

Public Document Pack

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



Contact Officer:
Nicola Gittins 01352 702345
nicola.gittins@flintshire.gov.uk

To: Cllr Ian Roberts (Leader)

Councillors: Glyn Banks, Chris Bithell, Derek Butler, Dave Hughes, Paul Johnson, Christine Jones and Billy Mullin

12 January 2022

Dear Sir/Madam

NOTICE OF REMOTE MEETING
CABINET
TUESDAY, 18TH JANUARY, 2022 at 10.00 AM

Yours faithfully

Gareth Owens
Chief Officer (Governance)

Please note: This will be a remote meeting and 'attendance' will be restricted to Committee Members and those Members of Council who have asked the Head of Democratic Services for an invitation. Such attendees may only speak at the Chair's discretion.

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**

Purpose: To receive any apologies.

2 **DECLARATIONS OF INTEREST**

Purpose: To receive any declarations and advise Members accordingly.

3 **MINUTES** (Pages 7 - 16)

Purpose: To confirm as a correct record the minutes of the meeting held on 14th December 2021.

TO CONSIDER THE FOLLOWING REPORTS

STRATEGIC REPORTS

4 **BUDGET 2022/23 AND THE WELSH LOCAL GOVERNMENT PROVISIONAL SETTLEMENT** (Pages 17 - 24)

Report of Chief Executive, Corporate Finance Manager - Cabinet Member for Finance, Social Value and Procurement

Purpose: To update on the budget estimate for 2022/23 and the implications of the Welsh Local Government Provisional Settlement which was received on 21 December.

5 **NORTH WALES POPULATION NEEDS ASSESSMENT** (Pages 25 - 372)

Report of Chief Officer (Social Services) - Deputy Leader of the Council (Partnerships) and Cabinet Member for 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.

6 **VEHICLE PERMIT CRITERIA FOR HOUSEHOLD RECYCLING CENTRES** (Pages 373 - 400)

Report of Chief Officer (Streetscene and Transportation) - Cabinet Member for Streetscene

Purpose: To seek approval to revise the Household Recycling Centre vehicle permit application criteria.

OPERATIONAL REPORTS

7 REVENUE BUDGET MONITORING 2021/22 (MONTH 8) (Pages 401 - 424)

Report of Corporate Finance Manager - Cabinet Member for Finance, Social Value and Procurement

Purpose: This regular monthly report provides the latest revenue budget monitoring position for 2021/22 for the Council Fund and Housing Revenue Account. The position is based on actual income and expenditure as at Month 8, and projects forward to year-end.

8 TREASURY MANAGEMENT MID-YEAR REVIEW 2021/22 (Pages 425 - 446)

Report of Corporate Finance Manager - Cabinet Member for Finance, Social Value and Procurement

Purpose: To present the draft Treasury Management Mid-Year Review for 2021/22 for recommendation to Council.

9 LEVELLING UP FUND ROUND TWO (Pages 447 - 468)

Report of Chief Officer (Planning, Environment and Economy) - Cabinet Member for Economic Development

Purpose: To seek approval to submit bids into the forthcoming Round Two of the UK Government Levelling Up Fund.

10 FLINTSHIRE COAST PARK (Pages 469 - 494)

Report of Chief Officer (Planning, Environment and Economy) - Cabinet Member for Economic Development

Purpose: To seek views on the establishment and designation of a Regional Park along the Dee Estuary foreshore.

11 FLINTSHIRE ECONOMY UPDATE (Pages 495 - 504)

Report of Chief Officer (Planning, Environment and Economy) - Cabinet Member for Economic Development

Purpose: To provide an update on the state of the economy in Flintshire and on work programmes to assist recovery.

12 **PARC ADFER COMMUNITY BENEFIT FUND** (Pages 505 - 524)

Report of Chief Officer (Streetscene and Transportation) - Cabinet Member for Streetscene

Purpose: To share details of the Community Benefit Fund, including eligibility criteria and process.

13 **FOOD SERVICE PLAN 2021-22 FOR FLINTSHIRE COUNTY COUNCIL**
(Pages 525 - 572)

Report of Chief Officer (Planning, Environment and Economy) - Cabinet Member for Planning and Public Protection

Purpose: To seek approval of the Food Service Plan 2021-22.

14 **EXERCISE OF DELEGATED POWERS** (Pages 573 - 574)

Purpose: To provide details of actions taken under delegated powers.

FORWARD WORK PROGRAMME - COUNTY COUNCIL, CABINET, AUDIT AND OVERVIEW & SCRUTINY - FOR INFORMATION

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985 - TO CONSIDER THE EXCLUSION OF THE PRESS AND PUBLIC

The following item is considered to be exempt by virtue of Paragraph(s) 14 of Part 4 of Schedule 12A of the Local Government Act 1972 (as amended).

The report contains details of proposed contracts and the public interest in withholding the information outweighs the public interest in disclosure until the contracts have been awarded.

15 **RESIDENTIAL, SHORT BREAKS AND THERAPEUTIC SERVICES FOR CHILDREN AND YOUNG PEOPLE IN FLINTSHIRE** (Pages 605 - 634)

Report of Chief Officer (Social Services) - Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services

Purpose: To seek approval to tender for the named services within the report.

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 unmuted 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>

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CABINET
14TH DECEMBER 2021

Minutes of the meeting of the Cabinet of Flintshire County Council held virtually via Zoom on Tuesday 14th December 2021.

PRESENT: Councillor Ian Roberts (Chair)

Councillors: Glyn Banks, Chris Bithell, Derek Butler, Dave Hughes, Paul Johnson, Christine Jones, and Billy Mullin.

IN ATTENDANCE:

Chief Executive, Chief Officer (Governance), Chief Officer (Planning, Environment and Economy), Chief Officer (Streetscene and Transportation), Corporate Finance Manager, Senior Manager – Children and Workforce, Strategic Performance Advisor, and Team Leader – Democratic Services.

OTHER MEMBERS IN ATTENDANCE:

Councillors Ian Dunbar and Patrick Heesom.

APOLOGY:

Councillor Derek Butler.

78. DECLARATIONS OF INTEREST

None were declared.

79. MINUTES

The minutes of the meeting held on 16th November 2021 were submitted and confirmed as a correct.

RESOLVED:

That the minutes of the meeting be approved as a correct record.

80. MEDIUM TERM FINANCIAL STRATEGY AND ANNUAL BUDGET 2022/23

The Chief Executive introduced the report which provided an update on the additional budget requirement for 2022/23 in advance of receipt of the Welsh Local Government Provisional Settlement and the formal budget setting process.

The Corporate Finance Manager explained that an additional budget requirement of £16.750m was reported to Cabinet and Corporate Resources Overview and Scrutiny Committee in July. All cost pressures were considered by the relevant Overview and Scrutiny Committees in September and October and all were supported with no recommended changes. At Cabinet in October, Members were advised of an updated additional budget requirement of £18m due to various changes, the most significant of which being the increase in Employer National Insurance contributions from 1st April 2022. Since then, further work had been undertaken on pay and inflation assumptions and notification had been received of

the draft budget increase from North Wales Fire and Rescue Service. The impact of those, and other adjustments to existing cost pressures, had increased the additional budget requirement to existing cost pressures and had increased the additional budget requirement to £20.696m as detailed in Table 1 in the report. Changes to additional budget requirements from Stage 1 in July were detailed in Table 2 in the report.

The report also advised that the revised minimum additional budget requirement for 2022/23 of £20.696m equated to an uplift in Welsh Government (WG) Grant of a minimum of 7%.

This was in line with other Councils across North Wales and a letter to WG had been sent by the six North Wales Council Leaders and Chief Executives in advance of the Provisional Settlement which was appended to the report. The Settlement was due to be received on 21st December 2021.

RESOLVED:

- (a) That the revised additional budget requirement and changes to cost pressures be received and noted; and
- (b) That the solutions strategy and the required increase in Aggregate External Finance funding prior to the receipt of the Provisional Settlement be noted.

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

Councillor Mullin introduced the report and explained that it presented a summary of performance at the mid-year point.

The Chief Executive said that it showed that 70% of activities were making good progress with 73% likely to achieve their planned outcomes. 53% of the performance indicators had met or exceeded their targets, with 2% being closely monitored and 20% were currently not meeting target. The remaining 25% accounted for measures which were new and being monitored as a baseline year.

The Strategic Performance Advisor added that the report was an exception-based report and concentrated on under-performance against target.

Councillor Roberts wished to place on record thanks to all staff across the Council for the efforts made during the pandemic, adding that services would also continue to run throughout the Christmas period. The Chief Executive concurred with those comments and said the authority owed the staff an extreme debt of gratitude. All Members also paid tribute to all staff.

RESOLVED:

- (a) That the following be endorsed and supported:
 - The overall levels of progress and confidence in the achievement of activities within 2021/22 Council Plan

- The overall performance against 2021/22 Council Plan performance indicators
- (b) That Members be assured by plans and actions to manage the delivery of the 2021/22 Council Plan and by the explanations given for those areas identified where underperformance had been identified.

82. DRAFT COUNCIL PLAN 2022/23

Councillor Mullin introduced the report and explained that it showed the key priorities of the Council for the five year term of the new administration. The Plan was subject to annual review.

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

The 'super-structure' of the Plan continued to be aligned to a set of six Well-being Objectives. The six themes continued to take a long term view of recovery, ambition and work over the next two years. The outline of the Council Plan for 2022/23 including the six themes, their priorities and actions was appended to the report.

RESOLVED:

That the developed themes and priorities of the Council Plan 2022/23 Part 1 draft be agreed.

83. HOUSING STRATEGY AND ACTION PLAN

Councillor Hughes introduced the report which provided an annual update on progress towards meeting the priorities set out in the Local Housing Strategy 2019/24.

The Housing Strategy had an action plan that set out three priorities with key areas for action within each priorities:

Priority 1: Increase supply to provide the right type of homes in the right location

Priority 2: Provide support to ensure people live and remain in the right type of home

Priority 3: Improve the quality and sustainability of homes.

Each of the priorities were detailed in the report, along with how those priorities would be addressed in the action plan.

RESOLVED:

That the Progress Action Plan October 2021 be noted.

84. ESTABLISHING THE CORPORATE JOINT COMMITTEE FOR NORTH WALES

Councillor Mullin introduced the report and explained that the Local Government and Elections (Wales) Act 2021 gave Ministers the power to create a new type of regional body called a Corporate Joint Committee (CJC). Ministers had mandated the creation of four CJsCs across Wales, with each having the same four functions: economic well-being; preparing a Strategic Development Plan; transport and improving education. The precise governance arrangements for each CJC were to be settled by the body itself.

The Chief Executive added that the CJC for North Wales was created on 1st April 2021 and its functions would come into force on 30th June 2022. It must set its outline budget for its first year of operation by the end of January 2022. It was therefore now necessary for the CJC to outline its governance arrangements. The economic well-being function encompassed the purpose for which the North Wales Economic Ambition Board (NWEAB) was created. The strategic planning and transport functions would influence the NWEAB's role as well and so it was important that the new body took account of, and dovetailed with, the existing regional governance structures. Proposals for the governance structure were appended to the report.

The Chief Officer (Governance) added that Snowdonia National Park Authority was an additional voting member of the CJC, but only on matters relating to the strategic planning function and its budget.

Councillor Johnson welcomed the report, particularly the Councils and the CJC having concurrent powers in relation to promoting economic well-being, and the wider duties which underpinned the proposals.

In response to a question from Councillor Bithell on there being a requirement for a host authority for strategic planning, and one for strategic transport, the Chief Executive explained that Flintshire currently worked strategically on transportation so the required skills were available if Flintshire was asked to be the host authority for strategic transport.

Councillor Banks also welcomed the report and asked if it would be a future topic for a Member workshop. The Chief Executive explained that this was an evolving piece of work and reports would be submitted on a regular basis to Overview and Scrutiny and to Cabinet.

The Chief Officer (Governance) added that the report was being considered by all six Councils and so was in a common format to ensure consistent presentation of the issues to each Council.

RESOLVED:

- (a) That the functions of the North Wales Economic Ambition Board be agreed in principle to be transferred by way of a delegation agreement to the North Wales Corporate Joint Committee on condition:

- a) that the statutory framework that the Welsh Government are developing allows for the delegation of the relevant executive functions to a Corporate Joint Committee
 - b) that the North Wales Corporate Joint Committee agrees to the establishment of a Sub-Committee, with membership to be agreed with the Councils, to undertake the functions of the Economic Ambition Board
- (b) That the transition be agreed in order to achieve a streamlined governance model, avoiding duplication. A further detailed report on the framework for implementation will be presented to a subsequent meeting of the Cabinet.

85. REVENUE BUDGET MONITORING 2021/22 (MONTH 7)

Councillor Johnson introduced the report which provided the latest detailed revenue budget monitoring position in 2021/22 for the Council Fund and Housing Revenue Account for the financial year and presented the position, based on actual income and expenditure, as at Month 7.

The report projected how the budget would stand at the close of the financial year, without new actions to reduce cost pressures and/or improve the financial return on efficiency planning and cost control was:

Council Fund

- An operating surplus of (£0.655m) (excluding the impact of the NJC pay award which would be met by reserves) which was a favourable movement of (£0.428m) from the surplus figure of (£0.227m) reported at Month 6
- A projected contingency reserve balance as at 31st March 2022 of £6.543m

Housing Revenue Account

- Net in-year revenue expenditure forecast to be £0.539m higher than budget
- A projected closing balance as at 31st March 2022 of £3.933m

The Corporate Finance Manager explained that the report also detailed the position by portfolio; significant variances that month; achievement of planned in-year efficiencies; emergency funding, unearmarked reserves and earmarked reserves.

During 2021/22 to date, additional cost claims under the Hardship Fund for April to October had totalled £6.192m and Quarter 1 and 2 Income Loss claims were £1.096m, which included claims for Aura, Newydd and Cambrian Aquatics.

RESOLVED:

- (a) That the estimated financial impact on the 2021/22 budget be noted; and
- (b) That a budget virement of £2.731 for Centralised Utility Costs from the Housing and Assets Portfolio to Central and Corporate Finance be approved.

87. FLINTSHIRE MICRO-CARE PROJECT

Councillor Jones introduced the report and explained that, like many local authorities, Flintshire faced pressures in meeting the increased demand for social care, with a growing older population and care agencies finding it difficult to recruit and retain employees. Delivering care into more rural parts of the County could be particularly problematic.

Following a feasibility study a pilot Micro-care enterprise had been established to innovatively tackle the problem of the supply of care and the authority had been successful in bidding for funding from both Cadwyn Clwyd and the Welsh Government (WG) to support the implementation of the project.

Micro-care enterprises were defined as small companies with five employees, many of which were sole traders, providing care or care-related services to the citizens of Flintshire. The pilot scheme to date had successfully supported 22 individuals to set up and operate as an independent care business. In September 2021, those businesses were delivering to 79 clients and delivered an average of 497 hours of care, support or well-being. Of the 497 hours, 420 were for personal care and 77 hours were for well-being type services e.g. cleaning, shopping and companionship.

The scheme had met all its key performance indicator targets for both funders and due to its success had been funded for a further 12 months by WG Foundational Economy Fund for 2021/22. That would be used to continue the Micro-care scheme and grow the number of micro businesses established and delivering care across the county.

The Senior Manager – Children and Workforce said that following an early evaluation of the scheme it had been identified that Micro-care in Flintshire was already making a significant contribution to the care market. It was creating sustainable jobs and more localised care solutions for people. Feedback from clients, families and Council officers had been extremely positive.

The Chief Executive complemented the service for the innovative initiative which created resilience in a market that was under pressure and welcomed that it would add value to the community.

Councillor Bithell welcomed the report which demonstrated that suitable care services for individual needs would be provided. He asked how training would be provided for the people undertaking the work and the Senior Manager – Children and Workforce explained that quality training had been developed and the service would ensure it was fully rolled out.

RESOLVED:

That progress made in rolling out the innovative Micro-care pilot and the positive contribution the scheme was making in meeting the demand for care in Flintshire continue to be supported.

88. CASHLESS PAYMENT SOLUTION FOR CAR PARKING

Councillor Banks introduced the report and explained that since the county wide introduction of car parking charges in 2015, the only method of payment for parking was at a pay and display machine located within the car park. Those machines only offered a coin payment solution which required the customer to have the correct amount of money to purchase their pay and display tickets as the machines could not dispense change.

To improve the customer experience, there was an option to introduce a cashless payment solution as an alternative to pay and display machines and to complement the existing cash payment method. This was a pay by phone solution which had already been introduced in all other North Wales authorities' car parks and it offered a secure way of paying for parking via the internet, SMS, telephone or by an app on a smartphone.

The Chief Officer (Streetscene and Transportation) added that there was a requirement for the customer to register with the service provider as a first time user. The solution provided a convenient method of payment on the day, but the customer could also extend to longer stay parking options, such as to a week or a month, and a season ticket.

Customers would not have to display a parking ticket and could pay to extend their stay without having to return to their car by paying a small fee.

There was no initial set up fee and the signage and back office system were provided free of charge. Coin payments would continue to be accepted in all car parks.

Councillor Johnson welcomed the report and the information on other towns and cities where the app could be used.

RESOLVED:

That the implementation of a cashless payment solution for car parking charges be supported.

89. EXERCISE OF DELEGATED POWERS

An information item on the actions taken under delegated powers was submitted. The actions were as set out below:-

Housing and Assets

- **Community Asset Transfer, Holywell Public Convenience, Tower Gardens, Holywell**
This relates to the Community Asset Transfer of Holywell public convenience. Tower Gardens, Holywell.

Streetscene and Transportation

- **Disposal of Surplus Building**
Declaring Surplus to Requirements – Flintshire County Council building known as Holywell Public Convenience. Tower Gardens, Holywell. The transfer of the building will be as a Community Asset Transfer to Holywell Town Council on a 27 year lease.
- **The Flintshire County Council (Ffordd Glyndwr, Ffordd Owen and Ffordd Edwin, Northop) (One Way Traffic) Order 20-**
To advise Members of the objections received following the advertisement of the proposed One Way Order, on the roads listed above.

Education and Youth

- **Bryn Tirion, Charmley's Lane, Shotton**
To request that the Bryn Tirion site be declared surplus to the requirements of Education and Youth Service.

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985 – TO CONSIDER THE EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED:

That the press and public be excluded for the remainder of the meeting for the following items by virtue of exempt information under paragraph(s) 14 of Part 4 of Schedule 12A of the Local Government Act 1972 (as amended).

90. NORTH WALES SUPPORTED LIVING FRAMEWORK – FLINTSHIRE SUPPORTED LIVING COMMISSIONING

Councillor Jones introduced the report and explained that, in accordance with the local authorities Contract Procedure Rules, due to the projected value of two contracts, Cabinet approval was required to progress with the tender exercise and contract award.

RESOLVED:

- (a) That approval be given to adopt the North Wales Supported Living Framework for the two prospective Supported Living commissioning exercises for seven placements; and
- (b) That the proposal to commission the Supported Living Services, as per the Contract Procedure Rules that require Cabinet approval for the award of contracts with a value of over £2 million, be approved.

91. MEMBERS OF THE PRESS AND PUBLIC IN ATTENDANCE

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

(The meeting commenced at 10.00 a.m. and ended at 11.20 a.m.)

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Chair

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CABINET

Date of Meeting	Tuesday, 18 th January 2022
Report Subject	Medium Term Financial Strategy and Budget 2022/23 – Welsh Local Government Provisional Settlement
Cabinet Member	Cabinet Member for Finance, Social Value and Procurement
Report Author	Corporate Finance Manager and Chief Executive
Type of Report	Strategic

EXECUTIVE SUMMARY

Cabinet received an update of an additional budget requirement of £20.696m for the 2022/23 financial year at its meeting on 14 December. The update was in advance of receipt of the Welsh Local Government Provisional Settlement which was received on 21 December.

This report updates on the key headlines and financial impacts of the Welsh Local Government Provisional Settlement in advance of the final stage of the formal budget setting process in February.

The 2022/23 Provisional Settlement will contribute £19.559m towards the previously reported additional budget requirement of £20.696m.

However, the additional budget requirement will need to increase significantly to take account of the need to meet the impacts of all of the issues identified in the report including Pay Awards / Real Living Wage and the continuation of additional costs and lost income arising from the pandemic following the cessation of the Welsh Government Hardship Fund at the end of March 2022.

A legal and balanced budget for 2022/23 will need to be recommended by Cabinet to Council once all of the work on the above issues has been concluded.

RECOMMENDATIONS

1	That Cabinet notes the financial implications of the Welsh Local Government Provisional Settlement and the remaining work which needs to be completed prior to agreeing a set of recommendations for Council to set a legal and balanced budget in February.
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REPORT DETAILS

1.00	EXPLAINING THE COUNCIL FUND REVENUE BUDGET 2022/23																						
1.01	<p>Cabinet received an update of an additional budget requirement of £20.696m for the 2022/23 financial year at its meeting on 14 December. The update was in advance of receipt of the Welsh Local Government Provisional Settlement which was received on 21 December – Table 1 below shows the updated additional budget requirement presented at the meeting.</p> <p>Table 1 – Additional Budget Requirement</p> <table border="1"><thead><tr><th rowspan="3">Summary of Pressures</th><th>2022/23</th></tr><tr><th>L</th></tr><tr><th>£m</th></tr></thead><tbody><tr><td>Prior Year Decisions / Approvals</td><td>0.806</td></tr><tr><td>Income Loss</td><td>0.200</td></tr><tr><td>Legislative / Unavoidable Indexation</td><td>1.821</td></tr><tr><td>National Resolution</td><td>3.307</td></tr><tr><td>National Funding Requirement (Pay)</td><td>7.756</td></tr><tr><td>Strategic Decisions</td><td>5.699</td></tr><tr><td>New Posts - Capacity</td><td>0.864</td></tr><tr><td>New Posts - Other (Under Review)</td><td>0.243</td></tr><tr><td>Total Pressures</td><td>20.696</td></tr></tbody></table>	Summary of Pressures	2022/23	L	£m	Prior Year Decisions / Approvals	0.806	Income Loss	0.200	Legislative / Unavoidable Indexation	1.821	National Resolution	3.307	National Funding Requirement (Pay)	7.756	Strategic Decisions	5.699	New Posts - Capacity	0.864	New Posts - Other (Under Review)	0.243	Total Pressures	20.696
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1.02	This report updates on the key headlines and financial impacts of the Welsh Local Government Provisional Settlement in advance of the final stage of the formal budget setting process in February.																						

2.00	THE WELSH LOCAL GOVERNMENT PROVISIONAL SETTLEMENT
2.01	The Welsh Local Government Provisional Settlement was announced on 21 December as planned with responses to the consultation on the settlement invited by the deadline of 8 February. A summary of the key headlines is set out below.

2.02	<p>Standard Spending Assessment (SSA)</p> <p>The provisional SSA for 2022/23 is £327.770m which is an increase of £29.080m (9.7%) on the SSA for 2021/22 of £298.689m.</p>
2.03	<p>Aggregate External Finance (AEF)</p> <p>The provisional AEF for 2022/23 is £232.174m which when compared to the <i>adjusted</i> 2021/22 AEF figure of £212.608m represents an <i>increase</i> of £19.566m (9.2%). The All Wales average is an <i>increase</i> of 9.4%.</p> <p>The provisional AEF represents a cash uplift of £25.396m (12.3%) over the 2021/22 AEF of £206.778m (before taking into account the transfers in shown in para 2.04).</p>
2.04	<p>Transfers Into the Settlement</p> <p>There are two transfers into the settlement:</p> <ul style="list-style-type: none"> • North Wales Regional Waste Treatment Project Gate Fees - £5.620m • Social Care Workforce Grant - £0.217m <p>These two transfers will need to be added to the budget of the relevant portfolio so will increase the overall additional budget requirement shown in Table 1.</p>
2.05	<p>Funding Per Capita</p> <p>The AEF allocation provides an amount of £1,476 per capita compared to the Welsh average of £1,611 - a ranking of 20th out of the 22 Welsh councils (20th in 2021/22).</p>
2.06	<p>Additional Funding (Floor)</p> <p>There is no additional 'floor' funding included this year to protect those councils who fall well below the Welsh average uplift.</p>
2.07	<p>Indicative Allocations for future years</p> <p>The 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.</p>
2.08	<p>IMPACT OF THE SETTLEMENT ON THE BUDGET 2022/23</p> <p>Whilst the annual uplift in AEF represents a significant increase in cash terms there will still be significant challenges to address when setting the budget for 2022/23 which will require a significant amount of urgent and prioritised work as set out below:</p>
2.09	<p>Funding for Pay Awards</p> <p>It is clear that the allocation provided for 2022/23 will need to cover in full the impacts of all pay awards (Teacher and Non Teacher) as well as the national expectation for Councils to implement the Real Living Wage.</p>

	<p>The Office of Budget Responsibility's latest forecast predicts average earnings growth of 4% for 2022/23 - therefore urgent consideration is needed on the level of budget provision to be provided to meet the costs of future pay awards that are currently unknown.</p>
2.10	<p>Real Living Wage</p> <p>The settlement makes specific reference to the requirement that authorities need to introduce the Real Living Wage and includes the following statement:</p> <p><i>"In making decisions about the level of funding for local government I have responded to the need to ensure that hardworking staff receive well deserved pay rises in the future. In particular I have included funding to enable authorities to meet the additional costs of introducing the Real Living Wage for care workers as set out by the Deputy Minister today. This allocation includes a transfer of £5m for which the base of the settlement has been adjusted, from the Social care Workforce and Sustainability grant".</i></p> <p>Implementation of the Real Living Wage may have significant cost implications for the Council, not just for our own employees but for those within the Independent Sector from whom we commission care.</p>
2.11	<p>Cessation of the Hardship Fund</p> <p>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. Therefore, the continuation of additional costs and lost income will need to be borne by the Council in 2022/23. The claims made in the current financial year up until the end of November total £6.9m with lost income claims for the first half of the year being £1.1m. An urgent risk assessment of these claims is currently being undertaken.</p>
2.12	<p>Review of key cost pressures at the minimum level</p> <p>The additional budget requirement of £20.696m reported to Cabinet in December included a number of significant financial risks and was based on the minimum level and below in-year demand levels.</p> <p>Some of the key financial risks include Social Care commissioning and Out of County Placements that will need to be reviewed based on current demand and inflationary impacts.</p>
2.13	<p>Specific Grants</p> <p>The settlement provided information on the amounts of specific grants at an All Wales Level with some details of potential increases and decreases - analysis of the impacts of major changes is currently being undertaken.</p> <p>Some significant changes include the Social Care Recovery Grant which we have received in 2021/22 and is not continuing into 2022/23 and the Integrated Care Fund Grant which is currently under discussion with a potential reduction which may lead to additional cost pressures.</p>

2.14	<p>Inflation</p> <p>Current inflation levels and future forecasts are running at the highest levels for some time (Consumer Price Index (CPR) inflation is currently at 5.1%) so impacts on council services and external partners will need to be reviewed in detail.</p>										
2.15	<p>Planning over the Medium Term</p> <p>For the first time in a number of years the 2022/23 provisional settlement gave indicative allocations for the next two years.</p> <p>Whilst this is welcomed the indicative annual uplifts in AEF of 3.5% and 2.4% for 2023/24 and 2024/25 respectively are significantly less than 2022/23 and will provide a significant challenge to meet the inevitable inflationary and demand impacts of Council Services.</p> <p>Therefore, it will be essential that decisions made as part of the budget for 2022/23 are considered in the context of the medium term position to build in resilience to meet the challenges of the inevitable cost pressures that will arise in subsequent years.</p>										
2.16	<p>SUMMARY AND CONCLUSIONS</p> <p>The 2022/23 Provisional Settlement will contribute £19.559m towards the previously reported additional budget requirement of £20.696m.</p> <p>However, the additional budget requirement will need to increase significantly to take account of the need to meet all the impacts of the issues identified in the report including Pay Awards / Real Living Wage and the continuation of additional costs and lost income arising from the pandemic following the cessation of the Welsh Government Hardship Fund in March 2022.</p> <p>A legal and balanced budget for 2022/23 will need to be recommended by Cabinet to Council once all of the work on the above issues has been concluded.</p>										
2.17	<p>Budget Timeline</p> <table border="1" data-bbox="300 1485 1366 1675"> <thead> <tr> <th data-bbox="300 1485 687 1525">Date</th> <th data-bbox="695 1485 1366 1525">Event</th> </tr> </thead> <tbody> <tr> <td data-bbox="300 1525 687 1565">18 January 2022</td> <td data-bbox="695 1525 1366 1565">Cabinet – Budget Review</td> </tr> <tr> <td data-bbox="300 1565 687 1606">8 February 2022</td> <td data-bbox="695 1565 1366 1606">Deadline for responses to the Settlement</td> </tr> <tr> <td data-bbox="300 1606 687 1646">15 February 2022</td> <td data-bbox="695 1606 1366 1646">Cabinet and Council – Budget Setting</td> </tr> <tr> <td data-bbox="300 1646 687 1675">1 March 2022</td> <td data-bbox="695 1646 1366 1675">Welsh Government Final Budget/Settlement</td> </tr> </tbody> </table>	Date	Event	18 January 2022	Cabinet – Budget Review	8 February 2022	Deadline for responses to the Settlement	15 February 2022	Cabinet and Council – Budget Setting	1 March 2022	Welsh Government Final Budget/Settlement
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3.00	RESOURCE IMPLICATIONS
3.01	<p>Revenue: the revenue implications for the 2021/22 budget are set out in the report.</p> <p>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</p>

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	Consultation has taken place with Portfolio Management Teams and the Chief Officer Team, The Finance Team, Cabinet Members, Group Leaders and Members and Scrutiny Committees.

6.00	APPENDICES
6.01	None.

7.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
7.01	Cabinet Report 13 July 2021 Scrutiny Reports September/October 2021 Cabinet Report 14 December 2021

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.



CABINET

Date of Meeting	Tuesday, 18 th January 2022
Report Subject	North Wales Population Needs Assessment and Market Stability Report
Cabinet Member	Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Strategic

EXECUTIVE SUMMARY

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

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

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

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

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

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

RECOMMENDATIONS

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

REPORT DETAILS

1.00	EXPLAINING THE POPULATION NEEDS ASSESSMENT AND MARKET STABILITY REPORT
1.01	<p>Section 14 of the Social Services and Wellbeing Act (2014) requires local authorities and health boards to jointly assess:</p> <ul style="list-style-type: none">a) The extent to which there are people in a local authority's area who need care and supportb) The extent to which there are carers in the local authority's area who need supportc) The extent to which there are people in a local authority's area whose needs for care and support are not being metd) The range and level of services required to meet the care and support needs of people in the local authority's areae) The range and level of services required to achieve the purposes in Section 15(2) (preventative services) in the local authority area <p>The actions required to provide the range and level of services identified in accordance with paragraphs (d) and (e) through the medium of Welsh.</p>
1.02	<p>The report must cover as a minimum the following themes / groups:</p> <ul style="list-style-type: none">- Children and young people- Older People- Health, Physical Disability and Sensory Impairment- Learning Disabilities (Children and Adults)- Autism- Mental Health- Carers
1.03	<p>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:</p> <ul style="list-style-type: none">- The Welsh language (the 'active offer')- Equalities and Human Rights- Socio-economic considerations- Impact of COVID-19 pandemic- Safeguarding considerations

	<ul style="list-style-type: none"> - 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	<p>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.</p> <p>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.</p>
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	<p>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.</p> <p>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.</p>
1.12	<p>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.</p> <p>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.</p> <p>We will continue to gather the information needed and engage with our local providers to inform the regional Market Stability Report.</p>
1.13	<p>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.</p>
1.14	<p>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.</p>

2.00	RESOURCE IMPLICATIONS
2.01	<p>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.</p>

	<p>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.</p>
2.02	<p>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.</p>

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT	
3.01	<p>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.</p>	
3.02	<p>The information from the Population Needs Assessment will support the development of the next Flintshire Wellbeing Plan.</p>	
3.03	Ways of Working (Sustainable Development) Principles Impact	
	Long-term	<p>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.</p>
	Prevention	<p>The assessment will look at data where trends will be identified, where responses can be put in place. This will include preventative services.</p>
	Integration	<p>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.</p>
	Collaboration	<p>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.</p>

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

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

5.00	APPENDICES
5.01	Appendix 1 - DRAFT - North Wales Population Needs Assessment
5.02	Appendix 2 - Engagement Report
5.03	Appendix 3 - North Wales Population Assessment Governance structure

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

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

8.00	GLOSSARY OF TERMS
	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>Regional: The 6 Counties in the North Wales region and the Health Board</p>

Social Services and Well-being (Wales) Act 2014: The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales.

Well-being: Reference to well-being in the Act means the well-being of an individual who needs care and support or carer who needs support in relation to any of the following aspects:

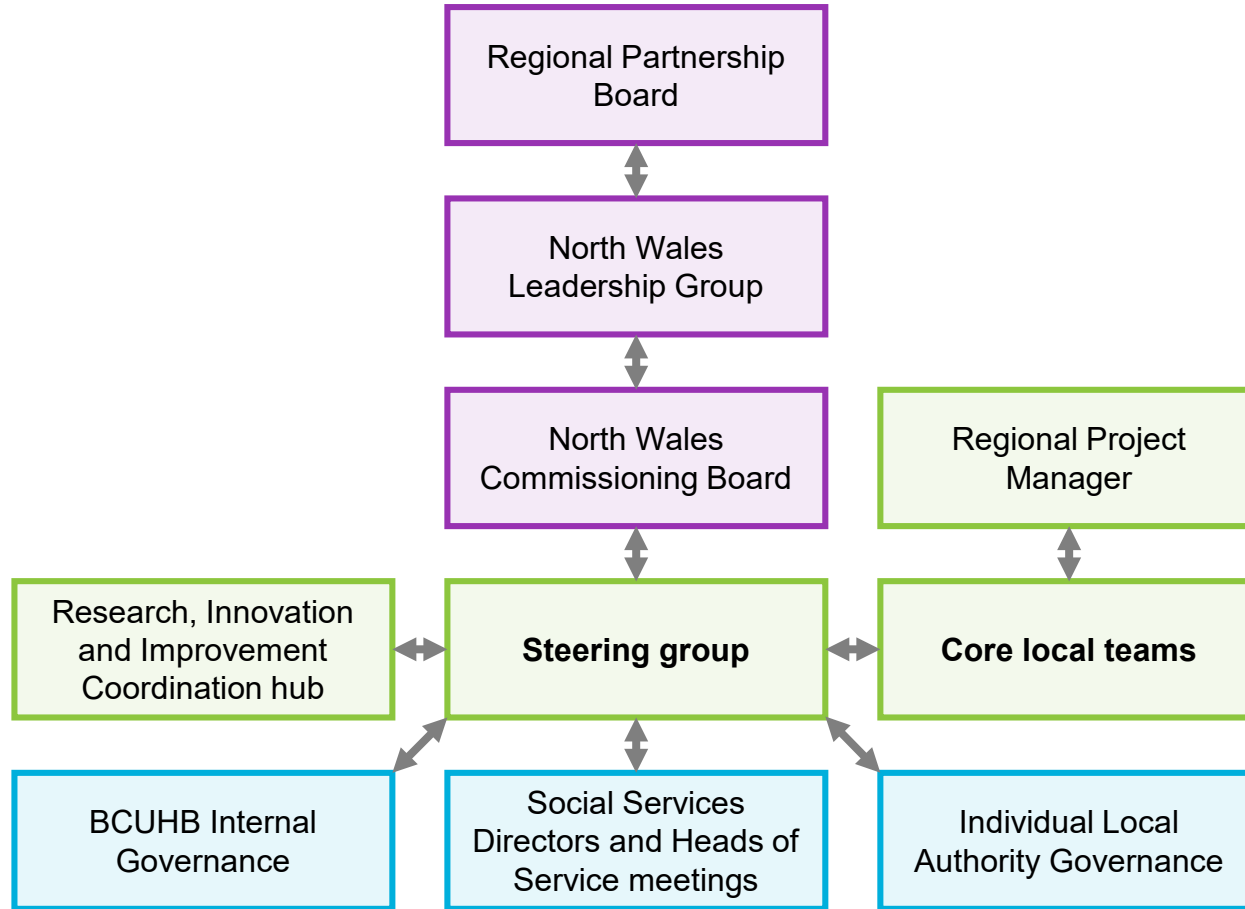
- Physical and mental health and emotional well-being
- Protection from abuse and neglect
- Education, training and recreation
- Domestic, family and personal relationships
- Contribution made to society
- Securing rights and entitlements
- Social and economic well-being
- Suitability of living accommodation

In relation to a child, “well-being” also includes:

- physical, intellectual, emotional social and behavioural development
- “welfare” as that word is interpreted for the purposes of the Children Act 1989

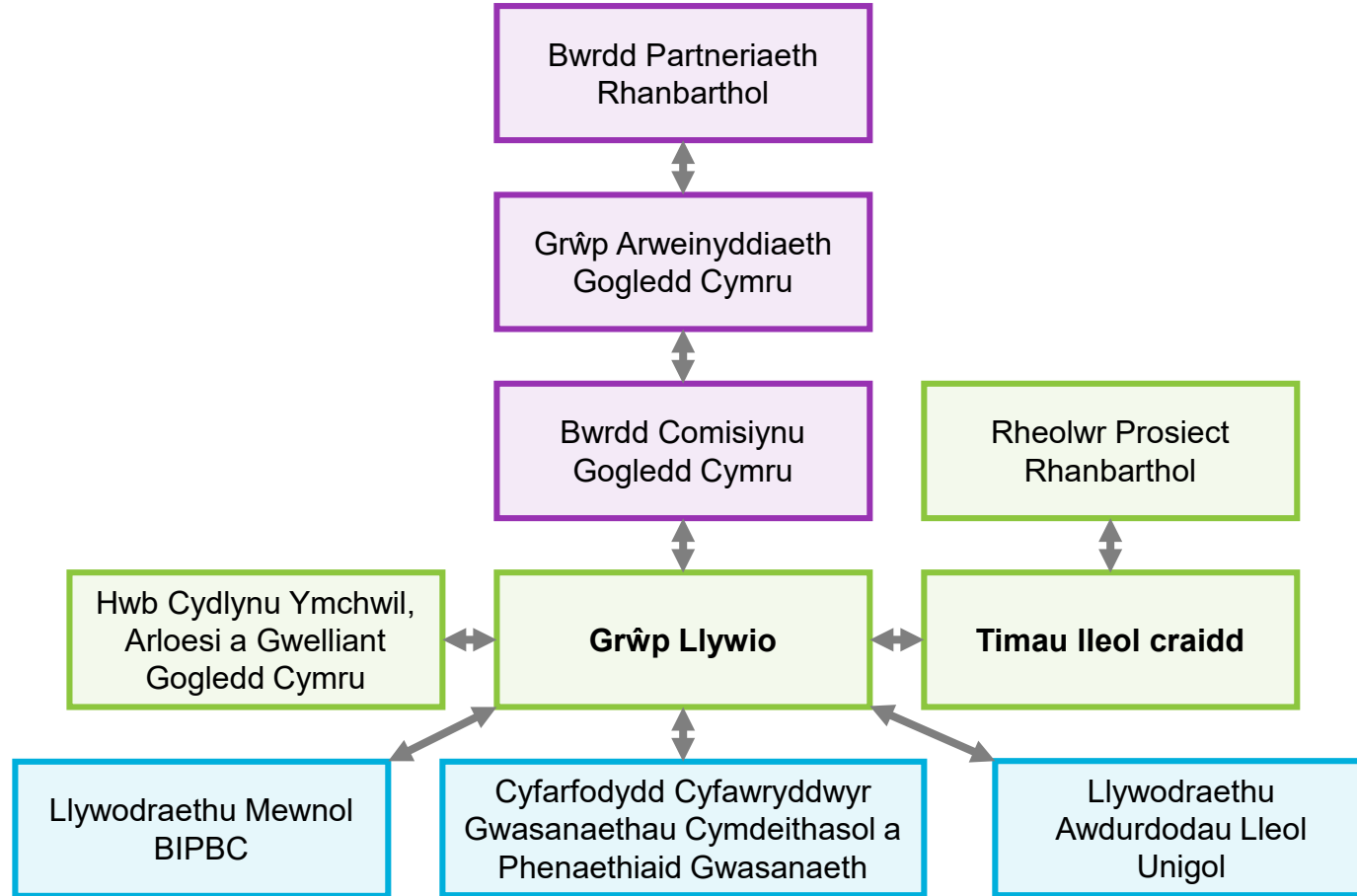
Well-being of Future Generations (Wales) Act 2015: The Well-being of Future Generations Act is about improving the social, economic, environmental and cultural well-being of Wales. It will make the public bodies listed in the Act think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach. This will help us to create a Wales that we all want to live in, now and in the future.

PNA/MSR governance structure



PNA/MSR governance structure

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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales Population Needs Assessment

April 2022 Draft



Contact Us

North Wales Social Care and Well-being Improvement Collaborative

Address: County Hall, Wynnstay Road, Ruthin, LL15 1YN

Email: sarah.bartlett@denbighshire.gov.uk

lowri.roberts@denbighshire.gov.uk

Phone: 01824 712622

Links for Guidance

Part 2 Code of Practice

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

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Foreword

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

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

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

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

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

1. Introduction

1.1 Background

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

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

1.2 Purpose of the population needs assessment

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

The population needs assessment will:

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

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

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

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

1.3 Research methods

The research methods include:

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

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

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

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

1.4 Consultation and engagement

Within the Code of Practice for the development of a population needs assessment it states that local authorities and partners must work with people to identify what matters to them. A priority for all partners is the principle of co-production, as a result the development of the population needs assessment has been engagement led.

The project itself has undertaken a large scale regional consultation and engagement exercise based on the national principles for public engagement in Wales and principles of co-production which informed our engagement and consultation plan.

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

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

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

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

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

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

A detailed [consultation report](#) has been produced which details the consultation process and methods adopted.

1.5 Project governance

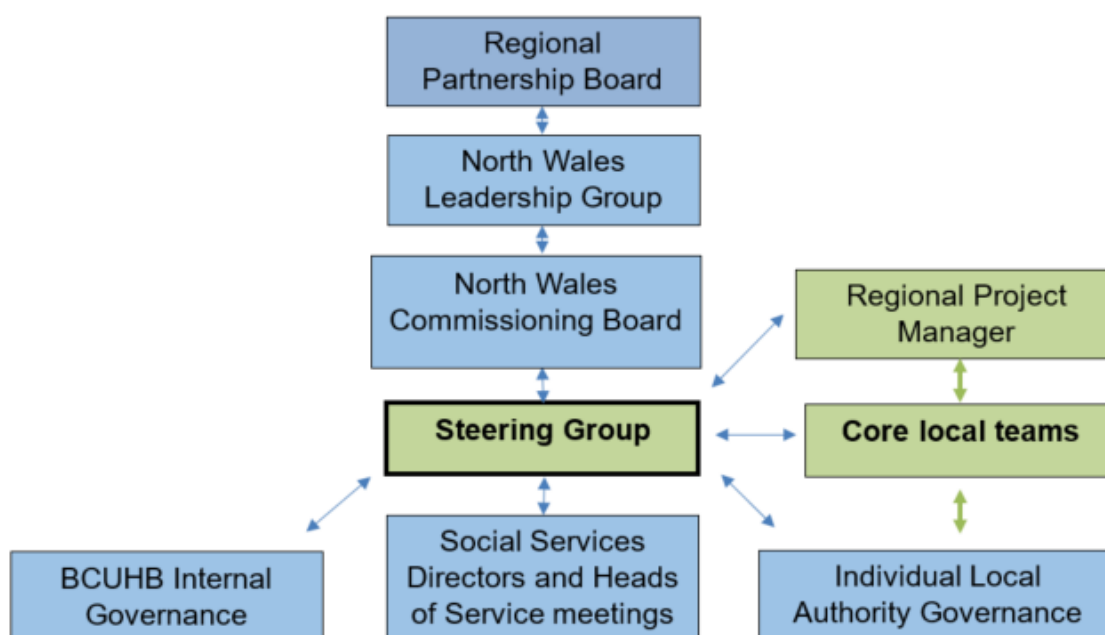
The Regional Partnership Board tasked the North Wales Commissioning Board with oversight of the project. They established a regional Steering Group to coordinate the development of the population needs assessment. In addition, there were sub-groups such as a data working group and an engagement working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

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

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

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

Diagram 1: Project governance arrangements



1.6 What happens next – strategic planning

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

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

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

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

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

1.7 Limitations, lessons learnt and opportunities

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

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

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

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

Some of the limitations of this report are:

- **Census data:** The most recent census was undertaken in 2021, the data release for the census is in late Spring 2022 at the earliest. As a result, some data within this needs assessment is still reliant on the 2011 census data, which has been updated with any other data sets wherever that has been possible. On the release of the census data this assessment will be reviewed to reflect the most recent information available.
- **Local data:** Much of the data available to inform the report was available at a local authority, regional or national level making it difficult to identify needs at smaller geographies and differences within local authority boundaries. This will be addressed by the production of more detailed local needs assessments to supplement the regional report.
- **Service mapping:** The assessment is not intended to be a detailed mapping exercise of all services available but high level overviews are provided within each of the sections.
- **Links to other assessments / strategies:** The needs assessment will help inform the upcoming regional Market Stability Report. Links have also been made with the development of the Well-being assessments specifically where overlaps have been identified. Although some of the work has happened in parallel clearer connections will emerge as the assessments are published.
- **Hidden care and support needs:** There are people who have care and support needs but have fallen outside of or have not been identified in the report chapters. The chapters and groups covered within this assessment meet the requirements of the code of practice but decision makers are to be mindful there may be other groups that have a care and support need.

1.8 Further Information

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

northwalescollaborative@denbighshire.gov.uk /
cydweithredfagogleddcymru@sirddinbych.gov.uk

2. Approach to the population needs assessment

2.1 Report arrangement

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

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

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

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

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

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

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

2.2 Welsh language considerations

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

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

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

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

Topics of focus within that task and finish group include:

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

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

2.3 Equalities and human rights

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

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

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

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

2.4 Socio-economic duty

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

“Living in less favourable social and economic circumstances than others in the same society”

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

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

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

2.5 Social value

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

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

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

- Type 1: There is a clear intention that social care and preventative services should deliver “what matters” to citizen users and carers, using co-productive methods: that is, co-designing, co-delivering and co-evaluating services *with* users and carers. This intention is explicitly expressed in two of the Act’s key principles: Well-being Outcomes and Co-production.
- Type 2: There is explicit encouragement for “added value”, although the references are quite light touch: the core value to be attained is “what matters” to the users and carers.
- Type 3: The Section 16 duty clearly promotes the five types of “social value models” – and the main rationale for this is that these “models” are, by constitution or design, geared towards the use of co-productive methods and the delivery of “what matters”. To a lesser extent, they are also promoted because of their potential to deliver “added value”.

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

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

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

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

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

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

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

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

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

2.6 Safeguarding

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

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

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

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

Table 1: Adults at risk by local authority area

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

[*Source StatsWales](#)

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

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

Table 2: Children on the child protection register

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

[*Source StatsWales](#)

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

2.7 Violence against women, domestic abuse and sexual violence

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

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional
- Controlling behaviour
- Coercive behaviour

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

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

The [North Wales Vulnerability and Exploitation Strategy 2021-2024](#) can be accessed via this link.

2.8 Covid-19

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

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

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

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

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

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

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

Key issues and themes identified within the report include:

- Poverty has been a key determinant in the pandemic, from mortality rates to the risk of losing employment and income, educational attainment and overcrowded / poor housing. People from certain ethnic groups, children, disabled people, carers are all more likely to experience poverty.
- Men, older people, people from Black, Asian and minority ethnic groups, people with existing health conditions, disabled people and people living in deprived areas have higher coronavirus mortality rates.
- Almost half of the lowest earners in Wales are employed in sectors that were required to ‘shut down’.
- Children with the lowest educational attainment before the pandemic will have fallen further behind their peers including boys, children of certain ethnicities and those with additional learning needs

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

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

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

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

What people are telling us: Impact of Covid-19

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

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

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

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

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

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

“It just stopped everything, so what was a two-year wait is now almost four.”

“Services for autistic people or people with learning disabilities went from being barely there, to non-existent.”

“My day services have been closed so I have been very bored during the day.”

“Could not get any help during Covid lockdown, only got allocated a Social Worker after numerous calls and pleas after restrictions were lifted a little.”

“There is a lack of things to do with support for physically disabled people with also a dementia diagnosis. It feels like a very forgotten sector of society.”

“Less people within vehicles for transport, reducing our ability to get people with learning difficulties to and from work.”

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

3. North Wales overview

3.1 What does North Wales look like?

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

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

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

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

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

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

[*Source StatsWales](#)

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

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

Table 4: Age profile by local authority

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

[*Source StatsWales](#)

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

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

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

[*Source StatsWales](#)

Source: 2018-based population projections, Welsh Government

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

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

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

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

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

[*Source StatsWales](#)

Source: 2018-based population projections, Welsh Government

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

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

[*Source StatsWales](#)

Source: 2018-based population projections, Welsh Government

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

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

[*Source StatsWales](#)

Source: 2018-based population projections, Welsh Government

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

3.2 Welsh language profile of North Wales

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

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

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

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

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

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

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

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

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

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

Table 9: Welsh speakers by local authority

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

[*Source: Stats Wales Annual Population Survey 2021 \(ending June 2021\)](#)

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

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

Table 10: Welsh educational settings by local authority area

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

[*StatsWales PLASC Data 2020/21](#)

What people are telling us about Welsh language services

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

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

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

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

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

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

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

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

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

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

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

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

“Welsh speakers are essential for Anglesey and Gwynedd settings. All the council’s residential homes have Welsh speaking staff, and all staff are encouraged to speak or learn Welsh.”

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

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

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

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

3.3 Poverty, deprivation and socioeconomic disadvantage

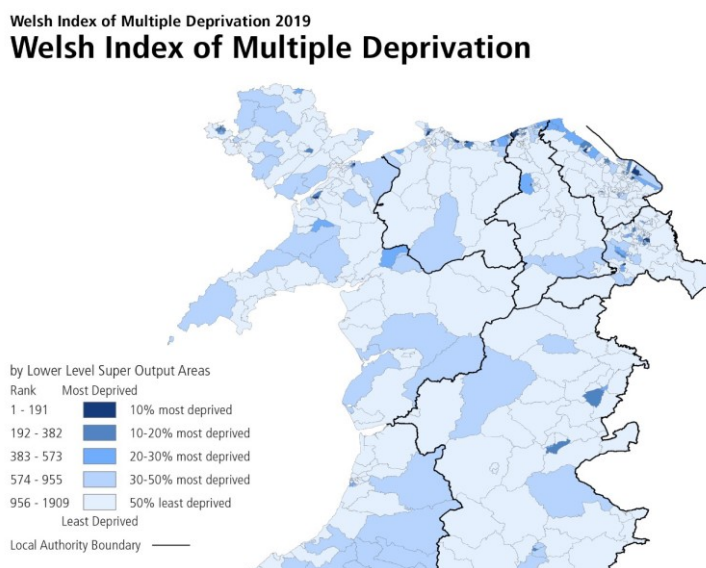
Poverty and deprivation rates in Wales have been increasing, one in four people in Wales are now living in relative poverty compared to one in five across the UK (Is Wales Fairer? 2018). One in three children are living in poverty and are more likely to be in relative income poverty than the population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

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

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

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

Image 1



*Source: WIMD 2019 Results Report

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

3.4 Health and well-being

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

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

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

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

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

3.5 Preventative services

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

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

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

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

3.6 Loneliness and isolation

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

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

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

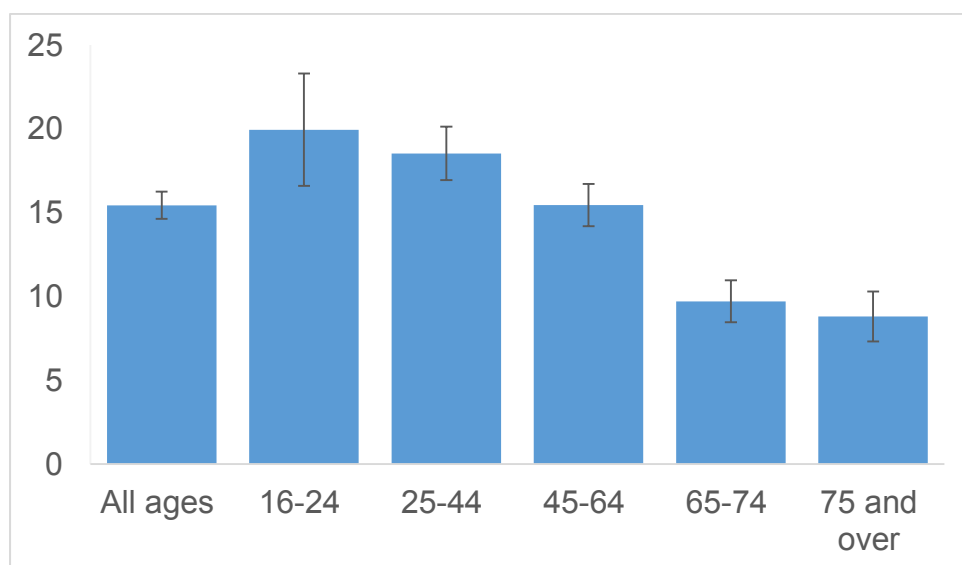


Chart 2: Percentage of people who are lonely in North Wales by local council, 2019 – 20

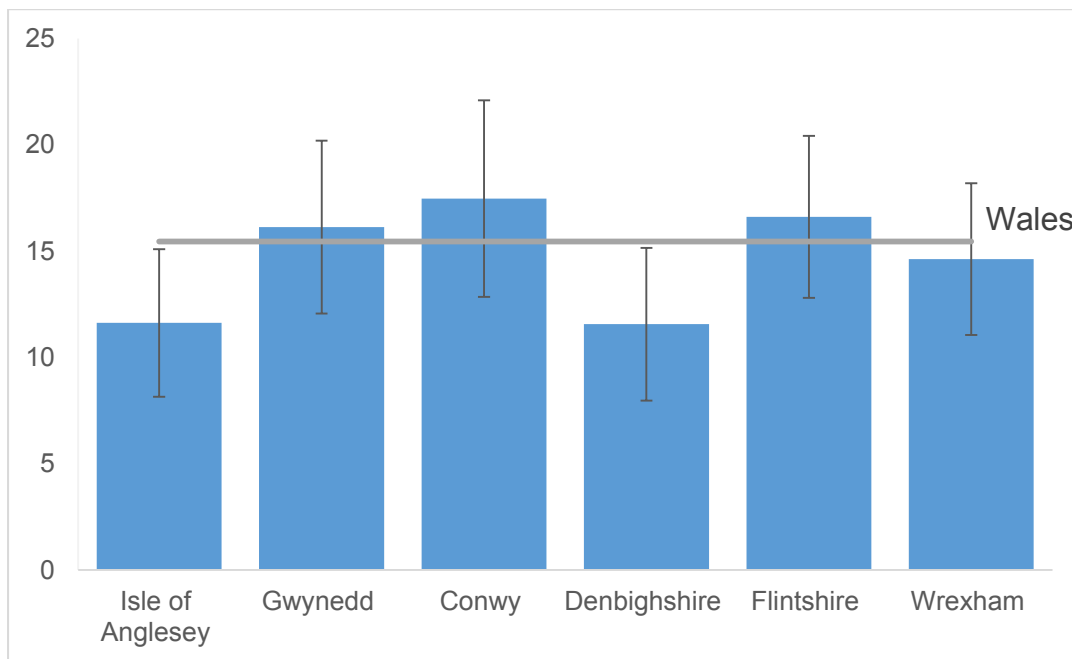
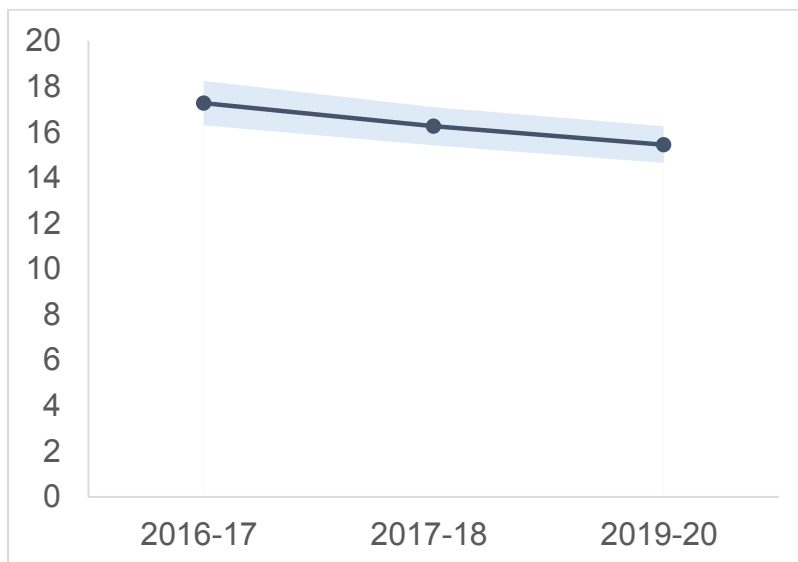


Chart 3: Percentage of people who are lonely in Wales by local council, 2016 – 17 to 2019 – 20



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

4. Children and young people

4.1 About this chapter

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

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

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

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

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

(A) Either –

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

(B) The need relates to one or more of the following –

- i. Ability to carry out self-care or domestic routines
- ii. Ability to communicate

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

(C) The need is one that neither the child, the child's parents nor the other persons in a parental role are able to meet, either –

- i. Alone or together
- ii. With the care and support of others who are willing to provide that care and support, or
- iii. With the assistance of services in the community to which the child, the parents or other persons in a parental role have access; and

(D) The child is unlikely to achieve one or more of the child's personal outcomes unless-

- i. The local authority provides or arranges care and support to meet the need; or
- ii. The local authority enables the need to be met by making direct payments (National Assembly for Wales, 2015)

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

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

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

- [Health, physical disabilities and sensory impairment](#)

- [Learning disabilities](#)
- [Autism Spectrum Disorder](#)

4.2 What we know about the population

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

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

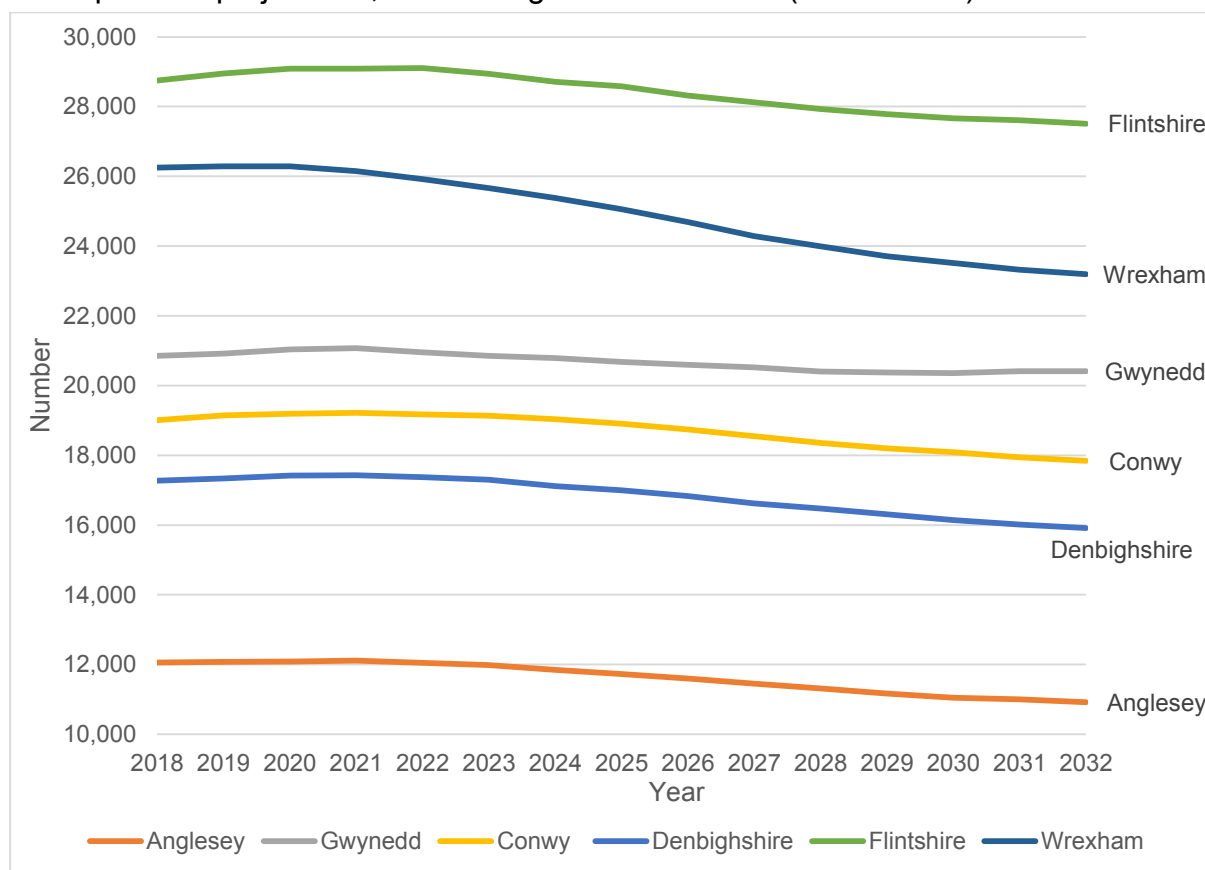
Local authority	2016 No	2020 %	2016 No	2020 %	Change No
Anglesey	12,000	17%	11,900	17%	-100
Gwynedd	20,900	17%	20,800	17%	-100
Conwy	18,800	16%	18,900	16%	+100
Denbighshire	17,200	18%	17,400	18%	+200
Flintshire	28,500	18%	28,800	18%	+300
Wrexham	26,100	19%	25,900	19%	-200
North Wales	557,100	18%	562,700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

Numbers have been rounded so may not sum.

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

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

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



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

4.3 General health of children and young people in North Wales

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

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

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

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

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

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

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

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

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

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

4.4 Children and young people with disabilities and / or illness

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

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

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

Numbers have been rounded so may not sum.

Source: Daffodil

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

can mean a requirement for additional support for parent carers. More information on parent carers is available in the [unpaid carers](#) section.

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

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

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

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

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

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

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

Numbers have been rounded so may not sum.

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

4.5 Children who are receiving care and support

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

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

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

Numbers have been rounded so may not sum.

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

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

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

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

Numbers have been rounded to the nearest 5 to avoid disclosure

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

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

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

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

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

Numbers have been rounded to the nearest 5 to avoid disclosure

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

4.6 Outcomes of children receiving care and support

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

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

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

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

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

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

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

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

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

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

Numbers have been rounded so may not sum

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

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

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

4.7 Children on the child protection register

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

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

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

Numbers have been rounded to the nearest 5 to avoid disclosure

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

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

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

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

Numbers have been rounded to the nearest 5 to avoid disclosure

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

4.8 Looked after children and young people

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

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

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

Numbers have been rounded so may not sum.

Source: Children Looked after Census. StatsWales, Welsh Government

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

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

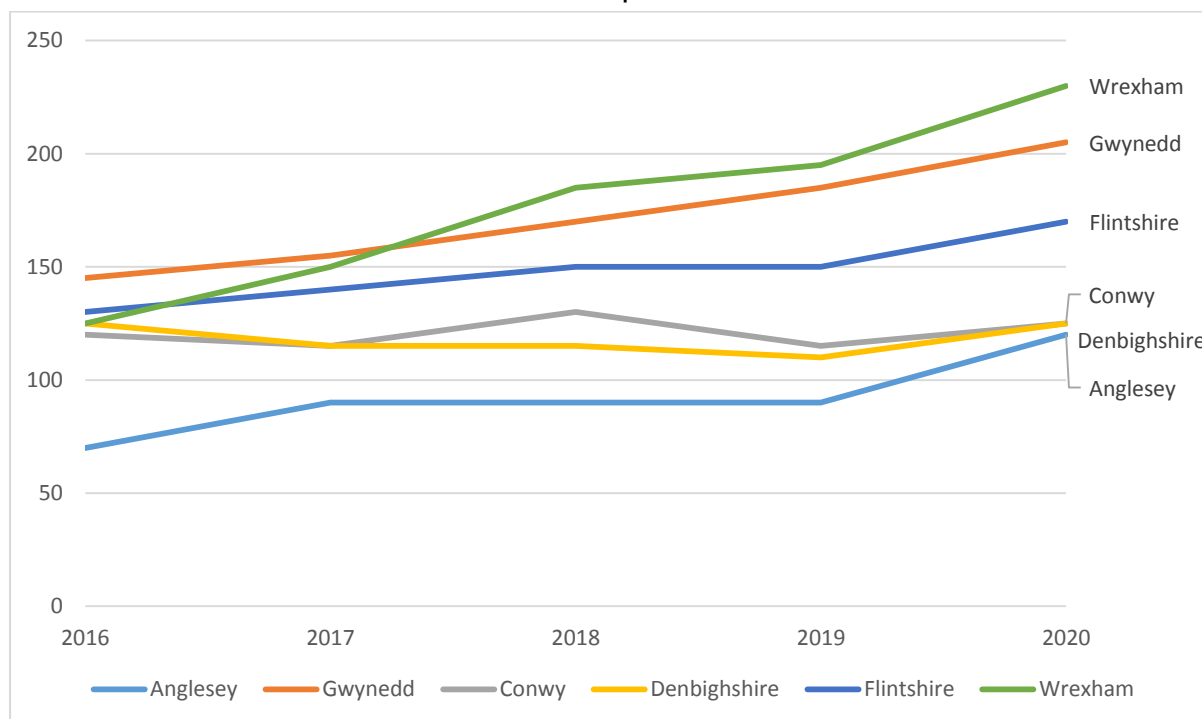
Local council	Under 1	Age 1 to 4	Age 5 to 9	Age 10 to 15	Age 16 to 17	Total
Anglesey	5	35	40	55	25	160
Gwynedd	10	60	80	95	40	280
Conwy	10	45	50	70	40	215
Denbighshire	5	30	35	75	30	180
Flintshire	10	55	50	105	40	255
Wrexham	25	100	90	120	45	375
North Wales	65	325	350	515	220	1,470
Wales	295	1,370	1,700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

Numbers have been rounded so may not sum

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

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

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



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

4.9 Experiences of ‘Looked After’ children and young people

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

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

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

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

Numbers have been rounded so may not sum

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

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

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

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

Numbers have been rounded so may not sum

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

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

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

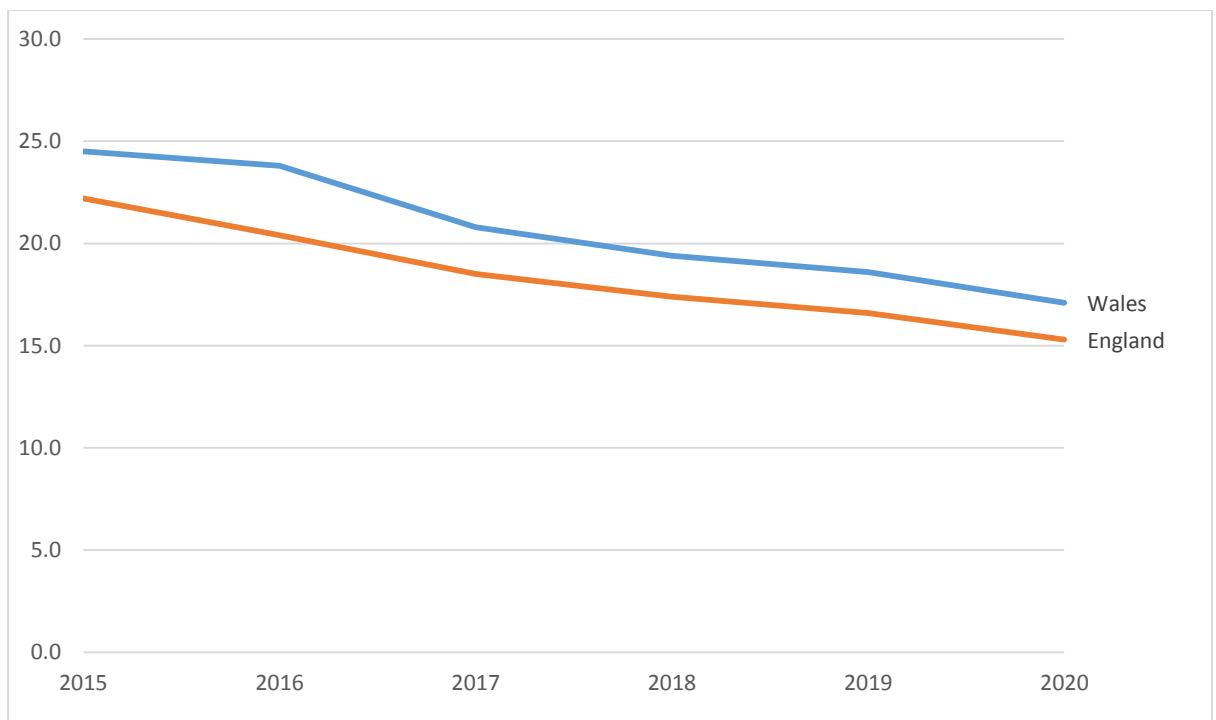
4.10 Teenage parents

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

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

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

4.11 Parental separation

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

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

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

4.12 Foster Care

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

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

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

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

Numbers have been rounded so may not sum.

Source: Children looked after by local authorities in foster placements. StatsWales, Welsh Government

4.13 Adoption

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

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

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

4.14 Child and adolescent mental health

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

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

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

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

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

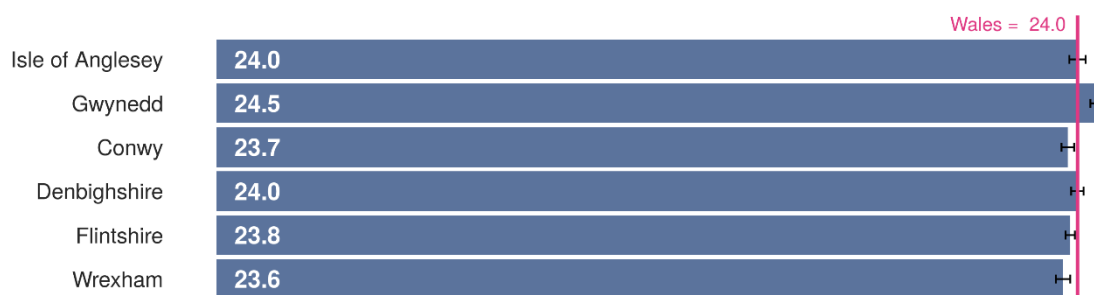
Early experiences may have long-term consequences for the mental health and social development of children and young people (Public Health Wales, 2016b).

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

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

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

— 95% confidence interval



Source: Public Health Wales, 2021

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

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

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

Numbers have been rounded so may not sum.

Source: Daffodil

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

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

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

Risk factors

- Genetic influences
- Low IQ and learning disabilities
- Specific development delay or neuro-diversity
- Communication difficulties
- Difficult temperament
- Physical illness
- Academic failure
- Low self-esteem

Protective factors

- Being female (in younger children)
- Secure attachment experience
- Outgoing temperament as an infant
- Good communication skills, sociability
- Being a planner and having a belief in control
- Humour
- Problem solving skills and a positive attitude
- Experiences of success and achievement
- Faith or spirituality
- Capacity to reflect

Risk factors

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 school:

- Bullying
- Discrimination
- Breakdown in or lack of positive friendships
- Deviant peer influences
- Peer pressure
- Poor pupil to teacher relationships

In the community:

- Socio-economic disadvantage
- Homelessness
- Disaster, accidents, war or other overwhelming events
- Discrimination
- Other significant life events

Protective factors

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:

- 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:

- Wider supportive network
- Good housing
- High standard of living
- High morale school with positive policies for behaviour, attitudes and anti-bullying
- Opportunities for valued social roles
- Range of sport/leisure activities

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

4.15 Self-harm and eating disorders

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

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

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

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

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

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

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

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

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

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

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

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

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

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

What is working well:

Respondents described the following as working well:

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

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

What needs to be improved:

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

Specific recommendations for improvements were:

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

4.16 Early intervention, prevention and parenting support

The definition of prevention and early intervention can include:

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

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

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

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

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

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

Local engagement findings

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

Mental and emotional health

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

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

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

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

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

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

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

Children and young people who are looked after

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

What was good?

Almost all felt safe where they live and that carers noticed how they were feeling. Almost all thought their carers were interested in what they were doing at school or college

All participants who gave an answer said that they trusted their carers

Most said that they have a really good friend.

Most, including all the girls, felt included in decisions made about their lives.

What was bad?

Several participants said they wanted more contact with their family, especially their mum, brothers and sisters.

More than a third had had three or more social workers in the last 12 months

School could be better for lots of the participants.

More than a third said no one had explained why they were in care or that they wanted to know more.

Nearly a third felt unhappy and some worried about the future.

A third of boys felt social workers made decisions without including them.

The survey noted that in Flintshire, children and young people felt embarrassed by adults drawing attention to their care status more frequently than young people (14%) in other Welsh local authorities. Although half of young people had high well-

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

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

What matters to children and young people

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

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

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

Youth homelessness

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

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

Covid-19 impact on children and young people

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

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

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

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

Regional population needs survey findings

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

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

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

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

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

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

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

What needs to be improved:

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

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

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

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

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

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

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

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

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

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

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

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

4.18 Review of services currently provided

Early years provision

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

The children and young people transformation programme holds the overall purpose to achieve better outcomes for children and young people across North Wales.

There are three parts to the programme, which are:

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

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

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

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

4.19 Covid-19 impact on children and young people

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

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

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

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

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

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

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

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

Impacts of the Covid-19 pandemic – Flintshire findings

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

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

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

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

4.20 Equalities and human rights

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

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

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

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

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

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

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

4.21 Safeguarding

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

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

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

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

Numbers have been rounded to the nearest 5 to avoid disclosure

Source: table CARE0154, Children Receiving Care and Support, Welsh Government, StatsWales

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

Elective home education

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

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

4.22 Violence against women, domestic abuse and sexual violence

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

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

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

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

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

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

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

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

4.23 Advocacy

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

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

An active offer must be made to:

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

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

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

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

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

4.24 Welsh language considerations

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

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

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

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

4.25 Socio-economic considerations

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

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

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

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

4.26 Conclusions and recommendations

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

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

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

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

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

- Healthy behaviours

5. Older people

5.1 About this chapter

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

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

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

Definitions

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

Policy and legislation

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

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

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

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

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

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

5.2 What we know about the population

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

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

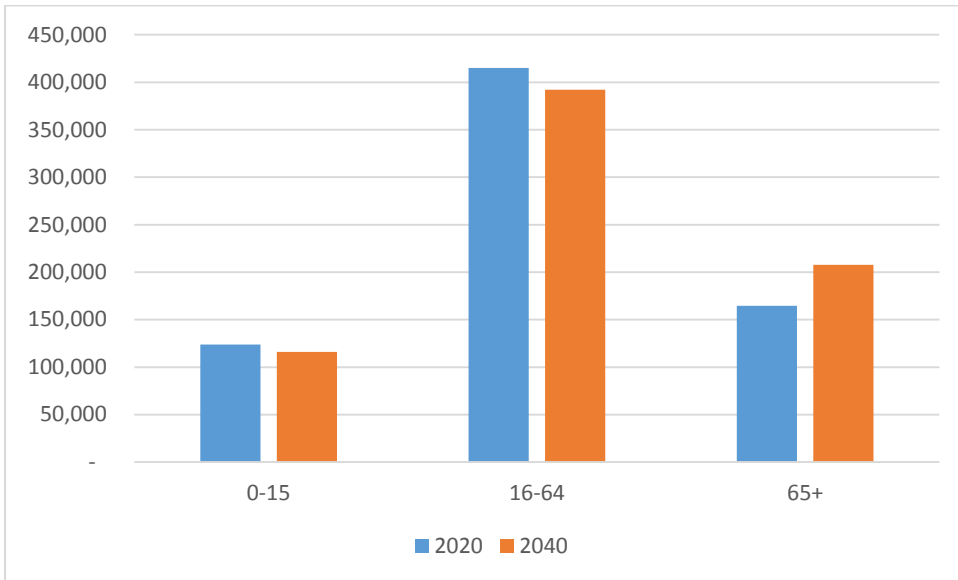
Table X: Estimated number of people aged over 65 in 2020 and projected number in 2040

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

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

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

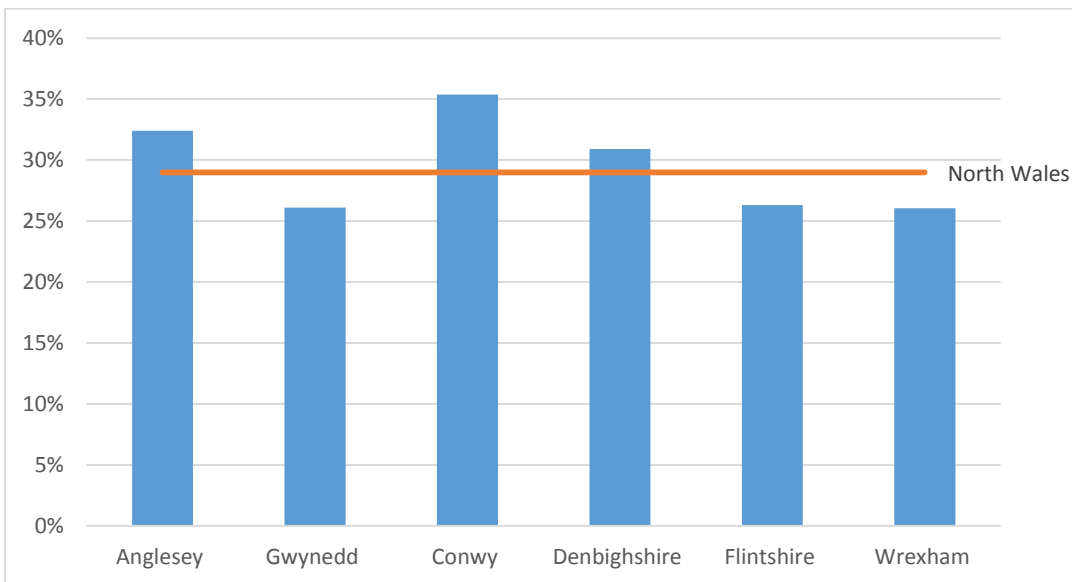
Chart X: Population change by age group for North Wales 2020-2040



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

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

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



Source: 2018-based population projections, Welsh Government

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

The number of people aged 65 and over is increasing

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

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

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

Numbers have been rounded so may not sum

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

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

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

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

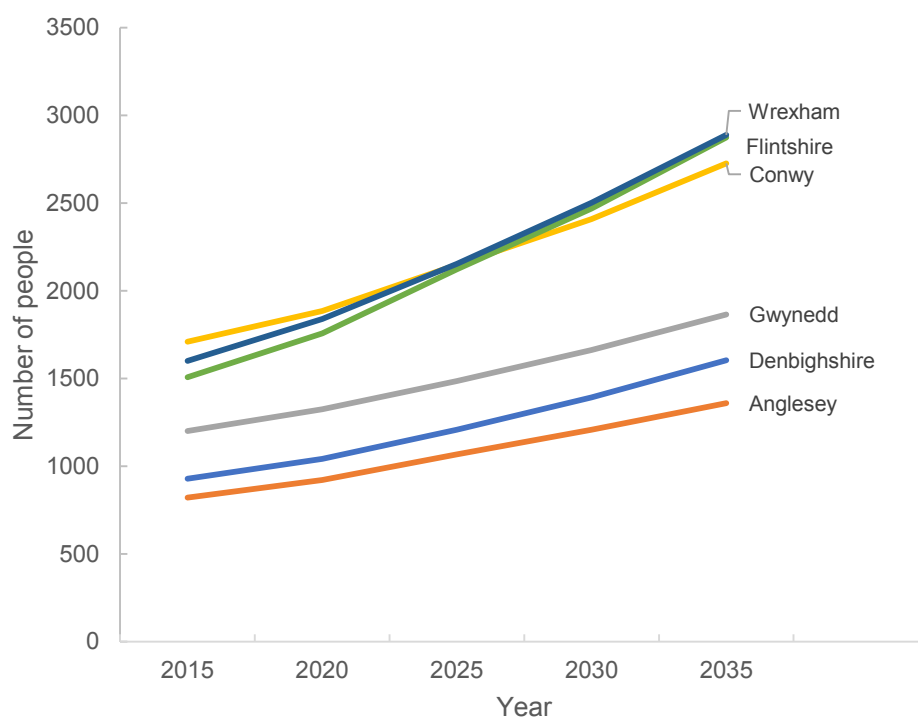
Numbers have been rounded so may not sum

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

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

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

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



Source: Daffodil

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

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

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

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

Numbers have been rounded so may not sum

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

Many older people provide unpaid care for friends and relatives

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

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

There will be more people aged 65 and over living alone

The composition of households can also affect the demand for services to support independence. Data from the 2011 Census shows that there are 44,000 people aged 65 and over living alone, which is 59% of all households aged 65 and over.

Research by Gwynedd Council found a strong relationship between the number of people aged 65 and over who live alone and the number of clients receiving a domiciliary care package in an area.

The gap between life expectancy and healthy life expectancy

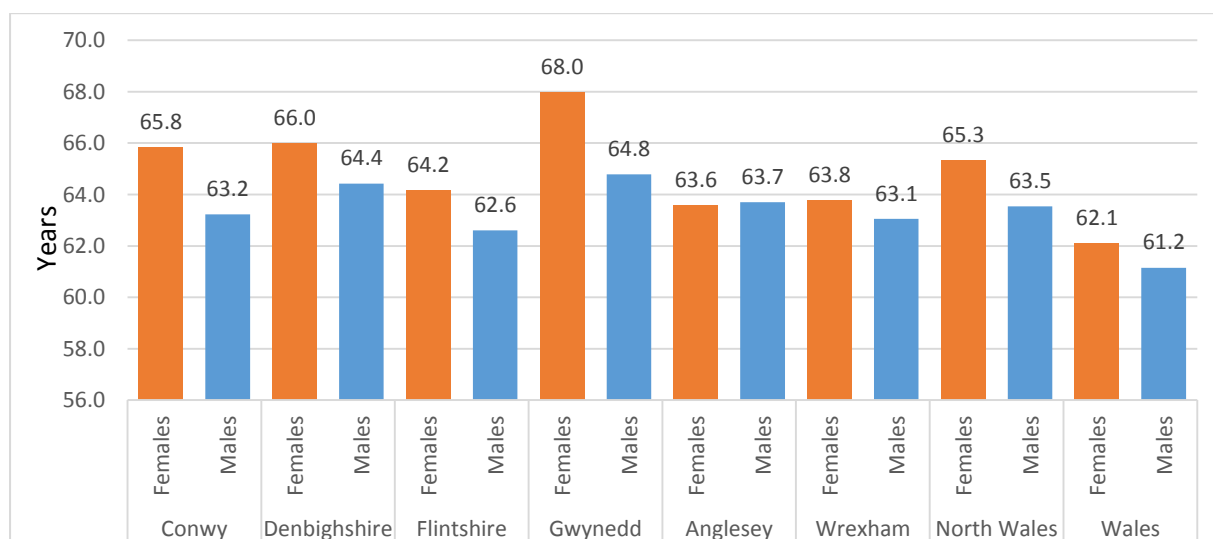
Life expectancy is the average length of time a child born today can expect to live. Life expectancy for the 2017-2019 period in North Wales was 79 years for men and 82 years for women. In contrast, healthy life expectancy is an estimate of lifetime spent in "very good" or "good" health, based on how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

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

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

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

Chart X: Healthy life expectancy 2017-19



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

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

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

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

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

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

Numbers have been rounded so may not sum

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

The figures above show a wide range of variability across the councils in North Wales. This can be explained by:

- Increased sign-posting to services in the community. For example to shops that sell small and low value mobility aids such as grab rails or walking aids.
- The success of intermediate care and reablement services that support people to return to independence following a health crisis such as a fall or a stroke. Across Wales, 71% of people who receive a reablement service require less or no support to live independently as a result. Most services focus on physical or functional reablement, such as daily living tasks including personal care as a result of a fracture or stroke for example. The development

of services to support the reablement of people with dementia/confusion or memory loss are less well developed (Wentworth, 2014).

- A change in cognitive or physical status can dramatically impact on the ability of people to manage their own medications and can be linked with falls and requirement for occupational therapy intervention.
- The number of people aged 65 and over in poverty varies across local councils, and therefore the number eligible for means tested charging policies varies.
- Around 28% of people in Wales have such low incomes that they do not contribute to the cost of their domiciliary care (CSSIW 2016). It is anticipated that 30% of people have enough capital to totally fund their own care in both domiciliary care and care homes (CSSIW 2016 & North Wales Social Care & Wellbeing Services Improvement Collaborative, 2016).
- Changes in eligibility criteria to be able to receive services.
- Unmet need, perhaps due to lack of service capacity, or unidentified needs.

5.3 General health and wellbeing needs of older people

Prevention

Poor health is not inevitable as we get older. Focusing on prevention can ensure that the number of years lived in good health is maximised. Health behaviours are crucial to health in our later years, a healthy diet; regular physical activity, safe alcohol use and avoiding tobacco use all contribute to reducing the risk of ill health as we age. Continuing these positive health behaviours throughout our older years is also important. It is crucial that people are able to access a range of services that support them to adopt healthy behaviours.

Healthy ageing

A longer life presents key opportunities for older people, families and wider society. Older people have a significant amount to offer to society including knowledge, skills

and expertise. Ageing can present many opportunities for learning new things, change career or offering unpaid care to older or younger family members. Doing this successfully though requires people to have good health.

Our health and wellbeing in later life cannot be looked at in isolation. Poorer health in later years is strongly determined by factors throughout the course of our lives. Interventions targeted throughout pregnancy, early years, childhood and adolescence are crucial in determining our health.

Health inequalities and healthy life expectancy

People living in more deprived areas are more likely to experience poorer health compared to those living in more affluent areas.

In North Wales, there is a 7.0-year difference in life expectancy between men living in the most and least deprived areas and a difference of 5.1 years for women.

In North Wales for the period 2010-2014 there was a 11.6 year difference in male healthy life expectancy for those living in the most deprived areas compared to those living in the least deprived areas. For females this difference was 12.1 years difference between those living in the most and least deprived areas (Public Health Wales Observatory, 2016).

