is also a key element in delivering More than just words, with integrated working becoming even more prominent. The Health Board was primarily responsible for the establishment of the North Wales More than just words Forum. This is a multi-agency group established to facilitate continued regional implementation. The Forum did not meet during the past reporting year due to cross-sector commitments in tackling the Covid-19 pandemic. Networking continued, however, with support and information circulated amongst members to support each other during these challenging times.

The Forum will resume its meetings during the second half of 2021-2022. One of the main principles of More than just words is the “Active Offer”, with priority focused on bringing the “Active Offer” to the front line. The Health Board was instrumental in developing a key approach to identifying language choice through its award-winning Language Choice Scheme, which provides the backdrop for successful delivery of the “Active Offer”.

6.13 Socio-economic considerations

In the UK the percentage of working age disabled people living in poverty is 27%. This is higher than the percentage of working age non-disabled people which is 19% (Scope, 2018 / 2019). Recent research has reinforced earlier evidence of the link between socio-economic deprivation and health inequalities. We know, for example, that there are significant differences in life expectancy and in the prevalence of limiting long-term illness, disability and poor health between different socio-economic groups (Public Health Wales, 2016a).

People living in the most deprived communities experience more years of poor health and are more likely to have unhealthy lifestyles and behaviours than people in the least deprived communities. As a result, the most deprived communities

experience higher levels of disability, illness, loss of years of life, productivity losses and higher welfare dependency (Public Health Wales, 2016a).

Reforms made to the welfare system are having a greater impact across all groups in Wales (Is Wales Fairer? 2018), however, it is pulling more people from certain groups, such as those with disabilities, into poverty. The 'Is Wales Fairer?' report states that disabled people are falling further behind. In Wales, one in five pupils with additional learning needs (ALN) will achieve five GCSE's at grade A* - C, compared with two-thirds of pupils without ALN.

A number of studies and reports indicate that those with sensory impairments, such as sight and hearing loss, face greater socio-economic inequalities. A broad analysis of multiple studies for hearing loss was undertaken by the University of Manchester (2021), which highlighted four broad themes of inequality:

a. There might be a vicious cycle between hearing loss and socio-economic inequalities and lifestyle factors.
b. Socio-economic position may interact with less healthy lifestyles, which are harmful to hearing ability.
c. Increasing health literacy could improve the diagnosis and prognosis of hearing loss and prevent the adverse consequences of hearing loss on people's health.
d. People with hearing loss might be vulnerable to receiving low-quality and less safe health care.

Living with a person who has a disability makes relative income poverty more likely for children and adults of working age. In the latest period 2017-18 to 2019-20 (Welsh Government, Relative Income Poverty, 2021):

- 38% of children who lived in a family where there was someone with a disability were in relative income poverty compared with 26% of those in families where no-one was disabled
- for working-age adults, 31% who lived in a family where there was someone with a disability were in relative income poverty compared with 18% of those in families where no-one was disabled.

6.14 Conclusions and recommendations

It is recommended that, in line with all legislation, policy and guidance, the following recommendations and priorities are progressed to meet the vision for those with a general or chronic health need, physical disability and sensory impairment within the North Wales region:

- **Prevention and early intervention:** unhealthy behaviours increase the risk of poorer general health. A focus on prevention and early intervention to increase healthy behaviours, such as smoking cessation, active transport, physical activity, accessible outdoor spaces and environment, reduction in poverty and socio-economic inequality, will have long term impacts on the general health and well-being of residents within North Wales. These factors are further explored in the well-being assessments across the region.
- **Accessibility of public services / spaces:** responders flagged issues with access (including transport links and other access to public spaces such as toilets) to public spaces, including issues with transport and access to facilities such as toilets. Transport links were especially an issue in more rural areas, where social isolation can be more profound due to lack of public transport infrastructure. As a region, service providers should be mindful of accessibility for those with a physical impairment or sensory loss. This has been made more profound during the Covid-19 pandemic. Work streams for care closer to home and in the community will assist in underpinning this recommendation.
- **Accessible information:** responders flagged that often they have found information materials they receive are not readily accessible. It is imperative that services ensure that all of their materials providing information or guidance, are readily accessible in formats for all users. Printed material is not always suitable for people with sensory loss and the move to digital / online services has also worsened access for many. Services should be mindful that information must be available in accessible formats.
- **Social model of disability:** continue with the way in which health and social care services across North Wales reflect this model within their service planning and delivery reaffirming their commitment to its principles.
- **Co-production of services**: linking strongly with the above commitment to the social model of disability, co-production is a key principle to ensure that disabled people are involved with decision-making around services they may

access. A focus should also be on social value delivery models in line with the principles of the SSWB Act.

7. Learning disabilities

7.1 About this chapter

This chapter includes an assessment of the needs of adults with learning disabilities and adults with autism who also have learning disabilities. Included within this section are young people defined as 16 – 25 years old receiving transitional services. Although some reference is made to all age profiles within this chapter, the focus is on adults and older people.

A detailed assessment and further information about children and young people with learning disabilities, adults with autism who do not have learning disabilities and carers of people with learning disabilities and autism can be found in the following chapters:

- Children and Young People
- Carers
- Autism Spectrum Disorder

What do we mean by the term learning disability?

The term learning disability is used to describe an individual who has:

- A significantly reduced ability to understand new or complex information, or to learn new skills (impaired intelligence); and / or
- A reduced ability to cope independently (impaired adaptive functioning), which started before adult-hood and has a lasting effect on development (Department of Health, 2001).

What do we mean by the term profound and multiple learning disabilities?

The term profound and multiple learning disability (PMLD) is used to describe people with more than one impairment, including a profound intellectual impairment (Doukas et al., 2017). It is a description rather than a clinical diagnosis of individuals who have great difficulty communicating and often need those who know them well to interpret their responses and intent. The term refers to a diverse group of people who often have other conditions, including physical and sensory impairment or complex health needs.

What do we mean by the term autism?

The term autism is used to describe a lifelong development condition that affects how a person communicates with, and relates to other people. Autism also affects how a person makes sense of the world around them. It is a spectrum condition, which means that, while all people with autism share certain difficulties, the condition will affect them in different ways. Around 50% of autistic people also have a learning disability. Further detailed information on the needs of autistic people can be found in the ASD chapter.

7.2 What we know about the population

The data below is based on the learning disability registers maintained by local councils, which only include those individuals who are known to social care services. The actual number of people with a learning disability is likely to be higher. Better Health Care for All estimates that 2% of people have a learning disability. Daffodil estimates indicate that there are around 13,000 people with a learning disability in North Wales.

The table below shows the number of people listed as having a learning disability on GP registers in North Wales. The number has increased across all local authorities

in North Wales and Wales as a whole in the five years from 2015-2020. The rate per 100,000 for North Wales is slightly higher than the Wales rate, 516 compared to 487. Flintshire had the lowest rate in North Wales at 390 per 100,000 population. Denbighshire had the highest at 756.

The number and rate per 100,000 with a learning disability on the GP register

Local council	2015 number	2015 rate	2020 number	2020 rate	Change number
Anglesey	320	455	340	478	20
Gwynedd	630	511	720	577	100
Conwy	530	452	590	496	60
Denbighshire	710	749	730	756	20
Flintshire	580	378	610	390	30
Wrexham	600	445	640	470	40
North Wales	3,370	485	3,630	516	260
Wales	14,180	458	15,450	487	1,270

Numbers have been rounded so may not sum

Source: General Medical Services Quality and Outcomes Framework Statistics for Wales, Welsh Government, and Mid-year population estimates, Office for National Statistics

The following table displays data for 2019-2020 and 2020-2021. This data has been collated by BCUHB from social services registers:

Local council	2019-2020 number	2020-2021 number
Anglesey	325	310
Gwynedd	570	605
Conwy	495	510
Denbighshire	425	425
Flintshire	540	490
Wrexham	555	525
North Wales	2,880	2,865

Numbers have been rounded so may not sum

Source: local council social service registers, collated by BCUHB

7.3 Children and young people with learning disabilities

In 2018-19, there were 770 children (age 0-16) on the learning disability register in North Wales. This number has increased from 680 in 2014-15. This trend is opposite to Wales as a whole, where there was a decrease. Rates for North Wales were much higher at 618 per 100,000 population in 2018-19, when compared to the rest of Wales at 416. There was an increase in the number of children on the register in Conwy, Denbighshire, Flintshire and Wrexham. Wrexham had the lowest rate of children in the register for North Wales at 328 per 100,000 population, compared to the highest in Flintshire, at 1,218 per 100,000. The differences in data could be explained by differing criteria used for data collection at a local level. For example, where Gwynedd has a decrease this might not be the case. The data has been highlighted by the local authority to be treated with caution.

The number and rate per 100,000 of children on the learning disability register in North Wales

Local council	2014-15 number	2014-15 rate	2018-19 number	2018-19 rate	Change number
Anglesey	-	-	-	-	-
Gwynedd	130	627	80	388	20
Conwy	120	639	140	721	30
Denbighshire	80	467	110	654	70
Flintshire	280	978	350	1,218	20
Wrexham	70	251	90	328	-50
North Wales	680	546	770	618	90
Wales	2,840	512	2,340	416	-500

Numbers have been rounded so may not sum

The Wales and North Wales totals do not include Anglesey.

Source: Local authority register of persons with learning disabilities (SSDA901) data collection, Welsh Government, and Mid-year population estimates, Office for National Statistics

Medical advances have had a positive impact with more young people with very complex needs surviving into adulthood (Emerson and Hatton, 2008). Services will need to adapt to make sure they can meet the needs of these young people as they make the move into adult services.

Statutory services are responding to these demographic changes. For example, Flintshire County Council have established a Child to Adult Team to help prepare young people with learning disabilities for adulthood. The team has invested in training to embed the principles and actions required in the Social Services and Well-being (Wales) Act 2014 for children with disabilities. This includes a focus on hearing the voice of the child, the child's lived experience and working to achieving personal outcomes.

The Additional Learning Needs and Education Tribunal (Wales) Act 24 January 2018 has been implemented as of September 2021. The Act and relevant code creates the legislative framework to improve the planning and delivery of additional learning education provision. It applies a person-centred approach to identifying needs early, putting in place effective support and monitoring, and adapting interventions to ensure they deliver desired outcomes.

Please see the children and young people chapter for more information including the impact of the COVID-19 pandemic on children and young people with learning disabilities.

What people are telling us about services for children and young people with learning disabilities

What is working well:

Few comments were made by respondents around services for children and young people with learning disabilities. Some mention was made of good support from schools and successful joint working across care organisations.

What needs to be improved*:*

Recommendations for improvement included:

- more funding and staff,
- better communication between services,
- more activities made available, and
- more support for families with children with additional needs, who can be aggressive.

7.4 Adults with learning disabilities

In 2018-19, around 2,630 adults aged 16-64 were receiving learning disability services arranged by local councils in North Wales. There has been an overall increase in the number of people receiving services across North Wales in the past five years as shown in the table below. This again, is different to the overall trend for Wales, where there is a decrease in the number on the register. Flintshire saw the highest increase by far of those on the register, with an increase of 120 people. Wrexham, Gwynedd and Conwy all saw a decrease of 20 people on the register.

The number and rate per 100,000 of adults aged 16-64 receiving learning disability services in North Wales between 2014-15 and 2018-19

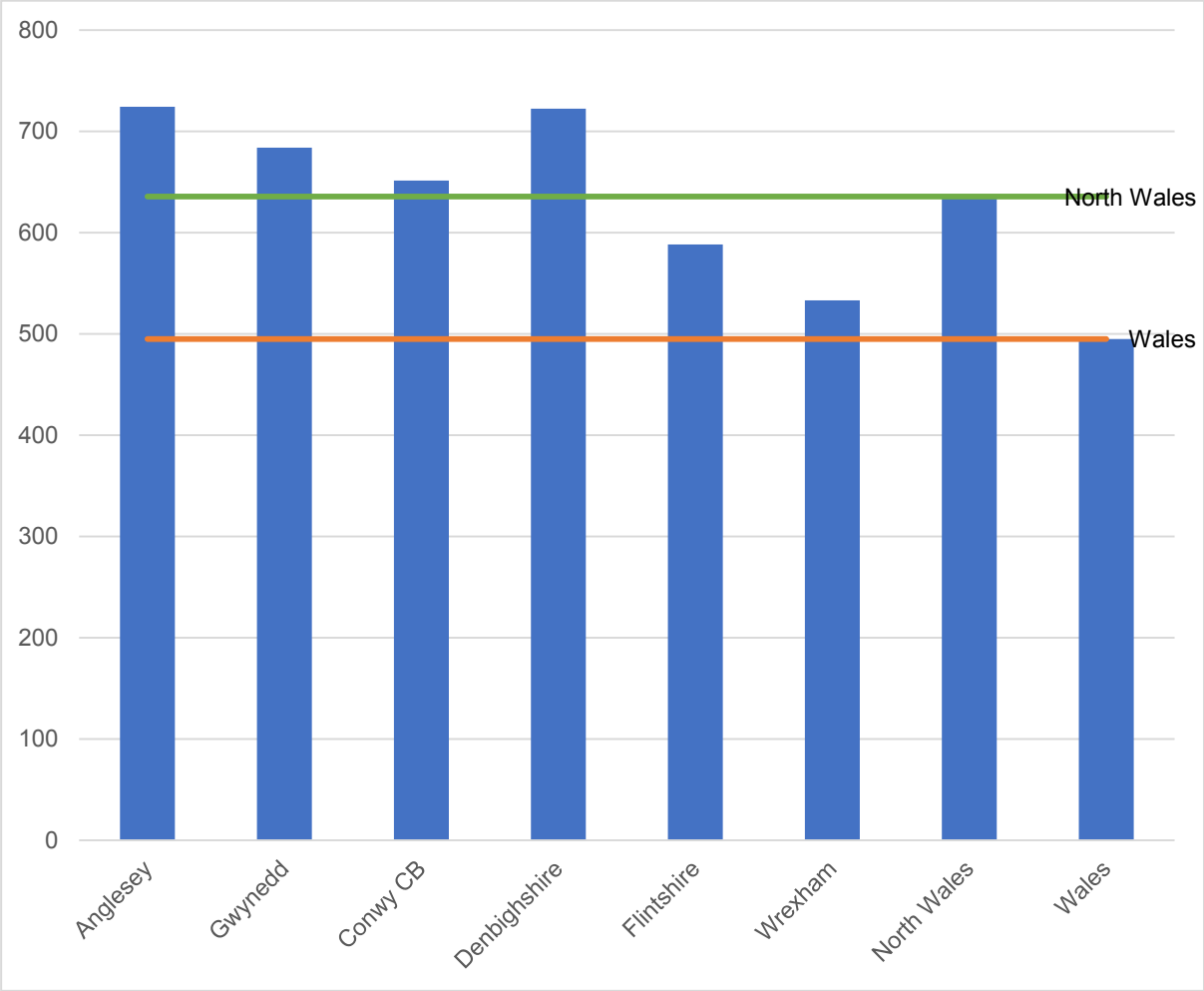
Local council	2014-15 number	2014-15 rate	2018-19 number	2018-19 rate	Change number
Anglesey	270	659	290	724	20
Gwynedd	530	718	510	684	-20
Conwy	450	671	430	651	-20
Denbighshire	380	681	400	722	20
Flintshire	440	462	550	588	120
Wrexham	470	552	440	533	-20
North Wales	2,540	608	2,630	636	90
Wales	11,040	574	9,520	495	-1,520

Numbers have been rounded so may not sum

Source: Local authority register of persons with learning disabilities (SSDA901) data collection, Welsh Government, and Mid-year population estimates, Office for National Statistics

The chart below shows the differences in the rate of adults aged 16-64 with learning disabilities receiving services in North Wales. The total number of people aged 16-64 in North Wales with a learning disability is 636 per 100,000 people. This is higher than the figure for Wales as a whole which is 495 people for each 100,000. In 2014-15, the rates for North Wales and Wales were comparable, 608 compared to 574 people per 100,000. Anglesey and Denbighshire have the highest rates at 724 and 722 per 100,000 population. Wrexham had the lowest at 533 per 100,000.

The rate of adults with learning disabilities aged 16-64 receiving services per 100,000 population 2018 - 2019



Source: Local authority register of persons with learning disabilities (SSDA901) data collection, Welsh Government, and Mid-year population estimates, Office for National Statistics

7.5 Older people with learning disabilities

In 2018-19, there were 300 people aged 65 and over with a learning disability in North Wales, who were known to services. This is a rate of 185 per 100,000 population for North Wales, compared to a much higher rate of 359 per 100,000 for Wales as a whole. North Wales has seen a small increase in the numbers registered, whereas Wales has seen a decrease. Flintshire has the lowest rates at 119 per 100,000 population, compared to Gwynedd with the highest at 252.

The number and rate per 100,000 of adults aged 65+ receiving learning disability services in North Wales between 2014-15 and 2018-19

Local council	2014-15 number	2014-15 rate	2018-19 number	2018-19 rate	Change number
Anglesey	30	189	30	183	0
Gwynedd	60	235	70	252	10
Conwy	60	181	50	165	0
Denbighshire	50	226	50	218	0
Flintshire	40	119	40	119	0
Wrexham	40	153	50	189	10
North Wales	280	181	300	185	20
Wales	2,840	462	2,340	359	-500

Numbers have been rounded so may not sum

Source: Local authority register of persons with learning disabilities (SSDA901) data collection, Welsh Government, and Mid-year population estimates, Office for National Statistics

Current trends in North Wales show an overall increase of around 20 people in the number of aged 65 and over receiving learning disability services between 2014-15 and 2018-19, however this number has fluctuated during this time.

People with a learning disability are living longer. This is something to celebrate as a success of improvements in health and social care. Median life expectancy in the UK for people with Down syndrome is 58 years, this is a dramatic increase from mean life expectancy of 12 years in 1940's. Morbidity and mortality remain higher than for the general population and for those with other disability at all ages.

People with learning disabilities tend to have a higher incidence of chronic health problems. People with Down syndrome are more susceptible to respiratory and gastrointestinal infections as well as heart conditions (Public Health England, 2018). People with learning disabilities are more at risk of developing dementia as they get older (Ward, 2012). The prevalence of dementia among people with a learning disability is estimated at 13% of people over 50 years old and 22% of those over 65 compared with 6% in the general older adult population (Kerr, 2007). The Learning Disability Health Liaison Service in North Wales report that people with learning disabilities are four times more likely to have early onset dementia.

Studies have shown that one in ten people with a learning disability will develop young onset dementia (Dementia UK, 2021). The number of people with Down syndrome who go on to develop dementia are even greater with:

- One in fifty developing the condition aged 30-39.
- One in ten aged 40-49.
- One in three people with Down Syndrome will have dementia in their 50s.

The growing number of people living with a learning disability and dementia presents significant challenges to care services and the staff who work with them, to provide the right type of support. Older people with learning disabilities have increasingly complex needs and behaviours as they get older, which can present significant challenges to care service. Creative and innovative design and delivery of services is needed to ensure older people with a learning disability achieve well-being.

There are also increasing numbers of older carers (including parents and family) providing care and support for people with learning disabilities. In future there may be an increase in requests for support from older carers unable to continue in their caring role. The Social Services and Well-being (Wales) Act 2014 requires local councils to offer carers an assessment of their own needs. It is important to consider the outcomes to be achieved for carers alongside the cared for person and to support carers to plan for the future. Please see the unpaid carer's chapter for more information.

7.6 Health needs of people with learning disabilities

People with learning disabilities tend to experience worse health, have greater need for health care and are more at risk of dying early compared to the general population (Mencap, 2012). The Covid-19 Pandemic has further exacerbated this. A report from Improvement Cymru (2020) found that those with learning disabilities had a higher rate of mortality from covid-19 than the general population in Wales.

Data from the Care Quality Commission (2020) also revealed an elevated mortality rate for those with a learning disability compared to the same point in 2019. Courtenay and Perera (2020) have claimed that people with a learning disability are at increased risk of COVID-19 infection and experiencing more severe symptoms.

Data published in September 2020 by the ONS shows that in the period March to July 2020, 68%, or almost seven in every ten Covid-19 related deaths in Wales were disabled people. People with a learning disability were disproportionally more likely to die from COVID-19 (AWPF, 2020). Evidence within the Locked Out Report also suggests that this death rate was not the inevitable consequence of impairment, as many deaths were rooted in socio-economic factors (2021).

More generally the following health and well-being factors also impact on those with learning disabilities:

- A person with a learning disability is between 50 and 58 times more likely to die before the age of 50 and four times more likely to die from causes that could have been prevented compared to people in the general population.
- Fewer than 10% of adults with learning disabilities in supported accommodation eat a balanced diet, with an insufficient intake of fruit and vegetables (Health Inequalities & People with Learning Disabilities in the UK: 2012 Eric Emerson, Susannah Baines, Lindsay Allerton and Vicki Welch).
- Between 40-60% of people with a learning disability experience poor mental health without a diagnosis.
- Anxiety disorders, depression and schizophrenia are among the more common mental health problems experienced by people with learning

disabilities. Schizophrenia, for example, is three times more common in people with learning disabilities than in the general population (Blair, 2019).

- People with learning disabilities have increased rates of gastrointestinal and cervical cancers.
- Around 80% of people with Down syndrome have poor oral health.
- Around a third of people with learning disabilities have epilepsy (at least 20 times higher than the general population) and more have epilepsy that is hard to control.
- People with learning disabilities are less likely to receive palliative care (Michael, 2008).
- People with learning disabilities are more likely to be admitted to hospital as an emergency, compared to those with no learning disability (Liverpool Public Health Observatory, 2013). This may be due to problems in accessing care and lack of advance planning.
- Fewer adults with learning disabilities who use learning disability services smoke tobacco or drink alcohol compared to the general population. However, rates of smoking are much higher among adolescents with mild learning disabilities (Health Inequalities & People with Learning Disabilities in the UK: 2012 Eric Emerson, Susannah Baines, Lindsay Allerton and Vicki Welch).

People with learning disabilities often have a poorer experience of health services due to communication issues. Between 50% and 90% of people with learning disabilities have communication difficulties and many people with profound and multiple learning disabilities (PMLD) have extremely limited communication ability.

This may result in diagnostic overshadowing by health professionals attributing symptoms of behaviour to the person’s learning disability rather than an illness. This can be a particular issue where needs for support through the Welsh language are not being met (MENCAP, 2007; Welsh Government, 2016). Local councils and BCUHB are addressing these issues by developing accessible information for people with learning disabilities to improve communication, including hospital passports and a traffic light system.

People with a learning disability often have poorer access to health improvement and early treatment services; for example, cancer screening services, diabetes annual reviews, advice on sex and relationships and help with contraception (Liverpool Public Health Observatory, 2013). The Learning Disability Health Liaison Service in BCUHB work across North Wales to raise awareness and reduce inequalities. The work includes promoting annual health checks and health action planning to support people to take responsibility for their own health needs and saying how they want these needs to be met. Each of the three district general hospitals in North Wales have an acute liaison nurses who provide support to people with learning disabilities, hospital staff and carers when a person is accessing hospital services.

North Wales Health Checks Service aims to increase health checks and health screening in North Wales, in particular the service increases awareness of health and wellbeing of people with learning disabilities. The service also provides employment opportunities for 14 people from North Wales with lived experience.

Conwy Connect provide and promote an integrated approach to health checks and screening. They have established a member led peer education team who will deliver workshops online and eventually face-to-face. Drop in health and wellbeing sessions will also be facilitated in partnership with the Health Board once recruitment has taken place.

As a result of the project there should be an increase in the uptake of health checks across the region, increased uptake of health screening and for people with learning disabilities to have a greater awareness of their own health and wellbeing needs. Overall, there should be an improvement in the delivery of health care to people with learning disabilities across the workforce.

Additionally, there has been an appointment of a Regional Self Advocacy Officer as a result of a need to bring in new voices to self-advocacy groups across North Wales. This is being taken forward in a partnership between Conwy Connect, NWAAA and All Wales People First. The Self Advocacy Officer is a person with a learning disability and is employed by Conwy Connect. Their role is to link into local organisations and groups across North Wales to raise awareness and promote the benefits of self-advocacy to people with learning disabilities.

This has led to new members from Wrexham and Flintshire joining the regional learning disability participation group. People with learning disabilities do need support to understand what self-advocacy is and by being peer led, this role is helping to increase their access to local self-advocacy services.

These projects have been funded by North Wales Together Learning Disability Transformation Programme. The health check project is modelled on Ace Anglia peer led education project. Ace Anglia also provided mentoring support to Conwy Connect to adapt and implement the project.

7.7 Future trends

Based on overall population trends, it is expected that the number of people with learning disabilities needing support is increasing. It is projected that the number of adults aged 18 and over with a moderate learning disability is likely to increase by around 6% by 2035 and people with a moderate or severe learning disability is projected to increase by around 3% by 2035. The increase is most noticeable in the 65 and over age group due to increased life expectancy.

In North Wales it is expected that those aged 65 and over will increase between 20-30% by 2035. Linked to this there is also an increase in older carers who provide support for people with learning disabilities. Children and young people projections indicate that the number of children with learning disabilities is likely to increase slightly over the next 5 to 10 years and then decrease slightly by 2035.

7.8 What people are telling us

What is working well

In response to the regional engagement survey, 110 responses were received for learning disabilities services and support. Responders said that services for people with learning disabilities are working well where they:

- Take a flexible approach.
- Provide different opportunities for people to have a variety of choice of activities or work placements.
- Make good use of community facilities and / or groups.

- Include online and face-to-face activities.
- Support people to learn new skills.

Individuals reported that they appreciated the support they had received during the pandemic from “good and helpful staff”. One service user praised their work experience at Abbey Upcycling, and others reported:

> “I currently receive support from Livability. They’ve helped me a lot especially through lockdown. Quite a lot of fun was had – they’d ring, we’d play games, had a chat on the What”s App group. My support workers have all been wonderful.”

> “The Salvation Army (Wrexham) are providing my son with Till Training Skills, so that he might one day be able to volunteer in a shop. He has been turned down for this type of work as he lacks these skills. The training is excellent. He has work experience with The Red Cross - this is excellent.”

Service providers commented on how well they are working with other agencies and were grateful for the recent support that they received from social services, mentioning Gwynedd and BCUHB. BCUHB is acting as host employer for a project that helps people with learning difficulties gain employment and has developed an “accessible” recruitment pathway for this purpose.

What needs to be improved

In common with other care services, some respondents commented that much needs to be improved. Council services were described as “poor and too generalised”, and needing “rebuilding from top to bottom”. Again it was suggested that funding be increased, and staff wages improved to reflect their level of responsibility and to encourage them to stay in the job. Waiting times for assessments also need to be reduced.

Support workers could benefit from developing their digital skills to be able to support service users to become connected digitally. In addition, many more social workers and other professionals are needed with specialist skills to support people with complex needs. For example:

> “We definitely need more Adult Care Social Workers to help people with a learning disability and autism, like my son. We also urgently need a specialist

psychologist for people with a learning disability and autism. There is no-one qualified in Wrexham to do this work. As our son was suicidal, we paid for a specialist psychologist as we were desperate for someone to help him."

"People with learning difficulties said they would like, "More hours for direct payments please so I can go to other places and more often", and "a non-judgemental support centre, to access information, ask questions, socialise, and share/talk".

Adults with learning disabilities need more opportunities for work experience and training to develop their confidence and skills. While the availability of Access to Work services is patchy, existing services are lacking referrals and would like more to be done at the point at which people leave college, to help match individuals to the opportunities available. The culture of low expectations and poor perceptions amongst employers needs to be challenged and clear pathways into work for people with learning disabilities need to be created. The local authorities could play a key role, but currently employ very few people with learning disabilities.

More bespoke housing is needed to cater for individual needs, particularly adults with learning difficulties and others with complex disabilities. Step up/step down services are needed, where there is a placement breakdown and an individual needs more intense support for a period, rather than admission to hospital.

The involvement of people in the co-design of care and support services is still an area that needs improving, as well as person-centred approaches to increase the service user's voice and control over own their lives. This could be helped by mandatory training in the values and principles of co-production for all staff, co-delivered by service users.

At a system level, there needs to greater integration of health and social care services, as this has not progressed for learning disability services, since "different models are still in use across the region and joint funding is still an ongoing area of disagreement and dispute".

The full population needs assessment consultation report can be viewed here.

North Wales Learning Disability Strategy consultation 2018

Prior to the regional population needs assessment, an extensive consultation was also held for the development of the North Wales Learning Disability Strategy 2018 -

2023. The consultation included an online questionnaire, discussion groups, interviews and events for service providers and local authority and health staff. The main messages and key themes arising from this consultation were:

- The need for real choice and control with a focus on rights and equality for people with learning disabilities and the importance of taking a person-centred approach.
- More inclusion and integration of people with learning disabilities into the wider community. Including the need for staff training about specific learning difficulties and an awareness that not all disabilities are visible.
- The support people receive from family and providers often works well and there was praise for dedicated and committed staff.
- Joint working between social care and BCUHB was highlighted as working well in some areas, but something that needs to be improved in others, including better information sharing systems.
- There were mixed views about how well direct payments and support budgets worked for people. Some said they worked well for them, whereas others commented that they need much more support to use them and shared difficulties of finding a direct payment worker.

Issues that could prevent people from experiencing good outcomes were also highlighted, including:

- Support for carers, specifically the lack of short breaks for families and provision for people with more complex needs, such as challenging behaviour. People mentioned the importance of considering the impact on families, including the needs of siblings of children with learning disabilities (more information on children with learning disabilities can be found in the Children and young people chapter).
- The needs of older carers, especially around planning for the future when they may be no longer able to provide care themselves.
- There were concerns around funding of services. Responders raised that wherever possible they should work together and consider merging budgets to try and address these issues and make better use of technology.

- Transport was important for inclusion in activities, such as having someone who could drive them, bus passes and affordable transport.
- Access to information and more information about services. The staff consultation highlighted the importance of promoting and developing Dewis Cymru as a source of information about the services and support available in local communities.
- Workforce development and specifically the importance of training and support for staff particularly support workers. There was also mention of the wider workforce and those such a GPs who could benefit from additional training about the needs of people with learning disabilities.

7.9 Services currently provided

People with learning disabilities often need support across many aspects of their lives. This support can come from a network of family and friends, the local community and from local authorities, health services and the third sector.

North Wales Together Learning Disability Transformation Programme

The Learning Disability Transformation Programme is part of the North Wales response to the Welsh Government plan to improve health and social care – 'A Healthier Wales 2018'. Partners in North Wales carried out extensive consultation and engagement to inform the development of the North Wales Learning Disability Strategy 2018 - 2023. The strategy is based around what people have said matters to them:

- Having a good place to live.
- Having something meaningful to do.
- Friends, family and relationships.
- Being safe.
- Being healthy.
- Having the right support.

The Transformation Programme is the implementation arm of the strategy. To achieve the vision and develop approaches based on what matters to people there are five workstreams:

- Integrated structures.
- Workforce development.

- Commissioning and procurement.
- Community and culture change.
- Assistive technology.

Each work stream is taking an asset-based approach to build on the skills, networks and community resources that people with learning disabilities already have. The aspiration is to co-produce the new approaches and service models with people with learning disabilities and their parents/carers so that power and responsibility for making the changes is shared.

The programme has implemented a number of projects including:

- Piloting a pooled budget approach to health and social care assessments, plans, reviews and funding allocations between Anglesey County Council and BCUHB for adults in supported living requiring joint funding.
- Establishing new posts to support transitions through funding to Conwy Connect and Gwynedd County Council Learning Disability Services.
- BCUHB Regional Transition Pathway Group is developing a new pathway from children to adult services. The aim is to agree a consistent approach, not only between learning disability services, but other services where children with learning disabilities may be supported, for example Child and Adolescent Mental Health Services (CAMHS)
- An Additional Learning Needs (ALN) Planning and Development Officer is identifying current trends in relation to post-school outcomes for young people with learning disabilities. They are attending specialist schools to understand the drivers and barriers and make recommendations on how to widen opportunities.

The programme set up an LD Transformation Fund to provide small grants to third sector organisations to develop new projects to meet these needs. In total, over 50 grants were awarded. The grants have supported activities such as:

- New opportunities for people with learning disabilities to make friends and have relationships through the Luv2MeetU dating and friendships agency, Gig Buddies and Media Club and Social Screen.
- The ‘I’ Team project which supports the development of circles of support to promote independence.

- Makaton Choir run by Conwy Connect.
- Outside Lives which runs various working groups which co-produce activities and events (e.g. theatre and the arts, food growing, wildlife, conservation etc.) around particular themes.
- Making sense @home boxes designed for people with Profound and Multiple Learning Disabilities (PMLD) and their carers.

Employment, day opportunities and volunteering

The opportunity for paid employment and day opportunities for people with a learning disability is important. In response to the learning disability strategy consultation in 2018, a number of responders highlighted employment and work opportunities as a significant factor for them. Across the region, there are services provided to support people with learning disabilities to gain skills and experience of employment. The Learning Disability Transformation Team have a focus on employment as a priority and an employment strategy is in development for publication in early 2022.

For example, Flintshire County Council in partnership with HFT and Clwyd Alyn Housing Association designed a 9-month unpaid internship program 'Project Search', where 18-24 year olds can gain experience of the workplace with a view to maintaining employment in the longer term. The 19/20 project search interns have graduated from the programme, with four young people now working more than 16 hours a week. Two have secured positions in the Council, and another two in voluntary roles. Follow on job coaching is still taking place through a job club for those not currently in employment.

The Learning Disability Transformation Team has highlighted employment as a priority work stream from 2021.The programme of work for includes:

- Supporting the North Wales Learning Disability Partnership Group to co-produce an employment strategy for people with learning disabilities. This is being done to address the very low numbers of people in paid employment which is circa 6% despite people with a learning disability saying employment is important to them.

- The team is supporting Denbighshire and Conwy County Borough Council to set up a new Project Search site in partnership with Project Search, Engage to Change, BCU Glan Clywd (host employer) and Agoriad Cyf.
- Through our transformation fund we have created, in partnership with the third sector, 15 new jobs for people with learning disabilities.
- An **Employer Engagement Working Group** has been established by the programme to take forward a programme of work to raise awareness with local employers of the real business benefits of employing people with learning disabilities and to increase their confidence to recruit and employ people.

Housing and accommodation

In North Wales the most common living arrangement for people with disabilities is with parents or other family members (approx. 1,200 people). Just under 800 people are in supported living accommodation, approx. 400 in their own home and approx. 380 in residential accommodation settings. Housing options for people with disabilities must be person-centred.

Data from across North Wales suggests 274 people are waiting for some type of accommodation, for example, an individual living with elderly parents who will require support soon. accommodation types include residential, 24 hour supported living, non 24 hour supported living, own front door and extra care.

Work undertaken in this stream includes:

- Increasing the range of accommodation and support options available to people to prevent them going into residential care. Two pilot schemes in Conwy County Borough and Denbighshire are involving people with learning disabilities and their families in designing bespoke accommodation that promotes independence and is close to home for people with learning disabilities and complex needs.
- Establishing protocols and agreements that interpret ‘ordinary residence’ criteria in a way that facilitates people moving between counties.
- Raising awareness of Direct Payments (DPs), supporting the development of local authority DP recruitment portals/databases of Personal Assistants (PAs), services and options. https://northwalestogether.org/direct-payments/

- Developing brokerage and support to enable people to make the most of their DPs. For example, individuals pooling their DP with others to get better services. https://northwalestogether.org/direct-payments/
- Mapping and piloting short break activities for young children with complex needs in Conwy, including Makaton singing and dancing group and a sensory activities programme and early years' pilot projects https://northwalestogether.org/early-years/

Wrexham County Borough Council have been driving forward their supported living schemes. The remodelling of Heddwch Supported Living Scheme, in partnership with Clwyd Alyn Housing Association, will help people enjoy improved lives within their local communities. Funded through the ICF, individuals' complex health and social care needs can be met by delivering appropriate specialist housing and support – providing greater opportunities, wellbeing and outcomes for users. The bespoke environment reduces risks by delivering creatively designed living space and environments to develop independence and engagement opportunities for individuals in a safe way.

Wrexham County Borough Council, in partnership with First Choice Housing, upgraded supported-housing schemes with the latest assistive technologies so more people than ever can live independently, and closer to home.

The Wales Audit Office (2018) have estimated that local authorities will need to increase investment by around £365 million in the next twenty years to address the increase in the number of people with learning disabilities who will require housing. As part of the enquiry 'Is Wales Fairer?' 2018 the housing situation was highlighted as a key issue. It found that disabled people, including those with learning disabilities, were demoralised and were living in homes that did not meet their right to live independently.

Sport, leisure and social activities

People with learning disabilities often face barriers when accessing leisure or social activities. This is especially critical in more rural areas, where public transport links might not be as robust as more populated areas. In Flintshire the 'Luv2MeetU' initiative has been launched, which focusses on supporting people with learning

disabilities and their families to develop and sustain relationships. This is particularly important for wellbeing, especially in the current climate, when social connections are critical. Digital skills, specifically the issue of digital exclusion, can be a barrier, especially with the transfer of many services to online mediums during the Covid-19 pandemic. This is explored further in the section around Covid-19 impact and is recommended as an area of focus going forward.

Wrexham County Borough Council have commissioned the Friendship Hub, with new third sector partner Yellow and Blue, as an alternative to disability focussed centre provision. The Friendship Hub enables people with learning disabilities to lead the development of inclusive community activity. During Covid-19, the Friendship Hub continued to develop online, offering inclusive activities for anyone who needed support. Working co-productively with the SWS Group Wrexham County Borough Council developed numerous online activities providing support, friendship, information and advice.

Utilising an online network for people with learning disabilities, they have been able to promote meetings and activities throughout the Wrexham County Borough and beyond, reaching people we might not otherwise have done.

Assistive technology

This workstream accelerated pace due to Covid-19 and the impact has been that more people with learning disabilities and their parents/carers are using technology to make friends, have relationships, meaningful things to do and to stay safe and well. The rapid roll out of technology to people in Flintshire, Denbighshire and Wrexham County Borough has facilitated access to online activities and support in the community. This has proved to be a lifeline to many people with learning disabilities, who have been shielding. It has enabled them to connect with others, reducing isolation and loneliness and maintaining wellbeing. Virtual delivery by community and voluntary sector providers means that this has not been constricted to county boundaries or subject to eligibility criteria.

The following has been achieved:

- Raising awareness of the importance of technology for this group of people, and linking with partners, for example with Digital Communities Wales.
- Ensuring people with learning disabilities and their carers have the hardware – phones, iPads, laptops and the software, including communication platforms, social media, apps and other equipment and are supported to learn how to use them.
- Providing staff in learning disability services with IT equipment/packages and are trained to use them in their work as tools that support independence, choice and control. For example, to use in assessment and care planning processes, as well as to promote self-management (for example, of long term conditions).
- Pilot project in Wrexham testing use of apps, which encourage progression and independence, including Multi-Me and here2there.
- Newly published technology strategy that sets out a vision for how technology can be used more effectively for people with learning disabilities across North Wales to help them achieve better outcomes in their lives.

Health improvement programmes

Health improvement programmes should be available to people with learning disabilities from the early years, through childhood and into adulthood, including important life transitions such as the move from primary to secondary education and from education into work. Early intervention in children and young people with learning disabilities can help to support vulnerable families who are caring for people with learning disabilities and prevent any decline in health status. Health improvement programmes designed to address issues such as smoking, illicit drugs, sexual health, alcohol, mental health and well-being, diet and physical activity should be outcome-focused, evidence based and reflect impacts on equality and diversity.

There should be reasonable adjustments to enable people with learning disabilities to access services such as weight loss, smoking cessation and sexual health. Opportunities for physical activity should be encouraged, as well as improved access to appropriate dietary support and healthy eating advice. The implementation of mental health improvement programmes should also address the needs of those individuals with a learning disability.

