Bundle Partnerships, People and Population Health Committee 10 February 2022

Unfortunately we are presently unable to accommodate attendance by members of the public to our Health Board's committee meetings due to Covid-19 restrictions. However draft minutes are provided in due course.

1 PP22/6 Apologies

2 PP22/7 Declarations of Interest

3 09:30 - PP22/8 Draft minutes of the previous meeting held on 9.12.21 for approval

PP22.8 Minutes PPPH_Public Session 9.12.21 draft .03.docx

4 09:31 - PP22/9 Matters arising and table of action

PP22.9 Table of actions.doc

5 09:41 - PP22/10 Chair report (verbal)

Linda Tomos

6 09:43 - PP22/11 Lead Executive report (verbal)

Chris Stockport
Living Well Staying Healthier strategy refresh

7 STRATEGIC ITEMS FOR DECISION - THE FUTURE

8 Developing strategies or plans

8.1 09:45 - PP22/12 Draft Integrated Medium Term Plan

Chris Stockport
To follow 8.2.22

8.2 10:10 - PP22/13 Developing the People Strategy & Plan

Sue Green
Recommendation
The Committee is asked to note the progress made to date in the development of the People Strategy and Plan and feedback comments and suggestions for reflection, inclusion in the Draft Strategy as part of the co design phase in advance of submission to the Board 10th March 2022.
The version of the Draft Strategy will continue to be updated and refined in line with the Integrated Medium Term Plan. It is, by its nature primarily a Strategy and therefore will have high level delivery priorities supported by a detailed delivery plan for 2022/23. These supporting delivery plans, will need to balance the requirement for detail, with the commitment to co design many of the "interventions" and/or "products".
The advice of the Committee would therefore be helpful in navigating the presentation of both the strategic ambition and intent with the need for the Board to be clear on what is actually going to be delivered and different as a result of this Strategy and Plan

PP22.13a People Strategy Plan Update report.docx

PP22.13b 2022_02_10 Draft People Strategy Plan v7.docx

8.4 10:30 - PP22/14 North Wales - No Wrong Door Strategy (2022-2027)

Chris Stockport
Liz Fletcher - Assistant Area Director for Childrens Services (West) in attendance
Recommendation:
The Committee is asked to
• support the development of a multi-agency 'No Wrong Door' partnership approach to service provision and support the principles to inform an agreed Service Model and Implementation Framework for service transformation and improvement.
• note the cover report gives an overview of the North Wales' No Wrong Door Strategy, a 5 year plan to improve services for children, young people and their families. The development of the Strategy (Appendix 1) has been commissioned and overseen by the North Wales Regional Partnership Board (RPB) which forms part of the North Wales Social Care and Wellbeing Services Improvement Collaborative.
• note the RPB has endorsed the strategy and agreed that the newly formed RPB Children's Sub Group will be responsible for design of an agreed service model and the implementation.

PP22.14a Childrens Services NWD No wrong doors v2.docx

PP22.14b No Wrong Doors App 1 Executive Summary vFinal.pdf

8.5 10:40 - PP22/15 North Wales Medical and Health Sciences School

Nick Lyons
Recommendation:
The Committee is requested to receive this report for information

PP22.15 North Wales Medical Health Sciences School Update - February 2022 V3.docx

8.6 10:45 - Comfort break

9 THE PRESENT for assurance

9.1 10:50 - PP22/16 Operational Plan Monitoring Report 2021-22

Gavin Halligan-Davis in attendance
Recommendation:
The Partnerships, People & Population Health Committee is asked to scrutinise the report.

PP22.16a OPMR.docx

PP22.16b Operational Plan Monitoring Report - Position 31st December 2021 FINAL.pdf

9.4 11:05 - PP22/17 Corporate Risk Register

Simon Evans Evans
Justine Parry, Assistant Director of Information Governance & Risk in attendance
Recommendation:
That the Committee:-
1. Note the Risk Management Group was stood down on the 13th December 2021 to allow Gold Command and the vaccination management to be progressed.
2. Note the Risk Management Group Chair's Actions process was followed to approve the risks for presentation to the Executive Team, before onward presentation to Board Committees.
3. Note the Key Field Guidance Document has been updated following Audit Committee members feedback and is attached as Appendix 3.
4. Note due to the revised Committee arrangements, a review of these risk is currently being undertaken for presentation to the Risk Management Group meetings on the 8th February and 5th April 2022. Further updates will then be presented to the PPPH Committee in May 2022.
5. Note in advance of the refresh of the 2022/23 Board Assurance Framework (BAF), the current BAF risks are being reviewed in detail alongside the Corporate Risks against the new strategic priorities that are set out in the Integrated Medium Term Plan. The output of this exercise will be reported from April 2022 onwards.
6. Review and note the progress on the Corporate Tier 1 Operational Risk Register Report as set out below and in detail at Appendix 1:
CRR20-06: Informatics - Patient Records pan BCU
a) Note following the Risk Management Group (RMG) request for the risk to be shared with Clinicians in order to support the quantifying of the score, a meeting has taken place and attendance took place at the RMG in October 2021 to present the findings. The new proposals were approved by the Executive Team on the 20th October 2021, but have yet to be presented to the PPPH Committee for noting.
b) Approve
i. The revised increase in the inherent risk score from 16 (Impact = 4 X Likelihood = 4) to 20 (Impact = 5 X Likelihood = 4) given the significant impact on clinical services if the patient record was not accessible at the right time and in the right place.
ii. The revised slight decrease in the current risk score from 16 (Impact = 4 X Likelihood = 4) to 15 (Impact = 5 X Likelihood = 3) to recognise the impact remaining high, with the likelihood of the risk reducing with the controls currently in place.
iii. The revised decrease in the target risk score from 12 ((Impact = 4 X Likelihood = 3) to 9 (Impact = 3 X Likelihood = 3) with the implementation of the proposed mitigations and further actions, to bring the target in line with the Health Board's risk appetite framework.
c) Note the update to the action ID12424 due date as advised by the RMG and approved by ET, which will transfer over to the revised Results Management risk for future monitoring arrangements.
d) Note further work to extrapolate the Results Management elements of this risk into a single risk is underway and will be owned and managed by the Office of the Executive Medical Director.
CRR20-07: Informatics infrastructure capacity, resource and demand
a) Approve the closure and transfer of the residual actions to the BAF21-16. Both RMG and the Executive Team (ET) at their meetings of the 16th and 25th August and 14th and 22nd December continue to support and recommend approval for the risk closure. Confirmation has been received from the Digital Director that the outstanding actions from CRR20-07 have been included within the updated BAF21-16 risk.
CRR21-11 – Cyber Security
Please note this risk is presented In-Committee to protect and maintain the security arrangements of the Health Board.
CRR21-12: National Infrastructure and Products
a) Note following the Risk Management Group (RMG) request for the risk description to be revised to capture the current position, the Director of Digital refreshed the risk which was presented and approved by the Executive Team on the 20th October 2021. However, due to the risk being previously re-opened, the risk has maintained its original opened date.
b) Note the progress in place to work with the Digital Health and Care Wales to develop a Joint Plan with further updates anticipated to include project upgrades.
c) Note the update to the action ID15286 due date as advised by the RMG and approved by ET, in line with the revised governance Committee reporting arrangements.
d) Note the update to action ID15284 due date as advised by the RMG and approved by ET, to take into account initial conflicting priorities and to include all project upgrades.

PP22.17a CRR Public A v1.docx

PP22.17b CRR Public Appendix 1 - CRR Report for PPPH.pdf

PP22.17c CRR Public Appendix 2.pdf

PP22.17d CRR Public Appendix 3.pdf

9.5 11:10 - PP22/18 Integrated Digital Dashboard quarterly update - for consent

Chris Stockport
Phil Corrin Interim Digital Director in attendance
Recommendation:
The Committee is asked to:-
note the report
review the report and determine if it provides the appropriate levels of assurance.

PP22.18 Integrated Informatics Report V3.docx

9.6 11:25 - PP22/19 Regional Partnership Board update - for information

Chris Stockport
Recommendation:
The Committee is asked to
• note the updates received at the North Wales Regional Partnership Board
• receive the notes of the meeting held on 10 December 2021
• note the key issues in relation to the Regional Integration Fund and the Population Needs Assessment

PP22.19a RPB February 2022 v2.docx

PP22.19b Draft Minutes NWRPB 10.12.2021 Eng.pdf

9.7 11:30 - PP22/20 Regional Population Needs Assessment

Teresa Owen
Recommendation:
The Committee is asked to receive and note the content of this briefing paper.

PP22.20a Regional Population Needs Assessment.docx

PP22.20b Population Needs Assessment App1 PNA Final Draft December 2021.docx

PP22.20c Population Needs Assessment App2 PNA Consultation Report.docx

9.9 Population Health

9.9.1 11:35 - PP22/21 Update on the Alcohol Harm Reduction Work Programme led by the BCU HB Public Health Team

Teresa Owen
Recommendation:
Note the content of the report and the progress made with implementing the 'Calling time for change' strategy

PP22.21a Alcohol Harm reduction.docx

PP22.21b Presentation Alcohol reduction FINAL.pptx

9.9.2 11:50 - PP22/22 Test, Track and Protect (TTP) update

Teresa Owen
Recommendation:
The Committee is asked to note the following recommendations:
i. That recruitment is undertaken to ensure that all aspects of the Test Trace Protect Service are sufficiently robust to meet service demands until the end of the financial year.
ii. That senior members of the Test Trace Protect Team continue to liaise with partner organisations both locally and nationally to work in partnership to address the changing service requirements.
iii. That the Test Trace Protect Team support the current Welsh Government review of TTP, and implement the agreed strategy once concluded.

PP22.22 TTP update report v1.0.docx

11 LEARNING FROM THE PAST

13.1 11:55 - PP22/23 Chair's assurance report : Together for Mental Health Partnership Board

Teresa Owen
Recommendation:
The Committee is asked to note the report

PP22.23 Committee chair assurance report T4MHPB 07.01.22 v1.0.docx

14 CLOSING BUSINESS

15 PP22/24 Agree items for Board/other Committees

16 PP22/25 Review of risks highlighted in the meetingfor referral to risk management group

17 PP22/26 Agree items for Chair's Assurance report

18 11:55 - PP22/27 Review of meeting effectiveness

19 12:00 - PP22/28 Date of future meetings

10.5.22
12.7.22
13.9.22
8.11.22
17.1.23
14.3.23

20 Exclusion of the Press and Public

Resolution to Exclude the Press and Public
"That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."

Partnerships, People and Population Health (PPPH) Committee
Draft minutes of the meeting held in public on 9.12.21
via Teams virtual platform

Present:	
Linda Tomos	Independent Member (Chair)
Nicky Callow	Independent Member
John Cunliffe	Independent Member
Lyn Meadows	Independent Member
John Gallanders	Independent Member
In Attendance:	
Sally Baxter	Assistant Director ~ Health Strategy (part meeting)
Louise Brereton	Board Secretary
Clive Caseley	Interim Director Partnerships, Engagement and Communications
Phil Corrin	Interim Director of Digital (part meeting)
Simon Evans-Evans	Interim Director of Governance (part meeting)
Sue Green	Executive Director of Workforce and Organisational Development (OD)
Gill Harris	Executive Director Nursing and Midwifery
Russell King	Interim Head of Emergency Planning Resilience and Response (part meeting)
Nick Lyons	Executive Medical Director (part meeting)
Rob Nolan	Finance Director – Commissioning and Strategic Financial Planning (part meeting)
Teresa Owen	Executive Director Public Health
Chris Stockport	Executive Director Primary Care and Community Services (Lead Director)
Rod Taylor	Director of Estates and Facilities (part meeting)
Helen Thomas	Chief Executive Digital Healthcare Wales (part meeting)
Jo Whitehead	Chief Executive
Diane Davies	Corporate Governance Manager (Committee secretariat)
Laura Jones	Corporate Governance Officer (for part minutes)
Observing	
Andy Burgen	Vice Chair North Wales Community Health Council
Dave Harris	Head of Internal Audit

Agenda item	**Action By**
PP21/23 Chair's welcome and apologies Mr John Gallanders was welcomed to his first meeting as member of the Committee. It was noted that this would be Independent Member Lyn Meadow's last meeting as a member of the Committee as she would shortly be retiring from the Board. Her commitment and excellent skills as previous Chair of the Committee was widely praised by those present.	

PP21/24 Declaration of Interest Prof Nicky Callow Independent Member declared an interest in item PP21/38 as her substantive role is an employee of Bangor University.	
PP21/25 Committee Terms of Reference **PP21/25.1** The Board Secretary presented this item and advised the Committee that a watching brief would be required to ensure the stated officers in attendance were updated appropriately as the new operating model unfolded and also delivery groups in terms of reporting. In response to the Committee, she asssured that appropriate attendance reporting would be included within the Committee annual reports 2021/22. **It was resolved that** the Committee reviewed the revised Terms of Reference and approved submission to the Board through the Committee Chair's Report.	
PP21/26 Committee Annual Workplan In discussion of the workplan a number of questions and queries were raised as follows: • Amend duplication of Stronger Together and OD Strategy • Amend the Equalities/Strategic Equalities Plan • Questioned whether the Digital Strategy to be included in developing strategy section • Bring forward the annual review of Digital Strategy from October to Feb/April • Questioned when the Dementia Strategy would be presented as it was not discussed in October • Population Health and Public Health items to be streamlined • Timing of Transformation strategy It was agreed the Office of the Board Secretary would liaise with the appropriate Executive Directors to timetable this into the workplan which was a 'live' document that responded to the operating environment. A suggestion was made for the Board Secretary to consider, as the organisation would be operating to a 3 year plan from April 2022, whether workplans could also mirror this period. **It was resolved that the Committee** agreed the workplan subject to the amendments discussed.	LB
SP21/27 Draft minutes of the inaugural Partnerships, People and Population Health Committee held on 14.10.21 The minutes were approved	
PP21/28 Matters arising and table of actions **PP21/5.1** There were no matters arising.	

PP21/5.2 The table of actions was updated. It was noted that the Committee was disappointed that the Asset Management Strategy (previously referred to as the Estate Strategy) had not been ready for discussion, and requested that this be addressed at the February meeting.	CS
PP21/29 Report of the Chair The Committee Chair reported that the standing item Operational Plan monitoring report was not provided as quarter 2 had been previously addressed and quarter 3 had not yet ended.	
PP21/30 Report of the Lead Director The Executive Director of Primary Care and Community Services advised there were no additional significant updates to report that were not contained within the agenda.	
PP21/31 Notification of matters referred from other Board Committees on this or future agendas It was noted that the action assigned by the Performance, Finance and Information Governance Committee to consider a report on Staff Wellbeing would be addressed in item PP21/39	
STRATEGIC ITEMS - THE FUTURE **Developing strategies or plans**	
PP21/32 Living Healthier, Staying Well **PP21/32.1** The Assistant Director Health Strategy presented an update on work undertaken in refreshing the LHSW strategy since the previous in depth discussion at a recent Board workshop. She advised that wider enagement had been undertaken with groups such as MPs, MSs, partners, Third sector and a wide range of community groups. She focused on the findings of an online survey highlighting the strength of support for the current goals. **PP21/32.2** In the discussion which followed it was acknowledged that there had been light touch engagement work undertaken as the consultation was not regarding as a significant service change and there was ongoing further work with groups. She assured members that the survey results had also been triangulated with other sources of feedback and was therefore, due to the numbers involved, a sense check. Members also suggested other potential ways of targetting some demographic groups, though it was acknowledged that the pandemic challenged some to be put into practice at the current time. The Committee Chair referenced the Interim Director of Governance's comments that this work supported evidence of work to address Targeted Intervention.	

It was resolved that the Committee noted the update on work underway to refresh the Health Board's long term strategy, Living Healthier, Staying Well	
PP21/33 Draft Integrated Medium Term Plan (IMTP) 2022/25 **PP21/33.1** The Executive Director of Primary Care and Community Services advised that the comments provided at the recent Board Workshop were being worked through into the next iteration. He stated this was the first time the Board were in a position to develop a 3 year plan in accordance with Welsh Government (WG) guidelines, and the planning period had been brought forward in comparison to previous years. Delays to the clarification of Mnisterial objectives and on the financial settlement had resulted in a delay to formation of a costed, balanced plan which would also need to take into account people resources. The Committee Chair, whilst acknowledging the work undertaken, sought to ensure that planning momentum was carried forward and presented to a January workshop of the Committee. **PP21/33.2** In response to the Committee, the Executive Director of Primary Care and Community Services clarified the tasks to be undertaken and anticipated timeline prior to submission to WG. He emphasised that he would work with the Board Secretary to enable as much Committee member input as possible and confirmed that smart outcomes would be provided at the workshop whilst also outlining how supporting narrative and logic diagrams would be presented. Discussion ensued in which the need for measurability was emphasised and the Interim Director of Governance advised it would be important that Targeted Intervention work was visible within the plan. **PP21/33.3** The Chief Executive emphasised agreed outcomes, clarity on how finances would be spent and articulation of the benefits derived for the people of north Wales needed to be included. She acknowledged the complexities of the task and pledged her support to move this forward with the Executive Director of Primary Care and Community Services. It was resolved that the Committee: • received the report and noted the positive progress made in developing the draft 2022/25 IMTP • noted further work was being undertaken to finalise the plan ahead of presenting to the Health Board in January 2022.	
PP21/34 Developing the People & Organisational Development Strategy and update on improvement from NHS Wales Staff Survey 2020 **PP21/34.1** The Executive Director of Workforce and OD presented this item. She set out the aims of the paper, highlighting enthusiatically the need to align conversations around education in order to drive high quality education across the organisation which would also act as an enabler for improved population health in BCU's communities. She invited colleagues to provide feedback by 29.12.21 for incorporation to the workshop documentation.	Members

PP21/34.2 The Committee questioned why the report provided had not contained detail of feedback and was advised this detail had been previously provided at Board workshops. A discussion ensued on enabling strategies and how they would be brought together. Estate and support services alignment were highlighted as areas of particular concern and the effects of the new operating model review. **PP21/34.3** The Committee questioned whether the strategy factored in unforseen events, outlining an example. The Executive Director of Workforce and OD considered how putting in workforce planning foundations enabled capacity and demand assessments and whether there was sufficient resilience. She stated that there had been a huge amount of learning from the pandemic and that there continued to be pan Wales discussions in this area. Following a discussion on digital infrastructure she reflected that she would consider this further. **PP21/34.4** It was suggested that support to the whole healthcare system and additional information on housing in social care be included. The Committee highlighted the work of volunteers supporting the pandemic response and were assured those whom had come forward and been paid were considered in workforce core planning (which was now approximately 22k employees). She explained the two types of volunteering which were being undertaken and undertook to strengthen the narrative on this strategic area further within the documentation. **PP21/34.5** The Committee Chair commented that there was a lack of lessons learned cited within the closure report. A discussion ensued in which the Executive Director of Workforce and OD provided greater context of the triangulation work that had been done to provide greater sense checking of the general view to date eg utilising staff survey results, Royal College reports, inspections etc. The Committtee welcomed further narrative on the matrices discussed within the final report to provide a more enriched document. **It was resolved that** the Committee noted the content of the update report.	SG
PP21/35 Sustainability and Decarbonisation - NHS Wales Decarbonisation Plan 2021-2030 **PP21/35.1** The Director of Estates and Facilities joined the meeting to present this item. He reflected that this was a key element of BCU's IMTP and how it was moved forward. He outlined the key points as : Welsh Government (WG) would be approached to contribute as part of the 63% decarbonisation target across NHS Wales; BCU had engaged the Carbon Trust, which had written the original WG guidance, to develop a costed decarbonisation implementation plan; and a decarbonisation project board had been set up led by the Executive Director of Finance. He enquired whether there might be an expression of interest from an Independent Member to join future meetings. The Director of Estates also advised of work being moved forward with local Green Groups and decarbonisation screening schemes.	

PP21/35.2 The Chief Executive questioned how the roles of sustainability co-ordinators and clinical engagement and leadership outlined within the paper would be financially supported and how the return on investment would be clarified through the IMTP. In regard to the values of the Green Group, the Executive Director of Workforce and OD stated these would be worked through the Stronger Together overall organisational values work still to be done. The Committee questioned whether the work being undertaken was acute hospital centric however, the Director of Estates and Facilities provided a number of examples to illustrate initiatives which were being undertaken across the Board. He also advised that following meetings of the programme board, specialist sub groups would be formed that would include appropriate membership eg Mental Health services procurement. The Executive Director of Public Health questioned the balance of the current focus between decarbonisation and the green agenda. Whilst the Director of Estates and Facilities confirmed there was a greater focus on achieving a decarbonisation plan at present however, work was also ongoing in moving forward the green sustainability agenda and provided examples of this. The Executive Director of Public Health commented that she would reflect further on this in regard to public health. **PP21/35.3** The Chair requested a future update to be provided and sought to be appraised of progress regarding Independent Member involvement with the Programme Board. **It was resolved that** the Committee noted • the establishment of a decarbonisation programme board, lead by the Executive Director Finance, to progress the agenda and programme as set out in the Strategic Delivery Plan and to coordinate a wider and inclusive organisational response to achieving Welsh Government's sustainability and decarbonisation targets by 2030. • the work being undertaken by the Carbon Trust to support the Health Board through developing a bespoke five-year decarbonisation plan and Sustainability Policy in response to Welsh Government targets for 2030. • the presentation by NHS Shared Services – Specialist Estates Services on NHS plans for decarbonisation.	RT
THE PRESENT for assurance	
PP21/36 Presentation : Chief Executive of Digital Healthcare Wales (DHCW) report **PP21/36.1** The Chief Executive of Digital Healthcare Wales joined the meeting to provide a presentation on the progress of the special health authority set up on 1.4.20 and DHCW's strategic objectives and key priorities. **PP21/36.2** The DHCW CEO stated that greater clarity was required around the digital offer in the 'out of hospital spaces' and it would be important to have this voice around the table from the DHCW Board's perspective. Key DHCW priorities also included alignment of support in the delivery of organisations' priorities eg Digital Wales Independent Member network. Updates were provided on progress of the strategic objectives of Big data analysis for better outcomes and Value Based Care; Expanding the content, availability and functionality of the digital health and care record to improve treatment quality;	

Delivering high quality digital services to support efficiencies and improvements in the care process; and Mobilising digital transformation, supporting joined up care. She emphasised that the Workforce Strategy was a key enabler and further detail was also provided on engagement, cloud strategy and the newly established data centre which would ensure no disruption to critical services utilising the function eg Radiology. Examples of successful collaborative work across Wales were provided along with an update of progress in E-prescribing which was an important ministerial priority. **PP21/36.3** The Independent Member, who chaired the former BCU Digital and Information Governance Committee, welcomed the opportunity to be involved with development of the IM Network along with the work in alignment of strategies going forward. He noted the cloud strategy and data centre plans which he would follow with interest. In terms of WPAS, given the delays to date, he welcomed the planned merger date of 22.5.22 as it was a fundamental BCU platform and he was assured by the DHCW CEO that an oversight group at a senior level would be supporting this delivery. Discussion ensued on WCCIS which was a longstanding issue of concern for the Health Board and assurance was provided that this was the subject of a strategic review being undertaken and would be reported on in January. The DHCW CEO took on board comments regarding functionality gap issues which the Committee brought to her attention. **PP21/36.4** In regard to the Committee's question regarding education and how further education colleges and universities might support digital upskilling of the workforce the DHCW CEO provided examples of partnership working with some education providers in South Wales. She stated that a WG commissioned workforce review was being undertaken that would take into account digital skills needs. This was a focus area for DHCW. **It was resolved that** the Committee reviewed and noted the presentation	
PP21/37.1 Board Assurance Framework The Board Secretary presented the report. Following discussion, it was agreed that she would meet with the Independent Member John Cunliffe to consider his comments regarding the alignment of scores with risk appetite. The Committee debated the IMTP risk and considered it appropriate to maintain the risk as stated and revisit following discussion of the IMTP at scheduled Board and Committee workshops. **It was resolved that** **approved** the reduction of the current risk score for BAF21-07: Mental Health Leadership Model to 12 (4x3) from 15 (5x3); and **agreed** to maintain the current risk score for BAF21-20: Development of an Integrated Medium Term Plan (IMTP) 2022/25 at 12 (4x3).	LB
PP21/38 University Designation Criteria – Developments	

PP21/38.1 The Executive Medical Director presented this item. He reported that a huge amount of work was going on, especially at system level with the leadership of BCU's Chief Executive at strategic level, and actions taking place at a more operational level. He stated the commitment of staff demonstrated within the report was incredibly exciting with positive progress being made. Since the paper was published there were joint appointments being made and a template that could be progressed. He remarked on the further testimony to positve joint working taking place and some very positive feedback research received in the last 24 hours or from GMC and HEIW. He commended the report as a well received good news story. **PP21/38.2** The Independent Member Professor Nicky Callow (whom had declared an interest in this item at the beginning of the meeting) commended the work cited within the report and was pleased to note the work undertaken to bring this together in a coherent way in terms of governance along with the assurance provided in scheduling University status and Medical School updates within the Committee annual workplan. Having provided background to the setting up of the Strategic Organisational Readiness Group for academic activities, it was agreed that discussion would take place with the Executive Medical Director to consider whether an appropriate BCU colleague could be identified to chair the meetings to ensure appropriate strategic knowledge would be available to the Group. **PP21/38.3** The Chief Executive emphasised the progress which had been made, not only with Bangor University but also wider conversations with other universities and higher education partners. She particulary commended the positive pieces of work being undertaken in regard to research and education. **PP21/38.4** In response to the Committee the Executive Medical Director undertook to consider with colleagues how risk sharing would be reported. **It was resolved that** the Committee noted the report	NL NL
PP21/39 Progress Update for Staff Wellbeing Support Service (SWSS) **PP21/39.1** The Executive Director of Workforce and OD presented the report which provided an update on progress with developing the Staff Wellbeing Support Service (SWSS) including outlining the next steps in continuing to enhance the range of support services for staff across BCUHB in the longer term. It was noted that SWSS provided support for staff emotional/psychological wellbeing and as such contributed to the creation and sustaining of an organisational culture of health, wellbeing and psychological safety and resilience. SWSS also had critical interdependencies with Speak out Safely; work to further embed equalities, diversity, inclusion and human rights; the Discovery, Co-Design and Co-Delivery phases of Mewn Undod Mae Nerth/Stronger Together and the emerging People and OD strategy. It was also considered to be a core element of a wider, holistic Wellbeing Strategy which encompassed physical and spiritual health and wellbeing, which was being taken forward through the Staff Health and Wellbeing Group.	

PP21/39.2 In response to the Committee's question regarding the cost of the service, the Executive Director of Workforce and OD outlined a variety of reasons that would enable a stepped down service to be provided in the long term and therefore a reduction in investment requirement over a number of years – potentially over the 3 years of the IMTP. She didn't view the comparison cost against headcount as expensive and it was a ncessary investment to ensure staff were equipped to deliver really safe, high quality and effective services and improvements into the future. This would need to be articulated in more detail as part of the IMTP. In response to the Committee, she stated the service was part of her portfolio as it involved staff and was also aligned with Occupational Health and Health & Safety.

PP21/39.3 Discussions ensued in regard to psychological therapy provision and also anonymity in accessing the service. The Executive Director of Workforce and OD responded that data collection was taking place in order to provide a heat map that could identify areas requiring organisational development support for teams, whilst a clear protocol was in place to ensure there would be no breaches of confidentiality. The Committee was assured this was triangulated with other sources of data, eg staff absence and incidents, to flag any areas of concern quickly which could trigger the need for a deep dive.

It was resolved that the Committee noted the report

PP21/40 Emergency Planning Resilience and Response (EPRR) position statement and Training and Exercising Progress Report

PP21/40.1 The Interim Head of EPRR presented the report. He highlighted the two main areas which he had focussed upon in providing assurance that the Board was meeting the requirements of the 2004 Civil Contingencies Act. He stated that an EPRR policy had been drafted and was in the first stages of scrutiny. In addition, he drew the Committee's attention to the report appendix which provided an EPRR performance dashboard on a page that was being updated on a monthly basis. He also highlighted the training and exercising workplan provided. The Interim Head of EPRR drew attention to various plans to address training of BCU's 17k workforce and advised that work had commenced on simplifying and appropriately shortening BCU's Business Continuity plans.

PP21/40.2 The Committee stated that there had been long standing concern with the organisation's business continuity plans and emergency planning. It sought assurance on a number of areas which included

- evidence/schedule of when testing had been completed
- how learning had taken place and what improvements had been implemented
- provision of a framework for staff to work within in order to recover from an issue
- provision of business continuity plans for the 280 IT systems which were not included within the overall Digital business continuity plan – as these were unsupported by the Digital team as they were within individual departments across the organisation
- questioning whether there was an appropriate level of rigour and focus on continuity planning for business systems and processes within the organisation

• identification of gaps • how internal audit recommendations had been addressed **PP21/40.3** The Interim Head of EPRR advised that a forward plan for exercising was being established however, he pointed out that the NHS core standards set out that exercising or response needed to be set out. He commented that the organisation had been in responding to the pandemic over the past 2 years. **PP21/40.4** A discussion ensued on the concerns outlined. The Committee Chair requested that a follow up report be provided to address the concerns outlined to the 10.2.22 Committee meeting. **It was resolved that** the Committee noted the report and developments to enhance BCU's Emergency Planning Resilience and Response capability and progress made across the organisation on training and exercising.	GH /RK
LEARNING FROM THE PAST	
Diane Davies left the meeting and Laura Jones joined the meeting **PP21/41 Test, Trace, Protect report** **PP21/41.1** The Executive Director of Public Health introduced the item confirming that the report was an update in terms of activity. Due to the news over the past few days and the announcements in England, she took the group through the headlines. She expressed sincere thanks to partners and partnership North Wales for all their contributed help and support. **PP21/41.2** The Executive Director of Public Health confirmed that Covid rates continued to increase with an average of 500 cases every day in North Wales. A new tool in the form or an eform had now been introduced to help manage the numbers and help to contact people as soon as possible in terms of self isolation. The modelling data was higher than expected, due to the recent news there might be a change in approach however the teams were ready for any adjustments. The team were working on continual recruitment through regional hubs and also working with the Workforce and OD team. In relation to the number of cases, there appeared to be an increase in the younger age range and a national piece of work would be taking place in relation to the eform. **PP21/41.3** The Executive Director of Public Health confirmed that the teams were testing more people than ever and there were more mobile units in Gwynedd than there had been since the start of the pandemic. The recent bad weather had caused problems in terms of the health and safety of staff and the architecture of some of the buildings. In relation to recruitment, the team were linking in with Welsh Government and Public Health Wales for specific support. The Executive Director of Public Health expressed thanks to the partners who continue to provide ongoing support. **PP21/41.4** The Chair thanked the Executive Director of Public Health for a clear and informative report and queried the issue of recruitment, asking whether the team were	

confident in recruiting enough staff to support the situation in North Wales. The Executive Director of Public Health confirmed recruitment had been challenging, there had been lots of appointments made for different roles and the team were taking a productive approach. Administration staff were needed for the testing teams and having the ability to now offer substantive roles had helped. In relation to Tracing, specific colleagues were required, this had been challenging and agencies had been contacted to fill some of these roles. The funding hasd been confirmed up until June 2022 which would be helpful and the team were working closely with the Local Authorities. The host organisation hosting the local tracers would not host the role past June 22 therefore this would need to be addressed in the new year. **PP21/41.5** The Committee queried the modelling and asked for an insight into why BCU was so different from the modelling. Teresa Owen confirmed this was a common query and there were some patterns available. Anglesey and Gwynedd continued to appear at the top of the table and there was potential for some of the population to be more exposed in recent months. In terms of the Omicron variant, there was sequencing work taking place across Wales and the teams were maintaining the key messages of hand washing, social distancing and mask wearing where required. **It was resolved that the Committee** noted the report	
PP21/42 North Wales Regional Partnership Board meeting update **It was resolved that the Committee** noted the report	
PP21/43 Mid Wales Joint Committee Update Report **It was resolved that the Committee** noted the report	
PP21/44 Research and Development Report November 2021 The Executive Medical Director presented the Research and Development report confirming the volume of the report was testament to the amount of work ongoing. Further work was required in terms of a single offer to the whole of the Health Board and the work taking place had been responsive rather than proactive which had worked really well. This was work in progress, further work was required with Bangor University and lots of research opportunities had been provided. The Executive Medical Director highlighted that the team had done a great job. The Committee Chair confirmed that the report contained a lot of rich detail and thanked the Executive Medical Director and the team. **It was resolved that the Committee** noted the report	
PP21/45 Agree items for Board/Other Committees There were no items to refer to the Board or other Committees.	

