Public Document Pack

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Chief Officer (Governance)
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To: All Members of the Council

9 February 2022

Dear Sir/Madam

NOTICE OF REMOTE MEETING
FLINTSHIRE COUNTY COUNCIL
TUESDAY, 15TH FEBRUARY, 2022 at **2.00 PM**

Yours faithfully

Gareth Owens
Chief Officer (Governance)

Please note: This will be a remote meeting and 'attendance' will be restricted to Council Members.

The meeting will be live streamed onto the Council's website. A recording of the meeting will also be available, shortly after the meeting at https://flintshire.public-i.tv/core/portal/home

If you have any queries regarding this, please contact a member of the Democratic Services Team on 01352 702345.

A G E N D A

1 **APOLOGIES FOR ABSENCE**

Purpose: To receive any apologies.

2 **DECLARATIONS OF INTEREST**

Purpose: To receive any Declarations and advise Members accordingly.

3 **PETITIONS**

Purpose: This is an opportunity for Members of Council to submit petitions on behalf of people in their ward. Once received, petitions are passed to the appropriate Chief Officer for action and response.

PRINCIPAL ITEMS OF BUSINESS

4 **COUNCIL FUND REVENUE BUDGET 2022/23 - FINAL CLOSING STAGE** (Pages 5 - 36)

Report of Chief Executive, Corporate Finance Manager

Purpose: To set a legal and balanced budget for 2022/23 on the recommendation of Cabinet.

5 **COUNCIL TAX SETTING FOR 2022/23** (Pages 37 - 54)

Report of Chief Officer (Governance)

Purpose: To set the Council Tax charges for 2022-23 as part of the Councils wider budget strategy.

6 **HOUSING REVENUE ACCOUNT (HRA) 30 YEAR FINANCIAL BUSINESS PLAN** (Pages 55 - 74)

Report of Chief Executive, Corporate Finance Manager

Purpose: To present the Housing Revenue Account (HRA) Budget for 2022/23, the HRA Business Plan and the summary 30 year Financial Business Plan for approval.

7 **TREASURY MANAGEMENT STRATEGY 2022/23** (Pages 75 - 154)

Report of Corporate Finance Manager

Purpose: To present to Members the draft Treasury Management Strategy 2022/23.

8 **MINIMUM REVENUE PROVISION - 2022/23 POLICY** (Pages 155 - 168)

Report of Corporate Finance Manager

Purpose: Local Authorities are required each year to set aside some of their revenue resources as provision for the repayment of debt. The report presents the Council's draft policy on Minimum Revenue Provision.

ORDINARY ITEMS OF BUSINESS

9 **NORTH WALES POPULATION NEEDS ASSESSMENT AND MARKET STABILITY REPORT** (Pages 169 - 596)

Report of Chief Officer (Social Services)

Purpose: To provide 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.

FOR INFORMATION ONLY

10 **PUBLIC QUESTION TIME**

Purpose: This item is to receive any Public Questions: none were received by the deadline.

11 **QUESTIONS**

Purpose: To note the answers to any questions submitted in accordance with County Council Standing Order No. 9.4(A): none were received by the deadline.

12 **NOTICE OF MOTION**

Purpose: This item is to receive any Notices of Motion: none were received by the deadline.

Please note that there may be a 10 minute adjournment of this meeting if it lasts longer than two hours

Procedural Note on the conduct of meetings

The Chair will open the meeting and introduce themselves.

The meeting will be attended by a number of Councillors. Officers will also be in attendance to present reports, with Democratic Services officers acting as hosts of the meeting.

All attendees are asked to ensure their mobile phones are switched off and that any background noise is kept to a minimum.

All microphones are to be kept muted during the meeting and should only be un-muted when invited to speak by the Chair. When invitees have finished speaking they should go back on mute.

To indicate to speak, Councillors will use the chat facility or use the electronic raise hand function. The chat function may also be used for questions, relevant comments and officer advice and updates.

The Chair will call the speakers, with elected Members addressed as 'Councillor' and officers addressed by their job title e.g. Chief Executive' or name. From time to time, the officer advising the Chair will explain procedural points or suggest alternative wording for proposals, to assist the Committee.

If and when a vote is taken, the Chair will explain that only those who oppose the proposal(s), or who wish to abstain will need to indicate, using the chat function. The officer advising the Chair will indicate whether the proposals are carried.

If a more formal vote is needed, this will be by roll call – where each Councillor will be asked in turn (alphabetically) how s/he wishes to vote.

At County Council and Planning Committee meetings speaker's times are limited. A bell will be sounded to alert that the speaker has one minute remaining.

The meeting will be live streamed onto the Council's website. A recording of the meeting will also be available, shortly after the meeting at https://flintshire.public-i.tv/core/portal/home

FLINTSHIRE COUNTY COUNCIL

Date of Meeting	Tuesday, 15th February 2022
Report Subject	Council Fund Revenue Budget 2022/23 – Final Closing Stage
Report Author	Corporate Finance Manager and Chief Executive

EXECUTIVE SUMMARY

The Council has received full reports on previous stages of the budget setting process for 2022/23 and previous reports and appendices are attached as background information.

Cabinet set a revised minimum budget requirement for 2022/23 of £20.696m at its meeting on 14 December.

In January, Cabinet considered a progress report on the key headlines and financial impacts of the Welsh Local Government Provisional Settlement and the work that was needed to be completed to understand the implications of some new responsibilities. The outcome of this work is set out in the attached Cabinet report.

Cabinet considered the report at its meeting this morning which set out how the Council can achieve a legal and balanced budget.

The report is attached as Appendix A and confirmation of the Cabinet Resolution will be provided at the meeting.

RECOMMENDATIONS	
1	That the Council approves the recommendations of Cabinet for balancing the budget for 2022/23.
2	That Council approves the level of Council Tax for 2022/23 as recommended by Cabinet.

REPORT DETAILS

1.00	EXPLAINING THE CURRENT POSITION – BALANCING THE BUDGET FOR 2022/23
1.01	The Council has received reports at all stages throughout the budget process for 2022/23.
1.02	Council has been updated on the financial forecast for 2022/23 throughout the year and received an update on the additional budget requirement of £20.696m for 2022/23 on 14 December.
1.03	In January, Cabinet considered a progress report on the key headlines and financial impacts of the Welsh Local Government Provisional Settlement and the work needed to be completed to work through the implications of some new responsibilities. This work has now been completed.
1.04	Cabinet considered a report at its meeting this morning which included a recommendation for setting a legal and balanced budget. The report is attached as Appendix A.
1.05	Cabinet's resolution for balancing the budget will be provided to Members at the meeting and a presentation on the budget will be made to Council.

2.00	RESOURCE IMPLICATIONS
2.01	As contained within the report to Cabinet of 15 February 2022 which is attached.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	As contained within the report to Cabinet of 15 February 2022 which is attached.

4.00	RISK MANAGEMENT
4.01	As contained within the report to Cabinet of 15 February 2022 which is attached.

5.00	APPENDICES
5.01	Appendix A – Cabinet Report 15 February 2022.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	As included in the Cabinet Report 15 February 2022.

7.00	CONTACT OFFICER DETAILS
7.01	**Contact Officer:** Neal Cockerton, Chief Executive Gary Ferguson, Corporate Finance Manager **Telephone:** 01352 702271 **E-mail:** gary.ferguson@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	As set out in the attached report.

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CABINET

Date of Meeting	Tuesday, 15th February 2022
Report Subject	Council Fund Revenue Budget 2022/23 – Final Closing Stage
Cabinet Member	Cabinet Member for Finance, Social Value and Procurement
Report Author	Corporate Finance Manager and Chief Executive
Type of Report	Strategic

EXECUTIVE SUMMARY

Council has received full reports on previous stages of the budget setting process for 2022/23.

Cabinet received an update of an additional budget requirement of £20.696m for the 2022/23 financial year at its meeting on 14 December.

Cabinet received an update on the key headlines and financial impacts of the Welsh Local Government Provisional Settlement at its meeting on 18 January 2022.

Fundamentally, the settlement included confirmation of the need to meet the costs of some new responsibilities – the most significant of which being: 1) full costs of future pay awards; 2) implementation of Real Living Wage; 3) cessation of the hardship fund, and 4) Specific Grant impacts

Due to the above some urgent prioritised work was required and the outcome of this work is set out in the report.

The report also recommends solutions and sets out recommendations for the Council to be able to reach a legal and balanced budget.

This report also sets out the Council Tax recommendation for setting local taxation levels for 2022/23. We are also able to propose the formal resolution to Council when it meets later on 15 February as we have received notification of the

precepts of the Police and Crime Commissioner and all town and community councils within Flintshire.

Cabinet is invited to make final recommendations to Council to set a legal and balanced budget based on the detail as set out in this report.

A full presentation will be made at both Cabinet and Council.

The report includes the following tables:

- Table 1: Revised Additional Budget Requirement 2022/23
- Table 2: Proposed Budget Solutions 2022/23
- Table 3: Proposed Budget 2022/23
- Table 4: Medium Term Forecast 2023/24 – 2024/25

RECOMMENDATIONS	
1	That Cabinet notes and approves the revised additional budget requirement for 2022/23.
2	That Cabinet approves the final proposals for the corporate efficiencies which will contribute to the budget.
3	That Cabinet recommends to Council a legal and balanced budget based on the calculations as set out within this report.
4	That Cabinet notes the open risks which remain to be managed in the 2022/23 financial year.
5	That Cabinet recommends an overall annual increase in Council Tax for 2022/23 of 3.3% for Council Services and 0.65% for contributions to North Wales Fire and Rescue Service, Regional Coroners Service and Regional Education Consortium GwE – an overall uplift of 3.95%.
6	That Cabinet approves an additional £3.250m be transferred from the Contingency Reserve to the Emergency Reserve to safeguard against the ongoing financial risks of the pandemic in 2022/23.
7	That Cabinet invites Council to pass the formal Council Tax resolution now that we have had notification of the precepts of the Police and Crime Commissioner and all town and community councils within Flintshire.
8	That Cabinet notes the medium-term forecast as a basis for the next revision of the Medium-Term Financial Strategy (MTFS).

REPORT DETAILS

1.00	**EXPLAINING THE COUNCIL FUND REVENUE BUDGET 2022/23**
1.01	**The Additional Budget Requirement** The additional budget requirement has been continuously revised to take into account the latest available information, and has been presented to members at stages throughout the budget planning and setting process. Cabinet received an update of an additional budget requirement of £20.696m for the 2022/23 financial year at its meeting on 14 December 2021. Cabinet received an update on the key headlines and financial impacts of the Welsh Local Government Provisional Settlement at its meeting on 18 January. Fundamentally, the settlement included confirmation of the need to meet the costs of some new responsibilities – the most significant of which being: 1) full costs of future pay awards; 2) implementation of Real Living Wage; 3) cessation of the hardship fund, and 4) Specific grant impacts Due to the above some urgent prioritised work was required and the outcome of this work is set out in the report.
	Changes to the Additional Budget Requirement
1.02	**Funding for Pay Awards 2022/23** Welsh Government have confirmed that the full costs of all future pay awards (teacher and non-teacher) will need to be met from the overall funding allocations provided to councils, and that there will be no supplementary allocations made should final pay awards exceed budgetary provision. Therefore, a review of pay provision has been undertaken and an annual uplift of 3.5% is now included for teacher and non-teacher pay which is more in line with national predictions on average earnings growth forecasts. This increase has added £2.165m to the additional budget requirement.
1.03	**Implementation of the Real (Foundation) Living Wage (RLW)** The provisional settlement included a specific requirement for councils to implement the Real Living Wage for registered social care workers which has significant cost implications that will impact predominantly on the independent care sector from whom we commission care. The estimated impact of this is £1.608m for 2022/23 which has been added to the budget requirement. The cost for implementing the Real Living Wage for all Council employees (including our partners Newydd and Aura) is estimated to be £0.254m and has also been included in the final budget proposals. Implementation of the RLW will also result in risks due to the compression of grades and the potential impact on recruitment and retention. Therefore, a

	review of the Council's pay model is planned during the financial year, although the financial impact of this is yet to be costed with no provision included in the budget at this current time.
1.04	**Cessation of the Welsh Government Hardship Fund** **Additional Costs** The Welsh Government Hardship Fund, which has made a significant funding contribution to the Council's budget in the current financial year, is due to cease at the end of March 2022. Therefore, the continuation of additional costs and lost income will need to be borne by the Council in 2022/23. The Council has been heavily reliant on claims made to the fund in 2021/22 and a detailed risk assessment has been undertaken to consider how the continuation of any additional costs and losses of income may be met. Alternative funding streams have been confirmed in some areas. For example grant funding of £15m across Wales to tackle homelessness has been confirmed which will cover estimated costs in this area. There are some costs that will need to cease in 2022/23 now that funding has been removed. For example funding for the provision of free school meals during school holidays is only expected to continue until Easter. However, it is anticipated that additional costs will still be incurred in the following areas: - Additional staffing to cover covid sickness and self-isolation - Provision of PPE - Additional waste tonnages due to a large proportion of residents continuing to work from home - Additional vehicle costs to provide appropriate social distancing for the workforce within Streetscene.
1.05	**Lost Income** Income levels across most Council services have now returned to budgeted levels with the exception of car park income, which is still significantly under budget, with quarterly claims being made to the Hardship Fund. A further £0.250m has now been included in the budget to supplement the £0.150m that was previously included. In addition the Council has also been submitting lost income claims on behalf of our external partners such as Aura leisure and libraries and Newydd. **It is recommended that a top up of £3.250m to the Emergency Reserve is made from the contingency reserve to ensure that there is sufficient provision for the continuation of any additional costs and losses of income previously claimed from the Hardship Fund.**
1.06	**Specific Grant Impacts** **Social Care Recovery Grant**

	Within 2021/22 the Council received £2.772m of temporary additional funding from the Social Care Recovery Grant. An amount of £0.650m was used to mitigate some of the cost pressures within the out of county placements budget and the remainder was used to meet specific cost pressures arising from increases in inflation and service demand. A review of the potential ongoing impacts of the cost pressures funded by this grant has been undertaken and an additional amount of £0.820m has been included in the budget to support the following cost pressures in the service: **Adoption Services (£0.270m)** To enable the successful adoption of more complex cases, such as large sibling groups or special needs, the search for adoptees has been widened across the whole of the UK. Previous contract arrangements with the North Wales Adoption Service limited adoptees to the North Wales geographical area and for adoptions outside of this area there are additional charges from adoption agencies which can be significant. These were new costs in 2021/22 that will continue into 2022/23. As well as successful adoptions being a positive outcome for each child there is also a financial benefit as this will avoid future costs which would have impacted on the out of county placements budget. **Children's Services Professional Support (£0.320m)** The number of children's cases are increasing in volume and complexity and this has had an impact on the capacity within the Children's Services professional support team. An increase in resources is required to ensure child safeguarding requirements can be met on a permanent basis. Agency and temporary arrangements have been put in place to meet this pressure in the current financial year. **Disability Services (£0.230m)** The service is incurring additional pressure from the need to increase care provision across a number of care packages such as increasing direct payment of homecare hours or providing additional support within supported living or residential settings. Historically, these increases can be offset by reductions in care packages or clients leaving the service, however, the current trend is showing the increase in demand to be much higher than cost reductions. The inclusion of the above will still leave an element of risk within the social services budget due to the complexity and volatility of service areas and will need to be kept under close review. As in recent years, there is the potential for new grants during the year, although at this stage these cannot be relied upon.
1.07	**Out of County Placements** Additional funding of £0.750m was included in the 2021/22 budget although this area continues to increase in terms of service demand and cost. As at the Month 9 2021/22 budget monitoring report there is a net projected in-year overspend of £0.860m; however this has been reduced by the contribution of £0.650m referenced in 1.06 from the Social Care Recovery Grant.

	Therefore, additional budget provision of £0.500m has been included within the budget which, added to the £1m previously included, provides for an uplift of £1.5m in line with current demand. The risk remains around further potential net increases in clients in this volatile service area.
1.08	**Transfers in to the Settlement** The Provisional Settlement included two transfers in which will need to be passported to the relevant service areas. These are: • North Wales Residual Waste Treatment Project (NWRWTP) Gate fees – (£5.620m) • Social Care Workforce Grant – (£0.217m) These amounts have been added to the 2022/23 budget requirement.
1.09	**Other new impacts** The contribution to the North Wales Fire and Rescue Authority has now been confirmed as an increase of £0.531m, which is an increase of 6.4% on the amount paid in 2021/22. The previous budget requirement included an amount of £0.490m, so an additional £0.041m has now been added to the budget requirement. The contribution to the Regional Education Consortium GwE has also been confirmed as an increase of £0.037m (an additional 4.3% on 2021/22), which is an increase of £0.022m on the amount previously included. A further inflationary increase of £0.059m has been included for Aura as a contribution towards pay inflation, and a further amount of £0.042m has been included for costs associated with our move to Microsoft Office 365.
1.10	**Pressures taken out of the additional budget requirement.** **Schools' Delegated Budgets – (£1m)** The Council included additional funding of £1m for the secondary school sector in 2021/22 to help address an overall school deficit position, and this funding is recurring so remains in the base budget in 2022/23. The previously reported budget requirement also included a potential additional amount of £1m for 2022/23. Based on overall affordability and an improved position on school reserves (due to additional grant funding and lower expenditure in 2021/22) this has now been taken out. However, the proposed budget still includes an annual uplift in school investment of 5.8% (para 1.22 refers). **Other budget Pressures – (£0.369m)** As part of the continual review of pressures, there are a number of pressures that are able to either be reduced or removed due to additional funding being identified or the requirement for the cost pressure changing. These total £0.369m and are listed below:

Pressure	£m	Reason for removal/reduction
Schools' Digital Advisor	0.063	Funded from Grant in 2022/23
Support for Autism	0.034	Funding reallocated from Portfolio for part of pressure
Managing Learning Recovery	0.040	Pressure reduced due to grant maximisation
Transformation Fund Posts	0.100	Removed due to confirmation of grant, though risk on match funding remains
Programme Manager Post	0.014	No longer required
Additional Learning Needs Reforms	0.031	Pressure reduced following review
Free School Meals	0.087	To be met by existing budget in 2022/23
Total	**0.369**	

1.11 **Further Review of Pressures**

Council Tax Reduction Scheme (CTRS)
The Month 9 revenue monitoring position shows a reduction in the level of expenditure on the CTRS due to demand being less than anticipated. In addition, the initial pressure was modelled on a council tax increase of 5%, so the amount included has now been reduced to reflect the proposed overall increase of 3.95%. As a result of the above, it is possible to reduce this budget pressure by £0.239m.

On-site Inclusion Centres
An amount of £0.124m was previously included due to an anticipated start date for this facility of September 2022. However, it is now likely that this will not start until September 2023, so the cost pressure has been deferred until 2023/24.

School Utility Inflation/Demography
The budget requirement included a pressure of £0.250m for utility costs for schools. A detailed review of the energy funding formula compared with estimated costs has been undertaken and this pressure is now able to be reduced to £0.070m.

However, further pressures have emerged linked to a change in the demography of our learners and increases in eligibility for free school meals. In the current academic year there is a shift, with more learners in Key Stage 4 of the Secondary phase which requires a higher level of funding per pupil than those in the lower years. An amount of £0.180m has now been included to contribute to these increases.

1.12 The changes in the budget requirement are summarised below:

Table 1: Additional Budget Requirement 2022/23

		£M	Paragraph
Budget Requirement December 2021		**20.696**	
Add:			
Additional Pressures:			
Additional Funding for Pay Awards		2.165	1.02
Impact of Real Living Wage		1.862	1.03
Car Parking - loss of income		0.250	1.05
Adoption Costs		0.270	1.06
Professional Support		0.320	1.06
Disability Services		0.230	1.06
Out of County Placements		0.500	1.07
Transfer in - NWRWTP Gate Fees		5.620	1.08
Transfer in – Social Care Workforce Grant		0.217	1.08
North Wales Fire and Rescue Authority		0.041	1.09
Regional Education Consortium - GwE		0.022	1.09
Aura Inflation		0.059	1.09
Microsoft Pressure		0.042	1.09
Less:			
Removal of pressure Schools' Delegated Budgets		(1.000)	1.10
Removal of other Pressures		(0.369)	1.10
Reduction of CTRS/Deferral on site inclusion		(0.363)	1.11
Total Revised Budget Requirement		**30.562**	

Proposed Solutions to meet the Revised Budget Requirement

1.13 **The Welsh Local Government Provisional Settlement**

The Welsh Local Government Provisional Settlement was announced on 21 December and full details were included in the January report.

The provisional Aggregate External Funding (AEF) represents a cash uplift of £25.396m over the 2021/22 amount of £206.778m (12.3%) before taking into account the transfers in to the settlement.

1.14 **Council Tax**

The level of annual increase in council tax is a decision for Full Council.

In previous years, Council has set a clear direction that any annual increase should be at 5% or less. The Council has had to include a number of additional pressures to provide for the new responsibilities identified in the Welsh Local Government Provisional Settlement which has increased the budget requirement.

Based on the final additional budget requirement of £30.562m an overall annual increase of 3.3% is required on council tax for Council Services and 0.65% for additional contributions to North Wales Fire and Rescue Service, Regional Coroners Service and Regional Education Consortium GwE. This equates to an overall uplift of 3.95% and provides overall additional yield of £3.825m in 2022/23.

This amounts to an annual increase of £55.08 per annum and brings the amount to £1,449.58 on a Band D equivalent (£1.06 per week equivalent).

Police Precept/Town and Community Councils

The Police Precept and Town and Community Council Precepts for 2022/23 have all been notified to the Council as the Council Tax collection authority and a separate report on the Council agenda later today sets out the formal resolutions.

1.15 **Service Transformation and Efficiencies**

As consistently reported, there are limited options available to the Council for new efficiencies of scale. An initial target of £2m was set for newly identified service efficiencies, with £1.256m previously identified and reported. A further efficiency of £0.085m has been identified following review of the central utilities budgets including anticipated increases from suppliers. This work has now been concluded and a final efficiencies total of £1.341m has been identified as a contribution to the budget (See Appendix 5).

1.16 **Table 2: Summary of Proposed Budget Solutions**

		£M
Revised Minimum Additional Budget Requirement (as in Table 1)		**30.562**
Less:		
Provisional Settlement		(25.396)
Corporate Efficiencies		(1.341)
Council Tax (3.95%)		(3.825)
Amount Remaining		**0**

1.17 **SUMMARY AND CONCLUSIONS**

A legal and balanced budget for 2022/23 can be recommended by Cabinet to Council based on (1) the calculations and assumptions set out above, and (2) the detailed proposed budget as set out below.

1.18 **Table 3: Proposed Budget 2022/23**

Funding	**£m**
Aggregate External Funding (AEF) / RSG NNDR	232.174
Council Tax	94.504
SSA/Budget Requirement	**326.678**
Specific Grants (Estimated)	35.868
Total Funding	**362.546**

Expenditure	**£m**
Base Budget Rolled Forward	331.965
Transfers in (Appendix 1)	5.837
Previous Years Growth/Items Dropping Out (Appendix 2)	0.806
Inflation (Appendix 3)	10.690
Pressures & Investments (Appendix 4)	13.229
Efficiencies	
Corporate Efficiencies (Appendix 5)	(1.341)
Grants	
Less Specific Grants 2021/22	(34.508)
Plus Specific Grants 2022/23 (Estimated Appendix 6)	35.868
Total Expenditure	**362.546**
Balance	**0**

Open Risks 2022/23

1.19 **Pay**

The revised budget requirement includes pay inflation for 2022/23 at 3.5% for both teachers and non-teaching staff. Should national pay negotiations conclude at a higher level, this would mean the difference would need to be met by reserves in 2022/23.

A further risk remains as the negotiations for the 2021/22 non-teaching pay award have not yet been concluded. The latest offer of 1.75% is included in

	the budget requirement but should this be agreed at a higher level then again this would also need to be met from reserves. The outcome of the pay modelling to be undertaken in 2022/23 represents a further risk which will need to be considered as part of its agreement and prior to implementation.
1.20	**Out of County Placements** This remains an open risk as set out in 1.07 above.
1.21	**Ongoing Impact of the National Emergency** The Hardship Fund will cease from April 2022. As such an assessment of ongoing pressures has been made the details of which are set out in 1.04. However, we are holding the balance of the £3.0m emergency reserve set aside at the outset of the emergency (£1.5m forecast at the end of 2021/22) and a further amount of £3.250m is recommended to be added to that from the contingency reserve to mitigate against continuing financial impacts.
1.22	**School Budgets** Within this budget the Council recognises the increasing demands and pressures that schools face with an increase of 5.8% in funds for education and schools. Additional funding is included to fund pay awards for teachers and non-teaching Staff, the increase in employer national insurance contributions and energy inflation. Demographic changes in pupil numbers has also been funded alongside funding for increases in eligibility for free school meals and additional and more complex service demands in additional learning needs. The level of school reserves rose in the year ending 31st March 2021 due to school closures arising from the pandemic and significant additional late grants from Welsh Government. Welsh Government have continued to provide significant additional grants during the year and have indicated that some grants will continue into future years. The exact purposes of these grants have yet to be confirmed and therefore it is difficult to assess the impact on school expenditure and school balances at this stage. The Council continues to be concerned about the length of time some of our secondary schools have been in deficit and the impact on those schools. The adequacy of the current level of funding within the schools' funding formula for the medium-term must therefore remain under review.
1.23	**RESERVES AND BALANCES** **Earmarked Reserves** The Council holds earmarked reserves which are set aside for specific purposes. Some are restricted in their use by, for example, the terms and conditions of grant where their source is government funding. An update on current projected levels of earmarked reserves shows that the amount is likely to reduce from £9.7m to £5.7m by the end of the 2022/23 financial year as these reserves are 'drawn down' (See Appendix 7).

	The Council reviews its remaining earmarked reserves on an ongoing basis, and only those for which there is a strong business case will be retained with the remainder being released for use as part of the Medium-Term Financial Strategy.
1.24	**Un-Earmarked Reserves** The Council holds a base level of reserve of £5.769m and this position remains unchanged for 2022/23. Levels of unearmarked reserves over and above this figure are referred to as the Contingency Reserve. This reserve is projected to be at £7.407m at year end based on the Month 9 2021/22 budget monitoring report, though the amount needed to fund the in-year impact of the NJC pay award is likely to be £1.251m (if agreed at 1.75%) which will reduce the amount available to £6.156m. In addition, the Council set aside £3.0m as an emergency fund at the outset of the pandemic and in advance of confirmation of support from Welsh Government. As reported in the Month 9 2021/22 monitoring report, the current balance of this reserve is £1.8m, however there are still a number of outstanding claims to Welsh Government and the balance of the fund will be reduced if any of the claims are not approved in whole or in part. It is estimated that the balance of this will be around £1.5m at the end of the financial year. This fund should remain in place as a safeguard against the financial impacts of the ongoing pandemic situation and it is recommended that a further amount of £3.250m be transferred from the Contingency reserve into this emergency reserve to safeguard against the ongoing financial risks of the pandemic into 2022/23. The Contingency Reserve is the Council's main 'defence' against in-year cost pressures. It is used to meet the impact of an overall overspend in any given financial year and to mitigate against potential financial risks. The main open risks that the Council will face in 2022/23 are detailed in paras 1.19 – 1.21.
1.25	**Formal Advice of the Corporate Finance Manager** Section 25 of the Local Government Act 2003 includes a specific duty on the Chief Finance Officer (for Flintshire this is the Corporate Finance Manager) to report to the Council when it is considering its budget and council tax setting on the robustness of the estimates and the adequacy of reserves. The Act requires the Council to have regard to this report in making its decisions on its budget.
1.26	The 2022/23 budget has again been set within the context of the Medium Term Financial Strategy and during a year which has seen the Council continue to adapt to meet the challenges of a national emergency. The emergency situation – in scale and length - has posed significant financial challenges. This will continue to be the position as we go into the new financial year, particularly with the cessation of the hardship fund and other specific one off funding.
1.27	For the estimates contained within the budget, all figures are supported by a clear and robust methodology with the efficiency proposals considered

	achievable. The cost pressures are supported by evidenced method statements.
1.28	The Council's Reserves and Balances Protocol sets out how the Council will determine, manage and review the level of its Council Fund Balance and earmarked reserves, taking into account legislation and professional guidance. An outcome of this protocol was to report to both Cabinet and Corporate Resources Overview and Scrutiny Committee the level of earmarked reserves held on a quarterly basis. This has been continued throughout 2021/22 through the monthly budget monitoring report, with a detailed challenge of earmarked reserves undertaken throughout Summer 2021 which resulted in an amount of £0.585m being released from earmarked reserves back to the general contingency reserve. This process ensures that members can have a good understanding of all the reserves held by the Council.
1.29	I can confirm the reasonableness of the estimates contained in the proposed budget having regard to the Council's spending needs in 2022/23 and the financial context within which the budget is being set. It is clear that there are still some significant open risks within the 2022/23 budget proposals - particularly around pay provision, social care demands, and the ongoing impact of the pandemic. The multi-year indication on our Aggregate External Finance (AEF) provided within the provisional local government settlement is welcome although the increases are shown to be significantly lower than the level received this year. Therefore, it is important that the Council protects its current level of reserves to safeguard against these risks. Effective and disciplined in-year financial management is essential to ensure that budgets are managed effectively - with prompt action taken to mitigate any impacts should variances occur.
1.30	I recommend that Council should maintain sufficient general balances of £5.769m and retain its contingency reserve in full as a safeguard to manage any in-year cost pressures and variances. In addition the Emergency Reserve needs to be retained and increased to provide safeguards for the continuing impacts of additional costs and lost income arising from the pandemic.
1.31	The recurring budget proposals do not require the use of temporary reserves which builds on our approach last year, where for the first time in many years the proposed budget was funded on a predominantly recurrent and sustainable basis. The outlook for 2023/24 and beyond shows an essential need for maintaining this.
1.32	**Formal Advice of the Chief Executive** My professional advice complements that of the Corporate Finance Manager, as set out above.
1.33	The draft budget as presented follows the Medium-Term Financial Strategy (MTFS) adopted by the Council. It has been developed according to the budget setting model which has been adopted by the Council, and our principles and values.

1.34	We have taken a prudent and balanced approach to our annual budget, as required by law and the principles of good governance, whilst protecting the improvement objectives and public service duties and obligations of the Council. Our budget-setting process is an intricate one with all decisions being carefully risk-assessed.
1.35	We have advised Council throughout that there are no new cost reductions or cost efficiencies of scale beyond those reported in stages one and two of the budget-setting process. Council, as advised by Cabinet and the six Overview and Scrutiny Committees, has concurred with this advice and has not asked for any further reviews of corporate or service portfolio budgets to be undertaken to reduce cost provisions. Our strategy for achieving a legal and balanced budget was heavily reliant on the sufficiency of Government funding for local government and public services as noted by Audit Wales in their most recent commentary on the financial resilience and sustainability of the Council.
1.36	A number of 'open risks' remain to be managed and we will again be challenged to manage our budget in-year throughout 2022/23. Our advice on risk management and how it affects setting a prudent budget needs to be carefully heard.
1.37	It is important that we continue to plan for the medium-term and work with Governments on a sustainable funding model for local government – seeing beyond the emergency situation and a recovery from it – and avoiding an over-reliance on Council Tax as a form of local income.
1.38	**Concluding Advice to Close the Budget** Council is able to set a legal and balanced budget for 2022/23 based on the calculations and advice set out in this report, and can fulfil its collective legal responsibility. All calculations are based on an overall council tax rise of 3.95% (3.3% for Council Services and 0.65% for the regional contributions to the North Wales Fire and Rescue Service, the Coroners Service and the Regional Education Consortium GwE).
1.39	**Medium Term Financial Forecast** The financial forecast for the medium-term, for the financial years– 2023/24 – 2024/25, have been reviewed in readiness to update the MTFS. A high-level estimate on the major cost pressures predicted over the next two years following this budget is included in Table 4. The forecast includes (1) potential annual pay awards of 2.5%; (2) commissioning cost pressures within Social Services, and (3) other known cost pressures. The figures below show the minimum budget requirement. **Table 4: Medium Term Forecast**

Cost Pressure Group	2023/24 (£m)	2024/25 (£m)
Pay Inflation	5.033	4.852
Non-Pay Inflation	0.595	0.604

	Social Care Pressures	5.284	4.235
	Other Pressures	4.384	1.727
	Total	**15.296**	**11.418**

1.40	The 2022/23 Provisional Settlement included indicative all-Wales revenue allocations for 2023/24 and 2024/25 of £5.3bn and £5.4bn respectively. This equates to an increase of £177m (3.5%) in 2023/24 and £128m (2.4%) in 2024/25 for local government. Whilst the announcement of multi-year settlements is welcome, these are at a considerably lower level than this year's settlement and will present the Council with a significant challenge over the medium term.
1.41	The timetable for the closing stages of the annual budget setting process is as follows: - 15th February Council Meeting: Final budget-setting decisions including final agreement on the level of Council Tax and the passing of the Council Tax Resolution 1 March 2022: Announcement of the Final Welsh Local Government Settlement. It is not anticipated that there will be any significant changes within the Final Settlement when it is announced on 1 March. However, if there are any minor changes it is recommended that a relevant contribution to / from reserves is included as an adjustment to the budget.

3.00	**RESOURCE IMPLICATIONS**
3.01	**Revenue:** the revenue implications for the 2022/23 budget are set out in the report. **Capital:** there are no new implications for the approved capital programme for either the current financial year or for future financial years – the capital programme will be subject to a separate report **Human Resources:** there are no implications for additional capacity or for any change to current workforce structures or roles at this stage.

4.00	**IMPACT ASSESSMENT AND RISK MANAGEMENT**
4.01	**Ways of Working (Sustainable Development) Principles Impact**

Long-term	Negative – the absence of longer-term funding settlements from Welsh Government means that sustainable support for service delivery is challenging

	for the longer term. Sustainable funding from Welsh Government that provides additional funding for Indexation, Service demands and new legislation will provide a positive and sustainable position for the Council in the longer term.
Prevention	As above
Integration	Neutral Impact
Collaboration	Services continue to explore opportunities for collaboration with other services and external partners to support positive impacts.
Involvement	Communication with Members, residents and other stakeholders throughout the budget process.

Well-Being Goals Impact

Prosperous Wales	Longer term funding settlements from Welsh Government that provide additional funding for indexation, service demands and new legislation will aid sustainability and support a strong economy that encourages business investment in the region. The opposite will be true if settlements are inadequate.
Resilient Wales	Continuation of services to support communities and social cohesion will have a positive impact. The opposite will be true if settlements are inadequate.
Healthier Wales	An appropriate level of funding will ensure that communities are supported and will have a positive impact. The opposite will be true if settlements are inadequate.
More equal Wales	A positive impact with greater parity of funding from Welsh Government for all Welsh Local Authorities. The opposite will be true if settlements are inadequate.
Cohesive Wales	Appropriate level of funding will support services working alongside partners. The opposite will be true if settlements are inadequate.
Vibrant Wales	As Healthier and Cohesive Wales above
Globally responsible Wales	Neutral impact.

5.00	CONSULTATIONS REQUIRED/CARRIED OUT
5.01	Overview and Scrutiny Committees in September/October 2021 Member Briefing December 2021. Consultation with the principle NNDR payers has been undertaken

6.00	APPENDICES
6.01	Appendix 1: Transfers in Appendix 2: Prior Years Decisions Appendix 3: Inflation Appendix 4: Pressures & Investments Appendix 5: Efficiencies Appendix 6: Specific Grants 2022/23 Appendix 7: Balances & Reserves

7.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
7.01	The series of preparatory budget reports for the 2022/23 financial year. The series of presentations made to Cabinet and Council for the 2022/23 financial year.

8.00	CONTACT OFFICER DETAILS
8.01	**Contact Officer:** Gary Ferguson, Corporate Finance Manager **Telephone:** 01352 702271 **E-mail:** gary.ferguson@flintshire.gov.uk

9.00	GLOSSARY OF TERMS
9.01	**Medium Term Financial Strategy (MTFS):** 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. **Revenue:** a term used to describe the day to day costs of running Council services and income deriving from those services. It also includes charges for the repayment of debt, including interest, and may include direct financing of capital expenditure. **Budget:** a statement expressing the Council's policies and service levels in financial terms for a particular financial year. In its broadest sense it includes both the revenue budget and capital programme and any authorised amendments to them.

	Revenue Support Grant: the annual amount of money the Council receives from Welsh Government to fund what it does alongside the Council Tax and other income the Council raises locally. Councils can decide how to use this grant across services although their freedom to allocate according to local choice can be limited by guidelines set by Government. **Specific Grants**: An award of funding from a grant provider (e.g. Welsh Government) which must be used for a pre-defined purpose. **Welsh Local Government Association:** the representative body for unitary councils, fire and rescue authorities and national parks authorities in Wales. **Financial Year:** the period of 12 months commencing on 1 April. **Local Government Funding Formula:** The system through which the annual funding needs of each council is assessed at a national level and under which each council's Aggregate External Finance (AEF) is set. The revenue support grant is distributed according to that formula. **Aggregate External Finance (AEF):** The support for local revenue spending from the Welsh Government and is made up of formula grant including the revenue support grant and the distributable part of non-domestic rates. **Provisional Local Government Settlement:** The Provisional Settlement is the draft budget for local government published by the Welsh Government for consultation. The Final Local Government Settlement is set following the consultation. **Funding Floor:** a guaranteed level of funding for councils who come under the all-Wales average change in the annual Settlement. A floor has been a feature of the Settlement for many years.

BUDGET 2022/23 - COUNCIL FUND REVENUE

Transfers In	£m
Streetscene & Transportation	
North Wales Residual Waste Treatment Project (NWRWTP) - Gate Fees	5.620
Social Services	
Social Care Workforce Grant	0.217
TOTAL - TRANSFERS IN	**5.837**

BUDGET 2022/23 - COUNCIL FUND REVENUE

Prior Years Growth / Items Dropping Out	£m
Central & Corporate	
P2P Upgrade	(0.019)
Minimum Revenue Provision	0.301
21C Schools Band B Borrowing Costs	0.128
Education & Youth	
Pupil Referral Unit Revenue Costs	0.019
Governance	
Registration Service - Cancellation of Events	(0.036)
Social Services	
Childrens Registered Residential Care Home	0.413
TOTAL - PRIOR YEARS	**0.806**

BUDGET 2022/23 - COUNCIL FUND REVENUE

Inflation	£m
21/22 Pay Inflation	
NJC Pay Award Estimate (Non Schools) - 21/22	0.990
NJC Pay Award Estimate (Schools) - 21/22	0.261
Teachers Pay Award Estimate - 21/22 Full Year Impact	1.282
22/23 Pay Inflation	
NJC Pay Award Estimate (Non Schools)	3.347
NJC Pay Award Estimate (Schools)	1.194
Teachers Pay Award - Sept to March 22	1.515
Real Living Wage (Estimated Initial Cost)	0.254
22/23 National Insurance Increase	
National Insurance Base Increase - NJC (Non Schools)	0.474
National Insurance Base Increase - NJC (Schools)	0.161
National Insurance Base Increase - Teachers	0.696
Service Contract Inflation/National Insurance	
Service Contract Inflation	0.176
Natinal Insurance Increase - Service Contracts	0.084
Schools Inflation	
Utilities	0.070
Regional Educational Consortium (GwE)	0.037
Other Inflation	
Fuel Costs	0.100
Business Systems Inflationary Rises	0.016
Parc Adfer Contract Inflation	0.033
TOTAL - INFLATION	**10.690**

BUDGET 2022/23 - COUNCIL FUND REVENUE

Pressures & Investments	£m
Central & Corporate	
North Wales Fire and Rescue - Levy increase	0.531
Coroners Service - Fee Increase	0.027
SubTotal - Central & Corporate	**0.558**
Chief Executives	
Income & Marketing Manager	0.063
Social Value	0.024
SubTotal - Chief Executives	**0.087**
Out of County Placements	
Out of County Placements	1.500
SubTotal - Out of County Placements	**1.500**
Education & Youth	
Additional Learning Needs (ALN) - Reforms	0.169
Additional Learning Needs - Additional Schools Funding	0.565
Schools Demography	0.180
Managing Learning Recovery	0.024
Support for Autism	0.028
Early Years Additional Learning Needs and Education Tribunal Act (ALNET)	0.050
New Pupil Referral Unit Building - (Increased Capacity)	0.265
Joint Archive Service - Staffing	0.039
Outreach Provision - Plas Derwen Pupil Referral Unit	0.154
Sub Total - Education & Youth	**1.474**
Governance	
Connectivity Upgrade to Support Cloud Delivery	0.020
Independent Review Panel for Wales (IRPW)	0.213
Resource to Support Digital Delivery (2 posts)	0.093
Resource to Address Service Capacity Issues (1.2 posts)	0.037
Software to support "Golden Customer" development	0.010
Software to Support DP compliance within SharePoint	0.031
Project Manager Resource - Digital Strategy	0.047
Capacity & Resilience - Legal Services	0.059
Microsoft Licences Retention and Security	0.042
Increased Microsoft Licensing Costs	0.177
Members Broadband Allowance	0.025
Sub Total - Governance	**0.754**
People & Resources	
Employment Services	0.035

Pressures & Investments	£m
DBS Pension Data Service	0.011
Occupational Health - Counselling	0.074
Occupational Health - Physiotherapy	0.032
Sub Total - People & Resources	**0.152**
Housing & Assets	
Benefits - Council Tax Reduction Scheme (CTRS)	0.369
Homelessness - Additional Capacity (2 posts)	0.090
Carelink - Budget Issue (Housing Support Grant)	0.109
Sub Total - Housing & Assets	**0.568**
Planning & Environment	
Investing in Parks	0.100
Environmental Health Officer (2 posts)	0.106
Flood Prevention & Response Post	0.142
Planning Enforcement Officer	0.047
Social Enterprise Development Officer	0.043
Empty Homes Post	0.035
Wales Rally GB	0.030
Sub Total - Planning & Environment	**0.504**
Social Services	
Social Care Commissioning	4.306
Liberty Protection Safeguards	0.300
Transition to Adulthood	0.943
Adoption Costs	0.270
Professional Support	0.320
Disability Services	0.230
Increased Homecare Capacity	0.150
Special Guardianship Orders (SGO's)	0.050
Childrens Services Group Homes	0.300
Sub Total - Social Services	**6.869**
Streetscene &Transportation	
Car Parking Income Post COVID	0.400
Garden Waste Income - Static Price	0.050
Electric/Hydrogen Vehicles Revenue Costs	0.050
Streetscene Enforcement Post	0.078
Re-procurement of Transport Tender Post COVID	0.185
Sub Total - Streetscene & Transportation	**0.762**
TOTAL - PRESSURES & INVESTMENTS	**13.229**

BUDGET 2022/23 - COUNCIL FUND REVENUE

Efficiencies	£m
Corporate Efficiencies	
Central & Corporate	
Increase in Reserves	(0.471)
Utility Inflation	(0.085)
Total - Central & Corporate	**(0.556)**
Chief Executives	
Efficiency from Restructure	(0.025)
Recharge to HRA	(0.027)
Sub Total - Governance	**(0.052)**
Governance	
Single Person Discount (SPD) Review (One off)	(0.300)
Sub Total - Governance	**(0.300)**
Housing & Assets	
Connah's Quay Power Station	(0.290)
Rent Newydd	(0.020)
Sub Total - Housing & Assets	**(0.310)**
Social Services	
Sleep in Pressure not required	(0.123)
Sub Total - Social Services	**(0.123)**
TOTAL - EFFICIENCIES	**(1.341)**

BUDGET 2022/23 - COUNCIL FUND REVENUE

Specific Grants	Budget 2021/22 £	Budget 2022/23 £	Variance £	Conf (C) or Est (E)
Education & Youth - Non Delegated				
Promoting Positive Engagement (Youth Crime Prevention Fund)	196,143	196,152	9	C
YOT / Youth Justice Board (inc. JAC)	227,966	223,448	(4,518)	E
Welsh Network of Healthy School Schemes	101,380	101,380	0	E
Youth Support Grant (Youth Service Revenue Grant)	468,614	469,114	500	C
Free School Milk	245,891	245,891	0	E
Families First	1,505,090	1,485,772	(19,318)	C
Pupil Development Grant	4,422,900	5,567,305	1,144,405	E
Reducing Infant Class Sizes	333,000	120,282	(212,718)	E
Rural Schools Grant	139,625	0	(139,625)	C
Additional Learning Needs Transformation	45,000	34,031	(10,969)	E
Adult Community Learning	216,000	244,231	28,231	E
Feminine Hygiene	124,137	124,137	0	E
Education Improvement Grant for Schools	5,880,701	5,852,651	(28,050)	E
Sub Total - Education & Youth (Non Delegated)	**13,906,447**	**14,664,394**	**757,947**	
Education & Youth - Delegated				
6th Form Funding (Formally DCELLs)	4,439,673	4,224,925	(214,748)	E
Sub Total - Education & Youth (Delegated)	**4,439,673**	**4,224,925**	**(214,748)**	
Housing & Assets				
Housing Support Grant (formerly Supporting People)	7,828,610	7,828,610	0	E
Sub Total - Housing & Assets	**7,828,610**	**7,828,610**	**0**	
Planning & Environment				
Substance Misuse	500,832	500,832	0	E
Domestic Abuse Co-ordinator Funding (VAWDASV)	167,674	167,674	0	E
Legacy Fund	127,680	127,680	0	C
Communities for Work Plus	431,300	431,300	0	C
Sub Total - Planning & Environment	**1,227,486**	**1,227,486**	**0**	
Social Services				
Social Care Workforce Development Programme	312,069	312,069	0	E
Flying Start	2,901,515	3,225,513	323,998	C
St. David's Day	40,758	40,758	0	C
Childcare & Play	97,877	97,877	0	C
Children and Communities Grant Project Management / Early Help	33,329	271,959	238,630	C
Childcare Admin Offer	298,050	339,762	41,712	E
Sub Total - Social Services	**3,683,598**	**4,287,938**	**604,340**	
Strategic Programmes				
Free Swimming	60,750	60,750	0	E
National Exercise Referral	123,750	123,750	0	E
Active Young People	43,860	256,500	212,640	E
Sub Total - Strategic Programmes	**228,360**	**441,000**	**212,640**	

Specific Grants	Budget 2021/22 £	Budget 2022/23 £	Variance £	Conf (C) or Est (E)
Streetscene & Transporation				
Concessionary Travel	1,900,000	1,900,000	0	E
Sustainable Waste Management	737,209	737,209	0	E
Bus Service Support Grant	557,000	557,000	0	E
Sub Total - Streetscene & Transportation	**3,194,209**	**3,194,209**	**0**	
TOTAL - GRANTS	**34,508,383**	**35,868,562**	**1,360,179**	

BUDGET 2022/23 - COUNCIL FUND REVENUE

Summary of Council Fund Earmarked Reserves	Est Bal 01/04/22 £m	Est Bal 31/03/23 £m
Service Balances		
Corporate Services	0.496	0.123
Education & Youth	0.003	0.000
Housing & Assets	0.065	0.000
Planning & Environment	0.272	0.084
Social Services	0.229	0.030
Streetscene	0.372	0.000
Total - Service Balances	**1.437**	**0.237**
Corporate Balances		
Single Status / Workforce	0.989	0.966
General Reserve - Investment in Organisational Change	1.048	0.757
Total Corporate Balances	**2.037**	**1.723**
Specific Reserves		
County Elections	0.236	0.000
Local Development Plan	0.242	0.000
Warm Homes Admin Fee	0.202	0.000
Winter Maintenance	0.250	0.250
Severe Weather	0.120	0.000
Insurance Funds	2.350	2.575
Flintshire Trainees	0.613	0.524
Supervision Fees	0.049	0.000
LMS Curriculum	0.232	0.150
Tribunal Costs	0.125	0.000
North Wales Regional Waste Treatment Project (NWRWTP)	0.230	0.220
Grants & Contributions	1.609	0.030
Total Specific Reserves	**6.257**	**3.749**
Total Earmarked Reserves	**9.731**	**5.709**

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FLINTSHIRE COUNTY COUNCIL

Date of Meeting	Tuesday, 15 February 2022
Report Subject	Council Tax Setting for 2022/23
Report Author	Chief Officer (Governance)

EXECUTIVE SUMMARY

At a meeting on the 15th February 2022, a decision will be reached on the Council Fund Revenue Budget for 2022/23. Having determined the budget requirement which is contained in a separate report, Council will also be able to set the Council Tax which is the subject of this report.

Council Tax includes three separate charges, otherwise known as precepts, which make up the total sum which is charged against each property. These are precepts set by:

- the County Council
- the Office of the Police and Crime Commissioner for North Wales, and
- the Town and Community Councils.

Council Tax is usually expressed at a standard Band D rate which results in Council Tax being charged at lower levels for those properties in Bands A to C, and at higher levels for those properties in Band E to I.

For 2022/23, the recommended levels of Council Tax for approval for each property band and for Town and Community Council area are set out in Appendix 1 to this report.

RECOMMENDATIONS	
1	Set 2022/23 Council Tax as detailed in Appendix 1.
2	Note and endorse the continuation of the policy of not providing a discount in the level of 2022/23 Council Tax charges for second homes and long term empty homes, and where exceptions do not apply, to charge the Council Tax Premium rate of 50% above the standard rate of Council Tax for second homes and long term empty dwellings.
3	Approve designated officers to issue legal proceedings and appear on behalf of the Council in the Magistrates Court for unpaid taxes.

REPORT DETAILS

1.00	EXPLAINING THE COUNCIL TAX SETTING EXERCISE
1.01	The Council Tax charges for 2022/23 include precepts relating to the County Council, Police and Crime Commissioner for North Wales and all Town/Community Councils. There are several statutory decisions that need to be taken and these are divided into the following sections in Appendix 1:-
1.02	**Section 1** – this details the Council Tax Base for 2022/23, as previously approved by Cabinet, and shows the number of properties expressed as Band D equivalents (shown in total and by each Town/Community Council). The Tax Base also takes into account appropriate adjustments for statutory discounts, exemptions, premiums and assumed losses in collection.
1.03	**Section 2** – this details the income and expenditure of the County Council and Town and Community Councils. It also sets outs the amount of Council Tax to be charged across the various Valuation Bands in respect of the County Council precept and each Town/Community Council precept.
1.04	**Section 3** – this details the specific amount of Council Tax that is to be charged in each Valuation Band as a direct result of the precept set by the Police & Crime Commissioner for North Wales.
1.05	**Section 4** – details the standard amount of Council Tax that taxpayers will be required to pay from April 2022, recognising that some households will pay less because of discounts or exemptions and some will pay more in the event of the Council Tax Premium being payable.
1.06	**Section 5** – re-affirms the continuation of the current policy in 2022/23 of not granting discounts on second homes and long term empty properties which are defined by Regulations as three Prescribed Classes of Dwellings: • Class A – dwellings which are not a person's sole and main residence and which are substantially furnished with a restriction on occupancy for a period of at least 28 days consecutive days in any 12 month period (referred to as second homes) • Class B – dwellings which are not a person's sole and main residence and which are substantially furnished with no restriction on occupancy (also referred to as second homes) • Class C – dwellings which are not a person's sole and main residence which are also unfurnished and unoccupied and have been so for a period of over 6 months in most cases. The current policy of not offering a discount on second and long term empty homes forms part of a wider strategy of encouraging owners to bring property back into full use. This is crucial to the implementation of the Council Tax Premium scheme where an additional charge, otherwise known as a Premium, will apply. In other words, is it essential to continue to adopt of policy of not awarding discounts on such properties in order to levy a Council Tax Premium.

1.07	**Section 6** – in view of the determination previously made by full Council to introduce a Council Tax Premium scheme, unless there are exceptions to be applied, Council Tax for 2022/23 will be charged at a premium rate of 50% above the standard rate of Council Tax for those dwellings that are defined as 'second homes'. A Council Tax premium of 50% will also apply to those dwellings defined as 'long term empty' which have been empty for a continuous period of one year.
1.08	**Section 7 & 8** – approves designated officers to issue legal proceedings and appear on behalf of the Council in the Magistrates Court when prosecuting in cases of unpaid Council Tax and Business Rates.
1.09	**Section 9** – provides for the advertisement of the Council Tax for 2022/23 in the local press as required by Regulation.

2.00	**RESOURCE IMPLICATIONS**
2.01	Setting the Council Tax is an annual process to determine the new charges for the next financial year as part of the overall budget strategy.
2.02	Setting Council Tax at the levels recommended in this report will allow the Council, in respect of its own precept (£94,503,918), to work to a balanced budget after taking into account central government revenue support grants and other income streams.
2.03	This year, the budget proposals include an overall increase of 3.95% in council tax to meet the budget requirements. This comprises of 3.3% for Council services and 0.65% for contributions to North Wales Fire and Rescue Authority, Regional Coroners Service and Regional Education Consortium GwE. The overall increase in Council Tax is in line with the expectations of the Cabinet to keep the Council Tax rise to an affordable level - and below 5.0%.
2.04	As part of the setting of Council Tax for 2022/23, the Council will also pay to the Police and Crime Commissioner for North Wales a total precept of £20,653,459. The precepts for each Town and Community Council vary but collectively a precept £3,195,763 will be distributed between the Town and Community Councils, based on the individual precept requirements for each Town and Community Council.

3.00	**CONSULTATIONS REQUIRED / CARRIED OUT**
3.01	There is a statutory duty to consult with non-domestic ratepayers on the Council's budget proposals, including proposals for capital expenditure, before the commencement of each financial year and a consultation exercise has been undertaken to fulfil the legal requirements.
3.02	The Councils budget agreement for 2022/23 now result in the setting of Council Taxes as detailed in this report. The budget proposals have

	already been discussed at all Overview and Scrutiny Committees and finally at Corporate Resources Overview and Scrutiny Committee.

4.00	**RISK MANAGEMENT**
4.01	The Council also has a responsibility to issue Council Tax bills and to also collect the precepts on behalf of the Police & Crime Commission for North Wales and Town/Community Council.
4.02	Setting the Council Tax at full Council will therefore fulfil all statutory requirements to set and collect Council Taxes from April 2022.

5.00	**APPENDICES**
5.01	Appendix 1 - contains all resolutions and decisions needed to set the 2022/23 Council Tax.
5.02	Appendix 2 - provides statistical information of the 2022/23 Council Tax charges by Town and Community Council area.

6.00	**LIST OF ACCESSIBLE BACKGROUND DOCUMENTS**
6.01	• Local Government Finance Act 1992 • Local Government Act 1972 and 2003 • Council Tax (Prescribed Classes of Dwellings) (Wales) Regulations • Housing (Wales) Act 2014 **Contact Officer:** David Barnes, Revenues Manager **Telephone:** 01352 703652 **E-mail:** david.barnes@flintshire.gov.uk

7.00	**GLOSSARY OF TERMS**
7.01	**Council Tax Base:** is a measure of the Council's 'taxable capacity' taking into account the number of properties subject to Council Tax after taking into account discount and exemption schemes. **Council Tax Precepts:** Council Tax is made up of three separate components or charges, these are often referred to as 'precepts'. The Police and Crime Commissioner get part of their funding from Council Tax to pay for Police services and local Town and Community Councils rely almost entirely on funding from Council Tax to fund the running of Town and Community Council services. **Valuation Bands:** The amount of Council Tax that is paid depends on the Valuation Band for each domestic property. The Valuation Office Agency

	(VOA) is responsible for valuing all properties in Wales and placing every property in one of nine property bands, ranging from Band A to Band I. **Council Fund Revenue Budget:** Prior to the start of each financial year the Council is required to set a budget for its day-to-day expenditure to pay for local service. This is called a Revenue Budget and is the amount of money the Council requires to provide its services during the year, taking into account grants it receives from Welsh Government. **Revenue Support Grant:** is paid to each Council to cover the cost of providing standard services less the council tax income at the standard level.

