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**NORTH WALES** SOCIAL CARE AND WELL-BEING  
SERVICES IMPROVEMENT COLLABORATIVE

# North Wales population assessment

## Summary report

Draft 0.2

24 November 2016

Draft



## Notes on the population assessment report

This is the final draft report produced for discussion and approval by the six North Wales councils and Betsi Cadwaladr University Health Board.

The report will be published on 1 April 2017 on each council and health board website. Before publication the following information will be added and changes made.

- Information about how to request a copy of the document in other formats.
- A children and young people's version and easy read version of the report.
- A website address for downloading the document will be added along with hyperlinks between chapters to aid navigation.
- Information about how to access the Welsh report from the English version and the English report from the Welsh version.
- Additional appendices including reports from the consultation and engagement. Key messages are already included in each chapter and a summary of the methods used is in the introduction.

Throughout the report there are sections highlighted in **blue** where links and appendices will need to be added before publication.

# 1 Introduction

## 1.1 About the report

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 (the act).

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. To prepare the report we looked at statistics, spoke with our communities and made use of a wide range of information collected by local councils, health services, charities and other organisations that provide services.

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 The draft guidance on the area plan says we must include the specific services planned in response to each core theme identified in the population assessment. The first North Wales area plan must be published by 1 April 2018 (Welsh Government, 2016d).

## 1.2 Research methods

The population assessment was 'engagement led'. By this we mean that we used what people were telling us about care and support needs to form our research questions. We then gathered data from many different sources to answer the questions and challenge our initial findings.

### Population assessment in figures

- We reviewed over 100 existing policies, strategies and plans from across the six local councils and health board.
- We received 133 responses from organisations to our survey about people's need for care and support.
- We used the findings from over 300 consultation and research reports.
- We and our partners held 16 events and circulated three questionnaires that reached around 260 people who use services.
- The Citizen's Panel carried out interviews with 34 members of the public.
- Local councils arranged around 20 workshops for staff and councillors.

## Consultation and engagement

### Consultation and engagement methods

Local councils in North Wales have a regional citizen engagement policy (Isle of Anglesey County Council *et al.*, 2016) This is based on the national principles for public engagement in Wales and principles of co-production which informed our consultation plan. The population assessment engagement was planned by a group of staff from each local council, the health board and Public Health Wales. They began by listing the different groups of people who may be affected by the population assessment and planning for how they would involve them. This list was reviewed part-way through the project with additional opportunities to get involved planned to fill the gaps. More information is available in the [Equalities Impact Assessment](#).

The engagement plan included:

- A questionnaire for organisations that asked for their views and any supporting evidence they had, such as performance measures or consultation reports.
- Discussion groups with service users, supported by a facilitator's guide. Some counties also circulated self-completion questionnaires.
- A questionnaire for the public (people who do not use care and support services) available on the Citizen's Panel website along with interviews with Citizen's Panel members. One county also circulated an additional questionnaire for people who do not use care and support services.
- Workshops with staff and councillors arranged by each local council.
- A review of relevant research and consultation including legislation, strategies, commissioning plans, needs assessments and consultation reports.

The consultation was publicised widely through the county voluntary councils in North Wales and various other regional networks. The local councils and health board promoted it through their websites, Facebook and Twitter pages. Press releases were sent to the Leader newspaper, Wrexham.com, Daily Post, BBC Wales as well as both Capital and Heart Radio. Specific groups, including people with protected characteristics, were contacted through existing groups and networks (see Equalities Impact Assessment). A quarterly newsletter was produced giving updates about the project for staff and partner organisations which also helped identify groups to contact about the consultation and engagement. There are still people we were not able to reach in the timescale who will be our priority for the next phase of the project.

Running in parallel with this population assessment was the production of well-being assessments for Well-being of Future Generations (Wales) Act 2015. North Wales has four Public Service Boards who were preparing for this. Where possible, any engagement taking place was planned to meet the needs for both assessments. In

some areas this involved sending out joint questionnaires while others held joint workshops and discussion groups.

### 1.3 Preventative services

A North Wales project took place in 2015 to look at early intervention and prevention services in readiness for the act supported by the North Wales Social Care and Well-being Improvement Collaborative (NWSCWIC). The aim was to develop a framework of targeted interventions; contribute to the population assessment; provide a baseline for integrated commissioning and procurement; and to support consistent eligibility thresholds. The group assessed evidence and local needs assessments to identify 'root causes' or trigger factors that lead people to contact services and which in many cases lead to people receiving managed care and support services. They looked at interventions that could address the trigger factors and linked them to the well-being outcomes from the act. The group then developed a risk assessment tool to look at the accessibility, funding and organisation risks relating to the availability of each intervention in each county. This information was used to generate priorities for future work.

In addition, as part of the population assessment the Public Health Wales Evidence Service carried out a literature search to identify the evidence base for each of the interventions described.

This work forms part of the overall North Wales population assessment and is available here: [evidence base](#).

#### Advocacy

'Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.'

Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice (Action for Advocacy, 2002)'

Advocacy is part of the portfolio of preventative services available and was included in the early intervention and prevention risk assessment exercise. In addition, NWSCWIC commissioned research into citizen voice and control in North Wales (Wavehill, 2016). This research includes a summary of the independent advocacy services across North Wales for children, young people and adults which forms part of the population assessment.

In the next phase of the project, preparing plans and strategies in response to the population assessment, we need to look at council and local health board commissioning arrangements for advocacy services to recognise and respond to any potential overlap in arrangements. This will involve working closely with the Age Cymru Golden Thread Programme funded by Welsh Government. This programme aims to improve the well-being of individuals through advocacy and to give them a

stronger voice; improve the understanding of advocacy, and; work with local councils and service providers to support the development and commissioning of services.