PP21/46 Review of Risks highlighted in the meeting for referral to risk management group The Committee Chair agreed to evaluate on behalf of the Committee following the meeting.	
PP21/47 Review of Risks highlighted in the meeting for referral to risk management group To be considered outside the meeting	
PP21/48 Agree items for Chair's Assurance report To be considered outside the meeting	
PP21/49 Review of meeting effectiveness The Committee Chair confirmed that the Committee had received a tremendous amount of information. There was a need to review the pace and the amount of items on the agenda. She suggested in future that external presentations could be at the start of the meeting to ensure there was enough time for the presentation and questions. The Committee Chair asked those present to highlight any further comments outside of the meeting.	
PP21/50 Date of next meeting PPPHC meeting 10.2.22	
The Committee Chair closed the meeting to the public and representatives of the press *The only item to discuss was PP21/51 draft minutes of the meeting held in private on 14.10.21 which were* ***approved.***	

BCUHB People, Partnerships and Population Health Committee Table of actions – last updated 03/02/2022 17:05				
Executive Director	**Minute reference and action agreed**	**Original timescale**	**Latest update position**	**Revised timescale**
Transferred actions from SPPHC closure				
~~Mark Wilkinson (Neil Bradshaw)~~ Sue Hill	**SP20/10 Estates Strategy** **Provide** - further detail on: 'Project Paradise' - clarification on interpretation of 'integration' re Bryn Beryl and the number of patients involved - arrange to revise wording of point 4 programme next steps and re-issue the revised document		Defer to August meeting 31.7.20 Estates Strategy deferred to October meeting 14.9.20 Agenda setting meeting agreed to defer to April 2021 1.10.20 The Committee questioned whether this might be considered earlier 23.2.21 The Committee were reassured that progress was being made with regards to implementation of estates matters. In terms of a refresh of the Strategy itself this was proposed for September which would also align better with a refresh of the workforce strategy. The Committee agreed to this timescale but requested an interim update in June. 12.3.21 Agenda setting meeting - agreed to provide position statement to June meeting and Environmental Sustainability item to October meeting 17.6.21 Update received as agenda item 4.10.21 Not available for 14.10.21 meeting due to timing of Board workshop discussion. To be transferred to PPPHC table of actions 11.11.21 Asset Management Strategy on PPPHC	~~1.4.21~~ June 2021 October December

Chris Stockport to address with Sue Hill			9.12.21 Agenda item 30.11.21 Mark Wilkinson advised will be ready February 2022 10.12.21 It was noted that the Committee was disappointed that the Asset Management Strategy (previously referred to as Estate Strategy) had not been ready for discussion, and requested that this be addressed at the February meeting. Update from Mark Wilkinson 24.1.22 For the last few weeks, Mark's significant focus has been on developing a Strategic Outline Case for the proposed Bangor Health and Well-being Centre. Consequently work on asset management has been delayed and therefore this item will not be prepared for presentation at the February PPPH Committee meeting. It should absolutely be possible to produce an asset management policy for approval at the next Committee meeting.	31.1.22 27.4.22
~~Mark Wilkinson~~ Chris Stockport (Sally Baxter)	**SP21.58 Well Being of Future Generations (WFG Act) Auditor General Wales report and BCUHB response** **SP21.58.2** With regard to the Well-Being Future Generation, in terms of discussion during the meeting, it was confirmed that this did form part of the Health Board's underlying thinking and discussions. **SP21.58.3** It was agreed that this would be agenda'd for a future meeting, and would need to be included on the Committee Cycle of Business.	2.8.21	Address in October meeting in order to feed into Living Healthier, Staying Well updates. 4.10.21 This action has transferred to the PPPHC table of actions 11.11.21 – To February 2022 meeting on Workplan Update 21.1.22 – Sally Baxter (Assistant Director Health Strategy) and Helen Stevens-Jones (newly appointed Director of Partnerships, Communication and Engagement) have been discussing this item and have requested deferment in order to review.	October 27.4.22

24.9.21 Inaugural meeting				
Members	**PP21/8 Operational Plan monitoring report (OPMR) 2021-22 position at 30.9.21** **PP21/8.7** The Committee Chair asked the Committee members to reflect on whether a discussion between meetings might be held to provide further feedback to the next meeting on what was required in order to attain an adequate balance of narrative in future reports.		Performance have met with John Cunliffe and Sue Hill in November 2021 where we agreed to hold off from a full redevelopment of the current OPMR until 2022/23.However we have agreed to seek improvement in the narratives provided to ensure the 'so what' elements are addressed. 10.12.21 JC requested that the narrative be amended, and agreed to work with the secretariat to amend the action plan. 20.1.22 – sent to JC for amendment	
Chris Stockport	**PP21/11 Integrated Digital Dashboard Quarter 1 Report 2021-22** Ensure the Interim Director of Digital addresses the following points • **PP21.11.4** Provide detail of the WCCIS commissioned review of the current situation	29.11.21	• Through the national programme management arrangements, action has been taken at various points to review and try to accelerate delivery. However, some key issues have taken a long time to resolve or have still not been fully resolved. Recent changes to programme governance structures are intended to support a more co-ordinated national approach, including acceleration of national data standards which are key to realising some of the benefits of WCCIS. BCU will be piloting WCCIS and working with national teams to enable district nursing documentation. A local review of therapy information system requirements and WCCIS is now underway **10.12.21** Action reopened for further information to be provided on the **commissioned review** **Update 28.1.22** - A recent national strategic review of the WCCIS programme took place in November	31.1.22

			and December 2021 primarily focusing upon strategy and vision, contract and commercial arrangements, governance and the programme delivery model. The draft review went to the WCCIS Leadership board in January and the SRO's will look at the recommendations and consider how to take these forward. This will then be circulated, and stakeholder engagement days will be held for organisations. We are expecting the final report to be available mid to end of February pending SRO review The scope of the project has been reviewed with the supplier and the Health Board are currently awaiting confirmation of costs from the National Team prior to signing a Change Control Notice with the Supplier for this revised scope. The delays to the project and the stability issues of the platform remain a risk to any go-live and these are being monitored by the Project Manager.	
Louise Brereton	**PP21/14 Board Assurance Framework** • **PP21/14.3** Raise at next RMG, concern on the need for improved clarity in regard to target risk and appetite.		Risk appetite issues will be raised at December EMG and February 2022 Board seminar as part of review of 2022/23 BAF. **1.2.22** Revised BAF currently in development alongside IMTP and will be reviewed at April Board workshop which will allow for more consistent approach to target risk scores in line with appetite. Risk appetite under review as part of Risk Management strategy update via the RMG, which will be approved by the Board in April.	Action open
Louise	**PP21/15 Corporate risk register** • The Interim Director of Governance, Board		CRR20-07 will be reviewed alongside BAF risk 21-16 (digital estates and assets).	

Brereton	Secretary and Independent Member John Cunliffe would hold further discussion following the meeting to consider the outcome of CRR20-07, following which the amended papers, including appendix 2, would be circulated to members.		**10**.**12**.**21** The Board Secretary agreed that a meeting would be set up with JC and SEE **1.2.22** – LB and JC have met to discuss wider BAF issues and re-set plans.	Action to be closed
10.12.21 meeting				
Louise Brereton	**PP21/26 Committee Annual Workplan** Work through with Executive Directors appropriate scheduling of the areas discussed within the meeting.	31.1.22	3.2.22 Committee Secretariat is working through all amendments which will be presented to next Committee meeting or Committee Business Management Group – whichever takes place sooner.	27.4.22
Members	**PP21/34 Developing the People & Organisational Development Strategy and update on improvement from NHS Wales Staff Survey 2020** **PP21/34.1** The Executive Director of Workforce and OD invited colleagues to provide feedback by 29.12.21 for incorporation to the workshop documentation.	29.12.21	The workshop was held on 13.1.22	Action to be closed
Sue Green	**PP21/34 Developing the People & Organisational Development Strategy and update on improvement from NHS Wales Staff Survey 2020** PP21/34.4 Incorporate feedback provided to the strategy document	3.1.22	1.2.22 Updated version of POD Strategy on agenda for PPPH meeting 10 February before final submission to Health Board with IMTP 10 March 2022	Action to be closed
Sue Hill (Rod Taylor)	**PP21/35 Sustainability and Decarbonisation - NHS Wales Decarbonisation Plan 2021-2030** **PP21/35.3** The Chair requested a future update to be provided and sought to be appraised of progress regarding Independent Member involvement with the Programme Board.	31.1.22	Following submission of the Sustainability and Decarbonisation – NHS Wales Decarbonisation Plan 2021-2030 report to the PP&PH Committee on the 9th of February, the Health Board has been working with the Carbon Trust to develop the following actions, which form the basis of a five-year	Action to be closed

			decarbonisation plan. These tasks are summarised as follows :- 1. BCUHB carbon profile updated. 2. Virtual workshops held with key stakeholders (both clinical and non-clinical staff) in late January 2021 to progress action plans and proposals relating to Land and Buildings, Procurement and Transport. 3. Site surveys are being undertaken by the Carbon Trust commencing on 9th of February 2022 to assess the current infrastructure across the Health Board and thereafter develop proposals to reduce carbon across the estate. This site-based work has been delayed due to Covid19 hospital restriction during December and January. 4. Dates have been agreed in February 2022 for the first meeting of the Decarbonisation Programme Board. Terms of Reference have already been circulated. The Executive Director of Finance has now been advised of the Independent Member nomination for this work stream. It is planned to have a first draft of the action plan ready for submission to the next PP&PH Committee for further discussion and consideration.	
Louise Brereton	**PP21/37.1 Board Assurance Framework** The Board Secretary agreed that she would meet with the Independent Member John Cunliffe to consider his comments regarding alignment of scores with risk appetite.	31.1.22	**1.2.22** LB/JC have met and JC is supporting BAF reset process.	Action to be closed
Nick Lyons	**PP21/38 University Designation Criteria – Developments** **PP21/38.2** Having provided background to the	31.1.22	The Executive MD has tasked the Deputy MD [University Strategic Development] to set up and steer a task group that will ensure that the University	Action to be closed

	setting up of the Strategic Organisational Readiness Group for academic activities, it was agreed that discussion would take place with the Executive Medical Director to consider whether an appropriate BCU colleague could be identified to chair the meetings to ensure appropriate strategic knowledge would be available to the Group.		Designation criteria are monitored and improvements addressed throughout the year. This group will report initially via the Executive MD. There will be cross-linkages that may allow future reporting via the collaborative governance structures that are being revised and will be presented to executive colleagues at BCUHB and BU in February 2022 for endorsement. The Deputy Medical Director will chair the meetings.	
Nick Lyons	**PP21/38 University Designation Criteria – Developments** **PP21/38.4** In response to the Committee the Executive Medical Director undertook to consider with colleagues how risk sharing would be reported.	31.1.22	As the designation applies to the Health Board, it is appropriate for the risk to lie at the corporate level. The above task group would specifically work towards creating a risk register, which does not exist currently. This will allow correct identification of risks and consequent mapping of ownership.	
Gill Harris (~~Russell King~~)	**PP21/40 Emergency Planning Resilience and Response (EPRR) position statement and Training and Exercising Progress Report** The Committee Chair requested that a follow up report be provided to address the concerns outlined to the 10.2.22 Committee meeting.	31.1.22		

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 10.2.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Developing the People Strategy & Plan**
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Green, Executive Director Workforce & OD
Awdur yr Adroddiad Report Author:	Sue Green, Executive Director Workforce & OD
Craffu blaenorol: Prior Scrutiny:	Partnerships, People and Population Health Committee 14.10.21, 9.12.2021 and 12.1.2022 Board Workshop – 07.10.21
Atodiadau Appendices:	Appendix 1- v.6 Draft People Strategy & Plan

Argymhelliad / Recommendation:

The Committee is asked to note the progress made to date in the development of the People Strategy and Plan and feedback comments and suggestions for reflection, inclusion in the Draft Strategy as part of the co design phase in advance of submission to the Board 10th March 2022.

The version of the Draft Strategy will continue to be updated and refined in line with the Integrated Medium Term Plan. It is, by its nature primarily a Strategy and therefore will have high level delivery priorities supported by a detailed delivery plan for 2022/23. These supporting delivery plans, will need to balance the requirement for detail, with the commitment to co design many of the "interventions" and/or "products".

The advice of the Committee would therefore be helpful in navigating the presentation of both the strategic ambition and intent with the need for the Board to be clear on what is actually going to be delivered and different as a result of this Strategy and Plan.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**	✓	**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						**Y**	

Sefyllfa / Situation:

This paper provides the PPPH Committee with a further update on the development of the People & Organisational Development Strategy 2022 – 2025, (now titled People Strategy & Plan) informed by the discovery undertaken as part of Mewn Undod mae Nerth/Stronger Together and with the purpose of enabling the delivery of the Health Board's Integrated Medium Term Plan (IMTP).

Cefndir / Background:

In 2019, the Health Board approved the organisation's first 3 year Workforce Strategy. The purpose set out within the strategy was:

"To enable the delivery of the long term strategy for the Health Board through aligning the workforce using the key ingredients of organisational health and performance"

The central tenet of the strategy recognised that a talented and aligned workforce is crucial in bringing our strategic priorities set out within Living Healthier Staying Well to life and ensuring we deliver on our objectives.

Whilst progress has been made against the deliverables within the strategy, it became clear as the organisation moved through 2019/20 and into 2020/21 that, real and sustainable progress would only be made, if the organisation committed to a strategic organisational reset. Building upon the learning from previous years and particularly through the Covid19 pandemic, working with our people to create the environment for improvement, transformation and ultimately delivering better services, experience and outcomes for our patients and the citizens of North Wales.

In addition, this reset, and the opportunity to co design and develop the next 3-year strategy, has the benefit of being informed by and aligned to 2 pivotal national documents published since the Workforce Strategy approved in 2019."A Healthier Wales: our Plan for Health and Social Care" published late 2019 and 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' – published late 2020, together with the outputs of the refresh of Living Healthier Staying Well and the emerging Clinical Service Strategy/Plan and Integrated Medium Term Plan (IMTP).

The premise for the emerging strategy is to ensure that where is makes sense for the people of North Wales, there will be absolute alignment with the national strategies/solutions and, where additional or different solutions would be more impactful for our communities in accordance with our purpose, these will be pursued.

Finally, during this period, the organisation has also developed its Maturity Matrices, aimed at focussing upon key areas of improvement (under the Targeted Intervention and Improvement Framework).

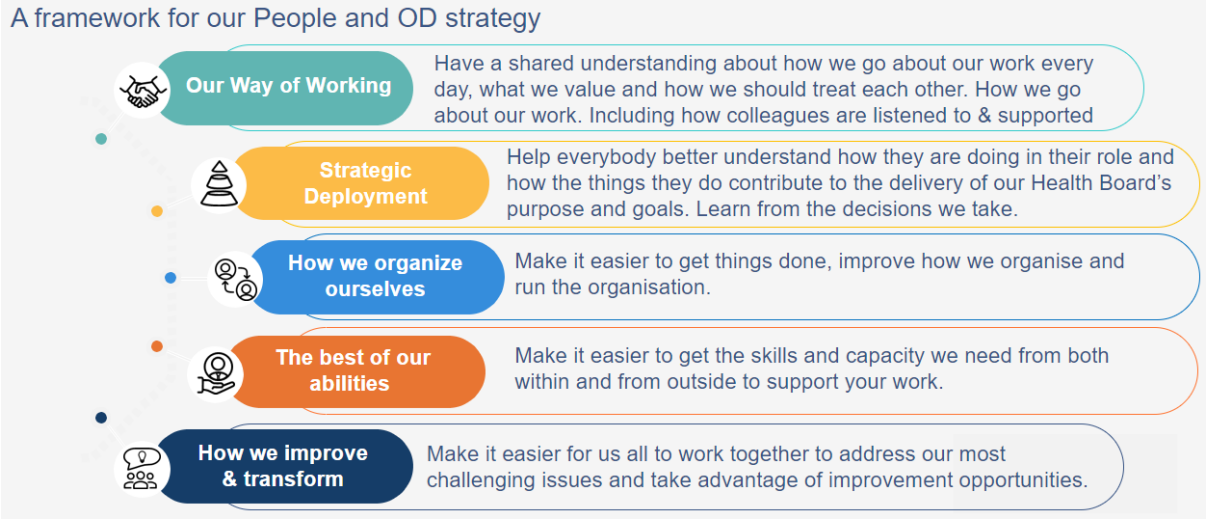
Asesiad / Assessment & Analysis

The central tenet of the current strategy versus the future strategy is not fundamentally changed. However, the foundations upon which the future strategy is built and importantly the methodology for its production is fundamentally different. This is a continuation of our strategic organisational development route map, in partnership with our people.

The strategy "the how" to "the what" of the Integrated Medium Term Plan (IMTP) and Clinical Services Plan, also responds to the mandate from discovery and the call to action to:

- Modify
- Simplify
- Unify

The aim of the People Strategy & Plan is to underpin and enable the values driven delivery of all of the Ambitions described in our IMTP through the following Programmes of work.



The work to bring this together is directed and overseen by the newly formed Executive Delivery Group – People & Culture. This group, whilst chaired by the Executive Director of Workforce & Organisational Development, with the Executive Director of Primary Care & Community Services (Executive lead for transformation) as Vice Chair involves both clinical and non-clinical leaders from across the organisation.

The detailed delivery plans, including investment required to support this as well as expected outcomes and benefits realisation will also be overseen by the Executive Delivery Group. The areas for investment are included in the Schedule of Investment Priorities in the IMTP and are aligned with the sustainability-funding plan previously considered by the Board.

The Draft Strategy is attached at Appendix 1 and as members of the Committee will note, has progressed considerably since the first draft was discussed in December 2021. This strategy will form a suite of enabling strategies aligned to delivery of the IMTP and as such, is being updated to cross reference wherever possible.

As we continue to finalise the supporting information for the IMTP, the information contained within the Strategy document together with gaps will be completed prior to submission to the Health Board on 10 March 2022.

Dadansoddiad Risg / Risk Analysis

One of the core risks with any co design/development is the time colleagues across the organisation have available, given workload and staffing pressures, which reinforces the importance of adopting flexible and locally tailored approaches to engagement activities and the development and monitoring of local improvement plans and taking into account the needs of staff without access to IT.

Asesiad Effaith / Impact Assessment

As with the Workforce Strategy 2019-2022, the demographics and needs of our population is taken into account as well as the demographic composition of our people. The Strategy and associated plans will all be informed by and assessed against both the equality impact and socio economic impact to identify ways in which the organisation can better promote equality and address and/or ameliorate inequality.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

People Strategy & Plan 2022/25

Draft 01.02.2022 v.6

Foreword by the Chairman and Chief Executive

The Health Board's vision is to create a healthier north Wales, with opportunities for everyone to realise their full potential. This means that, over time, the people of North Wales should experience a better quality and length of life.

This vision is informed and shaped by the Welsh Government plan "A Healthier Wales", our own strategic overview document "Living Healthier, Staying Well", and our evolving Clinical Services Strategy, in north Wales.

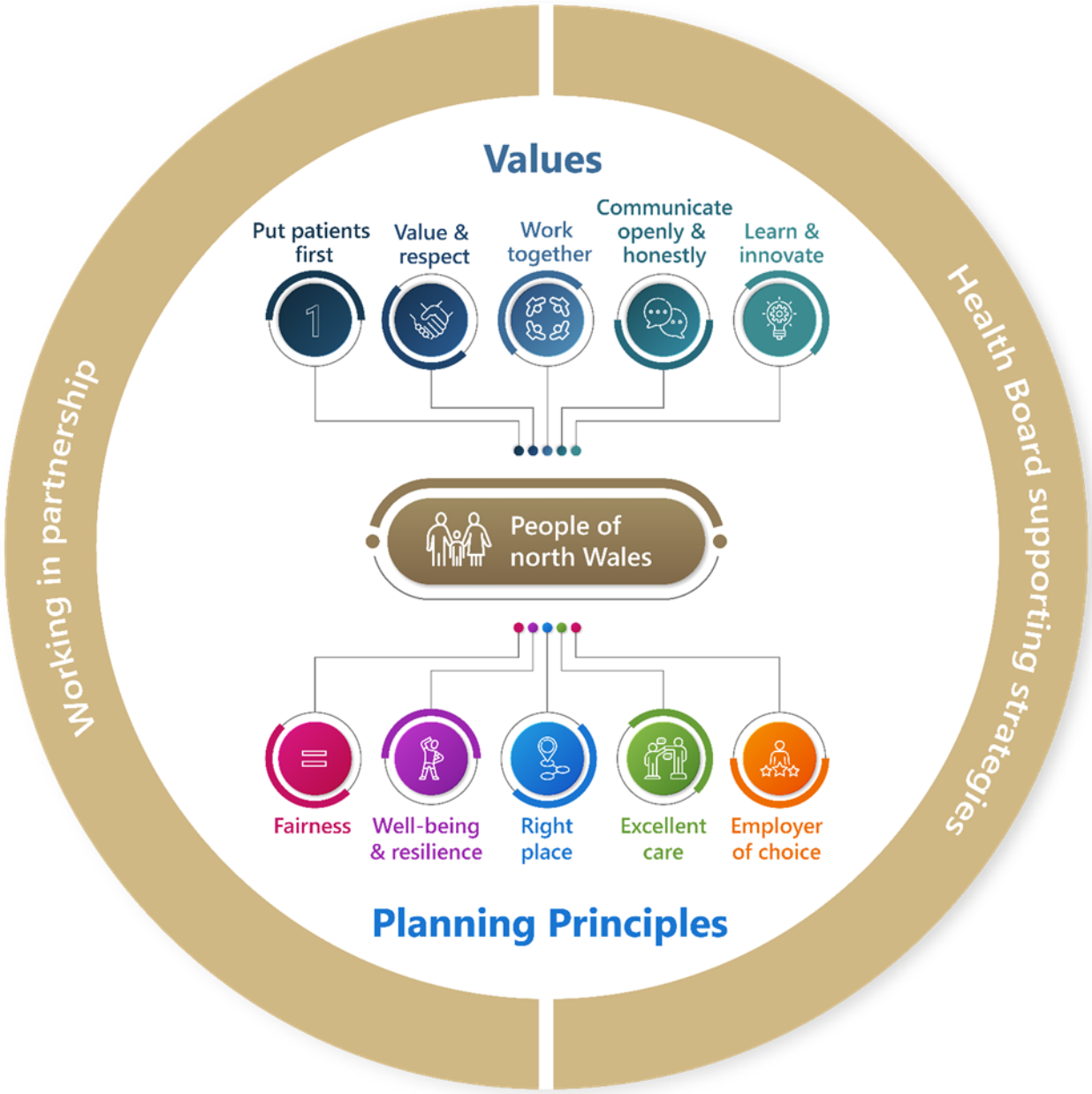
The Covid-19 Pandemic has had a huge impact in many ways.

- Supporting individuals in north Wales with Covid-19 or symptoms of Covid-19
- The impact upon those without Covid-19 who have experienced delays in treatment because of the need to deal with the Pandemic
- The impact upon our staff, who have delivered a magnificent response over 2 years of continual Pandemic conditions
- It has limited our ability to deliver some of our previously stated development priorities, through the need to reprioritise
- It has reminded us all, if a reminder was necessary, that we will need to respond differently to the challenges of delivering healthcare in a sustainable way going forwards.

These impacts have heavily influenced our developmental priorities in the coming years. Our recently developed Plan on a Page simplifies our strategies into a smaller number of clear Principles and values that we will follow. We are clear that by following these Principles and values we will continue to move us towards delivering our vision.

The Integrated Medium Term Plan (IMTP), and associated appendices, of which this People Strategy & Plan is one, lays out how we will do this by prioritising key areas of development that can be delivered within the resources available to us. Whilst greatest detail surrounds the actions we will undertake in the coming year, the IMTP also sets out, in indicative form, how we will build upon our actions in 2022/23 during 2023/24 and 2024/25.

Plan on a Page - our 5 Planning Principles



Fairness — we will reduce avoidable and unfair differences in health

Well-being & resilience — we will maximise prevention, self-care, well-being, and strong community networks

Right place — we will provide services that are sustainable, delivered close to where people live where it is safe and effective to do so

Excellent care — we will design services that can deliver world-class outcomes and experience for patients

Employer of choice — we will work, and organise, improve and transform ourselves, to support our teams to flourish

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Section 1: Our People Ambition

Employer of choice

Our ambition is aligned to the ambition for healthcare across Wales in that we will have a motivated, engaged and valued, health care workforce, with the capacity, competence and confidence to meet the needs of the people of North Wales. Specifically this means that:

- Our people will have the right values, behaviours, knowledge, skills and confidence to deliver evidence based care, and support peoples wellbeing as close to their home as possible;
- We will have sufficient numbers of the right people to be able to deliver proactive and responsive health care that meets the needs of the people of North Wales;
- Our people will reflect the diversity, welsh language and cultural & community identity of the population we serve;
- Our people will feel and be valued.

We will achieve this ambition through implementation plans co designed and delivered in partnership with our people and partners.

As the largest Health Board in Wales and one of the largest employers in North Wales, we recognise that the people who work with us to provide services and care (our workforce and volunteers) must be valued. Not just for their dedication and contribution to achievement of our purpose, but importantly, as members of local communities, contributing to the wider socio economic prosperity and health of North Wales.

We will continue to build upon achievements to date to embrace the role that we play in both employing the right people with the right skills to provide services in the right place, and developing opportunities, together with partners across health, social care and education, for members of our communities to gain and maintain employment and to achieve their ambitions.

What Success will look like?

* A compassionate culture, role modelled by excellent leaders and managers.
* Better and quicker recruitment and retention of staff through attractive and flexible working arrangements and career opportunities
* Flexible education opportunities and career development
* Very high levels of staff engagement, motivation, wellbeing and satisfaction
* Intelligence led workforce planning enabling us to change our workforce to meet our population need
* Increased levels of Welsh language skills in health and care workforce

What will be different?

- Our workforce feels valued, is treated fairly and their wellbeing is supported
- Recruitment challenges are known earlier and targeted effectively
- Common competences are identified and underpin new and different ways of working
- Widespread digital capability underpins care delivery
- Workforce language, culture and diversity reflects our population
- Widespread values based and inclusive recruitment used more consistently ensures we have the right people
- Learning is delivered through flexible and accessible routes
- Application of Improvement skills is a natural way of working

People Strategy & Plan is our opportunity to create a learning culture, to work together with our people and partners to address a number of long-standing challenges, prepare our organisation for future challenges and to embrace and create opportunities for us to succeed.

Many of our future workforce are here today in various forms and retaining, nurturing and developing them is as important as recruitment of more and new. The actions under the five programmes of work set out within the strategy will work together to improve retention of our current workforce, as well as attracting new people into the workforce.

This cannot and will not be "more of the same" – as outlined in previous sections of this plan; we need to continue to transform traditional roles and ways of working to support new models of care through our local and the national transformation programmes. Just some of the examples of this include:

Looking at our future work and people requirements across both the Board and strategic priorities, it is clear that there is a need to:

- Understand and plan for the numbers and types of skills that we will require, developing clear build, buy, borrow and bot (automation_ approaches, alongside a more sustainable way of funding multi-year investments.
- Develop innovative ways to attract and develop our talented people, addressing scarce skills and critical roles. This will include a greater focus upon widening access to new and different labour markets, re-profiling roles and re-skilling people and contributing to a competitive and successful economy.
- Embed succession planning and talent management to identify and grow internal talent for critical roles.
- Focus on our culture and employee experience striving to create an inclusive, healthy and empowering environment that actively recognises what matters most to our diverse and multi-generational workforce and reflects the communities we serve.
- Further invest in our managers and leaders who are critical to creating the climate which their teams and colleagues can thrive.
- Organise ourselves to maximise agility and personal contribution by reducing silos and increasing collaboration across boundaries, recognising this requires better people data, processes and a shift in mind-set within the organisation and in partnership

- Shape work to fit the lives of our people through greater use of flexible working in its widest sense, and rethinking how we manage careers to respond to the changing needs and expectations of our workforce.
- Clarify educational requirements and their equivalence as well as agreeing the balance of breadth or generalist skills versus depth or specialism needed.
- Influence the design, commissioning and sustainability of relevant education provision and embrace new and immersive ways of delivering education, training and development
- Recognise the key enablers to our people strategy, optimising the use of data, technology and relationships. Support staff to exploit these opportunities, including building access to the skills and expertise we may not have, through an external commissioning approach.
- Implementing, in partnership with shared services an improvement in recruitment processes
- Reviewing the operating model WOD

Strategic Alignment of National programmes for local delivery - Under our Clinical Services Plan – Local delivery of the Strategic Programme for Primary Care and Accelerated cluster development aligned to the principles within the National Clinical Framework

Bringing the principles of the national Strategic Workforce Planning Frameworks for Primary Care, Community Service and Mental Health together for delivery at local level enabled by integrated and multi professional workforce planning and commissioning

Education and Learning Academy – Building on the fantastic work of the Primary Care Academy and further developing our ambition to educate and train the very best professional and practitioners through the establishment of BCU Education & Learning Academy. Using this infrastructure to provide the foundations for enhanced and innovative experiential learning and placement programmes in order to optimise the benefits of the Inter professional Medical & Health Sciences School and wider strategic education partnerships. Bringing together the programmes already in place to increase and widen access across the communities of North Wales to education, learning and employment working in partnership with universities, colleges and Welsh Government.

Future workforce skills - We will require an agile, flexible, multidisciplinary workforce for an increasingly digital workplace, able to develop the skills needed to adopt and exploit new technology.

We will need greater capacity and capability in digital and social media skills and cyber security. As data analysis becomes automated we need to be better at framing the right questions and interpreting the information through a health and social care lens.

Role boundaries are changing and skill sets will alter e.g. roles in near patient testing in the community will be more about quality assurance and oversight of delivery than lab based skills. We must make better use of our medical and non-medical consultants enabling them to focus on their expertise. Multi-disciplinary teams and greater use of advanced practice will create opportunities for progression across all career pathways.

Our roles in advocacy, leadership and partnership working require direct contact and building personal relationships with stakeholders. There will be an increased need for 'human' skills such as influencing, relationship building, emotional intelligence and the ability to engage communities.

There is also a requirement for subject specialists with high-level Welsh language skills in frontline roles. As the demand for services increase, we will require a greater capability and capacity to deliver services through the medium of Welsh.

Managers and leaders will be key to creating the culture and empowering a diverse workforce. Our leaders will be working across a range of current 'traditional boundaries' in public sector organisation and we need to be growing these leaders now through opportunities for placements and secondments.

With regard to technical skills, we will have the right balance of people with breadth of expertise and those with more depth or specialist skills. A breadth of skillsets will enable flexibility in the workforce but there will always be a need for access to specialist expertise, particularly to deal with emergencies.

▪ Fundamental Principles

This People Strategy & Plan is built upon the foundations of fairness and equity and as such, we expect to see the fundamental principles of wellbeing, welsh language and inclusion through all of our implementation plans.

Wellbeing

There is a significant body of evidence linking wellbeing, capability and engagement of health care workforce to improved outcomes for the people to whom we provide care and support. We will ensure our people are treated fairly and recognised for the contribution they make.

Welsh Language

Evidence of better clinical outcomes, and outcomes for people accessing care and support as well as employment highlights the vital importance we must place on delivery of health care in the first language of our country.
Supporting our people to deliver care and services using the Welsh Language where needed, is a fundamental principle which must underpin every area of this strategy.

Inclusion

Creating and nurturing a culture of true inclusion, fairness and equity across our organisation is at the heart of this strategy and reflective of the aims within our Strategic Equality Plans. This will be a theme running through the five work programmes under this strategy, with strong focus on values based, compassionate and inclusive leadership.

Section 2: Context & Case for Change

National Context

In October 2020, A Healthier Wales: Our Workforce Strategy for Health & Social Care set out a compelling case for change in emphasising that the current pattern of health and social care was not fit for the future. The Kings Fund identified key areas affecting future service delivery, highlighting the impact of growing and changing need, more working age people living with complex conditions, increasing public expectations, advances in digital and medical technologies including genomics, and the challenges of securing our future workforce.

The Strategy also recognised that there is the potential and desire in Wales to improve health and wellbeing through a high quality health and social care system. Key to the Parliamentary Review and A Healthier Wales was the Quadruple Aim that set out four interdependent goals:

- Improve population health and wellbeing through a focus on prevention;
- Improve the experience and quality of care for individuals and families;
- Enrich the wellbeing, capability and engagement of the health and social care workforce;
- Increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

A clear focus on improving the wellbeing, inclusion, capability and engagement of the health and social care workforce is at the forefront of national strategy and our People Strategy & Plan. Evidence has shown that better staff experience contributes to a culture of compassionate care, and results in better care for the people we serve. This strategy will therefore provide an important foundation for improvements in quality and safety and delivery against both the National Clinical Framework and Quality and Safety Framework: Learning and Improving.

A Healthier Wales clearly maps out the journey for the next 10 years in terms of system transformation to meet the growing demand and to meet the needs of the people of Wales. It describes the ambition to bring health and social care services together, to deliver a seamlessly co-ordinated approach from different providers. It reinforces the need to strengthen and expand services in primary and community settings, and commits to the development of a National Clinical Plan. It is clear that A Healthier Wales: Our Workforce Strategy for Health and Social Care and social care services will be changing dramatically over the next 10 years and consequently our People Strategy and Plan needs to be flexible and agile so that we can respond. We need to transform the way we attract, train, continually develop and support our workforce through a culture of compassionate and inclusive leadership with a focus on wellbeing at the core.

This means we will need to better understand the shape and supply of our workforce, including the ability to deliver our healthcare in the Welsh language. We will need to transform the way we work by:

- expanding existing roles,
- developing new roles,
- building skills and capability in areas we have not done so previously, and
- embrace new technology in delivering our services.

Differences in terms and conditions, particularly in the lower paid areas are a significant issue, not just between health and social care, but between professional groups in healthcare. We know we have identified significant deficits in key areas and the need for new workforce models, more training and digital solutions to improve the way we work.

We know from our IMTP that a key priority for us is to ensure that our planning for future services starts with Local Needs Analysis and using them to identify priority areas for improvement as well as strengths upon which to build further, requiring us to reallocate resources to support transformation.

We are clear on our commitment to our current journey of rapidly boosting the role of our Health and Social Care Localities. This is aligned to the guidance within the national Accelerated Cluster Development programme and will further enhance the role of Localities in shaping our planning priorities.

Our People Strategy & Plan is therefore informed and supported by the Strategic Programme for Primary Care. An All-Wales Health Board-led programme that works in collaboration with Welsh Government and responds to A Healthier Wales.

The Programme aims to bring together and develop all previous primary care strategies and reviews at an accelerated pace and scale, whilst addressing emerging priorities highlighted within A Healthier Wales .

To achieve success, the Programme looks to all health, social and wellbeing providers, Health Boards and other stakeholders to work collaboratively in sharing local initiatives, products and solutions that could add value to the delivery of primary care services on a 'once for Wales basis'.

The Workforce & OD Stream of this Programme sets out to address four key overarching themes within workforce and organisational development:

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- Workforce
- Resources
- Efficiency; and
- Leadership

Activities to support these themes include:
- Workforce data and planning.
- Addressing issues around employment and retention.
- Role development (where identified) as required to support multidisciplinary teams.
- Education that increases exposure to primary care.
- Fit-for-purpose training.
- Means of sharing best practice that is evidenced based

Finally, in line with our commitment to secure sustainable improvement in provision of all ages mental health and learning disability services, this Strategy is aligned to the work underway at national level to develop a workforce plan for all ages mental health provision across health and social care. The Mental Health Workforce Plan for Health and Social Care is in consultation stage until end of March 2022.

It will be a vehicle for driving radical change and comprehensive improvements in how we develop, value and support our specialist mental health workforce, in recognition of the critical role they play in supporting people with a range of mental health needs in a variety of settings. It also recognises that mental health and wellbeing is everyone's business and so the plan is an opportunity to develop the skills and knowledge of our generalist health and social care workforce to better equip them to deal holistically with the mental health needs of the people needing their care.


DEVELOPING A STRATEGIC MENTAL HEALTH WORKFORCE PLAN FOR HEALTH AND SOCIAL CARE

CONSULTATION DOCUMENT

The demands for mental health services will only increase as the pandemic continues to unfold and as such the scope of this work is wide ranging, encompassing multiple professions, services and settings, and underpinned with a person and family centred approach.

This People Strategy & Plan sets the future direction our workforce over the next 3 years aligned to, informed by and importantly positioning the organisation to influence the national context and policy and to deliver our Local Living Healthier Staying Well Strategy through our Integrated Medium term Plan.