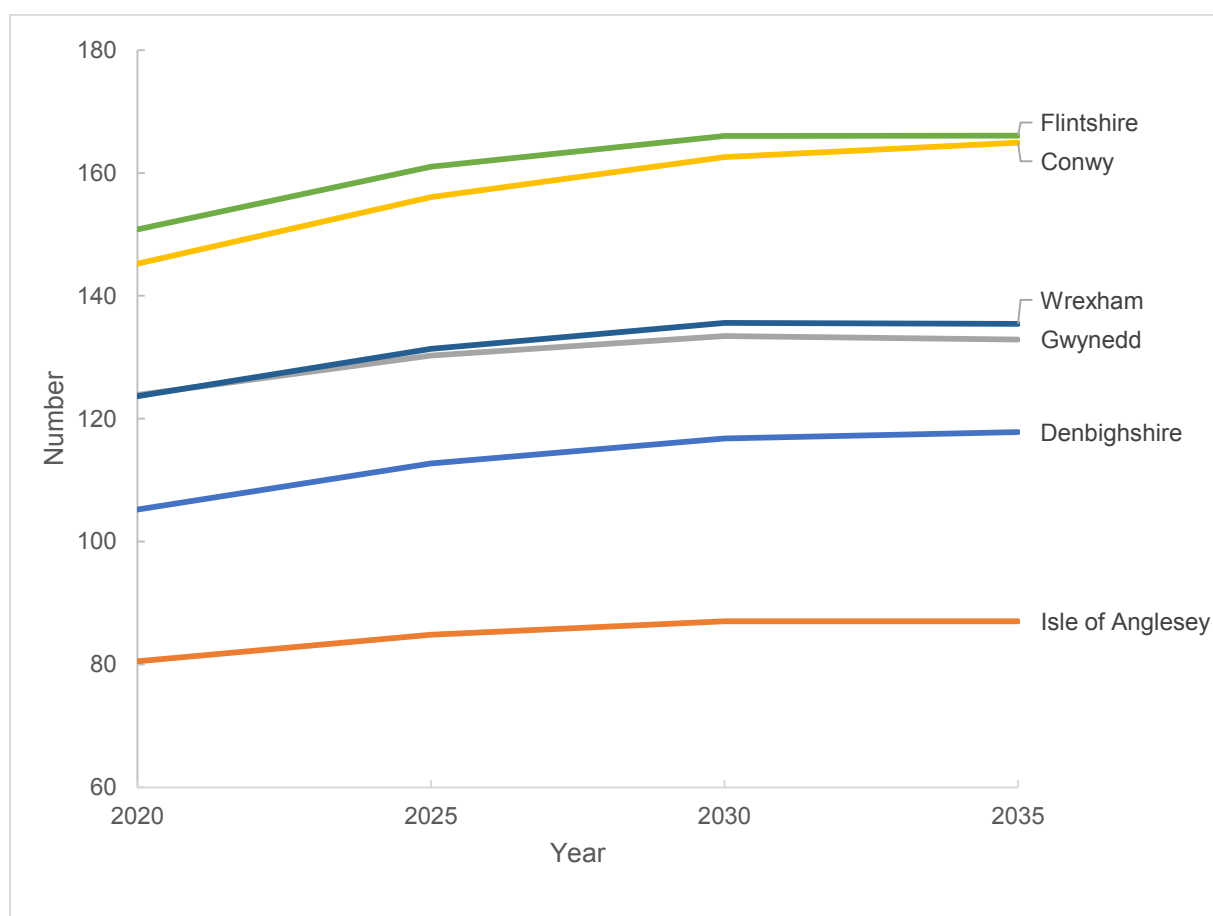
Physical activity

One in four people aged 55-64 are physically inactive, meaning they do less than 30 minutes of physical activity a week. This proportion increases with age and is higher among people living in the most deprived areas. Physical activity has a number of benefits including improved mental health and wellbeing, reduced risk of dementia (see below), reduced risk of being overweight or obese, and if the physical activity incorporates strength and balance techniques it will also reduce the risk of falls. Supporting more people in mid- and later-life to be physically active requires investment in strength and balance programmes; promoting active travel, walking and cycling infrastructure; and encouraging a more age-positive and inclusive offer from the fitness and leisure sector.

Falls and falls prevention

The number of people admitted to hospital following a fall is likely to increase. Falls are a substantial risk to older people and injuries caused by falls are a particular concern, such as hip fractures. After a fall there is an increased need for services, which help the older person to regain their independence and tackle their loss of confidence and skills, particularly after periods of hospitalisation. Loss of confidence, skills and independence may contribute to issues of loneliness and isolation. The chart below shows how the number of people admitted to hospital following a fall is estimated to increase.

Chart X: Predicted number of people aged 60 and over that will be admitted to hospital because of a fall



Source: Patient Episode Database for Wales, Daffodil Cymru

Reducing falls and fractures is important for maintaining the health, wellbeing and independence of older people. It is estimated that between 230,000 and 460,000 people over the age of 60 fall in Wales each year (Ageing Well in Wales). Falls are estimated to cost the NHS more than £2.3 billion per year in the UK. The cause of falls can be multifactorial and risk factors include muscle weakness, poor balance,

visual impairment, polypharmacy, environmental hazards and some specific medical conditions. Evidence suggests that falls prevention can reduce the number of falls by between 15% and 30%. To address the risk of falls, a whole system approach is required that addresses risk factor reduction across the life-course through case finding and risk assessment, strength and balance exercise programmes, healthy homes, reducing high-risk care environments, fracture liaison services, collaborative care for severe injury.

BCUHB has a falls prevention team in each of the three areas (East, Central and West). There are three falls leads heading up the community falls prevention for each area, the teams are ICF funded in Central and West with partial funding for the East team. People can be referred to the teams if they are found to be at risk or have had a fall, the falls prevention team provide strength and balance classes although these have been impacted by Covid-19.

The teams are able to assess people in their own home and community to support them with reducing the risks of falls using a multifactorial risk assessment.

Interventions can be provided for those assessed via environment assessment, equipment provision, mobility assessment and providing mobility aids, advice, strength and balance classes, home exercise programmes, referring to MDT and other signposting based on need. The team also promote national and local falls prevention messages and events. This includes visiting schools to provide information on bone health at an early age.

Training and support is also provided for care homes across the region. Each area has an operational group that meets regularly with stakeholders. Project pilots are also underway with the CRTs, home first, district nursing teams, community hospitals and rehabilitation wards to help increase knowledge and empowerment in risk assessment competency. From 01/01/2021 to 22/11/2021, 690 referrals have been made to the falls team. A falls database has been created to track the interventions and monitor outcomes for those referred to the service.

Referrals are not yet back to pre-pandemic levels. The teams provide home exercise programmes, but are finding that they are seeing a greater need as a result of the shielding guidance and lockdown restrictions limiting people to their homes.

Following the lockdown people would likely still have a reluctance to go out for shopping, hobbies etc. and the service noted a rise in deconditioning as a result.

Age-friendly communities

Age-friendly communities are places where people of all ages can live healthy and active lives. The wider determinants of health are often important factors that can impact on how age-friendly our communities are. Housing, environment, employment and income are all crucial factors that determine our health and wellbeing and can significantly impact on healthy ageing.

Housing

Housing can have a significant impact on healthy ageing. The majority of older people live in mainstream housing rather than specialist housing. Many mainstream homes are contributing to poorer health in older people due to them being cold and damp or having hazards that risk trips and falls. Upgrading and refurbishing housing would significantly reduce these risks around falls (such as fewer trip hazards) and create a significant saving to the NHS and social care.

Environment

The environment helps determine how active older people can be in society. The built environment and outdoors spaces can determine the long-term health and wellbeing of those who use them regularly, reduce the risk of falls, promote physical activity and reduce social isolation. This can include access to green spaces, the design of public buildings and spaces (including our high streets) and transport. Making these accessible to older people can ensure they are able to continue to participate in society. Key changes to making the environment more age-friendly, include things such as:

- maintaining pavements,
- providing public benches,
- improving traffic related safety by lowering speed limits,
- having appropriate signal timings for pedestrians and cars,
- signal-controlled crossings
- central pedestrian refuges.

- more accessible public transport by having short distances between bus stops, sheltered bus stops, good signage and seating in well-maintained areas.
- Ensuring communities are dementia friendly and incorporate dementia friendly measurers into new developments.

Creating these environments requires collaboration across partners coproduced with older people.

Digital inclusion

As more information and services move online, it is crucial that older people are able to benefit from the opportunities this offers in terms of accessing services and reducing isolation. There are still 4.8 million people over the age of 55 who are not online, making up 91% of the population who are not online (5.3 million people) (ONS, 2018). 87% of those aged 65 – 74 use the internet compared to 99% of 16 – 44 year olds. Fewer people in Wales use the internet to manage their health needs compared to the UK overall. Only 36% of over 75's have basic digital skills. Some of the most digitally excluded groups are also more likely to be accessing health and social care services (Digital Communities Wales, 2021).

Failing to address the online divide places older people, particularly those from more deprived communities, at increased risk of poorer health. A common barrier to using the internet is a lack of digital skills, as well as lack of trust and not having the equipment or broadband (Age UK, 2021).

Providing older people with a range of support to develop digital skills including telephone and video call support is one way of addressing this. This does need time and investment to ensure that older people have the opportunity to learn to trust this technology. There should also be choice available to ensure those who do not want to use the internet can continue to access services.

Social isolation and loneliness

Around 10% of over 65s report experiencing chronic loneliness at any one time (Victor, C, 2011). As absolute numbers of older people grow, the number of people experiencing loneliness is also likely to increase. Particular groups of older people have also been found to be at increased risk of loneliness and isolation. Older people in residential care have been found to experience high levels of loneliness and isolation. Surveys suggest older lesbian and gay people also experience higher levels of loneliness. Loneliness is associated with a range of health risks, including coronary heart disease, depression, cognitive decline and premature mortality (Valtorta, N.K., Kanaan, M., Gilbody, S., Ronzi, S. and Hanratty, B., 2016). Developing responses to tackle loneliness in older people are crucial for preventing the adverse impacts of loneliness.

It is recognised that when addressing loneliness, there are a number of key challenges. These include reaching lonely individuals, understanding the nature of the loneliness and personalising the response, and supporting the lonely person to access appropriate services. Taking an approach that considers loneliness within this framework will ensure that the interventions offered are reaching those who need the services and are personalised to their needs.

5.4 Dementia

Definition

The definition for dementia is taken from the North Wales Dementia Strategy which was published in March 2020. The term dementia describes symptoms that may include memory loss and difficulties with thinking, problem solving or language. There are many different types of dementia. The most common is Alzheimer's disease but there are other causes such as vascular dementia or dementia with Lewy bodies.

Young onset dementia is where someone is under the age of 65 at the point of diagnosis and affects about 5% of people who have dementia.

Mild cognitive impairment is a decline in mental abilities greater than normal aging but not severe enough to interfere significantly with daily life, so it is not defined as

dementia. It affects an estimated 5% to 20% of people aged over 65. Having a mild cognitive impairment increases a person’s risk of developing dementia but not everyone with a mild cognitive impairment will develop dementia.

What we know about the population

There are estimated to be between 10,000 and 11,000 people living with dementia in North Wales. The lower estimate is published in the Quality Outcomes Framework Statistics (Welsh Government, 2018a) and the higher estimate is used in the Daffodil projections (Institute of Public Care, 2017).

The table below shows the number of people in North Wales living with dementia.

Table X: Number of people in North Wales with dementia, by county, 2017

Local council	Total population aged 30-64 with young onset dementia	Total population aged 65 and over with dementia	Total
Anglesey	20	1,200	1,200
Gwynedd	30	2,000	2,000
Conwy	35	2,400	2,400
Denbighshire	25	1,500	1,600
Flintshire	40	2,100	2,200
Wrexham	35	1,800	1,900
North Wales	190	11,100	11,200

Source: Daffodil Cymru.

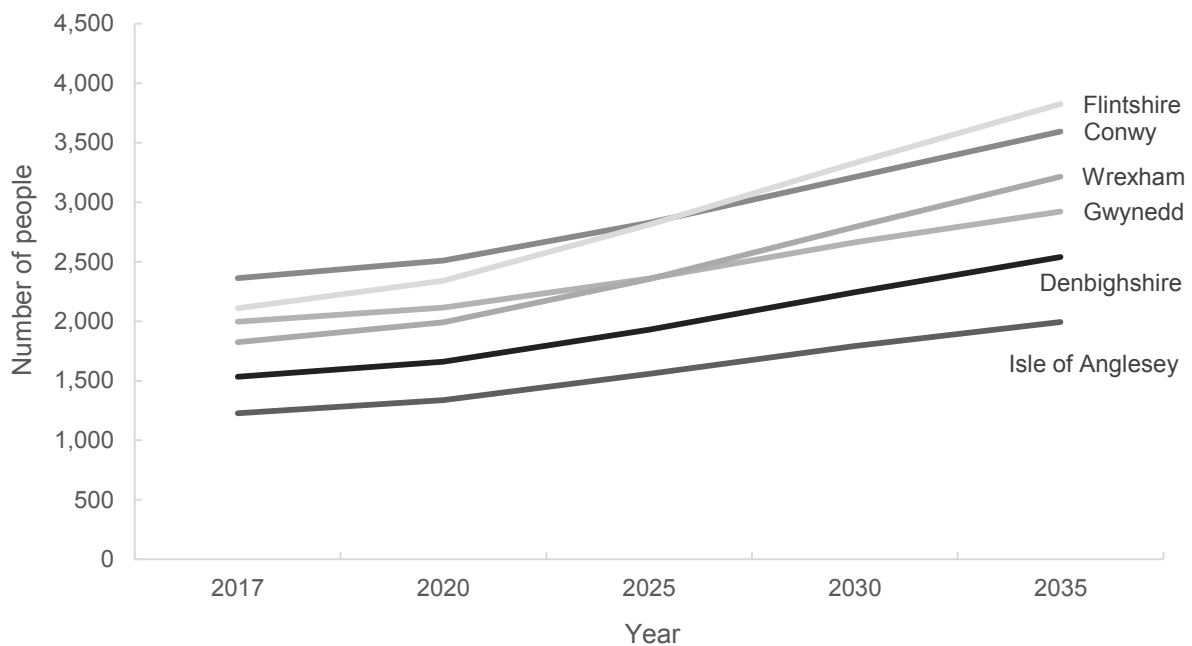
The age profile of North Wales is older than the average for Wales with a higher proportion of older people and a smaller proportion of younger residents in the region compared to Wales. This trend is projected to continue by the latest population

projections produced by Welsh Government. In 2018, there were an estimated 160,900 people age over 65 living in North Wales. This is projected to increase to 206,900 by 2038 (Welsh Government, 2020). This increase is due to improvements in mortality rates, meaning that people are living longer, and also due to the ageing on of the large 'baby boomers' who were born after World War II. There was also a second 'baby boom' in the early 1960s, who are included in this age band towards the end of the projected period.

As people live longer, it is estimated that the number of cases of dementia will increase, as age is the biggest known risk factor. **Error! Reference source not found.** shows the anticipated increase in the number of older people with dementia in North Wales based on this assumption. There is a 64% increase between 2017 and 2035, which would mean around 7,000 more people living with dementia in North Wales. Flintshire is predicted to see the highest increase in people living with dementia.

A study suggests that the anticipated 'explosion' in cases of dementia has not been observed as the incidence at given ages had dropped by about 20%, mainly in men with women's rates decreasing less strongly (Matthews *et al.*, 2016). This means that as the number of people aged 65 and over has increased in the UK they found the number of people developing dementia each year had remained relatively stable. This may be due to improvements to health and more years spent in education, for example, fewer men smoking, eating less salt and doing more exercise. Researchers have warned, however, that an increase in less healthy lifestyles could overturn this trend in the future.

Chart X: Predicted number of people aged 65 and over to have dementia, 2017 to 2035



Source: Daffodil

Mild cognitive impairment is a decline in mental abilities greater than normal aging but not severe enough to interfere significantly with daily life, so it is not defined as dementia. It affects an estimated 5% to 20% of people aged over 65. Having a mild cognitive impairment increases a person's risk of developing dementia. Estimates vary of the number of people with mild cognitive impairments who go on to develop dementia each year from about 5% to 15% each year (Alzheimer's Society, 2019). Not everyone with a mild cognitive impairment will develop dementia.

Dementia prevention

Evidence suggest one-third of cases of dementia in old age could potentially be prevented, through changes in lifestyle behaviour in mid-life (40-64 years old). There is evidence that physical inactivity, current smoking, diabetes, hypertension in mid-life, obesity in mid-life and depression increase the risk of dementia and that mental activity can reduce the risk of dementia. Research tells us that the greatest mid-life risk factor for dementia is physical inactivity. People who are physically inactive in mid-life have more than double the risk of dementia in old age than those who are physically active. This highlights the importance of looking at what positive changes an individual can make as there is sufficient evidence to show that a range of behaviours in mid-life can impact on the risk of dementia in later life.

How can we reduce the risks?

Health behaviours will contribute to reducing the risk of developing dementia. Healthy lifestyle choices can also improve health, wellbeing and help maintain mobility following a diagnosis. Initiatives to support people to make healthy lifestyle choices may want to consider a range of different activities which may address more than one risk factor simultaneously. For example, someone wishing to lose weight may be given healthy weight information and encouraged to increase their activity levels. The Welsh Government's Dementia Action Plan for Wales, 2018-2022, highlights that it is never too early or too late to make changes to your lifestyle, by following six simple steps that may reduce the risk of dementia.

What people are telling us – Flintshire Dementia Strategy consultation

The Flintshire Dementia Strategy is being developed by Flintshire County Council Social Services team, with input from BCUHB, independent care providers, third sector organisations and community groups. This reflects a co-productive approach to developing and delivering integrated health and social care.

This is a summary of the key findings, based on what people said, during the Flintshire Dementia Strategy consultation, with further feedback in the Engagement Report.

- The Flintshire consultation findings echo to a great extent the priority themes and actions defined within the North Wales Regional Strategy and Dementia Action Plan.
- In addition to validating and supporting the regional strategy, the Flintshire consultation has provided some key local insights into current needs and constraints, and provides a focal point for some specific short and long term actions.
- Dementia is perceived as a disease that is becoming more widespread in Flintshire, year-on-year. Awareness and understanding of dementia has improved, but there is still room for improvement to increase knowledge and remove myths across the wider population, especially for younger people.

- There is a fear and stigma relating to dementia, and that diagnosis can prevent a person or their loved ones from living well. Connecting people and sharing positive stories can help.
- The assessment and diagnosis process is seen to take too long for some people, with lengthy waiting times, uncertainty about next steps and limited support throughout the experience.
- There are lots of positive experiences of community action and engagement, with a demand for new groups, cafes and activities, particularly in rural areas. Community engagement and involvement has been impacted greatly by Covid-19 restrictions. Additional organisational and financial support will be required to enable things to restart and new things to start.
- Access to flexible care and respite services and community activities can be limited, and this is compounded by local transport challenges.
- There is some fatigue in relation to consultation, strategies and action plans.

5.5 What people are telling us

In response to the regional engagement survey responders said that there are pockets of examples where services work well. Teams from across different sectors and different organisations work well together to meet the needs of older people, and where well-trained and committed staff work very hard in difficult situations. Specific examples of local services working well included:

- fast assessments for older people in Flintshire,
- proactive and dynamic Social Services in Flintshire,
- improved integrated care and support plans in Denbighshire,
- excellent care from individual staff in Wrexham Social Services, and
- support from Gorwel with housing related needs.

The approaches to providing care to older people that respondents thought to be working well included:

- offering a variety of support options for people to choose from,
- options to engage with services and communities both online and offline,
- delivery of bilingual services,
- care homes that ensure wellbeing outcomes and independence, and provide the security of overnight care when needed,
- support services in people's own homes, and
- providing older people with low level support, such as information and contact numbers, so that they can help themselves and remain independent.

Some responders had more negative views of the current care and support needs for older people. One gap highlighted by responders is the provision of support to older people leaving hospital. People are being discharged from hospital with no care in place, and end up back in hospital because they cannot manage.

Services are aimed at crisis management rather than focussing on preventative support. This results in people being admitted to placements far away from their homes and against the wishes of the family. Further investment in specialised services is required to ensure older people receive the help that they need before they reach crisis point.

Some respondents were concerned that older people with high levels of need, such as nursing needs and dementia care, are not receiving adequate levels of care, because only low level care is available. While emergency care is being provided for older people who fall and are injured, a response service is needed for non-injured fallers and for out-of-hours domiciliary care. Currently, if an older person needs additional support due to an unexpected incident, such as their carer becoming unwell, they have no access to support.

A wider range of suitable housing options is also needed to accommodate the different needs and varying levels of care support of older people. People using services thought older people's care needs to be:

- Streamlined so that one person can provide a range of support rather than lots of people doing their own little bit of support.
- Better organised so that the individual's needs can be met properly.
- Provided by the same staff member, so '*you don't have to repeat yourself every time*' and the staff get to know the individual and their needs.
- Better monitored to ensure the correct amount of hours are delivered.
- More flexible, so they can be delivered only when needed, at a time that suits the client, and can be adapted in response to a change in needs.
- Longer-lasting, with lengthier review periods, rather than closing cases '*at the first opportunity*'.
- Better advertised so that information is available in multiple places and media formats, not only relying on the internet.
- Needs-led rather than requiring the service user to fit with what's on offer.
- Supported by direct payments, so older people can manage their own care and/or employ their own staff.

Some thought that improvements to services would come from more effective and extensive joined up working between local authority and private care, and between health and social care services. Communication around hospital discharge from hospital and co-ordination of joint care packages are two of the main issues of concern.

"There is absolutely no joined up thinking or approach between health, social care, charitable and contracted care companies. This means a carer has to try to co-ordinate all these services, which adds to their burden."

The majority of respondents reported that staff shortages are one of the biggest problems for older people's services. Few people want to work in the care sector, and salaries are too low, given that older people's needs are far more intensive than they were years ago.

“A massive recruitment shortage is affecting the end service user, who is vulnerable and elderly, with poor quality of calls, missed calls, and not being able to provide full amount of time agreed in care packages.”

Proposed solutions included:

- Increasing staff salaries above minimum wage and improving working conditions to attract more new recruits and retain existing staff.
- Investing in training and creating a better career structure for care staff, with financial reward for developing skills and experience, so that services are provided by trained professionals, rather than inexperienced young people.
- Posts to become permanent rather than fixed term or reliant on funding.
- Establishing standard terms and conditions for staff across the sector to improve the stability of the workforce.
- Supporting and incentivising care agencies to deliver safe, single-handed care and upskilling staff in this, so that double-handed care isn't automatically assumed to be necessary.

Such changes clearly require more funding from the Welsh Government, so that services can function at their optimum level, and service users are supported with high quality care in a timely manner.

Another suggestion was to adopt an Italian model of *'strawberry patch'* care providers, whereby small businesses work together to share purchasing and training and then spread out via additional small enterprises.

Specific responses were also received for older people with learning disabilities. Direct payments were working well, but areas for improvement included increasing the number of support staff and allocating more hours of care. More information on older people with a learning impairment can be found in the learning disability chapter.

Few respondents commented on where services for older people with physical / sensory impairments are working well. They reported the following:

- Health and social care staff and the third sector are working more closely together than they used to, partly through the introduction of Community Resource teams.
- The new Chief Officer of Denbighshire Voluntary Services Council is encouraging better working links between the third sector and social value organisations.
- NEWCIS, is providing valuable respite care (though this is limited).

Respondents also highlighted issues which includes the desperate lack of accessible and affordable housing, which has a knock on effect on services as people have to access more support. Many new houses are not designed to be accessible. This has a detrimental impact on how disabled people and older people live. Their only option is residential care, as more flexible and creative options are lacking.

Very little support, counselling or advice is available for people who are having problems coping with loss of hearing and are feeling isolated and or frightened. It is difficult for example to find courses to learn sign language. Services are fragmented and there is no central point of contact for support, information. Social workers who specialise in helping people with hearing difficulties would be helpful.

Staff in a nursing home reported finding it difficult to access social services for their residents, because social workers are closing cases once the individual is admitted to the care home. They said they found the Single Point of Access referrals time-consuming and were concerned about the lack of continuation in care.

Specific recommendations to improve services included:

- better timekeeping,
- more staff so that carers are not rushed and that two staff turn up when needed,
- better liaison between staff so that the needs of the client are always met,
- increased frequency of review of care needs, and
- actions being taken to ensure matters raised on review are addressed.

Mental health services for older people

Service users and carers mentioned the following specific services as providing valuable advice and support:

- the Alzheimer's Society,
- NEWCIS,
- the 24/7 carers in Plas Cnigyll,
- Crossroads Health Respite,
- the Trio service,
- Bridging the Gap scheme for carers,
- Dementia social care practitioners, and
- The Hafan Day Centre.

Services work well when they provide respite and support to both the person living with dementia and their carer, so they can *'have a short break from each other, but be in the same building'*. Home visits also work well, particularly to help the carer adapt to living with dementia. Some carers reported being able to find care quickly when they needed and feeling well-supported:

"When I made a call to 'single point of access' I couldn't have spoken to a more caring person, and I was extremely distressed at the time. Having that access was reassuring - their help will be required again I'm sure."

Service providers reported that support from Social Services is working well, particularly the weekly meetings with staff, financial support and PPE provision as well as good communication about what's happening in the care sector. One respondent highlighted the high quality support from CIW and Flintshire Social Services.

A social worker with many years' experience, however, commented that, *'currently I honestly think there is very little that is working well'*. Only the Telecare services, along with the fire service, were thought to have been working well to keep older people safe.

Generally, more services need to be made available to reduce waiting lists, and referrals improved to make access easier. Specific recommendations for improvement included:

- Make a comprehensive list of the existing services more widely available to reach potential service users before a crisis point.
- Open day centres for a greater number of days per week, including bank holidays and weekends.
- End any 'postcode lottery' in services such as the free sitting service for people with dementia that is available in Denbighshire, but not Flintshire.

To this end, funding of services for older people needs to be equal to those of other service groups. Funding for individual care also needs to be simplified and made consistent. For example, Continuing Health Care funding is reported to lead to different outcomes in similar cases. Recruitment of care staff for dementia services is difficult:

"The stress has been too much on the staff during the pandemic, no matter what we pay them, they are just utterly exhausted. It puts others off to come into care work."

The lack of staff means that care becomes task-focused rather than treating service users 'as human beings'. Lack of staff in care homes is reducing communication with families and calls are not being answered.

The care provided by domiciliary carers could be improved by ensuring staff are encouraged to work in the field where they have most talent, either working with mental health or physical health. Those working with people living with dementia require specialist training and extra time to complete tasks. There is a lack of dementia trained care workers, which should be addressed by the local authorities. Social services need to ensure the agencies they employ to provide dementia care are fulfilling their obligations and following care plans carefully. The profile of the profession needs to be raised to attract a high calibre of staff.

A gap in services exists in relation to short home calls for support with medication. Neither health nor social care services provide calls only for medication, but older people with memory problems do need this vital care.

At a system level, health and social care need to work together more effectively. One suggestion for a joint initiative would be to develop a North Wales Dementia Centre, that can provide pre- and post- diagnostic support to all. This is supported by the All Wales Dementia Standards.

5.6 Review of services

Within North Wales there is a commitment to ensuring that people experience seamless care and support, delivered closer to home. To do this there is a requirement to strengthen the delivery of health and social care services within communities. A range of primary care, community health, social care, independent and third sector services are being brought together to develop integrated health and social care localities based largely on the geography of primary care clusters. This will be supported by greater integrated commissioning and planning between health and social care at county-level.

Integrated health and social care 'at place' will mean that we can bring services together within people's communities, and ensure that they are coordinated, easier to access and better able to deliver what matters to people.

Integrating health and care 'at place' also means that the way services are designed and delivered will be determined by the specific needs of individual communities, as determined through the development of Locality Needs Assessments. Strengthened Community Resource Teams (CRTs) will deliver care and support within communities, and will bring together a range of professions and agencies including:

- Community nursing,
- GPs,
- Social work,
- Pharmacists,
- Physiotherapy,
- Occupational therapy, and
- Community agents / navigators / connectors.

The people of North Wales have been very clear that they want to have better access to services in their own communities, and that they want to continue living in their own homes for as long as possible.

These new integrated health and social care localities will improve support available within communities, meaning that people can remain in their own homes for longer, with better access to a range of services to meet their needs. In North Wales the integration of Community Health and Social Care Services is underway.

Representatives from all sectors including councils, the NHS and the third sector have come together to form Area Integrated Service Boards (AISBs).

Planning services at the locality level is intended to improve the relationship between statutory health and social care services and communities. Locality leadership teams will provide support to existing community-based services and activities as well as develop new opportunities where none exist currently.

We will focus on improving the health and well-being of people in North Wales. People will be able to better access a whole range of support within their own communities, earlier, and we will move away from providing specialist services, such as traditional day services, and connect people to everyday activities within their local community instead.

Delivering care closer to home will mean that we are able to support more people to stay in their own homes for longer, with fewer admissions to hospital and fewer people needing to move into long-term care.

Digital communities

The North Wales Digital Communities initiative started in response to the Covid-19 pandemic. Over 350 iPads were purchased through Community Transformation, ICF, MacMillan and core funding. These were distributed to hospitals, hospices, care homes, and individuals in supported living accommodation, in order to support with 'virtual visiting' and enable people to remain in contact with family and friends, as well as take part in online consultations with their GPs, whilst in lockdown.

The project was so successful that we were able to purchase more iPads, tablets, and technology such as Amazon Echo's and Amazon Show's, as well as smart plugs, and a range of other innovative digital devices. These additional devices have also been given to care homes and are being used to promote independence, as well as being used for a range of well-being activities. They are also being used to support positive risk management within the community.

We have worked collaboratively with Digital Communities Wales to train community volunteers, called Digital Companions, to provide advice and support to assist people who have never used an iPad before, to get online.

Dementia Friendly Communities

In partnership with NEWCIS, Flintshire Council employs a small team to lead on the development of Dementia Friendly Communities, intergenerational projects, Memory Café's, research and programmes aimed at supporting people living with dementia.

Marleyfield dementia Saturday respite

NEWCIS is commissioned to administrate and promote carer respite for a cared for that is living with dementia within the council run Marleyfield Day Service on a Saturday for a period 12 weeks.

This service is referral based, where NEWCIS is commissioned and works in partnership with Flintshire Social Services to provide respite for a carer for a person living with dementia within the council run Marleyfield Day Service on a Saturday for a period of 12 weeks. The carers details are provided to Marleyfield Day Service for an assessment of cared for living with dementia to access the service. The assessment is completed by a senior care worker that manages the respite service.

5.7 Covid-19

The Older People's Commissioner for Wales published a report focusing on the impact of Covid-19 on older people in Wales (Leave No-one Behind – Action for an age friendly recovery, 2020). Key statistics for Wales published in the report found that:

- 94% of people who have died from Covid-19 have been over the age of 60.
- There were 694 care home resident deaths due to Covid-19.
- 53,430 people aged over 70 were required to shield in Wales.
- Over 50% of people aged over 70 say access to shopping, medication and other essentials had been affected.
- 41% of people over 75 do not have access to the internet, with many services moving online during the pandemic, digital exclusion has been a major issue.

Although these statistics are for Wales as a whole, they will reflect a general picture of the impact on older people in the North Wales region. BCUHB statistics for North Wales have demonstrated that the biggest impact on well-being has been social isolation due to shielding guidance. 1 in 3 older people have reported that they have less energy. 1 in 4 older people are unable to walk as far as before the pandemic and 1 in 5 feel less steady on their feet (BCUHB Infographic, 2021).

The Office for National Statistics found over 50% of the over 60s were worried about their wellbeing. Of these, 70% were worried about the future, 54% were stressed/anxious and 43% felt bored. They found the over 60s coped by staying in touch with family/friends, gardening, reading and exercise. The data showed they were more likely to help neighbours, less worried about finances, more worried about getting essentials and less optimistic about how long the pandemic would last. Banerjee (2020) also claims older people are more vulnerable to mental health problems during a pandemic and recommends that consideration is made for the mental health of this group, with increased risk of health anxiety, panic, depression and feeling of isolation, particularly those living in institutions.

Hoffman, Webster and Bynum (2020) discuss the implications of isolation on the older population. They claim reduced physical activities, lack of social contact, and cancellation of appointments, can lead to increases in disability, risk of injury, reduced cognitive function and mental health issues. Campbell (2020) also finds social isolation can impact physical and mental health, with reduced physical activity, limited access to resources, loneliness and even grief. Cox (2020) claims the higher risks for older people are further exacerbated by inequalities, including chronic illness, poverty and race, making individuals with long-term conditions, low socio-

economic status and Black, Asian and Minority Ethnic (BAME) people even more vulnerable.

The Centre for Ageing Better (2020) claim that although many more of the over 55s have moved online, the digital divide has widened during the pandemic, with more services moving to online only. It is important to ensure that older people aren't digitally excluded moving forward. Boulton et al (2020) in a review of remote interventions for loneliness, highlighted methods that can reduce loneliness, including telephone befriending, video communication, online discussion groups and mixed method approaches. They claim that the most successful involved the building of close relationships, shared experiences or characteristics and some pastoral care. In a rapid review, Noone et al (2020) contradict this, suggesting evidence that video consultations reduced loneliness, symptoms of depression and/or quality of life were inconclusive and more high quality evidence was needed.

Third sector organisations supporting older people across the region have reported two major concerns, the first being digital exclusion and the need to find alternatives for those who don't want or aren't able to move activities online. The second concern has been raised regularly by older people of Do Not Resuscitate (DNR) notices being automatically applied to older people in hospital during the pandemic.

A rapid review was undertaken in October 2020 by the North Wales Regional Partnership Board. The rapid review summarises available research about the impact of Covid-19 on people who receive care and support services, this included a section on older people. The [Population Needs Assessment Rapid Review 2020](#) contains further information about the impact of Covid-19 on the population.

5.8 Equalities and Human Rights

Ageism is the stereotyping, prejudice and/or discrimination against people on the basis of their age or perceived age (Older People's Commissioner for Wales, Ageism 2019). There are many impacts of ageism which can include loss of social networks, decrease in physical activity, adverse health effects including mental health, loss of

financial security and loss of influence or self-esteem (Ageism Leaflet Older Peoples Commissioner for Wales, 2019).

The Equality Act 2010 states that the providers of goods and services (e.g. shops, GPs, hospitals, dentists, social services, transport services such as bus services, local authority services such as access to public toilets) and employers must not discriminate – or offer inferior services or treatment – on the basis of a protected characteristic, which includes age.

5.9 Safeguarding

The Social Services & Well-being (Wales) Act 2014 defines an adult at risk as someone who is experiencing or are at risk of abuse or neglect, have needs for care and support (whether or not the authority is meeting any of those needs) and, as a result of those needs, are unable to protect themselves against the abuse or neglect, or the risk of abuse or neglect. A North Wales Safeguarding Adults Board was set up under the Social Services and Well-being (Wales) Act 2014 to:

- Protect adults within its area who have needs for care and support (whether or not a local council is meeting any of those needs) and are experiencing, or are at risk of, abuse or neglect.
- Prevent those adults within its area becoming at risk of abuse or neglect (North Wales Safeguarding Board, 2016).

Abuse can include physical, financial, emotional or psychological, sexual, institutional and neglect. It can happen in a person's own home, care homes, hospitals, day care and other residential settings (Age Cymru, 2016). A report from the Older People's Commissioner for Wales has highlighted the need for more services and support tailored to meet the needs of older people who are experiencing or are at risk of abuse, to ensure they can access the help and support that they need to keep them safe or leave abusive relationships.

The report also identifies a number of issues that can prevent older people from accessing services and support. These include a lack of awareness amongst some

policy-makers and practitioners about the specific ways that older people may experience abuse, and the kinds of support that would have the most beneficial impact. In December 2021 the Welsh Government are due to publish a strategy 'Action Plan to Prevent the Abuse of Older People'.

Age UK found that over half of people aged 65 and over believe that they have been targeted by fraudsters (Age UK, 2015). One in 12 responded to the scam and 70% of people who did respond, said they personally lost money. While anyone can be a victim of scams, older people may be particularly targeted because of assumptions they have more money than younger people and may be more at risk due to personal circumstances such as social isolation, cognitive impairment, bereavement and financial pressures. They may also be at risk of certain types of scam such as doorstep crime, bank and card account takeover, pension liberation scams and investment fraud. This has also been exacerbated by the Covid-19 pandemic during lockdown, where there was reduction in face-to-face service delivery. Many areas of safeguarding resulted in hidden abuse. BCUHB works in partnership with North Wales Police in line with the Wales Safeguarding Procedures s126.

5.10 Violence against women, domestic abuse and sexual violence

Older people may be more likely to be impacted by lack of mobility, sensory impairments, and conditions such as Alzheimer's and Dementia, which may make them particularly vulnerable to exploitation and abuse. Research shows that people aged over 60 are more likely to experience abuse either by an adult family member or an intimate partner than those ages under the age of 60. Safe Lives have a care pathway for Older People which can be accessed here:

[Older peoples care pathway.pdf \(safelives.org.uk\)](#)

Furthermore, such conditions may mean that they are reliant on other people for their care and in certain circumstances, this can make them more vulnerable to abuse and / or neglect, as defined by the Social Services and Wellbeing (Wales) Act.

VAWDASV includes, 'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or

have been, intimate partners or family members regardless of gender or sexuality' (Home Office: 2016). It is likely that in at least some circumstances, older people may be at risk of, or indeed be living with, domestic abuse. Furthermore, they may also be inadvertently perpetrating abuse against caregivers.

This may present unique challenges for social workers and other professionals working with older people. Older people may need a holistic approach, which not only addresses their need to be safe, but to continue to live independently insofar as possible, while having any other ongoing health needs addressed as well.

5.11 Advocacy

The Golden Thread Advocacy Programme was funded by Welsh Government for four years from 2016 – 2020 to run alongside and support the implementation of Part 10 (Advocacy) of the Social Services and Well-being (Wales) Act 2014. The programme has now ended, but Age Cymru's commitment to advocacy in Wales continues through the [HOPE](#) project.

Anglesey, Gwynedd and Wrexham: North Wales Advice and Advocacy Association (NWAAA) offer advocacy to over 65s

Conwy and Denbighshire: DEWIS Centre for Independent Living offer advocacy to anyone over 65, or any carer.

People living with Dementia (all counties): Alzheimer's Society offer support for anyone living with dementia, whether they have capacity or can communicate or not.

5.12 Welsh language considerations

An 'active offer' must be provided for people who are receiving or accessing services for older people. The Welsh Government's strategic framework for the Welsh language in health and social care, 'More Than Just Words', aims to ensure that the language needs of services are met and that Welsh language services are provided for those that request it. The Welsh Government have highlighted five priority groups where Welsh language services are especially important. This included older people and people living with dementia.

It is estimated that approximately 2,700 people living with dementia in North Wales will be Welsh speakers (North Wales Dementia Strategy, 2020). It is vitally important that services and diagnostic tests are available via the medium of Welsh for people living with dementia. If Welsh is a person's first language, they may lose the ability to communicate in English when living with dementia (Alzheimer's Society, 2020). A priority action within the North Wales Dementia Strategy is to continue to promote the active offer of Welsh language services, implement the strategic framework across North Wales and recommendations from research undertaken by the Welsh Language Commissioner and Alzheimer's Society Cymru to overcome barriers.

5.13 Socio-economic considerations

It is estimated that around 18% of pensioners in Wales were living in relative income poverty between 2017 and 2020 (Welsh Government 2020). This number that has been rising in recent years. The pandemic will have been an especially difficult time for the 1 in 5 older people in Wales living in relative income poverty, as they will have felt the greatest impact of increased living costs (Leave no-one behind: action for an age friendly recovery, 2020).

Every year, thousands of older people in Wales, who are struggling financially miss out on millions of pounds of entitlements and financial support. Unclaimed Pension Credit alone totals as much as £214 million during 2018/19. Fuel poverty is a major issue for older people. Again this has been made worse by the Covid-19 pandemic with older people in self-isolation or shielding during periods of lockdown (Leave no-one behind: action for an age friendly recovery, 2020).

A report by the Older Peoples Commissioner for Wales (Leave no-one behind, 2020) highlighted a number of long term actions that should take place to support older people potentially facing financial and economic hardship. These actions include:

- Targeted intervention at a local level to ensure take up of financial entitlements.
- Review support for older workers and examine how interventions could better support people to remain or enter employment again.
- Widen existing home energy efficiency programmes to reduce fuel poverty.

5.14 Conclusions and recommendations

It is recommended that, in line with all legislation, policy and guidance, the following recommendations and priorities are progressed to meet the vision for those with older people within the North Wales region:

- **Workforce:** There are critical pressures faced by older people's social services. This has been exacerbated by the pandemic. There is an urgent priority around ensuring a sufficient workforce is in place to meet the needs of the older population of North Wales, particularly those with more complex needs. Further exploration of this priority will be included within the Market Stability Report.
- **Supporting people at home:** Delivering care closer to home will focus on improving the health and wellbeing of people in North Wales. People will be able to better access care and support in their own communities. This means people can stay in their own homes for longer. The integration of health and social care, such as the work ongoing with Community Resource Teams will support this.
- **Co-production and social value:** Delivering services for older people must include the views of the population. Older people should have a voice in shaping services that they may access. The Wales Cooperative Centre has published a paper outlining how services, such as domiciliary care, can be commissioned using an outcomes based approach for provision, which focuses on well-being, as well as any immediate need.
- **Digital inclusion:** Older people are likely to be one of the more digitally excluded groups. The recent increase in the use of digital technology to access and manage health and social care services means that there is a risk that older people will be left behind. A regional priority around the Older People's Commissioner for Wales guidance for ensuring parity of access to

digital services should be explored cross the partnership. This will ensure older people can access information and services, in a way that protects their rights. This builds on the work taking place as part of digital communities across North Wales.

- **Supporting people in mid and later life to be more active:** Ensuring that new developments incorporate Active Travel routes into and through development, and provide walking and cycling infrastructure contributes towards achieving this. Providing more inclusive services from the fitness and leisure sector, including strength and balance programmes will also assist.
- **Housing and accommodation:** Ensuring developments for new homes are accessible to all, through for example incorporating dementia friendly measures and accessible homes and developments.

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

<https://www.northwalescollaborative.wales/>

6. General health needs, physical impairment and sensory loss

6.1 About this chapter

This chapter includes information on the needs of the population relating to general health, lifestyle, long term conditions. This chapter also contains information for groups with a physical and / or sensory impairment. The general health and well-being needs for specific groups can also be found in each of the other chapters of this population needs assessment.

Data used within this chapter is from surveys and the sample size means it is not entirely accurate and so needs to be treated with caution.

Definitions

The World Health Organisation (WHO) defines good health as:

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

They describe disability as;

“An umbrella term covering impairments, activity limitations, and participation restrictions. An impairment is a problem in bodily function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. This means that disability is not just a health problem. It is about the interaction between features of a person’s body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.”

Policy and legislation

The Social Services and Well-being (Wales) Act 2014 has placed a duty on local authorities and health boards to development joint needs assessment for their

populations. This population needs assessment is a product of that requirement. The duty to assess the overall health of the population underpins other key legislative priorities, such as 'A Healthier Wales', which aims to further integrate health and social care within Wales and produce a framework of support that is fit for the future.

6.2 General health status

North Wales compares well in terms of health compared to Wales as a whole, a lower proportion of adults in North Wales report their general health status as fair, and bad or very bad, compared to the Wales average. Denbighshire has the lowest proportion in good or very good health, which is slightly below the Wales average. Other councils in North Wales all have similar proportions.

Table X: General health of adults (age 16 and over) 2018-19 and 2019-20 combined, age standardised

Local council	Health in general	Health in general	Health in general
	Good or Very Good	Fair	Bad or Very Bad
Anglesey	76%	18%	6%
Gwynedd	75%	18%	6%
Conwy	76%	16%	8%
Denbighshire	70%	20%	10%
Flintshire	76%	17%	7%
Wrexham	74%	18%	8%
North Wales	75%	18%	8%
Wales	72%	20%	9%

Source: StatsWales table hlth5052, National Survey for Wales, Welsh Government

The table below shows the proportion with any illness, and how much people are limited by longstanding illness. North Wales as a whole has a lower proportion with a long standing illness than the Wales average. Denbighshire is similar to other parts of North Wales for the proportion with a long standing illness, which does not match with the table above for general health.

Table X: Percent of adults (age 16 and over) limited by illness 2018-19 and 2019-20 combined, age standardised

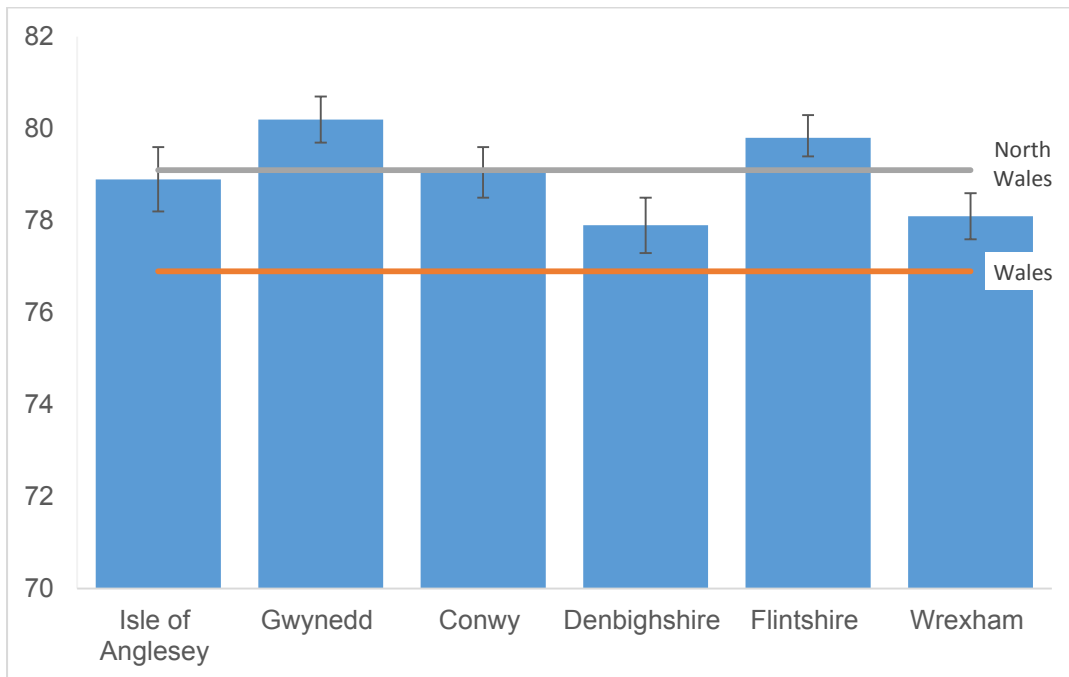
Local council	Any long standing illness	Limited at all by longstanding illness	Limited a lot by longstanding illness
Anglesey	48%	30%	17%
Gwynedd	44%	32%	17%
Conwy	41%	29%	15%
Denbighshire	41%	32%	16%
Flintshire	42%	30%	13%
Wrexham	44%	30%	19%
North Wales	43%	31%	15%
Wales	47%	34%	18%

Source: StatsWales table hlth5052, National Survey for Wales, Welsh Government

Health asset data from the 2021 Census will be reviewed when this data becomes available in 2022. The Census information for 2011 is provided below, as it is still a relevant source of information.

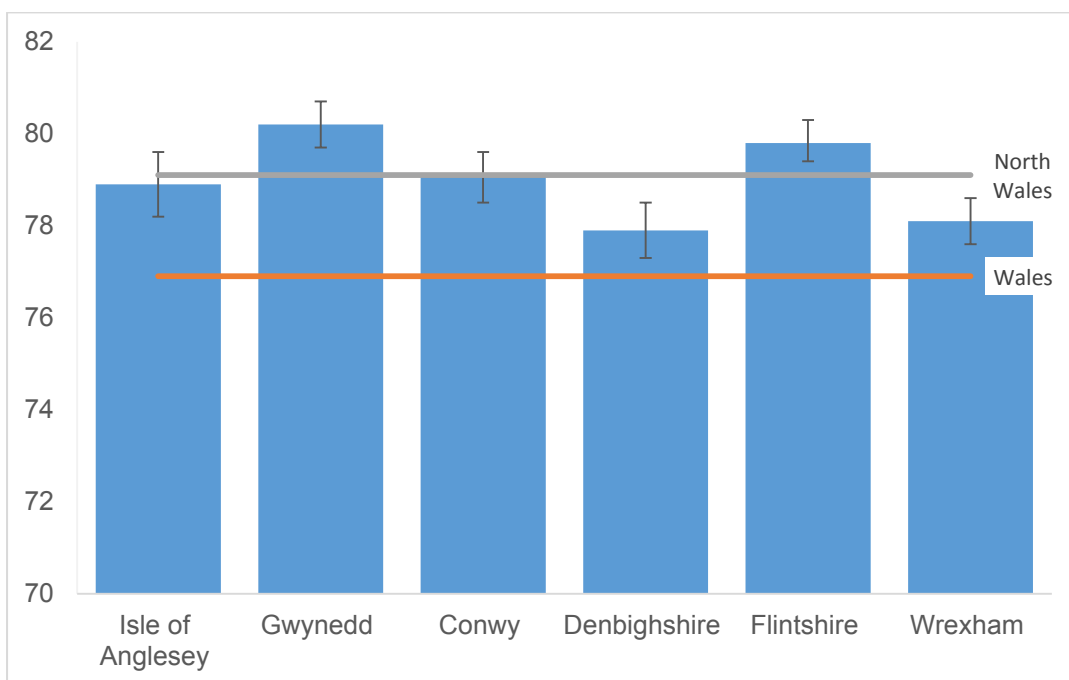
The chart below shows around 80% of people in North Wales report that they are in good health and that their day-to-day activities are not limited (Jones et al., 2016). Gwynedd has the highest proportion of people reporting good health and not being limited by poor health.

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



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

Chart X: Health asset indicators good health, age-standardised percentage 2011



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

The overall rates mask differences in health across the region. Some areas of our population experience greater levels of deprivation and poorer health; and some

groups in the population tend to experience poorer health or experience more barriers in accessing health care and support.

1.1.1. Lifestyle factors

Smoking

Smoking is a major cause of premature death and one in two long-term smokers will die of smoking related diseases. A recent report to the women’s board for BCUHB stated that the proportion of women that smoked during pregnancy was 18.7% for the year ending Sep 2020. Rates range from 17% in the East to 22% in the Centre and 19% in the West. When compared with previous years, the Central area has seen in an increase in the proportion of women that smoked during pregnancy.

Table X: proportion who smoke during pregnancy (12 month rolling average to September for each year)

Local council	2017	2018	2019	2020
West (Anglesey and Gwynedd)	18.1%	20.0%	18.1%	16.9%
Centre (Conwy and Denbighshire)	20.5%	19.8%	17.4%	22.1%
East (Flintshire and Wrexham)	16.5%	13.9%	17.4%	17.2%
North Wales	18.1%	17.4%	17.6%	18.7%
Wales	-	-	17%	-

Source: BCUHB / PHW

Nationally, the percentage of pregnant women, who were recorded as smoking at their initial assessment, decreased marginally between 2018 and 2019. The proportion of women (all births) that gave up smoking during pregnancy is reported at 13.6% for the year ending September 2020. An increase from previous years. Rates range from 12% in the East to 17% in the West. Rates have increased in both

West and East areas when compared with the previous two years. A reduction is seen for the Central area.

In North Wales, 17.6% of adults aged 16 years and over report being a smoker and 5.7% reported using an E-cigarette, compared to 17.4% and 6.4% across Wales. Conwy had the highest smoking prevalence at 24.9%, followed by Wrexham at 20%. Gwynedd had the lowest at 10.8%. Rates of smoking vary considerably by area with more deprived areas of North Wales have higher levels of smoking.

Table X: Percent of adults (age 16 and over) who is a smoker or e-cigarette user 2018-19 and 2019-20 combined, age standardised

Local council	Smoker	E-cigarette user
Anglesey	18%	4%
Gwynedd	11%	4%
Conwy	25%	6%
Denbighshire	14%	5%
Flintshire	17%	6%
Wrexham	20%	9%
North Wales	18%	6%
Wales	17%	6%

Source: StatsWales table hlth5002, National Survey for Wales, Welsh Government

Overweight and obesity

Obesity is a major contributory factor for premature death and is associated with both chronic and severe medical conditions, including coronary heart disease, diabetes, stroke, hypertension, osteoarthritis, complications in pregnancy and some cancers. People who are obese may also experience mental health problems, bullying, or discrimination in the workplace (Public Health Wales, 2016a).

Overweight and obesity is related to social disadvantage, with higher levels in the most disadvantaged populations. In North Wales, just over half the adult population (55%) are overweight or obese, which is just below the average for Wales, 60%. Across the region, Flintshire and Wrexham have the highest proportion of adults who are overweight or obese at 58%, followed by Gwynedd (57%) and Anglesey (56%). Conwy and Denbighshire have the lowest proportions.

Table X: Percent of adults (age 16 and over) who are classed as overweight or obese 2018-19 and 2019-20 combined, age standardised

Local council	Underweight (BMI under 18.5)	Healthy weight (BMI 18.5-25)	Overweight (BMI 25-30)	Obese (BMI 30+)
Anglesey	0.9%	42.4%	37.4%	19.4%
Gwynedd	3.9%	38.9%	39.0%	18.1%
Conwy	7.0%	43.1%	30.1%	19.8%
Denbighshire	4.2%	43.6%	30.6%	21.6%
Flintshire	3.7%	38.3%	39.3%	18.8%
Wrexham	3.2%	38.6%	31.5%	26.7%
North Wales	4.0%	40.6%	35.8%	24.1%
Wales	1.9%	38.2%	35.8%	24.1%

Source: StatsWales table hlth5002, National Survey for Wales, Welsh Government

Physical activity

People who have a physically active lifestyle can significantly improve their physical and mental well-being, help prevent and manage many conditions such as coronary heart disease, some cancers, and diabetes and reduce their risk of premature death (Public Health Wales, 2016a).

In North Wales, 34% of adults report being physically active for at least 150 minutes in the past week, which is slightly higher than the Wales average of 55%. Across the region, 63% of adults in Conwy were physically active, which is the highest proportion. Wrexham had the lowest proportion at 49%, which is below the North Wales and Wales proportion (53%).

Table X: Percent of adults (age 16 and over) participating in physical activity 2018-19 and 2019-20 combined, age standardised

Local council	Active less than 30 minutes in previous week	Active 30-149 minutes in previous week	Active at least 150 minutes in previous week
Anglesey	29%	15%	56%
Gwynedd	32%	14%	54%
Conwy	28%	9%	63%
Denbighshire	37%	12%	52%
Flintshire	30%	12%	57%
Wrexham	29%	21%	49%
North Wales	31%	14%	55%
Wales	33%	14%	53%

Source: StatsWales table hlth5002, National Survey for Wales, Welsh Government

Alcohol

Alcohol is a major contributory factor for premature death and a direct cause of 5% of all deaths in Wales (Betsi Cadwaladr University Health Board, 2015). Alcohol consumption is associated with many chronic health problems including: mental ill health; liver, neurological, gastrointestinal and cardiovascular conditions; and several types of cancer. It is also linked with injuries and poisoning and social problems, including crime and domestic violence (Public Health Wales, 2016a).

Alcohol has the greatest impact on the most socially disadvantaged in society, with alcohol-related mortality in the most deprived areas much higher than in the least deprived. Although alcohol consumption is gradually declining, more than 18% of adults in North Wales self-report drinking above guidelines in an average week. Wrexham has the highest proportion of adults aged 16 and over reporting drinking above guidelines, 22%, followed by Flintshire, 21%, which are just above the averages for North Wales, and Wales, (19%). Anglesey and Denbighshire have the lowest proportions across the region, 14%.

Table X: Average weekly alcohol consumption in adults (age 16 and over) 2018-19 and 2019-20 combined, age standardised

Local council	None*	Some, up to 14 units (moderate drinkers)	Above 14 units (over guidelines)
Anglesey	22%	64%	14%
Gwynedd	22%	61%	16%
Conwy	18%	67%	15%
Denbighshire	35%	51%	14%
Flintshire	15%	65%	21%
Wrexham	18%	61%	22%
North Wales	21%	61%	18%
Wales	21%	60%	19%

*may include some people who do sometimes drink

Source: StatsWales table hlth5002, National Survey for Wales, Welsh Government

6.3 Chronic conditions

Chronic conditions are generally those which cannot be cured, only managed. They can have a significant impact for individuals, families and health and social care services (Jones et al., 2016). It is estimated that around a third of adults in Wales are currently living with at least one chronic condition. Evidence from GP practice registers in North Wales confirms a figure slightly higher than this.

Table XX shows the number and percentage of GP practice patients registered as having a chronic condition.

Table X: percentage of GP practice patients registered as having a chronic condition, 2020

Local council	Asthma	Atrial fibrillation	COPD*	CHD **	Heart failure	Hyper-tension	Stroke ***
Anglesey	8.5%	2.8%	3.1%	4.0%	1.2%	17.9%	2.6%
Gwynedd	7.2%	2.5%	2.8%	3.3%	1.1%	16.1%	2.0%
Conwy	7.6%	2.9%	2.7%	4.4%	1.3%	18.1%	2.5%
Denbighshire	7.8%	2.7%	3.2%	4.2%	1.2%	17.3%	2.2%
Flintshire	7.4%	2.4%	2.4%	3.6%	1.0%	16.2%	1.9%
Wrexham	7.5%	2.3%	2.5%	3.5%	1.1%	16.8%	2.0%
North Wales	7.6%	2.6%	2.7%	3.8%	1.1%	16.9%	2.2%
Wales	7.4%	2.4%	2.4%	3.6%	1.1%	15.9%	2.2%

*Chronic obstructive pulmonary disease: a group of lung conditions that make it difficult to empty air out of the lungs because airways have been narrowed

**Secondary prevention of coronary heart disease

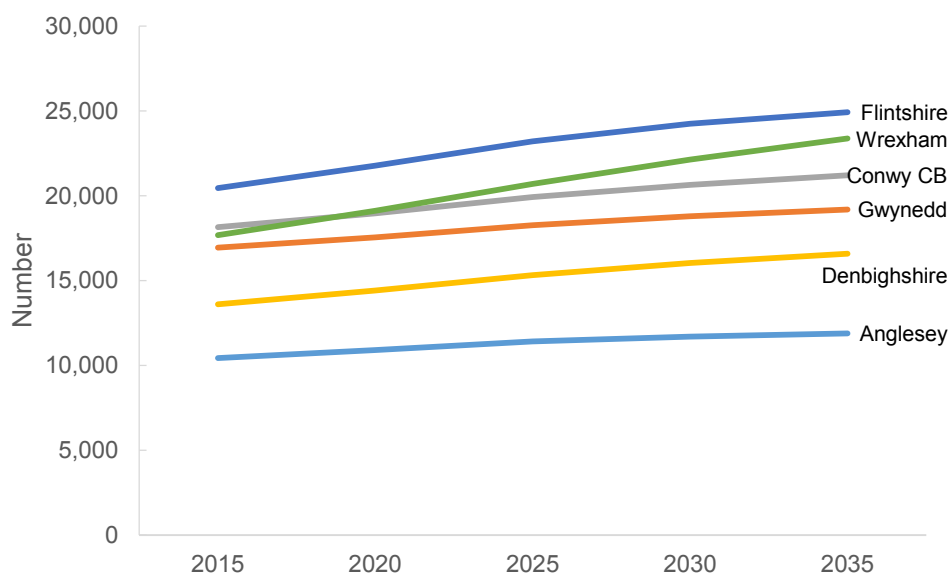
***Stroke and transient ischaemic attack

Source: Quality Assurance and Improvement Framework (QAIF) disease registers, StatsWales, Welsh Government

While these are common conditions, there are many other long-term conditions, which can have a significant impact on a person's ability to participate fully in society and on their general well-being. These include neurological conditions, cancer and the impact of diseases such as stroke. More detailed data on specific conditions can be obtained from local councils or the health board. However, for the purposes of this chapter, we have focused on a summary of the general issues that affect well-being. It is what matters to the individual that should be taken into consideration.

The number of people living with a limiting long-term illness is predicted to increase by nearly 22% over the 20 year period to 2035. See chart **XX** below. Much of the increase will arise from people living to older age.

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



Source: Daffodil (Prevalence rate from taken from the Welsh Health Survey 2012, table 3.11 Adults who reported having illnesses, or limited by a health problem/disability; pop base from WG 2011-based population projections)

6.4 Physical disability and sensory impairment

Physical disability

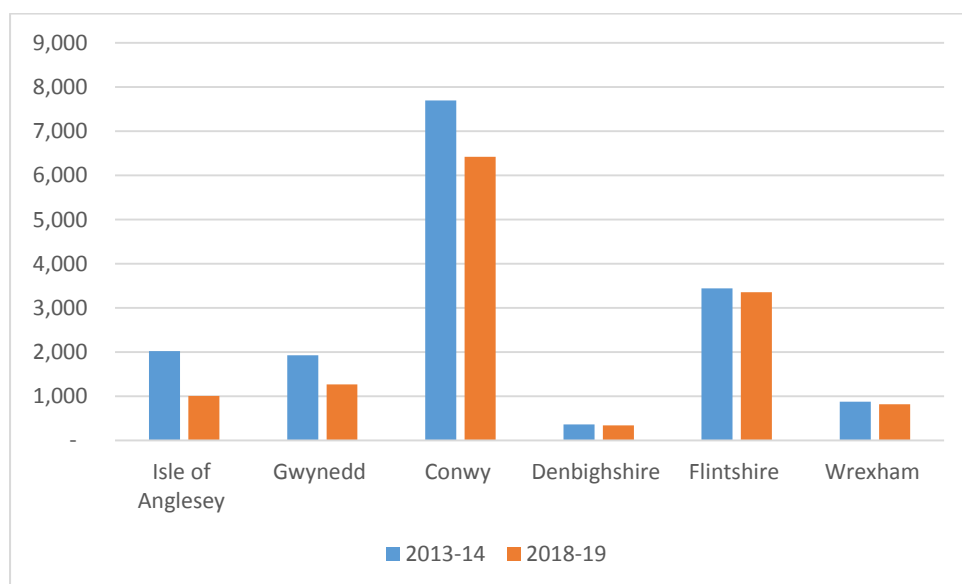
There is an estimated 14.1 million disabled people in the UK. 8% of children are disabled; 19% of working adults are disabled and 46% of pension age adults are disabled (Scope, 2019/2020). The 2011 Census shows that there were nearly 700,000 individuals in Wales with some form of limiting long-term illness or 'disability'. This is 22.7% of the population. 10.8% reported that their day-to-day activities were limited a little, and the remaining 11.9% were limited a lot. The 2021 Census data will become available in 2022. Census data within this assessment will then be reviewed and updated.

More recent estimates from the Annual Population Survey (APS) (year ending September 2020) show that there were 415,600 disabled people (Equality Act 2010 definition) aged 16 to 64 in Wales, representing 21.9% of the 16 to 64 population (Locked Out Report, 2021).

Sensory impairment

Some information concerning physical or sensory impairment (but without visual impairment) is held on local council registers as shown below. The wide variation in numbers suggests the data is incomplete.

Chart X: Physically/sensory disabled people without visual impairment



Source: Local authority register of persons with physical or sensory disabilities (StatsWales table care0016) data collection, Welsh Government

The registers of people with physical or sensory disabilities include all persons registered under Section 29 of the National Assistance Act 1948. However, registration is voluntary and figures may therefore be an underestimate of the numbers of people with physical or sensory disabilities. Registration of severe sight impairment is, however, a pre-condition for the receipt of certain financial benefits and the numbers of people in this category may therefore be more reliable than those for partial sight impairment or other disabilities. These factors alongside the uncertainties about the regularity with which councils review and update their

records, mean that the reliability of this information is difficult to determine and so it cannot be thought of as a definitive number of people with disabilities.

People with sight impairment are registered by local authorities following certification of their sight impairment by a consultant ophthalmologist. The Certificate of Vision Impairment (Wales) formally certifies someone as partially sighted or as blind (now using the preferred terminology 'sight impaired' or 'severely sight impaired', respectively) so that the Local Authority can register him or her. Registration is voluntary and access to various, or to some, benefits and social services is not dependent on registration. If the person is not known to social services as someone with needs arising from their visual impairment, registration also acts as a referral for a social care assessment.

Sight loss, blindness and partial sight loss

Visual impairment is when a person has sight loss that cannot be corrected using glasses or contact lenses (Jones and Atenstaedt, 2015). The table below shows the total number and rate predicted to be living with sight loss. The rate per 1,000 people for North Wales is higher than the Wales rate. Conwy has the highest rate for North Wales at 48 people per 1,000. Wrexham and Flintshire have the lowest at 34 and 35 per 1,000 people.

The numbers registered blind or partially sighted are much lower. Rates per 100,000 people for North Wales are above the Wales average. Conwy has the highest rate at 586 per 100,000. Denbighshire has the lowest at 424 per 100,000 people.

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

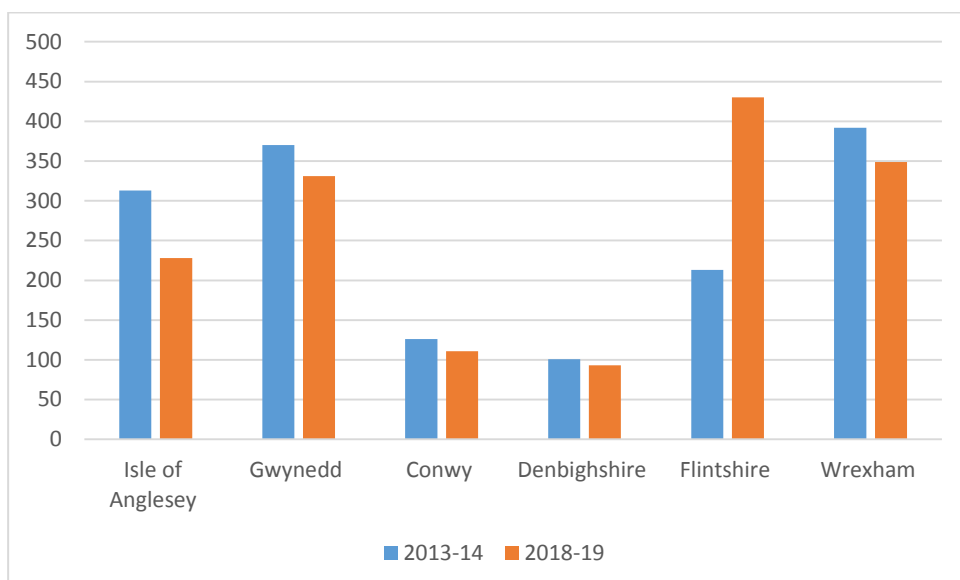
Local council	Estimated number living with sight loss	Rate living with sight loss per 1,000	Total registered blind	Total registered partially sighted	Rate per 100,000 registered blind or partially sighted
Anglesey	2,960	42	200	228	576
Gwynedd	4,820	39	289	331	523
Conwy	5,660	48	168	111	586
Denbighshire	3,750	39	147	93	424
Flintshire	5,460	35	375	430	512
Wrexham	4,580	34	282	349	440
North Wales	27,230	39	1,461	1,542	429
Wales	111,000	35	6,484	6,653	417

Source: RNIB sight loss data tool version 4.3.1

The National Eye Health Epidemiological Model (NEHEM) estimates using 2011 Census population data are shown in **table xx**. This shows that the estimated prevalence of all vision impairment and low vision in the population aged 50 years and over was slightly higher in North Wales than the all-Wales estimates. The estimated prevalence of severe sight impairment was the same in North Wales as in Wales.

The numbers of people with sight impairment or severe sight impairment can be estimated from the registers held by social services. However, these figures are likely to be underestimates as they rely on self-referral.

Chart X: Number of people with sight impairment



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

Table X: Number and rate of sight impaired people per 100,000 population

Local council	Number sight impaired 2013/14	Rate sight impaired 2013/14	Number sight impaired 2018/19	Rate sight impaired 2018/19
Anglesey	313	447	228	326
Gwynedd	370	304	331	267
Conwy	126	109	111	95
Denbighshire	101	107	93	98
Flintshire	213	139	430	276
Wrexham	392	289	349	256
North Wales	1,515	219	1,542	221
Wales	8,676	281	6,653	212

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

The percentage of people living with sight loss compared to the overall population is projected to increase from approximately 3.73% in 2016 to 4.92% by 2030 (Welsh Government, 2016).

The table below shows that cataracts, glaucoma and macular degeneration have higher rates in North Wales than for Wales as a whole. Rates vary between local authorities. For cataracts, Conwy has the highest rate in North Wales at 1,638 per 100,000 population, compared to the lowest in Wrexham at 1,118 per 100,000. Conwy also has the highest rate for glaucoma at 1,493 per population, compared to the lowest in Wrexham at 1,103 per 100,000. Conwy, again, has the highest rate for macular degeneration at 7,807 per 100,000 population, compared to the lowest in Wrexham at 5,627. The rate for diabetic retinopathy in North Wales is similar to the Wales rate.

Table X: Rate per 100,000 of people estimated to be living with eye related conditions, 2021

Local council	Cataracts	Glaucoma	Diabetic retinopathy	Macular degeneration*
Anglesey	1,442	1,356	1,999	7,096
Gwynedd	1,285	1,212	2,023	6,294
Conwy	1,638	1,493	2,039	7,807
Denbighshire	1,348	1,285	1,985	6,688
Flintshire	1,179	1,160	1,986	5,932
Wrexham	1,118	1,103	1,957	5,627
North Wales	1,312	1,251	1,997	6,471
Wales	1,174	1,145	1,992	5,871

*includes people living with both Drusen, an early stage age-related macular degeneration, and late stage age-related macular degeneration

Source: RNIB sight loss data tool version 4.3.1

Deaf and hard of hearing

Loss of hearing can be mild, moderate, severe or profound. It can affect one or both ears. Hard of hearing is normally used for people with mild to severe hearing loss. The term Deaf is normally used to describe people with profound hearing loss. There are various ways to communicate, including Sign Language, lip reading, fingerspelling, deafblind fingerspelling and written words.

The RNID estimate that one on five adults in the UK is Deaf or has hearing loss. For people over 50, around 40% are estimated to have some form of hearing loss. this rises to 71% of people aged over 70. Up to 75% of people in care homes are affected (National Institute for Health and Care Excellence, 2019).

Hearing loss can lead to withdrawal from social situations, emotional distress, and depression. Research shows that it increases the risk of loneliness. Hearing loss can increase the risk of dementia by up to five times, but evidence also suggests that hearing aids may reduce these risks.

Number and rate per 100,000 of people estimated to be living with hearing impairments, 2021

Local council	Estimated number moderate or severely hearing impaired	Rate moderate or severely hearing impaired	Estimated number profoundly hearing impaired	Rate profoundly hearing impaired
Anglesey	9,580	13,677	210	300
Gwynedd	15,300	12,283	350	281
Conwy	17,700	15,102	420	358
Denbighshire	12,300	12,853	270	282
Flintshire	17,900	11,467	380	243
Wrexham	15,000	11,033	320	235
North Wales	87,780	12,548	1,740	249
Wales	360,000	11,418	7,940	252

Source: RNIB sight loss data tool version 4.3.1

Deafblindness

The term deafblind covers a wide range of different conditions and situations. We use this term for the purposes of this assessment to mean people who have 'sight and hearing impairments which, in combination, have a significant effect on their day to day lives'. There are approximately over 390,000 people in the UK who are deafblind, with this figure set to increase to over 600,000 by 2035. If you would like more detailed estimates, please [contact Sense Information and Advice](#).

Deafblindness is also known as dual sensory loss or Multi-Sensory Impairment. People who are deafblind, include those who are congenitally deafblind and those who have acquired sensory loss. The most common cause however is older age. Deafblindness can cause problems with communication, access to information and mobility. Early intervention and support provides the best opportunity of improving a person's well-being (Sense, 2016).

Estimates of the number of people with co-occurring vision and hearing impairments suggest that by 2030, in the region of 1% of the population of North Wales will be deafblind. The proportion of deafblind people increases significantly with age.

Table X: Number and rate per 100,000 of people estimated to be living with any dual sensory loss, 2021

Local council	Estimated number with dual sensory loss	Rate with dual sensory loss
Anglesey	560	800
Gwynedd	910	731
Conwy	1,070	913
Denbighshire	710	742
Flintshire	1,040	666
Wrexham	880	647
North Wales	5,170	739
Wales	21,300	676

Source: RNIB sight loss data tool version 4.3.1

Mental health and well-being

Shoham et al (2019) investigated whether people with sensory impairment have more depressive and anxiety symptoms than people without sensory impairment. The study used analysed data from the Adult Psychiatric Morbidity Survey (2014) and found that 19% of people with hearing impairment, 31% with distance visual impairments and 25% with near visual impairments had clinically significant psychological morbidity. The authors found that social functioning accounted for around 50% of these relationships between sensory impairment and psychological morbidity (Shoham et al. 2019).

Deaf people are more likely to have poor mental health – up to 50%, compared to 25% for the general population (Understanding disabilities and impairments, UK

Government, 2017). Depression in adults with a chronic physical health problem is well recognised and there is a significant amount of evidence on effective care and support. As well as management and treatment, the evidence supports the positive impact of information provision, group physical activities and support programmes (NICE, 2012).

Housing needs and homelessness

People living in the most deprived areas have higher levels of hearing and visual impairment, and also long-term health problems, particularly chronic respiratory conditions, cardiovascular disease and arthritis (Public Health Wales, 2016b). People in these areas also may be living in poor conditions.

Housing has an important effect on health, education, work, and the communities in which we live. Poor quality housing, including issues such as mould, poor warmth and energy efficiency, infestations, second-hand smoke, overcrowding, noise, lack of green space and toxins, is linked to physical and mental ill health as well as costs to the individual, society and the NHS in terms of associated higher crime, unemployment and treatment costs (Public Health Wales, 2015). Health problems associated with these issues include respiratory problems, depression, anxiety, neurological, cognitive, developmental, cardiovascular and behavioural conditions, cancers, poisoning and death (Public Health Wales 2016a).

Dealing with hazards, such as unsafe stairs and steps, electrical hazards, damp and mould growth, excessive cold and overcrowding, costs around £67 million per year to the NHS in Wales (Public Health Wales, 2015). The wider cost to society, such as poor educational attainment and reduced life chances were estimated at £168 million a year. It was estimated that the total costs to society could be recuperated in nine years if investment was made to address these problems (Public Health Wales, 2016).

Adaptations to housing can help maintain or regain independence for people with physical disability or sensory impairment. There are a range of initiatives which can assist with housing adaptations, some provided through local councils and some through third sector support agencies.

Extra care housing schemes can give a balance between living in a person's own home and having on-site dedicated care and support if needed. Residential and nursing care provides accommodation with trained staff on hand day and night to look after a person's needs.

Inclusive design and planning requirements

Inclusive design aims to remove the barriers that create undue effort and separation. It enables everyone to participate equally, confidently and independently in everyday activities. Inclusive design is everyone's responsibility. This is an important consideration in the development or redesign of facilities and services.

Meeting access needs should be an integral part of what we do every day. We should use our creativity and lateral thinking to find innovative and individual solutions, designing for real people. By designing and managing our environment inclusively, difficulties experienced by many – including people with a disability or sensory impairment, but also older people and families with small children – can be reduced.

The built and natural environment is a key determinant of health and well-being. The way places are can impact on the choices made such as travel, recreational choices and how easy it is to socialise with others. The planning system is required to identify proactive and preventative measures to reduce health inequalities. For example, through providing opportunities for outdoor activity and recreation, active travel options, enabling connections to social activity, reducing air and noise pollutions and exposure to it, and seeking environmental and physical improvements.

Planning policy Wales sets out five key planning principals, which are vital to achieving the right development in the right place. Facilitating accessible and healthy environments is one. Land use planning and the places created should be accessible to all and support healthy lives. They should be barrier free and inclusive to all. Built and natural environments should be planned to promote mental and physical well-being. Creating and sustaining communities is another planning principal and seeks to work in an integrated way to maximize well-being.

This links to the national sustainable placemaking outcomes, including facilitating accessible and healthy environments, which provide equality of access and supports a diverse population. Environments should promote physical and mental health and well-being. Developments should be accessible by Active Travel. Development proposals should place people at the heart of the design process. Ensuring ease of access for all is also listed as an objective of good design. Proposals must address this, including making provision to meet the needs of people with sensory, memory, learning and mobility impairments, older people and people with young children.

It has been found that good quality housing and well planned developments with enabling environments can have a significant impact on the quality of life of people living with dementia. If a development is planned well for people living with dementia, it is also planned well for everyone, including older people, disabled people and children.

Well planned developments and communities can also impact positively on mental health, through factors such as noise, pollution, access to green space, services and the appearance of a local area. An accessible and inclusive environment, where everyone can participate in society is important to enhancing and protecting well-being and mental health.

The Royal Town Planning Institute has produced practice guidance on mental health and planning and dementia and planning.

6.5 Neurological conditions

There are more than 250 recognised neurological conditions. In Wales, there are approximately 100,000 people living with a neurological condition that has a significant impact on their lives. Each year approximately 2,500 people are diagnosed with a neurological condition, including Parkinson's disease, epilepsy, multiple sclerosis or motor neurone disease (Neurological Conditions Delivery Plan 2017). The care and support needs of people with neurological conditions can vary from living with a condition to requiring help for most everyday tasks.

The Neurological Conditions Delivery Plan 2017 states that in the near future, the numbers of people with neurological conditions will likely increase due to increased life expectancy, improved survival rates and improved general health care. A key recommendation from the delivery plan is for health boards and local authorities to

develop neurological education frameworks to support training for staff to better understand the needs of those with neurological conditions and their carers.

6.6 What are people telling us

Physical disability and sensory impairment services

What is working well

One service user reported that they are “struggling to get the support they need.”

Others thought that the Accessible Health Service and BCUHB’s diversity work is working well, as well as the provision of aids, adaptations and the befriending service offered by the Live Well with Hearing Loss project.

A service provider commented that partnership work with local social service departments and third sector organisations is strong, which supports delivery of a wide range of quality services, networking and sharing good practice.

What needs to be improved

Access to information and advice in alternative formats is a big challenge for service users with sensory and physical disabilities, in particular information from local authorities and the NHS. Printed material is not appropriate for many, while the increase in online only access to services and information is a major barrier for others.

For Deaf people in North Wales, the provision of information, advice and assistance (IAA) is described as a “postcode lottery”, where some people can access support Monday to Friday 9am to 5pm, while others are limited to certain days of the week. More generally, Deaf people find it difficult to access many activities, as there is no communication provision.

People with disabilities, especially younger adults with disabilities have limited access to care and support that is person centred. People have to wait too long for assessments and support, and communication with social workers needs to be improved.

Those with disabilities that are invisible, fluctuating or rare, can find themselves excluded from services because they fail to meet certain criteria, such as “full-time

wheelchair use”. In fact, many wheelchair users have some mobility. Services are therefore creating a “disability hierarchy”, rather than responding to individual needs.

Lack of care staff is a concern, which means care is provided at a time that suits the care agency, rather than when the client needs it. Staff sickness and holidays are not always being covered.

The Flintshire Disability Forum have identified three main issues. These include accessible toilet facilities, transport and technology. Transport issues raised include:

- Despite funding to community organisations, accessible transport is limited.
- Transport for Wales recommends that individuals’ who require assistance to access the train, book at least 6 hours in advance.
- In regards to buses, not all floors are low enough for wheelchair/scooter access. This needs to be checked before planning a journey.
- Individuals are advised to call 24 hours before their journey if they require assistance.
- Community transport only runs Monday-Friday, 9am-5pm.

NHS services (general health services)

What is working well

Few respondents commented on the health services that are working well. They highlighted the following:

- The service received at Bron Ffynnon Health Centre, Denbigh is commendable, and the care received at Glan Clwyd Hospital’s Cardiology department is priceless.
- Social care workers value their close collaboration with primary health professionals.
- Many were grateful for the support from environmental health and NHS service during the pandemic.
- Care workers reported that health services for young people are working well to ensure that they receive the correct health support and advice, especially

around sexual health advice, getting registered with a GP and referral to Community Dental Services.

What needs improving

A range of services were mentioned as needing improving including:

- Improved end of life support, particularly at nights.
- Continence products are very poor quality and people often use more than is predicted for.
- Speech and language therapists should give more time to non-verbal children.
- Improve older people's access to dental care to avoid impact of oral conditions and dental issues. This includes care home residents receiving dental care in their care home.

6.7 Services currently provided

In 2017, the Welsh Government published a Framework for Action for Wales, 2017-2020, Integrated framework of care and support for people who are D/deaf or living with hearing loss. The North Wales Clinical Care Group for Hearing Loss is working on priorities identified by people living in North Wales, who are hearing impaired. Conwy Council, along with the third sector and health, are participant in this work. Two years ago Conwy introduced Sign Live to all public reception areas of the Council enabling people who use BSL as their first language to communicate with the Council through an online interpreter.

Wales Co-operative Centre, via 'Care to Co-operate', its former co-operative development project, supported a group of Deaf people to fill the gap in services, while Conwy Council invested in Sign Live. Supporting the community to take control and use their own voices, a new service emerged that responds absolutely to their requirements and aspirations, which can develop and grow with further investment from commissioners in social value models. Here's an extract from the case study:

'Conwy Deaf Translation and Support Service, a co-operative by Deaf People for Deaf People, meet regularly to help sort the troubles their community has. It's more than a translation service too – people come for help with many things, it could be questions on social media, or advice on private matters. The co-operative have created a place where the Deaf Community feel comfortable to get the assistance they need. This is so important, as 40% of Deaf People have a mental health condition, and the services offered make a huge difference to the well-being of their members. Conwy Deaf Translation and Support Service have made daily life more accessible for their community – the way it should be everyone!'

Community Support Initiative (CSI)

In October 2018, organisations were commissioned to deliver services in the community for citizens in Flintshire who are living with a disability. Each contract was awarded to a different third sector organisation following a tender process.

Each service was designed to deliver support for individuals in the community living with a disability, enabling and supporting their independence and maintain their well-being. The services were designed to capture individuals in the community who may not have had involvement with statutory services yet, supporting them to maintain their independence and not require statutory intervention unnecessarily, with the exception of the Sensory Loss Service which is a statutory obligation of the Local Authority

In the initial stages of the contracts the four organisations, in accordance with the SSWB Act principles, agreed to work collaboratively together to support one another in the delivery of these services. They termed this partnership the 'Community Support Initiative'.

Community Enrichment and Transport – Keyring Scheme:

- Enable adults and children with disabilities to feel valued and to actively contribute and participate.
- Engage adults and children with disabilities, working with them to recognise and harness their strengths, resources and skills.

- Provide information and advice regarding local transport and facilitate training for safe and equal access to transport.
- Provide advice, resource, practical training and support to help people with disabilities to establish and sustain projects and initiatives.
- Support the growth of active and sustainable communities and developing initiatives in local communities.
- Offer access to technical expertise and support to start-up projects and let the communities continue to support them to grow.
- Provide information and guidance relating to funding streams and fundraising opportunities.

Sensory Loss – Deafness Support Network (DSN):

- Rehabilitate, habilitate and re-able people with sensory loss.
- Enhance quality of life, promote continuing independence and raise awareness of sensory loss in communities.
- Centre on re-ablement, enabling people to do things for themselves (in contrast to the traditional service models) to maximise their ability to live life as independently as possible.
- Enable children and adults with a sensory loss to live more independently and develop skills that otherwise would have been learnt incidentally. This is vital where an individual has lost, been unable, or is delayed in developing those skills as a result of their sensory loss.
- Support individuals through required registration processes, where appropriate.

Technology and Equipment – Centre of Sight and Sound:

- Give people the skills and confidence to use local and online resources.
- Research and evaluate new equipment and technology solutions.
- Identify additional support needs for individuals to enable them to access information & advice.
- Hold community training workshops for people who require extra support.
- The service will recognise the need for specialist provision and refer on to other providers, social service teams, health bodies and other relevant groups.

Wrexham Borough Council currently contract with Vision Support and Deaf Support Network who form part of the Single Point of Access Offer. These services are currently under review with recommendations to follow. Initial findings are that there is a gap in provision for the assessment of people with dual sensory loss and that assessors trained to this standard are in short supply. We will consider how to accommodate these services to better support citizens with dual sensory loss within future service development and commissioning plans.

Wrexham Borough Council are also engaged with BCUHBs regional Hearing Loss Project, which aims to support citizens with hearing loss at a preventive level with less clinical intervention. Care staff across Wrexham are being trained in how to support with low level repair and maintenance of hearing aids.

6.8 Covid-19

The table below provides an overview of Covid-19 in the North Wales area including total cases, hospital admissions and deaths in hospital by local authority area.

Table X: Covid-19 hospital admissions and deaths up to October 2021

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

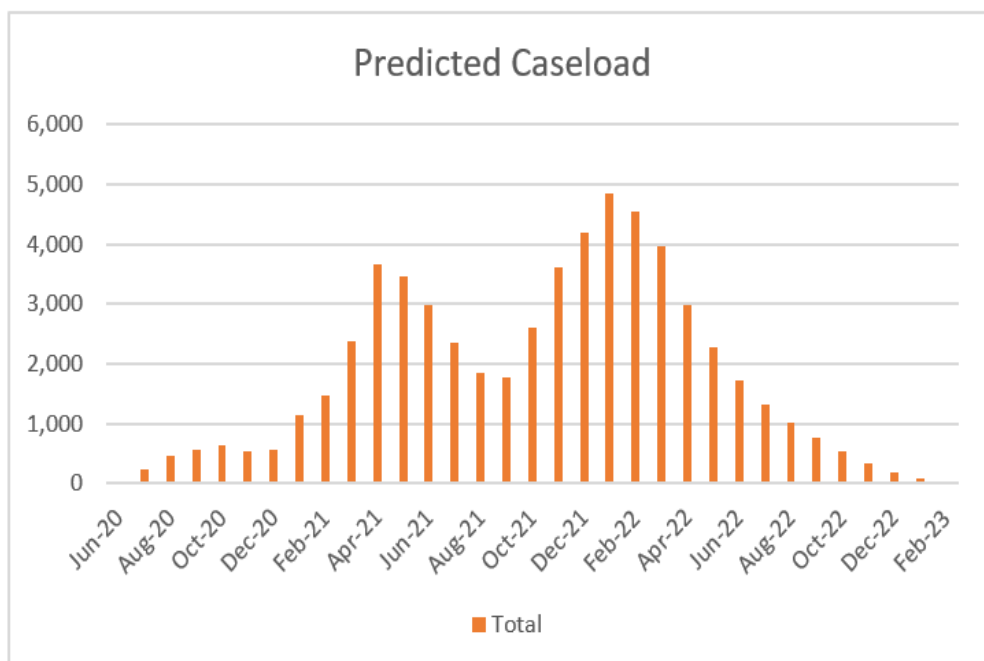
Source: *COVID-19 Dashboard data, BCUHB, October 2021

A key issue emerging as a result of the Covid-19 pandemic for the health and social care sector, is the management of people with symptoms of 'long-covid'. The Office

for National Statistic has placed a 15% assumption of long-covid cases emerging amongst those who have tested positive for the virus. Based on this assumption, BCUHB have modelled predicted long-covid caseloads as the most likely and reasonable worst case scenarios as part of the BCUHB Long-Covid Recovery Programme.

It estimates that around 700 patients are already in the system awaiting long-covid services to commence. The modelling estimates that there could be a further 7,000 patients who may acquire long-covid over the coming 12-18 month period. The data underpinning these models is updated on a monthly basis and is subject to change in caseloads. This estimate was provided in September 2021.

Chart X: Predicted long-COVID caseloads BCUHB as of September 2021



*Source: BCUHB

Impact on health and social care services

The Covid-19 pandemic has had a significant impact on the delivery of services across Wales. Much of this is also reflected in North Wales and includes:

- Reduced capacity in emergency departments and hospitals as a whole.
- Disruption of clinical services resulting in significant backlogs.
- The number of people waiting over 52 weeks is at its highest ever.
- People are delaying contacting their GP about symptoms, which could impact on treatment and outcomes.
- Increase in demand for mental health services, including an estimated 25% increase in demand for hospital services.

The impact of Covid-19 is wider than the impact on public health. This is explored in more detail for each of the chapters and a rapid review document is available with in-depth analysis of the impact of Covid-19 on those with care and support needs.