The Learning Disability Improving Lives Programme is a Welsh Government transformation programme hosted by Improvement Cymru. The programme has identified five priority areas to address inequalities and improve the lives of people with a learning disability in Wales.

The team supports the delivery of the health objectives within the programme. They have four interconnected work streams:

- Physical health,
- Health equality framework (HEF),
- Children and young people, and
- Specialist services.

The team are currently working on the following:

- Publishing a refreshed Once for Wales Health Profile with adjustment for lifespan, continue with its promotion as a patient safety tool.
- Finalising the Delivering Health care resource and explore opportunities for diversifying use of Health Checks.
- Ongoing support and communication in respects to HEF as a data collection during Covid-19.
- Progressing the development of the children & young people's HEF
- Supporting the planning and delivery of the broad vaccination campaign for people with learning disabilities.
- Development and launch of a support pack for families in respect Positive Behavioural Support.
- Accessible and bilingual Self-Care resources that have been evidence based as relevant during COVID-19.
- Supporting data collection in respects to Restrictive Practice across Wales.
- Supporting national public health messaging in respects to COVID-19, ensuring it is produced in an accessible format.

Finalising and launch the Learning Disability Educational Framework for healthcare staff in Wales.

7.10 Covid-19 impact

As result of the pandemic, concerns have been raised, including by the North Wales Learning Disability Transformation Programme, regarding the increasing health inequality being experienced by those with learning disabilities. The pandemic has also had other impacts for people with learning disabilities resulting in new challenges. Support services for people with learning disabilities had to adapt to the lockdown restrictions. Some support has moved online and although some beneficial innovation has emerged, it has meant that some people are digitally excluded and having to substitute face-to-face for phone or online based services has been a challenge.

Through ICF funding, IT equipment has been made available to citizens in residential care and supported living, which was well received. Social activities have also been hosted online which have been crucial in negating the impact of lockdown on overall well-being and feelings of isolation for both those with learning disabilities and their carers. Conwy County Borough Council and Denbighshire Council are jointly developing a Digital Strategy to overcome these barriers.

Wrexham County Borough Council's Friendship Hub members were loaned devices to enable them to join in with online activities, which helped them to become less isolated and build friendships. These technology devices have helped many people throughout the pandemic to remain in contact with friends and family, order their shopping online and take part in activities to improve their well-being.

The North Wales Learning Disability Transformation Programme has recommended that going forward it is imperative that the workforce is also skilled in the knowledge of technological applications to support new ways of working and providing services. Technological support also needs to extend to citizens in receipt of services and support via technology, as it can create barriers to access if not fully supported.

Between March and July 2020 the North Wales Learning Disability Transformation Team collected feedback from people they work with about their experiences during the pandemic. The initial impact of the restrictions, such as lockdowns, meant that day service settings had to close. Some services were able to adapt quickly,

however, and offer online services. Others reported losing their employment and volunteering opportunities and did not feel connected which had a detrimental impact on their well-being.

The relaxation of restrictions left people feeling vulnerable given their physical health conditions. The lack of digital inclusion was also raised as an issue due to the lack of skills and knowledge amongst those supporting people with learning disabilities, as well as a lack of or restricted internet access and ICT equipment.

7.11 Safeguarding

People with learning disabilities have a right to live their lives free from abuse, neglect and discrimination. The Social Services and Wellbeing (Wales) Act 2014 defines that an adult is at risk if: they are experiencing or at risk of abuse or neglect; they have need for care and support (whether or not the authority is meeting any of those needs), and as a result of those needs are unable to protect themselves against the abuse or neglect.

In the year 2015/16, there were 4,000 referrals for adults at risk in Wales. Of these, 15% of referrals were for adults with learning disabilities aged 18-65 and 1% of referrals were for adults with learning disabilities aged 65 and over. No comparable data is available for 2019/2020, however, the number of recorded hate crimes has increased for all protected characteristic groups in Wales, particularly for disability hate crimes (Is Wales Fairer? 2018).

The table below provides data for the number of safeguarding referrals received for people with a learning disability since 2018.

Table X: safeguarding referrals received by local authority

County	People with LD 2018/19 number	People with LD 2018/19 %	People with LD 2019/20 number	People with LD 2019/20 %	People with LD 2020/21 number	People with LD 2020/21 %
Anglesey	25	9%	36	9%	25	8%
Gwynedd	50	10%	31	6%	11	2%
Conwy	?	?	?	?	?	?
Denbighshire	94	15%	80	13%	43	12%
Flintshire	42	7%	112	16%	80	12%
Wrexham	54	6%	No data	No data	61	8%
North Wales						

Source: local authorities

7.12 Violence against women, domestic abuse and sexual violence

As with older people, people with health and physical difficulties, learning difficulties and / or people with sensory impairments, may be particularly vulnerable to VAWDASV. This could be due to a difficulty to identify what is happening to them, and how to articulate this to professionals. As with others with care and support needs, they are also likely to be reliant on other people for their care needs.

In 2016, a study showed that those with learning difficulties or disabilities were more vulnerable to domestic abuse (McCarthy: Hunt: Milne-Skillman: 2016). It is difficult to identify the true scale of the problem, however, as this area is under-researched.

Again, this may mean that these individuals are at risk of, or living with, abuse and / or neglect, as defined in the Social Services and Wellbeing (Wales) Act 2014.They will often require a holistic approach that endeavours to keep them safe, while promoting independent living and addressing ongoing care needs. Researchers suggest that specialist training be provided for professionals to help them better identify the signs and symptoms of domestic abuse in this group.

There appears to be no formal distinction between learning disabilities and physical disabilities in terms of domestic abuse data collection. As with older people, mental health, autism, sensory impairments and physical disabilities, this data gap

demonstrates a clear need to verify the true extent of the problem, particularly given the higher risk factors for abuse amongst this population group. Support can then be prioritised for these groups.

In terms of disability across the region in the broadest sense, it is estimated that as of 16th September 2021, 12 month rolling MARAC data showed that up to 2.3% cases deemed as “high risk” involving disability were heard at MARAC. As MARAC data covers high risk cases and domestic abuse is an underreported crime, it is reasonable to assume that these figures are an underrepresentation of the true picture.

7.13 Advocacy

Wrexham County Borough Council implemented a new contract for advocacy provision in January 2019. The new service places greater emphasis on self, community and peer advocacy, with case-work focussed on those who need independent professional advocacy.

NWAAA facilitate the Wrexham Self-Advocacy group, which remains an important and continually developing service. It gives people the opportunity to discuss, debate and challenge local, regional and national changes that affect them. Wrexham County Borough Council are also seeking to develop their own advocacy services to make sure that they support people with very complex needs. NWAAA also have advocacy projects across Anglesey, Gwynedd, Denbighshire and Flintshire.

Dewis CIL provide advocacy services for vulnerable adults aged 18-64, including people with learning disabilities in Conwy County Borough.

7.14 Socio-economic factors

People with learning disabilities can experience inequality of outcome, most notably lower levels of good health compared to the wider population. Although it is recognised that this in part, is attributed to increased risk from factors associated with a learning disability (Emerson and Baines 2011). People with learning disabilities are more likely than their non-disabled peers to be exposed to poverty, unemployment, poor housing conditions, social exclusion, abuse, victimisation and

discrimination (Health Inequalities & People with Learning Disabilities in the UK: 2012 Eric Emerson, Susannah Baines, Lindsay Allerton and Vicki Welch).

As a priority for the regional programme there is a focus on supporting people to live independently and ensuring people with learning disabilities have a good place to live. The most common living arrangement for adults with learning difficulties is with their parents/family. The physical environment as well as the location are two critical areas for ensuring people have a good place to live.

In the report 'Is Wales Fairer?' it states that people with disabilities, physical and learning, are falling further behind and facing greater socio-economic disadvantage. In Wales, one in five pupils with Additional Learning Needs (ALN) will achieve five GCSE's at grade A* - C compared with two-thirds of pupils without an additional learning need. The early disadvantage in education continues into later life. People with learning disabilities are under-represented in apprenticeships and disabled people have employment rates less than half of that for non-disabled people (Is Wales Fairer Report, 2018). Reforms to the welfare system have had a disproportionate impact on disabled people meaning that they are more likely to be living in poverty.

7.15 Equalities and Human Rights

The Equality Act 2010 introduced a public sector equality duty which requires all public bodies including the council to tackle discrimination and advance equality of opportunity. Within this chapter there are issues and challenges facing people with learning disabilities, who may also have other protected characteristics such as age, and experience disadvantage because of these.

At the time of publication of this needs assessment, the ongoing COVID-19 pandemic has starkly highlighted the inequality faced by those with learning disabilities. In the report 'Locked Out: Liberating Disabled People's Lives and Rights Beyond Covid-19' (2021) it is recognised that the pandemic has had a detrimental impact on many areas of life for those with learning disabilities. 'Into Sharp Relief' stated that people with learning disabilities who lived independently struggled to understand the restrictions. Information such as the shielding guidance / letters were not available in accessible formats.

North Wales public sector partners are committed to the social model of disability. Using the social model of disability as a theory instead of the medical model can change people's outlooks on what other people can achieve, and how organisations and our environments should be structured. People who follow this way of thinking will be able to see past the outdated policies and procedures that can be a barrier to people with learning disabilities leading full and active lives.

Despite much progression in the public perception of people with learning disabilities, there is still some stigma about what they can and can't do. Using the social model of disability, there should be no limits set on what people with learning impairments can achieve; the key is finding the support which they need to enable them to achieve these things.

7.16 Welsh language considerations

People with learning disabilities are identified as a priority group for delivery of social and health care services in Welsh (More Than Just Words, 2012). Priority groups are particularly vulnerable if they can't or don't receive services and support in the language of their choosing.

There is variation across North Wales in the proportion of people with Welsh as their preferred language. This means that there are varying needs across North Wales for Welsh speaking support staff and to support the language and cultural needs of Welsh speakers with learning disabilities. The need tends to be met in areas where there are greater numbers of Welsh speakers, such as Gwynedd, than in areas such as Denbighshire and Conwy County Borough, where recruiting Welsh speaking support staff has proved to be difficult (CSSIW, 2016). Current recruitment and retention issues across the care sector are exacerbating this problem.

7.17 Conclusion and recommendations

It is recommended that, in line with all legislation, policy and guidance, the following recommendations and priorities are progressed to meet the vision for those with learning disabilities within the North Wales region:

- **Employment opportunities:** this has been highlighted in consultation responses as a priority for people with learning disabilities. This has also been highlighted as a priority for partners. The Learning Disability Transformation Programme will be producing a Learning Disability Employment Strategy in 2022 to carry forward actions for increasing paid employment opportunities.
- **Co-production:** it is important the coproduction of services is taken forward to better suit the needs of people with learning disabilities building on work already taking place across the region.
- **Housing and accommodation:** ensuring there is a supply of appropriate accommodation for people with learning disabilities in North Wales. A focus on housing for complex needs is also recommended.
- **Digital inclusion and assistive technology:** ensuring that people with learning disabilities have the skills and equipment needed to be digitally included. This has been particularly important as a result of the Covid-19 pandemic. It is also important that carers and support workers have the digital skills necessary to support people with learning disabilities.
- **Workforce:** a focus on recruitment and retention of the workforce supporting people with learning disabilities. Also encompassing the training and upskilling of the existing workforce to enable them to manage more complex needs in a community setting.

8. Autism Spectrum Disorder

8.1 About this chapter

This chapter includes an assessment of the needs of people in North Wales with Autism Spectrum Disorder. However, it is important to note that some people with ASD self-define as neuro-divergent.

Definition

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition which typically emerges early in childhood. The condition is life-long, however, the presentation of the core features may change as the individual develops. ASD impacts on three broad areas of functioning:

- Social understanding and reciprocal social interaction.
- Communication – in particular reciprocal communication in a social context.
- Difficulties relating to restricted interests, repetitive behaviour, significant sensory difficulties.

The World Health Organisation definition of autism (also used by the Welsh Government) states:

"The term autistic spectrum disorders (ASD) is used to describe the group of pervasive developmental disorders characterised by qualitative abnormalities in reciprocal social interactions and in patterns of communication and by restricted, stereotyped, repetitive repertoire of interest and activities."

ASD is a condition with a wide range of variance in terms of levels of severity and intellectual ability. Some people with ASD may experience a range of mental health and ill health issues. Similarly, ASD may co-exist alongside combinations of other neuro-development conditions such as Attention Deficit Hyperactivity Disorder. Over time a number of terms have been used to describe the condition. It is now current practice to use the global diagnostic category of ASD.

8.2 What do we know about the population?

It is estimated that 1.1% of the population are on the autism spectrum (Burgha et al, 2012). This is an estimated 6,160 people over 18 in North Wales. The rate has been found to be higher in men at 2% than in women at 0.3%.

ASD is more commonly identified in school age children than in adults. There is a strong suggestion of missed cases of adults with ASD. The assessment of ASD only became more widely available in the early 1990's and has largely focussed on children and those with the most disabling symptoms.

Figures for the total number of people aged 18 years and over estimated to have ASD in North Wales, together with future predictions are shown below. These show an increase in the predicted number of people with ASD in North Wales aged 18 and over.

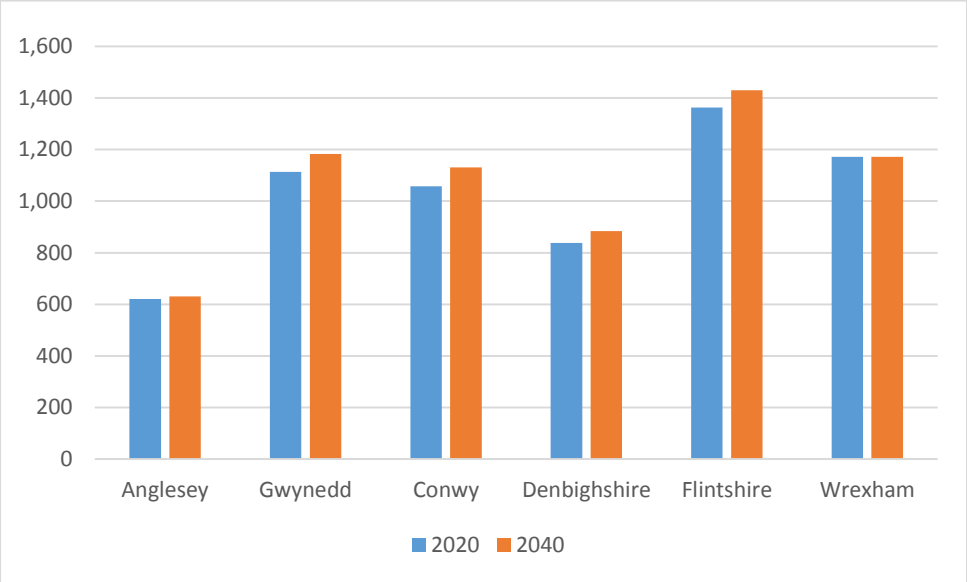
Table X: Total population aged 18 and over estimated to have ASD in 2020 and predicted to have autistic spectrum disorders in North Wales

Local council	2020	2025	2030	2035	2040	Change
Anglesey	620	620	630	630	630	10
Gwynedd	1,110	1,130	1,160	1,170	1,180	70
Conwy	1,060	1,070	1,100	1,120	1,130	75
Denbighshire	840	850	860	880	880	45
Flintshire	1,360	1,380	1,400	1,420	1,430	65
Wrexham	1,170	1,170	1,180	1,180	1,170	0
North Wales	6,160	6,220	6,320	6,390	6,430	265

Source: Daffodil

Numbers are rounded and may not sum

Chart X: Total population aged 18 and over estimated to have ASD in 2020 and predicted to have ASD by 2040



Source: Daffodil

The table below shows how the number of children aged 0-17 with ASD is predicted to change over the next 20 years. Overall there will be a decrease in the number with ASD. This is likely to be due to the overall projected decrease in the number of 0-17 year olds, rather than a decrease in the rate of those with ASD. For the purposes of this analysis rates are assumed to be similar across all councils in North Wales. It should be noted that an increase could be expected should there be any changes in definition, recognition and / or assessment processes.

Table X: Children age 0 to 17 estimated to have ASD in 2020 and predicted to have ASD by 2040

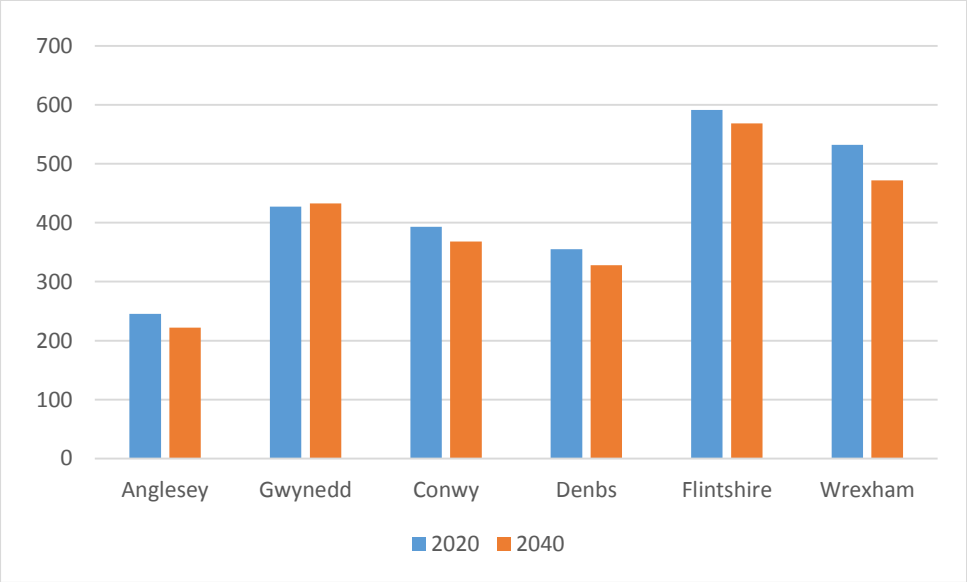
Local council	2020	2025	2030	2035	2040	Change
Anglesey	250	240	230	220	220	-25
Gwynedd	430	430	420	420	430	5
Conwy	390	390	380	370	370	-25
Denbighshire	360	360	340	330	330	-25

Local council	2020	2025	2030	2035	2040	Change
Flintshire	590	590	570	570	570	-25
Wrexham	530	520	490	470	470	-60
North Wales	2,540	2,530	2,430	2,380	2,390	-25

Source: Daffodil

Numbers are rounded and may not sum

Table X: Children age 0 to 17 estimated to have ASD in 2020 and predicted to have ASD by 2040 in North Wales



Source: Daffodil

8.3 What are people telling us

Adult Services

Few respondents commented on what is working well, and a couple responded that services are too slow and not much support is available.

The Integrated Autism Services (IAS) are thought to be very positive, as well as the use of direct payments. Clients who have been assessed in statutory services may have access to direct payments if they have assessed needs. Direct payments from

the local authority can then be used to support and make positive, life changing decisions and lead to a better quality of life under the precepts of the Social Care and Wellbeing (Wales) Act, which focuses on empowerment and choice.

What needs to be improved:

Some respondents thought “everything” needs improving. In particular, they recommended that:

- Services should be more person centred.
- Staff should receive specialist training.
- Waiting times for assessments should be reduced.
- Communication with services should be improved.
- Staff could be more open and honest throughout all services.
- A partnership Board Hub should be established for all providers to meet and share information.

Children and young people Autism Services

Few respondents identified where services for children and young people with ASD are working well, but these included:

- Individual educational psychologists.
- Organisations providing quality support: STAND NW, the Conwy Child Development Centre and Ysgol y Gogarth.
- The bespoke tailored support offered to each family/individual.

What needs to be improved:

Some respondents concluded that “*everything*” needs to be improved to give more attention, care and support to parents and their autistic children. Waiting lists for autism assessments are “*phenomenally long”* and few services available. Parents said they would like more information about how their case is progressing up the list, and to be given some advice while waiting.

Identified gaps in services included:

- Services for children at the high end of spectrum.
- Respite care once children are 11 years old.
- After school facilities with sufficiently trained staff.
- Services for autistic children with anxiety and communication problems.

Parents voiced concerns that teachers in specialist schools are not all qualified and accredited to work with autistic children. They thought that all lessons should be delivered by teachers who have training in dyslexia, sensory needs, executive functioning difficulties, slow processing and so on. It is especially important for teachers to be trained to recognise and support autistic children with complex needs, who present as socially fine and can mask their problems well. Twenty minutes per week of one-to-one teaching from the additional learning needs co-ordinator is not sufficient.

Parents and carers described, “being left with the results of trauma caused by teachers who don’t understand the pupil’s needs. So as well as caring for our child, we have to fight to try to force school to make provision for our children. We have this tremendous extra burden over and above our own caring role”.

Parents and carers need more respite care themselves as one parent explained, “I am beyond exhausted. I’ve had to leave my specialist nurse job of 23 years to become my daughter’s full-time carer, as there’s no support for her”.

Social groups for parents could provide opportunities to discuss common difficulties and share learning about solutions. More support and training is needed to helping parents cope with their child’s autism.

At a system level, service providers would gain from:

- Improved networking forums.
- Secure funding from local authorities.
- Co-ordination and collaboration to prevent competing with one another for the same grants and avoid overlapping services.

- Parents would like staff across organisations to be working together “so you don’t have to give the same information every time and it’s not someone new every time”.

8.4 Review of services currently provided

The Welsh Government Code of Practice on the delivery of Autism Services is now published and must be implemented from September 2021. The Code of Practice sets out the duties placed on local authorities and health bodies about the range and quality of services that should be available in their local areas for people with Autism Spectrum Conditions (ASC). The Code reinforces the legal frameworks already in place by specifying provisions for autism services.

All partners have completed a baseline assessment against the duties within the Code of Practice to assess compliance and to identify where improvements are needed. From these baseline assessments, local action plans are being developed. Monitoring and reporting of the action plans will be through the North Wales regional governance structure.

Conwy and Denbighshire ASD Stakeholder Group have drafted a local action plan to respond to the Code and will be consulting on this in due course. Conwy and Denbighshire allocate funding annually to the third sector for the provision of early intervention and prevention services for people with ASC. Within Conwy, appropriate pathways to assessment and where individuals have eligible needs, managed care and support, will be established to ensure that people with ASC receive the right support at the right time.

Services and support for children with ASD differ across counties and are provided from different organisations depending on age. For example, in Gwynedd, children are currently assessed by Derwen integrated team for disabled children who are under 5 but by CAMHS if they are over 5. A specialist in autism has been commissioned to provide support on the development of an Autism Action Plan in partnership with BCUHB and Ynys Mon. This encompasses lifelong autism, therefore children and adults.

Gwynedd Children and Families Department and the Adults, Health and Well-being Department now hold regular meetings with the Integrated Autism Service (IAS). The IAS works with individuals who do not reach the threshold of social services. They support with diagnosis, provide support for staff, families and social workers etc. regarding supporting individuals with autism. Waiting lists for diagnosis are very long, but joint working is in place to see what support we can offer in the meantime. Any individuals on the autism spectrum who are referred to the Gwynedd vulnerable adults forum (since they do not reach the threshold of the Learning Disability register) are formally documented, in order to plan services and training for the future.

In Wrexham, the referral pathways for Assessment and Diagnosis for children aged 0-5 years old is undertaken by BCUHB pre-school Development Team. For children 5-18 years old, assessment and diagnosis is undertaken by BCUHB Neurodevelopment Team. Adults over 18 years old are referred to the IAS.

The majority of support available for people with ASD is provided by third sector organisations. There are national organisations that provide a service in North Wales such as the North Wales IAS, which is a collaboration between the Health Board and the local authorities. There are more local support groups such as Gwynedd and Anglesey Asperger/Autism Support Group. The National Autistic Society also provide a domiciliary care service.

North Wales Integrated Autism Service

Many autistic individuals fall between eligibility for mental health and learning disability services, and so cannot access emotional, behavioural, low level mental health and life skills support. In addition to this, many services lack the confidence to deliver services that can meet individual's needs. In response to this, the Welsh Government has provided funding to develop an IAS across Wales.

The IAS provides:

- Adult diagnostic services.
- Support for autistic adults to meet defined outcomes.
- Support for families and carers.

- Training, consultation and advice to professionals in other services supporting autistic individuals.

The aim of the service is to ensure that autistic individuals, their family and carers are able to access the advice, support and interventions needed to enable them to reach their full potential where these are otherwise unavailable.

IAS Supporting Guidance (Welsh Government, 2017)

Flintshire County Council is jointly hosting the North Wales IAS with BCUHB on behalf of the region. North Wales IAS offers continuity of support for autistic individuals through the various transitions in their lives, and helps people achieve the things that are important to them. The service is for individuals who do not have moderate to severe mental health or learning disability.

The North Wales IAS launch conference took place on 27th June 2018. North Wales IAS has modified consultation procedures for clients and staff to remain safe during the pandemic. All applications into the service are now triaged through the weekly Multi-Disciplinary Team ensuring and in accordance with Welsh language policy. referrers are advised if clients may need other support, such as with their mental health, and will offer this at that early stage. This enables early assessment so the person may be seen in a safe clinical environment and get any services required simultaneously, preventing clinical delay. The Outcome Star is completed with clients, identifying the areas of need they wish to focus on and to empower them in making change. The Outcome Star can be used by Clinician and Link Worker alike.

There is no waiting list for support as all such requests received by the team are allocated to link workers who make contact via email, telephone and most importantly, where possible, via Video Conferencing (if they have access to IT). We recognise that not all clients can engage if they do not have IT facilities and we will work with them to find innovative ways of supporting them.

Support is provided for up to 6 sessions, but this can be expanded dependent on need. The service cannot offer crisis support. The client would be signposted at the point of any signs of deterioration in mental health to their GP, Community Mental Health Team, and / or to their local authorities via SPOA for more support via a needs assessment request.

The IAS deliver group work on Dialectical Behavioural Skills (13 week course) to groups throughout East (Wrexham/ Flintshire), Central (Denbighshire/ Conwy) and

West (Gwynedd and Anglesey). The first group in 2020 began face-to-face with 15 people attending, although delivery has been affected by Covid-19.

There have been five post diagnostic face-to-face groups held. There had been a vision of rolling out across all counties throughout the year, however, due to Covid-19, an online version of 'Understanding Autism' has been developed. A working booklet is provided for persons recently diagnosed or seeking clarification on assessment and this six-week course is running quarterly. The course is continually evaluated and reviewed with each group of participants so that it can be amended to meet autistic individuals' needs. Two further groups took place in parallel in January 2021 and May 2021. Parent support training has also been developed.

The courses are also available to persons supported by statutory services, such as the Community Mental Health Team. Persons who remain in secondary services with a diagnosis of autism may also benefit from both 'Understanding Autism' and Dialectical Behavioural Skills.

For the quality of robust processes, the average assessment will be completed in three to four appointments of approximately 2 hrs per session as a minimum. Video appointments will continue to form part of the assessment process due to the geographical challenges throughout North Wales. This will enable delivery of a person centred assessment via video conferencing and/or face-to-face appointments to meet NICE guidelines and best practice.

The IAS provide in-depth personalised 15 page reports per individual, where recommendations are provided and may include an individualised communication passport to assist in areas of complexity e.g. employment, health related appointments and communication difficulties. It is expected that a report is concluded within a 6-week window where possible, but this is dependent on complexity.

Psychologists may also provide other assessments if they consider criteria is met for ADHD and / or any underlying mental health traumas that requires therapeutic input from the relevant services and clinicians. Clients will be signposted and individualised supporting correspondence will be issued to facilitate transition into other services.

The IAS also support couples with effective communications where one partner has received an Autism diagnosis. The service continues to receive compliments for their work and have been complimented on the number of excellent 'life story' outcomes submitted to WLGA for making a difference to everyday lives of autistic adults.

One service user said:

"Without over-egging the pudding, you have provided me with the first step on an entirely new path in my life, and I am sure I will be thanking you again in the future for the success I am sure I can achieve now that I have a greater understanding of who I am, and who I have always been."

To further support autistic individuals, the Autism.Wales website (previously ASDinfoWales) has been launched by the National Autism Team.

8.5 Covid-19 impact

The National Autistic Society (2020) in their report 'Left Stranded', claim the pandemic has disproportionately affected those with autism and their families. The research found compared to the general population, those with autism were seven times lonelier and six times more likely to have low life satisfaction. Nine in ten were concerned about their mental well-being.

A report published by the Association of Directors of Adult Social Services (ADASS, May 2021) into the impact of the Covid-19 pandemic on autistic people or those with learning disabilities stated that:

"In line with this national emphasis, proper account was not taken of the needs of people with a learning disability or autism in lockdown, including the feasibility of the containment measures and the greater impact these would have on their lives"

Evidence suggests that autistic people, people with mental health conditions and people with a learning impairment have found many of their self-help activities (such as in-person community groups) severely curtailed during this time. Many are now very isolated and unable to communicate their difficulties through the limited mechanisms currently available (Locked Out Report, 2021).

Some of the key issues facing autistic people have been highlighted in the ADASS report, these include:

- Loss of contact with friends, daily activities and routines has exacerbated pre-pandemic health and well-being challenges for autistic people and people with learning disabilities.

- Regular changes in guidelines have been difficult for people to adapt to.

- A particular concern highlighted during interviews conducted by ADASS related to employment opportunities.

Further information relating to the Covid-19 pandemic can be found in the rapid review assessment https://www.northwalescollaborative.wales/north-wales-population-assessment/rapid-review/

8.6 Advocacy

Advocacy for autistics adults, children and their carers ensures that individual rights are met, advocacy can provide support in a number of ways including seek a diagnosis, overcoming barriers and accessing services.

NWAAA facilitate the Wrexham Self-Advocacy group, which remains an important and continually developing service. It gives people the opportunity to discuss, debate and challenge local, regional and national changes that affect them. NWAAA also have advocacy projects across Anglesey, Gwynedd, Denbighshire and Flintshire.

Dewis Centre for Independent Living provide advocacy services for vulnerable adults aged 18-64, including autistic adults in Conwy County Borough.

8.7 Equalities and human rights

Women and girls often struggle to get referred to diagnostic services, with many being forced to pursue private diagnosis. Women are also at high risk of ‘camouflaging’ or ‘masking’ their neurodivergence, which has not only been blamed for inequitable diagnosis, but puts them at higher risk of adverse outcomes (Women’s Health Care for People with Autism and Learning Disabilities Infographic).

The impact this has on neurodivergent women is multifaceted. We have already referenced the inequality autistic people face in accessing healthcare, however, this could be disproportionately affect women, due to their increased risk of having co-occurring physical and mental health conditions. For example, autistic women are overrepresented in anorexia nervosa figures, yet a lack of understanding means that outcomes and recovery rates for autistic women are far worse than for others with

anorexia. Some studies also suggest that autistic women have elevated mortality rates compared to autistic men, including higher risk of dying by suicide. This is compounded for autistic women who also have a learning disability, as they are at even higher risk of dying young. This figure will only grow as 75% of women with a learning disability are not invited for routine ("ceased from recall") cervical screening.

Autistic UK has highlighted that autistic women are facing high levels of isolation and loneliness, particularly in more rural areas of Wales. Stigma plays a large role in this. Stigma also contributes to autistic women being at greater risk of accessing support services, particularly as a parent, due to the risk of being at greater scrutiny by social services, including the risk of having their children taken into care.

More generally, autistic women report poorer quality of life than autistic men across multiple areas, to the extent that some studies include "being female" as a predictor of lower quality of life in autistic populations. This is indicative that the issues pertaining to being neurodivergent including stigma, diagnostic inequity, and inequality in access to healthcare disproportionately affect women.

There is a lack of research about the experience of people from Black and minority ethnic groups. This means it can be even harder to get the support they need. We need to understand the experiences of autistic people and families from different backgrounds and cultures and help create a society that works for all autistic people.

8.8 Safeguarding

It is known that adults with a learning disability are vulnerable to maltreatment and exploitation, which can occur in both community and residential settings (NICE, 2015). This also includes autistic people. Staff have identified that there are significant safeguarding issues in relation to the use of the internet by autistic people and a concern around radicalisation. Bullying is also an issue for autistic people and particularly young people in mainstream schools who have Asperger's Syndrome.

8.9 Violence against women, domestic abuse and sexual violence

As with anyone who may require care and support needs, those with autism may be particularly vulnerable due to perhaps, a difficulty in articulating to professionals what is happening to them. As with others with care and support needs, it is possible they may be reliant on other people for some of their care needs.

It is important that training opportunities are provided to professionals to enable them to better understand the signs and symptoms of autism, and also to help them

identify possible signs of domestic abuse within this population group and how it can impact their condition and their wellbeing.

It is essential to ensure that behaviours are not mischaracterised and that individuals at risk of harm and / or neglect receive the help that they require in accordance with the Social Services and Wellbeing (Wales) Act 2014. No specific data for autistic people experiencing domestic abuse is available, either nationally or throughout the region.

Local authorities should, however, have procedures in place for identifying domestic abuse and signposting to the relevant designated lead for safeguarding so that a referral to MARAC can be considered in conjunction with pre-existing care support that individuals may already be receiving. The Social Services and Wellbeing (Wales) Act makes reporting a child or adult at risk a statutory duty and also has an obligation to undertake an assessment of the individual and carers' needs.

An assessment may include a consideration of the individual's housing needs and other support needs. Across the region, specialist services available to support those experiencing domestic abuse include IDVA support, Floating support, crisis support, group programmes, advocacy support for current and historic abuse, and sexual abuse and referral centre.

8.10 Welsh language considerations

There is a variation across North Wales in the proportion of people with Welsh as their preferred language. This means that there are varying needs across North Wales for Welsh speaking support staff and to support the language and cultural needs of autistic Welsh speakers. The need tends to be met better in areas where there are greater numbers of Welsh speakers, such as Gwynedd, than in areas such as Denbighshire and Flintshire, where recruiting Welsh speaking support staff has proved to be difficult (CSSIW 2016). There is more information in the Welsh language profile produced for the population assessment.

8.11 Socio-economic considerations

The disability employment gap is still too wide, with around half of disabled people in work, compared to over 80% of non-disabled people. But the autism employment

gap is even wider, with just 22% autistic people reported in paid work. We are really worried that out of all disabled people, autistic people seem to have the worst employment rate. While not all autistic people can work, we know most want to. The Government must improve the support and understanding autistic people get to find and keep work (National Autistic Society, 2021).

Appropriate housing and accommodation is significant, of the autistic adults responding, 75% lived with their parents, compared with 16% of disabled people generally. There could be lots of different reasons for this figure, including if responders were younger or still in education. These are new figures and we will keep looking at future publications. There are other autism-related figures in the data, but because they were only answered by small number of people, the findings should be treated with more caution (National Autistic Society, 2021).

8.12 Conclusions and recommendations

It is recommended, in line with all legislation, policy and guidance, that the following recommendations and priorities are progressed to meet the vision for those with Autism Spectrum Disorders within the North Wales region:

- **Code of Practice for autism services:** continue with the implementation of the new Code of practice across the region. Baseline assessments are being undertaken and local action plans developed to support the continued improvement in the development and delivery of autism services in North Wales.

- **Co-production of services:** is a significant part of the SSWB Act and a key theme identified for the delivery of services. Section 16 of the Act states that local authorities should promote social enterprises, co-operatives, user led services and the third sector. It will support the requirement to identify the care and support and preventative services these alternative models can

provide. The practice of co-production aims to secure more social value from the service delivery for autistic people as well as their families.

- **Mental health and well-being:** ensure sufficient psychological and physiological support for autistic people, as highlighted issues have been further exacerbated as a result of Covid-19. A focus on the general health, mental health and well-being of autistic people is recommended.

- **Raising awareness:** to raise awareness and understanding of ASD more widely within the community, and ensuring that the workforce has sufficient training to be inclusive of the needs of autistic people when they are accessing services.

- **Education and employment:** responders to the consultation have stated that they would like to see more training and ASD awareness for staff in educational settings to support autistic children and young people. Transition from education to employment is also a gap identified for autistic people.

9. Mental health (adults)

9.1 About this chapter

This chapter includes the population mental health needs for adults. Information about other population groups can be found in the following chapters:

- Children and young people (section for mental health and wellbeing)
- Older people (section for dementia)
- Learning disabilities
- Autism Spectrum Disorder
- Unpaid carers

What is meant by the term mental health?

The World Health Organisation (2014) has defined mental health as:

“a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”

Public mental health involves a population approach to addressing mental health. This includes promotion of mental well-being, prevention of mental disorder, treatment of mental disorder and prevention of associated impacts. These interventions can result in a broad range of positive impacts and associated economic savings, even in the short term.

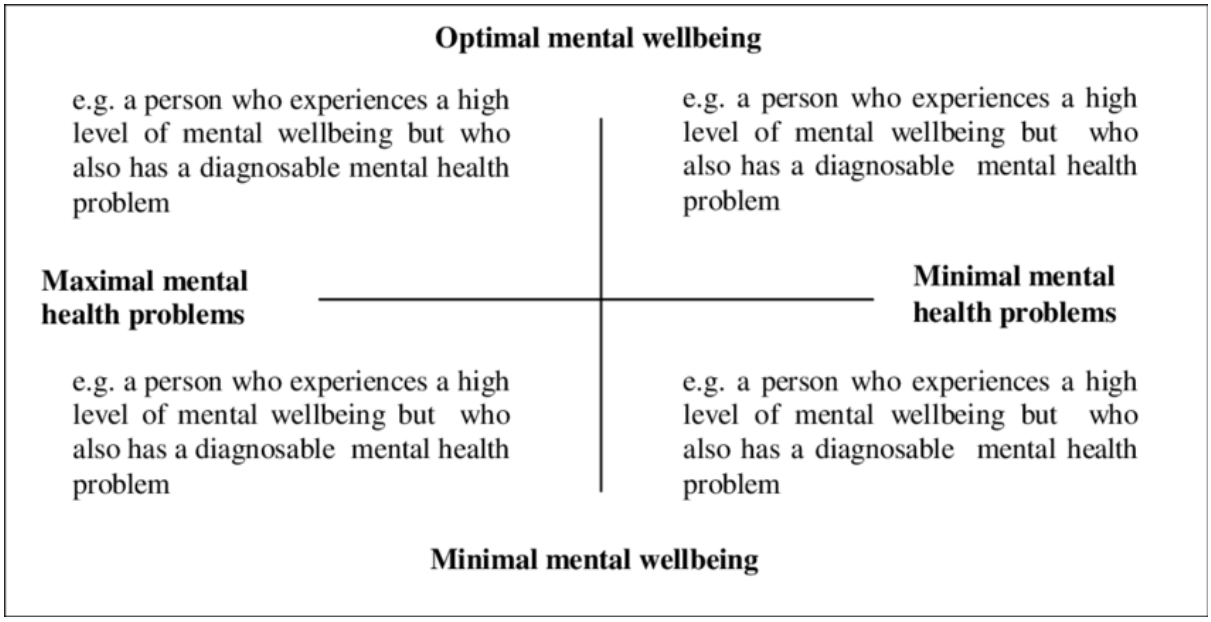
The Mental Health (Wales) Measure 2010 includes four different ways people may need help:

a) Primary care mental health support services (accessed via a GP referral).
b) Care co-ordination and care and treatment planning: for people who have mental health problems which require more specialised support (provided in hospital or in the community), overseen by a professional care co-ordinator, such as psychiatrist, psychologist, nurse or social worker.
c) People who have used specialist mental health services before: can request reassessment from a mental health service.
d) Independent mental health advocacy: for people receiving secondary care.

The Mental Capacity Act 2005 applies people in England and Wales who cannot make some, or all, decisions for themselves. The ability to understand and make a decision is called ‘mental capacity’. The Mental Capacity Act requires care co-ordinators to assume that a person *has* capacity. It also makes provision for Independent Mental Capacity Advocates and /or ‘Best Interest Assessors’ to support decision-making for people who lack mental capacity.

What is meant by the term mental well-being?