It sets out the fundamental building blocks needed to address the opportunities and challenges facing the workforce and to align efforts across the health board. It is not intended to give specific details in relation to single professions or roles, but a clear set of themes and succinct actions which will inform the Improvement Delivery Programme and plans.

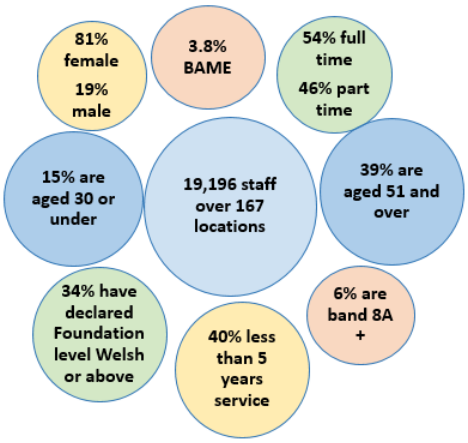
Some of what is proposed in this strategy is already underway, as issues have been recognised and positive action taken. This strategy brings everything together so we don't lose this good work and progress but build on it by deploying a prioritised approach using our transformation and Improvement System.

Central to the delivery of this strategy is the requirement for true collaboration and partnership at all levels. Everyone will have a role in shaping and delivering improvement plans that take us closer towards the ambitions of this strategy and meet the challenges laid out to us. This includes better alignment and integration across organisational and professional boundaries that too often get in the way of doing the right thing for the people at the centre of our services

Current State

Our key characteristics:

Our health and social care workforce makes up the largest Health Board in Wales, and one of the largest employers in North Wales. With over 19,000 people, and over 167 locations, the majority of whom are female, are employed in more than 350 different types of roles across health and social care, and together with volunteers and carers, our workforce hugely impacts on the social, cultural and economic prosperity of Wales.



Approximately 46% of our people work part time, and of these 91% are female. Information on the wider prevalence of flexible working patterns will require a step change following our experience during the pandemic and building on the development of an agile working organisation is a key priority. Greater transparency would help create a culture and mind-set where this the norm, encouraged and not resisted. We also need to better understand how people want to work and manage their responsibilities and lifestyle.

Our ambition is to being an inclusive and fair employer of choice. Our diversity networks (BCUnity staff network, RespectAbility Network and Celtic Pride) continue to grow and are playing an active and important role in shaping our thinking and we have seen positive improvements in how some groups feel able to speak up. In March 2022 we will launch our new Gender Equality network.

Our newly established Race Equality Action Group (REAG), although paused in November 2021 will commence again in February 2022. The pending publication of the Welsh Government Race Equality Action plan will support the development of our internal REAG action plan.

We have a way to go to creating a fully inclusive workplace with disabled staff being significantly underrepresented and inconsistent AME representation at all levels.

Gender equality is important and we are working to address the gender pay gap which is currently 33% despite the fact 81% of the workforce is female. We have set ourselves the challenge to half pay gaps for gender, ethnicity and disability within four years as part of our Strategic Equality Plan. Actions will include ensuring all adverts have inclusive language, welcoming applications from part time workers and job shares, and enabling more flexible working patterns from different locations.

We also have a way to go in terms of our ability to actively offer and provide comprehensive Welsh-medium services. Currently 34% of our workforce is able to speak Welsh at Foundation level or above, however many are not in front line roles. We will prioritise identification of skills gaps, recruitment and learning of Welsh to ensure that we have sufficient Welsh speakers in frontline roles.

We have an aging workforce. 39% of staff are aged 50+ and this is likely to increase as people expect to work longer. 5% of the workforce is under 25 years of age, and 15% is 30 years of age or younger.

The over 50s are forecast to be to be the fastest growing group within the workforce. Flexible employment processes and ways of working that support their needs are important to them. Those who have been in the same job for a long time would like opportunities to do something different, be this short-term involvement in projects or secondments or support for a permanent move or portfolio career. This can be a particular issue for those in senior roles who feel 'stuck' in the current structure. Creating a more fluid approach to jobs and work – across our generational workforce span is important to us.

Building on the work undertaken through the pandemic our goal is focus on improving the connectivity between service design and delivery, workforce shape and supply and our ambition to be an Employer of Choice. This includes the clinically led reviews of existing delivery models that have informed the IMTP and the wider workforce plan to ensure the skills mix is correct for service delivery, sustainability, and triangulation of proactive workforce commissioning and placement opportunities across primary, community and secondary care settings. This allows us to continue to assess the longer-term impact of agile and flexible working on services from a workforce perspective.

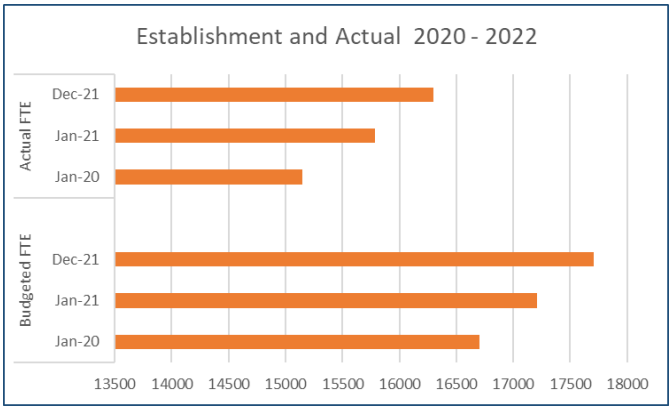
NB: All figures require updating when January data validated

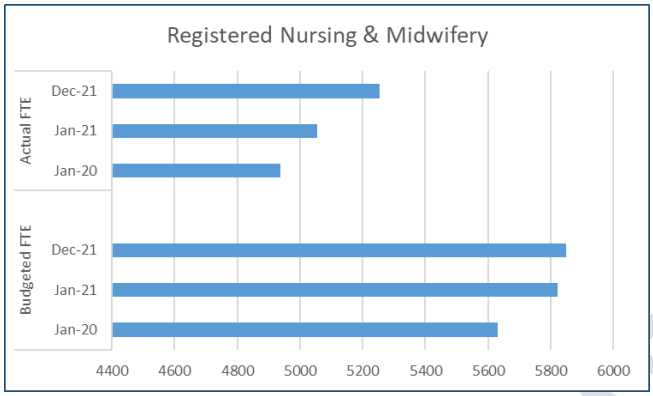
Over the course of the last 3 years, our workforce has increased both in budgeted establishment (+6%) and in actual Full Time Equivalent (FTE) in post (+7.6%). This is in the main due to the number of new service and workforce improvements undertaken through 2021/2022. Across the year, we have seen an increase in

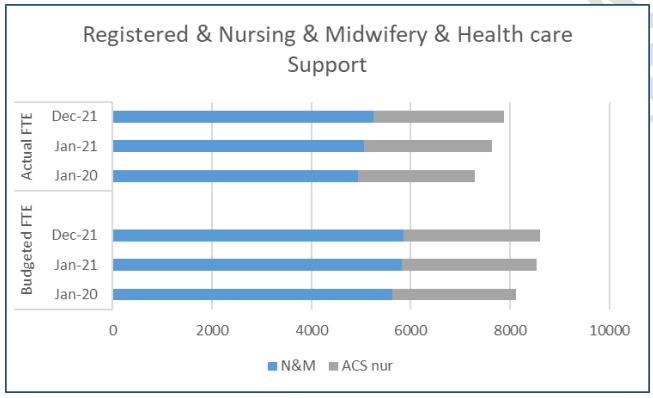
new service provision across Test, Trace & Protect (TTP) and the Covid 19 Vaccination programme, whilst seeing new service investment across areas such as Emergency Medicine and Stroke.

Recruitment activity has significantly increased across the year as a result with number of FTE adverts placed in April 21 being 338 compared to 1977 in December 21.

This is reflective of new service developments together with a focussed proactive approach to appointing to more roles on a substantive basis. The overall vacancy rate has stayed steady at around 8- 9% across the same period.







This has led to the workforce teams taking a significantly different approach to recruitment across the year with the development of a new international workforce pipeline initially focusing on nursing which has seen over 100 new nurses come into the Health Board with plans over the next 2-3 years for another 350 to come on stream.

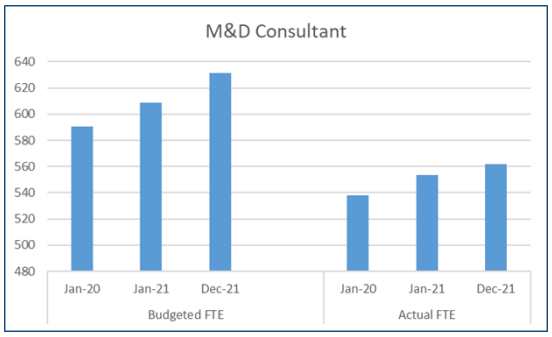
Registered Nursing & Midwifery has increased by 4% budgeted establishment and 6.5% Actual FTE in post.

When set together with Health Care Support Worker increases of 10% Budgeted Establishment and 11% Actual FTE in post this provides a positive picture, albeit one that recognises there remains a significant gap of just under 600 FTE registered nurses and that retention remains a real challenge. Through the Nursing & Midwifery Recruitment & Retention group, there are a range of work streams to improve retention of nurses. In particular, there are three career pathways being reviewed and enhanced to make a Nursing career in BCUHB more visible to our staff. The first scheme was the Matron Development program which was initiated earlier in 2021 and received very positive feedback. The next two schemes to be taken forwards are the Ward Manager development program and also Head of Nursing development programme.

There has been work undertaken to improve the exit questionnaire uptake to provide a better understanding for the reasons people wish to leave BCUHB. From the 1 February 2022 all agenda for change staff terminations will be completed via the ESR Self Service system, this process automatically trigger the Exit Questionnaire process. Using the process within ESR will allow us to monitor and review the leaver process more efficiently

This methodology has been taken through to develop a medical pipeline, enabling the development of a proactive system for forward planning on medical recruitment, particularly at Consultant Level at this stage but as it progresses rolling this out across medical grades and specialities.

Our Medical & Dental Consultant workforce has increased by 7% budgeted FTE and 4.5% actual FTE in post. Whilst all other grades have seen an increase, by far the smallest increase has been in directly employed general practitioners. The further development of a sustainable strategy for our primary care workforce is a key strategic priority for the term of this Strategy and beyond.



We have adopted new streams into our pipeline for medical staff and have been working to bring Junior Doctors who qualified abroad, but are English residents into the Health Board at a rate of 10-20 a year. We have recruited 6 in as of December 21.

Alongside this, to continue to run in parallel with national and UK recruitment we are working with partners to supply overseas doctors for areas such as Emergency Medicine, GPs and other targeted specialities.

Clinical, Service, Finance and Workforce teams have worked collaboratively to develop a new campaign approach to advertise service vacancies as a whole; this has been particularly successful in the case of the Stroke service, which traditionally has been a hard to recruit to area.

The attraction approach over the last 12 months has been about moving away from singular transactional vacancies to a more holistic approach on two fronts. The first relates to the service-based roles as part of service-orientated recruitment campaigns for new services developments where they have seen major investment such as Stroke, Emergency Medicine or where there has been historical challenges in recruiting such as Pharmacy and CAMHS. The second is around professional staff groups such as nursing or Medical & Dental staff where there has been recruitment challenges over a sustained period. The approach in this case has focused on the whole package an individual can access working in North Wales in terms of lifestyle choice on a personal level alongside the professional opportunities such as involvement in the new Medical and Health Sciences School coming on stream in the near future.

NB: INSERT UP to Date information re Primary Care workforce and plans

INSERT STAFF WELLBEING AND SUPPORT SECTION

▪ Resourcing the Integrated Medium Term Plan

The IMTP being submitted in March 22 covers a 3 year period from 2022-25. As part of this plan the Health Board has identified, a number of priorities to take forward over the coming year and on into subsequent years. They fall into the following categories, Continue/Consolidate, New Programmes commencing and New Programmes being prepared.

Underpinning this sits a detailed workforce profile for 2022/23 where workforce has an impact on the delivery of the improvement. The workforce profile has been broken down into different staff categories and the recruitment activity is profiled alongside. Detailed recruitment risk assessments and delivery profiles are in appendix XX (this is subject to refresh on an annual basis).

The overall total of new recruitment activity planned for 22/23 is 519 WTE with plans being drawn up for year 2 currently standing at 125 WTE. The split across the workforce staff groupings 22/23 schemes is as follows; Medical staff 46 WTE, Nursing staff 148 WTE, Other Clinical staff 159 WTE and Non-Clinical Staff 166.

Clinical Workforce Service Review programme - As part of the evolving Workforce Planning approach for BCUHB the Health Board has commissioned a series of clinically led workforce reviews to look at what the workforce is now and what it needs to be in the future. These reviews provide a systematic way of evaluating current practice, to identify best practice, review compliance with existing policy, making quality improvements required. This in turn will improve outcomes for patients and ensure we measure the impact of the changes made. An example of this approach across Emergency Medicine and Stroke, allows the Health Board to understand the current state of practice and what needs to be actioned to deliver 21st Century care. Thus informing our workforce planning, commissioning and recruitment, both now and going forward, with direct links to initiatives such as the North Wales Medical School and the integrated Health & Social Care Workforce Strategy development.

This has involved looking at current patient activity levels, current and future clinical pathway options and current and new workforce delivery models and working with the clinical service teams producing a multi-year plan to support the service now and sustain it going forward. This has been quite complex across the Health Board given the complex nature of the geography and the differing needs of the patient cohorts across North Wales.

Currently the services where reviews are ongoing are Colorectal, Emergency Medicine & SDEC, Womens Services, Mental Health, General Surgery, Pharmacy and Stroke Services. There are plans to move forward with Anaesthetics and Critical Care in 22/23. Many of these schemes are longer-term developments and it is expected that for the majority of the services outside of Emergency Medicine and Stroke recruitment activity would only commence in year 2 of the plan.

Workforce Planning & Commissioning

We are taking major steps forward to utilise the data available to the Health Board to inform planning now and in the future.

The development and roll out of the Recruitment Pipeline dashboard, which is just one example, has allowed both workforce and operational teams to see at a glance a snapshot of recruitment activity across the Health Board. This includes having the ability with Power BI technology to drill into this data to look at a specific area/ward within the Health Board to understand the current position and predict the necessary recruitment activity required to close any gaps. This triangulated with over-arching trend data in age profiles, turnover rates etc. and known service pressures allows workforce information to be utilised in the short to medium term planning cycle which has previously has not been accessible.

To support the IMTP for 2022-2025 workforce has aligned the educational commissioning process in order to be able to triangulate the three elements of the workforce-planning triangle. This has allowed us to start to develop our plans to not only support in year 1 but also be able to identify any potential gaps across years 2 and 3 and also plan for year 4 and beyond. Below is the current position of the graduates across a 6-year profile.

NB Insert better version of information

Sum of Total Headcount (New Grads and Lv 2,3,4,5)	Year of output						
Workforce	2022	2023	2024	2025	2026	2027	Grand Total
Allied Health Professionals	14		17	17	20		68
	9	9	9	12	9		48
	109	110	102	79	115	6	521
			5				5
Allied Health Professionals Total	**132**	**119**	**133**	**108**	**144**	**6**	**642**
Healthcare Science			3	3	0	0	6
	10	10	13	16	12	2	63
	5	6	11	3	7		32
Healthcare Science Total	**15**	**16**	**27**	**22**	**19**	**2**	**101**
Healthcare Scientist					2		2
					4		4
Healthcare Scientist Total					**6**		**6**
Nursing and Midwifery	3	18	0	21	0		42
	732	750	773	817	686	81	3839
	22						22
Nursing and Midwifery Total	**757**	**768**	**773**	**838**	**686**	**81**	**3903**
Other Professions	12	12	12	12			48
Other Professions Total	**12**	**12**	**12**	**12**			**48**
Pharmacy			0		0		0
	37	34	15	21			107
				2	4		6
Pharmacy Total	**37**	**34**	**15**	**23**	**4**		**113**
Grand Total	**953**	**949**	**960**	**1003**	**859**	**89**	**4813**

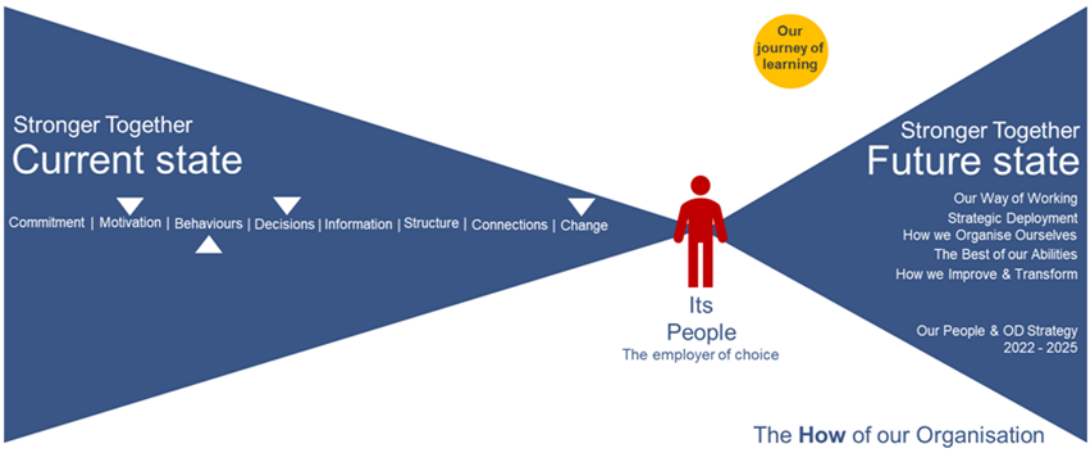
In addition and as part of the integrated plan submission, a detailed overall workforce profile and forecast has been developed. This incorporates the following categories:

INSERT MDS Categories from new template

This workforce profile and forecast is attached at Appendix X (this is subject to refresh on an annual basis)

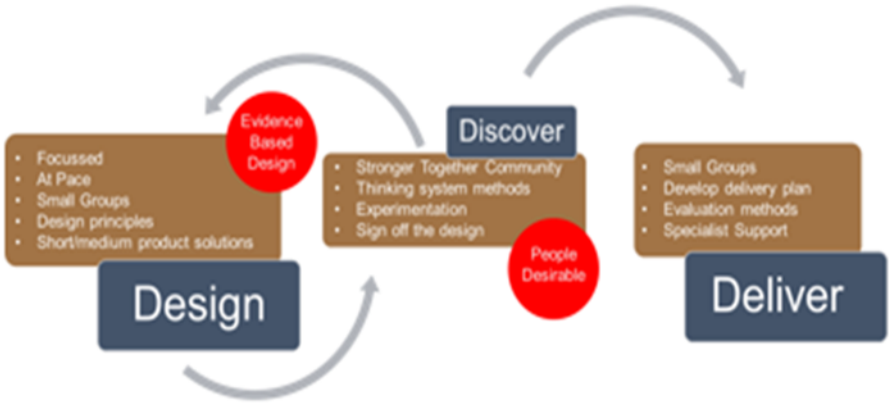
Section 3: Our Priorities for Delivery 2022- 2025

The Health Board has embarked on an ambitious three year people and organisational development journey (Mewn undod mae Nerth/Stronger Together). This will enable the organisation to move forward and deliver its Clinical Strategy (the What) through delivery of its People & OD Strategy – Stronger Together.



At the heart of the transformation will be our staff, partners and patients in short, 'Our People'.

Our methodology - Having heard feedback from 2,000 staff as well as triangulating with internal and external reviews to inform our learning we have a mandate for change. Using the key determinants for organisational health and success, we are committed to the principles of co design against a framework for improvement.



Programmes of Work

Our Way of Working

Values & Behaviours – Development of a behavioural compact for all professional groups. The behavioural compact will be embedded in every aspect of the employee journey from on-boarding, active employment and even exit. Individuals and teams will be able to demonstrate how their behaviours are having a positive impact on individual and team performance in the provision of patient care. Individuals will be able to describe being engaged in the organisation's health and performance. Customer focussed – ensuring patients, partners, contractors, and colleagues always receive the best service and are treated with respect and inclusivity.

Learning Culture – Building on the progress made with the introduction of Speak out Safely and learning from the feedback from discovery we will co design our "learning from" processes as part of the development of our transformation and improvement system.

Staff Support & Wellbeing - It is nationally acknowledged that the COVID 19 pandemic has had an impact on the emotional and psychological health and wellbeing of health and social care staff, over and above the day-to-day pressures of working in health and social care. This includes the potential for a post pandemic increase in feelings of stress, anxiety and burnout amongst staff as they reflect on the experiences of working through a pandemic whilst also working to 'catch up' with backlogs of work generated through the pandemic, including those in planned care and cancer. Building on the learning from our interim Staff Support and Wellbeing Services we will establish this comprehensive service focussed upon supporting staff when they most need it, developing strategies for self-management and prevention and supporting leaders and managers to identify and address early warning signs as well as creating the environment for colleagues to thrive.

Engagement & Communication - Building on the existing structures and incorporating new mechanisms to support individuals through their employee journey, strengthen existing and developing new two-way communication networks (Including leadership visibility) and linkage mechanisms, which break through internal boundaries to enable massive & active engagement. Staff involvement service improvement through continuous improvement methods and connectivity to the innovation mechanisms, clinical & corporate networks, and the organisation's transformation & improvement function.

Strategic Deployment

Goals – Using a clear set of organisational goals with outcome & process metrics aligned to the purpose and future state service narrative based on the refreshed Strategy-Living Healthier, Staying Well & Clinical Services Plan. Individual and team-based goals and supporting actions will be clearly aligned back to the purpose. Improved system, team & personal performance contribution mechanisms to be rolled-out - designed to link purpose, goals, measures & actions. Process & outcomes measures will be integrated into the internal operating framework and form part of the integrated performance reporting mechanism.

Business Planning Mechanism – A revised Business Planning Mechanism to enable the organisation to deploy the discovery, co-design methodology and track delivery of short-term operational & improvement and long-term transformation plans. Plans based on population need and an evolving processing capacity across interdependent pathways of care to prevent, manage or meet that demand. Pathway improvement and transformation blueprints are in continuous development as are service development plans for corporate services.

Information & Performance - development of the digital infrastructure and information architecture alongside a capability development plan for operational leads and key users across the organisation. This will support the evolution towards predictive management of unplanned and planned demand, work in progress, processing capacity, activity & backlog across pathways of care at a service and whole system level.
A portfolio of bottom-up vertical outcome and horizontal process metrics which demonstrates achievement of organisational quality, performance & productivity goals at an individual, team, function and service level are developed, providing a single version of the truth in terms performance impact and evidence informed course correction interventions. A measures framework, which mirrors the design of the organisation, forms a critical element of the performance-operating framework.

Course Correction - Escalation protocols (issue & risks), feedback & learning mechanisms -
Performance feedback, risk management, clinical audit systems, complaints, serious incident reporting & management systems are integrated into the design of the organisations future model of operating. Feedback loops provide information & insight feeds into pathway and service design development activities, strategy development and business planning cycles. Complaints, risk's identification, mitigation development and risk management are used as a critical aspect of the decision-making mechanisms through the organisation from board to ward. The organisation has a transparent culture and can demonstrate its ability to learn. Learning and improvement from safety incidents embedded across the Health Board.

Team & Personal Contribution - performance monitoring, measurement & learning - Team and individual goal-based performance feedback mechanisms are integrated into the design of the organisations future model of operating. Team based daily performance and continuous improvement events, linked to the organisations continuous improvement intervention proposal are developed, as are enhanced appraisal mechanisms. Evaluation of the impact has identified the benefits associated with the adoption of these combined approaches and are built into a regular weekly, monthly annual cycle of review and learning.

How we organise ourselves

Design principles – Deploying the design principles agreed in collaboration across the organisation to inform development and implementation of a revised operating model including structure, governance, performance and accountability.

- **Person centred.** The person is at the centre of all that we do, with an equal focus on keeping people well and providing high quality care and treatment when it is needed.
- **Clinically led, evidence based, empowered** organisation. Listening to and empowering colleagues, with quality and equity at the heart of decision-making.

- **Community focus with regional networks**. Organised around the needs of our communities, with a local focus balanced with regional delivery for the best patient outcomes. Skills and resources organised and supported to provide seamless services and better outcomes.
- **Consistent standards with equal access** to care and support for all communities across North Wales, following value based healthcare principles.
- **Effective partnership working**, listening to our colleagues, partners and communities to develop and deliver services that support people to live healthily and stay well.
- **Compassionate, learning** organisation. Continually improving, using technology and data to simplify systems and innovate
- **Processes and ways of working** that make doing the right thing easy.

These design principles, applied for the overall operating model for the organisation will continue to be deployed as we review operating models for key enabling services e.g. Workforce & Organisational Development to support delivery of the People & OD Strategy.

The Best of our Abilities

Education and learning – Using the size, breadth and depth of the organisation to establish the organisation as a key strategic leader in Inter/multi and uni professional learning and education. Working across our clinical and operational networks, with our strategic education partners and with our community partners to build on existing and establish new programmes of education from specialist and postgraduate training to vocational and work skills development and on to life and health skills opportunities. Recognising the need for significant improvements in the way in which the organisation supports and enables placements for experiential learning of undergraduate, postgraduate trainees across professional groups together with the development of new roles (new to the organisation or clinical practice) we will develop a BCU Education and Learning Academy. In the first phase, this will be enhancing the infrastructure in the Primary Care Academy and as we progress through to increase in students numbers across professional groups scaling this to cover the wider organisation.

Leadership & Management – Development of an integrated Leadership & Management Development Framework for all professional groups based on the principles of transformation and improvement, compassion, experiential practical learning, network development, distributed leadership, team communication, staff safety & wellbeing, systems and how they work, social movement and human factors practice, collaborative & shared decision making and peer to peer coaching.

Talent and Career Development Framework – Development of structures, processes supported by digital systems support leaders in the active management of talent from recruitment, talent pool building, succession planning, skills & competency development, leadership development, interim role deployment opportunities, welfare management, appraisal, and performance management. Leaders actively promote the management of talent within their teams and across the organisation as the benefits associated with this activity are visible through key organisational performance metrics; including staff surveys where a picture emerges of a workforce, which is motivated and connected.

Workforce Planning & Commissioning – Building on the progress made and learning from the pandemic as well as deploying new national frameworks and toolkits, establish a comprehensive workforce planning methodology and framework for deployment of scenario planning linked to demand and capacity and pathway/service transformation. Using this to develop forward look commissioning plans for education and training to enable the organisation to not only develop the workforce of the future but also, to influence national strategy and planning.

In the first phase this will be focussed upon meeting the challenges of recovery and supporting the development of new models of care and delivery e.g. Accelerated Cluster Development, enhancing prevention and primary care services and delivery of planned care through Regional Treatment services.

High quality, reliable enabling services – recognising the need for efficient and effective, outcome focussed enabling services. Deploying improvement methodology and applying the design principles outlined above to roll out operating model reviews across "corporate" support services to ensure our clinical and operational services are able to focus on what they need to do and the Board to be assured that the organisation is meeting its statutory and regulatory responsibilities.

Safe environment – Building on the significant progress made in meeting core requirements under Health & safety legislation we will further embed safe systems of work across the organisation. Recognising the levels of harm to patients and staff as a result of violence and aggression across the NHS and in our own organisation, we will develop a new model for prevention of harm. Using evidence based measures to address the root causes of harm from violence and the support we provide for patients and staff who harm or are harmed in our care or employment.

An engaged, skilled workforce is the bedrock to delivering improved, equitable and sustained outcomes for the people and communities of north Wales.

How we Improve & Transform

Building Strong Foundations in Transformation & Improvement System and Structure – Using the experiences of the people within the Health Board, together with exemplars locally, nationally and internationally we will establish a transformation, continuous improvement and portfolio management system. Optimising the synergies and expertise across key enabling functions e.g. education & learning, finance, planning, public health, research & Development and organisational development to create the environment for transformation and innovation to thrive and for systematic prioritisation and benefits realisation.

Improving the way we manage Large Scale Change – learning from the process of discovery, leveraging the benefits of a standardised approach to the discovery, design, sustainable delivery, and management of change. Pathway improvement and transformations blueprints are in continuous development as are service development plans for corporate services. Clinical, operational, and corporate teams are actively participating in evidence-based discovery and co-design of large-scale care pathway and service change. All service changes (significant and non-significant) are co-produced with patients and members of the public, with ongoing involvement and engagement embedded throughout the Health Board. Enabling operational and corporate teams to actively participate in the co-design of annual and 3-year planning cycles facilitated and led by the Transformation & Planning team. The core team will supplemented by a growing contingent of accredited improvement & change practitioners from across the organisation. Accreditation comes from participation in experiential training in change and transformation and improvement methods.

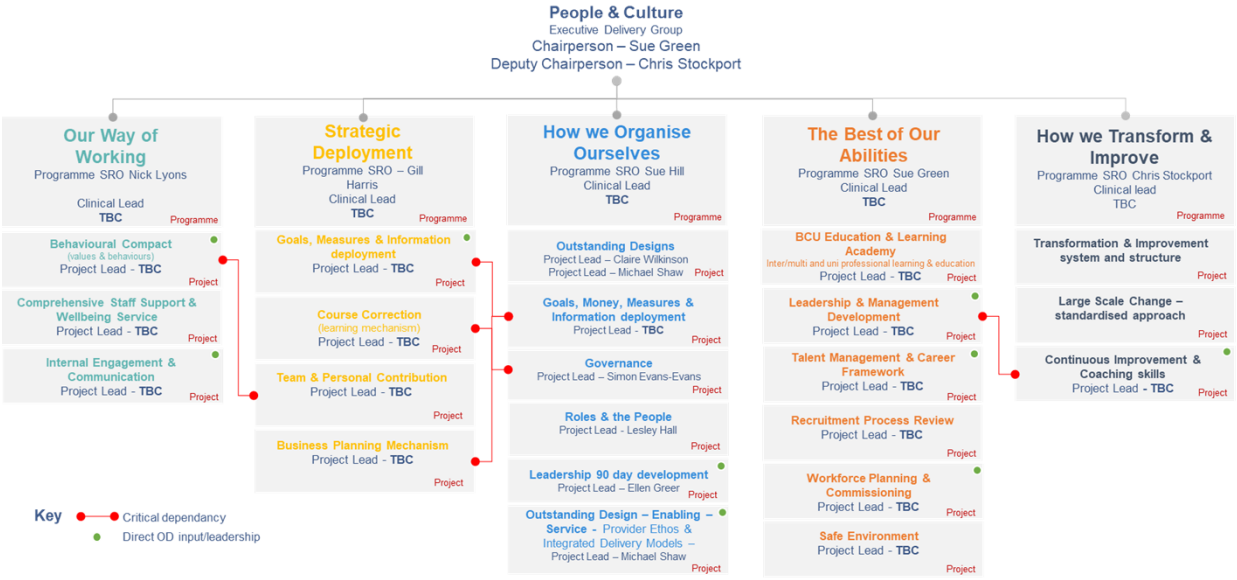
Outcomes for different changes across BCUHB will be fully aligned and clear as to how the change is going to bridge the gap between the current and future states. The Health Board will be seen as an exemplar in its approach to making decisions putting quality and patient safety at the forefront.

Continuous Improvement & Coaching skills – Develop a Continuous Improvement development programme to enable the organisation to demonstrate measurable improvements in quality, performance, and productivity across both clinical and corporate services. Ensure all induction, education, learning and contribution frameworks include Individual and team based continuous improvement knowledge, techniques at all levels of the organisation.

▪ Implementing the Strategy

Oversight & Delivery Architecture

This oversight and delivery architecture proposal has been produced in response to the emergent thinking with regards to the Strategy and associated resource deployment proposition. As well as the requirement by the Welsh Government to provide assurance under the Targeted Intervention Improvement Framework (TIIF). The design of the proposed architecture supports the Executive Delivery Group model adopted by BCHUB and is line with best practice. Portfolio Programme governance will be structured as follows:



The delivery architecture design is based on the principle of multi-team collaboration amongst front line Transformation and Improvement & Organisational Development change teams, and specialist subject matter experts/post holders which exist within the organisation in the delivery of the work, facilitating cross fertilisation of learning and building links so together they act as one - the organisations change engine. Supplemented by independent external capability and capacity as required. Creating a central pool of the most highly-skilled change practitioners.

Central orchestration, independent information flow & assurance support will be provided by the Transformation & Improvement Team..

Objectives and Benefits

The aspiration is that the Strategy will enable our people:

- To be patient centric
- To better understand & be aligned to our purpose & strategic goals
- To be outcome focussed and high performing
- To be engaged, motivated and resilient
- To be Agents of Change
- To be personally accountable
- To be inclusive

Our structures will be:

- Aligned to the delivery of the organisation's strategy Living Healthier, Staying Well
- Aligned to the delivery of the organisation's purpose and goals
- Supportive of the development of a compassionate, learning culture

Our processes will:

- Enable operational proficiency.

- Enable transparent simple governance and rapid evidence based decision making
- Support a standardised approach to the discovery, design, delivery and management of large scale change
- As Evidenced by:

Successful delivery of our strategic priorities through a sustainable workforce supply that meets current and anticipated needs	More of the right number of skilled applicants who match our values, fewer vacancies and timely recruitment getting it right first time
Wider access to careers, credible candidates for all vacancies and strengthened talent pipelines for all scarce skills and critical roles	Career frameworks and succession plans in place, internal and external talent schemes producing great applicants. Increased diversity of applicants
A vibrant, inclusive and healthy culture where people of all generations and background want to join, stay and are supported to thrive	Culture and engagement scores increase, external recognition as an exemplar employer, invited to share case studies
A more diverse workforce that reflects the population and greater representation at all levels of the organisation	A more diverse pool of applicants and increased diversity of staff, representative of the population. Reduced pay gaps
Improved workforce planning with forward investment in recruitment and development	All managers trained in workforce planning, workforce planning embedded in our strategic planning processes. Plans in place for all identified scarce skills and critical roles
Reduced silo working and increased multi-disciplinary and multi-organisation teams aligned around strategic priorities	Skills and competence database in place, mechanism for identifying and matching talent to strategic priorities requirements

References

Appendices

Cyfarfod a dyddiad: Meeting and date:	Partnerships, People & Population Health Committee 10.2.22
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**North Wales - No Wrong Door Strategy (2022-2027)**
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport, Executive Director Primary and Community Services
Awdur yr Adroddiad Report Author:	Louise Bell, Interim Assistant Director CAMHS Liz Fletcher, Alison Cowell, Andrew Gralton Assistant Area Directors for Childrens Services (West, Central, East)
Craffu blaenorol: Prior Scrutiny:	Bethan Jones Area Director - Central
Atodiadau Appendices:	*Appendix 1* *No Wrong Door Strategy - RPB Executive Summary Document 2022-2027* *Appendix 2* *Children's Commissioners No Wrong Door Report* *Appendix 3* *The Nyth/Nest Framework* *Appendix 4* *Whole School Approach Framework* *Appendix 5* *CAMHS Targeted Improvement - BCUHB Mental Health Domain - Maturity Matrix*

Argymhelliad / Recommendation:

The Committee is asked to

- support the development of a multi-agency 'No Wrong Door' partnership approach to service provision and support the principles to inform an agreed Service Model and Implementation Framework for service transformation and improvement.