## 1.4 Governance

### Project governance

The North Wales Social Care and Wellbeing Services Improvement Collaborative set up a regional steering group to lead the population assessment work with technical, engagement and theme-based groups to lead on specific tasks. The steering group was chaired by Jenny Williams, Director of Social Services, Conwy County Borough Council and Andrew Jones, Executive Director of Public Health, BCUHB. Each group included members from each North Wales local council, BCUHB and Public Health Wales.

An interim report on the project plan was produced in July along with regular highlight reports which were shared with regional boards through Partnership Friday, Public Service Boards and local councils. Project newsletters were produced quarterly (in March, June and September 2016) and circulated widely through representatives from each council and health board.

## 1.5 North Wales population overview

North Wales has a resident population in the region of 690,000 people living across an area of around 2,500 square miles. Gwynedd in the west is the least densely populated area with 49 people for each square kilometre and Flintshire in the east is the most densely populated area, 350 people for each square kilometre.

The population of North Wales is expected to increase to 720,000 by 2039. The increasing population of North Wales can be explained by an increasing birth rate and a decreasing mortality rate, which has led to extended life expectancy (Welsh Government, 2016a).

The population of most local council areas in Wales is projected to increase between 2014 and 2039. Wrexham is projected to have the second largest increase in Wales (10%); the populations of Gwynedd and Wrexham are projected to increase steadily; the Isle of Anglesey's population is projected to decrease steadily; and the populations of Conwy, Denbighshire and Flintshire are projected to increase then decrease, but remain higher in 2039 than in 2014.

### Welsh language

In North Wales, Gwynedd has the highest proportion of Welsh speakers, 65%, although this can be higher in some areas of the county. Elsewhere in North Wales, 57% of residents on the Isle of Anglesey speak Welsh, 27% in Conwy and 25% in Denbighshire. The proportion of Welsh speakers in Flintshire (13.2%) and Wrexham

(12.9%) is lower than the average for Wales. All local council areas across North Wales have experienced a decline in the proportion of Welsh speakers between the 2001 and 2011 Census, with the largest decline occurring in Gwynedd (-3.6%). Just over half (53%) of Welsh speakers in North Wales are fluent in the language and 63% speak Welsh on a daily basis; in Gwynedd, 78% of Welsh speaking residents are fluent and 85% speak Welsh every day.

## Poverty and deprivation

In North Wales, 12% of the population live in the most deprived communities in Wales compared to 19% across Wales; however, this masks considerable pockets of deprivation across the region, some of which are among the highest levels of deprivation in Wales. Rhyl West 2 (Denbighshire) and Queensway 1 (Wrexham) are the second and third most deprived areas in Wales. Three further areas in Rhyl (Rhyl West 1, Rhyl West 3 and Rhyl South), are in the top twenty most deprived areas in Wales (Welsh Government, 2014).

### 1.6 Limitations, lessons learned and next steps

Preparing a single accessible population assessment across six counties and one health board area within the timescales set has been a challenging process. There has been a tremendous amount achieved within the timescales thanks to the efforts of: the project team; the project steering group, technical group and engagement group; partner organisations who contributed information and guidance; members of staff, elected members, service users and members of the public who took part in the engagement; the chapter writing groups; and the many people who reviewed and commented on early drafts of each chapter.

Nevertheless, there is plenty that we have learnt from the process and more that needs to be done. The population assessment should be seen as the start of a process rather than a finished product. Where there are limitations identified in the report these can be addressed in work on the area plan and in the population assessment review. The guidance states the assessment needs to be reviewed in at least two years' time, while the toolkit advises more frequent reviews.

Some of the issues identified during the process that need to be addressed are listed below.

- The report will provide an evidence base for services and strategies and underpin the integration of services and support partnership arrangements. It should be a useful tool for planners and commissioners in local authorities and health, however, there is still a need for commissioning strategies and market position statements to set out the local vision and plan for services in an area and the support available for providers.

- The report includes a summary of services available at the moment but does not describe them in detail or attempt to map out all local provision. Due to the complexity of this task it may be best to prioritise areas for this type of review.
- The report includes some high-level service performance measurement information but does not include detailed analysis of performance indicators outside of what was included in the national data catalogue or analysis of budgets or actual service spend.
- There are groups we were not able to include in the consultation and engagement which should be a priority for future work. More information is available in the engagement plan and Equalities Impact Assessment [\[add link\]](#).
- The report needs to be publicised widely to build on links made to date and reach people who have not had an opportunity to be involved in the first phase of the project.
- Making the links between the population assessment and the well-being assessments produced by the Public Service Boards. The population assessment includes people's care and support needs while the well-being assessment covers prosperity, health, resilience, equality, vibrant culture, global responsibility and cohesive communities. The assessments have taken place in parallel and officers involved in both have worked together on elements of the projects but more connections will emerge as they are published.
- There are people who have care and support needs whose particular needs fall outside the themes covered in the report chapters. More work needs to be done to identify their needs along with people who have multiple and complex needs.

In addition to the above there are specific issues identified at the end of each chapter for future work.

There have also been lessons learned about the process which have been recorded and will be used to inform the work on the area plan and population assessment review.