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STATUTORY & OTHER NECESSARY COUNCIL TAX RESOLUTIONS FOR 2022/23

1. That it be noted that at its meeting on 16th November 2021 the Council calculated interim amounts, subsequently modified as follows, for the year 2022/23 in accordance with the regulations made under Section 33(5) of the Local Government Finance Act 1992.

   65,194 being the amount calculated in accordance with Regulation 3 of the Local Authorities (Calculation of Council Tax Base) Wales Regulations 1995, as its Council Tax base for the year, broken down into the following Town/Community areas :-

Argoed	2,519.39
Bagillt	1,466.97
Broughton & Bretton	2,749.90
Brynford	469.24
Buckley	6,692.00
Caerwys	670.27
Cilcain	740.69
Connahs Quay	6,193.33
Flint	5,020.23
Gwernaffield & Pantymwyn	1,016.37
Gwernymynydd	574.85
Halkyn	1,344.58
Hawarden	6,338.45
Higher Kinnerton	887.06
Holywell	3,379.85
Hope	1,850.10
Leeswood	850.96
Llanasa	1,978.65
Llanfynydd	889.43
Mold	4,475.77
Mostyn	701.48
Nannerch	277.84
Nercwys	300.75
Northop	1,580.15
Northop Hall	835.10
Penyffordd	2,171.00
Queensferry	702.91
Saltney	1,944.34
Sealand	1,367.40
Shotton	2,195.43
Trelawnyd & Gwaenysgor	415.16
Treuddyn	756.70
Whitford	1,149.39
Ysceifiog	688.26
TOTAL TAX BASE	65,194.00

Being the amounts calculated in accordance with regulation 6 of the Regulations as the amounts of its Council Tax base for the year for dwelling in those parts of its area to which special items relate.

2. That the following amounts be now calculated by the Council for the year 2022/23 in accordance with Sections 32 to 36 of the Local Government Finance Act 1992 and Alteration of Requisite Calculations (Wales) Regulations 2013 :-

(a)	Aggregate of the amounts which the Council estimates for the items set out in Section 32 (2) (a)-(d) (including Community Council precepts totalling £3,195,763)	£448,336,087
(b)	Aggregate of the amounts which the Council estimates for items set out in Section 32 (3) (a) and 32 (3 (c).	£118,462,580
(c)	Amount by which the aggregate at 2(a) above exceeds the aggregate at 2(b) above calculated in accordance with Section 32 (4) as the budget requirement for the year.	£329,873,507
(d)	Aggregate of the sums which the Council estimates will be payable for the year into its Council Fund in respect of redistributed Non-Domestic Rates, Revenue Support Grant or Additional Grant.	£232,173,826
(e)	The amount at 2(c) above less the amount at 2(d) above, all divided by the amount at section 1 above, calculated in accordance with Section 33 (1) as the basic amount of Council Tax for the year.	£1,498.60
(f)	Aggregate amount of all special items referred to in Section 34 (1).	£3,195,763
(g)	Amount at 2(e) above less the result given by dividing the amount at 2(f) above by the amount at section 1 above calculated by the Council, in accordance with Section 34 (2) of the Act, as the basic amount of Council Tax for the year for dwellings in those parts of the area to which no special items relate.	£1,449.58
(h)	The amounts given by adding to the amount at 2(g) above the amounts of special items relating to dwellings in those part of the Council's area mentioned below, divided in each case by the amount at 1(b) above, calculated in accordance with Section 34(3) as the basic amounts of its Council Tax for the year for dwellings in those parts of the area to which special items relate.	£0.00

FLINTSHIRE COUNTY COUNCIL CHARGES (BAND D) 2022/23
(Including Community/Town Councils)

	£
Argoed	1481.26
Bagillt	1480.66
Broughton & Bretton	1493.00
Brynford	1511.38
Buckley	1497.90
Caerwys	1507.91
Cilcain	1490.19
Connahs Quay	1507.68
Flint	1498.05
Gwernaffield & Pantymwyn	1483.62
Gwernymynydd	1480.02
Halkyn	1486.77
Hawarden	1493.21
Higher Kinnerton	1492.42
Holywell	1524.98
Hope	1510.74
Leeswood	1520.68
Llanasa	1483.09
Llanfynydd	1487.81
Mold	1514.21
Mostyn	1492.36
Nannerch	1501.58
Nercwys	1512.76
Northop	1473.95
Northop Hall	1487.10
Penyffordd	1503.40
Queensferry	1503.64
Saltney	1492.55
Sealand	1493.46
Shotton	1501.63
Trelawnyd & Gwaenysgor	1509.35
Treuddyn	1498.53
Whitford	1497.43
Ysceifiog	1491.16

(i) The amounts given by multiplying the amounts at 2(h) above by the number which in the proportion set out in Section 5(1) of the Act is applicable to dwellings listed in a particular valuation band divided by the number which in that proportion is applicable to dwellings listed in valuation band D calculated in accordance with Section 36(1) of the Act as the amounts to be taken into account for the year in respect of categories of dwellings listed in different valuation bands.

Area	VALUATION BANDS								
	A £	B £	C £	D £	E £	F £	G £	H £	I £
Argoed	987.51	1152.09	1316.68	1481.26	1810.43	2139.60	2468.77	2962.52	3456.27
Bagillt	987.11	1151.62	1316.15	1480.66	1809.70	2138.73	2467.77	2961.32	3454.87
Broughton & Bretton	995.34	1161.22	1327.12	1493.00	1824.78	2156.56	2488.34	2986.00	3483.66
Brynford	1007.59	1175.52	1343.45	1511.38	1847.24	2183.11	2518.97	3022.76	3526.55
Buckley	998.60	1165.03	1331.47	1497.90	1830.77	2163.64	2496.50	2995.80	3495.10
Caerwys	1005.28	1172.82	1340.37	1507.91	1843.00	2178.09	2513.19	3015.82	3518.45
Cilcain	993.46	1159.04	1324.62	1490.19	1821.34	2152.50	2483.65	2980.38	3477.11
Connahs Quay	1005.12	1172.64	1340.16	1507.68	1842.72	2177.76	2512.80	3015.36	3517.92
Flint	998.70	1165.15	1331.60	1498.05	1830.95	2163.85	2496.75	2996.10	3495.45
Gwernaffield & Pantymwyn	989.08	1153.93	1318.78	1483.62	1813.31	2143.01	2472.70	2967.24	3461.78
Gwernymynydd	986.68	1151.13	1315.58	1480.02	1808.91	2137.81	2466.70	2960.04	3453.38
Halkyn	991.18	1156.38	1321.58	1486.77	1817.16	2147.56	2477.95	2973.54	3469.13
Hawarden	995.48	1161.38	1327.30	1493.21	1825.04	2156.86	2488.69	2986.42	3484.15
Higher Kinnerton	994.95	1160.77	1326.60	1492.42	1824.07	2155.72	2487.37	2984.84	3482.31
Holywell	1016.66	1186.09	1355.54	1524.98	1863.87	2202.75	2541.64	3049.96	3558.28
Hope	1007.16	1175.02	1342.88	1510.74	1846.46	2182.18	2517.90	3021.48	3525.06
Leeswood	1013.79	1182.75	1351.72	1520.68	1858.61	2196.54	2534.47	3041.36	3548.25
Llanasa	988.73	1153.51	1318.31	1483.09	1812.67	2142.24	2471.82	2966.18	3460.54
Llanfynydd	991.88	1157.18	1322.50	1487.81	1818.44	2149.06	2479.69	2975.62	3471.55
Mold	1009.48	1177.72	1345.97	1514.21	1850.70	2187.19	2523.69	3028.42	3533.15
Mostyn	994.91	1160.72	1326.55	1492.36	1824.00	2155.63	2487.27	2984.72	3482.17
Nannerch	1001.06	1167.89	1334.74	1501.58	1835.27	2168.95	2502.64	3003.16	3503.68
Nercwys	1008.51	1176.59	1344.68	1512.76	1848.93	2185.10	2521.27	3025.52	3529.77
Northop	982.64	1146.40	1310.18	1473.95	1801.50	2129.04	2456.59	2947.90	3439.21
Northop Hall	991.40	1156.63	1321.87	1487.10	1817.57	2148.04	2478.50	2974.20	3469.90
Penyffordd	1002.27	1169.31	1336.36	1503.40	1837.49	2171.58	2505.67	3006.80	3507.93
Queensferry	1002.43	1169.50	1336.57	1503.64	1837.78	2171.93	2506.07	3007.28	3508.49
Saltney	995.04	1160.87	1326.72	1492.55	1824.23	2155.91	2487.59	2985.10	3482.61
Sealand	995.64	1161.58	1327.52	1493.46	1825.34	2157.22	2489.10	2986.92	3484.74
Shotton	1001.09	1167.93	1334.79	1501.63	1835.33	2169.02	2502.72	3003.26	3503.80
Trelawnyd & Gwaenysgor	1006.24	1173.94	1341.65	1509.35	1844.76	2180.17	2515.59	3018.70	3521.81
Treuddyn	999.02	1165.52	1332.03	1498.53	1831.54	2164.55	2497.55	2997.06	3496.57
Whitford	998.29	1164.67	1331.05	1497.43	1830.19	2162.96	2495.72	2994.86	3494.00
Ysceifiog	994.11	1159.79	1325.48	1491.16	1822.53	2153.90	2485.27	2982.32	3479.37

3. That it be noted that for the year 2022/23 the Police and Crime Panel for North Wales have stated the following amounts in precepts issued to the Council, amounting to a total precept of £20,653,459 in accordance with Section 40 of the Local Government Finance Act 1992, for each of the categories of dwellings shown below :-

	Valuation Bands								
	A £	B £	C £	D £	E £	F £	G £	H £	I £
Council Tax	211.20	246.40	281.60	316.80	387.20	457.60	528.00	633.60	739.20

4. Having calculated the aggregate in each case of the amounts at 2(i) and 3 above, the Council in accordance with Section 30(2) of the Local Government Finance Act 1992 hereby sets the following amounts as the amounts of Council Tax for the year 2022/23 for each of the categories of dwellings shown below:

Area	VALUATION BANDS								
	A £	B £	C £	D £	E £	F £	G £	H £	I £
Argoed	1198.71	1398.49	1598.28	1798.06	2197.63	2597.20	2996.77	3596.12	4195.47
Bagillt	1198.31	1398.02	1597.75	1797.46	2196.90	2596.33	2995.77	3594.92	4194.07
Broughton & Bretton	1206.54	1407.62	1608.72	1809.80	2211.98	2614.16	3016.34	3619.60	4222.86
Brynford	1218.79	1421.92	1625.05	1828.18	2234.44	2640.71	3046.97	3656.36	4265.75
Buckley	1209.80	1411.43	1613.07	1814.70	2217.97	2621.24	3024.50	3629.40	4234.30
Caerwys	1216.48	1419.22	1621.97	1824.71	2230.20	2635.69	3041.19	3649.42	4257.65
Cilcain	1204.66	1405.44	1606.22	1806.99	2208.54	2610.10	3011.65	3613.98	4216.31
Connahs Quay	1216.32	1419.04	1621.76	1824.48	2229.92	2635.36	3040.80	3648.96	4257.12
Flint	1209.90	1411.55	1613.20	1814.85	2218.15	2621.45	3024.75	3629.70	4234.65
Gwernaffield & Pantymwyn	1200.28	1400.33	1600.38	1800.42	2200.51	2600.61	3000.70	3600.84	4200.98
Gwernymynydd	1197.88	1397.53	1597.18	1796.82	2196.11	2595.41	2994.70	3593.64	4192.58
Halkyn	1202.38	1402.78	1603.18	1803.57	2204.36	2605.16	3005.95	3607.14	4208.33
Hawarden	1206.68	1407.78	1608.90	1810.01	2212.24	2614.46	3016.69	3620.02	4223.35
Higher Kinnerton	1206.15	1407.17	1608.20	1809.22	2211.27	2613.32	3015.37	3618.44	4221.51
Holywell	1227.86	1432.49	1637.14	1841.78	2251.07	2660.35	3069.64	3683.56	4297.48
Hope	1218.36	1421.42	1624.48	1827.54	2233.66	2639.78	3045.90	3655.08	4264.26
Leeswood	1224.99	1429.15	1633.32	1837.48	2245.81	2654.14	3062.47	3674.96	4287.45
Llanasa	1199.93	1399.91	1599.91	1799.89	2199.87	2599.84	2999.82	3599.78	4199.74
Llanfynydd	1203.08	1403.58	1604.10	1804.61	2205.64	2606.66	3007.69	3609.22	4210.75
Mold	1220.68	1424.12	1627.57	1831.01	2237.90	2644.79	3051.69	3662.02	4272.35
Mostyn	1206.11	1407.12	1608.15	1809.16	2211.20	2613.23	3015.27	3618.32	4221.37
Nannerch	1212.26	1414.29	1616.34	1818.38	2222.47	2626.55	3030.64	3636.76	4242.88
Nercwys	1219.71	1422.99	1626.28	1829.56	2236.13	2642.70	3049.27	3659.12	4268.97
Northop	1193.84	1392.80	1591.78	1790.75	2188.70	2586.64	2984.59	3581.50	4178.41
Northop Hall	1202.60	1403.03	1603.47	1803.90	2204.77	2605.64	3006.50	3607.80	4209.10
Penyffordd	1213.47	1415.71	1617.96	1820.20	2224.69	2629.18	3033.67	3640.40	4247.13
Queensferry	1213.63	1415.90	1618.17	1820.44	2224.98	2629.53	3034.07	3640.88	4247.69
Saltney	1206.24	1407.27	1608.32	1809.35	2211.43	2613.51	3015.59	3618.70	4221.81
Sealand	1206.84	1407.98	1609.12	1810.26	2212.54	2614.82	3017.10	3620.52	4223.94
Shotton	1212.29	1414.33	1616.39	1818.43	2222.53	2626.62	3030.72	3636.86	4243.00
Trelawnyd & Gwaenysgor	1217.44	1420.34	1623.25	1826.15	2231.96	2637.77	3043.59	3652.30	4261.01
Treuddyn	1210.22	1411.92	1613.63	1815.33	2218.74	2622.15	3025.55	3630.66	4235.77
Whitford	1209.49	1411.07	1612.65	1814.23	2217.39	2620.56	3023.72	3628.46	4233.20
Ysceifiog	1205.31	1406.19	1607.08	1807.96	2209.73	2611.50	3013.27	3615.92	4218.57

5. In line with the existing policy of the Council, that for 2022/23, in accordance with Section 12 of the Local Government Finance Act 1992 (as amended by Section 75 of the Local Government Act 2003 and the Council Tax (Prescribed Classes of Dwellings) (Wales) (Amendment) Regulations 2004, no discounts shall be granted to second homes subject to Council Tax which are unoccupied and furnished, (defined as Prescribed Classes A and B) and long term empty and unfurnished properties (defined as Prescribed Class C)

6. In accordance with section 12a and 12b of the Local Government Finance Act 1992, as inserted by section 139 of the Housing Act 2014, by virtue of a determination made at Council on 1st March 2016, the Council Tax Premium scheme will continue to apply from 1st April 2022. Therefore, from 1st April 2022, unless there are exceptions to be applied in line with The Council Tax (Exceptions to Higher Amounts) (Wales) Regulations 2015, Council Tax shall be charged at a premium rate of 50% above the standard rate of Council Tax for those dwellings that are defined as 'second homes'. A Council Tax premium of 50% will also apply to those dwellings defined as 'long term empty' which have been empty for a continuous period of one year.

7. Authorisations - Council Tax

   a) That the holders of the posts of Revenues Manager, Team Manager for Council Tax and Business Rates Assessment, Team Manager for Collection and Enforcement, Lead Revenues Officer, Revenue Officers, Civil Enforcement Officers, be authorised under Section 223 of the Local Government Act 1972 to issue legal proceedings and to appear on behalf of the County Council at the hearing of any legal proceedings in the Magistrates Court by way of an application for the issue of a Liability Order in respect of unpaid Council Taxes and penalties under Part VI of the Council Tax (Administration and Enforcement) Regulations 1992; to require financial information to make an Attachment of Earnings Order; to levy the appropriate amount by taking control of goods and sale of goods; and to exercise all other enforcement powers of the County Council under the Council Tax (Administration and Enforcements) Regulations 1992 and any subsequent amendments of such Regulations.

8. Authorisations - National Non-Domestic Rates

   a) That the holders of the posts of Revenues Manager, Team Manager for Council Tax and Business Rates Assessment, Team Manager for Collection and Enforcement, Lead Revenues Officer, Revenue Officers, Civil Enforcement Officers be authorised under Section 223 of the Local Government Act 1972 to issue legal proceedings in the Magistrates Courts by way of application for the issue of a liability order in respect of unpaid rates; by way of an application for the issue of a warrant of commitment and to exercise all other powers of enforcement of the County Council under the Non-Domestic (Collection and Enforcement) (Local Lists) Regulations 1989 and any amendment thereto.

9. That notices of the making of the said Council Taxes for 2022/23, signed by the Council's Corporate Finance Manager/Section 151 officer, be given by advertisement in the local press under Section 38(2) of the Local Government Finance Act 1992.

Appendix 2

2022/23 Council Tax Charges
Amounts in Town / Community Council order

Community Councils	BAND D			
	Community	Flintshire	Police	Total
	£	£	£	£
Argoed	31.68	1,449.58	316.80	1,798.06
Bagillt	31.08	1,449.58	316.80	1,797.46
Broughton & Bretton	43.42	1,449.58	316.80	1,809.80
Brynford	61.80	1,449.58	316.80	1,828.18
Buckley	48.32	1,449.58	316.80	1,814.70
Caerwys	58.33	1,449.58	316.80	1,824.71
Cilcain	40.61	1,449.58	316.80	1,806.99
Connahs Quay	58.10	1,449.58	316.80	1,824.48
Flint	48.47	1,449.58	316.80	1,814.85
Gwernaffield & Pantymwyn	34.04	1,449.58	316.80	1,800.42
Gwernymynydd	30.44	1,449.58	316.80	1,796.82
Halkyn	37.19	1,449.58	316.80	1,803.57
Hawarden	43.63	1,449.58	316.80	1,810.01
Higher Kinnerton	42.84	1,449.58	316.80	1,809.22
Holywell	75.40	1,449.58	316.80	1,841.78
Hope	61.16	1,449.58	316.80	1,827.54
Leeswood	71.10	1,449.58	316.80	1,837.48
Llanasa	33.51	1,449.58	316.80	1,799.89
Llanfynydd	38.23	1,449.58	316.80	1,804.61
Mold	64.63	1,449.58	316.80	1,831.01
Mostyn	42.78	1,449.58	316.80	1,809.16
Nannerch	52.00	1,449.58	316.80	1,818.38
Nercwys	63.18	1,449.58	316.80	1,829.56
Northop	24.37	1,449.58	316.80	1,790.75
Northop Hall	37.52	1,449.58	316.80	1,803.90
Penyffordd	53.82	1,449.58	316.80	1,820.20
Queensferry	54.06	1,449.58	316.80	1,820.44
Saltney	42.97	1,449.58	316.80	1,809.35
Sealand	43.88	1,449.58	316.80	1,810.26
Shotton	52.05	1,449.58	316.80	1,818.43
Trelawnyd & Gwaenysgor	59.77	1,449.58	316.80	1,826.15
Treuddyn	48.95	1,449.58	316.80	1,815.33
Whitford	47.85	1,449.58	316.80	1,814.23
Ysceifiog	41.58	1,449.58	316.80	1,807.96

Appendix 2

2022/23 Council Tax Charges
Lowest to Highest Amounts by Town/Community Council

Community Councils	BAND D			
	Community	Flintshire	Police	Total
	£	£	£	£
Northop	24.37	1,449.58	316.80	1,790.75
Gwernymynydd	30.44	1,449.58	316.80	1,796.82
Bagillt	31.08	1,449.58	316.80	1,797.46
Argoed	31.68	1,449.58	316.80	1,798.06
Llanasa	33.51	1,449.58	316.80	1,799.89
Gwernaffield & Pantymwyn	34.04	1,449.58	316.80	1,800.42
Halkyn	37.19	1,449.58	316.80	1,803.57
Northop Hall	37.52	1,449.58	316.80	1,803.90
Llanfynydd	38.23	1,449.58	316.80	1,804.61
Cilcain	40.61	1,449.58	316.80	1,806.99
Ysceifiog	41.58	1,449.58	316.80	1,807.96
Mostyn	42.78	1,449.58	316.80	1,809.16
Higher Kinnerton	42.84	1,449.58	316.80	1,809.22
Saltney	42.97	1,449.58	316.80	1,809.35
Broughton & Bretton	43.42	1,449.58	316.80	1,809.80
Hawarden	43.63	1,449.58	316.80	1,810.01
Sealand	43.88	1,449.58	316.80	1,810.26
Whitford	47.85	1,449.58	316.80	1,814.23
Buckley	48.32	1,449.58	316.80	1,814.70
Flint	48.47	1,449.58	316.80	1,814.85
Treuddyn	48.95	1,449.58	316.80	1,815.33
Nannerch	52.00	1,449.58	316.80	1,818.38
Shotton	52.05	1,449.58	316.80	1,818.43
Penyffordd	53.82	1,449.58	316.80	1,820.20
Queensferry	54.06	1,449.58	316.80	1,820.44
Connahs Quay	58.10	1,449.58	316.80	1,824.48
Caerwys	58.33	1,449.58	316.80	1,824.71
Trelawnyd & Gwaenysgor	59.77	1,449.58	316.80	1,826.15
Hope	61.16	1,449.58	316.80	1,827.54
Brynford	61.80	1,449.58	316.80	1,828.18
Nercwys	63.18	1,449.58	316.80	1,829.56
Mold	64.63	1,449.58	316.80	1,831.01
Leeswood	71.10	1,449.58	316.80	1,837.48
Holywell	75.40	1,449.58	316.80	1,841.78

Appendix 2

2022/23 Council Tax Charges
% Amounts in Town / Community Council order

Community Councils	BAND D		
	Community	Flintshire	Police
	%	%	%
Argoed	0.00	3.95	3.68
Bagillt	9.90	3.95	3.68
Broughton & Bretton	0.00	3.95	3.68
Brynford	1.68	3.95	3.68
Buckley	0.46	3.95	3.68
Caerwys	-0.02	3.95	3.68
Cilcain	5.07	3.95	3.68
Connahs Quay	4.48	3.95	3.68
Flint	0.00	3.95	3.68
Gwernaffield & Pantymwyn	4.96	3.95	3.68
Gwernymynydd	6.10	3.95	3.68
Halkyn	0.79	3.95	3.68
Hawarden	-2.02	3.95	3.68
Higher Kinnerton	20.51	3.95	3.68
Holywell	0.00	3.95	3.68
Hope	20.51	3.95	3.68
Leeswood	1.54	3.95	3.68
Llanasa	0.30	3.95	3.68
Llanfynydd	-0.86	3.95	3.68
Mold	3.00	3.95	3.68
Mostyn	-5.42	3.95	3.68
Nannerch	1.96	3.95	3.68
Nercwys	5.67	3.95	3.68
Northop	0.70	3.95	3.68
Northop Hall	4.05	3.95	3.68
Penyffordd	10.08	3.95	3.68
Queensferry	0.80	3.95	3.68
Saltney	0.00	3.95	3.68
Sealand	-5.96	3.95	3.68
Shotton	4.14	3.95	3.68
Trelawnyd & Gwaenysgor	8.77	3.95	3.68
Treuddyn	3.47	3.95	3.68
Whitford	6.48	3.95	3.68
Ysceifiog	4.60	3.95	3.68

Appendix 2

2022/23 Council Tax Charges
Lowest to Highest % amounts

Community Councils	BAND D		
	Community	Flintshire	Police
	%	%	%
Sealand	-5.96	3.95	3.68
Mostyn	-5.41	3.95	3.68
Hawarden	-2.02	3.95	3.68
Llanfynydd	-0.86	3.95	3.68
Caerwys	-0.02	3.95	3.68
Argoed	0.00	3.95	3.68
Broughton & Bretton	0.00	3.95	3.68
Flint	0.00	3.95	3.68
Holywell	0.00	3.95	3.68
Saltney	0.00	3.95	3.68
Llanasa	0.30	3.95	3.68
Buckley	0.46	3.95	3.68
Northop	0.70	3.95	3.68
Halkyn	0.79	3.95	3.68
Queensferry	0.80	3.95	3.68
Leeswood	1.54	3.95	3.68
Brynford	1.68	3.95	3.68
Nannerch	1.96	3.95	3.68
Mold	3.00	3.95	3.68
Treuddyn	3.47	3.95	3.68
Northop Hall	4.05	3.95	3.68
Shotton	4.14	3.95	3.68
Connahs Quay	4.48	3.95	3.68
Ysceifiog	4.60	3.95	3.68
Gwernaffield & Pantymwyn	4.96	3.95	3.68
Cilcain	5.07	3.95	3.68
Nercwys	5.67	3.95	3.68
Gwernymynydd	6.10	3.95	3.68
Whitford	6.48	3.95	3.68
Trelawnyd & Gwaenysgor	8.77	3.95	3.68
Bagillt	9.90	3.95	3.68
Penyffordd	10.08	3.95	3.68
Higher Kinnerton	20.51	3.95	3.68
Hope	20.51	3.95	3.68

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FLINTSHIRE COUNTY COUNCIL

Date of Meeting	Tuesday 15th February 2022
Report Subject	Housing Revenue Account (HRA) 30 Year Financial Business Plan
Report Author	Chief Executive; and Corporate Finance Manager

EXECUTIVE SUMMARY

The final proposals for the HRA Revenue and Capital budget for the 2022/23 financial year, including proposed rent increases were considered by Cabinet on 15th February 2022 and the outcome of Cabinet will be reported verbally to Council.

A copy of the report is attached as Appendix 1.

RECOMMENDATIONS	
1	Members are recommended to receive and approve the recommendations from Cabinet on 15th February 2022.

REPORT DETAILS

1.00	**EXPLAINING THE HRA BUSINESS PLAN 2022/23 UPDATE**
1.01	As set out in the report to Cabinet on 15th February 2022.

2.00	**RESOURCE IMPLICATIONS**
2.01	As set out in the report to Cabinet on 15th February 2022.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	As set out in the report to Cabinet on 15th February 2022.

4.00	CONSULTATIONS REQUIRED / CARRIED OUT
4.01	As set out in the report to 15th February 2022.

5.00	APPENDICES
5.01	Appendix 1 – Report to Cabinet on 15th February 2022.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None.

7.00	CONTACT OFFICER DETAILS
7.01	**Contact Officer:** Rachael Corbelli, Strategic Finance Manager **Telephone:** 01352 703363 **E-mail:** rachael.corbelli@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	As set out in the report to Cabinet on 15th February 2022.

CABINET

Date of Meeting	Tuesday 15th February 2022
Report Subject	Housing Revenue Account (HRA) 30 Year Financial Business Plan
Cabinet Member	Cabinet Member for Finance, Social Value & Procurement Cabinet Member for Housing
Report Author	Chief Executive Corporate Finance Manager
Type of Report	Strategic

EXECUTIVE SUMMARY

This report deals with the Housing Revenue Account (HRA) draft 30 year Financial Business Plan and the proposed HRA Budget for 2022/23.

The rent increase proposed in the business plan, applies an overall uplift of 1.18% to all tenants and, in addition, applies the transitional uplift of £2 to tenants who currently pay at least £3 under target rent. This equates to an overall rent increase of 2% in the Business plan. An overall inflationary increase of 2% forecasts rental income at £38.047m for 2022/23.

The proposed garage rent and garage plot increase is 2% for 2022/23, which equates to £0.20 per week for garage rent and takes the rent per week to £10.23 (based on 52 weeks). The proposed garage plot increase is £0.03 per week taking the garage plot rent to £1.66 per week.

The business plan anticipates income levels of £0.395m for garages and garage plots.

Service charges will be frozen again for financial year 2022/23.

The total proposed capital programme for 2022/23 is £25.074m, summarised in Appendix C of this report.

RECOMMENDATIONS	
1	That Cabinet support and approve the HRA budget for 2022/23 as set out in the attached appendices.

REPORT DETAILS

1.00	EXPLAINING THE HRA BUSINESS PLAN 2022/23 UPDATE
1.01	**Considerations** The HRA is required to produce a 30 year business plan. The strategic context for this year's HRA budget setting includes the following: • To ensure affordability for tenants is at the core of our considerations • Continued drive to ensure all service costs are efficient and that value for money can be achieved • To ensure the treasury management strategy continues to meet the Housing Revenue Account's new and ongoing borrowing requirements • Setting a balanced budget with a minimum of 4% surplus revenue over expenditure • Maximisation of revenue efficiencies to minimise the borrowing required to meet Welsh Housing Quality Standards (WHQS) • Delivery of new build Council housing • Continued drive to ensure homes are Energy Efficient and explore Decarbonisation • Provision of adequate ongoing capital to maintain WHQS levels
1.02	**Borrowing** The deed to terminate the voluntary agreement for the HRA borrowing cap was signed on the 2nd December 2019, it is therefore important that going forward, increased borrowing in the HRA is carefully managed and monitored to ensure that it is sustainable and affordable to the business plan. Work is ongoing with Welsh Government to develop a set of prudential borrowing indicators to enable transparent monitoring of this going forward. Historically, prudential borrowing has been repaid at 2% per year, in line with the HRA's approved Minimum Revenue Provision (MRP). From 2021/22, any new borrowing undertaken by the HRA must be repaid under the Annuity method or the Straight Line method which is calculated in line with the useful life of the asset. However, we also have a choice as to how to repay our old borrowing – we could continue using the old reducing balance method or move to the Annuity method or Straight Line method. There are merits to both the Straight Line method and the Annuity method.

	Both methods have been assessed and both are affordable options to the HRA, however it is recommended that we move to the Annuity method for all HRA debt as this is CIPFA's recommended practice for accounting for MRP, it more accurately reflects the time value of money and annual rent increases and is in line with the Council's prudent provision for MRP. The HRA is part of the single debt pool for the Council, all borrowing for the Council is managed within one pool and the average borrowing rate for the Council is applied to all new borrowing in the HRA. The rate assumed in the Business plan is 3.80%.
1.03	**Rents** In December 2019, Welsh Government released the revised rent policy for a 5 year period beginning in April 2020/21. The policy is designed to ensure that affordability for tenants is at the core of our considerations and when setting the rent uplift, landlords should consider value for money and the whole cost of living in a property as part of their rationale for setting rents. The Rent Policy for Social Housing Rents from 2020/21 sets out the following: • An annual rent uplift of up to CPI+1%, for 5 years to 2024/25 using the level of CPI from the previous September each year. • The level of rents for individual tenants can be frozen or rise by up to an additional £2 over and above CPI+1%, on condition that total rental income collected by the social landlord increases by no more than CPI+1%. The policy states, however, that should CPI fall outside the range of 0% to 3%, the Minister with responsibility for housing will determine the appropriate change to rent levels to be applied for that year only. CPI as at September 2021 was 3.1%. On 29th December 2021 the Minister for Housing announced that the maximum uplift for 2022/23 rents will be up to CPI only (3.1%). The previous Rent policy also set target rents for each type of property to ensure consistency in rent setting, this has been introduced over a number of years on a transitional basis so that tenants paying under target rent would see no more than an inflation plus £2 increase per annum. Flintshire currently have a number of tenancies still paying under the target rent bands. The rent increase proposed in the business plan, applies an overall uplift of 1.18% to all tenants and, in addition, applies the transitional uplift of £2 to tenants who currently pay at least £3 under target rent. This equates to an overall rent increase of 2% in the Business plan. This ensures that no individual tenant will pay more than the maximum allowed under the policy but moves towards readdressing the disparity

	between those rents under and those at target rent and seeks to make rent charges to all tenants more equitable. This also ensures rents remain affordable for tenants in the recovery from COVID-19. An overall inflationary increase of 2% forecasts rental income at £38.019m for 2022/23. It is proposed that all void properties are moved to target rent upon turnover to assist in the transition towards target rent levels. Setting rent inflation at 2% across all of our stock allows us to make this adjustment and remain within the maximum allowable rent increase of 3.1%.
1.04	**Garage Rents** The proposed garage rent and garage plot increase is 2% for 2022/23, which equates to £0.20 per week for garage rent and takes the rent per week to £10.23 (based on 52 weeks). The proposed garage plot increase is £0.03 per week taking the garage plot rent to £1.66 per week. The business plan anticipates income levels of £0.395m for garages and garage plots.
1.05	**Service Charges** The rent and service charges policy was introduced in 2015 and expected all Local Housing Associations (LHA's) to be achieving full cost recovery for service charges, if this had not yet been achieved a clear transition plan should be identified to achieve this. In 2020/21 the weekly service charges were increased based on a stepped approach over two years with the final phased increase to be implemented in 2021/22. It was agreed to delay this final increase and to freeze service charges in 2021/22, with a view to protecting tenants who may be experiencing financial difficulty as a result of Covid-19. It is proposed that these increases are frozen again in 2022/23 due to the ongoing impact of the pandemic and during 2022/23 further work will be undertaken to ensure services provided are of a high standard, represent value for money and that the true costs are reflected in the service charges calculations.
1.06	**Capital Programme** The total proposed capital programme for 2022/23 is £25.074m, summarised in Appendix C. **Revised WHQS** Welsh Government are currently developing the revised standard for WHQS 2.0 from 2022/23. Areas highlighted: SAP rating and methods of calculation

Wellbeing
Safe and Attractive Environments

Low/Zero carbon Homes is still a developing area and Welsh Government recommend that options are considered in our sensitivity analysis.

Regeneration

A £1m Regeneration budget has been allocated into the Capital Programme for 2022/23. The aim is to utilise this allocation to remodel HRA stock where the current stock is no longer fit for purpose. There are a number of pipeline schemes for consideration :

Sheltered Housing Review
Estate Remodeling
Homeless Accommodation

SHARP

£7.808m has been built into 2022/23 for new build Council housing. The programme currently has four schemes due to start on site imminently which will provide an additional 77 properties to the housing stock. Two of the schemes are working in partnership with the Homelessness team to provide much needed Homeless accommodation.

The business plan also assumes a further 50 units per annum.

Capitalisation of the costs of the development team has now been included in the programme at 4% of the development budget.

From 2021/22 Welsh Government offered Social Housing Grant (SHG) to stock owned authorities calculated using a new Standard Viability Model. The new Model uses standard assumptions to discount income and costs over a set period to calculate the funding gap i.e. the grant allowable for each scheme. Three of the four schemes for 22/23 have secured SHG funding.

Asset Investment Budget Breakdown	**£m**
Schemes agreed in 2021/22 report	7.808
Total	7.808

1.07 **Capital Funding**

The £25.074m capital programme will be funded by:-

WHQS & Asset Investment Funding	**£m**
Revenue Contribution (CERA)	10.898
Major Repairs Allowance	4.968
Energy Efficiency income (FIT)	0.400
Prudential Borrowing (Regeneration)	1.000
Total	**17.266**

New Build Funding	£m
Prudential Borrowing	7.808
Total	**7.808**

1.08	**Reserves** There is a requirement to hold a minimum level of reserves of 3% of expenditure, however, it was agreed as part of the 2021/22 Business Plan, for Flintshire's HRA to move to 4% as a minimum reserve level due to the level of financial risk in the HRA rising as a result of increased borrowing levels for new build. It was also agreed that this should be reviewed annually in line with the HRA's proposed borrowing commitments and prudential debt indicators and it is recommended that the level of reserves is maintained at 4% for 2022/23.

2.00	**RESOURCE IMPLICATIONS**
2.01	The HRA is a ring fenced budget. This HRA budget and Business Plan demonstrates that the council can achieve the ongoing WHQS, can meet service improvement plans and commitments and with prudential borrowing can continue its Council house building programme in 2022/23.

3.00	**IMPACT ASSESSMENT AND RISK MANAGEMENT**
3.01	All households will benefit from the Councils WHQS 2.0 programme. The impact of the investment planning and efficiencies is being modelled for various customer groups to ensure that there is no disproportionate impact on any groups with protected characteristics.
3.02	The Business Plan assumes a confirmation of Major Repairs Allowance (MRA) for 2022/23 and beyond, however, Welsh Government have indicated that the purpose of the funding will be reviewed in the future.
3.03	The potential impact of BREXIT on interest rates and inflation has been mitigated by increasing the estimated assumptions included in the business plan.

3.04	**Ways of Working (Sustainable Development) Principles Impact**

Long-term	Positive – There is a commitment to increase supply to provide the right types of homes in the right location.
Prevention	Positive – It is our aim to provide support to ensure people live and remain in the right type of home.
Integration	Positive - Achieving WHQS for all existing council houses and delivering new social housing will contribute to the integration within communities.
Collaboration	Positive - To deliver in partnership with stakeholders to support positive impacts for all our tenants.
Involvement	Positive - Communication with tenants, Members and other stakeholders.

Well-being Goals Impact

Prosperous Wales	Positive – Existing social homes are WHQS compliant and meet the changing housing needs. Also Providing good quality new social homes aiming for low/zero carbon. Maximising local employment and training opportunities for local people.
Resilient Wales	Positive – Developing low / zero carbon homes through modern methods of construction and technologies. Ensuring that all statutory compliance requirements are adhered to.
Healthier Wales	Positive – Ensuring all existing homes and new homes are fit for purpose and meet the needs of all people.
More equal Wales	Positive - Provide good quality homes for the most vulnerable people in society.
Cohesive Wales	Positive – Contributing to attractive, viable and safe communities
Vibrant Wales	Positive – Ensuring all communities housing needs are supported
Globally responsible Wales	Positive – The HRA Business Plan will contribute to the improvement of the economic, social, environmental and cultural wellbeing of Wales.

4.00	**CONSULTATIONS REQUIRED / CARRIED OUT**
4.01	Detailed consultation will be undertaken with tenants and elected members to inform the preparation of the WHQS investment programme.

4.02	Full local consultation is carried out for each new build scheme.
4.03	The proposed rent inflation uplift for 2022/23 was consulted on and accepted at the Tenants Federation meeting in January 2022.
4.04	The report was presented to the Community and Housing Assets Overview and Scrutiny Committee, who were supportive.

5.00	**APPENDICES**
5.01	Appendix A – Summary HRA Rent Charges 2022/23.
5.02	Appendix B – Draft 30 Year HRA Financial Business Plan Summary.
5.03	Appendix C – Draft Capital Programme 2022/23.
5.04	Appendix D – Draft Pressures and Efficiencies 2022/23.

6.00	**LIST OF ACCESSIBLE BACKGROUND DOCUMENTS**
6.01	Integrated Impact Assessment has been completed.

7.00	**CONTACT OFFICER DETAILS**
7.01	**Contact Officer:** Rachael Corbelli, Strategic Finance Manager **Telephone:** 01352 703363 **E-mail:** rachael.corbelli@flintshire.gov.uk

8.00	**GLOSSARY OF TERMS**
8.01	**Financial Year:** the period of 12 months commencing on 1 April 2022. **Revenue:** a term used to describe the day to day costs of running Council services and income deriving from those services. It also includes charges for the repayment of debt, including interest, and may include direct financing of capital expenditure. **Capital expenditure:** money spent by the organisation on acquiring or maintaining fixed assets, such as land, buildings, and equipment. **Budget:** a statement expressing the Council's policies and service levels in financial terms for a particular financial year. In its broadest sense it includes both the revenue budget and capital programme and any authorised amendments to them. **Treasury Management:** the Council has adopted the Chartered Institute

	of Public Finance Accountants (CIPFA) Treasury Management in the Public Services: Code of Practice. Treasury Management is conducted in accordance with the Council's Treasury Management Policy and Strategy Statement and Treasury Management Practices which are both reviewed annually. All borrowing and long term financing is made in accordance with CIPFA's Prudential Code. **Major Repairs Allowance**: Welsh Government grant paid to local authorities in Wales who still manage and maintain their council housing.

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Appendix A

HRA Proposed Average Rent Charges		2022/23		
Property Type	No. of Properties	Target Rent 22/23 *(assumes CPI at 1% + 1%)*	Proposed 22/23 Transitional Rent	Variance to Target Rent
G1Bedsit	22	£ 74.65	£ 72.93	£ (1.72)
G1bungalow	12	£ 92.82	£ 90.74	£ (2.09)
G1Flat	158	£ 83.98	£ 81.97	£ (2.01)
GNB1Apartment	20	£ 88.18	£ 87.54	£ (0.64)
G1House	3	£ 92.82	£ 81.04	£ (11.78)
G2Bungalow	3	£ 103.14	£ 100.98	£ (2.15)
GNB2Bungalow	8	£ 108.29	£ 106.99	£ (1.31)
G2Flat	309	£ 93.31	£ 91.05	£ (2.26)
GNB2Apartment	20	£ 97.98	£ 97.01	£ (0.97)
G2House	704	£ 103.14	£ 99.89	£ (3.25)
GNB2House	68	£ 108.29	£ 105.64	£ (2.65)
G2Maisonette	9	£ 93.31	£ 91.14	£ (2.17)
G3Bungalow	4	£ 113.45	£ 110.96	£ (2.49)
G3Flat	35	£ 102.65	£ 100.15	£ (2.50)
G3Maisonette	1	£ 102.65	£ 100.17	£ (2.48)
G3House	3,110	£ 113.45	£ 108.58	£ (4.87)
GNB3House	32	£ 119.12	£ 116.78	£ (2.34)
G4House	136	£ 123.76	£ 116.50	£ (7.27)
GNB4House	1	£ 129.95	£ 129.95	£ (0.00)
G5House	6	£ 134.08	£ 122.10	£ (11.98)
G6House	6	£ 140.78	£ 130.84	£ (9.95)
M1Mini Group Bungalow	299	£ 92.82	£ 90.50	£ (2.32)
M1Mini Group Flat	114	£ 83.98	£ 81.96	£ (2.03)
M2Mini Group Bungalow	94	£ 103.14	£ 99.94	£ (3.19)
M2Mini Group Flat	25	£ 93.31	£ 90.73	£ (2.58)
M3Mini Group Bungalow	1	£ 113.45	£ 110.73	£ (2.72)
S1Sheltered Bedsit	64	£ 74.65	£ 72.93	£ (1.72)
S1Sheltered Bungalow	848	£ 92.82	£ 90.40	£ (2.43)
S1Sheltered Flat	322	£ 83.98	£ 81.95	£ (2.03)
S1Sheltered House	1	£ 92.82	£ 90.59	£ (2.23)
S2Sheltered Bungalow	512	£ 103.14	£ 99.71	£ (3.43)
SNB2Sheltered Bungalow	4	£ 108.29	£ 108.29	£ (0.00)
S2Sheltered Flat	305	£ 93.31	£ 91.06	£ (2.25)
S2Sheltered House	1	£ 103.14	£ 99.80	£ (3.34)
S2Wardens Bungalow	3	£ 103.14	£ 100.65	£ (2.49)
S2Wardens Flat	4	£ 93.31	£ 91.06	£ (2.25)
S2Wardens House	1	£ 103.14	£ 100.80	£ (2.34)
S3Sheltered Bungalow	2	£ 113.45	£ 111.19	£ (2.26)
S3Wardens Bungalow	15	£ 113.45	£ 110.81	£ (2.64)
S3Wardens Flat	1	£ 102.65	£ 100.17	£ (2.48)
S3Wardens House	20	£ 113.45	£ 109.59	£ (3.86)
S4Wardens Flat	1	£ 111.98	£ 109.28	£ (2.70)
SO3Shared Ownership Houses	11	£ 113.45	£ 108.58	£ (4.87)
Total	**7,315**	**£ 103.70**	**£ 100.02**	**£ (3.68)**

Note

G = General Need GNB = General Needs New Build

S = Sheltered M = Mini Group (over 55s with no warden service)

SO = Shared Ownership - pro rata to % of ownership

The number equates to the number of bedrooms the property has for example a G3house is a general need 3 bed house.

N.B. Data based on week 39 2021/22

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Flintshire County Council - HRA 30 Year Financial Business Plan Summary

Year		Income			Expenditure							Net Cost	Other Charges			Balances	Capital Funding						CapEx
Yr	Financial Year	Net Rental Income	Total Other Income	Total Net Income	Estate Man	Landlord Svcs	R&M	Man & Support	Debt Man Expense	Bad Debts	Total Net Spend	Net Cost Of Services	Interest Charges	Payment of Loans	CERA	Surplus / (Deficit) for Year	CERA	MRA	Regen Works	New Build PB	Energy Feed in Tariff	Total Capital Funding	Total Capital Prog
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	2022.23	37,233	1,478	38,711	2,342	1,572	10,908	2,839	45	571	18,277	**20,434**	5,088	1,590	10,898	**2,858**	10,898	4,968	1,000	7,808	400	25,074	25,074
2	2023.24	38,289	1,464	39,753	2,380	1,534	11,074	2,844	45	585	18,463	**21,290**	5,397	1,726	11,385	**2,782**	11,385	4,968	2,200	8,565	400	27,519	27,519
3	2024.25	40,362	1,395	41,757	2,416	1,544	11,278	2,912	45	615	18,809	**22,948**	5,734	1,888	11,731	**3,596**	11,731	4,968	4,000	6,581	400	27,680	27,680
4	2025.26	40,935	1,373	42,309	2,464	1,575	11,575	3,019	46	621	19,300	**23,009**	6,103	2,051	12,072	**2,782**	12,072	4,968	4,000	8,793	400	30,234	30,234
5	2026.27	42,170	1,386	43,556	2,513	1,606	11,861	3,116	47	638	19,782	**23,774**	6,462	2,243	12,319	**2,750**	12,319	4,968	4,000	6,415	400	28,102	28,102
6	2027.28	43,315	1,399	44,714	2,564	1,638	12,095	3,206	48	654	20,205	**24,509**	6,767	2,411	12,722	**2,609**	12,722	4,968	4,000	6,255	400	28,345	28,345
7	2028.29	44,488	1,412	45,900	2,615	1,671	12,359	3,298	49	670	20,663	**25,238**	7,064	2,580	13,136	**2,457**	13,136	4,968	4,000	6,380	400	28,885	28,885
8	2029.30	45,691	1,426	47,117	2,667	1,705	12,629	3,393	50	687	21,131	**25,986**	7,359	2,755	13,544	**2,328**	13,544	4,968	4,000	6,508	400	29,419	29,419
9	2030.31	47,803	1,445	49,248	2,721	1,739	12,905	3,490	51	717	21,623	**27,625**	7,653	2,934	13,922	**3,116**	13,922	4,968	4,000	6,638	400	29,928	29,928
10	2031.32	48,189	1,454	49,643	2,775	1,773	13,217	3,590	52	721	22,128	**27,514**	7,945	3,119	14,313	**2,138**	14,313	4,968	4,000	6,771	400	30,452	30,452
11	2032.33	49,319	1,468	50,787	2,831	1,809	13,463	3,677	53	737	22,570	**28,217**	8,103	3,308	14,750	**2,055**	14,750	4,968	4,000	0	400	24,118	24,118
12	2033.34	50,305	1,483	51,788	2,887	1,845	13,733	3,751	54	752	23,022	**28,766**	8,051	3,422	15,350	**1,943**	15,350	4,968	0	0	400	20,718	20,718
13	2034.35	51,311	1,498	52,809	2,945	1,882	14,007	3,826	55	767	23,482	**29,327**	7,920	3,490	15,836	**2,081**	15,836	4,968	0	0	400	21,204	21,204
14	2035.36	53,318	1,519	54,837	3,004	1,920	14,287	3,902	56	797	23,967	**30,870**	7,786	3,560	16,332	**3,191**	16,332	4,968	0	0	400	21,700	21,700
15	2036.37	53,384	1,529	54,913	3,064	1,958	14,607	3,980	57	798	24,465	**30,448**	7,650	3,631	16,630	**2,537**	16,630	4,968	0	0	400	21,998	21,998
16	2037.38	54,452	1,545	55,997	3,125	1,997	14,865	4,060	58	814	24,920	**31,077**	7,510	3,704	17,146	**2,717**	17,146	4,968	0	0	400	22,514	22,514
17	2038.39	55,541	1,561	57,102	3,188	2,037	15,162	4,141	60	830	25,418	**31,684**	7,368	3,778	17,673	**2,865**	17,673	4,968	0	0	400	23,041	23,041
18	2039.40	56,652	1,578	58,229	3,251	2,078	15,465	4,224	61	847	25,926	**32,303**	7,223	3,853	18,212	**3,014**	18,212	4,968	0	0	400	23,580	23,580
19	2040.41	57,785	1,594	59,379	3,317	2,119	15,775	4,308	62	864	26,445	**32,934**	7,075	3,930	18,764	**3,165**	18,764	4,968	0	0	400	24,132	24,132
20	2041.42	60,045	1,618	61,662	3,383	2,162	16,129	4,394	63	898	27,030	**34,633**	6,924	4,009	19,328	**4,371**	19,328	4,968	0	0	400	24,696	24,696
21	2042.43	60,119	1,629	61,748	3,450	2,205	16,412	4,482	65	899	27,513	**34,235**	6,771	4,089	19,822	**3,554**	19,822	4,968	0	0	400	25,190	25,190
22	2043.44	61,322	1,647	62,969	3,520	2,249	16,740	4,572	66	917	28,063	**34,905**	6,614	4,171	20,567	**3,554**	20,567	4,968	0	0	400	25,935	25,935
23	2044.45	62,548	1,665	64,213	3,590	2,294	17,075	4,663	67	935	28,625	**35,589**	6,453	4,254	21,085	**3,795**	21,085	4,968	0	0	400	26,453	26,453
24	2045.46	63,799	1,684	65,483	3,662	2,340	17,416	4,757	69	954	29,197	**36,286**	6,290	4,340	21,614	**4,042**	21,614	4,968	0	0	400	26,982	26,982
25	2046.47	65,075	1,703	66,778	3,735	2,387	17,810	4,852	70	973	29,827	**36,951**	6,124	4,426	21,898	**4,503**	21,898	4,968	0	0	400	27,266	27,266
26	2047.48	67,620	1,482	69,102	3,810	2,435	18,120	4,949	71	1,011	30,395	**38,707**	5,954	4,515	22,444	**5,794**	22,444	4,968	0	0	400	27,812	27,812
27	2048.49	67,704	1,495	69,199	3,886	2,483	18,482	5,048	73	1,012	30,984	**38,215**	5,781	4,605	23,000	**4,829**	23,000	4,968	0	0	400	28,368	28,368
28	2049.50	69,058	1,515	70,573	3,964	2,533	18,852	5,149	74	1,033	31,604	**38,969**	5,604	4,697	23,567	**5,101**	23,567	4,968	0	0	400	28,935	28,935
29	2050.51	70,439	1,536	71,975	4,043	2,584	19,229	5,252	76	1,053	32,236	**39,739**	5,424	4,791	24,146	**5,378**	24,146	4,968	0	0	400	29,514	29,514
30	2051.52	71,848	1,557	73,405	4,124	2,635	19,666	5,357	77	1,074	32,933	**40,471**	5,240	4,887	24,735	**5,609**	24,735	4,968	0	0	401	30,104	30,104

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HRA Capital Programme 2022/23 **Appendix C**

HRA Capital Programme	£'m
Investment Works	
Renewables / Alternative Technology	0.510
	0.510
WHQS	
Internal Works	5.852
Envelope Works	5.756
Externals	0.888
Total WHQS	**12.497**
Non WHQS	
Disabled Facilty Grants (DFG) - Mandatory/ Minor Adaps	1.114
Asbestos	0.561
Fire Risk Assessments Work	0.541
General DDA Work	0.185
	2.401
Fees	
Capitalised salaries @ 6%	0.858
	0.858
Regeneration of stock	
Estate remodelling	1.000
	1.000
	17.266
SHARP Programme	
Anticipated spend in 22/23	7.493
Capitalised salaries @ 4%	0.315
Total SHARP Programme	**7.808**
Total Capital Spend	**25.074**

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HRA Business Planning 22/23

Efficiencies/Use of one off funding

No	Section	Description	Recurring/ Non-recurring	2022/23 £m	Narrative
1	Management and Support	Apprentice Tax Levy	Recurring	-0.008	Budget adjustment
2	Rents	Write-Off/Bad Debt Budget	Recurring	-0.192	Budget adjustment
3	Rents	Review of Rents Team	Recurring	-0.035	Restructure
4	Rents	Increase in Leaseholder recharges	Recurring	-0.010	Income previously unbudgeted
5	Service Charge Income	Laundry service cancellation delayed	Non-Recurring	-0.033	Service withdrawal 2022/23 delayed
6	Estate Management	Review of Neighbourhood Housing Team	Recurring	-0.077	Restructure
7	Estate Management	Decoration Vouchers	Recurring	-0.010	Budget adjustment
		Total revisions to HRA Funding		**-0.365**	

Cost Pressures

No	Section	Description	Recurring/ Non-recurring	2022/23 £m	Narrative
1	All - Salaries	Increase in NI % and Pay Inflation	Recurring	0.167	1.25% NI increase & Pay Inflation 3.5%
2	Repairs and Maintenance	Sheltered Housing Review	Non-Recurring	0.040	Project Manager
3	Repairs and Maintenance	Material Costs Increase	Recurring	0.058	5% increase on certain materials
4	Repairs and Maintenance	Additonal Senior Planner	Recurring	0.036	Dynamic Resource Scheduling
5	Repairs and Maintenance	Stores Re-Tender	Non-Recurring	0.020	Project support
6	Repairs and Maintenance	Additional Admin Support	Recurring	0.028	Restructure
7	Management and Support	Housemark Subscription	Recurring	0.010	Housemark
8	Management and Support	Chief Officer allocation	Recurring	0.028	Percentage allocation charged to HRA
9	Management and Support	Review of IT Team	Recurring	0.009	Restructure
10	Management and Support	Common Housing Register	Recurring	0.040	Increased contribution
11	Estate Management	Review of ASB and Neighbourhood Housing	Recurring	0.329	Restructure
12	Estate Management	Increased cleaning costs	Recurring	0.011	Additional cleaning costs
13	Estate Management	Increased cleaning hours	Recurring	0.015	Additional cleaning required
14	Landlord Services	Review of Estate Caretaker Service	Recurring	0.061	Restructure
15	Landlord Services	Laundry Service	Non-Recurring	0.037	Service withdrawal 2022/23 delayed
16	Rents	Service charge increases	Non-Recurring	0.068	Impact of delaying increase to service charges
17	Rents	Review of Rents Team	Recurring	0.087	Restructure
18	Rents	Garage voids	Recurring	0.078	Increase void percentage to 50% to reflect current rates
		Total revisions to HRA Expenditure		**1.122**	

		Net Revenue Pressure 2022/23		**0.757**	

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FLINTSHIRE COUNTY COUNCIL

Date of Meeting	Tuesday, 15th February 2022
Report Subject	Treasury Management Strategy 2022/23 Treasury Management Policy Statement, Practices and Schedules 2022 to 2025
Report Author	Corporate Finance Manager

EXECUTIVE SUMMARY

The report presents for approval the draft Treasury Management Strategy 2022/23, which is included as Appendix 1, in conjunction with:

- Draft Treasury Management Policy Statement 2022 to 2025 (Appendix 2)
- Draft Treasury Management Practices and Schedules 2022 to 2025 (Appendices 3 and 4)

The Governance and Audit Committee considered and reviewed the Strategy, Policy, Practices and Schedules at their meeting on 26th January. There was no feedback required to be reported to Cabinet at their meeting this morning. The Cabinet report is attached as Appendix 5.

Following consideration by Cabinet a verbal update will be provided at the meeting on any specific comments or changes.