- note the cover report gives an overview of the North Wales' No Wrong Door Strategy, a 5 year plan to improve services for children, young people and their families. The development of the Strategy *(Appendix 1)* has been commissioned and overseen by the North Wales Regional Partnership Board (RPB) which forms part of the North Wales Social Care and Wellbeing Services Improvement Collaborative.

- note the RPB has endorsed the strategy and agreed that the newly formed RPB Children's Sub Group will be responsible for design of an agreed service model and the implementation.

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	√	**Ar gyfer Trafodaeth For Discussion**	√	**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						**Y/N**	

Equality Impact (EqIA) and a socio-economic (SED) impact assessments will be completed within the RPB Children and Young People (C&YP) Sub-Group Implementation Framework for any changes in Service Models and service delivery across North Wales.

Sefyllfa / Situation:

The Children's Commissioner for Wales has highlighted the need for transformation in the way Children's services work together to support children and young people when they need extra help with mental health, emotional wellbeing and behavioural problems. The Commissioners report 'No Wrong Door' was published in June 2020 *(Appendix 2).*

The report recommended that RPBs in Wales move rapidly towards a 'no wrong door' approach in responding to children and young people's needs. The report highlighted the need for multi-agency services to wrap around children and young people and their families and not for them to navigate complicated systems within our health and social care services. This approach aims to ensure that whatever the reasons for a child being in distress, when they ask for help, they should not be told that they have come to the wrong place, or feel like they have knocked on the 'wrong door'.

The North Wales No Wrong Door Strategy has been developed in partnership and proposes how agencies could best work together to respond to the full spectrum of needs of children and young people who are experiencing emotional, behavioural or mental health problems. It identifies opportunities for the future transformation and improvement of services.

Cefndir / Background:

As part of our North Wales response to the Commissioner's report the RPB Children and Young Peoples Sub-Group is planning to implement a 'no wrong door' approach which could include pooled budgets, integrated teams and further development of community based models of care to provide timely joined-up support across all agencies.

Alder Advice, a group of independent professionals, who provide advice to Health and Social Care organisations, were commissioned by the RPB to assist in the development of a No Wrong Door Strategy for North Wales, identifying good practice, evidence based interventions and potential service models that could enable all Children's Services to deliver against the Commissioner's 10 recommendations to improve services in Health and Social Care.

The focus to date has been on the first recommendation:

> *To plan and implement No Wrong Door approach to mental health and wellbeing which could include integrated teams, panel, hub models to provide timely joined up help, drop in centres and plans for integrated residential provision where needed'*

Alder Advice used a collaborative process using appreciative inquiry methods. These are strengths-based and seek to discover, what is working well in our current systems, develop a joint vision for the future, design an outline service delivery model and propose an implementation plan.

The strategy developed proposes a radical revision of existing arrangements that offers an ambitious outline model for working together to consider. The strategy aims to improve mental health and well-being outcomes for children and young people aged up to 25 years old. It builds on the strengths of the current systems within services across North Wales.

The outline model described within the strategy can be flexible and implementation can be tailored to local circumstances. The RPB will ensure that there is local accountability for compliance with the principles and system performance. The strategy refers to this approach as '*Tight – Loose – Tight'*. Tight adherence to the principles and outline service model – Loose (flexible) implementation of the service model – Tight accountability and monitoring of performance against the strategy.

The strategy proposes a regional approach based on a shared vision and an agreed set of common principles that will apply across the whole of North Wales. It recognises that there are significant differences across the region reflecting culture, language, population density, economic factors, amongst other things.

The Vision

We want the children and young people of North Wales to enjoy their best mental health and well-being.

We will do this by ensuring the organisations that support them are easily accessed, work effectively together, and aim to deliver outcomes in a timely way, based on children and young people's choices and those of their families

Agreed Common Principles

- 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.
- No child should be excluded from a service because of their family circumstances
- 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.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The implementation of the No Wrong Door Strategy will be aligned to:

- **The Nyth/Nest Framework** *(Appendix 3),*
- **The Whole Schools Framework** *(Appendix 4)*
- **The CAMHS Targeted Improvement Framework for the BCUHB Mental Health Domain's Maturity Matrix** *(Appendix 5)*

It will need to ensure that integrated service models and joint pathways of care are aligned to the above Frameworks and Service strategies. That service models of care are co-produced taking on the views and experiences of young people and their families and services are working together with a focus on prevention and early intervention.

Opsiynau a ystyriwyd / Options considered

Options for service models of care detailed within the Strategy's Implementation Framework to be developed by the RPB Children and Young People's Sub Group.

Goblygiadau Ariannol / Financial Implications

Good practice models, identified within the strategy for joined up delivery of services to be considered, point to the value of pooled or blended budgets as a means of achieving joint working between organisations and multi-agency services, the detail of this has not been included in the Strategy. This element will be considered within the Implementation Framework.

Dadansoddiad Risk / Risk Analysis

A draft paper on the implementation approach is being shared in the RPB Children and Young Peoples Sub-Group's February meeting. The Framework for implementation of the Strategy will include a risk analysis and identified risks to delivery.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

To be included in the development of the Framework for implementation of the Strategy

Asesiad Effaith / Impact Assessment

As Above

North Wales Regional Partnership Board

‘NO WRONG DOOR’

A Community-based Regional Strategy for Child and Adolescent Mental Health

2022 -2027

Executive Summary

DRAFT

1 Executive Summary

1.1 Background

The Children's Commissioner for Wales has highlighted the need for transformation in the way services work together to support children and young people whose needs are not deemed severe enough to require specialist support but, who are emotionally distressed and/or have behavioural issues. The aim is to produce a strategy that enables the North Wales Local Authority and Health Board partners to support the emotional resilience and mental health of children and young people in this group, across the region. The strategy proposes how agencies can best work together to respond to the full spectrum of needs of children and young people who are experiencing mental health problems. It identifies opportunities for the future development of services drawing on models of good practice in Wales and beyond.

The Regional Partnership Board commissioned Alder Advice to assist with this project. Alder Advice are a group of independent professionals who work within the health, social services and supported housing sectors, specialising in working with statutory organisations to improve outcomes for people. Their approach is always strengths based, appreciative and co-productive, seeking to build on the things that are working well and using these to tackle the issues that need to be addressed.

1.2 Introduction

The North Wales 'No Wrong Door' strategy was developed through a collaborative process using Appreciative Inquiry methods. These are strengths-based and seek to: discover what is working well in the current system; develop a joint vision for the future; design a future delivery model; propose and implementation plan.

The process took place over a period of 5 months and consisted of:

- Work with the regional team and Children's Services Managers to clarify the scope of the project and work collaboratively to initiate the work programme
- Quantitative data research
- An examination of national and international good practice relating to integrated children and young people's mental health and well-being services
- A series of workshops with professionals from partner agencies across the region
- Engagement with children and young people who have had contact with relevant services
- Iterative drafting of a strategy document and revision based on feedback form senior managers

The completed strategy proposes a radical revision of existing arrangements that offers an ambitious model for working together that will improve mental health and well-being outcomes for children and young people aged 0 to 25 years old. It builds on the strengths of the current system and is specifically designed for the local context.

The strategy recognises that children and young people's mental health and well-being is supported by multiple inputs delivered by a complex network of services and interventions, both formal and informal. This strategy has implications for all partners and agencies that

contribute to the health and well-being outcomes of children and young people, enabling them to live their best possible lives. At the heart of the strategy there is a requirement for agreement on funding the model. Each agency will need to interpret and align their own strategies and plans to this 'No Wrong Door' strategy.

The strategy proposes a regional approach based on a shared vision, an agreed set of principles and a common delivery model that will apply across the whole of North Wales. It however recognises that there are significant differences across the region reflecting culture, language, population density, and economic factors, amongst other things. The delivery model is therefore flexible and implementation can be tailored to local circumstances. The RPB will ensure that there is local accountability for compliance with the principles and system performance. We refer to this approach as Tight – Loose – Tight:
Tight adherence to the principles and outline service model
Loose (flexible) implementation of the service model
Tight accountability and monitoring of performance against the strategy.

1.3 Agreed Vision for the Future

This vision statement was developed from the key themes identified during the professionals' workshops and consultation with children and young people.

We want the children and young people of North Wales to enjoy their best mental health and well-being.

We will do this by ensuring the organisations that support them are easily accessed, work effectively together, and aim to deliver outcomes in a timely way, based on children and young people's choices and those of their families.

1.4 Principles

The strategy is based on the following principles, again derived from the collaborative development process and research into good practice.

1. Children and young people will be valued for themselves, and their worth appreciated.

2. 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.

3. We will reduce the numbers of children and young people requiring targeted support by investing in preventative measures.

4. We will reduce the number of children of young people requiring more intensive support through timely, early intervention.

5. 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.

6. There will be better support for mental health in schools.

7. 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.

8. No child should be excluded from a service because of their family circumstances

9. 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.

10. 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.

11. The pathway will operate seamless across health and social services, education, community provisions and the criminal justice service.

12. We will have effective governance of system resources and professional activity.

1.5 Summary Model

The new service model developed to implement the North Wales 'No Wrong Door" strategy is designed to be flexible and responsive to different levels of need, with each level providing treatment and support tailored to, and proportionate to the child or young person's need, with a focus on providing timely help and preventing problems becoming more severe. This approach, in common with good practice models replaces a model consisting of service tiers based on diagnosis and a hierarchy of access criteria.

The new system is for children aged 0 - 25 years and aims to get the right help to the baby, child or young person as quickly as possible. In a complex multi-agency network of services this is best achieved through a managed process characterised by good joint working, information sharing and mature partnerships. The strategy therefore involves a multi-disciplinary service model which operates as if it were a single agency. This demands a change in culture, new systems and processes and funding arrangements. Where necessary there will be flexibility between children's and adult services.

We recommend that the model is given a distinctive brand identity. This has been done to good effect in other service redevelopment projects. It will mark a new beginning of collaborative working between the partners, make it more attractive to children, young people, and their families and facilitate the change in culture necessary for its success. Ideally Children and Young People will be involved in naming the brand.

The model is designed to respond quickly to mental health problems and find early resolution in the community where the baby, child or young person lives. Ideally this would be without the involvement of formal mental health services, other than to provide advice, if required. Universal services, and especially education, have an important role in nurturing children and young people's mental health and the early identification and support of those with developing issues. Training and support to these services is therefore essential to reducing the demand for formal mental health services, this should include mental health first aid.

The proposed formal mental health system is designed to respond to 4 different levels of need:

Low Needs - These are experienced by babies, children and young people who have had a wellbeing concern and have made good overall progress using preventative and non-specialist channels. There are no additional, unmet needs or there is/has been a single need identified that can be/has been met by support from educational support services, or a universal service.

Additional Needs – Babies, children and young people in this category have needs that cannot be met by universal services and require additional, co-ordinated multi-agency support at an early stage. It also includes those whose current needs are unclear.

Complex Needs – Babies, children and young people with an increasing level of unmet need, and those who require more complex interventions and additional, coordinated support to prevent concerns escalating.

Acute/Specialist Needs, including Safeguarding - These occur when babies, children and young people have experienced significant harm, or who are at risk of significant harm including those where there are significant welfare concerns. These children have the highest level of need and may require an urgent or very specialist intervention.

1.6 The New Service Model

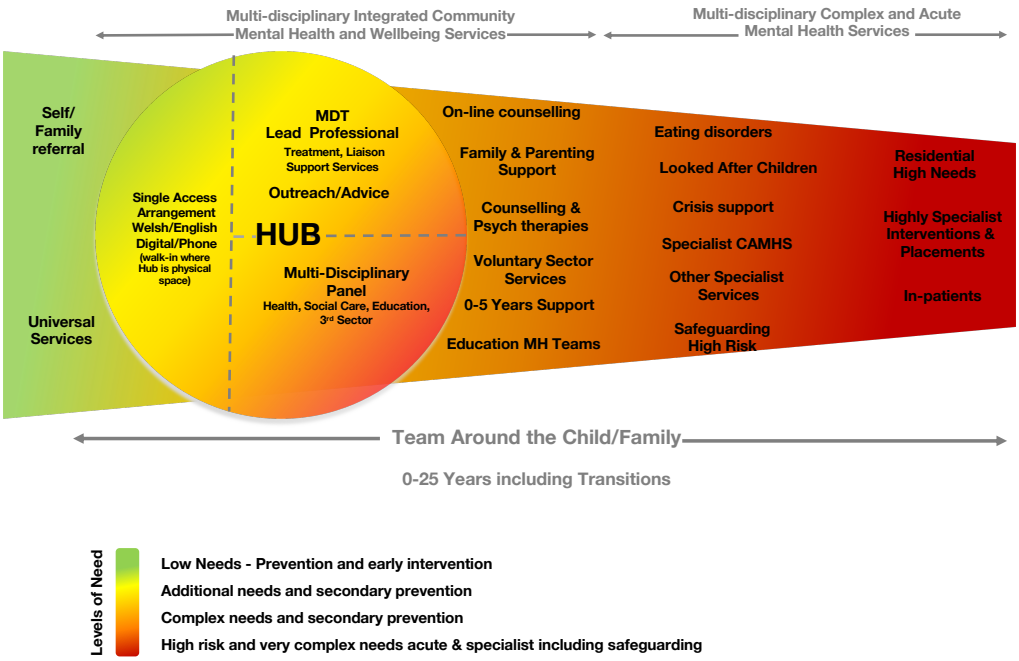


Figure 1: The New Service Model (Executive Summary)

The new model has open referrals (from any agency or individual, including self and family), multi-channel (letter, email, telephone or in person) access provided through a Single Access Arrangement (SAA). The SAA is the unique gateway into all mental health services for children and young people within the formal system.

Mental health 'Hubs' are a key feature of the system. These provide several functions including receipt of enquiries, triage, signposting to other services, assessment, treatment and support to children and young people and their families, outreach, and training for staff in other parts of the system. Hubs will be multi agency, bringing together staff from all relevant disciplines and services and operate using an agreed governance framework.

Hubs will ideally include (but are not necessarily limited to) physical entities with reception facilities, therapeutic spaces, and meeting rooms. They may also have the capability to operate peripatetically, using community facilities on an occasional basis or, if appropriate, a mobile resource. Hub operations will be supported by an ICT infrastructure and data sharing agreements to facilitate effective joint working and access/service delivery for children and young people.

Hubs will operate a Team around the Child (TAC) /Team Around the Family (TAF) practice model and every child or young person will have their treatment and support co-ordinated by a lead professional. The lead professional will be responsible for making arrangements

for access to any service provision required. The model includes a crisis response provision, which is available at any point in the pathway.

It is essential that the use of resources in the system is optimised, and this will be the responsibility of a multi-disciplinary, multi-agency resource panel. This is formed of the operational managers of key services within the system, schools' representatives and may also include housing and 3rd sector organisations. It will advise on which are the most suitable resources to meet the child or young person's needs in the most cost effective, timely and child-centred way. Importantly, it will have the authority to ask for flexibility in service access/eligibility and to adjudicate on disputes, where necessary.

The Resources Panel provides operational level (central tier) management and performance of the health, care and support system. It is part of a governance model consisting of three inter-connected levels of activity. The other levels are the services level (lower tier) and the strategic level (upper tier).

The service level governance has responsibility for service delivery. In the proposed "To Be" model this consists of two elements: the mental health hubs and all provider services (both directly managed and commissioned services)

The Strategic Level of governance is responsible for setting strategy and policy, holding the operations level to account for performance and resource use and is itself being accountable to The North Wales Regional Partnership Board and the Boards of each partner organisation.

1.7 The Case for Change

There are 3 key drivers for change in North Wales:

1) Economic and quality case: The current system offers limited opportunity for prevention and early intervention and is over reliant on high-cost specialist provision. Unaddressed mental health needs then lead to increasing morbidity and avoidable crisis which then fuels demand for yet more services. Investing in the mental health and wellbeing of children and young people will not only make the lives of children young people and their families better, research evidence suggest it is also likely to be more cost effective in both the short and longer term across a whole lifetime. The economic and quality case for change is based on the research evidence, system performance measures and local intelligence summarised in Figure 2. Below.

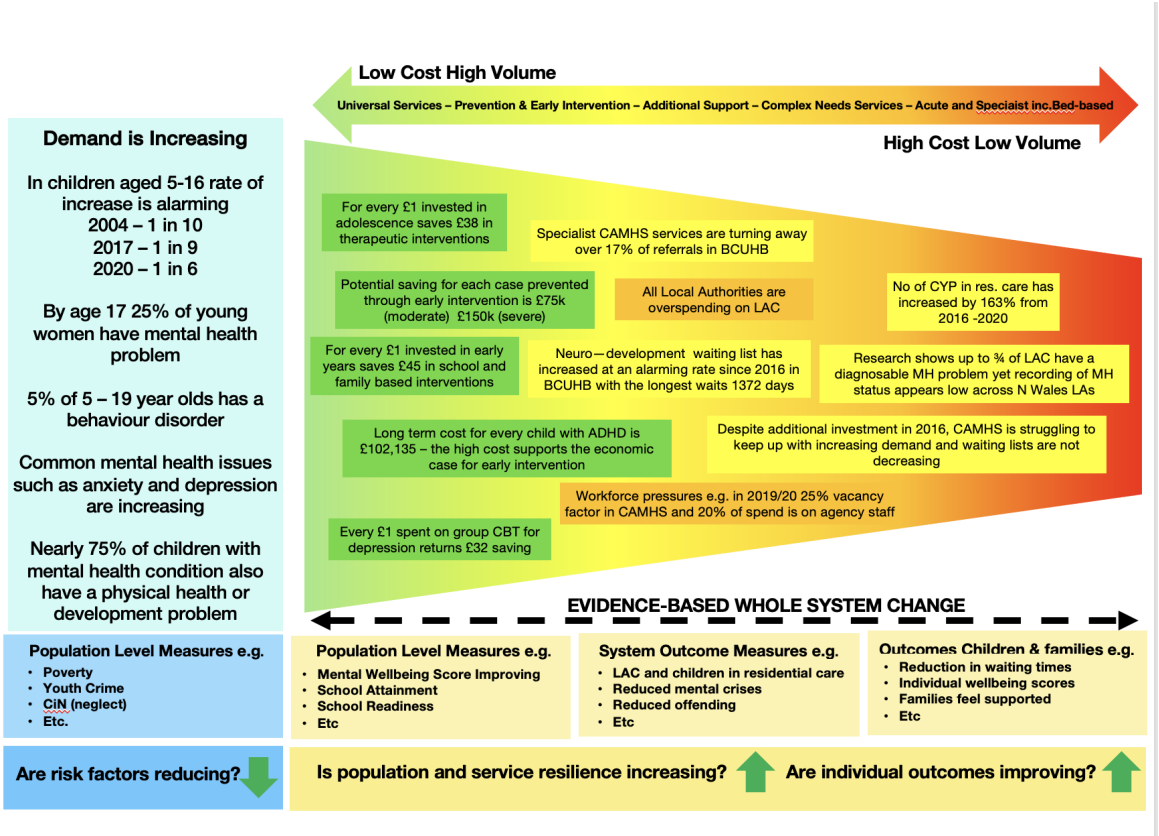


Figure 2: The Case for change Summary (Executive Summary)

2) Feedback from children, young people and their families: Children, young people and their families have told us there are multiple barriers to service access; waiting times are long and their experiences of services and outcomes are poor. This leads to children and young people's life changes being limited in both the short term and the longer term across their lifetime. Just one example of this is Gareth's story:

> "From a young age I felt something was different about me and when I started school my Mum and teacher noticed I was struggling to learn and got upset about going to school. My GP referred me to the neurodevelopmental team for an assessment and I waited 2 years to be seen. During the wait I was falling behind with schoolwork, feeling more upset and finding it hard to make friends at school. I was eventually told I had borderline autism and due to the diagnosis being borderline I didn't get any help at school I was in. It felt like nobody cared. I struggled through school, struggled to make friends and did not achieve any qualifications. When I was 17 I finally got a diagnosis of autism, but it was too late, I ended up homeless and felt a complete failure. I know I could have done much better because I receive support now but it's too late."

Children and young people told us they want to feel hopeful and particularly want to have services that are integrated, accessible and focus on prevention and early intervention. Feedback demonstrates that participants were pleased to see the range of concepts developed in the professional workshops.

3) Feedback from professionals: Recruiting and retaining the workforce is a major issue across North Wales. Attracting sufficient Welsh speaking staff is a particular problem. Staff are under relentless pressure to maintain capacity levels, meet ever increasing demand,

manage waiting lists and overcome multiple barriers to deliver services. Professionals have told us service delivery could be improved by organisations working together to deliver integrating services, making services more flexible, improving access, and really listening to and delivering what children and young people say they need. Professionals emphasised that they want to feel hopeful this time and want leaders to be brave, radical and deliver change at scale and pace.

10. Implementation

This is a radical and complex strategy that will require a substantial and well-resourced implementation programme to address the necessary culture change, development of an aligned/blended budget, structural changes, infrastructure requirements and development of the operating frameworks. The recommended 'Tight – Loose - Tight' approach allows for local solutions to realise the strategies ambition and its principles. Some of the implementation programme will require a regional approach, as the change requirements will be common across all areas, whereas some will require local development of those elements that are 'loose'.

The full strategy document outlines a five-year implementation plan, with the main changes taking place in years 1 -3. It will require organisational commitment and commitment of resources by all partners, strong programme management and external specialist support to the transformation process. It proposes an overarching regional approach, supported by local implementation groups, which would include some staff seconded from operational roles to undertake the necessary development work. These released operational staff will require temporary replacement. Implementation should align with, and contribute to parallel change process, for example the Betsi Cadwaladr University Health Board: Mental Health Maturity Matrix.

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 10.2.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**North Wales Medical and Health Sciences School**
Cyfarwyddwr Cyfrifol: Responsible Director:	Nick Lyons - Executive Medical Director
Awdur yr Adroddiad Report Author:	Lea Marsden – Programme Director North Wales Medical & Health Sciences School Chris Drew – Head of Strategic Partnerships & Projects, Bangor University
Craffu blaenorol: Prior Scrutiny:	This paper has been written for the Partnerships, People and Population Health Committee and has not been through any other groups or bodies.
Atodiadau Appendices:	Appendix 1: Welsh Government Announcement Appendix 2: Planning Timeline Appendix 3: Student Intake Phasing – Start of C21 North Wales to Full School

Argymhelliad / Recommendation:

The Committee is requested to receive this report for information

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	**Yes**

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	**Yes**

Work to develop a North Wales Medical & Health Sciences School is reaching the the end of the first phase and whilst Equality and Socio-Economic Duty will apply the assessments have not yet been undertaken. This will be completed as part of the ongoing work and submitted at the appropriate stage. This paper is provided as an update on progress rather than for decision at this stage.

Sefyllfa / Situation:

This paper is to provide an update in relation to the development of proposals for a new Medical and Health Sciences School for North Wales.

Cefndir / Background:

Further to our last update in August 2021, the Welsh Government Task and Finish Group provided a report to the Health and Social Serivces Minister in July. Following consideration of this report, the Minister made an announcement on 10th September 2021 confirming the following:

- Establishment of a programme board to drive foward phase three of the work to develop an independent medical school in North Wales.
- Increase in student places for the C21 North Wales programme from 20 to 25 in September 2021.
- Increase in student places for the C21 North Wales programme from 25 to 40 in September 2022.
- A review of the medical service increment for teaching (SIFT) and NHS Wales Bursary.

The full announcement is included in Appendix 1.

We are continuing to ensure we have close links with the national work but, as yet, there have been no further announcements from Welsh Government beyond the that made in September 2021.

Work locally continues to be progressed through our joint Bangor University (BU) and Betsi Cadwaladr University Health Board (BCUHB) governance arrangements to ensure the development of the school progresses. Planning is currently based on recommendations made by Workstream A to Welsh Government (WG). Whilst these recommendations have been received by WG, the total cohort of 160 students and phasing of the increases have yet to be confirmed and are therefore subject to change. The phasing of student intake increases and the GMC process is included as a timeline at Appendix 2 and cumulative student numbers are included at Appendix 3.

A summary of the progress made is as follows:

- Planning for the increase to 40 students is being undertaken and is due to be completed during February 2022. The impact in terms of placements will occur in future years in line with the increased time on placements for students in the different years. The main increase will occur in 2024 from a BCUHB perspective as it is the year in which the Longitudinal Integrated Clerkship takes place in primary care. It is expected that this work will identify areas of opportunity and challenges but at this stage there is confidence that the increase in students can be accommodated.

- An initial meeting with the General Medical Council was held in December, the discussions included Cardiff University as they are our contingency partner for the accreditation process. The meeting was extremely positive and recognised that BU are already delivering a medical programme (C21 North Wales). It is anticipated that the accreditation process will begin formally with the submission of the preliminary questionnaire during February.

- Initially students will continue to study the C21 North Wales curriculum as this will support the accreditation process and ensure our students remain in line with the Cardiff University exams as they are our contingency partner throughout the accreditation process. Modelling has been undertaken to determine estimate placement weeks and SIFT income.

- The analysis on the curriculum includes modelling of the number of students in any one placement setting throughout the academic year and has been used to develop high-level capital estimates for BCUHB. High-level capital estimates have also been developed for BU.

- In terms of revenue costs, staffing structures for BU have been developed using a standard costing model based on the number of students and phasing of the increases. Staffing for BCUHB is yet to be developed and will be incorporated in to the next phase of work.

- The following areas are also being taken forward:
  - Joint Academic Appointments
  - Communications & Engagement Plan
  - Risk Register

Next Steps:

- As the requirements for a business case have not yet been confirmed by WG, a formal programme update is being prepared for the Joint Strategic Steering Group meeting on 10th February. This is intended to provide assurance on the progress made to date, facilitate joint endorsement of the approaches being taken across all aspects of the programme as well as providing an opportunity for further direction to be given.

- The programme governance is being reviewed to ensure the most efficient and effective structure is in place for the next phase of the programme. During the next phase more detailed work will be completed particularly in relation to capital investment requirements and GMC accreditation process as well as preparation of an Outline Business Case.

- Scoping for the specialist support required to test the feasibility of capital investment proposals and capital costing and design support.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

Planning for the new Medical & Health Sciences School is being linked to the strategy refresh for Living Healthier, Staying Well, our Research Strategy, Clinical Strategy and Workforce Strategy.

The approach to the curriculum will be one which focusses on a dispersed network of educational and training placements across acute, community and primary care services. We are also seeking to balance the experience for those in training across both urban and rural areas which builds on an evidence base that doing so helps recruitment and retention.

Opsiynau a ystyriwyd / Options considered

The outline business case will consider and appraise relevant options for the development and establishment of the North Wales Medical and Health Sciences School in line with Welsh Government decisions once they are known.

Goblygiadau Ariannol / Financial Implications

Capital and revenue implications for both BCUHB and Bangor University will be addressed in a business case which will seek investment from Welsh Government which will be developed in line with the requirements of Welsh Government once they are known.

Dadansoddiad Risk / Risk Analysis

At this stage the main risk is that the business case requirements of Welsh Government are, as yet, unknown. Therefore there is a risk that assumptions and planning may need to be reviewed once these conclusions have been made. This may impact on assumptions in relation to the number of students, placement capacity and, consequently, capital and revenue estimates. Any revisions will inevitably impact on time scales for a completed outline business case, and therefore there is an interdependancy between the requirements of Welsh Government and the production of a finalised outline business case. This is being mitigated by the planning and preparatory work underway and programme governance arrangements which are in place to respond quickly to changing requirements

The demand for student placements within the Health Board will increase significantly in line with the increase in medical students and there will be challenges in developing the necessary capacity. In order to mitigate this risk detailed planning is being undertaken to scope the current provision and future placement requirements across secondary care, community and primary care. The provision of placements will be aligned to the development of the clinical models of care emerging from the Clinical Strategy, ensuring that the approach is consistent with the development of clinical services. Further mitigation will be achieved through the review and development of the medical education resources, including an assessment of capacity and skills requirements. The details of this will be included in the outline business case.

There is a shared aspiration that an inter-professional approach to education will be developed. As there are multiple providers of Further and Higher Education there is a risk that planning for education may not be aligned. To mitigate this Bangor University is ensuring that its well established partnerships with other providers continue to support pathways into education in line with the changes. BCUHB has established an Inter-professional Education Infrastructure Group to review and improve its approach across all professions to improve the planning and delivery of educational activities. Additionally, a North Wales Strategic Partnership has been established with all Higher and Further Education partners, chaired by the CEO of BCUHB.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

There are no known legal implications in relation to the establishment of the programme structure. A business case, once prepared, will follow due process through BCUHB and Bangor University governance structures.

Asesiad Effaith / Impact Assessment

The development of the business case will take due regard of potential impacts and appropriate impact assessments will be undertaken and provided as part of the approval process.

Appendix 1

Written Statement: North Wales Medical School Task and Finish Group – Phase Two Report

I would like to thank Professor Elizabeth Treasure, chair of the North Wales Medical School Task and Finish Group, and all the members, for their hard work in providing me with advice in such a short space of time. They provided me with a focused and practical critical report and a clear set of recommendations.

In light of these recommendations, I have asked my officials to establish a programme board to drive forward phase three, which will implement the recommendations and work towards the delivery of an independent medical school in North Wales.

North Wales faces some significant NHS workforce and retention issues, which is why I am happy to announce today that I have agreed to increase student places for the C21 North Wales programme to 25 in September 2021 and 40 in September 2022.

This increase will build on the success of this programme to date and allow even more students the opportunity to study in the very heart of communities in North Wales, further strengthening our commitment to delivering care as close to people's homes as possible.

Today's announcement reinforces our pledge to establish a new medical school in North Wales and we continue to work in social partnership with all stakeholders to achieve our ambition to improve health and care in the region.

I am also pleased to announce an uplift of Swansea University's graduate-entry medicine intake to an extra 25 students in 2021 – the programme provides the fastest route for training doctors in Wales, with students graduating in four years rather than five.

Swansea University is working in partnership with Hywel Dda and Swansea Bay university health boards to build on their existing mentoring and development schemes to establish a more ambitious range of retention initiatives to ensure that medical students educated in Wales stay in Wales long after graduation.

One thing we have learnt from the COVID-19 pandemic is how truly amazing our NHS in Wales is, and without those who choose to dedicate themselves to caring for individuals in society, the people of Wales would not have a service that they and their families can rely on.

It is therefore important we do everything we can to nurture healthcare professional education and encourage graduates to stay and work in Wales long after graduation.

Additionally, I have asked my officials to conduct a review of the medical service increment for teaching (SIFT) and the NHS Wales Bursary.

Appendix 1

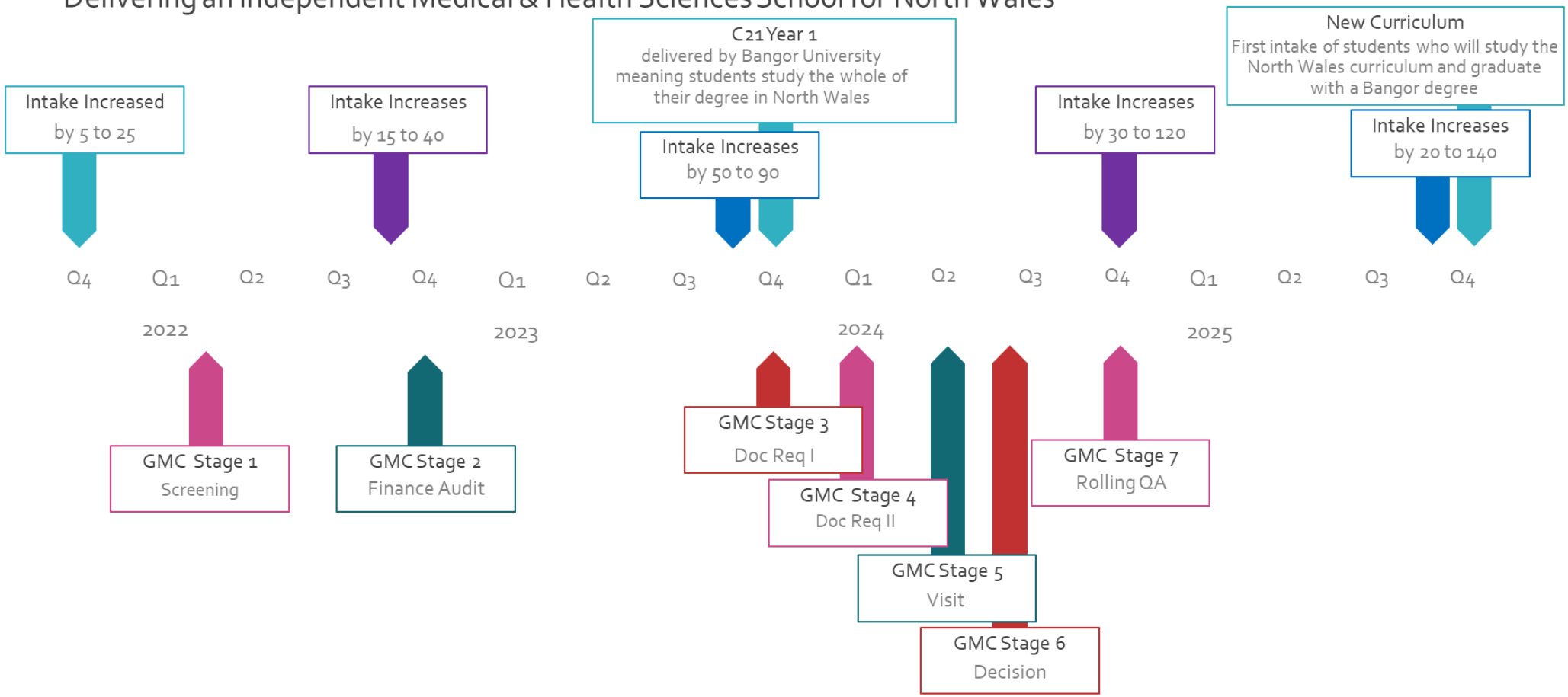
SIFT is an additional payment made to NHS Wales organisations to support the costs of undergraduate medical and dental education; the establishment of a new medical school in North Wales is an opportunity to ensure the NHS in Wales is appropriately supported while providing our medical and dental students with the quality and innovative teaching necessary to produce first-class doctors and dentists for Wales.