6.9 Equalities and human rights

In May 2013 the Minister for Health and Social Services wrote to all health boards introducing the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. The purpose of the standards is to ensure that the communication and information needs of people with a sensory loss are met when accessing healthcare services. Effective and appropriate communication is fundamental to ensuring services are delivered in ways that promote dignity and respect. The evidence also demonstrates that ineffective communication is a patient safety issue and can result in poorer health outcomes. The standards have informed the objectives of the health board's objectives within the Equality and Human Rights Strategic Plan (BCUHB, 2016).

As a result of the Covid-19 pandemic, people with sensory loss 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.

6.10 Safeguarding

Protection from abuse and neglect is noted as one of the key aspects of well-being described above. People with long-term health needs, a physical disability or sensory impairment may fall within the definition of an adult at risk. People who have communication difficulties, as a result of hearing, visual or speech difficulties may be particularly at risk, and may not be able to disclose verbally (Adult Protection Fora, 2013). We should not assume that all adults with a physical disability or sensory impairment are vulnerable, however, but should be aware of potential increased risk factors.

6.11 Violence against women, domestic abuse and sexual violence

As with older people, and any adult with care and support needs, those with health and physical needs, including sensory impairment, may be particularly vulnerable due to their health conditions and thus, be reliant on other people for their care needs, thus increasing a sense of isolation.

Studies have shown that disabled women are twice as likely to experience domestic abuse and are also twice as likely to suffer assault and rape (Safe Lives: 2017)¹.

This may mean that these individuals are at risk of, or living with, abuse and/ or neglect subject to the Social Services and Wellbeing (Wales) Act 2014. This means that they often require a holistic approach that endeavours to keep them safe, while promoting independent living and addressing ongoing care needs.

Again, there is no specific data for those with sensory impairments who are living with domestic abuse across the region, however, it is possible that these conditions may be considered a disability by most agencies. Therefore, in terms of disability across the region, it is estimated that as of 16th September 2021, 12 month rolling

MARAC data showed that between 0-2.3% cases deemed as “high risk” involving disability were heard at MARAC.

As MARAC data covers high risk cases and domestic abuse is an underreported crime, it is reasonable to assume that these figure are an underrepresentation of the true picture. Once again, local authorities should have procedures in place for identifying domestic abuse and signposting to the relevant designated lead for safeguarding. A referral to MARAC can be considered in conjunction with pre-existing care that individuals may already be receiving.

The Social Services and Wellbeing (Wales) Act makes reporting a child or adult at risk a statutory duty and also has an obligation to undertake an assessment of the individual and carers’ needs. An assessment may include a consideration of the individual’s housing needs and other support needs.

Across the region, specialist services available to support those experiencing domestic abuse include Independent Domestic Violence Advisor support, floating support, crisis support, group programmes, advocacy support for current and historic abuse, and sexual abuse and a referral centre.

6.12 Welsh language considerations

As per the More Than Just Words Framework and Action Plan, all health and social care services must provide the active offer for those who wish to access support in Welsh. BCUHB publish a [Welsh Language Services Annual Monitoring Report](#) it sets out the work undertaken to meet the requirements of the Welsh language standards.

March 2019 marked the end of the three-year period covered by the Welsh Government’s follow-on *More than just words...* strategic framework. A 2019-2020 Action Plan was developed to provide a structure for continued progress in relation to the promotion and provision of Welsh language services in health, social services, and social care.

The Health Board continues to make progress against the plan and is pro-active in all its theme areas:

Theme 1 – increasing the number of Welsh speakers

Theme 2 – increasing the use of the Welsh language

Theme 3 – Creating favourable conditions – infrastructure and context

Partnership working is also a key element in delivering More than just words, with integrated working becoming even more prominent. The Health Board was primarily responsible for the establishment of the North Wales More than just words Forum. This is a multi-agency group established to facilitate continued regional implementation. The Forum did not meet during the past reporting year due to cross-sector commitments in tackling the Covid-19 pandemic. Networking continued, however, with support and information circulated amongst members to support each other during these challenging times.

The Forum will resume its meetings during the second half of 2021-2022. One of the main principles of More than just words is the “Active Offer”, with priority focused on bringing the “Active Offer” to the front line. The Health Board was instrumental in developing a key approach to identifying language choice through its award-winning Language Choice Scheme, which provides the backdrop for successful delivery of the “Active Offer”.

6.13 Socio-economic considerations

In the UK the percentage of working age disabled people living in poverty is 27%. This is higher than the percentage of working age non-disabled people which is 19% (Scope, 2018 / 2019). Recent research has reinforced earlier evidence of the link between socio-economic deprivation and health inequalities. We know, for example, that there are significant differences in life expectancy and in the prevalence of limiting long-term illness, disability and poor health between different socio-economic groups (Public Health Wales, 2016a).

People living in the most deprived communities experience more years of poor health and are more likely to have unhealthy lifestyles and behaviours than people in the least deprived communities. As a result, the most deprived communities

experience higher levels of disability, illness, loss of years of life, productivity losses and higher welfare dependency (Public Health Wales, 2016a).

Reforms made to the welfare system are having a greater impact across all groups in Wales (Is Wales Fairer? 2018), however, it is pulling more people from certain groups, such as those with disabilities, into poverty. The 'Is Wales Fairer?' report states that disabled people are falling further behind. In Wales, one in five pupils with additional learning needs (ALN) will achieve five GCSE's at grade A* - C, compared with two-thirds of pupils without ALN.

A number of studies and reports indicate that those with sensory impairments, such as sight and hearing loss, face greater socio-economic inequalities. A broad analysis of multiple studies for hearing loss was undertaken by the University of Manchester (2021), which highlighted four broad themes of inequality:

- a. There might be a vicious cycle between hearing loss and socio-economic inequalities and lifestyle factors.
- b. Socio-economic position may interact with less healthy lifestyles, which are harmful to hearing ability.
- c. Increasing health literacy could improve the diagnosis and prognosis of hearing loss and prevent the adverse consequences of hearing loss on people's health.
- d. People with hearing loss might be vulnerable to receiving low-quality and less safe health care.

Living with a person who has a disability makes relative income poverty more likely for children and adults of working age. In the latest period 2017-18 to 2019-20 (Welsh Government, Relative Income Poverty, 2021):

- 38% of children who lived in a family where there was someone with a disability were in relative income poverty compared with 26% of those in families where no-one was disabled
- for working-age adults, 31% who lived in a family where there was someone with a disability were in relative income poverty compared with 18% of those in families where no-one was disabled.

6.14 Conclusions and recommendations

It is recommended that, in line with all legislation, policy and guidance, the following recommendations and priorities are progressed to meet the vision for those with a general or chronic health need, physical disability and sensory impairment within the North Wales region:

- **Prevention and early intervention:** unhealthy behaviours increase the risk of poorer general health. A focus on prevention and early intervention to increase healthy behaviours, such as smoking cessation, active transport, physical activity, accessible outdoor spaces and environment, reduction in poverty and socio-economic inequality, will have long term impacts on the general health and well-being of residents within North Wales. These factors are further explored in the well-being assessments across the region.
- **Accessibility of public services / spaces:** responders flagged issues with access (including transport links and other access to public spaces such as toilets) to public spaces, including issues with transport and access to facilities such as toilets. Transport links were especially an issue in more rural areas, where social isolation can be more profound due to lack of public transport infrastructure. As a region, service providers should be mindful of accessibility for those with a physical impairment or sensory loss. This has been made more profound during the Covid-19 pandemic. Work streams for care closer to home and in the community will assist in underpinning this recommendation.
- **Accessible information:** responders flagged that often they have found information materials they receive are not readily accessible. It is imperative that services ensure that all of their materials providing information or guidance, are readily accessible in formats for all users. Printed material is not always suitable for people with sensory loss and the move to digital / online services has also worsened access for many. Services should be mindful that information must be available in accessible formats.
- **Social model of disability:** continue with the way in which health and social care services across North Wales reflect this model within their service planning and delivery reaffirming their commitment to its principles.
- **Co-production of services:** linking strongly with the above commitment to the social model of disability, co-production is a key principle to ensure that disabled people are involved with decision-making around services they may

access. A focus should also be on social value delivery models in line with the principles of the SSWB Act.

7. Learning disabilities

7.1 About this chapter

This chapter includes an assessment of the needs of adults with learning disabilities and adults with autism who also have learning disabilities. Included within this section are young people defined as 16 – 25 years old receiving transitional services. Although some reference is made to all age profiles within this chapter, the focus is on adults and older people.

A detailed assessment and further information about children and young people with learning disabilities, adults with autism who do not have learning disabilities and carers of people with learning disabilities and autism can be found in the following chapters:

- [Children and Young People](#)
- [Carers](#)
- [Autism Spectrum Disorder](#)

What do we mean by the term learning disability?

The term learning disability is used to describe an individual who has:

- A significantly reduced ability to understand new or complex information, or to learn new skills (impaired intelligence); and / or
- A reduced ability to cope independently (impaired adaptive functioning), which started before adult-hood and has a lasting effect on development (Department of Health, 2001).

What do we mean by the term profound and multiple learning disabilities?

The term profound and multiple learning disability (PMLD) is used to describe people with more than one impairment, including a profound intellectual impairment (Doukas et al., 2017). It is a description rather than a clinical diagnosis of individuals who have great difficulty communicating and often need those who know them well to interpret their responses and intent. The term refers to a diverse group of people who often have other conditions, including physical and sensory impairment or complex health needs.

What do we mean by the term autism?

The term autism is used to describe a lifelong development condition that affects how a person communicates with, and relates to other people. Autism also affects how a person makes sense of the world around them. It is a spectrum condition, which means that, while all people with autism share certain difficulties, the condition will affect them in different ways. Around 50% of autistic people also have a learning disability. Further detailed information on the needs of autistic people can be found in the ASD chapter.

7.2 What we know about the population

The data below is based on the learning disability registers maintained by local councils, which only include those individuals who are known to social care services. The actual number of people with a learning disability is likely to be higher. Better Health Care for All estimates that 2% of people have a learning disability. Daffodil estimates indicate that there are around 13,000 people with a learning disability in North Wales.

The table below shows the number of people listed as having a learning disability on GP registers in North Wales. The number has increased across all local authorities

in North Wales and Wales as a whole in the five years from 2015-2020. The rate per 100,000 for North Wales is slightly higher than the Wales rate, 516 compared to 487. Flintshire had the lowest rate in North Wales at 390 per 100,000 population. Denbighshire had the highest at 756.

The number and rate per 100,000 with a learning disability on the GP register

Local council	2015 number	2015 rate	2020 number	2020 rate	Change number
Anglesey	320	455	340	478	20
Gwynedd	630	511	720	577	100
Conwy	530	452	590	496	60
Denbighshire	710	749	730	756	20
Flintshire	580	378	610	390	30
Wrexham	600	445	640	470	40
North Wales	3,370	485	3,630	516	260
Wales	14,180	458	15,450	487	1,270

Numbers have been rounded so may not sum

Source: General Medical Services Quality and Outcomes Framework Statistics for Wales, Welsh Government, and Mid-year population estimates, Office for National Statistics

The following table displays data for 2019-2020 and 2020-2021. This data has been collated by BCUHB from social services registers:

Local council	2019-2020 number	2020-2021 number
Anglesey	325	310
Gwynedd	570	605
Conwy	495	510
Denbighshire	425	425
Flintshire	540	490
Wrexham	555	525
North Wales	2,880	2,865

Numbers have been rounded so may not sum

Source: local council social service registers, collated by BCUHB

7.3 Children and young people with learning disabilities

In 2018-19, there were 770 children (age 0-16) on the learning disability register in North Wales. This number has increased from 680 in 2014-15. This trend is opposite to Wales as a whole, where there was a decrease. Rates for North Wales were much higher at 618 per 100,000 population in 2018-19, when compared to the rest of Wales at 416. There was an increase in the number of children on the register in Conwy, Denbighshire, Flintshire and Wrexham. Wrexham had the lowest rate of children in the register for North Wales at 328 per 100,000 population, compared to the highest in Flintshire, at 1,218 per 100,000. The differences in data could be explained by differing criteria used for data collection at a local level. For example, where Gwynedd has a decrease this might not be the case. The data has been highlighted by the local authority to be treated with caution.

The number and rate per 100,000 of children on the learning disability register in North Wales

Local council	2014-15 number	2014-15 rate	2018-19 number	2018-19 rate	Change number
Anglesey	-	-	-	-	-
Gwynedd	130	627	80	388	20
Conwy	120	639	140	721	30
Denbighshire	80	467	110	654	70
Flintshire	280	978	350	1,218	20
Wrexham	70	251	90	328	-50
North Wales	680	546	770	618	90
Wales	2,840	512	2,340	416	-500

Numbers have been rounded so may not sum

The Wales and North Wales totals do not include Anglesey.

Source: Local authority register of persons with learning disabilities (SSDA901) data collection, Welsh Government, and Mid-year population estimates, Office for National Statistics

Medical advances have had a positive impact with more young people with very complex needs surviving into adulthood (Emerson and Hatton, 2008). Services will need to adapt to make sure they can meet the needs of these young people as they make the move into adult services.

Statutory services are responding to these demographic changes. For example, Flintshire County Council have established a Child to Adult Team to help prepare young people with learning disabilities for adulthood. The team has invested in training to embed the principles and actions required in the Social Services and Well-being (Wales) Act 2014 for children with disabilities. This includes a focus on hearing the voice of the child, the child's lived experience and working to achieving personal outcomes.

The Additional Learning Needs and Education Tribunal (Wales) Act 24 January 2018 has been implemented as of September 2021. The Act and relevant code creates the legislative framework to improve the planning and delivery of additional learning education provision. It applies a person-centred approach to identifying needs early, putting in place effective support and monitoring, and adapting interventions to ensure they deliver desired outcomes.

Please see the children and young people chapter for more information including the impact of the COVID-19 pandemic on children and young people with learning disabilities.

What people are telling us about services for children and young people with learning disabilities

What is working well:

Few comments were made by respondents around services for children and young people with learning disabilities. Some mention was made of good support from schools and successful joint working across care organisations.

What needs to be improved:

Recommendations for improvement included:

- more funding and staff,
- better communication between services,
- more activities made available, and
- more support for families with children with additional needs, who can be aggressive.

7.4 Adults with learning disabilities

In 2018-19, around 2,630 adults aged 16-64 were receiving learning disability services arranged by local councils in North Wales. There has been an overall increase in the number of people receiving services across North Wales in the past five years as shown in the table below. This again, is different to the overall trend for Wales, where there is a decrease in the number on the register. Flintshire saw the highest increase by far of those on the register, with an increase of 120 people. Wrexham, Gwynedd and Conwy all saw a decrease of 20 people on the register.

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

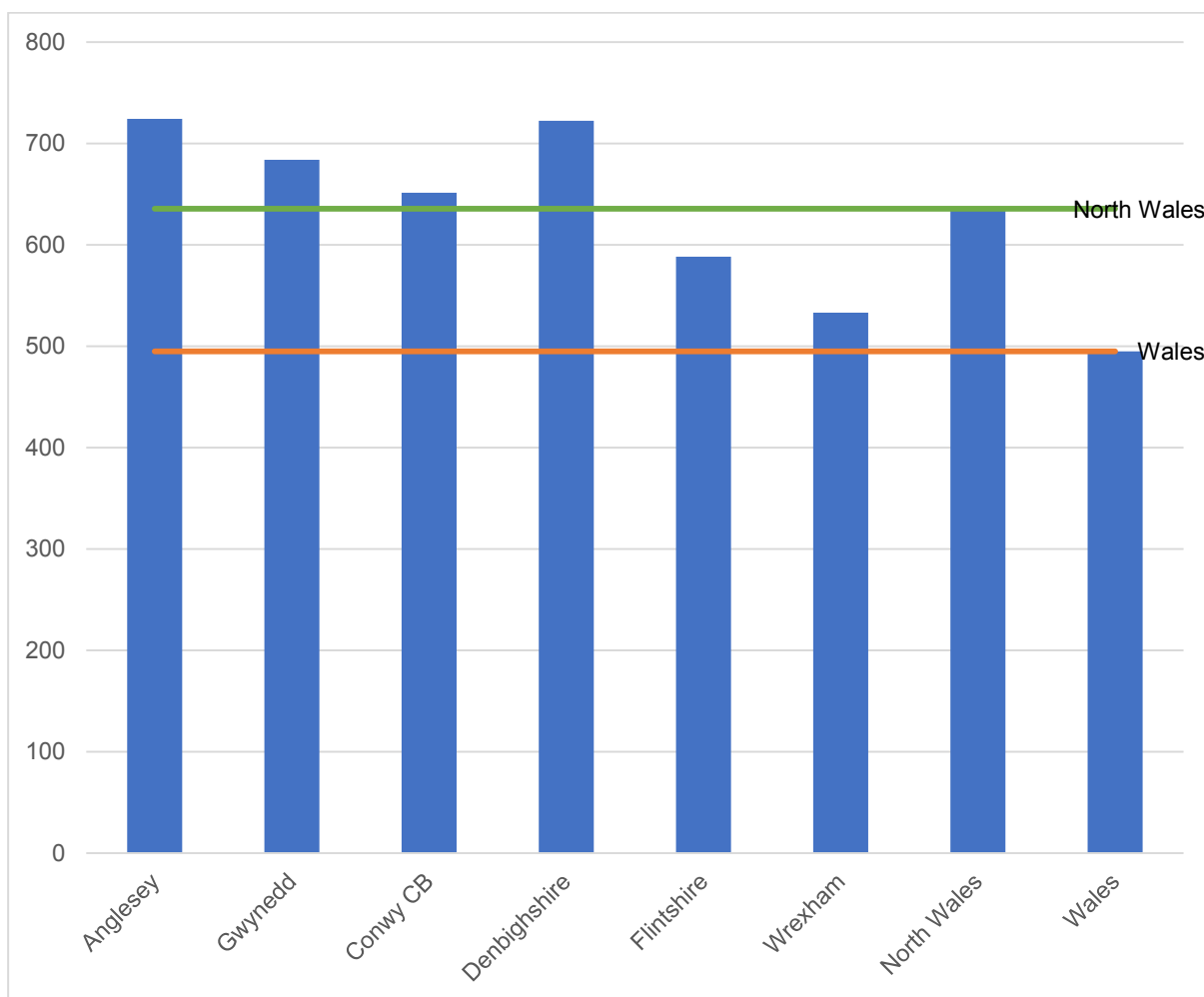
Local council	2014-15 number	2014-15 rate	2018-19 number	2018-19 rate	Change number
Anglesey	270	659	290	724	20
Gwynedd	530	718	510	684	-20
Conwy	450	671	430	651	-20
Denbighshire	380	681	400	722	20
Flintshire	440	462	550	588	120
Wrexham	470	552	440	533	-20
North Wales	2,540	608	2,630	636	90
Wales	11,040	574	9,520	495	-1,520

Numbers have been rounded so may not sum

Source: Local authority register of persons with learning disabilities (SSDA901) data collection, Welsh Government, and Mid-year population estimates, Office for National Statistics

The chart below shows the differences in the rate of adults aged 16-64 with learning disabilities receiving services in North Wales. The total number of people aged 16-64 in North Wales with a learning disability is 636 per 100,000 people. This is higher than the figure for Wales as a whole which is 495 people for each 100,000. In 2014-15, the rates for North Wales and Wales were comparable, 608 compared to 574 people per 100,000. Anglesey and Denbighshire have the highest rates at 724 and 722 per 100,000 population. Wrexham had the lowest at 533 per 100,000.

The rate of adults with learning disabilities aged 16-64 receiving services per 100,000 population 2018 - 2019



Source: Local authority register of persons with learning disabilities (SSDA901) data collection, Welsh Government, and Mid-year population estimates, Office for National Statistics

7.5 Older people with learning disabilities

In 2018-19, there were 300 people aged 65 and over with a learning disability in North Wales, who were known to services. This is a rate of 185 per 100,000 population for North Wales, compared to a much higher rate of 359 per 100,000 for Wales as a whole. North Wales has seen a small increase in the numbers registered, whereas Wales has seen a decrease. Flintshire has the lowest rates at 119 per 100,000 population, compared to Gwynedd with the highest at 252.

The number and rate per 100,000 of adults aged 65+ receiving learning disability services in North Wales between 2014-15 and 2018-19

Local council	2014-15 number	2014-15 rate	2018-19 number	2018-19 rate	Change number
Anglesey	30	189	30	183	0
Gwynedd	60	235	70	252	10
Conwy	60	181	50	165	0
Denbighshire	50	226	50	218	0
Flintshire	40	119	40	119	0
Wrexham	40	153	50	189	10
North Wales	280	181	300	185	20
Wales	2,840	462	2,340	359	-500

Numbers have been rounded so may not sum

Source: Local authority register of persons with learning disabilities (SSDA901) data collection, Welsh Government, and Mid-year population estimates, Office for National Statistics

Current trends in North Wales show an overall increase of around 20 people in the number of aged 65 and over receiving learning disability services between 2014-15 and 2018-19, however this number has fluctuated during this time.

People with a learning disability are living longer. This is something to celebrate as a success of improvements in health and social care. Median life expectancy in the UK for people with Down syndrome is 58 years, this is a dramatic increase from mean life expectancy of 12 years in 1940's. Morbidity and mortality remain higher than for the general population and for those with other disability at all ages.

People with learning disabilities tend to have a higher incidence of chronic health problems. People with Down syndrome are more susceptible to respiratory and gastrointestinal infections as well as heart conditions (Public Health England, 2018). People with learning disabilities are more at risk of developing dementia as they get older (Ward, 2012). The prevalence of dementia among people with a learning disability is estimated at 13% of people over 50 years old and 22% of those over 65 compared with 6% in the general older adult population (Kerr, 2007). The Learning Disability Health Liaison Service in North Wales report that people with learning disabilities are four times more likely to have early onset dementia.

Studies have shown that one in ten people with a learning disability will develop young onset dementia (Dementia UK, 2021). The number of people with Down syndrome who go on to develop dementia are even greater with:

- One in fifty developing the condition aged 30-39.
- One in ten aged 40-49.
- One in three people with Down Syndrome will have dementia in their 50s.

The growing number of people living with a learning disability and dementia presents significant challenges to care services and the staff who work with them, to provide the right type of support. Older people with learning disabilities have increasingly complex needs and behaviours as they get older, which can present significant challenges to care service. Creative and innovative design and delivery of services is needed to ensure older people with a learning disability achieve well-being.

There are also increasing numbers of older carers (including parents and family) providing care and support for people with learning disabilities. In future there may be an increase in requests for support from older carers unable to continue in their caring role. The Social Services and Well-being (Wales) Act 2014 requires local councils to offer carers an assessment of their own needs. It is important to consider the outcomes to be achieved for carers alongside the cared for person and to support carers to plan for the future. Please see the unpaid carer's chapter for more information.

7.6 Health needs of people with learning disabilities

People with learning disabilities tend to experience worse health, have greater need for health care and are more at risk of dying early compared to the general population (Mencap, 2012). The Covid-19 Pandemic has further exacerbated this. A report from Improvement Cymru (2020) found that those with learning disabilities had a higher rate of mortality from covid-19 than the general population in Wales.

Data from the Care Quality Commission (2020) also revealed an elevated mortality rate for those with a learning disability compared to the same point in 2019.

Courtenay and Perera (2020) have claimed that people with a learning disability are at increased risk of COVID-19 infection and experiencing more severe symptoms.

Data published in September 2020 by the ONS shows that in the period March to July 2020, 68%, or almost seven in every ten Covid-19 related deaths in Wales were disabled people. People with a learning disability were disproportionately more likely to die from COVID-19 (AWPF, 2020). Evidence within the Locked Out Report also suggests that this death rate was not the inevitable consequence of impairment, as many deaths were rooted in socio-economic factors (2021).

More generally the following health and well-being factors also impact on those with learning disabilities:

- A person with a learning disability is between 50 and 58 times more likely to die before the age of 50 and four times more likely to die from causes that could have been prevented compared to people in the general population.
- Fewer than 10% of adults with learning disabilities in supported accommodation eat a balanced diet, with an insufficient intake of fruit and vegetables (Health Inequalities & People with Learning Disabilities in the UK: 2012 Eric Emerson, Susannah Baines, Lindsay Allerton and Vicki Welch).
- Between 40-60% of people with a learning disability experience poor mental health without a diagnosis.
- Anxiety disorders, depression and schizophrenia are among the more common mental health problems experienced by people with learning

disabilities. Schizophrenia, for example, is three times more common in people with learning disabilities than in the general population (Blair, 2019).

- People with learning disabilities have increased rates of gastrointestinal and cervical cancers.
- Around 80% of people with Down syndrome have poor oral health.
- Around a third of people with learning disabilities have epilepsy (at least 20 times higher than the general population) and more have epilepsy that is hard to control.
- People with learning disabilities are less likely to receive palliative care (Michael, 2008).
- People with learning disabilities are more likely to be admitted to hospital as an emergency, compared to those with no learning disability (Liverpool Public Health Observatory, 2013). This may be due to problems in accessing care and lack of advance planning.
- Fewer adults with learning disabilities who use learning disability services smoke tobacco or drink alcohol compared to the general population. However, rates of smoking are much higher among adolescents with mild learning disabilities (Health Inequalities & People with Learning Disabilities in the UK: 2012 Eric Emerson, Susannah Baines, Lindsay Allerton and Vicki Welch).

People with learning disabilities often have a poorer experience of health services due to communication issues. Between 50% and 90% of people with learning disabilities have communication difficulties and many people with profound and multiple learning disabilities (PMLD) have extremely limited communication ability.

This may result in diagnostic overshadowing by health professionals attributing symptoms of behaviour to the person's learning disability rather than an illness. This can be a particular issue where needs for support through the Welsh language are not being met (MENCAP, 2007; Welsh Government, 2016). Local councils and BCUHB are addressing these issues by developing accessible information for people with learning disabilities to improve communication, including hospital passports and a traffic light system.

People with a learning disability often have poorer access to health improvement and early treatment services; for example, cancer screening services, diabetes annual reviews, advice on sex and relationships and help with contraception (Liverpool Public Health Observatory, 2013). The Learning Disability Health Liaison Service in BCUHB work across North Wales to raise awareness and reduce inequalities. The work includes promoting annual health checks and health action planning to support people to take responsibility for their own health needs and saying how they want these needs to be met. Each of the three district general hospitals in North Wales have an acute liaison nurses who provide support to people with learning disabilities, hospital staff and carers when a person is accessing hospital services.

North Wales Health Checks Service aims to increase health checks and health screening in North Wales, in particular the service increases awareness of health and wellbeing of people with learning disabilities. The service also provides employment opportunities for 14 people from North Wales with lived experience.

Conwy Connect provide and promote an integrated approach to health checks and screening. They have established a member led peer education team who will deliver workshops online and eventually face-to-face. Drop in health and wellbeing sessions will also be facilitated in partnership with the Health Board once recruitment has taken place.

As a result of the project there should be an increase in the uptake of health checks across the region, increased uptake of health screening and for people with learning disabilities to have a greater awareness of their own health and wellbeing needs. Overall, there should be an improvement in the delivery of health care to people with learning disabilities across the workforce.

Additionally, there has been an appointment of a Regional Self Advocacy Officer as a result of a need to bring in new voices to self-advocacy groups across North Wales. This is being taken forward in a partnership between Conwy Connect, NWAAA and All Wales People First. The Self Advocacy Officer is a person with a learning disability and is employed by Conwy Connect. Their role is to link into local organisations and groups across North Wales to raise awareness and promote the benefits of self-advocacy to people with learning disabilities.

This has led to new members from Wrexham and Flintshire joining the regional learning disability participation group. People with learning disabilities do need support to understand what self-advocacy is and by being peer led, this role is helping to increase their access to local self-advocacy services.

These projects have been funded by North Wales Together Learning Disability Transformation Programme. The health check project is modelled on Ace Anglia peer led education project. Ace Anglia also provided mentoring support to Conwy Connect to adapt and implement the project.

7.7 Future trends

Based on overall population trends, it is expected that the number of people with learning disabilities needing support is increasing. It is projected that the number of adults aged 18 and over with a moderate learning disability is likely to increase by around 6% by 2035 and people with a moderate or severe learning disability is projected to increase by around 3% by 2035. The increase is most noticeable in the 65 and over age group due to increased life expectancy.

In North Wales it is expected that those aged 65 and over will increase between 20-30% by 2035. Linked to this there is also an increase in older carers who provide support for people with learning disabilities. Children and young people projections indicate that the number of children with learning disabilities is likely to increase slightly over the next 5 to 10 years and then decrease slightly by 2035.

7.8 What people are telling us

What is working well

In response to the regional engagement survey, 110 responses were received for learning disabilities services and support. Responders said that services for people with learning disabilities are working well where they:

- Take a flexible approach.
- Provide different opportunities for people to have a variety of choice of activities or work placements.
- Make good use of community facilities and / or groups.

- Include online and face-to-face activities.
- Support people to learn new skills.

Individuals reported that they appreciated the support they had received during the pandemic from “good and helpful staff”. One service user praised their work experience at Abbey Upcycling, and others reported:

“I currently receive support from Livability. They’ve helped me a lot especially through lockdown. Quite a lot of fun was had – they’d ring, we’d play games, had a chat on the What’s App group. My support workers have all been wonderful.”

“The Salvation Army (Wrexham) are providing my son with Till Training Skills, so that he might one day be able to volunteer in a shop. He has been turned down for this type of work as he lacks these skills. The training is excellent. He has work experience with The Red Cross - this is excellent.”

Service providers commented on how well they are working with other agencies and were grateful for the recent support that they received from social services, mentioning Gwynedd and BCUHB. BCUHB is acting as host employer for a project that helps people with learning difficulties gain employment and has developed an “accessible” recruitment pathway for this purpose.

What needs to be improved

In common with other care services, some respondents commented that much needs to be improved. Council services were described as “poor and too generalised”, and needing “rebuilding from top to bottom”. Again it was suggested that funding be increased, and staff wages improved to reflect their level of responsibility and to encourage them to stay in the job. Waiting times for assessments also need to be reduced.

Support workers could benefit from developing their digital skills to be able to support service users to become connected digitally. In addition, many more social workers and other professionals are needed with specialist skills to support people with complex needs. For example:

“We definitely need more Adult Care Social Workers to help people with a learning disability and autism, like my son. We also urgently need a specialist

psychologist for people with a learning disability and autism. There is no-one qualified in Wrexham to do this work. As our son was suicidal, we paid for a specialist psychologist as we were desperate for someone to help him.”

“People with learning difficulties said they would like, “More hours for direct payments please so I can go to other places and more often”, and “a non-judgemental support centre, to access information, ask questions, socialise, and share/talk”.

Adults with learning disabilities need more opportunities for work experience and training to develop their confidence and skills. While the availability of Access to Work services is patchy, existing services are lacking referrals and would like more to be done at the point at which people leave college, to help match individuals to the opportunities available. The culture of low expectations and poor perceptions amongst employers needs to be challenged and clear pathways into work for people with learning disabilities need to be created. The local authorities could play a key role, but currently employ very few people with learning disabilities.

More bespoke housing is needed to cater for individual needs, particularly adults with learning difficulties and others with complex disabilities. Step up/step down services are needed, where there is a placement breakdown and an individual needs more intense support for a period, rather than admission to hospital.

The involvement of people in the co-design of care and support services is still an area that needs improving, as well as person-centred approaches to increase the service user’s voice and control over own their lives. This could be helped by mandatory training in the values and principles of co-production for all staff, co-delivered by service users.

At a system level, there needs to greater integration of health and social care services, as this has not progressed for learning disability services, since “different models are still in use across the region and joint funding is still an ongoing area of disagreement and dispute”.

The full population needs assessment consultation report can be viewed [here](#).

North Wales Learning Disability Strategy consultation 2018

Prior to the regional population needs assessment, an extensive consultation was also held for the development of the North Wales Learning Disability Strategy 2018 -

2023. The consultation included an online questionnaire, discussion groups, interviews and events for service providers and local authority and health staff. The main messages and key themes arising from this consultation were:

- The need for real choice and control with a focus on rights and equality for people with learning disabilities and the importance of taking a person-centred approach.
- More inclusion and integration of people with learning disabilities into the wider community. Including the need for staff training about specific learning difficulties and an awareness that not all disabilities are visible.
- The support people receive from family and providers often works well and there was praise for dedicated and committed staff.
- Joint working between social care and BCUHB was highlighted as working well in some areas, but something that needs to be improved in others, including better information sharing systems.
- There were mixed views about how well direct payments and support budgets worked for people. Some said they worked well for them, whereas others commented that they need much more support to use them and shared difficulties of finding a direct payment worker.

Issues that could prevent people from experiencing good outcomes were also highlighted, including:

- Support for carers, specifically the lack of short breaks for families and provision for people with more complex needs, such as challenging behaviour. People mentioned the importance of considering the impact on families, including the needs of siblings of children with learning disabilities (more information on children with learning disabilities can be found in the Children and young people chapter).
- The needs of older carers, especially around planning for the future when they may be no longer able to provide care themselves.
- There were concerns around funding of services. Responders raised that wherever possible they should work together and consider merging budgets to try and address these issues and make better use of technology.

- Transport was important for inclusion in activities, such as having someone who could drive them, bus passes and affordable transport.
- Access to information and more information about services. The staff consultation highlighted the importance of promoting and developing Dewis Cymru as a source of information about the services and support available in local communities.
- Workforce development and specifically the importance of training and support for staff particularly support workers. There was also mention of the wider workforce and those such as GPs who could benefit from additional training about the needs of people with learning disabilities.

7.9 Services currently provided

People with learning disabilities often need support across many aspects of their lives. This support can come from a network of family and friends, the local community and from local authorities, health services and the third sector.

North Wales Together Learning Disability Transformation Programme

The Learning Disability Transformation Programme is part of the North Wales response to the Welsh Government plan to improve health and social care – ‘A Healthier Wales 2018’. Partners in North Wales carried out extensive consultation and engagement to inform the development of the North Wales Learning Disability Strategy 2018 - 2023. The strategy is based around what people have said matters to them:

- Having a good place to live.
- Having something meaningful to do.
- Friends, family and relationships.
- Being safe.
- Being healthy.
- Having the right support.

The Transformation Programme is the implementation arm of the strategy. To achieve the vision and develop approaches based on what matters to people there are five workstreams:

- Integrated structures.
- Workforce development.

- Commissioning and procurement.
- Community and culture change.
- Assistive technology.

Each work stream is taking an asset-based approach to build on the skills, networks and community resources that people with learning disabilities already have. The aspiration is to co-produce the new approaches and service models with people with learning disabilities and their parents/carers so that power and responsibility for making the changes is shared.

The programme has implemented a number of projects including:

- Piloting a pooled budget approach to health and social care assessments, plans, reviews and funding allocations between Anglesey County Council and BCUHB for adults in supported living requiring joint funding.
- Establishing new posts to support transitions through funding to Conwy Connect and Gwynedd County Council Learning Disability Services.
- BCUHB Regional Transition Pathway Group is developing a new pathway from children to adult services. The aim is to agree a consistent approach, not only between learning disability services, but other services where children with learning disabilities may be supported, for example Child and Adolescent Mental Health Services (CAMHS)
- An Additional Learning Needs (ALN) Planning and Development Officer is identifying current trends in relation to post-school outcomes for young people with learning disabilities. They are attending specialist schools to understand the drivers and barriers and make recommendations on how to widen opportunities.

The programme set up an LD Transformation Fund to provide small grants to third sector organisations to develop new projects to meet these needs. In total, over 50 grants were awarded. The grants have supported activities such as:

- New opportunities for people with learning disabilities to make friends and have relationships through the Luv2MeetU dating and friendships agency, Gig Buddies and Media Club and Social Screen.
- The 'I' Team project which supports the development of circles of support to promote independence.

- Makaton Choir run by Conwy Connect.
- Outside Lives which runs various working groups which co-produce activities and events (e.g. theatre and the arts, food growing, wildlife, conservation etc.) around particular themes.
- Making sense @home boxes designed for people with Profound and Multiple Learning Disabilities (PMLD) and their carers.

Employment, day opportunities and volunteering

The opportunity for paid employment and day opportunities for people with a learning disability is important. In response to the learning disability strategy consultation in 2018, a number of responders highlighted employment and work opportunities as a significant factor for them. Across the region, there are services provided to support people with learning disabilities to gain skills and experience of employment. The Learning Disability Transformation Team have a focus on employment as a priority and an employment strategy is in development for publication in early 2022.

For example, Flintshire County Council in partnership with HFT and Clwyd Alyn Housing Association designed a 9-month unpaid internship program 'Project Search', where 18-24 year olds can gain experience of the workplace with a view to maintaining employment in the longer term. The 19/20 project search interns have graduated from the programme, with four young people now working more than 16 hours a week. Two have secured positions in the Council, and another two in voluntary roles. Follow on job coaching is still taking place through a job club for those not currently in employment.

The Learning Disability Transformation Team has highlighted employment as a priority work stream from 2021. The programme of work for includes:

- Supporting the North Wales Learning Disability Partnership Group to co-produce an employment strategy for people with learning disabilities. This is being done to address the very low numbers of people in paid employment which is circa 6% despite people with a learning disability saying employment is important to them.

- The team is supporting Denbighshire and Conwy County Borough Council to set up a new Project Search site in partnership with Project Search, Engage to Change, BCU Glan Clywd (host employer) and Agoriad Cyf.
- Through our transformation fund we have created, in partnership with the third sector, 15 new jobs for people with learning disabilities.
- An **Employer Engagement Working Group** has been established by the programme to take forward a programme of work to raise awareness with local employers of the real business benefits of employing people with learning disabilities and to increase their confidence to recruit and employ people.

Housing and accommodation

In North Wales the most common living arrangement for people with disabilities is with parents or other family members (approx. 1,200 people). Just under 800 people are in supported living accommodation, approx. 400 in their own home and approx. 380 in residential accommodation settings. Housing options for people with disabilities must be person-centred.

Data from across North Wales suggests 274 people are waiting for some type of accommodation, for example, an individual living with elderly parents who will require support soon. accommodation types include residential, 24 hour supported living, non 24 hour supported living, own front door and extra care.

Work undertaken in this stream includes:

- Increasing the range of accommodation and support options available to people to prevent them going into residential care. Two pilot schemes in Conwy County Borough and Denbighshire are involving people with learning disabilities and their families in designing bespoke accommodation that promotes independence and is close to home for people with learning disabilities and complex needs.
- Establishing protocols and agreements that interpret 'ordinary residence' criteria in a way that facilitates people moving between counties.
- Raising awareness of Direct Payments (DPs), supporting the development of local authority DP recruitment portals/databases of Personal Assistants (PAs), services and options. <https://northwalestogether.org/direct-payments/>

- Developing brokerage and support to enable people to make the most of their DPs. For example, individuals pooling their DP with others to get better services. <https://northwalestogether.org/direct-payments/>
- Mapping and piloting short break activities for young children with complex needs in Conwy, including Makaton singing and dancing group and a sensory activities programme and early years' pilot projects <https://northwalestogether.org/early-years/>

Wrexham County Borough Council have been driving forward their supported living schemes. The remodelling of Heddwch Supported Living Scheme, in partnership with Clwyd Alyn Housing Association, will help people enjoy improved lives within their local communities. Funded through the ICF, individuals' complex health and social care needs can be met by delivering appropriate specialist housing and support – providing greater opportunities, wellbeing and outcomes for users. The bespoke environment reduces risks by delivering creatively designed living space and environments to develop independence and engagement opportunities for individuals in a safe way.

Wrexham County Borough Council, in partnership with First Choice Housing, upgraded supported-housing schemes with the latest assistive technologies so more people than ever can live independently, and closer to home.

The Wales Audit Office (2018) have estimated that local authorities will need to increase investment by around £365 million in the next twenty years to address the increase in the number of people with learning disabilities who will require housing. As part of the enquiry 'Is Wales Fairer?' 2018 the housing situation was highlighted as a key issue. It found that disabled people, including those with learning disabilities, were demoralised and were living in homes that did not meet their right to live independently.

Sport, leisure and social activities

People with learning disabilities often face barriers when accessing leisure or social activities. This is especially critical in more rural areas, where public transport links might not be as robust as more populated areas. In Flintshire the 'Luv2MeetU' initiative has been launched, which focusses on supporting people with learning

disabilities and their families to develop and sustain relationships. This is particularly important for wellbeing, especially in the current climate, when social connections are critical. Digital skills, specifically the issue of digital exclusion, can be a barrier, especially with the transfer of many services to online mediums during the Covid-19 pandemic. This is explored further in the section around Covid-19 impact and is recommended as an area of focus going forward.

Wrexham County Borough Council have commissioned the Friendship Hub, with new third sector partner Yellow and Blue, as an alternative to disability focussed centre provision. The Friendship Hub enables people with learning disabilities to lead the development of inclusive community activity. During Covid-19, the Friendship Hub continued to develop online, offering inclusive activities for anyone who needed support. Working co-productively with the SWS Group Wrexham County Borough Council developed numerous online activities providing support, friendship, information and advice.

Utilising an online network for people with learning disabilities, they have been able to promote meetings and activities throughout the Wrexham County Borough and beyond, reaching people we might not otherwise have done.

Assistive technology

This workstream accelerated pace due to Covid-19 and the impact has been that more people with learning disabilities and their parents/carers are using technology to make friends, have relationships, meaningful things to do and to stay safe and well. The rapid roll out of technology to people in Flintshire, Denbighshire and Wrexham County Borough has facilitated access to online activities and support in the community. This has proved to be a lifeline to many people with learning disabilities, who have been shielding. It has enabled them to connect with others, reducing isolation and loneliness and maintaining wellbeing. Virtual delivery by community and voluntary sector providers means that this has not been constricted to county boundaries or subject to eligibility criteria.

The following has been achieved:

- Raising awareness of the importance of technology for this group of people, and linking with partners, for example with Digital Communities Wales.
- Ensuring people with learning disabilities and their carers have the hardware – phones, iPads, laptops and the software, including communication platforms, social media, apps and other equipment and are supported to learn how to use them.
- Providing staff in learning disability services with IT equipment/packages and are trained to use them in their work as tools that support independence, choice and control. For example, to use in assessment and care planning processes, as well as to promote self-management (for example, of long term conditions).
- Pilot project in Wrexham testing use of apps, which encourage progression and independence, including Multi-Me and here2there.
- Newly published technology strategy that sets out a vision for how technology can be used more effectively for people with learning disabilities across North Wales to help them achieve better outcomes in their lives.

Health improvement programmes

Health improvement programmes should be available to people with learning disabilities from the early years, through childhood and into adulthood, including important life transitions such as the move from primary to secondary education and from education into work. Early intervention in children and young people with learning disabilities can help to support vulnerable families who are caring for people with learning disabilities and prevent any decline in health status. Health improvement programmes designed to address issues such as smoking, illicit drugs, sexual health, alcohol, mental health and well-being, diet and physical activity should be outcome-focused, evidence based and reflect impacts on equality and diversity.

There should be reasonable adjustments to enable people with learning disabilities to access services such as weight loss, smoking cessation and sexual health. Opportunities for physical activity should be encouraged, as well as improved access to appropriate dietary support and healthy eating advice. The implementation of mental health improvement programmes should also address the needs of those individuals with a learning disability.

The Learning Disability Improving Lives Programme is a Welsh Government transformation programme hosted by [Improvement Cymru](#). The programme has identified five priority areas to address inequalities and improve the lives of people with a learning disability in Wales.

The team supports the delivery of the health objectives within the programme. They have four interconnected work streams:

- Physical health,
- Health equality framework (HEF),
- Children and young people, and
- Specialist services.

The team are currently working on the following:

- Publishing a refreshed Once for Wales Health Profile with adjustment for lifespan, continue with its promotion as a patient safety tool.
- Finalising the Delivering Health care resource and explore opportunities for diversifying use of Health Checks.
- Ongoing support and communication in respects to HEF as a data collection during Covid-19.
- Progressing the development of the children & young people's HEF
- Supporting the planning and delivery of the broad vaccination campaign for people with learning disabilities.
- Development and launch of a support pack for families in respect Positive Behavioural Support.
- Accessible and bilingual Self-Care resources that have been evidence based as relevant during COVID-19.
- Supporting data collection in respects to Restrictive Practice across Wales.
- Supporting national public health messaging in respects to COVID-19, ensuring it is produced in an accessible format.

Finalising and launch the Learning Disability Educational Framework for healthcare staff in Wales.

7.10 Covid-19 impact

As result of the pandemic, concerns have been raised, including by the North Wales Learning Disability Transformation Programme, regarding the increasing health inequality being experienced by those with learning disabilities. The pandemic has also had other impacts for people with learning disabilities resulting in new challenges. Support services for people with learning disabilities had to adapt to the lockdown restrictions. Some support has moved online and although some beneficial innovation has emerged, it has meant that some people are digitally excluded and having to substitute face-to-face for phone or online based services has been a challenge.

Through ICF funding, IT equipment has been made available to citizens in residential care and supported living, which was well received. Social activities have also been hosted online which have been crucial in negating the impact of lockdown on overall well-being and feelings of isolation for both those with learning disabilities and their carers. Conwy County Borough Council and Denbighshire Council are jointly developing a Digital Strategy to overcome these barriers.

Wrexham County Borough Council's Friendship Hub members were loaned devices to enable them to join in with online activities, which helped them to become less isolated and build friendships. These technology devices have helped many people throughout the pandemic to remain in contact with friends and family, order their shopping online and take part in activities to improve their well-being.

The North Wales Learning Disability Transformation Programme has recommended that going forward it is imperative that the workforce is also skilled in the knowledge of technological applications to support new ways of working and providing services. Technological support also needs to extend to citizens in receipt of services and support via technology, as it can create barriers to access if not fully supported.

Between March and July 2020 the North Wales Learning Disability Transformation Team collected feedback from people they work with about their experiences during the pandemic. The initial impact of the restrictions, such as lockdowns, meant that day service settings had to close. Some services were able to adapt quickly,

however, and offer online services. Others reported losing their employment and volunteering opportunities and did not feel connected which had a detrimental impact on their well-being.

The relaxation of restrictions left people feeling vulnerable given their physical health conditions. The lack of digital inclusion was also raised as an issue due to the lack of skills and knowledge amongst those supporting people with learning disabilities, as well as a lack of or restricted internet access and ICT equipment.

7.11 Safeguarding

People with learning disabilities have a right to live their lives free from abuse, neglect and discrimination. The Social Services and Wellbeing (Wales) Act 2014 defines that an adult is at risk if: they are experiencing or at risk of abuse or neglect; they have need for care and support (whether or not the authority is meeting any of those needs), and as a result of those needs are unable to protect themselves against the abuse or neglect.

In the year 2015/16, there were 4,000 referrals for adults at risk in Wales. Of these, 15% of referrals were for adults with learning disabilities aged 18-65 and 1% of referrals were for adults with learning disabilities aged 65 and over. No comparable data is available for 2019/2020, however, the number of recorded hate crimes has increased for all protected characteristic groups in Wales, particularly for disability hate crimes (Is Wales Fairer? 2018).

The table below provides data for the number of safeguarding referrals received for people with a learning disability since 2018.

Table X: safeguarding referrals received by local authority

County	People with LD 2018/19 number	People with LD 2018/19 %	People with LD 2019/20 number	People with LD 2019/20 %	People with LD 2020/21 number	People with LD 2020/21 %
Anglesey	25	9%	36	9%	25	8%
Gwynedd	50	10%	31	6%	11	2%
Conwy	?	?	?	?	?	?
Denbighshire	94	15%	80	13%	43	12%
Flintshire	42	7%	112	16%	80	12%
Wrexham	54	6%	No data	No data	61	8%
North Wales						

Source: local authorities

7.12 Violence against women, domestic abuse and sexual violence

As with older people, people with health and physical difficulties, learning difficulties and / or people with sensory impairments, may be particularly vulnerable to VAWDASV. This could be due to a difficulty to identify what is happening to them, and how to articulate this to professionals. As with others with care and support needs, they are also likely to be reliant on other people for their care needs.

In 2016, a study showed that those with learning difficulties or disabilities were more vulnerable to domestic abuse (McCarthy: Hunt: Milne-Skillman: 2016). It is difficult to identify the true scale of the problem, however, as this area is under-researched.

Again, this may mean that these individuals are at risk of, or living with, abuse and / or neglect, as defined in the Social Services and Wellbeing (Wales) Act 2014. They will often require a holistic approach that endeavours to keep them safe, while promoting independent living and addressing ongoing care needs. Researchers suggest that specialist training be provided for professionals to help them better identify the signs and symptoms of domestic abuse in this group.

There appears to be no formal distinction between learning disabilities and physical disabilities in terms of domestic abuse data collection. As with older people, mental health, autism, sensory impairments and physical disabilities, this data gap

demonstrates a clear need to verify the true extent of the problem, particularly given the higher risk factors for abuse amongst this population group. Support can then be prioritised for these groups.

In terms of disability across the region in the broadest sense, it is estimated that as of 16th September 2021, 12 month rolling MARAC data showed that up to 2.3% cases deemed as “high risk” involving disability were heard at MARAC. As MARAC data covers high risk cases and domestic abuse is an underreported crime, it is reasonable to assume that these figures are an underrepresentation of the true picture.

7.13 Advocacy

Wrexham County Borough Council implemented a new contract for advocacy provision in January 2019. The new service places greater emphasis on self, community and peer advocacy, with case-work focussed on those who need independent professional advocacy.

NWAAA facilitate the Wrexham Self-Advocacy group, which remains an important and continually developing service. It gives people the opportunity to discuss, debate and challenge local, regional and national changes that affect them. Wrexham County Borough Council are also seeking to develop their own advocacy services to make sure that they support people with very complex needs. NWAAA also have advocacy projects across Anglesey, Gwynedd, Denbighshire and Flintshire.

Dewis CIL provide advocacy services for vulnerable adults aged 18-64, including people with learning disabilities in Conwy County Borough.

7.14 Socio-economic factors

People with learning disabilities can experience inequality of outcome, most notably lower levels of good health compared to the wider population. Although it is recognised that this in part, is attributed to increased risk from factors associated with a learning disability (Emerson and Baines 2011). People with learning disabilities are more likely than their non-disabled peers to be exposed to poverty, unemployment, poor housing conditions, social exclusion, abuse, victimisation and

discrimination (Health Inequalities & People with Learning Disabilities in the UK: 2012 Eric Emerson, Susannah Baines, Lindsay Allerton and Vicki Welch).

As a priority for the regional programme there is a focus on supporting people to live independently and ensuring people with learning disabilities have a good place to live. The most common living arrangement for adults with learning difficulties is with their parents/family. The physical environment as well as the location are two critical areas for ensuring people have a good place to live.

In the report 'Is Wales Fairer?' it states that people with disabilities, physical and learning, are falling further behind and facing greater socio-economic disadvantage. In Wales, one in five pupils with Additional Learning Needs (ALN) will achieve five GCSE's at grade A* - C compared with two-thirds of pupils without an additional learning need. The early disadvantage in education continues into later life. People with learning disabilities are under-represented in apprenticeships and disabled people have employment rates less than half of that for non-disabled people (Is Wales Fairer Report, 2018). Reforms to the welfare system have had a disproportionate impact on disabled people meaning that they are more likely to be living in poverty.

7.15 Equalities and Human Rights

The Equality Act 2010 introduced a public sector equality duty which requires all public bodies including the council to tackle discrimination and advance equality of opportunity. Within this chapter there are issues and challenges facing people with learning disabilities, who may also have other protected characteristics such as age, and experience disadvantage because of these.

At the time of publication of this needs assessment, the ongoing COVID-19 pandemic has starkly highlighted the inequality faced by those with learning disabilities. In the report 'Locked Out: Liberating Disabled People's Lives and Rights Beyond Covid-19' (2021) it is recognised that the pandemic has had a detrimental impact on many areas of life for those with learning disabilities. 'Into Sharp Relief' stated that people with learning disabilities who lived independently struggled to understand the restrictions. Information such as the shielding guidance / letters were not available in accessible formats.

North Wales public sector partners are committed to the [social model of disability](#). Using the social model of disability as a theory instead of the medical model can change people's outlooks on what other people can achieve, and how organisations and our environments should be structured. People who follow this way of thinking will be able to see past the outdated policies and procedures that can be a barrier to people with learning disabilities leading full and active lives.

Despite much progression in the public perception of people with learning disabilities, there is still some stigma about what they can and can't do. Using the social model of disability, there should be no limits set on what people with learning impairments can achieve; the key is finding the support which they need to enable them to achieve these things.

7.16 Welsh language considerations

People with learning disabilities are identified as a priority group for delivery of social and health care services in Welsh (More Than Just Words, 2012). Priority groups are particularly vulnerable if they can't or don't receive services and support in the language of their choosing.

There is variation across North Wales in the proportion of people with Welsh as their preferred language. This means that there are varying needs across North Wales for Welsh speaking support staff and to support the language and cultural needs of Welsh speakers with learning disabilities. The need tends to be met in areas where there are greater numbers of Welsh speakers, such as Gwynedd, than in areas such as Denbighshire and Conwy County Borough, where recruiting Welsh speaking support staff has proved to be difficult (CSSIW, 2016). Current recruitment and retention issues across the care sector are exacerbating this problem.

7.17 Conclusion and recommendations

It is recommended that, in line with all legislation, policy and guidance, the following recommendations and priorities are progressed to meet the vision for those with learning disabilities within the North Wales region:

- **Employment opportunities:** this has been highlighted in consultation responses as a priority for people with learning disabilities. This has also been highlighted as a priority for partners. The Learning Disability Transformation Programme will be producing a Learning Disability Employment Strategy in 2022 to carry forward actions for increasing paid employment opportunities.
- **Co-production:** it is important the coproduction of services is taken forward to better suit the needs of people with learning disabilities building on work already taking place across the region.
- **Housing and accommodation:** ensuring there is a supply of appropriate accommodation for people with learning disabilities in North Wales. A focus on housing for complex needs is also recommended.
- **Digital inclusion and assistive technology:** ensuring that people with learning disabilities have the skills and equipment needed to be digitally included. This has been particularly important as a result of the Covid-19 pandemic. It is also important that carers and support workers have the digital skills necessary to support people with learning disabilities.
- **Workforce:** a focus on recruitment and retention of the workforce supporting people with learning disabilities. Also encompassing the training and upskilling of the existing workforce to enable them to manage more complex needs in a community setting.

8. Autism Spectrum Disorder

8.1 About this chapter

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

Definition

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition which typically emerges early in childhood. The condition is life-long, however, the presentation of the core features may change as the individual develops. ASD impacts on three broad areas of functioning:

- Social understanding and reciprocal social interaction.
- Communication – in particular reciprocal communication in a social context.
- Difficulties relating to restricted interests, repetitive behaviour, significant sensory difficulties.

The World Health Organisation definition of autism (also used by the Welsh Government) states:

“The term autistic spectrum disorders (ASD) is used to describe the group of pervasive developmental disorders characterised by qualitative abnormalities in reciprocal social interactions and in patterns of communication and by restricted, stereotyped, repetitive repertoire of interest and activities.”

ASD is a condition with a wide range of variance in terms of levels of severity and intellectual ability. Some people with ASD may experience a range of mental health and ill health issues. Similarly, ASD may co-exist alongside combinations of other neuro-development conditions such as Attention Deficit Hyperactivity Disorder. Over time a number of terms have been used to describe the condition. It is now current practice to use the global diagnostic category of ASD.

8.2 What do we know about the population?

It is estimated that 1.1% of the population are on the autism spectrum (Burgha et al, 2012). This is an estimated 6,160 people over 18 in North Wales. The rate has been found to be higher in men at 2% than in women at 0.3%.

ASD is more commonly identified in school age children than in adults. There is a strong suggestion of missed cases of adults with ASD. The assessment of ASD only became more widely available in the early 1990's and has largely focussed on children and those with the most disabling symptoms.

Figures for the total number of people aged 18 years and over estimated to have ASD in North Wales, together with future predictions are shown below. These show an increase in the predicted number of people with ASD in North Wales aged 18 and over.

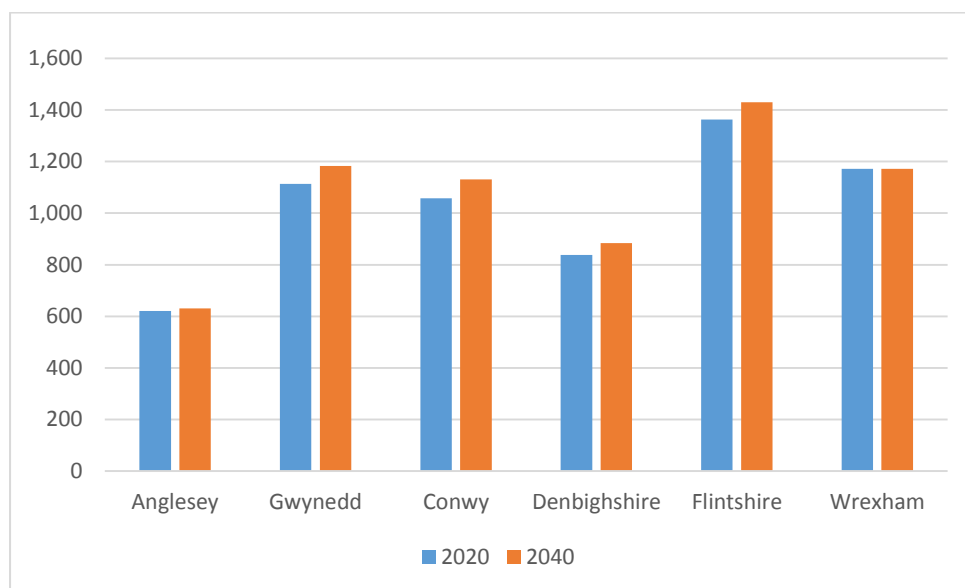
Table X: Total population aged 18 and over estimated to have ASD in 2020 and predicted to have autistic spectrum disorders in North Wales

Local council	2020	2025	2030	2035	2040	Change
Anglesey	620	620	630	630	630	10
Gwynedd	1,110	1,130	1,160	1,170	1,180	70
Conwy	1,060	1,070	1,100	1,120	1,130	75
Denbighshire	840	850	860	880	880	45
Flintshire	1,360	1,380	1,400	1,420	1,430	65
Wrexham	1,170	1,170	1,180	1,180	1,170	0
North Wales	6,160	6,220	6,320	6,390	6,430	265

Source: Daffodil

Numbers are rounded and may not sum

Chart X: Total population aged 18 and over estimated to have ASD in 2020 and predicted to have ASD by 2040



Source: Daffodil

The table below shows how the number of children aged 0-17 with ASD is predicted to change over the next 20 years. Overall there will be a decrease in the number with ASD. This is likely to be due to the overall projected decrease in the number of 0-17 year olds, rather than a decrease in the rate of those with ASD. For the purposes of this analysis rates are assumed to be similar across all councils in North Wales. It should be noted that an increase could be expected should there be any changes in definition, recognition and / or assessment processes.

Table X: Children age 0 to 17 estimated to have ASD in 2020 and predicted to have ASD by 2040

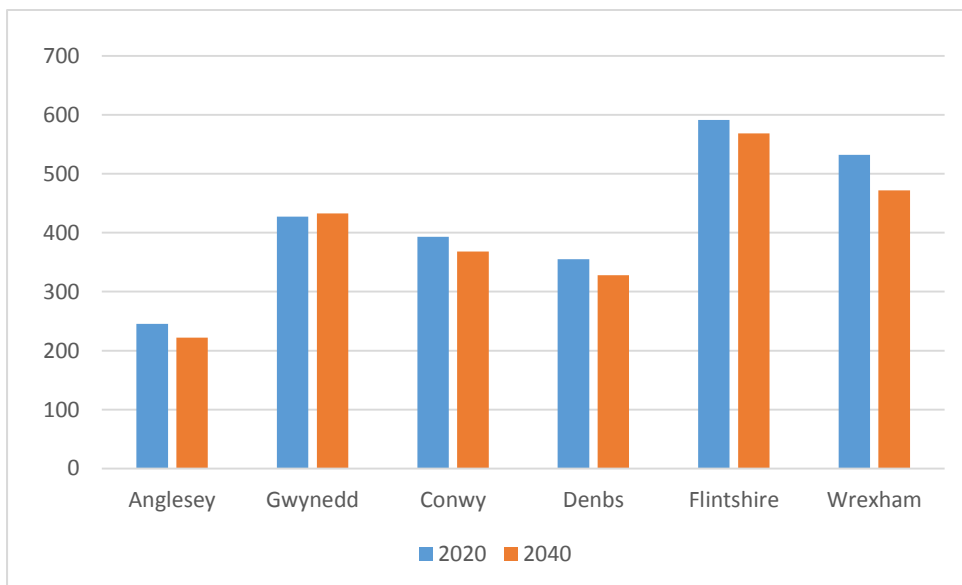
Local council	2020	2025	2030	2035	2040	Change
Anglesey	250	240	230	220	220	-25
Gwynedd	430	430	420	420	430	5
Conwy	390	390	380	370	370	-25
Denbighshire	360	360	340	330	330	-25

Local council	2020	2025	2030	2035	2040	Change
Flintshire	590	590	570	570	570	-25
Wrexham	530	520	490	470	470	-60
North Wales	2,540	2,530	2,430	2,380	2,390	-25

Source: Daffodil

Numbers are rounded and may not sum

Table X: Children age 0 to 17 estimated to have ASD in 2020 and predicted to have ASD by 2040 in North Wales



Source: Daffodil

8.3 What are people telling us

Adult Services

Few respondents commented on what is working well, and a couple responded that services are too slow and not much support is available.

The Integrated Autism Services (IAS) are thought to be very positive, as well as the use of direct payments. Clients who have been assessed in statutory services may have access to direct payments if they have assessed needs. Direct payments from

the local authority can then be used to support and make positive, life changing decisions and lead to a better quality of life under the precepts of the Social Care and Wellbeing (Wales) Act, which focuses on empowerment and choice.

What needs to be improved:

Some respondents thought “everything” needs improving. In particular, they recommended that:

- Services should be more person centred.
- Staff should receive specialist training.
- Waiting times for assessments should be reduced.
- Communication with services should be improved.
- Staff could be more open and honest throughout all services.
- A partnership Board Hub should be established for all providers to meet and share information.

Children and young people Autism Services

Few respondents identified where services for children and young people with ASD are working well, but these included:

- Individual educational psychologists.
- Organisations providing quality support: STAND NW, the Conwy Child Development Centre and Ysgol y Gogarth.
- The bespoke tailored support offered to each family/individual.

What needs to be improved:

Some respondents concluded that “*everything*” needs to be improved to give more attention, care and support to parents and their autistic children. Waiting lists for autism assessments are “*phenomenally long*” and few services available. Parents said they would like more information about how their case is progressing up the list, and to be given some advice while waiting.

Identified gaps in services included:

- Services for children at the high end of spectrum.
- Respite care once children are 11 years old.
- After school facilities with sufficiently trained staff.
- Services for autistic children with anxiety and communication problems.

Parents voiced concerns that teachers in specialist schools are not all qualified and accredited to work with autistic children. They thought that all lessons should be delivered by teachers who have training in dyslexia, sensory needs, executive functioning difficulties, slow processing and so on. It is especially important for teachers to be trained to recognise and support autistic children with complex needs, who present as socially fine and can mask their problems well. Twenty minutes per week of one-to-one teaching from the additional learning needs co-ordinator is not sufficient.

Parents and carers described, “being left with the results of trauma caused by teachers who don’t understand the pupil’s needs. So as well as caring for our child, we have to fight to try to force school to make provision for our children. We have this tremendous extra burden over and above our own caring role”.

Parents and carers need more respite care themselves as one parent explained, “I am beyond exhausted. I’ve had to leave my specialist nurse job of 23 years to become my daughter’s full-time carer, as there’s no support for her”.

Social groups for parents could provide opportunities to discuss common difficulties and share learning about solutions. More support and training is needed to helping parents cope with their child’s autism.

At a system level, service providers would gain from:

- Improved networking forums.
- Secure funding from local authorities.
- Co-ordination and collaboration to prevent competing with one another for the same grants and avoid overlapping services.

- Parents would like staff across organisations to be working together “so you don’t have to give the same information every time and it’s not someone new every time”.

8.4 Review of services currently provided

The Welsh Government Code of Practice on the delivery of Autism Services is now published and must be implemented from September 2021. The Code of Practice sets out the duties placed on local authorities and health bodies about the range and quality of services that should be available in their local areas for people with Autism Spectrum Conditions (ASC). The Code reinforces the legal frameworks already in place by specifying provisions for autism services.

All partners have completed a baseline assessment against the duties within the Code of Practice to assess compliance and to identify where improvements are needed. From these baseline assessments, local action plans are being developed. Monitoring and reporting of the action plans will be through the North Wales regional governance structure.

Conwy and Denbighshire ASD Stakeholder Group have drafted a local action plan to respond to the Code and will be consulting on this in due course. Conwy and Denbighshire allocate funding annually to the third sector for the provision of early intervention and prevention services for people with ASC. Within Conwy, appropriate pathways to assessment and where individuals have eligible needs, managed care and support, will be established to ensure that people with ASC receive the right support at the right time.

Services and support for children with ASD differ across counties and are provided from different organisations depending on age. For example, in Gwynedd, children are currently assessed by Derwen integrated team for disabled children who are under 5 but by CAMHS if they are over 5. A specialist in autism has been commissioned to provide support on the development of an Autism Action Plan in partnership with BCUHB and Ynys Mon. This encompasses lifelong autism, therefore children and adults.

Gwynedd Children and Families Department and the Adults, Health and Well-being Department now hold regular meetings with the Integrated Autism Service (IAS). The IAS works with individuals who do not reach the threshold of social services. They support with diagnosis, provide support for staff, families and social workers etc. regarding supporting individuals with autism. Waiting lists for diagnosis are very long, but joint working is in place to see what support we can offer in the meantime. Any individuals on the autism spectrum who are referred to the Gwynedd vulnerable adults forum (since they do not reach the threshold of the Learning Disability register) are formally documented, in order to plan services and training for the future.

In Wrexham, the referral pathways for Assessment and Diagnosis for children aged 0-5 years old is undertaken by BCUHB pre-school Development Team. For children 5-18 years old, assessment and diagnosis is undertaken by BCUHB Neurodevelopment Team. Adults over 18 years old are referred to the IAS.

The majority of support available for people with ASD is provided by third sector organisations. There are national organisations that provide a service in North Wales such as the North Wales IAS, which is a collaboration between the Health Board and the local authorities. There are more local support groups such as Gwynedd and Anglesey Asperger/Autism Support Group. The National Autistic Society also provide a domiciliary care service.

North Wales Integrated Autism Service

Many autistic individuals fall between eligibility for mental health and learning disability services, and so cannot access emotional, behavioural, low level mental health and life skills support. In addition to this, many services lack the confidence to deliver services that can meet individual's needs. In response to this, the Welsh Government has provided funding to develop an IAS across Wales.

The IAS provides:

- Adult diagnostic services.
- Support for autistic adults to meet defined outcomes.
- Support for families and carers.

- Training, consultation and advice to professionals in other services supporting autistic individuals.

The aim of the service is to ensure that autistic individuals, their family and carers are able to access the advice, support and interventions needed to enable them to reach their full potential where these are otherwise unavailable.

IAS Supporting Guidance (Welsh Government, 2017)

Flintshire County Council is jointly hosting the North Wales IAS with BCUHB on behalf of the region. North Wales IAS offers continuity of support for autistic individuals through the various transitions in their lives, and helps people achieve the things that are important to them. The service is for individuals who do not have moderate to severe mental health or learning disability.

The North Wales IAS launch conference took place on 27th June 2018. North Wales IAS has modified consultation procedures for clients and staff to remain safe during the pandemic. All applications into the service are now triaged through the weekly Multi-Disciplinary Team ensuring and in accordance with Welsh language policy. referrers are advised if clients may need other support, such as with their mental health, and will offer this at that early stage. This enables early assessment so the person may be seen in a safe clinical environment and get any services required simultaneously, preventing clinical delay. The Outcome Star is completed with clients, identifying the areas of need they wish to focus on and to empower them in making change. The Outcome Star can be used by Clinician and Link Worker alike.

There is no waiting list for support as all such requests received by the team are allocated to link workers who make contact via email, telephone and most importantly, where possible, via Video Conferencing (if they have access to IT). We recognise that not all clients can engage if they do not have IT facilities and we will work with them to find innovative ways of supporting them.

Support is provided for up to 6 sessions, but this can be expanded dependent on need. The service cannot offer crisis support. The client would be signposted at the point of any signs of deterioration in mental health to their GP, Community Mental Health Team, and / or to their local authorities via SPOA for more support via a needs assessment request.

The IAS deliver group work on Dialectical Behavioural Skills (13 week course) to groups throughout East (Wrexham/ Flintshire), Central (Denbighshire/ Conwy) and

West (Gwynedd and Anglesey). The first group in 2020 began face-to-face with 15 people attending, although delivery has been affected by Covid-19.

There have been five post diagnostic face-to-face groups held. There had been a vision of rolling out across all counties throughout the year, however, due to Covid-19, an online version of 'Understanding Autism' has been developed. A working booklet is provided for persons recently diagnosed or seeking clarification on assessment and this six-week course is running quarterly. The course is continually evaluated and reviewed with each group of participants so that it can be amended to meet autistic individuals' needs. Two further groups took place in parallel in January 2021 and May 2021. Parent support training has also been developed.

The courses are also available to persons supported by statutory services, such as the Community Mental Health Team. Persons who remain in secondary services with a diagnosis of autism may also benefit from both 'Understanding Autism' and Dialectical Behavioural Skills.

For the quality of robust processes, the average assessment will be completed in three to four appointments of approximately 2 hrs per session as a minimum. Video appointments will continue to form part of the assessment process due to the geographical challenges throughout North Wales. This will enable delivery of a person centred assessment via video conferencing and/or face-to-face appointments to meet NICE guidelines and best practice.

The IAS provide in-depth personalised 15 page reports per individual, where recommendations are provided and may include an individualised communication passport to assist in areas of complexity e.g. employment, health related appointments and communication difficulties. It is expected that a report is concluded within a 6-week window where possible, but this is dependent on complexity.

Psychologists may also provide other assessments if they consider criteria is met for ADHD and / or any underlying mental health traumas that requires therapeutic input from the relevant services and clinicians. Clients will be signposted and individualised supporting correspondence will be issued to facilitate transition into other services.

The IAS also support couples with effective communications where one partner has received an Autism diagnosis. The service continues to receive compliments for their work and have been complimented on the number of excellent 'life story' outcomes submitted to WLGA for making a difference to everyday lives of autistic adults.

One service user said:

“Without over-egging the pudding, you have provided me with the first step on an entirely new path in my life, and I am sure I will be thanking you again in the future for the success I am sure I can achieve now that I have a greater understanding of who I am, and who I have always been.”

To further support autistic individuals, the [Autism.Wales](https://www.autism.wales.gov.uk/) website (previously ASDinfoWales) has been launched by the National Autism Team.

8.5 Covid-19 impact

The National Autistic Society (2020) in their report 'Left Stranded', claim the pandemic has disproportionately affected those with autism and their families. The research found compared to the general population, those with autism were seven times lonelier and six times more likely to have low life satisfaction. Nine in ten were concerned about their mental well-being.

A report published by the Association of Directors of Adult Social Services (ADASS, May 2021) into the impact of the Covid-19 pandemic on autistic people or those with learning disabilities stated that:

“In line with this national emphasis, proper account was not taken of the needs of people with a learning disability or autism in lockdown, including the feasibility of the containment measures and the greater impact these would have on their lives”

Evidence suggests that autistic people, people with mental health conditions and people with a learning impairment have found many of their self-help activities (such as in-person community groups) severely curtailed during this time. Many are now very isolated and unable to communicate their difficulties through the limited mechanisms currently available (Locked Out Report, 2021).

Some of the key issues facing autistic people have been highlighted in the ADASS report, these include:

- Loss of contact with friends, daily activities and routines has exacerbated pre-pandemic health and well-being challenges for autistic people and people with learning disabilities.
- Regular changes in guidelines have been difficult for people to adapt to.
- A particular concern highlighted during interviews conducted by ADASS related to employment opportunities.

Further information relating to the Covid-19 pandemic can be found in the rapid review assessment <https://www.northwalescollaborative.wales/north-wales-population-assessment/rapid-review/>

8.6 Advocacy

Advocacy for autistic adults, children and their carers ensures that individual rights are met, advocacy can provide support in a number of ways including seek a diagnosis, overcoming barriers and accessing services.

NWAAA facilitate the Wrexham Self-Advocacy group, which remains an important and continually developing service. It gives people the opportunity to discuss, debate and challenge local, regional and national changes that affect them. NWAAA also have advocacy projects across Anglesey, Gwynedd, Denbighshire and Flintshire.

Dewis Centre for Independent Living provide advocacy services for vulnerable adults aged 18-64, including autistic adults in Conwy County Borough.

8.7 Equalities and human rights

Women and girls often struggle to get referred to diagnostic services, with many being forced to pursue private diagnosis. Women are also at high risk of 'camouflaging' or 'masking' their neurodivergence, which has not only been blamed for inequitable diagnosis, but puts them at higher risk of adverse outcomes (Women's Health Care for People with Autism and Learning Disabilities Infographic).

The impact this has on neurodivergent women is multifaceted. We have already referenced the inequality autistic people face in accessing healthcare, however, this could be disproportionately affect women, due to their increased risk of having co-occurring physical and mental health conditions. For example, autistic women are overrepresented in anorexia nervosa figures, yet a lack of understanding means that outcomes and recovery rates for autistic women are far worse than for others with

anorexia. Some studies also suggest that autistic women have elevated mortality rates compared to autistic men, including higher risk of dying by suicide. This is compounded for autistic women who also have a learning disability, as they are at even higher risk of dying young. This figure will only grow as 75% of women with a learning disability are not invited for routine (“ceased from recall”) cervical screening.

Autistic UK has highlighted that autistic women are facing high levels of isolation and loneliness, particularly in more rural areas of Wales. Stigma plays a large role in this. Stigma also contributes to autistic women being at greater risk of accessing support services, particularly as a parent, due to the risk of being at greater scrutiny by social services, including the risk of having their children taken into care.

More generally, autistic women report poorer quality of life than autistic men across multiple areas, to the extent that some studies include “being female” as a predictor of lower quality of life in autistic populations. This is indicative that the issues pertaining to being neurodivergent including stigma, diagnostic inequity, and inequality in access to healthcare disproportionately affect women.

There is a lack of research about the experience of people from Black and minority ethnic groups. This means it can be even harder to get the support they need. We need to understand the experiences of autistic people and families from different backgrounds and cultures and help create a society that works for all autistic people.

8.8 Safeguarding

It is known that adults with a learning disability are vulnerable to maltreatment and exploitation, which can occur in both community and residential settings (NICE, 2015). This also includes autistic people. Staff have identified that there are significant safeguarding issues in relation to the use of the internet by autistic people and a concern around radicalisation. Bullying is also an issue for autistic people and particularly young people in mainstream schools who have Asperger’s Syndrome.

8.9 Violence against women, domestic abuse and sexual violence

As with anyone who may require care and support needs, those with autism may be particularly vulnerable due to perhaps, a difficulty in articulating to professionals what is happening to them. As with others with care and support needs, it is possible they may be reliant on other people for some of their care needs.

It is important that training opportunities are provided to professionals to enable them to better understand the signs and symptoms of autism, and also to help them

identify possible signs of domestic abuse within this population group and how it can impact their condition and their wellbeing.

It is essential to ensure that behaviours are not mischaracterised and that individuals at risk of harm and / or neglect receive the help that they require in accordance with the Social Services and Wellbeing (Wales) Act 2014. No specific data for autistic people experiencing domestic abuse is available, either nationally or throughout the region.

Local authorities should, however, have procedures in place for identifying domestic abuse and signposting to the relevant designated lead for safeguarding so that a referral to MARAC can be considered in conjunction with pre-existing care support that individuals may already be receiving. The Social Services and Wellbeing (Wales) Act makes reporting a child or adult at risk a statutory duty and also has an obligation to undertake an assessment of the individual and carers' needs.

An assessment may include a consideration of the individual's housing needs and other support needs. Across the region, specialist services available to support those experiencing domestic abuse include IDVA support, Floating support, crisis support, group programmes, advocacy support for current and historic abuse, and sexual abuse and referral centre.

8.10 Welsh language considerations

There is a variation across North Wales in the proportion of people with Welsh as their preferred language. This means that there are varying needs across North Wales for Welsh speaking support staff and to support the language and cultural needs of autistic Welsh speakers. The need tends to be met better in areas where there are greater numbers of Welsh speakers, such as Gwynedd, than in areas such as Denbighshire and Flintshire, where recruiting Welsh speaking support staff has proved to be difficult (CSSIW 2016). There is more information in the Welsh language profile produced for the population assessment.

8.11 Socio-economic considerations

The disability employment gap is still too wide, with around half of disabled people in work, compared to over 80% of non-disabled people. But the autism employment

gap is even wider, with just 22% autistic people reported in paid work. We are really worried that out of all disabled people, autistic people seem to have the worst employment rate. While not all autistic people can work, we know most want to. The Government must improve the support and understanding autistic people get to find and keep work (National Autistic Society, 2021).

Appropriate housing and accommodation is significant, of the autistic adults responding, 75% lived with their parents, compared with 16% of disabled people generally. There could be lots of different reasons for this figure, including if responders were younger or still in education. These are new figures and we will keep looking at future publications. There are other autism-related figures in the data, but because they were only answered by small number of people, the findings should be treated with more caution (National Autistic Society, 2021).

8.12 Conclusions and recommendations

It is recommended, in line with all legislation, policy and guidance, that the following recommendations and priorities are progressed to meet the vision for those with Autism Spectrum Disorders within the North Wales region:

- **Code of Practice for autism services:** continue with the implementation of the new Code of practice across the region. Baseline assessments are being undertaken and local action plans developed to support the continued improvement in the development and delivery of autism services in North Wales.
- **Co-production of services:** is a significant part of the SSWB Act and a key theme identified for the delivery of services. Section 16 of the Act states that local authorities should promote social enterprises, co-operatives, user led services and the third sector. It will support the requirement to identify the care and support and preventative services these alternative models can

provide. The practice of co-production aims to secure more social value from the service delivery for autistic people as well as their families.

- **Mental health and well-being:** ensure sufficient psychological and physiological support for autistic people, as highlighted issues have been further exacerbated as a result of Covid-19. A focus on the general health, mental health and well-being of autistic people is recommended.
- **Raising awareness:** to raise awareness and understanding of ASD more widely within the community, and ensuring that the workforce has sufficient training to be inclusive of the needs of autistic people when they are accessing services.
- **Education and employment:** responders to the consultation have stated that they would like to see more training and ASD awareness for staff in educational settings to support autistic children and young people. Transition from education to employment is also a gap identified for autistic people.

9. Mental health (adults)

9.1 About this chapter

This chapter includes the population mental health needs for adults. Information about other population groups can be found in the following chapters:

- [Children and young people \(section for mental health and wellbeing\)](#)
- [Older people \(section for dementia\)](#)
- [Learning disabilities](#)
- [Autism Spectrum Disorder](#)
- [Unpaid carers](#)

What is meant by the term mental health?

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

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

Public mental health involves a population approach to addressing mental health. This includes promotion of mental well-being, prevention of mental disorder, treatment of mental disorder and prevention of associated impacts. These interventions can result in a broad range of positive impacts and associated economic savings, even in the short term.

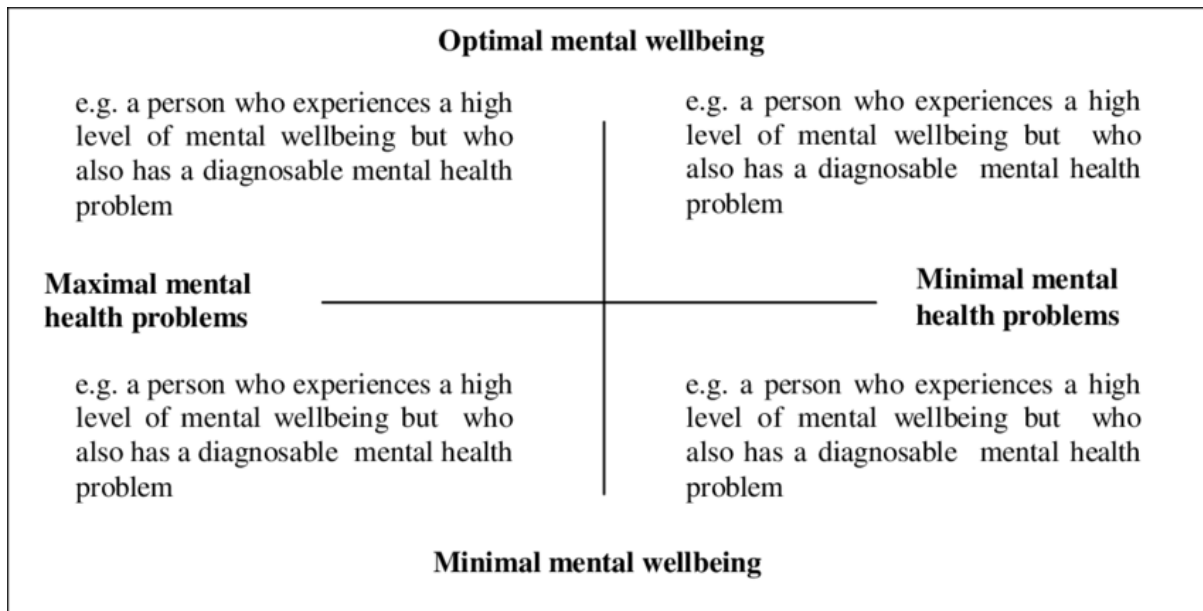
The Mental Health (Wales) Measure 2010 includes four different ways people may need help:

- a) Primary care mental health support services (accessed via a GP referral).
- b) Care co-ordination and care and treatment planning: for people who have mental health problems which require more specialised support (provided in hospital or in the community), overseen by a professional care co-ordinator, such as psychiatrist, psychologist, nurse or social worker.
- c) People who have used specialist mental health services before: can request reassessment from a mental health service.
- d) Independent mental health advocacy: for people receiving secondary care.

The Mental Capacity Act 2005 applies people in England and Wales who cannot make some, or all, decisions for themselves. The ability to understand and make a decision is called ‘mental capacity’. The Mental Capacity Act requires care co-ordinators to assume that a person *has* capacity. It also makes provision for Independent Mental Capacity Advocates and /or ‘Best Interest Assessors’ to support decision-making for people who lack mental capacity.

What is meant by the term mental well-being?

Mental well-being can be described as feeling good and functioning well. It can be depicted as a linked, but separate concept from mental health / illness, as illustrated in the continuum model below (adapted from Tudor, K. 1996: *Mental Health Promotion Paradigms and Practice* Routledge, London.)



This model shows how it is possible for someone living with a mental illness to experience high levels of mental well-being, and vice versa. The evidence base describes three core protective factors for mental well-being, namely that people:

- Have a sense of control over their lives,
- Feel included and can participate, and
- Have access to coping resources if / when they need them, in order to support their resilience.

Understanding how services and community assets can promote and strengthen these core protective factors is crucial to optimising population mental well-being. Another concept which brings together evidence based actions to promote mental well-being is the '5 Ways to Well-being'. It describes five daily actions that individuals, families, and communities can take to maintain and improve their well-being. They can also be built into the design and delivery of existing services and interventions:

1. Take notice.
2. Connect.
3. Be active.
4. Keep learning.
5. Give.

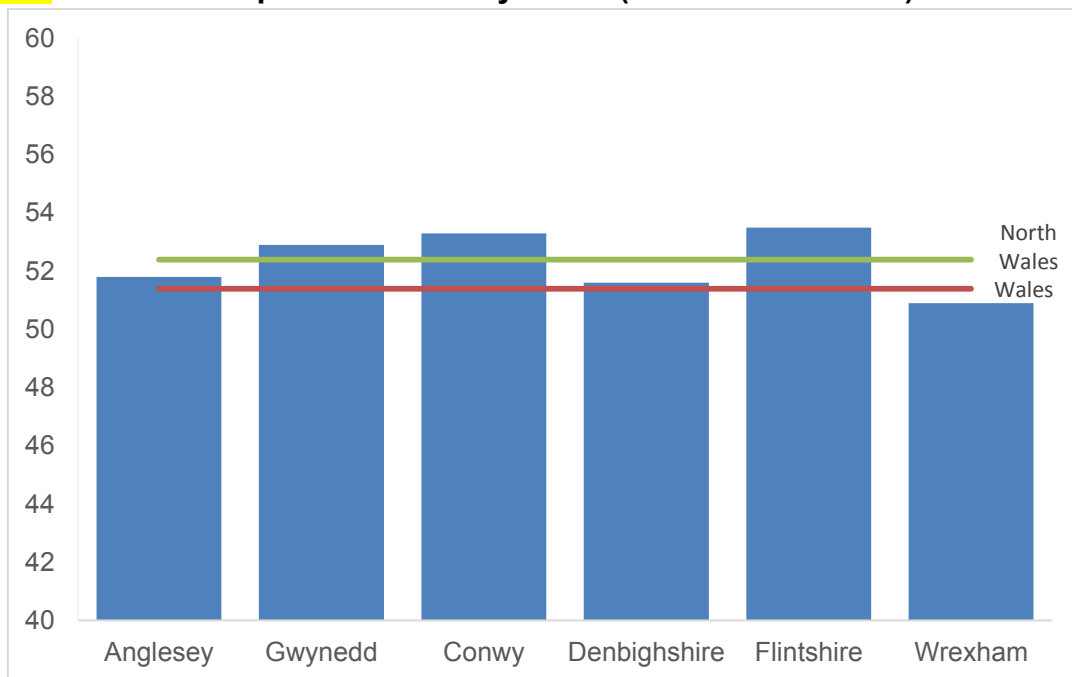
9.2 What do we know about the population?

An estimated 1 in 4 people in the UK will experience a mental health problem each year (Mind, 2016), which could include anxiety or depression. In the National Survey for Wales, 9% of respondents living in North Wales reported being treated for a mental illness (2018-19 & 2019-20).

People in North Wales report slightly better mental health than in Wales as a whole

The chart below shows how respondents reported their mental health using the mental component summary score, where higher scores indicate better health. This shows that people in North Wales report slightly better mental health than the population of Wales as a whole.

Chart X: Mental component summary score (2018-19 & 2019-20)



Source: StatsWales table hlth5012, National Survey for Wales, Welsh Government

The table below shows the mental component summary score for each local authority. The differences between the counties are quite small. Overall, Wrexham has the lowest scores and Conwy and Flintshire have the highest, with a difference of 2 points between the scores.

Table X: Warwick-Edinburgh Mental Well-being Scale (WEMWBS) (2018-19 & 2019-20)

Local council	Mental well-being score
Anglesey	51.8
Gwynedd	52.9
Conwy	53.3
Denbighshire	51.6
Flintshire	53.5
Wrexham	50.9
North Wales	52.4
Wales	51.4

Source: StatsWales table hlth5012, National Survey for Wales, Welsh Government

Figure XX shows the percentage of adults who report being treated for a mental illness. There is a small difference in the proportion across each local authority in North Wales, but they are comparable with the North Wales and Wales proportions.