RECOMMENDATION	
1	Members approve the following documents: • Treasury Management Strategy 2022/23 • Treasury Management Policy Statement 2022 to 2025 • Treasury Management Practices and Schedules 2022 to 2025

REPORT DETAILS

1.00	BACKGROUND TO THE REPORT
1.01	The Local Government Act 2003 requires all local authorities to have due regard to both the Chartered Institute of Public Finance and Accountancy's Treasury Management in Public Services: Code of Practice (The CIPFA Code of Practice) and Welsh Government guidance on Local Authority Investments.
1.02	The Council has adopted The CIPFA Code of Practice which requires:- • The Council to create and maintain a Treasury Management Policy Statement which states the Council's policies, objectives and approach to risk management of its Treasury Management activities. • The Council to create and maintain suitable Treasury Management Practices (TMPs) and accompanying schedules, stating how those policies and objectives will be achieved and prescribing how those activities will be managed and controlled. • The Council to receive reports on its treasury management policies, practices and activities, including, as a minimum, an annual strategy and plan in advance of the year, a mid-year review and an annual report after its close, in the form prescribed in its TMPs. • Responsibility for treasury management to be clearly defined. The Council delegates responsibility for the implementation and regular monitoring of its treasury management policies and practices to the Cabinet, and for the execution and administration of treasury management decisions to the Corporate Finance Manager, who will act in accordance with the organisation's policy statement and TMPs and, CIPFA's Standard of Professional Practice on Treasury Management. • A body to be responsible for the scrutiny of Treasury Management Policy, Strategy and Practices. The Council has nominated the Governance and Audit Committee to be responsible for ensuring effective scrutiny of the Treasury Management function. The Governance and Audit Committee has previously agreed to include treasury management as a standing item on each quarterly agenda to receive an update.
1.03	The Welsh Government issue guidance on local authority investments that requires the Council to prepare an investment strategy before the start of each financial year. The guidance was updated in November 2019 and came into force from 1st April 2020.
1.04	In preparation for approving the 2022/23 Treasury Management Strategy, training for all Members was held on 8th December 2021. The workshop –

	presented by Arlingclose, the Council's treasury management advisors – covered the regulatory framework and the role of the elected Member in scrutinising the treasury management function, an overview of the Council's treasury position and plans with regard to treasury management, a section on risk management, alongside in depth presentations on financing capital spend and investment management.
1.05	As required by the Council's Financial Procedure Rules, the Strategy was reviewed by Governance and Audit Committee on 26th January and was considered by Cabinet earlier today. Cabinet's recommendations will be reported at this meeting.

2.00	**RESOURCE IMPLICATIONS**
2.01	As per attached report (Appendix 5).

3.00	**IMPACT ASSESSMENT AND RISK MANAGEMENT**
3.01	As per attached report (Appendix 5).

4.00	**CONSULTATIONS REQUIRED AND UNDERTAKEN**
4.01	As per attached report (Appendix 5).

5.00	**APPENDICES**
5.01	Appendix 1 – Draft Treasury Management Strategy 2022/23 Appendix 2 – Draft Treasury Management Policy 2022 to 2025 Appendix 3 – Draft Treasury Management Practices and Schedules 2022 to 2025 – part 1 Appendix 4 – Draft Treasury Management Practices and Schedules 2022 to 2025 – part 2 Appendix 5 – Report to Cabinet 15th February, 2022

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

7.00	**CONTACT OFFICER DETAILS**
7.01	**Contact Officer:** Chris Taylor – Strategic Finance Manager **Telephone:** 01352 703309 **E-mail:** Christopher.taylor@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	As per attached report (Appendix 5).

APPENDIX 1

FLINTSHIRE COUNTY COUNCIL

DRAFT
TREASURY MANAGEMENT
STRATEGY

2022/23

CONTENTS

Treasury Management Strategy Report 2022/23

The Council is recommended to:

- **approve the Treasury Management Strategy for 2022/23**
- **approve the Treasury Management Indicators for 2022/23**

1.0 Introduction

In April 2019 the Council adopted the Chartered Institute of Public Finance and Accountancy's *Treasury Management in the Public Services: Code of Practice, 2017 Edition* (the CIPFA Code) which requires the Council to approve a Treasury Management Strategy before the start of each financial year.

In addition, the Welsh Government (WG) issues guidance on local authority investments that requires the Council to approve an investment strategy before the start of each financial year. WG updated this guidance in November 2019.

This report fulfils the Council's legal obligation under the Local Government Act 2003 to have regard to both the CIPFA Code and WG Guidance.

The successful identification, monitoring and control of risk are central to the Council's Treasury Management Strategy as the Council has borrowed and invested substantial sums of money and is therefore exposed to financial risks, including the loss of invested funds and the revenue impact of changing interest rates.

In accordance with WG Guidance, the Council will be asked to approve a revised Treasury Management Strategy should the assumptions on which this report is based change significantly. Such circumstances would include, for example, a large unexpected change in interest rates, in the Council's capital programme or in the level of its investment balance.

2.0 Economic Context (including interest rate forecast) – as provided by Arlingclose Ltd, December 2021

Economic background: The ongoing impact on the UK from coronavirus, together with higher inflation, higher interest rates, and the country's trade position post-Brexit, will be major influences on the Authority's treasury management strategy for 2022/23.

The Bank of England (BoE) increased Bank Rate to 0.25% in December 2021 while maintaining its Quantitative Easing programme at £895 billion. The Monetary Policy Committee (MPC) voted 8-1 in favour of raising rates, and unanimously to maintain the asset purchase programme.

Within the announcement the MPC noted that the pace of the global recovery was broadly in line with its November Monetary Policy Report. Prior to the emergence of the Omicron coronavirus variant, the Bank also considered the UK economy to be evolving in line with expectations, however with the increased uncertainty and risk to activity the new variant presents, the Bank revised down its estimates for Q4 GDP growth to 0.6% from 1.0%. Inflation was projected to be higher than previously forecast, with CPI likely to remain above 5% throughout the winter and peak at 6% in April 2022. The labour market was generally performing better than previously forecast and the BoE now expects the unemployment rate to fall to 4% compared to 4.5% forecast previously, but notes that Omicron could weaken the demand for labour.

UK CPI for November 2021 registered 5.1% year on year, up from 4.2% in the previous month. Core inflation, which excludes the more volatile components, rose to 4.0% y/y from 3.4%. The most recent labour market data for the three months to October 2021 showed the unemployment rate fell to 4.2% while the employment rate rose to 75.5%.

In October 2021, the headline 3-month average annual growth rates for wages were 4.9% for total pay and 4.3% for regular pay. In real terms, after adjusting for inflation, total pay growth was up 1.7% while regular pay was up 1.0%. The change in pay growth has been affected by a change in composition of employee jobs, where there has been a fall in the number and proportion of lower paid jobs.

Gross domestic product (GDP) grew by 1.3% in the third calendar quarter of 2021 according to the initial estimate, compared to a gain of 5.5% q/q in the previous quarter, with the annual rate slowing to 6.6% from 23.6%. The Q3 gain was modestly below the consensus forecast of a 1.5% q/q rise. During the quarter, activity measures were boosted by sectors that reopened following pandemic restrictions, suggesting that wider spending was flat. Looking ahead, while monthly GDP readings suggest there had been some increase in momentum in the latter part of Q3, Q4 growth is expected to be soft.

GDP growth in the euro zone increased by 2.2% in calendar Q3 2021 following a gain of 2.1% in the second quarter and a decline of -0.3% in the first. Headline inflation has been strong, with CPI registering 4.9% year-on-year in November, the fifth successive month of inflation. Core CPI inflation was 2.6% y/y in November, the fourth month of successive increases from July's 0.7% y/y. At these levels, inflation is above the European Central Bank's target of 'below, but close to 2%', putting some pressure on its long-term stance of holding its main interest rate of 0%.

The US economy expanded at an annualised rate of 2.1% in Q3 2021, slowing sharply from gains of 6.7% and 6.3% in the previous two quarters. In its December 2021 interest rate announcement, the Federal Reserve continued to maintain the Fed Funds rate at between 0% and 0.25% but outlined its plan to reduce its asset purchase programme earlier than previously stated and signalled they are in favour of tightening interest rates at a faster pace in 2022, with three 0.25% movements now expected.

Credit outlook: Since the start of 2021, relatively benign credit conditions have led to credit default swap (CDS) prices for the larger UK banks to remain low and had steadily edged down throughout the year up until mid-November when the emergence of Omicron has caused them to rise modestly. However, the generally improved economic outlook during 2021 helped bank profitability and reduced the level of impairments many had made as provisions for bad loans. However, the relatively recent removal of coronavirus-related business support measures by the government means the full impact on bank balance sheets may not be known for some time.

The improved economic picture during 2021 led the credit rating agencies to reflect this in their assessment of the outlook for the UK sovereign as well as several financial institutions, revising them from negative to stable and even making a handful of rating upgrades.

Looking ahead, while there is still the chance of bank losses from bad loans as government and central bank support is removed, the institutions on the Authority's counterparty list are well-capitalised and general credit conditions across the sector are expected to remain benign. Duration limits for counterparties on the Authority's lending list are under regular review and will continue to reflect economic conditions and the credit outlook.

Interest rate forecast: The Authority's treasury management adviser Arlingclose is forecasting that Bank Rate will continue to rise in calendar Q1 2022 to subdue inflationary pressures and the perceived desire by the BoE to move away from emergency levels of interest rates.

Investors continue to price in multiple rises in Bank Rate over the next forecast horizon, and Arlingclose believes that although interest rates will rise again, the increases will not be to the extent predicted by financial markets. In the near-term, the risks around Arlingclose's central case are to the upside while over the medium-term the risks become more balanced.

Yields are expected to remain broadly at current levels over the medium-term, with the 5, 10 and 20 year gilt yields expected to average around 0.65%, 0.90%, and 1.15% respectively. The risks for short and medium-term yields are initially to the upside but shift lower later, while for long-term yields the risk is to the upside. However, as ever there will almost certainly be short-term volatility due to economic and political uncertainty and events.

Table 1: Interest rate forecast

	Bank Rate	3 month Money Market Rate	5 year Gilt Yield	20 year Gilt Yield	50 year Gilt Yield
Q1 2022	0.25	0.25	0.60	1.00	0.70
Q2 2022	0.50	0.55	0.60	1.05	0.75
Q3 2022	0.50	0.55	0.60	1.10	0.80
Q4 2022	0.50	0.60	0.60	1.10	0.85
Q1 2023	0.50	0.60	0.60	1.10	0.90
Q2 2023	0.50	0.60	0.60	1.10	0.95
Q3 2023	0.50	0.60	0.60	1.15	1.00
Q4 2023	0.50	0.65	0.60	1.15	1.05
Q1 2024	0.50	0.65	0.60	1.15	1.05
Q2 2024	0.50	0.65	0.65	1.20	1.10
Q3 2024	0.50	0.65	0.70	1.20	1.10
Q4 2024	0.50	0.65	0.75	1.20	1.15

For the purpose of setting the budget, it has been assumed that new investments will be made at an average rate of 0.10%, and that new long-term loans will be borrowed at an average rate of 2.5%.

3.0 Current Treasury Portfolio

The Council's treasury portfolio as at 31st December 2021 was as follows:

Table 2: Current Treasury Portfolio

	Principal £m	Interest rate %
Investments:		
Call accounts	2.1	0.01
Money market funds	20.2	0.07
Short-term deposits	5.0	0.09
Long-term deposits	0.0	n/a
Total Investments	**27.3**	
Borrowing:		
Short-term loans	20.0	0.02
Long-term PWLB loans (fixed)	262.5	4.69
Long-term market loans (LOBOs)	18.9	4.53
Other Government loans	4.7	0.00
Total Borrowing	**306.1**	
Net Borrowing	**278.8**	

4.0 Local Context

Forecast changes in the sums in section 3 are shown in the balance sheet analysis in the table below.

Table 3: Balance Sheet Summary and Forecast

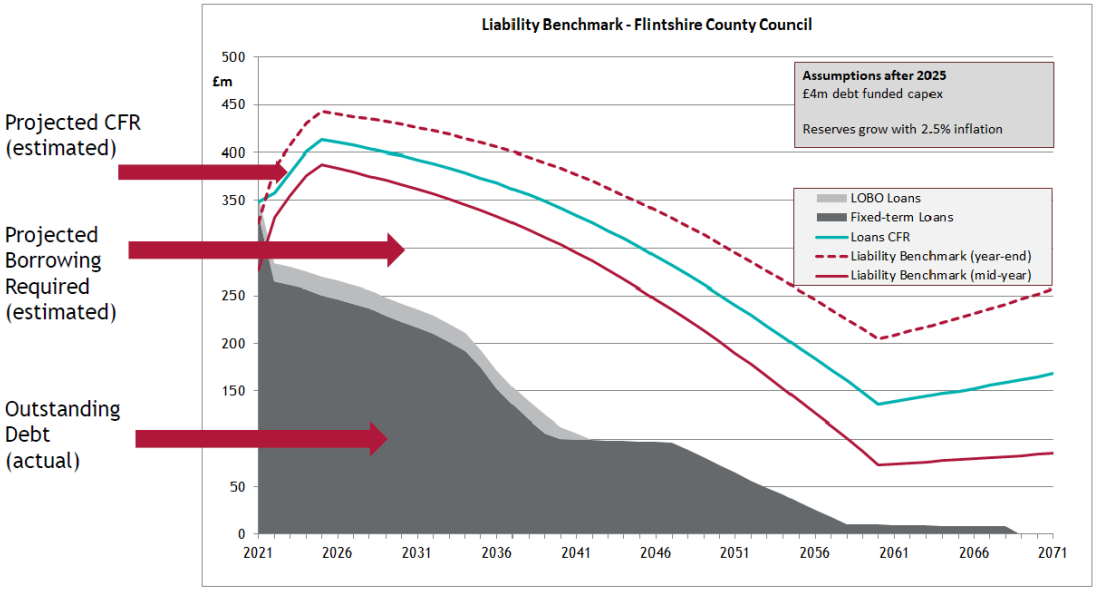
	31.3.21 Actual £m	31.3.22 Estimate £m	31.3.23 Estimate £m	31.3.24 Estimate £m	31.3.25 Estimate £m
Council Fund Capital Financing Requirement (Borrowing only)	216	222	230	253	263
Housing Revenue Account Capital Financing Requirement (Borrowing only)	132	131	139	150	159
Capital Financing Requirement (Borrowing only)	**348**	**353**	**369**	**403**	**422**
Less: Current ST borrowing Less: Current LT borrowing	(58) (289)	(285)	(280)	(276)	(270)
Funding Required	**1**	**68**	**89**	**127**	**152**
Less: Usable reserves	(75)	(39)	(34)	(31)	(28)
Adj: Working capital	35	26	25	25	25
Investments / (New borrowing)	**39**	**(55)**	**(80)**	**(121)**	**(149)**

The underlying need to borrow for capital purposes is measured by the Capital Financing Requirement (CFR), while usable reserves and working capital are the underlying resources available for investment. The Council's current strategy is to maintain borrowing below the CFR, sometimes known as internal borrowing. Internal borrowing is currently cheaper and incurs lower credit risk than external long term borrowing.

Table 3 shows the Council's CFR increases during 2022/23, this is linked with the capital programme (examples of schemes funded by borrowing include the 21st century schools building programme and the HRA capital programme, which includes building new social housing). The level of reserves the Council has is expected to fall in 2021/22 as funding earmarked for specific purposes falls due for payment. The combination of the increase in capital expenditure and a reduction in reserves, results in a sustained requirement for new borrowing over the medium term.

The graph in Table 4 shows the Council's anticipated liability benchmark over the next 50 years, being the net requirement for borrowing after considering resources available from reserves and working capital. The rise in the liability benchmark corresponds with the need to borrow to fund the increase in capital expenditure described above. The strategy in 2022/23, the same as in previous years, is to ensure that any new borrowing undertaken does not exceed the liability benchmark and cause the council to borrow more than it needs.

Table 4: Liability Benchmark - Flintshire County Council (December 2021)



Budget implications

The budget for investment income in 2022/23 is £10k, based on an average investment portfolio of £10m at an average interest rate of 0.1%. The budget for interest on long-term loans in 2022/23 is £13.7m, based on long-term loans of £318m at an average interest rate of 4.46%. The budget for interest on short-term loans is £0.206m based on an average of the costs for the last 3 years. Interest paid will be apportioned between the Council Fund and the HRA. If levels of investments, borrowing and interest rates differ from those forecast, performance against budget will be correspondingly different.

5.0 Treasury Investment Strategy

The Council holds surplus funds, representing income received in advance of expenditure, plus balances and reserves held. In the past 12 months, the Council's treasury average investment balance was £42m with similar or slightly lower levels expected to be maintained in the forthcoming year.

Non-treasury investments, including loans to subsidiaries and purchases of investment property, are not normally considered to be treasury investments, and these are therefore covered separately in Appendix B.

Both the CIPFA Code and the WG Guidance require the Council to invest its treasury funds prudently, and to have regard to the security and liquidity of its investments before seeking the highest rate of return, or yield. The Council's objective when investing money is to strike an appropriate balance between risk and return, minimising the risk of incurring losses from defaults and the risk of receiving unsuitably low investment income.

Strategy

Given the increasing risk and very low returns from short-term unsecured bank investments, the Council continues its aim to diversify into more secure and/or higher yielding asset classes during 2022/23, so far as cash liquidity requirements allow. This is especially the case if any medium to longer-term investments are made. This represents a continuation of the strategy adopted in recent years.

Investment criteria and limits

The Council may invest its surplus funds with any of the counterparties in the following table, subject to the monetary and time limits shown.

Table 5: Treasury investment counterparties and limits
This table must be read in conjunction with the notes below

Sector	Time limit	Counterparty limit	Sector limit
The UK Government	50 years	Unlimited	n/a
Local authorities & other government entities	25 years	£4m	Unlimited
Secured investments *	25 years	£3m	Unlimited
Banks (unsecured) *	13 months	£3m	Unlimited
Building societies (unsecured) *	13 months	£3m	Unlimited
Registered providers (unsecured) *	5 years	£2m	Unlimited
Money market funds *	n/a	£4m	Unlimited
Strategic pooled funds	n/a	£1m	£5m
Real estate investment trusts	n/a	£1m	£1m
Other investments *	5 years	£2m	£10m

*** Minimum credit rating:** Treasury investments in the sectors marked with an asterisk will only be made with entities whose lowest published long-term credit rating is no lower than A-. Where available, the credit rating relevant to the specific investment or class of investment is used, otherwise the counterparty credit rating is used. However, investment decisions are never made solely based on credit ratings, and all other relevant factors, including external advice, will be taken into account.

For entities without published credit ratings, investments may be made either (a) where external advice indicates the entity to be of similar credit quality; or (b) to a maximum of £100k per counterparty as part of a diversified pool.

Government: Loans to, and bonds and bills issued or guaranteed by, national governments, regional and local authorities and multilateral development banks. These investments are not subject to bail-in, and there is generally a lower risk of insolvency, although they are not zero risk. Investments with the UK Government are deemed to be zero credit risk due to its ability to create additional currency and therefore may be made in unlimited amounts for up to 50 years.

Secured investments: Investments secured on the borrower's assets, which limits the potential losses in the event of insolvency. The amount and quality of the security will be a key factor in the investment decision. Covered bonds and reverse repurchase agreements with banks and building societies are exempt from bail-in. Where there is no investment specific credit rating, but the collateral upon which the investment is secured has a credit rating, the higher of the collateral credit rating and the counterparty credit rating will be used. The combined secured and unsecured investments with any one counterparty will not exceed the cash limit for secured investments.

Banks and building societies (unsecured): Accounts, deposits, certificates of deposit and senior unsecured bonds with banks and building societies, other than multilateral development banks. These investments are subject to the risk of credit loss via a bail-in should the regulator determine that the bank is failing or likely to fail. See below for arrangements relating to operational bank accounts.

Registered providers (unsecured): Loans to, and bonds issued or guaranteed by, registered providers of social housing or registered social landlords, formerly known as housing associations. These bodies are regulated by the Regulator of Social Housing (in England), the Scottish Housing Regulator, the Welsh Government and the Department for Communities (in Northern Ireland). As providers of public services, they retain the likelihood of receiving government support if needed.

Money market funds: Pooled funds that offer same-day or short notice liquidity and very low or no price volatility by investing in short-term money markets. They have the advantage over bank accounts of providing wide diversification of investment risks, coupled with the services of a professional fund manager in return for a small fee. Although no sector limit applies to money market funds, the Authority will take care to diversify its liquid investments over a variety of providers to ensure access to cash at all times.

Strategic pooled funds: Bond, equity and property funds that offer enhanced returns over the longer term but are more volatile in the short term. These allow the Authority to diversify into asset classes other than cash without the need to own and manage the underlying investments. Because these funds have no defined maturity date, but are available for withdrawal after a notice period, their performance and continued suitability in meeting the Authority's investment objectives will be monitored regularly.

Real estate investment trusts (REITs): Shares in companies that invest mainly in real estate and pay the majority of their rental income to investors in a similar manner to pooled property funds. As with property funds, REITs offer

enhanced returns over the longer term, but are more volatile especially as the share price reflects changing demand for the shares as well as changes in the value of the underlying properties.

Other investments: This category covers treasury investments not listed above, for example unsecured corporate bonds and company loans. Non-bank companies cannot be bailed-in but can become insolvent placing the Authority's investment at risk.

Operational bank accounts: The Authority may incur operational exposures, for example though current accounts, collection accounts and merchant acquiring services, to any UK bank with credit ratings no lower than BBB- and with assets greater than £25 billion. These are not classed as investments but are still subject to the risk of a bank bail-in, and balances will therefore be kept as low as possible. The Bank of England has stated that in the event of failure, banks with assets greater than £25 billion are more likely to be bailed-in than made insolvent, increasing the chance of the Authority maintaining operational continuity.

Risk assessment and credit ratings

Credit ratings are obtained and monitored by the Authority's treasury advisers, who will notify changes in ratings as they occur. The credit rating agencies in current use are listed in the Treasury Management Practices document.

Where an entity has its credit rating downgraded so that it fails to meet the approved investment criteria then:

- no new investments will be made,
- any existing investments that can be recalled or sold at no cost will be, and
- full consideration will be given to the recall or sale of all other existing investments with the affected counterparty.

Where a credit rating agency announces that a rating is on review for possible downgrade (also known as "rating watch negative" or "credit watch negative") so that it is likely to fall below the above criteria, then no further investments will be made in that organisation until the outcome of the review is announced. This policy will not apply to negative outlooks, which indicate a long-term direction of travel rather than an imminent change of rating.

Other information on the security of investments

The Council understands that credit ratings are good, but not perfect, predictors of investment default. Full regard will therefore be given to other available information on the credit quality of the organisations in which it invests, including credit default swap prices, financial statements, information on potential government support, reports in the quality financial press and analysis and advice from the Council's treasury management adviser. No investments will be made with an organisation if there are substantive doubts about its credit quality, even though it may otherwise meet the above criteria.

When deteriorating financial market conditions affect the creditworthiness of all organisations, as in 2008 and 2020, this is not generally reflected in credit ratings, but can be seen in other market measures. In these circumstances, the Council will restrict its investments to those organisations of higher credit quality and reduce the maximum duration of its investments to maintain the required level of security. The extent of these restrictions will be in line with prevailing financial market conditions. If these restrictions mean that insufficient commercial organisations of "high credit quality" are available to invest the Council's cash balances, then the surplus will be deposited with the UK Government, via the Debt Management Office for example, or with other local authorities. This will cause investment returns to fall but will protect the principal sum invested.

Specified investments

The WG Guidance defines specified investments as those:

- denominated in pound sterling,
- due to be repaid within 12 months of arrangement unless the counterparty is a local authority,
- not defined as capital expenditure by legislation, and
- invested with one of:
    - the UK Government,
    - a UK local authority, parish council or community council, or
    - a body or investment scheme of 'high credit quality'.

The Council defines 'high credit quality' organisations as those having a credit rating of A- or higher that are, domiciled in the UK, or a foreign country with a sovereign rating of AA+ or higher. For money market funds and other pooled funds 'high credit quality' is defined as those having a credit rating of A- or higher.

Non-Specified Investments

Any financial investment not meeting the definition of a specified investment is classed as non-specified. The Council does not intend to make any investments in foreign currencies. Given the wide definition of a loan, this category only applies to units in pooled funds and shares in companies. Limits on non-specified investments are shown in the table below. The Authority confirms that its current non-specified investments remain within these limits.

Table 6: Non-Specified Investment Limits

	Cash Limit
Total invested in pooled funds without credit rating	£5m
Shares in real estate investment trusts	£1m
Shares in local organisations	£1m
Total non-specified investments	**£7m**

Foreign countries

Investments in foreign countries will be limited to a maximum of £5 million per foreign country. Investments in countries whose lowest sovereign rating is not AAA will be limited to one year's duration. No country limit will apply to investments in the UK, irrespective of the sovereign credit rating.

Liquidity management

The Council uses purpose-built cash flow forecasting software to determine the maximum period for which funds may prudently be committed. The forecast is compiled on a prudent basis, with receipts under-estimated and payments over-estimated to minimise the risk of the Council being forced to borrow on unfavourable terms to meet its financial commitments. Limits on long-term investments are set by reference to the Council's medium term financial plan and cash flow forecast.

Negative Interest Rates

The COVID-19 pandemic has increased the risk that the Bank of England will set its Bank Rate at or below zero, which is likely to feed through to negative interest rates on all low risk, short-term investment options. Since investments cannot pay negative income, negative rates will be applied by reducing the value of investments. In this event, security will be measured as receiving the contractually agreed amount at maturity, even though this may be less than the amount originally invested.

Business models

Under the new International Financial Reporting Standard (IFRS) 9, the accounting for certain investments depends on the Council's 'business model' for managing them. The Council aims to achieve value from its internally managed treasury investments by a business model of collecting the contractual cash flows and therefore, where other criteria are also met, these investments will continue to be accounted for at amortised cost.

6.0 Borrowing Strategy

As at 31st December 2021, the Council held £286.1m of long-term loans, as part of its strategy for funding previous years' capital programmes, which includes £0.582m of new long-term borrowing undertaken to date during 2021/22. The balance sheet forecast in section 4 shows that the Council expects to need to undertake new borrowing during the remainder of 2021/22 and 2022/23.

The Council's chief objective when borrowing money is to strike an appropriately low risk balance between securing low interest costs and achieving cost certainty over the period for which the funds are required. The flexibility to renegotiate loans, should the Council's long-term plans change, is a secondary objective.

The Council's capital expenditure plans will continue to be monitored throughout 2022/23 to inform and confirm the Council's long term borrowing need (figures in section 4 are an estimate). This is to ensure that the Council does not commit to long term borrowing too early and borrow unnecessarily which will be costly. The use of short-term borrowing will assist with such. This will be balanced against securing low long term interest rates currently being forecast.

Given the significant cuts to public expenditure and in particular to local government funding, the Council's borrowing strategy continues to address the key issue of affordability without compromising the longer-term stability of the debt portfolio. With short-term interest rates currently lower than long-term rates, it is likely to be more cost effective in the short-term to use internal resources and to borrow short-term instead.

By doing so, the Council is able to reduce net borrowing costs (despite forgone investment income) and reduce overall treasury risk, credit risk as a result of bail-in legislation in particular. The benefit of internal and short term borrowing will be monitored regularly against the potential for incurring additional costs by deferring borrowing into future years when the long term borrowing rates are forecast to rise modestly. Arlingclose will assist the Council with this 'cost of carry' and breakeven analysis. Its output may determine whether the Council borrows additional sums at long-term fixed rates in 2022/23 with a view to keeping future interest costs low, even if this causes additional costs in the short-term.

The Authority has previously raised the majority of its long-term borrowing from the PWLB but will consider long-term loans from other sources including banks, pensions and local authorities, and will investigate the possibility of issuing bonds and similar instruments, in order to lower interest costs and reduce over-reliance on one source of funding in line with the CIPFA Code. PWLB loans are no longer available to local authorities planning to buy investment assets primarily for yield; the Authority intends to avoid this activity in order to retain its access to PWLB loans.

Alternatively, the Council may arrange forward starting loans, where the interest rate is fixed in advance, but the cash is received in later years. This would enable certainty of cost to be achieved without suffering a cost of carry in the intervening period.

In addition, the Council may borrow for short periods of time to cover unexpected cash flow shortages.

<u>Sources of borrowing</u>

The approved sources of long-term and short-term borrowing will be:

- HM Treasury's PWLB lending facility (formerly the Public Works Loan Board)
- any institution approved for investments (see above)
- any other bank or building society authorised to operate in the UK
- any other UK public sector body

- UK public and private sector pension funds (except Clwyd Pension Fund)
- insurance companies
- capital market bond investors
- UK Municipal Bonds Agency plc and other special purpose companies created to enable local authority bond issues

In addition, capital finance may be raised by the following methods that are not borrowing, but may be classed as other debt liabilities:

- leasing
- hire purchase
- Private Finance Initiative
- sale and leaseback
- WG Mutual Investment Model

Municipal Bonds Agency: UK Municipal Bonds Agency plc was established in 2014 by the Local Government Association as an alternative to the PWLB. It issues bonds on the capital markets and lends the proceeds to local authorities. This is a more complicated source of finance than the PWLB for two reasons: borrowing authorities will be required to provide bond investors with a guarantee to refund their investment in the event that the agency is unable to for any reason; and there will be a lead time of several months between committing to borrow and knowing the interest rate payable. Any decision to borrow from the Agency will therefore be the subject of a separate report to full Council

LOBOs

The Council holds £18.95m of LOBO (Lender's Option Borrower's Option) loans where the lender has the option to propose an increase in the interest rate at set dates, following which the Council has the option to either accept the new rate or to repay the loan at no additional cost. All of these LOBOs have options during 2022/23, and although the Council understands that lenders are unlikely to exercise their options in the current low interest rate environment, there remains an element of refinancing risk. The Council will take the option to repay LOBO loans at no cost if it has the opportunity to do so.

Short-term and Variable Rate loans

As at 31st December 2021, the Council held £20m of short term (temporary) loans with an average rate of 0.02% and no variable rate loans.

These loans leave the Council exposed to the risk of short-term interest rate rises and are therefore subject to the limit on the net exposure to variable interest rates in the treasury management indicators in section 10.

Debt Rescheduling

The PWLB allows authorities to repay loans before maturity and either pay a premium or receive a discount according to a set formula based on current interest rates. Other lenders may also be prepared to negotiate premature

redemption terms. The Council may take advantage of this and replace some loans with new loans, or repay loans without replacement, where this is expected to lead to an overall cost saving or a reduction in risk.

Planned borrowing strategy for 2022/23

The Corporate Finance Manager will:

- Manage the Council's debt maturity profile, i.e. to leave no one future year with a high level of repayments that could cause problems in re-borrowing with the limits stated in this Strategy Statement. Appendix A analyses the debt portfolio of the Council as at 31st December 2021.

- Effect any borrowing that may be required in 2022/23 at the cheapest cost commensurate with future risk based on interest rate forecasts.

- Monitor and review the level of variable interest rate loans in order to take greater advantage of interest rate movements, within the limits stated in this Strategy.

- Continue to monitor options for debt-restructuring and debt re-payment.

The Corporate Finance Manager will monitor the interest rate market and adopt a pragmatic approach to any changing circumstances, reporting any decisions and actions taken under delegated powers to Cabinet via the Governance and Audit Committee.

7.0 Policy on Use of Financial Derivatives

In the absence of any explicit legal power to do so, the Council will not use standalone financial derivatives (such as swaps, forwards, futures and options). Derivatives embedded into loans and investments, including pooled funds and forward starting transactions, may be used, and the risks that they present will be managed in line with the overall treasury risk management strategy.

8.0 Policy on Apportioning Interest to HRA

The Council has adopted a single pool of loans which funds the capital expenditure of both Council Fund and HRA activities. The interest payable and other costs/income arising from long term loans (e.g. premiums and discounts on early redemption) is apportioned between the revenue accounts using the average Capital Financing Requirement (which measures the underlying need to borrow to fund capital expenditure) during the year.

Given that the HRA has minimal level of reserves compared to the total level of reserves held by the Council, any interest received on investments will be credited to the Council Fund revenue account.

9.0 Markets in Financial Instruments Directive

The Council has opted up to professional client with its providers of financial services, including advisers, banks, and brokers, allowing it access to a range of services but without the greater regulatory protections afforded to individuals and small companies. Given the size and range of the Council's treasury management activities, the Corporate Finance Manager believes this to be the most appropriate status.

10.0 Treasury Management Indicators

The Council measures and manages its exposures to treasury management risks using the following indicators. The Council is asked to approve the following indicators:

Interest rate exposures

This indicator is set to control the Council's exposure to interest rate risk. The upper limits on fixed and variable rate interest rate exposures, expressed as an amount of net principal borrowed will be:

	2022/23	2023/24	2024/25
Upper limit on fixed interest rate exposures	£411m	£433m	£448m
Upper limit on variable interest rate exposures	£100m	£100m	£100m

Fixed rate investments and borrowings are those where the rate of interest is fixed for at least 12 months, measured from the start of the financial year or the transaction date if later. All other instruments are classed as variable rate.

Maturity structure of borrowing

This indicator is set to control the Council's exposure to refinancing risk. The upper and lower limits on the maturity structure of fixed rate borrowing will be:

	Lower	Upper
Under 12 months	0%	20%
12 months and within 24 months	0%	20%
24 months and within five years	0%	30%
Five years and within 10 years	0%	50%
10 years and above	0%	100%

Time periods start on the first day of each financial year. The maturity date of borrowing is the earliest date on which the lender can demand repayment.

Principal sums invested for periods longer than 364 days

The purpose of this indicator is to control the Council's exposure to the risk of incurring losses by seeking early repayment of its investments. The limits on the long term principal sum invested to final maturities beyond the period end will be:

	2022/23	2023/24	2024/25
Limit on total principal invested beyond year end	£5m	£5m	£5m

Any long term investments carried forward from previous years will be included in each years limit.

Borrowing limits

The Council is being asked to approve these Prudential Indicators as part of the Capital Strategy report. However they are repeated here for completeness.

	2022/23	2023/24	2024/25
Operational boundary – borrowing	£391m	£413m	£428m
Operational boundary – other long-term liabilities	£20m	£20m	£20m
Operational boundary – TOTAL	£411m	£433m	£448m
Authorised limit – borrowing	£411m	£433m	£448m
Authorised limit – other long-term liabilities	£35m	£35m	£35m
Authorised limit – TOTAL	£446m	£468m	£483m

11.0 Other Matters

The WG Investment Guidance requires the Council to note the following matters each year as part of the investment strategy:

Treasury Management Advisers

The Council's treasury management adviser, Arlingclose continues to provide advice and information on the Council's investment and borrowing activities, although responsibility for final decision making remains with the Council and its officers. The services received include:

- advice and guidance on relevant policies, strategies and reports,
- advice on investment decisions,
- notification of credit ratings and changes,
- other information on credit quality,
- advice on debt management decisions,
- accounting advice,
- reports on treasury performance,
- forecasts of interest rates, and
- training courses.

The quality of this service is controlled by Financial Procedure Rules and Contract Procedure Rules.

Capacity and skills training

The needs of the Council's treasury management team for training in treasury management are assessed as part of the employee appraisal process, and

additionally when the responsibilities of individual members of the treasury team change.

Employees regularly attend training courses, seminars and conferences provided by Arlingclose and CIPFA. Relevant employees are also encouraged to study professional qualifications from CIPFA and other appropriate organisations.

Training for elected Members is provided by Arlingclose on an annual basis and by the treasury management team on an ongoing basis.

Training ensures that those elected members and statutory officers involved in the investments decision-making process have appropriate capacity, skills and information to enable them to: 1. take informed decisions as to whether to enter into a specific investment; 2. assess individual investments in the context of the strategic objectives and risk profile of the Council; and 3. understand how the quantum of these decisions have changed the overall risk exposure of the Council.

The Council is reviewing steps taken to ensure that those negotiating commercial deals are aware of the core principles of the prudential framework and of the regulatory regime within which local authorities operate.

Investment of Money Borrowed in Advance of Need

Welsh Government guidance states that local authorities must not borrow more than or in advance of their needs purely in order to profit from the investment of the extra sums borrowed.

The Council will not borrow more than or in advance of their needs to profit from the investment but may, from time to time, borrow in advance of need, where this is expected to provide the best long term value for money for example in a climate of rising interest rates. Since amounts borrowed will be invested until spent, the Council is aware that it will be exposed to the risk of loss of the borrowed sums, and the risk that investment and borrowing interest rates may change in the intervening period. These risks will be managed as part of the Council's overall management of its treasury risks.

The total amount borrowed will not exceed the authorised borrowing limit of £446 million. The maximum period between borrowing and expenditure is expected to be two years, although the Council is not required to link particular loans with particular items of expenditure.

Climate change

WG has set out its legal commitment to achieve net zero emissions by 2050 and work towards a net zero public sector in Wales by 2030. One of the Council's key priorities within the Council Plan is to become a net zero carbon Council by 2030 and to support wider decarbonisation actions across the County.

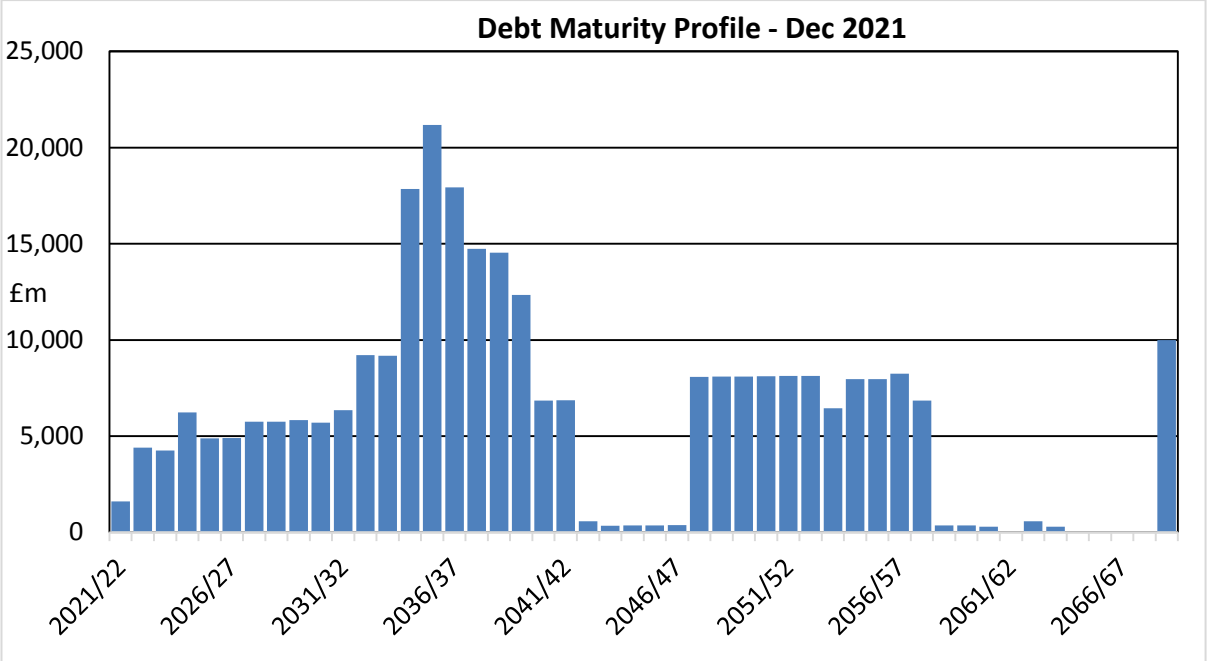
The Council is currently reviewing with Arlingclose and with fund managers how the money market funds the Council invests in take account of environmental, social and governance (ESG) factors, and what options are available for investments that support a low carbon economy.

Other Options Considered

The WG Investment Guidance and the CIPFA Code of Practice do not prescribe any particular treasury management strategy for local authorities to adopt. The Corporate Finance Manager believes that the above strategy represents an appropriate balance between risk management and cost effectiveness. Some alternative strategies, with their financial and risk management implications, are listed in the following table.

Alternative	Impact on income and expenditure	Impact on risk management
Invest in a narrower range of counterparties and/or for shorter periods.	Interest income will be lower	Reduced risk of losses from credit related defaults, but any such losses may be greater
Invest in a wider range of counterparties and/or for longer periods.	Interest income will be higher	Increased risk of losses from credit related defaults, but any such losses may be smaller
Borrow additional sums at long-term fixed interest rates	Debt interest costs will rise; this is unlikely to be offset by higher investment income	Higher investment balance leading to a higher impact in the event of a default; however long-term interest costs will be more certain
Borrow short-term or variable loans instead of long-term fixed rates	Debt interest costs will initially be lower	Increases in debt interest costs will be broadly offset by rising investment income in the medium term, but long term costs will be less certain
Reduce level of borrowing	Saving on debt interest is likely to exceed lost investment income	Reduced investment balance leading to a lower impact in the event of a default; however long-term interest costs will be less certain

APPENDIX A – DEBT MATURITY PROFILE



APPENDIX B: *Additional requirements of Welsh Government Investment Guidance – Non-Treasury Investments*

The Welsh Government (WG) published revised Investment Guidance in November 2019 which places additional reporting requirements upon local authorities and covers investments that are not part of treasury management. In this appendix the Council sets out the information required to comply with the WG guidance for non-treasury investments.

The Council has given loans to wholly owned companies for service purposes and has historical non-financial investments in property defined as Investment Properties within the Council's Statement of Accounts. The Council considers both to be non-treasury investments.

Loans to Wholly Owned Subsidiaries

The WG guidance defines a loan as a written or oral agreement where the Council temporarily transfers cash to a third party, joint venture, subsidiary or associate who agrees a return according to the terms and conditions of receiving the loan, except where the third party is another local authority.

Contribution

The Council's investments in the form of loans to wholly owned companies contribute to its service delivery objectives and/or to promote wellbeing as follows:

> The Council has embarked on an ambitious house building programme as part of its Strategic Housing and Regeneration Programme (SHARP). Over a 5 year period 500 new homes will be built at a range of sites across the county, a mixture of new council houses and affordable homes, alongside commissioning a range of linked regeneration initiatives and community benefits.
>
> Affordable homes are being developed through the Council's wholly owned subsidiary North East Wales Homes Limited (NEW Homes) in partnership with the Council. Affordable homes for rent are built or purchased by NEW Homes funded by loans from the Council. New affordable homes for rent have been built in Flint, Penyffordd (Holywell), Dobshill, Bryn-y-Baal, Northop, Saltney and are under construction in Gronant, and Mold.

Controls and Limits

The Council considers that its financial exposure to loans to wholly owned companies is proportionate and has set the limits in table B1. The Council's loan book is currently within these self-assessed limits.

NEW Homes was established on 3rd April 2014 to own, lease and manage properties with the aim of increasing the quantity and quality of affordable housing across the county.

NEW Homes is a company limited by shares, wholly owned by the Council (1 at £1 par value), established under section 95 of the Local Government Act 2003. The

Council has a high level of control over NEW Homes as the single shareholder, approving:

- the issue of share capital
- the distribution of trading surplus
- the annual business plan
- any asset disposals
- any borrowing against assets
- appointment of directors to the board

Table B1: Loan limits

Borrower	**Cash Limit**
Wholly owned companies	£40m
Treasury management investments meeting the definition of a loan	Unlimited

The Council, as required, has considered allowing for an 'expected credit loss' model for loans and receivables as set out in IFRS 9: *Financial Instruments*, as adopted by proper practices, to measure the credit risk of its loan portfolio. When calculated, the expected credit loss was very small. Given the high level of control the Council has over NEW Homes and the security arrangements, the Council decided against setting up a provision for expected credit loss from the loans to NEW Homes.

Appropriate consideration is given to state aid rules and competition law. The Council sought specific legal and finance advice to ensure existing and future loans are compliant with State Aid regulations. The rates applied are below what NEW Homes would receive on the open market, and therefore are granted to NEW Homes under the Services of General Economic Interest Decision (a State Aid exemption). Arrangements are in place to monitor and ensure that the amount of aid granted through the loan does not exceed the net cost of providing the Service of General Economic Interest. A deed of entrustment is in place to clearly set out the requirements of both parties.

Liquidity

The Council has borrowed from the PWLB to on-lend at a small margin to NEW Homes on the same terms and conditions, therefore the impact on the Council's Treasury Management activities is limited.

The length of the loans has been determined by assessing the cash flow of each housing development scheme to ensure over the long term affordable rents are sufficient to repay borrowing, interest, management costs, cyclical maintenance costs and reasonable allowances for voids and bad debts. Most schemes require an annuity loan commitment of 45 years, the maximum the Council would commit to is 50 years.

Agreements are in place ensuring that the Council has security on all NEW Homes properties which includes properties built using the loan funding and also other properties that NEW Homes owns outright (acquired from developers as part of Section 106 Planning Act agreements to provide affordable housing). In the event of a default, the Council could either sell the properties to repay its borrowing, or include them within the Housing Revenue Account and continue to rent at social housing rent levels.

Compared with other investment types, property is relatively difficult to sell and convert to cash at short notice and can take a considerable period to sell in certain market conditions. The Council accepts that the invested funds have been invested in NEW Homes for the length of the loans – approx. 45 years – and cannot readily be accessed for other purposes.

Yield (net profit)

The loans generate a small income for the Council as there is a margin of approx. 0.25% charged to NEW Homes on the Council's borrowing rate from the PWLB. The income makes a very small contribution to achieving a balanced revenue budget. The yield as a proportion of net revenue budget is less than 0.01%.

Investment Properties

The Welsh Government guidance includes an investment category covering non-financial assets held primarily or partially to generate a profit, primarily investment property. Proper accounting practice defines an investment property as those that are held solely to earn rent and / or for capital appreciation.

The Council has a portfolio of investment properties, in the form of agricultural property and industrial units. Although these are classified as investment properties, they are legacy assets and the council is managing down its agricultural portfolio and is reviewing its position in regard to industrial units.

Contribution

The Council's investments, in the form of investment properties, contribute to its service delivery objectives and/or to promote wellbeing by providing a net financial surplus that is reinvested into local public services.

Security

The Welsh Government guidance requires that security is determined by comparing each asset's purchase price to its fair value using the model in International Accounting Standard 40: *Investment Property*, as adapted by proper practices.

As the Council's investment portfolio is of a historic nature, built up over many years, property purchase prices are not readily available to compare with current fair values. The table below shows the fair values of the current portfolio over the last 5 years demonstrating that the historic capital invested has remained stable over the past 5 years.

Table B2: Fair Value of Investment Properties

	31.3.2021 £m	31.3.2020 £m	31.3.2019 £m	31.3.2018 £m	31.3.2017 £m
Fair Value Inv. Properties	25.2	25.0	25.2	25.2	24.8

Liquidity

The Council's investment properties are historical investment decisions and therefore will have limited impact on the Council's liquidity. No recent investment has taken place in investment properties, and therefore there is no recent borrowing associated.

Yield (net profit)

The profit generated by investment activity makes a small contribution to achieving a balanced revenue budget. Table B3 below details the extent to which funding expenditure to meet the service delivery objectives and or promote wellbeing in the Council is dependent on achieving the expected yield over the life cycle of the Medium Term Financial Plan.

Table B3: Proportionality of Investment Properties

	2020/21 Actual £m	2021/22 Budget £m	2022/23 Budget £m
Net Revenue Budget	285.987	297.457	322.853
Net Investment income	1.31	1.50	1.50
Proportion	0.46%	0.50%	0.46%

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APPENDIX 2

DRAFT

FLINTSHIRE COUNTY COUNCIL

TREASURY MANAGEMENT POLICY STATEMENT

2022 – 2025

1.0 TREASURY MANAGEMENT POLICY STATEMENT

The Council defines the policies and objectives of its treasury management activities as follows: -

1.1 "The management of the Council's investments and cash flows, its banking, money market and capital market transactions; the effective control of the risks associated with those activities; and the pursuit of optimum performance consistent with those risks".

1.2 The Council regards the successful identification, monitoring and control of risk to be the prime criteria by which the effectiveness of its treasury management activities will be measured. Accordingly, the analysis and reporting of treasury management activities will focus on their risk implications for the Council, and any financial instruments entered into to manage these risks.

1.3 The Council acknowledges that effective treasury management will provide support towards the achievement of its business and service objectives. It is therefore committed to the principles of achieving value for money in treasury management, and to employing suitable comprehensive performance measurement techniques, within the context of effective risk management.

1.4 The Council greatly values revenue budget stability and will therefore borrow the majority of its long-term funding needs at long-term fixed rates of interest. Short-term and variable rate loans will only be borrowed to the extent that they either offset short-term and variable rate investments or can be shown to produce revenue savings.

1.5 The Council will set an affordable borrowing limit each year in compliance with the *Local Government Act 2003*, and will have regard to the *CIPFA Prudential Code for Capital Finance in Local Authorities* when setting that limit. It will also set limits on its exposure to changes to interest rates and limits on the maturity structure of its borrowing in the treasury management strategy report each year.

1.6 The Council's primary objectives for the investment of its surplus funds are to protect the principal sums invested from loss, and to ensure adequate liquidity so that funds are available for expenditure when needed. The generation of investment income to support the provision of local authority services is an important, but secondary, objective.

1.7 The Council will have regard to Welsh Government Guidance on Local Government Investments and will approve an investment strategy each year as part of the treasury management strategy. The strategy will set criteria to determine suitable organisations in which cash may be invested, limits on the maximum duration of such investments and limits on the amount of cash that may be invested with any one organisation.

1.8 The Council has adopted the 2017 edition of the Chartered Institute of Public Finance and Accountancy's Treasury Management in Public Services: Code of Practice and its required clauses in section 2 below.

2.0 CLAUSES FORMALLY ADOPTED

CIPFA recommends that all public service organisations adopt, as part of their formal policy documents the following four clauses.

2.01 The Council will create and maintain, as the cornerstones for effective treasury management:

- a treasury management policy statement, stating the policies, objectives and approach to risk management of its treasury management activities
- suitable treasury management practices (TMPs), setting out the manner in which the Council will seek to achieve those policies and objectives, and prescribing how it will manage and control those activities.

The content of the policy statement and TMPs will follow the recommendations contained in the Code, subject only to amendment where necessary to reflect the particular circumstances of the Council. Such amendments will not result in the Council materially deviating from the Code's key principles.

2.02 The Council will receive reports on its treasury management policies, practices and activities, including, as a minimum, an annual strategy in advance of the year, a mid-year review and an annual report after its close, in the form prescribed in its TMPs.

2.03 The Council delegates responsibility for the implementation and regular monitoring of its treasury management policies and practices to the Cabinet, and for the execution and administration of treasury management decisions to the Chief Finance Officer, who will act in accordance with the Council's policy statement, TMPs and, CIPFA's Standard of Professional Practice on Treasury Management.

2.04 The Council nominates the Governance and Audit Committee to be responsible for ensuring effective scrutiny of the treasury management strategy and policies.

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APPENDIX 3

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TREASURY MANAGEMENT PRACTICES

Part 1: Main Principles

2022 - 2025

Flintshire County Council

TREASURY MANAGEMENT PRACTICES

Treasury Management Practices (TMPs) set out the manner in which the Council will seek to achieve its treasury management policies and objectives and how it will manage and control those activities.

TMP1 TREASURY RISK MANAGEMENT

The Council regards a key objective of its treasury management activities to be the security of the principal sums it invests. Accordingly it will ensure that robust due diligence procedures cover all external investments.

The Chief Finance Officer will design, implement and monitor all arrangements for the identification, management and control of treasury management risk, will report at least annually on the adequacy/suitability thereof, and will report, as a matter of urgency, the circumstances of any actual or likely difficulty in achieving the Council's objectives in this respect, all in accordance with the procedures set out in TMP6 reporting requirements and management information arrangements.

In respect of each of the following risks, the arrangements which seek to ensure compliance with these objectives are set out in the schedule to this document.

[1] Credit and counterparty risk management

The Council will ensure that its counterparty lists and limits reflect a prudent attitude towards organisations with whom funds may be deposited, and will limit its investment activities to the instruments, methods and techniques referred to in TMP4 Approved instruments, methods and techniques and listed in the schedule to this document. It also recognises the need to have, and will therefore maintain, a formal counterparty policy in respect of those organisations from which it may borrow, or with whom it may enter into other financing or derivative arrangements.

[2] Liquidity risk management

The Council will ensure it has adequate though not excessive cash resources, borrowing arrangements, overdraft or standby facilities to enable it at all times to have the level of funds available to it which are necessary for the achievement of its business/service objectives.

The Council will only borrow in advance of need where there is a clear business case for doing so and will only do so for the current capital programme or to finance future debt maturities.

[3] Interest rate risk management

The Council will manage its exposure to fluctuations in interest rates with a view to containing its interest costs, or securing its interest revenues, in accordance with the amounts provided in its budgetary arrangements as amended in accordance with TMP6 Reporting requirement and management information arrangements.

It will achieve this by the prudent use of its approved instruments, methods and techniques, primarily to create stability and certainty of costs and revenues, but at the same time retaining a sufficient degree of flexibility to take advantage of unexpected, potentially advantageous changes in the level or structure of interest rates. This should be subject at all times to the consideration and, if required, approval of any policy or budgetary implications.

It will ensure that any hedging tools such as derivatives are only used for the management of risk and the prudent management of financial affairs and that the policy for the use of derivatives is clearly detailed in the annual strategy.

[4] Exchange rate risk management

The Council will manage its exposure to fluctuations in exchange rates so as to minimise any detrimental impact on its budgeted income/expenditure levels.

[5] Inflation risk management

The Council will keep under review the sensitivity of its treasury assets and liabilities to inflation, and will seek to manage the risk accordingly in the context of the whole Council's inflation exposures.

[6] Refinancing risk management

The Council will ensure that its borrowing, private financing and partnership arrangements are negotiated, structured and documented, and the maturity profile of the monies so raised are managed, with a view to obtaining offer terms for renewal or refinancing, if required, which are competitive and as favourable to the Council as can reasonably be achieved in the light of market conditions prevailing at the time.

It will actively manage its relationships with its counterparties in these transactions in such a manner as to secure this objective, and will avoid over-reliance on any one source of funding if this might jeopardise achievement of the above.

[7] Legal and regulatory risk management

The Council will ensure that all of its treasury management activities comply with its statutory powers and regulatory requirements. It will demonstrate such compliance, if required to do so, to all parties with whom it deals in such activities. In framing its credit and counterparty policy under TMP1.1 credit and counterparty risk management, it will ensure that there is evidence of counterparties' powers, authority and compliance in respect of the transactions they may effect with the Council, particularly with regard to duty of care and fees charged.

The Council recognises that future legislative or regulatory changes may impact on its treasury management activities and, so far as it is reasonably able to do so, will seek to minimise the risk of these impacting adversely on it.

[8] Fraud, error and corruption, and contingency management

The Council will ensure that it has identified the circumstances which may expose it to the risk of loss through fraud, error, corruption or other eventualities in its treasury management dealings. Accordingly, it will employ suitable systems and procedures, and will maintain effective contingency management arrangements, to these ends.

[9] Market risk management

The Council will seek to ensure that its stated treasury management policies and objectives will not be compromised by adverse market fluctuations in the value of the principal sums it invests, and will accordingly seek to protect itself from the effects of such fluctuations.

TMP2 PERFORMANCE MEASUREMENT

The Council is committed to the pursuit of value for money in its treasury management activities, and to the use of performance methodology in support of that aim, within the framework set out in its treasury management policy statement.