We have maintained the full bursary package for students starting their studies in the academic year 2021-22 and 2022-23 in Wales. Providing financial support for students to incentivise them following qualification to work within the healthcare sector in Wales. It is now time to review the bursary to ensure that it offers comparable benefits with the other home nations to ensure Wales is the preferred student destination.

This statement is being issued during recess in order to keep members informed. Should members wish me to make a further statement or to answer questions on this when the Senedd returns I would be happy to do so.

Planning Timeline

Delivering an Independent Medical & Health Sciences School for North Wales



NB: Student intake numbers are only currently confirmed to rise to 40. Our planning assumption is that this will reach 160 which is the level deemed viable for an independent medical school. Student numbers are envisaged to increase to 160 in 2027. Stage 7 of the GMC Accreditation process (Rolling QA) is ongoing from Q3 2024 to 2030. Stage 8 GMC Council Decision is expected in 2030 and is when students of the new school graduate with a Bangor University degree.

Student Intake Phasing – Start of C21 North Wales to Full School

Appendix 3

Graduate Entry

	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
Year 1													
Year 2	20	20	25	40	40	40	30	30	30	30	30	30	30
Year 3		20	20	25	40	40	40	30	30	30	30	30	30
Year 4			20	20	25	40	40	40	30	30	30	30	30
Year 5				20	20	25	40	40	40	30	30	30	30
	20	**40**	**65**	**105**	**125**	**145**	**150**	**140**	**130**	**120**	**120**	**120**	**120**

Undergraduate Entry

	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
Year 1					50	80	110	110	130	130	130	130	130
Year 2					0	50	80	110	110	130	130	130	130
Year 3					0	0	50	80	110	110	130	130	130
Year 4					0	0	0	50	80	110	110	130	130
Year 5					0	0	0	0	50	80	110	110	130
	0	**0**	**0**	**0**	**50**	**130**	**240**	**350**	**480**	**560**	**610**	**630**	**650**

Total Student Numbers - Phasing as per Workstream A Recommendations

Total Students	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
Year 1	0	0	0	0	50	80	110	110	130	130	130	130	130
Year 2	20	20	25	40	40	90	110	140	140	160	160	160	160
Year 3	0	20	20	25	40	40	90	110	140	140	160	160	160
Year 4	0	0	20	20	25	40	40	90	110	140	140	160	160
Year 5	0	0	0	20	20	25	40	40	90	110	140	140	160
	20	**40**	**65**	**105**	**175**	**275**	**390**	**490**	**610**	**680**	**730**	**750**	**770**

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People & Population Health Committee 10.2.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Operational Plan Monitoring Report 2021-22 Position as at 31st December 2021**
Cyfarwyddwr Cyfrifol: Responsible Director:	Sue Hill Executive Director of Finance
Awdur yr Adroddiad Report Author:	Ed Williams Head of Performance Assurance
Craffu blaenorol: Prior Scrutiny:	Changes made to the report since publication of Quarter 2 position are detailed in the version control page of the Report.
Atodiadau Appendices:	Appendix 1 – Annual Plan programme action plan.

Argymhelliad / Recommendation:

The Partnerships, People & Population Health Committee is asked to scrutinise the report.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**	**x**	**Er gwybodaeth For Information**	**x**
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						**N**	

Sefyllfa / Situation:

This report provides a self-assessment by the Executive Leads of the progress being made in delivering the key priority actions contained in the 2021/22 Operational Plan, see appendix 1, as at 31st December 2021.

The Performance Team are working with Independent Members, Executive Directors and the Planning Team in reviewing and strengthening the monitoring process and intend to have a new iteration of the Operational Plan Monitoring Report when we present the 2022-23 Quarter 1 position in 2022.

The format and content of the report has been the subject of extensive discussion with the Sub Committee Chairs and in the Committee and Health Board meetings and a workshop was held in January 2022, to ensure that the revised report for the next financial year would address both the feedback and the specific concerns which were raised in the Health Board meeting in January 2022.

We have also aligned the performance reports with the development of the IMTP to ensure that the relevant metrics to be reported on in the new year are relevant to the plan and are measured in a SMART way (Specific; Measurable; Agreed; Realistic; Time-bound) and once the KPIs are finalised, the new report can be developed and shared with the Committee chairs to confirm the current concerns have been addressed, well in advance of the publication of the Quarter 1 2022/23 data.

The reports are currently updated through a process requiring significant manual interventions and

we are working with ICT colleagues to develop a dashboard and database to automate production of the suite of performance reports.

Cefndir / Background:

Executive Leads review their assigned actions and RAG-rate progress at the end of each quarter. Where an action has been completed this is RAG rated purple. Amber and red ratings apply to actions where there are risks to delivery or where delivery was not achieved, a short narrative is provided for each red and amber rated action and where actions have changed from a red to purple rating between Q1 and Q2.

RAG	End of Quarter	By expected delivery date	Requirements depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Green	On track, no real concerns	Not Applicable	Where RAG is Green: No additional information required
Purple	Achieved	Achieved	Where RAG is Purple: No additional information required
Navy Blue	N/A	Actions that weren't reported in Q1 but are included from Q2 onwards following a review of the 2021/22 priority actions'	
N/A	Where the Programme or Action is not due to commence in the current reporting period.		
TBC	Where the RAG rating for the Programme or Action has not been signed off in time for publication of the report.		

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The operational plan actions underpin delivery of the 2021/22 Health Board Annual Plan, which has been developed in line with agreed local and national strategies – 'Living Healthier Staying Well' and 'A Healthier Wales'.

Opsiynau a ystyriwyd / Options considered

Not applicable

Goblygiadau Ariannol / Financial Implications

The Health Board has agreed a budget for delivery of the Annual Plan, performance against the budget is reported to Board and Committees via the Finance Report.

Dadansoddiad Risk / Risk Analysis

The RAG-rating reflects the risk to delivery of key actions.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

This version of the report will be available to the public once published for the Health Board.

Asesiad Effaith / Impact Assessment

The Annual Plan has been subject to an Equality Impact and Socio Economic Duty Assessment.

Underpinning schemes and business cases referenced in the operational plan will take into account any potential equality/Welsh Language/quality/data governance/digital/children's rights implications that may require an impact assessment to be carried out.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

2021-22 Operational Plan Monitoring Report Quarter 3 Position

Position as at 31st December 2021

Presented at Partnerships, People & Population Health Committee on 10th February 2022

About this Report

- The 2021-22 Annual Plan was approved by the Health Board on the 15th July 2021, this report details progress against the Programme level priority actions that underpin delivery of the Plan.
- The Annual Plan details our response to the priorities we have identified for the year ahead, specifically:
  COVID19 response
  Strengthen our well being focus
  Recovering access to timely planned care pathways
  Improved unscheduled care pathways
  Integration and improvement of mental health services
- For each Programme the responsible Executive Director has provided a RAG (Red, Amber, Green) rated assessment of progress in delivering the actions as at 31st December 2021. Supporting narrative has been included for red and amber rated actions and where actions have changed from red to purple between Q2 and Q3.

RAG	Every month end	by expected delivery date	Requirements depending on RAG rating given
Red	Off track, serious risk of, or will not be achieved	Not achieved	Where RAG given is Red: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Amber	Some risks being managed	Not Applicable	Where RAG given is Amber: A concise narrative explaining what the issues are, what is being done to resolve them and the level of risk to successful delivery of the Programme within the agreed timescale is provided.
Green	On track, no real concerns	Not Applicable	Where RAG is Green: No additional information required
Purple	Achieved	Achieved	Where RAG is Purple: No additional information required
Navy Blue	Not Reported	These Actions weren't reported in Quarter One but are included from Quarter Two onwards following a review of the 2021/22 priority actions.	
N/A	Where the Programme or Action is not due to commence in the current reporting period.		
TBC	Where the RAG rating for the Programme or Action has not been signed off in time for publication of the report.		

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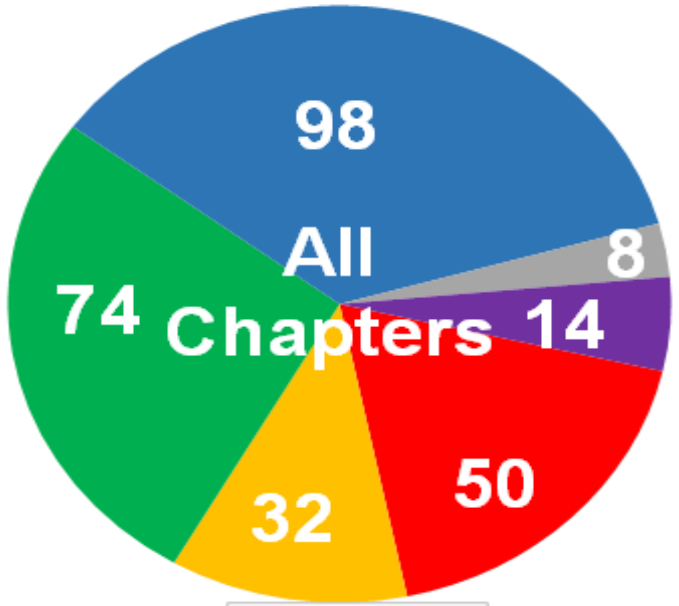
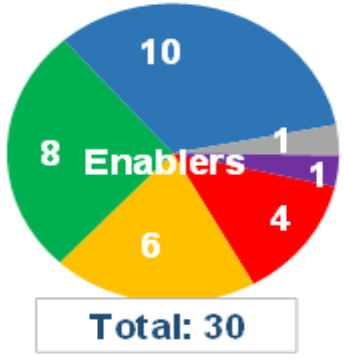
Version Control

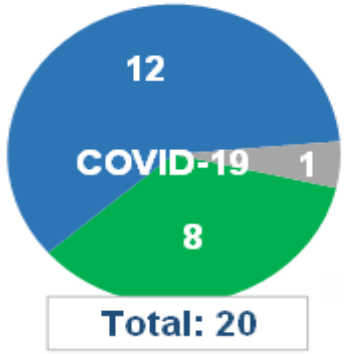
- This is the first version for Quarter 3 and is being presented at the PPPH on 10th February 2022.
  - The report has been scrutinised and signed off by the Chief Executive Officer
  - Changes from the Quarter 2 2021/22 version of the report include:-
  - Each action has been aligned to a scrutinising committee and these are identified in the tables.
  - Each Committee will receive a copy of the report elements of the Operational Plan that fall within the remit of the committee, as follows:-
    - PPPH Committee – 10th February 2022 – For Information only
    - PFIG Committee – 24th February 2022 – For Information only
    - QSE Committee – 1st March 2022 – For information only
  - An overarching summary of the report will be produced for Health Board for 10th March 2022

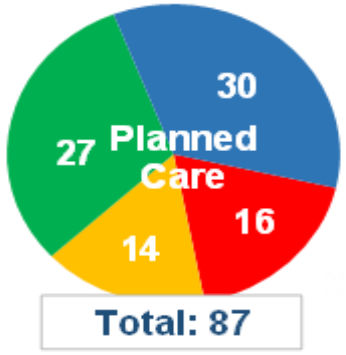
Summary of Quarter 3 Position

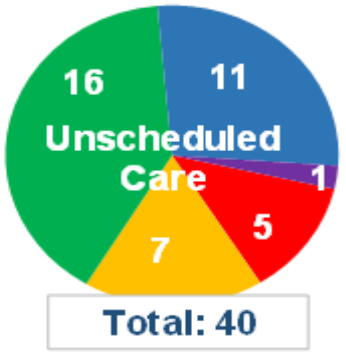
RAG	Description
Red	Off track
Amber	Risks being managed
Green	On track
Purple	Completed this Quarter
Blue	Completed in Quarter 1
Grey	Action not due to start

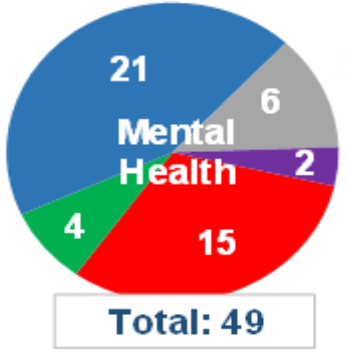












Enabler - Page 1 of 4 Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E1.1	Pan BCU Support Programmes - Targeted Intervention: The de-escalation for Betsi Cadwaladr University Health Board from Special Measures to Targeted Intervention (TI) outlining areas for further improvement Current priorities identified for improvement: mental health, engagement, leadership, strategy and planning, planned care and performance.	PPPH, PFIG & QSE	Director of Governance	Milestone actions for delivery by 30th September are identified. These will be reviewed and refreshed on a quarterly basis.	G	G	G	
E1.2	Pan BCU Support Programmes - Stronger Together	QSE	Executive Director of Workforce & Organisational Development	30th June -30th September Discovery phase;	A	P	N/A	N/A
				31st December-31st March Design phase	N/A	P	G	
E.3	Organisational and Leadership Development Strategy 2022-2025	QSE	Executive Director of Workforce & Organisational Development	31st December-31st March	N/A	N/A	G	
E3.1	Develop and deploy a programme of work, as per the Strategic Equality Plan, to support the organisation in meeting its Socio-Economic Duty	QSE	Executive Director of Workforce & Organisational Development	30th June-31st March	A	P	G	
E3.3	Implement Year 2 of the Health & Safety Improvement Plan to ensure staff are proactively protected, supported and safe. This includes providing specific guidance, training and support on legislative compliance. Identifying and supporting staff at greater risk of contracting COVID-19 and providing specific risk assessment advice. Provide adequate manual handling training and support to staff. Investigate incidents and provide, fit test training, risk assessment advice and support staff ensuring environmental and social impacts are monitored and complied with.	QSE	Executive Director of Workforce & Organisational Development	30th September	R	R	A	

Enablers

E3.3 Prior to the COVID-19 pandemic the HSE announced their planned 'Inspections of Violence and Aggression and Musculoskeletal Disorders in Healthcare' programme. This is a national programme planned to examine management arrangements for violence and aggression (V&A) and musculoskeletal disorders (MSD's) at care providers in the public sector. Evidence available to the HSE indicates that assaults on staff and MSD's continue to be prevalent in this sector. The HSE inspection of BCUHB took place on 16th – 18th of November 2021 and consisted of two inspectors, separately based in Ysbyty Gwynedd (YG) and Wrexham Maelor Hospital (WMH). The inspector on the WMH site was an Occupational Health specialist inspector and in addition to looking at MSK's and V&A she reviewed the COVID arrangements for the site. The HB were issued a Notification of Contravention letter after this inspection which gave eight areas of required improvements. This included two improvement notices, four other material breaches and two advisory notices. An action plan has been developed to deal with the issues raised. Although the evidence identified areas for improvement. The HSE recognised that H&S had improved since their last inspection and commended the H&S Team on the direction of travel for the Health Board.

Enablers

Enabler - Page 2 of 4

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E3.4	Security, V&A Improvement Plan	QSE	Executive Director of Workforce & Organisational Development	31st March	R	R	A	
E3.5	Occupational Health action plan and Safe, Effective Quality Occupational Health services (SEQOSH) accreditation	QSE	Executive Director of Workforce & Organisational Development	31st December	A	A	G	
E3.6	Delivery of workforce optimisation programme encouraging reduction in temporary premium cost spend and workforce efficiency addressing the following issues: High levels of vacancies, High number of leavers, Aging workforce, High agency spend, Low levels of bank provision	PFIG	Executive Director of Workforce & Organisational Development	30th September - 31st December	N/A	N/A	R	
E1.3	Pan BCU Support Programmes - Safe Clean Care (SCC) Harm Free	QSE	Shared responsibility for sections of SCC Strategy: Executive Medical Director - Executive Director Nursing & Midwifery Executive Director Workforce & Organisational Development	30th June - Divisions to identify Business case to address SCC Strategy.	R	R	R	
				30th September - Approve/engage/research business case and strategy	R	R	A	
				31st December - 31st March - Implement new ways of working	R	R	A	

Enablers

E3.6 Delivery of workforce optimisation programme encouraging reduction in temporary premium cost spend and workforce efficiency addressing the following issues: High levels of vacancies, High number of leavers, Aging workforce, High agency spend, Low levels of bank provision – Quarter 3 update
Whilst an outline workforce optimisation programme has been drawn up the implementation of the structure has been delayed due to ongoing Covid resourcing pressures and ongoing direct support of the vaccination booster programme. Whilst some recruitment structures have been addressed with the setting up and rolling out of targeted recruitment campaigns for the ED and Stroke business case, wider improvements have been delayed due to the independent Recruitment Process Review which only concluded on 31st December. The change plan coming out of the review will lead to significant process improvement across recruitment and the findings of the WOD operating model review will contribute to improved structures and resource in recruitment going forward. Workforce KPIs and targets are in place and are being utilised across nursing and medical staff groups to monitor hotspots and identify areas for intervention. This work is ongoing and will be refined as part of the of the wider improvement work set to start across recruitment in Q4.

E1.3 Pan BCU Support Programmes - Safe Clean Care (SCC) Harm Free Divisions to identify business case to address SCC. Whilst there is no formal business case, a paper went to Execs describing how to support accountable areas which was supported. However, the business managers are still not in post. Whilst no formal strategy has been drafted a draft PID has been written to support the program and work streams remain in place to deliver the outcomes. In addition, a half yearly IPC report has been completed. New ways of working have commenced as direct outputs from the SCC programme.

Enablers

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Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E.1.6	Creation of a Digital Strategy	PFIG	Executive Director of Primary & Community Care	31st May	P			
				30th September	G	P		
E1.7	Deliver Phase 3 of Welsh Patient Administration System implementation	PFIG	Executive Director of Primary & Community Care	30th June – Re-start the project.	R	P		
				30th September – System build and data migration.	R	R	R	
				31st December – User acceptance testing and training (UAT).	A	G	R	
				31st March – Lead to up to implementation in May 2022	A	G	A	
E1.8	Deliver Symphony - Phase 1 2020/2021	PFIG	Executive Director of Primary & Community Care	30th June – Complete implementations in MIUs	P			
E1.9	Deliver Symphony - phase 2 2021/2022	PFIG	Executive Director of Primary & Community Care	30th June – Data migration testing	P			
E2				30th September – End user training, Go Live period (July), Phase closure	A	P		
E2.1	Deliver Symphony - Phase 3 2021/2022	PFIG	Executive Director of Primary & Community Care	30th September – Phase 3 planning	G	R	P	
				31st December - to be determined from 30th September planning	G	A	P	
				31st March- to be determined from 30th September planning	G	G	A	

E1.7 Deliver Phase 3 of Welsh Patient Administration System implementation – Quarter 3 update

WPAS West implementation into Central has seen a small delay in the delivery of data migration activities against the overarching plan due to complexities of Pathways, follow up waiting lists, Dairies, and feature tables. The Team have a good handle on the issues and have required an additional refinement period before the next data migration activity commences. This has had a knock-on effect on the delivery of the User Acceptance testing environment and training. The team are current working through the plan and at present there is no risk to the go-live date as activities fall within an acceptable tolerance.

The Team has received notice of Welsh Government funding to cover the project until it has delivered the single instance (Central, West and East merger) and is waiting on the Funding confirmation letter to be issued.

E2.1 Deliver Symphony - Phase 3 2021/2022- Quarter 3 Update

There are potential risks that could result in this project not going live in late March 2022. Risks are due to extended lead times to purchase additional equipment, due to supply and demand during COVID-19. Further workarounds / process flow visits to be arranged once configuration User Acceptance Testing has been signed off. There is also a risk that BCUHB resources may not have capacity to under take data migration activities for Phase 3 within the suggested timescales. There is also a risk that estates resources may not have capacity to install wall mounted hardware for Phase 3 within the suggested timescales.

We have mitigation to use existing Central mobile Laptops regarding the first 2 risks, and data migration mitigation would be for the service to accept minimal activity information and DHCW to run the existing extract scripts available.

Enablers

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Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E2.3	Development of the acute digital health record (Cito DHR) pan-BCU	PFIG	Executive Director of Primary & Community Care	31st December – * Minimum Viable Product (MVP) & two Early Adopters * New scanning contract in place	G	G	G	
				31st March – Phase Roll out programme established and underway	G	G	G	
E2.9	Strengthen cyber security	PFIG	Executive Director of Primary & Community Care	30th June-31st March – (Funding to be confirmed)	R	A	G	
E1.4	Pan BCU Support Programmes - Living Healthier & Staying Well (LHSW) & Clinical strategy review	PPPH	Executive Director of Primary & Community Care	30th June Review of current strategy plan developed	P			
				30th September Approval of refresh plan - Engagement plan developed	G	P		
				31st December/31st March - Engagement process initiated	A	G	P	

COVID-19 Response

COVID-19 Response - Page 1 of 3								
Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
E1.5	Enhanced recovery from critical illness The provision of robust and consistent staffing within traditional 'medical' critical care rotas to ensure patient safety	QSE	Executive Medical Director	30th June - 30th September Development of Business Case	G	P		
				31st December Business Case submitted for internal sign-off and approval	A	A	P	
				31st December / 31st March Development of a programme plan, recruitment ready for implementation 2022	A	A	G	
C1	Ensure adequate testing capacity is available across North Wales in line with the revised Welsh Government Testing Strategy. * Lab Turnaround Times for swabs is a Public Health Wales (PHW) responsibility * Contracts for Regional, Local and Mobile testing units and Welsh Ambulance Service NHS Trust (WAST) are Welsh Government managed contracts) Testing capability located across the region to ensure the volume of testing slots are adequate and able to provide a test within 24 hours and easily accessible preferably no more than 30 minute drive. Lateral Flow Devices (LFD) issued in accordance with Welsh Government policy; currently manage the distribution across the Health Board and LFD collect points via the existing testing infrastructure for the population who are not able to work from home (all other distribution managed by Welsh Government)	PPPH	Executive Director of Public Health	Measure through capacity and Turnaround Times. Immediate and to be continued through to 31st March – capacity to be reviewed on receipt of regional modelling from the national team and not expected to be reduced before 31/3/22.	G	G	G	

COVID-19 Response - Page 2 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
C1	Ensure adequate testing capacity is available across North Wales in line with the revised Welsh Government Testing Strategy. * Lab Turnaround Times for swabs is a PHW responsibility * Contracts for Regional, Local and Mobile testing units and WAST are Welsh Government managed contracts) Testing capability located across the region to ensure the volume of testing slots are adequate and able to provide a test within 24 hours and easily accessible preferably no more than 30 minute drive. Lateral Flow Devices (LFD) issued in accordance with Welsh Government policy; currently manage the distribution across the Health Board and LFD collect points via the existing testing infrastructure for the population who are not able to work from home (all other distribution managed by Welsh Government)	PPPH	Executive Director of Public Health	30th September – capacity plans are in the progress of being built now with the planned care services. The target is to ensure there is adequate capacity to provide the required PCR testing within a 72 hour pre treatment period.	G	P		
				30th September evaluate 31st December devices implemented subject to effectiveness of evaluation	A	P		
				Lateral flow testing devices deployed to BCU frontline staff c.17,000; managed through Shared Services for distribution and line managers for registration and replenishment. 31st May	P			
				30th June – in place by the end of 30th June and on-going until WG policy determines otherwise	G	G	G	
C1.1	Deploy effective tracing service with partners across North Wales to minimise transmission of virus and adapt the service provision as Welsh Government policy evolves.	PPPH	Executive Director of Public Health	By 30th June and on-going through 2021-22	G	A	G	
					A	A	G	
C1.2	Continue North Wales liaison on protect agenda coordinating multi-agency response	PPPH	Executive Director of Public Health	30th September and ongoing	A	G	G	

COVID-19 Response - Page 3 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
C1.3	Implement and deliver the BCUHB mass vaccination programme.	PPPH	Executive Director Nursing & Midwifery as Senior Responsible Officer (SRO) – Mass Vaccination Programme	Development of a sustainable delivery model as we move into an annual vaccination and booster programme, in line with evolving national clinical guidance and Welsh Government Strategy. This will ensure we have a strategy for future proofing the programme, transforming it into a 'business as usual' model.	P			
				Demonstrable equal access to the vaccination programme for all groups with special characteristics or other underserved groups as defined within the North Wales Vaccination Implementation Plan.	P			
				Ensure the mechanisms in place continue with the interpretation of clinical guidance, development of clinical pathways and maintain and review them as required.	P			
				Development of a workforce model which will deliver the programme, flexible enough to adapt to the evolving plans from one phase to the next.	P			
				Development of an estates plan which will provide the capacity to deliver the programme, flexible enough to adapt to the evolving plans from one phase to the next.	P			
				Develop an efficient contact process and self-service booking system under Welsh Government Guidance. Future milestones based on the next phase including the booster programme are expected in Quarter 2 via the Welsh Government (WG). This will also include guidance and criteria. By 31st December	G	G	G	
C1.5	COVID recovery - all Children's Services	PFIG	Executive Director Primary & Community Care	30th June – Baseline assessment.	P			
				30th September - Service Level plans to deliver agreed.	A	P		
				31st December-31st March - Ongoing performance monitoring via Regional Children's Services Group.	N/A	N/A	N/A	

Recovering access to timely planned care pathways - Page 1 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1	Continuation of accuRx communication platform, to provide IT infrastructure to enable GPs and other health professionals working in primary care to undertake remote consultations, share information with patients and to update the patients' clinical records with the consultation event.	PFIG	Executive Director Primary & Community Care - Acting Executive Medical Director	Commission a fixed term contract on behalf of GP practices whilst awaiting an all Wales decision to support long term provision. 30th June	P			
				Interim contract in place for accuRx use by North Wales practices. 30th June	P			
				Work with DHCW to agree long term contract requirements 30th September	G	R	A	
				All Wales contract in place for accuRx 31st December	G	A	R	
R1.1	Review the uptake, requirements and patient satisfaction in relation to alternative/new technologies supporting patient access to GMS	QSE	Executive Director Primary & Community Care	Extend eConsult provision to participating practices. 30th June	P			
				Monitor eConsult activity including patient satisfaction 30th June	P			
				Monitor patient/clinical satisfaction in relation to video and telephone consultations 31st December	A	G	G	
				Review access to virtual consultation training 30th September	G	G	G	
				Review ongoing use and satisfaction with accuRx (and feed information into future contract requirements – see specific action above) 31st December	G	G	G	
				Feed local learning into the national Strategic Programme to inform future strategies 31st March	G	G	G	

R1 Continuation of accuRx communication platform, to provide IT infrastructure to enable GPs and other health professionals working in primary care to undertake remote consultations, share information with patients and to update the patients' clinical records with the consultation event.

Work with DHCW to agree long term contract requirements 30th September 2021 – DHCW are not coordinating the procurement of accuRx. A local options appraisal of IT platforms available to GP practices is therefore being progressed along with funding proposals (as noted in the IMTP). Current status of other Health Boards in Wales has been requested to gain a better understanding of the uptake of the digital platforms on an all Wales basis to inform BCUHB preferred position from April 2022 onwards. The eConsult contract has provision to extend at the current patient rate and funding has been identified in 2022 to continue.

All Wales contract in place for accuRx 31st December 2021 – This will not be achieved as accuRx procurement is not be facilitated on an all Wales basis.

The National Framework for digital consultation solutions is currently being searched for suitable providers to inform the ongoing discussions regarding funded / negotiated options for GP practices and recommendations are expected to be made in Qtr 4.

Recovering access to timely planned care pathways

Recovering access to timely planned care pathways - Page 2 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.2	Delivery of all Wales access standards through GMS Contract (detailed in non-mandated Quality Assurance and Improvement Framework (QAIF)	PFIG	Executive Director Primary & Community Care	Review 2020/21 performance against standards (validated data released June 21) 30th June	P			
				Support provided to practice managers in interpreting and implementing the requirements of the standards by Primary Care Contract team 31st March Rolling contractual programme	P			
				Work undertaken with clusters/practices to identify and disseminate good practice via Access Standards forum 30th June-30th September	P			
				Performance reports provided at Board level in line with Access standards guidance requirements. 30th June-31st March	G	G	G	
R1.4	Working with planned care programme leaders to ensure a whole system response to patient demand pressure areas (also refer to planned care section)	PFIG	Executive Director Nursing & Midwifery	Development of timely and accurate information for current and new patients, and primary care clinicians, regarding care pathways and waiting times 30th June	R	G	G	
				Ensure robust communication with primary care clinicians regarding waiting times and clinical review processes 30th June	R	P		
				Development of proposals to manage the backlog of planned care in the primary care sector 30th June	R	R	R	
				Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement. 31st March	G	A	A	

R1.4 Working with planned care programme leaders to ensure a whole system response to patient demand pressure areas (also refer to planned care section)

Link to the transformation of prioritised system wide care pathways, ensuring primary care involvement.
31st March - Work is ongoing on a comprehensive review of clinical pathways, partly linked to the RTC development and partly the various GIRFT initiatives in Orthopaedics, Urology and Ophthalmology, to be followed up by work in General Surgery and Gynaecology. The first workshop is 1st February and others will follow.

In addition, there is a communications strategy under development to improve communications with both GPs and patients.

Comms- There are now plans to re-instate the process by which waiting list information is shared with both Primary and Secondary Clinicians. This will delivered via the Website, and therefore can be effectively be a live update. This should be operational by the end of the financial year.
This forms part of the Communications Strategy, which is a key part of the Planned Care Programme, and which is now under development, including a range of information on the HB Website for patients, carers and clinicians. Other forms of communication – social media etc. – are under consideration.

R1.4 Clusters have had the opportunity to bid for additional transformation funding (non-recurring) to address the backlog in chronic conditions planned care. A number have developed schemes which are currently being implemented. In addition, local and national enhanced services have been commissioned from individual practices (who choose to provide) to provide additional access which in turn create capacity to address the backlog. Progress will continue to be reviewed during 22/23.

Recovering access to timely planned care pathways

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Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.6	Further development of the Primary and Community Care Academy	QSE	Executive Director Primary & Community Care	PACCA Business Case finalised 30th June	R	R	G	
				Planning for all programmes, with the completion of the delivery plan 2021/22 (subject to funding), to include: 30th June	R	R	P	
				Training Hub established and posts advertised 30th September	N/A	R	R	
				Level 7 Vocational Education Programme in place 30th September	N/A	R	P	
				Community Pharmacy training Programme - 30th September and 31st December due to timing of taught modules at University 31st December	N/A	P		
				Evaluation Lead and Research Development appointed 30th September	N/A	R	R	
				Trainees in post and commencing education programmes / ongoing evaluation of training hub 31st December	N/A	P		
				New Cohort of Practitioners to join Vocational training Programme 31st December	N/A	P		
				Further development and testing of competency framework 31st December	N/A	G	G	
				End of year report 31st March (published 22/23)	N/A	G	G	

R1.6 Further development of the Primary and Community Care Academy

The actions recorded as red status could not be progressed prior to the Business Case being approved by Board. Board approved the Business Case on 20th January, with funding confirmed. Both actions can now be progressed in Q4.

Recovering access to timely planned care pathways

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Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.7	Development of a North Wales Dental Academy, to include a training unit, General Dental Services (GDS) and Community Dental Services (CDS) provision	PPPH	Executive Director Primary & Community Care	Robust programme governance arrangements were established in 2020/21 30th June	P			
				Advertise the contract 30th June	P			
				Award to preferred provider 30th September	G	R	G	
				Seek Board & WG approval to award preferred bidder 30th September	N/A	R	G	
				Commission facility 31st March	N/A	G	G	
R1.8	Implementation of the dental contract reform (as directed by Chief Dental Officer/Welsh Government)	PFIG	Executive Director Primary & Community Care	31st March	G	G	G	
R1.9	Commission additional general dental provision	PFIG	Executive Director Primary & Community Care	31st December	G	P		
R2	Relaunch of a community pharmacy care home enhanced service to form part of our recovery plan.	PFIG	Executive Director Primary & Community Care	31st March	G	A	A	
R2.3	Delivery of advanced practice audiology in primary care and provision of Ear Wax Management Services (subject to business case approval / additional funding)	PFIG	Executive Director of Primary & Community Care	31st March	A	G	G	
R2.7	Delivery of agreed planned care recovery schemes (including additional programme management capacity), to include diagnostics, e.g. endoscopy, laminar flow theatres and inpatient T&O bed provision (including relocation of outpatient therapy provision in Wrexham)	PFIG	Executive Director Nursing & Midwifery	30th June-Develop and agree a plan	G	R	R	
				31st March- delivery of cohort 1 with exception of orthopaedics	G	R	R	

Recovering access to timely planned care pathways

R2: Relaunch of a community pharmacy care home enhanced service to form part of our recovery plan.
Community Pharmacy care home enhanced service – amber Limited interest from contractors to provide service due to capacity issues and the need to renegotiate fees. National service specification update is nearing completion and we plan to relaunch service in Q4 (subject to Omicron impact); Transformational project to test out concept of multidisciplinary care home reviews involving community pharmacy planned for launch in 6 pharmacies from Jan 2022 (subject to Omicron)

R2.7.Delivery of agreed planned care recovery schemes (including additional programme management capacity), to include diagnostics, e.g. endoscopy, laminar flow theatres and inpatient T&O bed provision (including relocation of outpatient therapy provision in Wrexham)
Endoscopy Recovery Plan in development including continued plans for insourcing and the procurement of 2 room modular units (sites identified and to be confirmed) to reduce the backlog and plan for regional centre capacity increases.

Recovering access to timely planned care pathways - Page 5 of 9

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R2.8	Build additional capacity to deliver COVID19 safe services, improve patient experience and waiting times.	PFIG	Executive Director Nursing & Midwifery	P1-and P2 risk stratified patients are treated in order, followed by re-introduction of P3-4 activity. Insourcing and weekend capacity plan. 31st December	A	A	A	
				Continually review capacity of external providers to deliver more activity, to support more efficient services 30th September	A	R	A	
				Introduce super green pathways to protect elective capacity 30th September	A	R	R	
R2.9	Support orthopaedic patients facing extended waiting times as a result of COVID19 constraints, by delivering a non-surgical treatment programme such as escape from pain, digital apps	PFIG	Executive Director Nursing & Midwifery	31st December	A	A	A	
R3.2	Insourcing to support provision of service for cohort 1&2 Outsourcing specification for Orthopaedics	PFIG	Executive Director Nursing & Midwifery	30th June	R	R	R	
R3.4	Develop the Outpatient transformation programme Including 'Once for North Wales', workforce modernisation and digital enablement of staff and service users with attend anywhere and consultant connect.	PFIG	Executive Director Nursing & Midwifery	Phased delivery over 12 months from point of recruitment, anticipated delivery by 31st March if recruitment and implementation successful	A	R	A	
R3.5	To explore external capacity to support access to treatment	PFIG	Executive Director Nursing & Midwifery	30th June out to tender, insourcing early July- If these time frames work then outsourcing could be August insourcing September.	A	R	A	
R3.6	Development of sustainable endoscopy services across North Wales	PFIG	Executive Director Nursing & Midwifery	31st March	A	A	A	
R3.7	Deliver suspected cancer pathway	PFIG	Executive Director Nursing & Midwifery	30th June 69% 30th September 69% 30th December 71% 31st March 75%	A	R	R	

R2.8 Update to P1 and P2

Risk stratified patients are treated in order, followed by re-introduction of P3-4 activity. Outsourcing contracts have been established for orthopaedics, cataracts to support activity

Continually review capacity of external providers to deliver more activity, to support more efficient services **update to** weekly outsourcing and insourcing meetings occur weekly, outsourcing interim manager appointed, substantive commences in February 2022, monthly contact with external providers reviewing capacity available continues.