## 1.7 Further information

There was much more information collected to inform this report than it has been possible to include. Additional background information is available on request [\[add link to contact details on website\]](#):



## 2 Children and young people

### Key findings

- There are around 124,000 children aged 0-15 in North Wales. There has been very little change in the number of children and young people in the past five years and this trend is likely to continue over the next 25 years.
- The majority of children and young people in North Wales are healthy and satisfied with their lives but more needs to be done to: tackle low birth weight; reduce infant mortality rates; improve breastfeeding rates and take-up of immunisations; reduce childhood obesity and smoking and alcohol use.
- There has been a fall in referrals to children's services but it is not yet known how the number of referrals will change in response to the wider eligibility under the new act.
- The majority of referrals to children's services are from the police or within the council's own social services department, and the main reasons for referral are abuse or neglect.
- In the last five years there has been a 9% increase in the number of children on the child protection register and in the number of children looked-after in North Wales.
- There are increasing concerns about sexting and online bullying.
- North Wales has a high number of children from outside the region who are looked after locally and this number has been increasing. This places additional demand on local services such as health, education, police and support services.
- There are changing demands on fostering services due to an increase in kinship fostering / connected persons.
- Wrexham has the highest number of young offenders and the highest crime rate across the region. With the exception of Anglesey all local authorities have seen a reduction in the number of young offenders over the last three years.
- The number of children and young people who are victims of crime has increased year on year. This could be due to a number of reasons including increased ability/ willingness to report; increased number of crimes committed or an increase in particular types of crime such as cyber-crime.
- The number of disabled children has increased over the past five years.
- Children's mental and emotional health was consistently raised as a concern including a rise in self-harm and eating disorders as well as attachment issues.
- There needs to be an integrated approach to the health and wellbeing of children and their families throughout universal services to maximise prevention and

promote resilience at the earliest stage. New evidence on the multiple impacts of Adverse Childhood Experiences can bring more awareness and support towards preventing them and minimising their effects.

- Provision of parenting support is needed to break cycles of inappropriate parenting and raise parents' confidence in their skills to raise their children in a positive and nurturing environment.
- Information, advice and assistance services as provided by Family Information Services are an important part of prevention and early intervention services.
- There are over 1,000 young carers identified across North Wales, which is an increase over the past few years. There is an increasing need for 1 to 1 support for young carers as well as support for young carers under age 8.

## Recommendations and next steps

Due to the tight timescales and wide range of needs covered in this chapter the next steps should focus on identifying the further information needed in priority areas. This should include additional consultation and engagement to agree recommendations as part of the area plan. Future work should be based on the UNCRC and include children's right to play.

- Advocacy: all children and young people need to have their voice heard in decision making processes, and this is particularly important for looked after children and children on the child protection register. Some information is included in the introduction to the report but more information is needed about the services available and their effectiveness.
- There is further work to be done to implement the new duties under the act and regional projects are in place to support this including assessments and information, advice and assistance.
- There have been concerns throughout the production of this chapter about the quality of data recording. Work needs to be done to standardise the recording of children in need data (and its replacement) as well as threshold and eligibility criteria.
- More information is needed about trafficking and child sexual exploitation to inform the population assessment.
- More information is needed about the increase in complex needs for disabled children and the transition from children's to adult's services.
- Find out more about concerns raised, that increasingly younger children are being referred to CAHMS and the needs of looked after children referred to CAMHS.

- Information about restorative approaches to work with families including everyday interaction, meetings with service users, informal circles, mediation and formal group conferences.
- There are good examples of service provision in all counties, such as the 'edge of care' project, internal therapeutic services, collaborations between social services and CAMHS. Information about these services is already shared informally between counties, but future work on the population assessment needs to look at this further.

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## 3 Older people

### Population overview

There were around 150,000 people aged 65 and over in North Wales in 2015. Population projections suggest this figure could rise to 210,000 by 2039 if the proportion of people aged 65 and over continues to increase.

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

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.

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). See health, physical disabilities and sensory impairment chapter for more information.

### Loneliness and isolation

Reducing loneliness and isolation is one of the main challenges identified in our consultation and engagement. Successfully tackling this a priority would have many benefits for people's health and well-being and reduce the need for statutory services.

More information about plans to develop services and support to address loneliness and isolation is available in each council's Ageing Well Plans available at: <http://www.ageingwellinwales.com/en/localplans>. The well-being plans being produced by Public Service Boards under the Well-being of Future Generations (Wales) Act 2015 are also likely to address this issue.

For information about services in your area please see Dewis Cymru <https://www.dewis.wales/>

### Support to live at home

Continuing to live in their own homes is a priority for many older people and is an important part of maintaining independence. The demand for service is likely to increase as the number of people aged over 65 increases in the population. The demand also seems to be increasing for more complex support and a higher number of hours of care each week.

Current services are delivering high quality support that help maintain people's independence, with many people reporting that they are happy with the care they receive. There are difficulties recruiting and retaining care workers, particularly in rural areas, male care workers and Welsh speakers. We need to improve awareness of available services and support providers to meet intensive and specialist needs and provide a flexible service.

The challenges facing commissioners and providers are to continue to provide flexible support to enable people to: be independent; identify their own solutions using their personal assets, family, friends, community and third sector; plan for future care needs; achieve their personal and well-being outcomes.

## Dementia

There are an estimated 11,000 people living with dementia in North Wales. This number is expected to increase although this may be not as much as originally thought due to improvements in health. Dementia has a substantial effect on individuals, which leads to great pressure on statutory services, the third sector, and family and friends that support them. Despite the challenges that dementia brings people can be supported to live well, or at least better than they thought, and our challenge is to provide that support.

Current services are providing a wide variety of support that is meeting the needs of many people.

### Areas for improvement and recommendations

1. Provide more information and support after diagnosis.
2. Additional training for care workers in working with people who have dementia.
3. Develop additional services that meet individual needs, particularly for younger people with dementia and through the medium of Welsh.
4. Make sure there is sufficient elderly mental health nursing provision and elderly mental health (EMI) residential care.
5. Improve joint working between services.