Accordingly, the treasury management function will be the subject of ongoing analysis of the value it adds in support of the Council's stated business or service objectives. It will be the subject of regular examination of alternative methods of service delivery, of the availability of fiscal or other grant or subsidy incentives, and of the scope for other potential improvements. The performance of the treasury management function will be measured using the criteria set out in the schedule to this document.

TMP3 DECISION-MAKING AND ANALYSIS

The Council will maintain full records of its treasury management decisions, and of the processes and practices applied in reaching those decisions, both for the purposes of learning from the past, and for demonstrating that reasonable steps were taken to ensure that all issues relevant to those decisions were taken into account at the time. The issues to be addressed and processes and practices to be pursued in reaching decisions are detailed in the schedule to this document.

TMP4 APPROVED INSTRUMENTS, METHODS AND TECHNIQUES

The Council will undertake its treasury management activities by employing only those instruments, methods and techniques detailed in the schedule to this document, and within the limits and parameters defined in TMP1, Risk management.

Where the Council intends to use derivative instruments for the management of risks, these will be limited to those set out in its annual treasury strategy. The Council will seek proper advice (to include that of its Treasury Management advisors) and will consider that advice when entering into arrangements to use such products to ensure that it fully understands those products.

The Council has reviewed its classification with financial institutions under MIFID II and has set out in the schedule to this document those organisations with which it is registered as a professional client and those with which it has an application outstanding to register as a professional client.

TMP5 ORGANISATION, CLARITY AND SEGREGATION OF RESPONSIBILITIES, AND DEALING ARRANGEMENTS

The Council considers it essential, for the purposes of the effective control and monitoring of its treasury management activities, and for the reduction of the risk of fraud or error, and for the pursuit of optimum performance, that these activities are structured and managed in a fully integrated manner, and that there is at all times a clarity of treasury management responsibilities.

The principle on which this will be based is a clear distinction between those charged with setting treasury management policies and those charged with implementing and controlling these policies, particularly with regard to the execution and transmission of funds, the recording and administering of treasury management decisions, and the audit and review of the treasury management function.

If and when the Council is required, as a result of lack of resources or other circumstances, to depart from these principles, the Chief Finance Officer will ensure that the reasons are properly reported in accordance with TMP6 Reporting requirements and management information arrangements, and the implications properly considered and evaluated.

The Chief Finance Officer will ensure that there are clear written statements of the responsibilities for each post engaged in treasury management, and the arrangement for absence cover. The Chief Finance Officer will also ensure that at all times those engaged in treasury management will follow the policies and procedures set out. The present arrangements are detailed in the schedule to this document.

The Chief Finance Officer will ensure there is proper documentation for all deals and transactions, and that procedures exist for the effective transmission of funds. The present arrangements are detailed in the schedule to this document.

The delegations to the Chief Finance Officer in respect of treasury management are set out in the schedule to this document. The Chief Finance Officer will fulfil all such responsibilities in accordance with the Council's policy statement and TMPs and, if a CIPFA member, the Standard of Professional Practice on Treasury Management.

TMP6 REPORTING REQUIREMENTS AND MANAGEMENT INFORMATION ARRANGEMENTS

The Council will ensure that regular reports are prepared and considered on the implementation of its treasury management policies; on the effects of decisions taken and the transactions executed in pursuit of those policies; on the implications of changes, particularly budgetary, resulting from regulatory, economic, market or other factors affecting its treasury management activities; and on the performance of the treasury management function.

As a minimum:

The County Council will receive:

- An annual report on the strategy and plan to be pursued in the coming year
- A mid-year review
- An annual report on the performance of the treasury management function, on the effects of the decisions taken and the transactions executed in the past year, and on any circumstances of non-compliance with the Council's treasury management policy statement and TMPs.

In addition to the above, the Governance and Audit Committee will receive regular monitoring reports on treasury management activities and risks. Governance and Audit Committee will also have responsibility for the scrutiny of treasury management policies and practices.

Treasury management indicators will be reported in the strategy report. The present arrangements and the form of these reports are detailed in the schedule to this document.

TMP7 BUDGETING, ACCOUNTING AND AUDIT ARRANGEMENTS

The Chief Finance Officer will prepare, and the Council will approve and, if necessary, from time to time amend, an annual budget for treasury management, which will bring together all of the costs involved in running the treasury management function, together with associated income. The matters to be included in the budget will at minimum be those required by statute or regulation, together with such information as will demonstrate compliance with TMP1 Risk management, TMP2 Performance measurement, and TMP4 Approved instruments, methods and techniques. The Chief Finance Officer will exercise effective controls over this budget, and will report upon and recommend any changes required in accordance with TMP6 Reporting requirements and management information arrangements.

The Council will account for its treasury management activities, for decisions made and transactions executed, in accordance with appropriate accounting practices and standards, and with statutory and regulatory requirements in force for the time being.

TMP8 CASH AND CASH FLOW MANAGEMENT

Unless statutory or regulatory requirements demand otherwise, all monies in the hands of the Council will be under the control of the Chief Finance Officer, and will be aggregated for cash flow and investment management purposes. Cash flow projections will be prepared on a regular and timely basis, and the Chief Finance Officer will ensure that these are adequate for the purposes of monitoring compliance with TMP1 [2] liquidity risk management. The present arrangements for preparing cash flow projections, and their form, are set out in the schedule to this document.

TMP9 MONEY LAUNDERING

The Council is alert to the possibility that it may become the subject of an attempt to involve it in a transaction involving the laundering of money. Accordingly, it will

maintain procedures for verifying and recording the identity of counterparties and reporting suspicions, and will ensure that staff involved in this are properly trained. The present arrangements are detailed in the schedule to this document.

TMP10 STAFF TRAINING AND QUALIFICATIONS

The Council recognises the importance of ensuring that all staff involved in the treasury management function are fully equipped to undertake the duties and responsibilities allocated to them. It will therefore seek to appoint individuals who are both capable and experienced and will provide training for staff to enable them to acquire and maintain an appropriate level of expertise, knowledge and skills. The Chief Finance Officer will recommend and implement the necessary arrangements.

The Chief Finance Officer will ensure that committee/council members tasked with treasury management responsibilities, including those responsible for scrutiny, have access to training relevant to their needs and those responsibilities.

Those charged with governance recognise their individual responsibility to ensure that they have the necessary skills to complete their role effectively.

The present arrangements are detailed in the schedule to this document.

TMP11 USE OF EXTERNAL SERVICE PROVIDERS

The Council recognises that responsibility for treasury management decisions remains with it at all times. It recognises that there may be potential value in employing external providers of treasury management services, in order to acquire access to specialist skills and resources. When it employs such service providers, it will ensure it does so for reasons which have been submitted to a full evaluation of the costs and benefits. It will also ensure that the terms of their appointment and the methods by which their value will be assessed are properly agreed and documented, and subjected to regular review. And it will ensure, where feasible and necessary, that a spread of service providers is used, to avoid over reliance on one or a small number of companies. Where services are subject to formal tender or re-tender arrangements, legislative requirements will always be observed. The monitoring of such arrangements rests with the Chief Finance Officer, and details of the current arrangements are set out in the schedule to this document.

TMP12 CORPORATE GOVERNANCE

The Council is committed to the pursuit of proper corporate governance throughout its businesses and services, and to establishing the principles and practices by which this can be achieved. Accordingly, the treasury management function and its activities will be undertaken with openness and transparency, honesty, integrity and accountability.

The Council has adopted and has implemented the key principles of the Code. This, together with the other arrangements detailed in the schedule to this document, are

considered vital to the achievement of proper corporate governance in treasury management, and the Chief Finance Officer will monitor and, if and when necessary, report upon the effectiveness of these arrangements.

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APPENDIX 4

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TREASURY MANAGEMENT PRACTICES

Part 2: Schedules

2022 - 2025

Flintshire County Council

TREASURY MANAGEMENT PRACTICES - SCHEDULES

This section contains the schedules which set out the details of how the Treasury Management Practices (TMPs) are put into effect by the Council

TMP1 RISK MANAGEMENT

1 Credit & Counterparty Policies

1. Criteria to be used for creating/managing approved counterparty lists/limits -

- The Chief Finance Officer will formulate suitable criteria for assessing and monitoring the credit risk of investment counterparties and shall construct a lending list comprising time, type, sector and specific counterparty limits.
- Treasury management staff will add or delete counterparties to/from the approved counterparty list in line with the policy on criteria for selection of counterparties. The complete list is available in the Technical Accountancy Section. It should be noted that not all of these counterparties will be used. This depends on whether they are in the market at the time of investment and whether they are offering competitive rates.
- The Council will use credit criteria in order to select creditworthy counterparties for placing investments.
- Credit ratings will be used as supplied from a selection of credit rating agencies.
- The minimum level of credit rating for an approved counterparty will be as follows: -

Sector	Time limit	Counterparty limit	Sector limit
The UK Government	50 years	Unlimited	n/a
Local authorities & other government entities	25 years	£4m	Unlimited
Secured investments *	25 years	£3m	Unlimited
Banks (unsecured) *	13 months	£3m	Unlimited
Building societies (unsecured) *	13 months	£3m	Unlimited
Registered providers (unsecured) *	5 years	£2m	Unlimited
Money market funds *	n/a	£4m	Unlimited
Strategic pooled funds	n/a	£1m	£5m
Real estate investment trusts	n/a	£1m	£1m
Other investments *	5 years	£2m	£10m

A definition of the ratings can be found in Appendix A.

*** Minimum credit rating:** Treasury investments in the sectors marked with an asterisk will only be made with entities whose lowest published long-term credit rating is no lower than A-. Where available, the credit rating relevant to the specific investment or class of investment is used, otherwise the counterparty credit rating is used. However, investment decisions are never made solely based on credit ratings, and all other relevant factors including external advice will be taken into account.

For entities without published credit ratings, investments may be made either
(a) where external advice indicates the entity to be of similar credit quality; or
(b) to a maximum of £100k per counterparty as part of a diversified pool.

Government: Loans to, and bonds and bills issued or guaranteed by, national governments, regional and local authorities and multilateral development banks. These investments are not subject to bail-in, and there is generally a lower risk of insolvency, although they are not zero risk. Investments with the UK Government are deemed to be zero credit risk due to its ability to create additional currency and therefore may be made in unlimited amounts for up to 50 years.

Secured investments: Investments secured on the borrower's assets, which limits the potential losses in the event of insolvency. The amount and quality of the security will be a key factor in the investment decision. Covered bonds and reverse repurchase agreements with banks and building societies are exempt from bail-in. Where there is no investment specific credit rating, but the collateral upon which the investment is secured has a credit rating, the higher

of the collateral credit rating and the counterparty credit rating will be used. The combined secured and unsecured investments with any one counterparty will not exceed the cash limit for secured investments.

Banks and building societies (unsecured): Accounts, deposits, certificates of deposit and senior unsecured bonds with banks and building societies, other than multilateral development banks. These investments are subject to the risk of credit loss via a bail-in should the regulator determine that the bank is failing or likely to fail. See below for arrangements relating to operational bank accounts.

Registered providers (unsecured): Loans to, and bonds issued or guaranteed by, registered providers of social housing or registered social landlords, formerly known as housing associations. These bodies are regulated by the Regulator of Social Housing (in England), the Scottish Housing Regulator, the Welsh Government and the Department for Communities (in Northern Ireland). As providers of public services, they retain the likelihood of receiving government support if needed.

Money market funds: Pooled funds that offer same-day or short notice liquidity and very low or no price volatility by investing in short-term money markets. They have the advantage over bank accounts of providing wide diversification of investment risks, coupled with the services of a professional fund manager in return for a small fee. Although no sector limit applies to money market funds, the Authority will take care to diversify its liquid investments over a variety of providers to ensure access to cash at all times.

Strategic pooled funds: Bond, equity and property funds that offer enhanced returns over the longer term but are more volatile in the short term. These allow the Authority to diversify into asset classes other than cash without the need to own and manage the underlying investments. Because these funds have no defined maturity date, but are available for withdrawal after a notice period, their performance and continued suitability in meeting the Authority's investment objectives will be monitored regularly.

Real estate investment trusts: Shares in companies that invest mainly in real estate and pay the majority of their rental income to investors in a similar manner to pooled property funds. As with property funds, REITs offer enhanced returns over the longer term, but are more volatile especially as the share price reflects changing demand for the shares as well as changes in the value of the underlying properties.

Other investments: This category covers treasury investments not listed above, for example unsecured corporate bonds and company loans. Non-bank companies cannot be bailed-in but can become insolvent placing the Authority's investment at risk.

Operational bank accounts: The Authority may incur operational exposures, for example though current accounts, collection accounts and merchant acquiring services, to any UK bank with credit ratings no lower than BBB- and

with assets greater than £25 billion. These are not classed as investments but are still subject to the risk of a bank bail-in, and balances will therefore be kept as low as possible. The Bank of England has stated that in the event of failure, banks with assets greater than £25 billion are more likely to be bailed-in than made insolvent, increasing the chance of the Authority maintaining operational continuity.

Specified investments

The WG Guidance defines specified investments as those:

- denominated in pound sterling,
- due to be repaid within 12 months of arrangement unless the counterparty is a local authority,
- not defined as capital expenditure by legislation, and
- invested with one of:
    - the UK Government,
    - a UK local authority, parish council or community council, or
    - a body or investment scheme of "high credit quality".

The Council defines 'high credit quality' organisations as those having a credit rating of A- or higher that are, domiciled in the UK, or a foreign country with a sovereign rating of AA+ or higher. For money market funds and other pooled funds "high credit quality" is defined as those having a credit rating of A- or higher.

Non-Specified Investments

Any financial investment not meeting the definition of a specified investment is classed as non-specified. The Council does not intend to make any investments in foreign currencies. Given the wide definition of a loan, this category only applies to units in pooled funds and shares in companies. Limits on non-specified investments are shown in the table below. The Authority confirms that its current non-specified investments remain within these limits.

	Cash Limit
Total invested in pooled funds without credit rating	£5m
Shares in real estate investment trusts	£1m
Shares in local organisations	£1m
Total non-specified investments	**£7m**

Foreign countries

Investments in foreign countries will be limited to a maximum of £5 million per foreign country. Investments in countries whose lowest sovereign rating is not AAA will be limited to one year's duration. No country limit will apply to investments in the UK, irrespective of the sovereign credit rating.

2. Approved methodology for changing limits and adding/removing counterparties

   Credit ratings for individual counterparties can change at any time. The Chief Finance Officer is responsible for applying the stated credit rating criteria in 1.1 for selecting approved counterparties, and will add or delete counterparties as appropriate to / from the approved counterparty list when there is a change in the credit ratings of individual counterparties or in banking structures e.g. on mergers or take-overs. The Chief Finance Officer will also adjust lending limits and periods when there is a change in the credit ratings of individual counterparties or in banking structures e.g. on mergers or take-overs in accordance with the criteria in 1.1.

3. Details of Credit Rating Agencies' services or other services which provide current credit ratings and updates on changes.

   - Ratings from Fitch, Moody's or Standard & Poor's are updated monthly by the Council's treasury management adviser; however, they will provide immediate notification of any changes which affect Flintshire County Council counterparties. If a counterparty no longer meets the investment criteria, no further investments will be made with that counterparty and consideration will be given to recalling the monies. If a counterparty is being reviewed for a possible downgrade outside the criteria no more investments will be made.

   - The Council's treasury management adviser will also inform the Chief Finance Officer of any other market information that they have (e.g. Credit Default Swap prices, news reports and opinion, balance sheet analysis in the absence of credit ratings) which may require credit ratings to be overridden and no further investment to be made with that counterparty.

1.2 Liquidity

1. Amounts of approved minimum cash balances and short-term investments

   - The Council manages its cash balances on a daily basis, dependent upon cash flow demands. The objective is to achieve a zero cash balance each day unless it is uneconomic to do so (e.g. it may cost more to send an investment to a counterparty and recall the next day than to keep the funds in the account overnight to cover the following days payments). Otherwise, a zero balance will be achieved as far as possible by means of temporary investments, borrowing or use of call accounts. Temporary investments are cash flow driven with the objective of ensuring that future temporary borrowing is minimised.

2. Details of:

   - Standby facilities - short-term borrowing undertaken.
   - Short-term borrowing facilities - short term borrowing will be arranged for any overdrawn balance through the money market if no call money is

available.
- Insurance/guarantee facilities - not required.
- Other contingency arrangements - negotiations with the Council's bankers.
- Call accounts and money market funds (subject to ratings and sector limits).

1.3 Interest Rate

1. Details of approved interest rate exposure limits -

    - The upper limit on fixed interest rate exposures is £411 million.
    - The upper limit on variable interest rate exposures is £100 million.

2. Trigger points and other guidelines for managing changes to interest rate levels

    - This is monitored in conjunction with the Council's treasury advisers through the London money market on a daily basis.
    - The management of a balanced investment portfolio which retains a mix of long term investments (fixed rate) and shorter term (variable rate) investments which are variable to protect against interest risk.

1.4 Exchange Rate

Approved criteria for managing changes in exchange rate levels -

- The Council does not make payments or receive foreign currency in sufficient levels that warrant currency management e.g. hedging

1.5 Inflation

Guidelines for managing changes to inflation rate levels

- This is monitored in conjunction with the Council's treasury advisers through monthly economic updates.

1.6 Refinancing

1. Debt/other capital financing maturity profiling, policies and practices.

    - To manage the Council's debt maturity profile i.e. to leave no one future year with a high level of repayments that could cause problems in re-borrowing.

2. Projected capital investment requirements.

    - The borrowing requirement is determined as part of the Capital Programme.

3. Policy concerning limits on revenue consequences of capital financing.

    - This is part of the ongoing budget monitoring process

4. Policy where the Council provides financial guarantees to third parties.

    - These are recorded and regularly reassessed as to the probability they will be called upon.

1.7 Legal & Regulatory

References to relevant statutes and regulations

- Prior to entering into any capital financing, lending or investment transaction, it is the responsibility of the Chief Finance Officer to be satisfied, by reference to the Monitoring Officer, the Authority's legal department and external advisors as appropriate, that the proposed transaction does not breach statute, external regulations or the Authority's Financial Procedures.

- The Council's legal powers and regulatory requirements come from –

    - Local Government Act 2003 http://www.opsi.gov.uk/acts/acts2003/pdf/ukpga_20030026_en.pdf
    - Local Authorities (Capital Finance and Accounting) (Wales) Regulations 2003 (and subsequent amending regulations) http://www.opsi.gov.uk/legislation/wales/wsi2003/wsi_20033239_en.pdf
    - Welsh Government "Guidance on Local Government Investments" https://gov.wales/local-government-investments-guidance
    - CIPFA "Treasury Management in the Public Services Code of Practice"
    - CIPFA "Prudential Code for Capital Finance in Local Authorities"

    Hard copies are available in Technical Accountancy.

1.8 Fraud, error and corruption, and contingency management

1. Details of systems and procedures to be followed, including internet services.

    - These are documented in the Treasury Management Operational Guidelines.

2. Emergency and contingency planning arrangements

    - The Council's treasury management processes are fully digital. Principal Accountants and Strategy Finance Managers have Council issued iPads allowing treasury management to be done anywhere with internet connection.

3. Fraud, Error & Corruption.

- There is a system of internal control in place to prevent and identify fraud and error.
- Any issue identified will be immediately reported to the Chief Finance Officer and Head of Internal Audit and subsequently to Governance and Audit Committee and Council.

1.9 Market Value of Investments

Details of approved procedures and limits for controlling exposure to investments whose capital value may fluctuate (Government Issue Long Term Stock - GILTS, Certificates of Deposit - CDs, etc.)

- No limits are set, current criteria for these investments does not allow exposure to high fluctuations in value.

TMP2 PERFORMANCE MEASUREMENT

2.1 Performance Measurement

1. In the annual Treasury Management Outturn Report, investment and borrowing rates are analysed against the budget and previous year's data.

2. Health checks are undertaken by the Council's treasury management advisers.

2.2 Value for Money

Frequency for reviewing and tendering for the following services:

- Banking services - tendered every 5 years.
- Money-broking services - annual review.
- Treasury advisers services – tendered every 3 years.
- External Cash Managers - none currently employed but this will be analysed as part of a continuous review.

2.3 Methods to be employed for measuring the performance of the Council's Treasury Management activities

1. The Chief Finance Officer will receive a monthly update on treasury management from the Strategic Finance Manager – Capital, Technical and Financial Systems.

2. The performance of treasury management will be reported quarterly to the Governance and Audit Committee and then to Cabinet and Council in the Mid-year Report and Annual Outturn Report using the performance measures outlined in 2.1.

TMP3 DECISION-MAKING AND ANALYSIS

3.1 Funding, borrowing, lending and new instruments/techniques:

1. Records to be kept:

    - These are documented in the Treasury Management Operational Guidelines. All records are kept on-line to provide a full audit trail for all treasury decisions.

2. Processes to be pursued:

    - All reports on treasury management issues are submitted to the Chief Finance Officer for decision making

3. Issues to be addressed:

    - In respect of every decision made the Council will:

        a. Above all be clear about the nature and extent of the risks to which the Council may become exposed
        b. Be certain about the legality of the decision reached and the nature of the transaction, and that all authorities to proceed have been obtained
        c. Be content that the documentation is adequate both to deliver the Council's objectives and protect its interests, and to deliver good housekeeping
        d. Ensure that third parties are judged satisfactory in the context of the Council's creditworthiness policies, and that limits have not been exceeded
        e. Be content that the terms of any transactions have been fully checked against the market, and have been found to be competitive.

    - In respect of borrowing and other funding decisions, the Council will:

        a. Evaluate the economic and market factors that might influence the manner and timing of any decision to fund.
        b. Consider the merits and demerits of alternative forms of funding, including funding from revenue, leasing and private partnerships.
        c. Consider the alternative interest rate bases available, the most appropriate periods to fund and repayment profiles to use.
        d. Consider the ongoing revenue liabilities created, and the implications for the Council’s future plans and budgets.

    - In respect of investment decisions, the Council will:

        a. Consider the optimum period, in the light of cash flow availability and prevailing market conditions.
        b. Consider the alternative investment products and techniques

available, especially the implications of using any which may expose the Council to changes in the value of its capital.

4. Considerations to be made before each temporary borrowing and investment decision.

- Borrowing

    a. Are funds available in call accounts?
    b. Arrange temporary borrowing through a broker for the shortest period of time at the lowest rate of interest available.

- Investing

    a. Establish funds available to be invested
    b. Establish a maturity date using cash flow.
    c. Using the Ratings spreadsheet –
    Headroom available with each counterparty
    d. Check the credit ratings and other market information available for the chosen counterparty.
    e. Use a broker to find the highest rate of interest for the requirements above
    f. If after the above, funds still cannot be placed and call accounts and money market funds are full, then invest with Debt Management Office (DMO).

TMP4 APPROVED INSTRUMENTS, METHODS AND TECHNIQUES

4.1 Approved activities of the treasury management operation

All borrowing is undertaken in accordance with the Local Government Act 2003 section 1 and all investments undertaken in accordance with section 12.

The approved activities are:

- borrowing;
- lending;
- debt repayment and rescheduling;
- consideration, approval and use of new financial instruments and treasury management techniques;
- managing the underlying risk associated with the Council's capital financing and surplus funds activities;
- managing cash flow;
- banking activities;
- leasing.

4.2 Approved Instruments for Borrowing

The approved sources of long-term and short-term borrowing will be:

- HM Treasury's PWLB lending facility (formerly the Public Works Loan Board)
- any institution approved for investments
- any other bank or building society authorised to operate in the UK
- any other UK public sector body
- UK public and private sector pension funds (except Clwyd Pension Fund)
- insurance companies
- capital market bond investors
- UK Municipal Bonds Agency plc and other special purpose companies created to enable local authority bond issues

In addition, capital finance may be raised by the following methods that are not borrowing, but may be classed as other debt liabilities:

- leases
- hire purchase
- Private Finance Initiative
- sale and leaseback
- WG Mutual Investment Model

4.3 Approved Instruments for Investments

The annual Treasury Management Strategy provides details of specified and non-specified investments and the maximum limits for each, as is required under Guidance issued by the Welsh Government. The approved investment instruments are -

- Fixed term deposits
- Certificates of Deposit
- Bank accounts (Instant Access & Notice Accounts)
- Pooled Investment Vehicles (Such as money market funds)
- U.K. Treasury Bills
- Loans
- Bonds
- Reverse Repurchase Agreements
- Commercial Papers

4.4 Approved Techniques

- Forward dealing up to 364 days;
- Callable deposits.

4.5 Approved methods and sources of raising capital finance

Finance will only be raised in accordance with the Prudential Code for Capital Finance, and within this limit the Council has a number of approved methods and sources of raising capital finance. These are:

On Balance Sheet
Public Works Loan Board (PWLB)
European Investment Bank (EIB)
Local authorities
Banks
Building societies
Pension funds
Stock issues
Negotiable Bonds
Internal sources (capital receipts & revenue balances)
Sterling commercial paper
Sterling medium term notes
Leases

Off Balance Sheet
Deferred Purchase

Other Methods of Financing
Government and EC Capital Grants
Lottery monies
Private Finance Initiative (PFI)
WG Mutual Investment Model

All forms of funding will be considered dependent on the prevailing economic climate, regulations and local considerations. The Chief Finance Officer has delegated powers through this Policy and the Strategy to take the most appropriate form of borrowing from approved sources.

4.6 Register of financial institutions who have approved the Council as "professional clients" under the provisions of MiFID II

Financial Institution:	**Relationship with the Council:**
Arlingclose Limited	Treasury management advisors
Martin Brokers Ltd	Broker
Tradition (UK) Ltd	Broker
ICAP plc	Broker
Tullet Prebon (UK) Ltd	Broker
Imperial Treasury Services	Broker
BGC Partners	Broker
King & Shaxson Limited	Broker & Custodians
Institutional Cash Distributors (ICD)	Money market funds
Federated Investors (UK) LLP	Money market funds
Aberdeen/Standard Life	Money market funds

Insight Investment	Money market funds
Coventry Building Society	Building society

TMP5 ORGANISATION, CLARITY AND SEGREGATION OF RESPONSIBILITIES, AND DEALING ARRANGEMENTS

5.1 Limits to responsibilities/discretion at committee/Cabinet levels

1. **County Council**

The Council is responsible for:-

- Receiving and reviewing reports on treasury management policies, practices and activities.
- Approval of annual Policy and Strategy.
- Approval of/amendments to the Council's adopted clauses, Treasury Management Policy and Strategy.
- Budget consideration and approval.
- Approval of the division of responsibilities.

2. **Cabinet**

The Cabinet is responsible for:

- Receiving reports from the Chief Finance Officer informed by the deliberations of the Governance and Audit Committee on the implementation and regular monitoring of its Treasury Management Policy, Strategy and Practices.
- Consideration of Treasury Policy and Strategy for approval by Council.

3. **Governance and Audit Committee**

The Governance and Audit Committee is responsible for –

- Reviewing the Treasury Management Policy and Practices and making recommendations to Cabinet.
- Receiving and reviewing regular monitoring reports.

5.2 Principles and practices concerning segregation of duties

Procedure	Regular	Trained in Absence
Cash balances	Accounting Technician	Accounting Technician/Technical Principal Accountant/FSO
Dealing and limit calculations	Accounting Technician	Accounting Technician/Technical Principal Accountant/FSO
Logotech	Accounting Technician	Accounting Technician/Technical Principal Accountant/FSO
Dealing check	Accounting Technician	Accounting Technician/Technical Principal Accountant/FSO
Dealing authorisation	6 Authorised Bank Signatories - Corporate Finance Manager, 5 Strategic Finance Managers	
Funds transfer operators	Finance Support Officer (FSO)	4 Accounting Technicians/Technical Principal Accountant
Funds transfer approval	6 Principal Accountants	
Bankline system administrators	Principal Accountant (Systems)	Accounting Technician

5.3 Statement of duties/responsibilities of each Treasury post

1. Chief Finance Officer

- Recommending clauses, Treasury Management Policy/Practices for approval, reviewing the same regularly, and monitoring compliance.
- Submitting regular Treasury Management Policy and Strategy reports.
- Submitting budgets and budget variations.
- Receiving and reviewing management information reports.
- Reviewing the performance of the treasury management.
- Ensuring the adequacy of treasury management resources and skills and the effective division of responsibilities within the treasury management function.
- Ensuring the adequacy of internal audit and liaising with external audit.
- Approving the selection of external service providers (within the Council's Contract Procedure Rules) and agreeing terms of appointment.

2. Strategic Finance Manager - Capital, Technical and Financial Systems

- To deputise for the Chief Finance Officer.
- To advise the Chief Finance Officer in the discharge of his/her duties.
- Regularly review the Treasury Management function.
- Submitting management information reports to the Chief Finance Officer.
- Drafting reports for Governance and Audit Committee, Cabinet and Council.
- Review a monthly report from the Technical Principal Accountant on the performance of the Treasury Management function.

3. Technical Principal Accountant

- Supervise treasury management staff.
- Review the draft report on the performance of the Treasury Management function.
- Identify and recommend opportunities for improved practices.
- Ensure that the day to day activities accord with the Treasury Management Policy Statement and Practices.

4. Accounting Technician

- Execution of transactions.
- Adhere to agreed policies and practices on a day-to-day basis.
- Maintain relationships with counterparties and external service providers.
- Draft reports for Governance and Audit Committee, Cabinet and Council.
- Produce cash flow projections and monitor performance.
- Report on the performance of the Treasury Management function.

5. Other Officers

- To deputise as necessary for the above posts, adhering to their duties and responsibilities.

5.4 Dealing Limits

As outlined in 1 - Credit and Counterparty Policies

5.5 List of Approved Brokers

Six approved brokers are currently used by the Council (see 11.2).

- ICAP Limited
- Martin Brokers (UK) Plc
- Prebon Marshall Yamane (UK) Limited
- Tradition (UK) Ltd
- Imperial Treasury Services
- BGC Sterling

5.6 Policy on Brokers' Services

Reviewed annually.

5.7 Policy on taping conversations

No conversations are currently taped

5.8 Direct Dealing Practices

This is undertaken as and when required to maximise investment return

5.9 Settlement transmission procedures

Standard Settlement Instructions

5.10 Documentation Requirements

- Flintshire CC Treasury Management Policy Statement.
- Flintshire CC Treasury Management Annual Strategy.
- Flintshire CC Treasury Management Annual Outturn Report.
- Flintshire CC Treasury Management Mid-Year Report
- Treasury Management Health checks.
- Loans and Treasury Management System Manual (LOGOTECH).
- Cash Flow Statement (LOGOTECH).
- Money Market Dealing Form.
- Loans and Investments Outstanding / Limit Calculations.
- List of Brokers and Telephone Numbers.
- Approved Counterparties (Regular update from TM Advisers).
- Arlingclose Consultancy Services Correspondence (TM Advisers).
- Treasury Management Operational Guidelines.
- Treasury Management (Long Term Borrowing) Operational Guidelines.
- Treasury Management Procedures

5.11 Arrangements concerning the management of third-party funds.

Third party funds are included in the net daily bank balance and the funds are utilised by the Council on that basis. Interest is paid as follows -

- Optec Youth Exchange Fund – average monthly rate, quarterly.
- Insurance Fund – average seven day rate, annually.

TMP6 REPORTING REQUIREMENTS AND MANAGEMENT INFORMATION ARRANGEMENTS

6.1 Annual Treasury Management Strategy Statement

1. The Treasury Management Strategy sets out the specific expected treasury activities for the forthcoming financial year. This Strategy will be scrutinised by Governance and Audit Committee, submitted to the Cabinet and then to the County Council Committee for approval before the commencement of each financial year.

2. The formulation of the annual Treasury Management Strategy involves determining the appropriate borrowing and investment decisions in the light of the anticipated movement in both fixed and shorter-term variable interest rates. For instance, the Council may decide to postpone borrowing if fixed interest rates are expected to fall, or borrow early if fixed interest rates are expected to rise.

3. The Treasury Management Strategy is concerned with the following elements:

    - the prospects for interest rates;
    - the limits placed by the Council on treasury activities
    - the expected borrowing strategy;
    - the expected investment strategy;
    - the expectations for debt rescheduling;
    - any extraordinary treasury issue.
    - Treasury Management Indicators.

4. The Treasury Management Strategy will establish the expected move in interest rates (using all available information such as published interest rate forecasts where applicable).

6.2 Prudential Code for Capital Finance

1. In accordance with legislation, the Council is required to approve key indicators and limits for the Prudential Code for Capital Finance. These are listed below and reported in the Prudential Indicators Report.

    - Estimates of capital expenditure
    - Ratio of financing costs to net revenue stream
    - Incremental impact of capital investment decisions on council tax/housing rents
    - Capital financing requirement
    - Authorised limit for external debt
    - Operational Boundary for external debt

The following are within the Treasury Management Code.

- Upper limit on fixed interest rate exposures
- Upper limit on variable interest rate exposures
- Upper and lower limits for maturity structure of borrowing
- Limit for principal sums invested for periods longer than 364 days

2. The Chief Finance Officer is responsible for putting forward for approval the relevant limits for the Treasury Management Code into the annual Treasury Management Strategy, and for ensuring compliance with the limits. Should it prove necessary to amend these limits, the Chief Finance Officer shall submit the changes for scrutiny by the Governance and Audit Committee and recommendation by the Cabinet before submission to County Council for approval.

6.3 Annual Investment Strategy

The Welsh Government requires the documentation of an Annual Investment Strategy including the following:

- Specified Investments – Investments offering high security and liquidity
- Non-specified Investments – Investments with greater potential risk
- Investments which can be prudently committed for longer than 1 year.
- Credit Risk Assessment.
- Use of Investment Consultants.
- Investment Training.
- Investment money borrowed in advance of need.

6.4 Annual Report on Treasury Management Activity

An annual report will be presented to the Governance and Audit Committee, Cabinet and then the County Council at the earliest practicable meeting after the end of the financial year. This report will include the following: -

- a comprehensive picture for the financial year of all treasury policies, plans, activities and results
- transactions executed and their revenue (current) effects
- report on risk implications of decisions taken and transactions executed
- monitoring of compliance with approved policy, practices and statutory / regulatory requirements
- monitoring of compliance with powers delegated to officers
- degree of compliance with the original strategy and explanation of deviations
- explanation of future impact of decisions taken on the Council
- measurements of performance
- report on compliance with CIPFA Code recommendations

The report will be subject to review by the Governance and Audit Committee

6.5 Mid-Year Review

A mid-year report will be presented to the Governance and Audit Committee, Cabinet and County Council, which will include the following:

- activities undertaken
- variations (if any) from agreed policies/practices
- interim performance report
- regular monitoring
- monitoring of treasury management indicators for local authorities.

The report will be subject to review by the Governance and Audit Committee

6.6 Management Information Reports

The Technical Principal Accountant will report management information to the Strategic Finance Manager - Capital, Technical and Financial Systems monthly for review. The Strategic Finance Manager will report monthly to the Chief Finance Officer.

6.7 Presentation of Reports

As a minimum:

The County Council will receive:

- An annual report on the strategy and plan to be pursued in the coming year
- A mid-year review
- An annual report on the performance of the treasury management function, on the effects of the decisions taken and the transactions executed in the past year, and on any circumstances of non-compliance with the Council's Treasury Management Policy Statement and TMPs.

In addition to the above, the Governance and Audit Committee and Cabinet will receive regular monitoring reports on treasury management activities and risks. Governance and Audit Committee will also have responsibility for the scrutiny of treasury management policies and practices.

Treasury Management Indicators will be reported in the strategy.

TMP7 BUDGETING, ACCOUNTING AND AUDIT ARRANGEMENTS

7.1 Statutory/ Regulatory Requirements

The treasury management part of the statement of accounts has been prepared in accordance with the accounting policies applicable to local authorities.

7.2 Accounting Practices and Standards

The accounts are prepared in accordance with the CIPFA Treasury Management in the Public Sector Code of Practice, supported by guidance notes on the application of accounting standards.

7.3 Budget Monitoring

The budget for treasury management activities is monitored on a monthly basis through the Central Loans and Investment Account (CLIA).

TMP8 CASH AND CASH FLOW MANAGEMENT

8.1 Arrangements for preparing/submitting cash flow statements

Annual cash flow prepared before the start of the financial year and updated throughout the year.

8.2 Content and frequency of cash flow budgets

All known cash flow factors are included for the coming financial year.

8.3 Listing of sources of information

Correspondence from external organisations and internal departments, together with various information extracted from the Annual Budget Book.

External –

- Welsh Government
- North Wales Police
- North Wales Fire Authority

Internal –

- Payroll
- Pensions
- Council Tax
- Creditors

8.4 Bank statement procedures

All bank statement information is obtained electronically from the NatWest Bankline website.

8.5 Procedures for banking of funds

All day to day treasury management transactions are paid and received by the Clearing House Automated Payments System (CHAPS).

8.6 Cash Flow Management

Arrangements as detailed in section 3.1.4

8.7 Debtors and Creditors

Debtors and creditors are monitored so that any significant moves can be prepared for. Creditors provide warning of payments 2 days in advance.

TMP9 MONEY LAUNDERING

9.1 Procedures for establishing identity/authenticity of Lenders

1. The Council does not accept loans from individuals. All loans are obtained from the PWLB or from authorised institutions on the FCA Register which is a public record of financial service firms, individuals and other bodies which fall under its regulatory jurisdiction as defined in the Financial Services & Markets Act 2000 (FSMA). This Act came into force on 1st December 2001.

2. Any borrowing undertaken from the money markets is through money brokers, who are also authorised and regulated by the Financial Conduct Authority. This adds a further layer of protection as the broker vets the institutions involved in any transactions.

3. Appropriate consideration will be given to identify and verify SMEs when undertaking any lending to SMEs.

TMP10 STAFF TRAINING AND QUALIFICATIONS

10.1 Details of approved training courses

1. Reviewed as part of the annual employee appraisal process. The Council's treasury advisers also provide training on treasury issues to staff when required.

10.2 Records of training received by Treasury staff

All training is recorded on a departmental database.

10.3 Approved qualifications for Treasury staff

All treasury officers are qualified to Association of Accounting Technicians level as a minimum.

10.4 Training of Members

Governance and Audit Committee Members will receive a quarterly treasury management report and training will be given as required. Other Members will be invited to attend training and receive treasury reports as outlined in these practices.

10.5 Statement of Professional Practice (SOPP)

1. Where the Chief Finance Officer is a member of CIPFA, there is a professional need for the Chief Finance Officer to be seen to be committed to professional responsibilities through both personal compliance and by ensuring that relevant staff are appropriately trained.
2. Other staff involved in treasury management activities who are members of CIPFA must also comply with the SOPP.

TMP11 USE OF EXTERNAL SERVICE PROVIDERS

11.1 Details of contracts with Service Providers, including Bankers, Brokers, Consultants & Advisers

1. Banking services:

    - National Westminster Bank Plc
    - Contract commenced January 2020 to run for 5 years
    - Cost of core service - £33,000 p.a.
    - Payments due on an ongoing basis throughout the year

2. Money-broking services:

    The following money market brokers' services are utilised for day to day transactions as and when required.

    - ICAP plc
    - Martin Brokers (UK) plc
    - Prebon Marshall Yamane (UK) Limited
    - Tradition UK Limited
    - BGC Sterling
    - Imperial Treasury Services

3. Treasury Consultant services:

    - Arlingclose Consultancy Services
    - Contract commenced 10th September 2021 for 3 years, with the option to extend for a further 2 years.
    - Cost of service - £11,750 plus VAT per annum, increasing by £750 each year
    - Payments due annually

11.2 Procedures and frequency for tendering services

See TMP2 Performance Measurement section (2.2) for full details of services tendered. The process must comply with the Council's Contract Procedure rules.

TMP12 CORPORATE GOVERNANCE

12.1 List of documents to be made available for public inspection

12.1.1 Treasury Management Policy Statement
12.1.2 Treasury Management Strategy
12.1.3 Treasury Management Practices
12.1.4 Treasury Management Mid-Year Report
12.1.5 Treasury Management Annual Outturn Report

APPENDIX A

Definition of Ratings

Fitch Long Term

- **AAA** -Highest credit quality. Rating denotes the lowest expectation of credit risk. They are assigned only in case of exceptionally strong capacity for payment of financial commitments. The capacity is highly unlikely to be adversely affected by foreseeable events.
- **AA** - Very high credit quality. Rating denotes expectations of very low credit risk. They indicate very strong capacity for payment of financial commitments. This capacity is not significantly vulnerable to foreseeable events.
- **A** - High credit quality. Rating denotes expectation of low credit risk. The capacity for payment of financial commitments is considered strong. The capacity may, nevertheless, be more vulnerable to changes in circumstances or in economic conditions than is the case for higher ratings.
- **BBB** - Good quality rating. 'BBB' ratings indicate that there are currently expectations of low credit risk. The capacity for payment of financial commitments is considered adequate but adverse changes in circumstances and economic conditions are more likely to impair this capacity. This is the lowest investment grade category.

  The modifiers "+" & "-'' may be appended to any of the ratings above to denote a relative status within major categories.

Moody's Long Term

- **Aaa** - Judged to be one of the highest quality, with minimal credit risk
- **Aa** - Judged to be of high quality and are subject to very low credit risk

- **A** - Considered upper-medium grade and are subject to low credit risk
- **Baa** - Offers adequate credit quality. However, certain protective elements may be lacking or may be characteristically unreliable over any great length of time.

  Moody's appends numerical modifiers 1, 2 and 3 to each rating classification. 1 indicates that the obligation ranks in the higher end of its category, 2 mid-range and 3 a ranking in the lower end of that category.

Standard & Poor's Long Term

- **AAA** - An obligor rated 'AAA' has the highest rating assigned by Standard & Poor's. The obligor's capacity to meet its financial commitment on the obligation is extremely strong.
- **AA** - An obligor rated 'AA' differs from the highest-rated obligations only to a small degree. The obligor's capacity to meet its financial commitment on the obligation is very strong.
- **A** - An obligor rated 'A' is somewhat more susceptible to the adverse effects of changes in circumstances and economic conditions than obligations in higher-rated categories. However, the obligor's capacity to meet its financial commitment on the obligation is still strong.
- **BBB** - An obligor rated 'BBB' has adequate capacity to meet its financial commitments. However, adverse economic conditions or changing circumstances are more likely to lead to a weakened capacity of the obligor to meet its financial commitments.

  Plus (+) or minus (-) the ratings from 'AA' to 'CCC' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories

CABINET

Date of Meeting	Tuesday 15th February 2022
Report Subject	Treasury Management Strategy 2022/23 Treasury Management Policy Statement, Practices and Schedules 2022 to 2025
Cabinet Member	Cabinet Member for Finance, Social Value and Procurement
Report Author	Corporate Finance Manager
Type of Report	Strategic

EXECUTIVE SUMMARY

The report presents the draft Treasury Management Strategy 2022/23 for approval and recommendation to Council, in conjunction with:

- Draft Treasury Management Policy Statement 2022 to 2025
- Draft Treasury Management Practices and Schedules 2022 to 2025

The report was considered in detail by Governance and Audit Committee on 26th January 2022.

This report is supplemented by training provided for all Members of the Council on treasury management on 8th December 2021.

RECOMMENDATIONS	
1	Cabinet approves for recommendation to the Council the following documents: • Draft Treasury Management Strategy 2022/23 • Draft Treasury Management Policy Statement 2022 to 2025 • Draft Treasury Management Practices and Schedules 2022 to 2025

REPORT DETAILS

1.00	**EXPLAINING THE CHANGES TO THE POLICY STATEMENT, STRATEGY AND PRACTICES**
	BACKGROUND
1.01	The Local Government Act 2003 requires all local authorities to have due regard to both the Chartered Institute of Public Finance and Accountancy's Treasury Management in Public Services: Code of Practice (The CIPFA Code of Practice) and Welsh Government guidance on Local Authority Investments.
1.02	In April 2019 the Council adopted the Chartered Institute of Public Finance and Accountancy's *Treasury Management in the Public Services: Code of Practice 2017 Edition* (the CIPFA Code) which requires the Council to approve a treasury management strategy before the start of each financial year. The CIPFA Code of Practice (2017 edition) requires:- • The Council to create and maintain a Treasury Management Policy Statement which states the Council's policies, objectives and approach to risk management of its treasury management activities. • The Council to create and maintain suitable Treasury Management Practices (TMPs) and accompanying schedules, stating how those policies and objectives will be achieved and prescribing how those activities will be managed and controlled. • The Council to receive reports on its treasury management policies, practices and activities, including, as a minimum, an annual strategy and plan in advance of the year, a mid-year review and an annual report after its close, in the form prescribed in its TMPs. • Responsibility for treasury management to be clearly defined. The Council delegates responsibility for the implementation and regular monitoring of its treasury management policies and practices to the Cabinet, and for the execution and administration of treasury management decisions to the Corporate Finance Manager, who will act in accordance with the organisation's policy statement and TMPs and, CIPFA's *Standard of Professional Practice on Treasury Management*. • A body to be responsible for the scrutiny of Treasury Management Policy, Strategy and Practices. The Council has nominated the Governance and Audit Committee to be responsible for ensuring effective scrutiny of the treasury management function. The Governance and Audit Committee has previously agreed to include treasury management as a standing item on each quarterly agenda to receive an update.

1.03	The Welsh Government issues guidance on local authority investments that requires the Council to prepare an investment strategy before the start of each financial year. The guidance was updated in November 2019 and came into force from 1st April 2020.
1.04	In preparation for approving the 2022/23 Treasury Management Strategy, training for all Members was held on 8th December 2021. The workshop, presented by Arlingclose, the Council's treasury management advisors, covered the regulatory framework and the role of the elected Member in scrutinising the treasury management function, an overview of the Council's treasury position and plans with regard to treasury management, a section on risk management, alongside in depth presentations on financing capital spending and investment management.
	CONSIDERATIONS
	2022/23 Treasury Management Policy Statement, Strategy and Practices
1.05	The previous Treasury Management Policy Statement was approved by Council in February 2019 and covered the 3 year period from 2019 to 2022. The updated Treasury Management Policy 2022 to 2025 is attached at Appendix 2. This document defines the Council's treasury management activities, sets out the Council's criteria to measure the effectiveness of treasury management activities and includes the Council's high level policies for borrowing and investments. Once approved, the document will only be reported to Members during its lifetime in the event of any significant changes. The document has not changed significantly from the 2019 version.
1.06	The Treasury Management Practices (TMPs) and accompanying schedules to cover the 3 year period from 2019 to 2022 were approved by Council in February 2019. The updated TMPs for 2022 to 2025 are attached as Appendices 3 and 4. The TMPs and schedules state how treasury management policies and objectives will be achieved and give specific details of the systems and routines employed and the records to be maintained, including: • TMP 1 Treasury risk management • TMP 2 Performance measurement • TMP 3 Decision-making and analysis • TMP 4 Approved instruments, methods and techniques • TMP 5 Organisation, clarity and segregation of responsibilities, and dealing arrangements • TMP 6 Reporting requirements and management information arrangements • TMP 7 Budgeting, accounting and audit arrangements • TMP 8 Cash and cash flow management • TMP 9 Money laundering • TMP 10 Staff training and qualifications • TMP 11 Use of external service providers • TMP 12 Corporate governance

	It was agreed that these operational documents will only be reported to Members during their lifetime in the event of any significant changes. Some minor changes have been made to bring the practices and schedules in line with the draft 2022/23 Strategy.
	Treasury Management Strategy 2022/23
1.07	The 2022/23 Treasury Management Strategy is attached at Appendix 1 for review and discussion. The Strategy is updated and reported annually to Members in accordance with the CIPFA Code of Practice and Welsh Government guidance. The Treasury Management Strategy details the approach the Council will take for investing and borrowing over the next year, including the budgetary implications of the planned investment and borrowing strategy, and a number of treasury management indicators that the CIPFA Code requires.
1.08	The main body of the 2022/23 Strategy has not changed significantly from that of the 2021/22 Strategy. Matters that merit the attention of Members are summarised below:- • Section 2 – Economic context, provided by Arlingclose, highlights that the major external influences on the Strategy will be the ongoing impact of the COVID-19 pandemic, together with higher inflation, higher interest rates, and the country's trade position post-Brexit. The Bank of England (BoE) increased Bank Rate to 0.25% in December 2021 while maintaining its Quantitative Easing programme at £895 billion. Arlingclose forecasts that interest rates will continue to rise in early 2022. Gilt yields are expected to remain broadly at current levels over the medium-term, with the 5, 10 and 20 year gilt yields expected to average around 0.65%, 0.90%, and 1.15% respectively (the Council's borrowing costs are linked to gilt yields). • Section 4 – Local context. This section summarises the Council's anticipated treasury position in 2022/23. Activity in 2022/23, as it has in previous years, will focus more on borrowing and less on investing as the Council's requirement to borrow is forecast to grow due to a planned increase in capital expenditure. • Section 5 – Treasury Investment Strategy. This section is largely a continuation of the Council's 2021/22 strategy, the aim being to invest its funds prudently and to have regard to the security and liquidity of its investments before seeking the highest rate of return or yield. The counterparty limits for local authorities and other government entities and for money market funds have been increased from £3m to £4m, and for banks and building societies have been increased from £2m to £3m. This is considered necessary due to the higher levels of surplus cash held by the Council resulting from the receipt of additional COVID-19 funding in 2020/21 and 2021/22. Arlingclose were consulted and supported this change.

	• Section 6 - Borrowing strategy. Again, this section is largely a continuation of the 2021/22 strategy. The Council continues to forecast a significant long term borrowing requirement. The required amounts need to be confirmed before a commitment to long term borrowing is made and the use of short term borrowing will be used to assist during this period.
1.09	The Welsh Government introduced changes in investment guidance in 2019, and the majority of the changes required were made in the Treasury Management Strategy 2020/21. Changes that still remain to be fully addressed are in respect of climate change. The Council is currently reviewing with Arlingclose and with fund managers, what options are available for investments that support a low carbon economy.
1.10	In December 2021 CIPFA published a new versions of its Treasury Management Code. The Code clarifies what constitutes prudential borrowing activities to help stop a number of authorities from misinterpreting the Code's provisions. The Code includes clarification to better define commercial activity and investment, and a requirement to incorporate an assessment of risk against levels of resources. Changes are to be included in the 2023/24 financial year. However, the initial view of the Council is that we are largely compliant with the revised Code.
1.11	The Governance and Audit Committee reviewed the draft Treasury Management Strategy, Policy and Practices at its meeting on 26th January 2022. Questions raised at the Committee were all answered to members satisfaction. There were no issues raised by the Committee for Cabinet.

2.00	**RESOURCE IMPLICATIONS**
2.01	Financial implications are set out within this report and supporting appendices; there are no other resource implications directly as a result of this report.

3.00	**IMPACT ASSESSMENT AND RISK MANAGEMENT**
3.01	Risk Management directly addressed within the report and appendices including identification of risks and measures to mitigate likelihood and impact of risks identified.
3.02	Ways of Working (Sustainable Development) Principles Impact

Long-term	Positive. The Treasury Management Strategy considers the long-term impact of investing and borrowing decisions.
Prevention	No change
Integration	No change

	Collaboration	No change
	Involvement	No change
3.03	Well-being Goals Impact	
	Prosperous Wales	No impact
	Resilient Wales	No impact
	Healthier Wales	No impact
	More equal Wales	No impact
	Cohesive Wales	No impact
	Vibrant Wales	No impact
	Globally responsible Wales	No impact

4.00	**CONSULTATIONS REQUIRED / CARRIED OUT**
4.01	Arlingclose Ltd, being the Council's treasury management advisors.

5.00	**APPENDICES**
5.01	1. Draft Treasury Management Strategy 2022/23 2. Draft Treasury Management Policy 2022 to 2025 3. Draft Treasury Management Practices and Schedules 2022 to 2025 – part 1 4. Draft Treasury Management Practices and Schedules 2022 to 2025 – part 2

6.00	**LIST OF ACCESSIBLE BACKGROUND DOCUMENTS**
6.01	**Contact Officer:** Chris Taylor – Strategic Finance Manager **Telephone:** 01352 703309 **E-mail:** Christopher.taylor@flintshire.gov.uk

7.00	**GLOSSARY OF TERMS**
7.01	**Authorised Limit:** A statutory limit that sets the maximum level of external debt for the Council. **Balances and Reserves**: Accumulated sums that are held, either for specific future costs or commitments (known as earmarked) or generally held to meet unforeseen or emergency expenditure. **Bank Rate:** The official interest rate set by the Bank of England's Monetary Policy Committee and what is generally termed at the "base rate". **Basis Point:** A unit of measure used in finance to describe the percentage change in the value or rate of a financial instrument. One basis point is equivalent to 0.01% (1/100th of a percent). In most cases, it refers to

changes in interest rates and bond yields. For example, if interest rates rise by 25 basis points, it means that rates have risen by 0.25% percentage points.

Bond: A certificate of debt issued by a company, government, or other institution. The bond holder receives interest at a rate stated at the time of issue of the bond. The price of a bond may vary during its life.

Capital Expenditure: Expenditure on the acquisition, creation or enhancement of capital assets.

Capital Financing Requirement (CFR): The Council's underlying need to borrow for capital purposes representing the cumulative capital expenditure of the local authority that has not been financed.

Certificates of Deposits (CD's): A savings certificate entitling the bearer to receive interest. A CD bears a maturity date, a specified fixed interest rate and can be issued in any denomination. CDs are generally issued by commercial banks. The term of a CD generally ranges from one month to five years.

Consumer Price Index (CPI): The UK's main measure of inflation (along with Retail Price Index or 'RPI') The Monetary Policy Committee of the Bank of England set the Bank Rate in order to try and keep CPI at or close to the target set by the Government. The calculation of CPI includes many items of normal household expenditure but excludes some items such as mortgage interest payments and Council Tax.

Corporate Bonds: Corporate bonds are bonds issued by companies. The term is often used to cover all bonds other than those issued by governments in their own currencies and includes issues by companies, supranational organisations and government agencies.

Cost of Carry: The "cost of carry" is the difference between what is paid to borrow compared to the interest which could be earned. For example, if one takes out borrowing at 5% and invests the money at 1.5%, there is a cost of carry of 3.5%.

Counterparty List: List of approved financial institutions with which the Council can place investments.

Credit Rating: Formal opinion by a registered rating agency of a counterparty's future ability to meet its financial liabilities; these are opinions only and not guarantees.

Debt Management Office (DMO): The DMO is an Executive Agency of Her Majesty's Treasury and provides direct access for local authorities into a government deposit facility known as the Debt Management Account Deposit Facility (DMADF). All deposits are guaranteed by HM Government and therefore have the equivalent of a sovereign credit rating.

Federal Reserve: The US central bank, the equivalent of the Bank of England. (Often referred to as "the Fed").

Financial Instruments: Financial instruments are tradable assets of any kind. They can be cash, evidence of an ownership interest in an entity, or a contractual right to receive or deliver cash or another financial instrument.

Gilts: Gilts are bonds issued by the UK Government. They take their name from 'gilt-edged'. They are deemed to be very secure as the investor expects to receive the full face value of the bond to be repaid on maturity.

IFRS: International Financial Reporting Standards.

LIBID: The London Interbank Bid Rate (LIBID) is the rate bid by banks on Eurocurrency deposits (i.e. the rate at which a bank is willing to borrow from other banks).

LIBOR: The London Interbank Offered Rate (LIBOR) is the rate of interest that banks charge to lend money to each other. The British Bankers' Association (BBA) work with a small group of large banks to set the LIBOR rate each day. The wholesale markets allow banks who need money to borrow from those with surplus amounts. The banks with surplus amounts of money are keen to lend so that they can generate interest which it would not otherwise receive.