Mental well-being can be described as feeling good and functioning well. It can be depicted as a linked, but separate concept from mental health / illness, as illustrated in the continuum model below (adapted from Tudor, K. 1996: Mental Health Promotion Paradigms and Practice Routledge, London.)



This model shows how it is possible for someone living with a mental illness to experience high levels of mental well-being, and vice versa. The evidence base describes three core protective factors for mental well-being, namely that people:

- Have a sense of control over their lives,
- Feel included and can participate, and
- Have access to coping resources if / when they need them, in order to support their resilience.

Understanding how services and community assets can promote and strengthen these core protective factors is crucial to optimising population mental well-being. Another concept which brings together evidence based actions to promote mental well-being is the ‘5 Ways to Well-being’. It describes five daily actions that individuals, families, and communities can take to maintain and improve their well-being. They can also be built into the design and delivery of existing services and interventions:

1. Take notice.

2. Connect.

3. Be active.

4. Keep learning.

5. Give.

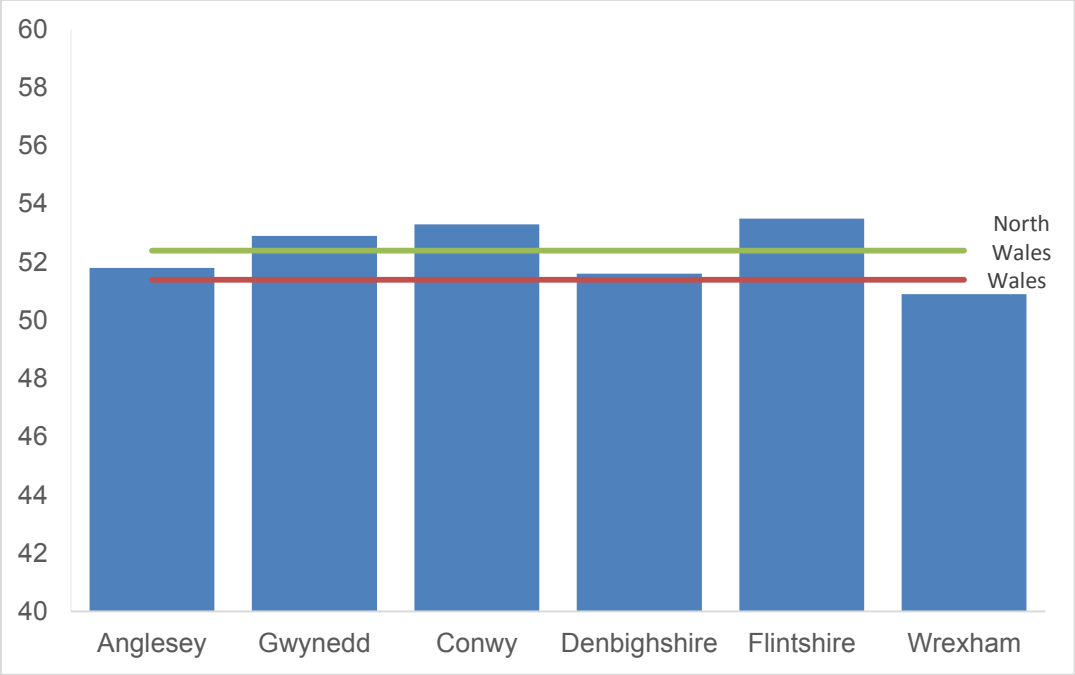
9.2 What do we know about the population?

An estimated 1 in 4 people in the UK will experience a mental health problem each year (Mind, 2016), which could include anxiety or depression. In the National Survey for Wales, 9% of respondents living in North Wales reported being treated for a mental illness (2018-19 & 2019-20).

People in North Wales report slightly better mental health than in Wales as a whole

The chart below shows how respondents reported their mental health using the mental component summary score, where higher scores indicate better health. This shows that people in North Wales report slightly better mental health than the population of Wales as a whole.

Chart X: Mental component summary score (2018-19 & 2019-20)



Source: StatsWales table hlth5012, National Survey for Wales, Welsh Government

The table below shows the mental component summary score for each local authority. The differences between the counties are quite small. Overall, Wrexham has the lowest scores and Conwy and Flintshire have the highest, with a difference of 2 points between the scores.

Table X: Warwick-Edinburgh Mental Well-being Scale (WEMWBS) (2018-19 & 2019-20)

Local council	Mental well-being score
Anglesey	51.8
Gwynedd	52.9
Conwy	53.3
Denbighshire	51.6
Flintshire	53.5
Wrexham	50.9
North Wales	52.4
Wales	51.4

Source: StatsWales table hlth5012, National Survey for Wales, Welsh Government

Figure XX shows the percentage of adults who report being treated for a mental illness. There is a small difference in the proportion across each local authority in North Wales, but they are comparable with the North Wales and Wales proportions.

Table X: Percentage of adults (16 years and over) reporting being currently treated for a mental illness, 2018-19 and 2019-20 combined, age standardised

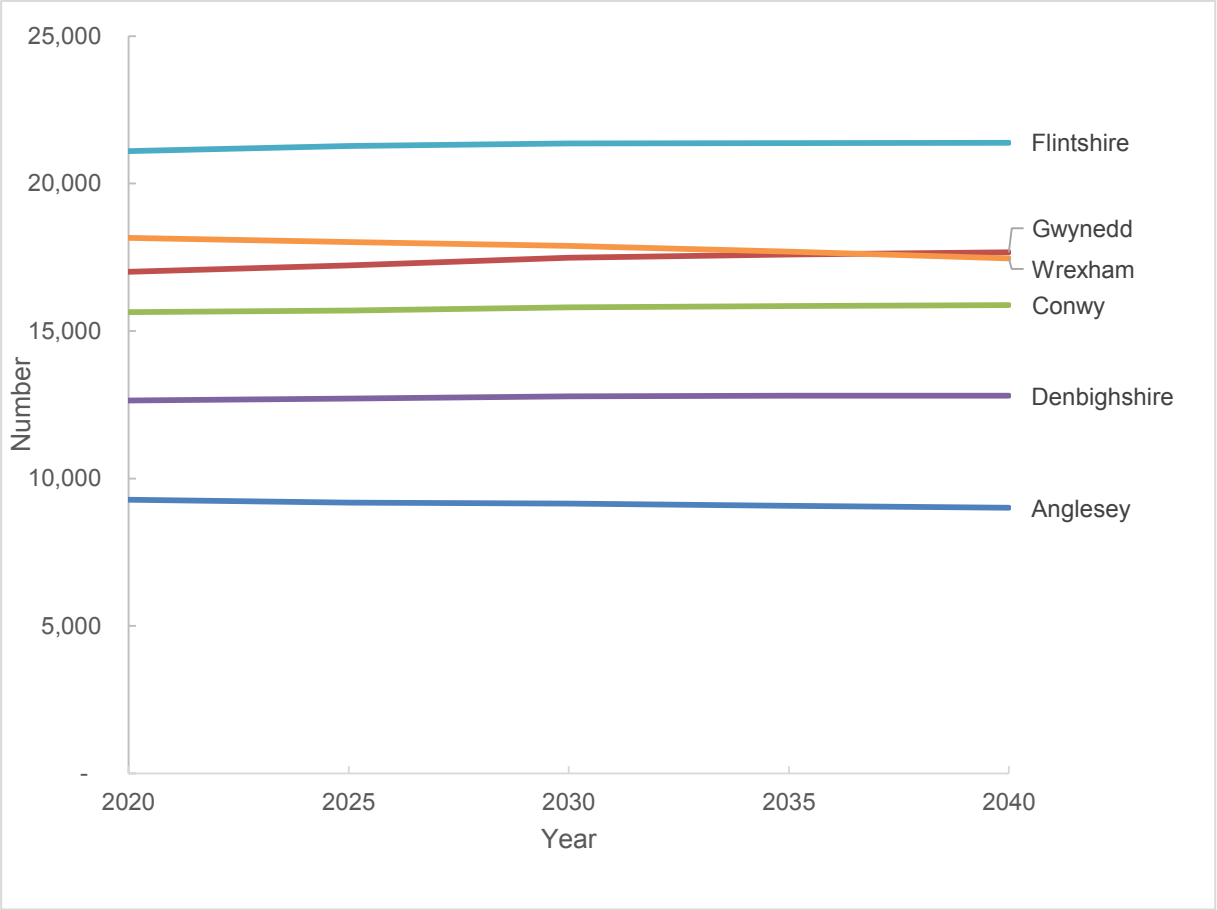
Local council	Treated for a mental illness
Anglesey	10%
Gwynedd	8%
Conwy	7%
Denbighshire	11%
Flintshire	9%
Wrexham	11%
North Wales	9%
Wales	10%

Source: StatsWales table hlth5052, National Survey for Wales, Welsh Government

The number of people with mental health problems is likely to remain stable

Prevalence rates from the Adult Psychiatric Morbidity Survey 2014 can be used to estimate the number of adults with common mental health disorders. There is predicted to be a small increase across North Wales of around 400 people. The chart below shows the variance for each local authority. The numbers may increase further if there is also a rise in risk factors for poor mental health such as unemployment; lower income; debt; violence; stressful life events; and inadequate housing. The future predictions around mental health will not have factored in the impact of the Covid-19 pandemic and therefore should be treated with caution.

Chart X: Number of people aged 16 and over predicted to have a common mental health problem, North Wales, 2020 to 2040



Source: Welsh Government, Daffodil

Table X: Number of people aged 16 and over predicted to have a common mental health problem, North Wales 2020 to 2040

Local council	2020 number	2020 percent	2040 number	2040 percent	Change number
Anglesey	9,300	13%	9,000	13%	-250
Gwynedd	17,000	14%	17,700	13%	650
Conwy	15,600	13%	15,900	13%	250
Denbighshire	12,600	13%	12,800	13%	150
Flintshire	21,100	13%	21,400	13%	300
Wrexham	18,200	13%	17,500	13%	-700
North Wales	93,800	13%	94,200	13%	400
Wales	429,100	14%	441,800	13%	12,700

Numbers have been rounded so may not sum
Source: Welsh Government, Daffodil

The most common mental illnesses reported are anxiety and depression

Mental health teams support people with a wide range of mental illnesses as well as people with psychological, emotional and complex social issues such as hoarding, eating disorders and Post Traumatic Stress Disorder (PTSD).

The Quality Assurance and Improvement Framework (QAIF) – information from GP records – can provide very rough estimates of the prevalence of some psychiatric disorders. This data is likely to underestimate the true prevalence because it relies on the patient presenting to a GP for treatment, receiving a diagnosis from the GP, and being entered onto a disease register. The table below shows the number of patients in North Wales on relevant QAIF disease registers. Mental health includes schizophrenia, bipolar effective disorder, other psychoses and other mental health conditions.

Table X: Number of people on QAIF disease registers in North Wales

Local council	Mental health number	Mental health percent	Dementia number	Dementia percent
Anglesey	639	0.97%	559	0.85%
Gwynedd	1,135	0.89%	784	0.62%
Conwy	1,213	1.04%	1,101	0.94%
Denbighshire	1,232	1.20%	1,012	0.98%
Flintshire	1,196	0.78%	914	0.60%
Wrexham	1,655	1.13%	1,061	0.72%
North Wales	7,070	0.99%	5,431	0.76%
Wales	32,917	1.02%	22,686	0.70%

Numbers have been rounded so may not sum

Source: Quality Assurance and Improvement Framework (QAIF) disease registers by local health board, cluster and GP practice, StatsWales, Welsh Government

Prevalence rates from the Adult Psychiatric Morbidity Survey 2014 can also be applied to specific mental health problems. The table below shows the estimated number of adults in North Wales living with each condition.

Table X: Estimated numbers of adults in North Wales affected by mental health problems (2020)

Local council	Common mental disorder	Anti-social mental disorder	Bipolar disorder	Borderline personality disorder	Psychotic disorders
Anglesey	9,300	1,200	900	800	300
Gwynedd	17,000	2,600	1,900	1,900	500
Conwy	15,600	2,000	1,500	1,400	500
Denbighshire	12,600	1,700	1,300	1,200	400
Flintshire	21,100	3,000	2,200	2,000	600
Wrexham	18,200	2,700	2,000	1,800	600
North Wales	93,800	13,200	9,800	9,100	2,800

Numbers have been rounded so may not sum
Source: Daffodil

It is also possible to use these estimates to predict the numbers with mental health conditions in future. The table below shows this for North Wales. An increase in the number of people with common mental disorders is predicted. Other conditions are estimated to decrease in number.

Table X: Estimated numbers of adults in North Wales affected by mental health problems (2020 and 2040)

Mental health condition	Estimated prevalence	2020 (number)	2040 (number)	Change
Common mental disorder	13.3%	93,800	94,200	400
Anti-social mental disorder	1.9%	13,200	12,800	-400
Bipolar disorder	1.4%	9,800	9,600	-250
Borderline personality disorder	1.3%	9,100	8,900	-200
Psychotic disorders	0.4%	2,800	2,800	-100

Numbers may not sum due to rounding

Source: Daffodil

Early onset dementia

Services for people with dementia tend to be provided as part of older people's services (see Older People's Chapter for more information). This may not meet the needs of younger people with early onset dementia. Mental health services often support people with Korsakoff Syndrome, a form of dementia most commonly caused by alcohol misuse. Substance misuse services are also likely to be involved with a person with Korsakoff Syndrome, focussing on the drug and alcohol issues, while mental health services can provide support for symptoms.

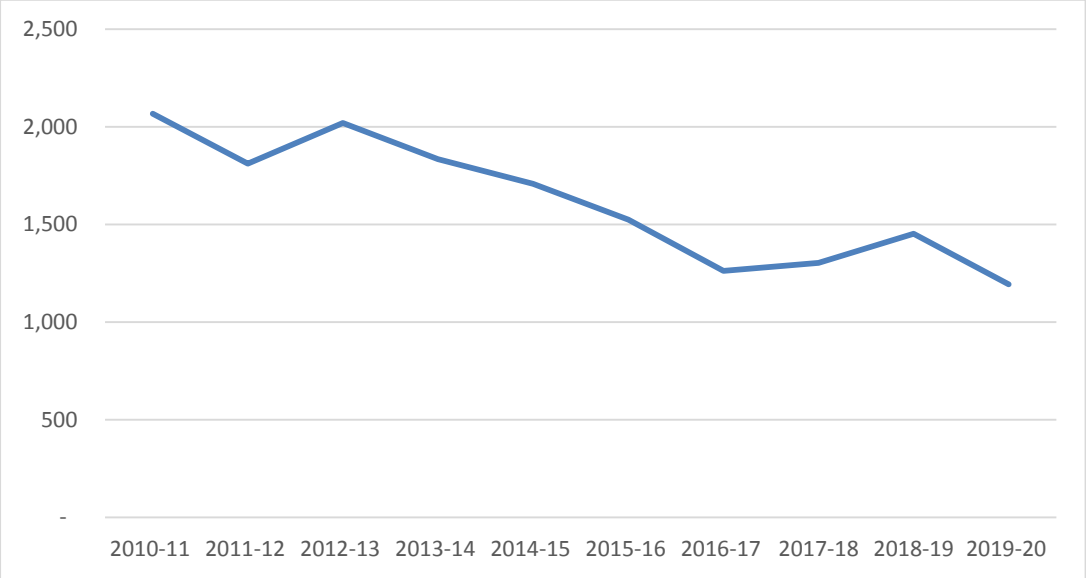
Research suggests a high number of people with mental health problems do not seek help

The estimated prevalence of mental health problems generated by the Adult Psychiatric Morbidity Survey and the National Survey for Wales are significantly higher than the estimate of people who report being treated for a mental health problem. This suggests that there could be many affected people in the population who are not seeking help for various reasons.

The number of admissions to mental health facilities is reducing

The figure below shows admissions to mental health facilities. This shows an overall decline in the number of admissions in North Wales. It is not possible to tell from this data whether that decline is due to a reduction in demand or a reduction in the availability of acute mental health beds. The model for mental health care has changed in recent years and there are more alternative to bed based care particularly for older persons. Admissions have been reducing but it should be caveated that demand is not reducing but is being directed elsewhere such as in the community.

Chart X: Number of admissions to mental health facilities in North Wales



Source: Welsh Government, admissions, changes in status and detentions under the Mental Health Act 1983 data collection (KP90), StatsWales table HLTH0712

People with mental health problems are more likely to have poor physical health

Mental ill health is associated with physical ill health, reduced life expectancy and vice versa (Royal College of Psychiatrists, 2010). Poor mental health is also associated with increased risk-taking behaviour and unhealthy life-style behaviours such as smoking, hazardous alcohol consumption, drug misuse and lower levels of physical activity (Welsh Government, 2012).

For example, current research suggests that smoking 20 cigarettes a day can decrease life expectancy by an average of ten years. While the prevalence of smoking in the total population is about 25 to 30 percent, the prevalence among people with schizophrenia is approximately three times as high - or almost 90%, and approximately 60% to 70% for people who have bipolar disorder. Mortality rates for people with Schizophrenia and bipolar disorder show a decrease in life expectancy of 25 years, largely because of physical health problems (Royal College of Psychiatrists, 2010). Obesity, poor diet, an inactive lifestyle and the long term use of medication are also contributory factors associated with severe mental illness and poor physical health.

Suicide

It is difficult to draw conclusions from the available data on suicide in North Wales due to the small number of cases and other caveats. None of the local council areas in North Wales have suicide rates for those aged 10 years and over which are statistically significantly higher than the Wales average (Jones *et al.*, 2021). Around three-quarters of registered suicide deaths in 2020 were for men, which follows a consistent trend back to the mid-1990's (Office for National Statistics, 2020).

The causes of suicide are complex (Jones *et al.*, 2021). There are a number of factors associated with an increased risk of suicide including gender (male); age (15 to 44 year olds); socio-economic deprivation; psychiatric illness including major depression; bipolar disorder; anxiety disorders; physical illness such as cancer; a history of self-harm and family history of suicide (Price *et al.*, 2010). There are a number of ways in which mental health care is safer for patients, and services can reduce risk with: safer wards; early follow-up on discharge, no out-of-area admissions; 24 hour crisis teams; dual diagnosis service; family involvement in 'learning lessons'; guidance on depression; personalised risk management; low staff turnover (Centre for Mental Health and Safety, 2016). Many people who die by suicide have a history of drug or alcohol misuse, but few were in contact with specialist substance misuse services. Access to these specialist services should be more widely available, and they should work closely with mental health services (Centre for Mental Health and Safety, 2016).

Farmers are identified as a high risk occupational group, with increased knowledge of and ready access to means (also doctors, nurses and other agricultural workers). Certain factors have been identified as particularly creating risk and stress to people living in rural areas over and above the suicide risk factors affecting general populations: isolation, declining incomes, being different within the rural context; heightened stigma associated with mental health issues; barriers to accessing appropriate care (culture of self-reliance, poor service provision) poor social networks; social fragmentation; availability of some means of suicide (firearm ownership); and high risk occupational groups such as farmers and vets (Welsh Government, 2015a). Specific support for farmers has been launched, more information can be found via this link https://www.fwi.co.uk/farm-life/health-and-wellbeing/mental-health-support-available-to-young-farmes

The Welsh Government suicide and self-harm prevention strategy is *Talk to me 2* (Welsh Government, 2015a) and there is the North Wales Suicide and Self-harm Working Group that coordinates work on suicide prevention for the region.

9.3 What are people telling us?

What is working well

Several respondents commented that “nothing” is working well in mental health services, concluding that “the system is quite broken”.

A service user was concerned that services tend to focus on prevention or crisis, failing to provide support to people “at all the stages in between”. Furthermore, during crises, people with mental health problems can find themselves caught up in the criminal justice system, resulting in people being “criminalised because of their illness”. The system does not seem able to support people who have mental health problems as a result of past trauma. Many services need to become more trauma informed.

A few services were mentioned as providing positive support including:

- Team Dyffryn Clwyd.
- The Mental Health Support services team at Flintshire County Council.
- Mind’s Active Monitoring, an early intervention service.
- Charity services like Samaritans, CRUSE, Relate.
- On-going group support from charities (KIM, Advance Brighter Futures, Mind, ASNEW).
- Rehabilitation units to provide support for a return to living in the community.

What needs to be improved

Given the serious concerns about mental health services, not surprisingly many commented that “everything” needs improving, including:

- More mental health service provision.
- Increased funding to ensure a decent wage for staff and sufficient service provision for each individual client.
- Improved access for BME communities.
- More long-term funding to allow projects to be embedded and to retain staff.
- More flexibility – one-to-one sessions as well as group sessions.

- Higher staffing levels in all services to avoid gaps in care and provide back-up when staff are off-sick.
- More local counselling services.
- Better substance misuse support.
- Better support for people with Autistic Spectrum Disorder, especially higher functioning or with co-existing mental health issues.
- Greater access to interventions other than medication.
- Many more out-of-hours services where people can “held” when mental health services are closed.
- Improved referrals to mental health services, to streamline the process, reduce the number of inappropriate referrals and allow others, e.g. housing managers, to refer tenants for specialist mental health support.
- More mental health services in the local community.
- Smaller rehabilitation units for up to six people with 24-hour support.
- Greater availability of permanent accommodation and supported housing for people who are homeless.
- Case reviews need to be completed in a timely manner, and caseloads managed more effectively.

Service users emphasised the need for many more early intervention services, so that they can access mental health support when in need, and before they reach crisis point. Waiting times were already very long and have only gotten longer since the start of the pandemic. Currently, people experience added stress with delays, and their symptoms often get worse than they need to:

> “I would prefer not to reach crisis. It should be less about having to be in crisis to receive support and more about preventative approaches to keeping me well at home.”

The full population needs assessment consultation report can be viewed on the North Wales Collaborative website https://www.northwalescollaborative.wales/north-wales-population-assessment/

9.4 Review of services currently provided

Mental health services are provided through primary care mental health services, community mental health teams and inpatient facilities who support patients outside of the hospital environment. Local councils and the health board provide care and support for people with mental illnesses in the community. Residential care, day services and outreach teams are an important part of psychiatric care.

A fifth of the NHS expenditure for Wales is on mental health services. Many services are involved in treating patients with mental health illnesses. A large proportion of attendances to Accident & Emergency and general admissions to hospital are related to mental health problems.

In BCUHB, the largest proportion of expenditure on mental health problems is on general mental illness, followed by elderly mental illness. Expenditure per head in BCUHB (247.4) is just above the average for Wales (240.8). Expenditure per head on mental health illnesses as a whole has increased since 2016-17, with small fluctuations in elderly mental illness and CAMHS over the three-year period. The proportion of expenditure on mental health illnesses in BCUHB (11.2%) is similar to Wales (11.1%) and has remained fairly stable between 2016-17 and 2018-19 (Mental Health Profile, Public Health Wales, 2021).

ICAN is a mental health and well-being support service that is delivered by BCUHB across North Wales. The BCUHB ICAN Programme sits within the broader Together for Mental Health Strategy. Its overall aim is to implement a more integrated, innovative care system and culture which prevents, but where necessary, responds effectively to episodes of acute mental health need and crisis. The programme seeks to scale up what works and increase the pace of transformation across North Wales to create an integrated urgent care system. Underpinning this is the creation of an integrated ICAN pathway that improves collaborative working, within and between health and social care, statutory partners and third sector organisations.

The model starts with the provision of low-level support and health and well-being activities developed and provided within local communities that are inclusive and help people to maintain positive health and mental well-being, as well as reduce social isolation and build community resilience. By investing in, and support the development

of such groups, partners are able to demonstrate a longer-term impact on well-being, which in turn serves to reduce demand for statutory services.

The service has been extended to GP surgeries and communities across the region to ensure that more people receive timely mental health support. Over 2,500 people have received help and support via ICAN centres since they were introduced in 2019. ICAN provides advice and support for various issues that affect mental health and well-being, including relationship breakdowns, employment difficulties, social anxiety, grief, debt and financial worries and loneliness. More information about the ICAN programme can be found via this link https://bcuhb.nhs.wales/news/health-board-news/life-changing-i-can-mental-health-support-service-to-be-extended/

BCUHB also promote the 5 Ways to Well-being programme. These are a practical set of actions aimed at improving the mental health and well-being of North Wales residents. More information can be found via this link https://bcuhb.nhs.wales/health-advice/five-ways-to-wellbeing/

The Community Resilience Project will support the delivery of the Together for Mental Health Strategy in North Wales. Improving community resilience was selected as a priority for North-East Wales because of the growing body of evidence that suggests there is a strong correlation between resilience and positive physical and mental health outcomes.

Do-Well and Wrexham Glyndwr University are piloting a new approach by developing people's skills in systems leadership and public narrative to improve community resilience. There are three pilot communities: Holway in Holywell, Flint town centre and Gwersyllt in Wrexham.

The project is adopting a test and learn approach. It will identify areas where community resilience can be improved locally, using the experience of people who live and work in each community. It will produce evidence-based learning for other areas in North Wales.

9.5 Covid-19 impact

It is now clear that the pandemic has had a significant impact on the populations mental health as a whole. For those with existing mental health conditions, they are more likely to have experienced a deterioration in well-being. A survey by Mind Cymru (A Mental Health Emergency: How has the coronavirus pandemic impacted our mental health?, June 2020) stated that more than half of adults and three quarters of young people reported that their mental health had worsened during lockdown periods.

Groups that experienced a disproportionate effect include:

- People with existing needs for mental health support.
- People on low incomes, people who have seen their employment status change or are self-employed.
- NHS and care workers, and other front line staff.
- Black, Asian and minority ethnic communities.
- Older adults.
- Children and young people.

A report by the Senedd in December stated that the long term impact of planning to meet a potential increase in demand for mental health services is difficult to predict. The Centre for Mental Health has predicted that around 20% of the population (analysis in relation to England, but likely to be applicable to Wales) will require new or additional mental health support.

Although mental health services were categorised as essential during the pandemic, many have reported that they were unable to access services or that there was a delay in seeking help and support.

Key drivers of worsening mental health and well-being as a result of the pandemic have been (BUCHB Covid-19 infographic):

- Job and financial loss.
- Social isolation.
- Housing insecurity and quality.
- Working in a front-line service.
- Loss of coping mechanisms.
- Reduced access to mental health services.

The ONS reported that prior to COVID-19 (in the year ending June 2019), the average rating for anxiety was 4.3 out of 10 for disabled people. Disabled people's average anxiety rating increased following the outbreak of the Covid-19 pandemic to 5.5 out of 10 in April 2020, before decreasing to 4.7 out of 10 in May 2020. 41.6% of disabled people, compared with 29.2% of non-disabled people, continued to report a high level (a score of 6 to 10) of anxiety in May 2020.

Impact on older people

One in three older people agree that their anxiety is now worse or much worse than before the start of the pandemic. The proportion of over 70’s experiencing depression has doubled since the start of the pandemic.

9.6 Equalities and Human Rights

The core protective factors that influence mental well-being include promotion of social inclusion. It is known that groups who share the protected characteristics are more likely to experience social exclusion and this will need to be factored into the assessments for individuals. Mental health has a huge amount of intersectionality with other protected characteristics. For example, people from Minority Ethnic groups are more likely to be sectioned under the Mental Health Act (Race and Mental Health – Tipping the Scale, Mind, 2019). Around 30% of people with a long-term physical health condition also have a mental health condition, most commonly depression or anxiety (Kings Fund, 2020).

Services for people with mental health needs must take a person-centred approach that takes into account the different needs of people with protected characteristics. The move towards the recovery model, which shifts the focus from treatment of illness towards promotion of well-being, should support the identification of, and appropriate response to address barriers being experienced by individual.

As a result of measures implemented during the Covid-19 pandemic, the British Institute for Human Rights (BIHR) and Welsh National Disability Umbrella

Organisations, signalled concerns that the rights of those detained in mental health hospitals, would be breached if the Coronavirus Bill was passed.

9.7 Safeguarding

The safeguarding issues for adults with mental health needs are similar to those of the general adult population. People who lack the capacity to make decisions as to where they live and about their care planning arrangements need to be assessed for a Deprivation of Liberty Safeguards (DoLS). The aim of the safeguards is to ensure that the most vulnerable people in our society are given a ‘voice’ so that their needs, wishes and feelings are taken into account, and listened to, when important decisions are being taken about them.

There is a new definition of ‘adult at risk’, a duty for relevant partners to report adults at risk and a duty for local authorities to make enquiries, which should help to safeguard adults at risk, including those with mental health support needs.

9.8 Violence against women, domestic abuse and sexual violence

There is a significant relationship between poor mental health and domestic abuse. The Mental Health Foundation estimates that domestic violence has an estimated overall cost to mental healthcare of £176 million (Walby: 2014).

Furthermore, research suggests that women experiencing domestic abuse are more likely to experience a mental health condition, while women with mental health conditions are more likely to be domestically abused. 30-60% of women with a mental health condition have experienced domestic violence (Howard et al: 2009).

Due to the links between domestic abuse and mental health, it is imperative that professionals receive training to enable them to better identify the signs of domestic abuse within this population group.

Despite the strong links between domestic abuse and poor mental health, however, no specific domestic abuse dataset exists either nationally or regionally, to specifically examine the prevalence of domestic abuse amongst those with poor mental health. Once again, this exposes a significant data gap that needs addressing.

Disability can be classified as any on-going condition that has the potential to impact an individual's day-to-day activities for at least a 12 month period or more. Some agencies may classify mental health as a disability, and in terms of disability across the region in the broadest sense, it is estimated that as of 16th September 2021, 12 month rolling MARAC data showed that between 0-2.3% cases deemed as "high risk" involving disability were heard at MARAC.

As MARAC data covers high risk cases and domestic abuse is an underreported crime, it is reasonable to assume that these figures are an underrepresentation of the true picture.

9.9 Advocacy

People with mental health conditions may want support from another person when expressing their views, or to seek advice regarding decisions that impact them. The Conwy and Denbighshire Mental Health Advocacy Service (CADMHAS) provide support for young people and adults. ASNEW is the mental health advocacy service for North East Wales including Flintshire, Wrexham and surrounding areas. North Wales Advice and Advocacy Association also provides support for young people and adults across North Wales.

Dewis, the Centre for Independent Living provide advocacy support for over 18s in Denbighshire and Conwy County Borough for people with mental health issues (they also provide advocacy for a wider range of groups).

9.10 Welsh language considerations

The North Wales area has a higher rate than other parts of Wales in terms of the number of Welsh speakers, although this varies across the region. North West Wales for example has a high percentage of Welsh speakers. Please see the section on the North Wales Welsh language profile for the data. It is important that people with mental health issues are supported by receiving information, advice and support in their language of choice.

Services, including mental health, must provide an active offer, which means providing a service in Welsh without someone having to ask for it. Mind Cymru provide information and support for people who are accessing mental health services in Welsh. This includes an offer for staff delivering mental health services to undertake Welsh lessons. This is also an option for the workforce via the Health Board and local authorities.

9.11 Socio-economic considerations

Socio-economic deprivation is linked with a number of negative impacts, which includes mental health and well-being. The Welsh Government review of evidence for socio-economic disadvantage states that “mental health is worse in the most deprived areas of Wales and deprivation is linked to increased stress, mental health problems and suicide. Living in more deprived areas can also affect mental well-being. Poorer mental well-being is linked to a range of factors including economic and work related stress, structural problems around participation and feeling part of a community, which can increase loneliness and social isolation”.

20% of Welsh adults in the most deprived areas reported being treated for a mental health condition, compared to 8% in the least deprived areas (A Mentally Well Wales, Senedd Research).

Inequality is one of the key drivers of mental health and mental ill health leads to further inequality

Mental health problems can start early in life, often as a result of deprivation, poverty, insecure attachments, trauma, loss or abuse (Welsh Government, 2012). Risk factors for poor mental health in adulthood include unemployment, lower income, debt, violence, stressful life events and inadequate housing (Royal College of Psychiatrists, 2010).

In Wales, 24% of those who are long-term unemployed or have never worked report a mental health condition, compared with 9% of adults in managerial and professional groups. A recent study found more patients who died by suicide were reported as having economic problems, including homelessness, unemployment and debt (Centre for Mental Health and Safety, 2016).

Risk factors for poor mental health disproportionately affect people from higher risk and marginalised groups. Higher risk groups include, looked-after children; children who experienced abuse; black and ethnic minority individuals; those with intellectual

disability; homeless people; new mothers; lesbian, gay, bisexual and transgender people; refugees and asylum seekers and prisoners (Joint commissioning panel for mental health, 2013).

Having a wide support network, good housing, high standard of living, good schools, opportunities for valued social roles and a range of sport and leisure activities can protect people's mental health (Department of Education, 2016).

9.12 Conclusion and recommendations

It is recommended, in line with all legislation, policy and guidance, that the following recommendations and priorities are progressed to meet the vision for mental health and well-being within the North Wales region:

- **Recovery from Covid-19 Pandemic:** the full impact of the pandemic on people's mental health and well-being is still emerging. As found within this PNA, many have felt increased levels of anxiety for a variety of reasons since March 2020. A briefing from Centre for Mental Health (2020) recommend support with financial instability, which can cause mental health problems, proactive mental health support for Covid-19 sufferers and health and social care staff, and the use of trauma focused approaches to support schools, health and social care, and businesses. This approach should form the foundation of recovery plans for mental health and well-being.
- **Early intervention:** responders to the consultation noted that they felt more early intervention is beneficial and this should be widely available to avoid reaching a point of crisis. Work is being undertaken in the region with projects such as ICAN, which provides support and advice to those with mental health issues.
- **Addressing inequalities:** mental health and adverse well-being is more common in areas with higher levels of deprivation. In North Wales, 12% of the population live in the most deprived lower super output areas. Unemployment, lower educational attainment, housing insecurity and financial insecurity contributes to mental health issues. Tackling socio-economic disadvantage needs to be a significant part of mental health service planning.

- **Co-production:** An action within the Welsh Governments Together for Mental Health Delivery Plan 2019-2022 is to support and develop national guidance aimed at increasing co-production and peer-led approaches to service delivery. This will result in more preventative services that are community based to address the gap between prevention and crisis. Co-production is a key driver for outcomes. It increases well-being and adds social value, embracing the principles of the SSWB Act.

10. Unpaid carers

10.1 About this chapter

This chapter includes the population needs of all unpaid carers including young carers, young adult carers and parent carers within the North Wales region.

Definitions

The Social Services and Wellbeing Act defines a carer as “a person who provides or intends to provide care for an adult or child”.

The Act further states that “in general, professional carers who receive payment should not be regarded as carers for the purpose of the act, nor should people who provide care as voluntary work. However, a local authority can treat a person as a carer even if they would not otherwise be regarded as a carer if they consider that, in the context of the caring relationship, it would be appropriate to do so. A local authority can treat a person as a carer in cases where the caring relationship is not principally a commercial one”

This definition includes carers of all ages, young carers are carers who are under the age of 18 and young adult carers are aged 18 to 25. Unpaid carers often do not see themselves as carers. They will describe themselves as parent, husband, wife, partner, son, daughter, brother, sister, friend or neighbour, but not always as a carer. A carer is someone who provides unpaid support and/or care to one or more people because they are older, ill, vulnerable or have a disability, Unpaid care is commonly provided by family members, friends or neighbours, it can be provided at home, at someone else’s home or from a distance. Unpaid carers may provide care on a temporary or permanent basis and caring can include physical, practical, emotional and mental health support.

A parent carer is someone who is a parent or legal guardian who has additional duties and responsibilities towards his/her child because of the child’s illness or

disability. Parent carers will often see themselves as parents rather than carers, but they may require additional services and support to meet the needs of their child.

The Social Services and Well-being (Wales) Act 2014

Under the Act carers have the same rights as those they care for, it also removed the requirement that carers must be providing a substantial amount of care. Under part 2 of the Act, Local Authorities (LAs) have a duty to promote the wellbeing of people who need care and support and unpaid carers who need support. LA's must secure the provision of a service for providing people with a) information and advice (IAA) relating to care and support b) assistance in accessing care and support (section 17). LA's have a duty to offer a needs assessment to any unpaid carer where it appears to the authority that the carer may have needs for support.

Previously, it was the responsibility of the carer to request a needs assessment. A carer's needs meet eligibility criteria for support if:

a) The need arises as a result of providing care for either an adult or child
b) The carer cannot meet the need whether
    - Alone
    - With the support of others who are willing to provide that support, or
    - With the assistance of services in the community to which the carer has access, and
c) The carer is unlikely to achieve one or more of their personal outcomes which relate to the specified outcomes in part 3 of the Act

The LA's may now carry out a joint assessment, where an assessment of the cared for person and the carer is carried out at the same time if both parties are willing and it would be beneficial to do so. This is good practice although there are concerns that the assessment of the carer may be compromised by focussing on what the carer can and can't do for the cared for person rather than looking at their desired outcomes in their own right.

Carer needs assessments must include whether the unpaid carer is able/willing to care, the outcomes the unpaid carer wishes in day to day life, whether the unpaid carer works or wishes to/and/or participate in education, training or recreation

The local council must involve the carer in the assessment and include:

- The extent to which the unpaid carer is able and willing to provide the care and to continue to provide the care
- The outcomes the unpaid carer wishes to achieve

An assessment of an unpaid carer's needs must also have regard to whether the carer wishes to work and whether they are participating or wish to participate in education, training, or leisure activities.

Unpaid carers should be very clear about what they can and cannot do and any differences between their expectations and that of the person cared for. The people carrying out the assessments should be skilled in drawing out this information. The Act says carers need to be asked what they can do, so this should be monitored by local authorities to make sure it happens in practice and is included in the assessment. It is important that the unpaid carer feels that they are an equal partner in their relationship with professionals.

The Act recognises that carers have a key role in the preventative service approach within a local authority area, and that carers themselves provide a form of preventative service. Supporting unpaid carers is a preventative measure for both the individual carer and the sustainability of health and care services. LA's now have to provide a range a preventative services and promote social enterprises, cooperatives and Third Sector. The Wellbeing of Future Generations (Wales) Act places further duties on LA's to embed a 'preventative approach' by considering the long term impact of their actions.

The emphasis on the increased use of direct payments is a significant change for unpaid carers. LA's now have to offer direct payments although take up is still the choice of the carer. A local authority must provide appropriate information & support to enable an unpaid carer to decide whether they wish to receive a direct payment for any support. Direct Payments give the unpaid carer autonomy to determine exactly the services that are right for them. A local authority must make a direct

payment available where an unpaid carer expresses a wish to receive them and where they enable an unpaid carer to achieve their personal outcomes.

They give individuals control providing an alternative to social care services provided by a local council. This helps to increase opportunities for independence, social inclusion and enhanced self-esteem.

The Act sets out a national ‘eligibility framework’ to determine whether or not a carer who has been assessed and who has support needs will meet the criteria for services. Unpaid carers with eligible needs will have a support plan centred on outcomes they have identified themselves. It will also set out the support to help them achieve the outcomes identified. Support plans will be subject to regular reviews by local councils, and re-assessment of needs if their circumstances change (Care Council for Wales, 2016).

The Carers Strategies Measure helped to begin changing the culture of early identification and support of carers, particularly for the health board. There are concerns that the duties and obligations are more diluted in the new Act. There is still more to be done to make sure health staff are identifying carers, in particular GPs and other primary health care staff (Betsi Cadwaladr University Health Board (BCUHB), 2015).

The North Wales Carers Strategy 2018 focuses on improving standards and developing a consistent approach to service delivery and outcomes across North Wales, which all 6 LA’s and LHB helped to develop and are signed up to. The current GP and Hospital Facilitation Service regional contract has been commissioned to improve engagement with primary care and community hospitals and both providers are working together to develop an accredited scheme similar to Hywel Dda’s successful three tiered Investors in Carers service.

Additionally, the new National Strategy for Unpaid Carers 2021 includes 4 ministerial priorities:

1) Identifying and valuing carers
2) Providing information advice and assistance
3) Supporting life alongside caring

4) Supporting unpaid carers in education and the workplace

10.2 What we know about the population

Carers Wales states that there are more than 370,000 unpaid carers of all ages in Wales providing care worth around £8.1billion each year. Social Care Wales estimate that 12% of the population of Wales are unpaid carers and this figure could increase to 16% by 2037 (Unpaid Carers Strategy, Welsh Government, 2021).