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

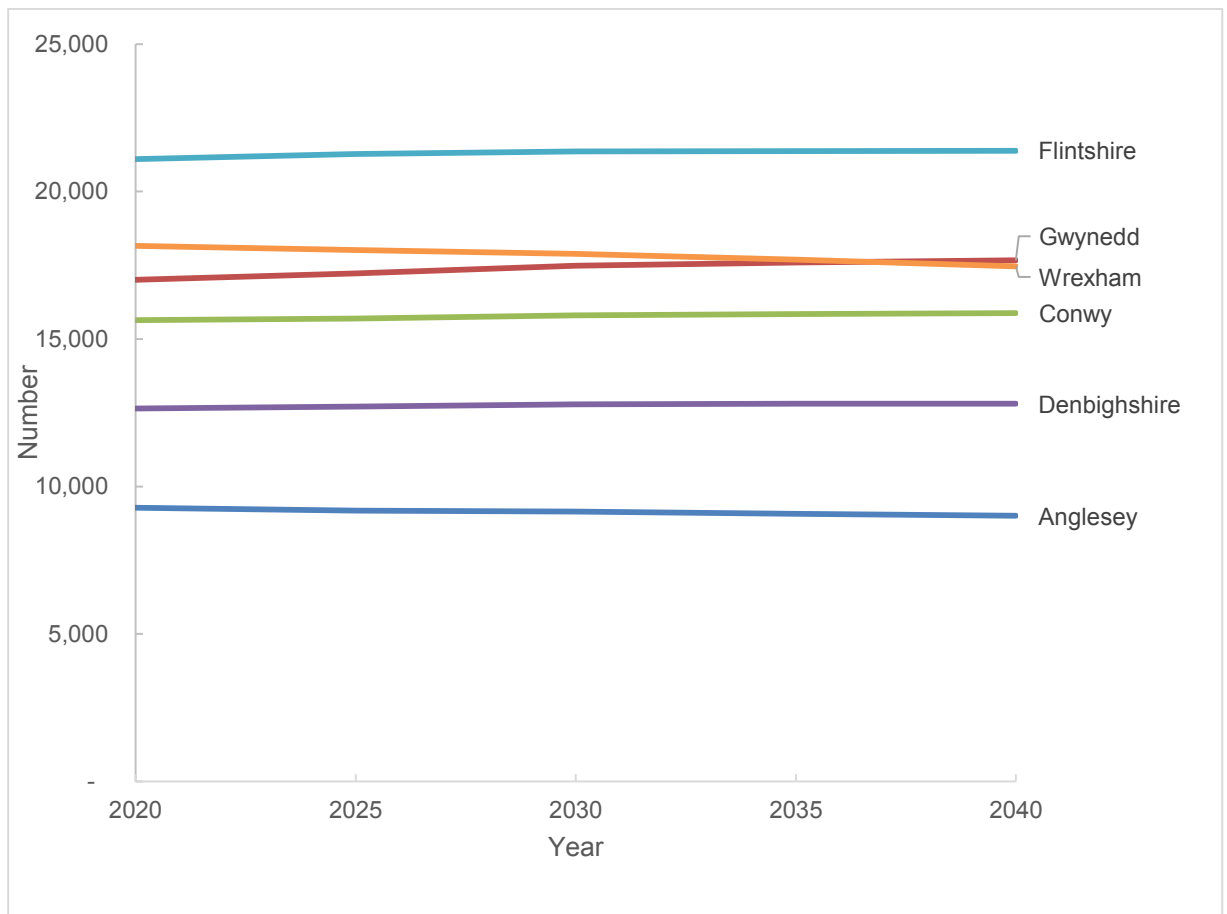
Local council	Treated for a mental illness
Anglesey	10%
Gwynedd	8%
Conwy	7%
Denbighshire	11%
Flintshire	9%
Wrexham	11%
North Wales	9%
Wales	10%

Source: StatsWales table hlth5052, National Survey for Wales, Welsh Government

The number of people with mental health problems is likely to remain stable

Prevalence rates from the Adult Psychiatric Morbidity Survey 2014 can be used to estimate the number of adults with common mental health disorders. There is predicted to be a small increase across North Wales of around 400 people. The chart below shows the variance for each local authority. The numbers may increase further if there is also a rise in risk factors for poor mental health such as unemployment; lower income; debt; violence; stressful life events; and inadequate housing. The future predictions around mental health will not have factored in the impact of the Covid-19 pandemic and therefore should be treated with caution.

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



Source: Welsh Government, Daffodil

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

Local council	2020	2020	2040	2040	Change
	number	percent	number	percent	
Anglesey	9,300	13%	9,000	13%	-250
Gwynedd	17,000	14%	17,700	13%	650
Conwy	15,600	13%	15,900	13%	250
Denbighshire	12,600	13%	12,800	13%	150
Flintshire	21,100	13%	21,400	13%	300
Wrexham	18,200	13%	17,500	13%	-700
North Wales	93,800	13%	94,200	13%	400
Wales	429,100	14%	441,800	13%	12,700

Numbers have been rounded so may not sum

Source: Welsh Government, Daffodil

The most common mental illnesses reported are anxiety and depression

Mental health teams support people with a wide range of mental illnesses as well as people with psychological, emotional and complex social issues such as hoarding, eating disorders and Post Traumatic Stress Disorder (PTSD).

The Quality Assurance and Improvement Framework (QAIF) – information from GP records – can provide very rough estimates of the prevalence of some psychiatric disorders. This data is likely to underestimate the true prevalence because it relies on the patient presenting to a GP for treatment, receiving a diagnosis from the GP, and being entered onto a disease register. The table below shows the number of patients in North Wales on relevant QAIF disease registers. Mental health includes schizophrenia, bipolar affective disorder, other psychoses and other mental health conditions.

Table X: Number of people on QAIF disease registers in North Wales

Local council	Mental health number	Mental health percent	Dementia number	Dementia percent
Anglesey	639	0.97%	559	0.85%
Gwynedd	1,135	0.89%	784	0.62%
Conwy	1,213	1.04%	1,101	0.94%
Denbighshire	1,232	1.20%	1,012	0.98%
Flintshire	1,196	0.78%	914	0.60%
Wrexham	1,655	1.13%	1,061	0.72%
North Wales	7,070	0.99%	5,431	0.76%
Wales	32,917	1.02%	22,686	0.70%

Numbers have been rounded so may not sum

Source: Quality Assurance and Improvement Framework (QAIF) disease registers by local health board, cluster and GP practice, StatsWales, Welsh Government

Prevalence rates from the Adult Psychiatric Morbidity Survey 2014 can also be applied to specific mental health problems. The table below shows the estimated number of adults in North Wales living with each condition.

Table X: Estimated numbers of adults in North Wales affected by mental health problems (2020)

Local council	Common mental disorder	Anti-social mental disorder	Bipolar disorder	Borderline personality disorder	Psychotic disorders
Anglesey	9,300	1,200	900	800	300
Gwynedd	17,000	2,600	1,900	1,900	500
Conwy	15,600	2,000	1,500	1,400	500
Denbighshire	12,600	1,700	1,300	1,200	400
Flintshire	21,100	3,000	2,200	2,000	600
Wrexham	18,200	2,700	2,000	1,800	600
North Wales	93,800	13,200	9,800	9,100	2,800

Numbers have been rounded so may not sum
Source: Daffodil

It is also possible to use these estimates to predict the numbers with mental health conditions in future. The table below shows this for North Wales. An increase in the number of people with common mental disorders is predicted. Other conditions are estimated to decrease in number.

Table X: Estimated numbers of adults in North Wales affected by mental health problems (2020 and 2040)

Mental health condition	Estimated prevalence	2020 (number)	2040 (number)	Change
Common mental disorder	13.3%	93,800	94,200	400
Anti-social mental disorder	1.9%	13,200	12,800	-400
Bipolar disorder	1.4%	9,800	9,600	-250
Borderline personality disorder	1.3%	9,100	8,900	-200
Psychotic disorders	0.4%	2,800	2,800	-100

Numbers may not sum due to rounding

Source: Daffodil

Early onset dementia

Services for people with dementia tend to be provided as part of older people’s services (see Older People’s Chapter for more information). This may not meet the needs of younger people with early onset dementia. Mental health services often support people with Korsakoff Syndrome, a form of dementia most commonly caused by alcohol misuse. Substance misuse services are also likely to be involved with a person with Korsakoff Syndrome, focussing on the drug and alcohol issues, while mental health services can provide support for symptoms.

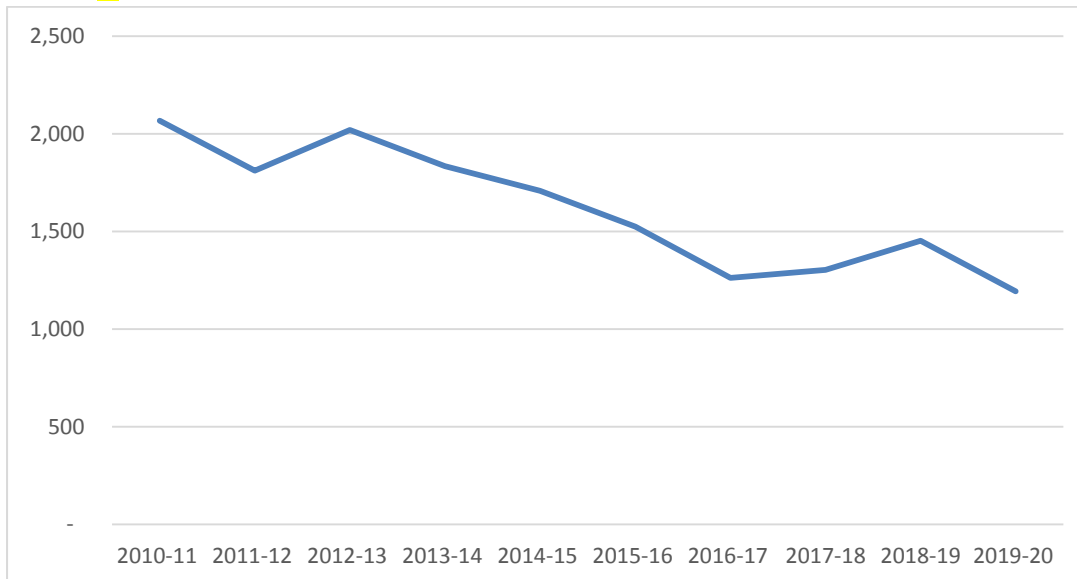
Research suggests a high number of people with mental health problems do not seek help

The estimated prevalence of mental health problems generated by the Adult Psychiatric Morbidity Survey and the National Survey for Wales are significantly higher than the estimate of people who report being treated for a mental health problem. This suggests that there could be many affected people in the population who are not seeking help for various reasons.

The number of admissions to mental health facilities is reducing

The figure below shows admissions to mental health facilities. This shows an overall decline in the number of admissions in North Wales. It is not possible to tell from this data whether that decline is due to a reduction in demand or a reduction in the availability of acute mental health beds. The model for mental health care has changed in recent years and there are more alternative to bed based care particularly for older persons. Admissions have been reducing but it should be caveated that demand is not reducing but is being directed elsewhere such as in the community.

Chart X: Number of admissions to mental health facilities in North Wales



Source: Welsh Government, admissions, changes in status and detentions under the Mental Health Act 1983 data collection (KP90), StatsWales table HLTH0712

People with mental health problems are more likely to have poor physical health

Mental ill health is associated with physical ill health, reduced life expectancy and vice versa (Royal College of Psychiatrists, 2010). Poor mental health is also associated with increased risk-taking behaviour and unhealthy life-style behaviours such as smoking, hazardous alcohol consumption, drug misuse and lower levels of physical activity (Welsh Government, 2012).

For example, current research suggests that smoking 20 cigarettes a day can decrease life expectancy by an average of ten years. While the prevalence of smoking in the total population is about 25 to 30 percent, the prevalence among people with schizophrenia is approximately three times as high - or almost 90%, and approximately 60% to 70% for people who have bipolar disorder. Mortality rates for people with Schizophrenia and bipolar disorder show a decrease in life expectancy of 25 years, largely because of physical health problems (Royal College of Psychiatrists, 2010). Obesity, poor diet, an inactive lifestyle and the long term use of medication are also contributory factors associated with severe mental illness and poor physical health.

Suicide

It is difficult to draw conclusions from the available data on suicide in North Wales due to the small number of cases and other caveats. None of the local council areas in North Wales have suicide rates for those aged 10 years and over which are statistically significantly higher than the Wales average (Jones *et al.*, 2021). Around three-quarters of registered suicide deaths in 2020 were for men, which follows a consistent trend back to the mid-1990's (Office for National Statistics, 2020).

The causes of suicide are complex (Jones *et al.*, 2021). There are a number of factors associated with an increased risk of suicide including gender (male); age (15 to 44 year olds); socio-economic deprivation; psychiatric illness including major depression; bipolar disorder; anxiety disorders; physical illness such as cancer; a history of self-harm and family history of suicide (Price *et al.*, 2010). There are a number of ways in which mental health care is safer for patients, and services can reduce risk with: safer wards; early follow-up on discharge, no out-of-area admissions; 24 hour crisis teams; dual diagnosis service; family involvement in 'learning lessons'; guidance on depression; personalised risk management; low staff turnover (Centre for Mental Health and Safety, 2016). Many people who die by suicide have a history of drug or alcohol misuse, but few were in contact with specialist substance misuse services. Access to these specialist services should be more widely available, and they should work closely with mental health services (Centre for Mental Health and Safety, 2016).

Farmers are identified as a high risk occupational group, with increased knowledge of and ready access to means (also doctors, nurses and other agricultural workers). Certain factors have been identified as particularly creating risk and stress to people living in rural areas over and above the suicide risk factors affecting general populations: isolation, declining incomes, being different within the rural context; heightened stigma associated with mental health issues; barriers to accessing appropriate care (culture of self-reliance, poor service provision) poor social networks; social fragmentation; availability of some means of suicide (firearm ownership); and high risk occupational groups such as farmers and vets (Welsh Government, 2015a). Specific support for farmers has been launched, more information can be found via this link <https://www.fwi.co.uk/farm-life/health-and-wellbeing/mental-health-support-available-to-young-farmes>

The Welsh Government suicide and self-harm prevention strategy is *Talk to me 2* (Welsh Government, 2015a) and there is the North Wales Suicide and Self-harm Working Group that coordinates work on suicide prevention for the region.

9.3 What are people telling us?

What is working well

Several respondents commented that “nothing” is working well in mental health services, concluding that “the system is quite broken”.

A service user was concerned that services tend to focus on prevention or crisis, failing to provide support to people “at all the stages in between”. Furthermore, during crises, people with mental health problems can find themselves caught up in the criminal justice system, resulting in people being “criminalised because of their illness”. The system does not seem able to support people who have mental health problems as a result of past trauma. Many services need to become more trauma informed.

A few services were mentioned as providing positive support including:

- Team Dyffryn Clwyd.
- The Mental Health Support services team at Flintshire County Council.
- Mind’s Active Monitoring, an early intervention service.
- Charity services like Samaritans, CRUSE, Relate.
- On-going group support from charities (KIM, Advance Brighter Futures, Mind, ASNEW).
- Rehabilitation units to provide support for a return to living in the community.

What needs to be improved

Given the serious concerns about mental health services, not surprisingly many commented that “everything” needs improving, including:

- More mental health service provision.
- Increased funding to ensure a decent wage for staff and sufficient service provision for each individual client.
- Improved access for BME communities.
- More long-term funding to allow projects to be embedded and to retain staff.
- More flexibility – one-to-one sessions as well as group sessions.

- Higher staffing levels in all services to avoid gaps in care and provide back-up when staff are off-sick.
- More local counselling services.
- Better substance misuse support.
- Better support for people with Autistic Spectrum Disorder, especially higher functioning or with co-existing mental health issues.
- Greater access to interventions other than medication.
- Many more out-of-hours services where people can “held” when mental health services are closed.
- Improved referrals to mental health services, to streamline the process, reduce the number of inappropriate referrals and allow others, e.g. housing managers, to refer tenants for specialist mental health support.
- More mental health services in the local community.
- Smaller rehabilitation units for up to six people with 24-hour support.
- Greater availability of permanent accommodation and supported housing for people who are homeless.
- Case reviews need to be completed in a timely manner, and caseloads managed more effectively.

Service users emphasised the need for many more early intervention services, so that they can access mental health support when in need, and before they reach crisis point. Waiting times were already very long and have only gotten longer since the start of the pandemic. Currently, people experience added stress with delays, and their symptoms often get worse than they need to:

“I would prefer not to reach crisis. It should be less about having to be in crisis to receive support and more about preventative approaches to keeping me well at home.”

The full population needs assessment consultation report can be viewed on the North Wales Collaborative website <https://www.northwalescollaborative.wales/north-wales-population-assessment/>

9.4 Review of services currently provided

Mental health services are provided through primary care mental health services, community mental health teams and inpatient facilities who support patients outside of the hospital environment. Local councils and the health board provide care and support for people with mental illnesses in the community. Residential care, day services and outreach teams are an important part of psychiatric care.

A fifth of the NHS expenditure for Wales is on mental health services. Many services are involved in treating patients with mental health illnesses. A large proportion of attendances to Accident & Emergency and general admissions to hospital are related to mental health problems.

In BCUHB, the largest proportion of expenditure on mental health problems is on general mental illness, followed by elderly mental illness. Expenditure per head in BCUHB (247.4) is just above the average for Wales (240.8). Expenditure per head on mental health illnesses as a whole has increased since 2016-17, with small fluctuations in elderly mental illness and CAMHS over the three-year period. The proportion of expenditure on mental health illnesses in BCUHB (11.2%) is similar to Wales (11.1%) and has remained fairly stable between 2016-17 and 2018-19 (Mental Health Profile, Public Health Wales, 2021).

ICAN is a mental health and well-being support service that is delivered by BCUHB across North Wales. The BCUHB ICAN Programme sits within the broader Together for Mental Health Strategy. Its overall aim is to implement a more integrated, innovative care system and culture which prevents, but where necessary, responds effectively to episodes of acute mental health need and crisis. The programme seeks to scale up what works and increase the pace of transformation across North Wales to create an integrated urgent care system. Underpinning this is the creation of an integrated ICAN pathway that improves collaborative working, within and between health and social care, statutory partners and third sector organisations.

The model starts with the provision of low-level support and health and well-being activities developed and provided within local communities that are inclusive and help people to maintain positive health and mental well-being, as well as reduce social isolation and build community resilience. By investing in, and support the development

of such groups, partners are able to demonstrate a longer-term impact on well-being, which in turn serves to reduce demand for statutory services.

The service has been extended to GP surgeries and communities across the region to ensure that more people receive timely mental health support. Over 2,500 people have received help and support via ICAN centres since they were introduced in 2019. ICAN provides advice and support for various issues that affect mental health and well-being, including relationship breakdowns, employment difficulties, social anxiety, grief, debt and financial worries and loneliness. More information about the ICAN programme can be found via this link <https://bcuhb.nhs.wales/news/health-board-news/life-changing-i-can-mental-health-support-service-to-be-extended/>

BCUHB also promote the 5 Ways to Well-being programme. These are a practical set of actions aimed at improving the mental health and well-being of North Wales residents. More information can be found via this link <https://bcuhb.nhs.wales/health-advice/five-ways-to-wellbeing/>

The Community Resilience Project will support the delivery of the Together for Mental Health Strategy in North Wales. Improving community resilience was selected as a priority for North-East Wales because of the growing body of evidence that suggests there is a strong correlation between resilience and positive physical and mental health outcomes.

Do-Well and Wrexham Glyndwr University are piloting a new approach by developing people's skills in systems leadership and public narrative to improve community resilience. There are three pilot communities: Holway in Holywell, Flint town centre and Gwersyllt in Wrexham.

The project is adopting a test and learn approach. It will identify areas where community resilience can be improved locally, using the experience of people who live and work in each community. It will produce evidence-based learning for other areas in North Wales.

9.5 Covid-19 impact

It is now clear that the pandemic has had a significant impact on the populations mental health as a whole. For those with existing mental health conditions, they are more likely to have experienced a deterioration in well-being. A survey by Mind Cymru (A Mental Health Emergency: How has the coronavirus pandemic impacted our mental health?, June 2020) stated that more than half of adults and three quarters of young people reported that their mental health had worsened during lockdown periods.

Groups that experienced a disproportionate effect include:

- People with existing needs for mental health support.
- People on low incomes, people who have seen their employment status change or are self-employed.
- NHS and care workers, and other front line staff.
- Black, Asian and minority ethnic communities.
- Older adults.
- Children and young people.

A report by the Senedd in December stated that the long term impact of planning to meet a potential increase in demand for mental health services is difficult to predict. The Centre for Mental Health has predicted that around 20% of the population (analysis in relation to England, but likely to be applicable to Wales) will require new or additional mental health support.

Although mental health services were categorised as essential during the pandemic, many have reported that they were unable to access services or that there was a delay in seeking help and support.

Key drivers of worsening mental health and well-being as a result of the pandemic have been (BUCHB Covid-19 infographic):

- Job and financial loss.
- Social isolation.
- Housing insecurity and quality.
- Working in a front-line service.
- Loss of coping mechanisms.
- Reduced access to mental health services.

The ONS reported that prior to COVID-19 (in the year ending June 2019), the average rating for anxiety was 4.3 out of 10 for disabled people. Disabled people's average anxiety rating increased following the outbreak of the Covid-19 pandemic to 5.5 out of 10 in April 2020, before decreasing to 4.7 out of 10 in May 2020. 41.6% of disabled people, compared with 29.2% of non-disabled people, continued to report a high level (a score of 6 to 10) of anxiety in May 2020.

Impact on older people

One in three older people agree that their anxiety is now worse or much worse than before the start of the pandemic. The proportion of over 70's experiencing depression has doubled since the start of the pandemic.

9.6 Equalities and Human Rights

The core protective factors that influence mental well-being include promotion of social inclusion. It is known that groups who share the protected characteristics are more likely to experience social exclusion and this will need to be factored into the assessments for individuals. Mental health has a huge amount of intersectionality with other protected characteristics. For example, people from Minority Ethnic groups are more likely to be sectioned under the Mental Health Act (Race and Mental Health – Tipping the Scale, Mind, 2019). Around 30% of people with a long-term physical health condition also have a mental health condition, most commonly depression or anxiety (Kings Fund, 2020).

Services for people with mental health needs must take a person-centred approach that takes into account the different needs of people with protected characteristics. The move towards the recovery model, which shifts the focus from treatment of illness towards promotion of well-being, should support the identification of, and appropriate response to address barriers being experienced by individual.

As a result of measures implemented during the Covid-19 pandemic, the British Institute for Human Rights (BIHR) and Welsh National Disability Umbrella

Organisations, signalled concerns that the rights of those detained in mental health hospitals, would be breached if the Coronavirus Bill was passed.

9.7 Safeguarding

The safeguarding issues for adults with mental health needs are similar to those of the general adult population. People who lack the capacity to make decisions as to where they live and about their care planning arrangements need to be assessed for a Deprivation of Liberty Safeguards (DoLS). The aim of the safeguards is to ensure that the most vulnerable people in our society are given a 'voice' so that their needs, wishes and feelings are taken into account, and listened to, when important decisions are being taken about them.

There is a new definition of 'adult at risk', a duty for relevant partners to report adults at risk and a duty for local authorities to make enquiries, which should help to safeguard adults at risk, including those with mental health support needs.

9.8 Violence against women, domestic abuse and sexual violence

There is a significant relationship between poor mental health and domestic abuse. The Mental Health Foundation estimates that domestic violence has an estimated overall cost to mental healthcare of £176 million (Walby: 2014).

Furthermore, research suggests that women experiencing domestic abuse are more likely to experience a mental health condition, while women with mental health conditions are more likely to be domestically abused. 30-60% of women with a mental health condition have experienced domestic violence (Howard et al: 2009).

Due to the links between domestic abuse and mental health, it is imperative that professionals receive training to enable them to better identify the signs of domestic abuse within this population group.

Despite the strong links between domestic abuse and poor mental health, however, no specific domestic abuse dataset exists either nationally or regionally, to specifically examine the prevalence of domestic abuse amongst those with poor mental health. Once again, this exposes a significant data gap that needs addressing.

Disability can be classified as any on-going condition that has the potential to impact an individual's day-to-day activities for at least a 12 month period or more. Some agencies may classify mental health as a disability, and in terms of disability across the region in the broadest sense, it is estimated that as of 16th September 2021, 12 month rolling MARAC data showed that between 0-2.3% cases deemed as "high risk" involving disability were heard at MARAC.

As MARAC data covers high risk cases and domestic abuse is an underreported crime, it is reasonable to assume that these figures are an underrepresentation of the true picture.

9.9 Advocacy

People with mental health conditions may want support from another person when expressing their views, or to seek advice regarding decisions that impact them. The Conwy and Denbighshire Mental Health Advocacy Service (CADMHAS) provide support for young people and adults. ASNEW is the mental health advocacy service for North East Wales including Flintshire, Wrexham and surrounding areas. North Wales Advice and Advocacy Association also provides support for young people and adults across North Wales.

Dewis, the Centre for Independent Living provide advocacy support for over 18s in Denbighshire and Conwy County Borough for people with mental health issues (they also provide advocacy for a wider range of groups).

9.10 Welsh language considerations

The North Wales area has a higher rate than other parts of Wales in terms of the number of Welsh speakers, although this varies across the region. North West Wales for example has a high percentage of Welsh speakers. Please see the section on the North Wales Welsh language profile for the data. It is important that people with mental health issues are supported by receiving information, advice and support in their language of choice.

Services, including mental health, must provide an active offer, which means providing a service in Welsh without someone having to ask for it. Mind Cymru provide information and support for people who are accessing mental health services in Welsh. This includes an offer for staff delivering mental health services to undertake Welsh lessons. This is also an option for the workforce via the Health Board and local authorities.

9.11 Socio-economic considerations

Socio-economic deprivation is linked with a number of negative impacts, which includes mental health and well-being. The Welsh Government review of evidence for socio-economic disadvantage states that “mental health is worse in the most deprived areas of Wales and deprivation is linked to increased stress, mental health problems and suicide. Living in more deprived areas can also affect mental well-being. Poorer mental well-being is linked to a range of factors including economic and work related stress, structural problems around participation and feeling part of a community, which can increase loneliness and social isolation”.

20% of Welsh adults in the most deprived areas reported being treated for a mental health condition, compared to 8% in the least deprived areas (A Mentally Well Wales, Senedd Research).

Inequality is one of the key drivers of mental health and mental ill health leads to further inequality

Mental health problems can start early in life, often as a result of deprivation, poverty, insecure attachments, trauma, loss or abuse (Welsh Government, 2012). Risk factors for poor mental health in adulthood include unemployment, lower income, debt, violence, stressful life events and inadequate housing (Royal College of Psychiatrists, 2010).

In Wales, 24% of those who are long-term unemployed or have never worked report a mental health condition, compared with 9% of adults in managerial and professional groups. A recent study found more patients who died by suicide were reported as having economic problems, including homelessness, unemployment and debt (Centre for Mental Health and Safety, 2016).

Risk factors for poor mental health disproportionately affect people from higher risk and marginalised groups. Higher risk groups include, looked-after children; children who experienced abuse; black and ethnic minority individuals; those with intellectual

disability; homeless people; new mothers; lesbian, gay, bisexual and transgender people; refugees and asylum seekers and prisoners (Joint commissioning panel for mental health, 2013).

Having a wide support network, good housing, high standard of living, good schools, opportunities for valued social roles and a range of sport and leisure activities can protect people's mental health (Department of Education, 2016).

9.12 Conclusion and recommendations

It is recommended, in line with all legislation, policy and guidance, that the following recommendations and priorities are progressed to meet the vision for mental health and well-being within the North Wales region:

- **Recovery from Covid-19 Pandemic:** the full impact of the pandemic on people's mental health and well-being is still emerging. As found within this PNA, many have felt increased levels of anxiety for a variety of reasons since March 2020. A briefing from Centre for Mental Health (2020) recommend support with financial instability, which can cause mental health problems, proactive mental health support for Covid-19 sufferers and health and social care staff, and the use of trauma focused approaches to support schools, health and social care, and businesses. This approach should form the foundation of recovery plans for mental health and well-being.
- **Early intervention:** responders to the consultation noted that they felt more early intervention is beneficial and this should be widely available to avoid reaching a point of crisis. Work is being undertaken in the region with projects such as ICAN, which provides support and advice to those with mental health issues.
- **Addressing inequalities:** mental health and adverse well-being is more common in areas with higher levels of deprivation. In North Wales, 12% of the population live in the most deprived lower super output areas. Unemployment, lower educational attainment, housing insecurity and financial insecurity contributes to mental health issues. Tackling socio-economic disadvantage needs to be a significant part of mental health service planning.

- **Co-production:** An action within the Welsh Governments Together for Mental Health Delivery Plan 2019-2022 is to support and develop national guidance aimed at increasing co-production and peer-led approaches to service delivery. This will result in more preventative services that are community based to address the gap between prevention and crisis. Co-production is a key driver for outcomes. It increases well-being and adds social value, embracing the principles of the SSWB Act.

10. Unpaid carers

10.1 About this chapter

This chapter includes the population needs of all unpaid carers including young carers, young adult carers and parent carers within the North Wales region.

Definitions

The Social Services and Wellbeing Act defines a carer as “a person who provides or intends to provide care for an adult or child”.

The Act further states that “in general, professional carers who receive payment should not be regarded as carers for the purpose of the act, nor should people who provide care as voluntary work. However, a local authority can treat a person as a carer even if they would not otherwise be regarded as a carer if they consider that, in the context of the caring relationship, it would be appropriate to do so. A local authority can treat a person as a carer in cases where the caring relationship is not principally a commercial one”

This definition includes carers of all ages, young carers are carers who are under the age of 18 and young adult carers are aged 18 to 25. Unpaid carers often do not see themselves as carers. They will describe themselves as parent, husband, wife, partner, son, daughter, brother, sister, friend or neighbour, but not always as a carer. A carer is someone who provides unpaid support and/or care to one or more people because they are older, ill, vulnerable or have a disability, Unpaid care is commonly provided by family members, friends or neighbours, it can be provided at home, at someone else’s home or from a distance. Unpaid carers may provide care on a temporary or permanent basis and caring can include physical, practical, emotional and mental health support.

A parent carer is someone who is a parent or legal guardian who has additional duties and responsibilities towards his/her child because of the child’s illness or

disability. Parent carers will often see themselves as parents rather than carers, but they may require additional services and support to meet the needs of their child.

The Social Services and Well-being (Wales) Act 2014

Under the Act carers have the same rights as those they care for, it also removed the requirement that carers must be providing a substantial amount of care. Under part 2 of the Act, Local Authorities (LAs) have a duty to promote the wellbeing of people who need care and support and unpaid carers who need support. LA's must secure the provision of a service for providing people with a) information and advice (IAA) relating to care and support b) assistance in accessing care and support (section 17). LA's have a duty to offer a needs assessment to any unpaid carer where it appears to the authority that the carer may have needs for support.

Previously, it was the responsibility of the carer to request a needs assessment. A carer's needs meet eligibility criteria for support if:

- a) The need arises as a result of providing care for either an adult or child
- b) The carer cannot meet the need whether
 - Alone
 - With the support of others who are willing to provide that support, or
 - With the assistance of services in the community to which the carer has access, and
- c) The carer is unlikely to achieve one or more of their personal outcomes which relate to the specified outcomes in part 3 of the Act

The LA's may now carry out a joint assessment, where an assessment of the cared for person and the carer is carried out at the same time if both parties are willing and it would be beneficial to do so. This is good practice although there are concerns that the assessment of the carer may be compromised by focussing on what the carer can and can't do for the cared for person rather than looking at their desired outcomes in their own right.

Carer needs assessments must include whether the unpaid carer is able/willing to care, the outcomes the unpaid carer wishes in day to day life, whether the unpaid carer works or wishes to/and/or participate in education, training or recreation

The local council must involve the carer in the assessment and include:

- The extent to which the unpaid carer is able and willing to provide the care and to continue to provide the care
- The outcomes the unpaid carer wishes to achieve

An assessment of an unpaid carer's needs must also have regard to whether the carer wishes to work and whether they are participating or wish to participate in education, training, or leisure activities.

Unpaid carers should be very clear about what they can and cannot do and any differences between their expectations and that of the person cared for. The people carrying out the assessments should be skilled in drawing out this information. The Act says carers need to be asked what they can do, so this should be monitored by local authorities to make sure it happens in practice and is included in the assessment. It is important that the unpaid carer feels that they are an equal partner in their relationship with professionals.

The Act recognises that carers have a key role in the preventative service approach within a local authority area, and that carers themselves provide a form of preventative service. Supporting unpaid carers is a preventative measure for both the individual carer and the sustainability of health and care services. LA's now have to provide a range a preventative services and promote social enterprises, cooperatives and Third Sector. The Wellbeing of Future Generations (Wales) Act places further duties on LA's to embed a 'preventative approach' by considering the long term impact of their actions.

The emphasis on the increased use of direct payments is a significant change for unpaid carers. LA's now have to offer direct payments although take up is still the choice of the carer. A local authority must provide appropriate information & support to enable an unpaid carer to decide whether they wish to receive a direct payment for any support. Direct Payments give the unpaid carer autonomy to determine exactly the services that are right for them. A local authority must make a direct

payment available where an unpaid carer expresses a wish to receive them and where they enable an unpaid carer to achieve their personal outcomes.

They give individuals control providing an alternative to social care services provided by a local council. This helps to increase opportunities for independence, social inclusion and enhanced self-esteem.

The Act sets out a national 'eligibility framework' to determine whether or not a carer who has been assessed and who has support needs will meet the criteria for services. Unpaid carers with eligible needs will have a support plan centred on outcomes they have identified themselves. It will also set out the support to help them achieve the outcomes identified. Support plans will be subject to regular reviews by local councils, and re-assessment of needs if their circumstances change (Care Council for Wales, 2016).

The Carers Strategies Measure helped to begin changing the culture of early identification and support of carers, particularly for the health board. There are concerns that the duties and obligations are more diluted in the new Act. There is still more to be done to make sure health staff are identifying carers, in particular GPs and other primary health care staff (Betsi Cadwaladr University Health Board (BCUHB), 2015).

The North Wales Carers Strategy 2018 focuses on improving standards and developing a consistent approach to service delivery and outcomes across North Wales, which all 6 LA's and LHB helped to develop and are signed up to. The current GP and Hospital Facilitation Service regional contract has been commissioned to improve engagement with primary care and community hospitals and both providers are working together to develop an accredited scheme similar to Hywel Dda's successful three tiered Investors in Carers service.

Additionally, the new National Strategy for Unpaid Carers 2021 includes 4 ministerial priorities:

- 1) Identifying and valuing carers
- 2) Providing information advice and assistance
- 3) Supporting life alongside caring

4) Supporting unpaid carers in education and the workplace

10.2 What we know about the population

Carers Wales states that there are more than 370,000 unpaid carers of all ages in Wales providing care worth around £8.1 billion each year. Social Care Wales estimate that 12% of the population of Wales are unpaid carers and this figure could increase to 16% by 2037 (Unpaid Carers Strategy, Welsh Government, 2021).

Around 79,000 people provide unpaid care in North Wales according to the 2011 census, which is about 11% of the population. This is slightly lower than the all Wales figure of 12% and slightly higher than the England and Wales figure of 10%. Although the results of the 2011 Census are now dated, the 2021 Census results are not yet available. Other data sources have been used below, however, these do not provide the full picture in the way that the Census does, as not all carers are eligible for benefits, and not all will approach services for support. This section will be updated once the 2021 Census results are available.

The number of carers in North Wales has been increasing, particularly in north-west Wales. There were 6,000 more carers in North Wales in 2011 than in the 2001 census, which is an 8% increase. Overall, more women provide unpaid care than men: 57% of carers in North Wales are women, and 42% are men, which is similar to the proportion across Wales and in each local council area. This difference has narrowed slightly since the 2001 census by one percentage point due to a greater increase in the numbers of men providing unpaid care.

The table below shows that Flintshire has the highest total number of carers in North Wales and Anglesey the lowest, which reflects overall population numbers.

Table X: Number of carers in North Wales by local authority, 2001 and 2011

County	April 2001	April 2011	% change
Anglesey	7,200	8,000	11
Gwynedd	11,000	12,000	11
Conwy	12,000	14,000	11
Denbighshire	11,000	12,000	9
Flintshire	16,000	18,000	7
Wrexham	15,000	15,000	2
North Wales	73,000	79,000	8

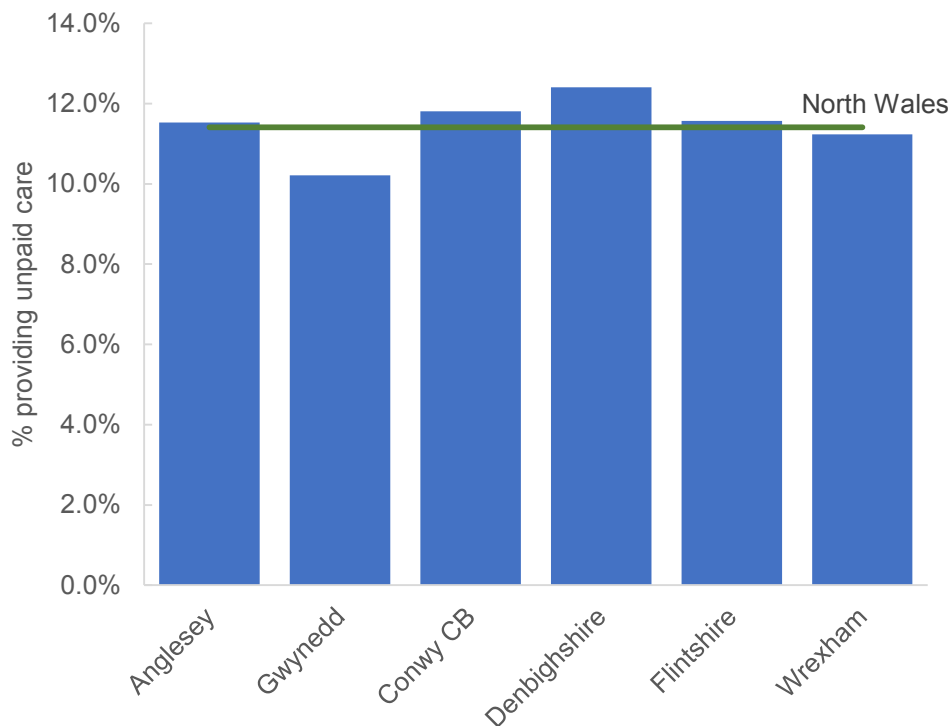
Numbers have been rounded so may not sum

Source: Census 2001 and 2011, Office for National Statistics

The increase in need for social care identified in the other chapters of this population assessment report is likely to lead to greater numbers of people providing unpaid care and providing care for longer. Changes in working patterns and the increasing retirement age may reduce the capacity of people to provide unpaid care. People moving to the area to retire may also have moved away from the family and social networks that could have provided support.

The chart below shows the number of carers as a proportion of the total population in the county: Denbighshire has the highest proportion providing unpaid care while Gwynedd has the lowest. Although Flintshire has the highest total number of carers, this is not much higher than the average in North Wales as a proportion of the population.

Chart X: Percentage of total population who provide unpaid care, 2011



Source: Census 2011

People aged 50 to 64 are the most likely to provide unpaid care

In North Wales around 20% of people aged 50 to 64 provide unpaid care compared to 11% of the population in total. Generally speaking, the proportion of people providing unpaid care increases with age until the 65 and over age group. In the 65 and over age group 14% of people provide unpaid care, which is the same proportion as in the 35 to 49 age group. These proportions follow a similar pattern in each local authority.

Table X: Number of carers in North Wales by age and local authority, 2011

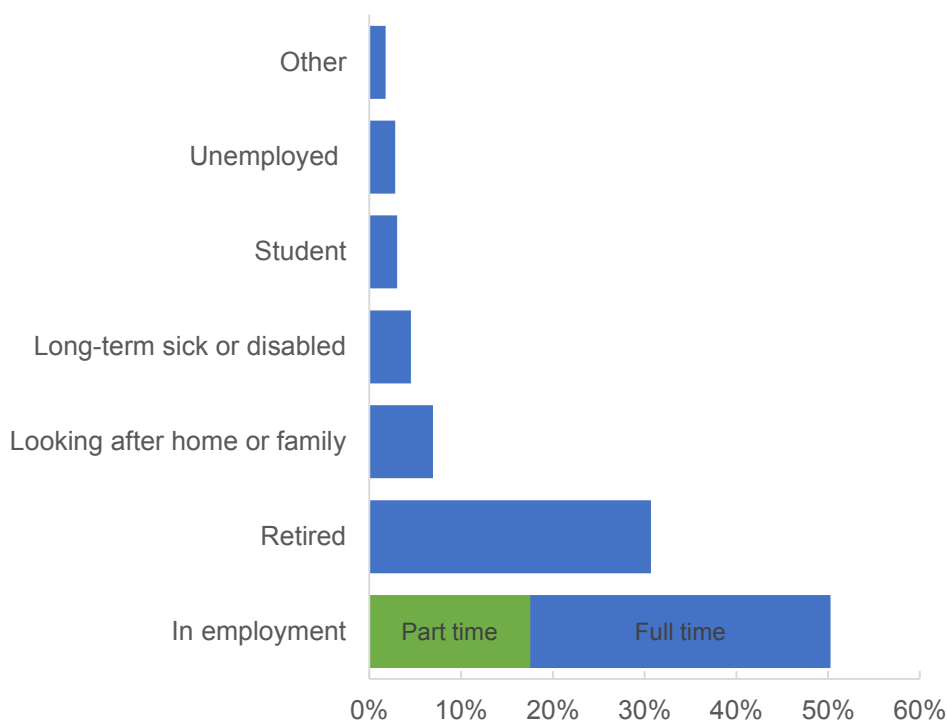
County	Age 0 to 15	Age 16 to 24	Age 25 to 34	Age 35 to 49	Age 50 to 64	Age 65 and over
Anglesey	140	360	520	1,800	3,000	2,200
Gwynedd	250	620	780	3,000	4,500	3,300
Conwy	260	550	750	3,200	4,800	4,100
Denbighshire	260	640	740	2,800	4,100	3,100
Flintshire	340	920	1,200	4,500	6,600	4,100
Wrexham	290	860	1,300	4,000	5,400	3,200
North Wales	1,500	4,000	5,300	19,000	28,000	20,000

Numbers have been rounded so may not sum

Source: Census 2011, Office for National Statistics

The majority of the 50% of carers who are in employment work full time as shown in 0 below. Around 30% of carers are retired.

Chart X: Percentage of carers in North Wales aged 16 and over by economic activity, 2011



Source: Census 2011, Office for National Statistics

Of the 39,000 carers in employment across North Wales, 5,800 provide more than 50 hours of care each week and 1,600 work full-time and provide more than 50 hours or more of care a week. There are 3,500 carers in north Wales who describe themselves as having a long-term illness or disability, of which 1,500 provide 50 or more hours of care a week. For carers in employment, the support of their employer and colleagues is vital to helping them continue their caring role. This is important to consider when planning services, particularly with the focus in the new act on supporting carers to continue in employment if they want to.

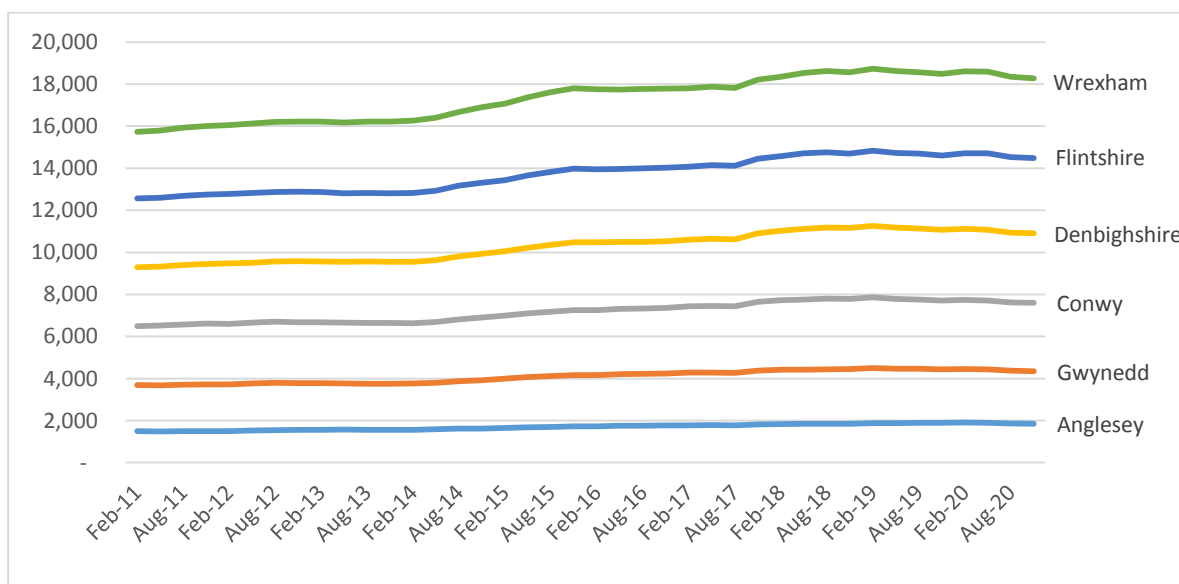
Carers' Allowance

In November 2020, there were 18,250 people in North Wales claiming Carers' Allowance. This has increased from 15,750 in February 2011. This number is much lower than the estimated 73,000 who provide unpaid care reported in the 2011 Census. However, this allowance is only available for those under pension age, unpaid carers may be eligible for Pension Credit once they are in receipt of their State Retirement Pension.

It will not be available to the majority of people in employment who make up about 50% of unpaid carers. The increase in the numbers claiming is probably due to a combination of an increase in the total number of carers and better awareness of the

allowance. These numbers still suggest that there is an issue of carers not claiming the benefits they are entitled to and highlights the importance of welfare rights services for carers. There is also a drive from the Welsh Government to get carers to register with their local authorities. North Wales LA's work closely with Citizens Advice and NEWCIS to support unpaid carers, specifically those in rural areas who can be more isolated, to maximise income and check entitlements for welfare.

Chart X: Number of people entitled to carers allowance in North Wales, 2011 to 2020



Source: Department for Work and Pensions

The table below shows the number of carers who had been assessed and considered entitled to claim Carers Allowance. When compared with the Wales rate,

all North Wales councils had lower rates. The rates also vary across each Council, with those in the east being higher than those in the west.

Table X: Total Carers Allowance Entitlement in North Wales (November 2020)

County	Carers Allowance entitlement (number)	Carers Allowance entitlement (rate)
Anglesey	1,852	2.15%
Gwynedd	2,490	2.89%
Conwy	3,254	3.78%
Denbighshire	3,304	3.84%
Flintshire	3,584	4.16%
Wrexham	3,787	4.40%
Wales	86,122	6.63%

Source: Department for Work and Pensions

Housing and Accommodation

Housing is an important part of unpaid carers' wellbeing and housing services are a key partner when supporting carers. Carers may face housing issues such as fuel poverty due to a low income, for example, if they have had to give up work. Housing that is not suitable or needs adaptations can make caring more difficult and it can be more difficult for people living in rented property to make adaptations.

Location is also an issue for unpaid carers living in rural communities. Carers Trust has highlighted specific needs of unpaid carers living in remote or rural communities in Wales where social isolation, poverty, deprivation, lack of transport and long distances to travel to access health and carers services mean that rural unpaid carers face additional challenges in accessing services

Unpaid carers can also be concerned that they will be made homeless if the person they care for dies or goes into residential accommodation.

Table X: Number of assessments of need for support for carers undertaken during the year 2019 - 2020

Local council	Number of assessments	The number that led to a support plan	The % that led to a support plan
Anglesey	563	186	33%
Gwynedd	25	3	12%
Conwy	350	199	57%
Denbighshire	234	35	15%
Flintshire	498	478	96%
Wrexham	108	52	48%
North Wales	1,778	953	54%
Wales	7,261	2,748	38%

Numbers have been rounded so may not sum Source: Adults Receiving Care and Support, Welsh Government, StatsWales table CARE0121

Data is available on the number of carers' assessments that took place across North Wales. We have not included it here as it gave a misleading picture as the numbers were counted differently in each county. It was also based on the assessment of the person 'cared for' so excluded assessments of carers who had self-referred. A consistent approach to assessments and data recording is needed.

Physical and mental wellbeing of unpaid carers

A priority within the Strategy for Unpaid Carers (Welsh Government, 2021) is the physical and mental wellbeing of carers. There is a focus on improving access for respite care to allow unpaid carers to take breaks from their caring roles.

Additionally, psychological support is to be extended and should be identified during a carers' needs assessment. Research by Carers Wales found that 74% of carers in Wales said they had suffered mental ill health and 61% said their physical health had worsened as a result of their caring role. This has been exacerbated by the coronavirus pandemic.

Denbighshire Healthy Carers Worker Case Study – Working with Carers in 2021

I aim to empower the citizens referred to me to improve and/or maintain their health and wellbeing, including social inclusion. While I do advise and guide on issues such

as manual handling, back care and accessing professionals to attend other health issues, increasingly I am dealing with crisis referrals, where packages of care fail, are unavailable or much needed support is resisted, because of fear, negative and intrusive thought patterns and the wider impact of constant stress.

As is well documented, stress and high cortisol can have serious consequences on physiological, as well as psychological, health, with the following being some of the key effects:

- Severe fatigue
- High blood pressure
- Increased propensity to diabetes
- Headaches
- Irritability
- Depression and anxiety
- Suppressed immune system

Before the Covid-19 pandemic, carers were stretched to the limit, often on call 24/7 and with minimal respite, whether provided by family members, sitting services, group activities or other means. During and post-lockdown, face to face contact with family and the wider world has become significantly reduced. This led to a sense of being trapped, abandoned or under siege for many carers and their resilience is at an all-time low.

Many of the carers now referred to me require immediate support with their mental health, either because of sheer fatigue, trauma or grief (either loss of a loved one or disappointment and dashed life expectations).

Often, until I have started to deal with these deeper issues, we cannot hope to expect that person to engage better with support offered, make healthy life choices or expose themselves to anything outside of their comfort zone.

Through trust building, reducing challenges down to small, manageable tasks and often a fair bit of mediation between the carer and others from their resource wheel, I

work to enable them to gain resilience and control over the factors, influencing their daily lives. Then, signposting begins and the support network can widen.

10.3 What people are telling us

What is working well:

A small number of carers reported the following services as working well:

- counselling for carers
- fast carers' assessments and referrals adult social services, as well as their high quality support
- Hafal carers' support
- NEWCIS / Carers Outreach

However, a similar number reported that "Nothing has worked well" based on their experience of social care services.

"From my initial contact with social services, I have been fobbed off five times... when I was experiencing carer breakdown, with my father's dementia, working full time and shielding. Nothing has improved and I have a list of misinformation, conflicting information, conflict within the team itself etc, etc"

What needs to be improved:

Several recommendations were made for improving services for carers including:

- ensure carers' assessments are carried out by people who understand the carer's situation
- increase the provision of respite care services, sitting services, night support and day centres

- ensure social workers include respite care in care plans and increase the amount of respite care allowed - “*four hours a month is ridiculous*”
- increase funding for services to improve carers’ mental health
- provide carers with training and support to access information and services online
- create peer support groups for carers with different experiences for example a group for parents of disabled children
- involve carers in writing care plans
- include contingency plans in care plans for when the carer can no longer cope and/ or the health of the person being cared for deteriorates

Some carers’ felt that they were close to breaking point, which will ultimately cost more than providing them with more support:

“There is zero reliable and dependable mental health support for carers. Unpaid carers are in crisis and this will always have an impact on those being cared for. With better support, I could probably keep my Mum in her own home as I have done for ten years, but if the support level continues to deteriorate, against her will and mine, I will have to put her in a nursing home. This has a social and economic impact for all concerned.”

Flintshire County Council – Review of Respite Services Engagement

Feedback has been gathered from carers, people living with dementia, third sector staff and social care staff on the commissioned respite services available to carers of people living with dementia within Flintshire.

The review has gathered the views, experiences, expectations and ideal respite options with 44 carers, 6 people living with dementia and 9 third sector and social care staff. In 2019.

When discussing respite with the carers a number were unsure of the exact services being accessed and how these are identified within Social Services and NEWCIS, especially where multiple services are being provided.

The following feedback shares the key themes gathered via the consultation.

NEWCIS - Bridging the Gap

- The service works well for all carers engaged with, and all carers liked the flexibility to use the respite when needed, especially for planned events like breaks, days out, social events and family events.
- Carers shared that the choice of care providers is beneficial as they can use the same provider as they currently have, or they can choose a new one where they were experiencing issues with the provider.
- Some carers found the process daunting, choosing a provider, and would have liked some further guidance to make the best choice.

NEWCIS – Carer Breaks

- All the Carers shared how extremely enjoyable the break was for them, especially with the peer support they had from other carers
- The support from the staff and volunteers was available whenever needed
- The information and advice provided during the break was invaluable
- Carer expressed how their wellbeing had improved by having the break and being able to attend with their cared for had helped them reconnect
- Carer found the group setting for dinner extremely beneficial enabling them to socialise with others.

Marleyfield Dementia Saturday Respite

- Carers shared this was a good service, where the staff are supportive, and cared for enjoys most of their time at the centre.
- Carer raised transport is an issue especially those that lived further away from Buckley.
- Some carers felt they were increasing their role on a Saturday morning getting the cared for ready and transporting them to the centre. Where normal Saturdays would be more relaxed and less pressured.
- Carers felt more flexible respite would benefit them with different dates, times, location and options.
- Carers felt there could be more variety in what is offered to their cared for regarding person centred activities.

- People living with dementia shared that they enjoyed the company and liked the people around them. They shared a liking for the food especially.
- People living with dementia shared a lot about their past and present mixed together, I asked if they would like to do specific activities from their past, or new things they mentioned. Some agreed with yes, others responded with “no I’m too old”.

10.4 Review of services currently provided

Historically, much of the support that unpaid carers need can be provided through a statutory assessment of the cared for person. With the introduction of the Act, the provision of information, advice and assistance or preventative and rehabilitative services for the cared for person must be considered. This assessment, and the care and support plan will focus on outcomes to be achieved and innovative ways to achieve them such as attendance at local groups providing day time opportunities – however, if there is no other way, then services such as domiciliary care will be provided by social services.

In addition, the provision of respite services in the form of short term care in a residential setting, and sitting services can be delivered to the cared for person to provide unpaid carers with a break from the caring role. Carers Trust Wales have launched a new vision for respite care in Wales in response to the needs of carers who have described difficulty in accessing respite care. The report calls for four key actions which includes the development of national and regional short break statements, creation of a national short breaks information and guidance hub, a national respite initiative for Wales and a national short breaks fund (Carers Trust, 2021).

Flintshire Social Services and BCUHB commission a carer respite service for carers. This service provides a sitting and domiciliary care service within Flintshire. This

service is accessed via Crossroads. The respite is currently available to those that have high demanding caring roles, this includes carers of people living with dementia. This service is offered for a 12-week period followed by signposting to SPOA to explore ongoing respite options.

The service links to other respite options such as Bridging the Gap (NEWCIS) to provide continuity of care provider. Crossroads are commissioned by BCUHB to provide Health Respite services for carers to enable them to attend health appointments and can be used during times of crisis relating to depression. The Health service is only accessible via referral from a health professional such as a GP.

A wide range of support for unpaid carers in North Wales is grant funded or commissioned to third sector organisations who have a long and valued history of supporting carers. These include preventative services that can support carers throughout their caring journey, and commissioned services that meet statutory obligations such as carers' needs assessments.

Local council and health board grants can either partially or wholly fund services for unpaid carers', and in some cases the funding contributes to core costs. Some third sector services receive funding from both local councils and Betsi Cadwaladr University Health Board (BCUHB) although not necessarily under a single contract. The WCD Young Carers service (serving Wrexham, Conwy, Denbighshire) is a good example of collaborative working leading to a regional commissioning approach along with BCUHB to support young carers.

In April 2021, through the Welsh Government Annual Carers Grant, BCUHB commissioned Carers Outreach and NEWCIS as a joint partnership to deliver the GP and Hospital Facilitator posts across the region to support unpaid carers identified within primary and secondary care. In March 2021, all 6 LA's, BCUHB and young carers commissioned providers launched the North Wales Young Carers ID Card as a collaborative initiative, ensuring young carers receive the same support from professionals within the community wherever they may be in North Wales.

It must also be recognised that the third sector can effectively draw in external funding to develop services for unpaid carers to provide added value to service provision.

The following are examples of the type of services that are provided to carers across North Wales, which vary across the region. It must be noted that while some of these services are generic, others are specialist services, for example, providing support for carers of individuals with dementia or mental health conditions. The list also includes services that raise awareness of unpaid carers issues:

- Information, advice & assistance
- Dedicated carers needs assessors (in-house & commissioned out)
- One to one support
- Listening ear / emotional support
- Counselling
- Healthy carers worker
- Support groups/forums/cafes/drop-in sessions
- Primary care GP Carer Facilitators raising awareness of carers and offering support to GP practices
- Hospital Carer Facilitators – supporting the 3 District General Hospitals and community hospitals across North Wales to raise awareness of carers and early identification within the health settings
- Training for carers, for example, dementia, first aid, moving & positioning, relaxation, goal setting
- Training for staff – to raise awareness of carers issues and support available
- Direct payments / support budgets / one-off grants
- Support to access life-long learning, employment, volunteering opportunities
- Support and activities for young carers and young adult carers

Local councils and BCUHB also invest significantly in services for unpaid carers' that provide short term breaks in the form of sitting service or replacement care. Although these are services delivered to the cared for person, they are also regarded as a form of respite for the unpaid carer. The contractual arrangements and criteria for these services vary across the region but they are all currently non-chargeable

services to the carers. Some third sector organisations also draw in external funding for these types of services.

The Regional Project Manager leading on carers within the NWSCWIC continually maps the full range of services available to carers across North Wales, identifying any areas of duplication and also collaborative opportunities across all 6 Local Authorities and BCUHB.

The All Wales Citizen Portal, DEWIS, provides social care and well-being information including services and support for carers <https://www.dewis.wales/>.

On Carers Rights Day 2020, Denbighshire launched the Carers Charter developed with the help of the Carers Strategy Group and local carer networks. The purpose of the Charter is to improve recognition and raise awareness amongst the wider community.

Generating social value for the genuine benefit of unpaid carers through a focus on social value delivery models that are ‘co-operative organisations and arrangements’ (Part 2, Section 16 1) b) of the Act) and involve ‘persons for whom care and support or preventative services are to be provided in the design and operation of that provision’ (Part 2, Section 16 1) c) of the Act). Social value delivery models and added social value can be achieved through the shared experience of peer-carers, mutual support and reciprocity.

Carers will require support to create co-operative arrangements and commissioners will need an investment strategy the builds ‘capacity beyond the market’. Future policy objectives that respond to the findings of the chapter to generate greater social value include:

- More carers are able to obtain “what matters” to them without (direct) recourse to public services.
- More carers are engaged in helping each other at the family and community level.

- More carers are able to choose and access a wide range of well-being related activities.
- More carers are experiencing empowerment through peer groups and collective action.
- More carers are able to engage with public services as confident (and constructive) citizens.
- More carers retain their well-being and independence for longer.
- There are valuable carers-led organisations in every community of viable size.

10.5 Young Carers

Welsh Government defines young carers as carers who are under the age of 18. The Code of Practice for Part 3 defines young adult carers as being aged 16-25.

LA's are required to offer a carer's needs assessment to any carer with a presenting need. Annex A of the Code of Practice includes a range of examples that relate to young carers including:

- The child is unlikely to achieve development goals
- The individual is/will be unable to access and engage in work, training, education, volunteering or recreational activities.

In assessing, the LA must have regard to the importance of promoting the upbringing of the child by the child's family, in so far as doing so is consistent with promoting the well-being of the child.

Where the carer is a child the LA must have regard to his or her developmental needs and the extent to which it is appropriate for the child to provide the care. This should lead to consideration by the LA of whether a child carer is actually a child with care and support needs in his or her own right.

What do we know about the young carer population

The identified number of young carers in North Wales has grown in the last few years due to an increase in referrals through successful awareness raising and positive relationships with partner agencies. At time of writing 1,752 young carers are being supported across North Wales (November 2021) as shown in the table below. The 2011 census identified 1,500 young carers aged 0 to 15 and 4,000 aged 16 to 24 in North Wales. The 2021 census data will be published in 2022 and reviewed.

Local council area	Number of Young Carers Registered 2021
Ynys Mon	92
Gwynedd	81
Conwy	423
Denbighshire	578
Flintshire	202
Wrexham	376
Total	1752

Funding for young carers only allows organisations such as Action for Children to support young carers who have a moderate to high caring role / impact of caring. This means that there are a number of young carers in North Wales that will not be captured in the data above and therefore the data should be treated as a conservative estimate.

Review of services provided for young carers

Specific support for young carers and young adult carers has been commissioned across North Wales from the third sector. WCD/Credu Young Carers is commissioned to provide these services in Wrexham, Denbighshire and Conwy, NEWCIS provide the service in Flintshire and Action for Children provide the service across Gwynedd and Ynys Mon. The new Flintshire Young Carers Support Service launched on the 1st July 2020 and is being delivered by NEWCIS Young Carers. The service aims to provide a single and open access point for all young carers up to the age of 25 years old, their

families, professionals and partner organisations. The service is a one stop shop for a range of universal information, advice, signposting, access to assessments, one to one support (which will be person- centred, outcome focused, proportionate) and well-being support.

Young Adult Carers 17-25 years living in Anglesey and Conwy can be supported by Carers Trust North Wales Crossroads Care Services Young Adult Carers Service project. They can offer information and practical and emotional support, breaks from caring and 1:1 and group sessions once restrictions are lifted and meetings are allowed.

They also offer free training which includes practical courses on manual handling, first aid, cooking, finance and budgeting, resilience workshops and music sessions. Transport can be arranged for any young adult carers wishing to attend.

Parent carers in Flintshire are supported by Daffodils, a local charity that provides support and activities to families with children that have additional needs by offering social activities for carers and loved ones.

These organisations all provide similar levels of support including information and advice, social activities and events, support with personal resilience and wellbeing, transport, counselling, advocacy and liaison with school, college, social services or health professionals. These services do not intervene directly to address the needs of the person being cared for by the young person, but are there to mitigate the impact of the caring role on the young person.

The most common needs of young carers identified by these service providers are: the need for respite and opportunities to socialise (giving them time to be a child); building resilience, emotional wellbeing and self-esteem; need for peer support networks with other young carers who understand; support with education and learning; and, advocacy support to have their voices heard.

The majority of referrals come from social services, specialist children's services, Families First and educational welfare officers on behalf of the schools. North West Wales have seen an increase in referrals from the health service, mainly from school nurses, health visitors and consultants in the past two years following a pilot project aiming to improve the health and emotional wellbeing of young carers.

Emerging trends for young carers

Young carers need to be identified as early as possible so that they can receive the support that they need. The introduction of the Young Carer ID Card aims to help with this. There also needs to be a focus on the mental health and well-being of children and young people with caring responsibilities as a result of the pandemic. Many young carers are worried about socialising in case they carry and transmit Covid-19 to the person they care for.

This means they miss out on opportunities negatively impacting their wellbeing. The Carers Trust undertook a survey with young carers and young adult carers which pointed to a decline in the mental health and wellbeing of hundreds of thousands of young people who provide care for family members. 40% of young carers and 59% of young adult carers said their mental health is worse since the pandemic (Carers Trust, 2020).

Safeguarding (young carers)

There can be a number of factors for young carers that mean safeguarding issues can arise. Young carers are often difficult to identify and this can mean their needs only come to light when there is a crisis. The extent of the child's caring role and the impact that it has on their own development can be a safeguarding concern in itself, which is why it is vital that services quickly recognise and fully assess their needs to ensure the right support is in place at the right time.

Young carers are vulnerable to the impact of caring on their emotional and physical development, education and social networks and friendship (Becker *et al.*, 2000). Very young carers, those under the age of eight, are at particular risk and have been excluded from some young carers' assessments and services in the past on the grounds that a child under eight should not have any caring responsibilities. Commissioners need to make sure there is support in place for these young people whether through young carers' services or other services for vulnerable children. There may also be differences of view between children and parents about what constitute appropriate levels of care and parents can sometimes be reluctant to engage with services because of negative perceptions or fears relating to the action social services may take.

Young adult carers equally face safeguarding issues similar to young carers. The caring role can place a significant strain on young people, which can impact on their educational attainment, accesses to training and employment and their general health and wellbeing.

Being a young carer does not mean that a child or young person is automatically in need of protection. However, it highlights that services must put preventative processes in place to ensure families do not find themselves in crisis, resulting in child protection procedures being triggered.

10.6 Covid-19 impact

Covid-19 has had a significant impact on carers, this is represented in the consultation responses. One of the most significant impacts has been the effect on the mental health and wellbeing of unpaid carers. Services closed completely or offered a reduced service leaving unpaid carers to cope. Unpaid carers have told us how stressed they were about keeping the person they care for safe and also worrying about what would happen if they were unable to continue caring. Friends, neighbours, communities and Third Sector all helped to avert crisis. Key issues reported across the region were the availability of PPE, access to GP and medical appointments and hospital discharge procedures, and being separated from family and friends.

Since the start of the pandemic there has been an increase in the numbers of carers in Wales, the National Survey for Wales found that that by June 2020 35% of people looked after or provided help and support to family, friends or neighbours. This had increased from 29% in the 2019 -2020 full year survey (Unpaid Carers Strategy Wales, 2021). The Office for National Statistics collated key statistics relating to the impact the coronavirus pandemic has had on unpaid carers:

- A larger number of unpaid carers than non-carers were worried about the effects that the coronavirus pandemic was having on their life (63% of unpaid carers compared with 56% of non-carers)

- Unpaid carers were more likely to avoid physical contact with others when outside their household (92% compared with 88%)
- Unpaid carers indicated that the pandemic impacted life events such as work, access to healthcare and treatment, their overall health, access to groceries, medications and essentials

10.7 Equalities and human rights

The Equality Act 2010 gives protection for unpaid carers in relation to disability discrimination. For example, carers of a disabled person are protected due to being associated with a disabled person. They are also protected under the Act if they experience prohibited conduct such as victimisation. Carers can also experience significant multi-layer disadvantages due to intersectionality (the overlap of social identities such as carer status, race, sex and socio-economic status). This can affect confidence in accessing services wellbeing and impacting on the outcomes of carers and those they provide care for.

There are still often societal expectations of women as caregivers. The 2011 census showed that women make up the majority of unpaid carers - 57% of carers in Wales are women and women of working age (25 to 64) are significantly more likely than men to be providing unpaid care to someone with a disability or illness or who is older. A higher percentage of unpaid carers than non-carers reported that they were 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 new act includes a new definition of 'child at risk' and 'adult at risk', a new duty for relevant partners to report children and adults at risk and duties for local councils to make enquiries (Care Council for Wales, 2015).

10.9 Violence against women, domestic abuse and sexual violence

In accordance with Part III, Section 24 of the Social Services and Wellbeing (Wales) Act 2014, Carers may receive an assessment undertaken by the Local Authority in order to evaluate their needs for support. As with Older people and others with care and support needs, carers may be vulnerable due to a variety of circumstances including time, financial and emotional pressures. In many cases, they may be the sole caregiver for a vulnerable family member, who may be suffering with ill-health, disability or learning difficulties.

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

It is not unfathomable that some carers may themselves be at risk of, or indeed be living with, domestic abuse also. They may be survivors of historic domestic abuse perpetrated against them by a spouse, or those dependent on their care may also be

inadvertently perpetrating abuse against caregivers due in part to illness and infirmity.

Whatever the case, it is essential that training is provided to enable care providers to identify the signs and symptoms of domestic abuse in Carers, to provide an assessment when required and to offer adequate care and support to enable Carers to better manage their situation. There is no specific dataset available either nationally or regionally that looks at carers as a specific population group, in terms of prevalence of domestic abuse.

As many carers may be older people caring for spouses, and other family members, there may be some representation of this group within the older people population group. However, as with other vulnerable population groups, it is clear that a significant data gap exists here that requires addressing in order to examine the full extent of the issue.

In terms of services available, LA's should have procedures in place for identifying domestic abuse and signposting to the relevant designated lead for safeguarding so that a referral to MARAC can be considered in conjunction with pre-existing care support that individuals may already be receiving.

Those with caring responsibilities may also be identified through LA's use of the Single Point of Access scheme (SPOA) in order to help identify support needs.

10.10 Advocacy

Advocacy means getting support from another person to help you express your views and wishes, and help you stand up for your rights and entitlements. Someone who helps you in this way is referred to as an advocate. Low level advocacy services offered by the carer support services across North Wales as required. They will contact health professionals, special services, or any external agencies on a carer's behalf if they feel unable to do so.

Denbighshire's Education & Children's Services have worked in partnership with Conwy and Wrexham to commission support services for young carers since 2013.

The service is called WCD Young Carers and delivered by Credu Carers. Credu have a long track record of delivering support and advocacy for carers of all ages.

10.11 Welsh language considerations

The North Wales area has a higher rate than other parts of Wales in terms of the number of Welsh speakers (please see the section on the North Wales Welsh Language profile for the data) although this varies across the region. North West Wales for example has a high percentage of Welsh speakers, it is important that carers are supported by receiving information, advice and support in their language of choice. This is also true when carers are having their voice heard.

Unpaid carer and Young Carer services should be provided in line with the principles of the More Than Just Words framework specifically around the active offer.

10.12 Socio-economic considerations

We know from the 2011 Census that the majority of all unpaid carers are of working age and surveys and consultations completed by third sector carer organisations show that the majority wish to work, but many are unable to because of caring. Financial hardship can also disproportionately affect women because they are more likely to be providing care and providing more hours of care while at the same time balancing work or their own health conditions.

An Oxfam report states that prior to the pandemic more than one in three unpaid carers of people with additional needs providing over 20 hours of care per week were in poverty (Care, Poverty and Coronavirus Across Britain, 2020). The report states that it is often the case that unpaid 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 a key issue for unpaid carers, as a region need to link with the new vision for respite care and short breaks in Wales. This is especially an issue for both children and adults with complex needs.
- Improving unpaid carer assessments to ensure consistency across the region when identifying the care and support needs of unpaid carers specifically around mental health and wellbeing of the unpaid carer.
- Issues within wider social care workforce recruitment and retention is leading to additional demands on unpaid carers. Specifically, this is impacting the complexity of care with unpaid carers dealing with caring responsibilities with higher needs of care.

- Digital inclusion is also a key area, as a result of many services moving online it has impacted digitally excluded groups including unpaid carers.

11. Veterans

A veteran is defined as someone who has served in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations (Ministry of Defence Website, 2019).

There is minimal data available to give an accurate overview of this particular population group within North Wales, this is true not just for North Wales but for Wales as a whole and more broadly the UK. However, the estimated veteran population, all persons aged 16 years and over, for North Wales is 39,110 (Health and Wellbeing Needs of Armed Forces Veterans, Hywel Dda Public Health Team & PHW 2020). The 2021 Census included a question related to veterans, once the 2021 census data is published this should provide a clearer picture of the population.

The Department of Health (2008) has predicted that overall the health and wellbeing needs of veterans is broadly similar to that of the civilian population. However, as a result of their occupation differences occur as a result of occupational injuries and the psychological impact of deployment.

A full assessment of the needs of Veterans is contained within the Health and Wellbeing Needs of Armed Forces Veterans published by Hywel Dda and Public Health Wales 2020.

12. Refugees and Asylum Seekers

Home Office statistics indicate that there are approximately 2,300 asylum seekers in Wales. The Welsh Refugee Council estimates that there are approximately 10,000 refugees in Wales. Refugees and asylum seekers represent around 0.5% of the population in Wales.

From 2017 to 2021, 241 asylum seekers have been resettled across the North Wales local authorities. In North Wales, Wrexham and Conwy both accommodate dispersal centres. All local authorities in North Wales took part in the Home Office Syrian Vulnerable Persons Resettlement Scheme, with each authority making a commitment to support a set number of families or individuals. Although that scheme has ended, some local authorities have also signed up to the replacement UK Resettlement Scheme (UKRS). All local authorities in North Wales have also committed to supporting the Home Office Afghan Relocation and Assistance Policy (ARAP) Scheme. There are other schemes that are supported such as the Syrian Vulnerable Persons Resettlement Scheme.

Wrexham has been a dispersal area for asylum seekers for approximately 20 years. Until recently, this was only one of four dispersal areas, but more recently, new areas have joined. In North Wales, Conwy is now also an asylum dispersal area.

Due to the small numbers, the published statistics for unaccompanied asylum seeking children is limited for North Wales.

Asylum seekers in dispersed accommodation are directly supported by services largely commissioned by the Home Office and Welsh Government, such as Clearsprings Ready Homes, Migrant Help and Welsh Refugee Council. However, a wide range of partners provide a variety of additional support to asylum seekers and refugees, including the health board, other third sector organisations, various council departments and other public services.

A key issue flagged for asylum seekers and refugees is the need for improved mental health support. It is widely recognised that refugees and asylum seekers and some migrants have significant unmet mental health needs. Engagement work with those with lived experience will be further explored when the regional Area Plan is developed in 2023.



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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales Population Needs Assessment

Consultation survey report October 2021



Contact us

North Wales Social Care and Well-being Improvement Collaborative

County Hall, Wynnstay Road, Ruthin, LL15 1YN

Email: northwalescollaborative@denbighshire.gov.uk

Phone: 01824 712432

Website: www.northwalescollaborative.wales

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Summary

The consultation for the Population Needs Assessment involved people who use care and support services and carers as well as staff who work for the health board, local councils and third sector or voluntary organisations. We used a wide range of information from partner organisations about the needs of people they support. In addition, we carried out a survey which around 350 people took part in during August and September 2021. This report summarises the findings from that survey.

What works well

There are examples of care and support services working well across North Wales, particularly third sector services. There are also examples of strong partnership working, better access to support and people having more voice, choice and control over how their needs are met.

What needs to be improved

Examples of where services could be improved, include relationships and communications within and between organisations. Many thought social care services need a complete overhaul along with more staff and better funding. The people who are directly affected by current policy, such as providers and people who use services, need to be involved in finding solutions to this crisis. More early intervention services can help people before they reach a crisis.

Service providers would like longer term funding to enable them to plan and improve staff retention and development as well as clarity around funding streams.

What changed during the COVID-19 pandemic?

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

Not all the impacts were negative. A small number of respondents commented that they had not experienced any change in services. Lockdowns helped some become more self-reliant, spend quality time with family and some pupils, especially those

with social anxieties or bullying issues at school, have benefited from not going to school.

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

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

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

Experience of Welsh-language services

Overall, respondents concluded that provision of the Active Offer is “patchy”. Some reported doing this very effectively. Others reported that they can only make the offer at the point at which users of a service are assessed, rather than when they first make contact. Some were concerned that in practice, the offer is still tokenistic.

Many care homes and domiciliary care providers find it difficult to follow through with the provision of a Welsh speaker: They conclude that more needs to be done to attract Welsh speakers to the profession and to support staff to improve their Welsh.

This needs to include opportunities for both complete beginners and those who need to gain confidence.

Introduction

This report sets out how we carried out consultation and engagement with people who provide or use care and support services to inform the North Wales Population Needs Assessment.

This report will help inform the Equality Impact Assessments that will be carried out on decisions that use evidence from the Population Needs Assessment. It also provides evidence of how we are meeting the requirements of the public sector equality duty.

Background

The Social Services and Wellbeing Act (Wales) 2014 requires each region to produce an assessment of the care and support needs of the population in their area, including the support needs of carers by April 2021. The six North Wales local authorities and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales have produced a population needs assessment for the North Wales region. This is the second assessment we have produced. The first one was published on 1 April 2017.

The report will be used to inform the area plan which has to be prepared jointly between the health board and local councils overseen by the Regional Partnership Board. The area plan must be published by April 2022.

It has been agreed with Welsh Government that there is no requirement to carry out an Equality Impact Assessment on the Population Needs Assessment. This is because the needs assessment is part of the evidence gathering process that informs decision making alongside the Equality Impact Assessment process. The needs assessment will include information about the needs of people with protected characteristics, informed by consultation and engagement, which will help inform new policies, strategies and service changes and understand their potential impact.

Actions and plans developed using the evidence in the Population Needs Assessment will need an Equality Impact Assessment to assess their potential impact.

Public sector equality duty

The Equality Act 2010 introduced a new public sector duty which requires all public bodies to tackle discrimination, advance equality of opportunity and promote good relations. This means public bodies must have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Having due regard for advancing equality means:

- Removing or minimising discrimination, harassment or victimisation experienced by people due to their protected characteristic.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Taking steps to build communities where people feel confident that they belong and are comfortable mixing and interacting with others.

Councils in Wales also have specific legal duties set out in the Equality Act 2010 (Wales) regulations 2011 including assessing the impact of relevant policies and plans – the Equality Impact Assessment.

In order to establish a sound basis for the strategy we have:

- reviewed performance measurement and population indicator data
- consulted as widely as possible across the North Wales region including with the general public, colleagues and people with protected characteristics;
- reviewed relevant research and consultation literature including legislation, strategies, commissioning plans, needs assessments and consultation reports

More information is available in the background information paper.

This report sets out the consultation carried out for the strategy:

- who we have consulted with;

- how we have consulted; and
- the consultation feedback.

Consultation principles

A key part of the process is consulting with people who may be affected by the strategy and in particular people with protected characteristics. The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation
- Welsh language

Case law has provided a set of consultation principles which describe the legal expectation on public bodies in the development of strategies, plans and services. These are known as the Gunning Principles:

1. Consultation must take place when the proposal is still at a formative stage.
2. Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response.
3. Adequate time must be given for consideration and response.
4. The product of the consultation must be conscientiously taken into account.

Local councils in North Wales have a regional citizen engagement policy. This is based on the national principles for public engagement in Wales and principles of co-production which informed our consultation plan.

Consultation and engagement

Consultation process

The aim of the consultation was to identify the care and support needs of people in North Wales and the support needs of carers. The Welsh Government guidance requires that the report include the following population groups:

- Children with complex needs
- Older people, including dementia
- Health, physical disabilities and sensory impairment
- Learning disabilities
- Autism
- Mental health
- Carers
- Violence against women, domestic abuse and sexual violence

We worked with partners, including those working on the Public Services Board Well-being Assessments, to collate and summarise findings from consultations that had been undertaken in the last few years. We have published these summaries as part of a new [North Wales engagement directory](#) to help encourage wider use of findings from local and regional engagement activity. In addition, we carried out a survey to identify any other issues affecting people who use care and support services that we may have missed. This report focusses on the findings from the survey. The survey findings along with findings from previous consultations and engagement activities carried out by local leads informed the final population needs assessment.

Consultation questions

Due to the wide range of population groups and services that we planned to cover with this survey, the engagement group agreed a small number of open-ended questions so that participants had the opportunity to share what matters to them. This approach had worked well in previous regional consultations, providing a rich source of meaningful data. The consultation questions used were:

About care and support services

Care and support includes help with day-to-day living because of physical or mental illness or disability for people of all ages. It includes children and young people with experience of foster care or adoption as well as unpaid carers who provide support to family or friends.

1. What do you think works well at the moment?
2. What do you think could be improved?
3. How has support changed due to Covid-19 and what do you think the long-term impact of this will be?

Welsh language

All care and support services should provide an “Active Offer”. This means providing a service in Welsh without someone having to ask for it. The Welsh language should be as visible as the English language. For more information, please visit Social Care Wales: Using Welsh at work webpages. We would like to hear your experiences of using and/or providing services in Welsh, including:

- the “Active Offer”
 - opportunities for people to use Welsh and,
 - on treating the Welsh language no less favourably than English
4. Please tell us about what is working well at the moment and what needs to be improved

Project timetable

The timetable for the development of the needs assessment was as follows.

Month completed	Actions
June 2021	Project planning and recruitment
October 2021	Data collection and analysis
October 2021	Engagement and co-production with people who use services, carers, providers, front-line staff and other stakeholders
December 2021	Write draft chapters and share for feedback

Month completed	Actions
March 2022	Approval by the Regional Partnership Board, six local authorities and health board
April 2022	Publish

Consultation methods

The consultation methods we used were:

- Online questionnaire circulated widely to staff, partner organisations, people who use services and carers. Alternative versions included an EasyRead version, British Sign Language (BSL) version, young people's version and print version.
- We also advertised the opportunity to take part through a conversation over the phone or an online chat.
- Partner organisations held consultation events.
- We asked partners to send us the reports from any related consultation events or surveys that they had already carried out in North Wales for other projects.

Promotion plan

The survey was open between 2 August 2021 and 1 October 2021, with an extension to 11 October 2021 for the young people's survey.

Details of the consultation were made available on [our website](#). We promoted the link through steering group members (representing the six local authorities, health and other partners), to people on regional collaboration teams mailing lists including members of the provider portal. A press release was sent out by the Regional Collaboration Team together with the local authorities and health board. Various social media posts were shared on the Regional Collaboration Team Twitter feed as well as LinkedIn pages. Follow-up phone calls were made to encourage people to take part.

Local leads shared the survey widely through a variety of channels. The Regional Collaboration Team shared weekly updates about the number of responses received from each area and population group so that local leads could follow-up with under-represented groups.

In addition, the link to the online survey was sent to the county voluntary councils below, asking them to circulate it to their networks:

- Mantell Gwynedd (Gwynedd)
- Medrwn Mon (Anglesey)
- CVSC (Conwy)
- DVSC (Denbighshire)
- FLVC (Flintshire)
- AVOW (Wrexham)

Information was sent to members of the:

- Regional Partnership Board
- North Wales Leadership Group,
- North Wales Adult Social Services Heads (NWASH),
- North Wales Heads of Children's Services (NWHoCS)
- North Wales Learning Disability Group

Details were shared with to the third sector representatives on the regional population assessment leads network.

There was an event for seldom heard and ethnic minority groups held on 5 October 2021 jointly with the Regional Cohesion Teams East and West and Coproduction Network Wales, which about 40 people attended. Seldom heard and ethnic minority groups were also supplied with the survey together with the PowerPoint workshop presentation for dissemination and response - either by group representatives or individual members directly.

The young people's survey was also shared with Pride Cymru Youth, EYST (Ethnic Minorities and Youth Support Team Wales, Heads of Education and other young people's groups.

Consultation and engagement review

There were 350 responses to the survey. Around 61% of responses were from people who work for an organisation involved in commissioning or providing care and support services. More people took part in previous engagement activities and those organised by local leads, but this report focusses on responses to the survey.

Table 1 show the areas that participants were interested in.

Table 1 Number of responses by area of interest

Type of response	Number	Percentage
Older people	150	44%
Children and young people	125	35%
Mental health	115	33%
Learning disabilities	110	32%
Physical and/or sensory impairments	90	26%
Carers	90	25%
Autistic people	70	21%
Total number of responses	350	100%

Some people may have ticked more than one box. Numbers have been rounded to the nearest 5 to prevent disclosure of personal information.

The consultation reached people from across North Wales as shown below.

Table 2 Number of responses by local council area

Local council area	Number	Percentage
Anglesey	80	23%
Gwynedd	50	14%
Conwy	60	17%
Denbighshire	75	21%
Flintshire	135	39%
Wrexham	100	28%
Total number of responses	350	100%

Some people may have ticked more than one box (for example if they lived and worked in different counties). Numbers have been rounded to the nearest 5 to prevent disclosure of personal information.

We also reached people in all age groups apart from those under 16, disabled people including people with a learning disability or long standing illness/health condition, carers, Welsh and English speakers. There were fewer responses from people aged over 75. We had responses from women and men although there were not as many responses from men. We also had a small number of responses from people with different ethnic identity, national identity and sexuality to the majority. We only got a small number of responses from trans people although we will be including findings in the needs assessment from other research and consultation reports about the care and support needs of trans people.

We will make sure to use evidence from previous local and national consultations about the needs of children and young people in the needs assessment due to the low number of responses to the survey. We will also review how we engage with children and young people as a regional team because an online survey with does not seem to be an effective method for this type of consultation.

We are making these limitations clear so that anyone using the needs assessment as evidence can take any additional action needed to eliminate potential discrimination.

We used the equality data to monitor the responses while the consultation was open and encouraged groups representing under-represented groups to share the survey and take part. The consultation deadline was extended by two weeks to allow more time to reach under-represented groups. We also extended response for the young people's survey a further two weeks. The full list of data tables showing the number of responses from people with protected characteristics is included in [appendix 1](#).

As part of this process, we identified many similar consultations being undertaken by partner organisations and concerns around consultation fatigue. To help coordinate, we created a webpage that collated the different surveys and events that we were aware of and let participants know that we were working together to share findings. We also developed an online [North Wales engagement directory](#) to make the findings from these surveys more easily accessible. However, the regional engagement group that oversaw this work recognise that there is more to be done to improve the coordination of consultation and engagement exercises. We need to reduce duplication and make best use of people's time and effort in providing feedback to our organisations.

Organisations represented in the online survey

Below is a list of organisations whose staff took part in the online consultation.

Local authorities and health

- Betsi Cadwaladr University Health Board
- Isle of Anglesey County Council
- Gwynedd Council
- Conwy County Borough Council
- Denbighshire County Council
- Flintshire County Council
- Wrexham County Borough Council

Other groups and organisations

- Action for Children
- Adferiad
- Adra Housing Association
- Age Connects North Wales Central
- Age Cymru Gwynedd a Mon
- Alexander's Pharmacies
- Allied Health Care
- Amber Care Ltd
- Anheddau Cyf
- AVOW
- Awel Homecare and Support
- Caia Park Community Council
- Canolfan Felin Fach Centre Limited
- Carers Outreach Service
- Carerstrust Crossroads
- Cartrefi Conwy
- Castell Ventures
- Centre of Sign-Sight-Sound
- Child development centre
- Citizen's Advice Bureau
- Colwyn Bay Men's Shed
- Conwy Connect
- Co-options
- Corwen Family Practice
- Designed to smile
- Digartref
- Doridale Ltd
- Double Click Design & Print CIC
- DSN
- Epilepsy Action Cymru
- Fairways Care Ltd
- Family Friends
- Flint connections office
- GISDA
- Gresford Community Council
- Grwp Cynefin
- Gwynedd and Anglesey Youth Justice Service
- Gwersyllt Community Council
- HF Trust
- Hollybank Home Care Ltd
- Home-Start Cymru
- Integrated family support service

- Medrwn Mon
- Mental Health Care Ltd (Avalon)
- Menter Fachwen
- MHC
- Newcross health and social care
- Next steps
- North East Wales Mind
- North Wales Advice and Advocacy
- North Wales Community Dental Service
- North Wales Together Learning Disability Transformation Programme
- NW Nappy Collaborative CIC (Given To Shine)
- Offa community council
- Plas Garnedd Care Ltd
- Premier Care Ltd
- Q care ltd Prestatyn
- QEWC Ltd
- Resilience
- Rhyd y Cleifion Ltd
- Same but Different
- Sanctuary Trust
- Stepping Stones North Wales
- Stroke Association
- Summit Care Services
- TGP Cymru
- The Wallich
- Total Care North Wales Ltd
- Towyn Capel Care Homes
- TRAC (part of North Wales Project)
- Ty Ni Family Centre- Flying Start
- Tyddyn Mon
- Vesta Specialist Family Support
- Vision Support
- We Care Too Ltd
- Wepre Villa Homecare Ltd
- Whitehouse Residential Home
- Woodland Skills Centre
- Y Teulu Cyfan

Consultation findings

1. Social care for people of all ages

(a) In general

What is working well:

At a strategic level, information flow and co-operation across the Care Inspectorate Wales, Public Health Wales and Welsh Government and Local Authorities has been working well.

Third sector services are thought to be very effective, covering a wide range of support areas, fulfilling the role of many statutory services, and successfully engaging and connecting with those in need. Third sector and statutory sector organisations are developing strong partnerships, particularly in North Wales, and when both are supporting community development. The gradual move to longer term contracts is allowing third sector organisations to invest in staff development and capital projects.