LOBO: Stands for Lender Option Borrower Option. The underlying loan facility is typically very long-term - for example 40 to 60 years - and the interest rate is fixed. However, in the LOBO facility the lender has the option to call on the facilities at pre-determined future dates. On these call dates, the lender can propose or impose a new fixed rate for the remaining term of the facility and the borrower has the 'option' to either accept the new imposed fixed rate or repay the loan facility.

Maturity: The date when an investment or borrowing is repaid.

Maturity Structure / Profile: A table or graph showing the amount (or percentage) of debt or investments maturing over a time period.

MiFID II (Markets in Financial Instruments Directive): EU legislation that regulates firms who provide services to clients linked to 'financial instruments'. As a result of MiFID II, from 3rd January 2018 local authorities will be treated as retail clients but can "opt up" to professional client status, providing that they meet certain qualitative and quantitative criteria.

Minimum Revenue Provision (MRP): An annual provision that the Council is statutorily required to set aside and charge to the Revenue Account for the repayment of debt associated with expenditure incurred on capital assets.

Monetary Policy Committee (MPC): A committee of the Bank of England, which meets to decide the Bank Rate. Its primary target is to keep CPI inflation within 1% of a central target of 2%. Its secondary target is to support the Government in maintaining high and stable levels of growth and employment.

Money Market Funds (MMF): Pooled funds which invest in a range of short term assets providing high credit quality and high liquidity.

Non Specified Investment: Investments which fall outside the WG Guidance for Specified investments (below).

Operational Boundary: This linked directly to the Council's estimates of the CFR and estimates of other day to day cash flow requirements. This indicator is based on the same estimates as the Authorised Limit reflecting the most likely prudent but not worst case scenario but without the additional headroom included within the Authorised Limit.

Premiums and Discounts: In the context of local authority borrowing,
(a) the premium is the penalty arising when a loan is redeemed prior to its maturity date and
(b) the discount is the gain arising when a loan is redeemed prior to its maturity date.

Prudential Code: Developed by CIPFA and introduced in April 2004 as a professional code of practice to support local authority capital investment planning within a clear, affordable, prudent and sustainable framework and in accordance with good professional practice.

Prudential Indicators: Indicators determined by the local authority to define its capital expenditure and asset management framework. They are designed to support and record local decision making in a manner that is publicly accountable; they are not intended to be comparative performance indicators.

Public Works Loans Board (PWLB): The PWLB is a statutory body operating within the United Kingdom Debt Management Office, an Executive Agency of HM Treasury. The PWLB's function is to lend money from the National Loans Fund to local authorities and other prescribed bodies, and to collect the repayments.

Quantitative Easing (QE): QE is a form of monetary policy where a Central Bank creates new money electronically to buy financial assets, like government bonds. This cash injection lowers the cost of borrowing and boosts asset prices to support spending.

Retail Price Index (RPI): A monthly index demonstrating the movement in the cost of living as it tracks the prices of goods and services including mortgage interest and rent.

Revenue Expenditure: Expenditure to meet the continuing cost of delivery of services including salaries and wages, the purchase of materials and capital financing charges.

Specified Investments: Term used in the Welsh Assembly Guidance for Local Authority Investments. Investments that offer high security and high liquidity, in sterling and for no more than one year. UK government, local authorities and bodies that have a high credit rating.

Supported Borrowing: Borrowing for which the costs are supported by the government or third party.

	Supranational Bonds: Instruments issued by supranational organisations created by governments through international treaties (often called multilateral development banks). The bonds carry an AAA rating in their own right. Examples of supranational organisations are the European Investment Bank, the International Bank for Reconstruction and Development. **Temporary Borrowing:** Borrowing to cover peaks and troughs of cash flow, not to fund capital spending. **Term Deposits:** Deposits of cash with terms attached relating to maturity and rate of return (Interest). **Treasury Bills (T-Bills):** Treasury Bills are short term Government debt instruments and, just like temporary loans used by local authorities, are a means to manage cash flow. They are issued by the Debt Management Office and are an eligible sovereign instrument, meaning that they have an AAA-rating. **Treasury Management Code**: CIPFA's Code of Practice for Treasury Management in the Public Services, initially brought in 2003, subsequently updated in 2009 and 2011. **Treasury Management Practices (TMP):** Treasury Management Practices set out the manner in which the Council will seek to achieve its policies and objectives and prescribe how it will manage and control these activities. **Unsupported Borrowing**: Borrowing which is self-financed by the local authority. This is also sometimes referred to as Prudential Borrowing. **Yield:** The measure of the return on an investment instrument.

FLINTSHIRE COUNTY COUNCIL

Date of Meeting	Tuesday, 15th February 2022
Report Subject	Minimum Revenue Provision - 2022/23 Policy
Report Author	Corporate Finance Manager

EXECUTIVE SUMMARY

This report seeks Council approval in setting the annual policy for the Minimum Revenue Provision for the prudent repayment of debt.

Cabinet will consider the report, included at Appendix 1, at their meeting this morning and their recommendations will be reported at the meeting.

RECOMMENDATIONS	
1	Members approve for Council Fund (CF):- • Option 3 (Asset Life Method) be used for the calculation of the MRP in financial year 2022/23 for the balance of outstanding capital expenditure funded from supported borrowing fixed as at 31st March 2017. The calculation will be the 'annuity' method over 49 years. • Option 3 (Asset Life Method) be used for the calculation of the MRP in 2022/23 for all capital expenditure funded from supported borrowing from 1st April 2016 onwards. The calculation will be the 'annuity' method over an appropriate number of years, dependent on the period of time that the capital expenditure is likely to generate benefits. • Option 3 (Asset Life Method) be used for the calculation of the MRP in 2022/23 for all capital expenditure funded from unsupported (prudential) borrowing or credit arrangements. The calculation will be the 'annuity' method over an appropriate number of years, dependent on the period of time that the capital expenditure is likely to generate benefits.

2	Members approve for Housing Revenue Account (HRA):- • Option 3 (Asset Life Method) be used for the calculation of the HRA's MRP in 2022/23 for the balance of outstanding capital expenditure funded from debt fixed as at 31st March 2021. The calculation will be the 'annuity' method over 49 years. • Option 3 (Asset Life Method) be used for the calculation of the HRA's MRP in 2022/23 for all capital expenditure funded from debt from 1st April 2021 onwards. The calculation will be the 'annuity' method over an appropriate number of years, dependent on the period of time that the capital expenditure is likely to generate benefits.
3	Members approve that MRP on loans from the Council to NEW Homes to build affordable homes through the Strategic Housing and Regeneration Programme (SHARP) (which qualify as capital expenditure in accounting terms) be as follows:- • No MRP is made during the construction period (of short duration) as the asset has not been brought into use and no benefit is being derived from its use. • Once the assets are brought into use, capital (loan) repayments will be made by NEW Homes. The Council's MRP will be equal to the repayments made by NEW Homes. The repayments made by NEW Homes will be classed, in accounting terms, as capital receipts, which can only be used to fund capital expenditure or repay debt. The capital repayment / capital receipt will be set aside to repay debt, and is the Council's MRP policy for repaying the loan.

REPORT DETAILS

1.00	EXPLAINING THE MINIMUM REVENUE PROVISION
1.01	Local Authorities are required each year, under the Local Authorities (Capital Finance and Accounting) (Wales) (Amendment) Regulations 2008 ('the 2008 Regulations'), to set aside some of their revenue resources as provision for the repayment of debt. Regulation 22 of the 2008 Regulations requires an authority to each year make an amount of Minimum Revenue Provision (MRP) which it considers to be 'prudent', though the regulation itself does not define 'prudent provision'. Welsh Government (WG) has provided guidance which makes recommendations to authorities on the interpretation of the term, this guidance was last updated in 2018. Authorities are required to prepare an annual statement of their policy on making MRP. Further detail is provided in the attached report to Cabinet (Appendix 1).

2.00	RESOURCE IMPLICATIONS
2.01	As per the attached report (Appendix 1).

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	As per the attached report (Appendix 1).

4.00	RISK MANAGEMENT
4.01	As per the attached report (Appendix 1).

5.00	APPENDICES
5.01	Appendix 1 – Report to Cabinet 15th February, 2022 - Minimum Revenue Provision - 2022/23 Policy.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None.

7.00	CONTACT OFFICER DETAILS
7.01	**Contact Officer:** Chris Taylor – Strategic Finance Manager **Telephone:** (01352) 703309 **E-mail:** christopher.taylor@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	As per the attached report (Appendix 1).

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CABINET

Date of Meeting	Tuesday 15th February 2022
Report Subject	Minimum Revenue Provision – 2022/23 Policy
Cabinet Member	Cabinet Member for Finance, Social Value and Procurement
Report Author	Corporate Finance Manager
Type of Report	Strategic

EXECUTIVE SUMMARY

Local authorities are required to set a Minimum Revenue Provision (MRP) policy each financial year.

Each year, local authorities are required to set aside some of their revenue resources as provision for the repayment of debt.

Regulations require an authority to make an amount of MRP which it considers to be 'prudent'. The Regulations themselves do not define 'prudent' provision. Welsh Government (WG) has provided guidance which makes recommendations to local authorities on the interpretation of the term and authorities are required to prepare an annual statement of their policy on making minimum provision.

The Council, as part of the budget strategy, conducted detailed reviews of its MRP policy in 2016/17 and 2017/18 and amended the policy as a result.

Changes are required to the Policy for 2022/23 with regard the MRP for the Housing Revenue Account (HRA). No changes are required to the Policy for Council Fund (CF) MRP.

The Policy is presented to Members in conjunction with the 2022/23 budget setting report(separate item on the agenda)

RECOMMENDATIONS	
1	Members approve and recommend to County Council for Council Fund (CF) outstanding debt that:- • Option 3 (Asset Life Method) be used for the calculation of the MRP in financial year 2022/23 for the balance of outstanding capital expenditure funded from supported borrowing fixed as at 31st March 2017. The calculation will be the 'annuity' method over 49 years. • Option 3 (Asset Life Method) be used for the calculation of the MRP in 2022/23 for all capital expenditure funded from supported borrowing from 1st April 2016 onwards. The calculation will be the 'annuity' method over an appropriate number of years, dependent on the period of time that the capital expenditure is likely to generate benefits. • Option 3 (Asset Life Method) be used for the calculation of the MRP in 2022/23 for all capital expenditure funded from unsupported (prudential) borrowing or credit arrangements. The calculation will be the 'annuity' method over an appropriate number of years, dependent on the period of time that the capital expenditure is likely to generate benefits.
2	That Members approve and recommend to the County Council for Housing Revenue Account (HRA) outstanding debt:- • Option 3 (Asset Life Method) be used for the calculation of the HRA's MRP in 2022/23 for the balance of outstanding capital expenditure funded from debt fixed as at 31st March 2021. The calculation will be the 'annuity' method over 49 years. • Option 3 (Asset Life Method) be used for the calculation of the HRA's MRP in 2022/23 for all capital expenditure funded from debt from 1st April 2021 onwards. The calculation will be the 'annuity' method over an appropriate number of years, dependent on the period of time that the capital expenditure is likely to generate benefits.
3	Members approve and recommend to County Council that MRP on loans from the Council to NEW Homes to build affordable homes through the Strategic Housing and Regeneration Programme (SHARP) (which qualify as capital expenditure in accounting terms) be as follows:- • No MRP is made during the construction period (of short duration) as the asset has not been brought into use and no benefit is being derived from its use. • Once the assets are brought into use, capital (loan) repayments will be made by NEW Homes. The Council's MRP will be equal to the repayments made by NEW Homes. The repayments made by NEW Homes will be classed, in accounting terms, as capital receipts, which can only be used to fund capital expenditure or repay debt. The capital repayment / capital receipt will be set aside to repay debt, and is the Council's MRP policy for repaying the loan.

REPORT DETAILS

1.00	**EXPLAINING THE MINIMUM REVENUE PROVISION**
	Background to Capital Expenditure and Financing
1.01	Capital expenditure is defined as expenditure to acquire, enhance or prolong the useful life of non-current assets, those which have a useful life of more than one year e.g. buildings or infrastructure improvements. Capital expenditure is funded from a combination of capital receipts, revenue contributions, specific or general grants and debt in the form of borrowing or other long term financing arrangements such as leasing. Borrowing can be either: • Supported borrowing - funding is provided by Welsh Government through the Revenue Support Grant to cover the revenue debt financing costs of interest and repayment costs; or • Unsupported borrowing (commonly referred to as prudential borrowing) – Councils have the freedom to determine the level of borrowing considered affordable in revenue debt financing costs with no support from Welsh Government.
1.02	The annual charge to the revenue account for repaying debt is known as the Minimum Revenue Provision (MRP). Local authorities are required each year, under the Local Authorities (Capital Finance and Accounting) (Wales) (Amendment) Regulations 2008, to set aside some of their revenue resources as provision for the repayment of debt. Regulation 22 of the 2008 Regulations requires an authority to make an amount of MRP each year which it considers to be 'prudent', though the Regulations themselves do not define 'prudent' provision. Regulation 21(B) of the 2008 Regulations requires local authorities to have regard to guidance issued by Government.
1.03	The Welsh Government has issued guidance for the setting of MRP policy. It states that the broad aim of prudent provision is to ensure that the debt is repaid over a period that is reasonably commensurate with that over which the capital expenditure provides benefits. The WG guidance provides 4 options for making 'prudent provision' outlined below, but states that: *'This does not rule out or otherwise preclude a local authority from using alternative approaches differing from those exemplified should it decide that it is more appropriate.'*
1.04	In a letter to all local authorities the Auditor General for Wales concurred that it is for each authority to determine what a 'prudent' policy is.

	Options for prudent provision within WG guidance
1.05	Option 1 - Regulatory Method For capital expenditure funded from supported borrowing which is supported through funding in the Revenue Support Grant (RSG), authorities may continue to use the formula specified in the Local Authorities (Capital Finance and Accounting) (Wales) Regulations 2003 (the regulations which preceded the 2008 Regulations). Under this method the outstanding capital expenditure (known as the Capital Financing Requirement CFR) funded from supported borrowing less Adjustment A is written down annually by 4% on a reducing balance basis. Adjustment A is a commutation adjustment, a fixed value determined by changes to statutory regulations referred to above (which all Welsh Council's will have). The method implies that borrowing will be repaid over a 25 year period (in that 100% / 4% = 25), however as the calculation applies the 4% to the reducing balance it takes much more than 25 years to fully repay the borrowing. The method is commensurate with the methodology used in the Revenue Support Grant to allocate revenue funding from WG to finance debt, as it also uses the 4% reducing balance method on notional outstanding debt.
1.06	Option 2 - Capital Financing Requirement Method The same as Option 1 without adjusting for Adjustment A, which results in a higher charge.
1.07	Option 3 - Asset Life Method Provision is made over the estimated life of the asset for which debt is undertaken. This can be calculated using the 'straight line' method or the 'annuity' method. To illustrate the difference, as an example, an asset which is purchased at a cost of £4m which has an estimated useful life of 50 years: • Straight line method - equal annual MRP charge £4m / 50 years = £0.080m • Annuity or inflation method – annual MRP charge that takes the time value of money in the form of inflation into consideration Year 1 = £0.047m Year 2 = £0.048m Year 3 = £0.049m Year 4 = £0.050m Year 5 = £0.051m … … ...

	Year 50 = £0.125m
1.08	Option 4 - Depreciation Method Alternatively, provision is made in accordance with the standard rules for depreciation accounting. The method is similar to option 3 above
1.09	WG guidance requires that either option 3 or 4 be used for all capital expenditure which is to be financed by unsupported borrowing or other long term liabilities. Options 1 and 2 are not permitted for this use.
	Housing Revenue Account (HRA)
1.10	Following the introduction of self-financing for the HRA and the voluntary exit from the negative subsidy system on 31st March 2015, from 1st April 2015 the options to calculate the HRA MRP are now similar to the Council Fund as set out above, with the following modifications: • Options 1 and 2 - the percentage is 4% for the Council Fund and 2% for the HRA; and • Options 1 and 2 can be used in relation to debt incurred before 1st April 2021. After that date only Options 3 and 4 may be used. The MRP Policy for 2022/23 reflects the changes required to the HRA MRP method, as indicated in the HRA manual. Option 3 (the asset life annuity method) will be used in relation to debt incurred both before and after 1st April 2021. In relation to debt incurred before 1st April 2021 the MRP will be over 50 years, in relation to debt incurred after 1st April 2021 the MRP will be over an appropriate number of years, dependent on the period of time that the capital expenditure is likely to generate benefits. This ensures new borrowing is written down over the life of the asset that it is financing, which is more in line with proper accounting practice.
1.11	The Council approves loans to its wholly owned subsidiary NEW Homes for the purpose of building affordable homes. The loans qualify as capital expenditure and therefore need to be part of the MRP policy. At its meeting on 14th June 2016 the Council approved the MRP calculation for loans to NEW Homes as outlined in recommendation 3 above.
	Practical Considerations
1.12	The useful life of an asset will vary depending on the class of asset concerned; a vehicle or ICT equipment may be financed over 5 years, whereas a new school over 50 years. Judgements about the useful life will need to be made on an individual basis as expenditure is incurred.
1.13	Large capital projects may take a number of years to complete, for example the 21st Century Schools building programme. In this instance the MRP is incurred in the year after the asset has become operational, rather than during the construction phase.

1.14	It is important to note that the capital financing position on outstanding capital expenditure (the Capital Financing Requirement) and the Council's level of external borrowing are not the same. Regulations stipulate that the Council can only borrow for capital purposes. However, in day to day cash management, no distinction can be made between revenue cash and capital cash. External debt arises as a consequence of all the financial transactions of the Council and not simply those arising from capital spending. Nevertheless, checks are in place to ensure the Council does not borrow in the medium to long term for revenue purposes, as referred to in the Capital Strategy report approved by Council in December 2021. In practice, the Council is under borrowed, this arises when the level of external borrowing is below the capital financing position on outstanding capital expenditure. The Council, through its treasury management processes, makes use of available cash arising from reserves etc. to fund capital expenditure and has 'internally' borrowed to an extent. This cash would otherwise have been invested at very low rates of return. External borrowing would also be at higher interest rates than any returns on cash invested. Such activities are considered best practice and are undertaken in accordance with the Council's Treasury Management Policy Statement, Strategy, Schedules and Practices.

2.00	**RESOURCE IMPLICATIONS**
2.01	The 2022/23 Council Fund and HRA budgets provide for the MRP charges in accordance with the calculations set out in the report.
2.02	There are no other resource implications as a direct result of this report.

3.00	**IMPACT ASSESSMENTS AND RISK MANAGEMENT**
3.01	An MRP policy has long term effects that cannot be readily undone and therefore has associated risks for future generations in terms of Council Tax and Housing Rents levels. The Well-being of Future Generations (Wales) Act 2015, puts in place a requirement to: *"act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs".* It also requires that authorities take account of, amongst other things: *"the importance of balancing short term needs with the need to safeguard the ability to meet long term needs".*

	The MRP policy ensures that costs are spread equally in real terms amongst the tax and rent payers benefiting from the capital expenditure. This is not considered as compromising the ability of future generations to meet their own needs, merely that future generations pay for assets from which they benefit from using equally to current tax payers.
3.02	**Ways of Working (Sustainable Development) Principles Impact**

Long-term	Positive - balancing short term and long term needs. The MRP policy ensures that costs are spread equally in real terms amongst the tax and rent payers benefiting from the capital expenditure.
Prevention	No impact
Integration	No impact
Collaboration	No impact
Involvement	No impact

Well-being Goals Impact

Prosperous Wales	No impact
Resilient Wales	No impact
Healthier Wales	No impact
More equal Wales	No impact
Cohesive Wales	No impact
Vibrant Wales	No impact
Globally responsible Wales	Financial decisions that enable future generations to thrive. Positive – the MRP policy ensures that costs are spread equally in real terms amongst the tax and rent payers benefiting from the capital expenditure.

4.00	**CONSULTATIONS REQUIRED / CARRIED OUT**
4.01	In changing the Council's MRP policy during 2017/18 and 2016/17 detailed discussions took place with the Council's Treasury Management advisors, senior internal officers and key Cabinet Members. Audit Wales was also consulted as external auditors.

4.02	The revised MRP policy was considered by Council as part of setting the 2018/19 budget in March 2018.

5.00	**APPENDICES**
5.01	None

6.00	**LIST OF ACCESSIBLE BACKGROUND DOCUMENTS**
6.01	Council Fund Budget 2018/19 report to Council 1st March 2018

7.00	**CONTACT OFFICER DETAILS**
7.01	**Contact Officer:** Chris Taylor – Strategic Finance Manager **Telephone:** (01352) 703309 **E-mail:** christopher.taylor@flintshire.gov.uk

8.00	**GLOSSARY OF TERMS**
8.01	**Capital Expenditure:** Expenditure on the acquisition of non-current assets or expenditure that extends the life or value of an existing asset **Capital Financing Requirement (CFR):** A measure of the capital expenditure incurred historically by an authority that has yet to be financed from capital receipts, capital grants or revenue financing. **Council Fund (CF):** The fund to which all the Council's revenue and capital expenditure is charged. **Housing Revenue Account (HRA):** The fund to which all the Council's revenue and capital expenditure relating to its housing stock is charged. **Minimum Revenue Provision (MRP):** A charge made to the Council Fund to repay borrowing taken out for capital expenditure. Authorities must determine their own prudent MRP charge each year, taking into consideration statutory guidance issued by the Government. **Prudential Code:** The code of practice drawn up by the Chartered Institute of Public Finance and Accountancy (CIPFA) to underpin the requirements of the Local Government Act 2003 in respect of an authority's duty to determine the affordability, prudence and sustainability of its capital investment needs. **Revenue Expenditure:** All expenditure incurred by an authority that cannot be classified as capital expenditure

	Revenue Support Grant (RSG): Is paid to each authority to cover the cost of providing standard services less the Council Tax income at the standard level. **Unhypothecated Supported Borrowing (USB), commonly referred to as Supported Borrowing:** Each year Welsh Government provide Council's with a Supported Borrowing allocation. Council's borrow to fund capital expenditure equivalent to that annual allocation, Welsh Government then include funding to cover the revenue costs associated with the borrowing for future years within the Revenue Support Grant. The Council decides how this funding is spent. **Unsupported Prudential Borrowing**: Borrowing administered under the **Prudential Code**, whereby authorities can set their own policies on acceptable levels and types of borrowing. The Prudential Framework allows authorities to take out loans in response to overall cash flow forecasts and other factors provided they can show that the borrowing is to meet planned capital expenditure in the current year or the next three years.

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FLINTSHIRE COUNTY COUNCIL

Date of Meeting	Tuesday, 15th February 2022
Report Subject	North Wales Population Needs Assessment and Market Stability Report
Report Author	Chief Officer (Social Services)

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	Seeks support of the North Wales Population Needs Assessment
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 - North Wales Population Needs Assessment Appendix 2 – Reference Table Appendix 3 – Map of evidence Appendix 4 - North Wales Population Assessment Consultation Document

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:** Neil Ayling, Chief Officer, Social Services **Telephone:** 01352 704511 **E-mail:** neil.j.ayling@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
8.01	**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 behavioral 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

Contact us

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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 told 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 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, 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 Borough Council, Gwynedd Council and Isle of Anglesey County Council.

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 1 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.

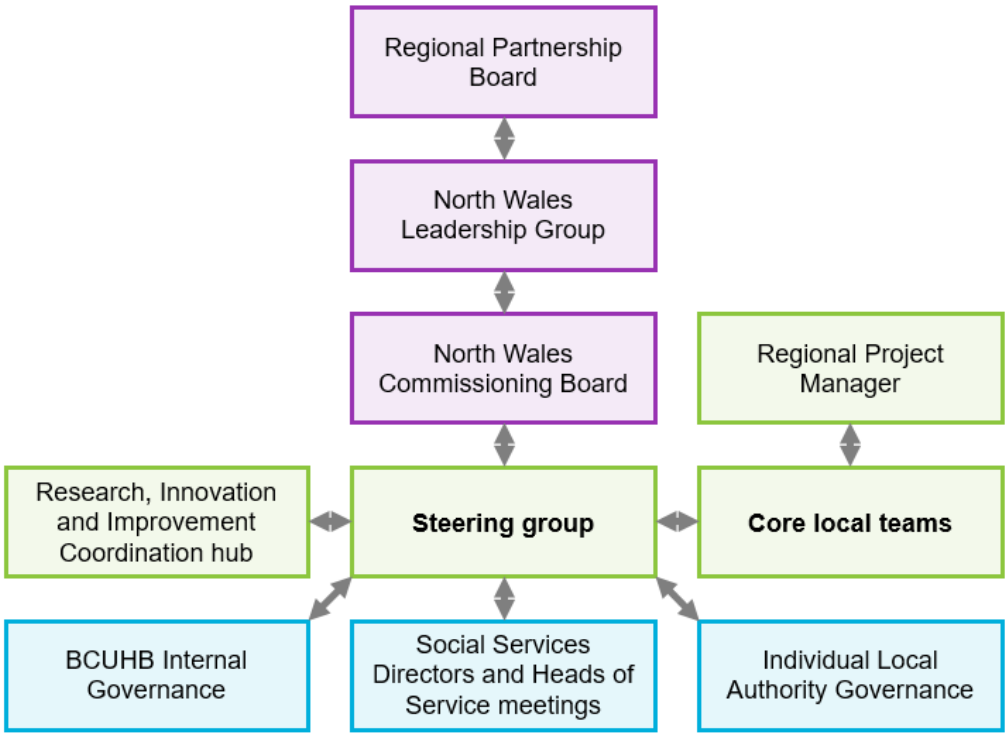
1.5 Project governance

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 is 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.

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
- 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 an important element of care and support provision across all patient groups. However, some groups have a greater need to receive their services in Welsh. For these groups, the Welsh language should be viewed as an even more fundamental element of service provision. These groups are:

- Children and young people
- Older people
- People with learning disabilities
- Mental health service users
- Dementia services
- Stroke services
- Speech and language therapy services

The ‘Active Offer’ means to provide a service in Welsh without having to ask for it. Welsh language services should be as available to users as the English language. 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. In 2016/17 a total of 2,300 adults were reported as at risk and by 2018/19 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	Adults reported suspected at risk 2016/17	Adults reported suspected at risk 2018/19
Anglesey	165	205
Gwynedd	350	395
Conwy	285	550
Denbighshire	400	450
Flintshire	350	500
Wrexham	785	825
North Wales	2,335	2,930
Wales	11,760	14,940

Source: Adults suspected of being at risk by local authority and measure, Welsh Government

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, Anglesey, 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
Anglesey	100	80
Gwynedd	80	55
Conwy	35	70
Denbighshire	80	90
Flintshire	165	110
Wrexham	130	170
North Wales	595	575
Wales	2,805	2,820

Source: Children on the child protection register, table CARE0154, StatsWales, Welsh Government

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.

For more information, see the North Wales Vulnerability and Exploitation Strategy 2021-2024.

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 six local authority areas of Wrexham, Flintshire, Denbighshire, Conwy, Gwynedd and Anglesey. 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 114 persons per square kilometre. Flintshire is the most densely populated at 356 persons per square kilometre. Gwynedd is the least densely populated at 49 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	Population mid-year estimate 2016	Population mid-year estimate 2020	Population change (number)	Population change (%)
Anglesey	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: 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+ (%)
Anglesey	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: Mid-year population estimates, Office for National Statistics

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

Local council	2025	2030	2035	2040	Change (number)	Change (%)
Anglesey	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: 2018-based population projections, Welsh Government

Overall the resident population of North Wales is set to increase by 11,050. Most local authorities will see a small increase in resident population with the exception of Anglesey which will remain relatively stable and Wrexham which will potentially see a small decrease in population.

The tables below provide 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, 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 structure. 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 (%)
Anglesey	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: 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 (%)
Anglesey	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: 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 (%)
Anglesey	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: 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 five 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 (Stats Wales Annual Population Survey 2021), this equates to 41% of the overall population across the 6 local authorities.

Of these six local authority areas in North Wales, five are within the top ten local authorities for the highest numbers of Welsh speakers. Gwynedd has the highest percentage of Welsh speakers with 76% of the resident population able to speak Welsh which is followed by Anglesey at 66%. Conwy has the third highest rate of Welsh speakers with 38% and neighbouring Denbighshire has 34%. The most Eastern counties of Flintshire and Wrexham have the lowest percentage of Welsh speakers as 23% and 26% 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 four of the six 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

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 so 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% of all school age children attending a Welsh medium setting within Wales. Children attending settings with significant use of Welsh in dual stream, bilingual AB, bilingual BB and English but with significant use of Welsh accounts for 58% of the all Wales total for these types of educational settings.

Table 10: Welsh educational settings (2020/21)

Local council	Welsh medium	Dual stream	Bilingual AB*	Bilingual BB**	English with significant Welsh
Anglesey	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

* At least 80% of subjects apart from English and Welsh are taught only through the medium of Welsh to all pupils. One or two subjects are taught to some pupils in English or in both languages.
** At least 80% of subjects (excluding Welsh and English) are taught through the medium of Welsh but are also taught through the medium of English.
Source: Pupil Level Annual School Census summary data by local authority (pupils aged 5 to 15 in primary, middle or secondary schools), table SCHS0252, StatsWales, Welsh Government

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."

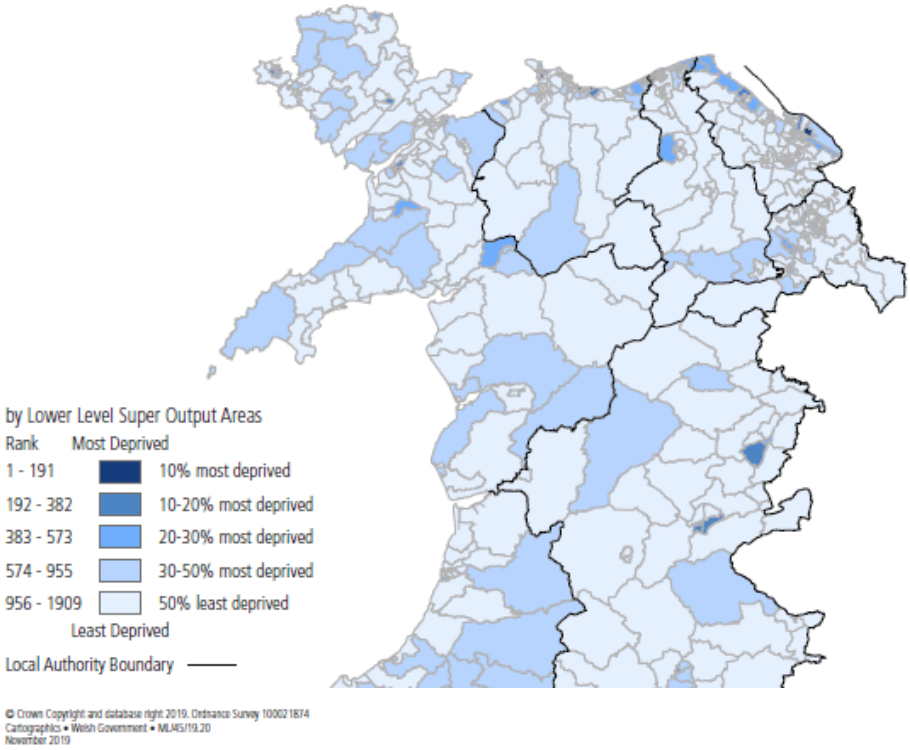
3.3 Poverty, deprivation and socioeconomic disadvantage

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 live 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. Three 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).

Map 1: Welsh Index of Multiple Deprivation (2019)



Source: Welsh Index of Multiple Deprivation 2019 Results Report

The 2025 Health and Housing Movement was formed in 2015 in response to deprivation findings. They are now a collective of over 600 people and organisations across North Wales that have committed to working together to tackle this issue.

The Well North Wales programme was launched by BCUHB in 2016, alongside partners from the public sector, third sector and housing providers 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.

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 make sure 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.

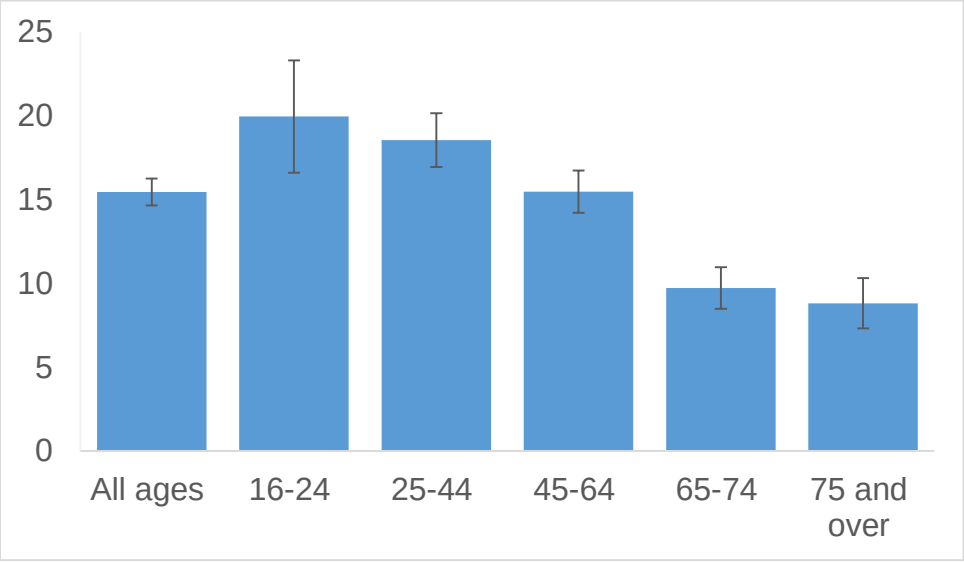
The map may be used to inform future integrated commissioning decisions and procurement specifications.

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.

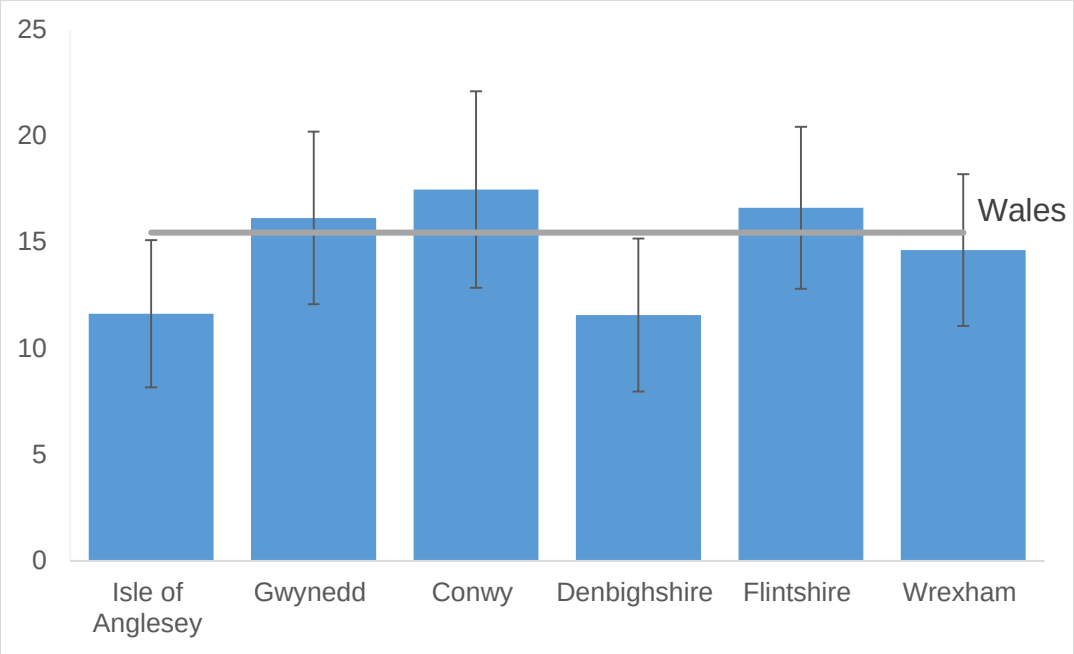
It is recognised that loneliness and isolation can impact all age groups. The National Survey for Wales found that for the period April 2019 to March 2020 younger people were more likely to be lonely compared to older people. There were 9% of over 65's who reported being lonely compared with 19% of those aged 16 to 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 2019/20 with 15% of respondents feeling lonely which was a decrease from 2016/17 when 17% of people reported feeling lonely.

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



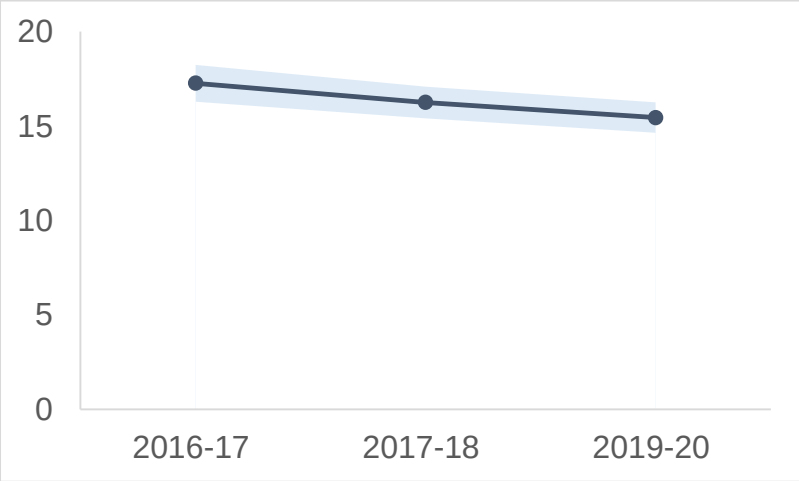
Source: National Survey for Wales

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



Source: National Survey for Wales

Chart 3: Percentage of people who are lonely in Wales, 2016-17 to 2019-20



Source: National Survey for Wales

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% of people in bad health and 24% of people 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 disabled people and care leavers.

This chapter includes:

- Population / demographic overview.
- General health of children and young people.
- Children and young people with disabilities and / or illness
- Children and young people who have a need for care and support (refugees and asylum seekers are covered in section 12).
- Children and young people on the child protection register.
- Children and young people who are looked after (including fostering and adoption).
- Teenage pregnancy.
- Emotional well-being and mental health of children and young people.
- Early intervention and prevention services for children and young people.

Children and young people with complex needs are considered throughout the chapter and covered under the relevant themes. 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
- Refugees and asylum seekers

4.2 Definitions

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.

4.3 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%.

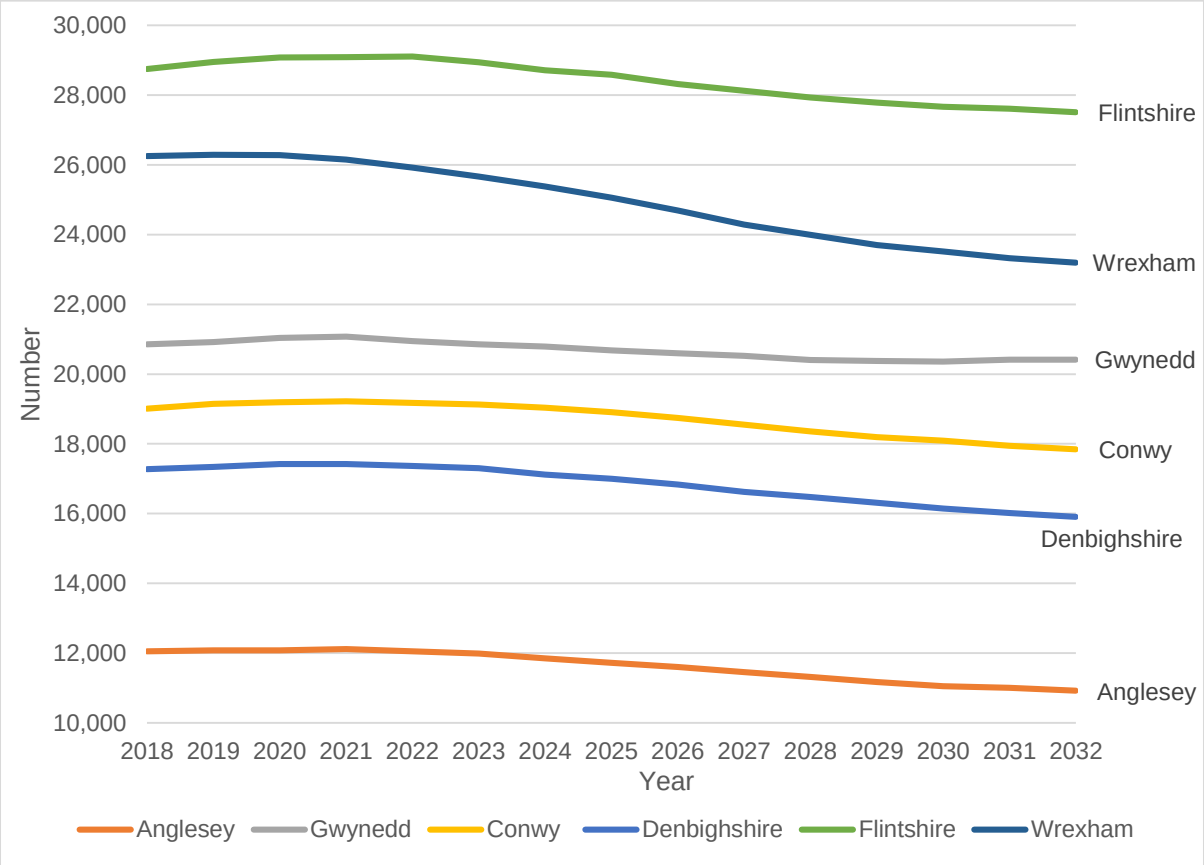
Table 11: Number of children aged 0-15 in North Wales by local authority

Local authority	2016 No	2016 %	2020 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

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%, the BCUHB North Wales average is below that at 34%. There are differences across the region with the highest rates at 37% in Gwynedd and the lowest at 31% 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 (70%), Conwy (69%), Denbighshire (68%) and Wrexham (69%) 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 (includes all qualifications up to and including level 3) is 3450. Gwynedd exceeds this at 360 both Anglesey and Flintshire are 352. Ynys Mon is in line with the Wales average at 349, Conwy is the third lowest at 343 followed by Wrexham at 333 with Denbighshire having the lowest score at 323 (Locality Needs Assessment, PHW 2021).

The statistics for 2017/18 show that the Wales average for 11 to16 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. Around 43% of 16 to24 year olds have drunk above the recommended guidelines at least one day in a week. Among 11 to16 year olds, 17% of boys and 14% of girls drink alcohol at least once a week (Public Health Wales, 2016c).

Children and young people with disabilities and / or illness

There is an estimated 11,500 children and young people with any limiting long-term illness in North 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 may be an increasing impact on parents and carers as 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 15.9%, compared to 8.2% in Wrexham. The North Wales average is 10.3%. There is also significant variance in the school action + category. Conwy has the highest proportion as 12.3%, compared to 4.8% in Flintshire and Wrexham. 2.2% of pupils in Wales have a special educational needs statement. This compares with 2.7% in Wrexham, the highest for North Wales, and 0.8% 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	1,243	15.9%	609	7.8%	174	2.2%
Gwynedd	1,243	9.0%	1,373	9.9%	259	1.9%
Conwy	1,223	9.9%	1,519	12.3%	103	0.8%
Denbighshire	1,178	9.2%	1,278	10.0%	176	1.4%
Flintshire	2,205	11.8%	898	4.8%	443	2.4%
Wrexham	1,304	8.2%	763	4.8%	436	2.7%
North Wales	8,396	10.3%	6,440	7.9%	1,591	2.0%
Wales	43,222	11.5%	27,729	7.4%	8,300	2.2%

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.

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. The percentage is the proportion of all children receiving care and support who are disabled.
Source: Children Receiving Care and Support Census. StatsWales, Welsh Government

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 to 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 to 5 year olds the proportion of children at risk of neglect may be higher, whereas for teenagers the proportion of young people requiring / receiving support for complex behavioural / emotional difficulties may be higher.

The primary 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

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 StatsWales

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 autism is higher in North Wales at 16%, compared to 12% for Wales. The full data, including for each local authority is available on StatsWales

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) (3)	310	19%	14%
Percentage of children with up-to-date child health surveillance checks (for children aged 0 to 5) (4)	795	92%	91%
Percentage of children with autism (5)	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) Autism includes 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.

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

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. It is important to note that the number is currently fluctuating rapidly with a significant increase in newly accommodated young people.

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 to 15. It should be noted when comparing them directly that the groupings are different sizes. For example, age 10 to 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.

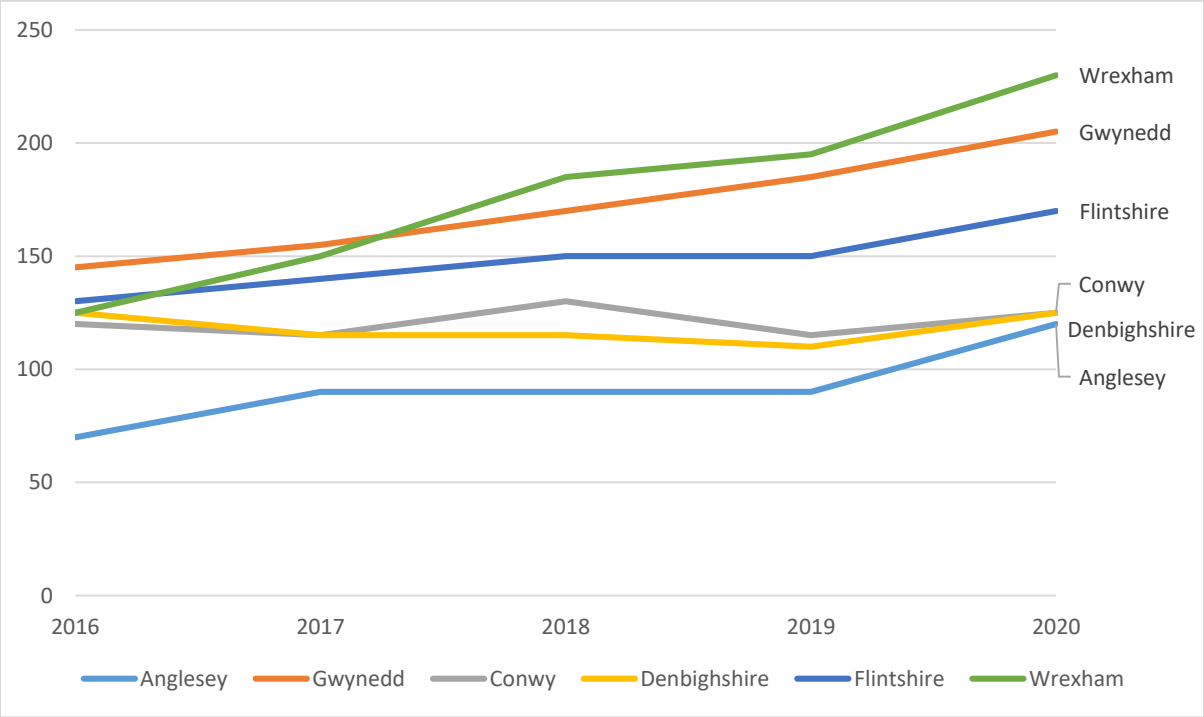
Table 22: Number of children looked after, by age, North Wales

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

Experiences of looked after children and young people

Placement stability is an important determinant in current and long term health, educational and economic outcomes of children and young people who are in care (NICE guideline – NG205 October 2021). The percentage of children who were continually in care who remained in the same placement for the period of April 2020 to April 2021 was 78%. This is the same as the Wales proportion. Anglesey had the lowest proportion at 70% having one placement, and Conwy the highest with 81%.

Of those children who were continually in care over the same period, 8% of those accommodated across North Wales had 2 or more changes in placement over that period. 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 placement number	1 placement %	2 placements number	2 placements %	3+ placements number	3+ placements %
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. There are 68% of children looked after in North Wales 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. Placement within county or nearby is known to be important for children and young people to maintain their established positive social networks both with family (parents, siblings and others) and school – which helps them to develop their identity and emotional maturity (NICE guidelines NG205 October 2021).

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. 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.

The looked after census no longer collects data on this, however, BCUHB do and have found that North Wales is a net importer of children who are looked after and take a significant numbers of young people in out of area placements. During the period 1 April 2020 to 31 March 2021, they recorded a total of 514 looked after children placed from outside of North Wales into the local authorities of Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham. This is an overall

decrease of 1.5% from the 2019-20 total of 522. Of the 514 placed, a total of 161 ceased their placement within the same time frame, making the current total of 353.

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

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.

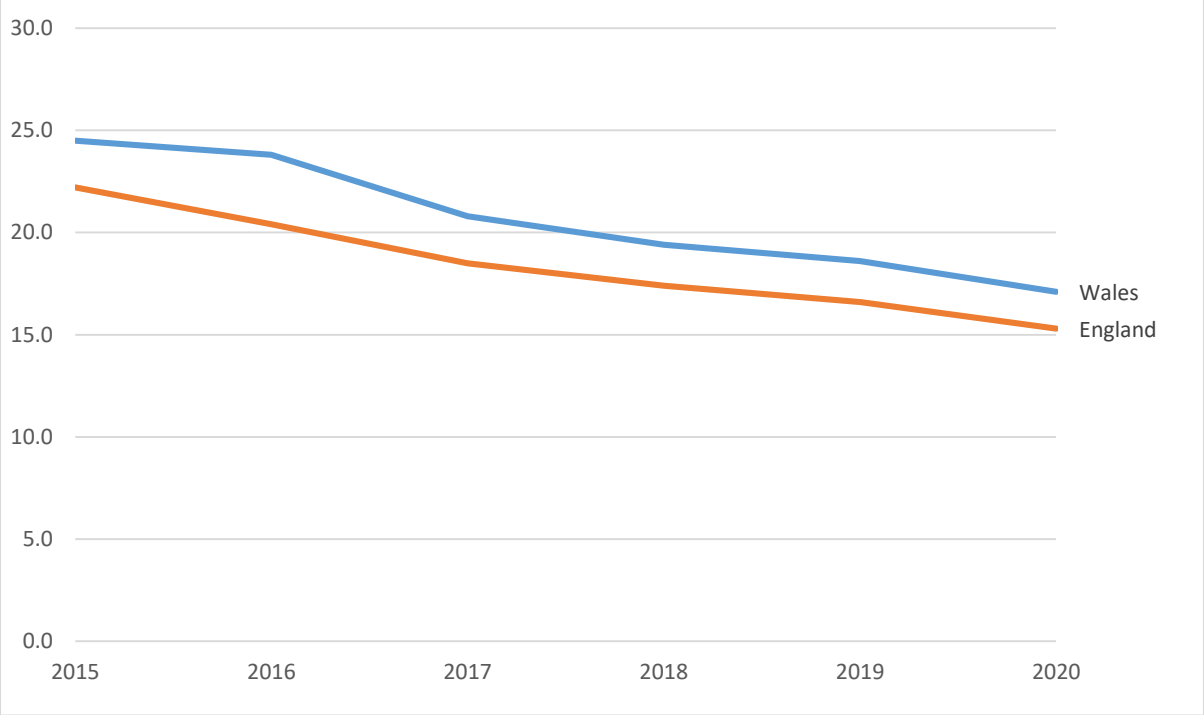
The North Wales Adoption Service is a partnership between all local authorities hosted by Wrexham County Borough Council. Working regionally helps the service find new families more effectively, place children quicker and improve the adoption support services.

Teenage pregnancy

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 and 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).

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

Emotional wellbeing and 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.

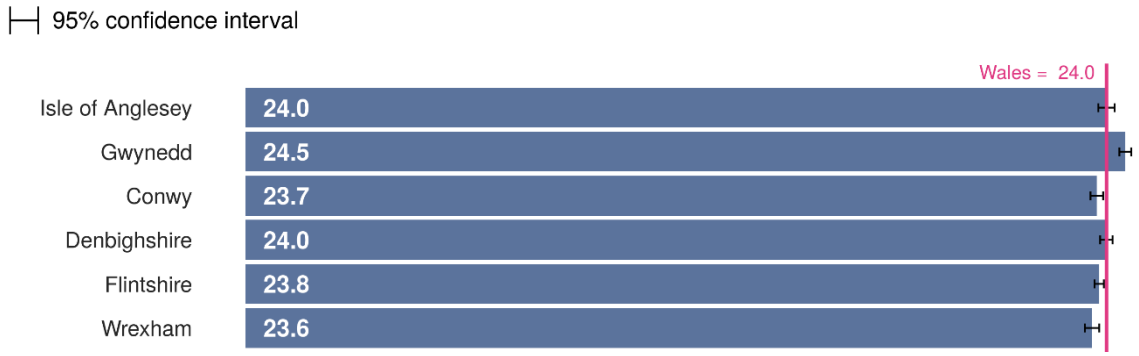
Risk factors include parental alcohol, tobacco and drug use during pregnancy; maternal stress during pregnancy; poor parental mental health; a parent in prison and parental unemployment. Children who experience child abuse; looked-after children; young offenders; children with intellectual disability; 16 to 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 disorders. These estimates are based on a 2017 survey produced by the Office for National Statistics. Locally, there has been an increase in the number of children and young people being referred for mental health support and this is likely to continue following the impact of Covid-19 on children and young people's mental health.

Children and young people's mental health service referrals initially saw the largest reduction of any mental health service, with 53% fewer referrals received in April 2020 compared to 2019/20 levels. Difficulties reported in accessing GP appointments were likely to have impacted on children's abilities to access local mental health services at this time. Fluctuations in referral numbers over the past nineteen months have also been heavily influenced by the opening and closing of schools, with referrals from the education system forming a common pathway for patients into mental health services. An influx of referrals was reported between March and July 2021, following the re-opening of in-person educational settings towards the beginning of this time period. Referral rates in September (+10%) and October (+16%) were higher than the pre-Covid position, following the anticipated dip in referral levels reported during August's school holiday period.

Digital consultations remain a key part of mental health services non face-to-face offering, with utilisation rates of 15% reported during October 2021. This is the lowest proportion of video based consultations reported aside from during the first

month of reporting in April 2020, although it is worth noting that this still remains notably above the digital rates reported by adult/older adult mental health teams at this time. Within children and young people's mental health inpatient services, bed occupancy rates continue to exceed 2019/20 historic levels, with a 74% average occupancy rate reported in October 2021, 13% higher than in 2019/20.

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: • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	In the child: • 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
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).

Prior to the Covid-19 pandemic, one in five (19%) of young people in Wales reported mental health symptoms (School Health Research Network, Student Health and Wellbeing Survey 2019). 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 Children, Young People and Education 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

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 (ACE Support Hub Annual Report 2020 – 2021).

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 (The impact of COVID-19 on children and young people's experiences of violence and adverse childhood experiences, Violence Prevention Unit Report, 2021).

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 Social Services and Well-being 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.

4.4 What people are telling us

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. (Please note these are two separate teams).
- 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.

4.5 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

The Children and Young People's Transformation Programme is developing a framework to support children's emotional health, well-being and resilience. They commissioned a survey of parents of 8 to 11 year olds to find out more about the support they need. This pilot survey was then rolled out to parents of 0 to 7 and 12 to 18 year olds.

The survey asked questions about the 'Five ways to well-being' which are connect, be active, take notice, give and keep learning.