More information is available in the North Wales Dementia Market Position Statement and information about specific developments in each county can be found in the Ageing Well Plans available at: <http://www.ageingwellinwales.com/en/localplans>

## Care homes

### Key issues for future development in North Wales:

- We will need to be clear about how many more people we would like to support in extra care accommodation in the future and whether community health services will be able to meet people's health / nursing care needs.
- There is anticipated to be a need for more nursing home placements in the future, particularly supporting people with mental health conditions and dementia. This will require joint workforce development initiatives to train, recruit and develop nurse managers and care and support workers meeting people's health care needs.
- Councils and the Health Board are working together to explore how people's health care needs can be met in residential homes and / or extra care by community nursing / therapy staff such as occupational therapists and physiotherapists to reduce the number of people having to move into nursing homes.
- There is need for more care and support provision to meet (Welsh) language needs in care homes. This will be strengthened in future contract agreements.
- Commissioners need to review and revise the Pre Placement Agreement (contract) for care homes to reflect new standards and anticipated regulatory requirements by April 2018. This will include the development of specifications (including workforce competency requirements) for all future requirements including support for people with dementia, intermediate care such as step-up/down support (detailing the rehabilitation interventions or support requirements from care home staff) and 'discharge to assess' services.
- Overall reviews of quality and safety within care homes across North Wales suggest that in some homes there needs to be:
  - Improvements in management leadership including clinical leadership in nursing homes.
  - Development of the physical (building) environment to better meet people's very complex needs (including mobility impairments and confusion / dementia)

### Local developments required in:

#### Ynys Mon include:

- Exploring options for most effective use of local council care home provision, including intermediate care and meeting more complex needs, in conjunction with health staff.

- Increasing the provision of Extra Care Housing as an alternative to residential care; thus the demand for residential provision is anticipated to decline in line with recent trends, however this is likely to be gradual.
- Increasing EMI Residential capacity (consistent with higher levels of people living with dementia), again this will be a gradual shift.
- A rapid increase in EMI nursing will be required in the short to medium term as demand considerably outstrips existing provision.
- Improving community health resources to support people with nursing needs at home, which is having an impact on the demand for General Nursing placements which is expected to continue.
- Ensuring that current and future care home accommodation meets the prevalent standards.

**Gwynedd include:**

- The vision is to support people to continue to live at home within their communities for as long as possible, and reduce the need for traditional Residential placements. This will require an overall increase in accommodation for Older People, with the greatest demand and gaps being anticipated for sheltered and extra care housing.
- Gwynedd's local market position statement details that there are key areas within Gwynedd, where the population of people aged 65 and over is particularly high, that do not have care home provision, including - Abermaw, Llanbedr, Dyffryn Ardudwy, Aberdovey / Brynchrug / Llanfihangel and Harlech. Their needs analysis also shows that the community of Llanbedr has a significantly ageing population with no local care home provision.
- In the short term, Gwynedd intend to reduce the number of traditional long term residential care placements, increase the provision of residential care for people with dementia. Gwynedd would also wish to increase opportunities for people to receive extended respite periods and offering flexible opportunities for respite care to meet the needs of carers.
- In the longer term, if rates of placement remain as current, Gwynedd have forecasted that by 2030 there will be a requirements for additional provision to accommodate and support 631 people requiring residential care and 600 people requiring nursing care.

**Conwy include:**

- Continued investment in integrated locality services and quality care homes; with the aim of creating a stable and sustainable Care Home Sector in Conwy, improving experience for residents and avoiding inappropriate Accident and Emergency attendance and / or hospital admissions.

**Denbighshire include:**

- Increasing the provision of Extra Care Housing as an alternative to residential care (unless specialist nursing or mental health care is required).
- Rationalising the supply of residential beds, where there seems to be an over provision in the short to medium term. However if forecasts regarding the anticipated increase in numbers of people with dementia are correct, there will be need to increase the number of Elderly Mental Health (EMH) Nursing beds in Denbighshire. There may not be enough EMH residential beds. Analysis in February 2016 suggests with the exception of EMH Nursing, in most areas there are sufficient care home beds to meet demand and some over-capacity in certain areas.

**Flintshire include:**

- Maintaining the local council care home provision and exploring the development of intermediate care hub focused on preventative and early intervention work.
- An increase (based on projected need from demographic changes) of a further 178 care home placements by 2020: 67 Residential; 52 EMH Residential; 51 Nursing and 8 EMH Nursing.

**Wrexham include:**

- Developing Extra Care offering mixed tenure independent living (Dementia, Disability, Learning Difficulties) including specialist provision (Extra Care) for younger adults with a disability to reduce out of county placements. Also Interested in developing Intermediate Care using Extra Care facilities and developing step up step down beds.
- Planned reduction in general residential places and increase in general and EMI nursing across Wrexham. Ideally homes would be dual registered.



## 4 Health, physical disability and sensory impairment

### Key messages

While all six local councils and the health board have committed to working to the social model of disability, there is much more work to be done to ensure that the way we work fully reflects this model.

The Social Services and Well-being (Wales) Act 2014 reinforces the need to think about the broader aspects of well-being in a person's day to day life and the ability of a person to participate fully in society.

Focusing on what matters to an individual will help us address the broader aspects better. We will need to work in partnership with people, their families, the third sector and independent providers as well as other public services to achieve this.

The number of people living with a long term condition and the number of people living longer with disability or a sensory impairment is increasing as our population lives longer and the number of older people increases.

We will need to review our organisational priorities and commissioning plans to ensure that we identify better ways of supporting participation and inclusion, and enabling people to maintain their own independence.

We need to focus more on earlier intervention and prevention – taking the actions that the evidence tells us will help people stay healthier and more independent for longer.

We will need to review the more specialised services we provide to ensure that people are able to receive the support they need at the time they need it.

### Gaps in service / support

Support for people to live healthier lifestyles and maintain independence is identified as one of the key elements. More emphasis needs to be placed on this by all organisations.