The approach set out in the SSWB Act (Wales) 2014 is generally being followed. Signposting between services and improved networking has led to better access to support. For example, if someone is not eligible for a service, they are signposted to another relevant service to ensure they're not left without help.

The Well-being Network in Anglesey is one example of an effective network. They share a vision of developing services in accordance with the Well-being of Future Generations Act. The joint planning and provision between the Health Board, the Anglesey GP Cluster, Anglesey County Council and Medrwn Môn (and the wider Third Sector) is thought to be extremely successful. The Integrated Care Fund “has been a blessing” for the Network, enabling effective planning and ensuring quality services.

The Single Point of Access provides easy access for some services, and might prove effective for all assessments. The community Hub (Canolfan Ni) is thought to be excellent.

Some people using care services are having more voice, choice and control over how their needs are met, especially through use of direct payments. People are

supported to make choices that are right for them, their families, their priorities and aspirations. People are actively involved in identifying, implementing, monitoring and managing their support, rather than being passive recipients of a service. This creates true co production within the system and real incentives for arrangements to be successful and sustainable.

What needs to be improved:

Relationships between the voluntary and third sector and health and social care professionals need to be improved, since third sector services often seem to be “grossly undervalued” by many health and social care staff. Issues raised by third sector organisations appear not to 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 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 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 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 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 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 they 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 health 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%



CABINET

Date of Meeting	Tuesday, 18 th January 2022
Report Subject	Vehicle Permit Criteria for Household Recycling Centres
Cabinet Member	Cabinet Member for Streetscene
Report Author	Chief Officer (Streetscene and Transportation)
Type of Report	Strategic

EXECUTIVE SUMMARY

In September 2021, following two all-member seminars, a number of recommendations were presented to Cabinet on changes to be made to the current waste strategy in order for the Council to achieve 70% recycling by 2025.

One recommendation was to review the Household Recycling Centre (HRC) vehicle permit criteria in order to make it clearer to service users what types and sizes of vehicles should or should not be issued a permit and to ensure that traders do not take advantage of the system. A second recommendation was to introduce a booking system for hazardous and difficult waste streams to better manage their arrival at site.

Both recommendations were approved by Cabinet; however, a further report was requested to give further clarity on how the changes would be implemented. This report sets out the revised Vehicle Permit Policy and proposes the booking criteria for the disposal of asbestos and mattress waste.

RECOMMENDATIONS

1	Cabinet approves the revised Vehicle Permit Policy for Household Recycling Centres.
2	Cabinet approves the Household Recycling Centre booking system criteria.

REPORT DETAILS

1.00	EXPLAINING THE BACKGROUND FOR THE CHANGES TO THE VEHICLE PERMIT POLICY ON HOUSEHOLD RECYCLING CENTRES AND THE PROPOSED CRITERIA FOR A BOOKING SYSTEM
1.01	<p>In September 2021, following two all-member seminars, a number of recommendations were presented to Cabinet on changes to be made to the current waste strategy in order for the Council to achieve 70% recycling by 2025. The Council's waste strategy is to re-use, recycle and compost as much recoverable waste as is practicable at our Household Recycling Centres (HRCs).</p> <p>One such recommendation from the member workshops was to revisit the current HRC vehicle permit scheme criteria. A permitting scheme is the fairest way to ensure that residents can use their own vehicles to visit the HRC sites, whilst deterring unlawful use by traders.</p> <p>At the seminar, members had expressed their concerns that the current vehicle permit criteria were ambiguous and could be left to interpretation, which could create confusion for service users.</p>
1.02	<p>Each household in Flintshire paying standard council tax is entitled to use the Council's HRCs to dispose of their own domestic household waste. Only Flintshire residents will be permitted to use Flintshire HRC sites. In order to control this, it is proposed that we retain the current system of requesting proof of residency in Flintshire, which we introduced during the pandemic in order to comply with the Test and Trace requirements and ensure that only Flintshire residents continue to use the sites.</p>
1.03	<p>It has also been highlighted by our HRC staff that the current permitting system unintentionally allows traders and commercial businesses to exploit the system and bring in trade waste streams, which we are not permitted to accept. When questioned or challenged by our staff, some of these customers can become abusive and violent leading to unpleasant working environments.</p>
1.04	<p>In the report to Cabinet, it was proposed that the vehicle permitting criteria should be reviewed in order to make it clearer to service users what types and sizes of vehicles should or should not be issued with a permit and to ensure that traders do not abuse the system. It was also proposed that some flexibility be allowed for those vehicles that are registered to a business to be allowed access to deliver waste if it is clear that the waste has not been produced by that company or emanates from the activities of that business. For example, allow a vehicle registered to a plumber to dispose of garden waste.</p>
1.05	<p>The Cabinet report also proposed that a booking system for materials that have restrictions, such as hazardous and difficult waste items (e.g. asbestos and mattresses) should be introduced to better manage their arrival at site. Such a system would allow HRC staff to control when this waste is coming to site, ensure container availability and make preparations for its acceptance. Materials will be accepted free of charge.</p> <p>Both recommendations were approved by Cabinet in September; however, a further report was requested to give further clarity on how the changes would be implemented.</p>

1.06	<p>Vehicle Permit Criteria</p> <p>The proposed Vehicle Permit Criteria Policy is presented in Appendix 1 to this report. The salient points to note from this policy are as follows: -</p> <ul style="list-style-type: none"> • The policy details the vehicle scheme criteria • Clear classification of those vehicles that do not require a permit, those that do require a permit and those that are not eligible for a permit • All trailers, irrelevant of size will now require a permit • Size restrictions have been placed on vehicles and trailers that are eligible for a permit, due to the limited space available on HRC sites and the additional time taken to unload larger vehicles and trailers, which can impact access for householders, particularly at peak times of the day. • The application process and required documentation is clearly detailed. • Those who repeatedly fail to provide the correct documentation in support of their application for a permit will be refused a permit and a timescale set for reapplication • Permits will be issued for one specific HRC site to improve control and access to the site • A one-off permit will be introduced for those who have a business/sign written vehicle who want to dispose of household waste • The temporary permit criteria is clearly defined • The policy details that abuse of the scheme will not be tolerated and that permits can be revoked for non-compliance <p>This policy will supersede the Household Waste Collection and Household Recycling Centre Operations Policy 2017, Sections 12.7 to 12.13 detailed in Appendix 2</p>
1.07	<p>Booking System</p> <p>As indicated, it is proposed that a booking system will be introduced for difficult materials or waste streams and the proposal is to introduce this initially for asbestos and mattresses. Both of these waste streams have presented problems with disposal on site due to either being hazardous, limited capacity to accept the waste or because of safety issues with carrying and moving the waste.</p> <p>Appendix 3 details the proposed booking system for the two types of waste. The booking system consists of:</p> <ul style="list-style-type: none"> • A requirement to book online in advance of the visit • A restriction on the volume of waste being brought to site during the visit • A restriction on the number of visits per year • A timeslot to be given for the disposal time • If being brought in a van/trailer then a valid permit will be required to book • Details of which site will accept the waste stream • Detail of which days are available for disposal <p>The service will allocate the appropriate ICT infrastructure to the Household Recycling Centres in order to manage the process. This will also be utilised to offer a more digital solution for the management of waste and operations on site.</p>

	<p>For waste streams not accepted under the booking system (such as large sheet asbestos), information will be provided to residents on the most appropriate methods of disposal available for that waste stream.</p> <p>Once established, it is the intention of the service to review whether it would be beneficial to introduce other waste streams or restricted materials to the booking system.</p>
1.08	It is proposed that the revised Vehicle Permit Policy and booking system will be implemented from April 2022. This will allow for staff resources to be allocated to the implementation of the revised systems, as well as the development of a comprehensive communication plan to control and implement the changes and develop the back office booking system.

2.00	RESOURCE IMPLICATIONS
2.01	The new systems will require ICT provisions at HRC sites to allow for live, current booking information to be shared in real time. This will be in the format of handheld tablet devices for use by the site staff.
2.02	Investment in on-site barriers will be required to prevent unauthorised access and out of scope vehicles gaining entry to site prior to vehicle inspection and presentation of permits. Estimated costs for the barriers are approximately £2,000 per site, which will be funded from existing revenue budgets in 2022/23.
2.03	ICT services support and assistance will be required to develop the back office booking system.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT										
3.01	<p>Ways of Working (Sustainable Development) Principles Impact</p> <table border="1"> <tr> <td>Long-term</td> <td>Positive - The proposals will drive improvements to recycling performance by excluding no recyclable trade waste.</td> </tr> <tr> <td>Prevention</td> <td>Positive – The proposals will eliminate the illegal transit and disposal of trade waste ensuring the Council is compliant with waste legislation</td> </tr> <tr> <td>Integration</td> <td>No impact</td> </tr> <tr> <td>Collaboration</td> <td>No impact</td> </tr> <tr> <td>Involvement</td> <td>Positive – For those vehicles not permitted access to the site or permitted to book additional waste, waste management information will be provided to them in order for users to make alternative legal arrangements for disposal.</td> </tr> </table>	Long-term	Positive - The proposals will drive improvements to recycling performance by excluding no recyclable trade waste.	Prevention	Positive – The proposals will eliminate the illegal transit and disposal of trade waste ensuring the Council is compliant with waste legislation	Integration	No impact	Collaboration	No impact	Involvement	Positive – For those vehicles not permitted access to the site or permitted to book additional waste, waste management information will be provided to them in order for users to make alternative legal arrangements for disposal.
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Collaboration	No impact										
Involvement	Positive – For those vehicles not permitted access to the site or permitted to book additional waste, waste management information will be provided to them in order for users to make alternative legal arrangements for disposal.										

Well-being Goals Impact	
Prosperous Wales	Positive – Continued provision of accessible recycling facilities for the residents of Flintshire. Reducing the financial burden of supporting illegal small trading companies from disposing waste at the sites.
Resilient Wales	Positive – Ensuring that appropriate disposal sites are available and accessible to residents of Flintshire.
Healthier Wales	Positive – reducing vehicle movements and emissions.
More equal Wales	No impact
Cohesive Wales	No impact
Vibrant Wales	Positive – Promoting reuse and recycling of waste, and working towards carbon reduction
Globally responsible Wales	Positive – Educating residents and potential traders on the most appropriate disposal methods for their recycling and waste disposal needs ensuring compliance with legislation
3.02	The vehicle permit scheme can be a very emotive topic and any changes result in negative feedback from service users currently taking advantage the system. A clear communications plan will be developed to control the implementation of the new policy.
3.03	The level of abuse and threats of violence to HRC staff has been highlighted previously and under ongoing concern for some time. The site staff will soon be presented with body worn CCTV cameras to wear to record and report events. Providing a clear and concise permit criteria will support the site staff in managing non-conforming waste arriving at the site.
3.04	Control of the vehicles utilising the sites will allow for better, easier access for Flintshire residents as large vehicles, which can take up to an hour to off-load their waste will be prohibited.
3.05	The booking system will notify residents when there is container availability so that they do not bring their waste to site when containers are full and avoid wasted journeys.
3.06	The risk to the authority is reduced by eliminating trade vehicles from the sites, as the current Environmental Permit does not allow for trade waste to be accepted at HRCs. It also eliminates the risk of rogue traders, who should not be transporting commercial waste without a valid waste carriers licence, waste transfer note or waste permit.
3.07	A full integrated impact assessment has been completed. i) The impact assessment has identified there will be a positive impacts on Equality and Human rights, Welsh Language, Environment and Biodiversity and Health from the approval of this policy.

	<p>ii) There will be potential negative impacts on Equality and Diversity with respect of digital communications for older people and those with learning difficulties. These will be mitigated by ensuring communications are provided in a face to face format or by written literature.</p> <p>There will be potential negative impacts on Equality and Diversity with respect of those with learning difficulties understanding the requirements of the waste and recycling procedures at the Household Recycling Centers. This will be mitigated by making documentation and information available in easy read format.</p> <p>There will be potential negative impacts on the environment should those not eligible for a vehicle permit chose to fly tip their waste. This will be mitigated by providing clear information to residents on how to dispose of waste correctly (their duty of care). Also, any traders will be advised of appropriate waste facilities to dispose of waste correctly. The Council environmental enforcement team will monitor and investigate any fly tipping cases.</p> <p>iii) There will be a neutral impact on service from the introduction of this policy across all aspects of the assessment.</p>
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4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	Cabinet Member for Streetscene
4.02	All member seminars held on 6 th July and 20 th July 2021
4.03	Streetscene workforce and trade unions
4.04	Environment & Economy Overview & Scrutiny Committee – January 2022

5.00	APPENDICES
5.01	Appendix 1 – Vehicle Permit Policy
5.02	Appendix 2 – Household Waste Collection and Household Recycling Centre Operations Policy
5.03	Appendix 3 – Proposed booking system criteria

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Target 70 A Review of Flintshire County Councils Waste Strategy.pdf

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Ruth Tulley, Regulatory Services Manager Telephone: 01352 704796 E-mail: ruth.tulley@flintshire.gov.uk
8.00	GLOSSARY OF TERMS
8.01	Household waste and non-household waste are defined in the Environmental Protection Act 1990 and the Controlled Waste (England and Wales) Regulations 2012.

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Vehicle Permit Policy 2021



CONTENTS

1. Flintshire Vehicle Permit Scheme
 - 1.1 Vehicle Permit Scheme Criteria
2. Vehicle Eligibility
 - 2.1 Vehicles that do not require a permit
 - 2.2 Vehicles that do require a permit
 - 2.3 Vehicles not eligible for a permit
3. Application Process
 - 3.1 Vehicle documentation required on application
 - 3.2 Trailer documentation required on application
4. Permit Holder Access
5. Withdrawal from the vehicle permit scheme
6. One-off permit
7. Temporary permit
8. Abuse of the vehicle permit scheme

1. Flintshire Vehicle Permit Scheme

Flintshire County Council currently manages and operates five Household Recycling Centres (HRCs) for Flintshire residents to recycle or reuse household items that cannot be collected by the kerbside collections vehicles. The centres are situated at the following locations across the County:

- Greenfield
- Sandycroft
- Mold
- Buckley
- Rockliffe (Oakenholt)

The HRCs are solely for the disposal of small scale household waste from domestic properties. Commercial and/or business waste is not accepted in line with the conditions of the Environmental Permit.

To control access and manage the waste volumes being delivered to a HRC, the Council operates a vehicle permit scheme.

This policy sets out the parameters of the vehicle permit scheme.

1.1 Vehicle Permit Scheme Criteria

- A full permit is issued on a rolling twelve-month basis
- Twelve visits are permitted every twelve months - a householder can choose when to use the permits e.g. all in one month or spread over the year.
- A complete application must be resubmitted following the permit expiry
- Only one permit to be issued per residential address
- Trailers **will not** be allowed access if towed by a vehicle requiring a permit (E.g. van)
- Sign written vehicles **are not** eligible for a full* 12-month permit (this includes vehicles with business signage, logos or other advertising) (**please refer to section 6 and 7*)
- Vehicles registered to a business **are not** eligible for a full* 12-month permit (**please refer to section 6 and 7*)
- Domestic vehicles **are not** eligible for a full* 12-month permit if linked to businesses e.g. highlighted through business signage, logos or other advertising. (**please refer to section 6 and 7*)
- The vehicle/owner must **not be** a registered waste carrier with either Natural Resources Wales or Environment Agency (England)

2. Vehicle Eligibility

The type of vehicle will dictate whether a permit is required.

2.1 Vehicles that do not require a permit

- Small car
- Standard car
- Large family car

- Sports Utility vehicles (SUV)
- 4x4 vehicles (also known as All-Wheel drive)
- Motorbike

2.2 Vehicles that do require a permit

- Pick up (two and four seats) i.e. a small vehicle with an open/closed part at the back in which goods can be carried
- Car derived van
- Small van
- Medium van (standard or low roof elevation below 7ft or 2.14 metres)
- Single axle trailers up to 6 foot (1.83 metres) in length
- Twin axle trailers up to 6 foot (1.83 metres) in length
- Minibus (with internal fixtures intact)
- Camper vans and motor homes (with internal fixtures intact and below 7ft or 2.14 metres)

2.3 Vehicles that are not eligible for a permit

- Large box van (Luton type)
- Large goods vehicles (LGVs)
- Heavy goods vehicles (HGVs)
- Tipper vehicles
- Flatbed vehicles
- Large vans (XLWB; LWB)
- Vans with high roof elevations (over 7ft / or 2.14 metres)
- Trailers longer than 6 feet (1.83 metres) in length
- Caged trailers / boxed trailers / trailers with extended side panels / modified trailers
- Trailers with access ramps
- Minibus (with internal fixtures removed)
- Camper vans and motor homes (with internal fixtures removed)
- Agricultural vehicles
- Horse boxes / trailers

3. Application process

Householders paying standard council tax in Flintshire will be entitled to apply for permits by fully completing an application form. Permits will only be issued to Flintshire households. (Only households in Flintshire paying standard Council Tax are entitled to use the Council's Household Recycling Centres).

All applications for a vehicle permit will be made via the online e-form available on the Council's Website.

On application, all required documentation must be submitted so that an assessment of eligibility can be made.

Householders will be required to provide the following information:

- Name of applicant
- Address
- Telephone number
- Vehicle registration number
- Vehicle make and colour
- Type of Vehicle: as specified in Section 2.2
- Confirmation of acceptance of Terms and Conditions of the permitting scheme

For applicants who repeatedly do not provide the required documentation their application will be refused and they will not be eligible to re-apply for a period of six months.

A resident will be allowed one appeal should a vehicle permit be refused. To lodge an appeal the resident must complete the relevant e-form on the Council's website clearly stating the grounds for appeal.

Terms and Conditions apply and can be viewed on the Council's website along with the privacy notice.

3.1 Vehicle documentation required on application

- Completed e-form
- Full vehicle log book / A copy of the V5 Vehicle Registration document
- Driving licence
- 2 x utility bills / council tax bill to prove you live within the County of Flintshire (current and within the last 12 months)
- Photos of the vehicle for which the permit is requested:
 - Rear of vehicle showing number plate (doors closed)
 - Rear interior view from rear doors
 - Front view showing number plate
 - Side view (both sides)

3.2 Trailer documentation required on application:

- Complete e-form
- Full vehicle log book / A copy of the V5 Vehicle Registration document
- Trailer dimensions
- Driving licence
- 2 x utility bills / council tax bill to prove you live within the County of Flintshire (current and within the last 12 months)
- Photos of trailer for which the permit is requested clearly showing:
 - Rear of trailer showing number plate
 - Side view showing full length and height.

4 Permit Holder Access

To better control access to HRCs and prevent abuse of the permit scheme, permits will be issued to a designated HRC site. The permits will be issued for the site in closest proximity to the resident's property or, where a valid business case is presented, for the resident's site choice.

This will assist in the control of larger more complex vehicles at each site meaning that one site is not overwhelmed with permitted vehicles.

Permits will only be issued to individual addresses once per annum.

Vehicles cannot be issued permits against multiple addresses.

A permit is only valid for the vehicle described on the permit

If a householder changes their address or vehicle they must notify the Council before reapplying with new details. Amended permits will invalidate the old permit.

5. Withdrawing from the vehicle permit scheme

Residents can withdraw from the vehicle permit scheme at any time by returning their permit to the following address with a covering letter explaining their wish to cancel:

**Flintshire County Council
Alltami Depot, Mold Road, Alltami, Flintshire CH7 6LG**

Should unused permits not be handed back, the Council will treat this situation the same as if a householder has lost the permits.

6. One-Off Permit

For those vehicles that do not conform to the vehicle eligibility criteria, such as a vehicle registered to a business, whose owner(s) require to use their vehicle/trailer to dispose of larger, bulky items, then a one-off permit can be issued if it is clearly demonstrated that the waste being disposed of is not related to the business or activity of the business to which the vehicle is registered or used e.g. a vehicle registered to a plumber wanting to dispose of household garden waste.

To obtain a one-off permit, an application must be made in advance of the visit via the specified e-form on the Council's website so that an assessment can be made and a permit issued.

The vehicle type for the application of a one-off permit must conform to one of the vehicle types stated in Section 2.2.

A one-off permit may be issued a maximum of two times in a twelve-month period.

7. Temporary Permit

a) Using a Hired Vehicle to remove household waste

A temporary permit can be issued to a Flintshire resident who hires a vehicle to remove their own household waste.

To obtain a temporary permit an application must be made in advance of the visit via the specified e-form on the Council's website so that an assessment can be made and a permit issued.

The householder will be required to provide the vehicle hire agreement to demonstrate that the vehicle is on hire.

b) Borrowing or using a workplace or company van and commercial type vehicle

Householders from Flintshire may use their employer's van or commercial type vehicles (subject to the vehicle complying with the type and size restrictions detailed in Section 2.2) to deposit their own household waste at Household Recycling Centres subject to a maximum of 2 Single Use Van Permits per year.

However, the householder will require a letter from the owner (or their representative) on company notepaper giving permission to the applicant to use the vehicle to move their own domestic waste, which will be used in place of the Vehicle Registration Document V5 for verification purposes (proof of residency in Flintshire will still be required by the householder).

The vehicle type for the application of a one-off permit will be required to conform to one of the vehicle types stated in Section 2.2. If the vehicle does not meet the vehicle sizing or type requirements it will not be allowed access onto the HRC site.

A temporary permit will be issued a maximum of one time in a twelve month period and will allow for three visits over a seven day period.

8. Abuse of the vehicle permit scheme

Flintshire County Council reserves the right to terminate all concessions afforded by the permit scheme if the permit holder is in contravention of any stipulations contained within this policy and the Terms and Conditions of use.

Abuse, aggressive behaviour or threats to members of staff or other residents will not be tolerated and may result in a permit either being revoked with immediate effect or the permit holder being excluded from access to Flintshire County Council HRCs.

HRC staff members are authorised and permitted to confiscate a permit should certain circumstances make this necessary, for example:

- Abuse, aggressive behaviour or threats towards site staff or other residents.
- Not adhering to site rules including breach of site safety rules, speeding restrictions, staff directives.
- Permits defaced, altered or with illegible details are invalid.
- Not declaring hazardous waste within a load.

- Depositing non-conforming or waste types that are not permitted on site.

Permits issued apply to a vehicle at a specific Flintshire address and not the waste, therefore, even with a permit the site staff at HRCs are still able to turn away anybody suspected of bringing in waste of a commercial nature.

Lost or Damaged Permits

If any permits are lost or damaged the householders should contact the Council to report the loss or damage.

The Council will monitor visits to HRC sites to prevent and control duplicated requests for replacement of lost or stolen permits, that is, householders that continue to use the supposedly lost permits, after receiving new ones.

The Council will monitor visits to identify any permits that have been copied or faked.

The Council will have the right to reject any person from a HRC site if it suspects that the person has contravened any of the conditions highlighted within this Policy.

Householders who turn up at a Household Recycling Centre site without a permit for their van or small commercial-type vehicle will be turned away.

Any person bringing trade waste to site with or without a permit will be reported to Natural Resources Wales.

This Policy supersedes the Household Waste Collection and Household Recycling Centre Operations Policy 2017, Sections 12.7 to 12.13



Flintshire County Council

**HOUSEHOLD WASTE COLLECTION
and
HOUSEHOLD RECYCLING CENTRE
OPERATIONS
POLICY**

June 2017



POLICY FOR HOUSEHOLD WASTE COLLECTION

1.0 Legislation

1.1 Under the terms of the Environmental Protection Act, 1990, Flintshire County Council (the “Council”) is classed as a Waste Collection and Disposal Authority, and as such has a statutory duty to collect household waste from all domestic properties in the County. Under Section 46(4) of the Act, the Council has specific powers to stipulate:

- The size and type of the collection receptacle(s);
- Where the receptacle(s) must be placed for the purpose of collecting and emptying;
- The waste types which may or may not be placed within each of the receptacle(s).

1.2 In addition Section 51 sets out the authorities statutory duty as a waste disposal authority. In that;

- It shall be the duty of each waste disposal authority to arrange—
 - (a)for the disposal of the controlled waste collected in its area by the waste collection authorities; and
 - (b)for places to be provided at which persons resident in its area may deposit their household waste and for the disposal of waste so deposited;

1.3 This policy sets out the Council’s collection and disposal arrangements for householders in the authority and also the householder’s duty all in accordance with the above legislation.

2.0 Household Waste Collection Eligibility

2.1 Each household in Flintshire registered on the Council Tax Register will be entitled to receive a waste collection service.

2.2 Places of religious worship, registered charities and community halls (where no business activity takes place for profit) may be entitled to the same standard of waste collection service offered to householders.

3.0 Collection Frequency

3.1 The Council operates a Managed Weekly Collection (MWC) service offering the following:

- A weekly collection of all recyclable material which should be cleaned and separated by the residents. This includes – Glass, Mixed plastics, Card/Paper and Tin cans
- A weekly collection of food waste
- A fortnightly collection of a general domestic wheeled bin
Alternating with:
- A fortnightly collection of wheeled bin for garden waste.

4.0 Containers for the Storage of Waste Materials

- 4.1 Where operationally possible all households are included in the MWC service and these properties will receive curtilage collections. However in some locations specific collection points have been identified by the Council and in some locations (particularly flats) local collections will be provided from communal wheeled bin(s) which are provided for the purpose of storing waste materials prior to collection.
- 4.2 All containers supplied to householders for the purpose of the waste/recycling collection service shall remain in the ownership of the Council. When householders move home they will be required to leave all wheeled bins and recycling boxes at the property for the new occupant to use. The only exemptions are additional garden waste bins (Brown Bins) that have been purchased by the householder from the Council.
- 4.3 Householders are responsible for the storage, safe keeping and cleaning of waste containers provided by the Council.

Non recyclable waste containers

Each householder shall be provided with the following containers free of charge in which to store and present their waste non-recyclable waste

- 1 180L black wheeled bin for non-recyclable waste. Only waste produced by a household on a normal day to day basis should be placed in this wheeled bin (i.e. it should not contain non-standard items such as bulky waste, commercial waste or recyclable waste).
- 4.4 Where a household has 6 or more permanent occupants, they may make a request for a larger, 240 litre wheeled bin for the storage of non-recyclable waste. This service shall be subject to annual review and the 240 litre wheeled bin will be exchanged for a standard 180 litre wheeled bin once the number of permanent occupants reduces below 6.

Recyclable waste containers

Each householder shall be provided with the following containers free of charge in which to store and present their recyclable waste

- One blue recycling box for glass bottles and jars.
- One reusable weighted woven sack for mixed plastic bottles, tubs, pots and trays, tin cans and waxed cartons
- One blue reusable plastic sack for paper and cardboard.
- Additional sacks will be available on request.
- Recycling products placed in these receptacles should be rinsed and be free of the material originally stored in them.

- One kitchen caddy for the storage of food waste and a larger kerbside caddy for presentation at kerbside
- Householders will also be supplied with a roll of 52 biodegradable bags for food waste when they notify the collection crew by tying a bag to the handle of their kerbside caddy on collection day.

Garden waste containers

Each householder shall be provided with the following container free of charge in which to store their garden waste

- One 140L wheeled bin for green garden waste. If an additional bin is required please see paragraph 4.9

4.5 All containers supplied by the Council should only be used for the storage of items as prescribed by the Council. Failure to do so may result in the Council retrieving the container(s) from the households.

4.6 Households must separate their waste items into the appropriate containers as per the advice provided by the Council. If the householder fails to correctly segregate their waste materials into the prescribed containers as required, the waste **may not** be collected and this **shall not** be classed as a missed collection. Following such an incident the householder must place the waste items in the correct container which will then be collected at the next scheduled collection.

4.7 Any request to provide a new or replacement wheeled bin, recycling box/bag or food bags (e.g. due to damage or for a new property etc) shall be made by contacting the Streetscene service through the Streetscene Contact Centre (01352 701234) or through the Council's web-site.

4.8 Only wheeled bins will be delivered by the Council to the householder's property. All other items (bags/boxes etc) can be collected from a network of collection sites across the authority. A list of these sites can be found on the Council's website.

4.9 Where a household produces large quantities of green garden waste, they may purchase up to 2 additional 140 litre wheeled bins for the storage of this material. The charge for additional brown bins will be reviewed annually and details of current charges are available on the Council's Fees & Charges listing.

5.0 Collection Points

5.1 All wheeled bins, food containers and recycling boxes/bags must be placed on the drive or footway within one metre of the curtilage or boundary of the property and be easily accessible to the crews without the need to open gates etc. Where this is not possible the containers should be placed on the footway/verge outside the property, at a point causing minimal obstruction to the highway users. See paragraph 8.0 for residents registered as on the Council's assisted collection scheme.

- 5.2** The collection point for householders with long private drives will be the point where their drive meets the adopted highway.
- 5.3** Where possible collection vehicles will travel along un-adopted roads allowing residents to present their waste containers at the same point on their property as though the road were adopted (5.1).
- 5.4** This does not mean that the Council will maintain the road and should the road be deemed unsuitable for the vehicles involved and poses the risk of damage to the vehicle or if the owner of the road refuses to allow the vehicle to use the road, the residents will be required to bring their containers to the nearest adopted highway.
- 5.5** Where required, site specific arrangements will be made for collections at flats or properties with narrow or difficult access arrangements. These specific collection arrangements will be advised to the householder by the Council.
- 5.6** Wheeled bins and recycling containers will be returned to their point of origin by the collection crews immediately after collection with the lid of the container closed.
- 5.7** The householder must collect their wheeled bins/recycling boxes after they have been emptied and return them to within the boundary of their property on the day of collection. Containers must not be permanently stored on the public highway. See paragraph 7.4 regarding enforcement activity.
- 6.0 Collection Day and Time**
- 6.1** Wheeled bin and recycling collections, where operationally possible, will generally take place on the same day each week.
- 6.2** All wheeled bins, food bins and recycling containers should be presented for collection by 7.00 am on the day of collection and removed after collections have taken place (which could be up until 5pm). Containers may be placed at their collection point on the evening before collection however the Council will not accept liability for any injury or damage to third parties as a result of any incidents occurring with a container left on the public highway outside of these periods unless caused by the acts or omissions of its employees, contractors or agents.
- 6.3** It may be necessary for the Council to change collection days from time to time e.g. over the Christmas and New Year period and on some occasions the waste collection service will have to be suspended due to a service disruption (e.g. during heavy snow, fuel shortage etc). The Council will make every effort to minimise the level of disruption to householders during these periods and will try to rectify any missed collections as soon as the cause of the disruption comes to an end. Notification of changed collection days in these instances will be available on the Councils website and from the Councils Streetscene Contact Centre.

6.4 Where the Council is unable to collect any missed waste collections due to a service disruption, householders should retain their waste materials until the next scheduled collection when all of the material will be collected. The Council would encourage residents to use their nearest HRC for the disposal of all waste types in these instances.

7.0 Presentation

7.1 All waste must be presented in Council supplied containers to ensure its safe collection. Lids on wheeled bins must be shut when the waste is collected in order to ensure that the waste is properly contained and to protect the health and safety of the collection crews when handling the bin.

7.2 Any waste jammed in a wheeled bin that does not fall out following the normal mechanical emptying process on the waste collection vehicles will not be taken. In these cases householders will have to loosen the materials themselves ready for the next scheduled collection.

7.3 All non recyclable waste must be contained within the wheeled bin provided by the Council.

7.4 Side waste presentation and enforcement

7.6 Properties presenting side waste will be noted by the crews and advice stickers will be placed on the householders wheeled bin to advise them of the recycling services that the Council provides. The sticker will also advise them that if they continue to present side waste then the Council's environmental crime team will be informed and they may face prosecution under the powers listed in 1.1 of this policy if evidence can be found within the side waste that links the waste to the particular property.

8.0 Assisted Collections

8.1 Where, through frailty or incapacity, a householder cannot present their wheeled bin or recycling boxes at the curtilage, and subject to there being no other able bodied adult person living at the property, the householder may make a formal request to the Council for an Assisted Collection.

8.2 If an Assisted Collection is approved a suitable collection point on the property shall be agreed with the householder and collections will then take place from this point. All containers will be returned to the collection point by the waste teams once they have been emptied.

8.2 Assisted Collections will be restricted to those households who are in genuine need following approval of an application to the Council. The Council will review every individual case every two years.

9.0 Missed Wheeled bin and food caddy

9.1 If a wheeled bin or food waste caddy is placed out ready for collection at a collection point as specified in section 5 and on the correct collection day and time, and is not picked up by the Council, then this will be classed as a missed collection.

9.2 Where a genuine missed collection is reported the Council will endeavour to return and collect the wheeled bin or food caddy the following working day after receipt of notice.

9.3 Where it is proven that the householder has failed to place the bin out for collection at a collection point as specified in section 5 or on the designated day and time; the Council will not return for the collection and the resident will be required to place their waste for collection on the next collection date.

9.4 Missed collections can be reported through the Streetscene Contact Centre (01352 701234) or through the Councils web-site.

9.5 Missed recycling

9.6 Where a recycling container (box/bag) is not collected this can be reported as in 9.4. However, the Council will not return for a missed recycling collection and the householder will be expected to place the recycling out for collection on the next due collection day.

9.7 Alternatively, if the householder is unable to wait until the next collection then the recycling can be taken to one of the Council's HRC's to be recycled.

10.0 Clinical Household Waste Collection

10.1 The Council provides a collection service for clinical household waste from householders upon request from the relevant Health Care provider, via a prescribed application form.

10.2 The Council shall provide a suitable container for the householder to store their clinical waste.

10.3 An agreed collection point, day of collection, frequency of collection and any other specific instructions regarding this service, will be agreed between the Council and the householder.

11.0 Bulky Household Waste Collection

11.1 The Council provides a bulky waste collection services for householders. This is a chargeable service for 1 to 5 items (or up to 10 bin bags). Extra items, up to a maximum of 5, are also collected at an additional charge.

- 11.2** The cost for each of these services will be shown in the Council's Fees & Charges listing which is reviewed each year. Domestic Fridges and Freezers are collected free of charge.
- 11.3** A subsidy to the standard charges is applied to householders in receipt of Income Support, Unemployment Benefit, Disability Living Allowance, State Pension or Guaranteed Pension Credits. Proof of benefit will be required.
- 11.4** Typical examples of bulky waste that will be accepted include the following - mattress's, bed frames, chairs, tables, TV's, carpets, hi-fi's, cupboards, standard cookers, sideboards, lamps, children's toys, computers, bookcases etc. A three piece suite will count as three items.
- 11.5** Home Improvements including kitchen/bathroom renewals, fitted wardrobes and any soils & rubble from landscaping works **will not be collected** as part of a bulky waste collection and households should make the appropriate arrangements with their contractor to ensure they comply with their own duty of care for the safe disposal of the material.
- 11.6** No commercial or industrial waste will be collected.
- 11.7** The Council reserves the right to refuse the collection of any waste items that may cause harm or that may put at risk the health and safety of waste collection staff.
- 11.8** Bulky collection can be requested through the Streetscene Contact Centre or through the Councils web-site where a collection appointment with the householder will be made.

12 Household Recycling Centres (HRC's)

- 12.1** Flintshire County Council currently manages and operates 6 HRC sites for Flintshire residents to recycle/reuse household items that cannot be collected by the kerbside collections vehicles. They are situated at the following locations across the County:
- Greenfield (7 day opening)
 - Sandycroft (7 day opening)
 - Mold (7 day opening)
 - Buckley (7 day opening)
 - Connahs Quay (3 day opening only)
 - Flint (3 day opening only)
- 12.2** The number of HRC sites will reduce to 5 during in the Summer of 2017 when a new site situated in Oakenholt will open to serve the towns of Flint and Connahs Quay. The existing sites in these towns will close on the opening of Oakenholt.
- 12.3** The opening hours for the facilities will be as follows:

Summer(April to September)	Open	10.00hours
	Close	18.00 hours
Winter(October to March)	Open	09.00 hours
	Close	17.00 hours

12.6 Trade or commercial waste will not be accepted at any of the Council's HRC's.

12.7 Resident Van Permits Scheme

12.8 The Council operates a resident van permit scheme for Flintshire residents only. The permit allows a total of 12 visits per annum and residents owning the following vehicles must be in possession of a permit to dispose of their waste at HRC sites:

- Pick up & Crew cab
- Minibus (no internal modifications)
- Camper van & mobile home (no internal modifications)
- Trailers greater in size than 6' x 4'

The following vehicles will **not** be permitted to use the Council's HRC sites:

- Large box vans
- Tipper vehicles
- Horse boxes
- LGV'S
- Sign written vans
- Vans towing trailers

12.9 The Criteria for residents to obtain a van permits is as follows:

- The vehicle must be registered to the resident, not a business or other organisation.
- The vehicle must be registered to an address in Flintshire.
- The vehicle must not be sign-written or display advertising.

12.10 If the resident cannot satisfy the above conditions, they will not be issued with a van permit.

12.11 Permit holders proven to be tipping trade waste will have their permit revoked.

12.12 Hired Van 'One Off' Permits

12.13 If the van is hired or borrowed and taking household waste to a Flintshire County Council HRC a "one off" permit will be required. 'One Off' permits

will be issued at the HRC sites and are subject to a maximum of 3 visits. Residents will need to provide proof of Flintshire residency and any hire documents in the event that the vehicle is hired. Sign written borrowed vehicles are not permitted.

13 The Councils 'Bring Sites'

13.1 In addition to the HRC sites the Council also operates a number of strategically placed Bring Sites across the County. Since the introduction of the Council's MWC in 2012 the waste and recycling collected through these sites has significantly reduced.

13.2 In future bring sites will only provide banks for materials that cannot be collected by the kerbside services such as textiles, shoes etc.

13.3 The latest list of sites can be found on the Council's website:

Appendix 2 - The proposed Household Recycling Centre booking system criteria:

Asbestos

- Online booking to be completed by resident
- A restriction on the size of waste coming in e.g. accepted only if the waste fits in to the red bag provided.
- A restriction on the amount of waste coming in e.g. 5 red bags full
- A restriction on the number of visits e.g. once per year
- Retain asbestos skips at both Greenfield and Buckley HRC as at present, which would provide resilience for instances when skips are full/damaged
- If being brought in a van/trailer then the driver must have a valid permit to book
- Advice to be given on correct method of disposal if not accepted on site e.g. large sheets of asbestos
- Information to be provided on FCC website on correct disposal if not eligible to use the HRC booking system
- Restrict number of time slots available per day e.g. 2 hr slots
- Allow disposal during weekdays only.

Mattresses

- Online booking to be completed by resident
- Restriction on the amount of waste coming in e.g. 1 mattress per visit
- Restriction on the number of visits e.g. twice per year
- Allow disposal at all HRCs, not restricting to closest site due to container availability
- Review storage capacity at all HRCs to ensure consistent service provided
- If being brought in a van/trailer then the driver must have a valid permit to book
- Restrict number of time slots available per day e.g. 1 hr slots
- Allow seven days a week disposal

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CABINET

Date of Meeting	Tuesday, 18 th January 2022
Report Subject	Revenue Budget Monitoring 2021/22 (Month 8)
Cabinet Member	Cabinet Member for Finance, Social Value and Procurement
Report Author	Corporate Finance Manager
Type of Report	Operational

EXECUTIVE SUMMARY

This monthly report provides the latest detailed revenue budget monitoring position in 2021/22 for the Council Fund and Housing Revenue Account for the financial year and presents the position, based on actual income and expenditure, as at Month 8.

This report projects how the budget would stand at the close of the financial year without new actions to reduce cost pressures and/or improve the financial return on efficiency planning, and is as follows:

Council Fund

- An operating surplus of (£0.716m) (excluding the impact of the NJC pay award which will be met by reserves), which is a favourable movement of (£0.061m) from the surplus figure of (£0.655m) reported at Month 7.
- A projected contingency reserve balance as at 31st March, 2022 of £6.586m

Housing Revenue Account

- Net in-year revenue expenditure forecast to be £0.548m higher than budget
- A projected closing balance as at 31st March, 2022 of £3.924m

To assist with managing risks and maximising available resources, the review of non-essential spend and a vacancy management process continues.

RECOMMENDATIONS

1	To consider the report and the estimated financial impact on the 2021/22 budget.
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REPORT DETAILS

1.00	EXPLAINING THE REVENUE BUDGET MONITORING 2021/22																																						
1.01	<p>Council Fund Projected Position</p> <p>The projected year end position, without mitigation to reduce cost pressures and improve the yield on efficiency planning, is as follows:</p> <ul style="list-style-type: none"> • An operating surplus of (£0.716m) (excluding the impact of the NJC pay award which will be met by reserves) • A projected contingency reserve available balance as at 31 March 2022 of £6.586m. <p>To assist with managing risks and maximising available resources, the review of non-essential spend and a vacancy management process continues.</p> <p>Our ability to mitigate financial risks arising from the pandemic largely depends on the continuation of funds for hardship and income loss by Welsh Government which has previously been confirmed to March 2022, although does include some changes to eligibility criteria.</p>																																						
1.02	<p>Table 1. Projected Position by Portfolio</p> <p>The table below shows the projected position by portfolio:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Portfolio/Service Area</th> <th style="text-align: center;">Approved Budget £m</th> <th style="text-align: center;">Projected Outturn £m</th> <th style="text-align: center;">In-Year Over / (Under) spend £m</th> </tr> </thead> <tbody> <tr> <td>Social Services</td> <td style="text-align: right;">70.624</td> <td style="text-align: right;">70.813</td> <td style="text-align: right;">0.190</td> </tr> <tr> <td>Out of County Placements</td> <td style="text-align: right;">12.921</td> <td style="text-align: right;">13.834</td> <td style="text-align: right;">0.913</td> </tr> <tr> <td>Education & Youth</td> <td style="text-align: right;">9.030</td> <td style="text-align: right;">8.606</td> <td style="text-align: right;">(0.423)</td> </tr> <tr> <td>Schools</td> <td style="text-align: right;">101.937</td> <td style="text-align: right;">101.937</td> <td style="text-align: right;">0.000</td> </tr> <tr> <td>Streetscene & Transportation</td> <td style="text-align: right;">31.517</td> <td style="text-align: right;">32.321</td> <td style="text-align: right;">0.804</td> </tr> <tr> <td>Planning Env & Economy</td> <td style="text-align: right;">6.160</td> <td style="text-align: right;">5.863</td> <td style="text-align: right;">(0.298)</td> </tr> <tr> <td>People & Resources</td> <td style="text-align: right;">4.631</td> <td style="text-align: right;">4.377</td> <td style="text-align: right;">(0.253)</td> </tr> <tr> <td>Governance</td> <td style="text-align: right;">10.233</td> <td style="text-align: right;">9.558</td> <td style="text-align: right;">(0.675)</td> </tr> </tbody> </table>			Portfolio/Service Area	Approved Budget £m	Projected Outturn £m	In-Year Over / (Under) spend £m	Social Services	70.624	70.813	0.190	Out of County Placements	12.921	13.834	0.913	Education & Youth	9.030	8.606	(0.423)	Schools	101.937	101.937	0.000	Streetscene & Transportation	31.517	32.321	0.804	Planning Env & Economy	6.160	5.863	(0.298)	People & Resources	4.631	4.377	(0.253)	Governance	10.233	9.558	(0.675)
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	Strategic Programmes	4.648	4.613	(0.035)
	Housing & Assets	14.380	14.164	(0.216)
	Chief Executive	2.354	2.184	(0.170)
	Central & Corporate Finance	29.023	28.471	(0.552)
	Total	297.457	296.741	(0.716)

1.03	The reasons for the favourable net movement of (£0.061m) from the previous month are shown in Appendix 1. The reasons for the overall projected variances are summarised within Appendix 2 showing the detail of all variances over £0.050m and a summary of minor variances for each portfolio.
	Significant Movements from Month 7
1.04	<p>Out of County Placements £0.126m</p> <p>The adverse movement in the projected overspend relates to:</p> <p>Children's Services £0.098m – net impact of additional support requirements and a number of recent placement end date changes</p> <p>Education & Youth £0.028m – impact of new placements less additional recoupment income</p> <p>This position is net of the £0.150m funding from the Social Care Recovery Fund.</p>
1.05	<p>Streetscene & Transportation £0.184m</p> <p>There have been significant costs incurred in the region of £0.150m following Storm Arwen at the end of November for the clean-up and making safe of the highways network.</p> <p>An increase in seasonal overtime and agency costs totalling £0.026m with minor variances accounting for the remainder.</p>
1.06	<p>Housing & Assets £0.258m</p> <p>The projected underspend on centralised property costs (£0.286m) is now reported in Central & Corporate Finance as approved in the Revenue Budget Monitoring Report (Month 7).</p> <p>Minor variances across the Portfolio account for the remainder £0.028m</p>

1.07	<p>Planning Economy & Environment (£0.206m)</p> <p>The favourable movement follows the receipt of a large Planning Application fee (£0.200m), together with other minor variances across the Portfolio (£0.006m).</p>
1.08	<p>Central & Corporate Finance (£0.349m)</p> <p>The projected underspend has increased following the transfer of the centralised property costs variance (£0.286m) from Housing & Assets as detailed in the Month 7 Report. The variance at Month 8 has increased further by (£0.031m) to a total of (£0.317m) due to lower than anticipated rates and reduced usage.</p> <p>The remaining favourable movement relates to one off income from Matrix Rebates (£0.032m).</p>
1.09	<p>Tracking of In-Year Risks and Emerging Issues</p> <p>Members were made aware when setting the budget that there were a number of open risks that would need to be kept under close review. An update on these is provided below.</p>
1.10	<p>Council Tax Income</p> <p>Collection levels (up to month 8) are currently 0.58% ahead of collection levels in 2020/21, but 0.46% below the 2019/20 pre-pandemic level. These along with write off levels, continue to be tracked on a monthly basis.</p>
1.11	<p>Pay Award (Teacher and Non Teacher)</p> <p>Based on the UK Government position on public sector pay no general provision was included in the 2021/22 budget other than funding to reflect the intention to provide for those staff earning less than £0.024m.</p> <p><u>NJC (Green Book)</u> National negotiations are ongoing and the current offer by Employers of a 1.75% uplift would add a minimum further £0.261m to the pay bill for schools and £0.990m for non-schools. In the absence of any further funding being made available this will need to be met from the Contingency Reserve and built into the base budget from 2022/23.</p> <p><u>Teachers</u> The September 2021 national pay award for Teachers has now been confirmed at 1.75% which adds a further £0.737m to the pay bill for schools in 2021/22, with the full year impact in 2022/23 being £1.282m. The Minister for Education in announcing the pay award, also confirmed additional funding of £6.4m across Wales to support the cost of the pay award in schools. The Council's share of the allocation is £0.304m for schools and £0.019m for Post 16. This additional funding will fund the pay award in part and as in previous years the Council will share the shortfall in costs in 2021/22 of £0.414m equally with schools. In addition, centrally funded Teachers Pay totals £0.018m and the overall Council Fund commitment is now reflected in Appendix 4.</p>

1.12	<p>Council Tax Reduction Scheme</p> <p>Based on current demand, costs are currently projected to be within budget although the position continues to be monitored closely following recent changes to Universal Credit and the UK Government furlough scheme ending.</p>
1.13	<p>Social Care Grant Funding</p> <p>Welsh Government have made an additional funding announcement for Social Care and Health totalling £42.72m across Wales. The grant will support Children’s Services, Integrated Health and Social Care, unpaid carer direct payments, early intervention and prevention, along with improved advertising and recruitment for social care. This has increased the Social Care Recovery Fund 2021-22 allocation for the Council from £1.733m to £2.772m.</p>
1.14	<p>Storm Christoph residual costs</p> <p>Delays have been encountered from seeking necessary site permissions from Network Rail and Natural Resources Wales, to carry out essential drainage works as a result of Storm Christoph totalling in the region of £0.200m. The majority of the initial response costs relating to Storm Christoph were covered by WG Hardship Funding which have been claimed. However, the eligible period for that has now ended. Therefore, if following further discussion with WG, there is still no funding available for these additional costs, they will be required to be met from the drainage works budget.</p>
1.15	<p>Other Tracked Risks</p> <p>In addition, there are a number of risks being tracked that may be subject to change and these are summarised below:</p>
1.16	<p>Medium Term Financial Strategy (MTFS) Impact</p> <p>Stage 1 of the Budget Process 2022/23 was concluded in July and an additional budget requirement of £16.750m was reported to Cabinet and Corporate Resources Overview and Scrutiny Committee.</p> <p>Stage 2 of the budget process was undertaken through September and October with feedback from all Overview and Scrutiny Committees reported to Cabinet and this Committee in October. The additional budget requirement had risen to £18m at this time partly due to the announcement of increases to National Insurance employer contributions.</p> <p>Cabinet received a further update in December that the additional budget requirement had risen to £20.696m due to increased pressures mainly on pay, social care and the North Wales Fire and Rescue levy.</p> <p>Stage 3 will be undertaken following receipt of the Welsh Government Provisional Settlement which was received on 21st December (See separate report on the agenda)</p>

	<p>All Portfolios will continue to consider their financial position, the risks within their service and the impacts over the Medium Term on a monthly basis as part of their Portfolio Management Team meetings.</p>
1.17	<p>Out of County Placements</p> <p>There continues to be significant pressure on this volatile budget arising from the full year impacts of new placements made during 2020/21, including several new high cost placements which were agreed in March after the budget for 2021/22 had been set.</p> <p>A total contribution of £0.650m has now been made from the Social Care Recovery Fund which leaves a projected overspend of £0.913m for the remainder of the year. However, this is likely to increase with another 4 months of the year remaining.</p>
1.18	<p>Homelessness</p> <p>There is a risk that demands on the service will continue to increase with the impacts of removal of restrictions on landlords to seek repossessions.</p> <p>In addition, the economic impacts on residents in the rented sector and owner occupiers following the end of the furlough scheme continue to cause concern.</p> <p>There is additional support in place with strategic use of the increased Housing Support Grant funding, but this may still not be sufficient.</p>
1.19	<p>Achievement of Planned In-Year Efficiencies</p> <p>The 2021/22 budget contains £2.363m of specific efficiencies which are tracked and monitored throughout the year. In 2020/21 the level of efficiency achievement was 100% which was an improvement on the 90% achieved during the previous year. The Council aims to achieve a 95% rate in 2021/22 as reflected in the MTFS KPI's.</p> <p>The current assessment of the efficiencies to be achieved in 2021/22 shows that 100% of the efficiencies will be achieved. The risk remains that any under-achievement of efficiencies will have a negative impact on the 2021/22 budget. Further details on the current status of efficiencies can be seen in Appendix 3.</p>
1.20	<p>Emergency Funding</p> <p>The Local Government Hardship fund was initially allocated £206.6m to support local government for the first six months of 2021-22 in the Welsh Government Final Budget 2021-22. In addition £23.3m was allocated to support free school meals during the school holidays.</p> <p>A further £97.5m has subsequently been allocated until the end of the financial year based on spend patterns to date, any changes to policy approaches (for example tapering of social care uplifts and void payments) and the current alert level. In addition three new allocations to the fund have recently been confirmed - £38m for winter fuel support, £0.600m for</p>

	<p>Community hubs and £2m for homelessness support (Homelessness Prevention Fund). The £2m has been added to specifically provide a top up to the discretionary homelessness prevention funds currently utilised by the Council.</p> <p>The Principles and Guidance for the Hardship Fund were revised by WG from 1st October with changes impacting on eligibility for various service areas including schools costs and additional waste tonnages (reduced to 50%). Costs for additional cover where staff are off sick due to COVID or self-isolating and vehicle costs due to social distancing are all now eligible until the end of 2021/22. Any potential significant impacts of the changes will be reflected in future reports, although where able mitigating actions will be put in place.</p> <p>During 2021/22 to date, additional cost claims for April to November have totalled £6.941m and Quarter 1 and 2 Income Loss claims were £1.096m (which include claims for Aura, Newydd and Cambrian Aquatics).</p>
1.21	<p>Unearmarked Reserves</p> <p>The final level of Council Fund Contingency Reserve brought forward into 2021/22 was £5.973m as detailed in the 2020/21 outturn report. However, this increased to £6.444m when taking account of the budgeted contribution to Reserves in the 2021/22 budget. This is the amount available for general purposes following the set-aside of £3.0m for a COVID-19 Emergency Funding.</p> <p>However, there will be a requirement to meet the unfunded impacts of the pay awards from the Contingency Reserve as detailed in para 1.11 following the outcome of the national pay award negotiations.</p> <p>Taking into account the projected in-year position and previously agreed allocations the amount remaining within the Contingency Reserve is £6.586m (prior to the impact of NJC pay award) (Appendix 4).</p> <p>The £3m emergency ring-fenced fund would have an amount of £1.920m remaining after allowing for currently known ineligible items. However, there are still a number of holding items and income loss claims still being considered by the Grants Panel. In addition, the impacts of the grant eligibility criteria changing from the 1st October will also need to be factored in.</p>
1.22	<p>Housing Revenue Account</p> <p>The 2020/21 Outturn Report to Cabinet on 13 July 2021 showed an un-earmarked closing balance at the end of 2020/21 of £5.039m and a closing balance of earmarked reserves of £1.869m.</p>
1.23	<p>The 2021/22 budget for the HRA is £37.825m which includes a movement of £0.566m to reserves.</p>

1.24	The monitoring for the HRA is projecting in year expenditure to be £0.548m higher than budget and a closing un-earmarked balance as at 31 March 2022 of £3.924m, which at 10.28% of total expenditure satisfies the prudent approach of ensuring a minimum level of 3%. Appendix 5 provides further detail.
1.25	The budget contribution towards capital expenditure (CERA) is £13.442m.

2.00	RESOURCE IMPLICATIONS
2.01	As set out within the report.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	The Revenue Budget Monitoring Report reflects the three categories of risks covered in the main section of the report. These are in-year risks and emerging issues, achievement of planned in-year efficiencies and other tracked risks. These risks are included from paragraph 1.04 to 1.17.

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	None specific.

5.00	APPENDICES
5.01	Appendix 1: Council Fund – Movement in Variances from Month 7 Appendix 2: Council Fund – Budget Variances Appendix 3: Council Fund – Programme of Efficiencies Appendix 4: Council Fund – Movement on Un-earmarked Reserves Appendix 5: Housing Revenue Account Variances

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Various budget records.

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Dave Ledsham Strategic Finance Manager Telephone: 01352 704503 E-mail: dave.ledsham@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
	<p>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.</p> <p>Council Fund: the fund to which all the Council's revenue expenditure is charged.</p> <p>Financial Year: the period of twelve months commencing on 1 April.</p> <p>Housing Revenue Account: the Housing Revenue Account (HRA) is a local authority account showing current income and expenditure on housing services related to its own housing stock. The account is separate from the Council Fund and trading accounts and is funded primarily from rents and government subsidy.</p> <p>Intermediate Care Fund: Funding provided by Welsh Government to encourage integrated working between local authorities, health and housing.</p> <p>Projected Outturn: projection of the expenditure to the end of the financial year, made on the basis of actual expenditure incurred to date.</p> <p>Reserves: these are balances in hand that have accumulated over previous years and are held for defined (earmarked reserves) and general (general reserves) purposes. Councils are required to regularly review the level and purpose of their reserves and to take account of the advice of the Chief Finance Officer.</p> <p>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.</p> <p>Variance: difference between latest budget and actual income or expenditure. Can be to date if reflecting the current or most up to date position or projected, for example projected to the end of the month or financial year.</p> <p>Virement: the transfer of budget provision from one budget head to another. Virement decisions apply to both revenue and capital expenditure heads, and between expenditure and income, and may include transfers from contingency provisions. Virements may not however be approved between capital and revenue budget heads.</p>

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Budget Monitoring Report
Council Fund Variances

MONTH 8 - SUMMARY

Service	Movement between Periods (£m)	Narrative for Movement between Periods greater than £0.025m
Social Services		
Older People		
Resources & Regulated Services	-0.109	Welsh Government have allocated an additional £0.116m to Community Transformation Grant funding which is being used to support quicker discharges from hospital by utilising beds within one of the Councils residential care homes.
Impact of Covid-19	0.000	
Minor Variances	0.003	
Adults of Working Age		
Resources & Regulated Services	0.110	There is a care package required for a new service user, in addition the amounts expected from Direct Payment recoupments have reduced.
Minor Variances	-0.020	
Children's Services		
Family Placement	-0.077	There were some overpayments made earlier in the year which are now being recouped.
Legal & Third Party	0.040	Increased legal costs as a result of court activity
Professional Support	0.060	Recruitment challenges to senior Social Worker posts have led to some agency costs having to increase. An additional Childrens Support Assistant has been appointed.
Minor Variances	-0.008	
Safeguarding & Commissioning		
Finance /Deputyship	-0.031	The budget has been transferred from Charging Policy (£0.016m) and Business Support Service (£0.008m) to fund an urgently required post due to increased workloads.
Minor Variances	0.034	
Total Social Services (excl Out of County)	0.001	
Out of County		
Children's Services	0.098	Rate changes due to additional support requirements and a number of placement end date changes
Education & Youth	0.028	Net impact of new placements less additional recoupment income
Total Out of County	0.126	
Education & Youth		
Minor Variances	-0.004	
Total Education & Youth	-0.004	
Schools	-0.000	
Streetscene & Transportation		
Service Delivery	0.026	Increase in seasonal overtime and agency costs
Highways Network	0.173	Impact of Storm Arwen and associated clean up at the end of November
Other Minor Variances	-0.015	
Total Streetscene & Transportation	0.184	
Planning, Environment & Economy		
Development	-0.175	Favourable movement in Month 8 following receipt of a large planning application fee
Regeneration	-0.039	Minor movements across the Service, commitment challenge and higher than anticipated fee income levels in Markets
Minor Variances	0.008	
Total Planning & Environment	-0.206	
People & Resources		
HR & OD	-0.014	
Corporate Finance	-0.005	
Total People & Resources	-0.019	
Governance		
Revenues	-0.038	Minor increase to the anticipated potential surplus on the Council Tax Collection Fund (£0.010m); higher than anticipated fee income in Bailiffs (£0.028m)
Minor Variances	0.002	
Total Governance	-0.036	
Strategic Programmes		
Minor Variances	-0.004	
Total Strategic Programmes	-0.004	
Housing & Assets		
Benefits	0.028	Additional staffing costs not eligible for WG Hardship funding support
Housing Solutions	-0.062	Funding of Bed and Breakfast costs via the WG COVID-19 Hardship Fund
Impact of Covid-19	0.001	
Minor Variances	0.005	
Total Housing & Assets	-0.028	
Chief Executive's	-0.013	
Impact of Covid-19	-0.000	
Central & Corporate Finance	-0.032	Favourable movement due to an increase in 'one off' matrix rebates
Centralised Costs	-0.030	Further reduction in consumption levels
Impact of Covid-19	-0.000	
Grand Total	-0.061	

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Budget Monitoring Report
Council Fund Variances

MONTH 8 - SUMMARY

Service	Approved Budget (£m)	Projected Outturn (£m)	Annual Variance (£m)	Impact of Covid-19 (£m)	Last Month Variance (£m)	Cause of Major Variances greater than £0.050m	Action Required
Social Services							
Older People							
Localities	19.308	19.183	-0.125		-0.129	The net cost of residential care is reporting an overspend of £0.272m. This includes the cost of residential care placements net of the income received for this service, such as property charges and contributions from health. Day care is £0.029m under budget and will not resume until safe to do so. Domiciliary and Direct Payments are reporting an underspend of £0.206m. The Localities staff budget is underspent by £0.120m, significant recruitment and retention challenges mean that there are several temporary vacancies. The Minor Adaptations budget is £0.018m underspent based on current demand.	
Resources & Regulated Services	8.627	8.238	-0.389		-0.280	The Councils in-house care provision is projected to underspend by £0.421m. Day care is underspent by £0.010m, day centres are closed and will reopen once safe to do so. Homecare is £0.085m overspent, demand for the service is high but there are considerable challenges recruiting care staff. Residential care is expected to underspend by £0.421m. Extra care is underspend by £0.043m.	
Impact of Covid-19	0.000	0.000	0.000	0.000	0.000		
Minor Variances	1.235	1.203	-0.032		-0.030		
Adults of Working Age							
Resources & Regulated Services	26.880	27.209	0.329		0.219	The overspend is the cost of social care for people with learning disabilities or physical disabilities. These costs include nursing and residential care, domiciliary care Direct Payments which are required to meet their care needs.	
Professional and Administrative Support	0.329	0.250	-0.080		-0.076	Not all staff are currently paid at top of grade and there are also some staff seconded from this service.	
Residential Placements	1.791	2.149	0.358		0.380	The overspend is the cost of social care for people within the Mental Health service. These costs include nursing and residential care, domiciliary and Direct Payments.	
Minor Variances	3.974	3.857	-0.117		-0.123		
Children's Services							
Family Placement	2.700	2.750	0.050		0.127	The overspend is due to service demand from the number of foster payments. In some instances these avoid having to make expensive residential placements. The main pressures are payments to foster carers, foster agencies and special guardianship payments.	
Grants	0.268	0.205	-0.063		-0.063	Grant awards have allowed for some costs usually funded from revenue to be funded by grant instead.	

Budget Monitoring Report
Council Fund Variances

MONTH 8 - SUMMARY

Service	Approved Budget (£m)	Projected Outturn (£m)	Annual Variance (£m)	Impact of Covid-19 (£m)	Last Month Variance (£m)	Cause of Major Variances greater than £0.050m	Action Required
Legal & Third Party	0.210	0.547	0.336		0.296	Legal costs are overspent due to the number of cases going through the courts and use of some external legal professionals. Direct Payments have also increased in demand.	
Residential Placements	0.549	0.376	-0.174		-0.173	This is an in-year underspend associated with the opening of a registered Childrens Home within Flintshire, in-year grant funding from the Young People and Childrens Services Transformation Fund is being used to offset start-up costs.	
Professional Support	5.387	5.774	0.386		0.326	To support adequate levels of child protection, the established staffing structure needs to be at a sufficient level to meet mandatory safeguarding standards. Vacancies try to be minimised however current recruitment and retention challenges have meant vacancies are required to be covered in alternative ways.	
Minor Variances	0.843	0.867	0.024		0.031		
Safeguarding & Commissioning							
Impact of Covid-19	0.000	-0.300	-0.300	-0.300	-0.300	Welsh Government is providing financial assistance, through the hardship funding for the Councils in-house care services. Most additional costs incurred due to Covid are staff costs which are reported within their respective service areas.	
Minor Variances	-1.478	-1.493	-0.015		-0.016		
Total Social Services (excl Out of County)	70.624	70.813	0.190	-0.303	0.189		
Out of County							
Children's Services	8.417	9.352	0.935		0.838	The projected overspend reflects the costs of the current cohort of placements with the budget pressure being influenced by the full year impacts in 2021/22 of a number of new placements made in the second half of 2020/21. This has continued in 2021/22 with a further influx of new placements. The true pressure level has also been partly mitigated by an allocation of £0.650m of one-off grant income from the Welsh Government Social Care Recovery Fund.	
Education & Youth	4.504	4.481	-0.023		-0.051		
Total Out of County	12.921	13.834	0.913	0.000	0.787		
Education & Youth							
Inclusion & Progression	4.462	4.394	-0.068		-0.067	Reduction in underspend at Month 7 due to the current pressures within the EHE service. If demand continues to increase, some of the £0.060m in-year savings offered will need to be used to fund the demand.	
Integrated Youth Provision	1.018	1.018	0.000		-0.101	Due to savings on building cleaning charges at Youth Centres which have been closed due to the COVID-19 pandemic	

Budget Monitoring Report
Council Fund Variances

MONTH 8 - SUMMARY

Service	Approved Budget (£m)	Projected Outturn (£m)	Annual Variance (£m)	Impact of Covid-19 (£m)	Last Month Variance (£m)	Cause of Major Variances greater than £0.050m	Action Required
School Improvement Systems	1.823	1.645	-0.179		-0.183	The underspend of £0.035m in School Improvement is as a result of maximising all grants. The underspend in Early Entitlement includes the maximisation of the EYPDG by allocating existing staff against the grant - £18,500. An efficiency of £0.100m has been identified in relation to WG top-up funding for non-maintained settings, releasing core budget of £0.095m and setting resources mitigated by using EYPDG/RRRS £0.005m. A £0.050m contingency remains within the budget to cover any increased Spring Term 2022 costs.	
Minor Variances	1.726	1.549	-0.177		-0.068		
Total Education & Youth	9.030	8.606	-0.423	0.000	-0.420		
Schools	101.937	101.937	-0.000		0.000		
Streetscene & Transportation							
Service Delivery	8.696	8.845	0.149		0.123	The service has a recurring revenue pressure of £0.050m for security costs following vandalism at the Household Recycling Centres. Plant hire and repairs incurring additional costs of £0.050m, which is attributable to ageing plant and equipment. Street lighting is also incurring a £0.120m revenue pressure on the Community Council Income Budget. However, this has largely been offset by workforce agency costs, which have been recovered through Covid hardship funding claims.	
Highways Network	7.899	8.166	0.267		0.094	Highways service area incurred overspend in excess of £0.050m in staff costs relating to flooding and drainage costs. There are also cumulative minor variances totalling £0.037m across the service, including some additional staff recharges. Fuel costs of £0.032m continue to rise above projections. Impact of Storm Arwen at the end of November and subsequent clean up costs totalling £0.150m.	
Transportation	9.750	9.802	0.052		0.063	Local bus services incurred a revenue pressure of: £0.100m as a result of the Service 5 reprocurement and £0.100m implementation of the Deeside Shuttle Bus Service at the new DIP Park and Ride. Also, additional costs incurred of £0.100m in School Transport due to 5 emergency routes at Maes Hyfryd and 4 new PRU routes. Overspend also from the increased number of school days, 7 days as opposed to budgeted 5 additional school days. The total additional costs have been largely offset by a projected underspend in Social Services Transport as not all services have returned to full operation following the pandemic. However, this underspend could significantly reduce once services start to resume.	

Budget Monitoring Report
Council Fund Variances

MONTH 8 - SUMMARY

Service	Approved Budget (£m)	Projected Outturn (£m)	Annual Variance (£m)	Impact of Covid-19 (£m)	Last Month Variance (£m)	Cause of Major Variances greater than £0.050m	Action Required
Regulatory Services	5.173	5.179	0.007		0.024	Car parking income currently reflects a loss of £0.235m, through maximising eligible funding from the WG Income Loss fund. The service has also incurred savings in recruitment and maintenance costs of parking machines. The overall overspend has been largely offset by favourable market rates for the sale of recyclable materials, but the markets remain volatile.	
Impact of Covid-19	0.000	0.326	0.326	0.326	0.315	Service Delivery has a recurring revenue pressure of £0.050m for additional cleaning and maintenance costs in Alltami depot as a result of the pandemic. Waste operations are showing additional costs of £0.090m in receptacles due to higher demand in waste collections as an effect of people working from home. This service area is also experiencing additional an revenue pressure of £0.090m in plant hire, maintenance and repairs. Additional costs of £0.090m incurred in contractors spend and Traffic Management, as the service was unable to provide the required training and has also faced recruitment delays during the Covid-19 Pandemic.	Maximise WG Hardship Funding opportunities
Other Minor Variances	0.000	0.004	0.004		0.000		
Total Streetscene & Transportation	31.517	32.322	0.804	0.326	0.620		
Planning, Environment & Economy							
Community	0.878	0.970	0.091		0.113	Adverse variance due to the shortfall in Fee Income in both Licensing and Pest Control Services	
Development	0.019	-0.200	-0.219		-0.045	Favourable variance at Month 8 following a receipt of a large one-off Planning Fee and higher than anticipated fee income in Land Charges.	
Regeneration	0.721	0.664	-0.056		-0.017	Favourable variance due to commitment challenge across the Service and higher than anticipated fee income for Markets	
Management & Strategy	1.311	1.172	-0.139		-0.130	Staff savings due to vacant posts	
Impact of Covid-19	0.000	0.000	0.000	0.143	-0.000		
Minor Variances	3.232	3.257	0.025		-0.013		
Total Planning & Environment	6.160	5.863	-0.298	0.143	-0.092		
People & Resources							
HR & OD	2.465	2.300	-0.164	0.013	-0.151	Favourable variance is due to the projected income from the agreed recharge for overheads claimed for the Test, Trace, Protect Project for hosting the service on behalf of the region to March, 2022.	
Corporate Finance	2.166	2.077	-0.089		-0.083	Staff savings due to vacant posts	
Impact of Covid-19	0.000	0.000	0.000	0.000	0.000		
Total People & Resources	4.631	4.377	-0.253	0.013	-0.234		

Budget Monitoring Report
Council Fund Variances

MONTH 8 - SUMMARY

Service	Approved Budget (£m)	Projected Outturn (£m)	Annual Variance (£m)	Impact of Covid-19 (£m)	Last Month Variance (£m)	Cause of Major Variances greater than £0.050m	Action Required
Governance							
Democratic Services	2.125	2.046	-0.079	0.003	-0.084	The majority of the variance relates to the reduced take up of Members Allowances and savings from travel expenses due to remote meetings, together with commitment challenge across the service.	
Customer Services	1.030	0.940	-0.090	0.009	-0.088	Favourable variance is due to higher than anticipated fee income levels resulting from the resumption of Ceremonies following the relaxation of COVID restrictions.	Impact of any new COVID restrictions will be monitored closely.
Revenues	0.475	0.067	-0.409		-0.371	Favourable variance is in the main, due to the projected potential surplus on the Council Tax Collection Fund (£0.0260m), Welsh Government Lockdown Admin Grant and minor variances across the service.	
Impact of Covid-19	0.000	0.000	0.000	0.028	0.000		
Minor Variances	6.603	6.505	-0.098		-0.096		
Total Governance	10.233	9.558	-0.675	0.040	-0.639		
Strategic Programmes							
Minor Variances	4.648	4.612	-0.035		-0.031		
Total Strategic Programmes	4.648	4.612	-0.035	0.000	-0.031		
Housing & Assets							
Caretaking & Security	0.262	0.200	-0.062		-0.062	Savings on staffing due to vacancies	
Industrial Units	-1.237	-1.467	-0.230		-0.230	Due to unbudgeted income from new lease at power generation site	
Benefits	12.850	12.909	0.058		0.030	Net pressure within the overall service due to bad debts re. overpayments not being fully offset by savings elsewhere within the service including additional staffing costs which are being supported by the WG COVID-19 Hardship fund	
Housing Solutions	1.049	0.963	-0.086		-0.024	Underspend on Bed and Breakfast costs due to demand pressures in this area currently being funded by the WG COVID-19 Hardship fund	
Impact of Covid-19	0.000	0.001	0.001	0.001	0.000		
Minor Variances	1.455	1.557	0.102		0.097	Cumulative minor variances across the portfolio	
Total Housing & Assets	14.380	14.164	-0.216	0.001	-0.188		
Chief Executive's	2.354	2.184	-0.170		-0.157	Staff savings due to vacant posts	
Impact of Covid-19	0.000	-0.000	-0.000	-0.000	-0.000		
Central & Corporate Finance	26.241	26.006	-0.235		-0.203	Over recovery of planned pension contributions recoupment against actuarial projections based on the current level of contributions received during the year. Projected outturn on Matrix Rebates and inflation pressures anticipated but not required to date.	

Budget Monitoring Report
Council Fund Variances

MONTH 8 - SUMMARY

Service	Approved Budget (£m)	Projected Outturn (£m)	Annual Variance (£m)	Impact of Covid-19 (£m)	Last Month Variance (£m)	Cause of Major Variances greater than £0.050m	Action Required
Centralised Costs	2.783	2.466	-0.317		-0.286	Favourable variance due to the fixed electricity rate being set lower than current market levels and an overall reduction in consumption levels	
Impact of Covid-19	0.000	-0.000	-0.000	-0.000	0.000		
Grand Total	297.457	296.741	-0.716	0.220	-0.655		

2021/22 Efficiencies Outturn Tracker - M8

Efficiency Description	Accountable Officer	Efficiency Target	Projected Efficiency	(Under)/Over Achievement	Efficiency Open/Closed (O/C)	Confidence in Achievement of Efficiency Based on (see below) R = High Assumption A = Medium Assumption G = Figures Confirmed
		2021/22 £m	2021/22 £m	2021/22 £m		
Portfolio						
Corporate						
Employer Pension Contributions	Reduced requirement due to recovery	Rachel Parry Jones	0.300	0.300	0.000	C G
Workforce - Vacant Post	Reduction of Post	Rachel Parry Jones	0.030	0.030	0.000	C G
Remote Working Impacts	Reduced Operating Costs	Rachel Parry Jones	0.070	0.070	0.000	C G
Remote Working Impacts	Reduced Travel	All	0.200	0.200	0.000	C G
Price Inflation	Removal of Price Inflation	Rachel Parry Jones	0.113	0.113	0.000	C G
Total Corporate Services			0.713	0.713	0.000	
Housing & Assets						
Property Savings (inc Demolition of Phases 3&4; utility savings)		Neal Cockerton	0.450	0.450	0.000	C G
NDR Inflationary Savings		Neal Cockerton	0.120	0.120	0.000	C G
Climate Change Levy		Neal Cockerton	0.295	0.295	0.000	C G
Total Housing & Assets			0.865	0.865	0.000	
Social Services						
Vacancy Management Saving	Appropriate Vacancy Management	Neil Ayling	0.030	0.030	0.000	O G
Strategic Use of Grant Funding	Core Funding Replacement Solution	Neil Ayling	0.060	0.060	0.000	O G
Social Care Workforce Grant		Neil Ayling	0.430	0.430	0.000	O G
Total Social Services			0.520	0.520	0.000	
Education & Youth						
Integrated Youth Provision	Youth Centres - Premises	Claire Homard	0.020	0.020	0.000	O G
Total Education & Youth			0.020	0.020	0.000	
Streetscene & Transportation						
Discretionary Transport Review - Post 16 Transport	Joint with Education	Katie Wilby	0.200	0.200	0.000	O A
Total Streetscene & Transportation			0.200	0.200	0.000	
Planning, Environment & Economy						
Planning Policy	Reduction of Post	Andy Roberts	0.045	0.045	0.000	C G
Total Planning, Environment & Economy			0.045	0.045	0.000	
Total 2021/22 Budget Efficiencies			2.363	2.363	0.000	

	%	£
Total 2021/22 Budget Efficiencies	100	2.363
Total Projected 2021/22 Budget Efficiencies Underachieved	0	0.000
Total Projected 2021/22 Budget Efficiencies Achieved	100	2.363
Total 2021/22 Budget Efficiencies (Less Previously agreed Decisions)		
Total Projected 2021/22 Budget Efficiencies Underachieved	0	0.000
Total Projected 2021/22 Budget Efficiencies Achieved	0	0.000

Corporate Efficiencies Remaining from Previous Years

Income Target Remaining	£m
Income Target Efficiency remaining from Previous Years	All Portfolios 0.051
Total Income Efficiency Remaining	0.051 (0.051)

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Movements on Council Fund U earmarked Reserves

	£m	£m
Total Reserves as at 1 April 2021	14.061	
Less - Base Level	(5.769)	
Total Reserves above base level available for delegation to Cabinet		8.292
Add - Transfer to Reserve Budget 2021/22		0.471
Add - Transfer from Earmarked Reserves (approved Month 5)		0.585
Less - COVID-19 Emergency Funding Allocation*		(2.317)
Less - Investment in Change (approved Month 2)		0.400
Less - Severe Weather (approved Month 2)		0.250
Less - Organisational Capacity Estimate (approved month 5)		0.103
Less - Childrens Services Social Work Costs (approved Month 5)		0.183
Less - Teachers Pay Award (after additional funding)		0.225
Add - Month 8 projected outturn		(0.716)
Less - projected national pay award increase		
Total Contingency Reserve available for use		6.586

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Budget Monitoring Report
Housing Revenue Account Variances

MONTH 8 - SUMMARY

Service	Revised Budget (£m)	Projected Outturn (£m)	Variance (£m)	Last Month Variance (£m)	Cause of Major Variance	Action Required
Housing Revenue Account						
Income	(37.259)	(36.928)	0.331	0.355	Currently projecting a pressure of £0.331m due to loss of income in relation to vacant properties. Of this, £0.301m relates to void properties, £0.050m relates to the utilities charges on void properties and £0.074m relates to void garages. There is also a pressure of £0.084m relating to a projected reduction in rental income on new build properties which were included in the Business Plan. We are forecasting a reduction in the requirement to top up the Bad Debt Provision of £0.153m. Additional Affordable Housing Grant allocation of £0.053m. There are other minor variances of £0.028m.	
Capital Financing - Loan Charges	8.047	8.047				
Estate Management	1.931	1.928	(0.004)	(0.013)	Minor variances	
Landlord Service Costs	1.469	1.531	0.062	0.042	Additional cost in relation to agency staff £0.035m. Other minor variances £0.027m.	
Repairs & Maintenance	10.431	10.404	(0.026)	(0.027)		
Management & Support Services	2.658	2.841	0.183	0.182	Efficiency in respect of salary costs of (£0.053m). Additional cost of the IT project work £0.050m. Pressure in relation to insurance costs of £0.208m. Minor Variances (£0.022m).	
Capital Expenditure From Revenue (CERA)	13.442	13.442				
HRA Projects	(0.153)	(0.150)	0.003	0.001		
Contribution To / (From) Reserves	(0.566)	(0.566)				
Total Housing Revenue Account	(0.000)	0.548	0.548	0.539		

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CABINET

Date of Meeting	Tuesday 18 th January 2022
Report Subject	Treasury Management Mid-Year Report 2021/22
Cabinet Member	Cabinet Member for Finance, Social Value and Procurement
Report Author	Corporate Finance Manager
Type of Report	Operational

EXECUTIVE SUMMARY

This report presents the draft Treasury Management Mid-Year Report 2021/22 for approval and recommendation to Council.

RECOMMENDATIONS

1	Cabinet approves and recommends to Council the Treasury Management Mid-Year Report 2021/22.
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REPORT DETAILS

1.0	EXPLAINING THE MID YEAR REPORT
1.01	The Council has nominated the Governance and Audit Committee to be responsible for ensuring effective scrutiny of the treasury management strategy and policies. The Governance and Audit Committee has previously agreed to include treasury management as a standing item on each quarterly agenda to receive an update.
1.02	On 16 th February 2021, the Council approved the Treasury Management Strategy 2021/22, following the recommendation of the Cabinet and consideration by the Audit Committee.

	<u>Treasury Management Mid-Year Report 2021/22</u>
1.03	The draft Treasury Management Mid-Year Report for 2021/22 is attached as Appendix 1 for review. As required by the Council's Financial Procedure Rules, this review has been reported to Governance and Audit Committee on 17 th November 2021 and will be reported to Council on 25 th January 2022.
	<u>Summary of Key Points</u>
1.04	The economic recovery from the coronavirus pandemic continued to dominate the first half of the financial year. The Bank of England have maintained the base rate at 0.1% since March this year, and the potential use of negative interest rates has not been ruled out. In the light of recent meetings of the Monetary Policy Committee, the Council's treasury advisor Arlingclose expects the Bank Rate to rise slightly in the short-term but continue to remain relatively low in the longer-term.
1.05	One PWLB loan of £0.582m was taken out during the period and was on-lent to NEW Homes, the Council's wholly owned subsidiary, to fund the building of affordable homes in Flintshire. The Council continues to regularly review the position on its long-term borrowing requirement in conjunction with Arlingclose. Short term borrowing was undertaken as necessary in accordance with the 2021/22 borrowing strategy. The average interest rate for short-term borrowing undertaken in the period was 0.09%. Section 4 provides more information on borrowing and debt management during the period.
1.06	Interest rates on investments have been very low throughout the period, the average rate of return for the period being 0.013%. Section 5 of the report provides more information on the Council's investments.
1.07	The treasury function has operated fully within the limits detailed in the Treasury Management Strategy 2021/22.
1.08	<u>Treasury management advisory services – tender</u> In September 2021 Arlingclose Ltd were reappointed as the Council's advisors for a period of 3 years, following a competitive tendering exercise. This period can be extended a further 2 years as per the contract terms to September 2026.

2.00	RESOURCE IMPLICATIONS
2.01	Financial implications are addressed in the report; no other resource implications directly as a result of this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	Arlingclose Ltd, being the Council's treasury management advisors.

4.00	RISK MANAGEMENT
4.01	Risk Management directly addressed within the report and appendices including identification of risks and measures to mitigate likelihood and impact of risks identified.

5.00	APPENDICES
5.01	1. Draft Treasury Management Mid-Year Report 2021/22

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	<p>Authorised Limit: A statutory limit that sets the maximum level of external debt for the Council.</p> <p>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.</p> <p>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”.</p> <p>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.</p> <p>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.</p> <p>Capital Expenditure: Expenditure on the acquisition, creation or enhancement of capital assets.</p> <p>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.</p>

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.

Low Volatility Net Asset Value Money Market Funds (LVNAV MMFs): refers to highly liquid money market funds which aim to maintain the level of their worth by investing in very secure instruments.

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.

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): Government Body that sets the Bank Rate. Its primary target is to keep 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): In relation to the UK, it is the process used by the Bank of England to directly increase the quantity of money in the economy. It does not involve printing more banknotes. Instead, the Bank buys assets from private sector institutions – that could be insurance companies, pension funds, banks or non-financial firms – and credits the seller's bank account. So the seller has more money in their bank account, while their bank holds a corresponding claim against the Bank of England (known as reserves). The end result is more money out in the wider economy.

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.

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FLINTSHIRE COUNTY COUNCIL

DRAFT TREASURY MANAGEMENT

MID YEAR REPORT 2021/22

1.00 PURPOSE OF REPORT

- 1.01 To provide Members with a mid-year update on matters relating to the Council's Treasury Management function.

2.00 BACKGROUND

- 2.01 Treasury management comprises the management of the Council's 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.
- 2.02 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.
- 2.03 The Council's policy is to appoint external consultants to provide advice on its treasury management function. In September 2021 Arlingclose Ltd were reappointed as the Council's advisors for a period of 3 years, following a competitive tendering exercise. This period can be extended a further 2 years as per the contract terms to September 2026.
- 2.04 The Council has adopted the 2017 edition of the CIPFA Treasury Management in the Public Services: Code of Practice, which requires the Council to approve a treasury management strategy before the start of each financial year, a mid-year report, and an annual report after the end of each financial year.
- 2.05 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 and it came into force on 1st April 2020.
- 2.06 This report fulfils the Council's legal obligation under the Local Government Act 2003 to have regard to both the CIPFA Code and the WG Guidance.
- 2.07 The Council approved the 2021/22 Treasury Management Strategy at its meeting on 16th February 2021.

3.00 ECONOMIC & INTEREST RATE REVIEW APRIL – OCTOBER 2021.

Provided by Arlingclose Ltd, the Council's treasury management advisors.

Economic background: The economic recovery from coronavirus pandemic continued to dominate the first half of the financial year. By the end of the period over 48 million people in the UK had received their first dose of a COVID-19 vaccine and almost 45 million their second dose.

The Bank of England (BoE) held Bank Rate at 0.1% throughout the period and maintained its Quantitative Easing programme at £895 billion, unchanged since the November 2020 meeting. In its September 2021 policy announcement, the BoE noted it now expected the UK economy to grow at a slower pace than was predicted in August, as the pace of the global recovery had shown signs of slowing and there were concerns inflationary pressures may be more persistent. Within the announcement, Bank expectations for GDP growth for the third (calendar) quarter were revised down to 2.1% (from 2.9%), in part reflecting tighter supply conditions. The path of CPI inflation is now expected to rise slightly above 4% in the last three months of 2021, due to higher energy prices and core goods inflation. While the Monetary Policy Committee meeting ended with policy rates unchanged, the tone was more hawkish.

Government initiatives continued to support the economy over the quarter but came to an end on 30th September 2021, with businesses required to either take back the 1.6 million workers on the furlough scheme or make them redundant.

The latest labour market data showed that in the three months to July 2021 the unemployment rate fell to 4.6%. The employment rate increased, and economic activity rates decreased, suggesting an improving labour market picture. Latest data showed growth in average total pay (including bonuses) and regular pay (excluding bonuses) among employees was 8.3% and 6.3% respectively over the period. However, part of the robust growth figures is due to a base effect from a decline in average pay in the spring of last year associated with the furlough scheme.

Annual CPI inflation rose to 3.2% in August, exceeding expectations for 2.9%, with the largest upward contribution coming from restaurants and hotels. The Bank of England now expects inflation to exceed 4% by the end of the calendar year owing largely to developments in energy and goods prices. The Office of National Statistics' (ONS') preferred measure of CPIH which includes owner-occupied housing was 3.0% year/year, marginally higher than expectations for 2.7%.

The easing of restrictions boosted activity in the second quarter of calendar year, helping push GDP up by 5.5% q/q (final estimate vs 4.8% q/q initial estimate). Household consumption was the largest contributor. Within the sector breakdown production contributed 1.0% q/q, construction 3.8% q/q and services 6.5% q/q, taking all of these close to their pre-pandemic levels.

The US economy grew by 6.3% in Q1 2021 (Jan-Mar) and then by an even stronger

6.6% in Q2 as the recovery continued. The Federal Reserve maintained its main interest rate at between 0% and 0.25% over the period but in its most recent meeting made suggestion that monetary policy may start to be tightened soon.

The European Central Bank maintained its base rate at 0%, deposit rate at -0.5%, and asset purchase scheme at €1.85 trillion.

Financial markets: Monetary and fiscal stimulus together with rising economic growth and the ongoing vaccine rollout programmes continued to support equity markets over most of the period, albeit with a bumpy ride towards the end. The Dow Jones hit another record high while the UK-focused FTSE 250 index continued making gains over pre-pandemic levels. The more internationally focused FTSE 100 saw more modest gains over the period and remains below its pre-crisis peak. Inflation worries continued during the period. Declines in bond yields in the first quarter of the financial year suggested bond markets were expecting any general price increases to be less severe, or more transitory, than was previously thought. However, an increase in gas prices in the UK and EU, supply shortages and a dearth of HGV and lorry drivers with companies willing to pay more to secure their services, has caused problems for a range of industries and, in some instance, lead to higher prices.

The 5-year UK benchmark gilt yield began the financial year at 0.36% before declining to 0.33% by the end of June 2021 and then climbing to 0.64% on 30th September. Over the same period the 10 year gilt yield fell from 0.80% to 0.71% before rising to 1.03% and the 20-year yield declined from 1.31% to 1.21% and then increased to 1.37%.

The Sterling Overnight Rate (SONIA) averaged 0.05% over the quarter.

Credit review: Credit default swap spreads were flat over most of period and are broadly in line with their pre-pandemic levels. In late September spreads rose by a few basis points due to concerns around Chinese property developer Evergrande defaulting but are now falling back. The gap in spreads between UK ring-fenced and non-ring-fenced entities continued to narrow, but Santander UK remained an outlier compared to the other ring-fenced/retail banks. At the end of the period Santander UK was trading the highest at 53bps and Lloyds Banks Plc the lowest at 32bps. The other ring-fenced banks were trading between 37-39bps and Nationwide Building Society was 39bps.

Over the period Fitch and Moody's upwardly revised to stable the outlook on a number of UK banks and building societies on our counterparty list, recognising their improved capital positions compared to last year and better economic growth prospects in the UK.

Fitch also revised the outlooks for Nordea, Svenska Handelsbanken and

Handelsbanken plc to stable from negative. The rating agency considered the improved economic prospects in the Nordic region to have reduced the baseline downside risks it previously assigned to the lenders.

The successful vaccine rollout programme is credit positive for the financial services sector in general and the improved economic outlook has meant some institutions have been able to reduce provisions for bad loans. While there is still uncertainty around the full extent of the losses banks and building societies will suffer due to the pandemic-related economic slowdown, the sector is in a generally better position now compared to earlier this year and 2020.