There were over 5,500 responses from across North Wales. The survey found that:

- Parents/carers would like a range of support including school based support, support from School Nurse/GPs or recommended websites or podcasts.
- The sources of support parents/carers rated most important were; school, friends/family and healthcare services.
- 75% of parents/carers said they would use 'digital resources' to help them and their children with good habits, those with children aged 8-18 were most likely to use or encourage this.
- Most parents said they were happy or very happy in supporting their child with the five ways to well-being. The highest rated was 'Give', where 93% parents/carers felt happy/very happy to confidently support their child.
- Parent/carers rated 'connecting' as the most important aspect of the five ways to well-being for children aged 4-15, 'being active' was most important for 0-3 year olds and 'learning' was most important for 16-18 year olds.
- Parents/carers said they were most confident in supporting their child with 'feeling sad/low' (87%) and least confident in supporting their child with possible loss or separation (71%).
- 80% of parents said that they were happy/very happy about their child's well-being. Parents of 0-3 year olds were happiest with their child's wellbeing (99%).

The top 5 additional concerns that parents mentioned about their child's well-being were: socialising/friendships, school/learning, Covid/isolating, online activity and anxiety.

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.

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 to 18) 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 as important as 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 autism 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.

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 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 Years 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 collaboratives for children.

4.6 Review of services currently provided

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 to 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.

4.7 Covid-19

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.

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.

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.

Impact of Covid-19

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.

The Flintshire 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.
- Behaviour: 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 behaviours 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 behaviours 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.

4.8 Equalities and human rights

This assessment 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.

4.9 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.

Table 29: 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: 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.

4.10 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.
- Specialist support, counselling and therapeutic interventions for those from the age of three who has suffered child sexual abuse.

4.11 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 needs 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.

4.12 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 to11 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.

4.13 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 Public Service Boards well-being assessments.

4.14 Conclusions and recommendations

A key theme and priority within this assessment is around child and adolescent mental health and well-being. This has been highlighted as a key area of priority across the region and 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 well-being services for children and young people in North Wales. Further information 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.

The North Wales Regional Partnership Board Children sub-group has been developed with representation from across health, social care and education. The group will provide strategic direction for 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. The group will review this chapter and agree priority areas as part of their work plan.

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.

5.2 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.

5.3 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.

5.4 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 % in 2020, to 29% in 2040. This varies over North Wales, with the highest proportion found in Conwy, and the lowest in Wrexham.

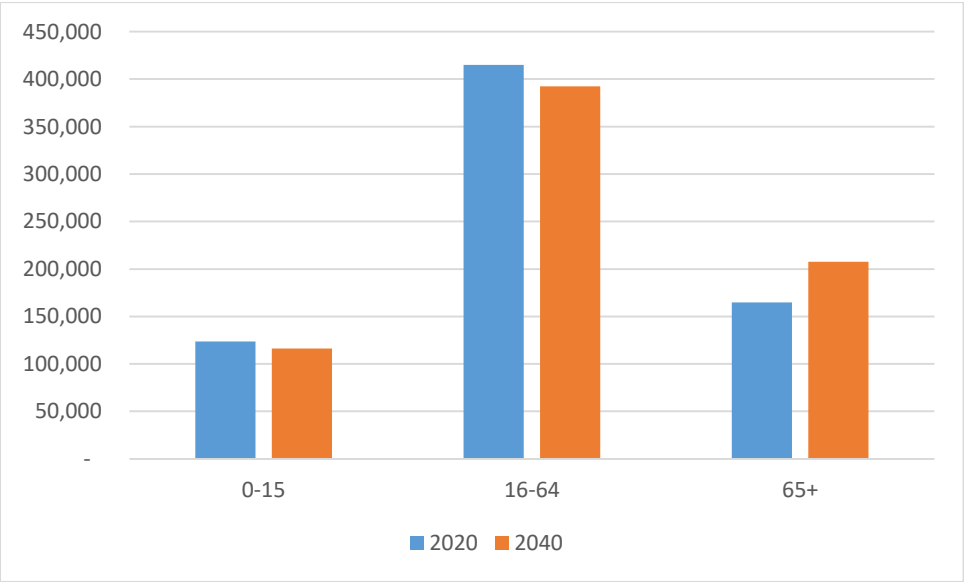
Table 30: Estimated number of people aged over 65 in 2020 and projected number in 2040

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 to 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.

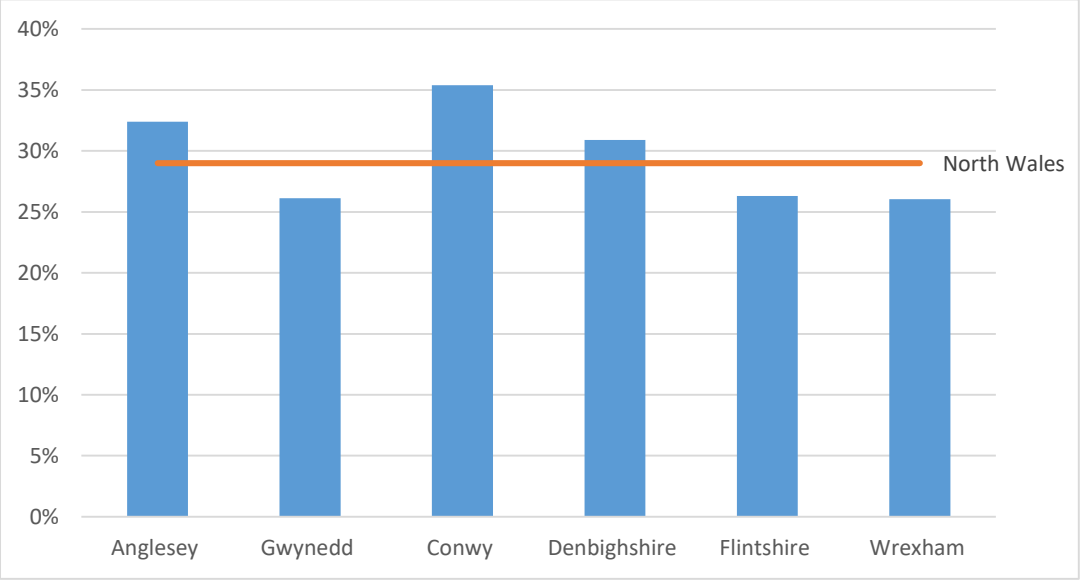
Chart 8: Population change by age group for North Wales 2020-2040



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 9: 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 31: 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 32: Number of people aged 85 and over, North Wales, 2010 to 2020

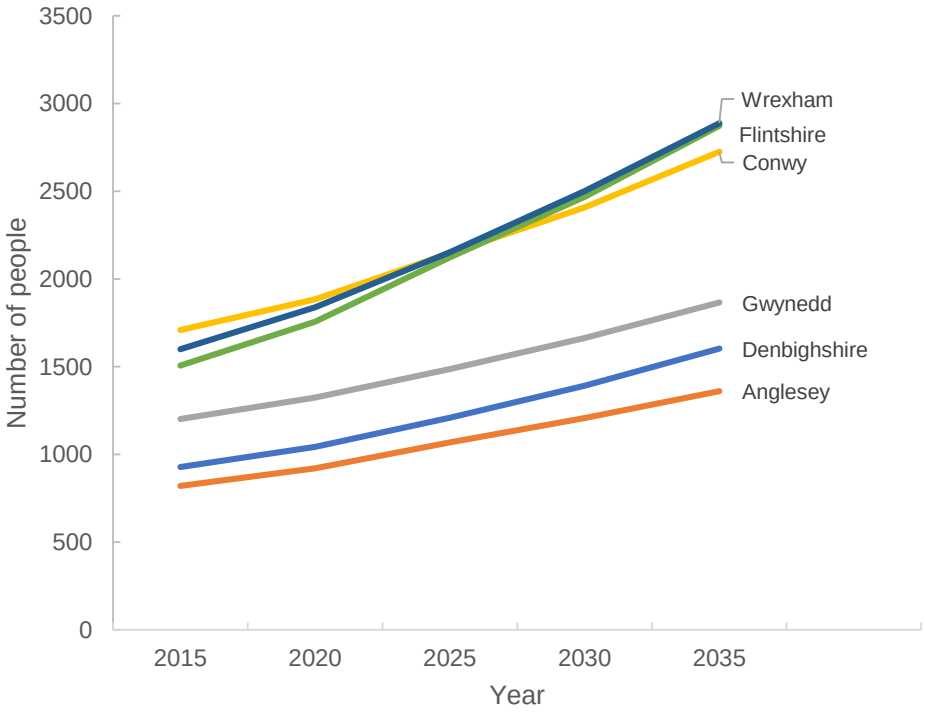
Local council	2010 number	2010 percent	2020 number	2020 percent	Change number	Change percent
Anglesey	2,000	2.9%	2,400	3.4%	400	16.4%
Gwynedd	3,350	2.8%	4,200	3.3%	850	19.9%
Conwy	4,200	3.7%	5,150	4.4%	950	18.8%
Denbighshire	2,650	2.8%	2,650	2.8%	-	-0.1%
Flintshire	3,150	2.1%	3,700	2.4%	600	15.7%
Wrexham	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 to 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 10: 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 and so on. 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 33: 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%
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

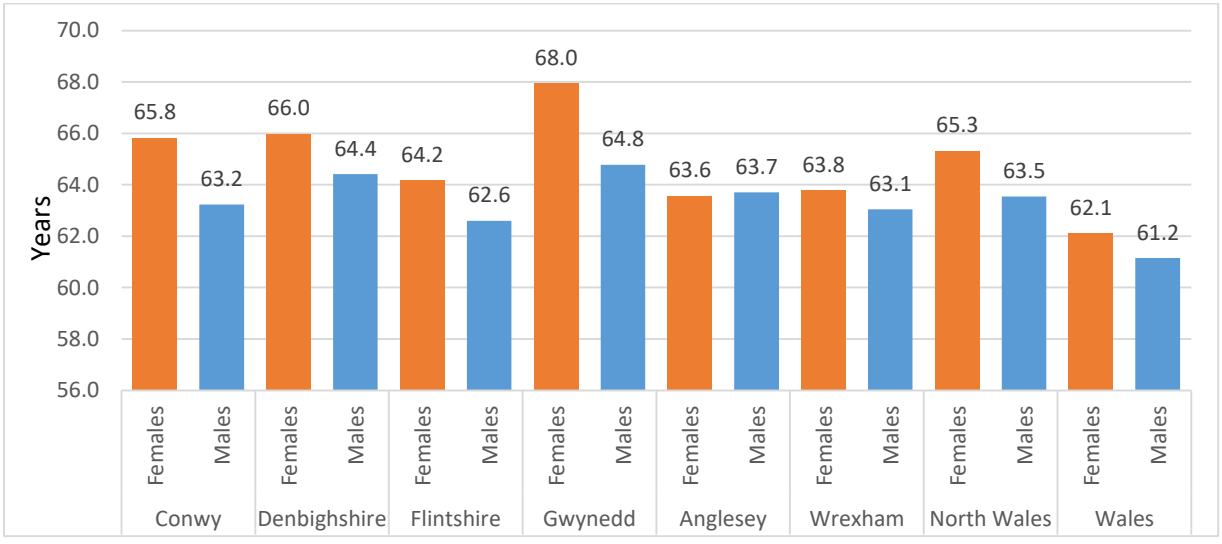
Life expectancy is the average length of time a child born today can expect to live. Life expectancy for the 2017-2019 period in North Wales was 79 years for men and 82 years for women. In contrast, healthy life expectancy is an estimate of lifetime spent in "very good" or "good" health, based on how individuals perceive their general health. Healthy 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 11: 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 34: 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.

5.5 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 year difference in life expectancy between men living in the most and least deprived areas and a difference of 5 years for women.

In North Wales for the period 2010 to 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).

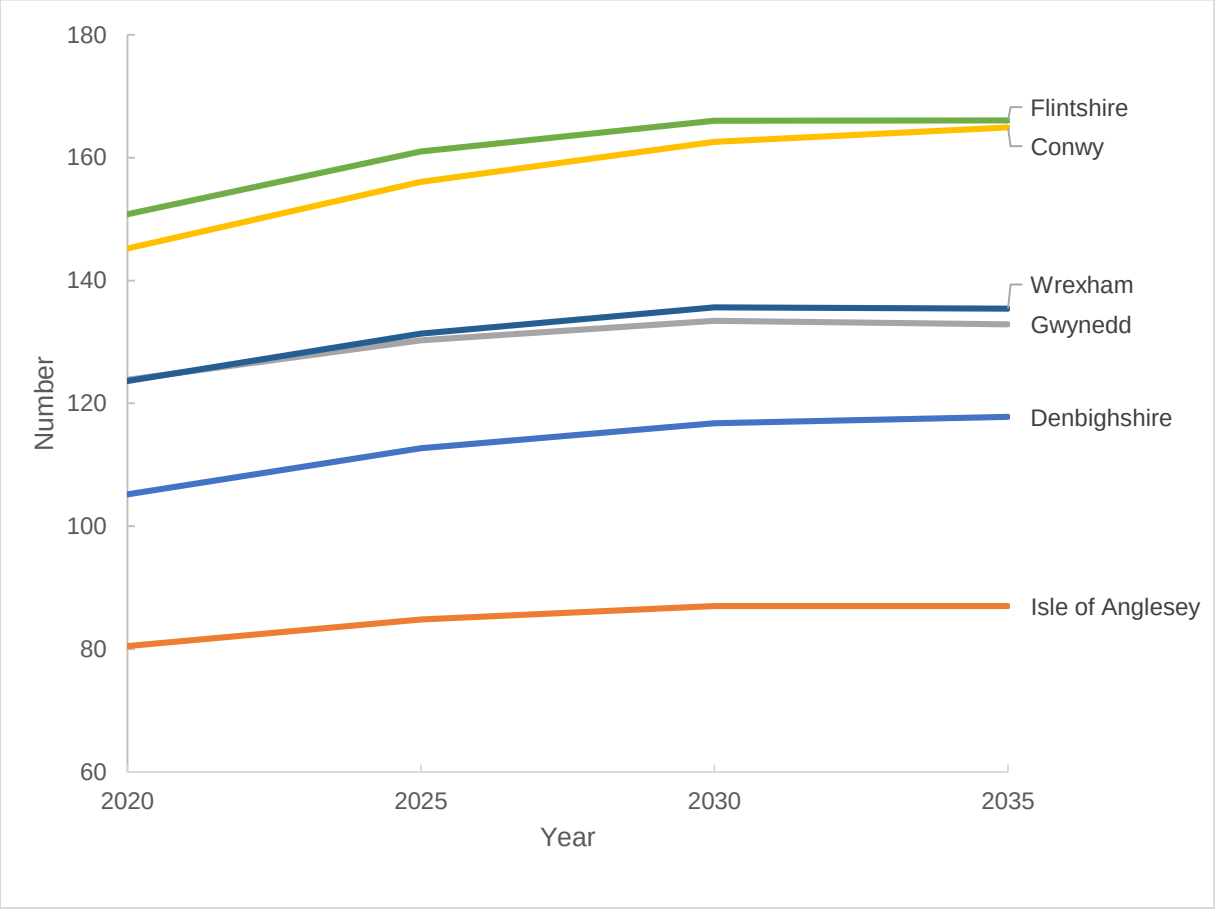
Physical activity

One in four people aged 55 to 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 12: 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 Integrated Care Fund (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 Multi-disciplinary Teams (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 Community Resource Teams (CRT)s, 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 and so on 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. Older Home Owners are often asset rich but cash poor, in that they have value in the home they own, but low levels of income. Upgrading and refurbishing housing, along with investing in more specialist housing for older people 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 to 74 use the internet compared to 99% of 16 to 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. 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 et al., 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.

5.6 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 35: 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.

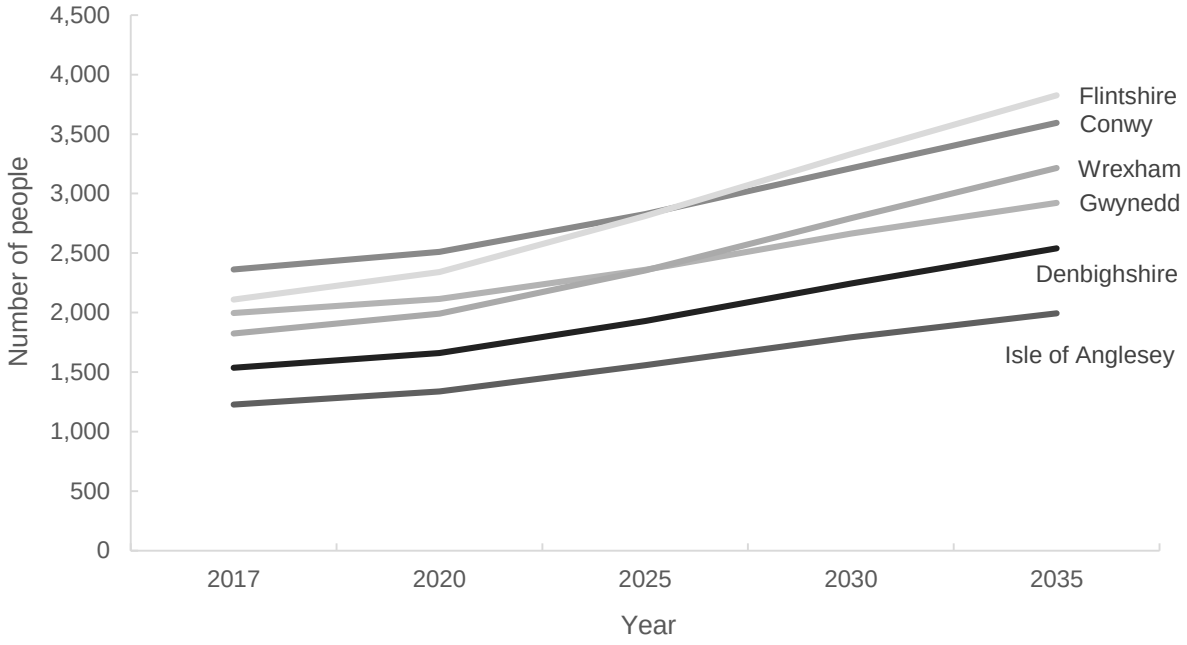
The age profile of North Wales is older than the average for Wales with a higher proportion of older people and a smaller proportion of younger residents in the region compared to Wales. This trend is projected to continue by the latest population projections produced by Welsh Government. In 2018, there 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 2. 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. Chart 13 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 13: 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 to 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

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.

5.7 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.
- 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.

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. Not all new houses are 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.
- 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 Care Inspectorate Wales 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.

5.8 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
- Housing association staff
- 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 Echoes and Amazon Shows, 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.

Dementia respite

NEWCIS is commissioned to administrate and promote carer respite for carers of people 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.

5.9 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.

5.10 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 (such as 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.

5.11 Safeguarding

The Social Services & Well-being (Wales) Act 2014 defines an adult at risk as someone who is experiencing or is 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.

5.12 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

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.

5.13 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.

5.14 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.

5.15 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 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.

5.16 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, along with improved partnership working with third sector organisations.

- **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. Continuing to fund new accessible social housing for older people, as well as funding to adapt existing homes to make them more suitable for changing health needs.

Please note that there will be further recommendations within the Market Stability Report for older people's services such as care homes, domiciliary care and so on. This will be published on the North Wales Collaborative website in 2022.

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 and 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.

6.2 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."

6.3 Policy and legislation

The Social Services and Well-being (Wales) Act 2014 has placed a duty on local authorities and health boards to develop 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.

6.4 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 36: 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: National Survey for Wales, table hlth5052, StatsWales, 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 37: Percent of adults (age 16 and over) limited by illness 2018-19 and 2019-20 combined, age standardised

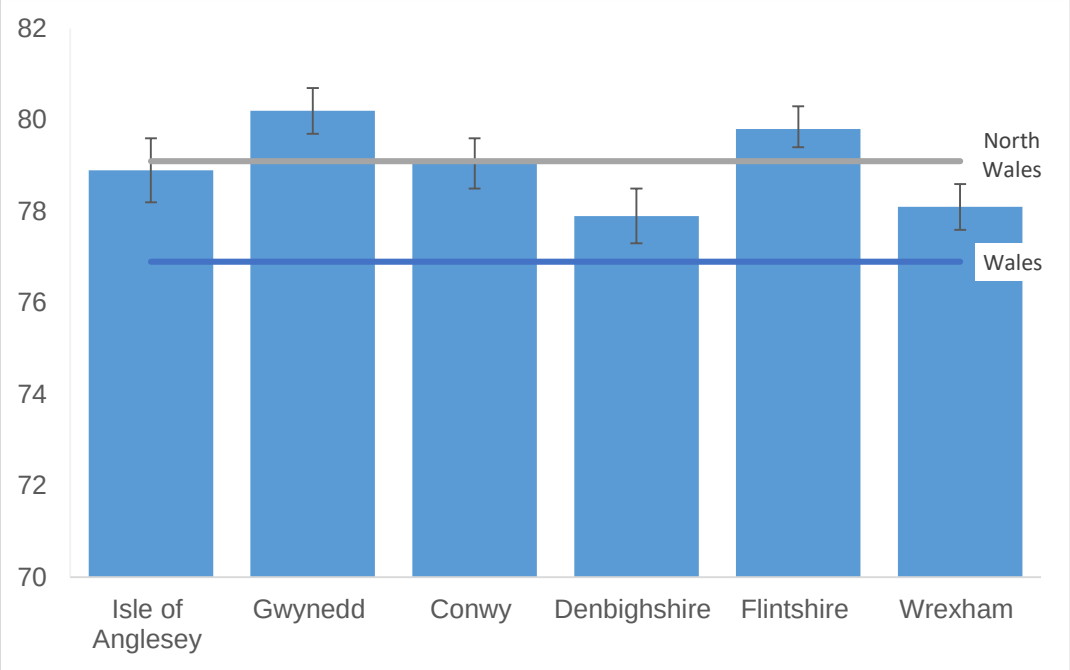
Local council	Any long standing illness	Limited at all by longstanding illness	Limited a lot by longstanding illness
Anglesey	48%	30%	17%
Gwynedd	44%	32%	17%
Conwy	41%	29%	15%
Denbighshire	41%	32%	16%
Flintshire	42%	30%	13%
Wrexham	44%	30%	19%
North Wales	43%	31%	15%
Wales	47%	34%	18%

Source: National Survey for Wales, table hlth5052, StatsWales, 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.

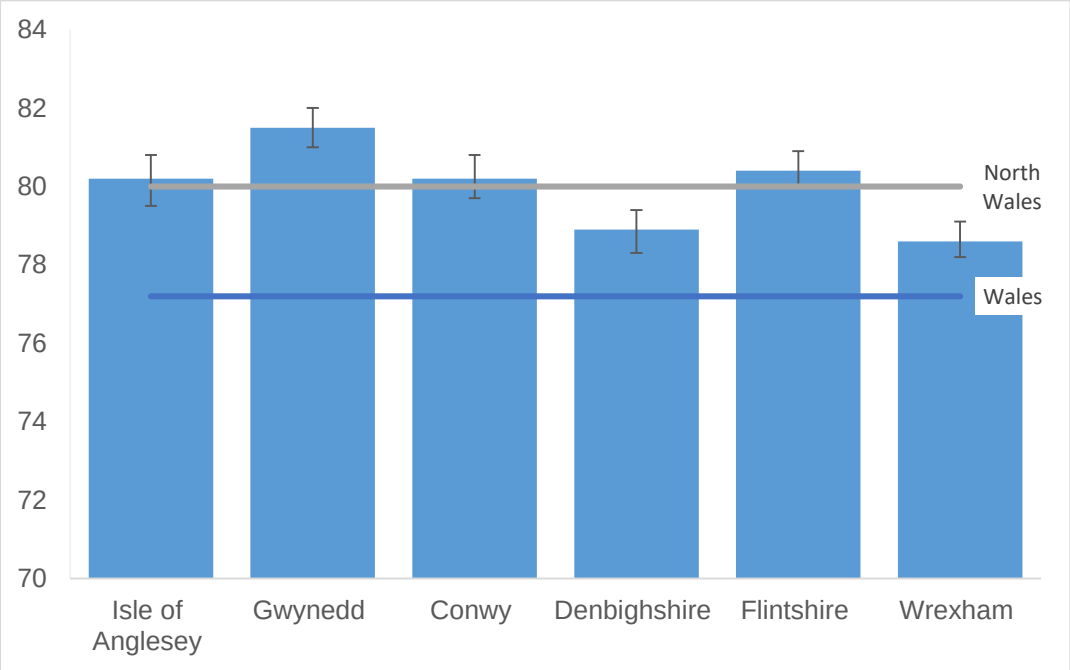
The chart below shows around 80% of people in North Wales report that they are in good health and that their day-today activities are not limited (Jones et al., 2016). Gwynedd has the highest proportion of people reporting good health and not being limited by poor health.

Chart 14: Health asset indicators day-to-day activities not limited, age-standardised percentage 2011



Source: Census 2011 (ONS), produced by Public Health Wales Observatory

Chart 15: 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.

6.5 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 38: 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 39: 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: National Survey for Wales, table hlth5002, StatsWales, 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 40: 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: National Survey for Wales, table hlth5002, StatsWales, 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, 55% of adults report being physically active for at least 150 minutes in the past week, which is slightly higher than the Wales average of 53%. Across the region, 63% of adults in Conwy were physically active, which is the highest proportion. Wrexham had the lowest proportion at 49%

Table 41: 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 42: 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

6.6 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 43: percentage of GP practice patients registered as having a chronic condition, 2020

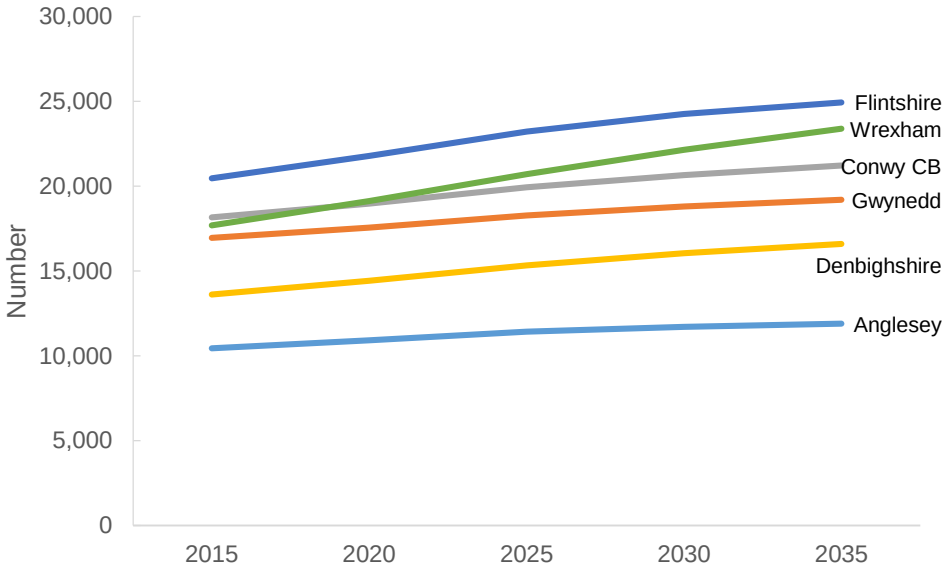
Local council	Asthma	Atrial fibrillation	COPD*	CHD **	Heart failure	Hyper-tension	Stroke ***
Anglesey	8.5%	2.8%	3.1%	4.0%	1.2%	17.9%	2.6%
Gwynedd	7.2%	2.5%	2.8%	3.3%	1.1%	16.1%	2.0%
Conwy	7.6%	2.9%	2.7%	4.4%	1.3%	18.1%	2.5%
Denbighshire	7.8%	2.7%	3.2%	4.2%	1.2%	17.3%	2.2%
Flintshire	7.4%	2.4%	2.4%	3.6%	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 16 below. Much of the increase will arise from people living to older age.

Chart 16: Predicted number of people aged 18 and over with a limiting long-term illness, 2014 to 2035



Source: Daffodil

6.7 Physical disability and sensory impairment

Physical disability

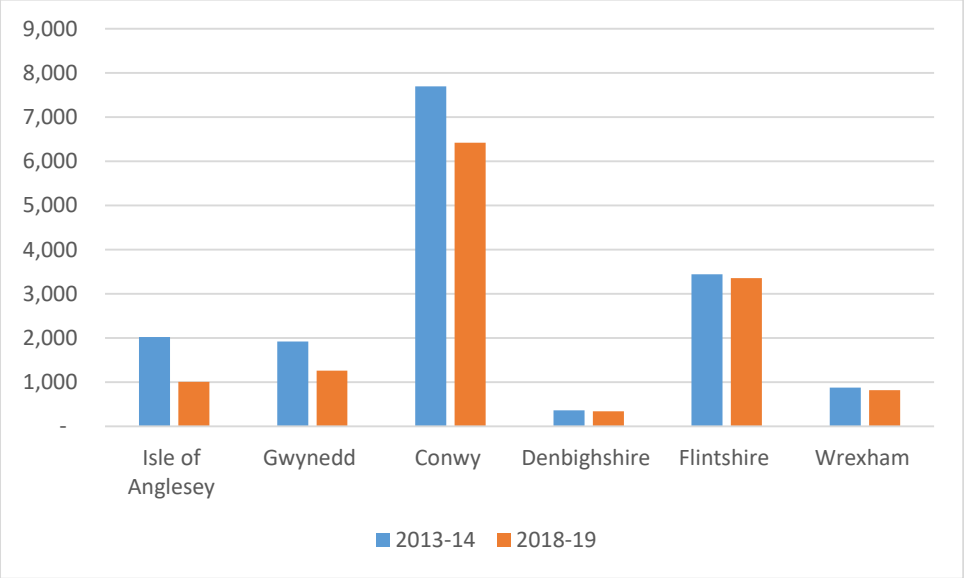
There is an estimated 14.1 million disabled people in the UK. 8% of children are disabled; 19% of working adults are disabled and 46% of pension age adults are disabled (Scope, 2019/2020). The 2011 Census shows that there were nearly 700,000 individuals in Wales with some form of limiting long-term illness 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 17: 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 them. 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.

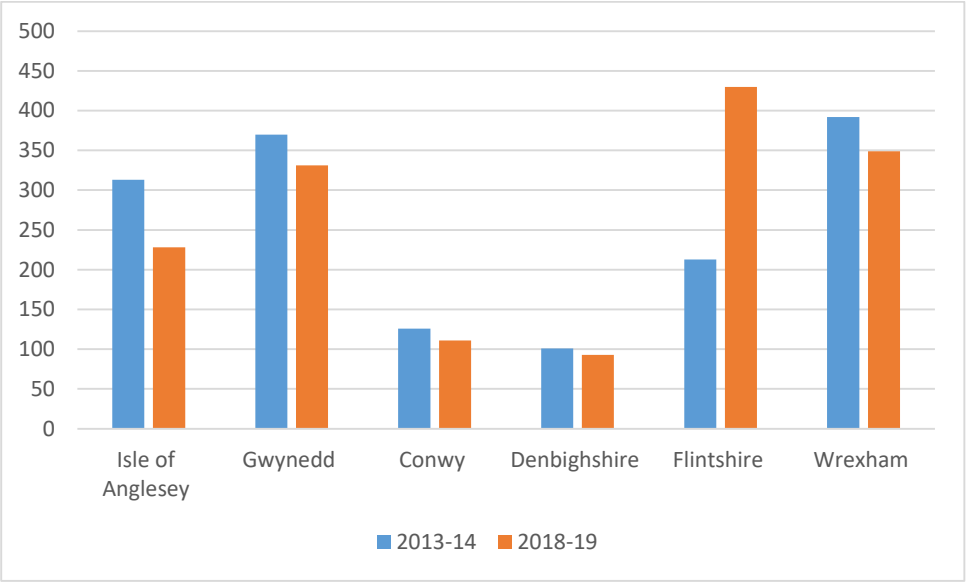
Table 44: Estimated number and rate of people living with sight loss (2021) and registered blind or partially sighted (2018-19)

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 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 18: Number of people with sight impairment



Source: Local authority register of persons with physical or sensory disabilities (SSDA900) data collection, Welsh Government

Table 45: 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 46: 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.

Table 47: 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 48: 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).

Each local council is required to produce a Local Housing Market Assessment, which provides information and evidence of housing need. It is used to inform the Local Housing Strategy and Local Development Plan, through setting the overall affordable housing need in an area. Local councils have also produced a Local Housing Prospectus, which outlines their priorities for the Social Housing Grant programme.

A council's approach to homelessness prevention and housing support services is set out in their Housing Support Programme Strategy. It includes both statutory homelessness functions funded through the revenue settlement and non-statutory preventative services funded through the Housing Support Grant.

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. Respite services are often available in these schemes, provided in partnership with BCUHB.

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 pollution 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.

6.8 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.

6.9 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.

6.10 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

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 Social Services and Well-being 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.

Rehabilitation officers for visually impaired

The role of the Rehabilitation Officer for Visually Impaired (ROVI) is to build confidence; provide emotional support; regain lost skills and teach new skills; and maintain and promote independence and choice. These skills will enable people with sight loss to live safely and contribute to society as active citizens. The ROVI is the only qualified worker to make an assessment of need in the case of people with sight loss and to deliver specific interventions. Not all local authorities in North Wales reach the recommended minimum number of ROVIs in post.

Wales Council of the Blind have highlighted the following recommendations in their report Rehabilitation Officer for Visually Impaired: Addressing a workforce crisis in Wales:

- Scarcity of trained rehabilitation officers in Wales and workforce planning;
- Continuing Professional Development;
- A Wales-based rehabilitation degree;
- Consistent screening of service users;
- Outcome and experience measures for service users;
- Recognition of the importance of ROVI support;
- Support for the workforce.

6.11 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 49: Covid-19 hospital admissions and deaths up to October 2021

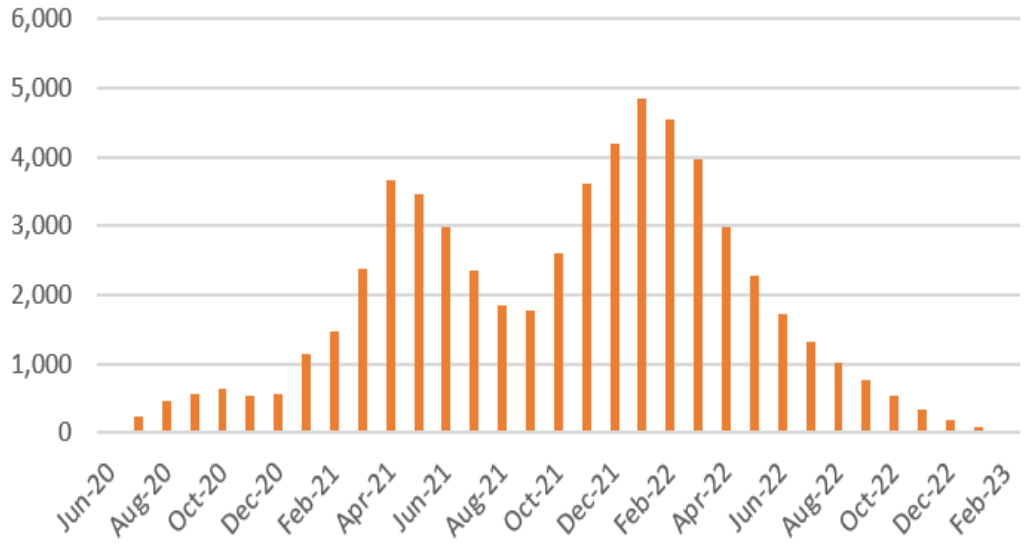
Local council	Total cases	Hospital admissions	Deaths (in hospitals)
Anglesey	4,883	202	81
Gwynedd	8,650	287	122
Conwy	10,434	498	181
Denbighshire	10,428	387	164
Flintshire	17,213	475	204
Wrexham	17,771	711	269
North Wales	69,379	2,560	1,021

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 to 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 19: 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.

6.12 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 were 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.

6.13 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.

6.14 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).

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.

6.15 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”.

6.16 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.

6.17 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 Social Services and Well-being 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 to 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, autistic adults 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

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 Autism 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.

Table 50: 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 2019/20 and 2020/21. This data has been collated by BCUHB from social services registers.

Table 51: The number with a learning disability on the social services register

Local council	2019-20 number	2020-21 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

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.

Table 52: 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.

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.

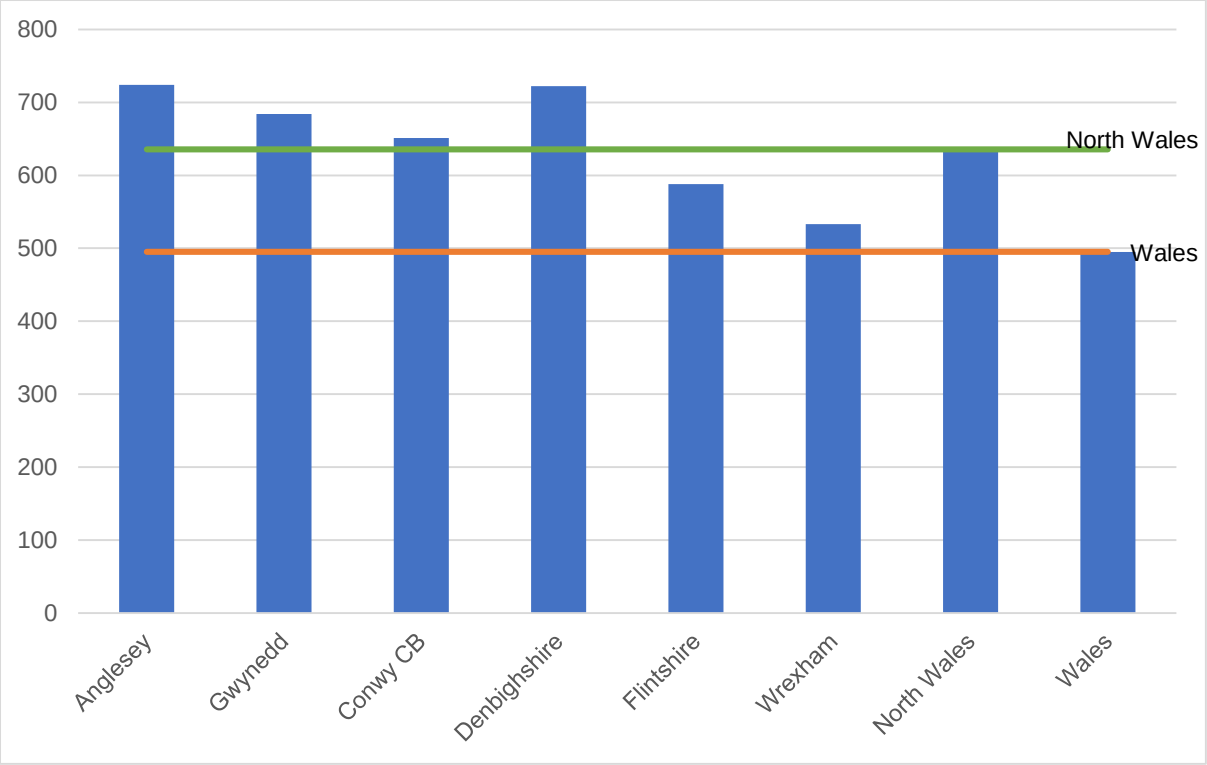
Table 53: the number and rate per 100,000 of adults aged 16-64 receiving learning disability services in North Wales between 2014-15 and 2018-19

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.

Chart 20: 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

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.

Table 54: 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 to 39.
- One in ten aged 40 to 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.

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.

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.

7.3 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 is available on our website.

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.
- More support for families with children with additional needs, who can be aggressive.

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.

7.4 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 (such as theatre and the arts, food growing, wildlife, conservation) 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, Glan Clwyd Hospital (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, around 400 in their own home and around 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.
- 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.
- 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

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.

Using 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 Health Equalities Framework (HEF) as a data collection tool 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.

7.5 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.

7.6 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 55: 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**	125	23%	108	19%	66	14%
Denbighshire	94	15%	80	13%	43	12%
Flintshire	42	7%	112	16%	80	12%
Wrexham	54	6%	-	-	61	8%
North Wales	350	-	367	-	286	-

*Of total referrals received
**2020/21 figures are lower due to inputting issues with a new system
Source: local authorities

7.7 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.

7.8 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.

7.9 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.

7.10 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.

7.11 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.

7.12 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

8.1 About this chapter

This chapter includes an assessment of the needs of people in North Wales with autism. However, it is important to note that some people with autism self-define as neuro-divergent.

Definition

Autism 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. Autism 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 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."

Autism is a condition with a wide range of variance in terms of levels of severity and intellectual ability. Some people with autism may experience a range of mental health and ill health issues. Similarly, autism may co-exist alongside combinations of other neuro-development conditions such as Attention Deficit Hyperactivity Disorder.

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%.

Autism is more commonly identified in school age children than in adults. There is a strong suggestion of missed cases of adults with autism. The assessment of autism 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 autism in North Wales, together with future predictions are shown below. These show an increase in the predicted number of people with autism in North Wales aged 18 and over.

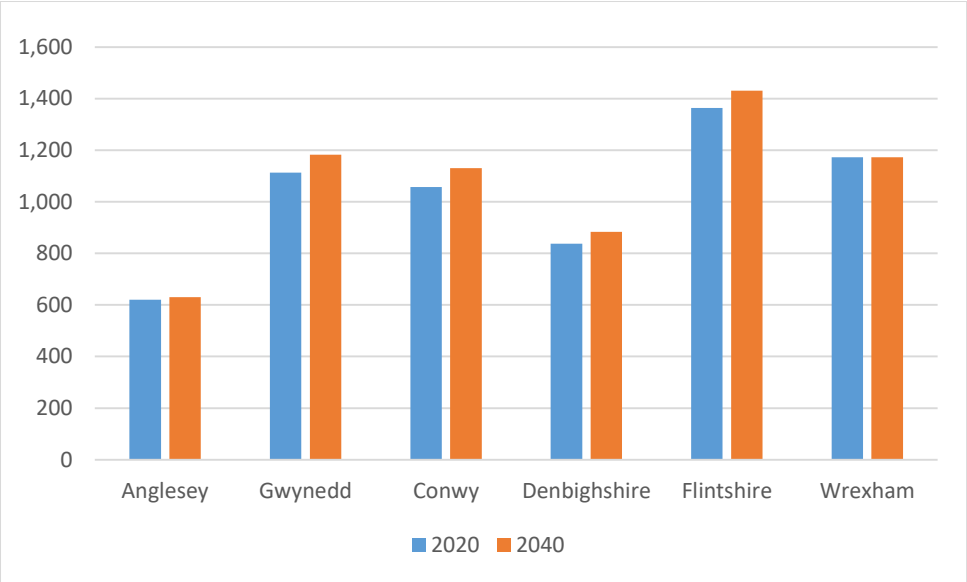
Table 56: Total population aged 18 and over estimated to have autism in 2020 and predicted to have autistic spectrum disorders in North Wales

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

Numbers are rounded and may not sum

Source: Daffodil

Chart 21: Total population aged 18 and over estimated to have autism in 2020 and 2040



Source: Daffodil

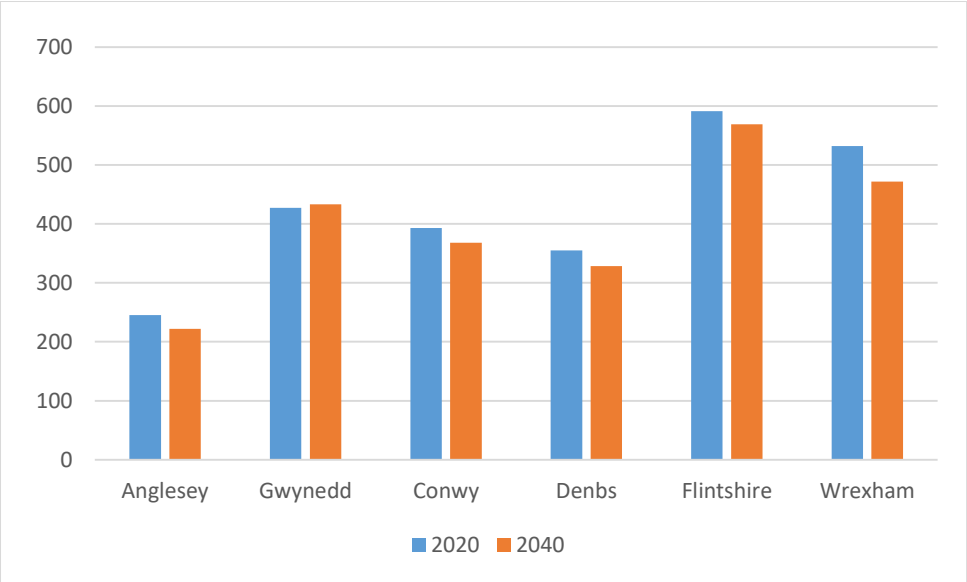
The table below shows how the number of children aged 0-17 with autism is predicted to change over the next 20 years. Overall there will be a decrease in the number with autism. This is likely to be due to the overall projected decrease in the number of 0-17 year olds, rather than a decrease in the rate of those with autism. 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 57: Children age 0 to 17 estimated to have autism in 2020 and predicted to have autism 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
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

Numbers are rounded and may not sum
Source: Daffodil

Chart 22: children age 0 to 17 estimated to have autism in 2020 and 2040 in North Wales



Source: Daffodil

8.3 What are people telling us

Adult services

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. 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

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 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. 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 Autism 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 autism. Within Conwy, appropriate pathways to assessment and where individuals have eligible needs, managed care and support, will be established to ensure that people with autism receive the right support at the right time.

Services and support for children with autism 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 and so on 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 autism 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 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 Single Point of Access (SPOA) for more support via a needs assessment request.

The IAS delivery 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.

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 such as 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 ADSS related to employment opportunities.

Further information relating to the Covid-19 pandemic can be found in the rapid review assessment.

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 seeking 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.

8.9 Violence against women, domestic abuse and sexual violence

As with anyone who may require care and support, 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 a significant issue. Of the autistic adults responding to a survey, 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 Social Services and Well-being 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 autism 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 autism 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
- 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:

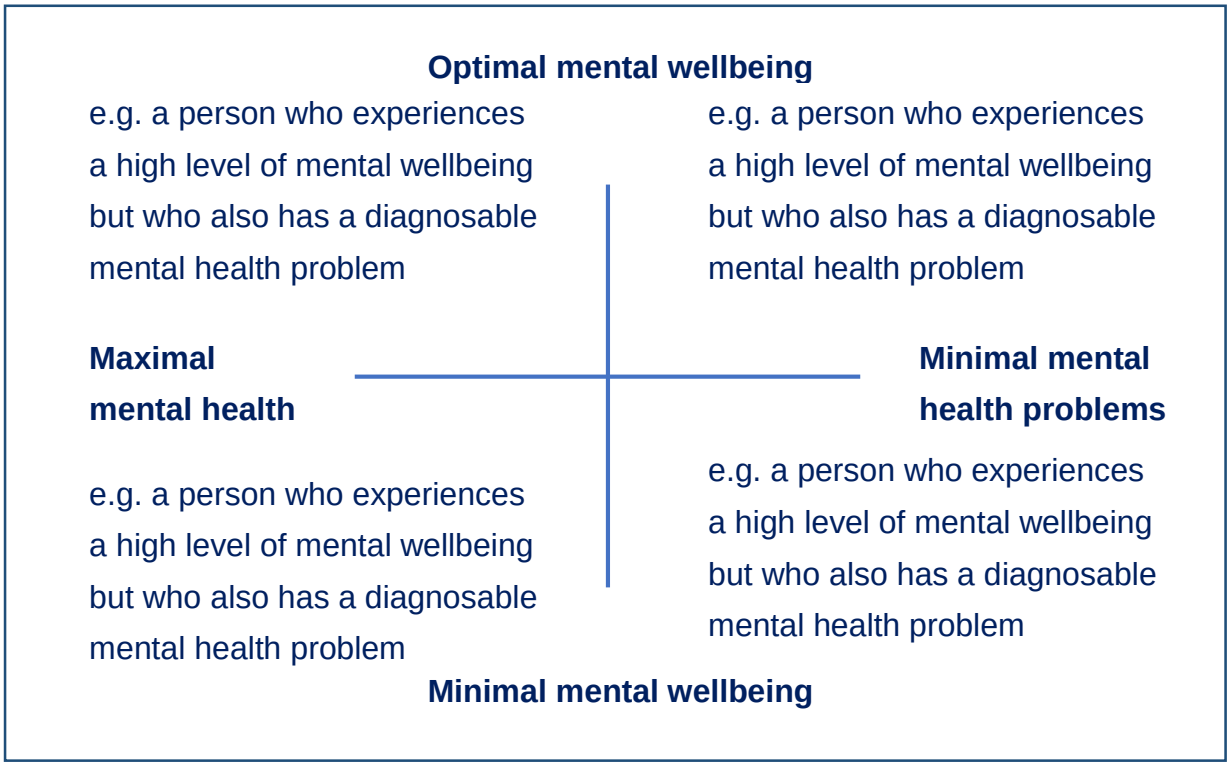
a) Primary care mental health support services (accessed via a GP referral).
b) Care co-ordination and care and treatment planning: for people who have mental health problems which require more specialised support (provided in hospital or in the community), overseen by a professional care co-ordinator, 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 to 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.

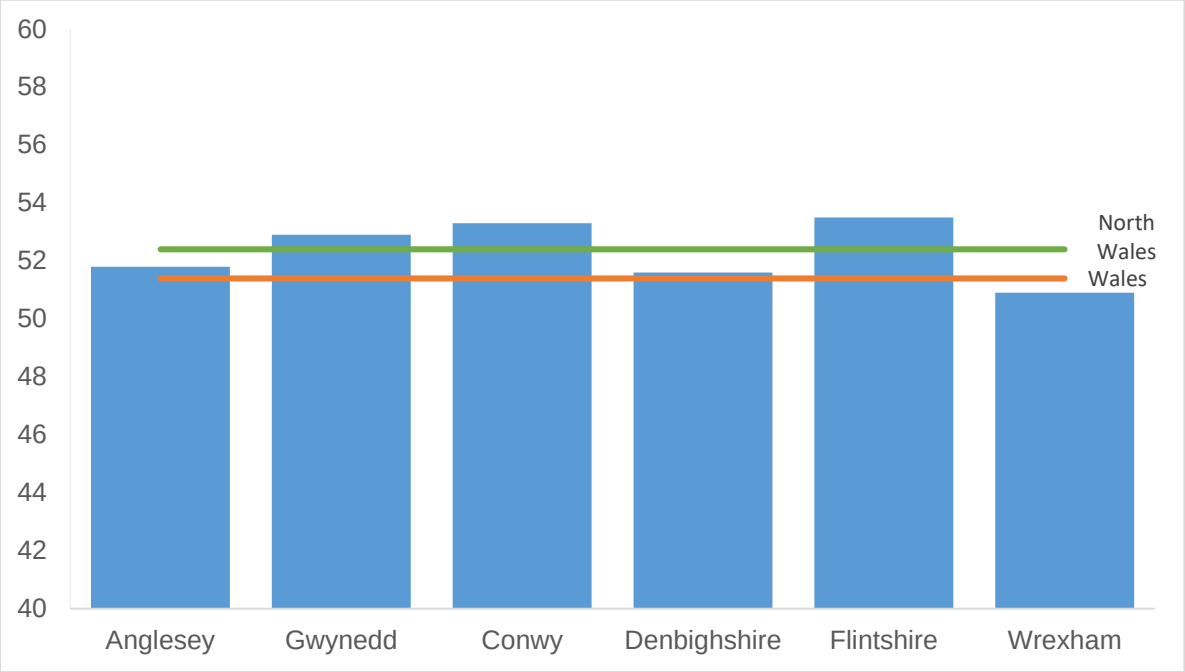
9.2 What do we know about the population?

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 23: 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 58: 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

Table 59 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 59: Percentage of adults (16 years and over) reporting being currently treated for a mental illness, 2018-19 and 2019-20 combined, age standardised

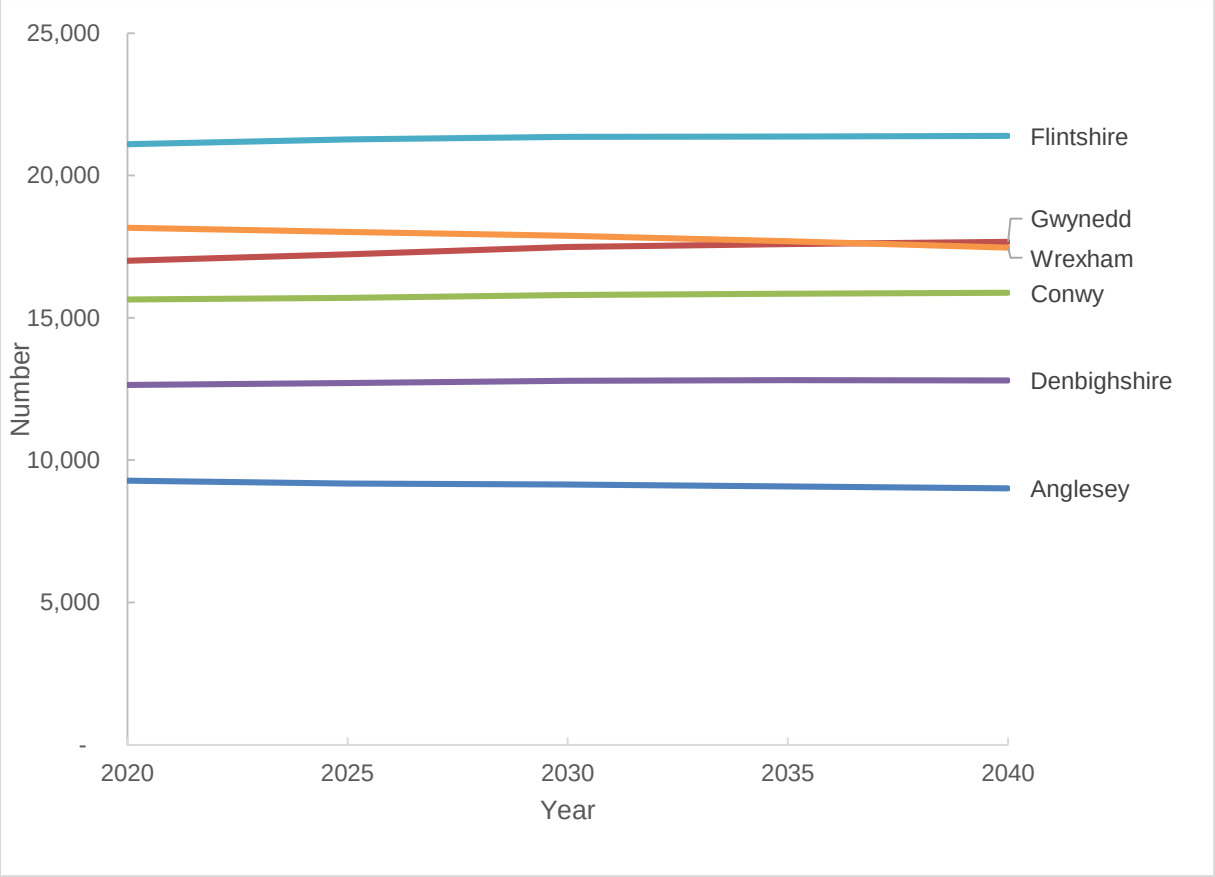
Local council	Treated for a mental illness
Anglesey	10%
Gwynedd	8%
Conwy	7%
Denbighshire	11%
Flintshire	9%
Wrexham	11%
North Wales	9%
Wales	10%

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 24: Number of people aged 16 and over predicted to have a common mental health problem, North Wales, 2020 to 2040



Source: Daffodil

Table 60: 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: 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 61: 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 62: 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 63: 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

Young 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.