The role of the third sector and independent sector is identified as important in providing broader support networks for people. Organisations need to be mindful of the capacity of these sectors to extend the support they offer.

Some services are sparse in different areas; rural areas have been identified as experiencing shortfalls in provision.

Many of the public sector services are under pressure and while services are available, there may be a waiting list or difficulty in accessing services promptly.

There are barriers for specific groups which need to be addressed – when seeking information, accessing services, or seeking to maintain independence, with support as needed.

## Our response

We will seek to collaborate in the design and implementation of effective health improvement programmes with the support of Public Health Wales.

We will aim to give a senior level strategic commitment to implement and embed a sustainable approach to the Making Every Contact Count (MECC) programme in North Wales, providing a culture which encourages and promotes prevention and health improvement.

We will explore the option of using social prescribing as a patient pathway for primary care practices in North Wales to strengthen the links between healthcare providers and community, voluntary and local authority services that could improve health and well-being.

We will take an assets-based approach, identifying what matters to people and supporting them to take control of their lives. We will work with people and the communities in which they live to build on the resources available and support people to connect.

We will seek to strengthen further the social model of disability in all that we do, looking to ensure that our support and our services facilitate participation, respect individual wishes and needs and are inclusive.

We will review the need for our more specialised services to provide care closer to home where possible.

## 5 Learning disability

### Key findings

- **Demography:** The number of people with learning disabilities needing support is increasing and people with learning disabilities are living longer. These demographic trends are likely to continue. The growing number of people living with a learning disability and dementia presents significant challenges to care services, and the staff who work in them, to provide the right type of support.
- **Health needs:** People with learning disabilities tend to experience worse health, have greater need of health care and are more at risk of dying early compared to the general population.
- **Young people with complex needs:** Services will need to adapt to make sure they can meet the needs of young people with complex needs as they make the move to adult services.
- **Attitudes and expectations:** Most individuals and their families want, or expect to have, a greater level of independence and to be a key part of their community. This may include older parents who have never asked for support or carers who find that the support they expected to have is no longer provided or is provided in a different way.
- **Transition between children and adult services:** this works well on the whole and social services will increasingly be focussed on developing an integrated approach which will help with transition.
- **Finance:** The level of spend on learning disability services has been increasing but we are now faced with supporting more people with less money.
- **Legislation:** The Social Services and Well-being (Wales) Act 2014 is changing the way we work, including the way in which we find out what matters to people and the way in which people are supported.
- **Existing provision:** Currently, support is generally provided by immediate family members and/or long term paid care staff.

### Recommendations

1. Support older carers and make sure they have the support and respite services they need. This should include 'planning ahead' services for families which includes work to identify hidden carers and assess their needs for support.
2. Health and social services to work better together make sure there is sufficient support for the health issues of older people with learning disabilities, including people with dementia.

3. Continue to support people with learning disabilities to access health care through the Learning Disability Health Liaison Services, by developing accessible information for people with learning disabilities to improve communication and supporting healthcare providers to better identify people with learning disabilities so they can make 'reasonable adjustments' to their care. Promote access to health promotion and early treatment services.
4. Provide sustainable models of support jointly by health and social care to meet the needs of individuals with complex need. This should include addressing the unmet need for high end jointly funded nursing placements for adults with severe learning disabilities who have health related needs.
5. Support staff to manage changing expectations of support for people with learning disabilities, including changes required by the new act.
6. Recruit more Welsh speaking support staff.
7. Provide more support for people with staying safe when using the internet.
8. Encourage more informal, unpaid support, to reduce reliance on formal paid support. This would help facilitate wider friendships and social lives for people with learning disabilities beyond paid carers.
9. Increase recruitment to the shared lives / adult placements scheme.
10. Develop the provision of assistive technology for people with learning disabilities.
11. Continue to explore and develop housing options to meet the needs of people with learning disabilities in partnership with other organisations.

## Data development agenda

- Make sure there is common understanding and consistency across the six North Wales counties in the way data is recorded and analysed.
- Carry out more analysis to support adult services to plan for the needs of young people with complex needs.

## 6 Mental health

### Key messages

- People in North Wales report slightly better mental health than in Wales as a whole
- The number of people with mental health problems is likely to increase
- The most common mental illnesses reported are anxiety and depression
- Research suggests a high number of people with mental health problems are not seeking help
- The number of admissions to mental health facilities is reducing
- The number of people with more complex needs is increasing
- People with mental health problems are more likely to have poor physical health

The numbers of patients seeking admission to hospital has increased across the region. Feedback from staff suggests the limited number of admissions may be due to bed pressures- influenced by Delayed Transfers Of Care (DTC) and lack of appropriate placements, where needed. This has led to the use of acute beds outside North Wales, which is far from ideal for patients, their carer's and families.

Common principles shared by the local councils and the health board include service user and carer involvement and participation; community advocacy; carers support and role of learning and work opportunities in recovery; joint working between agencies.

There needs to be a clear pathway from acute services into community based services. There should be more work around the preventative agenda to prevent needs escalating to hospital and reduce demand on other public services. Examples include home support and wraparound services as well as interventions and policies to support parents and young children, lifestyle changes, improve workplaces, provide social support and environmental improvements that support communities (Public Health Wales, 2016). Joint working with the third sector and social enterprises could provide this.

Local councils and health need to manage increase in demand for services with reducing budgets.

### Gaps in service / support

- Support for people with ASD was consistently highlighted as a gap in the consultation
- There's a gap in befriending opportunities (need to be empowering and not encourage dependency) to support people to access existing social activities.