Around 79,000 people provide unpaid care in North Wales according to the 2011 census, which is about 11% of the population. This is slightly lower than the all Wales figure of 12% and slightly higher than the England and Wales figure of 10%. Although the results of the 2011 Census are now dated, the 2021 Census results are not yet available. Other data sources have been used below, however, these do not provide the full picture in the way that the Census does, as not all carers are eligible for benefits, and not all will approach services for support. This section will be updated once the 2021 Census results are available.

The number of carers in North Wales has been increasing, particularly in north-west Wales. There were 6,000 more carers in North Wales in 2011 than in the 2001 census, which is an 8% increase. Overall, more women provide unpaid care than men: 57% of carers in North Wales are women, and 42% are men, which is similar to the proportion across Wales and in each local council area. This difference has narrowed slightly since the 2001 census by one percentage point due to a greater increase in the numbers of men providing unpaid care.

The table below shows that Flintshire has the highest total number of carers in North Wales and Anglesey the lowest, which reflects overall population numbers.

Table X: Number of carers in North Wales by local authority, 2001 and 2011

County	April 2001	April 2011	% change
Anglesey	7,200	8,000	11
Gwynedd	11,000	12,000	11
Conwy	12,000	14,000	11
Denbighshire	11,000	12,000	9
Flintshire	16,000	18,000	7
Wrexham	15,000	15,000	2
North Wales	73,000	79,000	8

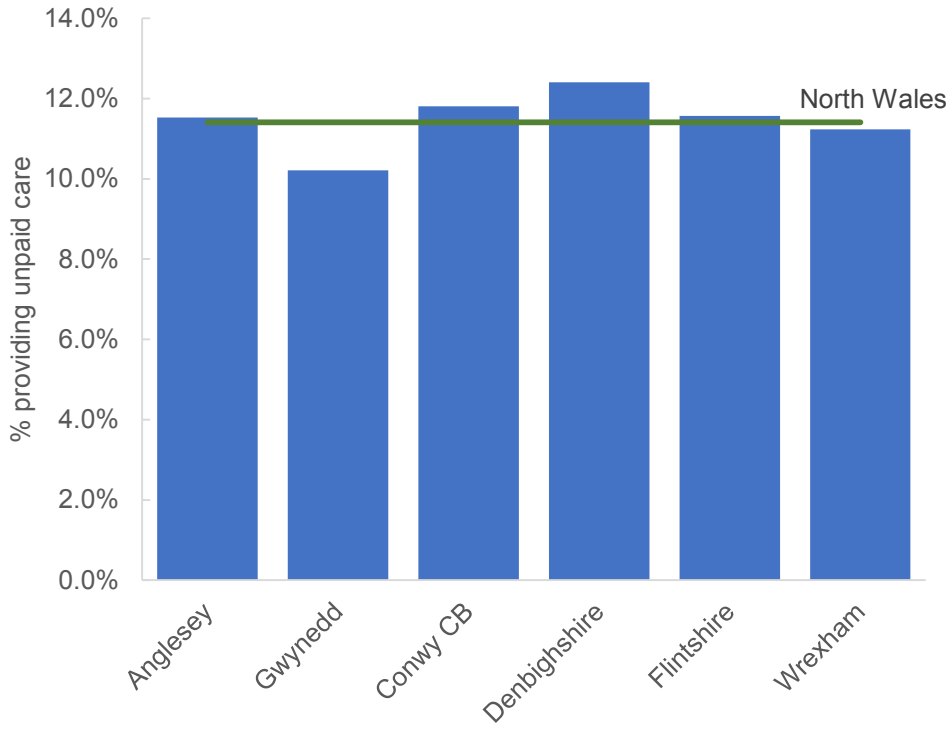
Numbers have been rounded so may not sum

Source: Census 2001 and 2011, Office for National Statistics

The increase in need for social care identified in the other chapters of this population assessment report is likely to lead to greater numbers of people providing unpaid care and providing care for longer. Changes in working patterns and the increasing retirement age may reduce the capacity of people to provide unpaid care. People moving to the area to retire may also have moved away from the family and social networks that could have provided support.

The chart below shows the number of carers as a proportion of the total population in the county: Denbighshire has the highest proportion providing unpaid care while Gwynedd has the lowest. Although Flintshire has the highest total number of carers, this is not much higher than the average in North Wales as a proportion of the population.

Chart X: Percentage of total population who provide unpaid care, 2011



Source: Census 2011

People aged 50 to 64 are the most likely to provide unpaid care

In North Wales around 20% of people aged 50 to 64 provide unpaid care compared to 11% of the population in total. Generally speaking, the proportion of people providing unpaid care increases with age until the 65 and over age group. In the 65 and over age group 14% of people provide unpaid care, which is the same proportion as in the 35 to 49 age group. These proportions follow a similar pattern in each local authority.

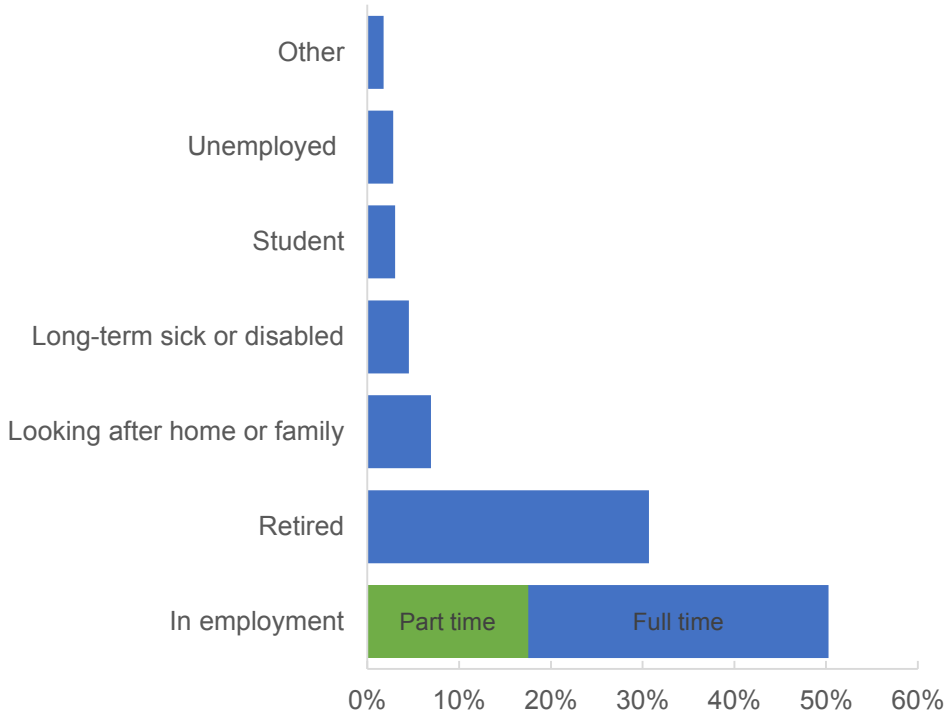
Table X: Number of carers in North Wales by age and local authority, 2011

County	Age 0 to 15	Age 16 to 24	Age 25 to 34	Age 35 to 49	Age 50 to 64	Age 65 and over
Anglesey	140	360	520	1,800	3,000	2,200
Gwynedd	250	620	780	3,000	4,500	3,300
Conwy	260	550	750	3,200	4,800	4,100
Denbighshire	260	640	740	2,800	4,100	3,100
Flintshire	340	920	1,200	4,500	6,600	4,100
Wrexham	290	860	1,300	4,000	5,400	3,200
North Wales	1,500	4,000	5,300	19,000	28,000	20,000

Numbers have been rounded so may not sum
Source: Census 2011, Office for National Statistics

The majority of the 50% of carers who are in employment work full time as shown in 0 below. Around 30% of carers are retired.

Chart X: Percentage of carers in North Wales aged 16 and over by economic activity, 2011



Source: Census 2011, Office for National Statistics

Of the 39,000 carers in employment across North Wales, 5,800 provide more than 50 hours of care each week and 1,600 work full-time and provide more than 50 hours or more of care a week. There are 3,500 carers in north Wales who describe themselves as having a long-term illness or disability, of which 1,500 provide 50 or more hours of care a week. For carers in employment, the support of their employer and colleagues is vital to helping them continue their caring role. This is important to consider when planning services, particularly with the focus in the new act on supporting carers to continue in employment if they want to.

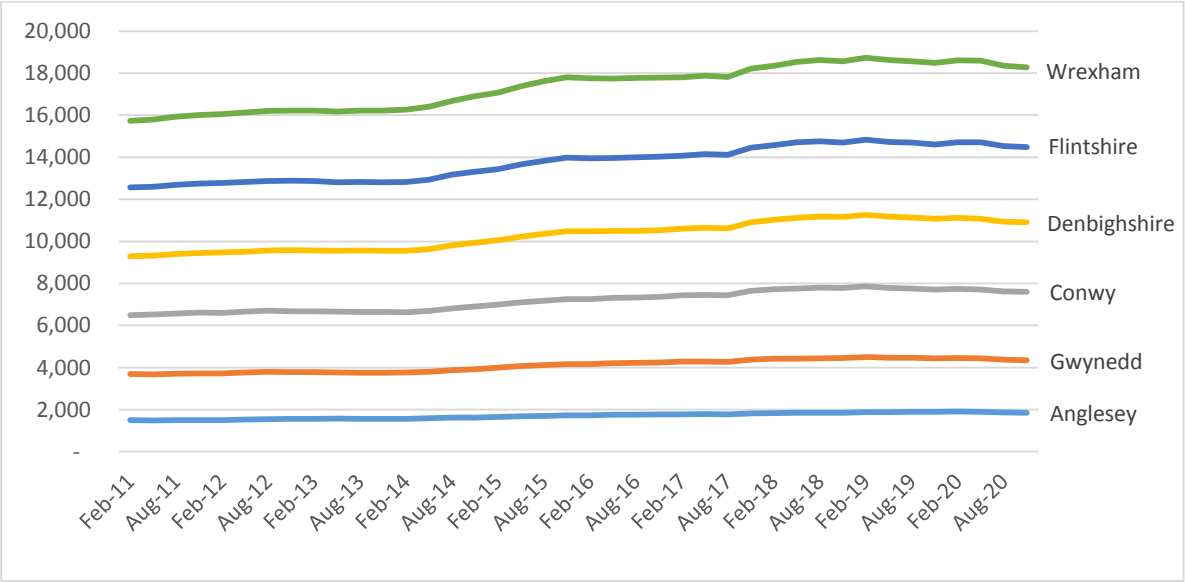
Carers' Allowance

In November 2020, there were 18,250 people in North Wales claiming Carers' Allowance. This has increased from 15,750 in February 2011. This number is much lower than the estimated 73,000 who provide unpaid care reported in the 2011 Census. However, this allowance is only available for those under pension age, unpaid carers may be eligible for Pension Credit once they are in receipt of their State Retirement Pension.

It will not be available to the majority of people in employment who make up about 50% of unpaid carers. The increase in the numbers claiming is probably due to a combination of an increase in the total number of carers and better awareness of the

allowance. These numbers still suggest that there is an issue of carers not claiming the benefits they are entitled to and highlights the importance of welfare rights services for carers. There is also a drive from the Welsh Government to get carers to register with their local authorities. North Wales LA's work closely with Citizens Advice and NEWCIS to support unpaid carers, specifically those in rural areas who can be more isolated, to maximise income and check entitlements for welfare.

Chart X: Number of people entitled to carers allowance in North Wales, 2011 to 2020



Source: Department for Work and Pensions

The table below shows the number of carers who had been assessed and considered entitled to claim Carers Allowance. When compared with the Wales rate,

all North Wales councils had lower rates. The rates also vary across each Council, with those in the east being higher than those in the west.

Table X: Total Carers Allowance Entitlement in North Wales (November 2020)

County	Carers Allowance entitlement (number)	Carers Allowance entitlement (rate)
Anglesey	1,852	2.15%
Gwynedd	2,490	2.89%
Conwy	3,254	3.78%
Denbighshire	3,304	3.84%
Flintshire	3,584	4.16%
Wrexham	3,787	4.40%
Wales	86,122	6.63%

Source: Department for Work and Pensions

Housing and Accommodation

Housing is an important part of unpaid carers' wellbeing and housing services are a key partner when supporting carers. Carers may face housing issues such as fuel poverty due to a low income, for example, if they have had to give up work. Housing that is not suitable or needs adaptions can make caring more difficult and it can be more difficult for people living in rented property to make adaptations.

Location is also an issue for unpaid carers living in rural communities. Carers Trust has highlighted specific needs of unpaid carers living in remote or rural communities in Wales where social isolation, poverty, deprivation, lack of transport and long distances to travel to access health and carers services mean that rural unpaid carers face additional challenges in accessing services

Unpaid carers can also be concerned that they will be made homeless if the person they care for dies or goes into residential accommodation.

Table X: Number of assessments of need for support for carers undertaken during the year 2019 - 2020

Local council	Number of assessments	The number that led to a support plan	The % that led to a support plan
Anglesey	563	186	33%
Gwynedd	25	3	12%
Conwy	350	199	57%
Denbighshire	234	35	15%
Flintshire	498	478	96%
Wrexham	108	52	48%
North Wales	1,778	953	54%
Wales	7,261	2,748	38%

Numbers have been rounded so may not sum Source: Adults Receiving Care and Support, Welsh Government, StatsWales table CARE0121

Data is available on the number of carers' assessments that took place across North Wales. We have not included it here as it gave a misleading picture as the numbers were counted differently in each county. It was also based on the assessment of the person 'cared for' so excluded assessments of carers who had self-referred. A consistent approach to assessments and data recording is needed.

Physical and mental wellbeing of unpaid carers

A priority within the Strategy for Unpaid Carers (Welsh Government, 2021) is the physical and mental wellbeing of carers. There is a focus on improving access for respite care to allow unpaid carers to take breaks from their caring roles. Additionally, psychological support is to be extended and should be identified during a carers' needs assessment. Research by Carers Wales found that 74% of carers in Wales said they had suffered mental ill health and 61% said their physical health had worsened as a result of their caring role. This has been exacerbated by the coronavirus pandemic.

Denbighshire Healthy Carers Worker Case Study – Working with Carers in 2021

I aim to empower the citizens referred to me to improve and/or maintain their health and wellbeing, including social inclusion. While I do advise and guide on issues such

as manual handling, back care and accessing professionals to attend other health issues, increasingly I am dealing with crisis referrals, where packages of care fail, are unavailable or much needed support is resisted, because of fear, negative and intrusive thought patterns and the wider impact of constant stress.

As is well documented, stress and high cortisol can have serious consequences on physiological, as well as psychological, health, with the following being some of the key effects:

- Severe fatigue
- High blood pressure
- Increased propensity to diabetes
- Headaches
- Irritability
- Depression and anxiety
- Suppressed immune system

Before the Covid-19 pandemic, carers were stretched to the limit, often on call 24/7 and with minimal respite, whether provided by family members, sitting services, group activities or other means. During and post-lockdown, face to face contact with family and the wider world has become significantly reduced. This led to a sense of being trapped, abandoned or under siege for many carers and their resilience is at an all-time low.

Many of the carers now referred to me require immediate support with their mental health, either because of sheer fatigue, trauma or grief (either loss of a loved one or disappointment and dashed life expectations).

Often, until I have started to deal with these deeper issues, we cannot hope to expect that person to engage better with support offered, make healthy life choices or expose themselves to anything outside of their comfort zone.

Through trust building, reducing challenges down to small, manageable tasks and often a fair bit of mediation between the carer and others from their resource wheel, I

work to enable them to gain resilience and control over the factors, influencing their daily lives. Then, signposting begins and the support network can widen.

10.3 What people are telling us

What is working well:

A small number of carers reported the following services as working well:

- counselling for carers
- fast carers' assessments and referrals adult social services, as well as their high quality support
- Hafal carers' support
- NEWCIS / Carers Outreach

However, a similar number reported that "Nothing has worked well" based on their experience of social care services.

> "From my initial contact with social services, I have been fobbed off five times… when I was experiencing carer breakdown, with my father's dementia, working full time and shielding. Nothing has improved and I have a list of misinformation, conflicting information, conflict within the team itself etc, etc"

What needs to be improved:

Several recommendations were made for improving services for carers including:

- ensure carers' assessments are carried out by people who understand the carer's situation
- increase the provision of respite care services, sitting services, night support and day centres

- ensure social workers include respite care in care plans and increase the amount of respite care allowed - "*four hours a month is ridiculous"*
- increase funding for services to improve carers' mental health
- provide carers with training and support to access information and services online
- create peer support groups for carers with different experiences for example a group for parents of disabled children
- involve carers in writing care plans
- include contingency plans in care plans for when the carer can no longer cope and/ or the health of the person being cared for deteriorates

Some carers' felt that they were close to breaking point, which will ultimately cost more than providing them with more support:

> "There is zero reliable and dependable mental health support for carers. Unpaid carers are in crisis and this will always have an impact on those being cared for. With better support, I could probably keep my Mum in her own home as I have done for ten years, but if the support level continues to deteriorate, against her will and mine, I will have to put her in a nursing home. This has a social and economic impact for all concerned."

Flintshire County Council – Review of Respite Services Engagement

Feedback has been gathered from carers, people living with dementia, third sector staff and social care staff on the commissioned respite services available to carers of people living with dementia within Flintshire.

The review has gathered the views, experiences, expectations and ideal respite options with 44 carers, 6 people living with dementia and 9 third sector and social care staff. In 2019.

When discussing respite with the carers a number were unsure of the exact services being accessed and how these are identified within Social Services and NEWCIS, especially where multiple services are being provided.

The following feedback shares the key themes gathered via the consultation.

NEWCIS - Bridging the Gap

- The service works well for all carers engaged with, and all carers liked the flexibility to use the respite when needed, especially for planned events like breaks, days out, social events and family events.
- Carers shared that the choice of care providers is beneficial as they can use the same provider as they currently have, or they can choose a new one where they were experiencing issues with the provider.
- Some carers found the process daunting, choosing a provider, and would have liked some further guidance to make the best choice.

NEWCIS – Carer Breaks

- All the Carers shared how extremely enjoyable the break was for them, especially with the peer support they had from other carers
- The support from the staff and volunteers was available whenever needed
- The information and advice provided during the break was invaluable
- Carer expressed how their wellbeing had improved by having the break and being able to attend with their cared for had helped them reconnect
- Carer found the group setting for dinner extremely beneficial enabling them to socialise with others.

Marleyfield Dementia Saturday Respite

- Carers shared this was a good service, where the staff are supportive, and cared for enjoys most of their time at the centre.
- Carer raised transport is an issue especially those that lived further away from Buckley.
- Some carers felt they were increasing their role on a Saturday morning getting the cared for ready and transporting them to the centre. Where normal Saturdays would be more relaxed and less pressured.
- Carers felt more flexible respite would benefit them with different dates, times, location and options.
- Carers felt there could be more variety in what is offered to their cared for regarding person centred activities.

- People living with dementia shared that they enjoyed the company and liked the people around them. They shared a liking for the food especially.
- People living with dementia shared a lot about their past and present mixed together, I asked if they would like to do specific activities from their past, or new things they mentioned. Some agreed with yes, others responded with “no I’m too old”.

10.4 Review of services currently provided

Historically, much of the support that unpaid carers need can be provided through a statutory assessment of the cared for person. With the introduction of the Act, the provision of information, advice and assistance or preventative and rehabilitative services for the cared for person must be considered. This assessment, and the care and support plan will focus on outcomes to be achieved and innovative ways to achieve them such as attendance at local groups providing day time opportunities – however, if there is no other way, then services such as domiciliary care will be provided by social services.

In addition, the provision of respite services in the form of short term care in a residential setting, and sitting services can be delivered to the cared for person to provide unpaid carers with a break from the caring role. Carers Trust Wales have launched a new vision for respite care in Wales in response to the needs of carers who have described difficulty in accessing respite care. The report calls for four key actions which includes the development of national and regional short break statements, creation of a national short breaks information and guidance hub, a national respitality initiative for Wales and a national short breaks fund (Carers Trust, 2021).

Flintshire Social Services and BCUHB commission a carer respite service for carers. This service provides a sitting and domiciliary care service within Flintshire. This

service is accessed via Crossroads. The respite is currently available to those that have high demanding caring roles, this includes carers of people living with dementia. This service is offered for a 12-week period followed by signposting to SPOA to explore ongoing respite options.

The service links to other respite options such as Bridging the Gap (NEWCIS) to provide continuity of care provider. Crossroads are commissioned by BCUHB to provide Health Respite services for carers to enable them to attend health appointments and can be used during times of crisis relating to depression. The Health service is only accessible via referral from a health professional such as a GP.

A wide range of support for unpaid carers in North Wales is grant funded or commissioned to third sector organisations who have a long and valued history of supporting carers. These include preventative services that can support carers throughout their caring journey, and commissioned services that meet statutory obligations such as carers' needs assessments.

Local council and health board grants can either partially or wholly fund services for unpaid carers', and in some cases the funding contributes to core costs. Some third sector services receive funding from both local councils and Betsi Cadwaladr University Health Board (BCUHB) although not necessarily under a single contract. The WCD Young Carers service (serving Wrexham, Conwy, Denbighshire) is a good example of collaborative working leading to a regional commissioning approach along with BCUHB to support young carers.

In April 2021, through the Welsh Government Annual Carers Grant, BCUHB commissioned Carers Outreach and NEWCIS as a joint partnership to deliver the GP and Hospital Facilitator posts across the region to support unpaid carers identified within primary and secondary care. In March 2021, all 6 LA's, BCUHB and young carers commissioned providers launched the North Wales Young Carers ID Card as a collaborative initiative, ensuring young carers receive the same support from professionals within the community wherever they may be in North Wales.

It must also be recognised that the third sector can effectively draw in external funding to develop services for unpaid carers to provide added value to service provision.

The following are examples of the type of services that are provided to carers across North Wales, which vary across the region. It must be noted that while some of these services are generic, others are specialist services, for example, providing support for carers of individuals with dementia or mental health conditions. The list also includes services that raise awareness of unpaid carers issues:

- Information, advice & assistance
- Dedicated carers needs assessors (in-house & commissioned out)
- One to one support
- Listening ear / emotional support
- Counselling
- Healthy carers worker
- Support groups/forums/cafes/drop-in sessions
- Primary care GP Carer Facilitators raising awareness of carers and offering support to GP practices
- Hospital Carer Facilitators – supporting the 3 District General Hospitals and community hospitals across North Wales to raise awareness of carers and early identification within the health settings
- Training for carers, for example, dementia, first aid, moving & positioning, relaxation, goal setting
- Training for staff – to raise awareness of carers issues and support available
- Direct payments / support budgets / one-off grants
- Support to access life-long learning, employment, volunteering opportunities
- Support and activities for young carers and young adult carers

Local councils and BCUHB also invest significantly in services for unpaid carers' that provide short term breaks in the form of sitting service or replacement care. Although these are services delivered to the cared for person, they are also regarded as a form of respite for the unpaid carer. The contractual arrangements and criteria for these services vary across the region but they are all currently non-chargeable

services to the carers. Some third sector organisations also draw in external funding for these types of services.

The Regional Project Manager leading on carers within the NWSCWIC continually maps the full range of services available to carers across North Wales, identifying any areas of duplication and also collaborative opportunities across all 6 Local Authorities and BCUHB.

The All Wales Citizen Portal, DEWIS, provides social care and well-being information including services and support for carers https://www.dewis.wales/.

On Carers Rights Day 2020, Denbighshire launched the Carers Charter developed with the help of the Carers Strategy Group and local carer networks. The purpose of the Charter is to improve recognition and raise awareness amongst the wider community.

Generating social value for the genuine benefit of unpaid carers through a focus on social value delivery models that are ‘co-operative organisations and arrangements’ (Part 2, Section 16 1) b) of the Act) and involve ‘persons for whom care and support or preventative services are to be provided in the design and operation of that provision’ (Part 2, Section 16 1) c) of the Act). Social value delivery models and added social value can be achieved through the shared experience of peer-carers, mutual support and reciprocity.

Carers will require support to create co-operative arrangements and commissioners will need an investment strategy the builds ‘capacity beyond the market’. Future policy objectives that respond to the findings of the chapter to generate greater social value include:

- More carers are able to obtain “what matters” to them without (direct) recourse to public services.
- More carers are engaged in helping each other at the family and community level.

- More carers are able to choose and access a wide range of well-being related activities.
- More carers are experiencing empowerment through peer groups and collective action.
- More carers are able to engage with public services as confident (and constructive) citizens.
- More carers retain their well-being and independence for longer.
- There are valuable carers-led organisations in every community of viable size.

10.5 Young Carers

Welsh Government defines young carers as carers who are under the age of 18. The Code of Practice for Part 3 defines young adult carers as being aged 16-25.

LA's are required to offer a carer's needs assessment to any carer with a presenting need. Annex A of the Code of Practice includes a range of examples that relate to young carers including:

- The child is unlikely to achieve development goals
- The individual is/will be unable to access and engage in work, training, education, volunteering or recreational activities.

In assessing, the LA must have regard to the importance of promoting the upbringing of the child by the child's family, in so far as doing so is consistent with promoting the well-being of the child.

Where the carer is a child the LA must have regard to his or her developmental needs and the extent to which it is appropriate for the child to provide the care. This should lead to consideration by the LA of whether a child carer is actually a child with care and support needs in his or her own right.

What do we know about the young carer population

The identified number of young carers in North Wales has grown in the last few years due to an increase in referrals through successful awareness raising and positive relationships with partner agencies. At time of writing 1,752 young carers are being supported across North Wales (November 2021) as shown in the table below. The 2011 census identified 1,500 young carers aged 0 to 15 and 4,000 aged 16 to 24 in North Wales. The 2021 census data will be published in 2022 and reviewed.

Local council area	Number of Young Carers Registered 2021
Ynys Mon	92
Gwynedd	81
Conwy	423
Denbighshire	578
Flintshire	202
Wrexham	376
Total	1752

Funding for young carers only allows organisations such as Action for Children to support young carers who have a moderate to high caring role / impact of caring. This means that there are a number of young carers in North Wales that will not be captured in the data above and therefore the data should be treated as a conservative estimate.

Review of services provided for young carers

Specific support for young carers and young adult carers has been commissioned across North Wales from the third sector. WCD/Credu Young Carers is commissioned to provide these services in Wrexham, Denbighshire and Conwy, NEWCIS provide the service in Flintshire and Action for Children provide the service across Gwynedd and Ynys Mon. The new Flintshire Young Carers Support Service launched on the 1st July 2020 and is being delivered by NEWCIS Young Carers. The service aims to provide a single and open access point for all young carers up to the age of 25 years old, their

families, professionals and partner organisations. The service is a one stop shop for a range of universal information, advice, signposting, access to assessments, one to one support (which will be person- centred, outcome focused, proportionate) and well-being support.

Young Adult Carers 17-25 years living in Anglesey and Conwy can be supported by Carers Trust North Wales Crossroads Care Services Young Adult Carers Service project. They can offer information and practical and emotional support, breaks from caring and 1:1 and group sessions once restrictions are lifted and meetings are allowed.

They also offer free training which includes practical courses on manual handling, first aid, cooking, finance and budgeting, resilience workshops and music sessions. Transport can be arranged for any young adult carers wishing to attend.

Parent carers in Flintshire are supported by Daffodils, a local charity that provides support and activities to families with children that have additional needs by offering social activities for carers and loved ones.

These organisations all provide similar levels of support including information and advice, social activities and events, support with personal resilience and wellbeing, transport, counselling, advocacy and liaison with school, college, social services or health professionals. These services do not intervene directly to address the needs of the person being cared for by the young person, but are there to mitigate the impact of the caring role on the young person.

The most common needs of young carers identified by these service providers are: the need for respite and opportunities to socialise (giving them time to be a child); building resilience, emotional wellbeing and self-esteem; need for peer support networks with other young carers who understand; support with education and learning; and, advocacy support to have their voices heard.

The majority of referrals come from social services, specialist children's services, Families First and educational welfare officers on behalf of the schools. North West Wales have seen an increase in referrals from the health service, mainly from school nurses, health visitors and consultants in the past two years following a pilot project aiming to improve the health and emotional wellbeing of young carers.

Emerging trends for young carers

Young carers need to be identified as early as possible so that they can receive the support that they need. The introduction of the Young Carer ID Card aims to help with this. There also needs to be a focus on the mental health and well-being of children and young people with caring responsibilities as a result of the pandemic. Many young carers are worried about socialising in case they carry and transmit Covid-19 to the person they care for.

This means they miss out on opportunities negatively impacting their wellbeing. The Carers Trust undertook a survey with young carers and young adult carers which pointed to a decline in the mental health and wellbeing of hundreds of thousands of young people who provide care for family members. 40% of young carers and 59% of young adult carers said their mental health is worse since the pandemic (Carers Trust, 2020).

Safeguarding (young carers)

There can be a number of factors for young carers that mean safeguarding issues can arise. Young carers are often difficult to identify and this can mean their needs only come to light when there is a crisis. The extent of the child's caring role and the impact that it has on their own development can be a safeguarding concern in itself, which is why it is vital that services quickly recognise and fully assess their needs to ensure the right support is in place at the right time.

Young carers are vulnerable to the impact of caring on their emotional and physical development, education and social networks and friendship (Becker *et al.*, 2000). Very young carers, those under the age of eight, are at particular risk and have been excluded from some young carers' assessments and services in the past on the grounds that a child under eight should not have any caring responsibilities. Commissioners need to make sure there is support in place for these young people whether through young carers' services or other services for vulnerable children. There may also be differences of view between children and parents about what constitute appropriate levels of care and parents can sometimes be reluctant to engage with services because of negative perceptions or fears relating to the action social services may take.

Young adult carers equally face safeguarding issues similar to young carers. The caring role can place a significant strain on young people, which can impact on their educational attainment, accesses to training and employment and their general health and wellbeing.

Being a young carer does not mean that a child or young person is automatically in need of protection. However, it highlights that services must put preventative processes in place to ensure families do not find themselves in crisis, resulting in child protection procedures being triggered.

10.6 Covid-19 impact

Covid-19 has had a significant impact on carers, this is represented in the consultation responses. One of the most significant impacts has been the effect on the mental health and wellbeing of unpaid carers. Services closed completely or offered a reduced service leaving unpaid carers to cope. Unpaid carers have told us how stressed they were about keeping the person they care for safe and also worrying about what would happen if they were unable to continue caring Friends neighbours, communities and Third Sector all helped to avert crisis. Key issues reported across the region were the availability of PPE, access to GP and medical appointments and hospital discharge procedures, and being separated from family and friends.

Since the start of the pandemic there has been an increase in the numbers of carers in Wales, the National Survey for Wales found that that by June 2020 35% of people looked after or provided help and support to family, friends or neighbours. This had increased from 29% in the 2019 -2020 full year survey (Unpaid Carers Strategy Wales, 2021). The Office for National Statistics collated key statistics relating to the impact the coronavirus pandemic has had on unpaid carers:

- A larger number of unpaid carers than non-carers were worried about the effects that the coronavirus pandemic was having on their life (63% of unpaid carers compared with 56% of non-carers)

- Unpaid carers were more likely to avoid physical contact with others when outside their household (92% compared with 88%)
- Unpaid carers indicated that the pandemic impacted life events such as work, access to healthcare and treatment, their overall health, access to groceries, medications and essentials

10.7 Equalities and human rights

The Equality Act 2010 gives protection for unpaid carers in relation to disability discrimination. For example, carers of a disabled person are protected due to being associated with a disabled person. They are also protected under the Act if they experience prohibited conduct such as victimisation. Carers can also experience significant multi-layer disadvantages due to intersectionality (the overlap of social identities such as carer status, race, sex and socio-economic status). This can affect confidence in accessing services wellbeing and impacting on the outcomes of carers and those they provide care for.

There are still often societal expectations of women as caregivers. The 2011 census showed that women make up the majority of unpaid carers – 57% of carers in Wales are women and women of working age (25 to 64) are significantly more likely than men to be providing unpaid care to someone with a disability or illness or who is older. A higher percentage of unpaid carers than non-carers reported that they were disable (32%) compared with 23%, with unpaid carers aged 16 to 34 years and 45 to 54 years more likely to be disabled than non-carers of the same age groups (ONS, 2021).

As our society ages, the number of people living with complex needs is increasing. It is therefore inevitable that older people will take on a caring role. Most older carers live alone with the person they care for and many also live with life limiting conditions. There is also likely to be an increase in mutual carers as older couples provide care and support for each other.

10.8 Safeguarding

The stress of caring can create safeguarding issues both for the carer and the person cared for. There are times when carers experience abuse from the person to whom they are offering care and support or from the local community in which they live. Risk of harm to the supported person may also arise because of carer stress, tiredness, or lack of information, skills or support. Service providers need to carefully assess capacity to care in order to prevent risks arising and to ensure the carer is supported to maintain their wellbeing reducing emotional or physical stress factors.

The new act includes a new definition of ‘child at risk’ and ‘adult at risk’, a new duty for relevant partners to report children and adults at risk and duties for local councils to make enquiries (Care Council for Wales, 2015).

10.9 Violence against women, domestic abuse and sexual violence

In accordance with Part III, Section 24 of the Social Services and Wellbeing (Wales) Act 2014, Carers may receive an assessment undertaken by the Local Authority in order to evaluate their needs for support. As with Older people and others with care and support needs, carers may be vulnerable due to a variety of circumstances including time, financial and emotional pressures. In many cases, they may be the sole caregiver for a vulnerable family member, who may be suffering with ill-health, disability or learning difficulties.

As previously elucidated, the definition of VAWDASV includes, ‘Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality’ (Home Office: 2016).

It is not unfathomable that some carers may themselves be at risk of, or indeed be living with, domestic abuse also. They may be survivors of historic domestic abuse perpetrated against them by a spouse, or those dependent on their care may also be

inadvertently perpetrating abuse against caregivers due in part to illness and infirmity.

Whatever the case, it is essential that training is provided to enable care providers to identify the signs and symptoms of domestic abuse in Carers, to provide an assessment when required and to offer adequate care and support to enable Carers to better manage their situation. There is no specific dataset available either nationally or regionally that looks at carers as a specific population group, in terms of prevalence of domestic abuse.

As many carers may be older people caring for spouses, and other family members, there may be some representation of this group within the older people population group. However, as with other vulnerable population groups, it is clear that a significant data gap exists here that requires addressing in order to examine the full extent of the issue.

In terms of services available, LA's should have procedures in place for identifying domestic abuse and signposting to the relevant designated lead for safeguarding so that a referral to MARAC can be considered in conjunction with pre-existing care support that individuals may already be receiving.

Those with caring responsibilities may also be identified through LA's use of the Single Point of Access scheme (SPOA) in order to help identify support needs.

10.10 Advocacy

Advocacy means getting support from another person to help you express your views and wishes, and help you stand up for your rights and entitlements. Someone who helps you in this way is referred to as an advocate. Low level advocacy services offered by the carer support services across North Wales as required. They will contact health professionals, special services, or any external agencies on a carer's behalf if they feel unable to so do so.

Denbighshire's Education & Children's Services have worked in partnership with Conwy and Wrexham to commission support services for young carers since 2013.

The service is called WCD Young Carers and delivered by Credu Carers. Credu have a long track record of delivering support and advocacy for carers of all ages.

10.11 Welsh language considerations

The North Wales area has a higher rate than other parts of Wales in terms of the number of Welsh speakers (please see the section on the North Wales Welsh Language profile for the data) although this varies across the region. North West Wales for example has a high percentage of Welsh speakers, it is important that carers are supported by receiving information, advice and support in their language of choice. This is also true when carers are having their voice heard.

Unpaid carer and Young Carer services should be provided in line with the principles of the More Than Just Words framework specifically around the active offer.

10.12 Socio-economic considerations

We know from the 2011 Census that the majority of all unpaid carers are of working age and surveys and consultations completed by third sector carer organisations show that the majority wish to work, but many are unable to because of caring. Financial hardship can also disproportionately affect women because they are more likely to be providing care and providing more hours of care while at the same time balancing work or their own health conditions.

An Oxfam report states that prior to the pandemic more than one in three unpaid carers of people with additional needs providing over 20 hours of care per week were in poverty (Care, Poverty and Coronavirus Across Britain, 2020). The report states that it is often the case that unpaid cares can lose income due to leaving or reducing paid work to undertake their caring duties. Research by Carers UK (State of Caring, 2019) stated that 12% of unpaid carers took a less qualified role or turned down promotion at work. 11% of carers retired early to become a carer.

The report further found that 21% of unpaid carers are or have been in debt as a result of their caring responsibilities, 8% cannot afford utility costs and 4% are struggling with housing payments.

Research from the London School of Economics in 2018 found that the costs to the UK government of unpaid carers leaving employment exceeded £2.9 billion a year. The Caring for Carers report by the Social Market Foundation 2018 also highlighted this as an issue, it states that carers become at risk of leaving paid employment when they provide ten hours of care or more. Further research shows that carers providing ten or more hours of care has increased from 39% to 43% between 2005 and 2015.

The new Priority 4 within the Unpaid Carers Strategy, supporting unpaid carers in education and the workplace, is intended to have a positive impact on working age carers by ensuring more support is available to carers in the workplace and should shape regional local policies for unpaid carers.

10.13 Conclusions and recommendations

It is recommended that, in line with all legislation, policy and guidance, that the following recommendations and priorities are progressed to meet the vision for unpaid carers across the North Wales region:

- Early identification of those undertaking unpaid carer roles (including young carers) so they can be supported as early as possible and access services they require. This also includes raising awareness of the roles of unpaid carers.
- Respite care a key issue for unpaid carers, as a region need to link with the new vision for respite care and short breaks in Wales. This is especially an issue for both children and adults with complex needs.
- Improving unpaid carer assessments to ensure consistency across the region when identifying the care and support needs of unpaid carers specifically around mental health and wellbeing of the unpaid carer.
- Issues within wider social care workforce recruitment and retention is leading to additional demands on unpaid carers. Specifically, this is impacting the complexity of care with unpaid carers dealing with caring responsibilities with higher needs of care.

- Digital inclusion is also a key area, as a result of many services moving online it has impacted digitally excluded groups including unpaid carers.

11. Veterans

A veteran is defined as someone who has served in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations (Ministry of Defence Website, 2019).

There is minimal data available to give an accurate overview of this particular population group within North Wales, this is true not just for North Wales but for Wales as a whole and more broadly the UK. However, the estimated veteran population, all persons aged 16 years and over, for North Wales is 39,110 (Health and Wellbeing Needs of Armed Forces Veterans, Hywel Dda Public Health Team & PHW 2020). The 2021 Census included a question related to veterans, once the 2021 census data is published this should provide a clearer picture of the population.

The Department of Health (2008) has predicted that overall the health and wellbeing needs of veterans is broadly similar to that of the civilian population. However, as a result of their occupation differences occur as a result of occupational injuries and the psychological impact of deployment.

A full assessment of the needs of Veterans is contained within the Health and Wellbeing Needs of Armed Forces Veterans published by Hywel Dda and Public Health Wales 2020.

12. Refugees and Asylum Seekers

Home Office statistics indicate that there are approximately 2,300 asylum seekers in Wales. The Welsh Refugee Council estimates that there are approximately 10,000 refugees in Wales. Refugees and asylum seekers represent around 0.5% of the population in Wales.

From 2017 to 2021, 241 asylum seekers have been resettled across the North Wales local authorities. In North Wales, Wrexham and Conwy both accommodate dispersal centres. All local authorities in North Wales took part in the Home Office Syrian Vulnerable Persons Resettlement Scheme, with each authority making a commitment to support a set number of families or individuals. Although that scheme has ended, some local authorities have also signed up to the replacement UK Resettlement Scheme (UKRS). All local authorities in North Wales have also committed to supporting the Home Office Afghan Relocation and Assistance Policy (ARAP) Scheme. There are other schemes that are supported such as the Syrian Vulnerable Persons Resettlement Scheme.