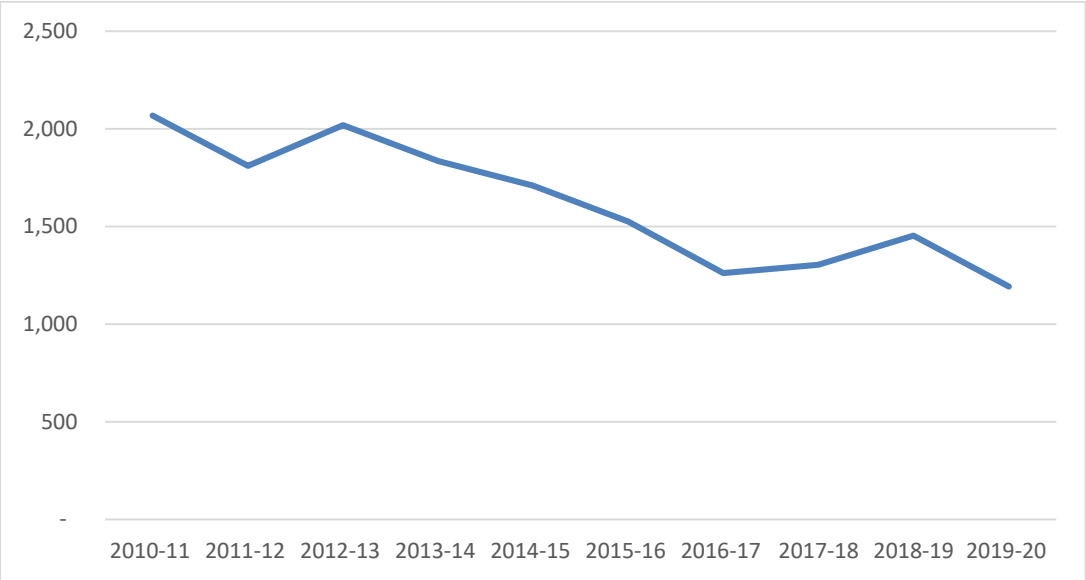
Research suggests a high number of people with mental health problems do not seek help

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 25: 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 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..

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 Autism, 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 be “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 such as 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.

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 children and young people's mental health services 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 supporting 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 on the health board website.

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 on the health board website.

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 population's 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 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. Meddwl.org is a charity that provides information on mental health services. Details are shared in Welsh.

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 needs assessment, many have felt increased levels of anxiety for a variety of reasons since March 2020. A briefing from Centre for Mental Health (2020) recommends 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 Social Services and Well-being 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 councils have a duty to promote the wellbeing of people who need care and support and unpaid carers who need support. Local councils 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). Local councils have a duty to offer a needs assessment to any unpaid carer where it appears to the council 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 local council 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. Local councils now have to provide a range a preventative services and promote social enterprises, cooperatives and the third sector. The Wellbeing of Future Generations (Wales) Act places further duties on councils 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. Local councils now have to offer direct payments although take up is still the choice of the carer. A local authority must provide appropriate information and 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 council 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 Social Services and Well-being 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 six local councils and the health board 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 four 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 64: Number of carers in North Wales by local authority, 2001 and 2011

Local council	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

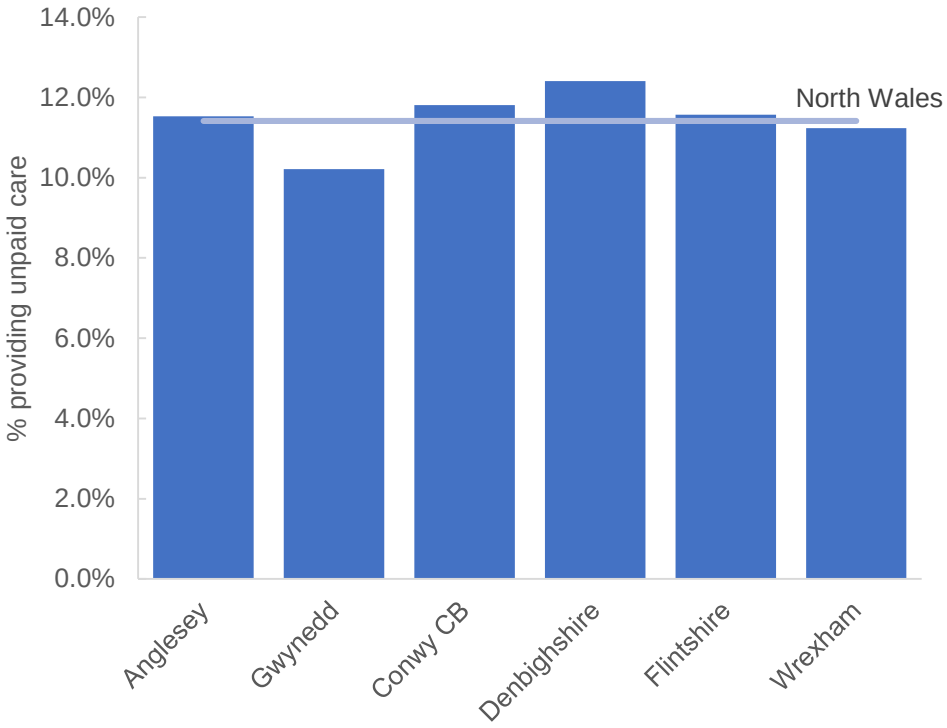
Numbers have been rounded so may not sum
Source: Census 2001 and 2011, Office for National Statistics

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 26: Percentage of total population who provide unpaid care, 2011



Source: Census 2011, Office for National Statistics

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.

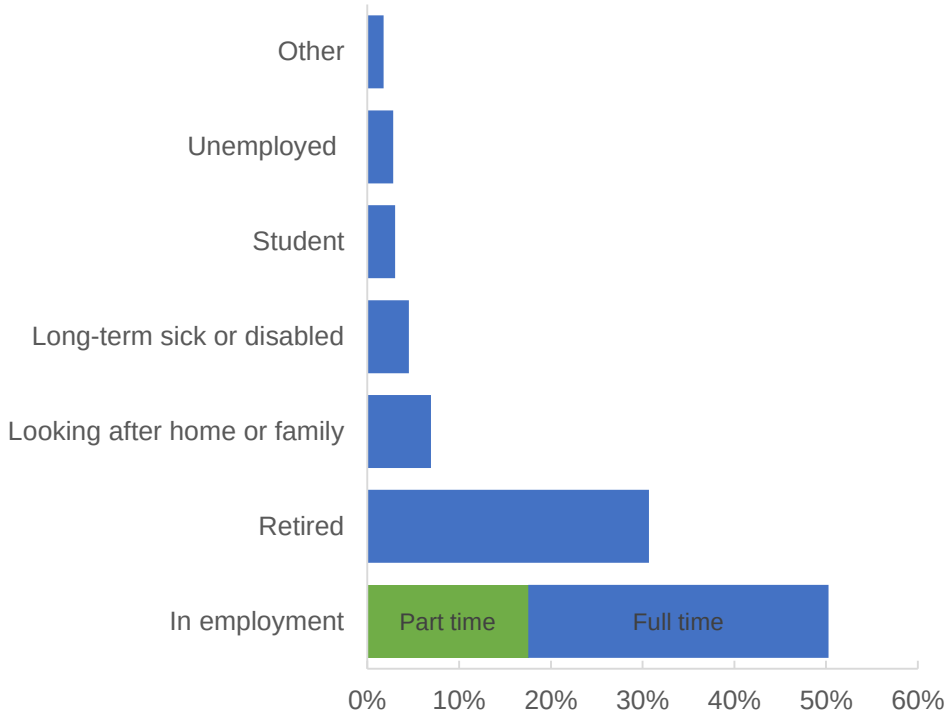
Table 65: Number of carers in North Wales by age and local authority, 2011

Local council	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 27: Percentage of carers in North Wales aged 16 and over by economic activity, 2011



Source: Census 2011, Office for National Statistics

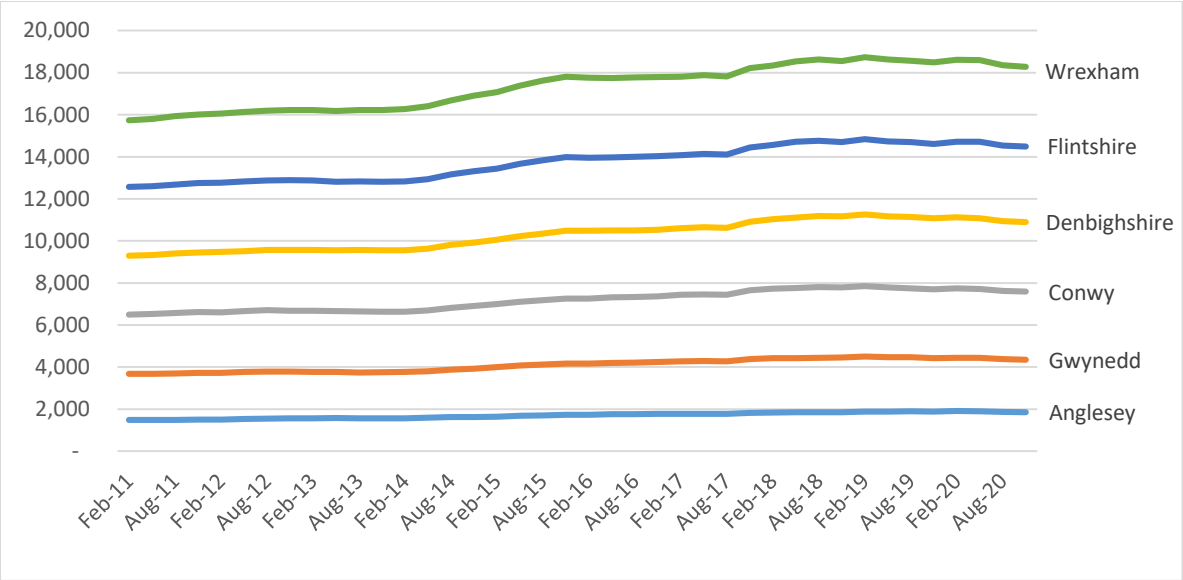
Of the 39,000 carers in employment across North Wales, 5,800 provide more than 50 hours of care each week and 1,600 work full-time and provide more than 50 hours or more of care a week. There are 3,500 carers in north Wales who describe themselves as having a long-term illness or disability, of which 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 Social Services and Well-being 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 councils 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 28: 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 66: Total carers allowance entitlement in North Wales (November 2020)

Local council	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 67: 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 the cared for person 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 person 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 councils, 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 regional collaboration team 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 councils and BCUHB.

The All Wales Citizen Portal, DEWIS, provides social care and well-being information including services and support for carers.

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 to 25.

Local authorities 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 council 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 council 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 council 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 2022/23 and reviewed.

Table 68: Number of young carers registered with local councils (2021)

Local council	Number of young carers registered
Anglesey	92
Gwynedd	81
Conwy	423
Denbighshire	578
Flintshire	202
Wrexham	376
North Wales	1,752

Source: local authority registers

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 to 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 one to one 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 friendships (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 care 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 disabled (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 Social Services and Wellbeing Act includes a definition of ‘child at risk’ and ‘adult at risk’, a 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.

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, councils 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 council'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 are 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 and 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 carers 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 is a key issue for unpaid carers. As a region we 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. It is expected that a small number will be allocated to North Wales due to the Home Office relocation policy. Services will be needed to support their needs. They often arrive with little known about their health and well-being needs.

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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SERVICES IMPROVEMENT COLLABORATIVE

North Wales Population Needs Assessment

April 2022
Draft

Appendix 1 - References

Contents

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Appendix 2: Map of evidence and evidence based guidance for North Wales early intervention and prevention (Social Services & Wellbeing Act implementation)

Purpose: The purpose of the map is to assist with the population needs assessment required under the Social Services and Wellbeing (Wales) Act 2014. It is an update of the map of evidence and evidence based guidance, originally produced in 2016. The map will support the development of a framework of core functions that contribute toward preventing or delaying the need for managed care. Whilst the map has been produced in response to a request from the Betsi Cadwaladr University Health Board (BCUHB) Public Health Team, it may also be of interest to other local public health teams across Wales.

Method: This map (the sources) was developed using literature searches to identify high level sources such as published systematic reviews or evidence syntheses/statements/guidelines from recognised (for example, expert body) sources providing an evidence base for the identified interventions. Where there were no recent systematic reviews, primary studies have been included. Some voluntary sector publications and conference reports which are particularly relevant to the intervention and/or applicable to Wales have been included. It should be noted that these reports reflect the opinion of the authors and have not been subject to peer review. This map is an update of an initial search conducted in 2016.

Note on Interpretation/use of sources: Most sources will have considered the effectiveness of the identified intervention. However, each source should be consulted for details of the population and the specific outcomes that have been considered. Evidence maps are useful for providing structured access to evidence, particularly where there are a large number of robust secondary sources on a particular topic. The sources included in this map have not been selected on the basis of an evidence review following systematic review principles and an explicit methodology, set out *a priori* in a protocol, which is transparent, repeatable and which aims to minimise bias. This means that these sources

should not be considered to provide an objective, reliable synthesis of the totality of the available evidence base. No critical appraisal of the included sources has been conducted; systematic reviews or evidence reviews following systematic review principles would normally include critical appraisal of their primary sources but the reliability of any other sources remains unchecked. Primary, as well as secondary sources, have been included. Limitations, both within the studies and of the study designs themselves, have been noted where applicable.

Acknowledgement The map is an update of a map of evidence and evidence based guidance produced in 2016. Any additional interventions included in this evidence map (2021) have been identified in consultation with the North Wales PNA / MSR Steering group members. The role of the Steering Group, Alwen Salisbury, Siwan Jones and Professor Robert Atenstaedt from the BCUHB Public Health Team is acknowledged in the production of this map.

Intervention	Source	Brief summary of source
Advocacy	Petri, G. et al. (2020). *Redefining Self-Advocacy: A Practice Theory-Based Approach*. Journal of Policy and Practice in Intellectual Disabilities. Volume 17, Issue 3. DOI: 10.1111/jppi.12343. Available here	This study explores "practice theory" through the analysis of interviews with advocates and self-advocates within the autism and intellectual disability advocacy movements. This is a qualitative, empirical study based on interviews and focus groups with 43 participants in two countries (UK and Hungary). The data was collected in 2016–17. Content analysis was used to identify themes. Data indicate that everyday practices of self-advocates and advocates such as parent advocates and professional advocates largely overlap. There are five major types of practices that are done by nearly all advocates: "informing and being informed," "using media," "supporting each other," "speaking up," and "bureaucratic duties." Contrary to several previous studies on self-advocacy that emphasized "speaking up" as the main activity in advocacy, **this study found that most practices of advocates and self-advocates are "para-advocacy"**

Intervention	Source	Brief summary of source
		practices that may or may not lead directly to "speaking up." Practices of self-advocates are often embedded in other everyday activities people do. It should be noted that this is a qualitative study, a design which explores believes, experiences and attitudes and can be useful for generating hypotheses, rather than assessing the effectiveness of interventions.
	National Institute for Health and Care Excellence. (In development. Expected publication date: 26 July 2022). *Advocacy services for adults with health and social care needs*. **In development** [GID-NG10156]. London: NICE. **Expected publication date: 26 July 2022**	**Expected publication date: 26 July 2022**
Affordable / social housing	Chambers D et al. (2018). *Housing for vulnerable people. Systematic review of the evidence for 'housing vulnerable' adults and its relationship to wellbeing*. London. What Works Centre for Wellbeing. **Available here**	This systematic review aims to address a lack of review-level evidence around the impact of housing interventions on wellbeing of people who are vulnerable to discrimination or exclusion in relation to housing. Key findings: Housing First provides immediate access to housing without preconditions with support by either mobile teams or on-site services. Housing First has been

Intervention	Source	Brief summary of source
		evaluated in the UK, in a large Canadian randomised trial (AH/CS), in the USA and other settings. **Based on the authors' findings, there is strong evidence that Housing First can improve housing stability and measures of physical health in the short term.** Evidence was classed as moderate for positive effects on personal wellbeing, mental health and locality-related wellbeing ('where we live') and for absence of effect on personal finance and community wellbeing. Strength of evidence for other outcomes was rated as low or very low. Research identified a range of factors that can affect the effectiveness of Housing First, including fidelity to core components and whether the service is delivered in one place or service users are dispersed in separate apartments.
	Joseph Rowntree Foundation. (2021). *We can't allow renters to be locked out of our post-pandemic recovery.* York: JRF. Available here.	This briefing from the Joseph Rowntree Foundation discusses the continuing difficulties for renters and low-income households post-pandemic. Their research shows that 1.7 million renting households are worried about paying their rent, and almost 1 million renting households are worried about being evicted post-pandemic. Black, Asian and minority ethnic (BAME) renters, renters with children, lower-income renters, and renters who have lost income during the pandemic, are disproportionately struggling. Key recommendations of the report include:

Intervention	Source	Brief summary of source
		• **Immediately provide support for renters in arrears in England by increasing the funding for Discretionary Housing Payments, and amending how they are administered.** • Protect people from harm: re-align Local Housing Allowance rates with local rents and don't remove the £20 a week Universal Credit, (ended October 2021). The Government must also ensure people who are still receiving 'legacy' benefits, many of whom are disabled or carers, are no longer excluded from this vital improvement to support. • Build more homes for social rent. It should be noted that this is a commissioned charity report. It has not been subject to peer review and possible bias has not been taken into account.
	Smith, B. (2019). *Delivering Affordable Housing in Wales in Challenging Times.* Welsh Policy and Politics in Unprecedented Times. Wales Centre for Public Policy/WISERD Conference. 24th May 2019: Swansea. Available here.	This conference presentation was delivered by Bob Smith, Honorary Senior Research Fellow, School of Geography and Planning, Cardiff University. It was delivered at the Wales Centre for Public Policy/WISERD Conference in May 2019. The presentation highlights key issues for housing affordability in Wales. These include: problems of widening house price/earnings ratio; variable demand in differing areas; long-term shifts in housing tenure; rising rents and other issues. The presentation discusses some Welsh policy responses, such as the Welsh Housing Bond and Help-to-Buy scheme.

Intervention	Source	Brief summary of source
		The presentation includes **key recommendations** of an independent review of affordable housing supply. These include: • **Implementing a five year social sector rent policy (2020-21 onwards)** • **Better understanding of housing needs (at different spatial scales)** • **Consolidation/simplification of standards for all new build affordable homes.** It should be noted that this is a conference speech, which might be considered expert opinion, as opposed to a systematic review testing interventions, which would undergo evidence grading.
Ageing well support & social groups **(Includes evidence on Dementia)**	National Institute for Health and Care Excellence. (2015). *Older people independence and mental wellbeing.* NG32. London: NICE. **Available here** **The guidance is up to date (checked 2018).**	This NICE guidance is for local authorities working in partnership with organisations in the public, private, voluntary, community sectors and for the NHS and other service providers with a remit for older people. It covers interventions to maintain and improve the mental wellbeing and independence of people aged 65 or older and how to identify those most at risk of a decline. **The guidance includes recommendations on principles of good practice; group based activities; one to one activities; volunteering and identifying people most at risk of decline.**

Intervention	Source	Brief summary of source
	National Institute for Health and Care Excellence. (2015). *Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset.* NG16. London: NICE. Available here. **The guidance is up to date.**	This NICE guideline is for commissioners, managers and practitioners with public health as part of their remit, working in the public, private and third sector and the public. The guideline covers mid-life approaches to delay or prevent the onset of dementia, disability and frailty in later life. Its' recommendations aim to increase the amount of time that people can be independent, healthy and active in later life. The **key recommendations** on promoting a healthy lifestyle to reduce the risk of or delay the onset of disability, dementia and frailty by helping people are: • **•stop smoking** • **•be more active** • **•reduce alcohol consumption** • **•improve diet** • **•lose weight and maintain a healthy weight if necessary.**
	National Institute for Health and Care Excellence. (2018). *Dementia: assessment, management and support for people living with dementia and their*	This guideline covers diagnosing and managing dementia (including Alzheimer's disease). It aims to improve care by making recommendations on training staff and helping carers to support people living with dementia. **Interventions to promote cognition, independence and wellbeing:**

Intervention	Source	Brief summary of source
	carers. NG97. London: NICE. Available here **The guidance is up to date.**	• Offer a range of activities to promote wellbeing that are tailored to the person's preferences. • Offer group cognitive stimulation therapy to people living with mild to moderate dementia. • Consider group reminiscence therapy for people living with mild to moderate dementia. • Consider cognitive rehabilitation or occupational therapy to support functional ability in people living with mild to moderate dementia. • Do not offer acupuncture to treat dementia. • Do not offer ginseng, vitamin E supplements, or herbal formulations to treat dementia. • Do not offer cognitive training to treat mild to moderate Alzheimer's disease. • Do not offer interpersonal therapy to treat the cognitive symptoms of mild to moderate Alzheimer's disease. • Do not offer non-invasive brain stimulation (including transcranial magnetic stimulation) to treat mild to moderate Alzheimer's disease, except as part of a randomised controlled trial.
	The Lancet Commissions. (2020*). Dementia prevention, intervention, and care: 2020 report of the Lancet*	This is a 2020 report from The Lancet journal detailing current evidence and information about prevention, intervention, and care of dementia. **Some key messages:**

Intervention	Source	Brief summary of source
	Commission. Volume 396, Issue 10248, P413-446. Available here	• The Lancet add three further risk factors for dementia. They are: excessive alcohol consumption, traumatic brain injury, and air pollution. • 12 modifiable risk factors account for around 40% of worldwide dementias, which consequently could theoretically be prevented or delayed. • Aim to maintain systolic BP of 130 mm Hg or less in midlife from around age 40 years (antihypertensive treatment for hypertension is the only known effective preventive medication for dementia). • Encourage use of hearing aids for hearing loss and reduce hearing loss by protection of ears from excessive noise exposure. • Reduce exposure to air pollution and second-hand tobacco smoke. • Prevent head injury. • Limit alcohol use, as alcohol misuse and drinking more than 21 units weekly increase the risk of dementia. • Avoid smoking uptake and support smoking cessation to stop smoking, as this reduces the risk of dementia even in later life. For those with dementia, recommendations are: • Provide holistic post-diagnostic care • Post-diagnostic care for people with dementia should address physical and mental health, social care, and support. Most people with dementia have other illnesses and might struggle to look after their health and this might result in potentially preventable hospitalisations.

Intervention	Source	Brief summary of source
		• Manage neuropsychiatric symptoms It should be noted that this report is based on varied study designs, including systematic reviews, rather than a systematic review itself. Note should be taken as to the limitations discussed in the report, such as using global figures for dementia risk.
	Canadian Agency for Drugs and Technologies in Health. (2018). *Sensory Rooms for Patients with Dementia in Long-Term Care: Clinical and Cost-Effectiveness, and Guidelines*. Ottawa: CADTH; 2018 Jul. (CADTH rapid response report: summary with critical appraisal). Available here	This report reviews the clinical effectiveness and cost-effectiveness of sensory rooms for patients with dementia in long-term care. **Key findings:** • **Based on the evidence identified in this review, it is not possible to make a definitive conclusion regarding the effectiveness of sensory rooms compared to other treatment modalities for improving symptoms in individuals with dementia.** Generally in the short term, there appeared to be some improvements with therapy using multisensory stimulation environment such as Snoezelen, however the improvements were not significantly different compared with other treatment modalities. • No study assessing the cost-effectiveness of sensory rooms for patients with dementia in long-term care was identified. • Two evidence-based guidelines recommended several non-pharmacological interventions for individuals with dementia, including multisensory stimulation environments.

Intervention	Source	Brief summary of source
		There are several limitations to this review, notably overlap between studies and that the majority of the studies were on older adults (age ≥ 80 years), hence the generalisability of the findings to other age groups may not be appropriate.
	Livingston, G. et al. *A systematic review of the effectiveness and cost-effectiveness of sensory, psychological and behavioural interventions for managing agitation in older adults with dementia*. Health Technology Assessment 2014;18(39). Available here	This review synthesised the evidence for clinical effectiveness and cost-effectiveness of non-pharmacological interventions for reducing agitation in dementia. **Author's conclusions:** **Person-centred care, communication skills and DCM (all with supervision), sensory therapy** activities**, and structured music therapies reduce agitation in care-home dementia residents.** Future interventions should change care home culture through staff training and permanently implement evidence-based treatments and evaluate health economics. There is a need for further work on interventions for agitation in people with dementia living in their own homes. The main limitation of this review was the study size of some included studies: there were only 33 reasonably sized (> 45 participants) randomised controlled trials, and lack of evidence means that the authors cannot comment on many interventions' effectiveness. There were no hospital studies and few studies in people's homes.

Intervention	Source	Brief summary of source
	Lai NM, et al. *Animal-assisted therapy for dementia*. Cochrane Database of Systematic Reviews 2019, Issue 11. Art. No.: CD013243. DOI: 10.1002/14651858.CD013243.pub2. Available here	This review aimed to evaluate the efficacy and safety of animal-assisted therapy for people with dementia. **Authors' conclusions** **The authors found low-certainty evidence that AAT (animal-assisted therapy) may slightly reduce depressive symptoms in people with dementia.** They found no clear evidence that AAT affects other outcomes in this population, with the certainty in the evidence ranging from very-low to moderate depending on the outcome. The authors found no evidence on safety or effects on the animals. Therefore, clear conclusions cannot yet be drawn about the overall benefits and risks of AAT in people with dementia. Further well-conducted RCTs are needed to improve the certainty of the evidence.
	Fernandez, et al. *Effect of doll therapy in managing challenging behaviors in people with dementia: a systematic review*. JBI Database of Systematic Reviews and Implementation Reports: August 2014 - Volume 12 - Issue 8 - p 330-363 doi: 10.11124/jbisrir-2014-1646. Available here	This review evaluated the effects of doll therapy on challenging behaviours (including agitation and verbal or physical aggression) in people with dementia. **Results** Six studies were included in the review. Of the three studies that investigated the impact of doll therapy on agitation and aggressive behaviors among people with dementia, two reported an improvement in agitation and aggressive behaviors and one reported no statistically significant decrease (p=0.07) in aggressive behaviors among residents who used the dolls. In the only study that investigated positive behaviors, statistically significant improvements (p< 0.005)

Intervention	Source	Brief summary of source
		in positive behaviors from baseline (6.32 ± 4.13) to the three months follow-up (14.21 ± 9.86) were observed among residents who used the dolls. In addition, an increase in levels of positive activity among residents who used the dolls was reported in two other studies. **Authors' conclusions** **There is limited evidence to support the use of doll therapy for management of agitation and aggressive behaviors among people with dementia.** This treatment modality however has no side effects and provides a safe comfort measure for people with dementia.
	Noone, C, et al. (2020). *Video calls for reducing social isolation and loneliness in older people: a rapid review*. Cochrane Database of Systematic Reviews. Issue 5. Art. No.: CD013632. DOI: 10.1002/14651858.CD013632. Available here	This rapid review assesses the effectiveness of video calls for reducing social isolation and loneliness in older adults. The participants in the review had an average age of 65 years. The authors of this review included any intervention in which a core component involved the use of the internet to facilitate video calls or video conferencing through computers, smartphones or tablets with the intention of reducing loneliness or social isolation, or both, in older adults. Based on the findings of this review **there is currently very uncertain evidence on the effectiveness of video call interventions to reduce loneliness in older adults.** The evidence regarding the effectiveness of video calls for outcomes of symptoms of depression was very uncertain.

Intervention	Source	Brief summary of source
	Age UK (2018) *All the Lonely People: Loneliness in Later Life*. London: Age UK. Available here	This report from Age UK focusses on further understanding loneliness among people aged 50 and over. It includes sources from the Office for National Statistics and the English Longitudinal Study of Ageing. **Key points of the report include:** • Social activities are an essential component of successful approaches to tackling loneliness, but for many lonely people such activities are only effective when complemented by emotional and practical support to access them. Many neighbourhoods have a variety of social activities that people are either unaware of or unable to access, and that compete rather complement each other. • Neighbourhoods that are welcoming, attractive, feel safe and have amenities for all residents can help prevent people from becoming lonely. • Measuring loneliness requires using both a single-item direct loneliness question and an indirect scale; using only a direct question or an indirect scale will underestimate the prevalence of loneliness. It should be noted that this is a commissioned charity report. It has not been subject to peer review or considered the strength of evidence, and possible bias has not been taken into account.
Asset Based Community	National Institute for Health and Care Excellence. (2016). *Community*	This guideline covers community engagement approaches to reduce health inequalities, ensure health and wellbeing initiatives are effective and help local

Intervention	Source	Brief summary of source
Development / Community Involvement including training & facilitation	*engagement: improving health and wellbeing and reducing inequalities*. NG44. London: NICE. **Available here** **This guidance is up to date.**	authorities and health bodies meet their statutory obligations. This guidance is intended for those who plan, commission, scrutinise or provide local health and wellbeing initiatives in collaboration with local communities. **This guideline makes recommendations on:** • Overarching principles of good practice – what makes engagement more effective? • Developing collaborations and partnerships, approaches to encourage and support alliances between community members and statutory, community and voluntary organisations to meet local needs and priorities • Involving people in peer and lay roles – how to identify and recruit people to represent local needs and priorities • Making community engagement an integral part of health and wellbeing initiatives • Making it as easy as possible for people to get involved.
	Brunton G et al. (2015). Review 2: *Community engagement for health via coalitions, collaborations and partnerships. A systematic review and meta-analysis.* London: EPPI-Centre. **Available here**	This systematic review and meta-analysis undertaken to support the development of NICE guideline 44 looked at **coalitions, collaborations and partnerships**. It addressed the following questions • How effective are community engagement approaches at improving health and wellbeing and reducing health inequalities?

Intervention	Source	Brief summary of source
		• Across disadvantaged groups, how effective are community engagement approaches at encouraging people to participate in activities to improve their health and wellbeing and realise their capabilities? • What processes and methods facilitate the realisation of community and individual capabilities and assets amongst disadvantaged groups? • Are there unintended consequences from adopting community engagement approaches? • What processes identified in the literature are more aligned with effective interventions and which (if any) are more aligned with non-effective interventions? **The review authors concluded that taken together, the findings suggest that community-led or community collaboration projects which design, deliver and evaluate health interventions are associated with larger behavioural outcomes.** Where coalitions, collaborations and partnerships with community members include the use of bidirectional communication, collective decision making and community member or professional training support for intervention provision, a higher extent of community engagement across the project's design, delivery and evaluation was also found. Effective configurations of engagement within collaborations and coalitions generally include peer or lay delivery, and projects with a low extent of engagement were likely to be less effective.

Intervention	Source	Brief summary of source
	Harrison, R et al. (2019). *Asset-Based Community Development: Narratives, Practice, and Conditions of Possibility—A Qualitative Study With Community Practitioners*. SAGE Open. Volume: 9 issue: 1, DOI:/10.1177/2158244018823081. Available here	This primary research- a qualitative study from researchers at four UK universities- sought to better understand the mechanisms through which Asset-Based Community Develpoment (ABCD) operates, and the environmental and relational conditions within which it is likely to be most effective, to increase its effectiveness at improving health and well-being and reducing inequalities. Interviews and focus groups were conducted with 25 people working in third sector and voluntary organizations to begin to improve understanding about ABCD approaches, how they are implemented, and how they are meeting the needs of disadvantaged populations. These individuals had local area knowledge of programs that follow an ABCD approach and which are currently running in the North West of England. **Four overarching themes gave insight into the principles and practices of ABCD**: **Relationships and trust as mechanisms for change, Reciprocity and connectivity: "people not services," Accountability and reducing dependency, and a socially sustainable model.** ABCD is likely to be most effective in supporting vulnerable people where building trust is mirrored by an institutional and relational environment that is trustworthy and facilitative of developing people's capabilities.

Intervention	Source	Brief summary of source
		It should be noted that this study is of qualitative design, a design which explores believes, experiences and attitudes and can be useful for generating hypotheses, rather than assessing the effectiveness of interventions.
Befriending to support access to specialist support / peer groups	National Institute for Health and Care Excellence. (2015). *Older people independence and mental wellbeing*. NG32. London: NICE. **Available here** **This guidance is up to date (checked 2018).**	This NICE guideline recommends befriending as an activity that may help older people maintain their independence and contribute to improving their mental wellbeing.
	National Institute for Health and Care Excellence. (2011). *Common mental health problems: identification and pathways to care.* CG123. London: NICE. **Available here** **This guidance is up to date (checked 2018).**	This NICE guideline is for adults with common mental health disorders. It recommends befriending as an intervention for people with a range of common mental health problems.
	Scottish Intercollegiate Guidelines Network. (2010). *Management of patients with stroke: Rehabilitation, prevention and management of complications, and*	This SIGN guideline recommends the use of community befriending services as source of community support for people who have had a stroke.

Intervention	Source	Brief summary of source
	discharge planning. A national clinical guideline. 118. Edinburgh: SIGN. **Available here** **This guidance is up to date.**	
	National Institute for Health and Care Excellence. (2009). *Depression in adults, recognition and management.* CG90. London: NICE. **Available here** **This guidance is up to date (checked 2021).**	This NICE guideline recommends befriending, by trained volunteers, as an adjunct to pharmacological or psychological treatments for people with longstanding moderate to severe depression. Weekly contact for between two and six months is recommended.
	National Institute for Health and Care Excellence. (2012). *Spasticity in under 19s: management*. CG145. London: NICE. **Available here** **This guidance is up to date (checked 2018).**	This NICE guideline offers best practice advice on the management of spasticity and co-existing motor disorders and their early musculoskeletal complications in children and young people with non-progressive brain disorders. It recommends befriending as an approach to support the child, young person or their parents or carer.

Intervention	Source	Brief summary of source
	Newbigging, K et al. (2020). *The contribution of the voluntary sector to mental health crisis care: a mixed-methods study*. Health Service Delivery Research; 8(29). Available here	This primary research, conducted mainly by researchers from The University of Birmingham, aimed to investigate the contribution of Voluntary Sector (VS)_ organisations to mental health crisis care in England. The VS has been conceptualised as a third 'terrain' of organisations between the state and market, comprising charities and community groups, underpinned by a sector ethos that typically values accessibility, self-organisation, service-user-defined outcomes, informality and relational-based approaches. Across this diverse range of organisations, there is a wide range of approaches and activities, including befriending. A mental health crisis is considered a biographical disruption. Voluntary sector organisations can make an important contribution, characterised by a socially oriented and relational approach. **Five types of relevant voluntary sector organisations were identified: (1) crisis-specific, (2) general mental health, (3) population-focused, (4) life-event-focused and (5) general social and community voluntary sector organisations. These voluntary sector organisations provide a range of support and have specific expertise. The availability and access to voluntary sector organisations varies and inequalities were evident for rural communities; black, Asian and minority ethnic communities.**

Intervention	Source	Brief summary of source
		A limitation of this study was that the survey response was low, reflecting the nature of voluntary sector organisations and demands on their time. It should be noted that this is a descriptive study, so evaluating outcomes from voluntary sector organisation support was beyond the scope of the study.
	Burroughs, H et al. (2019). *Non-traditional support workers delivering a brief psychosocial intervention for older people with anxiety and depression*: the NOTEPAD feasibility study. Health Service Delivery Research 2019; 7(25). Available here	This feasibility study was designed to determine whether or not support workers (SWs) can be trained to deliver a community-based psychosocial intervention to older people with anxiety and/or depression. Results: Recruitment (and retention) of the SWs was possible; the training, support materials and manual were acceptable to them, and they delivered the intervention as intended. Recruitment of practices from which to recruit patients was possible, but the recruitment target (100 patients) was not achieved, with 38 older adults randomised. Retention at 4 months was 86%. The study was not powered to demonstrate differences in outcomes. Older people in the intervention arm found the sessions with SWs acceptable, although signposting to, and attending, groups was not valued by all participants. GPs recognised the need for additional care for older people with anxiety and depression, which they could not provide. Participation in the study did not have an impact on routine care, other than responding to the calls from

Intervention	Source	Brief summary of source
		the study team about risk of self-harm. GPs were not aware of the work done by SWs with patients. **Conclusions:** **Support workers recruited from Age UK employees can be recruited and trained to deliver an intervention, based on the principles of behavioural activation (BA), to older people with anxiety and/or depression. The training and supervision model used in the study was acceptable to SWs, and the intervention was acceptable to older people.** It should be noted that is is a feasibility study, designed to assess of the practicality of a proposed plan or method. A key limitation is that target recruitment was not achieved. The authors note that further development of recruitment strategies is needed before this intervention can be tested in a fully powered randomised controlled trial.
	Jopling, K and Jones, D. (2021). *Lessons from befriending in the time of Covid-19*. The Mercer's Company and Independent Age. Available here	This report was commissioned jointly by The Mercer's Company and Independent Age, two charities. **The report recommends that organisations involved in befriending should:** • • Carefully plan and manage their transition to a blended model • • Put appropriate mental health support in place for volunteers and staff

Intervention	Source	Brief summary of source
		• Build on their inclusion efforts and lessons from this period Organisations which fund befriending should: • Resource sufficient levels of staffing and support for volunteers • Recognise that organisations will be 'double running' for an extended period, and fund this transition process accordingly • Support the organisations they fund to address common challenges such as transition, mental health and inclusion. It should be noted that this is a commissioned charity report. Methods used to produce it include interviews, online events and a survey Its methods are not transparent or reproducible. It has not been subject to peer review and possible bias has not been taken into account.
Breastfeeding peer support	McFadden, A et al. (2017). *Support for healthy breastfeeding mothers with healthy term babies*. Cochrane Database of Systematic Reviews. Issue 2. Art. No: CD001141. DOI: 10.1002/14651858.CD001141.pub5. Available here	This systematic review describes forms of breastfeeding support which have been evaluated in controlled studies, the timing of the interventions and the settings in which they have been used and to examine the effectiveness of different modes of offering similar supportive interventions. Results of the analyses continue to confirm that all forms of extra support analysed together showed a decrease in cessation of 'any breastfeeding', which includes partial and exclusive breastfeeding (moderate-quality evidence) and for stopping breastfeeding before four to six weeks (moderate-quality evidence).

Intervention	Source	Brief summary of source
		Authors' conclusions: When breastfeeding support is offered to women, the duration and exclusivity of breastfeeding is increased. **Characteristics of effective support include: that it is offered as standard by trained personnel during antenatal or postnatal care, that it includes ongoing scheduled visits so that women can predict when support will be available, and that it is tailored to the setting and the needs of the population group.** **Support is likely to be more effective in settings with high initiation rates.** Support may be offered either by professional or lay/peer supporters, or a combination of both. Strategies that rely mainly on face-to-face support are more likely to succeed with women practising exclusive breastfeeding.
Carers support (respite)	National Institute for Health and Care Excellence. (2020). *Supporting adult carers*. NG150. London: NICE. Available here **This guidance is up to date.**	This guideline covers support for adults (aged 18 and over) who provide unpaid care for anyone aged 16 or over with health or social care needs. **Key recommendations/ overarching principles include:** • The right to information and support • Carers should be actively identified to receive information about their rights.

Intervention	Source	Brief summary of source
		• Carer's assessments should be carried out by local authorities and social care organisations. • Help carers stay in, enter or return to work, education and training • Local authorities should ensure carers are kept regularly informed about available community services and other sources of support and advice and how to access them • Training should be provided to enable carers to provide care safely • Consider providing carers with psychosocial and psychoeducational support • Provide support during changes to the caring role • Provide support for carers during end of life care and after the person dies
	Liu Z, Sun YY, Zhong BL. (2018). *Mindfulness-based stress reduction for family carers of people with dementia.* Cochrane Database of Systematic Reviews. Issue 8. Art. No.: CD012791. DOI: 10.1002/14651858.CD012791.pub2. Available here	This systematic review aimed to assess the effectiveness of Mindfulness-based stress reduction (MBSR) in reducing the stress of family carers of people with dementia. Mindfulness-based stress reduction programmes were compared with either active controls (those matched for time and attention with MBSR, i.e. education, social support, or progressive muscle relaxation), or inactive controls (those not matched for time and attention with MBSR, i.e. self-help education or respite care). Compared with active controls, MBSR may reduce depressive symptoms of carers at the end of the intervention (low-quality evidence). Compared with

Intervention	Source	Brief summary of source
		inactive controls, MBSR showed no clear evidence of any effect on depressive symptoms (low-quality evidence). **In conclusion, low-quality evidence suggests that MBSR may reduce carers' depressive symptoms and anxiety, at least in the short term.**
Childcare (breakfast clubs)	Christensen, CB et al. (2019). *The effect of introducing a free breakfast club on eating habits among students at vocational schools*. BMC Public Health. Volume 19, Article number: 369. Available here	The objective of this cluster randomised controlled study was to assess the effect of a free breakfast club intervention on dietary habits among students at vocational schools. The study included students (n = 318) from four vocational schools in Denmark. Food frequency questionnaires were used to measure eating habits at baseline, first, and second follow-up, after 7 and 14 weeks respectively, in a clustered randomized controlled intervention of four months. **The authors concluded that provision of free breakfast at vocational schools can improve the dietary quality of breakfast and decrease breakfast skipping. However, the sustainability of the intervention is a critical issue that needs to be further studied and addressed.** Limitations: Due to time and financial constraints, the questionnaire was not validated, an omission that carries the risk of the questionnaire not measuring what was intended.

Intervention	Source	Brief summary of source
		Danish vocational and educational programmes are in general gender segregated. The gender segregation is illustrated in this study, in which the majority of participants were male (95.6%). Because the sample does not resemble the general population or other types of educational programmes (e.g., health care and pedagogy), this is a study limitation that limits its external validity.
	Franklin, J et al. (2021). *The economic cost-effectiveness of the Magic Breakfast model of school breakfast provision*. London: Pro Bono Economics. Available here	Magic Breakfast is a registered charity delivering healthy breakfasts, targeted at schools with a high proportion of disadvantaged children, and providing support to their schools. Pro Bono Economics aims to support charities by help them measure, understand and better articulate their impact, influence and inform policy and make best use of their data. This study looks at longer-term economic benefits, and what these academic impacts mean for reduced costs incurred for special educational needs, truancy and exclusions as well as improvements in earnings from employment up to the age of 60. **The study finds that providing disadvantaged pupils completing Key Stage 1 in England/Primary 3 in Scotland with one year's supply of school breakfast provision could generate long-term economic benefits in excess of £9,000 per child.**

Intervention	Source	Brief summary of source
		A limitation of this study is that its assessment is based on an evaluation of the impact of the programme over a single year, specifically for those children completing Key Stage 1 of primary school. As such, the analysis may not provide an accurate assessment of the cost-effectiveness of the programme over multiple years or for children in different age groups. It should be noted that this is a commissioned charity report, which is not peer reviewed and does not take into account possible bias.
Childcare	Melhuish, E. (2016). *Longitudinal research and early years policy development in the UK*. ICEP 10, 3. https://doi.org/10.1186/s40723-016-0019-1. Available here	This article examines longitudinal data to consider how research evidence has contributed to early years policy change in the last two decades. Early childhood education and care (ECEC) in the UK is a mixed economy, in that it is partly financed and organised by the central and local government, partly by private individuals and organisations, and partly by voluntary organisations (e.g., community groups, charities). **Key findings include:** When children entered primary school, the EPPSE study (Sammons et al. 2002, 2003) found that: • **Two to three years of high-quality early years education can provide up to 8 months of developmental advantage in literacy-related outcomes**

Intervention	Source	Brief summary of source
		compared to children who enter school with no pre-school experience, with similar effects on other cognitive and social outcomes. • While high-quality ECEC experience provided a boost, the greatest predictor of success was the home learning environment (HLE), i.e., the learning opportunities provided at home had the largest effect on child outcomes. • The quality of ECEC is correlated with staff qualifications, and higher quality was related to better outcomes for children. It should be noted that this is an observational study, rather than a randomised controlled trial. It does not seek to uncover cause and effect relationships but rather find correlations and possible links between data and outcomes. This study has a single author; it has not considered limitations to the study or possible bias.
	Er, V. (2018). *Association of diet in nurseries and physical activity with zBMI in 2-4-year olds in England: a cross-sectional study.* BMC public health18.1: 1262. Available here	The study aimed to examine the relationships of diet in childcare settings and daily physical activity (PA) of preschoolers with body mass index z-score (z-BMI). It looked at 150 children aged 2-4-years participating in the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) UK study to examine the associations of their diet in childcare settings and daily PA with z-BMI.

Intervention	Source	Brief summary of source
		Key results: Among children who consumed one main meal or snack at childcare, 34.4% and 74.3% met the standards on fruits and vegetables and high sugar or fat snacks, respectively. Adherence to Children's Food Trust (CFT) guidelines was not associated with zBMI. Only 11.4% of children met recommended UK guidelines of three hours per day of physical activity. **The authors concluded that the low proportion of children meeting the standards on fruits and vegetables and high sugar or fat snacks and recommended physical activity levels highlight the need for more work to support nurseries and parents to improve preschool children's diet and activity.** Limitations of study: Parents were asked to report their children's food intake using a home food diary but there was a low response rate and many filled in the diary on a different date from the nursery observation. Therefore, the authors were not able to estimate the daily dietary intake of children and compare their dietary intake by setting (nursery vs. home). Unlike dietary indices such as the Healthy Eating Index (HEI), Diet Quality Index (DQI) or the Mediterranean Diet Score (MDS), the NAP SACC UK Nutrition Best

Intervention	Source	Brief summary of source
		Practice Standard has not been validated and may not be suitable for examining the relationship between diet quality and zBMI. It should be noted that this is a cross-sectional study: associations between an outcome and factors identified through such studies may be thought of as potential correlations, however further research would be required to determine the nature of any relationship.
Education support (SALT)	Morgan, AT, Murray, E, Liégeois, FJ. (2018). *Interventions for childhood apraxia of speech*. Cochrane Database of Systematic Reviews. Issue 5. Art. No.: CD006278. DOI: 10.1002/14651858.CD006278.pub3. **Available here**	This systematic review aimed to assess the efficacy of interventions targeting speech and language in children and adolescents with Childhood Apraxia of Speech (CAS) as delivered by speech and language pathologists/therapists. This review includes only one randomised controlled trial (RCT). This study recruited 26 children aged 4 to 12 years, with mild to moderate CAS of unknown cause, and compared two interventions: the Nuffield Dyspraxia Programme-3 (NDP-3); and the Rapid Syllable Transitions Treatment (ReST). Both the NDP-3 and ReST therapies demonstrated improvement at one month post-treatment. For three outcomes the effect was marginally greater for NDP-3 than ReST: accuracy of production on treated words; speech production consistency, and accuracy of connected speech. **The authors concluded that there is limited evidence that, when delivered intensively, both NDP-3 and ReST may effect improvement in word accuracy in 4- to 12-year-old children with CAS, measured by the accuracy**

Intervention	Source	Brief summary of source
		of production on treated and non-treated words, speech production consistency and the accuracy of connected speech. The authors judged all core outcome domains to be low risk of bias. They downgraded the quality of the evidence by one level to moderate due to imprecision, given that only one RCT was identified.
	Brignell, A et al. (2018). *Communication interventions for autism spectrum disorder in minimally verbal children.* Cochrane Database of Systematic Reviews. Issue 11. Art. No.: CD012324. DOI: 10.1002/14651858.CD012324.pub2. **Available here.**	This systematic review sought to assess the effects of communication interventions for ASD in minimally verbal children. This review includes two RCTs (154 children aged 32 months to 11 years) of communication interventions for Autism Spectrum Disorder (ASD) in minimally verbal children compared with a control group (treatment as usual). **The authors conclude that there is limited evidence that verbally based and Augmentative Communication (ACC) interventions improve spoken and non-verbal communication in minimally verbal children with ASD.** A substantial number of studies have investigated communication interventions for minimally verbal children with ASD, yet only two studies met inclusion criteria for this review, and the authors considered the overall quality of the evidence to be very low.
	Pennington, L et al. (2016). *Speech therapy for children with dysarthria acquired before three years of age*.	This systematic assessed whether any speech and language therapy intervention aimed at improving the speech of children with dysarthria is more effective in increasing children's speech intelligibility or communicative

Intervention	Source	Brief summary of source
	Cochrane Database of Systematic Reviews. Issue 7. Art. No.: CD006937. DOI: 10.1002/14651858.CD006937.pub3. **Available here**	participation than no intervention at all , and to compare the efficacy of individual types of speech language therapy in improving the speech intelligibility or communicative participation of children with dysarthria. No randomised controlled trials or group studies were identified. **This review found no evidence from randomised trials of the effectiveness of speech and language therapy interventions to improve the speech of children with early acquired dysarthria.** Rigorous, fully powered randomised controlled trials are needed to investigate if the positive changes in children's speech observed in phase I and phase II studies are generalisable to the population of children with early acquired dysarthria served by speech and language therapy services.
Supported employment	Suijkerbuijk, YB et al. (2017). *Interventions for obtaining and maintaining employment in adults with severe mental illness, a network meta-analysis.* Cochrane Database of Systematic Reviews. Issue 9. Art. No.: CD011867. DOI: 10.1002/14651858.CD011867.pub2. **Available here**	This systematic review assesses the comparative effectiveness of various types of vocational rehabilitation interventions and to rank these interventions according to their effectiveness to facilitate competitive employment in adults with severe mental illness. **The authors concluded that supported employment and augmented supported employment were the most effective interventions for people with severe mental illness in terms of obtaining and maintaining employment, based on both the direct comparison analysis and the network meta-analysis, without increasing the risk of adverse events.**

Intervention	Source	Brief summary of source
		These results are based on moderate- to low-quality evidence, meaning that future studies with lower risk of bias could change these results. Augmented supported employment may be slightly more effective compared to supported employment alone. However, this difference was small, based on the direct comparison analysis, and further decreased with the network meta-analysis, meaning that this difference should be interpreted cautiously.
	Fong, C.J. et al. (2021). *Interventions for improving employment outcomes for persons with autism spectrum disorders: a systematic review update*. Campbell Systematic Reviews. Volume 17, Issue 3. DOI:10.1002/cl2.1185. **Available here**	The objective of this review is to determine the effectiveness of employment interventions in securing and maintaining employment for adults and transition-age youth with Autism Spectrum Disorder (ASD), updating two reviews by Westbrook et al. The systematic review update identified three studies that evaluated employment outcomes for interventions for individuals with ASD. All three studies identified in the review suggest that vocation-focused programs may have positive impacts on the employment outcomes for individuals with ASD. Wehman et al. indicated that participants in Project SEARCH had higher employment rates than control participants at both 9-month and 1-year follow-up time points. Adding autism spectrum disorder supports, Project SEARCH in Wehman et al.'s study also demonstrated higher employment rates for treatment participants than control participants at postgraduation, 3-month follow-up, and 12-month follow-up. Smith et al. found that virtual reality job interview training

Intervention	Source	Brief summary of source
		was able to increase the number of job offers treatment participants received compared to control participants. **The authors concluded that given that prior reviews did not identify interventions with actual employment outcomes, the more recent emergence of evaluations of such programs is encouraging.** This suggests that there is a growing body of evidence regarding interventions to enhance the employment outcomes for individuals with ASD but also greater need to conduct rigorous trials of vocation-based interventions for individuals with ASD that measure employment outcomes. The authors note that because of the few studies in the review, and the relatively small sample sizes, readers should not overly generalise the findings from the review.
Employment (NEET)	Price, S and Shaw, H. (2020). *What works to improve participation in good work?* Summary of systematic evidence mapping. Cardiff: Public Health Wales NHS Trust. **Available here**	This summary provides an overview of the direction of evidence answering the question "What works to improve participation in work in order to improve health and reduce health inequalities?" **The systematic mapping summary found that a number of interventions may help to get people into work. They include:** • Apprenticeships • Welfare to work programmes • Active labour market programmes

Intervention	Source	Brief summary of source
		• Exhaustion of unemployment benefits • Policies to increase access to finance e.g. loan subsidies or guarantees • Employment interventions for cancer survivors • Supported employment for those with severe mental illness • Access to grants, loans and subsidies to support innovation • Mental health interventions for those with mental health problems. A number of interventions may help to keep people in work. They include: • For people with musculoskeletal conditions, individually focused interventions to support return to work, and workplace focused interventions to reduce time to return to work • Employment interventions to help cancer survivors stay in work and multidisciplinary interventions to help people with cancer stay in or return to work • Problem solving therapies to reduce sickness absence in people with adjustment disorder • Work directed interventions added to clinical interventions for people with depression to reduce sickness absence. It should be noted that this is not a systematic review and does not consider the quality of the evidence. The full evidence maps (available here) should be

Intervention	Source	Brief summary of source
		consulted and full evidence reviews read to inform decisions. Bear in mind that the interventions may not be relevant to every setting or population.
	Learning and Work Institute. (2020). *Evidence review: What works to support 15 to 24-year olds at risk of becoming NEET?* Leicester: Learning and Work Institute. **Available here**	The primary focus of the review was on interventions implemented from 2010 to 2020 that aim to improve attainment and employment, progression and engagement. The quality and nature of the evidence in this review has been considered, and the authors present studies with robust causal evidence in order to identify **approaches which have been effective in supporting young people across attainment and employment, progress and engagement outcomes. They include:** • Multiple interventions and 'wrap around' approaches work effectively for disadvantaged learners to improve attainment and job prospects. • Traineeships, supported internships and apprenticeship programmes can deliver positive employment and earnings outcomes for young people at risk of becoming NEET. • Basic skills support can improve progress and reduce the risk of NEET. • Access to work experience can result in long-term employment and earning gains. • Mentoring and counselling can effectively support pupils at risk of becoming NEET.

Intervention	Source	Brief summary of source
		• Multiple interventions which target motivational and confidence skills building can improve engagement, but flexibility of intervention delivery is key. • One-to-one and tailored engagement can support disengaged young people to return to education, training and employment. • Learning Communities can help 16-18 year olds at key transition points to increase their educational engagement. • Financial incentives support educational progress, but further testing in a UK context is required.
Equipment - Telecare	Gathercole, R et al. (2021). *Assistive technology and telecare to maintain independent living at home for people with dementia: the ATTILA RCT.* Health Technology Assessment, 25(19). **Available here**	This randomised controlled trial aimed to establish whether or not assistive technology and telecare assessments and interventions extend the time that people with dementia can continue to live independently at home and whether or not they are cost-effective. Caregiver burden, the quality of life of caregivers and of people with dementia and whether or not assistive technology and telecare reduce safety risks were also investigated. **The authors' conclusions are:** **A full package of assistive technology and telecare did not increase the length of time that participants with dementia remained in the community, and nor did it decrease caregiver burden, depression or anxiety, relative to a basic package of assistive technology and telecare.**

Intervention	Source	Brief summary of source
		Use of the full assistive technology and telecare package did not increase participants' health and social care or societal costs. Quality-adjusted life-years based on participants' EuroQol-5 Dimensions questionnaire responses were reduced in the intervention group compared with the control group; groups did not differ in the number of quality-adjusted life-years based on the proxy-rated EuroQol-5 Dimensions questionnaire. Limitations: The extent of missing data at follow-up precluded investigation of longer-term effects of the technology on caregiver outcomes. Furthermore, loss to follow-up in the caregiver data set was non-random, introducing some degree of bias. This is because dropout among some caregivers was partly due to the care recipient moving into residential care or dying. Furthermore, power analysis was conducted on the study primary outcome (time to institutionalisation), rather than on caregivers' outcomes. Therefore, it is possible that the analyses were statistically underpowered.
Equipment (child safety)	Stewart, TC et al. (2016). *Home safe home: Evaluation of a childhood home safety program*. The journal of trauma and acute care surgery, Vol.81 (3), p.533-540. **Available here**	The London Health Sciences Centre Home Safety Program (HSP) provides safety devices, education, a safety video, and home safety checklist to all first-time parents for the reduction of childhood home injuries. The objective of this study was to evaluate the HSP for the prevention of home injuries in children up to 2 years of age.