- Poverty and welfare reform were highlighted as risks for service users, as the drive to get people back to work can cause additional stress for vulnerable people. This can be particularly difficult for younger people with housing benefit issues.
- There needs to be sufficient supply of accommodation to support people to step down from residential care to community resources.
- We need to develop public mental health in North Wales and promote mental well-being to prevent mental ill-health. Public mental health should form part of the Betsi Cadwaladr University Health Board mental health strategy.

## **Data development agenda / suggestions for future research**

- Needs of vulnerable people without a diagnosis and best practice for providing support
- Investigate concerns raised about a lack of Welsh language provision in mental health services
- Find out more about the reasons for the reducing number of admissions to mental health facilities.

## **Our response**

The next phase of the project will be to discuss the information in these reports and agree an approach to addressing the issues raised. This may include carrying out further research in an area, local or regional actions.

## 7 Carers

Carers provide a crucial role in the provision of care and support and provide a preventative service themselves. It is estimated carers provide between 70% and 95% of care, saving £7.72 billion every year in Wales (Yeandle and Buckner, 2015; Welsh Government, 2016c). Every caring situation is unique.

### Main findings

- The number of carers in North Wales is increasing, particularly in north-west Wales.
- People aged 50 to 64 are the most likely to provide unpaid care.
- Half of all carers in North Wales are in employment: for carers in employment the support of their employer and colleagues is vital to helping them continue in their caring role.
- The increase in need for social care identified in other chapters of the population assessment report is likely to lead to greater numbers of people providing unpaid care and providing care for longer.
- There are over 1,000 young carers identified across North Wales, which is an increase over the past few years.

### Gaps in support and recommendations

There is a challenge to services in the current economic climate with services being cut both for carers and for the people they care-for. Much of the support for carers, particularly from the third sector, relies on short-term funding and there are risks to the sustainability of this support.

There is feedback that respite/short-break provision is reducing as well as issues around how far ahead it needs to be planned which means it's difficult for carers to make last minute plans. We need to re-think how we provide services to achieve the best outcomes for carers and the person cared-for in this climate.

Support in acute hospitals is inconsistent – there is a carers' support officer in the West and East regions of North Wales hosted by the third sector, but no provision in the central area. In this, and other areas we need to consider how to provide more consistency across the region.

There is an increasing need for 1 to 1 support for young carers as well as support for young carers under age 8.

In addition to the examples above, the consultation highlighted the need for better support for carers by better meeting the needs of the cared-for person as well as providing support specifically for carers. It highlighted gaps around transport, services

in rural areas, awareness of primary care staff, counselling services for carers and support for substance misuse carers. The review of services highlighted that there is provision in North Wales to meet many of these needs although this provision is not consistent across the region.

The appointment of a regional post to map the full range of services available to carers in North Wales has been agreed by the North Wales Regional Partnership Board. The scoping exercise is likely to identify further gaps and inconsistencies across North Wales and highlight priorities for joint working. There is a regional carers' operational group who will be looking at opportunities for regional working arising from this population assessment.

## **Next steps for the population assessment and area plan**

- Find out about the effectiveness of services provided to carers, improve project evaluation and look at what can be replicated across the region to provide more consistent support even with local variations.
- Consider how we capture outcomes and systems to capture unmet need, for example, Gwynedd Council and Denbighshire County Council are piloting using 'what matters' conversations with carers.
- Map carers' services across North Wales, including the availability of provision through the medium of Welsh.
- Share the findings from the population assessment and area plan with Welsh Government to inform the development of the All Wales Strategy for Carers.



## 8 Violence against women, domestic abuse and sexual violence

### Key messages

- Domestic and sexual violence and abuse are under-reported but the number of reports is increasing.
- Domestic and sexual violence and abuse affects both women and men although women are more likely to experience them.
- Cases of coercive control are now being recorded in North Wales since the offence came into effect in December 2015
- Domestic abuse costs public services £66 million a year in North Wales in health care, criminal justice, social services, housing and refuges, legal costs and lost economic output.

### Gaps in services and support available

The population assessment suggests future work should look at addressing the following:

- Developing stronger strategic and practice links between domestic abuse and adults safeguarding.
- The effect of budget cuts on specialist service providers' ability to meet the demand and need for services.
- The need for support for children and young people who are witnessing domestic violence and abuse.
- Making sure there are sufficient options for housing victims of domestic violence and abuse who have additional care and support needs that require round the clock staffing.
- Find out more about the need for specialist support, such as floating support, for BAME people in North Wales.

### National priorities

The National Strategy on Violence against Women, Domestic Abuse and Sexual Violence 2016-2021 (Welsh Government, 2016b) has been published and includes the 10 key recommendations along with the National Training Framework.

The National Adviser Annual Plan (Bowen-Davies, 2016) sets out the following objectives:

1. To advise and support the strategic implementation of the legislation

2. Develop a strategic, coherent and integrated approach to policy and service delivery decisions
3. Develop workable recommendations to improve the impact and effectiveness of public and voluntary service provision
4. Provide a strategic platform for shared learning and research
5. Enable effective and inclusive communication with survivors, stakeholders and the public.

## Next steps

Local councils and the health board have to prepare and publish a strategy under the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2014 by 1 April 2018. The population assessment will be used to inform this strategy.

We have also identified that we need to include more information about sexual violence, child sexual exploitation, trafficking and modern slavery when the population assessment is reviewed. Please let us know if you have any evidence you would like to submit [\[add link\]](#).

## 9 Secure estate

The new act heralds a historic change in local government's social care responsibilities for the men, women and children held in the secure estate and on their release into the community. Previously, the responsibilities for meeting the social care needs of those in the secure estate were unclear and this led to confusion between local authorities, prisons, probation services and other organisations.