At the end of the period Arlingclose had completed its full review of its credit advice on unsecured deposits. The outcome of this review included the addition of NatWest Markets plc to the counterparty list together with the removal of the suspension of Handelsbanken plc. In addition, the maximum duration for all recommended counterparties was extended to 100 days.

As ever, the institutions and durations on the Authority's counterparty list recommended by treasury management advisors Arlingclose remain under constant review.

Outlook for the remainder of 2021/22

Arlingclose expects Bank Rate to rise in Q2 2022. We believe this is driven as much by the Bank of England's desire to move from emergency levels as by fears of inflationary pressure.

Investors have priced in multiple rises in Bank Rate to 1% by 2024. While Arlingclose believes Bank Rate will rise, it is by a lesser extent than expected by markets.

The global economy continues to recover from the pandemic but has entered a more challenging phase. The resurgence of demand has led to the expected rise in inflationary pressure, but disrupted factors of supply are amplifying the effects, increasing the likelihood of lower growth rates ahead. This is particularly apparent in the UK due to the impact of Brexit.

While Q2 UK GDP expanded more quickly than initially thought, the 'pingdemic' and more latterly supply disruption will leave Q3 GDP broadly stagnant. The outlook also appears weaker. Household spending, the driver of the recovery to date, is under pressure from a combination of retail energy price rises, the end of government support programmes and soon, tax rises. Government spending, the other driver of recovery, will slow considerably as the economy is taken off life

support.

Inflation rose to 3.2% in August. A combination of factors will drive this to over 4% in the near term. While the transitory factors affecting inflation, including the low base effect of 2020, are expected to unwind over time, the MPC has recently communicated fears that these transitory factors will feed longer-term inflation expectations that require tighter monetary policy to control. This has driven interest rate expectations substantially higher.

The supply imbalances are apparent in the labour market. While wage growth is currently elevated due to compositional and base factors, stories abound of higher wages for certain sectors, driving inflation expectations. It is uncertain whether a broad-based increase in wages is possible given the pressures on businesses.

Government bond yields increased sharply following the September FOMC and MPC minutes, in which both central banks communicated a lower tolerance for higher inflation than previously thought. The MPC in particular has doubled down on these signals in spite of softer economic data. Bond investors expect higher near-term interest rates but are also clearly uncertain about central bank policy.

The MPC appears to be playing both sides, but has made clear its intentions to tighten policy, possibly driven by a desire to move away from emergency levels. While the economic outlook will be challenging, the signals from policymakers suggest Bank Rate will rise unless data indicates a more severe slowdown.

	Dec 21	Mar 22	Jun 22	Sept 22	Dec 22	Mar 23	Jun 23	Sept 23	Dec 23	Mar 24	Jun 24	Sept 24	Dec 24
Upside Risk (%)	0.00	0.15	0.00	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
Interest Rate (%)	0.10	0.10	0.25	0.25	0.25	0.50	0.50	0.50	0.50	0.50	0.50	0.50	0.50
Downside Risk (%)	0.00	0.00	0.15	0.15	0.15	0.40	0.40	0.40	0.40	0.40	0.40	0.40	0.40

4.00 BORROWING REQUIREMENTS AND DEBT MANAGEMENT

4.01 PWLB (Public Works Loans Board) Certainty Rate Update.

The Authority submitted its application to WG along with the 2021-22 Capital Forecast Return to access this reduced rate for a further 12 months from 1st April 2021.

- 4.02 The long term borrowing outstanding at 30th September 2021 totals £288.2 million.
- 4.03 Loans with the Public Works Loans Board are in the form of fixed rate (£264.2m). £18.95m is variable in the form of LOBOs (Lender’s Option, Borrower’s Option) and £5.0m are interest free loans from government. The Council’s average long term borrowing rate is currently 4.61%.

	Balance 01/04/2021 £m	Debt Maturing £m	New Debt £m	Balance 30/09/2021 £m
Long Term Borrowing	283.87	(1.27)	0.58	283.18
Government Loans	5.14	(0.24)	0.10	5.00
TOTAL BORROWING	289.01	(1.51)	0.68	288.18
Other Long Term Liabilities *	3.93	0.00	0.00	3.93
TOTAL EXTERNAL DEBT	292.94	(1.51)	0.68	292.11
Increase/ (Decrease) in Borrowing £m				(0.83)

* relates to finance leases in respect of Deeside Leisure Centre and Jade Jones Pavilion

- 4.04 During the period April – September 2021, the following loan was taken out –

Start date	Maturity Date	Amount	Rate	Loan Type
30 th Apr 2021	30 th Apr 2061	£582k	2.15%	Annuity

This loan has been lent on to New Homes, the Council’s wholly owned subsidiary, to fund the building of affordable homes in Flintshire.

Affordability (interest costs charged on new loans) and the “cost of carry” (costs associated with new long term loans) remain important influences on the Council’s borrowing strategy alongside the consideration that, for any borrowing undertaken ahead of need, the proceeds would have to be invested in the money markets at rates of interest significantly lower than the cost of long term borrowing.

- 4.05 Internal Borrowing and Short Term Borrowing

Given the significant cuts to local government funding putting pressure on Council finances, the borrowing strategy is to minimise debt interest payments without compromising the longer-term stability of the portfolio. With short-term interest rates currently lower than long-term rates, it has been more cost effective in the

short-term to use internal resources, and to borrow short-term rather than long-term.

The differential between the cost of new longer-term debt and the return generated on the Council's temporary investment returns was significant at around 1.78%.

The use of internal resources in lieu of borrowing has therefore continued to be used over the period as the most cost effective means of funding capital expenditure. This has lowered overall treasury risk by reducing both external debt and temporary investments.

Short term borrowing was undertaken as necessary. The total short term borrowing as at 30th September 2021 was £17m with an average rate of 0.02%.

The Council's capital expenditure plans will continue to be monitored throughout 2021/22 to inform and assess the Council's long term borrowing need. This is to ensure that the Council does not commit to long term borrowing too early and refinance unnecessarily which will be costly and have significant revenue implications. The continued use of short-term borrowing will assist with such. This will be balanced against securing low long term interest rates currently being forecast and assessing the affordability of long-term borrowing in the short term against the savings made over the life of the loan.

4.06 Lender's Option Borrower's Option Loans (LOBOs)

The Authority holds £18.95m of LOBO loans where the lender has the option to propose an increase in the interest rate at set dates, following which the Authority has the option to either accept the new rate or to repay the loan at no additional cost. The option to change the terms on £18.95m of the Council's LOBOs was not exercised by the lender. The Authority acknowledges there is an element of refinancing risk even though in the current interest rate environment lenders are unlikely to exercise their options.

4.07 Debt Rescheduling

The premium charge for early repayment of PWLB debt remained relatively expensive for the loans in the Authority's portfolio and therefore unattractive for debt rescheduling activity. No rescheduling activity was undertaken as a consequence.

The Corporate Finance Manager, in conjunction with the Council's treasury advisors, will continue to review any potential opportunities for restructuring the Council's debt in order to take advantage of potential savings as interest rates change and to enhance the balance of the long term portfolio (amend the maturity profile and/or the balance of volatility).

4.08 Borrowing Update

Local authorities can borrow from the PWLB provided they can confirm they are not planning to purchase 'investment assets primarily for yield' in the current or next two financial years, with confirmation of the purpose of capital expenditure from the Section 151 / Section 95 Officer. Authorities that are purchasing or intending to purchase investment assets primarily for yield will not be able to access the PWLB except to refinance existing loans or externalise internal borrowing.

Acceptable use of PWLB borrowing includes service delivery, housing, regeneration, preventative action, refinancing and treasury management.

Competitive market alternatives may be available for authorities with or without access to the PWLB. However, the financial strength of the individual authority and borrowing purpose will be scrutinised by commercial lenders. Further changes to the CIPFA Prudential Code expected in December 2021 are likely to prohibit borrowing for the primary purpose of commercial return even where the source of borrowing is not the PWLB.

The Authority is not planning to purchase any investment assets primarily for yield within the next three years and so is able to fully access the PWLB

Revised PWLB Guidance. HM Treasury published further guidance on PWLB borrowing in August 2021 providing additional detail and clarifications predominantly around the definition of an 'investment asset primarily for yield'. The principal aspects of the new guidance are:

- Capital expenditure incurred or committed to before 26th November 2020 is allowable even for an 'investment asset primarily for yield'.
- Capital plans should be submitted by local authorities via a DELTA return. These open for the new financial year on 1st March and remain open all year. Returns must be updated if there is a change of more than 10%.
- An asset held primarily to generate yield that serves no direct policy purpose should not be categorised as service delivery.
- Further detail on how local authorities purchasing investment assets primarily for yield can access the PWLB for the purposes of refinancing existing loans or externalising internal borrowing.
- Additional detail on the sanctions which can be imposed for inappropriate use of the PWLB loan. These can include a request to cancel projects, restrictions to accessing the PLWB and requests for information on further plans.

Changes to PWLB Terms and Conditions from 8th September 2021. The settlement time for a PWLB loan has been extended from two working days

(T+2) to five working days (T+5). In a move to protect the PWLB against negative interest rates, the minimum interest rate for PWLB loans has also been set at 0.01% and the interest charged on late repayments will be the higher of Bank of England Base Rate or 0.1%.

Municipal Bonds Agency (MBA): The MBA is working to deliver a new short-term loan solution, available in the first instance to principal local authorities in England, allowing them access to short-dated, low rate, flexible debt. The minimum loan size is expected to be £25 million. Importantly, local authorities will borrow in their own name and will not cross guarantee any other authorities.

If the Authority intends future borrowing through the MBA, it will first ensure that it has thoroughly scrutinised the legal terms and conditions of the arrangement and is satisfied with them.

UK Infrastructure Bank: £4bn has been earmarked for on-lending to local authorities by the UK Infrastructure Bank which is wholly owned and backed by HM Treasury. The availability of this lending to local authorities, for which there will be a bidding process, is yet to commence. Loans will be available for qualifying projects at gilt yields plus 0.6%, which is 0.2% lower than the PWLB certainty rate.

5.0 **INTERIM INVESTMENT AND PERFORMANCE REPORT**

- 5.01 The maximum investments the Authority had on deposit at any one time totalled £68.1m. The average investment balance for the period was £45.9m and the average rate of return was 0.013%, generating investment income of £2.8k.
- 5.02 Up to 30th September, investments were made in the Debt Management Office Deposit Account, banks, other local authorities and money market funds
- 5.03 The average of long and short-term borrowing was £325.3m generating interest payable of £6.664m, in line with budget forecasts to date.

	Investments		Long Term Borrowing		Short Term Borrowing	
	Interest received £k	Interest rate %	Interest paid £k	Interest rate %	Interest paid £k	Interest rate %
2021/22 Apr – Sept	2.8	0.01	6,664	4.61	16	0.09
2020/21 Apr – Sept	10.9	0.05	6,629	4.70	171	0.92
Difference	-8.1		35		-155	

Year-end projections are as follows:

	Investments		Long Term Borrowing		Short Term Borrowing	
	Interest received £k	Interest rate %	Interest paid £k	Interest rate %	Interest paid £k	Interest rate %
2021/22 est	4.3	0.01	13,276	4.61	62	0.11
2020/21 act	12.3	0.03	13,252	4.61	206	0.56
Difference	(8.0)		24		-144	

5.04 Credit Risk (security)

Counterparty credit quality was assessed and monitored with reference to credit ratings (the Authority's minimum long-term counterparty rating for institutions defined as having "high credit quality" is A- across rating agencies Fitch, S&P and Moody's); credit default swap prices, financial statements, information on potential government support and reports in the quality financial press.

5.05 Liquidity

In keeping with the WG's Guidance on Investments, the Council maintained a sufficient level of liquidity through the use of money market funds.

5.06 Yield

The Council sought to optimise returns commensurate with its objectives of security and liquidity. The Council's investment yield is outlined in 5.01.

Ultra-low short-dated cash rates which have been a feature since March 2020 when Bank Rate was cut to 0.1% have resulted in the return on sterling low volatility net asset value money market funds (LVNAV MMFs) being close to zero even after some managers have temporarily waived or lowered their fees. At this stage net negative returns are not the central case of most MMF managers over the short-term, and fee cuts or waivers should result in MMF net yields having a floor of zero, but the possibility cannot be ruled out.

Deposit rates with the Debt Management Account Deposit Facility (DMADF) are also largely around zero.

6.00 **COMPLIANCE**

6.01 The Council can confirm that it has complied with its Prudential Indicators for the period April to September 2021. These were approved on 16th February 2021 as

part of the Council's 2021/22 Treasury Management Strategy.

6.02 In compliance with the requirements of the CIPFA Code of Practice this report provides Members with a summary report of the treasury management activity during the period April – September 2021. None of the Prudential Indicators have been breached and a prudent approach has been taken in relation to investment activity with priority being given to security and liquidity over yield.

7.00 OTHER ITEMS

7.01 Other treasury management related activity that took place during April – September 2021 includes:

- The Treasury Management Annual Report 2020/21 was reported to Governance and Audit Committee on 28th July 2021, Cabinet on 21st September 2021 and will be reported to Council on 7th December 2021.
- The Quarter 1 Treasury Management update was reported to the Governance and Audit Committee.

7.02 Revisions to CIPFA Codes

In February 2021 CIPFA launched two consultations on changes to its Prudential Code and Treasury Management Code of Practice. These followed the Public Accounts Committee's recommendation that the prudential framework should be further tightened following continued borrowing by some authorities for investment purposes. In June, CIPFA provided feedback from this consultation.

In September CIPFA issued the revised Codes and Guidance Notes in draft form and opened the latest consultation process on their proposed changes. The changes include:

- Clarification that (a) local authorities must not borrow to invest primarily for financial return (b) it is not prudent for authorities to make any investment or spending decision that will increase the Capital Financing Requirement, and so may lead to new borrowing, unless directly and primarily related to the functions of the authority.
- Categorising investments as those (a) for treasury management purposes, (b) for service purposes and (c) for commercial purposes.
- Defining acceptable reasons to borrow money: (i) financing capital expenditure primarily related to delivering a local authority's functions, (ii) temporary management of cash flow within the context of a balanced budget, (iii) securing affordability by removing exposure to future interest rate rises and (iv) refinancing current borrowing, including replacing internal borrowing.

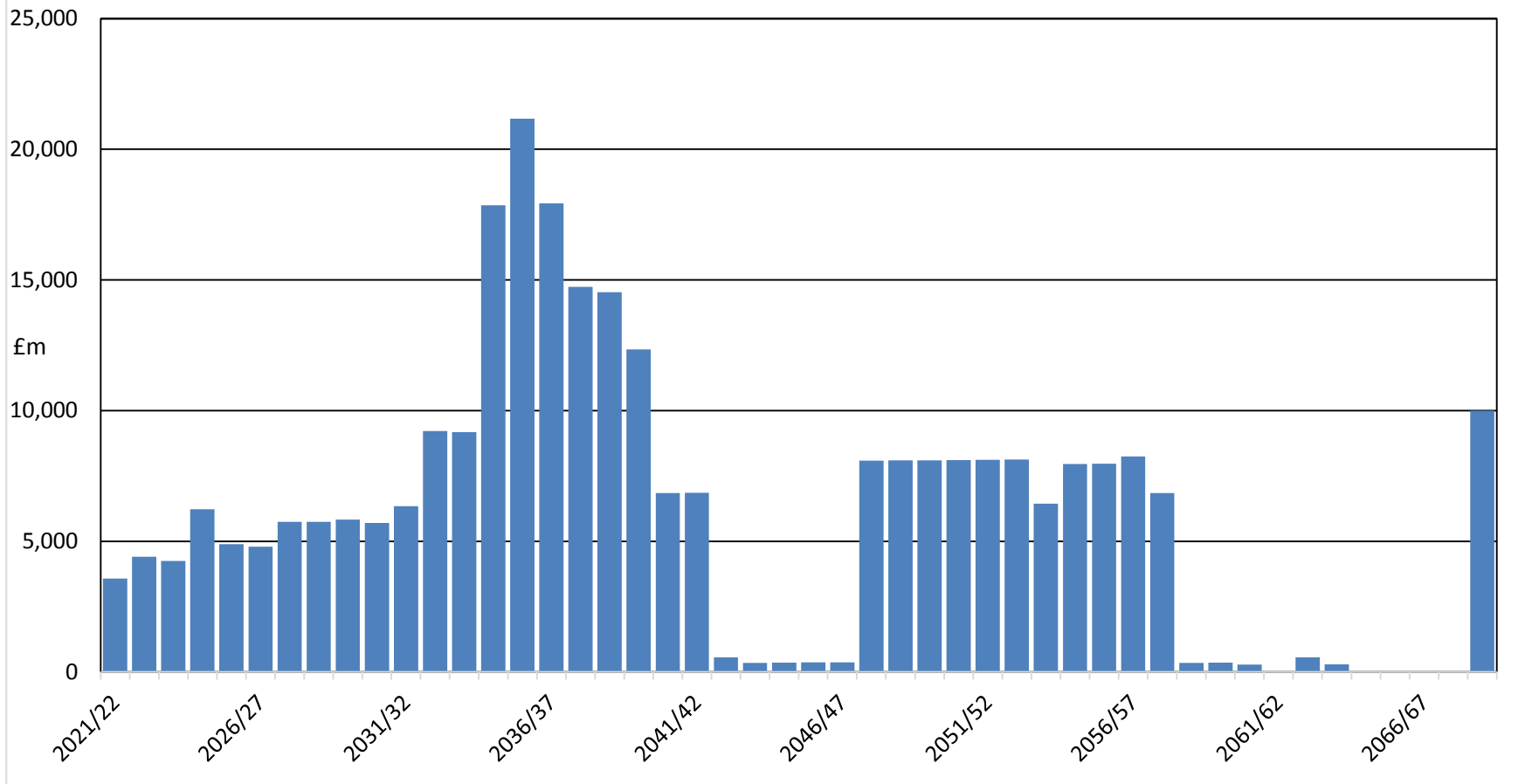
- For service and commercial investments, in addition to assessments of affordability and prudence, an assessment of proportionality in respect of the authority's overall financial capacity (i.e. whether plausible losses could be absorbed in budgets or reserves without unmanageable detriment to local services).
- Prudential Indicators
 - New indicator for net income from commercial and service investments to the budgeted net revenue stream.
 - Inclusion of the liability benchmark as a mandatory treasury management prudential indicator. CIPFA recommends this is presented as a chart of four balances – existing loan debt outstanding, loans CFR, net loans requirement and liability benchmark – over at least 10 years and ideally cover the authority's full debt maturity profile.
 - Excluding investment income from the definition of financing costs.
- Incorporating Environmental, Social and Governance (ESG) issues as a consideration within TMP 1 Risk Management.
- Additional focus on the knowledge and skills of officers and elected Members involved in decision making

8.00 CONCLUSION

8.01 In compliance with the requirements of the CIPFA Code of Practice this report provides Members with a summary report of the treasury management activity during the first half of 2021/22.

8.02 As indicated in this report none of the prudential indicators have been breached and a prudent approach has been taken in relation to investment activity with priority being given to security and liquidity over yield.

Debt Maturity Profile - Sept 2021





CABINET

Date of Meeting	Tuesday, 18 th January 2022
Report Subject	Levelling Up Fund Round Two Round Two
Cabinet Member	Cabinet Member for Economic Development
Report Author	Chief Officer (Planning, Environment and Economy)
Type of Report	Operational

EXECUTIVE SUMMARY

Announced at the Spending Review in 2020, the Levelling Up Fund (LUF) contributes to the UK Government levelling up agenda by investing in infrastructure that improves everyday life across the UK, including regenerating town centres and high streets, upgrading local transport, and investing in cultural and heritage assets. The £4.8 billion fund is designed to realise a visible and tangible impact on people and places and support economic recovery.

This report proposes the development of two bids to be submitted to the UK Government as part of the (still to be announced) round two of the programme expected early in 2022. It is proposed that bids are focussed on the coastal communities of Flintshire to: improve conditions for businesses, reduce crime and anti-social behaviour; bring heritage assets back into use; and encourage local people and visitors to use the coastal area.

RECOMMENDATIONS

1	That approval is given to develop and submit bids for Round Two of the Levelling Up Fund in line with the proposals set out in this report.
2	That delegated authority is given to the Chief Officer (Planning, Environment and Economy) and the Cabinet Member for Economic Development and Countryside to amend and submit the final bids in line with the strategic direction set out in this report, developing specific interventions to reflect the need to submit competitive and deliverable proposals.

REPORT DETAILS

1.00	EXPLAINING THE LEVELLING UP FUND AND PROPOSALS FOR ROUND TWO
1.01	<p>Announced at the Spending Review in 2020, the Levelling Up Fund (LUF) contributes to the levelling up agenda by investing in infrastructure that improves everyday life across the United Kingdom (UK), including regenerating town centres and high streets, upgrading local transport, and investing in cultural and heritage assets. The £4.8 billion fund is designed to realise a visible and tangible impact on people and places and support economic recovery. The LUF provides a new approach to tackling health, social and economic inequalities and driving prosperity across communities that have been left behind.</p>
1.02	<p>The current LUF intervention framework for round 1 (which may potentially change for round 2) consists of three categories:</p> <ul style="list-style-type: none"> (i) regeneration and town centre investment; (ii) cultural investment; and (iii) transport. <p>Interventions included within LUF bids submitted by local authorities during round 1 were required to align with one (or more) of the intervention categories, outputs and outcomes identified within the framework.</p>
1.03	<p>Whilst every local authority can bid for LUF funding, the fund is especially intended to support investment in places where it can make the biggest difference to everyday life, including ex-industrial areas, deprived towns, and coastal communities. The UK Government has placed local authorities into categories 1, 2 or 3, depending on their identified level of need, with category 1 representing places deemed in most need of investment. Flintshire County Council ('the Council') has been identified as a 'category 2' local authority.</p>
1.04	<p>The LUF enables local authorities to apply for up to £20 million per parliamentary constituency. Bids above £20m and below £50m will be accepted for transport projects only (separate and in addition to the one bid per parliamentary constituency allocation). The LUF guidance encourages bids to include a local financial contribution representing at least 10% of total costs. A contribution is expected from private sector stakeholders, such as developers, if they stand to benefit from a specific project.</p>
1.05	<p>The first round of the LUF opened in April 2021 and closed in June 2021 (a ten-week application window). Round two is expected to commence in 'Spring 2022'. The programme is currently due to end in March 2024 which provides a very constrained period in which to deliver capital projects.</p>

	<u>LUF Round One outcomes</u>
1.06	Bidding for Round One opened in March 2022 with bids due by 18 May 2021. The Council, together with Transport for Wales, submitted a regionally strategic bid for investment in the Wrexham to Liverpool railway line infrastructure. UK Government have confirmed that the bid had been unsuccessful and detailed feedback is awaited to clarify the reasons for this.
1.07	The projects selected to receive funding for the first round of the LUF were announced by the Chancellor of the Exchequer at the 2021 Spending Review in late October 2021. A total of 305 Levelling Up Fund bids were received on or before the 18 June 2021. A total of 94 bids (30.8% success rate) were provisionally selected for funding. Of these, 76 projects are in England (79.8% of allocated funding), 10 in Wales (7.2%) and 8 in Scotland (10.1%).
	<u>LUF Round Two</u>
1.08	The intention is to submit two bids for Round Two; one for each parliamentary constituency within the County. Bids will focus on the £20m fund (per bid) involving regeneration, culture and heritage. The Council has appointed a company, Mutual Ventures, to project manage the process and contribute to the preparation of the bids working as part of an integrated team with Council officers. Mutual Ventures had an 80% success rate in supporting local authorities to secure LUF funding during Round One.
1.09	The timescale for the submission of Round Two bids remains unclear with the UK Government web site referring only to “Spring 2022.” Development work is underway on the overall vision to inform the bids. Work has also been undertaken to identify an initial shortlist of interventions to be included within both of the Council bids for Round Two.
1.10	Significant work is required to develop each shortlisted intervention into a tangible and compelling proposition, including designs and costings. A wide variety of specialist and technical support has been engaged to support the Council in developing each intervention in readiness.
1.11	The intention is for the Council to submit two LUF bids during the round 2 application window (one per constituency; i.e. Delyn and Alyn & Deeside). Work undertaken to this point has included the development of a strategic narrative to inform the structure and focus of both bids. In summary, the intention is for the LUF funded interventions to assist in establishing the physical, economic, social and environmental conditions required to address the economic decline, disconnections and acute deprivation experienced by coastal communities. To achieve this aim, the focus of both bids will be to implement interventions that establish linkages and balance between the area’s communities, businesses, industrial heritage and natural environment.
1.12	As such, both bids will be informed by a single vision for our coastal communities; each bid will demonstrate how the vision will be delivered separately across each constituency, involving different (place specific)

	<p>interventions. The vision for coastal communities (currently in draft) includes the following:</p> <ul style="list-style-type: none"> • Retaining existing businesses based in the area; • Encouraging further external investment (e.g. clean manufacturing) and promoting traditional industries; • Strengthening the entrepreneurial and business start-up culture amongst residents, providing ‘stepping stone’ employment for people with low skills; • Connecting pockets of deprivation with world class economic assets and jobs. Emphasis on skills and employability; ensuring local residents have the skills that employers require; Partnerships involving the Council, university, colleges, adult education, employers etc. will be established or strengthened. • Increasing civic pride, led by improved perception of place and celebration of local heritage, natural assets and traditional industries; • Reducing deprivation, anti-social behaviour (‘ASB’) and crime levels. <p>Further detail on the bid strategy is included in Appendix 1.</p>
1.13	<p>Each bid will focus on ensuring alignment between capital investment, inclusive economic growth and the creation of social capital. The LUF funding will be viewed as a catalyst that enables social, economic and health inequalities to be addressed in coastal community wards where communities are experiencing acute deprivation. Proposals within both LUF bids will align with existing ambitions, strategies and investments designed to improve the infrastructure and outcomes for the identified communities. Delivering the LUF interventions should therefore be seen as a continuation of existing work to improve outcomes for our communities.</p>
1.14	<p>A detailed analysis of data was undertaken to scope the precise issues and challenges that our coastal communities face and feed into the development of the bid. More detail is provided in Appendix 1.</p>
1.15	<p>The intention is to develop two LUF bids that demonstrate the Council’s commitment to supporting our coastal communities, and, in particular, those wards identified as experiencing acute deprivation. The LUF bids will demonstrate how the proposed interventions align with existing strategies and priorities associated with supporting coastal communities, while also demonstrating how the funding will be spent by April 2024 (as per LUF requirements). Through the LUF interventions detailed within our ‘Connecting Coastal Communities 2024’ LUF bids, we will demonstrate that these investments form one element of a wider and longer-term programme designed to address the experience of social, economic and health inequalities in these communities.</p>
1.16	<p>The intention is that the interventions funded through LUF establish the physical, economic, social and environmental conditions required to address the economic decline, disconnections and acute deprivation experienced by coastal communities. This will be achieved by implementing interventions that establish linkages and balance between the area’s communities, businesses, industrial heritage and natural environment:</p>

	<ul style="list-style-type: none"> • Encouraging inclusive economic growth that realises social capital for communities (skills & employability, employment, wage levels, health & wellbeing, quality of life); establishing a sustainable relationship between local SMEs, traditional industries, large anchor employers and local communities. • Establishing the conditions and infrastructure to encourage net-zero commercial growth. • Celebrating the area’s heritage, traditional industries and natural assets through a modern, accessible and sustainable offer to residents and tourists. • Creating and maintaining a public realm that provides the physical linkages between communities, businesses, heritage and the natural environment. <p>Further details on the potential interventions are provided in Appendix 1.</p>
1.17	<p>Further work is required to develop the interventions for each constituency, creating a final list to be included within the respective LUF bids. This refinement will reflect the following LUF framework requirements (relating to round 1, although requirements are anticipated to be the same for round 2):</p> <ul style="list-style-type: none"> • The requirement for all LUF funding to be spent by 31st March 2024; other sources of funding (i.e. match funding) can be spent after that date, meaning that each capital project does not necessarily need to be completed by March 2024. • The total required for LUF funding for each bid is not to exceed £20 million; as such we are required to assess the total cost of the identified LUF interventions, which must not exceed £20 million per bid once the total value of identified match funding is accounted for.
1.18	<p><u>Next steps</u></p>
	<p>The current assumption is that round two of the LUF will open on 1st March 2022 and close on 10th May 2022. This has yet to be confirmed, with the only guidance provided by government indicating that the window will open in ‘Spring 2022’. The project plans for the development of both bids include the following main stages:</p> <ul style="list-style-type: none"> • Stage 1 - confirm designs and costings for all shortlisted interventions (December 2021-January 2022) • Stage 2 - undertake consultation exercises for shortlisted interventions (January 2022) • Stage 3 - confirm final list of interventions to be included within both bids (max £20m LUF ask x2) - (by end of January 2022) • Stage 4 - develop financial and economic models for both bids (February 2022) • Stage 5 - develop two LUF bids, one for each constituency (by end of March 2022) <ul style="list-style-type: none"> - FCC to gather letters of support from stakeholders (including MPs) - (early April 2022) • Stage 6 - Council review and approvals (by end of April 2022) • Stage 7 - Submission of bids and letters of support (early May 2022)

2.00	RESOURCE IMPLICATIONS
2.01	Regeneration core budget and reserves are being deployed to develop each of the interventions to a stage where they can be considered for inclusion in the bids. It is estimated that this will cost in the region of £100,000. In addition, UK Government has provided £125,000 to each Welsh local authority to support bid preparation. This will be fully utilised.
2.02	Interventions in the LUF bids will require match funding. This is currently being identified as part of the development of each intervention. Many of the interventions relate to Council owned assets where investment is required and where LUF provides an opportunity to significantly invest in Council assets for the benefit of the economy and local communities. As the interventions are developed further any future Council capital or borrowing requirements will be identified and will be subject to normal Council approval processes.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT														
3.01	<p>Ways of Working (Sustainable Development) Principles Impact</p> <table border="1"> <tr> <td>Long-term</td> <td>These proposals form part of a long term strategic approach to manage the coastal area of Flintshire for the benefit of the economy, Flintshire residents and the environment.</td> </tr> <tr> <td>Prevention</td> <td>The market failures identified in this report will have long term social, economic and environmental impacts if left unaddressed.</td> </tr> <tr> <td>Integration</td> <td>The proposed approach outlined in this report integrates activities by the private sector, voluntary sector and public bodies.</td> </tr> <tr> <td>Collaboration</td> <td>The proposed approach involves a wide range of stakeholder in each locality working together towards a shared vision.</td> </tr> <tr> <td>Involvement</td> <td>There has been and will be further consultation with stakeholders in each locality.</td> </tr> </table> <p>Well-being Goals Impact</p> <table border="1"> <tr> <td>Prosperous Wales</td> <td>The proposals in this report focus strongly on improving the economic assets in coastal Flintshire.</td> </tr> <tr> <td>Resilient Wales</td> <td>There are a number of community-led interventions included in this report which</td> </tr> </table>	Long-term	These proposals form part of a long term strategic approach to manage the coastal area of Flintshire for the benefit of the economy, Flintshire residents and the environment.	Prevention	The market failures identified in this report will have long term social, economic and environmental impacts if left unaddressed.	Integration	The proposed approach outlined in this report integrates activities by the private sector, voluntary sector and public bodies.	Collaboration	The proposed approach involves a wide range of stakeholder in each locality working together towards a shared vision.	Involvement	There has been and will be further consultation with stakeholders in each locality.	Prosperous Wales	The proposals in this report focus strongly on improving the economic assets in coastal Flintshire.	Resilient Wales	There are a number of community-led interventions included in this report which
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Resilient Wales	There are a number of community-led interventions included in this report which														

	help to address the market failures highlighted.
Healthier Wales	The proposals in this report focus on improving access to green space in coastal Flintshire for residents.
More equal Wales	The proposals in this report target the most deprived communities in Flintshire and seek to improve the physical environment and economic opportunities they rely upon.
Cohesive Wales	No impact.
Vibrant Wales	No impact.
Globally responsible Wales	There are a number of interventions in this report which will renovate or replace commercial properties and improve their environmental performance.

Risk management

Risk	Mitigation
Match funding availability	Each bid requires a minimum of 10% match funding. Match funding will need to be identified from private and public sources and may not be secured at the point of bid submission. Work will continue on securing match funding after bids have been submitted.
Intervention deliverability	The short timescale for the development of the interventions means that not all information about every intervention will be available at the point of bid submission. Assessment work will take place before bid submission to identify, as far as possible, how risks to deliverability can be mitigated. Interventions where this cannot be satisfactorily demonstrated will not be included in the bids
Consents	Few interventions will have consents in place before the bids are submitted. The timelines for securing consents will be included in the plans for each intervention and work will take place before bid submission to assess the risk to deliverability. Residual risk will remain that consents cannot be achieved within the timescale for the programme, without creating costs beyond the budgets secured or at all.

	Cost over-run	The interventions in this report will not be at final design stage at the point of bid submission so there will be considerable cost fluidity. All interventions will include a larger contingency budget than normal to mitigate this risk. In addition, at the point of delivery, excess cost at the procurement stage may lead to interventions being terminated or redesigned rather than incur additional financial pressures.
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4.00	CONSULTATIONS REQUIRED/CARRIED OUT	
4.01	<p>Ward members in the target areas have been consulted.</p> <p>A wider consultation with the community will take place early in 2022 as well as detailed consultation with the businesses and communities directly impacted by the proposals.</p>	

5.00	APPENDICES	
5.01	Appendix 1 – LUF bid strategy.	

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS	
6.01	None.	

7.00	CONTACT OFFICER DETAILS	
7.01	<p>Contact Officer: Niall Waller (Enterprise and Regeneration Manager) Telephone: 01352 702137 E-mail: niall.waller@flintshire.gov.uk</p>	

8.00	GLOSSARY OF TERMS	
	<p>Lower Super Output Areas (LSOAs) – small geographic areas used for statistical purposes.</p> <p>Welsh Index of Multiple Deprivation 2019 – the Welsh Government index that analyses a range of indicators to provide a relative assessment of deprivation for LSOAs.</p>	

Flintshire County Council - Levelling Up Fund Bid Strategy

1. LUF bid strategy: One vision, two bids; a focus on coastal communities

The intention is for the Council to submit two LUF bids during the round 2 application window (one per constituency; Delyn and Alyn & Deeside). Work undertaken to this point has included the development of a strategic narrative to inform the structure and focus of both bids.

In summary, the intention is for the LUF funded interventions *to assist in establishing the physical, economic, social and environmental conditions required to address the economic decline, disconnections and acute deprivation experienced by coastal communities.*

To achieve these required conditions, the focus of both bids will be *to implement interventions that establish linkages and balance between the area's communities, businesses, industrial heritage and natural environment.*

As such, both bids will be informed by a single vision for coastal communities; each bid will demonstrate how the vision will be delivered separately across each constituency, involving different (place specific) interventions. The vision for coastal communities (currently in draft) includes the following:

- Retaining existing businesses based in the area.
- Encouraging further external investment (e.g. clean manufacturing) and promoting traditional industries.
- Strengthening the entrepreneurial and business start-up culture amongst residents, providing 'stepping stone' employment for people with low skills.
- Connecting pockets of deprivation with world class economic assets and jobs. Emphasis on skills and employability; ensuring local residents have the skills that employers require. Partnerships involving the Council, university, colleges, adult education, employers etc. will be established or strengthened.
- Increasing civic pride, led by improved perception of place and celebration of local heritage, natural assets and traditional industries.
- Reducing deprivation, anti-social behaviour ('ASB') and crime levels.

Each bid will focus on ensuring alignment between capital investment, inclusive economic growth and the creation of social capital. The LUF funding will be viewed as a catalyst that enables social, economic and health inequalities to be addressed in coastal community wards where communities are experiencing acute deprivation.

Proposals within both LUF bids will align with existing ambitions, strategies and investments designed to improve the infrastructure and outcomes for the identified communities. Delivering the LUF interventions should therefore be seen as a continuation of existing work to improve outcomes for coastal communities.

2. The problem we are trying to solve

2.1 Defining the challenge

A detailed data analysis was undertaken to scope the precise issues and challenges that coastal communities face and feed into the development of the bid strategy. The following paragraphs provide a high-level summary of the picture that emerges. More detail is provided in Appendix 1.

Socio-economic deprivation: Compared to the UK as a whole, income levels in Flintshire are below the national average and a greater number of households are in poverty with high levels of child poverty too. WIMD 2019 data highlights that coastal communities in Flintshire experience high levels of deprivation (4% of Lower Super Output Areas (LSOA) in 10% most deprived; 14% in 20% most deprived in Wales), particularly when it comes to the employment, income, education and community safety dimensions. In spite of a strong economy in the area, these communities do not partake in the benefits. Retaining existing employment and generating new 'stepping stone' employment that helps enhance skills and employability is a key levelling up opportunity in Flintshire.

Health: A review of health-related data, including on health deprivation (15% of Flintshire LSOAs in top 20% most deprived; concentrated in coastal strip), comparative life expectancy figures (gap of 11.6 years for men and 13.7 years for women between most and least deprived areas) and substance misuse, again suggests that health and wellbeing is an area that would benefit from a particular focus for the same deprived coastal communities in Flintshire. A focus on the accessibility of the coastal strip and physical activity to maximise the benefits from the Dee Estuary's visitor and outdoor appeal can help address these challenges.

Crime: Data specifically on 'acquisitive crime' linked to substance misuse illustrates that opening up the coastal strip in this way needs to be complemented by investments in positive uses of the natural beauty, heritage assets and an improved public realm.

Commercial constraints (industry): A lack of investment in commercial premises in town centres and industrial parks, particularly Greenfield Business Park and Flint Castle Park, acts as a challenge to the retention of existing businesses (with a total rateable value of £2,517,950) and the creation or attraction of new ones. Many units are not fit for purpose any longer or even beyond economic repair. In the face of renewed high demand following the pandemic (occupancy rates ranging from 78% in Greenfield to 95% in Deeside and particularly demand for industrial space having increased considerably compared to January 2019) this creates a risk that important local employers could be unable to secure the desired size of appropriate space and will look further afield into Wrexham, Cheshire and the Wirral.

Commercial opportunity (tourism): With a large potential catchment for the visitor economy (of 4.7m people living within a 60-minute drive) (prior to Covid 19) the economic impact of the sector has experienced a steady growth and strong employment performance since 2009. As highlighted in commitments in the Destination Management Strategy, the area's commercial potential for tourism in the widest sense (including leisure, recreation and tourism uses) remains largely untapped. Levelling Up investment can be a catalyst to access this market for the benefit of coastal communities in Deeside.

Place based issues (heritage): The built heritage across the coastline and town centres is under threat and a lack of ownership and civic pride means that a lot more could be done to realise the ample opportunities to secure greater benefits from place-building through targeted investment in the natural and built environment.

Place based issues (public realm): The public realm in the coastal communities is shaped by the legacy created by heavy industry activities (34.8% of Flintshire LSOAs in 10% most deprived for physical environment in 2014, prior to inclusion of the green space sub-domain prompting a considerable improvement in Flintshire's position in the 2019 index). Reconciling industrial spaces with the natural environment, ensuring better connectivity and reducing inequality and inequity of access to heritage and natural assets can help equip coastal communities to take advantage of the promise key assets hold for the area.

2.2 Market failures and their impact

The LUF application process requires applicants to identify market failures that are creating the challenges as outlined above and are negatively impacting communities and local stakeholders. The purpose of the interventions proposed within an applicant's LUF bid should be designed to correct these failures, and in doing so realise benefits to communities.

Informed by the above, a visioning and Theory of Change exercise has been undertaken to identify the market failures and their impact, as well as identifying the intended long-term impact and outcomes that would be realised (to inform the economic analysis of both bids).

A summary of the market failures and their impact on coastal communities is provided below:

Market failure 1 - A lack of investment in commercial premises (town and industrial parks) along the coastline.

- These premises are in need of investment or they will not be fit for purpose and may soon be vacated by current business occupants, risking current jobs and local supply chains.
- The areas in which these commercial premises are located are in need of upgrade, with their current condition negatively impacting perceptions (residents, communities, visitors and businesses).
- Given their age and current condition, the energy inefficiency of these buildings.
- A lack of suitable premises for local SMEs and incubator businesses; this may restrict their growth and/or result in them relocating out of area.

Market failure 2 - The built heritage across coastline and town centres is falling into disrepair and disappearing

- ASB and criminality in certain locations (e.g. Shotton).
- Lack of ownership and civic pride, given the cycle of decline.
- Built heritage is potentially a detractor from the area, rather than people having any awareness of the heritage and these buildings/structures being seen as relevant. This adds to the disconnect between communities and their heritage assets.
- Voids and vacant buildings suppressing economic activity, as interest and footfall/spend is reduced.

Market failure 3 - Decline of traditional industries linked to the area's maritime heritage (i.e. cockle fishing & processing/dock management).

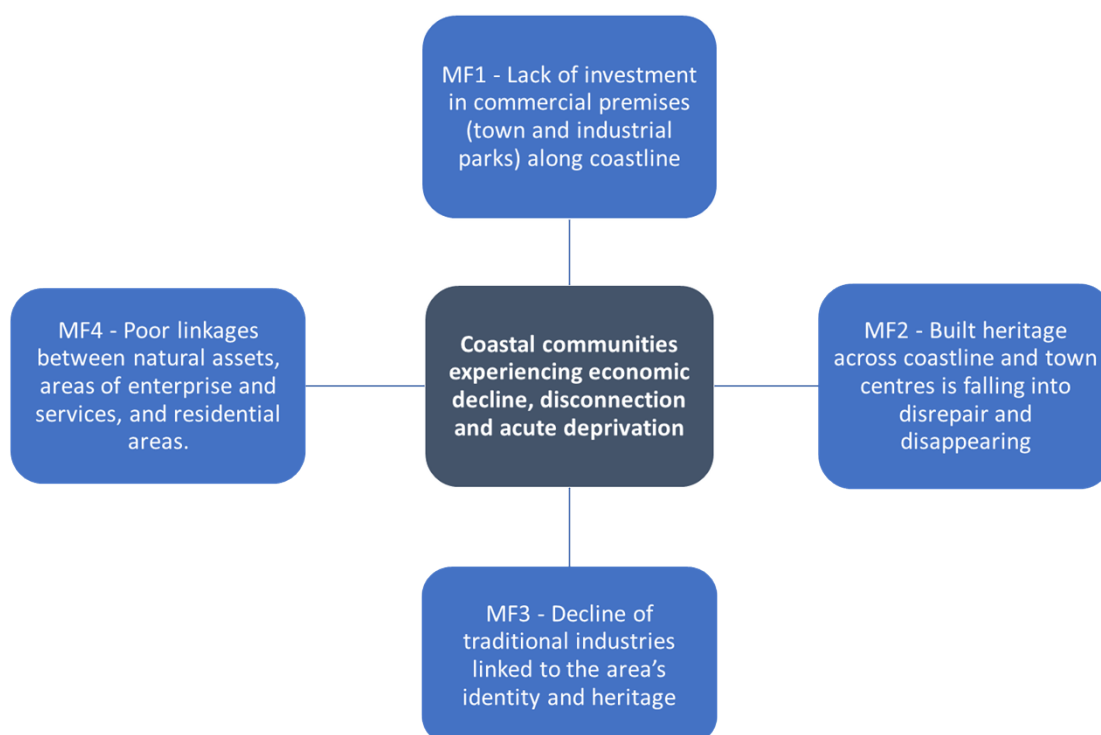
- Lost commercial and employment opportunities, threatening the future sustainability of industries (and associated jobs) currently struggling with the impact of Brexit.
- Loss of skills associated with these traditional industries.
- Disconnect between communities and their local heritage/natural environment; industries seen as dirty and local resources contaminated. Low level of awareness of the quality of water and fishing stock etc.
- This disconnect and misconception impacts on ability to promote heritage and natural environment to visitors.

Market failure 4 - Poor linkages between natural assets, areas of enterprise and services, and residential areas. Residents and visitors making limited use of linkages (paths etc.) due to poor condition, fear of crime and negative perceptions of the areas connected by said linkages.

- Adding to the disconnect between communities, their heritage assets and natural environment.
- ASB, criminality and fear of crime reducing use of public spaces and linkages, contributing to social isolation and/or increased use of private transport.

In summary, these market failures can be linked to the economic decline, disconnection and acute deprivation experienced by coastal communities:

- Visible decline of the area (physical).
- High levels of deprivation and decline in social outcomes, linked to unemployment, low skills and poor-quality housing.
- Negative perceptions held by residents, potential investors and visitors, resulting in lost opportunities for inclusive wealth building.
- Disconnect between local communities and their natural environment, heritage and local employers (exception: Greenfield - 400 local employees).
- Rise in anti-social behaviour and crime.



3. LUF bids - 'Connecting Coastal Communities 2024'

The intention is to develop two LUF bids that demonstrate the Council's commitment to supporting coastal communities, and in particular those wards identified as experiencing acute deprivation. The LUF bids will demonstrate how the proposed interventions align with existing strategies and priorities associated with supporting coastal communities, while also demonstrating how the funding will be spent by April 2024 (as per LUF requirements). Through the LUF interventions detailed within our 'Connecting Coastal Communities 2024' LUF bids, we will demonstrate that these investments form one element of a wider and longer-term programme designed to address the experience of social, economic and health inequalities in these communities.

The intention is that the interventions funded through LUF establish the physical, economic, social and environmental conditions required to address the economic decline, disconnections and acute deprivation experienced by coastal communities.

This will be achieved by implementing interventions that establish linkages and balance between the area's communities, businesses, industrial heritage and natural environment:

- Encouraging inclusive economic growth that realises social capital for communities (skills & employability, employment, wage levels, health & wellbeing, quality of life); establishing a

sustainable relationship between local SMEs, traditional industries, large anchor employers and local communities.

- Establishing the conditions and infrastructure to encourage net-zero commercial growth.
- Celebrating the area’s heritage, traditional industries and natural assets through a modern, accessible and sustainable offer to residents and tourists.
- Creating and maintaining a public realm that provides the physical linkages between communities, businesses, heritage and the natural environment.

In summary, our long-term ambitions for coastal communities rely on the successful implementation of ‘Connecting Coastal Communities 2024’.

4. LUF interventions - current shortlists

The following shortlisted options have been identified for each bid/constituency:

Delyn constituency

LUF intervention	Market failure	Rationale for inclusion
Business unit regeneration <ul style="list-style-type: none"> • Flint Castle Park • Greenfield Business Park 	MF 1	<ul style="list-style-type: none"> • Current units are left from heavy industry uses that have disappeared • Current units to some extent accommodate business expansion & reduction flexibly – important to retain to avoid businesses/ employers locating elsewhere • Additional diversity in size of units will improve business productivity (because no longer need to spread over several units with associated time management issues) • Offer of modern, light units will help reduce HGV traffic in the area • Investment required in underutilised/ underused land and some empty (because uninhabitable units) – development of modern business units offers good returns • Refurb/ redevelopment will deliver carbon reduction • First impressions count for tourism (in adjacent area along coastal strip)
Greenfield Valley Heritage Park	MF 2	<ul style="list-style-type: none"> • FCC working with GV Trust on two zones highlighted in their strategy: Basingwerk and Heritage ad Museum • Investment in Heritage Museum (within paid for boundary of Park) would strengthen commercial viability • Investment in listed buildings vital to sustain viability of Park operations (precise need/ opportunity to be established in current feasibility study) • Connectivity with coast is being considered, but otherwise not relevant for focus on public realm to improve linkages
Flint and Bagillt track and docks <ul style="list-style-type: none"> • Flint and Bagillt cycle track and trails • Flint Dock Enhancements 	MF 2 MF 4	<ul style="list-style-type: none"> • Section of coastal path is one of most attractive parts of the area with viewpoints over Estuary, but currently not accessible (narrow path) • Coherent package offer important for tourism – linkages quite good already and could be completed with additional investment (including facilities linked to cycle track) • Good fit with existing activities/ investments (e.g. Flint Visitor Centre as active piece of work funded by RNLI & WG) • Physical environment more generally incl. public realm, green infrastructure, parking provision (rather than purely buildings) shapes visitor experience - opportunity to:

		<ul style="list-style-type: none"> ○ provide access to the natural environment in urban area ○ capitalise on landscape to create recreational use for local community (who rediscovered area in lockdown) ○ renovate an important heritage asset for the long-term future ○ incorporate 'backwater land' into overall impression ○ address current generational gap in usage i.e. de facto use as cycle path etc. by younger generation with (more formalised) positive use ○ Use supporting signage, seating etc. to enhance attractiveness of the area and encourage linger and dwell • Walking/ cycling will deliver carbon reduction
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Alyn & Deeside Constituency

LUF intervention	Market failure	Rationale for inclusion
Connah's Quay Dock: Modern Dock <ul style="list-style-type: none"> • Modern Dock Slipways • Introduction of CCTV to Connah's Quay Docks - Modern and Historic 	MF 4	<ul style="list-style-type: none"> • Used by boat community for recreational uses • Improved access for boats would support recreational/ tourism use - business consultation re additional uses/ benefits and potential catalyst role of modern dock & slipways (incl. public realm) ongoing (but dock integrity yet to be confirmed) • Better linkages, security and H&S on the water (CCTV), improved public realm needed to enable recreational use to full potential
Connah's Quay: Historic Dock & public realm	MF 2	<ul style="list-style-type: none"> • Intrinsic part of visitor offer (e.g. adjacent to heritage centre) • Improved footpath and signage will help pull visitors to coast path (and address current barrier created by train line and unattractive terraced housing)
John Summer Clocktower John Summers (former Corus) sports and social club site	MF 2	<ul style="list-style-type: none"> • Derelict buildings attract ASB and crime. Enbarr Foundation wish to restore the site and bring a historic building back to use in order to reduce crime and to create a community facility. • Former Social Club site managed by Care & Repair; proposals designed to reduce crime and ASB and increase access to, and provide facilities for, the nearby coastal path.
Sea Cadets	MF 4	<ul style="list-style-type: none"> • To develop a purpose built centre for the Sea Cadets at Connah's Quay Docks to increase positive uses of the Docks and enable greater use of the marine infrastructure.
Business Premises Grant	MF1	<ul style="list-style-type: none"> • To incentivise businesses to invest in commercial property in the target area to: improve the appearance of the built environment; bring vacant commercial space back into use; and to renovate commercial units to make them fit for long term future use in accommodating employment. • The grant will operate in all communities adjacent to the coast from Connah's Quay to Saltney.
Saltney Coast Path Gateway	MF4	<ul style="list-style-type: none"> • Improve access and visitor facilities,

Further work is required to refine the shortlist for each constituency, creating a final list of interventions to be included within the respective LUF bids. This refinement will reflect the following

LUF framework requirements (relating to round 1, although requirements are anticipated to be the same for round 2):

- The requirement for all LUF funding to be spent by 31st March 2024; as such we are required to assess the likelihood of LUF funds being spent by that point.
- The total required for LUF funding for each bid is not to exceed £20 million; as such we are required to assess the total cost of the identified LUF interventions, which must not exceed £20 million per bid once the total value of identified match funding is accounted for.

5. Next steps

The current planning assumption is that round 2 of the LUF will open on 1st March 2022 and close on 10th May 2022. This has yet to be confirmed, with the only guidance provided by government indicating that the window will open in 'Spring 2022'.

Informed by the above assumption, the project plans for the development of both bids include the following main stages:

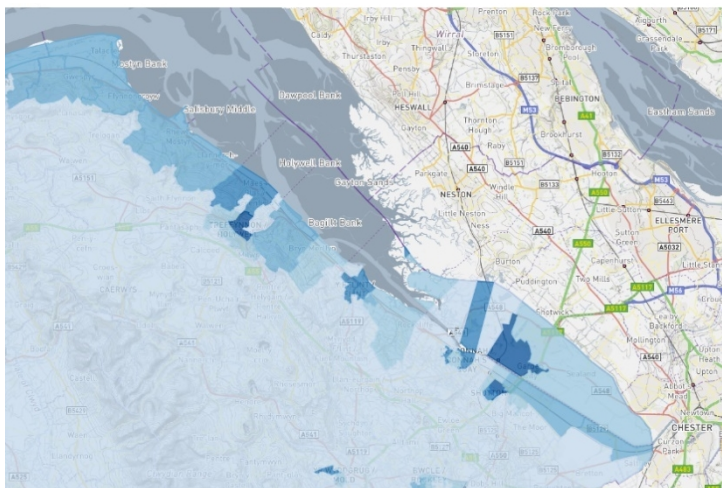
- **Stage 1** - confirm shortlist of propositions to be included within both bids (December 2021-January 2022)
- **Stage 2** - confirm designs and costings for all interventions to be included within both bids (December 2021-January 2022)
- **Stage 3** - undertake consultation exercises in relation to shortlisted interventions (January 2022)
- **Stage 4** - develop financial and economic models for both bids (January-February 2022)
- **Stage 5** - develop two LUF bids, one for each constituency, including gathering letters of support from stakeholders (including MPs) - (March-April 2022)
- **Stage 6** - Council review and approvals (end of April 2022)
- **Stage 7** - Submission of bids and letters of support (early May 2022)

Appendix 1 - Defining the Challenge

Socio-economic deprivation

Compared to the UK as a whole, income levels in Flintshire are below the national average, a greater number of households is in poverty and 2015 data suggests that 17.7% of all children in families which are eligible for child benefit were living in povertyⁱ.

In comparison to other Welsh counties Flintshire as a whole performs relatively well. In September 2019 at 79.7% it had the highest employment rate and at 2.3 the lowest unemployment rate as well as at £17,064 the third highest disposable income (after Monmouthshire and Newport) and at £23,086 the fourth highest GVA per head (after Cardiff, Newport and Wrexham) of all Welsh authoritiesⁱⁱ. In other words, Flintshire has a strong economic base. And yet, some parts of Flintshire suffer from high levels of socio-economic deprivation.



Source: Welsh Government, [DataMap Wales](#)

An analysis of WIMD 2019 dataⁱⁱⁱ shows that 3 LSOAs (or 4%) in Flintshire are in the 10% most deprived in Wales, rising to 10 (or 14%) for the 20% most deprived. As illustrated in the map (the darker the shade of blue the higher the deprivation), these are strongly concentrated in Deeside.

A total of 7 LSOAs (or 10%) in the county are in the top 20% most deprived in terms of employment and 11 LSOAs (or 15%) feature in this group in terms of income deprivation. This leads to the conclusion that in spite of a strong economy and high quality employment being available, some communities do not partake in the benefits from this.

Education and community safety are particular areas of concern in an otherwise relatively affluent county, with 9 LSOAs (or 13%) for education and 8 LSOAs (or 11%) for community safety being in the 10% most deprived areas in Wales (rising to 17 or 24% and 12 or 17% for the 20% most deprived respectively). This would suggest that considerable barriers to accessing good employment exist for these communities that are again strongly concentrated in Deeside with LSOAs in Shotton, Flint, Connah's Quay, Sealand and Mostyn all featuring strongly in the 10% most deprived groups for education (Shotton Higher 2 is even in the top 1% most deprived in this respect) and/ or community safety.

The Levelling Up funding can therefore play an important role in enabling investment that can retain existing employment and help create new 'stepping stone' employment opportunities (i.e. relatively low skill roles) in sectors such as tourism and heritage in close proximity to these communities experiencing high levels of income and employment deprivation.

Health

Considering health, the overall picture is less stark, with 5 LSOAs (or 7%) in the top 10% most deprived and 11 LSOAs (or 15%) in the 20% most deprived. However, as the 2019 WIMD results report points out, the only area to move from outside the 30% most deprived into the 10% most deprived group was Flint Coleshill 2 in Flintshire^{iv} and the same Deeside LSOAs again feature strongly in this group.

This would suggest that health and wellbeing is an area that would benefit from a particular focus for deprived communities in Flintshire.

This picture is borne out by a look at the inequality gap in life expectancy as measured by the Slope Index of Inequality. This suggests that the absolute gap in years of healthy life expectancy between the most and least deprived areas in Flintshire amounted to 11.6 for men and 13.7 for women for the most recent period for which data is available (2010-14)^v. Taking data for 2001-05 and 2005-09 into account, it appears that the trend is for this gap to narrow for men, but grow wider for women^{vi}.

Finally, the 2017 Well-being Assessment^{vii} identifies psychoactive substances and new novel drugs as well as addiction to prescription drugs as concerns for health and wider community well-being in the county. It also points out that 25.5% of 4-5 year old children and 57.5% of adults in Flintshire were found to be obese or over weight. A focus on higher physical activity levels therefore appears appropriate.

A focus on physical activity through encouraging and enabling active travel options and making the coastal strip with its outdoor appeal more accessible and safer for Deeside communities therefore responds directly to the concerns raised by this data analysis.

Crime

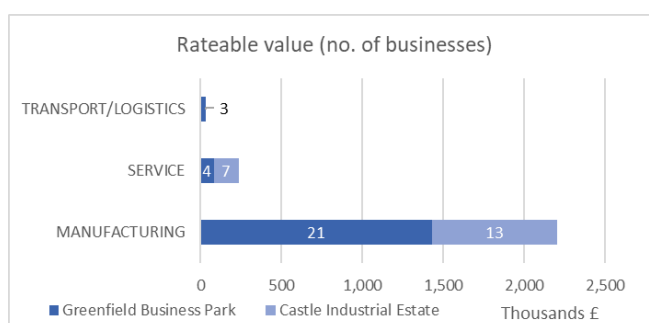
The 2017 Well-being Assessment for Flintshire stated that “Drug abuse is sometimes very visible in public places and is of concern to the public, and has an impact on reported acquisitive crime”, even though the actual “number of crimes committed and the people involved is quite small”^{viii}.

While a focus on enabling physical activity will go some way in opening up the coastal strip to local communities, an emphasis on ‘crowding out’ negative uses by investing in positive uses drawing on the natural beauty, heritage assets and an improved public realm will be key to delivering levelling up results.

Commercial constraints (industry)

In view of these socio-economic issues, it is desirable for vibrant economic activity to create new opportunities in the area, the Flintshire coastal strip. However, commercial constraints act as an obstacle in this respect. A lack of investment in commercial premises in town centres and industrial parks acts as a challenge to the retention of existing businesses and the creation or attraction of new ones.

A number of industrial estates/ business parks is located in the area, including the Greenfield Business Park and Flint Castle Park. Many of the existing units in both business parks are beyond economic repair at the end of their life and in many instances not fit for purpose any longer. However, adding up to a total rateable value of £2,517,950, the businesses accommodated in the units are important to the local economy.

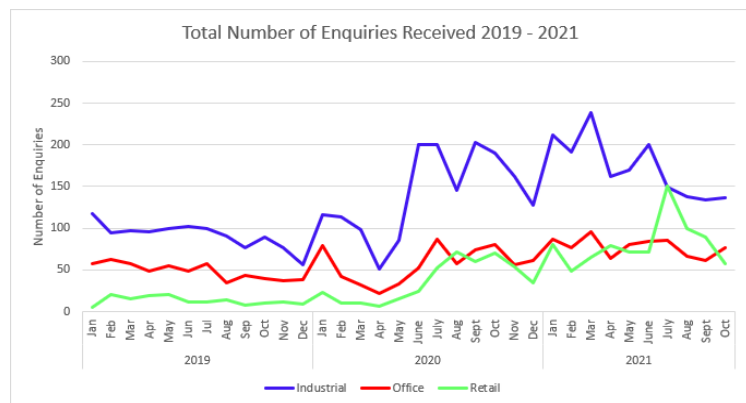


Source: own analysis of FCC data

While detailed Condition survey information is not available, the Greenfield feasibility study^{ix}, for instance, concluded from a visual review that many units were “legacy buildings” from previous uses and that “improvements have appeared to have been made within the last 20 years to many of the units but on an ad hoc basis”. It further states that “a number of units are coming to the end of their

life and will require significant investment within the next 5 years” and identified issues arising from key employers having outgrown their units and resorting to the (highly disruptive) use of shipping containers; issues arising from a lack of space for articulated HGVs. The Castle Park feasibility study echoes these findings, including stating that the current light weight structures may not be suited for “Building Regulation compliant overcladding or offer sufficient fire protection for future uses”^x.

Moreover, in the face of high demand, supply of suitable business premises is low. According to Council-collated data, as of October 2019 (reflecting pre-Corona levels) Council-managed business



Source: Data obtained from commercial agent

centres catering for start-ups and small businesses, had high occupancy rates ranging from 78% in Greenfield to 95% in Deeside. Following a drop in activity during the pandemic period, demand is now building again as evidenced by data from a local commercial agent, Legat Owen, regarding business accommodation enquiries. This suggests that the number of enquiries for commercial accommodation across all sectors

(industrial, office and retail) has increased significantly since April 2020, exceeding pre-pandemic levels. Increased take up of vacant space is leading to companies within Flintshire being unable to secure the desired size of space and having to look further afield into Wrexham, Cheshire and the Wirral.

It is therefore essential for the employment and prosperity prospects of local communities in Deeside to invest in business premises designed to retain and attract small local employers.

Commercial opportunity (tourism)

A total of 4.7m people live within a 60-minute drive time of Flintshire giving a large potential catchment for the visitor economy^{xi}. Considering income from tourism, a trend of steady growth in the economic impact from day visitors to the area was recorded from £63.93 million 2009 to £112.06 million in 2019^{xii}. Following a decreasing trend from 2009 to 2014, since 2015 employment has also displayed an increasing trend (from 2,920 FTEs in 2014 to 3,418 in 2019)^{xiii}. Read in conjunction with the Flintshire Destination Management Strategy^{xiv} it is clear that the area’s commercial potential of tourism in the widest sense (including leisure, recreation and tourism uses) remains largely untapped. Under the heading of ‘product development’ the strategy has a strong focus on supporting the development of a Flintshire Coast Park including the creation of small scale visitor infrastructure along the Dee coastline, and plans for wider place building activities (e.g. enhancing linkages between Greenfield Valley, Greenfield Docks and the coast or maximising the potential of Flint Castle). Similarly, the dockside area of Connah’s Quay has been identified as “a key hidden asset” and “a strategic investment opportunity”^{xv}.

And yet, a decline of traditional industries and a poor tourism infrastructure constrain the extent to which coastal communities can benefit from these opportunities. Levelling Up funding can enable the investment required to maximise the benefits from Deeside’s natural beauty, heritage assets and good opportunities to tap into a sizeable visitor economy market for these communities.

Place based issues (heritage)

As a result of limited benefits and investment from the high value-added economic activity clustered elsewhere in Deeside (e.g. advanced manufacturing, energy generation) reaching coastal communities in Deeside, the built heritage across the coastline and town centres too is falling into disrepair and disappearing. A lack of ownership and civic pride in both natural and heritage assets and a lack of positive engagement means that negative connotations and uses of these spaces prevail: the historic dock in Connah's Quay and leisure provision at Flint Dock don't receive the attention they deserve; the catch from the Dee is seen as contaminated, leading to limited engagement with fishery as a key traditional industry; and the coastal path and industrial heritage assets are disconnected from town centres; This multi-faceted disconnect and misconception impacts on the county's ability to promote its heritage and natural environment to visitors.

The conclusion that there is scope to achieve more in Flintshire is borne out by data from the RSA Heritage Index, which maps and monitors the extent to which heritage assets contribute to the prosperity and wellbeing of residents throughout the UK. The '2016' Opportunity Index provided as part of this initiative identified Flintshire as one of three places in Wales with "the largest gap when comparing heritage activities to assets"^{xvi} (the others being Cardiff and Newport). In the 2020 ranking, Flintshire still features as number seven in the top ten ranking for heritage potential (no. 17/22 for its overall performance). The strongest movement in Flintshire's ranking between 2016 and 2020 is evident for the domain of parks and open space, which saw a 12 point improvement in the county's heritage index ranking.

While the Index is a relative measure, it provides a useful quantitative dimension to Flintshire's potential to maximise the benefits from investment in place. Of particular interest is that, while Flintshire ranks at number 3 for assets in the domain of landscape and natural environment, the overall ranking is brought down by a rank of 16 when it comes to activities in this domain. When it comes to industrial heritage, at rank 22 for assets and 20 for activities, both dimensions would benefit from additional investment. In other words, for both of these domains, there is considerable scope to capitalise better on the natural and built environment.

Place based issues (public realm)

Beyond specific assets themselves, the nature, quality and connectivity of the physical environment more generally is a key determinant of the success of places.

WIMD 2019 data again provides a useful starting point for a more detailed consideration of the issues arising with regard to the physical environment in Flintshire, particularly as they relate to the Deeside coastal communities. In the 2014 WIMD analysis, Flintshire had the highest proportion of LSOAs in the most deprived 10% in Wales for the physical environment domain (34.8%) and Queensferry was the most deprived LSOA in this domain in Wales^{xvii}. In the 2019 assessment nearly a third of the 99 areas that had moved out of the 10% most deprived group for this domain between 2014 and 2019 were located in Flintshire. The report explains this movement with reference to the inclusion of the green space sub-domain in the WIMD indicator and the exclusion of the proximity to waste disposal and industrial site sub-domain^{xviii}. The improved position of LSOAs in Flintshire therefore suggests that green space is an asset in the county while industrial sites affect the attractiveness and economic and health benefits that can be derived from it.

And yet, a 2020 Natural Resources Wales report assessing the state of natural resources in Wales suggests that "in the more deprived communities of Wales particularly, more still needs to be done to reduce inequality and inequity of access to, and benefit from, natural resources"^{xix}. Places to focus on are identified as: Coast and rivers; Woodlands; Urban areas and Other green and blue spaces, including coastal and marine areas.

In this context the Master Plan for Connah’s Quay Waterfront^{xx} identifies a number of commercial lessons from successful waterfront developments elsewhere that provide pointers for investments to create a destination in Deeside. These include “Creating strong pedestrian and cycling circuits along the waterfront linking a large number of attractions of different type and interest points; Enabling people to get near to the water; Providing opportunities for people to eat and drink overlooking the water; Animating the water and the docksides; Using both events of many types, small scale and large scale, to attract visits and enhance awareness of the destination.”

Improving connectivity is therefore a priority for the public realm. In this context, green infrastructure with a particular focus on the coastal strip itself and its linkages with the town centres of Flint, Connah’s Quay and Shotton has been identified as a key opportunity for Flintshire. The Flintshire Active Travel Integrated Network Map was developed to increase the currently limited levels of walking and cycling in Flint for everyday journeys and to encourage the use of Green Infrastructure and open space for leisure and Active Travel^{xxi}.

In line with this, the 2015 Flintshire Coast Park Prospectus developed a vision for “an accessible coast park which celebrates the natural environment and heritage of the Welsh coast”. It identified the “huge potential for tourism, recreation and wildlife appreciation”^{xxii} along the 25 mile stretch of coast with over half of the county’s population living within 2 miles of the coast and the Wales Coastal Path connecting into the North West of England. The same study suggests, however, that “access to the shore remains constrained and poorly presented in places”.

Addressing the current lack of services (from public toilets to a tourism or visitor offer) and providing much better connectivity between natural and heritage assets on the coast and in town centres is therefore essential to create a strong public realm in the coastal communities that are the subject of the Levelling Up bids and ensure that they are equipped to take advantage of the promise these assets hold.

ⁱ Flintshire Public Services Board (2017), Assessment of Local Well-being for Flintshire

ⁱⁱ Welsh Government (2020), Regional economic and labour market profiles, January 2020 URL: <https://gov.wales/regional-economic-and-labour-market-profiles-january-2020>

ⁱⁱⁱ Welsh Index of Multiple Deprivation 2019 by rank, decile and quintile, Lower-layer Super Output Area (LSOA), <https://stats.wales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation/WIMD-2019/welshindexofmultipledeprivation2019-by-rank-decileandquintile-lowerlayersuperoutputarea> [accessed 16/11/2021]

^{iv} Welsh Government (2019), Welsh Index of Multiple Deprivation, (WIMD) 2019, Results report, URL: <https://gov.wales/sites/default/files/statistics-and-research/2019-11/welsh-index-multiple-deprivation-2019-results-report-024.pdf>

^v Welsh Government, Inequality gap in life expectancy and healthy life expectancy at birth (Slope Index of Inequality) in years by Local Health Board and Local Authority, URL: <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/Life-Expectancy/inequalitygapinlifeexpectancyandhealthylifeexpectancyatbirthslopeindexofinequalityinyears-by-localhealthboard-localauthority>, [accessed 16/11/2021]

^{vi} Public Health Wales (2011), Measuring inequalities, Trends in mortality and life expectancy in Flintshire

^{vii} Flintshire Public Services Board (2017), Assessment of Local Well-being for Flintshire

^{viii} Flintshire Public Services Board (2017), Assessment of Local Well-being for Flintshire

^{ix} Flintshire County Council (2021), Greenfield Feasibility Study

^x Flintshire County Council (2021), Castle Park Feasibility Study

^{xi} Flintshire County Council (2020), Recovery Theme Plan 2020/21 | Tourism & Hospitality Sector (internal document)

^{xii} Flintshire County Borough Council (2019), Steam Final Trend Report for 2009-2019

^{xiii} Flintshire County Borough Council (2019), Steam Final Trend Report for 2009-2019

^{xiv} Flintshire County Council (2017), Flintshire Destination Management Strategy Plan 2017-2020

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- ^{xv} Flintshire County Council (2016), Connah's Quay Waterfront Development Framework
- ^{xvi} RSA Heritage Index (2016), <https://www.thersa.org/reports/seven-themes-from-the-heritage-index/interactive#opportunityindex> [accessed 16/11/2021]
- ^{xvii} Natural Resources Wales (2014), The State of Natural Resources Report (SoNaRR): Assessment of the Sustainable Management of Natural Resources. Technical Report. Chapter 5. Well-being in Wales.
- ^{xviii} Welsh Government (2019), Welsh Index of Multiple Deprivation, (WIMD) 2019, Results report, URL: <https://gov.wales/sites/default/files/statistics-and-research/2019-11/welsh-index-multiple-deprivation-2019-results-report-024.pdf>
- ^{xix} Natural Resources Wales (2020), The Second State of Natural Resources Report (SoNaRR2020) Assessment of the Achievement of SMNR Aim 3: Wales has Healthy Places for People, Protected from Environmental Risks.
- ^{xx} Colliers International (2015), Draft Connah's Quay, Waterfront Masterplan Baseline
- ^{xxi} Flintshire County Council (no date), Draft Flint Green Infrastructure Plan
- ^{xxii} Flintshire County Council (no date), Flintshire Coast Park Prospectus

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CABINET

Date of Meeting	Tuesday 18 January 2022
Report Subject	Flintshire Coast Park
Cabinet Member	Cabinet Member for Economic Development and Countryside
Report Author	Chief Officer (Planning, Environment & Economy)
Type of Report	Operational

EXECUTIVE SUMMARY

In 2014 a strategic framework of opportunities along the Dee Estuary foreshore was produced. The proposal of a coast park sought to identify the estuary foreshore as a single entity akin to a Regional Park.

The concept of a Flintshire Coast Park should be explored again in light of opportunities related to Levelling Up funding (LUF) availability.

Work to develop a Regional Coast Park for Flintshire would provide a fresh impetus and focus for the coast, raising the profile of the foreshore and enable communities and businesses to work sustainably and innovatively to help deliver environmental, economic and social prosperity.

RECOMMENDATIONS

1	Members note the strategic direction set out in the Coast Park Prospectus and support work to develop the creation of a Regional Flintshire Coast Park.
2	That Cabinet welcomes the views of the Environment and Economy Overview and Scrutiny Committee, and delegates authority to the Chief Officer (Planning, Environment and Economy) (in consultation with the Cabinet Member for Economic Development) to make minor changes to the proposals to reflect those views

REPORT DETAILS

1.00	EXPLAINING THE FLINTSHIRE COAST PARK
1.01	<p>Following the completion of the Wales Access Improvement Programme (2006-2013), culminating in the opening of the Wales Coast Path in 2012, Flintshire identified a series of local ventures along the Dee Coastline from Talacre to Shotton that individually and collectively would help to:</p> <ul style="list-style-type: none"> • Enhance and interpret the area’s outstanding natural and heritage value • Attract and retain more visitors • Provide community facilities and events • Create jobs and enhance skills • Reverse environmental decline
1.02	<p>TEP consultancy was commissioned in 2014 to develop a strategic framework of opportunities along the Dee Estuary foreshore and produced a Flintshire Coast Park Prospectus. (Appendix 1). The proposal of a coast park sought to identify the estuary foreshore as a single entity akin to a Regional Park.</p>
1.03	<p>Regional Parks have a formal designation to enable the coordination and management of publicly accessible land at a landscape scale. They often include landscapes of regional importance and provide havens for wildlife.</p> <p>In North Wales, on a landscape scale, there is the National Park and the Areas of Outstanding Natural Beauty, (and a proposal for a new National Park in NE Wales). A Regional Park would fill the position between these large area designations and the more local Country Park designation.</p>
1.04	<p>Regional Parks can bring partners together to enable and deliver significant local and regional economic and environmental benefits, including:</p> <ul style="list-style-type: none"> - Help safeguard and create jobs by supporting local businesses and inward investment - Provide accessible high quality greenspace for improved health and well being - Develop improved community resilience and local economic opportunities making spaces more liveable places - Support climate change adaptation by maximising the role of green infrastructure - Improve biodiversity and habitat connectivity - Changes perceptions

1.05	<p>There are few examples across the UK but notable ones are:</p> <p>South Wales - The Valleys Regional Park, https://valleysregionalpark.wales/ Colne Valley Regional Park near London, https://www.colnevalleypark.org.uk/</p>
1.06	<p>The concept of a Flintshire Coast Park should be explored again in light of opportunities related to Levelling Up funding (LUF) availability.</p> <p>The LUF guidance states:</p> <p><i>‘Investment in cultural assets can rejuvenate places, leading to positive economic and social outcomes at a local level. It can help to retain and grow a highly skilled workforce, attract tourists to bolster local business, and provide opportunities to grow people and communities’ connections with places. Additionally, supporting the development of a more positive relationship between people and place can have a positive impact on both mental and physical health. In short, culture and heritage are things that people up and down the country bring people together and strengthen communities.’</i></p> <p><i>LUF Prospectus March 2021</i></p>
1.07	<p>The idea of a Flintshire Coast Park, with a possible designation of Regional Park, will align with the LUF and currently the two applications for LUF funding in Flintshire are focused in the coastal zone and would be supported by the Flintshire Coast Park Prospectus.</p>
1.08	<p>The Coast Park Prospectus</p> <p>The aims of the prospectus were underpinned by the detailed proposals presented in the 2008 Flintshire Coastal Park Green Infrastructure Action Plan and the Lower River Dee Green Infrastructure Action Plan.</p>
1.09	<p>The vision presented was for an accessible coast park which celebrates the natural environment and heritage of the Welsh coast. The vision can be achieved through sustained investment and by working with key partners including community, businesses and public bodies who share the vision for the coast park.</p> <p>By 2034 the Flintshire Coast Park could have a reputation for:</p> <ul style="list-style-type: none"> • Its high quality and accessible environment; • Vibrant and sustainable fishing operations; • Thriving tourism and recreation opportunities at the Northern Gateway, Connah’s Quay, Flint, Bagillt, Greenfield and Talacre; • Flourishing wildlife enjoyed by locals and visitors; • Celebrating its heritage; and linking communities.
1.10	<p>The priorities presented were:</p>

	<ul style="list-style-type: none"> • Enhancing our tourist, recreational and cultural activity; • Improving gateways to the coast at Connah's Quay, Flint, Bagillt, Greenfield and Talacre; • Increasing usage by pedestrians, cyclists and horseriders along the Wales Coast Path; • Stimulating interest in the coast's natural history and maritime culture. • Revitalising ports and harbours to increase interaction between the land and water; • Ensure effective marketing and branding.
1.11	<p>Six key hubs offer particular opportunity to promote heritage, recreation, tourism, wildlife and enterprise. These included:</p> <ul style="list-style-type: none"> • Northern Gateway • Connah's Quay Dock • Flint Waterfront • Bagillt Inlet & Bettisfield Hill • Greenfield Dock & Greenfield Valley • Talacre <p>The Wales Coast Path provides the common thread between the 6 hubs, providing walkers, and visitors, with a flavour of the Flintshire Coast. The distinctive character of each hub will give users a rich and memorable experience of this part of coastal Wales</p>
1.12	<p>Next Steps</p> <p>A new Regional Coast Park for Flintshire would provide a fresh impetus and focus for the coast, raising the profile of the foreshore and enable communities and businesses to work sustainably and innovatively to help deliver environmental, economic and social prosperity.</p>
1.13	<p>The 2014 prospectus outlined 20 year strategic direction for the coast in Flintshire and much work has been achieved in the last 7 years. A review of action delivered, and an understanding of what opportunities remain, would inform the next stage of the process.</p>
1.14	<p>A scoping study to look at the formal establishment of a Regional Park is planned to be undertaken, to include mapping, SWAT analysis, delivery plan, branding & marketing etc. This would need to be followed up by consultation of various stakeholders such as Natural Resources Wales, Town & Community Councils along the estuary and other key partners and community group stakeholders. The identification of funding is paramount to realise the potential.</p>

2.00	RESOURCE IMPLICATIONS
2.01	Currently work along the coast is funded through external grant aid and delivered in house through the Coastal Rangers

2.02	The financial implications of a Regional Flintshire Coast Park are currently unknown but would be identified through the scoping study.
2.03	There is limited capacity to undertake the scoping study in-house, and therefore it should be commissioned externally and likely to cost in the region of £25k

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	Consultation with partners and key stakeholders would be carried out as part of the development work
3.02	The concept of a Regional park was explored at Planning, Environment 7 Economy Programme Board in November 2021 and broadly supported.

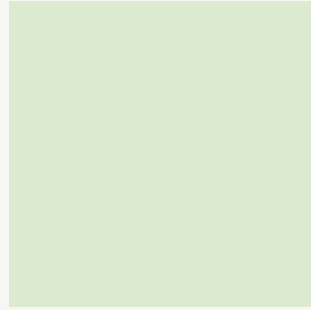
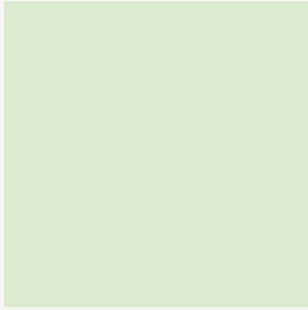
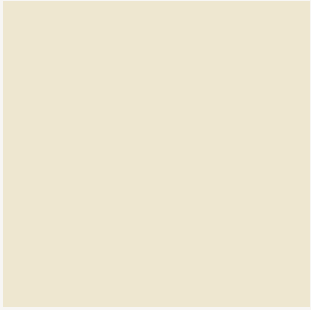
4.00	RISK MANAGEMENT
4.01	None identified.

5.00	APPENDICES
5.01	Flintshire Coast Park Prospectus

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Contact Officer: Tom Woodall, Access & Natural Environment Manager Telephone: 01352 703902 E-mail: tom.woodall@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	Wales Coast Path National walking route covering 870miles of the Welsh Coast
7.02	Levelling Up Fund The government's levelling-up fund is designed to combat regional inequality by investing in infrastructure that brings pride to a local area
7.03	Green Infrastructure Green infrastructure is a network of multi-functional green space and other green features, urban and rural, which can deliver quality of life and environmental benefits for communities
7.04	Natural Resources Wales Natural Resources Wales is the largest Welsh Government Sponsored Body, formed in April 2013, largely taking over the functions of the Countryside Council for Wales, Forestry Commission Wales and the Environment Agency in Wales

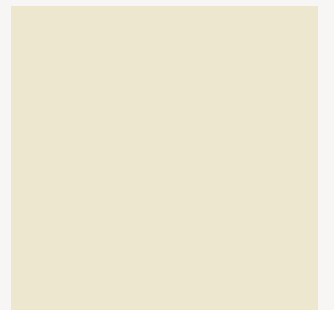
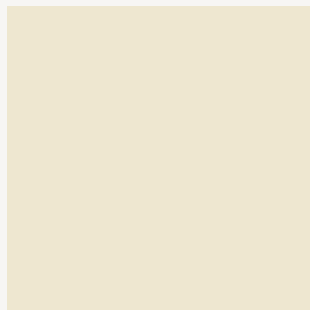
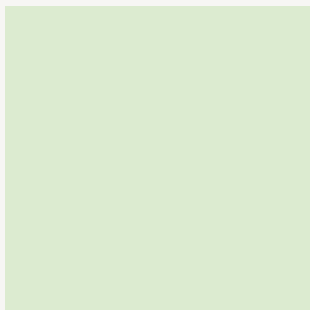
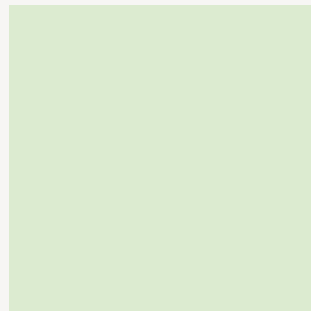
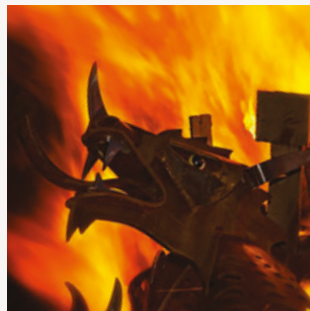
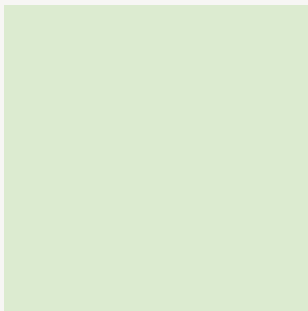
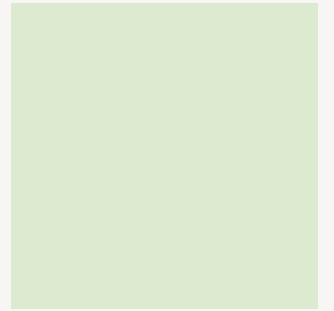
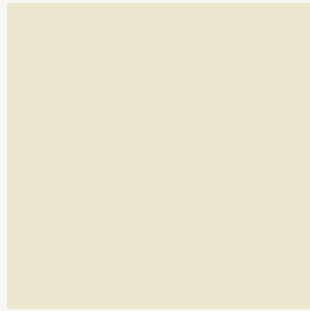
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FLINTSHIRE

 COAST PARK

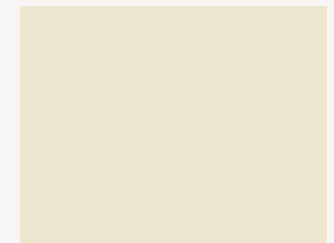
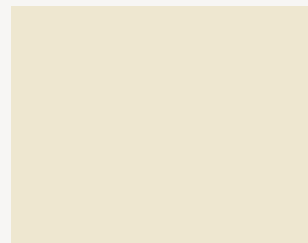
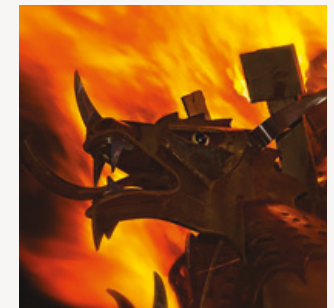
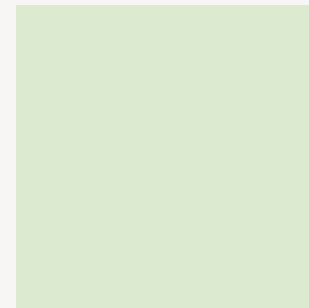
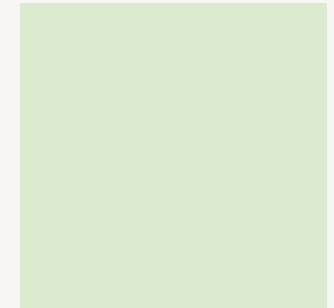
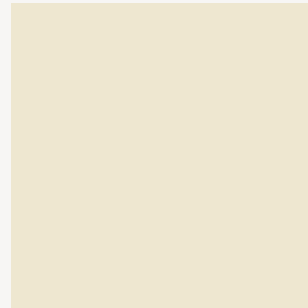
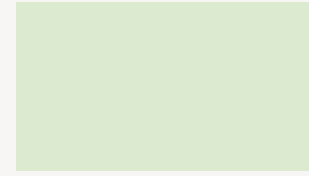


CONTEXT MAP



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2	Welcome to the Flintshire Coast
3	'Now is a time to be part of it'
4	History
5	A Changing Coast - What's been achieved
6	Six Hubs
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8	Hub 2 Connah's Quay Wharf
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16	Wales Coast Path
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WELCOME TO THE FLINTSHIRE COAST

The Flintshire coast is Wales' most north-easterly stretch of coast and it fronts one of the UK's most important estuaries for wildlife. The coastline is very diverse with a major economic centre at Deeside, the historic settlement of Flint and the dunes at Talacre. The coast is close to the population centres of north-east Wales and north-west of England and transport connections are good. Flintshire's coast has huge potential for tourism, recreation and wildlife appreciation.

Flintshire's Coast stretches for 25 miles from Connah's Quay to Gronant and links the Wales Coast Path with the north-west of England. Over half of Flintshire's population live within 2 miles of the coast. The coast is also a key location for investment with plans for over 2000 new homes and 200 hectares of land for business and industry. A high quality and accessible coast will accelerate investment and regeneration.

Significant work has already been done on the coast but access to the shore remains constrained and poorly presented in places. This is undermining the county's potential to develop the coast for recreation, tourism and appreciation of the unique wildlife and cultural heritage.

Flintshire County Council, supported by a strong public/private partnership, has produced this prospectus as an expression of our aspirations for the coast. It identifies key hubs where we are seeking investment. It is an invitation to join us at the start of this exciting period for the Flintshire Coast Park and for you to contribute your ideas and resources.

There are many challenges ahead but we take heart from what has already been achieved by community, landowners and partners working together. Other waterfront parks in the UK have shown that a sustained programme of environmental enhancements brings economic benefit such as the Durham Heritage Coast and the Mersey Waterfront Regional Park.



JB Attridge

Councillor Bernie Attridge
Deputy Leader and Cabinet
Member for Environment

‘NOW IS A TIME TO BE PART OF IT’

Our vision is for an accessible coast park which celebrates the natural environment and heritage of the Welsh coast. Our vision can be achieved through sustained investment and by working with key partners including community, businesses and public bodies who share the vision for the Coast Park.



By 2034 the Flintshire coast park will have a reputation for:

- Its high quality and accessible environment;
- Vibrant and sustainable fishing operations;
- Thriving tourism and recreation opportunities at the Northern Gateway, Connah's Quay, Flint, Bagillt, Greenfield and Talacre;
- Flourishing wildlife enjoyed by locals and visitors;
- Celebrating its heritage; and
- Linking communities.

Our priorities are:

- Enhancing our tourist, recreational and cultural activity;
- Improving gateways to the coast at Connah's Quay, Flint, Bagillt, Greenfield and Talacre;
- Increasing usage by pedestrians, cyclists and horseriders along the Wales Coast Path; and
- Stimulating interest in the coast's natural history and maritime culture.

Our priorities continued:

- Revitalising ports and harbours to increase interaction between the land and water; and
- Ensure effective marketing and branding.

We are also committed to:

- High quality and consistency of design;
- Safeguarding internationally important wildlife resources;
- Celebrating and interpreting the rich maritime heritage;
- Working in partnership with major employers, landowners and education-providers;
- Stimulating enterprises and community activity reliant on a coastal location; and
- Providing socially-inclusive facilities which encourage healthy lifestyles.