Wrexham has been a dispersal area for asylum seekers for approximately 20 years. Until recently, this was only one of four dispersal areas, but more recently, new areas have joined. In North Wales, Conwy is now also an asylum dispersal area.

Due to the small numbers, the published statistics for unaccompanied asylum seeking children is limited for North Wales.

Asylum seekers in dispersed accommodation are directly supported by services largely commissioned by the Home Office and Welsh Government, such as Clearsprings Ready Homes, Migrant Help and Welsh Refugee Council. However, a wide range of partners provide a variety of additional support to asylum seekers and refugees, including the health board, other third sector organisations, various council departments and other public services.

A key issue flagged for asylum seekers and refugees is the need for improved mental health support. It is widely recognised that refugees and asylum seekers and some migrants have significant unmet mental health needs. Engagement work with those with lived experience will be further explored when the regional Area Plan is developed in 2023.

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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales Population Needs Assessment

Consultation survey report

October 2021

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Contents

Summary

The consultation for the Population Needs Assessment involved people who use care and support services and carers as well as staff who work for the health board, local councils and third sector or voluntary organisations. We used a wide range of information from partner organisations about the needs of people they support. In addition, we carried out a survey which around 350 people took part in during August and September 2021. This report summarises the findings from that survey.

What works well

There are examples of care and support services working well across North Wales, particularly third sector services. There are also examples of strong partnership working, better access to support and people having more voice, choice and control over how their needs are met.

What needs to be improved

Examples of where services could be improved, include relationships and communications within and between organisations. Many thought social care services need a complete overhaul along with more staff and better funding. The people who are directly affected by current policy, such as providers and people who use services, need to be involved in finding solutions to this crisis. More early intervention services can help people before they reach a crisis.

Service providers would like longer term funding to enable them to plan and improve staff retention and development as well as clarity around funding streams.

What changed during the COVID-19 pandemic?

The pandemic exacerbated problems with waiting lists, lack of staff and services. It left many people who use services and carers without support and with their lives severely restricted leading to loneliness, isolation and deteriorating health. The pressures have taken a toll on the mental and physical health of staff.

Not all the impacts were negative. A small number of respondents commented that they had not experienced any change in services. Lockdowns helped some become more self-reliant, spend quality time with family and some pupils, especially those

with social anxieties or bullying issues at school, have benefited from not going to school.

The pandemic accelerated developments to create online methods of programme delivery and has made people more open to using IT options. This has had a positive impact for many people but the digital approach does not suit everyone and may make it difficult, especially for older people, to access and engage with services.

Respondents thought that in the long term it will be important to:

- Fix the problems that existed before Covid
- Support people to re-engage with services
- Support a return to face-to-face services
- Prepare for new and increased demands for services
- Increase mental health support especially for young people
- Continue providing services online
- Support existing staff and boost recruitment

Experience of Welsh-language services

Overall, respondents concluded that provision of the Active Offer is “patchy”. Some reported doing this very effectively. Others reported that they can only make the offer at the point at which users of a service are assessed, rather than when they first make contact. Some were concerned that in practice, the offer is still tokenistic. Many care homes and domiciliary care providers find it difficult to follow through with the provision of a Welsh speaker: They conclude that more needs to be done to attract Welsh speakers to the profession and to support staff to improve their Welsh. This needs to include opportunities for both complete beginners and those who need to gain confidence.

Introduction

This report sets out how we carried out consultation and engagement with people who provide or use care and support services to inform the North Wales Population Needs Assessment.

This report will help inform the Equality Impact Assessments that will be carried out on decisions that use evidence from the Population Needs Assessment. It also provides evidence of how we are meeting the requirements of the public sector equality duty.

Background

The Social Services and Wellbeing Act (Wales) 2014 requires each region to produce an assessment of the care and support needs of the population in their area, including the support needs of carers by April 2021 The six North Wales local authorities and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales have produced a population needs assessment for the North Wales region. This is the second assessment we have produced. The first one was published on 1 April 2017.

The report will be used to inform the area plan which has to be prepared jointly between the health board and local councils overseen by the Regional Partnership Board. The area plan must be published by April 2022.

It has been agreed with Welsh Government that there is no requirement to carry out an Equality Impact Assessment on the Population Needs Assessment. This is because the needs assessment is part of the evidence gathering process that informs decision making alongside the Equality Impact Assessment process. The needs assessment will include information about the needs of people with protected characteristics, informed by consultation and engagement, which will help inform new policies, strategies and service changes and understand their potential impact.

Actions and plans developed using the evidence in the Population Needs Assessment will need an Equality Impact Assessment to assess their potential impact.

Public sector equality duty

The Equality Act 2010 introduced a new public sector duty which requires all public bodies to tackle discrimination, advance equality of opportunity and promote good relations. This means public bodies must have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Having due regard for advancing equality means:

- Removing or minimising discrimination, harassment or victimisation experienced by people due to their protected characteristic.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Taking steps to build communities where people feel confident that they belong and are comfortable mixing and interacting with others.

Councils in Wales also have specific legal duties set out in the Equality Act 2010 (Wales) regulations 2011 including assessing the impact of relevant policies and plans – the Equality Impact Assessment.

In order to establish a sound basis for the strategy we have:

- reviewed performance measurement and population indicator data
- consulted as widely as possible across the North Wales region including with the general public, colleagues and people with protected characteristics;
- reviewed relevant research and consultation literature including legislation, strategies, commissioning plans, needs assessments and consultation reports

More information is available in the background information paper.

This report sets out the consultation carried out for the strategy:

- who we have consulted with;

- how we have consulted; and
- the consultation feedback.

Consultation principles

A key part of the process is consulting with people who may be affected by the strategy and in particular people with protected characteristics. The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation
- Welsh language

Case law has provided a set of consultation principles which describe the legal expectation on public bodies in the development of strategies, plans and services. These are known as the Gunning Principles:

1. Consultation must take place when the proposal is still at a formative stage.
2. Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response.
3. Adequate time must be given for consideration and response.
4. The product of the consultation must be conscientiously taken into account.

Local councils in North Wales have a regional citizen engagement policy. This is based on the national principles for public engagement in Wales and principles of co-production which informed our consultation plan.

Consultation and engagement

Consultation process

The aim of the consultation was to identify the care and support needs of people in North Wales and the support needs of carers. The Welsh Government guidance requires that the report include the following population groups:

- Children with complex needs
- Older people, including dementia
- Health, physical disabilities and sensory impairment
- Learning disabilities
- Autism
- Mental health
- Carers
- Violence against women, domestic abuse and sexual violence

We worked with partners, including those working on the Public Services Board Well-being Assessments, to collate and summarise findings from consultations that had been undertaken in the last few years. We have published these summaries as part of a new North Wales engagement directory to help encourage wider use of findings from local and regional engagement activity. In addition, we carried out a survey to identify any other issues affecting people who use care and support services that we may have missed. This report focusses on the findings from the survey. The survey findings along with findings from previous consultations and engagement activities carried out by local leads informed the final population needs assessment.

Consultation questions

Due to the wide range of population groups and services that we planned to cover with this survey, the engagement group agreed a small number of open-ended questions so that participants had the opportunity to share what matters to them. This approach had worked well in previous regional consultations, providing a rich source of meaningful data. The consultation questions used were:

About care and support services

Care and support includes help with day-to-day living because of physical or mental illness or disability for people of all ages. It includes children and young people with experience of foster care or adoption as well as unpaid carers who provide support to family or friends.

1. What do you think works well at the moment?
2. What do you think could be improved?
3. How has support changed due to Covid-19 and what do you think the long-term impact of this will be?

Welsh language

All care and support services should provide an “Active Offer”. This means providing a service in Welsh without someone having to ask for it. The Welsh language should be as visible as the English language. For more information, please visit Social Care Wales: Using Welsh at work webpages. We would like to hear your experiences of using and/or providing services in Welsh, including:

- the “Active Offer”
- opportunities for people to use Welsh and,
- on treating the Welsh language no less favourably than English

4. Please tell us about what is working well at the moment and what needs to be improved

Project timetable

The timetable for the development of the needs assessment was as follows.

Month completed	Actions
June 2021	Project planning and recruitment
October 2021	Data collection and analysis
October 2021	Engagement and co-production with people who use services, carers, providers, front-line staff and other stakeholders
December 2021	Write draft chapters and share for feedback

Month completed	Actions
March 2022	Approval by the Regional Partnership Board, six local authorities and health board
April 2022	Publish

Consultation methods

The consultation methods we used were:

- Online questionnaire circulated widely to staff, partner organisations, people who use services and carers. Alternative versions included an EasyRead version, British Sign Language (BSL) version, young people's version and print version.
- We also advertised the opportunity to take part through a conversation over the phone or an online chat.
- Partner organisations held consultation events.
- We asked partners to send us the reports from any related consultation events or surveys that they had already carried out in North Wales for other projects.

Promotion plan

The survey was open between 2 August 2021 and 1 October 2021, with an extension to 11 October 2021 for the young people's survey.

Details of the consultation were made available on our website. We promoted the link through steering group members (representing the six local authorities, health and other partners), to people on regional collaboration teams mailing lists including members of the provider portal. A press release was sent out by the Regional Collaboration Team together with the local authorities and health board. Various social media posts were shared on the Regional Collaboration Team Twitter feed as well as LinkedIn pages. Follow-up phone calls were made to encourage people to take part.

Local leads shared the survey widely through a variety of channels. The Regional Collaboration Team shared weekly updates about the number of responses received from each area and population group so that local leads could follow-up with under-represented groups.

In addition, the link to the online survey was sent to the county voluntary councils below, asking them to circulate it to their networks:

- Mantell Gwynedd (Gwynedd)
- Medrwn Mon (Anglesey)
- CVSC (Conwy)
- DVSC (Denbighshire)
- FLVC (Flintshire)
- AVOW (Wrexham)

Information was sent to members of the:

- Regional Partnership Board
- North Wales Leadership Group,
- North Wales Adult Social Services Heads (NWASH),
- North Wales Heads of Children's Services (NWHoCS)
- North Wales Learning Disability Group

Details were shared with to the third sector representatives on the regional population assessment leads network.

There was an event for seldom heard and ethnic minority groups held on 5 October 2021 jointly with the Regional Cohesion Teams East and West and Coproduction Network Wales, which about 40 people attended. Seldom heard and ethnic minority groups were also supplied with the survey together with the PowerPoint workshop presentation for dissemination and response - either by group representatives or individual members directly.

The young people's survey was also shared with Pride Cymru Youth, EYST (Ethnic Minorities and Youth Support Team Wales, Heads of Education and other young people's groups.

Consultation and engagement review

There were 350 responses to the survey. Around 61% of responses were from people who work for an organisation involved in commissioning or providing care and support services. More people took part in previous engagement activities and those organised by local leads, but this report focusses on responses to the survey.

Table 1 show the areas that participants were interested in.

Table 1 Number of responses by area of interest

Type of response	Number	Percentage
Older people	150	44%
Children and young people	125	35%
Mental health	115	33%
Learning disabilities	110	32%
Physical and/or sensory impairments	90	26%
Carers	90	25%
Autistic people	70	21%
Total number of responses	350	100%

Some people may have ticked more than one box. Numbers have been rounded to the nearest 5 to prevent disclosure of personal information.

The consultation reached people from across North Wales as shown below.

Table 2 Number of responses by local council area

Local council area	Number	Percentage
Anglesey	80	23%
Gwynedd	50	14%
Conwy	60	17%
Denbighshire	75	21%
Flintshire	135	39%
Wrexham	100	28%
Total number of responses	350	100%

Some people may have ticked more than one box (for example if they lived and worked in different counties). Numbers have been rounded to the nearest 5 to prevent disclosure of personal information.

We also reached people in all age groups apart from those under 16, disabled people including people with a learning disability or long standing illness/health condition, carers, Welsh and English speakers. There were fewer responses from people aged over 75. We had responses from women and men although there were not as many responses from men. We also had a small number of responses from people with different ethnic identity, national identity and sexuality to the majority. We only got a small number of responses from trans people although we will be including findings in the needs assessment from other research and consultation reports about the care and support needs of trans people.

We will make sure to use evidence from previous local and national consultations about the needs of children and young people in the needs assessment due to the low number of responses to the survey. We will also review how we engage with children and young people as a regional team because an online survey with does not seem to be an effective method for this type of consultation.

We are making these limitations clear so that anyone using the needs assessment as evidence can take any additional action needed to eliminate potential discrimination.

We used the equality data to monitor the responses while the consultation was open and encouraged groups representing under-represented groups to share the survey and take part. The consultation deadline was extended by two weeks to allow more time to reach under-represented groups. We also extended response for the young people's survey a further two weeks. The full list of data tables showing the number of responses from people with protected characteristics is included in appendix 1.

As part of this process, we identified many similar consultations being undertaken by partner organisations and concerns around consultation fatigue. To help coordinate, we created a webpage that collated the different surveys and events that we were aware of and let participants know that we were working together to share findings. We also developed an online North Wales engagement directory to make the findings from these surveys more easily accessible. However, the regional engagement group that oversaw this work recognise that there is more to be done to improve the coordination of consultation and engagement exercises. We need to reduce duplication and make best use of people's time and effort in providing feedback to our organisations.

Organisations represented in the online survey

Below is a list of organisations whose staff took part in the online consultation.

Local authorities and health

- Betsi Cadwaladr University Health Board
- Isle of Anglesey County Council
- Gwynedd Council
- Conwy County Borough Council
- Denbighshire County Council
- Flintshire County Council
- Wrexham County Borough Council

Other groups and organisations

- Action for Children
- Adferiad
- Adra Housing Association
- Age Connects North Wales Central
- Age Cymru Gwynedd a Mon
- Alexander's Pharmacies
- Allied Health Care
- Amber Care Ltd
- Anheddau Cyf
- AVOW
- Awel Homecare and Support
- Caia Park Community Council
- Canolfan Felin Fach Centre Limited
- Carers Outreach Service
- Carerstrust Crossroads
- Cartrefi Conwy
- Castell Ventures
- Centre of Sign-Sight-Sound
- Child development centre
- Citizen's Advice Bureau
- Colwyn Bay Men's Shed
- Conwy Connect
- Co-options
- Corwen Family Practice
- Designed to smile
- Digartref
- Doridale Ltd
- Double Click Design & Print CIC
- DSN
- Epilepsy Action Cymru
- Fairways Care Ltd
- Family Friends
- Flint connections office
- GISDA
- Gresford Community Council
- Grwp Cynefin
- Gwynedd and Anglesey Youth Justice Service
- Gwersyllt Community Council
- HF Trust
- Hollybank Home Care Ltd
- Home-Start Cymru
- Integrated family support service

- Medrwn Mon
- Mental Health Care Ltd (Avalon)
- Menter Fachwen
- MHC
- Newcross health and social care
- Next steps
- North East Wales Mind
- North Wales Advice and Advocacy
- North Wales Community Dental Service
- North Wales Together Learning Disability Transformation Programme
- NW Nappy Collaborative CIC (Given To Shine)
- Offa community council
- Plas Garnedd Care ltd
- Premier Care Ltd
- Q care ltd Prestatyn
- QEWC Ltd
- Resilience
- Rhyd y Cleifion Ltd
- Same but Different
- Sanctuary Trust
- Stepping Stones North Wales
- Stroke Association
- Summit Care Services
- TGP Cymru
- The Wallich
- Total Care North Wales Ltd
- Towyn Capel Care Homes
- TRAC (part of North Wales Project)
- Ty Ni Family Centre- Flying Start
- Tyddyn Mon
- Vesta Specialist Family Support
- Vision Support
- We Care Too Ltd
- Wepre Villa Homecare Ltd
- Whitehouse Residential Home
- Woodland Skills Centre
- Y Teulu Cyfan

Consultation findings

1. Social care for people of all ages

(a) In general

What is working well:

At a strategic level, information flow and co-operation across the Care Inspectorate Wales, Public Health Wales and Welsh Government and Local Authorities has been working well.

Third sector services are thought to be very effective, covering a wide range of support areas, fulfilling the role of many statutory services, and successfully engaging and connecting with those in need. Third sector and statutory sector organisations are developing strong partnerships, particularly in North Wales, and when both are supporting community development. The gradual move to longer term contracts is allowing third sector organisations to invest in staff development and capital projects.

The approach set out in the SSWB Act (Wales) 2014 is generally being followed. Signposting between services and improved networking has led to better access to support. For example, if someone is not eligible for a service, they are signposted to another relevant service to ensure they're not left without help.

The Well-being Network in Anglesey is one example of an effective network. They share a vision of developing services in accordance with the Well-being of Future Generations Act. The joint planning and provision between the Health Board, the Anglesey GP Cluster, Anglesey County Council and Medrwn Môn (and the wider Third Sector) is thought to be extremely successful. The Integrated Care Fund "has been a blessing" for the Network, enabling effective planning and ensuring quality services.

The Single Point of Access provides easy access for some services, and might prove effective for all assessments. The community Hub (Canolfan Ni) is thought to be excellent.

Some people using care services are having more voice, choice and control over how their needs are met, especially through use of direct payments. People are

supported to make choices that are right for them, their families, their priorities and aspirations. People are actively involved in identifying, implementing, monitoring and managing their support, rather than being passive recipients of a service. This creates true co production within the system and real incentives for arrangements to be successful and sustainable.

What needs to be improved:

Relationships between the voluntary and third sector and health and social care professionals need to be improved, since third sector services often seem to be "grossly undervalued" by many health and social care staff. Issues raised by third sector organisations appear not be taken seriously by some health and social care professionals, in particular when system failures are highlighted that cause significant concern for residents/patients. Third sector staff are not treated with respect, even though their levels of engagement and understanding of the issues are far more in depth.

Community Care Collaboratives were thought to be "too big and are giving a very poor service at present".

Communication within organisations and between organisations needs to be improved to support effective implementation of the SSWB (Wales) Act 2014:

> "There appears to be a huge contradiction between the intentions of the Act and the reality of care for thousands of older people… there is a clear divide between people who need critical care in their own homes, and support to achieve personal well-being outcomes… Whilst empowering people to have greater control over their lives is an embedded principle, it is not appropriate when people are in crisis. If initial support helped people overcome their crisis, then there may be an opportunity to have another conversation about how their needs could be met in different ways going forward. This may free up capacity in the system."

Service providers would like longer term funding, to be able to plan for "*long term provision that can develop and evolve, whilst maintaining consistency in the workforce"*. Short term contracts can be detrimental to services, as the good workers leave for longer term jobs, and the process of interviewing, appointing and training

has to be regularly repeated. This negatively impacts on consistency, skill development and relationship building.

Some would also like greater clarity around funding streams such as the Integrated Care Framework (ICF) and Continuing Healthcare (CHC) funding. People applying for CHC funding would like there to be less paperwork and for support with the application to be provided, for example, via their social worker.

In general, many thought social care services need more staff and the services themselves need a complete overhaul. Levels of support are poor, waiting lists are long and often services or transport to services are not available. The people who are directly affected by current policy, i.e. providers and service users, need to be involved in finding solutions to this crisis.

One major way forward would be to improve pay and conditions for staff so as to attract more people to the profession. Otherwise it will be impossible to meet the increasing needs of the community. As well as being “very underfunded”, social care seems to be “undervalued by large chunks of society”. Future policy needs to raise the profile of these services and improve their public image, to better reflect their importance and value to society:

> “We need positive messaging that supports people’s choices to move into social care. Positive information about the role of Personal Assistants, what they give, but also what they get back in return.”

When recruiting care staff, one service user suggested that paid carers are “vetted more thoroughly” to avoid risks to vulnerable people. A service provider recommended greater specialisation in caring roles, for example by providing additional training for working with migrant workers. Any training, within a 12 or 24 month period from a previous provider, should be able to transfer to new provider/employer in the same way as DBS checks.

Service users would like improved access to social workers, to be able to speak to them when needed. Some thought social workers should be allowed more time to work with and listen to their clients, and should not be allowed to hold another active post. Also referrals to social workers need to be dealt with more quickly.

Other service users felt that more people need to be given the option of direct payments for health and social care support, since few have a choice and level of control at present. They emphasised that choice of care package needs to meaningfully involve the service user, carer/funder and social worker to ensure "client-centred care". In addition, people pooling their resources get better outcomes together, help to build communities of support, reduce the need for statutory support and are cost efficient. However a change in culture and approach is needed to support such opportunities.

Some respondents suggested that more should be done to reduce any stigma and shame around asking for help, particularly for families experiencing in-work poverty:

> "This is a service which enters individual's homes and families. So it needs to be viewed in a sensitive way, as it does take a lot of courage to request for this help in the beginning!"

Access to services could be improved by "Wider communication of how to contact social care for those who do not have computer skills".

(b) Mental health services

What is working well:

Several respondents commented that "nothing" is working well in mental health services, concluding that "the system is quite broken".

A service user was concerned that services tend to focus on prevention or crisis, failing to provide support to people "at all the stages in between". Furthermore, during crises, people with mental health problems can find themselves caught up in the criminal justice system, resulting in people being "criminalised because of their illness". The system does not seem able to support people who have mental health problems as a result of past trauma. Many services need to become more trauma informed.

A few services were mentioned as providing positive support including:

- Team Dyfryn Clwyd
- the Mental Health Support services team of Flintshire County Council
- Mind's Active Monitoring, an early intervention service

- charity services like Samaritans, CRUSE, Relate
- ongoing group support from charities (KIM, Advance Brighter Futures, Mind, ASNEW)
- rehabilitation units to provide support for a return to living in the community

Similarly, some individual professionals were reported to provide excellent care, but generally, “it’s a bit of a lottery” as to the quality of support provided.

One service provider highlighted that it is important for mental health care plans to be regularly reviewed to allow for any improvement or changes in an individual’s needs.

What needs to be improved:

Given the serious concerns about mental health services, not surprisingly many commented that “everything” needs improving, including:

- more mental health service provision
- increased funding to ensure a decent wage for staff and sufficient service provision for each individual client
- improved access for BME communities
- more long-term funding to allow projects to be embedded and to retain staff
- more flexibility – one-to-one sessions as well as group sessions
- higher staffing levels in all services to avoid gaps in care and provide back-up when staff are off-sick
- more local counselling services
- better substance misuse support
- better support for people with Autistic Spectrum Condition (ASC), especially higher functioning or with coexisting mental health issues
- greater access to interventions other than medication
- many more out of hours services where people can “held” when mental health services are closed
- improved referrals to mental health services, to streamline the process, reduce the number of inappropriate referrals and allow e.g. housing managers to refer tenants for specialist mental health support
- more mental health services in the local community
- smaller rehabilitation units for up to six people with 24 hr support

- greater availability of permanent accommodation and supported housing for people who are homeless
- case reviews need to be completed in a timely manner, and caseloads managed more effectively

Service users emphasised the need for many more early intervention services so they can access mental health support when in need, and **before** they reach crisis point. Waiting times were already very long and have only got longer. Currently, people experience added stress with delays, and their symptoms often get worse than they need to:

> "I would prefer not to reach crisis. It should be less about having to be in crisis to receive support and more about preventative approaches to keeping me well at home."

Similarly, gaps in service provision may cause people's mental health to deteriorate:

> "I now am in a waiting list for a new support worker and feel deserted at a crucial time in my wellbeing."

Some thought greater priority should be given to investment in services for parents with mental health difficulties because of the risk of long term impacts on children and young people.

Two geographical areas reported to be in need of greater funding were mental health services provided by the Betsi Cadwaladr University Health Board (BCUHB), and the mental health support system in North East Wales, as one service provider commented:

> "Often people come to us in crisis because they cannot get support, either with their mental health or with the practical issues that impact on their mental health (e.g. housing, debt, poverty, transport, family relationships etc). In order to make a step-change, much more money needs to be put into the system (parity of esteem with physical health) and the way funding is used needs to change so that there is more early intervention."

One solution is for closer working with third sector services, to provide the stabilisation that service users need before they can benefit from psychological support:

> "Peer support, activity and wellbeing groups, mindfulness and CBT based training courses could all support people during their wait and "get them ready" to get the most out of the professional services. It would also provide a valuable step-down after using the services, making leaving easier."

Such an approach would also help to prevent dependence on the team and enable service users to develop coping skills and strategies. This could help to reduce staff caseloads and budget pressures.

In terms of staff development, students could be more involved to bring new ideas and skills sets to services. Existing staff may benefit from specialist training and support to develop their practice, completing performance and development reviews annually to enable them to deliver a more robust and cost-effective service.

(c) Services for people with learning disabilities

What is working well:

Services for people with learning disabilities are working well where they:

- take a flexible approach
- provide different opportunities for people to have a variety or choice of activities or work placements
- make good use of community facilities and/or groups
- include online and face-to-face activities
- support people to learn new skills to become independent

Service users appreciated the support they had received during the pandemic from "good and helpful staff". One service user praised their work experience at Abbey Upcycling, and others reported:

> "I currently receive support from Livability. They've helped me a lot especially through lockdown. Quite a lot of fun was had – they'd ring, we'd play games, had a chat on the What"s App group. My support workers have all been wonderful."

> "The Salvation Army (Wrexham) are providing my son with Till Training Skills, so that he might one day be able to volunteer in a shop. He has been turned

> down for this type of work as he lacks these skills. The training is excellent. He has work experience with The Red Cross - this is excellent."

Service providers commented on how well they are working with other agencies and were grateful for the recent support they received from social services, mentioning the Local Authority at Gwynedd and the BCUHB. BCUHB is acting as host employer for a project that helps people with learning difficulties gain employment, and has developed an "accessible" recruitment pathway for this purpose.

What needs to be improved:

In common with other care services, some respondents commented that much needs to be improved. Council services were described as "poor and too generalised", and needing "rebuilding from top to bottom". Again it was suggested that funding be increased, and staff wages improved to reflect their level of responsibility and to encourage them to stay in the job. Waiting times for assessments also need to be reduced.

Support workers could benefit from developing their digital skills to be able to support service users to become connected digitally. In addition, many more social workers and other professionals are needed with specialist skills to support people with complex needs, for example:

> "We definitely need more Adult Care Social Workers to help people with a learning disability and autism, like my son. We also urgently need a specialist psychologist for people with a learning disability and autism. There is no-one qualified in Wrexham to do this work. As our son was suicidal, we paid for a specialist psychologist as we were desperate for someone to help him."

> "People with learning difficulties said they would like, "More hours for direct payments please so I can go to other places and more often", and "a non- judgemental support centre, to access information, ask questions, socialise, and share/talk".

Carers commented that having regular reviews with service providers would be very valuable to be able to discuss whether any changes to support levels are required and to ensure that care is tailored to the individual. For example, one parent wanted to inform support workers that their child needed to be told to take a jumper off when hot, as this had not happened during hot weather.

Some were concerned that carers/ parents might not ask for the help they need if isolated and “feel a failure”. It is important that social services don’t always focus on “those who shout the loudest”.

Adults with learning disabilities need more opportunities for work experience and training to develop their confidence and skills. While the availability of Access to Work services is patchy, existing services are lacking referrals and would like more to be done at the point at which people leave college, to help match individuals to the opportunities available. The culture of low expectations and poor perceptions amongst employers needs to be challenged and clear pathways into work for people with learning disabilities need to be created. The local authorities could play a key role, but currently employ very few people with learning disabilities.

More bespoke housing is needed to cater for individual needs, particularly adults with learning difficulties and others with complex disabilities. Step up/step down services are needed, where there is a placement breakdown and an individual needs more intense support for a period, rather than admission to hospital.

The involvement of people in the co-design of care and support services is still an area that needs improving, as well as person-centred approaches to increase the service user’s voice and control over own their lives. This could be helped by mandatory training in the values and principles of co-production for all staff, co-delivered by service users.

At a system level, there needs to greater integration of health and social care services, as this has not progressed for learning disability services, since “different models are still in use across the region and joint funding is still an ongoing area of disagreement and dispute”.

(d) Services for people with physical and/or sensory impairments

What is working well:

One service user reported that they are “struggling to get the support they need.”

Others thought that the Accessible Health Service and BCUHB’s diversity work is working well, as well as the provision of aids, adaptations and the befriending service offered by the Live Well with Hearing Loss project.

A service provider commented that partnership work with local social service departments and third sector organisations is strong, which supports delivery of a wide range of quality services, networking and sharing good practice.

What needs to be improved:

Access to information and advice in alternative formats is a big challenge for service users with sensory and physical disabilities, in particular information from local authorities and the NHS. Printed material is not appropriate for many, while the increase in online only access to services and information is a major barrier for others.

For Deaf people in North Wales, the provision of information, advice and assistance (IAA) is described as a “postcode lottery”, where some people can access support Monday to Friday 9am to 5pm, while others are limited to certain days of the week. More generally, Deaf people find it difficult to access many activities, as there is no communication provision.

People with disabilities, especially younger adults with disabilities have limited access to care and support that is person centred. People have to wait too long for assessments and support, and communication with social workers needs to be improved.

Those with disabilities that are invisible, fluctuating or rare, can find themselves excluded from services because they fail to meet certain criteria, such as “full-time wheelchair use”. In fact, many wheelchair users have some mobility. Services are therefore creating a “disability hierarchy”, rather than responding to individual needs.

Again lack of care staff is a concern, which means care is provided at a time that suits the care agency, rather than when the client needs it, and staff sickness and holidays are not always being covered.

(e) Services for people with autism

What is working well:

Few respondents commented on what is working well, and a couple responded that services are too slow and not much support is available.

The Integrated Autism Services (IAS) are thought to be very positive, as well as the use of direct payments.

What needs to be improved:

Some respondents thought “everything” needs improving. In particular they recommended that:

- services should be more person centred
- staff should receive specialist training
- waiting times for assessments should be reduced
- communication with services should be improved
- staff could be more open and honest throughout all services
- a Partnership Board Hub should be established for all providers to meet and share information

2. Social care for children and young people

(a) In general

What is working well:

Across the sector as a whole, respondents described the following as working well:

- positive and trusting relationships with Local Authority managers, social workers and health colleagues, to support collaborative working
- good communication between support providers
- flexibility in working practices, especially though the pandemic
- making a wide range of services available
- funding from the Welsh Government to support the early years
- the passion, resilience and commitment of staff in this sector
- links between care services and schools, School Youth Workers especially have improved the number of young people who get access services
- Post-16 Wellbeing Hubs have engaged with those who have been NEET for a while and helped them into training

Specific mention was made of the services provided by Teulu Mon, which are thought to be “friendly and efficient”, the team around the tenancy at TGP Cymru, who “go above and beyond to help sort things”, and the early years” sector in Flintshire.

The Wrexham Repatriation and Preventative project (WRAP) service was described as working well to increase placement stability for children and young people in foster care, in residential care or going through adoption. It helps carers to work in a more informed way with children who have experienced trauma, and helps the children to process their early traumatic experiences. More generally, the processes in place to approve and support foster carers are thought to be effective.

The general approaches to providing services for children and their families that are thought to work well included:

- working with the whole family holistically, and being adaptive and flexible enough to respond to the needs of each family member at any one time
- tailoring any individual’s care plan to their specific needs

- focusing on recovery to enable people to achieve personal outcomes and become less reliant on services
- using direct payments, including group payments as this provides a cost efficient way of supporting people
- providing support for families in the early years, via the Early Year Hub or Team around the Family
- making good use of community based resources
- making good use of volunteers, as they are accepted as “friends” rather than “someone from a specific agency telling them what to do”

What needs to be improved:

The level of staffing was again raised as a serious concern:

> “The local authority is really struggling, and at times they are overwhelmed. They are struggling to fill posts, many of the social workers have high caseloads and there is a high turnover of staff.”

This is detrimental to the children receiving care, as they need consistency and positive relationships. Better workforce planning is needed to deliver quality services and avert a social care crisis. This is likely to require increasing salaries and job benefits, increasing respect for the skills required for this work and finding ways to retain existing staff.

Many respondents commented that more funding is required from the Welsh government to address the staffing issues and to ensure a full range of services can be made available. Many services are not fully funded. Longer term funding is required to provide sustained support to young people. Each child would benefit from having a key worker to help co-ordinate services and meetings, and to support them to ensure their voice is heard throughout. This means moving away from short term project work:

> “Funding currently runs year to year, this doesn’t give the project enough time to put in the right support for some young people and some of them need over 6 months of support.”

> "Working on a shoe string poses more challenges than solutions… longer term grant awards would ensure better planning and value for money, and improve internal processes e.g. procurement/legal processes."

Some thought that early intervention, especially where adverse childhood experiences (ACEs) are identified in the family, needs to happen more often. Similarly, early therapeutic intervention for children that are in care is needed to help them deal with the ACEs they have experienced.

Schools could do more to identify and refer children as risk before escalation, particularly as some teenagers are falling through the gaps. Greater provision of edge of care services with appropriately qualified and experienced staff is needed. More local venues are needed to provide therapeutic support for families.

Problems re-emerge when young people leave school, as their support systems stop unless they continue in further education. They often need continued support as they transition to adult services, which isn't often available. This is especially a concern for young people with complex needs. One practical solution would be to increase the availability of single bedroom housing stock, to enable young people leaving supported accommodation to move into a tenancy and receive intensive support.

One group of children thought to be frequently missed by social care services are those with rare diseases. They might only be identified if their condition involves disability or their family has other social care issues. Social care pathways do not seem to be adapted for these families, and are insufficiently sensitive to the challenges, leaving intervention too late or assigning issues to poor parenting too quickly. These concerns could be addressed by creating a register of affected families and increasing professionals' understanding of the conditions.

Greater numbers of foster carers are required to keep up with the demands on the service, especially when families are in crisis. Solutions include increasing the support package for foster carers as well as recruiting and training more carers. This will be cost-effective if it prevents numerous placement breakdowns and reduces the number of children in out of county placements and very expensive residential settings.

Given the scale of concerns about children's services, some suggested that a systems thinking approach to service delivery is required across the Local Authority,

Health Board, and Third Sector, to remove waste in systems and ensure service users don't have to wait a long time for care. The infrastructure to support a more collaborative way of working, such as IT systems, needs substantial investment. More joint working is needed on the Continuing Health Care process and Community Care Collaboratives for children.

(b) Services for children and young people with physical/sensory impairments

Few respondents commented on this issue and those that did commented on healthcare provision.

(c) Services for children and young people with learning disabilities

What is working well:

Few comments were made here. Some mention was made of good support from schools and successful joint working across care organisations.

What needs to be improved*:*

Recommendations for improvement included:

- more funding and staff
- better communication between services
- more activities made available
- more support for families with children with additional needs, who are violent

(d) Mental health services for children and young people

What is working well:

Respondents described the following as working well:

- collaborative working with local councils to promote services and ensure they reach the maximum number of people
- communication between agencies - police, children services and education
- counselling in high schools
- mental health and well-being apps
- phone lines such as The Samaritans and MIND

Others thought these services are not working well at all, since “it is impossible to get appointment for mental health and child related services”.

What needs to be improved:

A consistent message from many respondents was that there is a massive gap in children’s mental health services, waiting lists are too long and families are struggling.

Specific recommendations for improvements were:

- better access to Child and Adolescent Mental Health Services (CAMHS) and the neurodevelopmental team for young people
- integrating mental health services into schools, especially counselling for primary school children and raised awareness of trauma amongst staff
- increasing the number of Looked-after Children nurses
- joint working between mental health services and other children’s services to streamline care
- increasing psychological support for children, especially those in care and less reliance on medication as an intervention
- more counsellors, especially male counsellors and counsellors speaking Welsh, Polish and other languages
- one stop shops to find out about and access all services in a local area
- making the transition from child to adult services more user-friendly for young people and tailored to the individual’s developmental needs

(e) Services for children and young people with autism

What is working well:

Few respondents identified where services for children and young people with autism are working well, but these included:

- individual educational psychologists
- organisations providing quality support, STAND NW, the Conwy Child Development Centre and Ysgol Y gogarth
- the bespoke tailored support offered to each family/individual

What needs to be improved:

Some respondents concluded that "*everything*" needs to be improved to give more attention, care and support to parents and their autistic children. Waiting lists for autism assessments are "*phenomenally long"* and few services available. Parents said they would like more information about how their case is progressing up the list, and to be given some advice while waiting.

Identified gaps in services included:

- services for children at the high end of spectrum
- respite care once children are 11 years old
- after school facilities with sufficiently trained staff
- services for autistic children with anxiety and communication problems

Parents voiced concerns that teachers in specialist schools are not all qualified and accredited to work with autistic children. They thought that all lessons need to be delivered by teachers who have training in dyslexia, sensory needs, executive functioning difficulties, slow processing and so on. It is especially important for teachers to be trained to recognise and support autistic children with complex needs, who present as socially fine and can mask their problems well. Twenty minutes per week of one-to-one teaching from the additional learning needs co-ordinator is not sufficient.

Parents and carers described, "being left with the results of trauma caused by teachers who don't understand the pupil's needs. So as well as caring for our child, we have to fight to try to force school to make provision for our children. We have this tremendous extra burden over and above our own caring role".

Parents and carers need more respite care themselves as one parent explained, "I am beyond exhausted. I've had to leave my specialist nurse job of 23 years to become my daughter's full time carer, as there's no support for her".

Social groups for parents could provide opportunities to discuss common difficulties and share learning about solutions. More support and training is needed to helping parents cope with their child's autism.

At a system level, service providers would gain from:

- improved networking forums
- secure funding from local authority
- co-ordination and collaboration to prevent competing with one another for the same grants and avoid overlapping services

Parents would like staff across organisations to be working together “so you don’t have to give the same information every time and it’s not someone new every time”.

3. Social care for older people

(a) Older people's services in general

What is working well:

Many respondents commented that "nothing" is working well in older people's services:

> "Everyone is trying their best, but the money isn't there, either for extra staff or better use of departments, and communication between them all is a huge problem too."

Some thought there are pockets of examples where services work well, where teams from across different sectors and different organisations work together to meet the needs of older people, and where well-trained and committed staff work very hard in difficult situations.

> "I needed care support quickly for my father, when mum went into hospital. Even though they had only recently moved here, their needs were met by a combination of Community Agent, Social Services and Homecare Matters. I was very impressed with the speed their care needs were arranged."

Specific examples of local services working well included:

- fast assessments for older people in Flintshire
- proactive and dynamic social services in Flintshire
- improved integrated care and support plans in Denbighshire
- excellent care from individual staff in Wrexham Social Services
- support from Gorwel with housing related needs

The approaches to providing care to older people that respondents thought to be working well included:

- offering a variety of support options for people to choose from
- options to engage with services and communities both online and offline
- delivery of bilingual services
- care homes that ensure wellbeing outcomes and independence, and provide the security of overnight care when needed

- support services in people's own homes
- providing older people with low level support, such as information and contact numbers, so that they can help themselves and remain independent

What needs to be improved:

Again a number of respondents thought that "everything" needs to be improved because, "The Health and Social Care system is broken. We have an increasing ageing population and no provision for this".

Many more staff are required. One important gap is the provision of support to older people leaving hospital. People are being discharged from hospital with no care in place, and end up back in hospital because they can't manage:

> "More people could be seen, if there was less paperwork. People could be discharged from hospital and mental health wards more quickly, if health colleagues were more aware/familiar with processes involved. Not enough social workers for the amount of referrals that are being received. Urgent cases are dealt with by the duty social worker on that day. Having to have a duty social worker each day, means that the social workers lose a day or so out of each week, which impacts on their ability to oversee their own case load and take new cases."

Some respondents questioned whether there needs to be reconsideration of what's safe in the current context:

> "Packages of care that require 4 double-manned visits a day are becoming increasingly impossible to provide. Does there need to be a rethink on what/who can safely be managed at home?"