Introduce super green pathways to protect elective capacity update to: re-start of green areas continues to be planned depending on Covid situation, Abergele being explored for green bubble services

R2.9 Support orthopaedic patients facing extended waiting times as a result of COVID19 constraints, by delivering a non-surgical treatment programme such as escape from pain, digital apps

Update to pilot physio programmes have commenced supporting patients awaiting their operation

R3.2 Outsourcing specification for Orthopaedics

- Contract with Spire has been operational since Sept. 2021.
- It was agreed that 45 upper limb pts and 30 lower limb pts would be transferred across to Spire per month.
- Interim Outsourcing Programme Lead started in mid Nov.
- Since then, 238 pts have been transferred against a plan of 185; 157 upper limb and 72 lower limb.
- Substantive Insourcing/Outsourcing Programme Manager commenced post 01/02/2022.

R3.4 Phased delivery over 12 months from point of recruitment, anticipated delivery by 31st March if recruitment and implementation successful –

OPD manager appointed and has commenced OPD modernisation and strategy paper supported by planned care transformation group (PCTG)

R3.5 30th June out to tender,

insourcing early July-

If these time frames work then outsourcing could be August insourcing September. **Update to**: outsourcing for orthopaedics has commenced in November and cataracts in December. Insourcing specification being written for Q1 tender and implementation

R3.6 Development of sustainable endoscopy services across North Wales

Endoscopy Business Case

Baseline performance reduced due to underperformance of insourcing companies and staff shortages amongst BCUHB staff. Recruitment now progressing to meet gaps. Plans for modular procurement to be agreed to reduce backlog over the next 2 financial years to align with the regional treatment centres. Additional project support remains a concern.

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Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R3.7	Deliver suspected cancer pathway	PFIG	Executive Director Nursing & Midwifery	1. Increased rapid access breast cancer clinic capacity across the Health Board – business case approved by Executive Team June 2021; these clinics have been provided on an ad hoc basis since November 2020 and can now be established as part of core activity once new posts are recruited to.		A	G	
				2. Continuation of the early diagnosis lung cancer pathway which ensures patients with a suspicious chest X ray are directed straight to CT – funded in 2021/22 with a business case for ongoing funding being developed		A	P	
				3. Development of one stop neck lump clinics – project team established and pathway agreed; business case to be submitted this month		A	G	
				4. One stop rapid diagnosis clinic for patients with vague but concerning symptoms – project manager in post, project team established and pathway agreed; business case to be submitted this month		A	G	
				5. Increase in Clinical Nurse Specialist and support roles to support patients with their diagnosis and provide direct clinical care as appropriate – business case submitted and to be considered by Health Board business case review team in July		A	G	
				6. Patient navigators to track pathways and escalate delays – funded in 2021/22 with a business case for ongoing funding submitted and awaiting approval.		G	P	
				7. Pathway improvement posts to work with clinical teams to introduce the National Optimal Pathways for cancer ensuring pathways are as streamlined, efficient and effective as possible – business case submitted, awaiting approval (NB one post already funded by Wales Cancer Network and going through recruitment process)		A	G	

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Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R4	Implementation of short term insourcing solutions for computerized tomography, magnetic resonance imaging and ultrasound to significantly reduce the backlog of routine referrals		Executive Director Nursing & Midwifery	Insourcing contract in place with external provider. Additional mobile scanners / staffing in place 30th September	A	R	R	
R4.1	Implementation of insourcing solutions for neurophysiology to significantly reduce the backlog of routine referrals		Executive Director Nursing & Midwifery	Insourcing contract in place with external provider. Additional clinic space / staffing in place 30th September	A	R	R	
R4.2	Development and commencement of implementation of long term plans for sustainable diagnostic services (radiology and neurophysiology)		Executive Director Nursing & Midwifery	Recruitment to medical, scientific / allied health professional, supporting and administrative posts and Identification of estates and equipment priorities 31st March	A	A	A	
R4.5	Increase specialist cancer therapy staff to meet All Wales benchmark: Produce a business case to appoint specialist allied health professional (dietitians/speech and language therapist)		Executive Director Nursing & Midwifery	Development of referral pathways particularly for upper gastrointestinal and hepatobiliary and pancreatic cancer which are Wales cancer network priorities and the Health Boards strategic priority for pelvic cancer services 30th September	G	R	A	
				Development of self-management information 30th September	G	R	R	
				Implement timely interventions at all stages of the cancer journey for communication, eating and drinking, leading to faster progression to oral diet and fluids, reduction in the need to rely on radiologically inserted gastrostomy / percutaneous endoscopic gastrostomy enteral feeding, reduction in the costs of enteral feed and dietary supplements 30th September	G	R	R	
				Use patient recorded outcome measures / holistic needs assessment and treatment summaries in line with person centred care philosophy across Wales 30th September	G	R	R	
				Development of programmes of education to upskill generalist therapy staff, and multi professional teams supporting self- management; efficient use of resources and supporting increased numbers of patients and carers. 30th September	G	R	R	
				Development of education programmes to upskill generalist therapy staff is required thus supporting increased numbers of patients and carers. 30th September	G	R	R	

Recovering access to timely planned care pathways

The Insourcing Strategy is under development, with a range of small initiatives being replaced by a broader approach, culminating it is intended in a mixed speciality surgical arrangement across all 3 sites.

This will augment the outsourcing plans to provide a comprehensive short to medium solution to the shortfall in planned care capacity, pending the opening of the RTCs

Outsourcing arrangements for Orthopaedics and Ophthalmology are working well, and a proposal for Insourcing to cover Mixed Surgical Specialities is being presented to Executives 2/2/22.

NB The current pause on non-urgent planned care activity will affect the projection for clearing Cohort One by March 2022. A reassessment is currently underway.

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Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R4.6	Eye Care Services: transform eye care pathway: Enable work to progress on strategic service developments eye care	PFIG	Executive Director Nursing & Midwifery	Initiated with pump priming 2020. Continuation secured through BC approved June 2021. Optometric Contractual Reform predicted to negate future re-tender requirements.	G	R	G	
R4.7	Enable work to progress on strategic service developments urology	PFIG	Executive Director Nursing & Midwifery	Delivery Robotic Assisted Surgery (RAS) 30th September Urology redesign and implementation along with RAS training 31st December/31st March 0 tbc by Urology review group July 2021	A	R	G	
R4.8	Delivery of the Primary ODTC Glaucoma Integrated pathway	PFIG	Executive Director Nursing & Midwifery	31st March	A	A	G	
R4.9.	Delivery of the Diabetic Primary ODTC Integrated pathways	PFIG	Executive Director Nursing & Midwifery	31st March	R	A	G	
R4.10	Delivery of the Age-related macular degeneration/IVT pathways	PFIG	Executive Director Nursing & Midwifery	31st March	R	A	A	
R10.2	Ensure Safe and Effective Care	QSE	Executive Director of Public Health	1. Implement the recommendations of the HIW National Review of Maternity Services (November, 2020)Action 1: 31st December	A	G	G	
				2. Implement the National MiS solution for Wales (HIW, November 2020).Action 2: WG Initiative	R	A	A	
				3. Implement the new outcomes measures and KPIs for the revised WG 5-Year Strategy. Action 3: informed by WG timetable	A	A	A	
				4. Benchmarking exercise against NICE Quality Standards Action 4: 30th September	A	P		
				5. Demonstrate progress in using the Maternity Voice Group in co-producing the service model, Action 5: 30th June	P			
				6. Ongoing monitoring of safety equipment checks. Action 6: 30th June	P			

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Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R10.2	Ensure Safe and Effective Care	QSE	Executive Director of Public Health	7. Reflect workforce plans with national standards for maternity services. Action 7: 30th September	A	P		
				8. Implement 'Mothers and Babies Reducing Risk through Audits and Confidential Enquiries' (MBRRACE) recommended Local and National improvement initiatives to reduce stillbirth Action 8: 31st March	A	P		
				9. Implementation of the GAP/GROW I + II Action 9: 31st March	A	G	G	
				10. Mortality and Morbidity multi-professional reviewed carried out to conform to MBBRACE and perinatal mortality review tool (PMRT) requirements. Action 10: 30th September	A	P		
				11. Promoting normality in first pregnancy, latent phase project in community. Action 11: 31st December	G	G	G	
				12. Ensure compliance with the C-Section Tool Kit to maintain Elective C-Section rates under 10% by increasing external cephalic version (ECV) and maximising vaginal birth after caesarean (VBAC) opportunities. Action 12: 31st December	G	P		
				13. Implement the MBRRACE and Each Baby Counts (EBC) Recommendations. Action 13: 30th September	A	P		
R10.4	Implement Sustainable Quality Care	QSE	Executive Director of Public Health	1. Ensure staffing levels are birth rate plus and RCOG compliant Action 1: 30th June	P			
				2. Reduction of activity in contract agreement with CoCH services, Action 2: 31st December	A	G	G	
				3. Implement the 21/22 Revenue Business Development Plans. Action 3: 31st March	G	P		
				4. Develop stronger governance systems, for performance and accountability. Action 4: 31st December	G	P		
				5. National CfSM Peer Review by WG and Clinical Supervision Resource Mapping. Action 5: 30th September	G	P		

R4.7
Robot procurement in final stages, urology re-design process being aligned with GIRFT work streams, inaugural meeting held

R4.10
Action 1: Deliver Sustainability Business case to provide additional staff resources to deliver AMD/IVT targets. 100% compliant (Agreed June 21)
Action 2: Recruit to IVT posts funded by sustainability business case. >90% compliant. Mutual aid established in interim to mitigate and reduce unplanned variance. On track for delivery.

R10.2
Action 1: Implement the recommendations of the HIW National Review of Maternity services (November 2020) - 87% compliant

Action 2: Implementation the National MiS solution for Wales – Programme lead appointment from the All Wales network, initial discussion with Health Boards in progress during Jan 2022. Business requirements circulated to all health boards for informatics and services to review the scope and initial spec of the system required.

Action 3: Implement the new outcomes measures and KPIs for the revised WG 5-Year Strategy – Still awaiting KPI's and outcome measures from WG.

Action 9: Implementation of the GAP/GROW I + II Action 9: 31st March – Full benchmarking exercise has been undertaken against the care bundle, resulting in an analysis and action plan. Ultrasound compliance with GAP and GROW programme under review. Insourcing of ultrasound capacity still ongoing.

Action 11: Promoting normality in first pregnancy, latent phase project in community – Task and Finish Group completed in the community, led by the consultant midwife with the proposal of a pilot on training in one community area. Central area identified as the pilot area on track to progress in Q4.

R10.4

Action 2: Reduction of activity in contract agreement with CoCH services – Actual activity reduced but no changes made to contract during COVID-19 pandemic. This will be reviewed in April 2022 as per advice from the contracting team. Engagement and initial discussions with the CCG have taken place to ensure quality measures and outcomes are in place.

Improved unscheduled care pathways - Page 1 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R1.3	Development of urgent primary care centres as pathfinders, feeding into the national programme of work for primary care.	PFIG	Executive Director Primary & Community Care	Presentation to WG of pathfinder proposals for 2021/22 to secure additional funding for current pathfinders (East & Central Areas).Further development of UPCC pathfinder in East Area covering 6 clusters. Commence UPCC pathfinder in North Denbighshire in partnership with mental health third sector. Development of proposals/business case for a UPCC pathfinder(s) in West Area 30th June	P			
				Implementation of UPCC(s) in West Area (subject to approval/funding) 31st December	G	A	G	
				Participation in national evaluation of all pathfinder UPCCs, with recommendations for a future model of care. 31st March	G	P		
				Local review of UPCC pathfinders, including cost benefit analysis to determine future requirement for north Wales 31st March	G	A	G	
I1.1	Implementation of Single Care Home Action Plan	PFIG	Executive Director Primary & Community Care	30th June. Secure Funding for additional Quality Posts. Questionnaire to partners. Hold two workshops to agree components of the Quality Assurance Framework (QAF). Draft QAF by end of 30th June. Recruit to Quality Posts.	G	P		
				30th September Conclude recruitment and undertake engagement with providers and key stakeholders.	G	P		
				31st December Refine QAF and commence Implementation.	G	G	P	
				31st March Full implementation	G	G	G	

Recovering access to unscheduled care pathways

R1.3 - Local review of UPCC pathfinders, including cost benefit analysis to determine future requirement for north Wales. Regional UPCC forum in place to share learning, developments and performance metrics, and develop a local evaluation process.

West – Hub and spoke Model (Ysbyty Penrhos Stanley & Ysbyty Alltwen)

- UPCC business case approved and predicted start date for service now April 2022
- UPCC capacity identified and confirmed, staffing elements with GPOOH ongoing and delayed pending meeting.
- UPCC locations confirmed across three sites, this will expand upon the locality cover that the service can provide
- Recruitment, purchase of necessary equipment and set up of the IT system has commenced and is ongoing

Centre – Cluster based model in Denbighshire

- Secured Advanced Paramedic Practitioner (APP) resource to run pilot / test days during December – will be evaluated to inform future implementation from lessons learned. Challenges to fill second APP role. Consideration now being given to contracting with WAST for APP to fill remaining hours.
- Recruitment ongoing to fill identified nursing, ANP and trainee posts. Delays with recruitment checks impacting on some start dates.
- Opportunities to offer 20 urgent access mental health appointments per day (for appropriate presentations)

East – Hub and spoke Model (Wrexham and Mold)

- Improved working between UPCC & ED including access to test results by UPCC to increase UPCC activity, aid reducing pressures and identify areas of improvement.
- ED considering access to a room for UPCC to see Covid symptomatic patients F2F (where symptoms are secondary to minor illnesses). Room conversion costs (for UPCC space in Mold to release outpatient room) to be considered progress agreement for room conversion and feedback on timescales as soon as possible
- To establish a monthly area acute review of performance referring to MIU and UPCC
- MIU team and UPCC team to review data of attendances and criteria/symptoms
- Schedule rotation for sharing of skills with EDs
- Identify geographic source of patients and match to opening hours
- Test of change to be carried out on use of Symphony by UPCC clinician to aid consultation of walk-in patients unsuitable for MIU ENP (i.e. if outside remit of MIU PGD)

Improved unscheduled care pathways - Page 2 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I1.2	Transformation of Community Services - Home First Bureau	PFIG	Executive Director Primary & Community Care	30th June – Baseline data being collected	P			
				30th June – Review of Home First Bureaus	P			
				30th September – Review of baseline data	G	R	G	
				30th September – Home First Business Case approved and all posts recruited to.	G	R	R	
				30th June – Training and education across system.	G	R	R	
				30th September – Gap analysis and recruitment	G	R	R	
				31st March – Ongoing monitoring	A	A	A	

I1.2: Transformation of Community Services -Home First Bureau (HFB) Consolidation and mapping all of our resources to support discharges including CHC, HFB, Frailty, Discharge to Recover & Assess (D2RA), therapies and Community Resource Teams (CRTs). Fully implement Discharge to Assess capacity within the community.

A regional HFB Business Case has been written and is currently going through health board approvals process to secure recurrent funding. Although this has been rated as Red, each Area has already established HFBs and is currently operating those services with temporary redeployed or bank staffing and at a cost pressure within current services. Approval of the business case is required to enable HFBs to recruit substantively to the staffing model outlined in the business case and will secure recurrent funding for those services. Work is already underway to consolidate and map our resources to support discharges including CHC, HFB, Frailty, D2RA, therapies and CRT, and ultimately fully implement Discharge to Assess capacity within the community. D2RA ward resources developed and cascaded (to acute and community hospitals). Pan-BCUHB electronic Transfer of care (TOC) referral form has been developed. Pan-BCUHB patient flow and discharge new intranet site going live early in Q4 with D2RA resources. Recruitment adverts are live and are currently going through the system.

Data dashboards have been developed to support the service.

Improved unscheduled care pathways - Page 3 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I1.3	Transformation of Community Services - Development of Frailty Pathways to deliver on the vison of Welsh Government for sustainable and integrated Community Health & Social Care.	PFIG	Executive Director Primary & Community Care	COTE linked to CRTs and MDTs at pre crisis point (West only). Ongoing	A	G	G	
				Develop innovative workforce models to reduce risk of COTE consultant vacancies – eg nurse consultants; therapy consultants (East) 30th June – workforce review. 30th September/ 31st December – extend Multidisciplinary Team (MDT) model from South Wrexham to Central Wrexham and North West Wales	G	G	G	
				YG & YGC Frailty units established and staff recruited Centre –30th June – design 30th September – Recruit 31st December – Implement 31st March – monitor	A	A	A	
				Frailty model embedded into community services and intermediate care approach to utilise step-up beds from primary care more consistently. Partnership working with LAs for Marleyfield step down beds (East). East 30th June Marleyfield	A	A	G	
				Inclusion of pharmacy requirements for frailty units /services, ED and SDEC (and all other clinical developments) in all three acute sites as part of the MDT team. West - Ysbyty Gwynedd (YG) Frailty unit – on hold, funding not confirmed. Led by acute. West Frailty model in place West - MDTs established in Ynys Mon and Arfon – roll out to remaining areas by 31st December	A	R	R	

I1.3: Transformation of Community Services -Development of Frailty Pathways to deliver on the vison of Welsh Government for sustainable and integrated Community Health & Social Care. Ysbyty Gwynedd (YG) & Ysbyty Glan Clwyd (YGC) Frailty units established and staff recruited. Rated red on the basis that a Frailty Business case is currently in development. Although some funding has been given the frailty units have not been fully established. Work is ongoing between Area and Acute teams to provide additional resource to support the frailty unit model and are working with our local authority colleagues. Recruitment is ongoing within the limited budget given. Full approval of the business case is required to enable us to recruit substantively. In the meantime we are working with partners to develop the Winter Planning response pending approval of the business case.

Ongoing review of referral criteria with therapies and social care. Inclusion of pharmacy requirements for frailty units /services, Emergency Departments (EDs) and Same Day Emergency Care (SDEC) (and all other clinical developments) in all three acute sites as part of the MDT team. No funding yet agreed due to business case approval requirements.

Improved unscheduled care pathways - Page 4 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I1.5	Community Services Transformation Programme: Continued implementation of regional and area-level transformation plans, aimed at developing place-based, integrated models of care and support increasing skills and capacity within primary care, community health and social care, to deliver care and support in people own homes and communities.	PFIG	Executive Director Primary & Community Care	30th June-31st March– ongoing implementation of regional and area-level programmes of work	G	G	G	
				31st March – Sustainability planning for post programme continuation	G	G	G	
I1.7	Increased capacity within Community Resource Teams (CRTs) to support patients to be cared for in their own homes.	PFIG	Executive Director Primary & Community Care	30th June: Staff recruited with Winter Planning monies to continue in post, linked to Community Resource Teams (CRTs). Data collection 30th September: Evaluation of service and business case to secure ongoing funding and contingency planning for exit strategy 31st December: subject to funding, recruit and deploy additional Healthcare Assistants (HCAs) to support care delivery outside hospital 31st March Secure permanent funding, subject to further evaluation	G	G	A	
I1.7	Transformation of Child and Adolescent Mental Health Services (CAMHS) - Targeted Intervention Performance and Improvement Programme.	QSE	Executive Director Primary & Community Care	30th June – Baseline assessment	P			
				30th September - Developed Improvement Framework and structure	G	P		
				31st December -31st March & Ongoing Performance improvement monitored monthly at Strategic CAMHS Improvement Group. Ongoing Self-Assessment in line with reporting to Board Meetings.	N/A	G	G	

I1.7 Increased capacity within Community Resource Teams (CRTs) to support patients to be cared for in their own homes

This is rated amber as there are significant staffing issues within the care sector and although the funding is available the workforce is difficult to secure. In addition there are high level of absences due to isolation and sickness leading to additional pressures on the service. Recruitment is currently ongoing.

Improved unscheduled care pathways

Improved unscheduled care pathways - Page 5 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I2.1	Emergency Department access and patient flow (Welsh Access Model / Emergency Department Quality and Delivery Framework / Frailty and Acute Medical Model)	PFIG	Executive Director Nursing & Midwifery	31st March implementation Welsh Access Model (WAM) – 31st March KPIs – Complete, although will be periodically published throughout 2021/22 – 30th June, 30th September, 31st December, 31st March	G	G	G	
				NESIs PE – Ongoing through to 31st March SE – Ongoing through to 31st March	G	G	G	
				PIPs: All to be in place by 31st March	G	G	G	
I2.2	Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22	PFIG	Executive Director Nursing & Midwifery	Established acute and community surge plans 30th September	G	P		
				Specific winter schemes implemented to meet increased demand during Winter as well as COVID-19 demand 30th September	G	R	A	
				Review of 2021-22 winter schemes including impact and spend to effectively inform winter plan 2021-22 30th September	A	P		
I2.3	Same Day Emergency Care (SDEC)	PFIG	Executive Director Nursing & Midwifery	Further develop and establish SDEC models across the 3 acute sites to better manage urgent care demand into a more scheduled way 30th September	A	R	A	
I2.4	Developing the unscheduled care hub, 111 service	PFIG	Executive Director Nursing & Midwifery	Implementation of 111 in north Wales to integrate call handling and nurse assessment functions of GPOOH and NHSD into a single service. 111 will provide public facing access to urgent health information, advice and signposting for onward care. 30th June - Phase 1	P			

I2.2 Full year effect of 2020/21 Winter Plan and development of Winter Plan 2021/22

Recruitment progressing and continuing for additional identified winter schemes which is a risk to delivery of schemes. Monitoring and evaluation process being developed to understand effectiveness of schemes at the end of Q3 which should be the target date rather than 30th September.

I2.3 Same Day Emergency Care (SDEC)

Rated Amber from Red - new processes commenced in YG and YGC, new surgical SDEC developed in Wrexham. Electronic Admission System (EAS) is used to follow patient through the system and capture activity. Recruitment is ongoing and is a risk to full delivery.

Improved unscheduled care pathways - Page 6 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
I2.6	Implement Discharge to Recover & Assess (D2RA) pathways through further development of Home First Bureaus in each area	PFIG	Executive Director Nursing & Midwifery	31st December	A	G	A	
I2.7	Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model	PFIG	Executive Director Nursing & Midwifery	Development of business case to improve stroke services across a whole system approach that will provide a “Once for North Wales” network approach to ensure consistency of clinical outcomes for Early Supported Discharge and Specialist Integrated Community In-patient Rehabilitation services. Phase 1 service proposal focuses on: Prevention including improved AF detection Stroke Prevention – 30th September	G	R	A	
				Strengthening of acute services across 3 DGH sites; including improved OOH pathway for diagnosis; treatment and recovery Acute services – 30th September	G	R	R	
				Development of Early supported discharge (ESD) across the 3 areas ESD – 30th September 20% / 31st December 70% / 31st March 100%	G	A	G	
				Specialist community inpatient rehabilitation beds across the 3 areas Specialist Community inpatient beds – 30th September	G	R	G	
				A consistent approach to Stroke Rehabilitation across all sites in proportion of confirmed stroke patients receiving specialist rehabilitation and length of stay Consistent approach to rehabilitation – 31st March	G	G	G	

I2.6 Implement Discharge to Recover & Assess (D2RA) pathways through further development of Home First Bureaus in each area
Advert is live for 4.5 trusted assessors. At risk due to the business case not being signed off.

I2.7 Stroke Services: Enable work to progress on strategic service development - confirm and agree the stroke service model
Posts for 3 Stroke Screening Nurses went out to advert September 2021. Recruitment for is complete and 2 of the postholders start in February. The success of the Preventative Screening service is dependent on the GP practices to embrace the new service. The very real pressures on GPs and practices currently is a risk to the implementation of the service. To mitigate the risk, 3 cluster leads have joined the Preventative Project work-stream and a plan to pilot the new service in a few practices first, is being implemented, in order to identify the impact of the pressures in the GP practices and also to use the outcomes of the pilot to share with GPs to encourage them to take part in the implementation of the preventative programme. This pilot approach will lead to some slippage on the original timetable.

Specialist stroke nurses Job Description (JD) have been agreed and will be going to advert to fill the vacancies in the west imminently. Extended hours still to be agreed. The timetable to recruit additional 3 Sentinel Stroke National Audit Programme (SSNAP) data inputter has slipped and will progress in the next quarter. Due to the planned extension in the current Specialist Stroke service working hours the Organisational Change Process (OCP) may be triggered in some areas. The staff consultation in liaison with the Trade Unions is underway, but thus delaying the recruitment of staff. It is anticipated that the staff will be in place in the last quarter of 2021/22.

The Early Supported Discharge (ESD) posts have now been recruited to. Clinical discussions on the ESD pathway have commenced.

The rehabilitation unit capital works in the west started in December 2021 and are on track, however, the scope of the work has been revisited due to escalating costs. The Rehabilitation Services for the East and Centre are not due to go live until Quarter 2 of 2022/23. However the planning work has commenced including a location option appraisal which is then followed by staff, Community Health Council (CHC), Trade Union and senior management team engagement. If a new location for the Rehabilitation Centre is eventually decided for both the East and the Centre, it will trigger the OCP and a staff consultation will need to take place.

Strengthen our population health focus

Strengthen our population health focus - Page 1 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
R2.6	Neurodevelopment (ND)- improve access to services to meet WG 26 weeks assessment targets and further develop early intervention post diagnostic services.	QSE	Executive Director Primary & Community Care	30th June – Baseline assessment. 30th September - Improvement Plan and structure to deliver agreed. 31st December/4 - Ongoing performance monitoring via ND Regional Steering Group.	P A A	P G	G	

Strengthen our population health focus - Page 2 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1	Building a Healthier North Wales: Implement smoke free sites with consideration to the implementation of Mental health smoke free action plan.	QSE	Executive Director of Public Health	Regulation of smoke free premises, working in conjunction with local authorities or delegate responsibilities established and operating consistently across all sites to be compliant with new legislation which comes into effect 31st March 30th - September 2021.		R	R	
				Smoking cessation support and access to nicotine replacement therapy for patients and staff available and in place. 30th June 2021.		P		
				Mental health action plan agreed in response to cessation of exemption to smoke free regulations 31st December		A	P	
S1.1	Implement integrated smoking cessation service	QSE	Executive Director of Public Health	Cross cover and accessibility for evening and weekend, coverage is increased through: - alignment of job descriptions - shadowing - staff development. - job evaluation process complete for job roles 31st December		G	P	
				Provision of support for advisors and bank staff working out of hours is in place 31st March		G	P	
				Single service plan is developed with: - simplified referral system - Improved management and supervision processes implemented 31st December		A	R	
				One system for maintenance and replacement of equipment (CO Monitoring) implemented 31st March		P		
				Dashboard is resumed to strengthen performance monitoring and data availability 30th September		P		
				Review Ottawa model in preparation for 2022/23 planning Identify primary care partners for targeted community engagement sessions 22/27 31st March		A	R	

S1Building a Healthier North Wales:
Implement smoke free sites with consideration to the implementation of Mental health smoke free action plan.
Waiting for Smoke Free Policy to be approved by W&OD. Hospital directors are aware re implementation of regulation with follow up meetings planned. Initial meetings have taken place with LAs to discuss delegated responsibilities but capacity issues for consistent implementation across LAs. Expectation is that WG will support LAs first quarter of 22/23. We cannot progress communications or enforcement regarding the smoke free policy until it is approved.

Action plan agreed and regular meetings taking place to implement actions

S1.1Implement integrated smoking cessation service
Job Evaluation complete. Advisor bandings consistent. Shadowing has not yet happened due to COVID-19 restrictions and work patterns. Band 6 recruitment has taken place - start November, will provide enhanced support for advisors. No bank staff yet but recruitment plans are in place.
Expect completion in Q4. Most of plan is in place but delays in meeting across services due to service pressures. Meetings are scheduled for Maternity and secondary care to advance discussions and agreement to single service plan.

Identified as priority in tobacco control action plan for 22-24 and work led by PHW national team. Timeframes have been pushed back by WG with first meetings due in March. This will impact on implementation in year. HMQ Secondary Care service will continue to deliver to local plan and plans have been submitted in relation to BAHW funding for 22/23. We have not been able to access Primary care/GPs due to pressures in services currently. Unlikely that this will change in year.

Strengthen our population health focus - Page 3 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.2	Reducing food poverty initiatives are established	PPPH	Executive Director of Public Health	Deliver community education programmes to: - Llangefni - Plas Madoc 31st March		P		
				Finalise programme agreement with one further identified area. 31st December		G	G	
				Develop Food Distribution plan 30th June		P		
				Post-COVID-19 revised strategy to be produced in Plas Madoc 30th September		A	A	
				Increase number of partners and scheme members through engagement events/ membership scheme in Llangefni 30th September		P		
				Develop food poverty initiative proposals, in partnership with Bangor University, local authority and 3rd sector. 31st December		P		
				Scope and develop proposal for a food poverty/ food waste initiative in Denbighshire 31st December		A	G	
S1.3	Homelessness initiatives are implemented	PPPH	Executive Director of Public Health	Co- Contribute to development of regional Lottery bid to address homelessness (in partnership with housing associations, third sector and local authorities). 31st December		P		
				Refresh with partners the Wrexham programme and Health Board contribution. 31st December		R	G	
				Extended scope for Bangor and links to the food poverty/ training café. 31st December		G	P	
				Post-COVID-19 Rhyl development and Health Board contribution. refreshed with partners 31st March		G	G	

S1.2 Reducing food poverty initiatives are established

- Initial programmes completed, with very encouraging evaluation. Additional funding secured to enhance the Llangefni programme. Plas Madoc currently engaging with the local community regarding the next steps
- Bwyd Da Bangor established. To become fully operational in October 2021. Discussion with Denbigh and Shotton.
- In place. Agreement with Fareshare and Ellesmere Port
- Community consultation ongoing. Delayed due to COVID-19. Face to face engagement sessions planned for November.
- Additional funding received to create up to 4 outreach projects from the Llangefni hub. Currently engaging with residents. Linking with a broader community hub development including 3rd sector regarding location/ access / frequency. Linking with a broader.
- Site identified. Currently scoping the programme content

S1.3 Homelessness initiatives are implemented

- Achieved but bid was unsuccessful
- Alternative programme needs to be considered for the East Area
- Achieved. Scope to also include work to bring back into use the walled garden at Bryn y Neuadd in partnership with services on that site. Modern apprenticeships agreed for the project, creating employment opportunities for those furthest away from the workplace
- Programme agreed with Denbighshire County Council. To be implemented in Q3 and Q4

Strengthen our population health focus - Page 4 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.4	Implementation of the Infant feeding project (Wrexham)	QSE	Executive Director of Public Health	To support the Infant feeding (IF) strategy, the training sub group will deliver pre-registration standards of infant feeding training to allied services. eg health visiting, paediatrics. The group will progress the WHO baby friendly initiative through focus on IF training. 30th June-31st March -		G	G	
				Targeted support following birth to increase numbers of women breastfeeding on discharge from hospital and at 10 days. The newly appointed IF support workers will give additional support one to one and telephone support up to day 10. 30th September-31st March		G	G	
				Once Quality improvement project complete, evaluate programme, and report for review by Health Improvement and Reducing Inequalities Group 31st March-		G	G	
				Issue Women/Mothers experience survey – questions specific to breastfeeding and experience during COVID to provide lessons learnt and valuable feedback to shape future service delivery 31st December -		G	P	
S1.5	Infant feeding strategy	QSE	Executive Director of Public Health	31st December - Appoint Strategic Breastfeeding Lead (awaiting National JD)		A	R	
				30th June Response due from National team JD forthcoming:		A	R	
				30th June JD developed		A	R	
				30th September Post advertised or seconded		A	R	
S1.6	Establish Children's Tier 3 obesity service	QSE	Executive Director of Public Health	Posts appointed Referral mechanisms established 30th September		A	R	

S1.5 Infant feeding strategy

JD drafted locally as no response regarding national JD received -(green) . Local job evaluation anticipated during Q3 (amber). Advertisement and recruitment of post anticipated Q4 (amber). As this is a senior post, realistically the post holder is likely to require a 3 month notice period, therefore is unlikely to be in post before March 2022. Mitigation regarding some of the 2021/22 BAHW slippage funding has been put in place; draft proposals have been submitted to the North Wales Strategic Infant Feeding Group for agreement.

S1.6 Establish Children's Tier 3 obesity service

Service lead and Consultant Paediatrician appointed. Physio recruitment underway. Psychologist not yet recruited. MDT fully operational by Q4

Strengthen our population health focus - Page 5 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S1.7	Establish Children's Tier 3 obesity service - Implement Service Plan	PPPH	Executive Director of Public Health	Implement Service plan: Appoint service Lead for the Level 3 paediatric weight management service Engage with the relevant services (Paediatrics, Psychology, Physiotherapy) about the recruitment of the staff for the service and agree with the relevant services where the service will be hosted Source a base for the service Complete procurement process of purchasing necessary equipment Implement service towards end of the summer, ensuring promoted widely as possible, using partners. 30th September-31st March		A	A	
S1.8	Physical Literacy North Wales programme is established	PPPH	Executive Director of Public Health	Identified partners and relevant workforce trained 31st December		G	P	
				A range of examples of physical literacy informed practice shared with partners across the region 31st December		G	P	
				Resources and tools developed 31st December		G	P	
				Online training resource developed 31st March		G	G	
S1.9	Elemental software is utilised by local authorities	PFIG	Executive Director of Public Health	Agreed activities at each local authority 30th June		P		
				Progress reporting structure established 30th September		P		
				Evaluation of annual usage shared with Health Improvement and Reducing Inequalities Group 31st March		G	G	
S2	Inverse Care Law Commissioned report received	PPPH	Executive Director of Public Health	Programme manager appointed 30th September		P		
				Commissioning complete 30th September		P		
				Report from commissioning programme and recommendations received to inform scope of project 31st March		G	P	
				Plan developed 31st March		G	G	

S1.7 Establish Children's Tier 3 obesity service - Implement Service Plan

All staff except the Clinical Psychologist post have been recruited to and five staff have commenced in their posts. Recruitment to Psychologist posts across weight management services in BCU is particularly challenging and as a result the banding of the current Psychologist post in the service may need to be reviewed. A base has been sourced for the team, equipment for the office base has been procured and staff have begun moving in. Due to delays in recruiting staff, the service will begin accepting referrals in April 2022, but this will be a reduced service due to the full complement of staff being unavailable. The lack of a clinical psychologist is a significant risk to delivery due to the importance of offering psychological support to patients. Staff in post have been working hard to develop the educational element of Phase 1 of the 'active' phase of the programme and this is almost completed and ready for delivery.