HISTORY

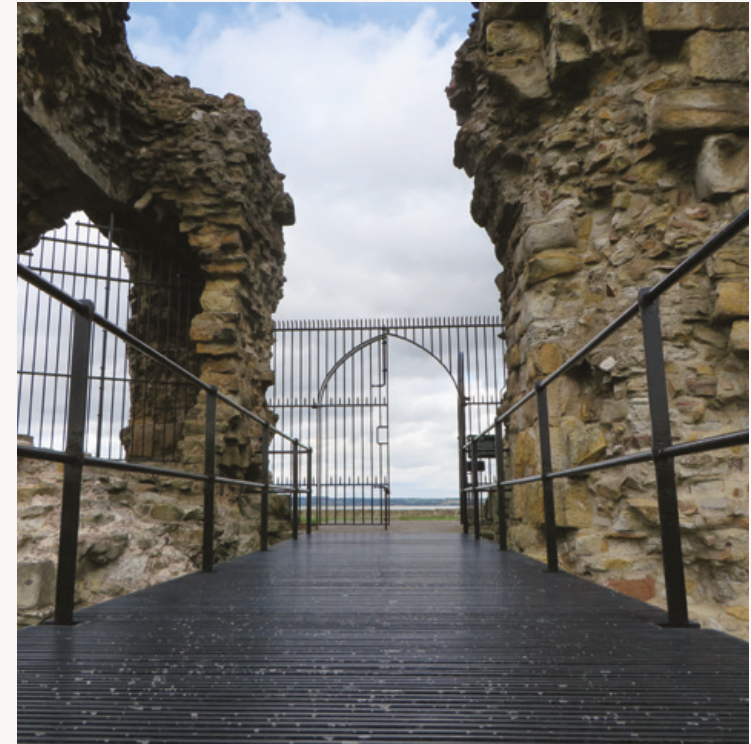
The rich, sheltered waters of the Dee Estuary would have attracted fisherman thousands of years ago but the first true industry was probably the Romans smelting lead ore at Oakenholt in around 40AD¹.

The 13th century was a period of unrest between the Welsh and the English. Ewloe Castle was built in 1257 by the Welsh Prince Llewelyn ap Gruffydd in defiance of the English monarchy but in 1277 Edward I began his invasion of Wales and ordered Flint Castle and the town of Flint to be built.

Industry really started to develop in the late 17th century when coal replaced charcoal for smelting lead. Lead was brought down from Halkyn Mountain but ore could also easily be brought into Flintshire too. The estuary became a busy shipping route, exporting coal, lead, copper and other goods but silting up was a problem and in 1737 the New Cut was dug to improve access to Chester and the first lighthouse was built at Talacre in 1777. Connah's Quay grew after this both as a port and a centre for ship building including the famous Kathleen and May, built in 1900 by Ferguson and Baird.

The coast has a number of cultural associations including William Turner's visit to the area and his paintings of Flint Castle and the Dee Estuary in 1838. Greenfield Dock brought pilgrims to St Winefride's Well but also served the industry in Greenfield Valley. By the start of the 20th century, the nearby Flint Port was handling lead, coal and chemicals but gradually the old, heavy industry disappeared. Castle Works in Flint shut down in 1977 and the last colliery at Point of Ayr closed in 1996.

Flintshire County Council have started to address some of the negative perceptions of the coast and many of the industrial sites near Flint and Bagillt have now been decommissioned and decontaminated and the land handed back for nature, recreation and agriculture. The tidal range in the Estuary is dynamic and the variety of views across the Estuary to the Wirral and Liverpool Bay are breathtaking. The estuary is internationally important for bird life, with over 130,000 waders and wildfowl spending winter there.



¹Text on page 4 reproduced from Discover Flintshire's Coast, Flintshire Countryside Service

A CHANGING COAST - WHAT'S BEEN ACHIEVED ...



Flintshire County Council and partners have been very active in recent years making the coast more attractive for recreation, tourism and wildlife.

There are some very impressive statistics:

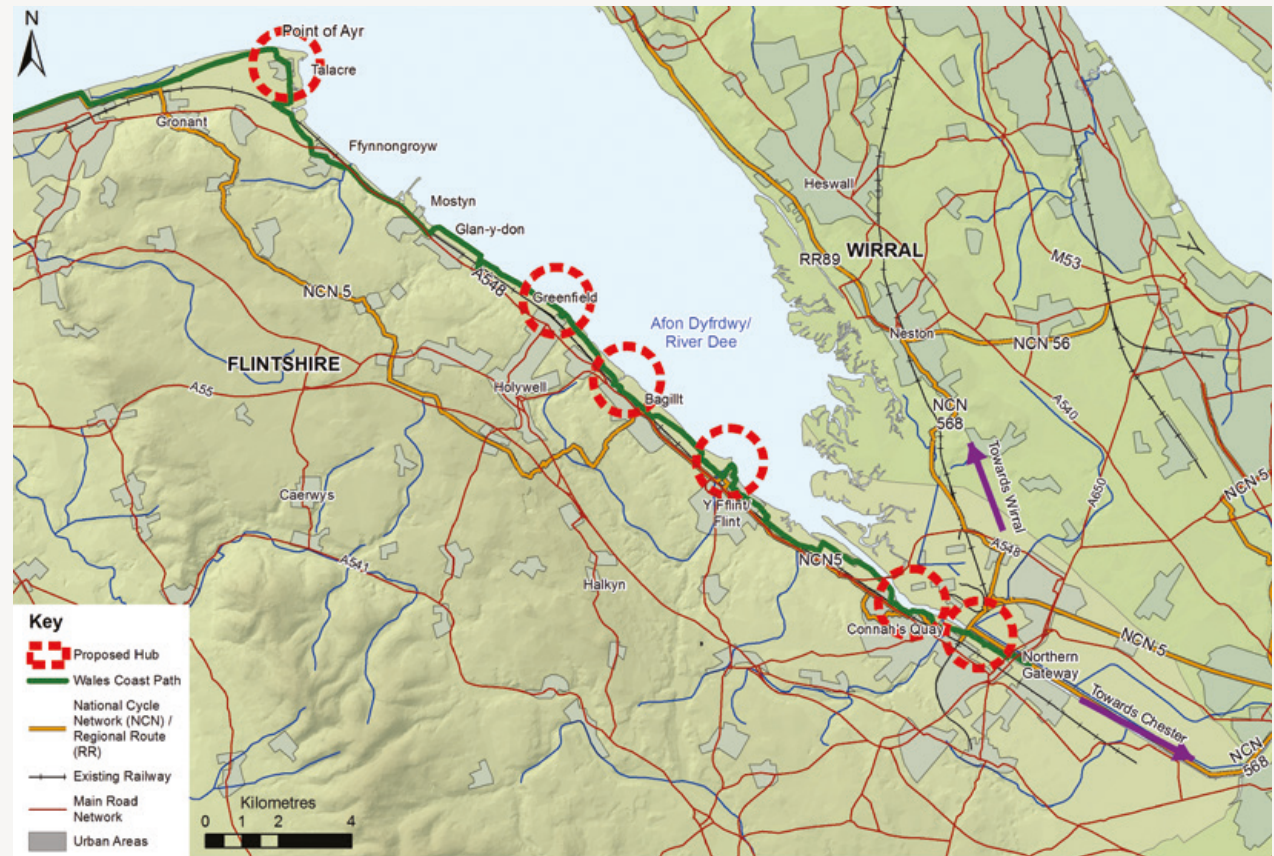
- Over 2000 volunteer days spent annually cleaning up the coast;
- Over 25 miles of footpath network improved, connected & signposted to deliver the Wales Coast Path;
- £ 1.3m funding secured to improve the coastal strip since 2007;
- Successful partnerships with over 20 businesses and 30 community groups involved in projects along the estuary;
- Successful programme of 20 annual events; and
- Bike route linking the Deeside Industrial Park to Neston.

SIX HUBS

6 key hubs offer particular opportunity to promote heritage, recreation, tourism, wildlife and enterprise.

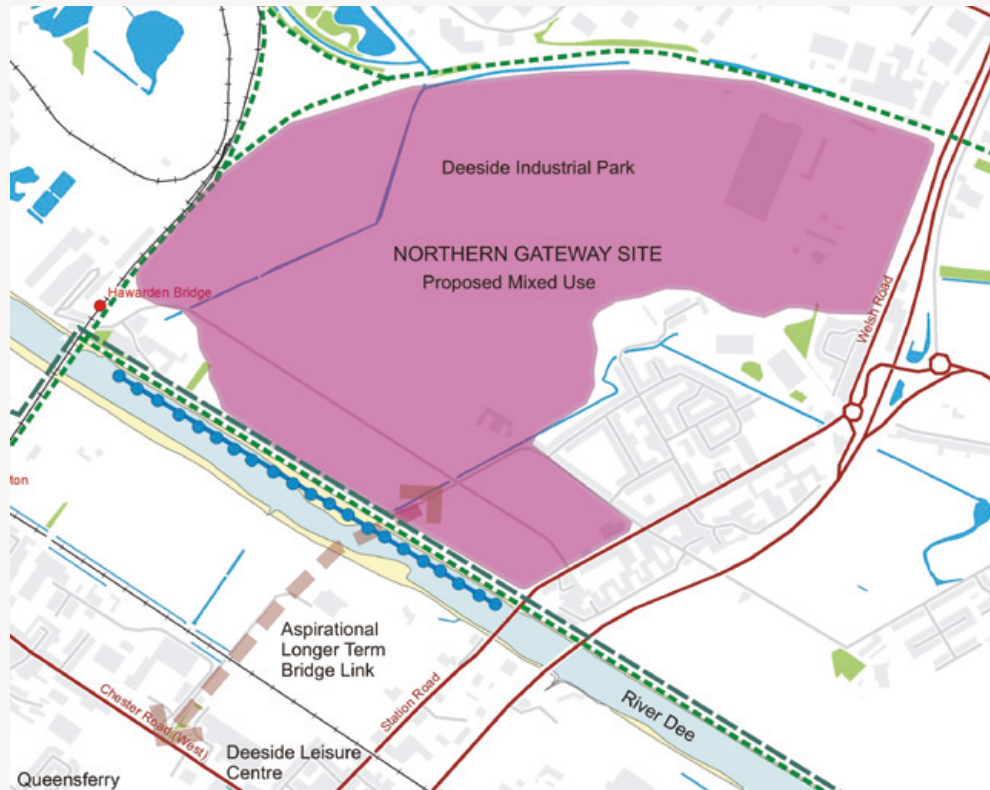
These include:

- Northern Gateway
- Connah's Quay Dock
- Flint Waterfront
- Bagillt Inlet & Bettisfield Hill
- Greenfield Dock & Greenfield Valley
- Talacre



HUB 1: NORTHERN GATEWAY WATERFRONT

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The 165 hectare Northern Gateway site sits in a highly strategic location on the banks of the River Dee and near to the border with England. Construction on site is shortly to commence and when fully realised Northern Gateway is likely to deliver up to 5000 jobs, up to 1000 homes and extensive green infrastructure. There are significant opportunities to modify the Dee waterfront for better links to Northern Gateway and to provide a high quality environment for business, living, recreation, sustainable transport, tourism and wildlife. A new foot/cycle bridge link from Northern Gateway to Deeside Leisure Centre and Queensferry is an aspiration which will improve access to job opportunities in Northern Gateway especially for those without a car.

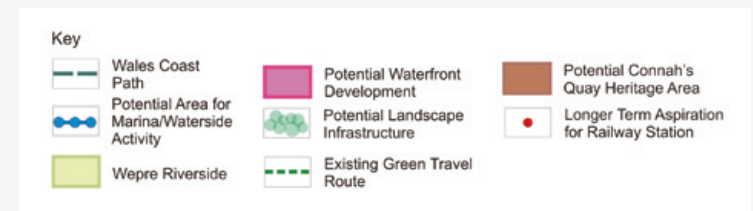
HUB 2: CONNAH'S QUAY DOCK

Dock Road serves Connah's Quay historic harbour and shipbuilding area. From the waterfront on Dock Road there are some excellent views downstream towards the cable-stayed Flintshire Bridge and upstream towards Northern Gateway. However there are also some detractors including the fragmented appearance of light industry, the steel works and a number of overhead power lines.

There are a number of opportunities in the area, including those promoted by the Quay Waterman's Association who have prepared a business plan to regenerate Connah's Quay dock. Their vision includes creating a heritage centre for community use and marine and sea cadet training; establishing a floating pontoon for boat trips to Chester and the north Wales coast and larger vessel maintenance.

When the River Dee was diverted into its present channelized course in 1737, the River Dee Company (1741-1902) engineered extensive land reclamation at the head of the river. In 1896 the former marshland became home to Shotton Steelworks with Connah's Quay providing access to the river and a means of transporting goods by boat. Today the steelworks are owned by Tata Steel Ltd and manufacture cladding systems and niche engineering products.

The physical detractors in the area can be addressed by a gradual improvement of the building form along Dock Road and changing of uses to be more focussed on maritime based businesses, together with cultural, heritage, leisure and recreation facilities. There are also opportunities for significant landscape screening of the steel works on the north banks of the Dee which would greatly improve views and perceptions of the area.





Left: Existing view of Connah's Quay Dock.

Below: Proposed heritage centre and enhancements to dock.



HUB 3: FLINT WATERFRONT

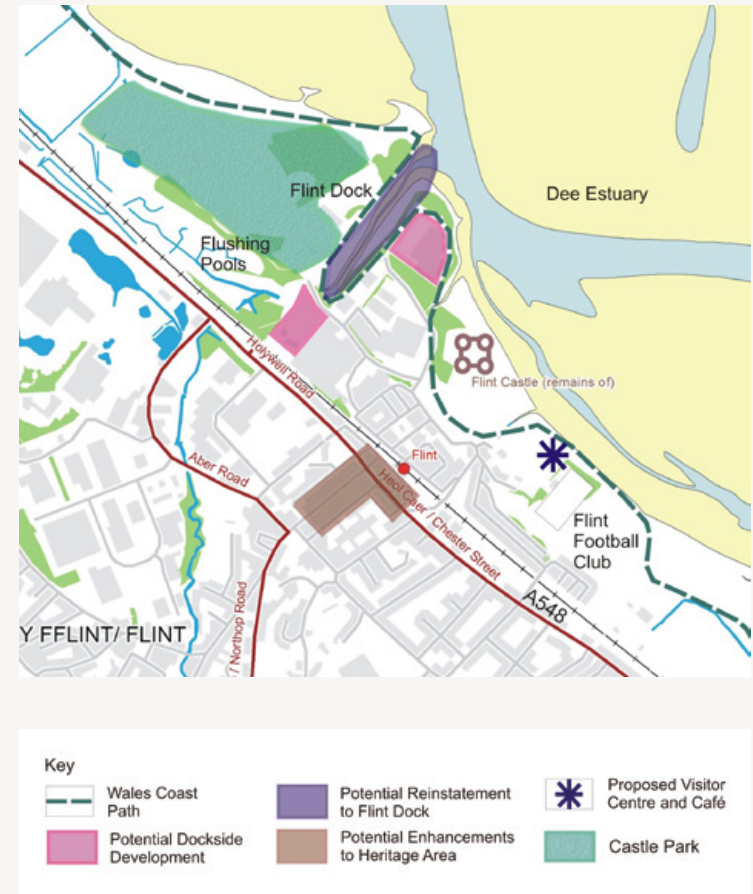
Flintshire County Council has recently prepared a Strategy and Masterplan for Flint 2021 that envisages the town as a local destination capitalising on its assets especially its history as a 'bastide' fortified market town and its waterfront. Key to the Masterplan is to reconnect the town to the castle and waterfront and to embed Flint within the sub regional tourism network.

The castle is a tremendous asset to the town and the setting provided by the Dee Estuary is breathtaking, however for the visitor there is currently limited interpretation of the castle and the land uses adjacent do not contribute to its setting. Flint Town Football Club is seeking to address this by devising the plan for a visitor/interpretation centre near the castle. The facility could be shared with the Football Club and could provide important interpretation facilities about the Coast Park.

An important asset for the town is Flint Dock and in the early 20th Century it was a busy port handling coal, lead and chemicals. Near the Dock are some

flushing pools that fill at high tide and were used historically to flush out silt in the dock. The Friends of Flint Dock are looking to restore the gate to the flushing pools to reinstate the cleaning out process.

The headland site located between the Castle and the Dock was previously occupied by a processing plant but now lies vacant. The existing vegetation to the edges of the Dock provides a high quality setting and framed view across the estuary to the Wirral. Although allocated for employment, an ambitious proposal could be to transform the area to offer more attractions for visitors and local people. This could include facilities related to the Castle, a gallery to celebrate William Turner's work, café and restaurant facilities and marine related accommodation for the Dock. A complementary proposal could see the reinstatement of the Flint Dock as a working port bringing a sense of interest, energy and vitality and boat access during low tide.

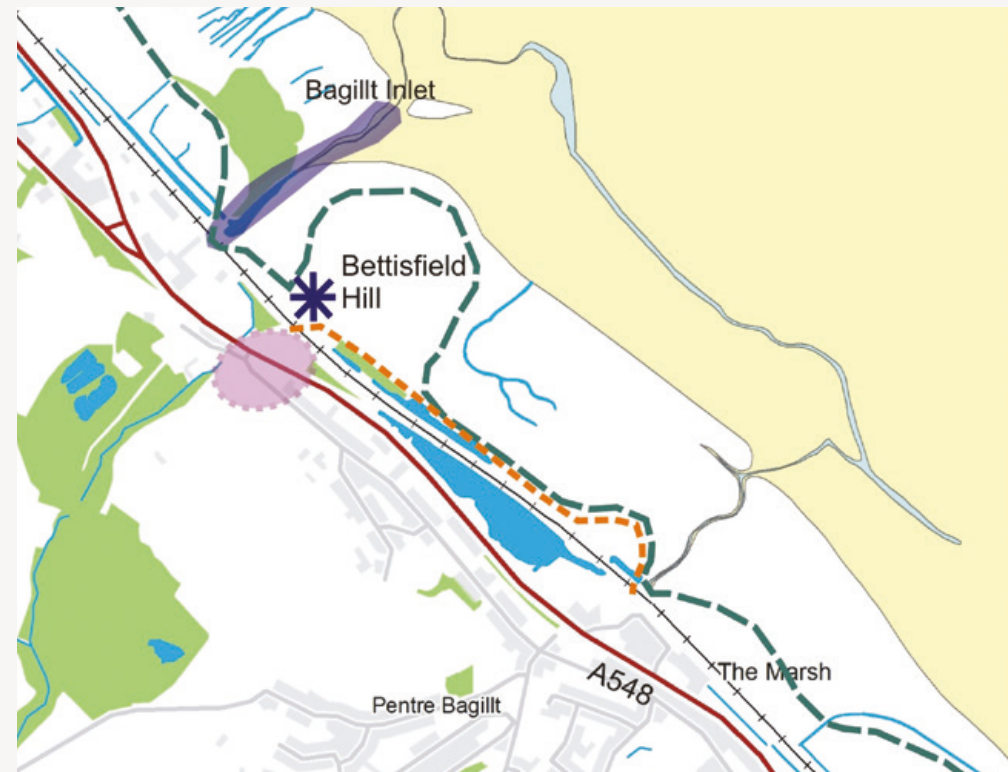




HUB 4: BAGILLT INLET & BETTISFIELD HILL

The Bagillt Community in partnership with Flintshire County Council, have prepared proposals for the Bagillt Inlet and immediate areas, including the former Bettisfield Colliery. The Inlet, now filled with silt, was previously kept clear by the flushing effect of the 10 mile long Milwr Tunnel, that used to drain the Holywell district and 60 miles of passages from Loggerheads under Halkyn to Bagillt.

The proposal envisages the reinstatement of the inlet for improved access to fishing boats and the conversion of the old colliery winding house into a heritage centre and café. There are also opportunities to enhance Bettisfield Hill, a high point along this section of the coast with commanding views of the estuary and a focal point provided by the dragon torch. The proposal would also require access improvements from the coast road (A548). The Wales Coast Path follows a circuit around the hill.



Key		
Wales Coast Path	Potential Access Improvements	Proposed Visitor Centre and Café
Existing Cycleway	Proposed Reinstatement to Bagillt Harbour	



Above: Aerial perspective of the old colliery winding house converted into heritage centre and café, with Bagillt Inlet and Bettisfield Hill also in view.

HUB 5: GREENFIELD DOCK & GREENFIELD VALLEY

Like many of Flintshire's ports and harbours, Greenfield has a very rich history. During the 18th Century it traded extensively with Liverpool and by the 19th Century ferries brought pilgrims to nearby Holywell. The Dock is now the centre for significant fishing and shell-fishing activity and funding is being sought to improve the slipway for fishing, cockling and leisure activities and the refurbishment of the former security gatehouse into a café.

Currently all the produce from the sea is exported to South Wales for processing but there are aspirations to provide processing facilities on site. Any proposed facilities, could in the longer term, incorporate a local fish market and restaurant creating a focal point for the area.

A longer term aspiration could be to create a floating harbour/dock so that the water level remains constant and is not affected by the state of the tide

of the River Dee. A floating harbour would enable a more functional facility and provide a more attractive and appealing environment.

Just across the A548 coast road are significant attractions in the Greenfield Valley including Basingwerk Abbey, Greenfield Valley Museum and Heritage Park and heritage attractions at Holywell. These sites are currently connected by an attractive woodland off-road route for pedestrians and cyclists and the same route could be extended over the existing viaduct across the coast road to link with the Dock, and the Wales Coast Path.

The presentation of Greenfield Dock and Greenfield Valley on the coast road is currently quite poor and there is opportunity to consider more sympathetic uses on the sites fronting Bagillt Road and Dock Road in the longer term to draw more visitors to both attractions.



Key			
	Wales Coast Path		Longer Term Improvement to Frontage Sites
	Existing Green Travel Route		Potential Improvements to Greenfield Dock
	Potential Extension to Green Travel Route		Longer Term Aspiration for Railway Station
			Existing Greenfield Valley Museum and Heritage Park

HUB 6: TALACRE



A masterplan for Talacre and Gronant was completed in 2010 describing the locality as the ‘green jewel’ of the North Wales Coast. 80% of the annual spend on tourism in Flintshire is spent in Talacre and Gronant. The study highlighted improvements for visitors to better harness economic benefits.

The masterplan recommends a number of improvements including transport, accessibility, parking and public spaces to better accommodate the influx of visitors during key periods of the year. It also recommends improving the quality of visitor services in the area, including the provision of interpretation.

There are three priorities for action going forward:

- Landscape – *develop local tourism industry in ways which do not detract from the special and protected landscapes;*
- Visitor experience – *develop the experience and promotion of outdoor adventure, heritage and culture; and*
- Accommodation, customer service and public spaces – *investment in these areas to underpin positive visitor perception and contribute to lasting memories and repeat visits.*

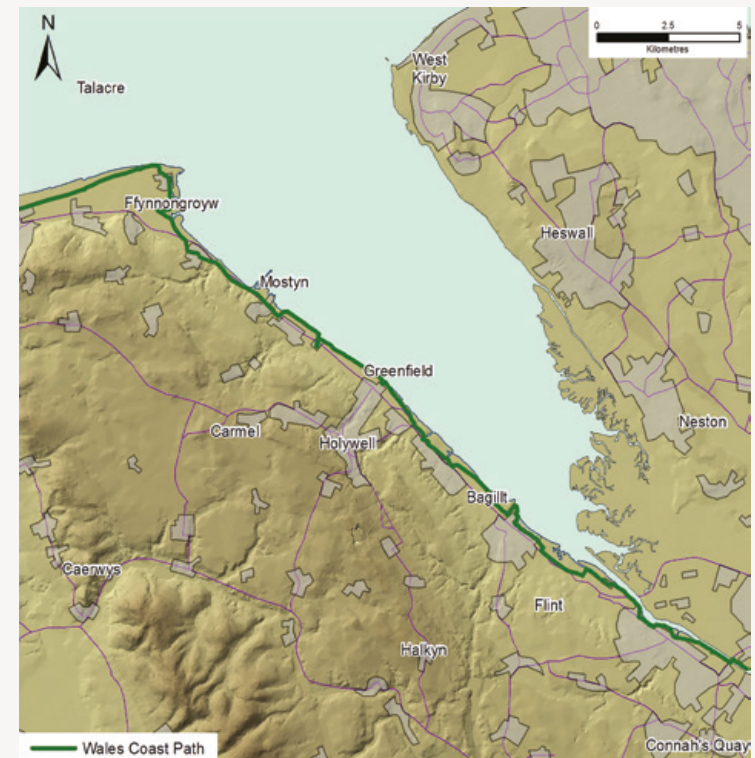
Talacre is already a very successful hub and the challenge will be to draw Talacre’s visitors along the coast to other potential visitor hubs at Greenfield, Flint and Connah’s Quay.

WALES COAST PATH

The Wales Coast Path opened in May 2012, and offers an 870 mile walking route around Wales, from Chepstow, in the south, to Queensferry, in the north. Wales is the first country in the world to provide a dedicated footpath along its entire coastline and a panel of experts from the travel guide Lonely Planet rated the coast of Wales first in its Best in Travel top 10 regions for 2012. This accolade should not be underestimated as coastal Wales was selected alongside other world regions such as Northern Kenya, the eastern Maritime Provinces of Canada and Queenstown and Southern Lakes in New Zealand.

The Coast Path provides the common thread between the 6 hubs, providing walkers, and visitors, with a flavour of the Flintshire Coast. The distinctive character of each hub will give users a rich and memorable experience of this part of coastal Wales.

There is an aspiration that the Coast Path in Flintshire should be accessible for all users, including disabled people, cyclists and horse riders. The development of a path for all will depend on the ability to work successfully with landowners and local communities.



BE A PART OF IT



We hope that this prospectus has given you a sense of what the Flintshire Coast Park can achieve. The aims of the prospectus are underpinned by the detailed proposals presented in the Flintshire Coastal Park Green Infrastructure Action Plan and the Lower River Dee Green Infrastructure Action Plan. Flintshire County Council will support the Coast Park in all the ways it can; for example by devoting staff time to managing the coastal public spaces; using its land and funds (where these are available) by co-ordinating community activities and making bids to funders for Park projects. The Council will also use its planning and regeneration functions to assist landowners to deliver projects that enhance the coastal environment.

But the Council cannot achieve any of the Park's objectives on its own. We need others:

- Communities, Volunteers and Trusts to devise and implement local projects, such as the Connah's Quay Dock regeneration;
- Landowners and major employers (both public and private) to make their land, funds and staff resources available, so that the Coast Park can enhance the quality of place for business growth; and
- Sponsors and funders for capital-intensive projects.

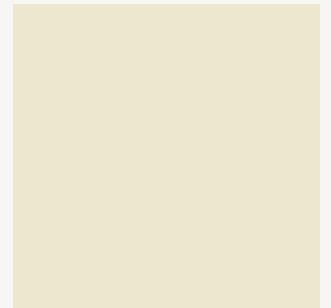
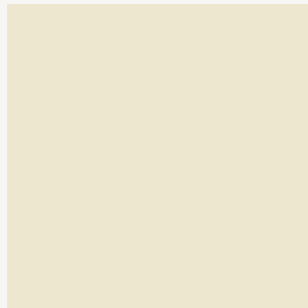
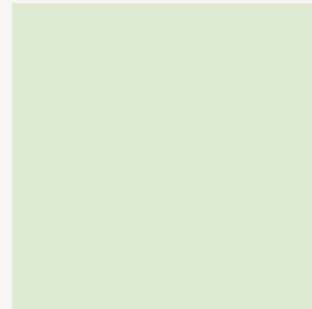
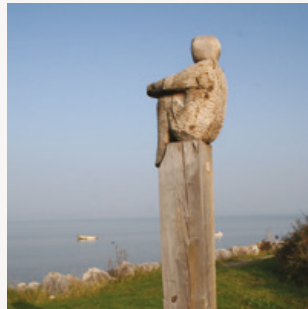
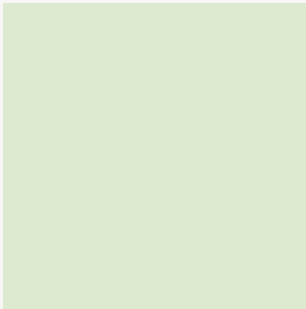
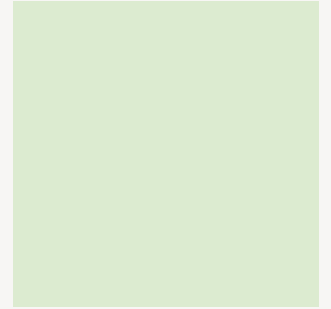
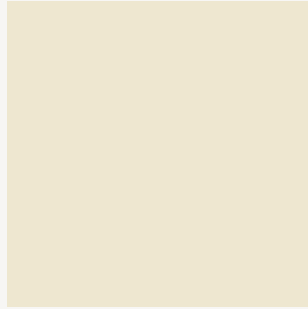
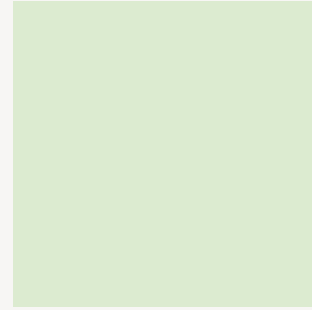
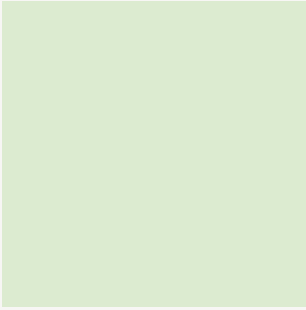
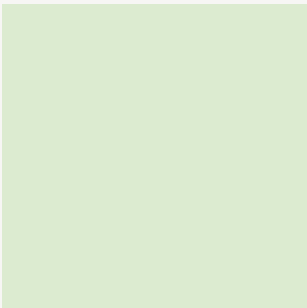
For more information, follow the progress of the Flintshire Coast Park, via the Council's website

<http://www.flintshire.gov.uk/en/LeisureAndTourism/Home.aspx>

Prepared by TEP on behalf of
Flintshire County Council.



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CABINET

Date of Meeting	Tuesday, 18 th January 2022
Report Subject	Flintshire Economy Update
Cabinet Member	Cabinet Member for Economic Development
Report Author	Chief Officer (Planning Environment and Economy)
Type of Report	Operational

EXECUTIVE SUMMARY

The United Kingdom (UK) economy is undergoing a major transition as a result of two unprecedented events, the Covid-19 pandemic and the UK departure from the European Union (EU). The impacts of these events are still evolving not least because neither event is over; the pandemic is still active and discussions with the European Commission still continue and have the potential to dramatically change conditions for businesses.

This report provides a summary of current economic conditions in the region and the County drawing from a number of sources. The report provides a summary of the governance structures in place to respond to economic recovery and the work programmes currently underway.

RECOMMENDATIONS

1	That the contents and conclusions of the report are considered and supported.
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REPORT DETAILS

1.00	EXPLAINING THE BACKGROUND AND UPDATING ON THE ECONOMIC POSITION AND IMPACTS WITHIN FLINTSHIRE
	<u>Brexit</u>
1.01	On 31 December 2020 the transition period for the departure of the UK from the EU came to an end. The UK Government negotiated the European Union UK Trade and Co-operation Agreement with the European Commission which provided a framework for the future relations between the EU and the UK. It should be stressed, though, that the Agreement is not a completed process and there are many areas where negotiations will continue over future years to resolve outstanding matters.
1.02	This is an unprecedented situation as no major economy has ever left a closely integrated trading bloc previously. Due to the unique nature of the situation, predicting the likely impacts with any degree of certainty is not possible. With virtually no exceptions, all modelling produced prior to the end of the transition period projected reduced economic growth for the UK in future years compared to what would have been the case had it not left the EU.
1.03	The Trade and Co-operation Agreement with the EU does not apply tariff barriers to trade that would add extra costs to UK products being sold in Europe. However, the decision by the UK Government to allow the UK to diverge from EU standards and regulation will create additional regulatory burdens for UK businesses wishing to export goods which have the potential to reduce their competitiveness.
1.04	It is important to separate the short term disruption arising from the UK leaving the EU with a limited period for businesses to adjust from the longer term impacts which may take several years to appear, if at all.
	<u>Covid-19</u>
1.05	The Covid-19 pandemic has had severe economic impacts due to the restrictions needed to control the spread of the virus. The full impact of the pandemic on the economy cannot yet be fully predicted, not least because some restrictions are still in place and the picture is becoming distorted due the new variant of concern, Omicron. It is expected that the economy make take several years to bounce back to its pre-pandemic activity levels.
	<u>Economic update</u>
1.06	Cardiff University and Nottingham Business School produce an annual UK Competitiveness Index Link . This year's report, released in November 2021, compares indicators for a range of geographies across the country and creates an index to compare them. It defines competitiveness as "the capability of an economy to attract and maintain firms with stable or rising market shares in an activity, while maintaining stable or increasing standards of living for those who participate in it."

1.07	Flintshire now ranks 149th out of 362 counties, a relative fall of 7 places since 2020. As with all indices, this may represent an improvement in the placings of other counties, not necessarily a worsening of conditions in Flintshire. Flintshire has consistently ranked the third highest in Wales after Cardiff and Monmouthshire.
1.08	North Wales as a whole was ranked the 39th most competitive region of the UK (out of 47); a marginally improved position since 2018, but reflective of the historically weaker economic position of Wales as a whole compared to the UK. The report finds that forecasted economic growth is likely to be slow across the UK and that all regions have localities that are being left behind although this is more prevalent in the North East, Yorkshire and Wales.
1.09	The Office for National Statistics issued a bulletin Link in November 2021 which highlights that most economic sectors in the UK have around 1 in 5 businesses that have either stopped trading permanently or temporarily or are operating at a reduced trading level compared to pre-pandemic levels. For the transportation and storage sector this stands at 32% or 1 in 3 businesses.
1.10	The bulletin also highlights that around 1 in 4 businesses report reduced turnover compared to normal expectations for the time of year. This isn't evenly felt, though, with service activities, arts, entertainment and recreation and accommodation and food services most likely to report declined turnover and real estate and transportation and storage least likely to.
1.11	Business confidence in their short-term survival has declined in recent months and is particularly low in the service sector which was highly reliant upon the Government furlough programme which ended in September 2021.
1.12	An increasing proportion of businesses were experiencing challenges with exporting or importing (75%), especially the latter. The main challenges listed tended to be additional bureaucracy and changes to transportation arrangements.
1.13	<p>The October 2021 labour market intelligence report produced by the North Wales Regional Skills Partnership Link provides a snapshot based on employer feedback and a variety of data sources. A summary of the findings are included below.</p> <ul style="list-style-type: none"> • There have been fewer large-scale redundancies announced following Covid than many feared. Most redundancies were notified in the manufacturing, accommodation and food services sectors in North Wales with Flintshire and Wrexham the most severely affected. • The Government furlough scheme, which was supporting 26,000 jobs in Flintshire as of July 2020 and 2,500 in August 2021, ended in September so Covid impacts may still arise and could potentially increase again due to Omicron. Smaller businesses, with less resilience to adverse economic conditions, are more

	<p>likely to be impacted but their redundancies are usually too small in scale to be registered so may pass unrecorded.</p> <ul style="list-style-type: none"> • There has been a slight fall since May 2021 in the number of Universal Credit claimants across North Wales after a significant increase to that point. Almost half of all claimants are located in Flintshire and Wrexham (13,211 in Flintshire September 2021). • Unemployment has fallen over the last year in North Wales, unlike the rest of Wales. The proportion of people who are unemployed in Flintshire in October 2021 was 3.9% compared to a Wales figure of 4.3%. In October 2020 this stood at 5.2% and 5.7% respectively and in October 2019 at 2.8% and 3.0%. • There has been a significant and sustained decrease in the availability of candidates for employment with employers citing Covid, Brexit and candidate uncertainty as the main factors. 81% of employers are facing recruitment challenges. • The numbers of jobs posted has almost doubled since March 2020 with vacancies for nursing, personal care, care workers, kitchen and catering assistants, cleaners and van drivers all proving hard to fill. • Positively, there has been a significant increase in employers considering recruiting an apprentice (97% increase in Flintshire since 2020). However employers, especially in the hospitality, food manufacturing, retail and customer service sectors struggle to fill opportunities. • The mismatch between the aspirations and skills of young people and the needs of the labour market was an issue pre-Covid and remains a major long-term problem. • Business confidence is low due to recruitment challenges, uncertainty and Government changes to the tax regime. • The top four challenges that are currently facing businesses across North Wales as a result of the pandemic are: • <ul style="list-style-type: none"> • Loss of skilled staff (39%) • Training plans have been delayed (18%) • Supply chain issues (15%) • Financial challenges (11%)
1.14	<p>A summary of the situation in different business sectors is provided below, largely drawing upon the Regional Skills Partnership survey, but supplemented by local intelligence gathering.</p>
1.15	<p>Manufacturing (14% of North Wales employment, 28.2% of Flintshire employment)</p> <p>The sector, the most critical in Flintshire by scale, appears to be recovering strongly from the impacts of Covid notwithstanding issues with supply chains and recruitment. Locally, there remains strong business interest in investing in the County and in business expansions. The availability of candidates with the right skills remains a significant constraint to recovery and longer-term growth as does the availability of suitable sites and premises for investment. The increased cost of operating supply chains may cause a long-term competitive disadvantage to plants in Flintshire.</p>

1.16	<p>Construction (5.6% of North Wales employment, 6.3% of Flintshire employment)</p> <p>The sector was severely impacted by Covid but few further redundancies are expected regionally. Supply chain and recruitment issues remain a major challenge. The sector struggled to recruit before the pandemic and the supply of a suitably skilled workforce may constrain growth.</p>
1.17	<p>Energy and Environment (8.9% of North Wales employment)</p> <p>The sector appears to have been largely resilient to the impacts of Covid and retains significant growth potential. Direct recruitment seems less problematic than for other sectors although supply chain companies can struggle.</p>
1.18	<p>Food and Farming (6.6% of North Wales employment)</p> <p>The sector was severely impacted by Covid and by Brexit challenges. The sector is showing signs of recovery although supply chain challenges remain. The sector has traditionally struggled to fill vacancies and this has escalated post-pandemic.</p>
1.19	<p>Health and Social Care (16.1% of North Wales employment, 7% of Flintshire employment)</p> <p>The sector was severely impacted by Covid and Brexit. The sector has traditionally struggled to fill vacancies and this has reached severe levels, combined with growing demands upon the sector. The sector cannot operate competitively to increase wages and improve terms and conditions due to the constraints of public sector funding levels. Locally, this has included severe impacts upon the Council and its care providers.</p>
1.20	<p>Tourism and Hospitality (11.8% of North Wales employment, 6.3% of Flintshire employment)</p> <p>The sector was severely impacted by Covid disruption. It struggled with recruitment pre-pandemic and this has escalated subsequently and may be a major long-term constraint upon the sector.</p>
	<p><u>Commercial estate</u></p>
1.21	<p>The Council has commercial units in a number of locations across the County as well as business centres in Greenfield and Deeside. The proportion of void units has declined significantly between February 2020 and August 2021 when analysis took place. For commercial units the level of void units fell from 12% to 7% and for smaller units from 28% (Dock Road), 13% (Pinfold Industrial Estate) and 10% (Garden City) to 0% across all sites. The picture is different for the business centres with Greenfield void levels remaining broadly stable at around 38% but voids in Deeside Enterprise Centre rising from 5% to 16% due to a large occupant leaving.</p> <p>Feedback from commercial agents is that commercial property stock is extremely scarce in Flintshire. The Business Development team and Welsh Government support businesses to find suitable land and premises</p>

for investment and find that businesses are struggling to locate in the County.

Business rates

1.22 As of September 2021 there were 5,485 premises in Flintshire registered for Business Rates. Approximately 656 (14%) had been notified as vacant. The table below shows the distribution of vacant units across the County and by the main planning use classes.

	A1 Shops and retail	A2 Professional services	A3 Food and drink	B Offices, industrial and storage	Overall
Flintshire	9.4%	26.5%	9.7%	9.2%	14%
Buckley	12.2%	22.2%	0	37.5%	16%
Connah's Quay	4.8%	0	11.1%	20%	8%
Holywell	12.5%	35.3%	11.1%	41.7%	21%
Mold	8.1%	23.4%	12%	21.4%	17%
Flint	8.9%	42.2%	0	10.7%	17%
Saltney	6.7%	50%	0	0	3%
Shotton	8%	12.5%	0	27.3%	11%
Queensferry	9.4%	14.3%	0	25%	15%

There are a number of uses that appear particularly likely to be vacant and which will need further monitoring as the Covid recovery process continues.

Town centres

1.23 The Council undertakes periodic informal counts of ground floor vacant units in the core of the town centres. As of September 2021 the number of vacant units in each town stood at:

Town	September 2021		2017	
	No. units	% vacancy	No. units	% vacancy
Buckley	7	7.1%	10	10.2%
Connah's Quay	4	7.1%	9	16.1%
Holywell	10	8.8%	13	11.5%
Mold	10	4.2%	15	6.3%
Flint	4	3.2%	12	9.6%
Saltney	1	7.7%	1	7.7%
Shotton	5	5.4%	13	14.0%
Queensferry	3	4.6%	7	10.8%

The numbers above do not match those in paragraph 1.22 due to different sampling boundaries being used.

This is an extremely low level of vacancy and is expected to have improved further since the time the count was made. Anecdotally, there appears to be a resurgence of interest by small companies in acquiring town centre floor space for retail. Investment by larger companies and retail developers remains very limited in most smaller towns.

1.24	Where there are still vacancies, though, they appear to persist longer in Flintshire towns than is the average for Wales. Analysis by the Local Data Company in 2021 found that persistently vacant units were declining in Flintshire as a whole they remained higher than the Wales average in all towns except Buckley and Queensferry.
1.25	The Council has, to date, had insufficient sources of data to monitor town centre health. In response, it is currently commissioning electronic footfall monitoring equipment for all town centres. In addition, it has appointed extra staff capacity to engage and support town centre businesses and gather first hand intelligence about trading conditions.
	<u>Regional and local responses</u>
1.26	The public sector and its partners have taken action at every spatial scale to respond to the economic impacts of the Covid-19 pandemic. Both UK and Welsh Governments have released a wide range of financial support packages for businesses which continue to be vital to helping businesses to survive the disruption to their operations. The Council has been heavily involved in delivering Welsh Government funded grants to local businesses.
1.27	Regionally, a new governance structure has been established, building upon existing regional working relationships. This is led by the regional Economic Recovery Group which brings together Welsh Government, the North Wales Economic Ambition Board, local government, other public sector bodies and the private sector. A package of short term economic stimulus actions has been developed and has been submitted to Welsh Government for consideration. The package includes: <ul style="list-style-type: none"> • urgent action to co-ordinate support for unemployed people, help businesses to recruit and respond to future skills needs; • measures to help the tourism and hospitality sector to recover; • short term actions to help with town centre recovery; and • actions to better understand North Wales business needs, support town centre businesses and attract new investors in North Wales.
1.28	Also at the regional level, the Mersey Dee Alliance is working with UK and Welsh Governments to identify a package of support for the cross-border area to complement the work in on each side of the border. This package will include work streams on town centres, digital infrastructure, the energy sector and sustainable transport.
1.29	Locally, a multi-agency Economic Recovery Group for Flintshire has been established to ensure that workstreams are effectively co-ordinated and complement the work of partners and of regional programmes. The Group oversees workstreams including town centre places, tourism and destination management, business development, employment and promotion.
1.30	The economic recovery workstreams are still evolving as the situation on the ground is still subject to change with the EU exit having only recently

	<p>taken place and the Covid pandemic still underway. The priorities set out below are therefore likely to change to meet local needs.</p> <ol style="list-style-type: none"> 1. Contribute to regional work streams for economic recovery and, in particular, ensure that regional investment packages adequately meet the needs of Flintshire. 2. Work both regionally and locally to connect key employment sectors more effectively to young people and parents to reduce the mismatch between labour market opportunities and aspirations. 3. Ensure that development work is undertaken so that Flintshire is able to take advantage of regional programme funding as it becomes available. 4. Reshape business development programmes to: <ol style="list-style-type: none"> a. Increase emphasis in 1-1 and group support on helping business to adapt, diversify and build their resilience. b. Increase emphasis on online channels of support. c. Increase engagement with, and support for, High Street businesses. d. Continue to promote the town centre, tourism and hospitality sectors to assist with their recovery. e. Increase engagement with, and monitoring of, sectors at highest risk. f. Work with Welsh Government to improve the availability of sites and premises to facilitate business investment. 5. Maximise the local economic and social benefits from Council expenditure <ol style="list-style-type: none"> a. Increase the number of Council contracts that include social value clauses and increase the scale of benefits realised. b. Provide targeted support to help local companies to supply the public sector. 6. Increase the scale and ambition of the town centre regeneration programmes to include: <ol style="list-style-type: none"> a. Improvements to the appearance of the towns including properties, green infrastructure and the street environment. b. Targeted redevelopment of sites and properties for a more diverse range of uses to reduce retail reliance. c. Encourage new enterprises into town centres including social businesses and circular economy businesses. d. Develop digital infrastructure in towns to enable better monitoring of their vitality as well as business. e. Improve access to the towns through sustainable and active travel. 7. Improve the digital infrastructure of the County to support business adoption and access by household. 8. Respond collaboratively to redundancy announcements to support companies and staff. 9. Provide a flexible mentoring service to unemployed individuals to help them to re-engage with the labour market.
1.31	<p>The Council will continue to bid for external funding to support these work programmes wherever resources become available. In summary, these currently include:</p> <ul style="list-style-type: none"> • UK Government Levelling Up Fund – next round not yet launched.

	<ul style="list-style-type: none"> • UK Government Shared Prosperity Fund – not yet launched. • Mersey Dee Alliance – the Council has played an active part in submitting a programme of proposals to UK and Welsh Governments to promote short to medium term economic recovery. Further discussions with the two Governments are underway. • North Wales Growth Deal – the Council has played an active part in securing this funding and continues to contribute to the programmes to ensure effective delivery and benefits realisation across North Wales. • The Council has worked with the North Wales Economic Ambition Board to submit proposals to Welsh Government for short term actions to kick start economic recovery. A decision is awaited. • Welsh Government – Transforming Towns programme – the Council can bid for funding for capital projects including property investment. All towns are eligible. • Welsh Government Covid recovery grant programmes – the Council has delivered Welsh Government funded grants to businesses in the County. Further grants rounds are expected. • Welsh Government – repayable funding programmes – the Council is currently issuing loans to town centre businesses to support property investment. • Welsh Government – Town Centre Entrepreneurship Loans to businesses delivered by the Development Bank for Wales. Currently only four towns in North Wales are eligible. Welsh Government are due to review the programme in early 2022 and eligibility may expand. • Business Wales and Development Bank for Wales – a wide range of support is available to businesses. The Council promotes these programmes to local businesses.
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2.00	RESOURCE IMPLICATIONS
2.01	None arising directly from this report.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	None arising directly from this report.

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	None.

5.00	APPENDICES
5.01	None.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Links included within the text above.

7.00	CONTACT OFFICER DETAILS
7.01	<p>Contact Officer: Niall Waller (Enterprise and Regeneration Manager) Telephone: 01352 702137 E-mail: niall.waller@flintshire.gov.uk</p>

8.00	GLOSSARY OF TERMS
	<p>Business Wales – Welsh Government’s business support team.</p> <p>Development Bank for Wales - set up by the Welsh Government to support the economy of Wales by making it easier for businesses to access finance.</p> <p>Mersey Dee Alliance – partnership that supports strategic economic growth across North East Wales, Wirral and West Cheshire.</p> <p>North Wales Economic Ambition Board - a joint committee comprising the six local authorities for North Wales together with representation from the business community and higher education.</p> <p>North Wales Growth Deal – a programme of capital projects funded by both UK and Welsh Governments to boost the economy of North Wales.</p> <p>North Wales Regional Skills Partnership – body established by Welsh Government to steer post 16 skills provision in North Wales.</p> <p>Tariff barriers - These are taxes on certain imports. They raise the price of imported goods making imports less competitive. (www.economicshelp.org)</p> <p>Universal Credit – a social security payment announced in 2010 and replacing a range of previously separate benefits. The phased roll-out of the benefit to recipients is still underway.</p>



CABINET

Date of Meeting	Tuesday, 18 th January 2022
Report Subject	Parc Adfer Community Benefit Fund
Cabinet Member	Cabinet Member for Streetscene
Report Author	Chief Officer (Streetscene and Transportation)
Type of Report	Operational

EXECUTIVE SUMMARY

As part of the procurement of the Parc Adfer contract and the North Wales Residual Waste Treatment Partnership (“NWRTP”), it was agreed to fund and manage a Community Benefit Fund (“CBF”) that would run for the duration of the contract. The CBF is a contractual commitment between the Authority and Enfinium (formerly Wheelabrator Technologies Inc (WTI)) and is also a contractual commitment for each individual partner authority within the Second Inter Authority Agreement (IAA2).

To date the CBF has been used to fund an initial Parc Adfer Community Recovery Fund, which is now closed for applications. It awarded grants to over 10 projects with a total value of over £60,000. Details of the main Community Benefit Fund (CBF), including project and eligibility criteria are outlined in this report, seeking approval for a launch in early 2022.

The existing panel and governance arrangements set up for the Community Recovery Fund will remain largely in place for the main CBF when it is launched, as will many of the overarching eligibility criteria (e.g. projects to be within the Deeside Partnership area or cannot be used to replace expenditure that is the statutory responsibility of a public body etc.). It should be noted, however, that the type of projects to be funded will be different to reflect the original intention of the fund which was to fund community projects which provide environmental benefit to the local area. Further details are provided in this report.

RECOMMENDATIONS

1	That Cabinet approves the main eligibility and project criteria for the Parc Adfer Community Benefit Fund and supports the proposed launch of the fund in early 2022.
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2	That delegated authority be given to the Chief Officer (Streetscene and Transportation), in consultation with the Cabinet Member for Streetscene, to make amendments to the necessary documentation (e.g. guidance notes) that are contained within the fund's intentions and desired outcomes, and to make minor changes to the governance arrangements (e.g. panel membership, officer support etc.).
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REPORT DETAILS

1.00	BACKGROUND AND CONSIDERATIONS
1.01	As part of the procurement of the Parc Adfer contract and the North Wales Residual Waste Treatment Partnership (NWRWTP), it was agreed to fund and manage a CBF that would run for the duration of the contract. The CBF is a contractual commitment between the Authority and Enfinium (formerly Wheelabrator Technologies Inc (WTI)) and is also a contractual commitment for each individual partner authority within the Second Inter Authority Agreement (IAA2).
1.02	It is an annual fund of £230,000, made up of £180,000 per annum from the five partner authorities and £50,000 per annum from Enfinium, and funds began to accrue at the contract's commencement date (20th December 2019).
1.03	During the latter half of 2019 a consultation took place with key stakeholders including local community councils (e.g. Connah's Quay Town Council) and local members in relation to the governance of the fund and the eligibility criteria etc. No significant changes were required to the proposed governance arrangements following feedback.
1.04	One of the conditions set out for the governance was that the accrued funds from the commencement date to 31 st March 2020 were to be set aside for the production of educational materials for the visitor centre and curriculum materials for schools across the five partner authorities. From 1 st April 2020 the fund has started accumulating for projects and will operate every year until the expected contract expiry date on 15 th October 2044. All funds are ring-fenced and held in a specific, interest bearing FCC account as per contractual requirements.
1.05	It was also stipulated that between £30,000 and £50,000 annually of the fund would be set aside to support the use of the Visitor Centre at Parc Adfer. This includes the development of educational materials etc., provision of sessional workers for student / school groups and subsidised school/college transport to the facility for the five partner councils.
1.06	As the implementation of the CBF was being prepared in early 2020, the outbreak of the Covid-19 pandemic meant that it was not possible to progress the fund for a number of months.
1.07	In the summer 2020, arrangements were put in place to use the CBF as a Community Recovery Fund (CRF) to help communities with the Deeside Partnership Area with the challenges faced as a result of the Covid-19 pandemic. The Parc Adfer CRF was set up a short term interim fund and was

	launched in late 2020. This fund is now closed for applications and has funded over 10 projects with a value of over £60,000 (this was reported to COT in July 2021, with a small number of additional projects approved for grants since that update).									
1.08	The Council now needs to set out the scheme criteria and governance for how the fund will be managed in future.									
1.09	<p>Eligibility Criteria</p> <p>Organisations that that can apply must all be based or serve residents / communities within the Deeside Partnership Area (see map - Appendix 1).</p> <p>In addition they must be:</p> <ul style="list-style-type: none"> • Not for profit groups; • Community or voluntary organisations; • Community and social enterprises (e.g. co-operatives, development trusts); • Local charities based within the defined Deeside Partnership Area; or • Public bodies such as schools, however only for expenditure that is outside the Local Education Authority’s statutory duties – the fund is to support additional benefits and not to replace the Local Authority’s financial duties. <p>Applicants will need to have a written constitution, a set of rules, or a governing document, plus a bank or building society account with a minimum of two signatories in place before applying for a grant.</p> <p>New organisations without these arrangements in place can discuss their project with the fund team to see if help can be provided. Successful applicants are not able to re-apply for another grant from the Parc Adfer Community Benefit Fund unless explicitly granted by the Community Benefit Fund Panel.</p>									
1.10	<p>There are six main project criteria that the Parc Adfer CBF will support, which are outlined in Table 1 below:-</p> <p>Table 1</p> <table border="1"> <thead> <tr> <th></th> <th>Criteria</th> <th>Details</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Renewable energy</td> <td> <p>Schemes that either promote the use of or investment in the development of renewable energy (i.e. energy from a source that is not depleted when used e.g. solar or wind). Exemptions include:</p> <ul style="list-style-type: none"> • Cannot be used to replace expenditure that is the statutory responsibility of a public body (e.g. end of life replacement of boiler, or as part of a the build of a new public building that is already planned); • Applicant must demonstrate ability to maintain any equipment bought (if applicable); • Applicant must demonstrate any details in relation to ownership of any assets purchased with any awarded funds; </td> </tr> <tr> <td>2</td> <td>Carbon reduction</td> <td>Schemes that either promote the use of or invest in the development of the reduction of carbon emissions.</td> </tr> </tbody> </table>		Criteria	Details	1	Renewable energy	<p>Schemes that either promote the use of or investment in the development of renewable energy (i.e. energy from a source that is not depleted when used e.g. solar or wind). Exemptions include:</p> <ul style="list-style-type: none"> • Cannot be used to replace expenditure that is the statutory responsibility of a public body (e.g. end of life replacement of boiler, or as part of a the build of a new public building that is already planned); • Applicant must demonstrate ability to maintain any equipment bought (if applicable); • Applicant must demonstrate any details in relation to ownership of any assets purchased with any awarded funds; 	2	Carbon reduction	Schemes that either promote the use of or invest in the development of the reduction of carbon emissions.
	Criteria	Details								
1	Renewable energy	<p>Schemes that either promote the use of or investment in the development of renewable energy (i.e. energy from a source that is not depleted when used e.g. solar or wind). Exemptions include:</p> <ul style="list-style-type: none"> • Cannot be used to replace expenditure that is the statutory responsibility of a public body (e.g. end of life replacement of boiler, or as part of a the build of a new public building that is already planned); • Applicant must demonstrate ability to maintain any equipment bought (if applicable); • Applicant must demonstrate any details in relation to ownership of any assets purchased with any awarded funds; 								
2	Carbon reduction	Schemes that either promote the use of or invest in the development of the reduction of carbon emissions.								

	3	Waste reduction, reuse and recycling	Schemes that either promote or directly reduce waste production or increase re-use or recycling. Examples include community re-use projects.
	4	Biodiversity and improvements to local environment quality	Schemes that either promote, directly benefit or improve the local natural environment (including enhancing the biodiversity) or provide green space for a community within the Deeside Partnership area. This can include the restoration or support of wildlife and natural habitat.
	6	De-carbonisation of transport	Schemes that either promote the use of or investment in the development of transportation that reduces the carbon emissions. Exemptions include: <ul style="list-style-type: none"> • Cannot be used to replace expenditure that is the statutory responsibility of a public body; • Applicant must demonstrate ability to maintain any equipment bought (if applicable); • Applicant must demonstrate any details in relation to ownership of any assets purchased with any awarded funds; Examples include the purchase and installation of electric vehicle charging infrastructure.
1.11	<p><u>Exclusions</u></p> <p>The exclusions to the grant are as follows, noting that the CBF may not be used:-</p> <ul style="list-style-type: none"> • to make payments to individuals, commercial organisations or private membership-based sports clubs and facilities; • for projects that will only benefit one individual; • for making speculative investments; • to co-fund statutory activities carried out by Flintshire County Council; • to pay fines or other penalties imposed on groups, organisations or individuals; • for schemes or groups/organisations based outside of the Deeside Partnership Area; • by applicants for purposes solely connected with their day-to-day business; • to promote religious beliefs or practices; • to promote political views or to finance the costs or expenses of any group, party, or candidate (whether prospective or confirmed) in any election, referendum, poll or vote; • to cover retrospective payments for events or services that have already taken place or been delivered; • for projects with the sole purpose of promotion or feasibility studies; • for projects that may endanger the natural or built environment; • for works considered a statutory responsibility, such as improvements to public highways or car parks. 		

1.12	<p><u>Allocation of funds</u></p> <p>As has previously been outlined to COT and Members, the allocation of the CBF is as outlined in Table 2 below:-</p> <p>Table 2</p> <table border="1" data-bbox="288 338 1418 983"> <thead> <tr> <th data-bbox="288 338 360 405"></th> <th data-bbox="360 338 671 405">Amount (estimate per annum)</th> <th data-bbox="671 338 1094 405">Allocated to</th> <th data-bbox="1094 338 1418 405">Comment</th> </tr> </thead> <tbody> <tr> <td data-bbox="288 405 360 707">1</td> <td data-bbox="360 405 671 707">£30,000 - £50,000</td> <td data-bbox="671 405 1094 707">Support the use of the Visitor Centre at Parc Adfer:- a. Sessional workers for student / school groups. b. Subsidised school/college transport to the facility for the five partner councils.*</td> <td data-bbox="1094 405 1418 707">This allocation will be dependent on the number of visits to the site;</td> </tr> <tr> <td data-bbox="288 707 360 775">2</td> <td data-bbox="360 707 671 775">£30,000</td> <td data-bbox="671 707 1094 775">Small Grants Scheme – up to £5,000</td> <td data-bbox="1094 707 1418 775"></td> </tr> <tr> <td data-bbox="288 775 360 875">3</td> <td data-bbox="360 775 671 875">£145,000 - £165,000</td> <td data-bbox="671 775 1094 875">Larger Grants Scheme – 3-6 projects of up to £50,000 per year</td> <td data-bbox="1094 775 1418 875"></td> </tr> <tr> <td data-bbox="288 875 360 983">4</td> <td data-bbox="360 875 671 983">£5,000</td> <td data-bbox="671 875 1094 983">Administrative Costs</td> <td data-bbox="1094 875 1418 983">Estimate only – this is minimised as much as possible **</td> </tr> </tbody> </table> <p><u>Additional Notes</u></p> <ul data-bbox="309 1061 1401 1368" style="list-style-type: none"> • Sessional Workers will be recruited and trained to lead the visits to the Visitor Centre (e.g. schools, community groups etc). These may be retained on a flexible “call-on” basis; • Applications for the Small Grants Scheme (2) will be open access via the application process; and • Applications for the Large Grants Scheme (3) will be made by invitation only via the Council, local Town Councils, statutory partners and Flintshire Local Voluntary Council (FLVC) to manage demand and avoid raised expectations/wasted applicant time. 		Amount (estimate per annum)	Allocated to	Comment	1	£30,000 - £50,000	Support the use of the Visitor Centre at Parc Adfer:- a. Sessional workers for student / school groups. b. Subsidised school/college transport to the facility for the five partner councils.*	This allocation will be dependent on the number of visits to the site;	2	£30,000	Small Grants Scheme – up to £5,000		3	£145,000 - £165,000	Larger Grants Scheme – 3-6 projects of up to £50,000 per year		4	£5,000	Administrative Costs	Estimate only – this is minimised as much as possible **
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4	£5,000	Administrative Costs	Estimate only – this is minimised as much as possible **																		
1.13	<p><u>Governance arrangements</u></p> <p>The governance arrangements set up for the CRF will remain largely in place for the main CBF. This includes the Parc Adfer Contract Management Team providing the administrative function such as liaising with applicants, receiving applications, updating the relevant pages on FCC’s website, assessing the applications against the main eligibility criteria etc.). This will be supported by other FCC officers as necessary within relevant departments.</p>																				
1.14	<p>The panel membership currently consists of a number of FCC members, FCC officers, and external bodies’ representatives, specifically Natural Resources Wales (NRW) and FLVC. It is intended to keep the panel membership largely the same with a very small number of changes / additions to reflect the new aims and criteria of the grant (e.g. relevant Portfolio Member and specific officers with expertise / responsibilities / roles within environmental protection functions of the Authority).</p>																				

1.15	Next Steps Following Cabinet approval the North Wales Residual Waste Joint Committee (NWRWJC) will be briefed of the outcome and revised eligibility criteria for the CBF.
1.16	Once the above steps are complete, the CBF can be launched publicly with the issue of a press statement, update of the page on FCC's website and letter written to stakeholders to inform them. It is currently anticipated that this can occur in late February / early March 2022.

2.00	RESOURCE IMPLICATIONS
2.01	Revenue: There are no implications for the approved revenue budget for either the current financial year or for future financial years and the CBF is not intended to incur any additional revenue expenditure.
2.02	Capital: There are no implications for the approved capital programme for either the current financial year or for future financial years.
2.03	Human Resources: There are no implications for additional capacity or for any change to current workforce structures or roles.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	N/A

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	As outlined in the report.

5.00	APPENDICES
5.01	Appendix 1 – map of Deeside Partnership Area Appendix 2 – draft Guidance notes for the Parc Adfer Community Benefit Fund

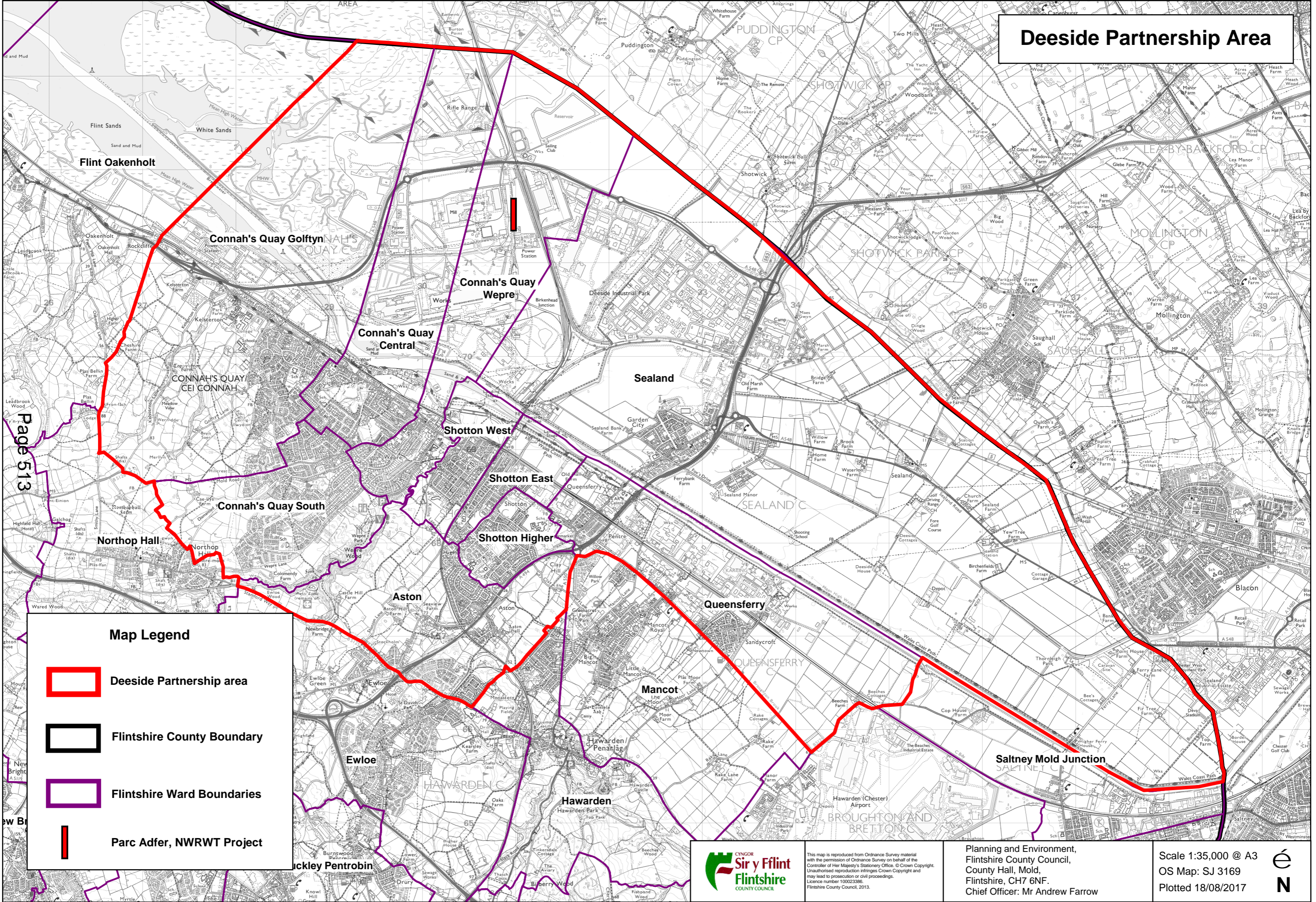
6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	N/A

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Steffan Owen, Regional Contracts Manager Telephone: 07917 306462 E-mail: steffan.r.owen@flintshire.gov.uk

8.00	GLOSSARY OF TERMS
	None.





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Deeside Partnership Area



Page 513

Map Legend

-  Deeside Partnership area
-  Flintshire County Boundary
-  Flintshire Ward Boundaries
-  Parc Adfer, NWRWT Project



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Planning and Environment,
 Flintshire County Council,
 County Hall, Mold,
 Flintshire, CH7 6NF.
 Chief Officer: Mr Andrew Farrow

Scale 1:35,000 @ A3
 OS Map: SJ 3169
 Plotted 18/08/2017



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PARC ADFER COMMUNITY BENEFIT FUND Guidance Notes

1. Overview

The North Wales Residual Waste Treatment Project (NWRWTP) was formed by five North Wales Councils – Conwy County Borough Council, Denbighshire County Council, Flintshire County Council, Gwynedd Council and the Isle of Anglesey County Council (The Partnership) – to jointly manage the residual waste generated by the populations from the five local authorities. Residual waste is the waste which is left over after recycling, re-using and composting as much as possible.

The Parc Adfer Waste to Energy facility is located in Deeside Industrial Park and started to treat waste in 2019, diverting waste from landfill and generating enough renewable electricity for around 30,000 homes. It is operated by Enfinium.

As part of their commitment to the local community, the Partnership and Enfinium pledged to fund a Community Benefit Fund (CBF), called the Parc Adfer Community Benefit Fund. It is a long term fund that will run for the duration of the contract, until 2044.

2. Value of Community Benefit Fund

The full financial value of the Parc Adfer Community Benefit Fund (CBF) is £230,000 per year. This is not indexed, and will remain at £230,000 per year for the duration of the contract (see 1 above below). The five partner authorities contribute £180,000 to the CBF per year between them with £50,000 contributed per year by Enfinium. Further information is provided below in section 8.

3. Project Location

Projects for which grants are requested should be located within the defined Deeside Partnership area (see separate map). Further information on eligibility is given in sections 5 and 6 below.

4. Parc Adfer Community Benefit Fund Purpose

The Parc Adfer Community Benefit Fund is a long term fund intended to benefit communities within the Partnership area, in particular those living closest to Parc Adfer, with a focus on funding projects that help or benefit the environment.

5. Eligibility

Organisations that can apply must all be based or serve residents/communities within the Deeside Partnership Area (see separate map). In addition they must be:

- Not for profit groups;
- Community or voluntary organisations;
- Community and social enterprises (e.g. co-operatives, development trusts); or
- Local charities based within the defined Deeside Partnership Area
- Public bodies such as schools are eligible to apply, however only for expenditure that is outside the Local Education Authority's statutory duties – the fund is to support additional benefits and not to replace the Local Authority's financial duties.

Applicants will need to have a written constitution, a set of rules, or a governing document, plus a bank or building society account with a minimum of two signatories in place, before applying for a grant.

New organisations without these arrangements in place can discuss their project with the fund team to see if help can be provided. Successful applicants are not able to re-apply for another grant from the Parc Adfer Community Benefit Fund unless explicitly granted by the Community Benefit Fund Panel.

6. Project Criteria

The primary aim of the Community Benefit Fund is to benefit the environment, therefore the eligibility criteria reflect this. The table below provides guidance on the project criteria for grant applications (please note examples are provided as examples only and are not intended as an exhaustive list):-

	Criteria	Details
1	Renewable energy	Schemes that either promote the use of, or invest in the development of, renewable energy (i.e. energy from a source that is not depleted when used, e.g.solar or wind). Exemptions include: <ul style="list-style-type: none">• Cannot be used to replace expenditure that is the statutory responsibility of a public body (e.g. end of life replacement of boiler, or as part of a the build of a new public building that is already planned);

		<ul style="list-style-type: none"> • Applicant must demonstrate ability to maintain any equipment bought (if applicable); • Applicant must demonstrate any details in relation to ownership of any assets purchased with any awarded funds;
2	Carbon reduction	Schemes that either promote the use of or invest in the development of the reduction of carbon emissions.
3	Waste reduction, reuse and recycling	<p>Schemes that either promote or directly reduce waste production, or increase re-use or recycling.</p> <p>Examples include community re-use projects.</p>
4	Biodiversity and improvements to local environment quality	<p>Schemes that either promote, directly benefit or improve the local natural environment (including enhancing the biodiversity) or provides green space for a community within the Deeside Partnership area.</p> <p>This can include the restoration or support of wildlife and natural habitat.</p>
6	De-carbonisation of transport	<p>Schemes that either promote the use of, or invest in the development of transportation that reduces the carbon emissions. Exemptions include:</p> <ul style="list-style-type: none"> • Cannot be used to replace expenditure that is the statutory responsibility of a public body; • Applicant must demonstrate ability to maintain any equipment bought (if applicable); • Applicant must demonstrate any details in relation to ownership of

		<p>any assets purchased with any awarded funds;</p> <p>Examples include the purchase and installation of electric vehicle charging infrastructure.</p>
--	--	--

Table 1 – Eligibility Criteria for Parc Adfer Community Benefit Fund

Criteria reference	Fund applicable	Detail
EC1	Both Schemes	Applicants to be based or be operational within the Deeside Partnership Area (see separate map). Projects must provide benefit to this area.
EC2	Large Grants Scheme	Applicants should be recognised public bodies or a formally constituted not for profit / community sector or charity.
EC3	Small Grants Scheme	Applicants should not include public bodies. Applicants must be formally constituted not for profit / community sector or charity.
EC4	Both Schemes	Applications will not be accepted by individuals, and must not involve individual sponsorship or advertising.
EC5	Both Schemes	All Projects / activities to be time limited.
EC6	Both Schemes	On-going revenue costs are not eligible (revenue costs for specific projects may be eligible but must be time limited).
EC7	Large Grants Scheme	Projects / activities should not be part of statutory public bodies' core obligations or substitute for existing grant schemes.
EC8	Both Schemes	All applications must demonstrate some benefit to the local environment and / or promote environmental awareness (see project criteria above above).

EC9	Both Schemes	Some level of other funding secured ('match funding'), either internally or from external sources. Further information on what may be counted as "match funding" can be had by contacting the fund Team
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7. Exclusions

The Parc Adfer Community Benefit Fund may not be used:-

- to make payments to individuals, commercial organisations or private membership-based sports clubs and facilities;
- for projects that will only benefit one individual;
- for making speculative investments;
- to co-fund statutory activities carried out by Flintshire County Council;
- to pay fines or other penalties imposed on groups, organisations or individuals;
- for schemes or groups/organisations based outside of the Deeside Partnership Area;
- by applicants for purposes solely connected with their day-to-day business;
- to promote religious beliefs or practices;
- to promote political views or to finance election campaigns by prospective candidates in local and / or general elections;
- to cover retrospective payments for events or services that have already taken place or been delivered;
- for projects with the sole purpose of promotion or feasibility studies;
- for projects that may endanger the natural or built environment;
- for works considered a statutory responsibility, such as improvements to public highways or car parks.

8. Breakdown of the Parc Adfer Community Benefit Fund

Table 2 below provides a breakdown of the Community Benefit Fund and how it is allocated:-

Table 2 - Parc Adfer Community Benefit Fund Breakdown

Amount (estimate per annum)	Allocated to	Comment
-----------------------------	--------------	---------

1	£30,000 £50,000	-	Support the use of the Visitor Centre at Parc Adfer:- a. Sessional workers for student / school groups. b. Subsidised school/college transport to the facility for the five partner councils.*	This allocation will be dependent on the number of visits to the site;
2	£30,000		Small Grants Scheme – up to £5,000	
3	£145,000 £165,000	-	Larger Grants Scheme – 3-6 projects of up to £50,000 per year	
4	£5,000		Administrative Costs	Estimate only – this is minimised as much as possible **

* this fund will part subsidise school/college transport to the facility for the five partner councils.

** no administrative costs have been incurred to date.

Additional Notes

- Sessional Workers will be recruited and trained to lead the visits to the Visitor Centre (e.g. schools, community groups etc). These may be retained on a flexible “call-on” basis;
- Applications for the Small Grants Scheme (2) will be open access via the application process; and
- Applications for the Large Grants Scheme (3) will be made by invitation only via the Council, local Town Councils, statutory partners and Flintshire Local Voluntary Council (FLVC) to manage demand and avoid raised expectations/wasted applicant time. These will be significant grants therefore this is required to ensure that groups that apply are proven, reputable and able to deliver large schemes.

9. Assessment Criteria

The main criteria that will be used by the Panel when assessing grant applications will be:

- How the application fits within the overall aim of the fund;
- Applications' adherence to the Eligibility Criteria and Project Criteria;
- How the fund will support and benefit the organisation and the community it serves in addition to the above;
- The level of community support for and involvement with the project.

Other factors that will also be considered and which must be demonstrated as part of the grant application include:

- The ability of the applicant to deliver the project;
- How the benefits will continue after completion of the project, i.e. its sustainability and legacy;
- Value for money;
- Presence of any match-funding.

Where required, applicants will need to provide evidence with their application (e.g. income from previous years if applying for loss of income).

10. The Process

When applying:

- Ensure that you and your project are eligible and that you have not missed fund application deadlines;
- Complete all questions on the application form;

Submit your completed application form and supporting documentation by e mail to: ParcAdferCommunityFund@flintshire.gov.uk *

* Please contact the team on 01352 704783 if you need printed copies of the application form and documentation.

Please see Appendix 1 below for a flowchart showing the application process.

Please be aware:

- Applications will only be processed when all documentation has been received;
- You will be notified in writing (by email) once your application has been received and validated;
- Applicants should not approach Panel members individually or outside of the prescribed communication channels in connection with any application or award decision. Failure to adhere to this requirement may result in an application being deemed void.

- The Partnership may use details of your project in publicity.

Assessment and Awards:

- All eligible applications will be assessed by the Panel. During the assessment period the project team may contact you to obtain further information. This may be over the telephone, by email or in person;
- The decision reached by the Panel is final;

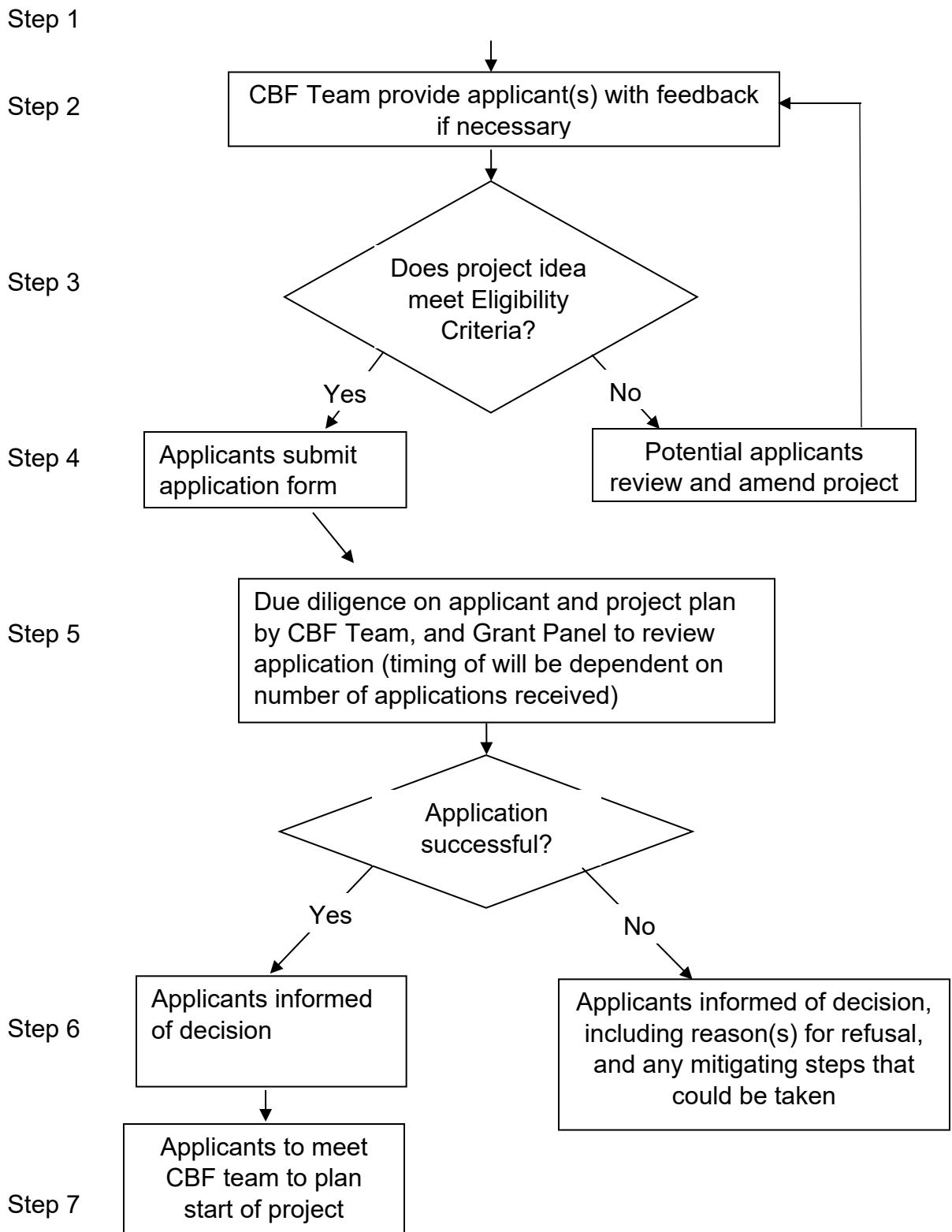
If a conditional grant is awarded, the requested funds will only be released when those conditions have been met.

11. More Information

Further details can be obtained by contacting the team on 01352 704783 or emailing ParcAdferCommunityFund@flintshire.gov.uk

Appendix 1 - Application Process

Potential applicant(s) register interest and contact Project Team



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CABINET

Date of Meeting	Tuesday, 18 th January 2022
Report Subject	Food Service Plan 2021-22 for Flintshire County Council
Cabinet Member	Cabinet Member for Planning & Public Protection
Report Author	Chief Officer (Planning, Environment and Economy)
Type of Report	Operational

EXECUTIVE SUMMARY

The Food Service Plan provides an overview of the Food Service in line with The Framework Agreement on Official Feed and Food Controls by Local Authorities April 2010. The plan sets out the aims and objectives for the Service for the forthcoming year and how these are to be achieved.

The 2021-22 Plan has been delayed due to the pressures brought about on the service by the global pandemic and also the late publication of the Recovery Plan by the Food Standards Agency

RECOMMENDATIONS

1	That Cabinet review and approve the Food Service Plan 2021-22.
---	--

REPORT DETAILS

1.00	EXPLAINING THE FOOD PLAN FOR FLINTSHIRE COUNTY COUNCIL 2021-22
1.01	Local Authorities throughout the United Kingdom (UK) have been directed by the Food Standards Agency (FSA) to take the necessary action to implement the Framework Agreement on Official Feed and Food Controls by Local Authorities. This Framework Agreement became operational from 1st April 2001. The Framework has been developed to ensure a consistent food law enforcement service throughout the country.
1.02	The Service Plan has been produced by officers of the Food Safety and Standards Team and Animal Health Team within the Planning, Environment and Economy portfolio in line with the model format contained within the Framework Agreement. It outlines the proposals for service delivery for the period 1st April 2021 to 31 st March 2022. It also contains a review of the service performance for 2020-21 with overall performance for 2020-21 detailed in Appendix 3 within the Service Plan.
1.03	The elements of the Food Service, namely Food Safety, Food Standards and Animal Feed are managed by the Team Manager – Food Safety and Food Standards, who reports in to the Community and Business Protection Manager.
1.04	<p>Key achievements for 2020-21 include:</p> <ul style="list-style-type: none">• The commitment shown by all officers across the service was excellent at such a challenging, fast-evolving time• Food officers were able to provide advice to businesses affected by the Coronavirus regulations in relation to Food Hygiene and Food Standards considerations to protect public health and consumer protection, in addition to assisting local food businesses to continue to trade• Due to additional funding being made available, the service was able to use a contractor to undertake a significant proportion of food inspection work• The service moved to a non-office based system of working at very short notice• The Trading Standards Officer in the team took on all duty work as the first point of call, having to be flexible and learn new processes very quickly• Feed qualified and competent officers moved over to providing advice and enforcement duties on the Coronavirus regulations while maintaining a reduced level of Feed work for inspections and advice to businesses• Officers had to move from COVID-19 response to Food work and back again, if needed, at very short notice to pick up product-specific regulatory work or significant Food Hygiene complaints

	<p>Targets for 2021-22 are:</p> <ul style="list-style-type: none"> • To complete all programmed inspections in line with the FSA Recovery Plan • To complete all fishing vessel inspections • To support businesses in the new requirements for Prepacked for Direct Sale foods as per the amendment to the Food Information (Wales) Regulations 2014 • To undertake focussed auditing of shellfish registration document completion to increase compliance levels and improve traceability through the food chain • To ensure all officers across the service complete the required number of Continuing Professional Development hours required by the Food and Feed Law Codes of Practice
--	---

2.00	RESOURCE IMPLICATIONS
2.01	The cost of implementing the plan will be met within the existing Planning, Environment and Economy portfolio budget.

3.00	IMPACT ASSESSMENT AND RISK MANAGEMENT
3.01	The Plan follows the 'farm to fork' principle to ensure food is safe for consumption by all.

4.00	CONSULTATIONS REQUIRED/CARRIED OUT
4.01	None.

5.00	APPENDICES
5.01	Food Service Plan 2021 – 22. Political Structure

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	None.

7.00	CONTACT OFFICER DETAILS
7.01	Contact Officer: Helen O'Loughlin, Team Manager – Food Safety and Food Standards Telephone: 01352 703390

8.00 GLOSSARY OF TERMS

Food Standards Agency Wales - is a non-ministerial government department supported by seven agencies and public bodies. It is the central competent authority for the UK in relation to European Union food legislation. In Wales, it is responsible for Food Safety and Hygiene and Food Labelling Policy. It works with local authorities to enforce Food Safety, Standards and Feed regulations.

The Framework Agreement on Official Feed and Food Controls by Local Authorities - sets out what the Food Standards Agency expects from local authorities in their delivery of official controls on feed and food law. It was developed in consultation with local authorities, local government associations and the relevant professional bodies.

COVID-19 Local Authority Recovery Plan: guidance and advice to local authorities for the period from 1 July 2021 to 2023/24 – sets out the guidance and advice to local authorities with the aim of ensuring that during the period of recovery from the impact of COVID-19, that local authority resources are targeted to where they had greatest value to provide safeguards for public health and consumer protection in relation to food. It also aims to safeguard the credibility of the Food Hygiene Rating Scheme. The Recovery Plan provides a framework for re-starting the delivery system in line with the relevant Food Law Code of Practice. It focuses on new food establishments and high-risk or non-compliant businesses and allows flexibility to be applied to lower risk premises.

Food Law Code of Practice (Wales) July 2021 - the Food Law Code of Practice is issued under section 40 of the Food Safety Act 1990 (the Act), regulation 24 of the Food Hygiene (Wales) Regulations 2006, 1 and regulation 6 of the Official Feed and Food Controls (Wales) Regulations 2007, and sets out the execution and enforcement of that legislation by Food Authorities. It relates to Wales only. The code specifies how a local authority should risk rate a food business following its inspection which determines the frequency of food hygiene and standards inspections of that business. For Food Hygiene there are five risk bands A – E, for Food Standards there are three risk bands, A – C.

Feed Law Code of Practice (Wales) 2014 - sets out instructions and criteria to which local authorities 'the feed authorities' should have regard when engaged in the enforcement of animal feed law. Feed authorities must follow and implement the provisions of the Code that apply to them.

FOOD SERVICE PLAN

2021-2022



FLINTSHIRE COUNTY COUNCIL

FOOD SERVICE PLAN 2021-22

INTRODUCTION

The Service Plan relates to the year commencing 1st April 2021 and ending 31st March 2022.

It covers the service provision for the Food Safety, Food Standards and Feed functions of Flintshire County Council.

The purpose of this Plan is to provide:

- Information about the scope of the Service.
- Information about the services provided.
- Information about the means of Service provision.
- Information about performance of the Food Service against Performance Targets set out in the Plan as well as against national or locally defined Performance Indicators.
- Information relating to reviewing performance in order to address any variance from meeting the requirements of the Service Plan.

Service Plans are usually produced annually to allow for meaningful review and progression, in accordance not only with the requirements of the Food Standards Agency (FSA) “Framework Agreement on Local Authority Food Law Enforcement” but also with the principles of the “Wales Programme for Improvement”. In respect to Feed, this function is delivered as part of the FSA Funded North Wales Regional Feed Enforcement Delivery Plan, with all inspection and sampling targets being reviewed and set annually by FSA Wales. However, the effect of the COVID-19 pandemic on service delivery has led it being severely impacted. As such, no service plan was written for 2020-2021 as most Food and Feed programmed work was suspended.

This Service Plan also forms part of the Authority’s commitment to delivering the aspirations of the Local Service Board to provide citizen centred services and to work in collaboration and co-operation.

**FLINTSHIRE COUNTY COUNCIL
FOOD SERVICE PLAN 2021-22**

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1.0 SERVICE AIMS AND OBJECTIVES

1.1 Aims and Objectives

The aims of the Food Service are to:

1. Promote, through education and enforcement, the sale and/or production of food which is fit and without risk to health.
2. Prevent and control the spread of food borne illness through education and enforcement.

These will be achieved by:

- (a) Providing a complete and holistic food law enforcement service covering the areas of food hygiene and safety, food standards and animal feed in accordance with relevant food legislation and Codes of Practice, thereby fulfilling statutory obligations.
- (b) Providing a responsive service to demand driven elements such as food safety incidents, outbreaks of food related infectious disease, complaints and request for advice from both businesses and members of the public, in accordance with relevant statutory Codes of Practice
- (c) Assisting businesses to comply with all relevant legislation by using a balance of techniques and approaches in order to ensure the safety and well being of the Public and of the environment in line with the Public Protection Enforcement Policy 2010.
- (d) Maintaining an up-to-date database of all food establishments in the County so that resources can be effectively defined and utilised to meet statutory, national and locally defined targets of inspection, sampling, specific initiatives and tasks set by FSA Wales, other agencies, or based on local need.
- (e) Providing an open and transparent Food Service with clear lines of communication for all service users.