> "I cannot get my husband home. He's been in hospital 16 weeks waiting for care at home to be arranged. He is immobile and cannot do anything for himself, so needs carers four times a day. He's had COVID on his ward on three occasions."

Health professionals would benefit from being able to access live information about which providers currently have capacity to provide this care, to avoid wasting time contacting multiple organisations.

A carer questioned whether the current focus on independence for older people is in fact a mechanism by which to shift responsibilities and costs onto unpaid carers, ignoring the reality that frail, very old people “are only likely to decline mentally and physically”.

Services are aimed at crisis management rather than focussing on preventative support. This results in people being admitted to placements far away from their homes and against the wishes of the family. Further investment in specialised services is required to ensure older people receive the help that they need **before** they reach crisis point.

Some respondents were concerned that older people with high levels of need, such as nursing needs and dementia care, are not receiving adequate levels of care, because only low level care is available. While emergency care is being provided for older people who fall and are injured, a response service is needed for non-injured fallers and for out of hours domiciliary care. Currently if an older person needs additional support due to an unexpected incident such as their carer becoming unwell, they have no access to support whatsoever.

A wider range of suitable housing options is also needed to accommodate the different needs and varying levels of care support of older people.

People using services thought older people’s care needs to be:

- streamlined so that one person can provide a range of support rather than lots of people doing their own little bit of support
- better organised so that the individual’s needs can be met properly
- provided by the same staff member, so “you don’t have to repeat yourself every time” and the staff get to know the individual and their needs
- better monitored to ensure the correct amount of hours are delivered
- more flexible, so they can be delivered only when needed, at a time that suits the client, and can be adapted in response to a change in needs
- longer-lasting, with lengthier review periods, rather than closing cases “at the first opportunity”
- better advertised so that information is available in multiple places and media formats, not only relying on the internet
- needs-led rather than requiring the service user to fit with what’s on offer

- supported by direct payments, so older people can manage their own care, employ their own staff

> "As a 92 year old man, I found the home-help service helpful but limited. I became able to do jobs myself, so cancelled the service. I am now wondering whether the service could "wash, clean areas above head height and below knee height". The point being that my needs change and require reviewing."

Some thought that improvements to services would come from more effective and extensive joined up working between local authority and private care, and between health and social care services. Communication around hospital discharge from hospital and co-ordination of joint care packages are two of the main issues of concern.

> "There is absolutely no joined up thinking or approach between health, social care, charitable and contracted care companies. This means a carer has to try to co-ordinate all these services, which adds to their burden."

The majority of respondents reported that staff shortages are one of the biggest problems for older people's services. Few people want to work in the care sector, and salaries are too low, given that older people's needs are far more intensive than they were years ago.

> "A massive recruitment shortage is affecting the end service user, who is vulnerable and elderly, with poor quality of calls, missed calls, and not being able to provide full amount of time agreed in care packages."

Proposed solutions included:

- increasing staff salaries above minimum wage and improving working conditions to attract more new recruits and retain existing staff
- investing in training and creating a better career structure for care staff with financial reward for developing skills and experience, so that services are provided by trained professionals, rather than inexperienced young people
- posts to become permanent rather than fixed term or reliant on funding
- establishing standard terms and conditions for staff across the sector to improve the stability of the workforce

- supporting and incentivising care agencies to deliver safe, single-handed care and upskilling staff in this, so that double-handed care isn't automatically assumed to be necessary

> "There should be a Wales wide approach so that all public and private providers pay the same improved wages to staff. Gwynedd are looking to give the carers more responsibility for their work and thus pay them more. To partly facilitate this, they are going to pay a higher fee to the providers and enforce a set rate per hour for the carers. If this approach were adopted across Wales it would attract and retain more carers and would help solve one of the most important problems with community care at the moment."

Such changes clearly require more funding from the Welsh Government, so that services can function at their optimum level, and service users are supported with high quality care in a timely manner.

Another suggestion was to adopt an Italian model of "strawberry patch" care providers, whereby small businesses work together to share purchasing and training and then spread out via additional small enterprises.

(b) Services for older people with physical/sensory impairments

What is working well:

Few respondents commented on where services for older people with physical/ sensory impairments are working well. They reported the following:

- health and social care staff and the third sector are working more closely together than they used to, partly through the introduction of Community Resource teams
- the new Chief Office of Denbighshire Voluntary Services Council is encouraging better working links between the third sector and social value organisations
- NEWCIS, is providing valuable respite care (though this is limited)

What needs to be improved:

Accessible and affordable housing is desperately lacking, which has a knock on effect on services as people have to access more support. Many new houses are not designed to be accessible. This has a detrimental impact on how disabled people

and older people live. Their only option is residential care, as more flexible and creative options are lacking.

Very little support/counselling/advice is available for people who are having problems coping with loss of hearing and are feeling isolated and or frightened. It is difficult for example to find courses to learn sign language. Services are fragmented and there is no central point of contact for support, information. Social workers who specialise in helping people with hearing difficulties would be helpful.

Staff in a nursing home reported finding it difficult to access social care for their residents, because social workers are closing cases once the individual is admitted to the care home. They said they found the Single Point of Access referrals time-consuming and were concerned about the lack of continuation in care.

Specific recommendations to improve services included:

- better timekeeping
- more staff so that carers are not rushed and the two staff turn up when needed
- better liaison between staff so that the needs of the client are always met
- increased frequency of review of care needs
- actions being taken to ensure matters raised on review are addressed

(c) Services for older people with learning disabilities

What is working well:

Only direct payments were thought to be working well.

What needs to be improved:

Recommendations included allocating more hours of care and increasing the number of staff.

(d) Mental health services for older people

What is working well:

Service users and carers mentioned the following specific services as providing provide valuable advice and support:

- The Alzheimer's Society
- NEWCIS

- The 24/7 carers in Plas Cnigyll
- Crossroads Health Respite
- The Trio service
- Bridging the Gap scheme for carers
- Dementia Social Care Practitioners
- The Hafan Day Centre

Services work well when they provide respite and support to both the person with dementia and their carer, so they can "have a short break from each other, but be in the same building". Home visits also work well, particularly to help the carer adapt to living with dementia.

Some carers reported being able to find care quickly when they needed and feeling well-supported:

> "When I made a call to "single point of access" I couldn't have spoken to a more caring person, and I was extremely distressed at the time. Having that access was reassuring - their help will be required again I'm sure."

Service providers reported that support from social services is working well, particularly the weekly meetings with staff, financial support and PPE provision as well as good communication about what's happening in the care sector. One respondent highlighted the high quality support from CIW and Flintshire Social Services.

However, a social worker with many years' commented, "currently I honestly think there is very little that is working well". Only the Telecare services, along with the fire service, were thought to have been working well to keep older people safe.

What needs to be improved:

Generally more services need to be made available to reduce waiting lists, and referrals improved to make access easier. Specific recommendations for improvement included:

- make a comprehensive list of the existing services more widely available to reach potential service users before a crisis point
- open day centres for a greater number of days per week, including bank holidays and weekends

- end any “postcode lottery” in services such as the free sitting service for people with dementia that is available in Denbighshire, but not Flintshire

To this end, funding of services for older people needs to be equal to those of other service groups. Funding for individual care also needs to be simplified and made consistent. For example, Continuing Health Care funding is reported to lead to different outcomes in similar cases.

Recruitment of care staff for dementia services is difficult:

> “The stress has been too much on the staff during the pandemic, no matter what we pay them, they are just utterly exhausted. It puts others off to come into care work.”

The lack of staff means that care becomes task-focused rather than treating service users “as human beings”. Lack of staff in care homes is reducing communication with families and calls are not being answered.

The care provided by domiciliary carers could be improved by ensuring staff are encouraged to work in the field where they have most talent, either working with mental health or physical health. Those working with people with dementia require specialist training and extra time to complete tasks. There is a lack of dementia trained care workers, which should be addressed by the local authorities. Social services need to ensure the agencies they employ to provide dementia care are fulfilling their obligations and following care plans carefully. The profile of the profession needs to be raised to attract a high calibre of staff.

A gap in services exists in relation to short home calls for support with medication. Neither health nor social care services provide calls only for medication, but older people with memory problems do need this vital care.

At a system level, health and social care need to work together more effectively. One suggestion for a joint initiative would to be to develop a North Wales Dementia Centre, that can provide pre- and post- diagnostic support to all. This is supported by the All Wales Dementia Standards.

4. Services for carers

What is working well:

A small number of carers reported the following services as working well:

- counselling for carers
- fast carers' assessments and referrals adult social services, as well as their high quality support
- Hafal carers' support
- NEWCIS

However, a similar number reported that "Nothing has worked well" based on their experience of social care services.

> "From my initial contact with social services, I have been fobbed off five times… when I was experiencing carer breakdown, with my father's dementia, working full time and shielding. Nothing has improved and I have a list of misinformation, conflicting information, conflict within the team itself etc, etc"

What needs to be improved:

Several recommendations were made for improving services for carers including:

- ensure carers' assessments are carried out by people who understand the carer's situation
- increase the provision of respite care services, sitting services, night support and day centres
- ensure social workers include respite care in care plans and increase the amount of respite care allowed - "*four hours a month is ridiculous"*
- increase funding for services to improve carers' mental health
- provide carers with training and support to access information and services online
- create peer support groups for carers with different experiences for example a group for parents of disabled children
- involve carers in writing care plans
- include contingency plans in care plans for when the carer can no longer cope and/ or the health of the person being cared for deteriorates

Some carers' felt that they were close to breaking point, which will ultimately cost more than providing them with more support:

> "There is zero reliable and dependable mental health support for carers. Unpaid carers are in crisis and this will always have an impact on those being cared for. With better support, I could probably keep my Mum in her own home as I have done for ten years, but if the support level continues to deteriorate, against her will and mine, I will have to put her in a nursing home. This has a social and economic impact for all concerned."

5. What changed during the COVID-19 pandemic?

(a) How services were affected and the impact on staff, service users and carers

Lack of services

Overall, the pandemic is thought to have had the biggest impact on the most vulnerable in society and exposed existing weaknesses in the social care system. It has exacerbated problems with waiting lists, lack of staff and services, and the concern is it has become "*a useful excuse for why services are failing"*. The pressures on health and social care have increased, but no action seems to be being taken to address these very serious issues.

Some of the systemic issues have been made worse during this period, with reports of care becoming more disjointed, lack of co-ordination across the sector, poor planning and unclear lines of responsibility.

> "Our contracted care company has a staffing crisis, but some of that is their own making, due to a critical lack of organisation and management skills, rather than COVID."

Many services initially stopped during the pandemic. They were gradually reintroduced with even fewer staff (who were isolating or off-sick) and with all the limitations created by the need to reduce contact with others and maintain social distancing. Reduced availability of services restricted access to those who were at risk of going into crisis.

Impact on service users and carers

Many service users and carers described being left without support and their lives being severely restricted:

> "It just stopped everything, so what was a two year wait is now almost four."

> "Services for autistic people or people with learning disabilities went from being barely there, to non-existent."

> "My day services have been closed so I have been very bored during the day."

> “Could not get any help during COVID lockdown, only got allocated a Social Worker after numerous calls and pleas after restrictions were lifted a little.”

> “There is a lack of things to do with support for physically disabled people with also a dementia diagnosis. It feels like a very forgotten sector of society.”

> “Less people within vehicles for transport, reducing our ability to get people with learning difficulties to and from work.”

Some service users described feeling very lonely isolated as a result and “despairing of the local social service”. Concerns were raised that this has led to “escalation of chaotic lifestyles” and a danger “increased suicides due to helplessness”. Fewer home visits to check people are well may have led to greater numbers reaching crisis point:

> “The pressures the care sectors are facing at the moment are stressful and unimaginable. Without appropriate support from vital services, I fear many older people will not be receiving the care they need to help them thrive.”

> “The long term effect is it may be too late to help some.”

As time has gone on, the lack of support has led many service users to decline, losing skills and confidence and/or experiencing deteriorating health:

> “He has lost all his confidence, which took around 25 years to build. He can no longer use buses on his own or go out alone. I have to go with him because he is so frightened of social interactions since COVID-19.”

> “Our son’s mental health has deteriorated. He was already being treated for depression and panic attacks before COVID-19 struck.”

> “The lack of face to face contact and stopping of activities had a very serious negative impact which won’t be recovered from as dementia has progressed.”

Children with a learning disability were thought to be particularly vulnerable due to COVID. Parents have kept them at home to protect their health, and so children have missed school and appointments. As a result, problem behaviours are increasing. Any existing problems have been made worse, for example, if a home was too small for the family or unsuitable, this has become even more difficult during lockdown.

Many carers reported feeling like they had been left to “pick up the pieces”, and some felt close to breaking point. Respite care has been limited to emergencies, and 24/7 caring responsibilities have negatively affected carer’s physical and mental health:

> “As a carer there is nowhere to go for help regarding finance, mobility or mental health all you get is “well we have nothing at the moment due to COVID”, I can’t see anyone to talk to, no respite from the daily grind.”

This is expected to lead to greater numbers of older people going into care homes.

Restricted visiting to care homes has caused great distress to residents and their families and raised concerns that older people with memory issues may not remember family or friends by the time they are able to see them regularly again. Some care home staff are concerned that experience has changed the culture of care homes in negative ways:

- slightly authoritarian/paternal approaches have developed without visits from family
- homes are likely to have felt much more like an institution without links to the community
- structured testing regimens for staff, residents and visitors as well as the introduction of PPE have created barriers to communication and relationship building with residents

However, the impacts have not been negative for everyone. For some service users, the lockdowns allowed them to become “more self-reliant in their abilities”. Families have spent quality time together which helped them to become more resilient. Some pupils, especially those with social anxieties or bullying issues at school, have benefited from not going to school, but it is proving difficult to help them re-engage.

A small number of respondents commented that they had not experienced any change in services as a result of COVID-19, and had happily continued to receive care from their usual carer or respite services.

Lack of community services

Many community services have ceased, reducing the level of social support in local communities. For example:

- peer support groups for people with mental health problems have stopped meeting, which has made service users more dependent on social services
- school closures, and the loss of after-school clubs has placed a strain on some foster households, increasing tensions and in some cases leading to placement breakdowns
- informal carers have been unable to attend service users in response to telecare alerts during an emergency, because they have been isolating, making it difficult for the service to discharge their duty of care

At the same time, people have also got better at supporting each other, as local support was stepped up during lockdowns, and larger numbers than usual signed up for volunteering. This may improve community resilience if it continues:

> "We have seen an increase in community support as a result of COVID, but we can already see that having structures in place to support volunteers and community groups is essential for them to be able to provide their services."

Increased demand for services

The experience of lockdown has created new and increased demands for services due to:

- higher levels of domestic violence, drug and alcohol abuse
- greater numbers of people with low level mental health problems, which aren't met through the NHS Community Mental Health Team services
- disruption of family life and greater need for parenting support

The demand for support has therefore increased at exactly the time services are most stretched, leaving many people struggling, which is likely to continue for a while to come.

Providing services online

The pandemic accelerated developments to create online methods of programme delivery and has made people more open to using IT options. Examples of where this has had a positive impact include:

- creating more flexible ways to deliver services such as telephone and video counselling services

- support for communities such as Welsh speakers where numbers may have been too small in a local area, but become large enough across a region
- support for communities in isolated areas where transport to services may be limited, or for those who can't leave home as they have caring responsibilities
- support for those who can't travel because of their health condition or a disability, providing opportunities for distance learning and remote working
- new and innovative ways to work with children and young people
- using technology such as FaceTime and WhatsApp to improve communication with service users

However, the digital approach does not suit everyone and may make it difficult, especially for older people, to access and engage with services. Other people simply don't like to use the technology or may not have the means to do so.

Service providers reported that face to face contact is preferable in some circumstances, particularly when making assessments or providing support, when picking up on non-verbal cues is important. Reduced contact has impacted on developing trust and building relationships with service users, especially children and families. This also seems to reduce some people's motivation to engage in support, if it is provided online or by telephone:

> "Many organisations moved their face to face services such as parenting courses and domestic violence groups to virtual platforms, which takes away the 'personal element and many parents have stated that they struggled with accessing support this way."

> "Some families with children have had hardly any social worker engagement and in lots of cases only phone contact, which does not give a full picture of what is happening in a household."

> "It is now virtually which has lost the essence of my job role I am struggling to keep people engaged or getting them to engage."

Young people who have been socially isolated, now need to interact with people outside of their house and with other people outside of their family circle to help them build up their confidence and self-esteem. They may be in need of face-to-face support, rather than being online.

The lack of face to face support has caused some foster carers to rethink their situation and resign as carers.

Another group who have found the move to telephone based services a barrier are the Deaf community. Deaf people have become more and more isolated, lacking accessible information from local authorities and central government. The widespread wearing of masks has also caused anxieties for those who lip-read.

Other service users, in particular people with learning difficulties and people with dementia, have struggled with staff wearing masks and PPE equipment, as it has made it difficult to recognise their carers. This has improved with familiarity and most now accept this is necessary to stay safe.

Impact on social care staff

Some staff welcomed the opportunity to work from home and found remote visits a more flexible way to work. Several mentioned the following benefits of virtual meetings:

- less time wasted travelling to and from meetings
- better access to information and records for example when all staff are in their office or in meeting with schools
- Multi-disciplinary Team meeting attendance has been better because professionals can attend virtually

They have also benefited from greater access to online training. However, some stated they were looking forward to going back to the office to be able to share practice, gain support from their peers and return to a more structured way of working.

Several providers were very grateful for the support they had received from local authorities to manage COVID-19, in particular the hardship payments to care homes and free provision of PPE, which they hoped would continue. This has had a positive influence on working relationships between the organisations.

Many third sector providers have stopped providing face to face services during the pandemic which has again added to the demand on statutory sector services. Some saw this as “an impossible task given the reduced staff levels, enhanced and

increased demands, greater complexity of cases, reduced community support and programmes and higher expectations from all stakeholders".

The pressures have taken a toll on the mental and physical health of staff. Many are experiencing burn-out from the demands at work and in their personal lives. They struggle with having to get tested and booking tests for others on top of their daily workload. Many feel frustration at their inability to provide appropriate services. Some have been ill with COVID-19 themselves, which continues to have an impact on their long-term health and may affect their ability to work in future. Others are feeling "tired and demoralised" and considering leaving the care sector.

(b) Long-term impacts of the pandemic

Respondents thought that in the long term it will be important to:

(i) Fix the problems that existed before COVID

Throughout the pandemic, most services were simply focused on "*survival*" and "*avoiding COVID-19*", for the users of their service and for themselves. As service levels slowly return to "*normal*", the national crisis in social care is again becoming evident.

> "Since COVID, an already struggling system has become almost irreparable."

The demand for support is increasing at the same time as a backlog in the provision of care needs addressing and staffing levels are low. Staff expect to continue in firefighting mode for some time to come, meaning that more people are likely to reach crisis before receiving support.

> "The pandemic has highlighted further the dire situation we are in… long term impact is more and more of our society needing help. I've seen working class people desperate for help but the system is failing everybody."

Many respondents believe that the only solution is to increase social care funding and for longer periods to sustain existing services, develop new ones and employ more people.

(ii) Support people to re-engage with services

One of the expected long term impacts of the lack of support during the pandemic is that service users will have lost faith in services:

> "I think some families will not return to services… due to the impact of isolation and changes in behaviours… many of them will not return to education successfully."

This may mean that people wait to seek help at a more critical stage, rather than at a point where an early intervention could have reduced the need for support. Some concluded:

> "There is a need to have planned "re-engagement" for people back into society and for services to ensure everyone is being picked up and not falling through cracks."

(iii) Support a return to face-to-face services

As a result of isolation during the pandemic, many people of all ages have lost social skills and confidence in being with others. Some respondents therefore recommended planning to provide support to help people return to face-to-face services. Specific groups in need of this support include:

- people using respite care, day and overnight
- older people returning to community activities
- young people, especially years 7 and 8, to be confident with people again

At the same time, staff need to "get out there" and see the people who require care, as they may have become "too used to screens and distant from reality of assessing and responding to unstated needs". Some mentioned that they are starting to restore face-to-face services, with a gradual re-introduction through to 2022.

(iv) Prepare for new and increased demands for services

Many service users have deconditioned due to the effects of the lockdown, which is now impacting their function significantly, and means they are now be placing greater demand on support services in the community. The economic impact of the pandemic is also likely to increase need for support in the immediate future:

> "With so many businesses failing to survive, so many families losing loved ones, and huge debts accrued by so many trying to survive financially during the pandemic (increase in food bank use), demand for support will only increase."

A key group of people who may need intensive support are family carers who are worn out from providing all the care when statutory services weren't available. More carer respite is now needed to give them a break and prevent them from burning out.

Some thought it important not to revert back to previous practice without reflecting on what could be done differently and improved. Also any service redesign needs to meet future needs, not previous needs. New types of services might be required to respond to different support needs that emerge post-COVID. These include services for:

- children and young people with anxiety disorders
- people with long-COVID
- people who have developed OCD or other anxiety conditions during lockdown
- babies and children with developmental delays as a result of being in poor environments during lockdown – this will have an impact on services and on society for years to come.

(v) Increase mental health support especially for young people

Many respondents are expecting a mental health crisis in the longer-term as a result of the pandemic. Vulnerable people who were left without support may now be experiencing the mental health impacts of that pressure, exactly when waiting times for mental health care are worse than ever before. Specific concerns were raised about:

- people with existing mental health problems whose mental health is deteriorating
- adults with learning disabilities and their families
- people who have experienced trauma/domestic violence during lockdown
- increased family conflict as a result of isolation and financial strain
- young people who have not left their house, had nowhere to go and did not have a network of support
- people who will be fearful of confined spaces with new people
- carers who have developed mental health problems under the strain

- young people who have missed out on their education and started university in lockdown

Many respondents commented that young people's mental health in particular has "suffered greatly and their confidence and communication skills are at an all-time low". The impact of this will be ongoing and evident for years to come in terms of their mental health and education attainment.

(vi) Continue providing services online

Some of the changes to service delivery are believed to have increased the flexibility and availability of services and seem to be popular among young people, parents, families and carers, who find digital support easier to access. However this is unlikely to suit everyone and therefore a "blended approach" is required going forward.

To ensure people are not excluded by the use of technology it is important to:

- equip people with the necessary skills and access to IT if they wish
- ensure online information and virtual meetings are accessible to all for example, to include BSL speakers and interpreters in Zoom meetings

Some respondents were concerned that the people who do not wish to go digital are not forgotten by services, and that more effort is put into reaching those people, so that they don't "fall through the cracks and risk having no care at all." It will also be important to make sure that going digital doesn't cause people to disengage from services, given the importance service users place on knowing and building relationships with the people in their care teams.

Social care staff emphasised that they also need training and investment in their IT systems, so that the can continue to work and provide support remotely.

(vii) Supporting existing staff and boosting recruitment

Many respondents were concerned that skilled staff are being lost from the care sector, because they are exhausted from their experience of the pandemic and are now deciding to leave. It was proving difficult to recruit new staff before COVID, and it may be even more difficult now. This is unlikely to change overnight.

Care home staff are worried that their professional reputations have been harmed by the poor management of COVID in care homes:

> “This has been the most difficult time for social care in my life time, and we hope that there will be a change with how we are thought of as a group... We felt we were last on the list especially with PPE, and we lacked guidance, or were given conflicting information.”

Since the demands on services are unlikely to reduce anytime soon, many expect there to be an increase in mental health problems and burnout among staff during the next few years. It will therefore be important to improve mental health support and occupational health services for care staff.

On a more positive note some staff thought that working at home, where possible, will provide an opportunity for more flexible working practices and increase productivity.

6. Experience of using or providing services in Welsh

(a) Experience of the Active Offer

Overall, respondents concluded that provision of the Active Offer is “patchy”. Some reported doing this very effectively, for example throughout Denbighshire Social Services and in some services for older people:

> “Every individual I work with, is offered the active offer and there are appointed members of staff who have been identified who can assist if needed.”

> “All advertisements and notifications have both the Welsh and English versions and even our phone salutation is Welsh first then English.”

Others reported that they can only make the offer at the point at which users of a service are assessed, rather than when they first make contact:

> “I think it would be more appropriate for this to be offered at the first point of contact. However, I am aware that the first contact office has a high level of enquiries and as with us all, not enough staff to cope.”

> “Our single point of access team give dual greetings. It would be better to have a phone system where you can press 1 for Welsh, 2 for English etc, but with limited staff members speaking Welsh this may mean a longer wait for those people.”

Some were concerned that in practice, the offer is still tokenistic. Many care homes and domiciliary care providers find it difficult to follow through with the provision of a Welsh speaker:

> “Staff remain frightened of offering a service in Welsh as in reality it would require a translator.”

> “I was offered Welsh worker from the charities I have worked with, but councils always say they can’t just get me a Welsh worker. They have to ask their manager and it seems to be a lot of hassle.”

They conclude that more needs to be done to attract Welsh speakers to the profession and to support staff to improve their Welsh. This needs to include opportunities for both complete beginners and those who need to gain confidence:

> "Unless more teams are encouraged to learn Welsh in work time, it will never be a truly active offer."

> "It shouldn't be looked upon as an opportunity for people to use Welsh. Every service provided should be able to start and end a conversation in Welsh and staff encouraged to make an effort to learn enough Welsh to be able to hold a brief conversation."

Some respondents said that although they make the Active Offer, to date none of their service users have taken it up. A couple of respondents had not heard of the Active Offer.

(b) Providing written information in Welsh

Many of the respondents confirmed that they provide all their written information, publications, signage, newsletters, emails and so on in Welsh. Some relied on staff to help with translation, others relied on external translators. Some said this was all they could do because none of their staff were Welsh speakers.

While the local authority translation services were found to be quick and efficient, others found that getting all their documents translated was "complex and time consuming" and had caused delays to their work. Cost is a barrier for small non-profit providers, who would like additional support and funding to be able to translate "everything and do it quickly". Concerns about copyright issues become an issue when translating resources from third parties or the internet.

Some respondents commented that translating written information into Welsh is less of a priority because "most Welsh speakers like to be spoken to in Welsh but don't like leaflets or forms in Welsh as the language is too formal". They recommended that improvements must be made in simultaneous translation facilities for virtual meetings, webinars and video calls.

(c) Staff speaking Welsh

Many respondents reported that staff providing care did speak Welsh. However, they ranged in capacity, from fully bilingual services, with multiple native Welsh speakers at all levels in an organisation, through to more informal arrangements:

> "Although not all staff speak Welsh fluently, there is usually someone available who does."

Some services were able to provide training in Welsh, for example for Welsh speaking foster carers. Others stated that, while able to chat with service users in Welsh, their staff felt more confident delivering care and making formal assessments in English. Often staff do not have the same level of confidence with written Welsh:

> "All employees have access to Welsh phrases commonly used within care and support environments, to enable staff to speak in Welsh to individuals whom it is their first language."

> "The systems we have do not have the assessment available in Welsh."

A major barrier is being able to recruit Welsh speakers. This is more of a challenge when seeking staff with specialist skills, and may become more difficult as services come to rely more and more on agency staff.

> "Our rehabilitation workers have a specialist qualification. There are very few of them across the UK, so to find a qualified worker is difficult let alone a Welsh speaker."

> "It is hard to attract Welsh speaking-staff in North East Wales which makes it harder to provide the quality of Welsh language support we would like."

> "Employees providing services to the public should be fluent in both Welsh and English – 'being willing to learn Welsh' or 'Learning Welsh' should not be a sufficient qualification for these posts."

Many organisations provide Welsh language training to their staff, either formally or informally. Examples included:

- courses offered by the local council or health board
- lunchtime Welsh Language groups

- Welsh speaking staff delivering workshops to their non-Welsh speaking peers

Some thought Welsh speaking courses should be offered to staff on a more regular basis. However, the challenge for many is finding time within their busy and highly demanding working day. The staff said they would need protected time on their rotas to be able to attend classes.

Similarly, there is a severe lack of fluent Welsh-speaking volunteers. Some suggested more classes should be available in the community. The cost of these may again be a barrier to attending, so some thought they should be free.

(d) Priority areas for speaking Welsh

Respondents working in the West of Wales reported that having Welsh speakers to provide care is essential as the majority of the older population are Welsh speaking, and the working language is Welsh:

> "Welsh speakers are essential for Anglesey and Gwynedd settings. All the council's residential homes have Welsh speaking staff, and all staff are encouraged to speak or learn Welsh."

> "More demand is present in the South of Denbighshire, but this is reflected in the skills of the workforce too, for example, 95% of staff in Cysgod Y Gaer are Welsh Speaking."

Similarly, many adults with a learning difficulty in Gwynedd prefer to communicate in Welsh. This is not an issue for local staff, but can sometimes prove to be a barrier when working across county borders, for example, all regional meetings are held in English, which means some individuals with a Learning Disability cannot contribute.

Some thought there are not enough staff with Welsh speaking skills working in children and young people's learning disability services, and therefore families do not have the option to speak Welsh. More Welsh speakers need to be employed. Nor are validated Welsh assessments available, so it is not possible to carry out appropriate assessments with children and young people with learning disabilities.

Others highlighted that learning Welsh is particularly important when supporting people with dementia, who often revert back to the language spoken at home as a child. This is vital for building trust with service users:

> "I have started entry level Welsh classes, it allowed me a brief introductory conversation with an elderly man with dementia, and a good relationship developed."

(e) Promoting the Welsh culture

Some organisations in areas where Welsh is rarely spoken showed their support for the Welsh culture in other ways for example celebrating all Welsh days:

> "We use a phrase a week for the residents and staff to promote the Welsh language and always celebrate our culture."

> "We greet in Welsh and keep the Welsh spirit up and are proudly Welsh."

They expressed "weariness" at the thought that everything will have to be bilingual, because "it will just mean more and more paperwork".

(f) Preferences for speaking English

As many respondents were in favour of speaking English as the number of respondents in support of speaking Welsh. This group concluded that the Active Offer was not applicable to them, because either they or the people using their services did not speak Welsh. This seemed to be especially true for services for children and young people:

> "We've only received three calls in Welsh in over a decade."

The English speaking service users expressed concern at not being able to read their case notes in Welsh, and reported feeling uncomfortable when their carers speak Welsh between themselves. Providing all paperwork in both languages is sometimes unhelpful:

> "This makes it harder for Dad to follow the information provided. It would be good to have English-only forms once language preference is established."

The visibility and clarity of information could be improved if the two languages were kept separate. Duplication of documentation is seen as a waste of resource.

> "Mum says that making everything bilingual decreases the text size and as her vision is impaired she would prefer it one language in larger text."

Several respondents felt too much emphasis is placed on speaking Welsh, when other languages are more commonly spoken amongst service users, whose needs are not being met. Some would like more attention to be given to use of Makaton, British Sign Language and Polish, providing interpreters when needed. Plain language options in Welsh are also hard to come by.

7. NHS services

(a) What is working well

Few respondents commented on the health services that are working well. They highlighted the following:

- The service received at Bron Ffynnon Health Centre, Denbigh is commendable, and the care received at Glan Clwyd Hospital's Cardiology department is priceless
- Social care workers value their close collaboration with primary health professionals
- Many were grateful for the support from environmental health and NHS service during the pandemic
- Care workers reported that health services for young people are working well to ensure they receive the correct health support and advice, especially around sexual health advice, getting registered with a GP and referral to Community Dental Services

(b) What needs improving

A range of services were mentioned as needing improving including:

- Improved end of life support particularly at nights.
- Continence products are very poor quality and often use more than predicted.
- Speech and language therapists should give more time to non-verbal children.
- Improve older people's access to dental care to avoid impact of oral conditions and dental issues. This includes care home residents receiving dental care in their care home.
- Artificial Limb and Appliance Services are challenging to navigate and very slow to respond.
- Make greater use of telehealth services to prevent hospital admissions and improve discharge planning and district nurse visits.

- Encourage care home staff to have COVID vaccinations.
- Marches Medical Practice is not large enough for the population of Broughton.

Some heath staff commented that poorly functioning computer systems were negatively affecting their ability to provide a quality service.

(c) The impact of COVID-19

Three main areas were mentioned as being negatively impacted by COVID-19, which will be discussed in turn:

Dental care

During the pandemic, dental care in the community (for example, the tooth-brushing and fluoride varnish programme in schools) was suspended. Plans are in place to restart these services, prioritising the schools with most need, but dentists have the following concerns:

- schools and nurseries are under a lot of pressure already and may not consent to visits
- oral health outcomes for the target group may have worsened – dental health in children will be worse because the programme wasn't delivered last year
- staff in schools will need retraining on the programme
- dental staff feel a loss of morale in 'going backwards' after all of the hard work on this programme over the last 10 years
- community dental services are working at reduced capacity, and waiting lists have grown considerably

Similarly, dental services providing care for those who would find it too challenging to attend a regular dental practice, have not seen their patients for routine check-ups and fear that some people with complex needs will have become even more complex. Recommendations for improvements include:

- improved information online and on social media about what this service provides
- improved collaboration with social care services
- improved record sharing and sharing of information to help with decision making of patients who have complex needs

GP appointments

Many respondents expressed frustration at not being able to see a GP face to face. They felt this to be a particular issue for older people, who may not be comfortable talking on the phone or are housebound:

> “In Mum and Dad”s surgery nobody seems to care about the elderly. Long term, people are going to potentially die earlier than they would if they could get seen by the appropriate clinician on time.”

> “Many people are not comfortable talking on the phone, so misdiagnosis or incorrect health care could be given.”

> “GP services being restricted has impacted me personally and had a detrimental impact on both my mental and physical health due to not feeling comfortable trying to obtain a face to face appointment… I feel unable to reach out due to the perception of pressure on services and the response from services when enquiring.”

Suggestions for improvements included creating a different system for waiting outside the doctor’s surgery to avoid 'standing in some of the hottest weather”. Others suggested that staff who work at doctors” surgeries “need to understand mental health and disabilities more and choose words better”. NHS staff seem to have less patience for people who struggle, “which knocks people’s confidence”.

Waiting lists

Waiting lists for assessments and treatment in the NHS have got longer. Respondents highlighted the following:

- prolonged delay for Occupational Therapist assessment
- longer waits for ambulance visits, especially to non-injured fallers. Calls are declined, if Welsh Ambulance Service NHS Trust resources under pressure.
- end of life care has diminished, falling mainly on District Nurses and the end stage home care team
- no respite beds available for chronic disease patients needing to give main carers (family) a break
- impossible to access psychology team

People with complex needs are particularly affected as they are likely to be using a wide range of services and are “being failed at almost every touchpoint”.

Another major concern is that people will allow conditions to get very serious before seeking help, because they are afraid to go into hospital. Lack of staff in the community also makes it difficult to keep patients home safely. This leads to increasing pressures because demand for treatment will get greater, adding to the length of time it will take to return to baseline.

Midwives are reported to be especially affected:

> “Due to shielding, isolation and illness staff levels are very low. Staff morale is rock bottom. Long term, midwives will leave or be off on long term sickness. Adherence to Birth Rate Plus during COVID restricts management from being able to staff effectively. Maternity care in North Wales is now so short staffed it is becoming dangerous.”

(d) Providing services in Welsh

Respondents were concerned about the lack of Welsh speaking staff in the NHS and recommended:

- access for welsh training for staff in the NHS
- employing nursing and medical staff who speak Welsh, especially in North West Wales where Welsh is the first language for many young people
- the GP surgery’s answering machine recording is played in English first and then in Welsh. The Welsh needs to come first.

> “When my relative was in the Maelor I was told we don’t know what your father is saying as he will only speak in Welsh!”

Appendix 1: Equality monitoring data

Please note, the tables below reflect the characteristics of the 250 participants who gave answers the equality questionnaire rather than all 350 participants in the survey. For a full picture of the engagement with people with protected characteristics these figures should be considered alongside the list of organisations who responded to the consultation.

In all tables numbers have been rounded to the nearest 5 to prevent disclosure of personal information.

Age

Age	Number	Percentage
16 to 24	5	2%
25 to 34	30	12%
35 to 44	5	17%
45 to 54	75	30%
55 to 64	60	25%
65 to 74	30	11%
75 and over	10	3%

Sex and gender identity

Sex	Number	Percentage
Female	210	85%
Male	35	15%

Less than 5 responses were received from transgender people.

Disability

In total, 27% of participants said they had a disability. The table below shows the what percentage of these 70 people have each impairment or condition.

Disability	Number	Percentage
Long standing illness / health condition	35	52%
Mental health condition	30	42%
Physical impairment	25	36%
Sensory impairment	10	18%
Learning disability / difficulty	10	12%

Caring responsibilities

A total of 44% of participants had caring responsibilities. The table below shows the amount of care provided by these participants each week.

Caring responsibilities	Number	Percentage
1 to 19 hours	50	46%
20 to 49 hours	25	23%
50 hours or more	35	31%

National identity

National identity	Number	Percentage
Welsh	140	56%
British	60	25%
English	60	25%
Scottish	<5	2%
Northern Irish	<5	2%
Other	5	3%

The other nationalities included participants who described their national identity as Polish, South African, Canadian and British European.