Strengthen our population health focus - Page 6 of 6

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
S2.1	Implementation of Alcohol Insights Commissioned report	QSE	Executive Director of Public Health	Findings shared with Allied Planning Board Action plan developed and implemented 31st December		G	P	
S2.2	Increase level 1 activity particularly in target groups	PPPH	Executive Director of Public Health	Early years dieticians and support workers appointed 30th June		R	R	
				Appoint (and provide relevant training on induction for) early years dietitians and support workers (1 each per BCU area) 30th September		R	R	
				Come and cook with your child' programme commences in primary schools 31st December		A	A	
				Boliau Bach/Tiny Tums programme expands to include food and drink provision for 0-1 years in early child care settings - Training Needs Analysis (TNA) planned and completed 31st December		A	A	
				Provision of accredited nutrition and practical cooking skills NS4L courses commences with families - focusing on supporting Flying Start - Meetings held with each Flying Start team in first 6 months to explore opportunities for greater integration and to establish FS priorities for delivery of parenting programmes/ family contacts etc. - Proposal(s) to extend and integrate our provision with FS teams is outlined in a document e.g. .PiD and this is discussed and agreed with all parties within the first 9 months31st December		A	A	
				Through meeting and establishing groups with childminders and play groups – access to digital and/or face to face training and participation Boliau Bach/Tiny Tums is increased. - Digital training resources completed and tested 31st December		A	G	

S2.2

Team leaders and dietetic assistants across BCU are now in post. One post is still undergoing recruitment in the West area. Reviewing team mix, possible B5 PH nutritionist

Programme icons and design work has been completed and programme content is being crosschecked against the new curriculum (foundation phase). Newly recruited dietetic assistants are accessing level 2 community food and nutrition skills (CFNS) training in preparation to commence delivery in the Winter and Spring terms. Contingency plans are also being developed to enable delivery in schools where partners are not permitted to visit due to COVID-19 risk assessments.

By the end of 21/22, consultation with the sector and a training needs analysis will be complete and implementation of the extended assessment will be underway.

Meetings have been undertaken with all Flying Start teams across BCU to discuss integrating the offer within the service. Flying Start family workers in some areas have accessed level 2 CFNS training with the dietetics team, and trials of the 'Eat Smart Save Better' engagement session have been trialled with some Flying Start families.

Integration and improvement of mental health services - Page 1 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
M1.1	Quality Improvement & Governance: Implementation of ward accreditation to improve fundamentals of care and leadership.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope programme of work	R	P		
				30th September, agree plan for roll-out	N/A	P		
				31st December/31st March implement	N/A	N/A	G	
M1.2	Workforce Wellness & Organisational Development: We will enhance leadership within the Division and seek to actively support staff in their workplaces to maintain optimum wellbeing.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June agree scheme plan	P			
				30th September/31st December/31st March implementation	N/A	P		
M1.3	Ablett / YGC MH Inpatient Redesign: We will continue to work with Corporate Planning colleagues to design on the YGC site for the provision of Adult and Older People's Mental Health inpatient services in the Central Area.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	To provide services which meet the strategic direction outlined within Together for Mental Health in North Wales and deliver the model of care developed through the Quality & Workforce groups;30th June	P			
				31st March, dependent on planning permissions outcome	G	G	G	
M1.5	CAMHS: We will develop an appropriate interface with child and adolescent mental health services to ensure the most effective transition for young people with mental health conditions into adult services.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, develop improvement plan	R	P		
				30th September, agree plan	N/A	P		
				31st December-31st March begin to implement improvements	N/A	N/A	G	
M1.6	Safe & Timely Discharge: We will introduce a programme of work across the division to review long length of stay and delayed transfer of care.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, review work to date	P			
				30th September, agree plan and begin roll-out	N/A	P		
				31st December-31st March, on-going work with adjustments as required	N/A	N/A	P	
M1.7	Dementia Care: Delivery of clinically led, safe and effective services will be further developed aligned with the dementia strategy.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme	A	P		
				31st December-31st March begin implementation	N/A	N/A	R	

M1.7 Dementia Care: Review of Dementia Care remains ongoing. MAS services being scoped by Consultant Nurse for Dementia, hampered by poor MAS data management. Admin input to support data management being sought.

In relation to the review of staff training needs, the original target set by former Consultant Nurse Dementia was unrealistic and hampered by the lack of robust systems to identify education and training needs. The new post holders appointed in July 2021 are currently undertaking this activity which will complete April 2022.

The services modelling continues to be overseen and monitored by Dementia Steering group/RPB and action planning underway led by Interim Director of Patient Experience. 14 action as assigned to Dementia Consultant Nurses to lead using a co-production approach – some actions local and some Board-wide. They are also integral to the local action plans in LLGH and other community hospitals.

Completion of education and training plan will move to Q4 and also into Q1 in 2022 for secondary care, CMHT, MHLD, primary care, care homes in order to appraise existing training needs/workforce analyses approaches and develop plans to strengthen these in 2022. Also due to pandemic there is a need to revise previous providers of most training provision.

Regional rollout recruitment for posts have closed and shortlisting has took place for clinical posts. Admin post is about to go live on TRAC. Equipment is being ordered.

Good engagement with local MAS leads and are drawing up detailed pathway so clear how and when referrals are sent, how outcomes are sent back, locations of service delivery etc.

Integration and improvement of mental health services - Page 2 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
M1.8	Older Persons (OPMH): Development of Crisis care support for older adults (over 70) with an acute mental illness over the age of 70 and people of any age living with dementia.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September develop master scheme with supporting SOPs	R	R	P	
				31st December-31st March begin implementation	N/A	N/A	R	
M1.9	Early Intervention Psychosis: Enhancing the current Multi-disciplinary Team with trained and developed multi-disciplinary staff to provide best quality services for patients and families.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
				30th September, begin recruitment	N/A	R	R	
				31st December, integrate in to local teams	N/A	N/A	R	
				31st March, evaluate	N/A	N/A	N/A	
M10	Forensic Services: Development of a model for forensic and low secure provision for both mental health and learning disabilities services in North Wales.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	R	R	R	
				31st December Develop options appraisal	N/A	N/A	R	
M10.1	Learning Disabilities: We will implement the strategy for learning disabilities services in partnership with people with lived experience, their families, health and social care organisations across North Wales and the voluntary sector.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June – 30th September develop system pathway with supporting workforce plan	A	R	R	
				31st December Develop future options appraisal	N/A	N/A	R	
				31st March Evaluate work programme to date	N/A	N/A	N/A	
M10.2	Maternal Care & Perinatal Services: To enhance delivery of clinically led, safe and effective services for mother and babies that require perinatal mental health services.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
				30th September, begin recruitment	N/A	R	R	
				31st December, integrate in to local teams	N/A	N/A	R	
				31st March, evaluate	N/A	N/A	N/A	
M10.3	Primary Care & ICAN: To build on actions from within the Winter Plan and further develop the demand and capacity modelling to continue to review and improve patient flow between primary and secondary care. To work with Primary Care Services together with ICAN to offer direct and rapid access to wider ranging support supported by trauma informed approaches at cluster level.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June Engagement with primary care clusters	R	P		
				30th June Recruitment of OTs for model across North Wales	R	P		
				30th September Internal and external promotion of ICAN primary care model with GP Clusters and partner agencies	N/A	P		
				31st December-31st March evaluate impact	N/A	N/A	R	

M1.8 Older Persons (OPMH): Project group set-up and meeting on 16/12/21 to develop local workforce models for crisis care team, and provide oversight for OT crisis care home prevention and care home liaison project. OT crisis care posts in process of recruiting, however experiencing some delays. Some Crisis Care team recruitment has begun in East and West.

M1.9 Early Intervention Psychosis: The RAG- Red rating following the Q1 and Q2 report, is as a result of the delay in the recruitment drive. The consultant psychiatrist interviews were delayed to November 2021; this pushed back the follow on recruitment. We are now recruiting the Care Co-ordinator posts and will have a team ready to be operational by end of January 2022.

The development is now facing a significant delay, with the lack of available and fit for purpose Estates; We have developed the SBAR for action by the divisional capital team, to move forward with rental of accommodation or freeing up the appropriate space within existing accommodation, located between the two counties the East team will support – Flintshire and Wrexham.

As this development is already planned to move into the central and west localities, the estates are being planned for, this will prevent the delay in the development as we move to the central area.

M10 Forensic Service: No change form Q2 this requires significant investment and dedicated project management support. NHS Wales Secure care review is to be published in the New year and it is anticipated that this will provide additional base line data and recommendations for the Health Board aligned to Low Secure Care.

M10.1 Learning Disabilities: Pooled Budgets 33 Agreement has been approved by Divisional SLT and BCUHB Executive. The final stage for the section 33 agreement will be approval at F&P and we are awaiting confirmation of date. Once confirmed project will go live. Project was presented to the Deputy Minister on the 14/12/2021 who was encouraged by the work to date and progress made in N Wales aligned to the Pooled Budget Pilot. Need for dedicated Project Management support has been identified to support with the ECRS transformational project with business case to be developed.

M10.2 Maternal Care & Perinatal Services: There is no significant progress from the last quarter. Recruitment is on-going – JD's for new posts have been accessed and are going through the job evaluation process. The team is currently experiencing significant challenges relating to staffing and at present, business continuity is the priority.

M10.3 I-CAN Primary Care: Recruitment paused for further scoping of workforce model. To be confirmed by Senior Leadership Team and completed by Q4 now. Regional roll out of initial pilot has now been delayed until Q4 due to recruitment delay. Mapping of provision for all Area GP surgeries continues to progress into Q4 and Area Stakeholder Groups will be fully established across the region by Q4.

Integration and improvement of mental health services - Page 3 of 3

Plan Ref	Programme	Committee	Lead Director	Target Date	Jun-21	Sep-21	Dec-21	Mar-22
M10.4	Psychological Therapies: To increase access to psychological therapies across both mental and physical health services.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	31st March	A	G	G	
M10.5	Rehabilitation Services: To agree a long term model for rehab services and support whole system patient flow pathways.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June-30th September review and agree plan	A	P		
				31st December, seek Divisional approval and consider funding requirements	N/A	N/A	P	
				31st March finalise plan	N/A	N/A	N/A	
M10.7	Unscheduled Care & Crisis Response: We will further develop an all age crisis response pathway.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	31st December	G	P		
M10.8	Eating Disorders: To address the significant deficits in service provision for early intervention and treatment and to improve the clinical needs and challenges of current Eating Disorder (ED) service provision in North Wales and North Powys.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, agree master scheme	P			
				30th September, begin recruitment	N/A	R	R	
				31st December, integrate in to local teams	N/A	N/A	R	
				31st March, evaluate	N/A	N/A	N/A	
M11	Liaison: To provide an appropriate and consistent psychiatric liaison response across North Wales.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	30th June, scope requirements	R	P		
				30th September, develop and agree a plan	N/A	R	R	
				31st December, agree proposals	N/A	N/A	R	
				31st March, implement	N/A	N/A	N/A	
M11.1	Partnership & Engagement: To deliver clinically led, safe and effective services in partnership with patients, their families, social care and third sector colleagues.	QSE	Interim Executive Director of Mental Health & Learning Disabilities	31st December	G	G	P	

M10.7 Unscheduled Care & Crisis Response: MH SPoC weekend and OOH model has been developed, which will see the service aligned to GP OOH and SICAT. Proposals have been signed off by Crisis Care Steering Group and awaiting approval from CSG before implementation.

Meetings with the DU to explore funding requirements for a 24/7 model will be held by 07/01/2022.

St. John MH Conveyance pilot now live in East.

Sanctuary and MHAU models are being developed in collaboration to ensure a joined-up approach. Sanctuary tender specification to be revised and re-submitted.

Crisis Steering Group focus has been on ensuring proposals are stress tested, with project groups in position and functioning effectively. Alignment of KPIs across crisis care will follow subsequently.
The milestones for quarter 3 are delayed by approx. 3 weeks.

M10.8 Eating Disorders: Some recruitment delays continue to affect service delivery (described below), but work being done on:

- Funding and workforce needs secured
- Service demand and capacity is ongoing
- Mapped Pathways and communication Plan ongoing and being developed with other services.

Currently the delivery issue is affected by the lack of accommodation to house the new staff**.** No base for new staff starting in January (East and central). No base to advertise band 3 Admin. This has been raised a number of times with the Divisions Estates & Capital Group. However, a resolution as not yet been reached.

Additionally, some recruitment – e.g. generic assistants – is being staggered due to the need for senior staff (Band 6's) to be appointed and in post as they will supervise them.

M11 Liaison: Demand and capacity modelling has been undertaken across all areas. Psychiatric Liaison project team, has been stood up, and is developing local proposals for stabilising the service in the short term, and enhancing the team with a long term workforce model proposal.

2021-22 Operational Plan Monitoring Report
Betsi Cadwaladr University Health Board

Further information is available from the office of the Director of Performance which includes:

- tolerances for red, amber and green

Further information on our performance can be found online at:

- Our website www.bcu.wales.nhs.uk
- Stats Wales https://statswales.gov.wales/Catalogue/Health-and-Social-Care

We also post regular updates on what we are doing to improve healthcare services for patients on social media:


follow @bcuhb


http://www.facebook.com/bcuhealthboard

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health (PPPH) Committee 10.2.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Corporate Risk Register Report**
Cyfarwyddwr Cyfrifol: Responsible Director:	Simon Evans-Evans, Interim Director of Governance
Awdur yr Adroddiad Report Author:	Justine Parry, Assistant Director: Information Governance and Risk
Craffu blaenorol: Prior Scrutiny:	• Risk Management Group Chairs Action Approval on the 14th December 2021 • Executive Team on the 22nd December 2021
Atodiadau Appendices:	Appendix 1 – CRR Report for PPPHC Appendix 2 – Full List of Corporate Risks Appendix 3 – Risk Key Field Guidance

Argymhelliad / Recommendation:

That the Committee:-

1. Note the Risk Management Group was stood down on the 13th December 2021 to allow Gold Command and the vaccination management to be progressed.
2. Note the Risk Management Group Chair's Actions process was followed to approve the risks for presentation to the Executive Team, before onward presentation to Board Committees.
3. Note the Key Field Guidance Document has been updated following Audit Committee members feedback and is attached as Appendix 3.
4. Note due to the revised Committee arrangements, a review of these risk is currently being undertaken for presentation to the Risk Management Group meetings on the 8th February and 5th April 2022. Further updates will then be presented to the PPPH Committee in May 2022.
5. Note in advance of the refresh of the 2022/23 Board Assurance Framework (BAF), the current BAF risks are being reviewed in detail alongside the Corporate Risks against the new strategic priorities that are set out in the Integrated Medium Term Plan. The output of this exercise will be reported from April 2022 onwards.
6. Review and note the progress on the Corporate Tier 1 Operational Risk Register Report as set out below and in detail at Appendix 1:

CRR20-06: Informatics - Patient Records pan BCU

a) **Note** following the Risk Management Group (RMG) request for the risk to be shared with Clinicians in order to support the quantifying of the score, a meeting has taken place and attendance took place at the RMG in October 2021 to present the findings. The new proposals were approved by the Executive Team on the 20th October 2021, but have yet to be presented to the PPPH Committee for noting.
b) **Approve**
   i. The revised increase in the inherent risk score from 16 (Impact = 4 X Likelihood = 4) to 20 (Impact = 5 X Likelihood = 4) given the significant impact on clinical services if the patient record was not accessible at the right time and in the right place.

ii. The revised slight decrease in the current risk score from 16 (Impact = 4 X Likelihood = 4) to 15 (Impact = 5 X Likelihood = 3) to recognise the impact remaining high, with the likelihood of the risk reducing with the controls currently in place.
iii. The revised decrease in the target risk score from 12 ((Impact = 4 X Likelihood = 3) to 9 (Impact = 3 X Likelihood = 3) with the implementation of the proposed mitigations and further actions, to bring the target in line with the Health Board's risk appetite framework.

c) **Note** the update to the action ID12424 due date as advised by the RMG and approved by ET, which will transfer over to the revised Results Management risk for future monitoring arrangements.
d) **Note** further work to extrapolate the Results Management elements of this risk into a single risk is underway and will be owned and managed by the Office of the Executive Medical Director.

CRR20-07: Informatics infrastructure capacity, resource and demand

a) **Approve** the closure and transfer of the residual actions to the BAF21-16. Both RMG and the Executive Team (ET) at their meetings of the 16th and 25th August and 14th and 22nd December continue to support and recommend approval for the risk closure. Confirmation has been received from the Digital Director that the outstanding actions from CRR20-07 have been included within the updated BAF21-16 risk.

CRR21-11 – Cyber Security

Please note this risk is presented In-Committee to protect and maintain the security arrangements of the Health Board.

CRR21-12: National Infrastructure and Products

a) **Note** following the Risk Management Group (RMG) request for the risk description to be revised to capture the current position, the Director of Digital refreshed the risk which was presented and approved by the Executive Team on the 20th October 2021. However, due to the risk being previously re-opened, the risk has maintained its original opened date.
b) **Note** the progress in place to work with the Digital Health and Care Wales to develop a Joint Plan with further updates anticipated to include project upgrades.
c) **Note** the update to the action ID15286 due date as advised by the RMG and approved by ET, in line with the revised governance Committee reporting arrangements.
d) **Note** the update to action ID15284 due date as advised by the RMG and approved by ET, to take into account initial conflicting priorities and to include all project upgrades.

Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	✓	**Ar gyfer Trafodaeth For Discussion**	✓	**Ar gyfer sicrwydd For Assurance**	✓	**Er gwybodaeth For Information**	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						**N**	

Sefyllfa / Situation:

The Corporate Risk Register (CRR) demonstrates how the Health Board is robustly mitigating and managing high rated risks to the achievement of its operational objectives.

The design of both the Board Assurance Framework (BAF) and CRR emphasises their distinctive roles in underpinning the effective management of both strategic and operational risks respectively, as well as underlining their symbiotic relationship as both mechanisms have been designed to inform and feed-off each other, the BAF is reported separately.

Each Corporate Risk has been reviewed and updated and was presented to the Board on the 20th January 2022. The full CRR will next go to the Board in July 2022.

Cefndir / Background:

The implementation of the revised Risk Management Strategy underlines the Health Board's commitment to placing effective risk management at the heart of everything it does while embedding a risk-based approach into its core business processes, objective setting, strategy design and better decision making. The CRR reflects the Health Board`s continuous drive to foster a culture of constructive challenge, agile, dynamic and proactive management of risks while encouraging staff to regularly horizon scan for emerging risks, assess and appropriately manage them.

Teams reporting to the Lead Director (who is the Senior Responsible Officer for the risk) locally own and manage risks with support from the corporate risk team. The Risk Management Group has oversight of all risks and is scrutinised by the Executive Team who make the proposals for changes to the CRR to Board and Committees.

Summary Table of the Corporate Tier 1 Risk Report:

Current Tier 1 Risks for the Partnerships, People and Population Health Committee oversight (full details and progress can be found in Appendix 1):

Risk Title	**Inherent risk rating**	**Current risk rating**	**Target risk rating**	***Movement**
CURRENT RISKS – Appendix 1				
CRR20-06: Informatics - Patient Records pan BCU	16	16	12	Unchanged
CRR20-07: Informatics infrastructure capacity, resource and demand	20	16	12	Unchanged
CRR21-11 – Cyber Security	25	20	15	Unchanged
CRR21-12: National Infrastructure and Products	20	20	12	Unchanged

*movement in risk score is measured from the last presentation to Board, and not necessarily reflective of the latest committee decisions.

Below is a heat map representation of the current corporate risk scores for this Committee:

	Impact				
	Very Low - 1	Low - 2	Moderate - 3	High - 4	Very high - 5

Current Risk Level						
Likelihood	Very Likely - 5				CRR21-12	
	Likely - 4				CRR20-06 CRR20-07	CRR21-11
	Possible - 3					
	Unlikely - 2					
	Rare - 1					

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The implementation of the Risk Management Strategy and Policy aligns with the Health Board`s strategy to embed effective risk management in fostering its culture of safety, learning to prevent recurrence and continuous improvements in patient, quality and enhanced experience.

Opsiynau a ystyriwyd / Options considered

Continuing with Corporate Risk Register.

Goblygiadau Ariannol / Financial Implications

The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.

Dadansoddiad Risk / Risk Analysis

See the individual risks for details of the related risk implications.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

There are no legal and compliance issues associated with the delivery of the Risk Management Strategy and Policy.

Asesiad Effaith / Impact Assessment

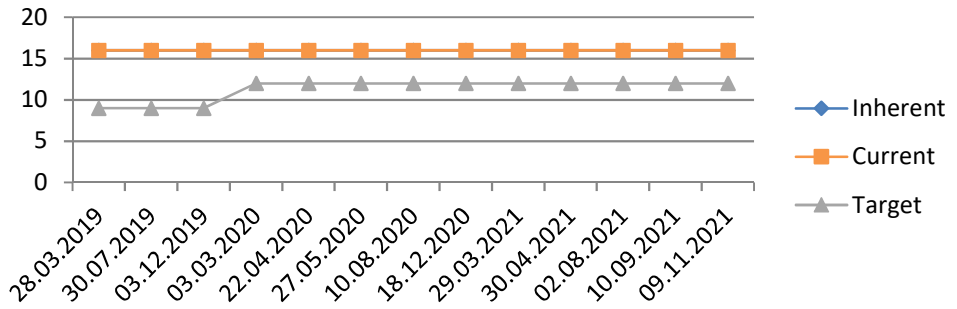
No specific or separate EqIA has been done for this report, as a full EqIA has been completed in relation to the new Risk Management Strategy and Policy to which CRR reports are aligned.

Due regard of any potential equality/quality and data governance issues has been factored into crafting this report.

Appendix 1 – CRR Report for PPPH

CRR20-06	**Director Lead:** Director of Primary and Community Care	**Date Opened:** 28 March 2019
	Assuring Committee: People, Partnership and Population Health Committee	**Date Last Reviewed:** 09 November 2021
	Risk: Informatics - Patient Records pan BCUHB	**Date of Committee Review:** 14 October 2021
		Target Risk Date: 30 September 2024

There is a risk that patient information is not available when and where required. This may be caused by a lack of suitable storage space, uncertain retention periods, and the logistical challenges with sharing and maintaining standards associated with the paper record. This could result in substandard care, patient harm and an inability to meet our legislative duties.



	Impact	Likelihood	Score
Inherent Risk Rating	4	4	16
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	moderate level		9-12
Movement in Current Risk Rating Since last presented to the Board in January 2022	Unchanged		

Controls in place	**Assurances**
1. Corporate and Health Records Management policies and procedures are in place pan-BCUHB. 2. iFIT Radio-Frequency Identification (RFID) casenote tracking software and asset register in place to govern the management and movement of patient records. 3. Escalation via appropriate committee reporting. 4. Key performance indicators monitored at BCUHB Patient Records Group (reported into the Information Governance Group). 5. Centralised team to manage 'Subject Access Requests' for Patient Records pan-BCUHB established with project complete March 2021, ensuring compliance with legislation and supporting the rectification of commingling within patients clinical notes (Action ID 12422). 6. Standard operating procedure in place pan-BCUHB and off-site storage secured to manage the increased storage demands in response to the embargo on the destruction of patient records (in line with retention) due to the infected blood inquiry. 7. Medical Examiners Service (MES) support teams established on each site to respond to the new requirements for providing scanned patient records to the MES in line with their standard operating procedures.	1. Chairs reports from Patient Record Group presented to Information Governance Group. 2. Chairs assurance report from Information Governance Group presented to Performance, Finance and Information Governance Committee. 3. Information Commissioners Office Audit.

8. Baseline audit undertaken in acute mental health and Children and Adolescent Mental Health Service (CAMHS) with monitoring and oversight by the patient record group reporting to the Information Governance Group.	

Gaps in Controls/mitigations
1. Lack of ability of project resources to be able to digitalise all specialties within 4 years. Phased approach for digital implementation introduced. 2. Estate to hold physical records with the lack of current plans to scan records. The estate to hold physical records requires upkeep, current off site storage in place.

Progress since last submission
1. Following previous feedback and recommendations from the Risk Management Group, a meeting has been held with a clinical review group to discuss the risk scoring alongside other clinical risks. Proposal to change the risk scorings is being presented: • Inherent from 16 to 20. • Current from 16 to 15. • Target from 12 to 9. Proposed changes have been previously approved at Executive Team on the 20th October 2021, these are just awaiting ratification at the next People, Partnership and Population Health Committee. 2. Risk Handler and Manager updated in line with current role changes. 3. Proposal to extrapolate the Results Management element of the risk - Following a clinical review on the 28th September 2021 it was advised to extrapolate the Results Management risk out to be an independent Corporate Risk with a score of 25 owned by the Office of the Medical Director. 4. Actions have been reviewed and updated to align with current risk position, with progress updates recorded against each action. 5. Controls in place and gaps in controls have been reviewed and updated to align with current risk position. 6. Action ID 12424 – Extension to the due date to the 31/12/2022 has been approved at the Risk Management Group on the 11/10/2021 and the Executive Team meeting on the 20/10/2021.

Links to	
Strategic Priorities	**Principal Risks**
Making effective and sustainable use of resources (key enabler) Transformation for improvement (key enabler)	BAF21-16 BAF21-22

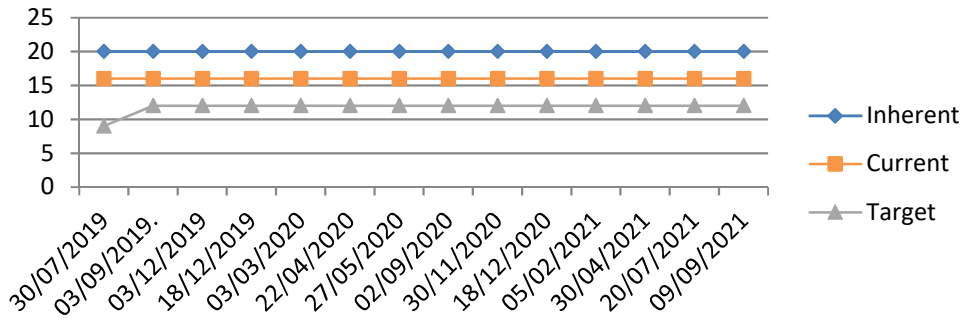
Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12423	Development of a local Digital Health Records system	Miss Wendy Hardman, Deputy Head Of Health Records	30/09/2024	16.11.21 (DE) UPDATE Nov 2021 - The Project Board have approved a re-profiling of the project plan to accommodate (i) the decision to take the v2.5 upgrade providing a better user experience, building the product on the 'to be' platform instead of the departing version; (ii) the delays to recruitment that impacts on the development of the e-forms within Cito for the Early Adopters; and (iii) a steer from the Senior Responsible Officer concerning engagement with departments leading into winter pressures. Vascular surgery is planned for February and progress is good, and other opportunities with less clinical impact are being explored up to this period. The project remains well within the overall project timescales.	On Track
	12424	Improve the assurance of Results Management.	Miss Wendy Hardman, Deputy Head Of Health Records	31/12/2022	16.11.2021 (DE) - UPADATE Nov 2021 - Whilst this risk has always contributed to the corporate Tier 1 risk CRR20-06 concerning patient information, with the results management project providing the mitigating action; it has been advised following a clinical review on the 28th September 2021 to extrapolate	On Track

					this Results Management risk out to be an independent Corporate Risk with a score of 25 owned by the Office of the Medical Director - therefore this action will move under that risk when established. Following review of reference WS1 Business Case by the Health Board Review Team (HBRT) in July, a report and the Business Case will be presented by the Executive Medical Director (new project Senior Responsible Officer) to the Executive Team on the 17/11 with recommendations to; support the funding request for the long-term solution, and to endorse the interim short-term solution to re-instate printing of paper reports to outpatients with the ability for Departments to request these are turned off after providing assurance of their local procedures.	
	12425	Digitise the clinic letters for outpatients	Miss Wendy Hardman, Deputy Head Of Health Records	30/06/2022	16.11.21 (DE) - Update Nov 2021 - the roll out to central is complete. The upgrade to the East Welsh Patient Administration System (WPAS) has passed User Acceptance Training (UAT) and engagement with East colleagues is well underway to establish a roll out plan. There is a dependency to the Medicines Transcribing and E-Discharge (MTeD) project due	On Track

					to some Departments using Electric Point of Care (EPOC) for both clinic letters and discharge advice letters - they would prefer to leave EPOC when both EPRO System and MTeD are available; this has been recognised as a risk to both projects.	
	12426	Digitise nursing documentation through engaging in the WNCR	Jane Brady, Assistant Business Support Manager	30/09/2024	16.11.21 (DE) - the ownership of this action has been passed to Jane Brady (Senior Lead Nursing Informatics Specialist) as the lead for this project who will be best placed to provide the updates	On Track
	12429	Engage with the Estates Rationalisation Programme to secure the future of 'fit for purpose' file libraries for legacy paper records.	Miss Wendy Hardman, Deputy Head Of Health Records	31/01/2023	**ON HOLD** until the Mental Health Business Case is progressed with the Welsh Government (5 case business cases) – break ground circa 2023, we will not be able to start the work to explore if the Ablett can be retained and redesigned for health records until the business cases are signed off. The date for the Mental Health Full Business Case is September 2022.	On Hold

CRR20-07	**Director Lead:** Director of Primary and Community Care	**Date Opened:** 28 March 2019
	Assuring Committee: People, Partnerships and Population Health Committee	**Date Last Reviewed:** 09 September 2021
	Risk: Informatics infrastructure capacity, resource and demand	**Date of Committee Review:** 14 October 2021
		Target Risk Date: 15 December 2021

There is a risk that digital services within the Health Board are not fit for purpose. This may be due to:
(a) A lack of capacity and resource to deliver services / guide the organisation.
(b) Increasing demand (internally from users e.g. For devices/ training and externally from the public, government and regulators e.g. Growing need for digital services).
(c) the moving pace of technology.
This could lead to failures in clinical and management systems, and a failure to support the delivery of the Health Boards strategy / plans impacting negatively on patient safety/outcomes. It may also pose a greater risk to the Health board of infrastructure failures and cyber attack.



	Impact	Likelihood	Score
Inherent Risk Rating	5	4	20
Current Risk Rating	4	4	16
Target Risk Score	4	3	12
Risk Appetite	moderate level		9-12
Movement in Current Risk Rating Since last presented to the Board in January 2022	Unchanged		

Controls in place	**Assurances**
1. Governance structures in place to approve and monitor plans. Monitoring of approved plans for 2019 2020 (Capital, Integrated Medium Term Plan and Operational). Approved and established process for reviewing requests for services. 2. Integrated planning process and agreed timescales with BCUHB and third party suppliers. 3. Key performance metrics to monitor service delivery and increasing demand. 4. Risk based approach to decision making e.g. Local hosting v's National hosting for Welsh Patient Administration System (WPAS) etc. 5. National Infrastructure Review (Independent Welsh Government Review undertaken by Channel 13). 6. Digital Strategy has been developed and approved. 7. DUO System and Microsoft Office365 have enabled staff to work differently.	1. Annual Internal Audit Plan. 2. Wales Audit Office reviews and reports e.g. structured assessments and data quality. 3. Scrutiny of Clinical Data Quality by CHKS. 4. Auditor General Report - Informatics Systems in NHS Wales. 5. Regular reporting to People, Partnerships and Population Health Committee (for Governance).

Gaps in Controls/mitigations
The lack of sustainable funding is a limiting factor to reduce this risk. Short term funding results in the recruitment of staff on short fixed term contracts, this results in instability in projects and business as usual.

Progress since last submission
1. Following approval from the Executive Team on the 28th August 2021 to archive this risk due to duplication with the Board Assurance Framework (BAF) risk, outstanding actions have been transferred over to the BAF risk for future monitoring arrangements. 2. Approval from People, Partnerships and Population Health Committee is required to action this risk closure before it can be removed from the register.

Links to	
Strategic Priorities	**Principal Risks**
Making effective and sustainable use of resources (key enabler) Transformation for improvement (key enabler)	BAF21-16 BAF21-17 BAF21-22

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status
Actions being implemented to achieve target risk score	12379	Review workforce plans and establish future proof informatics/digital capability and capacity.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	30/09/2021	The development of a Workforce Planning Strategy will take into account the service capability and capacity to deliver on the Digital Strategy. Transfer to Board Assurance Framework.	Delayed
	12380	Review governance arrangements e.g. Digital Transformation Group whose remit includes review of resource conflicts has not been replaced (April 2020).	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	30/09/2021	This will be undertaken now the Digital Strategy has been approved and will ensure appropriate governance arrangements are in place to	Delayed

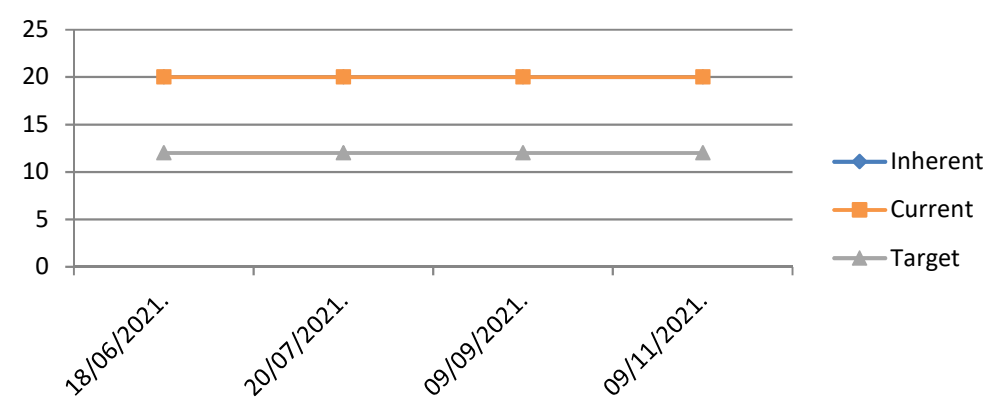
					monitor implementation of the strategy. Transfer to Board Assurance Framework.	

CRR21-12	**Director Lead:** Director of Primary and Community Care	**Date Opened:** 23 October 2017
	Assuring Committee: People, Partnership and Population Health Committee	**Date Last Reviewed:** 09 November 2021
	Risk: National Infrastructure and Products	**Date of Committee Review:** 14 October 2021
		Target Risk Date: 31 March 2022

There is a risk that national digital systems, infrastructure, and technical architecture do not allow the organisation to achieve full benefits and improve its digital maturity.