1.2 Links to Corporate Objectives and Plans

The Food Service links to the Well Being Plan and the Council Plan. There are five key priorities contained in the Well Being Plan, these are:

- Community Safety
- Economy and Skills
- Environment
- Healthy and independent Living
- Resilient Communities

The Food Service Plan has direct links with the Council Plan 2017 – 2023. The Council Plan sets out the full list of the Council's seven priorities for the period 2017 – 2023. Each year, sub-priorities are chosen which will receive significant attention over a particular year and where we will make a bigger impact.

The Food Service sits within the Community and Business Protection Service of the Planning, Environment and Economy Portfolio. Each Service area within Community and Business Protection writes annual Operational Action Plans, which have been informed by a range of external and internal drivers and through a greater focus on robust risk assessment, intelligence led intervention, targeting and performance management. All team members contribute to devising the Operational Action Plans for each Service Area. Due to the impact on service delivery of the pandemic, this plan also links in with the Portfolio Business Recovery Plan and the Risk Register for the COVID-19 response.

Food and Feed Law regulation is a statutory duty of the Council. Targets to be achieved are set in relation to both National Performance Accountability Measures and Service Improvement Data. A Corporate Performance Management System termed InPhase, monitors performance of all services within the Council. The areas reported on are the Performance Accountability Measure, “the percentage of premises Broadly Compliant with Food Hygiene Legislation”. This is reported annually.

The following Service Improvement Data is also usually monitored and reported on within the Service Plan:

- (a) Percentage of Food Safety inspections undertaken
- (b) Percentage of Food Standards inspections undertaken
- (c) Percentage of new businesses inspected for Food Safety and Food Standards
- (e) The percentage of Feed inspections carried out
- (f) The percentage of new businesses inspected for Feed

The Food Service will continue to implement performance management systems to improve the efficiency and effectiveness of service delivery in a meaningful way to the citizens of Flintshire. For this financial year, the performance monitoring will focus on the performance of the service against the Food Standards Agency COVID-19 Local Authority Recovery Plan: guidance and advice to local authorities for the period from 1 July 2021 to 2023/24. This is to ensure our resources are targeted where they add the greatest value in providing safeguards for public health and consumer protection in relation to food and to maintain the credibility of the Food Hygiene Rating Scheme.

2.0 BACKGROUND

2.1 Authority Profile

Flintshire is a Unitary Authority. The County has an area of 43,464 hectares and a population of approximately 152,700 as per the 2011 Census. It is made up of a mixture of small towns and conurbations, particularly to the south and predominately rural and agricultural land located in the north. The population is subjected to small seasonal fluctuations due to influx of tourists to the area. It has a number of industrial estates on which many manufacturers including food manufacturers are located, as well as headquarters for several food manufacturers including one large national food retailer. The coastal edge of Flintshire County Council abuts the Dee Estuary upon which cockle and mussel beds are situated and there is a small port located at Mostyn.

2.2 Organisational Structure

The Food Service sits in the Community and Business Protection Service within the Planning, Environment and Economy portfolio area. The responsibility of the Food and Feed service sits under the Team Manager – Food Safety and Food Standards, with the line management of most Feed officers being the responsibility of the Team Manager - Trading Standards Compliance and Animal Health as these Feed officers also undertake other Trading Standards functions such as Animal Health. Both team managers report in to the Community and Business Protection Manager. The organisation structure of the Food Service is illustrated on the chart detailed in Appendix 1. Appendix 1 also includes the Management and Cabinet structure of the Council.

The Lead Officer for Food Safety and Food Standards is the Team Manager – Food Safety and Food Standards. The Lead Officer for Feed is a Trading Standards Officer.

2.3 Scope of the Food Service

Specialist services are provided by Public Health Wales and Public Analyst Scientific Services as the Public Analyst.

The scope of the respective component parts of the service are detailed below:

Food Safety

- Enforcement of relevant food safety and food hygiene legislation in all food establishments in Flintshire
- Registration of food businesses and approval of premises subject to compliance with product specific legislation such as meat products, fish, shellfish, fishery products and dairy products
- Implementation of the Food Hygiene Rating (Wales) Act 2013
- Investigation of food complaints that relate to fitness of food for human consumption and complaints that relate to the nature, substance or microbiological quality of the food, taking appropriate action as necessary
- Investigation of all complaints which relate to hygiene matters (premises, practices, personnel) in food businesses
- Investigation of sporadic cases of food-related notifiable diseases and suspected cases of food poisoning
- Investigation and control of outbreaks of food poisoning and food-related notifiable diseases
- Response to Food Alerts and food related incidents taking appropriate action as necessary
- Advice to new and existing business, responses to plans, licensing and land charges referrals
- Providing relevant export attestations to businesses who are exporting
- Act as Home and/or Originating Authority for other companies where necessary
- Undertake food sampling in accordance with the Sampling Programme
- Educational and promotional initiatives, when appropriate and based on local need

Food Standards

- Respond to requests for consumer advice in matters regarding food standards, labelling and

composition

- Undertake a pre-planned programme of visits to food premises within Flintshire
- Investigation of complaints relating to the nature, quality or substance of food and complaints relating to mislabelling of food taking appropriate action as necessary
- Provide advice, information and assistance to food businesses
- Undertake food sampling in accordance with the Sampling Programme and in response to incidents
- Undertake promotional and educational initiatives, when appropriate
- Act as Home Authority and Originating Authority for other food businesses within Flintshire where necessary

Feed

- Undertake a pre-planned programme of visits to feed premises within Flintshire
- Undertake a pre-planned programme of targeted Feed sampling
- Provide advice, information and support to feed business operators, including manufacturers, distributors, and users of feed products
- Investigation of complaints relating to feedstuffs and complaint-based sampling of feed as required as part of complaint investigation

The Service Delivery Point for the Food Safety, Food Standards and Feed Service is Ty Dewi Sant, Ewloe. For all of the above, the Service Delivery Points are usually open during normal office hours of 8.30 a.m. – 5.00 p.m.

During the pandemic service delivery was reviewed to reflect the 'Working from home, wherever possible' steer from Central Government in response to the pandemic. This steer has continued in to 2021-22 with the team predominantly working from home, when not on-site with a skeleton provision being office-based. A much reduced physical presence in the office is provided by the team.

There is no official "out of hours" provision. However, there is a call centre who will contact team members should specific scenarios be reported to them which includes Food-related incidents.

2.4 Demands of the Food Service

There are 1446 food premises in Flintshire. Of those that require registration, a full breakdown by activity type is provided below:

Table 1 : Breakdown of food premises in Flintshire by FSA activity type

Premises Type	Number
Primary Producer	6
Supermarket / Hypermarket	38
Manufacturers / Packers	50
Retailer – Others	53
Importers / Exporters	0
Distributors / Transporters	46
Small Retailer	251
Restaurant / Café / Canteen	222
Hotel / Guest House	17
Pub Club	162
Takeaway	135
Caring Establishments	185
Schools / Colleges	82
Mobile Food Unit	42
Restaurant and Caterers – Other	143

There are 24 premises approved under EU Regulation 853/2004 as they handle products of animal origin. These regulations place additional control measures on these types of premises and on the Local Authority.

The types of food manufacturers within Flintshire vary greatly in the types of processes they use to produce food. These range from cooked meat and ready meal manufacturers with national distribution, through to an on-farm milk pasteuriser supplying milk locally and shellfish dispatch centre. The diversity in the types of manufacturers operating within the County places a significant demand on the breadth and depth of knowledge required by officers within the Team.

Dee Estuary and Shellfish

The Dee Estuary has two actively fished cockle beds falling within Flintshire's jurisdiction. The remaining beds fall within Wirral Council's jurisdiction. Given the nature of the estuary, the shellfish beds place significant demands on the Team, particularly during the six month cockle

opening season. One of the beds has a seasonal A classification, between August and May, meaning that cockle harvested from this bed during these months is considered safe to consume without any further processing and can be exported to the EU.

The management of the Dee accounts for a large portion of the Sampling Budget due to the statutory sampling of the water and shellfish for both microbiological classification and for algal biotoxin monitoring.

In addition to the shellfish beds on the Dee, there are several companies operating as buyers, grading yards and / or collection points for cockle harvested elsewhere within the UK at different times throughout the year. This has placed significant demand on the service and it is anticipated this will continue throughout 2021-22. There is now 1 approved Dispatch Centre for shellfish, who have recently been approved under Regulation 853/2004.

Enforcement on the Dee involves a cross-agency partnership working with National Resources Wales, Wirral Council, the Centre for Environment, Fisheries and Aquaculture Science (CEFAS), other Local Authorities, the North Western Inshore Fisheries and Conservation Authorities and FSA Wales.

There are 53 licensed cockle gatherers for the Dee Estuary with a low number of endorsees. There are also 18 registered fishing vessels spread over 13 fishermen. These fishing vessels have been inspected during March 2020 to June 2021. A commitment had been provided in the annual return to the FSA to complete this work.

Port Health

There is a port at Mostyn. The service has responsibility in relation to ships coming in to port requiring a Ship Sanitation Certificate or a food hygiene inspection.

Food Hygiene Rating (Wales) Act 2013 and associated legislation

Since 28th November 2013, the Food Hygiene Rating (Wales) Act 2013 mandated businesses with a food hygiene rating to display a valid food hygiene rating sticker. The administration of this Act accounts for a considerable volume of work for the Team.

The introduction of the Food Hygiene Rating (Promotion

of Food Hygiene Rating) (Wales) Regulations 2016, required takeaway food premises to provide a prescribed bi-lingual phrase on promotional literature which contains a price of the food and a method of ordering it remotely.

The Service is committed to delivering the requirements of the Food Hygiene Rating (Wales) Act 2013 and its associated regulations.

Premises Profile

The premises profile, as defined in the Food Law Code of Practice (Wales) July 2021, is detailed in Table 2:

Table 2: Breakdown of premises profile by risk band for Food Safety and Food Standards.

FOOD STANDARDS			FOOD SAFETY			
Risk	Min.	No. of		Risk	Min.	No. of
High	12 months	9	High	A	6 months	1
				B	12 months	22
Medium	2 years	369		C	18 months	429
Low	5 years	891	Low	D	2 years	289
				E	3 years	551
OUTSIDE		13		OUTSIDE		14
UNRATED		164		UNRATED		140
TOTAL		1446		TOTAL		1446

Please note: there are 5 bands of risk for Food Safety, with A to C being deemed to be High Risk and only 3 bands of risk in Food Standards, with only A being deemed High Risk.

Feed

Under the EU Feed Hygiene Regulation (183/2005) feed activities are clearly defined and are broken down in to 'Approved' and 'Registered' feed activities. Activities requiring Approval include any activity involving the manufacture and/or placing on the market of feed additives including zootechnical products (the technology of animal husbandry), with all such activities being classed as high risk. There are currently no businesses in Flintshire that have an Approval under the Regulations.

'Registered' feed activities are all other feed activities that

are undertaken of which there are 14 registerable feed activities defined and coded by the FSA these are termed as 'R Codes' and run consecutively from R01 (the highest risk activity) through to R14 (the lowest risk activity).

Table 3: Breakdown of Feed premises by activity type

R01 - Manufacturer	2
R04 – Mobile Mixer	1
R05 - Distributor	8
R07 – Supplier of Surplus Food	21
R08 - Transporter	2
R09 - Stores	1
R10 – On-farm mixer (Annex II)	4
R11 – On-farm mixer	27
R12 – Co-product producer	5
R13 – Livestock Farm	401
R14 – Arable Farm	5

The diversity in the types of Feed Businesses operating and activities being undertaken within the County places a significant demand on the breadth and depth of knowledge required by officers within the Team.

Following a review by FSA Wales in 2014 of the delivery of Animal Feeding Stuffs Enforcement across Wales, the system for risk assessing feed activities was simplified with all registerable feed activities across Wales being broken down in to one of two categories based on risk. These two categories are referred to as '*Above the Line*' and '*Below the Line*'. Above the line activities are high risk activities, which include businesses undertaking any 'Approved' feed activity and those engaged in 'Registered' feed activities involving production, processing, storage, transportation, sale of feed, or supply of food co-products, or surplus foods for use in animal feed and ultimately human consumption as part of the human food chain. These activities require a 'qualified' and 'competent' officer to inspect them.

Below the line activities are the low risk activities that include premises that are feeding animal feed stuffs to livestock or growing straight feed crops that are to be consumed in their natural state such as silage. This applies to all of Flintshire's farms. These activities have a lower requirement for officers to be able to perform these activities, requiring that an officer be 'competent' to complete this work.

Since 1st April 2015, the number of inspections of feed

premises has been determined by FSA Wales in the form of the 'North Wales Feed Enforcement Delivery Plan'. The plan for 2020-21 required Flintshire to inspect premises across the county for a total of 106 registered feed activities, 5 of these were above the line with the remaining 101 being below the line. However, due to the pandemic and the temporary suspension of proactive inspections for a large part of the year, a total of 3 inspections were achieved, these were all above the line inspections.

The breakdown of inspections by R code for 2021/22 is 69 inspections in total. The full breakdown is provided in Appendix 2.

The breakdown of the Feed premises profile is detailed below by risk band:

Table 4: Breakdown of the premises profile by risk band for Feed.

FEEDINGSTUFFS		
Risk	Frequency of Inspection	Total no. of registered activities subject to inspection
High	Every 3 years (as per Feed Law Code of Practice)	71
Low / Medium	Every 14 years (as per Feed Law Code of Practice)	406
TOTAL inspectable registered activities		477

The vast majority of food business owners are English speaking with a minor requirement for written reports in Welsh. All advisory literature is produced bilingually in accordance with the Welsh Language Standards of the Council which came in to force on 30 March 2016. Approximately 14% of residents in Flintshire are recorded as Welsh speaking.

Approximately 4% of food businesses are of ethnic origin (Asian, Chinese, Turkish and Greek) and once again advisory literature is available in a range of ethnic languages to assist in understanding.

2.5 Enforcement Policy

The Food Service undertakes enforcement in accordance with the Public Protection Enforcement Policy which has been updated and approved by Members in 2010. This policy has been based upon the principles of the Enforcement Concordat adopted by Members in September 2000 and the Regulators Compliance Code.

There is also an Enforcement Policy for residents entitled "Regulation and Enforcement – Involving Local Residents", which was approved by Council in September 2011.

3.0 SERVICE DELIVERY

3.1. Food Premises Inspections

The Food Service usually carries out inspections in accordance with pre-planned programmes drawn up annually and commencing on 1st April each year, to coincide with the reporting requirements for the Service to the Food Standards Agency Wales, as part of the Local Authority Enforcement Monitoring System (LAEMS). These inspection programmes are based on the risk rating of the premises. However, due to the significant impact on service delivery of the pandemic, the usual method of determining and implementing a planned inspection programme had to be suspended.

The majority of food-competent officers were moved over to COVID-19 related work supporting care homes, schools and workplaces, providing a seven day per week service. Feed officers were moved to deliver the requirements of the Coronavirus regulations in relation to business opening and control measures.

During 2020-21, the FSA regularly reviewed their steer to local authority Food and Feed delivery teams as to the priorities for the service, taking in to account the significant and wide-ranging impact of the pandemic on the service. This meant that during 2020-21, the priorities for inspection were those outlined in FSA regular notes.

Food Safety and Food Standards

The performance of the Food Safety and Food Standards Team against the service priorities outlined by the Food Standards Agency regular notes was good with Category A, Category B, non-broadly compliant C and new businesses being prioritised for inspection. Additionally, the FSA had directed that all fishing vessels registered in the local authority area had to be inspected as part of the impact of EU Exit.

The service achieved a total of 94 food hygiene inspections and 76 Food Standards inspections in 2020-21. In addition to the suspension of the normal programme of work, the ability to inspect was tempered by Wave 1 and Wave 2 of the pandemic such as; the number of businesses that temporarily closed as a result of the lockdowns; several of the Category B premises are care homes and so there were COVID-specific considerations that led to these not being prioritised for inspection during Wave 2 of the pandemic; food manufacturers, as large employers, had COVID-19 incidents within their workforce and so this aspect of public health was given priority.

There is a Public Accountability Measure in place, namely the percentage of businesses which are Broadly Compliant with Food Hygiene legislation. For 2020-21, this figure has dropped slightly from 97.8 to 97% of food businesses within Flintshire falling into this category. However, this is still within our Target for this PAM.

One area that was not fully achieved was the inspection of all fishing vessels. However, this was prioritised for action in the beginning of 2021-22 and this has since been achieved.

From the premises database, there are 674 Food Hygiene inspections which are overdue from 2021-21 and 441 overdue for Food Standards from 2020-21. When these are added to those due in 2021-22, this gives totals of 1171 Food Hygiene inspections and 869 Food Standards inspections.

Given this unprecedented volume of overdue inspections, the FSA's Local Authority Recovery Plan provides a clear steer on priorities and timeline by which each priority is to be achieved. This recovery plan runs from July 2021 to March 2023.

In line with the FSA's Local Authority Recovery Plan, 140 new businesses have been prioritised for inspection to date for both Hygiene and Standards, 2 Category A Food Hygiene Inspections, 23 Category B Food Hygiene inspections and 14 non-broadly compliant Category C Food Hygiene inspections. The service will also endeavour to inspect 90% of all of those businesses that begin to trade during the remainder of the year. The service has prioritised all 12 Category A Food Standards inspections to be achieved by the end of March 2022, which is in line within the FSA's recovery plan which

states that local authorities should, where they can, move at a faster pace in realigning with the intervention frequency and other provisions set out in the Food Law Code of Practice.

In practice this means the service has a target of 179 Food Hygiene inspections (plus 2 further in-year inspections for the Category A Food Hygiene premises) and 174 Food Standards inspections by the end of March 2022, with 90% of any additional food premises inspected for both Hygiene and Standards that we become aware of during the remainder of the year.

The key objectives for the coming year in relation to programmed inspection and enforcement work are:

Food Safety

- New businesses – overdue from previous year and those we become aware of during 2021/22
- Category A risk rated premises
- Category B risk rated premises
- Non-broadly compliant Category C rated premises
- To follow the requirements of the Food Hygiene Rating (Wales) Act 2013 and associated regulations
- To revisit all premises receiving a Food Hygiene Rating of 2 or lower to assess compliance, in line with the All Wales Revisit Policy

Food Standards

- New businesses – overdue from previous year and those we become aware of during 2021/22
- Category A risk rated premises
- To revisit all premises with major non-compliance with Allergen Information requirements.

A full breakdown of premises programmed for inspection 2021-2022 by risk band is given in Appendix 2.

There were only 5 revisits for Food Hygiene and Food Standards in 2020-21. However, this is not indicative of the anticipated resource needed for revisits in 2021/22 due to the much reduced number of proactive inspections undertaken last year. We anticipate that the number of revisits required will increase both due to the increase in number of full inspections undertaken and due to a potential drop in compliance levels found.

Feed

For 2020-21, the FSA-directed inspection programme allocated 106 inspections to Flintshire, 5 Above the Line, 101 Below the Line. However, due to the pandemic and the suspension of Feed inspections only 3 inspections were carried out, all Above the Line.

As there is a considerable number of overdue inspections from last year and inspections due in this year, risk assessment has been applied to prioritise which inspections should be undertaken. As such, all Above the line inspections due / overdue have been prioritised for inspection. For Below the Line premises, the inspections have been prioritised as per:

- Farms that are not registered but are known to keep livestock by other information sources
- Farms that have registered for Feed but have not yet been inspected
- Farms that are significantly overdue their Feed inspection

The target for programmed inspections for 2021-22 is 69 inspections. The breakdown of these by the premises activity code is detailed in Table C in Appendix 2.

3.1.1 Additional Targeted Inspection/ Enforcement Activity

Additional targeted inspection and enforcement activity due to be undertaken is as follows:

- Shellfish – compliance assessment with the completion of registration documents
- Effective and professional liaison and co-operation with other LA's and Regulatory Delivery relating to Primary Authority (PA) matters.
- Investigation of notified food safety related fraud incidents, such as illegal slaughter of meat, including referrals made anonymously.
- Issue of Ship Sanitation Certificates for incoming vessels to the Port of Mostyn.
- Appropriate response and liaison with other agencies for Civil Contingency matters.

3.1.2 Resources for Inspections and Additional Enforcement Activity

Food Safety and Food Standards

The programmed food hygiene inspections will be undertaken by Environmental Health Officers (EHO) and

Food Safety Officers (FSO). A full breakdown of resources is given in 4.2 – Staffing Allocation. Food Standards work will be carried by our Trading Standards Officer, EHOs and FSOs.

Other areas of Trading Standards work within food premises such as Weights and Measures will be carried out by the Trading Standards Officer within the Food Team. This places an absolute requirement for a fully competent Trading Standards Officer to be within the Team.

Feed

All aspects of Feed work will be carried out by 0.2 FTE fully qualified Trading Standards Officer and 0.4 FTE Trading Standards Enforcement Officer. This work is to be distributed across 7 officers who are qualified and/or competent in accordance with FSA Feed Law Code of Practice requirements. 5 of the Feed officers are based in the Trading Standards Compliance and Animal Health Team and 2 officers are based in the Food Safety and Food Standards team.

3.2 Food/Feed Complaints

Food complaints cover the full range relating to fitness for human consumption, presence of extraneous matter in foods, microbial contamination and Food Standards issues such as food labelling, chemical adulteration and spoilage of food.

It is the policy of the Food Service to investigate all food complaints reported including those made anonymously.

Food Safety and Food Standards

All food complaints are dealt with in accordance with the Food Law Code of Practice (Wales) July 2021, having regard to the documented Public Protection Enforcement Policy 2010.

Based on data for previous years, the estimated number of Food Safety and Food Standards complaints is between 110 and 140.

Please note the above figures do not indicate dealing with food complaints referred by other Local Authorities when acting as Home or Originating Authority.

Feed

All feed complaints will be dealt with in accordance with the Feed Law Code of Practice (Wales) 2014, having regard to the documented Public Protection Enforcement Policy 2010.

The number of Feed related complaints received by the service is low, typically no more than 3 a year.

3.3 Primary Authority Principle

Food Safety and Food Standards

Flintshire County Council subscribes to both the Primary and the Home Authority Principle. The Food Service acts as both Home Authority and/or Originating Authority for approximately 50 food businesses.

Flintshire is also committed to improving relationships with business and will continue to develop relationships with business and encourage effective business engagement at all times.

Feed

There is currently no formal Primary Authority relationship between FCC and any Flintshire based Feed Business Operator.

3.4 Advice to Business

The policy of the Food Service is to provide a balanced approach between the provision of advice and enforcement activity. The Service is committed to providing an effective and responsive advice and assistance service, both during inspections or upon request, for all Flintshire businesses, including a service in accordance with the Regulatory Delivery Primary Authority Principle and the Local Government Regulation (previously LACORS) Home Authority Principle.

In addition, the Service provides advisory literature, (either produced nationally or in-house) to businesses to assist them with compliance with relevant legislation.

During 2020-21, advice to business included contacting 108 pubs and 120 food businesses with takeaway provision proactively to provide an offer of advice and support to in relation to changes they were making in

food handling processes to allow them to keep trading during the initial lockdown.

Food Safety and Food Standards

In order to maximise the use of limited resources, advice is targeted as follows:

- During inspections and as part of follow up documentation.
- Start-up advice on request.
- Through guidance information available on the Food Team's website pages.
- Distribution of relevant food safety and food standards material to food businesses.
- Advice and information is given to businesses requesting guidance either by telephone, email or post.

Based on data from the last 3 years, the estimated number of requests for advice is anticipated to be approximately 160 - 200 in relation to Food Safety and Standards. Advice to businesses is provided by all members of the Team.

Targeted business advice will be provided in relation to 'Natasha's Law', whereby from 1 October 2021, the requirements for prepacked for direct sale (PPDS) food labelling changed in Wales, England, and Northern Ireland. This labelling helps protect consumers by providing allergen information on the packaging.

Any business that produces PPDS food is required to label it with:

- the name of the food, and
- a full ingredients list, with allergenic ingredients emphasised within the list

Prepacked for direct sale or PPDS is food that is packaged at the same place it is offered or sold to consumers and is in this packaging before it is ordered or selected. It can include food that consumers select themselves (e.g. from a display unit), as well as products kept behind a counter.

3.5 Food Inspection and Sampling

Feed

Flintshire is committed to supporting feed businesses and working with them to enable compliance with all regulatory and best practice standards, and to protect animal health and welfare, and the human food chain. In order to maximise the use of limited resources, advice is targeted as follows:

- During inspections and as part of follow up documentation.
- Start-up advice on request to new businesses.
- Through sign posting to guidance information available on the Trading Standards Wales and FSA Wales websites.
- Distribution of relevant feed hygiene and standards material to feed businesses.
- Advice and information is normally given to businesses requesting guidance either by telephone, e-mail or post, or where appropriate through a visit to the business operator by an officer

Food Safety and Food Standards

Sampling will be carried out in accordance with the documented Sampling Policy for the Food Service which was referred for Member Approval in July 2001. The sampling programme is devised so that the procurement of samples will follow a risk based approach. The programme takes in to account statutory requirements as well as the requirements of the FSA, the Welsh Food Microbiological Forum and local need.

Samples taken for Food Standards issues are submitted for analysis by the formally appointed and NAMAS accredited Public Analyst for the Council (and Agricultural Analyst for Animal Feed purposes):

Public Analyst Scientific Services
Valiant Way
Wolverhampton
WV9 5GB

Samples taken as part of the Sampling Programme for Food Safety issues are submitted for microbiological examination by the designated and NAMAS accredited laboratory of:

Public Health Wales
Ysbyty Gwynedd
Penrhosgarnedd
Bangor

Each Local Authority is allocated sampling accreditation by Public Health Wales.

The Food Sampling Programme does not preclude the need to undertake reactive sampling e.g. as a result of a food complaint or during food poisoning investigations. Sampling undertaken as part of an Infectious Disease Notification or Outbreak are sent to the laboratory at Ysbyty Gwynedd, Penrhosgarnedd, Bangor.

A member of the team attends the WFMF, which is responsible for devising Food Safety Sampling Surveys across Wales, based on risk assessment and intelligence to better target resources at particular foods or food poisoning organisms of concern within the UK.

Samples are taken as part of programmed inspections at manufacturers and premises where product specific legislation applies. The budget for sampling will remain the same as it was in 2020-21.

Given the effect of the pandemic on service delivery, sampling will be undertaken at a reduced level.

The anticipated number of samples for Food Standards is around 20 including samples taken for labelling checks, both as planned sampling and as a result of a complaint received. The service will take part in a regional sampling programme for vegan / vegetarian claims and alcohol content in locally produced gins. Samples will be taken as part of programmed inspections at manufacturers, approved premises and premises where product specific legislation applies.

For Food Safety, there will be statutory sampling for shellfish classification, biotoxin monitoring, in response to any serious food complaints / hygiene concerns and taking part in a WFMF survey. The anticipated number of samples for Food Microbiological examination is around 30 samples including the shellfish classification and biotoxin monitoring samples.

Feed

There will be a minimal amount of sampling work undertaken in relation to Feed. No programmed Feed samples were taken within 2020-21 as part of the suspension of this type of work. Other than sampling directly funded by FSA Wales any other feed samples taken during 2021-22 will only be done in response to complaints received or feed safety incidents.

3.6 Control and Investigation of Outbreaks and Food Related Infectious Disease

Investigation and control of outbreaks of food related infectious disease will be carried out in accordance with the Communicable Disease Outbreak Plan for Wales was approved by Members in 2011.

Investigations of sporadic notifications of food related infections disease shall follow the existing documented procedure within the Section. Based on data from previous years, it is estimated that there will be approximately between 220 and 250 cases of sporadic notifications and between 0 and 10 outbreaks. Public Health Wales have introduced molecular testing of faecal samples of suspected cases and this has resulted in an increase in the number of positive cases detected for specific organisms.

Campylobacter was the highest incidence of food-borne illness for 2020-2021 in Flintshire, with 173 cases being notified to us out of a total of 212 sporadic cases of potential food-borne illness notified to us. The notifications for *Campylobacter* were sent a questionnaire to complete which, when returned to the service, was reviewed by a competent officer to assess for any food-related risk factors.

Outbreaks are characteristically resource intensive but do not follow an annual trend, therefore the anticipated burden on staffing cannot be predicted. However, should they occur the impact on resources cannot be over-estimated and would require rapid contingency planning for maintaining the delivery of the rest of the Service.

3.7 Food/Feed Safety Incidents

Food Safety and Food Standards

Food Alerts will be initiated and responded to in accordance the Food Law Code of Practice (Wales) July

2021. Responses to Food Alerts will be kept in a centralised documented format and the contact details for the Team and relevant Agencies (including out of hour's contacts) will be kept up to date. It is difficult to quantify the resource implication of this function as it depends upon the category of Food Alert and the extent of food or businesses affected within Flintshire.

There were no major food incidents during 2020-21. We anticipate we will be involved in 0 to 3 food incidents during 2021-22, using previous food incident data.

Feed

Alerts will be initiated and responded to in accordance with the Feed Law Code of Practice (Wales) 2014. Responses to Feed Alerts will be kept in a centralised documented format and the contact details for the Team and relevant Agencies (including out of hour's contacts) will be kept up to date. It is difficult to quantify the resource implication of this function as it depends upon the nature of the Feed Alert and the source, type, quantity and distribution of feed product involved.

3.8 Liaison with Other Organisations

The Food Service is committed to ensuring effective liaison with other relevant organisations to enforce consistency of approach. This includes liaison with:

- FSA Wales
- Regulatory Delivery
- Chartered Institute of Environmental Health and Chartered Trading Standards Institute
- Public Health Wales, National Resources Wales, CEFAS, Animal and Plant Health Agency and other relevant advisory/liaison bodies
- Other Local Authorities in Wales as a whole by attending the All Wales Food Safety Expert Group, the All Wales Communicable Disease Expert Group and the WFMF and regionally, by attending the North Wales Food and Communicable Disease Task Group.
- Other relevant local bodies e.g. local fishermen by way of the North Wales and Deeside Shellfish Liaison Group.
- Other Departments within Flintshire County Council, such as the Planning Department, with whom a system of formal consultation with relevant sections of Community and Business Protection

Liaison is also maintained between members of the Food Team by monthly Team Meetings. There is also a weekly management meeting for Team Managers and the Service Manager.

The Feed element of the service is committed to ensuring effective liaison with partners and other relevant organisations to ensure and enforce consistency of approach. This includes liaison with:

- Food Standards Agency Wales (FSA Wales)
- Veterinary Medicines Directorate (VMD)
- Animal and Plant Health Agency (APHA)
- Professional bodies such as the Chartered Trading Standards Institute (CTSI), National Trading Standards (NTS) and the Association of Chief Trading Standards Officers (ACTSO).
- Other Local Authorities across Wales and the UK
- Partner Local Authorities in the North Wales Feed Enforcement Delivery Plan (Wrexham, Denbighshire, Gwynedd, Ynys-Mon, and Conwy).
- Liaison with regional and national panels and expert interest groups including the joint Trading Standards Wales/FSA Feed Working Group, Trading Standards Wales and UK Animal Health and Welfare Panels etc.

Liaison is also maintained within the Feed element of the Trading Standards Compliance and Animal Health Team through regular team meetings with the Team Manager – Food Safety and Food Standards. They also have regular one to ones with their line manager. There is also a weekly management meeting for Team Managers and the Service Manager.

Due to the pandemic, the regional Task Group meetings were suspended in 2020-21 but have since reconvened. Additionally, a representative from the team attends both the local and North West region shellfish liaison groups which have reconvened during 2021-22.

3.9 Food Safety/ Food Standards and Feed Promotion

Educational and promotional activities are important components of a comprehensive Food Service.

Food Safety and Food Standards

As part of the review of work undertaken during 2020-21, this work was suspended to enable the team to focus on

the COVID-19 response and limit food work to that prioritised by the FSA. For 2021-22, a limited amount of Food Safety and Standards work will be done in relation to 'Natasha's Law' regarding labelling of Prepacked for Direct Sale foods.

Feed

Officers of the service work with the trade offering advice and guidance on compliance with legal and best practice standards during routine inspection work and when carrying out routine animal health and welfare and disease control work. Promotion work is usually done as part of routine inspection or in response to enquiries made by business to the service. Again as above, this work was suspended as part of the COVID-19 response.

4.0 RESOURCES

4.1 Financial Allocation

The financial allocation for the Food Service is split between budgets provided for the Food Safety and Food Standards and for Animal Health. The overall level of expenditure providing the Food Safety and Food Standards Service for 2021-22 is detailed in Table 5.

Table 5: Budget for the Food Safety and Food Standards Team 2021-2022

COST ITEM	FINANCIAL ALLOCATION
(a) Staffing (total staff costs)	£537,285
(b) Travel (mileage and rail warrants)	£4,127
(c) Equipment	£4,977
(d) Sampling	£4,177
(e) Shellfish Sampling	£6000
(f) Support Costs for Printing and Translation	£650
(g) Training	Centrally held budget. Accessed via application

The Food Sampling budget covers Food Safety and Food Standards. This is in addition to the allocation provided by Public Health Wales. Additional funding can

be made available should there be an incident. There is an income target of £4,000 which is generated by Ship Sanitation Certificate, Food Hygiene re-rating inspections and Export Health Attestations.

Table 6 shows the overall level of expenditure for Feed Service delivery:

Table 6: Budget for the Feed Service Delivery 2021-22

COST ITEM	FINANCIAL ALLOCATION
(a) Staffing (total staff costs)	£29,598
(b) Travel (including mileages and Subsistence	£1,200
(c) Equipment	£500.00
(d) Sampling	Budget is held Regionally
(e) Training	Centrally held budget. Accessed via application

4.2 Staffing Allocation

Food Safety and Food Standards

The Food Safety and Food Standards structure is made up of the Team Manager – Food Safety and Food Standards 1.0 FTE, 6.5 FTE Environmental Health Officers (EHOs), 3.0 FTE Food Safety Officers(FSOs), 1.0 FTE Trading Standards Officer (TSO) and 1.0 FTE Trading Standards Enforcement Officer (TSEO). All members of the team are permanent positions. EHOs and FSOs undertake both Hygiene and Standards work. The TSO undertakes Food Standards and Feed work. The TSEO undertakes Feed and Animal Health duties predominantly.

Administrative support is provided by 1.0 FTE Administration Officer. This role is situated within Social Services as a central administration function.

All Environmental Health Officers in post are qualified Environmental Health Officers, registered with the Environmental Health Registration Board or subsequent requirements. Two of the EHOs are being supported through their Chartership programme. Food Safety Officers are qualified to the Higher Certificate in Food

Premises Inspection and all officers are qualified in HACCP Principles (Hazard Analysis Critical Control Points). All three of the Food Safety Officers hold the Higher Certificate in Food Control.

All staff are authorised appropriately for the duties they perform. Only one of the EHOs does not meet the post two year qualified competency requirement to use all enforcement powers required by the Code of Practice. Most officers also hold the Lead Auditor qualification.

The Trading Standards Officer holds the Diploma in Trading Standards and has also successfully completed the five day QMS Auditor/Lead Auditor training course. The Trading Standards Enforcement Officer has completed the academic component of the Higher Certificate in Food Control and is currently being supported to complete the learning portfolio and professional exam component. However, they will predominantly be utilised for Feed and Animal Health work, when not undertaking COVID-related work.

The full breakdown of resources usually required to deliver the Food Safety and Food Standards service is given below:

Table 7: Full Breakdown of Resources by Full Time Equivalent (FTE) to Deliver the Food Safety and Food Standards Service

Intervention Type	Food Safety FTE	Food Standards FTE
Inspections	5.0	2.5
Revisits	0.3	
Complaints	0.4	
Primary Authority	0.1	
Food Incidents	0.2	
Food Business advice/promotion and other Non-Official Controls Interventions	0.4	
Communicable Disease	0.5	N/A
Sampling	0.1	0.1

Please note – this breakdown of resources includes the 0.2 FTE operational aspect of the Team Manager. The remainder of the Team Manager 0.8 FTE is not taken account of above as this includes the operational management functions of this role including Feed and

Corporate matters. A further 0.1 FTE of the Trading Standards Officer role is spent regulating other Trading Standards legislation in food businesses such as Weights and Measures legislation.

The inspection resource requirement is based on completing the majority of inspections as joint inspections i.e. the officer does both a Food Safety and Food Standards audit during the same visit. This flexibility is key to ensuring the service can be delivered based on current resources.

Feed

All aspects of Feed work will be carried out by seven individual officers of the service with the overall management of the area by the Team Manager – Food Safety and Food Standards. One of the Trading Standards Officers is the Lead Feed Officer. All officers involved in the delivery of the feed service also undertake other duties which are non-Feed related. The Feed component of their roles for this year equates to 0.2 FTE Trading Standards Officer and 0.4 FTE Trading Standards Enforcement Officer.

The two Trading Standards Officers within the two teams satisfy all criteria as a 'qualified' and 'competent' feed officer, including holding the Diploma in Trading Standards (or equivalent), successful completion of the five day QMS Auditor/Lead Auditor Training Course, completion of CIEH accredited HACCP training and participation in a FSA programme of Feed Training. Both officers are therefore suitably qualified and competent to undertake all aspects of Feed work.

The five Trading Standards Enforcement Officers satisfy the 'competency' criteria based on experience and training that enables them to perform Below the Line Feed work on both Livestock and Arable Farms.

All seven officers satisfy the FSA requirements re qualification and /or competency to enable them to undertake Feed enforcement work. This includes meeting the requirement to undertake a minimum of 10 hours relevant CPD annually.

Staffing through the pandemic

Since the pandemic started, the number of staff allocated

4.3 Staff Development Plan

at any one time to Food and Feed delivery has varied greatly. During quarter 3 and 4 of 2020-21, 80% of the resource was allocated to the COVID-19 response. In terms of the structure, the staffing allocation for EHOs was increased by 1.0 FTE, initially as a Fixed Term Contract in quarter 3 of 2020-21, which was subsequently changed to a permanent post in recognition of the effect on the service of the pandemic and its ability to realign with the Food Law Code of Practice in the future. A contractor was also brought in for part of 2020-21 to assist in undertaking Food Hygiene and Food Standards work as the majority of officers were undertaking COVID-related duties.

Currently, 1 EHO is on maternity leave from September 2021 and 1 Food Safety Officer is on secondment to the TTP service from September 2021 to March 2022.

During the forthcoming year the following training is planned:

- (i) Support of national and regional seminars on relevant subject matters.
- (ii) In-house training sessions

Each member of the Team will receive the required twenty hours Continuing Professional Development as required by the Food Law Code of Practice (Wales) July 2021 (or thirty hours, if the officer has Chartered Status). Staff will be subject to annual Staff Appraisals in line with the Corporate policy with a mid-year review which identifies and tracks training and development needs. All staff have monthly one to ones with the Team Manager to identify and monitor areas requiring development.

Two officers are going through the Chartered programme of the Chartered Institute of Environmental Health. One of the Animal Health Officers who undertakes Feed work is also completing their Higher Certificate in Food Control portfolio to build resilience in to the Food service.

The amount of training undertaken during 2020-21 was affected by the pandemic and the range of training undertaken was much reduced from previous years. This has been identified as an area for improvement during 2021-22 with the Authority continuing with subscription to an online Food training providing for each officer.

Training planned for 2021-22 includes the Consistency on Food Hygiene Ratings and Food Hypersensitivities.

Feed

All authorised officers have attended training to ensure continued competence and qualification and will continue to undertake ongoing training as part of CPD for feed during 2021-22. All feed training is provided regionally across Wales as part of the North Wales Regional Feed Enforcement Delivery Plan that is funded by FSA.

5.0 QUALITY ASSESSMENT

5.1 Quality Assessment Food Safety and Food Standards

Within the Food Service, quality systems are in place to ensure that work is completed and checked by a competent person in line with the fully documented Quality Monitoring Procedures. Documented procedures and work instructions exist to ensure consistency of approach with various computer report mechanisms to check accuracy on the APP Database. Work Instruction is provided on key areas of work retained within Formal Procedure Manuals.

The Team Manager sits on the North Wales Food and Communicable Disease Task Group, the All Wales Food Safety Expert Group and a member of the team attends the All Wales Communicable Disease Expert Group. These forums offer the opportunity to discuss a wide range of quality issues relevant to Food Law Enforcement and Food Hygiene incidents and outbreaks.

The Service is usually required to submit an Annual Return to FSA Wales via Local Authority Enforcement Monitoring System (LAEMS). This details the inspections achieved, enforcement and educational activities undertaken. In response to the pandemic, the FSA did not require a full LAEMS return to be submitted for 2020-21. The service completed and returned a questionnaire to the FSA which assessed the service's performance against the FSA-priorities during 2020-21.

Feed

Quality systems are also in place to ensure that work is completed and checked by a competent person in line with the fully documented Quality Monitoring Procedures.

Documented procedures and work instructions exist to ensure consistency of approach with various computer report mechanisms to check accuracy on the APP Database. Work Instruction is provided on Key Areas of work retained within Formal Procedure Manuals.

In addition, for the whole Food service, external audits including focused audits, are undertaken by the Food Standards Agency Wales (frequency determined by FSA).

The North Wales Regional Feed Delivery was audited by FSA Wales in November 2019.

6.0 REVIEW PROCESS

6.1 Review Against the Service Plan

The Service Plan is usually subject to annual review, which will be re-introduced for 2021-22 and onwards. Performance against this Service Plan is monitored by several means:

- Monthly team meetings
- Monthly one to ones with individual team members
- Informal team briefings held on a regular basis
- Quarterly Feed returns to the regional Feed officer

Additionally, the FSA Recovery Plan provides a timeline in 2 phases. Phase 1 runs from 1 July to 30 September 2021 and Phase 2 runs from 1 October 2021 to 2023-24. The FSA have already required local authorities to submit a Temperature Check Survey at the beginning of October 2021 on their tracking against Phase 1 expectations and the resource they have allocated and confidence in achieving continued alignment with the recovery plan.

Appendix 3 provides full quantitative analysis of service delivery during 2020-21.

As overarching achievements:

- The commitment shown by all officers across the service was excellent at such a challenging, fast-evolving time
- Food officers were able to provide advice to businesses affected by the Coronavirus regulations in relation to Food Hygiene and Food Standards considerations to protect public health and consumer protection, in addition to assisting local food businesses to continue to trade
- Due to additional funding made available the service was able to use a contractor to undertake a

- significant proportion of food inspection work
- The service moved to a non-office based system of working at very short notice
- The Trading Standards Officer in the team took on all duty work as the first point of call, having to be flexible and learn new processes very quickly
- Feed qualified and competent officers moved over to providing advice and enforcement duties on the Coronavirus regulations while maintaining a reduced level of Feed work for inspections and advice to businesses
- Officers had to move from COVID-19 response to Food work and back again, if needed, at very short notice to pick up product-specific regulatory work or significant Food Hygiene complaints

6.2 Identification of Any Variation

As previously outlined, there was no service plan written for 2020-21 as the FSA confirmed that they would accept deviation from the Food Law Code of Practice. Priorities were provided by the FSA in regular local authority steers throughout 2020-21 and in to 2021-22.

The main areas where the service deviated from the FSA steers were:

- Not all fishing vessels received an inspection
- Not all new businesses who registered with us received a food hygiene or standards inspection
- Not all Category B rated premises for Hygiene received a Food Hygiene inspection

6.3 Key Areas of Improvement / Development

The main areas for improvement or further development are:

- To complete all programmed inspections in line with the FSA Recovery Plan
- To complete all fishing vessel inspections
- To support business in the new requirements of Food Information regulations in relation to prepacked for Direct Sale
- To ensure all officers across the service maintain the required number of CPD hours required by the respective Codes of Practice
- To audit the completion of shellfish registration documents in line with the change to the service

issuing documents directly to increase compliance levels and maintain traceability throughout the food chain

6.4 Forthcoming Considerations

The FSA Recovery Plan acknowledges that local authorities will be starting their recovery plans from different positions, dependent on the impact that COVID-19 has had on their service to date. They also state that local authorities should, where possible, move at a faster pace to realign with the intervention frequencies and other provisions set out in the Food Law Code of Practice.

There is a commitment by the service to review the plan so that where this can be accommodated, it will be. However, this is caveated that due to the ever changing situation with the pandemic that there may be deviation from the service plan.

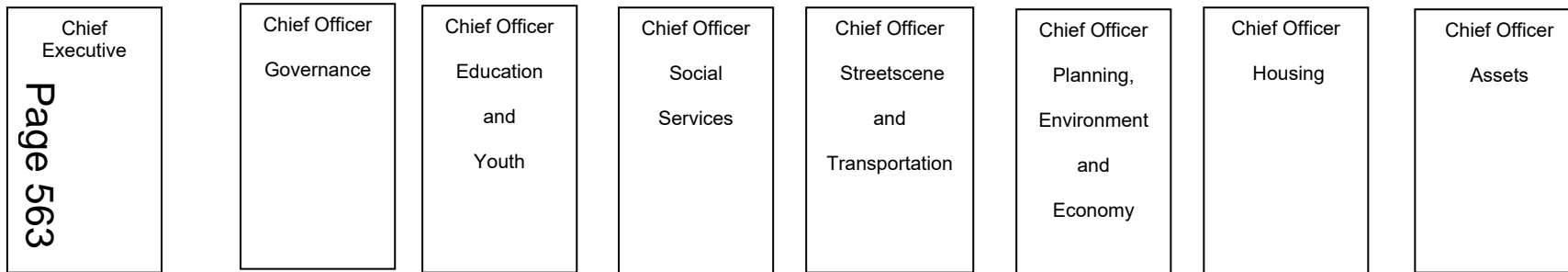
Due to the effect of the pandemic on food businesses from an economic perspective and in the lack of visible regulation due to the reduction in programmed inspections, it may be that compliance standards have reduced in food and feed businesses. Dealing with non-compliance can increase the amount of resource required to deal with that specific premises.

A new database has been procured for the service as part of the wider portfolio system. A significant amount of preparatory work, process mapping and training will be required, particularly during quarter 4 of 2021-22.

The recovery plan runs until the end of March 2023. Any deviation from this year's plan or lack of regular review to realign with the requirements of the Food Law Code of Practice will impact directly on the ability of the service to meet the recovery plan by the end of March 2023.

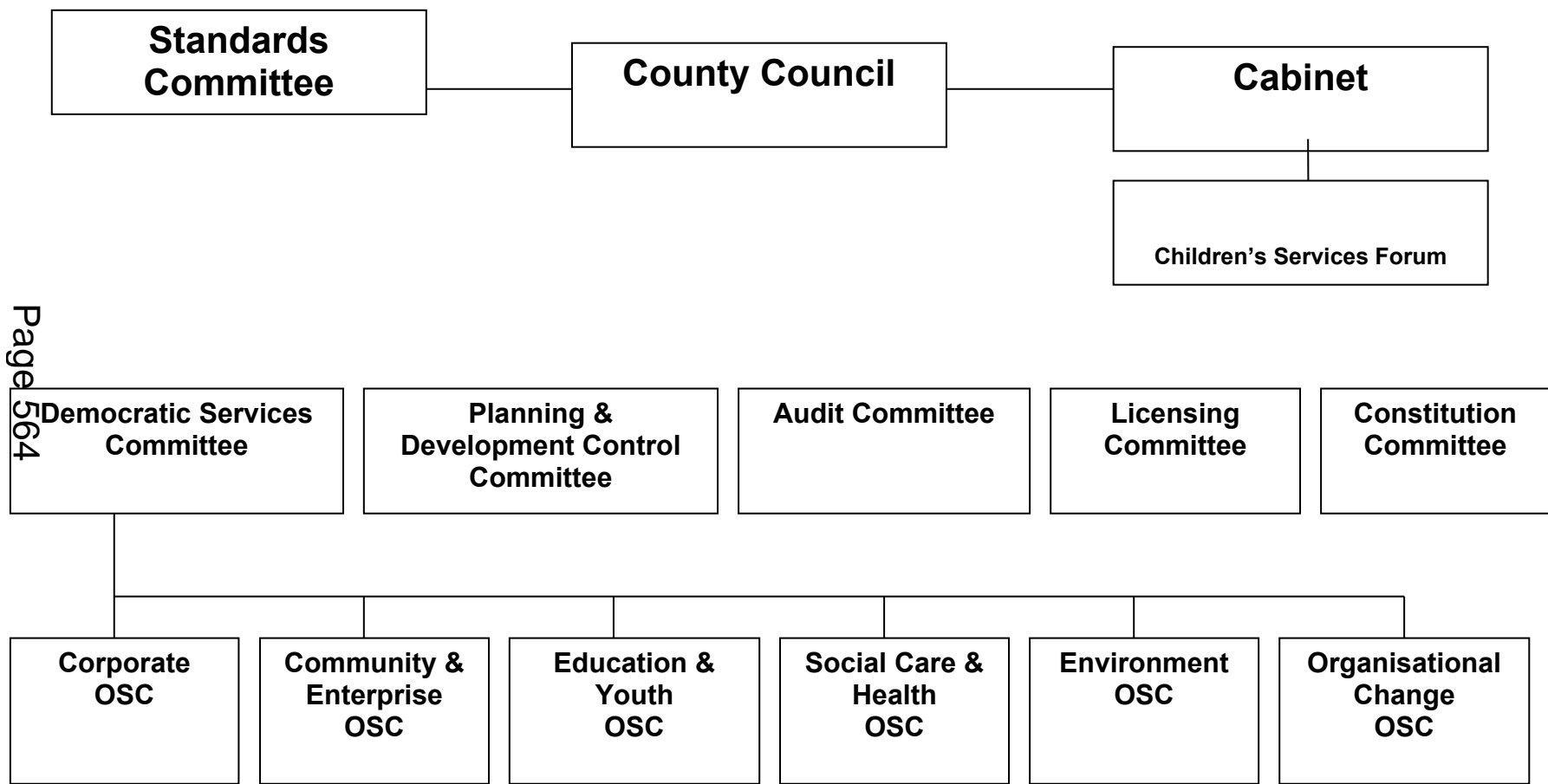
Chart 1

FLINTSHIRE COUNTY COUNCIL - ORGANISATIONAL STRUCTURE



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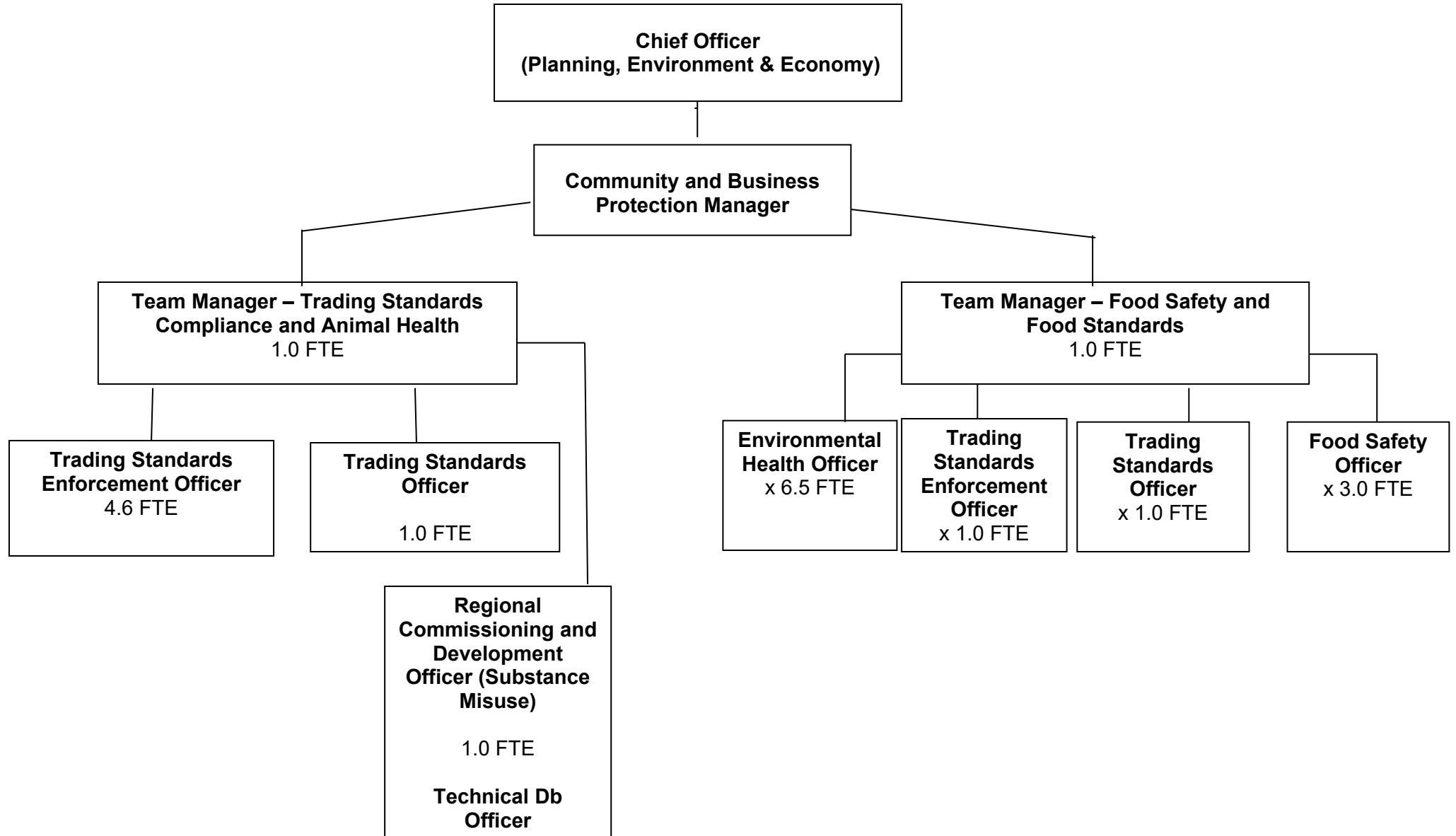
FLINTSHIRE COUNTY COUNCIL – POLITICAL STRUCTURE



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Chart 3

COMMUNITY AND BUSINESS PROTECTION - FOOD SERVICE



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APPENDIX 2

Please find below a breakdown of the profile of programmed Food Safety and Food Standards inspections for 2021-22 by Risk Rating:

Table A

PROGRAMMED INSPECTIONS - FOOD SAFETY	
Risk	Number Due
A	2
B	23
C (non-broadly compliant)	14
D	N/A
E	N/A
Unrated	140
TOTAL	179

Table B

PROGRAMMED INSPECTIONS - FOOD STANDARDS	
Risk	Number Due
A	12
B	0
C	0
Unrated	162
TOTAL	174

The Risk Rating is determined in accordance with the Food Law Code of Practice. It dictates the frequency of which the food premises must receive a full food hygiene or food standards inspection.

For Food Safety High Risk premises are those with a Risk Rating of A - C. For Food Standards High Risk premises are those with a Risk Rating of A.

Please find below a breakdown of the profile of programmed Feed inspections for 2021-22 by Feed Business Activity. The figure in brackets denote the total number of inspections due within the activity code, with the un-bracketed number denoting the actual number of inspections to be achieved

Table C

	PROGRAMMED INSPECTIONS - FEED	
High Risk (ATL)/Low Risk (BTL)	Registered/Approved Feed Business Activity	Number Due
High Risk	Manufacturer of Feed	3
High Risk	Co Product Producers	2
High Risk	Feed Stores	1
High Risk	Feed Distributor	4
High Risk	Feed Transporter	1
High Risk	On Farm Feed Mixers	2
High Risk	Supplier of Surplus Food	6
High Risk	Pet Food Manufacturer	0
Low Risk	Livestock Farms	50
Low Risk	Arable Farms	0
	Total	69

APPENDIX 3 – PERFORMANCE 2020-21

Please note - the numbers in brackets denotes the number of premises

Food Safety

	Risk	Inspections Achieved
A	High Risk	4 (3)
B	High Risk	7
C	High Risk	14
D	Low Risk	6
E	Low Risk	1
	Unrated	62
TOTAL		94

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Food Standards

	Risk	Inspections Achieved
	A High	0
	B Medium	9
	C Low	6
	Unrated	61
TOTAL		76

Feed Inspections (as per requirements of FSA/Trading Standards Wales Regional FLEDP 2020/21)

Risk	Programmed	Achieved
High	5	3
Medium/Low	101	0
Premises found on inspections to have ceased trading	0	3
TOTAL	106	3

Food Hygiene Ratings

Profile of Ratings within Flintshire: Nov 2021

	5	4	3	2	1	0
Page 569	Very Good	Good	Generally Satisfactory	Improvement Necessary	Major Improvement Necessary	Urgent Improvement Necessary
% of Premises	82.8	12.2	2.6	1.4	1.0	0

Number of Requests for Rescore Visit to be undertaken - 4

Number of Appeals on Rating - 1

Number of Fixed Penalty Notices - 1

Right to Reply - 0

Other data in relation to Demands on Food Service

Food and Feeding Stuffs Complaints

Food Safety number of complaints	-	103 linked to Food businesses
Food Standards number of complaints	-	11
Feeding Stuffs number of complaints	-	1

Advice to Business

Food Safety	-	239 requests for advice
Food Standards	-	13 requests for advice
Feeding Stuffs	-	3 requests for advice

Food and Feeding Stuffs Inspection and Sampling

Food Safety	-	12 Shellfish
Food Standards	-	10 samples – monitoring for composition and labelling
Feeding Stuffs	-	0

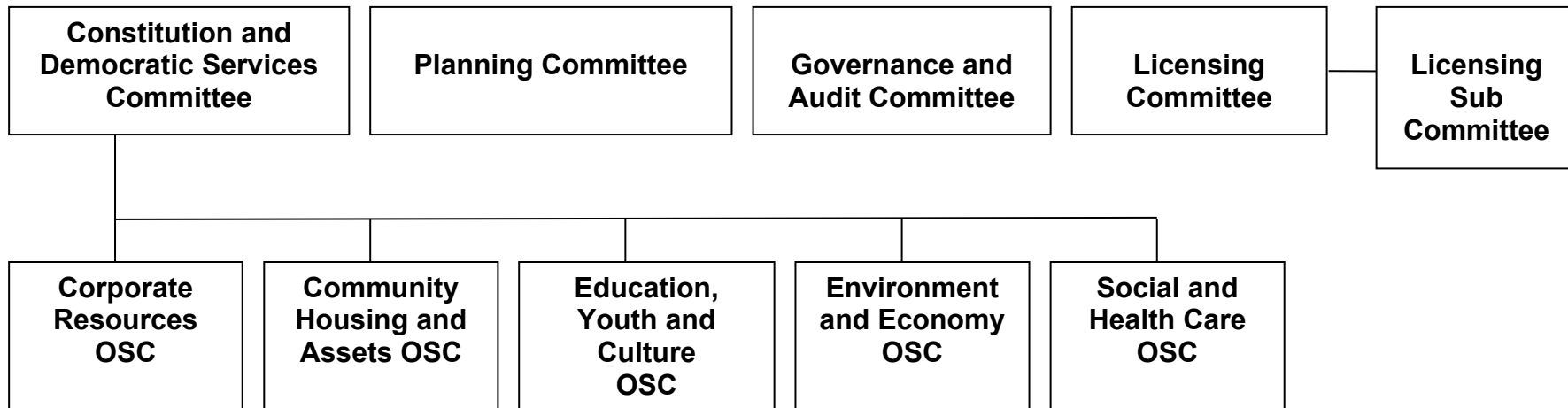
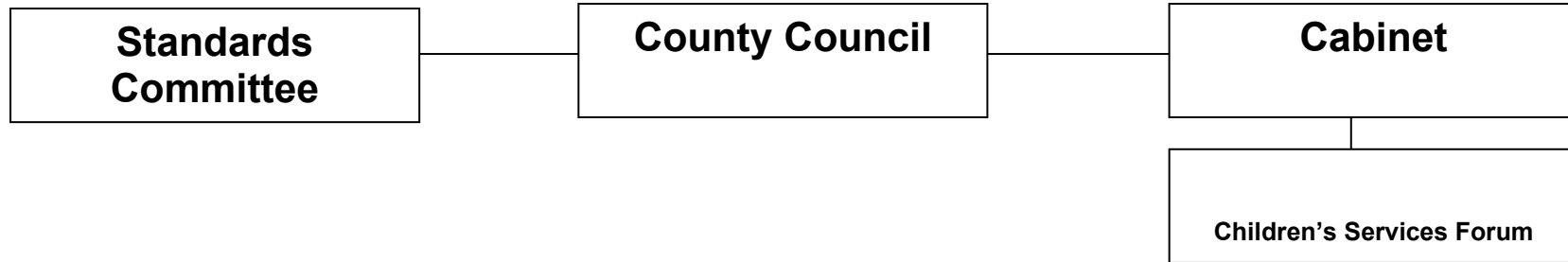
Control and Investigation of Outbreaks and Food Related Infectious Disease (Food Safety only)

Sporadic Notifications	-	212 (of which 173 were Campylobacter)
Outbreaks	-	

Other Types of Service Requests (Food Safety only)

<u>Water Disconnections</u>	-	2
<u>Shellfish Requests for Registration Documents</u>	-	during 2020-21, these were administered by Natural Resources Wales on our behalf
<u>Ship Sanitation Certificates</u>	-	2
<u>Export Health Attestations</u>		89

Political Structure Flintshire County Council



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EXERCISE OF DELEGATED POWERS - DECISIONS TAKEN REPORTED TO CABINET – 18.01.22

Education and Youth

- **Local Authority Appointed School Governors**

Appointment of Local Authority Governor(s) representatives on school governing bodies in accordance with The Government of Maintained Schools (Wales) Regulations 2005.

Housing and Assets

- **Council Rent – Application to Write Off Tenancy Arrears**

Financial Procedure Rules (section 5.2) stipulates that individual bad and irrecoverable debts in excess of £5,000 are considered for write off in conjunction with the relevant Cabinet Member. The decision to write off is in respect of two separate cases where tenants are subject to Debt Relief Orders (DRO's). In the first case, rent arrears of £6,356.86 are included in the DRO. In the second case, rent arrears of £9,361.53 are included in the DRO. The arrears are no longer recoverable in either case.

- **Housing Benefit Overpayment**

Financial Procedure Rules (section 5.2) stipulates that individual bad and irrecoverable debts in excess of £5,000 are considered for write off in conjunction with the relevant Cabinet Member. The decision to write off is in respect of one customer who is subject to a Debt Relief Order (DRO). The Housing Benefit Overpayment of £6,397.83 is included in the DRO which is now irrecoverable as a result of the award of the DRO.

- **Housing Benefit Overpayment**

We have an overpayment of £14,713.92 for the period 06.04.15 to 29.09.19. The overpayment had been referred to fraud however they sent it to compliance so it cannot be treated as fraud. A Debt Relief Order (DRO) has now been received that includes our debt and so we are unable to recover the overpayment.

Executive Office

- **Amendment to Council Community Chest Grant Scheme to Reduce the Time Limits Within Which Local Organisations can Re-apply for Funding**

The Council's Community Chest Grant provides grants of up to £1,000 for local community organisations who meet the grant criteria. Successful organisations cannot re-apply for a new grant within a three year financial period of receiving a grant of £1,000 from this fund. This has meant that some applications, that would otherwise be successful, are rejected on this basis whilst there is surplus money available which is not awarded each financial year. Reducing the time limit to a two year (rolling) period in which organisations can re-apply for the funding will ensure timely, financial support is available to local organisations and ensure the fund is fully allocated each financial year.

Revenues

- **Business Rates Write Offs**

The Corporate Finance Manager and the Cabinet Member for Corporate Management and Assets are authorised to write off debts between £5k and £25k. A Business Rate debt totalling £17,428 for Nite Stop Ltd, T/A A55 Holiday Inn is irrecoverable and has been written off as the company entering into liquidation and was wound up on 20 July 2021.

- **Council Tax Write Offs**

The Corporate Finance Manager and the Cabinet Member for Corporate Management and Assets are authorised to write off debts between £5k and £25k. Three Council Tax debts totalling £16,910.49 are deemed to be irrecoverable and are subject to write off.

- Case 1 has a balance outstanding of £6,186.52, and the liable person has entered an insolvency – Individual Voluntary arrangement
- Case 2 is for £5,119.49 and the liable person has been declared bankrupt on the 6th August 2021
- Case 3 has a balance of £5,604.48. The liable person has passed away and there is no money in the estate to pay these debts

Copies of the Delegated Powers reports are retained by the Team Leader – Committee Services and available to view on request by Members.

**FLINTSHIRE COUNTY COUNCIL FORWARD WORK PROGRAMME ITEMS
COUNCIL, CABINET, AUDIT AND GOVERNANCE & SCRUTINY
1 January 2022 TO 30 June 2022**

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
January					
Environment & Economy Overview & Scrutiny Committee	11/01/22	Overview and Scrutiny	Forward Work Programme and Action Tracking (Env & E) To consider the Forward Work Programme of the Environment & Economy Overview & Scrutiny Committee and to inform the Committee of progress against actions from previous meetings.	Operational	Cabinet Member for Planning and Public Protection, Cabinet Member for Streetscene
Environment & Economy Overview & Scrutiny Committee	11/01/22	Planning, Environment and Economy	North Wales Growth Deal Quarterly Performance report To provide Members with the Quarter 1 update on the North Wales Growth Deal.	Operational	Cabinet Member for Economic Development

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Environment & Economy Overview & Scrutiny Committee	11/01/22	Streetscene and Transportation	Grass Cutting Performance Review To provide an update on the performance of grass cutting across the county throughout 2021 and re-approve the existing grass cutting policy.	Operational	Cabinet Member for Streetscene
Environment & Economy Overview & Scrutiny Committee Page 576	11/01/22	Planning, Environment and Economy	Levelling Up Fund Round Two To gain the views and support of the Committee on the proposals to submit bids into the forthcoming Round Two of the UK Government Levelling Up Fund.	Operational	Cabinet Member for Economic Development
Environment & Economy Overview & Scrutiny Committee	11/01/22	Planning, Environment and Economy	Flintshire Economy Update To provide members with an update on the state of the economy in Flintshire and on work programmes to assist recovery.	Operational	Cabinet Member for Economic Development

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Environment & Economy Overview & Scrutiny Committee	11/01/22	Chief Executive's	Council Plan 2022/23 To consult on Part 1 of the Council Plan 2022/23	Strategic	Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets
Environment & Economy Overview & Scrutiny Committee	11/01/22	Streetscene and Transportation	Vehicle Permit Criteria for Household Recycling Centres To seek Scrutiny approval to revise the Household Recycling Centre van permit application criteria.	Operational	Cabinet Member for Streetscene
Community, Housing & Assets Overview & Scrutiny Committee	12/01/22	Overview and Scrutiny	Forward Work Programme and Action Tracking (CH & E) To consider the Forward Work Programme of the Community Housing & Assets Overview & Scrutiny Committee and to inform the Committee of progress against actions from previous meetings.	Operational	Cabinet Member for Housing

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Community, Housing & Assets Overview & Scrutiny Committee	12/01/22	Chief Executive's	Council Plan 2022/23 To consult on Part 1 of the Council Plan 2022/23	Strategic	Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets
Community, Housing & Assets Overview & Scrutiny Committee	12/01/22	Housing and Assets	Housing Revenue Account (HRA) To consider the proposed Housing Revenue Account (HRA) Budget for 2022/23 and the HRA Business Plan.	Operational	Cabinet Member for Housing, Cabinet Member for Finance, Social Value and Procurement
Corporate Resources Overview & Scrutiny Committee	13/01/22	Overview and Scrutiny	Action Tracking To inform the Committee of progress against actions from previous meetings.	Operational	
Corporate Resources Overview & Scrutiny Committee	13/01/22	Overview and Scrutiny	Forward Work Programme To consider the Forward Work Programme of the Corporate Resources Overview & Scrutiny Committee.	Operational	

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COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Corporate Resources Overview & Scrutiny Committee	13/01/22	Chief Executive's	<p>North Wales Councils - Regional Emergency Planning Service (NWC-REPS) - Annual Report 2020/21</p> <p>To receive the North Wales Councils Regional Emergency Planning Service (NWCREPS) Annual Report for 2020/21.</p>	Operational	Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets
Corporate Resources Overview & Scrutiny Committee	13/01/22	Finance	<p>Medium Term Financial Strategy and Budget 2022/23</p> <p>To update on the budget estimate for 2022/23 and the implications of the Welsh Local Government Provisional Settlement which was received on 21 December.</p>	Strategic	Cabinet Member for Finance, Social Value and Procurement
Corporate Resources Overview & Scrutiny Committee	13/01/22	Chief Executive's	<p>Council Plan 2022/23</p> <p>To consult on Part 1 of the Council Plan 2022/23.</p>	Strategic	Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets

1809 579

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Corporate Resources Overview & Scrutiny Committee	13/01/22	Chief Executive's	<p>People and Organisational Development Strategy 2022-2025</p> <p>To share the strategic priorities for a new People and Organisational Development Strategy 2022-2025.</p>	Operational	Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets
Corporate Resources Overview & Scrutiny Committee	13/01/22	Finance	<p>Revenue Budget Monitoring 2021/22 (Month 8)</p> <p>This regular monthly report provides the latest revenue budget monitoring position for 2021/22 for the Council Fund and Housing Revenue Account. The position is based on actual income and expenditure as at Month 8, and projects forward to year-end.</p>	Operational	Cabinet Member for Finance, Social Value and Procurement
Cabinet	18/01/22	Planning, Environment and Economy	<p>Food Service Plan 2021-22 for Flintshire County Council</p> <p>To seek approval of the Food Service Plan 2021-22.</p>	Operational	Cabinet Member for Planning and Public Protection

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	18/01/22	Chief Executive's	Revenue Budget Monitoring 2021/22 (Month 8) This regular monthly report provides the latest revenue budget monitoring position for 2021/22 for the Council Fund and Housing Revenue Account. The position is based on actual income and expenditure as at Month 8, and projects forward to year-end.	Operational	Cabinet Member for Finance, Social Value and Procurement
Cabinet	18/01/22	Social Services	Residential, Short Breaks and Therapeutic Services for Children and Young People in Flintshire To seek approval to tender for the named services within the report.	Operational	Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services
Cabinet	18/01/22	Planning, Environment and Economy	Flintshire Coast Park To seek views on the establishment and designation of a Regional Park along the Dee Estuary foreshore.	Operational	Cabinet Member for Economic Development

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	18/01/22	Chief Executive's	Treasury Management Mid-Year Review 2021/22 To present the draft Treasury Management Mid-Year Review for 2021/22 for recommendation to Council.	Operational	Cabinet Member for Finance, Social Value and Procurement
Cabinet	18/01/22	Streetscene and Transportation	Vehicle Permit Criteria for Household Recycling Centres To seek approval to revise the Household Recycling Centre vehicle permit application criteria.	Strategic	Cabinet Member for Streetscene
Cabinet	18/01/22	Planning, Environment and Economy	Levelling Up Fund Round Two To seek approval to submit bids into the forthcoming Round Two of the UK Government Levelling Up Fund.	Operational	Cabinet Member for Economic Development

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	18/01/22	Chief Executive's	Budget 2022/23 and the Welsh Local Government Provisional Settlement To update on the budget estimate for 2022/23 and the implications of the Welsh Local Government Provisional Settlement which was received on 21 December.	Strategic	Cabinet Member for Finance, Social Value and Procurement
Cabinet	18/01/22	Streetscene and Transportation	Parc Adfer Community Benefit Fund To share details of the Community Benefit Fund, including eligibility criteria and process.	Operational	Cabinet Member for Streetscene
Cabinet	18/01/22	Planning, Environment and Economy	Flintshire Economy Update To provide an update on the state of the economy in Flintshire and on work programmes to assist recovery.	Operational	Cabinet Member for Economic Development

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	18/01/22	Social Services	North Wales Population Needs Assessment 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.	Strategic	Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services
Social & Health Care Overview & Scrutiny Committee 1809 584	20/01/22	Overview and Scrutiny	Forward Work Programme and Action Tracking To consider the Forward Work Programme of the Social & Health Care Overview & Scrutiny Committee and to inform the Committee of progress against actions from previous meetings.	Operational	
Social & Health Care Overview & Scrutiny Committee	20/01/22	Chief Executive's	Council Plan 2022/23 To consult on Part 1 of the Council Plan 2022/23.	Strategic	Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Social & Health Care Overview & Scrutiny Committee	20/01/22	Social Services	North Wales Population Needs Assessment 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.	Operational	Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services
Social & Health Care Overview & Scrutiny Committee	20/01/22	Social Services	Microcare To receive an update on Microcare.	Operational	Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services
Social & Health Care Overview & Scrutiny Committee	20/01/22	Social Services	Children's Services Transformation To receive an update.	Operational	Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services
Social & Health Care Overview & Scrutiny Committee	20/01/22	Social Services	January 2022 - Young Carers Contract (NEWCIS) Review of budget risk To consider the latest budget position as agreed at the Committee meeting on 21 January 2021.	Operational	Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Social & Health Care Overview & Scrutiny Committee	20/01/22	Social Services	In-house Regulated Services Report To receive a report on the role of the Responsible Individual and the performance of in-house regulated services over the last 12 months.	Operational	Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services
Flintshire County Council	25/01/22	Governance	Amendments to the Planning Code of Practice To review the Planning Code of Practice in line with a resolution of the Committee and Council earlier in the year.		
Flintshire County Council	25/01/22	Governance	Local Government & Elections Act 2021 Update To provide an update on implementation of the Local Government & Elections Act 2021.		
Flintshire County Council	25/01/22	Governance	Declaration and Disposal of Land Surplus to Requirements To agree minor changes to the Constitution to improve transparency and clarity around how land will be declared surplus to requirements.		

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Flintshire County Council	25/01/22	Chief Executive's	Treasury Management Mid-Year Review 2021/22 To present the draft Treasury Management Mid-Year Review for 2021/22.		
Governance and Audit Committee	26/01/22	Chief Executive's	Treasury Management 2022/23 Strategy and Q3 Update 2021/22 (1) To present to Members the draft Treasury Management Strategy 2022/23 for comments and recommendations for approval to Cabinet (2) To provide an update on matters relating to the Council's Treasury Management Policy, Strategy and Practices to the end December 2021.	Strategic	Cabinet Member for Finance, Social Value and Procurement
Governance and Audit Committee	26/01/22	Chief Executive's	Code of Corporate Governance To endorse the review of the Code of Corporate Governance.	Operational	Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Governance and Audit Committee	26/01/22	Internal Audit	Internal Audit Charter To outline to Members the updated Internal Audit Charter.	Operational	Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets
Governance and Audit Committee	26/01/22	Governance	Internal Audit Progress Report To present to the Committee an update on the progress of the Internal Audit Department.	All Report Types	
Governance and Audit Committee	26/01/22	Governance	Governance and Audit Committee Action Tracking To inform the Committee of the actions resulting from points raised at previous Governance and Audit Committee meetings.	All Report Types	
Governance and Audit Committee	26/01/22	Governance	Forward Work Programme To consider the Forward Work Programme of the Internal Audit Department.	All Report Types	
February					

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Education, Youth & Culture Overview & Scrutiny Committee	3/02/22	Chief Executive's	<p>Mid-year Performance Indicators for Recovery, Portfolio and Public Accountability Measures</p> <p>To review the levels of progress in the achievement of activities, performance levels and current risk levels as identified in the Council Plan.</p>	Operational	Leader of the Council and Cabinet Member for Education
Education, Youth & Culture Overview & Scrutiny Committee Page 589	3/02/22	Chief Executive's	<p>Council Plan 2022/23</p> <p>To consult on Part 1 of the Council Plan 2022/23</p>	Strategic	Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets, Leader of the Council and Cabinet Member for Education

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Education, Youth & Culture Overview & Scrutiny Committee	3/02/22	Overview and Scrutiny	Forward Work Programme and Action Tracking (EY&C) To consider the Forward Work Programme of the Education Youth & Culture Overview & Scrutiny Committee and to inform the Committee of progress against actions from previous meetings.	Operational	Leader of the Council and Cabinet Member for Education
Education, Youth & Culture Overview & Scrutiny Committee	3/02/22	Education and Youth	School Modernisation Update To provide an update to Members on the School Modernisation Programme	Operational	Leader of the Council and Cabinet Member for Education
Education, Youth & Culture Overview & Scrutiny Committee	3/02/22	Education and Youth	Multiplying Impact - Flintshire Integrated Youth Provision Delivery Plan 2021-2024 To provide a presentation of the new delivery plan for Integrated Youth Provision 2021-24.	Operational	Leader of the Council and Cabinet Member for Education
Education, Youth & Culture Overview & Scrutiny Committee	3/02/22	Education and Youth	Joint Archive Project To provide information on the Heritage Lottery Grant Fund, should it be offered, prior to Cabinet approval.	Operational	Leader of the Council and Cabinet Member for Education

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Education, Youth & Culture Overview & Scrutiny Committee	3/02/22	Education and Youth	<p>Learner Outcome Assessment Processes for 2022</p> <p>To provide Members with an overview of the examination and assessment arrangements for Summer 2022.</p>	Operational	Leader of the Council and Cabinet Member for Education
Environment & Economy Overview & Scrutiny Committee	8/02/22	Overview and Scrutiny	<p>Forward Work Programme and Action Tracking (Env & E)</p> <p>To consider the Forward Work Programme of the Environment & Economy Overview & Scrutiny Committee and to inform the Committee of progress against actions from previous meetings.</p>	Operational	Cabinet Member for Planning and Public Protection, Cabinet Member for Streetscene

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Environment & Economy Overview & Scrutiny Committee	8/02/22	Planning, Environment and Economy	<p>Climate Change Strategy In December 2019 the Council committed to development of an action plan to achieve carbon neutrality by 2030 in line with Welsh Government's requirement for the public sector. Our Programme Manager presents the draft strategy document that details our roadmap to achieve this target.</p>	Strategic	Cabinet Member for Economic Development, Cllr Sean Bibby
Community, Housing & Assets Overview & Scrutiny Committee	9/02/22	Overview and Scrutiny	<p>Forward Work Programme and Action Tracking (CH & E) To consider the Forward Work Programme of the Community Housing & Assets Overview & Scrutiny Committee and to inform the Committee of progress against actions from previous meetings.</p>	Operational	Cabinet Member for Housing
Community, Housing & Assets Overview & Scrutiny Committee	9/02/22	Housing and Assets	<p>NEW Homes Business Plan To consider the NEW Homes Business Plan</p>	Operational	Cabinet Member for Housing

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Community, Housing & Assets Overview & Scrutiny Committee	9/02/22	Housing and Assets	<p>Developing Flintshire's Housing Support Programme Strategy 2022-26</p> <p>To consult Members on the approach being taken to ensure delivery and implementation of the Housing Support Programme Strategy for Flintshire ahead of the implementation date of 1st April 2022.</p>	Strategic	Cabinet Member for Housing
Corporate Resources Overview & Scrutiny Committee	10/02/22	Overview and Scrutiny	<p>Action Tracking</p> <p>To inform the Committee of progress against actions from previous meetings.</p>	Operational	
Corporate Resources Overview & Scrutiny Committee	10/02/22	Overview and Scrutiny	<p>Forward Work Programme</p> <p>To consider the Forward Work Programme of the Corporate Resources Overview & Scrutiny Committee.</p>	Operational	

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Corporate Resources Overview & Scrutiny Committee	10/02/22	Governance	Public Services Ombudsman for Wales (PSOW) Annual Letter 2020-21 and Complaints against Flintshire County Council To share the Public Services Ombudsman for Wales Annual Letter 2020-21 and Complaints made against Flintshire County Council Services in the first half of 2021-22 (April-September 2021).	Operational	Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets
Corporate Resources Overview & Scrutiny Committee	10/02/22	Chief Executive's	Annual Audit Summary for Flintshire County Council 2020/21 To receive the Annual Audit Summary from the Auditor General for Wales and note the Council's response.	Strategic	
Corporate Resources Overview & Scrutiny Committee	10/02/22	Chief Executive's	Employment and Workforce Quarterly Update This report covers strategic updates in addition to the quarterly workforce statistics and their analysis.	Operational	Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Corporate Resources Overview & Scrutiny Committee	10/02/22	Finance	<p>Revenue Budget Monitoring 2021/22 (Month 9) and Capital Programme (Month 9)</p> <p>The purpose of this report is to provide Members with the Revenue Budget Monitoring 2020/21 (Month 9) Report and the Capital Programme 2020/21 (Month 9) Report and Significant Variances</p>	Operational	Cabinet Member for Finance, Social Value and Procurement
Corporate Resources Overview & Scrutiny Committee	10/02/22	Chief Executive's	<p>Social Value Programme</p> <p>To consider the risks, challenges and opportunities for the Council's Social Value Programme and to agree actions and next steps.</p>	Operational	Cabinet Member for Finance, Social Value and Procurement
Cabinet	15/02/22	Planning, Environment and Economy	<p>Climate Change Strategy</p> <p>To gain agreement and commitment to the Climate Change Strategy</p>	Strategic	Cllr Sean Bibby, Cabinet Member for Economic Development

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	15/02/22	Governance	<p>Public Services Ombudsman for Wales To share the Public Services Ombudsman for Wales Annual Letter 2020-21 and Complaints made against Flintshire County Council Services in the first half of 2021-22 (April-September 2021).</p>	Operational	Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets
Cabinet	15/02/22	Chief Executive's	<p>Treasury Management Strategy 2022/23 To present to Members the draft Treasury Management Strategy 2022/23 for recommendation to Council.</p>	Strategic	Cabinet Member for Finance, Social Value and Procurement
Cabinet	15/02/22	Chief Executive's	<p>Revenue Budget Monitoring 2021/22 (Month 9) This regular monthly report provides the latest revenue budget monitoring position for 2021/22 for the Council Fund and Housing Revenue Account. The position is based on actual income and expenditure as at Month 9, and projects forward to year-end.</p>	Operational	Cabinet Member for Finance, Social Value and Procurement

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	15/02/22	Chief Executive's	Capital Programme Monitoring 2021/22 (Month 9) To provide Members with the Month 9 capital programme information for 2021/22.	Operational	Cabinet Member for Finance, Social Value and Procurement
Cabinet	15/02/22	Chief Executive's	Annual Audit Summary for Flintshire County Council 2020/21 To receive the Annual Audit Summary from the Auditor General for Wales and Council's response.	Operational	Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets
Cabinet	15/02/22	Chief Executive's	Housing Revenue Account (HRA) 30 Year Financial Business Plan To present, for recommendation to Council, the Housing Revenue Account (HRA) Budget for 2022/23, the HRA Business Plan and the summary 30 year Financial Business Plan.	Strategic	Cabinet Member for Housing, Cabinet Member for Finance, Social Value and Procurement

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	15/02/22	Education and Youth	Multiplying Impact - Flintshire Integrated Youth Provision Delivery Plan 2021-2024 Presentation of new delivery plan for Integrated Youth Provision 2021-24	Strategic	Leader of the Council and Cabinet Member for Education
Cabinet	15/02/22	Education and Youth	Welsh in Education Strategic 10 year Plan 2022 - 2032 To provide an update on the draft Welsh in Education Strategic Plan (WESP) and the statutory consultation arrangements.	Strategic	Leader of the Council and Cabinet Member for Education
Flintshire County Council	15/02/22	Social Services	North Wales Population Needs Assessment 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.		

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Flintshire County Council	15/02/22	Chief Executive's	Treasury Management Strategy 2022/23 To present to Members the draft Treasury Management Strategy 2022/23		
Flintshire County Council	15/02/22	Governance	Council Tax setting for 2022/23 To set the Council Tax charges for 2022-23 as part of the Councils wider budget strategy.		
Flintshire County Council	15/02/22	Chief Executive's	Council Fund Revenue Budget 2022/23 - Final Closing Stage To set a legal and balanced budget for 2022/23 on the recommendation of Cabinet.		
Flintshire County Council	15/02/22	Chief Executive's	Housing Revenue Account (HRA) 30 Year Financial Business Plan 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.		
March					

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COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Cabinet	15/03/22	Chief Executive's	NEWydd Business Plan 2022/23 To present the NEWydd Catering & Cleaning Ltd Business Plan 2022/23 for endorsement	Operational	Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets
Cabinet	15/03/22	Chief Executive's	Revenue Budget Monitoring 2021/22 (Month 10) This regular monthly report provides the latest revenue budget monitoring position for 2021/22 for the Council Fund and Housing Revenue Account. The position is based on actual income and expenditure as at Month 10, and projects forward to year-end.	Operational	Cabinet Member for Finance, Social Value and Procurement
Governance and Audit Committee	23/03/22	Chief Executive's	Annual Audit Summary for Flintshire County Council 2020/21 To receive the Annual Audit Summary from the Auditor General for Wales and note the Council's response.	Operational	Deputy Leader of the Council (Governance) and Cabinet Member for Corporate Management and Assets

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Governance and Audit Committee	23/03/22	Chief Executive's	Q4 Treasury Management Update 2020/21 To provide an update on matters relating to the Council's Treasury Management Policy, Strategy and Practices to the end of February 2021	Operational	Cabinet Member for Finance, Social Value and Procurement
Governance and Audit Committee	23/03/22	Governance	Internal Audit Progress Report To present to the Committee an update on the progress of the Internal Audit Department.	All Report Types	
Governance and Audit Committee	23/03/22	Governance	Governance and Audit Committee Action Tracking To inform the Committee of the actions resulting from points raised at previous Governance and Audit Committee meetings.	All Report Types	
Governance and Audit Committee	23/03/22	Governance	Forward Work Programme To consider the Forward Work Programme of the Internal Audit Department.	All Report Types	
April					

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
May					
June					
Environment & Economy Overview & Scrutiny Committee	7/06/22	Overview and Scrutiny	Forward Work Programme and Action Tracking (Env &E) To consider the Forward Work Programme of the Environment & Economy Overview & Scrutiny Committee and to inform the Committee of progress against actions from previous meetings.	Operational	Cabinet Member for Planning and Public Protection, Cabinet Member for Streetscene
Governance and Audit Committee	8/06/22	Governance	Internal Audit Progress Report To present to the Committee an update on the progress of the Internal Audit Department.	All Report Types	
Governance and Audit Committee	8/06/22	Governance	Forward Work Programme To consider the Forward Work Programme of the Internal Audit Department.	All Report Types	

COMMITTEE	MEETING DATE	CHIEF OFFICER PORTFOLIO	AGENDA ITEM & PURPOSE OF REPORT	REPORT TYPE (Strategic or Operational) (Cabinet only)	PORTFOLIO (Cabinet only)
Governance and Audit Committee	8/06/22	Governance	Governance and Audit Committee Action Tracking To inform the Committee of the actions resulting from points raised at previous Governance and Audit Committee meetings.	All Report Types	
Corporate Resources Overview & Scrutiny Committee	9/06/22	Housing and Assets	Asset Strategy Review To receive an update on the Asset Strategy Review.	Operational	Cabinet Member for Housing
Social & Health Care Overview & Scrutiny Committee	9/06/22	Overview and Scrutiny	Forward Work Programme and Action Tracking (S & H) To consider the Forward Work Programme of the Social & Health Care Overview & Scrutiny Committee and to inform the Committee of progress against actions from previous meetings.	Operational	Deputy Leader of the Council (Partnerships) and Cabinet Member for Social Services
Cabinet	14/06/22	Chief Executive's	Capital Programme Monitoring 2021/22 (Outturn) To present the Outturn Capital Programme information for 2021/22	Operational	Cabinet Member for Finance, Social Value and Procurement

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