Ethnic group

Ethnic group	Number	Percentage
White	245	98%
Mixed heritage	<5	1%
Indian	<5	1%

Preferred language

Spoken language	Number	Percentage
English	180	74%
Both English and Welsh	35	14%
Welsh	30	12%

Written language	Number	Percentage
English	200	84%
Both English and Welsh	20	8%
Welsh	20	7%

Religion

Religion	Number	Percentage
Christian	125	51%
No religion	100	42%
Hindu	<5	-

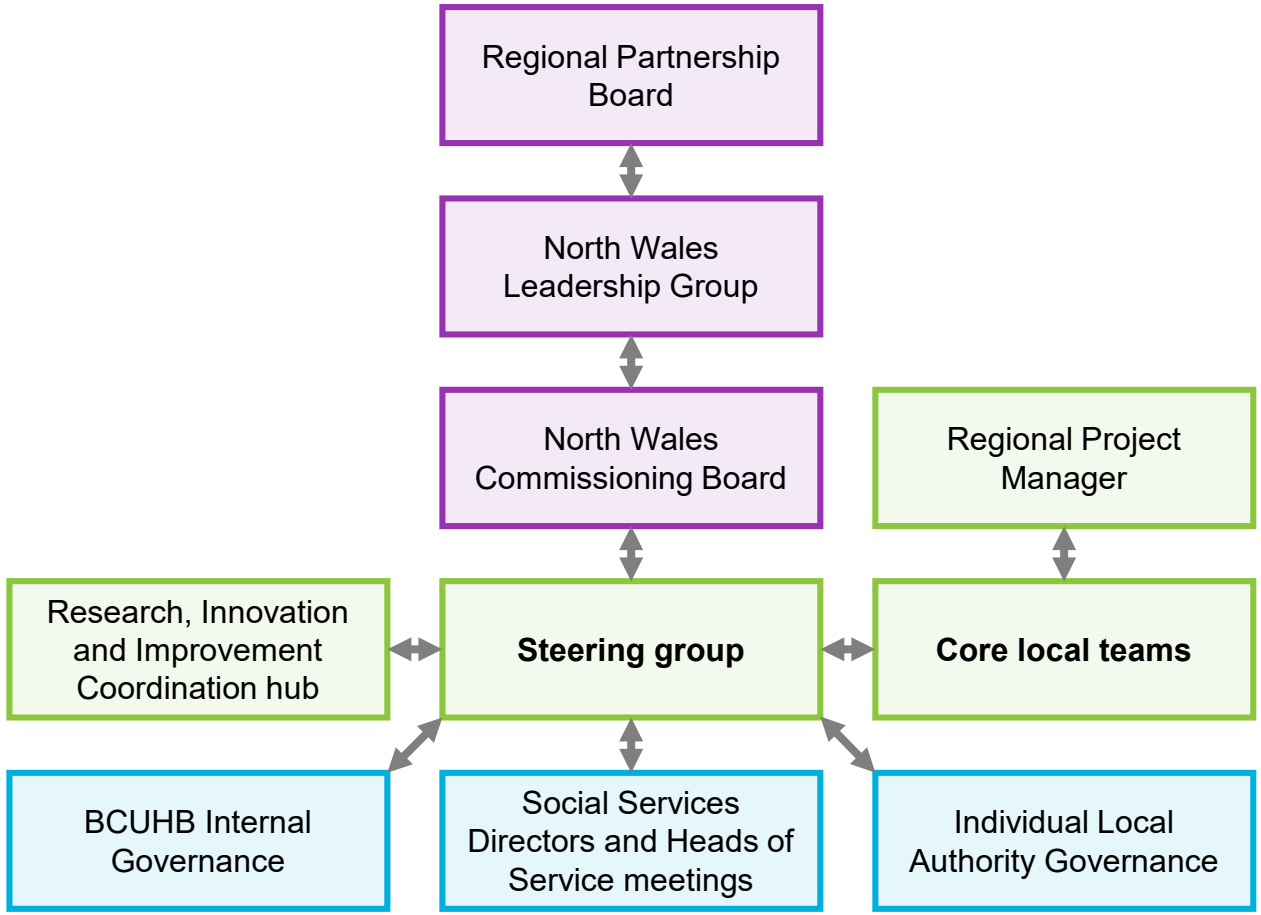
Sexual orientation

Sexual orientation	Number	Percentage
Heterosexual	220	91%
Gay or Lesbian	5	3%
Bisexual	5	2%
Pansexual/Queer	<5	-

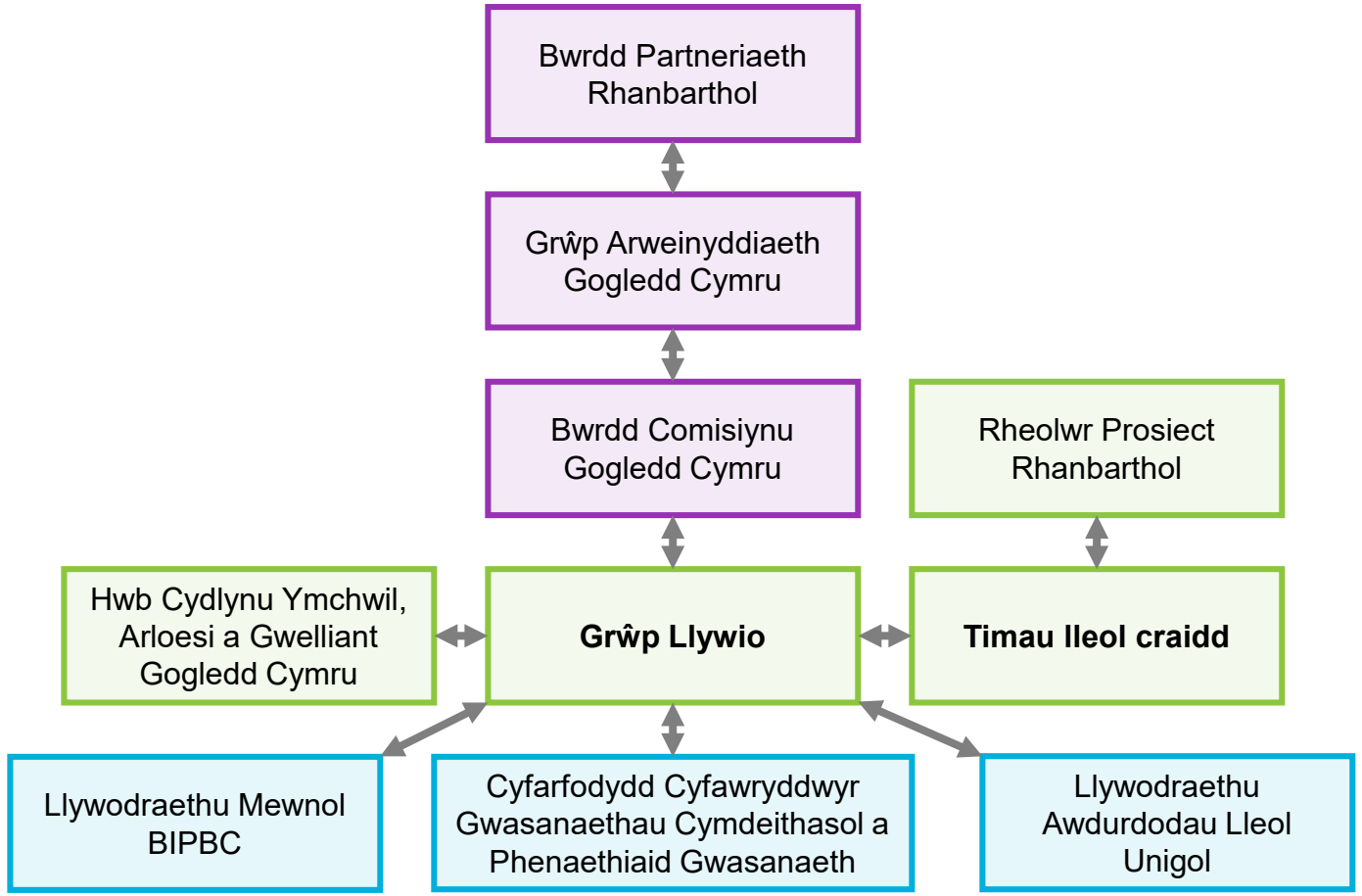
Marital status

Marital status	Number	Percentage
Married	125	55%
Never married	55	25%
Divorced	20	8%
Widowed	10	5%
Separated	10	5%
In a registered civil partnership	5	2%

PNA/MSR governance structure



PNA/MSR governance structure



SOCIAL AND HEALTH CARE OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting	Thursday, 20th January 2022
Report Subject	Flintshire Micro-care Project
Cabinet Member	Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

We, like many local authorities, face pressures in meeting the increasing demand for social care, with a growing older population and care agencies finding it difficult to recruit and retain employees. Delivering care into more rural parts can be particularly problematic.

Following a feasibility study we have established a pilot Micro-care enterprises project to innovatively tackle the problem of the supply of care and have been successful in bidding for funding from both Cadwyn Clwyd and the Welsh Government to support the implementation of the project.

Micro-care enterprises are defined as small companies with 5 employees, many of which are sole traders, providing care or care-related services to the citizens of Flintshire. The pilot scheme to date has successfully supported 22 individuals to set up and operate as an independent care business. In September 2021, these businesses were delivering to 79 clients and delivered an average of 497 hours of care, support or wellbeing (based on September's figures). Of the 497 hours, 420 were for personal care and 77 hours were for well-being type services (e.g. cleaning, shopping, and companionship.

The scheme has met all its key performance indicator targets for both funders and due to its success has been funded for a further 12 months by Welsh Government Foundational Economy Fund for 2021/22. This will be used to continue the Micro-care scheme and grow the number of micro businesses established and delivering care across the county.

Following an early evaluation of the scheme it has been identified that Micro-Care in Flintshire is already making a significant contribution to the care market. It is creating sustainable jobs and more localised care solutions for people. Feedback from clients, families and council officers has been extremely positive to date.

RECOMMENDATIONS	
1	That Members continue to support the progress made in rolling out the innovative Micro-care pilot and the positive contribution the scheme is making in meeting the demand for care in Flintshire.

REPORT DETAILS

1.00	EXPLAINING THE FLINTSHIRE MICROCARE PROJECT
1.01	Pressures on the social care sector are well documented. The North Wales Population Assessment (2017) projects that in Flintshire, we are likely to see an unprecedented increase in the number of older people (those aged 65+) from 30,000 in 2014 to 46,000 by 2039. The impact this can have on the current social care sector is vast, given that there are currently issues with a lack of capacity in the sector.
1.02	A Feasibility study carried out by Social Firms Wales on behalf of the Council examined the potential for developing Micro-care enterprises in Flintshire. Following the report in January 2019, approval was given to set up a Pilot Micro-care project in Flintshire and a multi-agency micro-care Implementation Board was established. The project is part of the wider Council Alternative Delivery Model (ADM) Programme.
1.03	Micro-enterprises are defined as small enterprises with up to 5 staff, although many will be sole traders. They are operated by people who are entrepreneurial with a flair for overcoming challenging situations and developing new approaches.
1.04	By growing Micro-Care businesses the council are creating additional options for meeting the growing demands for care as well as expanding choice. It was hoped that the scheme would help to divert crisis in the care sector as a preventative measure, whilst delivering care which is efficient, effective and person centred. The pilot also aimed to provide opportunities to build resilience in communities through developing local, bespoke solutions to peoples care needs and help create sustainable careers in care.
1.05	The project commenced in September 2019 with two full-time Micro-Care Development Officers who would both promote the scheme and support each new micro-carer through to start up and beyond to ensure they build good quality and sustainable micro businesses. In addition start-up funding was made available to each new business via the Foundational Economy Fund grant. The project has been really successful extending the quantity and quality of community based support for vulnerable people an estimate of the financial impact is as follows: **Personal Care** cost avoidance from April 20- October 21 - £14,189.17 **Support** cost avoidance (LD etc.) from April 20- October 21 ranges from - £35,143.73 - £45,507.23 depending on the Supported living rate used for calculations. In total this would be £49,332.90 - £59,759.40

1.06	**Key developments to date:** • Developed the infrastructure including processes and procedures to support the growth of Micro-Care, from first enquiry through to business set up and delivery. • Devised a Quality Framework to ensure the quality of provision for Micro-Carers particularly those who wish to be directly commissioned by the council to deliver care and support. • Actively support all micro-carers through this quality process to start-up and beyond. • Successfully attracted ex-carers and people with no previous care background into becoming micro-carers. • Supported two micro businesses to become registered as Care Agencies with Care Inspectorate Wales and to support them to sign contracts with the council, recruit staff and take on rounds of care in areas of greatest need. • Promoted Micro-Care as a career via articles, reports, social media and a dedicated webpage within www.careatflintshire.co.uk. This contains both a directory of micro-carers for the public to access and key information and tools for new potential and existing micro-carers. • Networked with social care teams and officers to embed Micro-Care as a supply solution within the existing care structure. • Set up a Micro-Care Network. This meets regularly and is open to all micro-carers to provide information and peer support. • Established a Seed Funding Pathway that offers start-up funding to new micro businesses. To date the project has paid out £16,738.10 to 19 Micro-care Providers • Worked with our project partners at Social Firms Wales to devise and carry out a formal evaluation of the pilot. • Secured additional funding from the Welsh Government's Foundational Economy Fund for the financial year 2021/22. This has enabled the two Micro-Care Officers to continue in post until March 2022.
1.07	**Current Micro-Care Delivery** At the end of September 2021, Micro-Care operational delivery is as follows: 22 Micro-care Providers have been supported to set up, of which 18 of them were actively delivering services for the micro-care programme. Four providers have left the programme. One has had surgery, one has decided to go back into education and two have successfully established as Domiciliary Care Agencies and are registered with CIW. They now have off-framework contracts with the Council to deliver care as an agency with formal registration and regulation. Delivering to a total of 79 customers in Flintshire. Delivering an average total of 497 hours of care, support or wellbeing each week in July. Of the 497 hours, 420 were for personal care and 77 hours were for well-being type services (e.g. cleaning, shopping, and companionship).

	7 Micro-care providers have completed their quality framework evidence and are in a position to provide care directly commissioned from the council. Current breakdown of client need (Based on August 2021 figures): At the moment 43.3 % of micro-carer's clients are older people, and another 33.3% as unknown but believed to be older people as well, giving a total of 76.6%. They are delivering approximately 44% of their hours to this client group. 13% of the micro-care's clients have learning disabilities (or are within supported living programmes).
1.08	To date, Micro-Care businesses are covering all areas in Flintshire. A number of care packages picked up by micro-carers were in rural areas where larger care agencies have limited workforce capacity. In addition micro-carers have responded to emergency situations to provide short term cover during the pandemic or support direct payments clients when a PA has left.
1.09	At the present time a further 10 micro-carers are in the process of setting up their business and going through our quality process. In addition, several existing micro businesses are recruiting staff to expand the supply of care they can offer.
1.10	**Evaluation Report** As part of the pilot project Social Firms Wales have carried out an evaluation of the scheme to provide recommendations for further development. This evaluation report covers the Micro-care pilot initiative from October 2019 - 31st May 2021 – see Appendix 1.
1.11	The evaluation concludes that Micro-care has enabled a flexible response within rural locations, particularly in filling the gaps where traditional care agencies would not have been able to accommodate. Micro-care agencies have been established in these areas to address a capacity issue. There are positive examples of micro-carer's becoming established in their locality which enables flexibility and strengthening community activity through networking within rural locations.
1.12	The Flintshire model of micro-care has shown to be cost-effective, expanding supply, and offering additional choice to people needing care and support, while creating localised employment opportunities. Having said this, there are specific areas to address and obstacles to work through for example procurement, non-regulation, and the ability to sustain a business model are all challenges going forward and could impact significantly on the initiative's future viability. The pilot is mindful of these challenges and have developed processes, frameworks and support for agencies to mitigate these risks.
1.13	**Conclusions & Recommendations** The micro-care project is working well and achieving intended outcomes. Recommendations include: ✓ The support from a Micro-care Development Officer is highly valued and needs to be maintained.

	✓ Commitment of financial investment to sustain, protect, and further develop the project is essential. ✓ Seed funding needs consideration/refining with regard to award criteria, and level of funding or support provided. ✓ The Quality Framework should be recognised as a valuable resource that could be used in other areas across Wales. As it is in its early stages of development further work including its application, recognition as a safeguarding mechanism and developing the process for ongoing monitoring of micro-care agencies should be prioritised. ✓ Implementation of the direct commissioning model and monitoring to support continued improvement. ✓ To challenge the RISCA regulations with Welsh Government. It has to be recognised that the RISCA rules are high level policy legislation and will take time for any possible changes to be achieved. The rule of 4 however can be seen as arbitrary and as such should be reviewed. ✓ Build on the support available for micro-carers with appropriate training needs (care and business administration.) ✓ Re-evaluate the project in March 2022

2.00	**RESOURCE IMPLICATIONS**
2.01	Funding for this financial year is available through the Foundational Economy Fund and some remaining match funding budget in the original Invest to Save allocation. A budget pressure for 2022/23 is in place to continue with one development post and support the network of current providers.

3.00	**IMPACT ASSESSMENT AND RISK MANAGEMENT**
3.01	The Micro-care project was risk-assessed as part of the decision-making process that led to the project being initiated. The Risk Assessment is being continually updated as the project progresses.
3.02	Under the five delivery principles of the Well-Being of Future Generations Act, a successful project that leads to the creation of a number of Micro-care enterprises can have a range of impacts which are currently being evaluated as part of an Integrated Impact Assessment for the project.

4.00	**CONSULTATIONS REQUIRED/CARRIED OUT**
4.01	We have been working in partnership with Social firms Wales to complete an independent evaluation of the pilot programme. This has involved extensive consultations with a range of stakeholders including providers, service users, families and officers. (see Appendix 1 for the full evaluation report)

5.00	APPENDICES
5.01	Appendix 1 - Micro-care Evaluation Report

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	N/A

7.00	CONTACT OFFICER DETAILS
7.01	**Contact Officer:** Dawn Holt, Commissioning Manager **Telephone:** 01352 702128 **E-mail:** dawn.holt@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	**Alternative Delivery Model (ADM) -** An operating model that is different from the current method of delivery of the service. In the context of the work being undertaken by the Council at present the main models are Collaboration, Shared Services, Independent Trading Company, TECKAL, Mutual, Cooperative, Social Enterprise, and Community Asset Transfer. These models range from those that are closest to public service delivery to those that are the most removed from public sector delivery. This scale also helps indicate (as a rule of thumb) the amount of control that is retained by the Council, and as a result the amount of transfer that is required from the Council to other agencies. **Care Inspectorate Wales (CIW)** - The inspectorate for Care and Social Services formally known as Care and Social Services Inspectorate Wales (CSSIW). **Commissioning -** The process of specifying, securing and monitoring services to meet people's needs at a strategic level. **Direct Payments (DP)** - Are as payment made by a local authority social services department to an individual who has been assessed as having care and support needs who wish to arrange their own care and support services. **Grant Funding -** Are a type of funding provided by the government, local councils and some private organisations. Organisations have to apply for the grant and demonstrate how they will meet the outcomes and conditions of the grant. Grants don't normally have to be repaid but will be subject to clawback in certain circumstances. **Invest to Save Budget** - An amount of money which the Council has agreed to invest in a service or a project, with a requirement to

	demonstrate efficiencies equivalent to the spend through the changes which are being made. **Micro-care enterprise-** a sole trader or small company with up to 5 employees that delivers personal care or care-related type services. **North Wales Population Needs Assessment -** This report is an assessment of the care and support needs of the population in North Wales, including the support needs of carers. It has been produced by the six North Wales Councils and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales, to meet the requirements of the Social Services and Wellbeing Act (Wales) 2014. **Social Enterprise-** a business with conscience that is driven by a cause. It focusses on the impact it has on people or the environment and generates profits which it ploughs back into the community. **Seed-funding-**Start-up funding that is made available to an enterprise in order to get it off the ground or to support it through start-up. **Quality Framework-**Describes the accreditation process which Micro-care enterprises will need to be passed through before delivering services. The framework will consist of a number of quality checks designed to ensure Micro-carers will offer quality services to our citizens.

Mae'r dudalen hon yn wag yn bwrpasol

Sir y Fflint Gofal-Meicro
Tyfu Gofal yn Sir y Fflint

Flintshire Micro-Care
Growing Care in Flintshire

Evaluation Report

May 2021

"Overall, micro-care has proven itself. There are fantastic examples, choices, and solutions to stay home for longer, and it is cost-effective, with £10-15k saved in one place".

"It's choice, the gaps in areas that micro-care can fill…there is a place in the market for this."

"We've been very proud to lead on the micro-care initiative, it has shown fantastic impact and will continue to do so."

"If we can crack the commissioning and fine-tune the edges, micro-care could be replicated and attractive to other authorities."

Cyngor Sir y Fflint Flintshire County Council

socialfirmswales enterprise, employment, empowerment

CADWYN Clwyd Asiantaeth Datblygu Gwledig Rural Development Agency

Llywodraeth Cymru Welsh Government

Contents

Executive Summary

Background

In response to the findings of the North Wales Population Assessment (2017), followed by a feasibility study commissioned by the council of Flintshire County Council Flintshire (2018) undertaken by Social Firms Wales (SFW), the Micro-care pilot project was launched. The project is a partnership between the council of Flintshire County Council and SFW and was intended to provide one potential solution to social care challenges. This evaluation report cover the Micro-care pilot initiative from October 2019 - 31st May 2021.

The project would not have been possible without the full support of the Leader, and Chief Executive of Flintshire County Council who championed the initiative, bravely taking a chance; trail blazing a new way to develop an additional option of community care and support services. This belief and commitment attracted support from the Welsh Government Foundational Economy Challenge Fund, and funding from Cadwyn Clwyd. Overall the pilot project was championed locally by senior members of the cabinet, senior officers, County Councilors, and professional partners. To manage, and develop the project, 2 Micro-care Development Officers were recruited.

Analysis

At the time of drafting this report 21 Micro-care providers had been supported to set up new micro-care businesses, 19 of which were active to support community members with care and support needs. Overall care and support is being provided to 51 customers/clients, 49 of which are permanent calls, with 2 ad-hoc customers/clients. An approximate total of 390 hours of care, support, or well-being are being delivered each week through the pilot. Of the 390 hours, 350 hours are for care, 34 hours for well-being, and 7 hours per week of ad-hoc support. Ad-hoc care is providing 2 hours of care, and 5 hours of well-being service. Of those receiving care, support, and well-being services 77% are older people, with a large percentage of these having some form of dementia, 4% of people with physical disabilities, 17% people with learning disabilities living in supported living, and 2% is family related support.

A Quality Framework to ensure good quality micro-care organisations has been developed and serves 3 prime purposes:

1. Safeguarding clients.
2. Guidance to assist micro-carers to achieve high standards and professionalism as care and support providers.
3. Guidance to assist micro-carers in business development, growth, sustainability, and administration.

Seed funding to a maximum of £1k has supported micro-carers to purchase items such as laptops, office equipment, business insurance, PPE, uniforms, and DBS checks. 14 of the 15 micro-carers interviewed for this evaluation have been awarded seed funding. Support provided by development officers and SFW has been described

as invaluable. There has been positive economic impact in Flintshire by giving entrepreneurial people the right support to start new businesses and bringing new people into the care sector, all arriving from varying work backgrounds.

Micro-care has provided an additional supply option of care and support services for Flintshire County Council to call upon. It does not appear to have destabilised the care market, conversely, taking into account challenges faced by social care, it has enhanced supply particularly through the challenges of the pandemic.

Evaluation Findings

Micro-care has enabled a flexible response within rural locations, particularly in filling the gaps where traditional care agencies would not have been able to accommodate. Micro-care agencies have been established in these areas to address this problem. There are positive examples of micro-carer's becoming established in their locality which enables flexibility and strengthening community activity through networking within rural locations.

The impact of the pilot project in relation to those in receipt of micro-care provision is predominately positive. Micro-care has supported people to maximise independence and choice, is helping to alleviate isolation and providing families with reassurance that loved one are being cared for in a way that works for them.

By 31st May 2021 solutions to challenges in relation to the council directly commissioning with micro-care agencies were well developed. It is anticipated that direct commissioning will be in operation by the end of 2021.

The Flintshire model of micro-care has shown to be cost-effective, expanding supply, and offering additional choice to people needing care and support, while creating localised employment opportunities. Having said this, there are specific areas to address and obstacles to work through. Procurement, non-regulation, and the ability to sustain a business model are all challenges going forward and could impact significantly on the initiative's future viability.

Micro-care still faces challenges in relation to a sustainable business model in its own right, due to the restrictions within the RISCA legislation. To deliver personal care to more than 4 individuals requires a micro-carer to become registered with Care Inspectorate Wales. The rule of 4 is Welsh Government statutory policy which provides a level of safeguarding in terms of the number of people in the community receiving an unregulated care provision. However, it could be argued that the rule of 4 is not enabling, and could be viewed as stifling innovation. It is also not directly linked to risk as you could have four individuals requiring little care and support (2 hours a week) and another four needing support 24/7. The risks to these two cases are very different and have not been taken into account when developing the legislation. It could be considered that a fairer approach would be an hour based measure rather than the number of clients as a measure.

Conclusions & Recommendations

The micro-care project is working well and achieving intended outcomes. The majority of people taking part in the evaluation felt that the project should be continued, and that further development work was needed to create a robust and more sustainable business model.

Recommendation from the Evaluation are:

1. The support from a Micro-care Development Officer is highly valued and needs to be maintained.
2. Commitment of financial investment to sustain, protect, and further develop the project is essential.
3. Seed funding needs consideration/refining with regard to award criteria, and level of funding or support provided.
4. The Quality Framework should be recognised as a valuable resource that could be used in other areas across Wales. As it is in its early stages of development further work including its application, recognition as a safeguarding mechanism and developing the process for ongoing monitoring of micro-care agencies should be prioritised.
5. Implementation of the direct commissioning model and monitoring to support continued improvement.
6. To challenge the RISCA regulations with Welsh Government. It has to be recognised that the RISCA rules are high level policy legislation and will take time for any possible changes to be achieved. The rule of 4 however can be seen as arbitrary and as such should be reviewed.
7. Build on the support available for micro-carers with appropriate training needs (care and business administration.)
8. Re-evaluate the project in March 2022

Introduction

This micro-care initiative is a pilot project developed by Flintshire County Council and Social Firms Wales as one potential solution to social care challenges.

Pressures on the social care sector are well documented. The North Wales Population Assessment (2017) projects that in Flintshire, we are likely to see an unprecedented increase in the number of older people (those aged 65+) from 30,000 in 2014 to 46,000 by 2039. The impact this can have on the current social care sector is vast, given that there are currently issues with a lack of capacity in the sector.

A Strategic Review of the Care Sector in Flintshire in November 2017 found that:

- Providers of care reported that recruitment and retention into the sector is a particular challenge.
- There were a number of community based approaches outside of the delivery of traditional residential, nursing, and domiciliary care services that may play a role in providing support to individuals where needed and add additional resource to a sector that is struggling with a lack of capacity to meet need

A Feasibility study carried out by Social Firms Wales on behalf of the Council was subsequently carried out to examine the potential for developing Micro-care enterprises in Flintshire. Following the report in January 2019, approval was given to set up a Pilot Micro-care project in Flintshire and a multi-agency Micro-care Implementation Board was established. The project is part of the wider Council Alternative Delivery Model (ADM) Programme. The pilot was established to develop and support the growth of micro-care enterprises in Flintshire with the aim of delivering direct care, support, and well-being services. The growth of Micro-care is seen as an additional option of care and it is hoped will provide help to divert crisis in the care sector as a preventative measure, whilst delivering care which is efficient, effective and person centred. The project will provide opportunities to build resilience in communities through developing local, bespoke solutions to peoples care needs.

This evaluation report is based on micro-care activity to 31st May 2021.

Number of people invited to contribute to the evaluation	61
Methods of contribution - Online Questionnaires and face to face online interviews	
Total number of people contributing	43
Total number of interviews conducted	19
Case Studies	3

The evaluation was carried out, and authored by:

1. San Leonard, Social Firms Wales
2. Dr. Kim Dearing, Social Firms Wales

Acronyms

CIW	Care Inspectorate Wales
DBS	Data Barring Service
HMRC	Her Majesty's Revenue and Customs
LA	Local Authority
PPE	Personal Protection Equipment
RISCA	Regulation and Inspection of Social Care (Wales) Act 2016
SCW	Social Care Wales
SFW	Social Firms Wales

Christine - My Story Cartrefle Care

Three years ago, I was living in a woman's refuge. I was pregnant and two boys under 3 years old. We had no money and just mounting debts. Over time, we finally managed to get our home in Flintshire. We only moved in with a suitcase full of our clothes and a pram. Over the coming weeks of settling in we were getting furniture slowly for free and donations.

After about a year, I went back to work as a dental nurse. But, again, I found that the company I worked for saw me as someone who can be replaced and not an employee. They were not sympathetic to my situation at home. I have found managers throughout my career to be like this and I had finally had enough. Over the past 15/16 years I have worked in different areas of health care, from care homes to psychiatric hospitals to palliative care. Everywhere I have been, I have never felt valued. As a result, I decided to start investigating how I could become self-employed and start my own care company.

This took me around 6 months until Marianne and Rob were put it into their roles in the council. The process was interesting and a lot of work, but I really enjoyed it. At this point I still had no money and just crippling debt. But I was able to keep going without any contracts as I was determined to become self-employed.

Once I contracted my first service user, I started to see the benefits of becoming self-employed. After a couple of more months, I began getting busy and was able to put my youngest into nursery full time. I was starting to pay off debts and on time with bills.

For the past 7 or 8 Years I have not been able to buy presents for Christmas, birthdays, or any special occasions, even buying a card was a stretch. This year I was able to buy my children Christmas presents. I was more excited about this Christmas then they were.

Not only has becoming a micro-carer helped me financially but there is also other benefits for me - I want to be able to build my company and this has given me the best foundation to begin the process. I have a lot of support from the council and now I have started talking with social workers, they have been great with some advice too. I have also wanted to own my own company and become a manager that I have always wanted and needed.

My business gives me such a great purpose to get me out of bed on my bad days and reminds me every day of the future I am building for myself and my children.

Purpose of the evaluation

The purpose of the evaluation report is to learn from the progress to date of the micro-care pilot project. It assesses the effectiveness of the project, highlights progress, identifies challenges and barriers, and to consider potential solutions.

The report has been drafted to help Flintshire County Council to:

- Learn from experience and share it with stakeholders
- Assess its impact across key areas- the existing care market, delivery in rural areas and Direct Payments
- Assess outcomes of people using the services of Micro-care providers
- Identify project strengths and weaknesses
- Identify what key elements need to be in place for success to happen
- Create a basis for future planning and identify ways forward
- Assess the sustainability of the model for micro-care providers
- Consider the potential for replicating the model in other areas of Wales

Aims and Objectives

Overall aims and objectives of the Flintshire project are to:

- Improve the supply of sustainable care and support services across Flintshire by encouraging the development of micro-care businesses, particularly in rural areas.
- Maintain the existing care market and supply of Personal Assistants.
- Expand choice and improve outcomes; and,
- Encourage growth of well-being micro-care businesses that enhance the life of vulnerable people helping them to live fulfilled lives and to remain independent for as long as possible.

National Drivers, fit with policy

- Social Services and Well-being (Wales) Act 2014
- Well-being of Future Generations Act 2015
- Measuring the health and well-being of a nation, Public Health Outcomes for Wales March 2016
- Social Services - The national outcomes framework for people who need care and support and carers who need support 2019
- Older People's Commissioners Report ADSS Response to the Welsh Government White Paper "Rebalancing Care and Support" https://www.adss.cymru/en/blog/post/response-to-white-paper-on-rebalancing-care
- Rebalancing Care and Support, Welsh Government White Paper
- Our Strategy for the Future (Care Closer to Home), Betsi Cadwaladr University Health Board, BCUHB

A definition of Micro-care

Micro-enterprises are small enterprises that employ 5 or fewer people, this includes individuals trading independently and people who themselves are disabled or need support. They are independent operations operated by people who are entrepreneurial with a flair for overcoming challenging situations and developing new approaches to care, support, and well-being needs.

The Flintshire model of Micro-care

The purpose of the Micro-care project is to develop a micro-care offering by engaging Micro-carers directly through commissioning, direct payments, and private payment arrangements, which will also give Micro-carers opportunity to build sustainable business models. This is achieved by:

- engaging Micro-carers in the methodology of the Quality Framework to ensure delivery of high quality care, and the safeguarding of community members using care and support services.
- the creation of an attractive offer of support to develop micro-care provider services via Micro-care Development Officers and partner support organisations.
- supporting micro-care providers to apply for seed funding to develop micro-care business models.
- creation of supportive peer to peer networks.
- promotion of the concept of Micro-care provision effectively across Flintshire communities, and stakeholder groups.
- building sustainability into the project model by developing a range of support tools, guidance sheets and website; and to,
- manage the project through officers who report to a multi-agency Implementation Board.

Methodology

Methodology adopted included both qualitative and quantitative data. Data has been collected using data from key performance indicators and other data collection by the Micro-care Development Officers. Due to Covid-19 restrictions face to face interviews have taken place using on-line platforms only, telephone interviews, and on-line questionnaires.

Interview groups included customers/clients, micro-care providers, commissioners, direct payment team, senior service managers, business support providers, and social workers.

A small collection of case studies have been drafted which give insight into micro-carers and the impact on customers/clients and families. Once again due to Covid-19, short video stories have not been made.

Key aspect: Knowledge of micro-care

Aim *Promote the concept of a micro-carer career and the provision of micro-care services effectively across Flintshire and stakeholder groups.*

Evaluation
The majority of work related to the promotion of micro-care has been achieved despite being hindered by restrictive guidance related to the Covid-19 pandemic. The micro-care development officers have achieved this by using on-line platforms for meetings and events.

Three sets of promotional material were devised to recruit micro-carers (including 'be your own boss' and 'make a difference'). The literature was not targeted towards current care workers.

Social media campaigns and press articles have been utilised effectively.
Promoting the concept of a micro-care career of choice has been somewhat limited with Covid-19 restrictions whereby face-to-face contact at career fairs, for example, has not occurred.

Routes used by micro-cares to find out about micro-care include, the Indeed jobsite, referrals from friends, Flintshire County Council website, Carers events, Pop-up events, Flintshire County Council communications such as press releases on Flintshire County Council website and newsletters, word-of-mouth, Twitter feeds, Network events, Facebook An example is a micro-care team was contacted by someone wanting a micro-carer for her father and then decided she would like to join the programme as well.

The Micro-care Team have received 75 enquiries regarding the programme, with 25 of them resulting in positive outcomes (either joining the programme or accessing other care roles (e.g. Volunteering or NHS jobs).

The micro-care pilot initiative would not have been possible without the full support of the Leader and Chief Executive of Flintshire County Council who championed the initiative, bravely taking a chance; trail blazing a new way to develop an additional option of community care and support services. This belief and commitment attracted support from the Welsh Government Foundational Economy Challenge Fund and funding from Cadwyn Clwyd. Overall the pilot project was championed locally by senior members of the cabinet, officers, County Councilors, and professional partners.

Evaluation feedback demonstrates that micro-care has been successful due to the quality of the people involved in the initiative. The senior managers, cabinet members, political leadership, the commissioning and contracts team, the development officers, all working hard together to improve outcomes. General consensus is that despite pandemic restrictions the micro-care pilot project is well known across Flintshire.

Key aspect: Impact on the Direct Payment market

Aim *To offer a micro-care option within the DP market, expanding choice and improving outcomes for citizens.*

Evaluation

- Clients currently have the choice to engage with the DP market or by using private means to engage a micro-carer.

Micro-care is an additional option of care and support, offering wider choice of service provision. Choosing the preferred option, e.g. service provided direct by the LA, a care agency, or micro-care, is considered early on when social workers are discussing a package of care and support with the person needing additional care to aid independence at home.

Aim *To avoid destabilising the existing care market and supply of Personal Assistants.*

Evaluation

- The pilot avoided targeting people currently employed as carers or PA's.
- While there was initial concern that existing personal assistants could transfer to micro-care and destabilise the existing care market, this has not happened. There has been only one occasion where a client (and their family) asked their PA's to become micro-carers and in this instance, the choice was between either contracting with a traditional agency or contracting with micro-care. Micro-care was the preferred route to ensure continuity of care and flexibility.
- Of the 15 Micro-carers taking part in the evaluation 13 had a good understanding of existing models of care and how Micro-care fits into the choice of care and support options
- To date no complaints have been received from other care agencies that provide care packages in the area
- Choosing to engage a micro-care gives the client a more personal service without having to employ a PA directly.
- Micro-care does not replace the need for PAs. The introduction of micro-care means people needing care and support services have an additional option to choose from. Some people may require both to fulfill more complex care needs/packages. Micro-care offers flexibility to client care and support needs which can be achieved though discussion and agreement between the micro-carer and the client/customer, e.g., hours from one week could be banked and used the following week to fulfil the client/customer needs and desires.

Key aspect: Impact on Commissioning

Aim *For the council of Flintshire County Council to directly commission with micro-cares .*

Evaluation

- The contract to enable micro-care to be directly commissioned is expected to be ready late summer 2021. By the end of the year, the aim is that there will be some micro-carers who have signed a contract with the local authority who are routinely being offered work through the brokerage service. However, there are tensions here. Due to procurement regulations, Flintshire County Council Brokers must first approach care providers that are on the framework and there is an expectation that these providers are prioritised. As such, brokers would only turn to micro-carers (and/or providers not on the framework) where there is no framework solution. The ability to directly commission is expected to make a significant impact. Older people in particular, often do not want the responsibilities of a direct payment, including micro-carers in brokerage will help to strengthen the system, offer combined packages and blended options. Directly commissioned services are expected to increase choice through brokerage. The nature of micro-care will change going forward as volumes increase. Those involved in the pilot have devised guidelines to ensure that no subcontracting occurs.
- Client/customer choice and preferences are taken into account when a new care provision is needed. Initially there will be choice related to DP or service managed by Flintshire County Council. Choice of type of provision will be discussed at an early stage with a social worker. A new client/customer choosing a DP option gives them 3 further options. 1. To use the DP to directly employ a personal assistant; 2. To use the DP to purchase the services of a micro-careror use DP to purchase the services of a care agency. 3. Alternatively, a new client/customer may choose a care provision commissioned by Flintshire County Council. This service will be provided by Flintshire County Council in-house team or by agencies under contract to Flintshire County Council. As direct commissioning expands to include micro-care, this will provide another source of care provision for Flintshire County Council giving Flintshire County Council a wider pool of domiciliary carers to call upon. For the clients/customer choosing a commissioned service provision, their care package will be provided via in-house, agency, or micro-care depending on availability at the time.

Future development opportunities

- A wider discussion beyond Flintshire County Council is required to develop new ways to commission services. This is particularly evident when it comes to client choice and developing potential procurement exemptions. However, this must be balanced with the investment that has been made by providers who have

been through the framework and the potential response from agencies who may feel undermined. Legally, from a procurement perspective, agencies on the framework would be offered a new care package first. This predicament is underexplored and requires attention going forward to balance the framework legalities with the choice and autonomy of a client wishing to use a micro-carer through a commissioned service.

- The capacity in terms of hours and client/customer numbers of micro-cares is limited by RISCA legislation. A micro-carer is not required to register with CIW if they care for 4 or fewer individuals. To care for more than 4 individuals requires for a micro-care to become a registered and inspected service.
  The rule of 4 is Welsh Government statutory policy which provides a level of safeguarding in terms of the number of people in the community receiving an unregulated care provision. However, is could be argued that the rule of 4 is not enabling, and could be viewed as stifling innovation.
  Scenario 1 – A micro-carer provides care to 4 very easy clients/customers for 2-hours each per week, a total of 8 care hours. Realistically the micro-carer has capacity to provide more care hours in their working week. However the RISCA rule of 4 does not permit the micro-carer to provide care services to additional clients/customers. Without a micro-carer developing a secondary income stream this scenario is not financially sustainable, and a risk of Flintshire County Council losing valuable experienced care providers.
  Scenario 2 – A micro-carer provides care for 4 clients/customers with complex needs, each requiring significant care hours per week, often each person requiring multiple visits each day. This scenario has potential to be sustained and provides Flintshire County Council with additional experienced care provision to call upon.
- Going forward, micro-care needs to be an established integral and integrated part of council processes. How this will be developed within brokerage needs further refining, particularly around the capacity of a micro-carer to take on more packages and how this is communicated with brokerage effectively.

Aim *To strengthen the care market, increasing supply and numbers entering a career in care*

Evaluation

- There is a recognised shortage of good quality domiciliary care across Wales and further. In Flintshire, there is a range of good providers and established partnerships, and the county also offers in-house care. Yet nevertheless, the workforce constraints of the care market mean that often, there are not enough carers, and the sector faces considerable pressure. Micro-care has offered invaluable support to the sector by supporting the development of micro-carers who are well connected, local, and come armed with their community knowledge which increases resilience and adds social value.
- The pilot programme has been acutely aware of the precarious position that new micro-carers may be exposed to, which could potentially limit the engagement of new micro-carers due to the high risks associated with the role.

Micro-carers are self-employed, and the nature of their business can be dynamic. Dealing with challenges and immediate threats to the ebb and flow of cash flow will need to continue responsively, particularly as the micro-care business volumes increase after directly commissioned services commences within Flintshire County Council.

- At the time of drafting this report 21 Micro-care Providers had been supported to set up new micro-care businesses, 19 of which were active to support community members with care and support needs.
- Overall care and support is being provided to 51 customers/clients, 49 of which are permanent calls, with 2 ad-hoc customers/clients. An approximate total of 390 per permanent and ad-hoc hours of care, support, or well-being each week. Of the 390 hours, 350 hours are for care, 34 hours for well-being, and 7 hours per week of ad-hoc support. Ad-hoc care is providing 2 hours of care, and 5 hours of well-being service.
- Of those receiving care, support, and well-being services 77% are older people, with a large percentage of these having some form of dementia related issues, 4% of people with physical disabilities, 17% people with learning disabilities living in supported living, and 2% is family related support.
- Micro-care has offered a new, innovative way to promote caring as a professional career which has supported the profile of care more broadly. Covid-19 has offered an opportunity for individuals to think about the prospects of entering the social care sector, which may not have been a possibility before by supporting people into the sector who can generate an income from directly assisting people from within their own communities has added strength to securing micro-carers, enhancing choice and flexibility, and promote the sector. People with a genuine interest to seek a sustainable role have had the opportunity to work in a different way.
- Of the 15 micro-cares, 5 (33%) were new to the care sector,10 (67%) had some care experience but had left the care sector to pursue other career choices but then returned to the sector to become micro-cares.
- The backgrounds of those new to the care sector ranged from office based employment, call centre, artistic, and unemployment.
- Motivation to become a Micro-carer ranged from aspiring to ‘be my own boss/run my own business’ witnessing poor support for relative, dissatisfied with working in a care home setting, wanting new challenge, desire to help people, flexibility and opportunity to work closer to home.
- All micro-carers stated that they felt valued and appreciated by both the people they care for and Flintshire County Council. 12 Micro-carers interviewed saw Micro-care as a long-term career/business while 3 considered it from a short-term perspective due to uncertainties around establishing a sustainable business.
- 12 people found it easy to make the transition to become Micro-carers while 3 found it difficult. The support from the micro-care development officers is reported as being valued and appreciated by all micro-carers taking part in the evaluation particularly highlighting the training provided, one-to-one support and working at a pace and time suitable to the micro-carer.