Intervention	Source	Brief summary of source
		The HSP was evaluated through a mixed-mode survey using both Internet and telephone surveys. **Removing hazards, supervision, and installing safety devices are key facilitators in the reduction of home injuries. Parents found the HSP useful to identify hazards, learn new strategies, build confidence, and provide safety products. Initial finding suggests that the program is effective in reducing home injuries in children up to 2 years of age.** This is primary, mixed methods research, involving both qualitative (surveys) and quantitative (statistical analysis) methods. The authors note several limitations to the study, notably only 20% of first-time parents responded, which may limit the generalisability of the survey results, favouring a more safety conscious group of parents.
	Wang, Y et al. (2020). *Varying Effect of a Randomized Toddler Home Safety Promotion Intervention Trial by Initial Home Safety Problems*. Maternal & Child Health Journal, Apr2020; 24(4): 432-438.DOI: 10.1007/s10995-019-02845-x. **Available here**	The study examined whether effective safety interventions targeting low-income families of toddlers varied by initial home safety problems. **This study found that the effects of the safety promotion intervention among low-income families with toddlers varied by initial home safety problems. Among families with multiple home safety problems, the intervention resulted in relatively large effects, whereas the effects for families with no/few home safety problems were small and not significant.**

Intervention	Source	Brief summary of source
		A key limitation of this study was that the safety intervention focused on toddlers from low-income families, a population at high risk of unintentional injuries. Generalisation of the findings to toddlers of other socio-economic status should be made with caution.
	National Institute for Health and Care Excellence. (2010). *Unintentional injuries: prevention strategies for under 15s*. PH29. London: NICE. **Available here** **This guidance is up to date (checked 2019).**	This NICE guideline is concerned with preventing unintentional injuries in those under 15 years and **recommends the installation of the following home safety equipment** • **Hard-wired or 10-year, battery-operated smoke alarms** • **Thermostatic mixer valves for baths** • **Window restrictors** • **Carbon monoxide alarms.**
	National Institute for Health and Care Excellence. (2010). *Unintentional injuries in the home: interventions for under 15s*. PH30. London: NICE. **Available here** **This guidance is up to date (checked 2019).**	This NICE guideline focuses on prevention of injuries in the home in those aged under 15 years. Recommendations focus on home safety assessments, supplying and installing home safety equipment and providing education when carrying out these activities. This guidance recommends offering home safety equipment including door guards, cupboard locks, safety gates, smoke and carbon monoxide alarms, thermostatic mixing valves and window restrictors.
Falls prevention	Royal College of Occupational Therapists. (2020). *Occupational therapy in the prevention and management of*	The aim of this practice guideline is to provide specific evidence-based recommendations that describe the most appropriate care or action to be taken by occupational therapists working with adults who have fallen, are at risk of

Intervention	Source	Brief summary of source
	falls in adults. Practice Guideline, Second Edition. London: Royal College of Occupational Therapists Ltd. **Available here**	falling or are fearful of falling. The recommendations are intended to be used alongside the therapist's clinical expertise in their assessment of need and implementation of interventions. **There are a total of 17 recommendations in four key recommendations categories:** **i. Keeping safe at home: reducing risk of falls.** **ii. Keeping active: reducing fear of falling.** **iii. Falls management: making it meaningful.** **iv. Occupational therapy intervention: impact and cost effectiveness.**
	National Institute of Health and Care Excellence. (2013). *Falls in older people: assessing risk and prevention*. CG161. London: NICE. **Available here** **This guidance is currently up to date (checked 2019 and will be updated).**	This NICE guideline includes recommendations for preventing falls in people aged 65 years and over. It makes recommendations on assessment and interventions.
	Guirguis-Blake, J.M MD. (2018). *Interventions to Prevent Falls in Older Adults.* Updated Evidence Report and	This systematic review aimed to assess the effectiveness and harms of fall prevention interventions in community-dwelling older adults.

Intervention	Source	Brief summary of source
	Systematic Review for the US Preventive Services Task Force. **Available here**	It focussed on three main interventions: multifactorial, exercise and vitamin D supplementation. **The authors concluded that multifactorial and exercise interventions were associated with fall-related benefit, but evidence was most consistent across multiple fall-related outcomes for exercise. Vitamin D supplementation interventions had mixed results, with a high dose being associated with higher rates of fall-related outcomes.** This review was limited to community-dwelling older adults and interventions that could be implemented in or referred from primary care. Trials were excluded that specifically recruited participants with neurologic diagnoses and other specific diagnoses, such as vitamin D insufficiency and osteoporosis. As such, the conclusions may not be applicable to those populations.
Healthy lifestyle support (smoking cessation)	National Institute for Health and Care Excellence. (2018). *Stop smoking interventions and services*. NG92. London: NICE. **Available here** **This guidance is up to date.**	This guideline covers stop smoking interventions and services delivered in primary care and community settings for everyone over the age of 12. **This guideline includes recommendations on:** • Commissioning and providing stop smoking interventions and services • Monitoring stop smoking services • Evidence-based stop smoking interventions • Engaging with people who smoke • Advice on e-cigarettes

Intervention	Source	Brief summary of source
		• People who want to quit • People who are not ready to quit • Telephone quitlines • Education and training • Campaigns to promote awareness of local stop smoking services • Closed institutions • Employers
	National Institute for Health and Care Excellence. (2013). *Smoking: harm reduction.* PH45. London: NICE. **Available here** **This guidance is up to date (checked 2017).**	This NICE guidance focuses on harm reduction and is for people who may not be able (or do not want) to stop smoking in one step. This includes those who may want to stop smoking, without necessarily giving up nicotine and those who may not be ready to stop smoking but want to reduce the amount they smoke. It makes **recommendations** on • Raising awareness of licensed nicotine containing products • Self help materials • Choosing a harm reduction approach • Behavioural support • Advising on licensed nicotine containing products • Supplying licensed nicotine containing products • Follow up appointments • Supporting temporary abstinence • People in closed institutions

Intervention	Source	Brief summary of source
		• Commissioning stop smoking services • Education and training for practitioners • Point of sale promotion of licensed nicotine containing products • Manufacturer information on licensed nicotine containing products.
	National Institute for Health and Care Excellence. (2013). *Smoking: acute, maternity and mental health services.* PH48. London: NICE. **Available here** **This guidance is up to date (checked 2017).**	This NICE guidance aims to support smoking cessation, temporary abstinence from smoking and smoke free policies in all secondary care settings. **It recommends:** • Strong leadership and management to ensure premises remain smoke free. • All hospitals have an on-site stop smoking service. • Identifying people who smoke, offering advice and support to stop. • Providing intensive behavioural support and pharmacotherapy as an integral component of secondary care. • Integrating stop smoking support in secondary care with support provided by community-based services. • Ensuring staff are trained to support people to stop smoking while using secondary care services. • Supporting staff to stop smoking or to abstain while at work. • Ensuring there are no designated smoking areas or staff-facilitated smoking breaks for anyone using secondary care services.

Intervention	Source	Brief summary of source
	National Institute for Health and Care Excellence. (2010). *Smoking: stopping in pregnancy and after childbirth.* PH26. London: NICE. **Available here** **This guidance is up to date (partially updated 2018).**	This NICE guidance focuses on stopping smoking in pregnancy and after childbirth. The eight recommendations include advice on: • How NHS professionals and others working in the public, community and voluntary sectors can identify women (including teenagers) who smoke when they attend an appointment or meeting. • How to refer them to NHS Stop Smoking Services (or the equivalent). • How NHS Stop Smoking Services staff (and staff from equivalent, non-NHS services) should contact and support all women who have been referred for help. • How to help their partners or 'significant others' who smoke. • When and how nicotine replacement therapy and other pharmacological support should be offered. • Training for professionals.
	National Institute for Health and Care Excellence. (2010). *Smoking prevention in schools.* PH23. London: NICE. **Available here** **This guidance is up to date (checked 2013 and will be partially updated).**	This source focuses on action that can be taken in schools to prevent the uptake of smoking in children and young people **The five recommendations in this NICE guidance include the following advice:** • The smoking policy should support both prevention and stop smoking activities and should apply to everyone using the premises (including the grounds).

Intervention	Source	Brief summary of source
		• Information on smoking should be integrated into the curriculum. For example, classroom discussions could be relevant when teaching biology, chemistry, citizenship and maths. • Anti-smoking activities should be delivered as part of personal, social, health and economic (PHSE) and other activities related to Healthy Schools or Healthy Further Education status. • Anti-smoking activities should aim to develop decision-making skills and include strategies for enhancing self-esteem. Parents and carers should be encouraged to get involved and students could be trained to lead some of these programmes. • All staff involved in smoking prevention should be trained to do so. • Educational establishments should work in partnership with outside agencies to design, deliver, monitor and evaluate smoking prevention activities.
	National Institute for Health and Care Excellence. (2008). *Smoking preventing uptake in children and young people.* PH14. London: NICE. **Available here.** **This guidance is up to date (checked in 2014 and will be updated).**	The recommendations in this NICE guidance focus on mass media and point of sale recommendations that may help prevent the uptake of smoking in children and young people.

Intervention	Source	Brief summary of source
	National Institute for Health and Care Excellence. (2007). *Smoking workplace interventions.* PH5. London: NICE. **Available here.** **This guidance is up to date (checked in 2014).**	This NICE guidance addresses workplace health promotion with reference to smoking and what works in motivating and changing employees' behaviour. **The recommendations include the following:** • Employers should develop a smoking cessation policy, provide employees with information on local stop smoking support services, publicise the interventions above and allow staff time off to attend smoking cessation services. • Employees and their representatives should encourage employers to provide staff who smoke with advice, guidance and support on quitting. • Employees who want information, advice or support to stop smoking should contact a local service such as the NHS Stop Smoking Services. • Smoking cessation services should offer one or more of the recommended services listed above, delivered by trained staff and tailored to the person's needs. They should also offer employers support to help their employees quit. If demand exceeds the resources available, services should focus on small and medium-sized enterprises.
	Hartmann-Boyce, J et al. (2021). *Behavioural interventions for smoking cessation: an overview and network meta-analysis.* Cochrane Database of Systematic Reviews. Issue 1. Art. No.: CD013229. DOI:	This review of reviews summarises the evidence from Cochrane Reviews that assessed the effect of behavioural interventions designed to support smoking cessation attempts and to conduct a network meta-analysis to determine how modes of delivery; person delivering the intervention; and the nature, focus, and intensity of behavioural interventions for smoking cessation influence the likelihood of achieving abstinence six months after attempting to stop smoking;

Intervention	Source	Brief summary of source
	10.1002/14651858.CD013229.pub2. **Available here**	and whether the effects of behavioural interventions depend upon other characteristics, including population, setting, and the provision of pharmacotherapy. **The authors conclude that behavioural support for smoking cessation can increase quit rates at six months or longer, with no evidence that support increases harms. This is the case whether or not smoking cessation pharmacotherapy is also provided, but the effect is slightly more pronounced in the absence of pharmacotherapy. Evidence of benefit is strongest for the provision of any form of counselling, and guaranteed financial incentives.** Evidence suggested possible benefit but the need of further studies to evaluate: individual tailoring; delivery via text message, email, and audio recording; delivery by lay health advisor; and intervention content with motivational components and a focus on how to quit.
Healthy lifestyle support (healthy eating/weight loss support)	National Institute for Health and Care Excellence. (2015). *Preventing excess weight gain*. NG7. London: NICE. **Available here.** **This guidance is currently up to date (checked in 2017 and will be updated).**	This guidance covers children (after weaning) and adults and is concerned with maintenance of a healthy weight and the prevention of excess weight gain. **The recommendations aim to:** • Encourage people to make changes in line with existing advice • Encourage people to develop physical activity and dietary habits that will help them maintain a healthy weight and prevent excess weight gain • Encourage people to monitor their own weight and associated behaviours

Intervention	Source	Brief summary of source
		• Promote the clear communication of benefits of maintaining a healthy weight and making gradual changes to physical activity and diet • Ensure messages are tailored to specific groups • Ensure activities are integrated with the local strategic approach to obesity.
	National Institute for Health and Care Excellence. (2010). *Weight management before, during and after pregnancy*. PH27. London: NICE. **Available here.** **This guidance is up to date (checked in 2017 and will be amalgamated into other guidance).**	This guidance addresses dietary and physical activity interventions for weight management before, during and after pregnancy. The six recommendations in this NICE guideline are based on approaches that have been proven to be effective for the whole population. **They include advice on:** • How to help women with a BMI of 30 or more to lose weight before and after pregnancy – and how to help them eat healthily and keep physically active during pregnancy. • How to help all pregnant women eat healthily and keep physically active. • The role of community-based services. • The professional skills needed to achieve the above.
	National Institute for Health and Care Excellence. (2013). *Weight management: lifestyle services for overweight or obese children and young people.* PH47. London: NICE. **Available here.**	This NICE guidance makes recommendations on lifestyle weight management services for overweight and obese children and young people. **The recommendations cover:** • Planning services • Commissioning programmes • Core components of lifestyle weight management programmes

Intervention	Source	Brief summary of source
	This guidance is up to date (checked in 2017 and will be partially updated).	• Developing a tailored programme plan to meet individual needs • Encouraging adherence • Raising awareness of programmes • Formal referrals to programmes • Providing ongoing support • Programme staff: training, knowledge and skills • Training in how to make programme referrals • Supporting programme staff and those making programme referrals • Monitoring and evaluating programmes.
	National Institute for Health and Care Excellence. (2014). *Weight management: lifestyle services for overweight or obese adults.* PH53. London: NICE. **Available here.** **This guidance is up to date (checked in 2017 and will be amalgamated into other guidance).**	The focus in this NICE guidance is on lifestyle weight management programmes for overweight and obese adults that: • Accept self-referrals or referrals from health or social care practitioners • Are provided by the public, private or voluntary sector • Are based in the community, workplaces, primary care or online **The recommendations include planning services and commissioning programmes; core components of lifestyle weight management programmes; developing a tailored programme plan to meet individual needs; encouraging adherence and raising awareness of programmes.**

Intervention	Source	Brief summary of source
	National Institute for Health and Care Excellence. (2012). *Obesity working with local communities.* PH42. London: NICE. **Available here.** **This guidance is up to date (checked in 2017).**	This NICE guidance covers community-wide action to prevent overweight and obesity in adults and children. **The 14 recommendations cover:** • Developing a sustainable, community-wide approach to obesity • Strategic leadership • Supporting leadership at all levels • Coordinating local action • Communication • Involving the community • Integrated commissioning • Involving local businesses and social enterprises operating in the local area • Local authorities and the NHS as exemplars of good practice • Planning systems for monitoring and evaluation • Implementing monitoring and evaluation functions • Cost effectiveness • Organisational development and training • Scrutiny and accountability.
Healthly lifestyle support	Ulian, R (2018). *Effects of health at every size® interventions on health-related outcomes of people with overweight and obesity: a systematic review*. Obesity Reviews, Vol 19 (12),	This study aimed to summarize the health-related effects of Health at Every Size® (HAES®)-based interventions on people with overweight and obesity. **This review showed that HAES®-based interventions were effective in improving some cardiovascular outcomes, e.g. total and LDL cholesterol.**

Intervention	Source	Brief summary of source
("Health at Every Size®")	Doi.org/10.1111/obr.12749. **Available here**	**Still, further evidence is necessary for other outcomes such as triglycerides, fasting glucose levels and blood pressure. This approach could enhance eating behaviour, energy intake and diet quality of participants.** **Moreover, positive physiological changes were found such as increases in oxygen consumption and physical activity level. Eventually, major improvements were also seen in the quality of life, stress perception and depression level.** Nevertheless, the studies included in this review varied largely in terms of follow-up, intervention characteristic, sample size, methodological quality and outcomes. As HAES® appears to be a promising approach for obesity management, further well-powered and well-controlled studies should be performed to compare its efficacy to that of more traditional interventions (i.e. prescriptive intervention), which have been shown to be generally ineffective in the long run.
Healthy lifestyle support	National Institute for Health and Care Excellence. (2014). *Physical activity: exercise referral schemes.* PH54. London: NICE. **Available here.**	This NICE guidance is for adults and focuses on exercise referral schemes that try to increase physical activity among people who are inactive or sedentary and are otherwise healthy or who have an existing health condition or other risk factors for disease.

Intervention	Source	Brief summary of source
(physical activity)	**This guidance is up to date (checked in 2018).**	
	National Institute for Health and Care Excellence. (2009). *Physical activity for children and young people.* PH17. London: NICE. **Available here.** **This guidance is up to date (checked in 2018).**	This NICE guidance addresses physical activity, active play and sport for pre-school and school age children and young people in family, pre-school, school and community settings. **It makes recommendations on:** • How to promote the benefits of physical activity and encourage participation • High level strategic planning • The importance of consultation with children and young people and how to set about it • Planning and providing spaces, facilities and opportunities • Training people to run programmes and activities • How to promote physically active travel such as cycling and walking.
	National Institute for Health and Care Excellence. (2013). *Physical activity brief advice for adults in primary care.* PH44. London: NICE. **Available here.** **This guidance is up to date (checked in 2016).**	**The recommendations in this NICE guidance cover:** • Identifying adults who are inactive • Delivering and following up on brief advice • Incorporating brief advice in commissioning • Systems to support brief advice • Information and training to support brief advice

Intervention	Source	Brief summary of source
		The guidance aims to support routine provision of brief advice on physical activity in primary care.
	National Institute for Health and Care Excellence. (2012). *Physical activity walking and cycling.* PH41. London: NICE. **Available here.** **This guidance is up to date (checked in 2019).**	This NICE guidance is concerned with encouraging people to increase the amount they walk or cycle for travel or recreation purposes. **The recommendations cover:** • Local programmes • Policy and planning • Schools, workplaces and the NHS.
	National Institute for Health and Care Excellence. (2018). *Physical activity and the environment*. NG90. London: NICE. **Available here** **This guidance is up to date and replaces NICE guideline PH8.**	This guideline covers how to improve the physical environment to encourage and support physical activity. The aim is to increase the general population's physical activity levels. **The guideline includes recommendations on:** • Strategies, policies and plans to increase physical activity in the local environment • Active travel • Public open spaces • Buildings • Schools

Intervention	Source	Brief summary of source
	National Institute for Health and Care Excellence. (2008). *Physical activity in the workplace*. PH13. London: NICE. **Available here**. **This guidance is up to date (checked in 2019 and is being updated).**	This NICE guidance is about improving health in the workplace by encouraging employees to be physically active **Recommendations for employers include:** • Develop an organisation-wide plan and introduce and monitor an organisation-wide, multi-component programme to encourage and support employees to be more physically active. (This could be part of a broader programme to improve health.) • Encourage employees to walk, cycle or use another mode of transport involving physical activity to travel part or all of the way to and from work (for example, by developing a travel plan). • Help employees to be physically active during the working day, for example, by encouraging them to take the stairs or walk to external meetings.
	National Institute for Health and Care Excellence. (2008). Mental *wellbeing in over 65s: occupational therapy and physical activity interventions.* PH16. London: NICE. **Available here.** **This guidance is up to date (checked in 2018 and will be updated).**	This NICE guidance is for primary and residential care and focuses on the role of occupational therapy and physical activity interventions in the promotion of mental wellbeing for older people. **Recommendations include:** • Offer tailored, community-based physical activity programmes. These should include moderate-intensity activities (such as swimming, walking, dancing), strength and resistance training, and toning and stretching exercises. • Advise older people and their carers how to exercise safely for 30 minutes a day on 5 or more days a week, using examples of everyday activities such as

Intervention	Source	Brief summary of source
		shopping, housework and gardening. (The 30 minutes can be broken down into 10-minute bursts.) • Promote regular participation in local walking schemes as a way of improving mental wellbeing. Help and support older people to participate fully in these schemes, taking into account their health, mobility and personal preferences.
Healthy lifestyle support (substance misuse support)	National Institute for Health and Care Excellence. (2017). *Drug misuse prevention: targeted interventions*. NG64. London: NICE. **Available here** **This guidance is up to date and replaces NICE guidance PH4.**	This guideline covers targeted interventions to prevent misuse of drugs, including illegal drugs, 'legal highs' and prescription-only medicines. It aims to prevent or delay harmful use of drugs in children, young people and adults who are most likely to start using drugs or who are already experimenting or using drugs occasionally. **The guideline includes recommendations on:** • Delivering drug misuse prevention activities as part of existing services • Assessing whether someone is vulnerable to drug misuse • Providing skills training for children and young people who are vulnerable to drug misuse • Providing information to adults who are vulnerable to drug misuse • Providing information about drug use in settings that people who use drugs or are at risk of using drugs may attend.
	National Institute for Health and Care Excellence. (2019). *Alcohol interventions*	This guideline covers interventions in secondary and further education to prevent and reduce alcohol use among children and young people aged 11 up to

Intervention	Source	Brief summary of source
	in secondary and further education. NG135. London: NICE. **Available here** **This guidance is up to date and replaces NICE guidance PH7.**	and including 18. It also covers people aged 11 to 25 with special educational needs or disabilities in full-time education. It will also be relevant to children aged 11 in year 6 of primary school. **The guideline includes recommendations on:** • Planning alcohol education • Delivering universal alcohol education • Targeted interventions.
	National Institute for Health and Care Excellence. (2010). *Alcohol use disorders prevention.* PH24. London: NICE. **Available here.** **This guidance is up to date (checked in 2019 and being updated).**	This NICE guidance is for government, industry and commerce, the NHS and all those whose actions affect the population's attitude to – and use of – alcohol. This includes commissioners, managers and practitioners working in: • Local authorities • Education • The wider public, private, voluntary and community sectors. **The guidance includes recommendations for both policy and practice and covers:** • Licensing. • Resources for identifying and helping people with alcohol-related problems.

Intervention	Source	Brief summary of source
		• Children and young people aged 10 to 15 years – assessing their ability to consent, judging their alcohol use, discussion and referral to specialist services. • Young people aged 16 and 17 years – identification, offering motivational support or referral to specialist services. • Adults – screening, brief advice, motivational support or referral.
	McGovern, R et al. (2021). *Effectiveness of psychosocial interventions for reducing parental substance misuse*. Cochrane Database of Systematic Reviews. Issue 3. Art. No.: CD012823. DOI: 10.1002/14651858.CD012823.pub2. **Available here**	This systematic review assessed the effectiveness of psychosocial interventions in reducing parental substance use (alcohol and/or illicit drugs, excluding tobacco). **The authors found moderate-quality evidence that psychosocial interventions probably reduce the frequency at which parents use alcohol and drugs. Integrated psychosocial interventions which combine parenting skills interventions with a substance use component may show the most promise.** Whilst it appears that mothers may benefit less than fathers from intervention, caution is advised in the interpretation of this evidence, as the interventions provided to mothers alone typically did not address their substance use and other related needs. The authors found low-quality evidence from few studies that interventions involving children are not beneficial.

Intervention	Source	Brief summary of source
	Steele, DW et al. *Interventions for Substance Use Disorders in Adolescents: A Systematic Review*. Comparative Effectiveness Review No. 225. AHRQ Publication No. 20-EHC014. Rockville, MD: Agency for Healthcare Research and Quality. May 2020. DOI: https://doi.org/10.23970/AHRQEPCCER225. **Available here**	This systematic review (SR) synthesizes the literature on behavioural, pharmacologic, and combined interventions for adolescents aged 12 to 20 years with problematic substance use or substance use disorder. Conclusions: **Brief interventions: Motivational Interviewing (MI) reduces heavy alcohol use (low Strength of Evidence (SoE)), alcohol use days (moderate SoE), and substance use–related problems (low SoE) but does not reduce cannabis use days (moderate SoE).** **Non-brief interventions: Family Focused Therapy (Fam) may be most effective in reducing alcohol use (low SoE).** More research is needed to identify other effective intensive behavioural interventions for alcohol use disorder. Intensive interventions did not appear to decrease cannabis use (low SoE). Some interventions (Cognitive Behavioural Therapy (CBT), CBT+MI, and CBT+MI+ Contingency Management (CM)) were associated with increased cannabis use (low SoE). Both MI and CBT reduce combined alcohol and other drug use (low SoE).

Intervention	Source	Brief summary of source
		Combined CBT+MI reduces illicit drug use (low SoE).
Healthy lifestyle support (sexual health)	National Institute for Health and Care Excellence. (2007). *Sexually transmitted infections and under 18s conceptions prevention*. PH3. London: NICE. **Available here.** **This guidance is up to date (checked in 2018 and will be updated).**	**Recommendations in this NICE guidance include the following:** • Assess people's risk of having a sexually transmitted infection (STI), when the opportunity arises. For example, this could happen when someone attends for contraception, or to register as a new patient. • Offer advice to people at high risk of an STI in a structured discussion, or arrange for them to see someone who is trained to give this type of advice. The discussion should cover ways to help people reduce the risks. • Help people with an STI to get their partners tested and treated. This might involve referring the person to a specialist. People with STIs and their partners should receive information about the infection they have. This guidance is intended for professionals responsible for, or who work in, sexual health services including general practitioners and professionals working in contraceptive services, genitourinary medicine and school clinics.
	National Institute for Health and Care Excellence. (2014). *Contraceptive services for under 25s.* PH51. London: NICE. **Available here.**	This NICE guidance is for NHS and other commissioners, managers and practitioners who have a direct or indirect role in, and responsibility for, contraceptive services. This includes those working in local authorities, education and the wider public, private, voluntary and community sectors. It may also be of interest to young people, their parents and carers and other members of the public. **The recommendations include advice on:**

Intervention	Source	Brief summary of source
	This guidance is up to date (checked in 2017).	• How to assess local need and commission comprehensive services. • Offering culturally appropriate, confidential, non-judgemental, empathic advice tailored to the needs of the young person. • Ensuring young people understand that their personal information and the reason why they are using the service will be kept confidential. • Providing contraceptive services after pregnancy and abortion. • Encouraging young people to use condoms as well as other forms of contraception. • How schools and other education settings can provide contraceptive services.
	National Institute for Health and Care Excellence. (2017). Sexually transmitted infections: condom distribution schemes. NG68. London: NICE. **Available here** **This guidance is up to date.**	This guideline covers condom distribution schemes. The aim is to reduce the risk of sexually transmitted infections (STIs). **This guideline includes recommendations on:** • Targeting services • Multicomponent condom distribution schemes for young people in health, education, youth and outreach settings • Single component schemes.

Intervention	Source	Brief summary of source
	Jawad, A et al (2019). *Interventions using social networking sites to promote contraception in women of reproductive age.* Cochrane Database of Systematic Reviews. Issue 3. Art. No.: CD012521. DOI: 10.1002/14651858.CD012521.pub2. **Available here**	This systematic review evaluates the effectiveness of interventions using Social Networking Sites (SNSs) to promote the uptake of and adherence to contraception in reproductive-age women. **Despite the prevalence of SNSs, the authors found little scientific evidence to support the use of SNSs to improve contraceptive use or adherence among women.**
	Staley, H et al. (2021). *Interventions targeted at women to encourage the uptake of cervical screening*. Cochrane Database of Systematic Reviews. Issue 9. Art. No.: CD002834. DOI: 10.1002/14651858.CD002834.pub3. **Available here**	This systematic review assesses the effectiveness of interventions aimed at women, to increase the uptake, including informed uptake, of cervical screening. **The authors concluded there is moderate-certainty evidence to support the use of invitation letters to increase the uptake of cervical screening.** Low-certainty evidence showed lay health worker involvement amongst ethnic minority populations may increase screening coverage, and there was also support for educational interventions, but it is unclear what format is most effective. The majority of the studies were from developed countries. Overall, the low-certainty evidence that was identified makes it difficult to infer which interventions were best, with exception of invitational interventions, where there appeared to be more reliable evidence.

Intervention	Source	Brief summary of source
Healthy schools support	Langford R et al. (2014). *The WHO health promoting school framework for improving the health and well-being of students and their academic achievement.* Cochrane Database Systematic Reviews. Issue 4. Art. No: CD008958. doi: 10.1002/14651858.CD008958.pub2. **Available here**	The review authors found that interventions using the WHO Health Promoting Schools (HPS) approach were able to reduce students' body mass index (BMI), increase physical activity and fitness levels, improve fruit and vegetable consumption, decrease cigarette use, and reduce reports of being bullied. However, they found little evidence of an effect on BMI when age and gender were taken into account and no evidence of effectiveness on fat intake, alcohol and drug use, mental health, violence, and bullying others. The review authors did not have enough data to draw conclusions about the effectiveness of the HPS approach for sexual health, hand-washing, cycle-helmet use, eating disorders, sun protection, oral health or academic outcomes. Few studies discussed whether the health promotion activities, or the collection of data relating to these, could have caused any harm to the students involved. **The review authors concluded that the results of this review provide evidence for the effectiveness of some interventions based on the HPS framework for improving certain health outcomes but not others.** More well-designed research is required to establish the effectiveness of this approach for other health topics and academic achievement.
	Neil-Sztramko, SE et al. (2021). *School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6 to 18*.	The purpose of this systematic review update is to summarise the evidence on effectiveness of school-based interventions in increasing moderate to vigorous

Intervention	Source	Brief summary of source
	Cochrane Database of Systematic Reviews. Issue 9. Art. No.: CD007651. DOI: 10.1002/14651858.CD007651.pub3. **Available here**	physical activity and improving fitness among children and adolescents 6 to 18 years of age. Results show that **school-based physical activity interventions probably result in little to no increase in time engaged in moderate to vigorous physical activity and may lead to little to no decrease in sedentary behaviour (low-certainty evidence). School-based physical activity interventions may improve physical fitness reported as maximal oxygen uptake (low-certainty evidence). School-based physical activity interventions may result in a very small decrease in BMI z-scores (low-certainty evidence) and may not impact BMI expressed as kg/m² (low-certainty evidence).** Given the variability of results and the overall small effects, school staff and public health professionals must give the matter considerable thought before implementing school-based physical activity interventions. Given the heterogeneity of effects, the risk of bias, and findings that the magnitude of effect is generally small, results should be interpreted cautiously.
Looked after children / support for care leavers	National Institute for Health and Care Excellence. (2010). *Looked after children and young people.* PH28. London: NICE. **Available here.** (Refreshed May 2015)	This NICE guidance is for all those who have a role in promoting the quality of life (that is, the physical health, and social, educational and emotional wellbeing) of looked-after children and young people. The recommendations cover local strategy and commissioning, multi-agency working, care planning and

Intervention	Source	Brief summary of source
	This guidance is up to date (checked 2017 and an update planned).	placements, and timely access to appropriate health and mental health services. In particular, the **recommendations** aim to: • Promote stable placements and nurturing relationships • Support the full range of placements, including with family and friends • Encourage educational achievement • Support the transition to independent living • Meet the particular needs of looked-after children and young people, including those from black and minority ethnic backgrounds, unaccompanied asylum seekers, and those who have disabilities.
	National Institute for Health and Care Excellence. (2016). *Transition from children's to adults' services for young people using health or social care services.* NG43. London: NICE. **Available here.** **This guidance is up to date.**	This NICE guideline covers the period before, during and after a young person moves from children's to adults' services. It is relevant to both health and social care providers. The guideline includes **recommendations** on: • Overarching principles for good transition • Planning transition • Support before and after transfer • The supporting infrastructure for transition
	What Works for Children's Social Care. (2019). *Educational interventions for looked after children and young people*. Cardiff: The Children's Social Care	This is an evidence summary, based on a systematic review examining educational interventions for looked-after children and young people. **Summary of key points:**

Intervention	Source	Brief summary of source
	Research and Development Centre (CASCADE). **Available here**	• While the systematic review reports findings from randomised controlled trials, differences in the quality of the conduct and reporting of studies limited the extent to which effectiveness could be determined. • Five papers reported three randomised controlled trials of Teach Your Children Well, which is an intervention that includes direct tuition on reading, language and maths skills and behaviour management techniques. • Mixed findings were reported for Teach Your Children Well and academic skills. • When children were taught individually by foster carers, improvements were reported for sentence comprehension and maths skills. At group level, variation was noted between 25- and 30-week delivery. At 25 weeks, improvements were reported on reading and spelling while at 30-weeks, improvements were reported for reading, spelling and maths skills. • Educational interventions aimed at pre-school children appeared to have a positive effect on the development of academic skills, including early literacy skills. • Where interventions were not associated with improvements in academic skills it was suggested that looked after children and young people may have a range of needs which require specialist trained providers. • The review highlights the need for theoretically-driven educational interventions and evaluations looking at which interventions work for different age ranges or specific groups of children looked after and in what contexts.

Intervention	Source	Brief summary of source
		• Improvements are needed in the methodological quality of study design so that conclusions can be drawn on the effectiveness and development of educational interventions.
Parenting support	Robling, M et al. (2021).*The Family Nurse Partnership to reduce maltreatment and improve child health and development in young children: the BB:2 6 routine data-linkage follow-up to earlier RCT*. Public Health Research; 9 (2). **Available here**	The objectives of this follow-up study were to establish the medium-term effectiveness of the Family Nurse Partnership in reducing maltreatment and improving maternal health (second pregnancies) and child health, developmental and educational outcomes (e.g. early educational attendance, school readiness). The intervention comprised up to a maximum of 64 home visits by specially trained family nurses from early pregnancy until the firstborn child was 2 years of age, plus usually provided health and social care support. The comparator was usual care alone. **The authors concluded that there is no observable benefit of the programme for maltreatment or maternal outcomes, but it does generate advantages in school readiness and attainment at Key Stage 1.**
	Barlow, J et al (2016). *Group-based parent training programmes for improving emotional and behavioural adjustment in young children*. Cochrane Database of Systematic Reviews, Issue 8. Art. No.:	This systematic review examined whether group-based parenting programmes are effective in improving the emotional and behavioural adjustment of young children (maximum mean age of three years and 11 months. It also assessed whether parenting programmes are effective in the primary prevention of emotional and behavioural problems.

Intervention	Source	Brief summary of source
	CD003680. DOI: 10.1002/14651858.CD003680.pub3. **Available here**	**The findings of this review, which relate to the broad group of universal and at-risk (targeted) children and parents, provide tentative support for the use of group-based parenting programmes to improve the overall emotional and behavioural adjustment of children with a maximum mean age of three years and 11 months, in the short-term.** There is a need for more research regarding the role that these programmes might play in the primary prevention of both emotional and behavioural problems, and their long-term effectiveness.
	O'Hara, L et al. (2019). *Video feedback for parental sensitivity and attachment security in children under five years*. Cochrane Database of Systematic Reviews, Issue 11. Art. No.: CD012348. DOI: 10.1002/14651858.CD012348.pub2. **Available here**	This systematic review assessed the effects of video feedback on parental sensitivity and attachment security in children aged under five years who are at risk for poor attachment outcomes. **The authors concluded that there is moderate-certainty evidence that video feedback may improve sensitivity in parents of children who are at risk for poor attachment outcomes due to a range of difficulties.** There is currently only little, very low-certainty evidence regarding the impact of video feedback on attachment security, compared with control: results differed based on the type of measure used, and follow-up was limited in duration. There is no evidence that video feedback has an impact on parental stress or anxiety (low- and very low-certainty evidence, respectively). Further evidence is

Intervention	Source	Brief summary of source
		needed regarding the longer-term impact of video feedback on attachment and more distal outcomes such as children's behaviour (very low-certainty evidence). Further research is needed on the impact of video-feedback on paternal sensitivity and parental reflective functioning, as no study measured these outcomes. This review is limited by the fact that the majority of included parents were mothers.
Skills development (cooking)	Blamey, A and Gordon, J. (2015). *A review of practical cooking skills activities which focus on promoting an affordable healthy balanced diet for adults, young people and their families within low-income communities in Scotland.* Edinburgh: NHS Health Scotland. **Available here**	This review, described as taking a realist approach, was undertaken to understand how the contexts and mechanisms within community cookery skills activities help achieve or improve the outcomes for participants from low-income communities. The outcomes of interest included the development of skills, knowledge and confidence around preparing and cooking healthy and affordable meals, intentions to change behaviour, and non-nutritional outcomes. **The review authors concluded that the cooking skills courses and activities included in the review (most of which were funded via Community and Food Health Scotland) appear from course feedback to have been engaging and enjoyable experiences for those who participated.** The review authors said that notwithstanding the limitations in the outcome data, participants who have completed course feedback and evaluation forms consistently self-reported short–term improvements in confidence, knowledge,

Intervention	Source	Brief summary of source
		intentions to change and in some instances behaviour change. Many of the strategies were aimed primarily at 'non cooking outcomes' or mediators of future cooking outcomes such as self-efficacy or food's role in social interaction. The causal linkages between these mediators and cooking outcomes require further testing. The review authors stated that there was some good evaluation and reporting practice but there was a lack of clarity and specificity in many of the plans and implementation reports.
	Segrott, J. et al. (2017). *Implementation of a Cooking Bus intervention to support cooking in schools in Wales, UK.* Health Education, 117(3), pp. 234-251. **Available here**	The purpose of this paper is to examine how a mobile classroom (Cooking Bus) sought to strengthen connections between schools and cooking, and drawing on the concept of the sociotechnical network, theorise the interactions between the Bus and school contexts. **The authors found that the Cooking Bus forged connections with schools through aligning intervention and schools' goals, focussing on pupils' cooking skills, training teachers and contributing to schools' existing cooking-related activities.** The Bus expanded its sociotechnical network through post-visit integration of cooking activities within schools, particularly teachers' use of intervention cooking kits. It should be noted that this is a qualitative study, using questionnaires, a design which explores believes, experiences and attitudes and can be useful for generating hypotheses, rather than assessing the effectiveness of interventions.

Intervention	Source	Brief summary of source
Skills development (life skills in chronic mental illness)	Tungpunkom, P et al. (2012). Life skills programmes for chronic mental illnesses. *Cochrane Database Systematic Review* Issue 1. Art. No: CD000381. doi: 10.1002/14651858.CD000381.pub3. **Available here**	This systematic review compared life skills training with occupational therapy and peer support for people with chronic mental illness. Outcomes included life skills, mental state and quality of life. **The review authors concluded that currently there is no good evidence to suggest life skills programmes are effective for people with chronic mental illnesses.**
	Lean, M. et al. (2019). *Self-management interventions for people with severe mental illness: Systematic review and meta-analysis*. The British Journal of Psychiatry, 214 (5), 260-268. doi:10.1192/bjp.2019.54. **Available here**	This systematic review evaluated the effectiveness of self-management interventions for adults with severe mental illness (SMI). **The authors found that there is evidence that the provision of self-management interventions alongside standard care improves outcomes for people with SMI. Self-management interventions should form part of the standard package of care provided to people with SMI and should be prioritised in guidelines**: research on best methods of implementing such interventions in routine practice is needed. A particular limitation of this study was that although all studies included in this review were randomised controlled trials (RCTs), there was variation in the reporting of sequence generation, allocation concealment and blinding of participants and personnel was not always consistent. This increases possible risk of bias.

Intervention	Source	Brief summary of source
Specialist support (domestic abuse)	National Institute for Health and Care Excellence. (2014). Domestic *violence and abuse: multi-agency working*. PH50. London: NICE. **Available here** **This guidance is up to date (checked 2018).**	This NICE guidance aims to identify, prevent and reduce domestic violence and abuse. It includes a recommendation on providing specialist services for children and young people and the provision of specialist advice, advocacy and support as part of a comprehensive referral pathway.
	Public Health England. (2019). *A whole-system multi-agency approach to serious violence prevention*. London: Public Health England. **Available here**	The aim of this resource is to propose a practical approach that will facilitate partners' understanding and response to serious violence (including domestic) as it is affecting their local communities. **It offers examples of relevant case studies and local initiatives**, such as IRIS: a well evidenced scheme which trains primary care colleagues in GP surgeries to identify early signs of domestic abuse (DA) and provides a direct referral into a domestic violence worker linked to the practice. Another example is the 'The Intervention Initiative', a free evidence-based education programme designed to prevent sexual coercion and domestic abuse in university settings.

Intervention	Source	Brief summary of source
		This resource is intended to stimulate local action through engagement with a wide range of partners and stakeholders in local health and justice systems, including local authorities and health professionals.
	Rivas, C et al. (2019). *A realist review of which advocacy interventions work for which abused women under what circumstances*. Cochrane Database of Systematic Reviews, Issue 6. Art. No.: CD013135. DOI: 10.1002/14651858.CD013135.pub2. **Available here**	This systematic review assesses advocacy interventions for intimate partner abuse in women, in terms of which interventions work for whom, why and in what circumstances. **The authors found moderate and high confidence in evidence for the importance of considering both women's vulnerabilities and intersectionalities and the trade-offs of abuse-related decisions in the contexts of individual women's lives. Decisions should consider the risks to the woman's safety from the abuse.** Whether actions resulting from advocacy increase or decrease abuse depends on contextual factors (e.g. severity and type of abuse), and the outcomes the particular advocacy intervention is designed to address (e.g. increasing successful court orders versus decreasing depression). The authors have low confidence in evidence regarding the significance of physical dependencies, being pregnant or having children. There were links between setting (high confidence), and potentially also theoretical underpinnings of interventions, type, duration and intensity of advocacy, advocate discipline and outcomes (moderate and low confidence). A good therapeutic alliance was important (high confidence); this alliance might be improved when advocates are

Intervention	Source	Brief summary of source
		matched with abused women on ethnicity or abuse experience, exercise cultural humility, and remove structural barriers to resource access by marginalised women. The review authors identified significant challenges for advocates in inter-organisational working, vicarious traumatisation, and lack of clarity on how much support to give a woman (moderate and high confidence). To work effectively, advocates need ongoing training, role clarity, access to resources, and peer and institutional support.
Specialist support (mental health and emotional wellbeing)	National Institute for Health and Care Excellence. (2012). Social *and emotional wellbeing: early years*. PH40. London: NICE. **Available here** **This guidance is up to date (checked 2017).**	This NICE guideline aims to define how the social and emotional wellbeing of vulnerable children aged under 5 years can be supported through home visiting, childcare and early education.
	National Institute for Health and Care Excellence. (2008). *Social and emotional wellbeing: primary education*. PH12. London: NICE. **Available here**	This NICE guidance is for teachers and school governors, and staff in local authority children's services, primary care and child and adolescent mental health services. It makes recommendations on supporting social and emotional wellbeing of children in primary education.

Intervention	Source	Brief summary of source
	This guidance was checked in 2017 and will be updated.	
	National Institute for Health and Care Excellence. (2009). *Social and emotional wellbeing in secondary education.* PH20. London: NICE. **Available here** **This guidance was checked in 2017 and will be updated.**	This NICE guidance addresses the social and emotional wellbeing of children and young people in secondary education. Recommendations include organisation wide approaches and specific help for those most at risk, or showing signs, of problems. The guidance is for those who have a direct or indirect role in, and responsibility for, the social and emotional wellbeing of young people in secondary education.
	National Institute for Health and Care Excellence. (2015). *Older people: independence and mental wellbeing*. NG32. London: NICE. **Available here** **This guidance is up to date (checked in 2018).**	This NICE guidance is for local authorities working in partnership with organisations in the public, private, voluntary and community sectors and for the NHS and other service providers with a remit for older people. It covers interventions to maintain and improve the mental wellbeing and independence of people aged 65 or older and how to identify those most at risk of a decline. The guidance includes recommendations on principles of good practice; group based activities; one to one activities; volunteering and identifying people most at risk of decline.

Intervention	Source	Brief summary of source
	Townshend, K et al. (2016). *The effectiveness of mindful parenting programs in promoting parents' and children's wellbeing*. JBI Database of Systematic Reviews and Implementation Reports: March 2016 - Volume 14 - Issue 3 - p 139-180 doi: 10.11124/JBISRIR-2016-2314. **Available here**	The primary objective of this review was to systematically evaluate the effectiveness of mindful parenting programs in promoting children's, adolescents' and parents' wellbeing, particularly in relation to the intensity of symptoms associated with internalizing (depression, anxiety, stress) and externalizing (conduct) disorders. **The authors concluded that at present, there is insufficient evidence to conclude that mindful parenting programs can improve parents' and children's wellbeing because of the methodological quality of the few studies that met the inclusion criteria.**
	Mackenzie, K, and Williams, C. (2018). *Universal, school-based interventions to promote* *mental and emotional wellbeing: what is being done in the UK and does it work? A systematic review*. BMJ Open 2018; 8:e022560. doi:10.1136/ bmjopen-2018-022560. **Available here**	This systematic review aimed to assess the quality, content and evidence of efficacy of universally delivered (to all pupils aged 5–16 years), school-based, mental health interventions designed to promote mental health/well-being and resilience, using a validated outcome measure and provided within the UK in order to inform UK schools-based well-being implementation. **The current evidence suggests there are negligible to small effects of universal, school-based interventions in the UK that aim to promote emotional or mental well-being or the prevention of mental health difficulties.** Robust, long-term methodologies need to be pursued ensuring adequate recording of fidelity, the use of validated measures sensitive to

Intervention	Source	Brief summary of source
		mechanisms of change, reporting of those lost to follow-up and any adverse effects.
Specialist support (self harm)	National Institute for Health and Care Excellence. (2011). *Self harm in over 8s*. CG133. London: NICE. **Available here** **Guideline checked in 2019 and will be updated.**	This NICE clinical guideline offers advice on the longer term management of self harm. It is concerned with with the longer-term psychological treatment and management of both single and recurrent episodes of self-harm. It includes recommendations on assessment and interventions. It is relevant to health and social care professionals.
	Witt, KG et al (2021*). Psychosocial interventions for self-harm in adults*. Cochrane Database of Systematic Reviews. Issue 4. Art. No.: CD013668. DOI: 10.1002/14651858.CD013668.pub2. **Available here**	This systematic review assessed the effects of psychosocial interventions for self-harm (SH) compared to comparison types of care (e.g. treatment-as-usual, routine psychiatric care, enhanced usual care, active comparator) for adults (aged 18 years or older) who engage in SH. Overall, there were significant methodological limitations across the trials included in this review. **Given the moderate or very low quality of the available evidence, there is only uncertain evidence regarding a number of psychosocial interventions for adults who engage in SH. Psychosocial therapy based on Cognitive Behavioural Therapy (CBT) approaches may result in fewer individuals repeating SH at longer follow-up time points, although no such effect was found at the post-intervention assessment and the quality of evidence, according to the GRADE criteria, was low.**

Intervention	Source	Brief summary of source
		Given findings in single trials, or trials by the same author group, both Mindfulness Based Therapy (MBT) and group-based emotion regulation therapy should be further developed and evaluated in adults. Dialectical Behaviour Therapy (DBT) may also lead to a reduction in frequency of SH. Other interventions were mostly evaluated in single trials of moderate to very low quality such that the evidence relating to the use of these interventions is inconclusive at present.
	Witt, KG et al (2021). *Interventions for self-harm in children and adolescents*. Cochrane Database of Systematic Reviews. Issue 3. Art. No.: CD013667. DOI: 10.1002/14651858.CD013667.pub2. **Available here**	This systematic review assessed the effects of psychosocial interventions or pharmacological agents or natural products for SH compared to comparison types of care (e.g. treatment-as-usual, routine psychiatric care, enhanced usual care, active comparator, placebo, alternative pharmacological treatment, or a combination of these) for children and adolescents (up to 18 years of age) who engage in SH. **Given the moderate or very low quality of the available evidence, and the small number of trials identified, there is only uncertain evidence regarding a number of psychosocial interventions in children and adolescents who engage in SH. Further evaluation of DBT-A is warranted.** Given the evidence for its benefit in adults who engage in SH, individual CBT-based psychotherapy should also be further developed and evaluated in children and adolescents.

Intervention	Source	Brief summary of source
Skills development – support for young people to develop independent living skills	O'Donnell, R et al. (2020). *The impact of transition interventions for young people leaving care: a review of the Australian evidence*. International Journal of Adolescence and Youth. Vol.25, No 1, 1076-1088.DOI.org/10.1080/02673843.2020.1842216. **Available here**	The aim of this systematic scoping review was to examine the characteristics of interventions that support young peoples' transition from care and into independence, delivered in Australia, and to evaluate their impact. **The authors found that transitional programmes that provide long-term, consistent, and integrated coordinated support that is tailored to an individual's needs can foster improved independent living outcomes post-transition. However, to date, current interventions are less successful in targeting and improving health outcomes.** Given the adverse health outcomes for young people transitioning from care, it is essential that such programmes are adapted or developed to increase emphasis on facilitating improvements in health outcomes (e.g., mental, physical, and social health), in addition to fostering outcomes that are indicative of independent living (e.g., housing). The quality assessment for the 11 studies is as follows: a total of 8/11 studies (73%) were of high quality, and the remaining three studies were of low quality. All three quantitative studies were low in quality due to a high rate of nonresponse bias, a lack of valid, reliable, or pre-tested measurements, and statistical analyses were not often described nor justified. Contrastingly, all qualitative studies were of high quality due to adequate data collection methods and well supported interpretation of results. The mixed methods studies were of high quality as they provided an adequate rationale for adopting a mixed method

Intervention	Source	Brief summary of source
		design to address the research question, and integrated their interpretation of both qualitative and quantitative components into the results. The authors note some limitations of this study, notably small sample sizes and studies limited to one state within Australia. As the study was not conducted in the UK, its generalisability to a Wales/UK context is uncertain.
	Everson-Hock, E. et al. (2011). *Supporting the transition of looked-after young people to independent living: a systematic review of interventions and adult outcomes*. Child: care, health and development, 37(6), pp. 767-79. **Available here**	This systematic review aimed to synthesize evidence on the effectiveness of transition support services (TSSs) that are delivered towards the end of care for looked-after young people (LAYP) on their adult outcomes, including education, employment, substance misuse, criminal and offending behaviour, parenthood, housing and homelessness and health. **Taken as a whole, the available literature suggests that no real conclusions on the effectiveness of TSSs can be made at this stage due to mixed evidence in terms of positive, negative and neutral impact on outcomes and varying study quality, and because few formal evaluations of existing TSSs have been conducted.** Most were based on specific agency programmes and therefore have been small-scale, exploratory, non-random, retrospective and without comparison groups. Thus, although useful for programme planning, their utility for demonstrating programme effectiveness is highly limited.

Intervention	Source	Brief summary of source
Telecare and telehealth	Totten, AM et al. (2019). *Telehealth for Acute and Chronic Care Consultations*. Comparative Effectiveness Review No. 216. AHRQ Publication No. 19-EHC012-EF. Rockville, MD: Agency for Healthcare Research and Quality. **Available here**	The aim of this systematic review was to identify and summarize the available evidence on the effectiveness of telehealth consultations, and to explore using decision modelling techniques to supplement the review. **The authors concluded that in general, the evidence indicates that telehealth consultations are effective in improving outcomes or providing services, with no difference in outcomes; however, the evidence is stronger for some applications, and less strong or insufficient for others.** However, as specific details about the implementation of telehealth consultations and the environment were rarely reported, it is difficult to assess generalisability. Exploring the use of a cost model underscored that the economic impact of telehealth consultations depends on the perspective used in the analysis. The increase in both interest and investment in telehealth suggests the need to develop a research agenda that emphasizes rigor and focuses on standardized outcome comparisons that can inform policy and practice decisions.
	Karlsen, C et al. (2017). *Experiences of community-dwelling older adults with the use of telecare in home care services: a qualitative systematic review*, JBI Database of Systematic Reviews and Implementation Reports: Volume 15 - Issue 12 - p 2913-2980 doi:	The aim of this review was to identify and synthesize the best available qualitative evidence of community-dwelling older adults' experience with the use of telecare in home care services. **The authors found that experiences with the use of telecare are diverse. Findings indicate telecare systems can promote safety and security to age in place that is a wish of many older adults. However, "one size does not**

Intervention	Source	Brief summary of source
	10.11124/JBISRIR-2017-003345. **Available here**	**fit all"-** Telecare systems must fit individual needs, and be supported by service providers to accommodate sustainable use over time.
Volunteering	Stuart, J., et al. (2020) *The Impacts of Volunteering on the Subjective Wellbeing of Volunteers: A Rapid Evidence Assessment*. What Works Centre for Wellbeing and Spirit of 2012. **Available here**	This rapid evidence assessment (REA) examines what is known about the impacts of volunteering on the subjective wellbeing of volunteers. The review aims to support the work of practitioners, policy makers and funders in their design and delivery of volunteering opportunities and programmes. **Key findings**: The impacts of volunteering on subjective wellbeing: • Most of the evidence on the impacts of volunteering on the subjective wellbeing of volunteers points to a positive association between the two, including improved life satisfaction, increased happiness and reduced symptoms of depression. • The authors cannot definitively conclude, however, that volunteering categorically enhances subjective wellbeing. A small number of studies claim reverse causality – higher wellbeing makes individuals more likely to volunteer rather than volunteering causing higher wellbeing. • A number of studies use advanced statistical strategies and control for a range of factors that might affect subjective wellbeing, providing us with more

Intervention	Source	Brief summary of source
		confidence that volunteering leads to enhanced subjective wellbeing for volunteers. • This does not mean that volunteering always leads to improved wellbeing. • The evidence tentatively suggests that some volunteering activities can lead to anxiety, stress or burnout. • There is a significant gap in the evidence on the negative effects of volunteering on the wellbeing of volunteers.
	Husk, K. et al. (2016). *Participation in environmental enhancement and conservation activities for health and well-being in adults: a review of quantitative and qualitative evidence*. Cochrane Database of Systematic Reviews. Issue 5. Art. No.: CD010351. DOI: 10.1002/14651858.CD010351.pub2. **Available here**	This systematic review assesses the health and well-being impacts on adults following participation in environmental enhancement and conservation activities (EECA). **The authors concluded that there is little quantitative evidence of positive or negative health and well-being benefits from participating in EECA. However, the qualitative research showed high levels of perceived benefit among participants.** Quantitative evidence resulted from study designs with high risk of bias and qualitative evidence lacked reporting detail. The majority of included studies were programme evaluations, conducted internally or funded by the provider.
	National Institute for Health and Care Excellence. (2015). *Older people*	This NICE guidance covers interventions to maintain and improve the mental wellbeing and independence of people aged 65 or older and how to identify those most at risk of a decline. It includes recommendations on volunteering.

Intervention	Source	Brief summary of source
	independence and mental wellbeing. NG32. London: NICE. **Available here** **Guidance is up to date (checked in 2018).**	
Transition support	National Institute for Health and Care Excellence. (2016). *Transition from children's to adults' services for young people using health or social care services*. NG43. London: NICE. **Available here.** **Guidance is up to date.**	This NICE guideline covers the period before, during and after a young person moves from children's to adults' services. It is relevant to both health and social care providers. The guideline includes recommendations on: • Overarching principles for good transition • Planning transition • Support before and after transfer • The supporting infrastructure for transition.
	Campbell, F et al (2016). *Transition of care for adolescents from paediatric services to adult health services*. Cochrane Database of Systematic Reviews, Issue 4. Art. No.: CD009794. DOI: 10.1002/14651858.CD009794.pub2. **Available here**	This systematic review evaluated the effectiveness of interventions designed to improve the transition of care for adolescents from paediatric to adult health services. The available evidence (four small studies; N = 238), covers a limited range of interventions developed to facilitate transition in a limited number of clinical conditions, with only four to 12 months follow-up. These follow-up periods may not be long enough for any changes to become apparent, as transition is a lengthy process.

Intervention	Source	Brief summary of source
		There was evidence of improvement in patients' knowledge of their condition in one study, and improvements in self-efficacy and confidence in another, but since few studies were eligible for this review, and the overall certainty of the body of this evidence is low, no firm conclusions can be drawn about the effectiveness of the evaluated interventions. There is considerable scope for the rigorous evaluation of other models of transitional care, reporting on clinical outcomes with longer term follow-up.

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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales Population Needs Assessment

Consultation survey report

October 2021

Contact us

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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
- STAND NW CIC
- 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%