The act clarifies responsibilities and ensures that those held in the secure estate are entitled to receive equivalent provision to persons in the community and requires local authorities to work in partnership with the National Offender Management Service and health services. It presents opportunities to implement integrated care pathways and joint service provision for the health and social care needs of those in the secure estate.

Given that prisoners can often have complex health and care and support needs and generally experience poorer physical and mental health, this presents a significant development.

A focus on health and wellbeing is also contributing to a renewed focus on rehabilitation, resettlement and a reduction in re-offending.

This is evidenced in the planning for HMP Berwyn which will open in North Wales in February 2017. HMP Berwyn is modelling new approaches and its culture will be driven by a focus on rehabilitation. The ethos is dedicated to providing a safe, decent and just environment where men will be encouraged to prepare for a fresh start in life. The importance of Welsh language in the rehabilitation of offenders from North Wales is recognised as is the key role of co-commissioning partners.

This puts the adult male category C population in a good position. It will help strengthen links between local councils in North Wales and the prison and will support effective rehabilitation. Women and young offenders, however, will continue to be held outside the region as well as men from other categories and those whose health and social care needs cannot be safely managed at HMP Berwyn.

A better understanding of the needs of these groups is required and on release the duty for adults will move to the local council to which they are resettling as part of the requirement for continuity of care under the act; this includes services such as housing. This presents a unique opportunity to develop a model for creating links with prisons outside of North Wales, including those holding women from North Wales.

### Recommendations

- Further consultation with stakeholders, including service users.

- An integrated health and social care needs assessment to be conducted for HMP Berwyn after the prison has become operational in partnership between BCUHB and Wrexham County Borough Council.
- Data on the social care needs of both the Category C and remand population to be collated when HMP Berwyn is operational.
- The putting of protocols in place with partners detailing the type of information which can be shared.
- Engagement with the Courts to develop protocols for the remand of disabled persons to ensure that their remand disposals are able to meet their specific needs on admission.
- The development of partnership working with the prisons in South Wales to share learning.
- Better understanding of the social care needs of women and young people and the very specific considerations attached to these groups.
- Development of good quality health and well-being services for the prisoners.
- Children and families – support for the regional approach to develop a children and families model and links in with this work.
- Homelessness: the need for prompt systems to be in place in order to engage with those who are leaving the secure estate at the earliest possible opportunity; this will enable the correct intervention to be put in place and referrals made to the appropriate council.
- The transition of care once prisoners are discharged ‘through the gate’ needs to be embedded within the community, providing continuity of care to ensure health gain while in prison is sustained on release.

## 10 Veterans

A veteran is defined as someone who has served in HM Armed Forces for at least one day. This includes people who have served in the Reserve/Auxiliary Forces. It is estimated that there were 51,000 veterans living in North Wales in 2014.

A full description of the care and support needs of veterans in North Wales is available at the following link:

[http://www.wales.nhs.uk/sitesplus/documents/888/20161107\\_Veterans\\_Needs%28Working%20Draftv0e%29.pdf](http://www.wales.nhs.uk/sitesplus/documents/888/20161107_Veterans_Needs%28Working%20Draftv0e%29.pdf)

### Information and research

There is a need to improve demographic and wellbeing information available on veterans, the capture of information on their use of services and information available to veterans on what services are available. Recommendations are:

- North Wales Armed Forces Forum (NWAFF) should lend support to the Royal British Legion's "Count Them In" campaign.
- NWAFF should consider commissioning Welsh language profile of veterans in North Wales
- All service providers should improve their identification of veterans and data on their use of services (especially NHS primary and secondary care and local council services)
- NWAFF should consider the development of a "veterans data dashboard" which pulls data together on veterans
- All service providers should improve the information provided to veterans on the services available to them through better signposting to services, better publicity through use of social media and supporting the development of the new MoD "Veterans Gateway" website
- NWAFF should consider commissioning research in areas such as the lifestyle behaviour of veterans and the interaction of veterans with domestic abuse issues

### Service planning

Veterans should be considered as a priority group within regular planning mechanisms. The recommendations are as follows.

- Public Services Boards (PSBs) should consider the needs of veterans in the development of their Well Being Plans
- Local councils should consider the needs of veterans, as a vulnerable group, in their corporate planning and corporate priority setting

- BCUHB should consider the needs of veterans in the development of its Annual Operating Plan and Integrated Medium Term Plan
- BCUHB, as part of the development of its Mental Health Strategy, should consider the needs of veterans that are not able to access the service provided by Veterans NHS Wales (e.g. non-service related needs) including recognising the detrimental effect stigma may have on veteran's willingness and ability to seek help for mental health conditions. Public mental health should be developed as part of this strategy with promotion of emotional wellbeing and alternatives to hospital settings.
- Provision of health improvement services by local councils to veterans should be reviewed and strengthened where necessary
- All service providers should support the development of Health and Wellbeing Services for veterans at HMP Berwyn

## Service provision

Services have a responsibility to meet the commitments set out by the Armed Forces Covenant. The recommendations are as follows.

- All service providers should be aware of their commitments and responsibilities under the Armed Forces Covenant which include priority access to NHS treatment for conditions related to a veteran's time in the services and priority access to social housing.
- All service providers should provide a coherent approach to delivering effective services and support, to achieve the outcomes required for veterans and address unmet needs. Priority groups should include the oldest and most infirm who have clear support needs (physical and emotional) to live independently and avoid social isolation; those aged 16-54 with health problems relating to their military service, and the youngest and most recently discharged from military service.
- All service providers should collaborate to develop model care pathways for veterans premised on early identification, early intervention and evidence based responses to need with clear sub-division of roles.
- All services providers should recognise and understand the challenges posed by the armed forces culture. It is important that all staff are appropriately trained and also ensure that they ask their clients whether they have served in the Armed Forces. An accreditation system for staff, appointment of more veterans champions and a scheme for "veteran friendly" services should all be considered.
- All service providers should take every opportunity to signpost veterans to support. Specific front-line locations might include Emergency Departments, police custody suites and local council Single Points of Access or Housing Access Teams.