- Difficulties related to setting up a Micro-care business are in the main around the time it takes to secure early care packages, communication between Flintshire County Council departments, slow speed of DBS Check returns, lack of time choices for network meetings, the majority of difficulties related to heavy load of paperwork, especially initially.
- 12 micro-carers are registered as Sole Traders (Self-employed) with 3 have registered their businesses at Companies House. 14 Micro-carers do not employ any other staff with only 1 micro-carer employing 3 other people.
- 1 micro-carer felt that the support of the micro-care development officers contributed a great deal to starting their businesses. 3 felt the micro-care development officers contributed a lot and 1 person a limited amount. All 15 felt stated that they could not have become micro-carers without dedicated specialist support.
- Micro-carers felt improvements could be made by mandatory hands on training, mentoring support from experienced micro-carers and better collaboration opportunities, all of which could not happen due to covid restrictions. Workshops related to partnership working, financial management, tax returns, marketing, and registering with CIW Would also be appreciated.
- 2 micro-carers have registered with CIW and are now off-framework care agencies and as such the rule of 4 care clients does not apply. Developing a micro-carers business first provided a foundation on which to establish an off framework care agency . This progression not only created employment for 2 micro-carers initially, but has potential to create employment for others, and bring new people into the care sector.

Linda's story - TLC and Enabling (Trelawnyd Living Care and Enabling)

I had been working in a job that I was not enjoying anymore, and this had been a similar situation for the last few years. There was no personal reward and was looking for a career that was going to give me some fulfilment in my day-to-day life. On reflection I knew that helping others and working to support the local community would give me self-worth and to say I was doing a job I was proud of. By chance when looking on the Flintshire website, we saw a notice about Micro-Carers and on reading the details I sent an email to the project team for further information.

I had an immediate response to my request and had a phone call with the project team a couple of days later. On speaking initially to Marianne, I was told about the micro-carer project and what it was trying to achieve and how it was going help people live safely in the own homes with dignity and respect for as long as possible, and would also be supporting the local community. In addition to this, Marianne also explained about the help you receive from Flintshire County Council in achieving this new role.

Given this is a new career for me in caring and working for myself, it has been a completely new learning experience. There was a lot of mandatory training that needed to be completed and I have been supported every step of the way in getting this arranged, along with all the documentation that I need to complete to support the business being set up and started. Initially, I was working at my old job alongside trying to complete the training, but given how unhappy I was, and I did not think I could give this new role a hundred percent dedication, I decided to leave and concentrate fully on this new Micro -carer role.

I am now coming to the end of my training, and I am excited and looking forward to the future. The Micro-Carer Project Team have given me a fantastic opportunity and I am really looking forward to working with the other Micro-carers and alongside Flintshire County Council.

- Being a micro-carer goes beyond being a good carer. To succeed, a micro-carer needs to be business orientated, managing contracts, payments, and tax returns, for example. SFW has been commended on the support offered to date with this.

Future development opportunities

- There is scope to further consider how the development team targets prospective micro-carers with a business/entrepreneurial disposition. Micro-carers need to operate as a business and appeal to small-scale business-orientated people.

Aim *The cost of Micro-care provision and any impact on care budgets*

Evaluation

- There is one example of £10-15k cost savings occurring (supported living).
- This has been achieved with significant investment from the Welsh Government's, Foundational Economy Challenge Fund, funding from Cadwyn Clwyd, and Flintshire County Council. Flintshire County Council funded one development post, while WG funds paid for the second.

Further development opportunities

- Savings offered via the micro-care option need to offset the cost of development officers who facilitate and support the project.

Key aspect: Impact on rural areas

Evaluation

- People working within social care are acutely aware of the capacity struggles in rural areas. It was hoped that micro-care would ease some of the capacity issues with social workers (for direct payments) and brokers (for commissioned services, once established) which could direct micro-carers to particular geographic areas. It has increased options available to social workers and brokers in specific areas and supported community cohesion, networks, and local links.
- Micro-care has enabled a flexible response within rural locations, particularly in filling the gaps where traditional care agencies would have not been able to accommodate. Some areas of the county are hard to access which is not appealing to agencies, especially for shorter care calls. However, there are positive examples of micro-carer's becoming established in their locality which enables flexibility, strengthening community activity through networking within rural locations.
- Micro-care has helped in rural localities particularly where there are not enough packages for an agency to pick up a 'run' of calls to warrant an agency carer (travel time). Drawing on micro-carers in these situations has freed up agency staff to do 'runs' in the town, while micro-carers concentrate on the villages near their community.

Future development opportunities

- There is potential to further develop and strengthen networking and buddying opportunities between micro-carers to benefit the client by enhancing flexibility, build community links and resilience, locally.
- Increase the connections with small rural areas through different methods (word of mouth).

- In regard to Flintshire County Council directly commissioning with micro-carers going forward, development is required to map out how the commissioning framework system recognises the benefits of choice and holistic relationships being developed locally between micro-carers and clients when it comes to the framework. This would need to be developed while recognising potential issues around transparency, perceived favoritisms, the accountability of public funds, and the procurement framework.

Key aspect: Growth of sustainable, good quality micro-care providers

Aim *Develop a Quality Framework to ensure good quality micro-carers and appropriate safeguarding of vulnerable people.*

Evaluation

- The quality framework is established as a live document.
- The majority of micro-carers will not be regulated by CIW which posed additional issues for assurance for direct commissioning. CIW Wales were broadly welcoming and supportive of the overall project, particularly with its aim to help professionalise the sector, however, the 'rule of four'[1] is ambiguous (further explored in a later section). CIW inspected Flintshire County Council in April 2021 and micro-care was seen as a good and progressive form of care that is reflected within the inspection report.
- SCW has not been able to register individual micro-carers. Concerns such as potentially having care workers set up as a micro-carer who had previously been struck off the Social Care Wales registration were shared. Concerns were shared on the lack of ability to register a micro-carer as fit for practice. While there have been no issues here to date, concerns were shared on the processes if they were to be an issue and clarity around sanctions and stopping commissioned services. Further worries about how this could impact direct payments were also shared.
- The model of micro-care has been devised to address some of the tensions evident within the personal assistant model, such as ensuring a DBS check is completed and training is accessed. This has addressed some governance concerns. There were issues around micro-carers not being able to complete DBS checks for themselves. To work around this, the LA applied for DBS checks on behalf of the micro-carers and charged a fee to do so, as part of the assurance process.
- Training is offered to micro-carers through workforce development. However, concerns have been raised over the 'hands-on' training that can be a challenge. For example, a micro-carer may have completed moving and

[1] Under CIW legislation, an unregistered carer can work with a maximum of four 'care' clients at any one time (this excludes wellbeing/support clients).

positioning training, yet be unfamiliar with a particular hoist and/or sling for a specific client, and without established mechanisms for shadow shifts, this can leave both the client and micro-carers vulnerable. Training offered does not always meet the need of a micro-carer, particularly with timeframes. When a new agency member of staff is recruited, it could take some time to arrange their training which is organised in-house by the LA. However, a care agency is more likely to be able to accommodate significant delays with this (for example, training is booked up 3 months in advance). Yet, for a micro-carer, this could significantly affect and restrict their business development.

- Flintshire County Council has thought hard about safeguarding and with the micro-care development officers and commissioning team, there is assurance that the care delivered is of a good enough quality. However, concerns were shared on how well micro-carers understand the safeguarding processes. While supported to a degree, as sole traders, they are making decisions out there on their own. However, a Safeguarding officer has attended a Network meeting and understanding around Safeguarding is checked out at both Network meetings and as individuals go through the Quality Framework. micro-carers have details of the out-of-hours safeguarding team within social services.
- – 2 micro-care providers have completed the Quality Framework criteria with an additional 5 working through it.
- 2 operational micro-carers are planning to employ additional staff members mid-summer this will increase the supply of care hours available.

<u>Future development opportunities</u>

- Discussion is needed to clarify if, and how the Quality Framework will be monitored/accessed
    - for micro-carers who have undergone the process possibly annually/bi-annually
    - For micro-carers who are on the framework for commissioned services
- Going forward, there could be scope to challenge both the CIW (WG) ‘rule of four’ and the possibility of micro-carers registering with SCW.
- Potential consideration on DBS checks – will the LA continue with this role long term?
- Further developing a buddy system may bridge some of the issues around ‘hands-on’ training experience and requirements.
- Development with the training department needs to consider the unique challenges that a significant time delay to training can have on micro-carers, while not creating tension with larger organisations when training is prioritised.
- Buddying with larger care agencies may help to offer support to micro-carers as lone workers.

Key aspect: Impact of Covid-19

Aim *Assess the impact of Covid-19 on project development and broader social services.*

Evaluation

- Beyond the limitations of the unknown (how many potential micro-carers did not engage with the pilot due to covid related concerns), the pandemic has not featured as a significant issue, other than in respects for ensuring micro-carers had access to appropriate PPE and were up to date on government advice and guidance. On the contrary, the pandemic may have attracted micro-carers who may have been displaced from their previous employment to the pilot, who was responsive to the opportunity.
- The impact of Covid-19 has meant that general meetings, network meetings and training has been conducted using on-line video platforms and telephone call. 8 micro-carers felt this had been highly successful, with 7 feeling it had been reasonably successful.
- 4 micro-carers felt Covid-19 had impacted a great deal on their decision to start a Micro-care business, 5 a little, and 6 not at all. Micro-carers felt with the exception of regular Covid-19 testing and the correct personal protection equipment Covid-19 had not significantly impacted on business activities.

Key aspect: The impact of care on the private care market

Aim *To develop* robust micro-care *supply that can work in partnership with existing care agencies and does not undermine the sector.*

Evaluation

- As the pilot began, established providers were kept informed of developments during provider meetings. Micro-carers are not perceived as a threat to established providers, mainly due to RISCA limitation restricting a micro-carers client capacity to care for 4 or fewer individual. It does however open up opportunity for micro-carers to work with care agencies to ensure provision continuality e.g., overall an agency may work with a micro-carer, the agency delivering the majority of the care package, with a micro-carer providing the remainder. Flintshire County Council has made it clear to care agencies that there is more than enough care work for all care providers, therefore agencies see micro-carers to be of value. Partnership working is described as creating solutions, rather than a threat to business. There has been no direct impact on the business volumes of agencies, nor has there been a flurry of agency staff leaving their role to set up as a micro-carer.

- Flintshire has a unique marketplace for care packages. Currently, there are only two agencies that cover the whole of the county, the remaining provision is geographically based, due to the rurality of the area.
- Micro-care was not established when existing frameworks were developed and micro-carers would not meet the expectations (insurance, background experience, for example) to meet the framework if it were to be revised.
- Micro-carers are not the same people as agency carers. The pilot has tested the market and micro-carers are more interested in running their own business. The areas are distinct.

Aim *Support micro-carers to apply for seed funding to develop micro-care business models.*

Aim *Support micro-carers to develop sustainable businesses.*

Evaluation

- Seed Funding applications were assessed by a small funding panel consisting of the 2 micro-care development officers and a business advisor from SFW. It was important to ensure the funding panel reflected both care and support, and commercial expertise. The Seed Fund was administered by SFW.
- Seed Funding - 14 of the 15 Micro-carers have been awarded Seed Funding, 1 did not apply for funding support. 2 stated that they could have set up their business without Seed Funding, 3 would not have been able to set up without it, and 10 would still have set up their Micro-care business without Seed Funding but it would have been difficult to do so.
- 4 micro-carers received a great deal of support from the micro-care development officers, 8 a reasonable amount lot, 2 a little, and 1 person needed no support at all to complete the application.
- Of the 14 applying, 8 people found the timescale from application to receiving funding support very acceptable, and 6 acceptable.
- Seed Funding supported 2 care services to be established, 2 support services, and 10 a mix of care and support services.
- Funding support enabled new micro-carers to purchase laptops, printers, uniforms, personal protection equipment, insurance, Micro-soft Office software, training, and lockable filing cabinets for safe-keeping of client/customer paperwork.
- There is reasonable confidence with micro-carers that they will find sufficient customers/clients to develop sustainable Micro-care businesses. 7 micro-carers felt greatly confident, 6 confident, with 2 feeling not confident. At least 2 Micro-carers have additional paid employment as well as running their own Micro-care business to sustain themselves.
- Aligned to developing a sustainable business, micro-carers felt they had achieved flexibility/work-life balance. 6 stated a great deal of flexibility/work-life balance, 6 a lot, 2 a little and 1 person felt they had some way to go to achieve this. The latter is related to managing time to complete daily business tasks around being in and out all day.

- 12 micro-carers felt they had received a lot of guidance to create sustainable businesses, with 3 stating a little.
- micro-carers are keen to develop their businesses. Future planning to grow their micro-care businesses include attaining CIW registration, raising hourly rates, grow hours per week/month, more promotion, support the growth of the network of micro-carers, employ other people and look for more contracts and private work, keeping up-to-date with societal needs and training, more interaction with Flintshire County Council, and continue developing a good service.
- The support offered to Flintshire County Council and micro-carers from SFW has been described as invaluable. This is evidenced through the development of sustainable businesses that have social value and rolled out in their local communities.
- Micro-care development officers have supported the growth of micro-carers to date.
- Encouraging new social-based enterprises has been described as a 'win-win' situation that is embedded in practice within the programme for Welsh Government priorities over the next five years. Community-based enterprises, as demonstrated throughout the pilot, offers the opportunity to develop the quality of care the county can offer to clients.
- There is a risk that if an established micro-carer were to lose just one or two clients (not unusual within the care sector) that they would no longer be financially viable.

<u>Future development opportunities</u>

- Brokerage (and commissioning) need to explore how micro-carers can sustain during frequent changes to their business and to have the ability to fill gaps appropriately. This needs to be done with a transparent approach and with due regard to the procurement framework.
- There were concerns over the future of micro-care related to funding – how many micro-carers would it take to make the service viable in the long term? At present there are 21 micro-carers. A target figure is hard to guess, however, a figure of 50 – 60 micro-carers has been suggested.
- If the project were to fold, it may be possible to integrate some micro-carers into existing care services, or for them to secure employment in the open labour market.
- To encourage peer to peer support e.g., jointly commission Microsoft office training, marketing, and general business management/administration training, and accessing training provided via Flintshire County Council.
- Format of training limited due to the pandemic. No interaction and chats and natural peer to peer support. This will change and provide wider peer support as pandemic restriction ease.

Aim *Develop cooperation between micro-carers and with agencies to ensure good contingency planning template design.*

Evaluation

- Contingency planning featured significantly within the pilot project evaluation. With the traditional agency approach comes scale which cannot be replicated with micro-care, bringing inherent risks with both emergency and planned contingency situations. Potentially, micro-carers are at risk of feeling isolated and vulnerable, particularly when faced with an emergency. To offset this, the pilot developed a network consortium to bring micro-carers together and facilitate a space for workers to access peer support and advice from the development team on how to manage contingency planning. As part of the quality process, contingency templates were devised and explored openly and transparently with each client to proactively explore contingency preparation. Each preparation template was devised in collaboration with the client, their social worker, family/informal carers, and the micro-carer. A contingency process being trialed considers 4 options; 1. can the client/customer manage for a short period of time, e.g. 1-day; 2. can a family member/friend/neighbour support for short period of time; 3. network with other micro-carers re: their capacity to support the client/customer; 4. cover via an agency in an emergency. To date, there have been no significant ramifications from a lack of contingency planning that has impacted service provided to a client/customer.
- Micro-carers are also coming together themselves to develop relationships based on geography, friendships, and involvement in collaborative care packages.
- A barrier to micro-carers being able to plan for absences between themselves is the CIW legislation regarding the 'rule of four' whereby for any individual to provide care without being registered as a provider, a maximum of four clients can be for care requirements. This has posed challenges around planning for when someone accessing a 'support' and/or 'wellbeing' package then begins to also require care, particularly in instances where it would be detrimental to the client to have to seek new care provision. Further issues are posed when planning ad-hoc emergency cover and planning absences for holidays. The CIW arbitrary 'rule of four' has not been challenged and contributors to the evaluation have struggled somewhat to align the differences between delivering personal care to eight clients for half an hour each per day, compared to one client having four hours of support per day.
- Cooperation between micro-carers and care agencies has been ad hoc and responsive to particular situations. However, it is commendable how during these times, providers and micro-carers have come together to explore responsive solutions to complex situations. This was evident through a package for a client living in a rural area whose service from a provider was disrupted by staffing issues due to the pandemic. The client's social worker contacted the micro-care team, and a micro-carer was able to step in who

lived in the same village. Without the micro-carer, the outcome would have been a reliance on informal care, drawing on the resources of the in-house enablement domiciliary care team, or potentially, temporary residential care provision. This arrangement was developed into a longer-term solution with ongoing collaboration between the care agency and micro-carer.

Future development opportunities

- Strengthening relationships between micro-carers by facilitating space for natural relationships between micro-carers to flourish. Shared work (adhering to CIW regulations) will foster good practice and support with contingency planning going forward.
- Developing further networks with care agencies where appropriate. This would include further scoping out opportunities for contingency planning, sharing training and resources, a buddying system, and negotiating with providers who may have short and long-term capacity to work in partnership, depending on the care package requirements.
- In the future, it may be appropriate to challenge the 'rule of four' CIW legislation. The micro-care pilot project has demonstrated that the 'four' is not clear cut and can be a significant barrier to maintaining established relationships between client and micro-carer. As momentum grows, there may be an opportunity to use Flintshire County Council micro-carer as precedence.

Aim *Encourage well motivated individuals from diverse backgrounds into micro-care*.

Evaluation

- Micro-care has offered a new, innovative way to promote caring as a professional career which has supported the profile of care more broadly. Covid-19 offered an opportunity for individuals to think about the prospects of entering the social care sector, which may not have been a possibility before by supporting people into the sector who can generate an income from directly assisting people from within their communities has added strength to securing micro-carers, enhancing choice and flexibility, and promote the sector. People with a genuine interest to seek a sustainable role have had the opportunity to work differently.
- To date, new micro-carers have come into the social care sector from a range of diverse backgrounds, including previous business workers, informal carers, previous personal assistants and carers, community activists, a nurse, and economically inactive people. A general consensus from the micro-carers is that they want to engage in something rewarding that makes a difference. For example, one micro-carer is aiming to set up a community garden for dementia clients while another would like to explore specialising in palliative care.
- Micro-carers tend to be flexible, responsive, and valuing while demonstrating creative solutions to problem-solving. Most micro-carers do

not take a ‘time and task’ approach to their business, rather, micro-carers fill the gap that is part of social exchange, particularly with clients who use provision to support their wellbeing.

- Feedback from family members of a client includes micro-carers as being dedicated, flexible, valuing, and outstanding.
- Micro-care is helping to challenge the role of a carer. Historically, the role has been perceived to be a low skill and has been a low-paid position. With micro-care, individuals are not only running their own business, but they also have the opportunity to become employers which shifts the perception of a carer.
- Micro-care is explored in a context of entrepreneurial thinking; whereby proactive people cultivate their own sustainable business. This has, to some extent, began to shift the perspective of what a carer can be capable of.
- From a workforce perspective, micro-care has offered a different route for people who may have previously found it difficult to work within the sector (young parents for example, who cannot meet the demands of a care agency contract, yet are community-minded, with links and networks), or for potential workers who have not considered the social care sector an attractive career option. These are the people for whom micro-care is an attractive option.

Further development opportunities

- Once direct commissioning is agreed and in place, micro-carers will be perceived as being on par with larger care providers, further enhancing the views of a carer as also being able to manage their own sustainable business.
- Feedback from multiple individuals indicated that the key to a successful micro-care initiative is staying fairly small and lodged as part of the local community. There is a finite number for micro-carers to ensure that the initiative does not begin to undermine established agency or personal assistant provision. However, it has been suggested that capacity could be at least doubled before this becomes a concern.

Aim *To offer good quality support to all potential and practicing micro-carers*

Evaluation

- Micro-care development officers have worked hard to offer support to both potential and practicing micro-carers. While there have been teething problems, expected with innovation, development officers have worked closely with micro-carers to devise a wide range of templates, contracts, and agreements.
- Similarly, SFW has been commended on the support offered to micro-carers while establishing their businesses. Support provided via this source has been general, and one to one especially around registering with HMRC as a sole trader and taking on staff.

- Support has also been accessed by new micro-carers requiring general business development support. This has been provided by Business Wales and Flintshire County Council in-house business support team.
- Business support required included pre-start, registering a company/self-employed, registering as an employer & employing staff, business planning, financial management, marketing, and sales, growing your business and one-to-one mentoring.
- All business advisors interviewed felt well informed about micro-care due to good communication from the micro-care development officers.
- Taking into account micro-care is in it's infancy, as it gathers pace in its development further gaps in business support may be identified.
- In addition, all business advisors felt that despite a backdrop of the pandemic and lockdowns, micro-care has managed to 'churn' economic activity locally by creating work and jobs, and providing new spending power and sustainability.
- It was also observed that start-up and growth funding is always an issue but due to the make-up of a micro-care enterprise this was not a major barrier.
- It was considered that new businesses had been created to fill a gap in the social care market.
- Likewise, it gave an opportunity for people to formalize activities related to care and support.
- Concerns were raised on whether the training package on offer is enough. All micro-carers can access training offered to any carer in the county, as well as specific training on how to run their business, but contributors to the evaluation question whether there are gaps still to be identified as the micro-care project develops in the future. This was raised by both micro-carers and business support agencies/departments. As the micro-care project is still new, hence additional business support needs as it continues to grow and micro-carers develop and grow their business offering and learn about compliance with legislation.

Future development opportunities

- Multiple contributors noted that the role of the micro-care development officers is critical to the success of the pilot and future development. While this could reduce the potential cost savings, the initiative would likely crumble without the post and overall facilitation.

Aim *Develop peer to peer network meeting*

Evaluation

- Regular peer meetings were established during the pilot.
- Micro-carers have also developed their networks of support.
- Network Meetings are held monthly, facilitated by the micro-care development officers . 8 micro-carers found meetings extremely useful, 5 useful to some degree, and 2 do not attend network meetings. 5 felt network meeting to be extremely well run, whereas 8 well run. 12 felt the frequency

of meeting was good. 2 micro-carers communicate with other micro-carers outside of network meetings,10 communicate a little, and 3 not at all.

- Micro-carers would like to see options for network meetings at other times and days, maybe split between morning, afternoon, and evenings. For those that do not, or unable to attend network meetings they would like to receive up-dates through a Flintshire log-in webpage and for all information to be in one place.
- As Covid-19 restrictions are eased 6 micro-carers stated a preference to continue using on-line video platforms for meetings, 2 preferred face-to-face, and 7 would prefer a mix of on-line and face to face meetings.

Future development opportunities

- Several micro-carers commented the idea of varying times of network meetings, reflecting the irregular operating hours of micro-carers

Key aspect: Future sustainability

Aim *Build sustainability into the project model by developing a range of tools, guidance sheets and website.*

Evaluation

- The micro-care website is live.
- Templates such as contingency planning and contracts are available.
- Other counties in Wales are exploring micro-care based on the pilot in Flintshire. To date, Wrexham, Denbighshire, and Powys are known to be considering the model.
- All micro-carers stated the importance of supported and guidance provided by the micro-care development officers.

Future development opportunities

- Flintshire County Council to continue providing appropriate support to micro-carers.

Key aspect: Impact on service users

Aim *To create an additional offering of care provision for Flintshire residents.*

Evaluation

- Social Workers have micro-care as a choice when exploring services and provision with clients. Micro-care would be included in the same way as direct payments and commissioned agency provision as part of an enablement package.

Aim *To provide a more person-centred and consistent provision*

Evaluation

- Throughout the evaluation, contributors were clear that one of the key benefits of the micro-care option has been to offer consistent, flexible, and person-centred care and support.
- Clients want reliability, respect, voice, control, and personal centeredness. To offer this locally is responsive, particularly when micro-care can also offer social values and these key attributes offer space to comprehensively develop the choice of care offered to people.

Aim *To improve choice and service user well-being*

Evaluation

- While there are financial benefits to micro-care, the overall benefits are not simply in terms of fiscal savings. Bespoke, personalised care, support and well-being is being offered through a desire to explore a new flexible and responsive approach.
- Micro-care has proven itself with some fantastic examples of increased choice and solutions which enable clients to stay at home for longer.
- The micro-care team was contacted by a social worker from the supported living team to explore whether micro-carers could offer a flexible and responsive solution for a group of six people living together in a new setting. Template collaboration agreements were developed to enable this bespoke arrangement to flourish.

Key Aspect - Customer/client perspective on Micro-care provision

- 5 people took part in this area of evaluation and were either family members or the service users themselves. 4 were existing care service users, 3 people are using a micro-carer in addition to an existing care service, 1 person had moved from an existing care provider to using a micro-carer only.
- Of those people responding to the evaluation 2 people were paying for their micro-care service through private means, 2 using a direct payments option.
- 3 people found the micro-care provision to be very consistent and flexible, with one person finding the service moderately flexible and consistent. All respondents reported to being very satisfied with the service the micro-carer provided.
- In relation to changes and differences to daily life, and well-being of people in receipt of care and support are heartening, they include,
- *“Our micro-carer has empathy with our Grandmother, her manner is appreciated by all family members”*
- *Having a micro-carer has enabled my husband “to go out independently, it has given him someone different to talk to, and to go to different places” It also provides this person with respite and time to do things of her own choice. She also stated, “We don't know what we would do without our micro-carer. My husband is now less depressed when at home which is good for us both.”*

- *Having a micro-carer has "provided support for my Mother-in-law not just for essentials but for the small jobs too."*
- *"Following a spell in hospital due to a stroke I had 6-weeks reablement care support at home. When I was able to manage most things on my own, I had help to find a micro-carer to help with things that I find difficult such as going shopping, jobs in the home and to visit the garden centre to buy plants. Help to buy plants is particularly important to me, once they are home, I then plant them out in my own time as I am able."*
- *All people felt that engaging a micro-carer is helping them, or a family member to live a more fulfilled life and improved mental well-being. This is what people or family members are reporting:*
- *"My grandmother is always happy when she knows her micro-carer is visiting that day."*
- *"My husband is so much better now he has a little independence and can get out and about without me and meet new people. It also means I can take my Mother shopping."*
- *"My Micro-carer is a real life-line. Without him I would not see anyone."*
- *All are satisfied with the care and support they are receiving from their micro-carers.*
- *3 respondents would recommend using a micro-carer to other people and families, 1 would not, however, this was quantified by, "Don't tell people about how good my Micro-carer is, if they find out they will want him, and he may not be able to fit me in if he gets too busy!" Other comments include:*
- *"The only experience we have of the micro care service is our own micro-carer, and we consider ourselves as fortunate to have been able to find her, initially because she is local to my grandmother, but then as we had amazing feedback from my grandmother, we realised that our micro-carer provides the care that everyone should be entitled to."*
- *"We don't know what we would do without the support of our Micro-carer"*
- *"Our micro-carer has been excellent; he has been really good at communicating with us all the time. We are grateful for this as we live some way from my Mother-in-law. He has gone beyond all our expectations."*

Story from a family member

When I started on the journey of needing someone to care for my mother it was overwhelming. Convincing my mum that she needed someone to help her and for the family accepting we could not be there enough for her left us guilt ridden. Allowing a stranger to look after her leaves you in turmoil. For my Mum and the family, it has been very the best decision we have made on her behalf.

Sally started and mum just thought she was coming in to have a cup of tea and some biscuits with her she could not remember her name and called her *"Miss Pinafore"* In only a few months Sally has formed a relationship with my Mum, and she helps with bathing and getting dressed. Knowing how private and independent my mum has always been I never thought this would be possible.

Sally's upbeat way guides my Mum to eat and look after herself, but Sally still always gives my mum choices about everything from where she wishes to eat her dinner to what she wants to wear, nothing is ever forced and the respect she shows to my mum is amazing.

Having a micro carer has changed my mums daily life completely, she is seeing the same person so she now looks out of the window waiting for her to arrive and although her health condition will never improve, I can see a significant change in her and can only describe it as her being more content.

I know the day will come that my mum will need residential care, but ,for now that day is being extended week by week due to Sally.

- Micro-care has a place in the market as a hub model, whereby packages come into a central point and are then distributed. These established structures have served the project well. There will always be a demand for care and the more strands for care to fit a range of different needs, the better. One solution is not appropriate.

Overall comments

- The Flintshire example has shown to be cost-effective, expanding the supply and offering more choice to people needing care and support, while creating localised employment opportunities. Having said this, there are specific areas to address and obstacles to work through. Procurement, non-regulation, and the ability to sustain a business model are all challenges going forward and could impact significantly on the initiative's future viability.

Future potential

- One response commented that longer-term (3 years) investment would now be welcome. The initiative has been successful, and the innovative approach fits squarely into the focus on health and social care, community cohesion, workforce development, and pandemic recovery. It is viable, vibrant, and can become a key part of the sector going forward. Similarly, as well as investment from WG and Flintshire County Council, there is an opportunity for NHS investment whereby far-sighted health colleagues can see the long-term outcomes for investing in community resilience.
- Supported living could be a key area for micro-care development as there can be struggles with provision offered in the marketplace. Using micro-care can offer a better potential mix for an individual, particularly for well-being time. Similarly, for people living with their families, where a care package would not have previously been offered, someone who may have attended a traditional day centre service may wish to explore micro-care as an option, including shared support.
- Contributors to the evaluation are keen to explore how models of micro-care could be rolled out into other areas, such as into child services (see below) and to non-social care areas where the local authority may be struggling, and a small business could help. One example of upcycling was also offered as an opportunity for investment from other sectors that could help the micro-care approach to grow and develop as a model.

Scoping out the potential within child and family services:

There are two specific areas of interest to further scope and explore within this area:

1. 'Edge of care'

   In these situations, parents may be struggling, often with an adolescent. Flintshire County Council aims to put in a range of preventative measures to avoid the situation escalating. There has been growth here and the authority aims to respond early with intervention and support to keep children and families together, where it is safe to do so. When working with families, a personal assistant can be the outcome and intervention to help, however, there is difficulty with sourcing PA's and attracting the right carers to the market – could micro-care help here? What principles and approaches could be transferred and adapted to a different client group? Could this offer a solution to the challenge? Managing intervention is based on an individual assessment and clarity and clear planning would be required. For intensive support interventions, a case coordinator facilitates a range of support, including from the third sector and volunteer mentors for example, and this coordinated partnership approach could be strengthened with a micro-care model, as a range or box of solutions. For example, could a micro-carer offer support to a parent? Evenings can be a difficult time and there is not a 24/7 services unless it is an emergency. Could a micro-carer offer advice/support over the phone?

2. Foster/respite services
   Within foster care services in Flintshire County Council, Mockingbird has been launched based on constellations. This is a group of foster carers coming together to support children with a hub carer in the middle. They become a virtual family and within the constellation, rather than requiring approval from social services repeatedly, people within the constellation can arrange support amongst themselves. Sometimes glue is needed to keep the naturalistic, community-based constellation together, to avoid the child needing to go into care (for example, children with disabilities). Could a micro-carer be the glue?

   Overall, referrals and demand for service are extremely stretched not only in volume but in acuity. Families are struggling, having coped with reduced respite during the pandemic by generally running on adrenaline. Resilience is reducing as a sense of normality returns and families are exhausted. Services offered pre-covid will not meet the increasing levels of demand. Is there an opportunity here for co-producing support packages with families where micro-carers can support and plug some of these gaps of unmet need?

Mae'r dudalen hon yn wag yn bwrpasol

Social and Health Care Overview and Scrutiny Committee

Date of Meeting	Thursday, 20 January 2022
Report Subject	Children's Transformation Project
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

North Wales has secured £3.8m grant funding for a regional Transformation Programme for Children and Young People. In the East Area a strategic partnership of Flintshire and Wrexham Councils with Betsi Cadwaladr University Health Board (BCUHB) has been developed to deliver Multi Systemic Therapy (MST) and establish in-house registered Children's Residential Care.

Members have previously received a report on 'phase 1' of the Transformation programme which saw the establishment of a MST Team and the procurement of the Ty Nyth residential care site in Mold.

This report is provided as an information item to appraise Members of the plans for 'phase 2' of the Transformation programme which will be delivered in 2022. The key deliverables will incorporate:

- An independent Evaluation of our existing MST Team
- The opening of a joint Flintshire/Wrexham Registered Residential Assessment Centre 'Ty Nyth'
- A joint Flintshire/Wrexham crisis flat providing registered emergency accommodation and support in emergencies
- A second MST Team providing assessment and therapy to build resilience and support family reunification and 'move on' from Ty Nyth
- A registered Children's Home providing long term placements for up to 4 Flintshire Children in a settled, homely environment

RECOMMENDATIONS	
1	That Members note progress and associated delivery plans for the Transformation Fund.

REPORT DETAILS

1.00	EXPLAINING THE CHILDRENS TRANSFORMATION PROJECT
1.01	Flintshire Council is committed to working with partners to ensure safe, high quality support for children on the edge of care and those who are looked after. The ambition is for local young people to develop the skills and resilience to lead fulfilled lives without the need for high levels of on-going support from social care. The main aim is to support families to care for their own children, and to prevent them, if safe to do so, from becoming looked after. This is what the majority of families want and where most children will best achieve their potential. During 2022 we will deliver the second phase of our transformation project to realise our ambition. The cornerstones of our phase 2 project are set out in below.
1.02	**Independent Evaluation of MST Team**
1.03	The Multisystemic Therapy (MST) team provides intensive assessment and therapeutic support for young people who don't meet the thresholds for CAMHS, but are displaying significant needs, often with high levels of dysregulated behaviour, and patterns of school exclusion / risk of exclusion. The MST Team became operational in May 2020 during the COVID lockdown, and comprises of a Supervisor, four Therapists and an Administrator.
1.04	The MST operate the Multi Systemic Therapy (MST) UK model under strict licencing requirement including competency to practice through intensive training. The Team provides direct support to build the resilience of families for between 3 and 5 months. The focus is preventing family breakdown and reducing the need for children to unnecessarily enter the care system. The Team works with some of the most complex cases and have capacity to support up to 20 families across the East Area at any one time.
1.05	Oxford Brookes University have been commissioned to evaluate the MST project and at the final stage of their final evaluation which includes qualitative work to assess the impact of the intervention through discussions with the young people and families who have been supported to date. The learning from the evaluation will help inform our approach to establishing a second MST Team aligned to our residential provision.
1.06	**Ty Nyth: Setting up a local children's residential assessment centre**
1.07	In March 2021 Ty Nyth, Mold was acquired by Flintshire Council from Clwyd Alyn Housing to provide a short term (up to 16 weeks) residential assessment centre for both Flintshire and Wrexham children. The Centre, a joint Wrexham and Flintshire service, will meet the needs of young

	people whilst seeking family reunification, or a longer term local fostering / residential placement. The refurbishment is delivered by Reads Construction, who have worked with us to develop a modern, energy efficient building that provides a homely setting. Planning permission and required permits and licences have all been obtained with work commencing on the site in December 2021. The refurbishment has a projected end date of July 2022.
1.08	Once complete Ty Nyth will provide four residential assessment beds. The residential team will include the Manager, Deputy Manager and 8 care staff who will work on a rota basis. The Residential Manager has been appointed and will be responsible for preparing the setting for CIW registration, along with recruiting the rest of the residential team. Subject to Care Inspectorate Wales (CIW) registration requirements, the intention is that Ty Nyth will be operational and taking placements in Autumn 2022.
1.09	**Registered Crisis Provision**
1.10	At the rear of Ty Nyth there will be a separate registered crisis flat, with its own parking and entrance. The provision will be used in emergencies to provide appropriate accommodation and support. Staff from Ty Nyth will provide support at the provision which will be designed for short term use.
1.11	**MST Family Intervention Transition (FIT) support model**
1.12	Building on the success of our community based MST Team we will develop a second MST Team to support children at Ty Nyth. A specific model of MST for residential care, known as MST FIT, will be established. The MST FIT model works for 3 to 4 months with young people aged 12-17 years and their parents/carers to identify the issues which may present difficulties in order to plan a successful return home. Once the young person has returned home, work continues with the family/carers for up to a further four months and with other key agencies to support the resettlement.
1.13	The MST FIT team will include a Supervisor, four therapists and business support, whilst supported by a Psychiatrist on a part-time basis. The Supervisor has been recruited and will be employed by BCUHB. They take up post in February 2022. Their first role will be to recruit the full Team. In the first instance the Team will operate alongside the existing MST team and transition into the residential setting once the refurbishment has been completed. This will provide additional therapeutic capacity in the community to meet the current demand. Once opened the MST FIT will be located at Ty Nyth.
1.14	**A registered Children's Home providing long term placements for Flintshire children**
1.15	Alongside Ty Nyth there will be a separate registered Children's Home providing 4 placements for Flintshire children. This provision will consist of 2 semi-detached houses that are being developed into a single development to offer long term, local placements for our children. The Home will be registered to support children between the aged of 8-18. There will be a separate residential manager and we are currently in a

	recruitment campaign for this post. We anticipate to open this provision in Autumn of 2022 subject to CIW registration.

2.00	RESOURCE IMPLICATIONS
2.01	All of the capital costs for the refurbishment will be covered by Intermediate Care Fund (ICF), already secured through Flintshire and Wrexham Councils.
2.02	The establishment and initial salary costs are covered as part of the transformation project funding for 2021/22. The costs associated with Ty Nyth, the crisis provision and the two MST Teams total £1.4m and are built into the funding proposals for the new Regional Integrated Care Fund. There will be a requirement for an initial 10% match funding for the first 2 years followed by 30% match funding. This be established through existing resources allocated to the project by both Flintshire and Wrexham Councils. A comprehensive legal agreement has been developed that will need to be agreed between the two Councils which covers financial responsibility for capital and revenue costs and arrangements for continued commitment and well as processes for exiting the agreement if deemed necessary.
2.03	Revenue costs for the Flintshire residential provision have been built into the Medium Term Financial Strategy.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	Risk registers have been developed: • for the project identifying the key areas of risk which need to be managed from an operational perspective; and • Reads Construction have also developed a risk register for the refurbishment of the properties.
3.02	The delivery will support improvements in delivery of care for services for children. An Equality Impact Assessment has been completed for the overall programme, which is the responsibility of the Regional Partnership Board.

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	Information sharing has taken place with the Ward Councillors and those residents who are closest to the properties. A letter explaining what was planned with contact details of officers should they have any questions, was delivered as part of a door-knocking exercise in August 2021. The majority of the residents were happy that the properties were being brought back into use, as they were attracting anti-social behaviour while they were empty.

4.02	A letter from Reads was sent to neighbouring residents in December 2021 explaining the work that would be carried out along with the site manager calling in on properties to meet neighbours and explain the plans.

5.00	**APPENDICES**
5.01	None

6.00	**LIST OF ACCESSIBLE BACKGROUND DOCUMENTS**
6.01	None

7.00	**CONTACT OFFICER DETAILS**	
7.01	**contact Officer:** **Telephone:** **E-mail:**	Craig Macleod, Senior Manager: Children's 01352 701313 craig.macleod@flintshire.gov.uk

8.00	**GLOSSARY OF TERMS**
	None

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