- Due to the many third sector veteran related organisations being established, it is recommended that a quality standard be considered to offer assurance to veterans, their families and public sector bodies that the organisation they are dealing with are of a high quality with good governance arrangements.
- Primary Care contractors should prioritise registration of veterans. GPs should request the whole medical record from DMS to give a complete picture of a veteran's medical history. The joint RCGP, RBL and Combat Stress publication should be promoted amongst all local health providers
- All services providers should prioritise mental health support to veterans, including support for alcohol problems. This should include better signposting to the current support available through Veterans NHS Wales, BCUHB mental health services and the Third Sector. Veterans' needs should be specifically considered by the North Wales Suicide Prevention Group.
- Local councils should review their provision of health improvement services to veterans and strengthen where necessary.
- Local councils and BCUHB should consider how they can support veterans on their pathway to employment within the volunteering opportunities they are developing within their organisations.
- All service providers should specifically consider the needs of veteran carers and address unmet needs where identified.

## 11 Homelessness

The changes introduced within the Housing (Wales) Act 2014 seem to be having a positive effect with the emphasis on earlier intervention and prevention delivering better conclusions for individuals, however significant challenges remain. Progress may be affected if the transitional funding allocated is removed.

Changes within other services can have an impact on homelessness and homeless people can have an impact on other services. Welfare reform and especially changes to Housing Benefit and the introduction of Universal Credit are expected to increase demand upon some services, especially from groups such as young people, which will create new challenges. We need to focus on ways of maximising value, combining effort and resources and focus on the preventative approach to homelessness, which can help deliver positive outcomes to vulnerable people and hopefully avoid the need for more intensive and costly interventions .

### Key messages

**Changes to the welfare benefits** – The impact of the proposed changes to the welfare benefits, especially those allocated towards housing related costs are yet to be seen. Some individuals and groups are expected to experience significant reductions in the funding for assistance towards housing and it will become more difficult to secure appropriate and suitable accommodation options at these reduced levels. Some of the groups most adversely impacted, correlate quite closely with groups who are currently known to be more exposed and vulnerable to homelessness. There are also concerns that the introduction of Universal Credit - which compounds all benefit payments and does not automatically allow transfer of the rent element to the landlord could lead to problems. Research from areas who have introduced universal credit are reporting higher level of arrears which could over time become problematic and impact on the sustainability of tenancies.

**Regional commissioning** - While the aim will be to deliver the vast majority of homeless services as close as possible to an individual's original community and where possible within local council boundaries, it will be necessary to plan and deliver some homelessness services regionally. Where it is not possible or cost effective to respond to needs locally we will use long-term strategic partnerships such as the Regional Collaborative Committee and local planning groups to consider housing need and priorities across local council areas.

**Out of area placements** – Most vulnerable people seeking support tend to be non-transient, staying within their locality rather than moving from one area to another. However some movement across boundaries does occur and is sometimes necessary to support individuals and to facilitate rehabilitation. Legislation and best practice would suggest that out of county placements should be exceptional, and based upon considerations such as personal and public safety. Where such cases



arise, cross border co-operation as well as the maintenance of service users existing support networks need to be discussed at the earliest possible stage.

**Shared responsibility** - Housing Associations and third sector support providers who have experience of delivering services to particular vulnerable groups will have an important role in assisting the efforts of statutory organisations. There will be a continuing need to provide support services that complement the statutory sector, as we anticipate a steady increase in population up to 2020.

### **Gaps in service / support**

- Lack of single person accommodation
- Limited hostel provision
- Shortage of specialist provision for individuals with ongoing medical conditions
- Gaps in support services

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## 12 Autism Spectrum Disorder

Children and adults with Autism Spectrum Disorder (ASD) report unmet needs in respect of:

- behavioural/emotional support;
- ASD specific issues and life skills; and,
- access to social and leisure services and opportunity in the community.

Children and adults with ASD may or may not also have a learning disability or mild learning disability. Children and adults with ASD may have or may develop moderate mental health difficulties if support is not available to them at an early stage.

There is a national Autism service being developed, funded from Welsh Government Intermediate Care Funding, and the service will be developing in North Wales in the next year or so as part of the 3 year programme of roll-out. This service will be built on best practice and research and will be all-age.

It is also important that the support currently available in North Wales through the range of third sector organisations that operate in the area are continued and that these compliment the national service. The availability of such support services should be advertised widely so that they can be accessed by those who require the support.

There are gaps in awareness raising around ASD for the public, employers, staff and other areas of public services such as leisure centres and public transport.

Although there is a comprehensive range of information on the web, there is no way of knowing whether people are using this – raising the profile of the availability of services and support on such websites as DEWIS is required.

Training is required to improve the understanding of the effects and implications of ASD, particularly in relation to behaviour management and coping strategies and this needs to be across sectors and particularly within education services. It is also identified that the police service needs to be trained to identify if a person has ASD. Ideally this training should be jointly developed across health and social care and includes specifically:

- managing special interests,
- the transition into adulthood,
- housing and community living,
- employment and training,
- post diagnosis support for partners and family members,

- social isolation, developing social skills and maintaining relationships,
- keeping safe/anti-victimisation interventions,
- autism in females,
- men and autism,
- keeping well and healthy and managing anxiety,
- challenging behaviour and anger management.

Finally, there is a new neurological developmental pathway which will be a service available for children and young people who do not fit into CALDS/CAMHS pathways for diagnosis and support established early in 2017 in Conwy/Denbighshire – if this is successful it should be available across North Wales.

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