This may be caused by delays in system implementations, a one size fits all approach and supplier capacity.

This could lead to poor patient outcomes, variable quality in service provision, inefficient use of staff time, reduced health intelligence, reduced resilience i.e. system downtime.



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk Score	4	3	12
Risk Appetite	moderate level		9-12
Movement in Current Risk Rating Since last presented to the Board in January 2022	Unchanged		

Controls in place	**Assurances**
1. Scrutiny of all nationally deployed systems by People, Partnership and Population Health Committee who escalate any areas of concern to the Health Board. 2. Project Management Framework with strong governance in place. 3. Technical Oversight Group for Welsh Patient Administration System (WPAS) and other National Programme Groups in place. 4. Director of Digital attendance at Digital Directors Peer Group to escalate areas of concern. 5. A joint digital plan in place with Digital Health and Care Wales for 2021/22 which includes all projects.	1. Public Accounts Committee Review of the National Wales Informatics Service (now Digital Health Care Wales). 2. Wales Audit Office - review. 4. National Architecture and Informatics Governance Reviews.

Gaps in Controls/mitigations
1. Welsh Patient Administration System (WPAS) implementation which is a national project has not had confirmed funding yet from Welsh Government. The WPAS Business case has been approved by BCUHB who continue to work with Welsh Government to secure funding. 2. Timeframes for the system upgrades are not currently in place for the joint digital plan in place with Digital Health and Care Wales (DHCW) for 2021/22. BCUHB Informatics Team are working closely with DHCW to improve the lead in time. 3. Lack of performance monitoring of integrated financial and performance reporting of suppliers. Establishment of Digital Delivery Group to oversee six monthly supplier finance and performance reports.

Progress since last submission
1. Following a recommendation from the Risk Management Group, the Director of Digital has refreshed the risk description to align with the current position. 2. Controls in place and gaps in controls reviewed and updated to align with current risk position. 3. Risk lead updated to reflect the current role changes. 4. Joint plan has been developed with Digital Health Care Wales (DHCW). 5. Working with Digital Directors Peer Group and DHCW to agree maintenance windows. 6. Action ID 15286 - Extension to the action due date to the 09/12/2021 approved at the Executive Team meeting on the 20/10/2021, in addition the action has been updated to reflect new committee oversight. 7. Action ID 15284 – action re-opened and an extention to the action due date approved at the Executive Team meeting on the 20/10/2021 to allow for project upgrades to be incorporated into the Joint Digital Plan, following initial conflicting priorities.

Links to	
Strategic Priorities	**Principal Risks**
Transformation for improvement (key enabler)	BAF21-16

Risk Response Plan	Action ID	Action	Action Lead/ Owner	Due date	State how action will support risk mitigation and reduce score	RAG Status

Actions being implemented to achieve target risk score	15284	A joint digital plan to be developed with Digital Health and Care Wales for 2021/22 which will include all projects and upgrades.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2022	Having an agreed plan in place will enable better monitoring of delivery and scrutiny by People, Partnership and Population Health Committee.	On Track
	15285	To meet with Digital Health and Care Wales on a quarterly basis to review delivery of agreed plan.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2022	This will enable performance management of the plan and escalations can be made sooner.	On Track
	15286	Action Plan to be presented to People, Partnership and Population Health Committee and scrutinised through the digital strategy.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	09/12/2021	Increased performance management of supplier to reduce the likelihood of the risk. Anticipated completion by the end of January 2022.	Delayed
	15287	To strengthen the governance by agreeing escalation levels within existing and new national projects.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2022	Having agreed escalation levels will result in issues being dealt with quicker.	On Track
	15474	Chief Clinical Information Officer and Chief Information Officer to influence the National Strategic Direction through National Groups.	Mr Phil Corrin, Director of Digital	31/03/2022	Influencing the National Strategy should increase alignment with BCUHB Digital Plans.	On Track
	17753	Local business cases to be developed for national projects.	Ms Andrea Williams, Head of Informatics Programmes, Assurance and Improvement	31/03/2022	Having a local business case will ensure the national projects can be delivered.	On Track

	18681	To further develop the relationship management approach with Digital Health and Care Wales.	Mr Phil Corrin, Director of Digital	07/01/2022	An improved relationship with Digital Health and Care Wales at a Director level should improve project planning and BCUHB's national reputation. Anticpated completion by the end of February 2022.	Delayed

Appendix 2 - Full list of all Corporate Risk Register including current risk scoring

Reference	Title	Executive Lead	Committee Oversight	Current Risk Score
CRR20-01	Asbestos Management and Control	Executive Director of Finance	QSE	15
CRR20-02	Contractor Management and Control	Executive Director of Finance	QSE	15
CRR20-03	Legionella Management and Control	Executive Director of Planning and Performance	QSE	16
CRR20-04	Non-Compliance of Fire Safety Systems	Executive Director of Planning and Performance	QSE	16
CRR20-05	Timely access to care homes	Executive Director of Primary and Community Care	QSE	20
CRR20-06	Informatics - Patient Records pan BCU	Executive Director of Primary and Community Care	PPPH	16
CRR20-07	Informatics infrastructure capacity, resource and demand	Executive Director of Primary and Community Care	PPPH	16
CRR20-08	Insufficient clinical capacity to meet demand may result in permanent vision loss in some patients	Executive Director of Nursing and Midwifery	QSE	20
CRR20-09	Potential harm to patients arising from delays in patient IVT Treatment - Not approved for escalation by QSE Committee, risk being managed at Tier 2			
CRR20-10	GP Out of Hours IT System - De-escalated by DIG Committee, risk being managed at Tier 2			
CRR21-11	Cyber Security	Executive Director of Primary and Community Care	PPPH	20
CRR21-12	National Infrastructure and Products	Executive Director of Primary and Community Care	PPPH	20
CRR21-13	Nurse staffing (Continuity of service may be compromised due to a diminishing nurse workforce)	Executive Director of Nursing and Midwifery	QSE	16
CRR21-14	There is a risk that the increased level of DoLS activity may result in the unlawful detention of patients	Executive Director of Nursing and Midwifery	QSE	20

CRR21-15	There is a risk that patient and service users may be harmed due to non-compliance with the SSW (Wales) Act 2014	Executive Director of Nursing and Midwifery	QSE	16
CRR21-16	Non-compliant with manual handling training resulting in enforcement action and potential injury to staff and patients	Executive Director of Workforce and Organisational Development	QSE	16
CRR21-17	The potential risk of delay in timely assessment, treatment and discharge of young people accessing CAMHS out-of-hours	Executive Director of Primary and Community Care	QSE	16

Risk Key Field Guidance / Definitions of Assurance Levels

BAF / Risk Template Item	Please refer to the Risk Management Strategy and Policy for further detailed explanations	
Risk Reference	Definition	Reference number, allocated by the Board Secretary for the Board Assurance Framework (BAF) or the Corporate Risk Team for the Corporate Risk Register (CRR)
Risk Description	Definition	A summary of what may happen that could have an impact on the achievement of the Health Board's Priorities or an adverse high level effect on the operational activities of the Health Board. There are 3 main components to include when articulating the risk description (event, cause and effect):
		- There is a risk of / if ….
		- This may be caused by ….
		- Which could lead to an impact / effect on ….
Risk Ratings	Inherent	Without taking into consideration any controls that may be in place to manage this risk, what is the likelihood that this risk will happen, and if it did, what would be the consequence.
	Current	Having considered the key controls and key mitigation measures in place, indicate what the current risk grading is. Note – this should reduce as action is taken to address the risk.
	Target	This is the level of risk one would expect to reach once all controls and key mitigation measures are in place and actions have been completed. This would normally align to the risk appetite, however when new controls / mitigations will take longer than 12 months to achieve, an interim target may be used (see Target Risk Date).
Risk Impact	Definition	The consequence (or how bad it would be) if the risk were to happen; in line with the National Patient Safety Agency (NPSA) Grading Matrix, an impact of 1 is Negligible (very low), and 5 is Catastrophic (very high).
Risk Likelihood	Definition	The chance that the risk will happen. In line with the NPSA Grading Matrix a likelihood of 1 means it will never happen / recur, and a 5 means that it will undoubtedly happen or recur, possibly frequently.
Risk Score	Definition	Impact x Likelihood of the risk happening, using the 5 x 5 Risk Scoring Matrix.
Target Risk Date	Definition	This is the date by which the target score will be achieved. It may indicate a stepping stone to achieve the risk appetite. Where the target risk score is outside the risk appetite, this field should also include the date by which the risk appetite will be achieved.
Risk Appetite	Definition	The amount and level of risk that the Health Board is willing to tolerate or accept in order to achieve its priorities. This could vary depending on the type of risk. The Board will review the risk appetite on a regular basis, and have implemented a Risk Appetite Framework to allow for exceptional circumstances.
	Low	Cautious with a preference for safe delivery options.

Risk Key Field Guidance / Definitions of Assurance Levels

	Moderate	Prepared to take on, pursue, or retain some risks for the Health Board to maximise opportunities to improve quality and safety of services.
	High	Open or willing to take on, pursue, or retain risks associated with innovation, research, and development, consistent with the Health Board's Priorities.
Controls	Definition	These are measures/interventions implemented by the Health Board to reduce either the likelihood of a risk and/or the potential magnitude/severity of its impact were it to happen. A collection of strategies, policies, procedures and systems - to control the risks that would otherwise arise, and ensure care and services are delivered by competent staff who are aware of how to raise concerns [NHS WALES Governance e-manual - http://www.wales.nhs.uk/governance-emanual/risk-management]. A measure that maintains and/or modifies risk (ISO 31000:2018(en)).
	Examples include, but are not limited to	- People, for example, a person who may have a specific role in delivery of an objective - Strategy, policies, procedures, SOP, checklists in place and being implemented which ensure the delivery of an objective - Training in place, monitored, and reported for assurance - Compliance audits - Business Continuity Plans in place, up to date, tested, and effectively monitored - Contracts in place, up to date, managed and regularly and routinely monitored
Mitigation	Definition	This refers to the process of reducing risk exposure and minimising its likelihood, and/or reducing the severity of impact were it to happen. Types of risk mitigations include the 5Ts (treat, tolerate, terminate, transfer, or take opportunity).
	Examples include, but are not limited to	- A redesigned and implemented service or redesigned and implemented pathway - Business Case agreed and implemented - Using a different product or service - Insurance procured.
Assurance Levels	1	The first level of assurance comes from the department that performs the day to day activity, for example the compliance data that is available
	2	The second level of assurance comes from other functions in the Health Board who have internally verified that data, for example quality, finance, and human resources assurance.
	3	The third level of assurance comes from outside the Health Board, for example the Welsh Government, Health Inspectorate Wales, Health and Safety Executive, and Internal/External Audit, etc.

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee (PPPHC) 10.2.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Informatics Digital Reporting Dashboard Quarter 3, 2021-22**
Cyfarwyddwr Cyfrifol: Responsible Director:	Phil Corrin, Interim Director of Digital
Awdur yr Adroddiad Report Author:	Liam D. Allsup, Business Planning and Improvement Manager
Craffu blaenorol: Prior Scrutiny:	Chris Stockport, Executive Director Primary and Community Care
Atodiadau Appendices:	Appendix 1 - Road maps for 2022/23 and 2023/26 Appendix 2 - Digital Healthcare Wales (DHCW) and BCUHB Joint Plan Appendix 3 - Data Standards Change Notice (DSCN) and Impact Assessments (IA)

Argymhelliad / Recommendation:

The Committee is asked to:-

- note the report.
- review the report and determine if it provides the appropriate levels of assurance.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**	**X**	**Er gwybodaeth For Information**	

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	**N**

N/A

Sefyllfa / Situation:

The purpose of this report is to provide the Partnerships, People & Population Health Committee (PPPHC) with:

1. An overview of the projects and activities outlined within the Digital Strategy Reporting Dashboard
2. Provide PPPH Committee with a mechanism to gain assurance on behalf of the Health Board that legislative and regulatory responsibilities which relate to Informatics services are being met.
3. For PPPHC to discuss and acknowledge whether the content provides assurance.

Cefndir / Background:

The report derives from our 2021/2024 Digital Strategy actions, our Corporate Programme actions and additional service actions. It provides a mechanism for assurance on behalf of the Health Board to ensure its legislative and regulatory responsibilities are being met by the Informatics Services and

provides additional detail on what Informatics will accomplish over the coming year to support the Three-Year Plan and its long-term vision.

Key points of this report are:

Digital Delivery Plan Progress

Digital Health Record - The first clinical pilot is planned to go live in February 22, with the Vascular service Multi-Disciplinary Team (MDT) paperless meetings

- Digital Clinic Letters from the Digital dictation solution (EPRO) are now integrated with the patient's digital record.
- Rheumatology digital workflow is under development.
  Paediatrics has been delayed whilst safeguarding functionality is developed by the supplier.
- Review of suitable clinical specialities is underway the clinical informatics support.
- Progress against scanning of paper records; Interview with supplier took place in December and the panel have agreed to proceed with awarding this contract. Currently awaiting the draft contract award from Procurement for approval by the panel.

Pharmacy -Wellsky: The project was successfully implemented in November 2021. Post go-live work is now being carried out with lessons learnt workshops and benefits realisation.

Secondary Care - Multi Disciplinary – Single Sign on: The purpose of this project is to update the technical environment in Ysbyty Glan Clwyd (YGC) and to scope the project to achieve the roll-out of the technology to the Emergency Departments (ED) in Ysbyty Gwynedd (YG) and Wrexham Maelor hospital (WMH). Project leads are currently engaging with the Directorate General Managers of the three sites to see how they want to prioritise access.

Secondary Care - Multi Disciplinary – Medicines Transcribing Electronic Discharge (MTeD): Project Board held in December to 'kick start' the second phase of the roll out. Early project focus will be upon identifying a new Senior Responsible Officer (SRO) for the project, updating of previous rollout plan including current utilisation of Medicines Transcribing Electronic Discharge (MTeD) and early engagement with colleagues in the East.

Primary Care & Community - Welsh Community Care Information System (WCCIS): A recent national strategic review of the WCCIS programme took place in November and December 2021. The draft review went to the WCCIS Leadership Board in January and the SROs will look at the recommendations and consider how to take these forward. The scope of the project has been reviewed with the supplier and the Health Board are currently awaiting confirmation of costs from the National Team prior to signing a Change Control Notice with the supplier for this revised scope.

National Audit Office Reports
The two outstanding recommendations from the Wales Audit Office 2014 & 2018 Clinical Coding Audit, are now closed.

Internal Audit Reports
Of the two recommendations from the Business Continuity BCU 2020/21 Audit, two are currently pending with exercises due to take place in early 2022.

Compliance

The **coding completeness** in BCU for September 2021 was 96.7% against the national target of 95%.

ICT Service Desk Calls logged (web and phone) has risen to 26,271 during Quarter 3, an increase of 3% on the previous quarter, and an increase of 2% on the same period in 2020 (25,666) and an increase of 17% for 2019 (22,398).

There has been one **national system down** time during the last quarter. During the last quarter there were two **local system downtime** incidents. These were Therapy Manager which was unavailable for a total of 2 hour 39 minutes approximately and STARR which was unavailable for a total of 3 hour 51 minutes approximately.

There were three new Data Standards Change Notices (DSCN) issued in quarter 3 2021-22. Of these:

- We are compliant with one
- Two are not applicable

There were seven new Impact Assessments (**IA)** issued during quarter 3 2021/22. Of these

- We are compliant with all seven.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The Informatics Digital Strategy supports the delivery of our strategic priorities in Living Healthier, Staying Well and our Population and Organisational Outcomes and is informed by feedback from our engagement. It covers primary care, secondary care, community care and mental health.

Opsiynau a ystyriwyd / Options considered

N/A

Goblygiadau Ariannol / Financial Implications

Revenue that has been secured is identified within the Digital Strategy. Not all revenue has been identified and will be subject to business cases and prioritisation. Some projects are being nationally led.

Dadansoddiad Risk / Risk Analysis

BAF21 - 16	Digital Estate and Assets
CRR20-06	Informatics - Patient Records pan BCU
CRR20-07	Informatics infrastructure capacity, resource and demand
CRR21-11	Cyber Security
CRR21-12	National Infrastructure and Products

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

None.

Asesiad Effaith / Impact Assessment

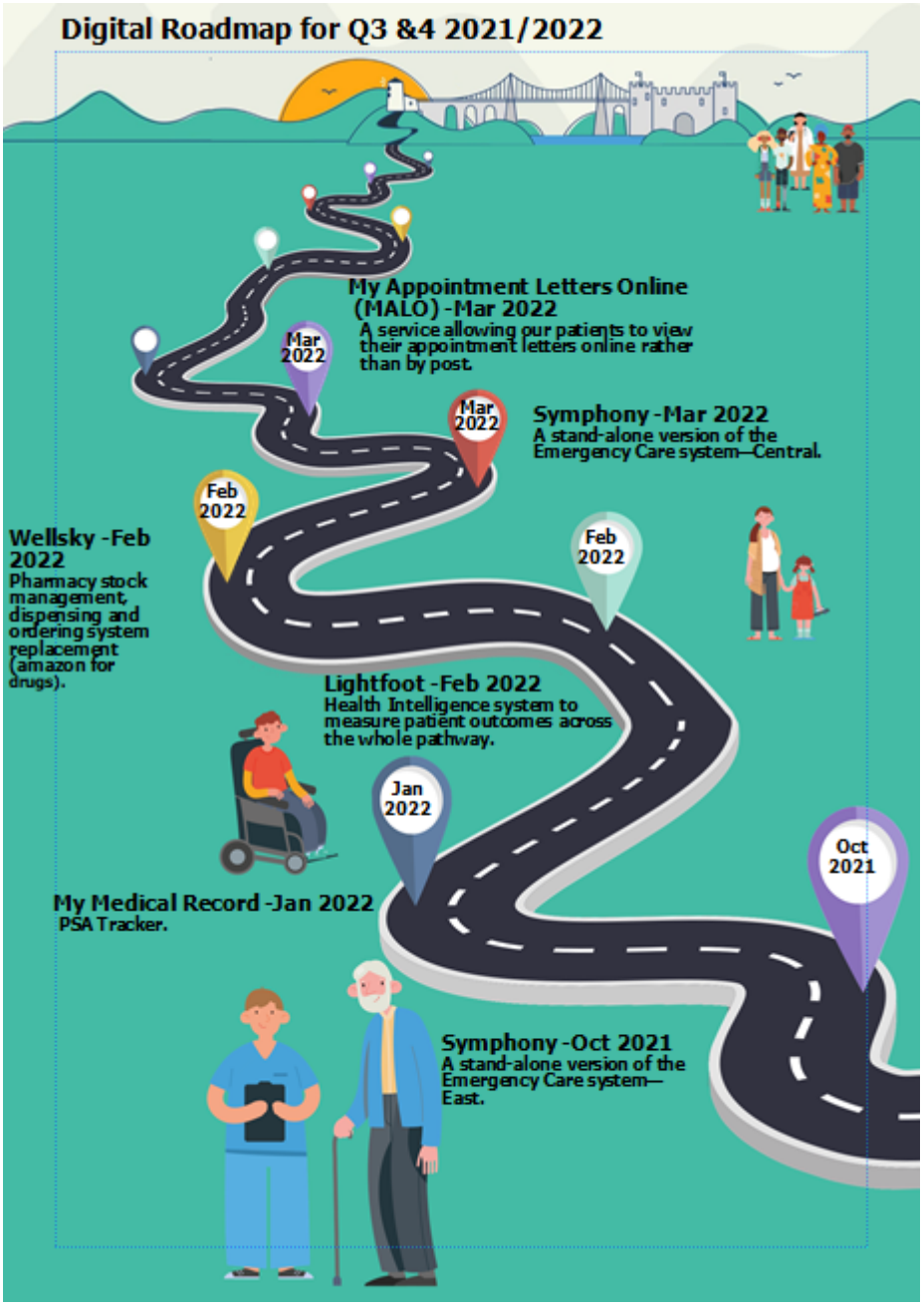
N/A

Contents

1. Digital Delivery Plan Progress

1.1 The roadmap below (Figure 1) gives the implementation dates for projects going live during Q3 and Q4 of 2021/22. Appendix 1 sets out the maps for 2022/23 and 2023/26.

Figure 1. Digital Roadmap for Q3 & Q4 2021/2022



1.2 The January update for live projects is shown in Table 1, using the following RAG status:

Overall RAG Status	On track, no real concerns	Some risks being managed	Off track, serious risk of, or will not be achieved

Table 1 Digital Delivery Plan Updates

	Specialty	Project / System	Description	Project Type	Start Date	End Date	RAG
1	Phase 1 Secondary Care - Multi Disciplinary	Digital Health Record	A single digital view of the patient record supporting integration with local and national systems in Wales and beyond	Local	01/11/20	16/07/25	
	UPDATE – The first pilot of the new Digital Health Record (DHR) is planned to go live in February 22, with the Vascular service and there Multi-Disciplinary Team (MDT) paperless meetings Digital Clinic Letters from the Digital dictation solution (EPRO) are now integrated with the patient's digital record. Rheumatology digital workflow is under development. Paediatrics has been delayed whilst safeguarding functionality is developed by the supplier. Review of suitable clinical specialities is underway the clinical informatics support. Progress against scanning of paper records; Interview with supplier took place in December and the panel have agreed to proceed with awarding this contract. Currently awaiting the draft contract award from Procurement for approval by the panel.						
2	Urology	My Medical Record - PSA Tracker	A system for managing specific antigen (PSA) results. It allows the Urology Service to manage, record, track and set thresholds / alerts for all prostate cancer patients as well as allowing the patient to access their data and relevant information to support their longer term care.	Local	01/06/21	01/04/22	
	UPDATE – System went live on the 11th of January in all three areas of BCU. The project is taking a phased approach starting with our PSA trackers and then on boarding nurse leads and patients. A system champion has been identified who is promoting the system and supporting colleagues. The project has had a few minor technical issues in the first two weeks which have been reported back to the supplier, but this isn't impacting use. As BCU is the pilot site for Wales issues and lessons learnt are being sent back to Welsh Government to inform the national programme						
3	Health Intelligence	Lightfoot	Health Intelligence system to measure patient outcomes across the whole pathway.	Local	12/07/21	12/02/22	

	UPDATE –• Next steps with the operational teams (and GPs) includes a deep dive of actions to support those patients who are high risk of readmission and 'consume' a high level of secondary care capacity, but could be cared for in the community.						
4	Outpatients	Wellsky	Pharmacy stock management, dispensing and ordering system replacement (amazon for drugs)	National (Tec Cymru)	01/11/20	29/11/2021	
	UPDATE – Wellsky is now live across all five sites in BCUHB. Lessons learnt workshops, benefits realisation and completion of the post go-live work is now being carried out.						
5	Secondary Care - Multi Disciplinary	My Appointment Letters Online (MALO)	A service allowing our patients to view their appointment letters online as an alternative to receiving them by post and is an extension to the centralised printing solution	Local	01/11/20	30/03/2022	
	UPDATE: The system is built and the key network infrastructure is in place. The final task is the testing of the external facing web interface to ensure patient data is safe.						
6	Secondary Care - Multi Disciplinary	WEDS / Symphony	A stand-alone version of the Emergency Care system Symphony	Local	01/05/2021	31/03/2022	
	UPDATE – Phase 1 (West Symphony implementation) Completed March 2021 with 2 Minor Injury Units outstanding Phase 2 (East Symphony implementation) Completed October 2021 Phase 3 (Central Symphony implementation) Go-live scheduled in YGC ED 30 March 2022 • Readiness & Planning activities continue with the focus on Data Migration (DM), End User Training and the additional hardware requisitions.						
7	Primary Care & Community	Community /Malinko	A clinical e-scheduling tool for care in the community providing real-time visibility of clinical workforce capacity and patient demand	Local	01/06/21	01/04/22	
	UPDATE –All smartphones will be made available to the District Nursing (DN) Teams by the end of January 2022. Remaining locations on the rollout plan will be attended by ICT staff to deliver the phones and provide on-site support in January and February 2022.						
8	Endoscopy	Endoscopy System	Replacement of the endoscopy system to ensure we comply with new national standards	National Collaborative	01/04/21	01/07/22	
	UPDATE – A demonstration from Medilogik took place on 16th December 2021 with the Endoscopy Service, DHCW, Informatics and ICT team leads. An initial evaluation has been completed with pricing detail. The solution may need to be implemented by spring 2022. However, the solution is in scope with commitment of resources for the agreed Project Team.						

9	Secondary Care - Multi Disciplinary	Stream	A clinical discharge planning tool that supports patient flow in an acute setting.	Local	04/01/22	27/05/22	
	UPDATE – Pilot to take place in 3 wards at Wrexham Maelor Hospital. There is a potential delay in obtaining hardware (the touchscreens) which would delay the start of the pilot at WMH. This risk has been reduced with assurance of obtaining screens to initiate the pilot.						
10	Secondary Care - Multi Disciplinary	Digital Clinic letters	Key to moving from paper to digital patient records, this project involves digital dictation and speech recognition	National Collaborative	01/07/19	01/06/22	
	UPDATE – Six departments are now live using EPRO with five other departments to go live prior to 7th February 2022. Following a system upgrade, risks were found and additional funding was necessary to ensure correct Information Governance (IG) governance is followed with staff being registered EPRO users. This risk has now been mitigated with the funding of new licenses. Planning is underway with the remaining departments keeping the project on track for completion June 2022.						
11	Oncology	CaNISC Replacement	The replacement Cancer Information System will facilitate service transformation and standardisation of working practices across all of cancer care	National DHCW	01/07/21	01/09/22	
	UPDATE – CaNISC replacement is a national led programme of works that has been impacted by delays in the delivery of a viable product from the supplier. It is unclear at present what these delays/impacts are on BCU however, part of the solution is already available in the latest releases of WPAS and WCP. The project currently does not have a Senior Responsible Officer (SRO) allocated. This is impacting the wider transformation and standardisation opportunities identified through the baseline processes mapping activities.						
12	Primary Care & Community	Office 365	Access to online Office applications and Microsoft Teams, enabling users to access work documents and emails remotely with access to better communication tools, new Business and Task Management tools	National DHCW	01/01/20	01/09/22	
	UPDATE – One Drive wider rollout has commenced. Currently 48% of home drives have been migrated to date (15th December 2021). Delay to Outlook migrations due to national firewall issue, additional SharePoint work required and lack of Project Management resources. Revised anticipated end date September 2022.						
13	Secondary Care - Multi Disciplinary	Electronic Referrals	This is the application in WCP that allows electronic referral of patients from primary care into secondary care outpatients.	National DHCW	01/12/21	01/09/22	

	UPDATE – Ian Donnelly has agreed to be SRO. Engagement to set up a mini Project Board is due in January 2022. DHCW Project Manager has set up a number of electronic referral demos for senior staff members to review and is working with services to understand how referrals are received and processed.						
14	Secondary Care - Multi Disciplinary	Welsh Patient Administration System	WPAS holds patient identification details, and records details of patients' hospital visits, including waiting list management, medical records, inpatient treatment, outpatient appointments and emergency visits.	National DHCW	02/04/15	20/05/23	
	UPDATE – WPAS West implementation into Central has seen a small delay in the delivery of data migration activities against the overarching plan due to complexities of Pathways, follow up waiting List's, Diaries, and feature tables. The team are currently working through the plan and at present there is no risk to the go-live date as activities fall within an acceptable tolerance. - **DHCW support is in place for the May 22 go live.** - Welsh Government funding for the project resources in 21/22 and 22/23 has now been confirmed.						
15	Secondary Care - Multi Disciplinary	Welsh Nursing Care Record (WNCR)	A digital nursing system to replace paper nursing documentation within secondary care settings and community hospitals.	National	11/11/21	01/10/23	
	UPDATE – Currently waiting for business case sign off by Executive Director of Finance. To be discussed at Executive Team on 19th January 2021. If approval granted recruitment for agency staff to commence as interim measure whilst awaiting recruitment via TRAC of fixed term posts.						
16	Eye care	Eye care Digitisation Programme	A clinical digital system, to allow patient information to be shared between primary care and secondary care	National	01/06/21	01/06/22	
	UPDATE – Regional Architect appointed and commenced in January. Configuration training held by National Team in December 2021. Configuration and user acceptance testing (UAT) on Open Eyes to be undertaken within Q4. Welsh Government are pushing for all Health Boards to be utilising Open Eyes by March 2022, which is highly unlikely to be achieved by BCUHB due to resource issues and developments at the National level being slower than anticipated.						
17	Primary Care & Community	Welsh Community Care Information System (WCCIS)	Shared system between Health and Social Care to support people in the community	National	01/09/20	01/12/24	

	UPDATE – A recent national strategic review of the WCCIS programme took place in November and December 2021 primarily focusing upon strategy and vision, contract and commercial arrangements, governance and the programme delivery model. The draft review went to the WCCIS Leadership Board in January 22 and the SROs will look at the recommendations and consider how to take these forward. This will then be circulated, and stakeholder engagement days will be held for organisations. The scope of the project has been reviewed with the supplier and the Health Board are currently awaiting confirmation of costs from the National Team prior to signing a Change Control Notice with the supplier for this revised scope. The delays to the project and the stability issues of the platform remain a risk to any go-live and these are being monitored by the Project Manager.						
18	Secondary Care - Multi Disciplinary	Medicines Transcribing and E-Discharge (MTeD)	The Medicines Transcribing and E-Discharge (MTeD) system supports patients from admission to discharge; addressing poor quality discharge communication prescriptions, and enables efficient and accurate exchange of discharge information between Secondary and Primary Care.	National	01/12/21	012/24	
	UPDATE – Project Board held in December to 'kick start' the second phase of the roll out. Early project focus will be upon identifying a new SRO for the project, updating of previous rollout plan including current utilisation of Medicines Transcribing and E-Discharge and early engagement with colleagues in the East.						
19	Secondary Care - Multi Disciplinary	Therapy Services System Replacement	Replacement/upgrade of the current Therapy system	Local	TBC	TBC	
	UPDATE – Project Manager appointed and in post mid-January 2022. A report outlining the next steps has been produced and agreed by Therapy Services. Project Board to be created along with a Project team who will scope out the requirements of the system to enable a robust gap analysis to be carried out.						
20	Secondary Care - Multi Disciplinary	Single Sign on	Single sign-on is an authentication scheme that allows a user to log in with a single ID to any of several related, yet independent, software systems.	Local	TBC	TBC	
	A Project Manager has been appointed to support with the planning and implementation. The basis of the project is that a pilot system was implemented in Ysbyty Glan Clwyd Emergency Department in 2016 which was well received but due to a number of issues, including resource constraints, the project has stalled. We will now look to update the technical environment in Ysbyty Glan Clwyd and to scope the project to achieve the roll-out of the technology to the Emergency Departments in Ysbyty Gwynedd and Wrexham Maelor Hospital.						

	Project leads are currently engaging with the Directorate General Managers of the three sites to see how they wish to move the project forward.

1.3 In addition to the above live projects, we are also currently working with partners and services to prepare for the following projects, including engaging, scoping, developing business cases and recruiting (Table 2).

1.4 DHCW is a key partner in delivering the Digital Strategy as they provide a significant amount of the new systems and upgrades to our existing systems. Having an agreed plan in place supports the continued development of the relationship with DHCW. All the projects are included in the Digital Strategy with upgrades classed as business as usual, but they will be added into future reporting. Joint DHCW projects are identified in Table 1 within the project type, with the joint plan available in Appendix 2.

Table 2 Pipeline projects

Service	Project Title	Notes
Intensive Care	Welsh Critical Care Information System	Development of a national ICU system. Letter received by CEO from WG requesting confirmation of delivery, which has been provided. Resources are being reviewed and how this can be supported earlier as go live is due October 2023 and resources are only provided for 6 months pre go live and 3 months' post go live. This is insufficient resources for all three sites to be a well-planned project.
Radiology	Radis Upgrade	Working with diagnostics service to ensure effective upgrade
Cardiology	HUMA remote monitoring of patients	Pilot completed, benefits being considered. Next steps to be developed, following benefits review at Cwm Taf Morgannwg
Pharmacy	Medicine Management & E-Prescribing	Work is progressing at a national level to establish a project team, and we are engaging nationally. Current PM for Wellsky will be progressing this project.
Information Team	Robotic Process Automation	Pre project work has been undertaken.
Obs & Gynae	Maternity Information System	Early concept for Business requirements draft sent on the 21st January 2022 to Informatics for review.

Rheumatology	Infloflex	Currently on hold as Rheumatology system is using a bespoke clinical form solution built in with Digital Health Record (DHR)
Oncology	Electronic Holistic Needs Assessment (Ehna)	On Hold.
Stroke Service	Stroke Service Transformation	Awaiting engagement from the Stroke Service.
Pathology	WLIMS (LINCS)	The project is progressing well, with the vast majority of standardisation across Wales now agreed. The project appears to be on target to produce the desired benefits. However, the project is still within a relatively early stage, so significant work is still required.

2. National Audit Office Reports

Wales Audit Office 2014 & 2018 Clinical Coding Audit

2.1 13 recommendations were specified as part of the Wales Audit Office 2014 & 2018 Clinical Coding Audit. Whilst one had been superseded, 10 have been implemented, previously leaving two recommendations outstanding which are now closed.

Recommendations that are now completed:

2.2 Introduce a single coding policy and procedure across the Heath Board which brings together all practices and processes to ensure consistency. The policy and procedure should ensure coding practices are well described.

This recommendation had an initial deadline of 18th November 2019 (2018 rec2a) and unfortunately, the COVID crisis prevented timely delivery. However, the policy has been reviewed by the Informatics Senior Management Team on the 9th June 2021, and the Executive Management Group 3rd August 2021. Following approval of the Coding Policy in the PPPH on the 14th October 2021 the Policy will now be published.

2.3 Introduce a single coding policy and procedure across the Heath Board which brings together all practices and processes to ensure consistency. These should address variations in practices across the three sites.

All Standard Operating Procedures which supplement the policy are listed for review and approval once the coding policy has been approved and is live following approval at PPPHC.

3. Internal Audit Reports

3.1 Business Continuity BCU 2020/21 Audit

Work continues to implement the recommendations that were specified as part of the **Business Continuity BCU 2020/21 Audit.** An exercise is due to take place in February 2022, with all other actions close to being completed. Table 3 details the total number of recommendations provided and classifies their current position.

Table 3: Status of Business Continuity Audit recommendations

Summary of status	Total Number of Recommendations	Implemented	In Progress	Overdue
Qtr3	2	0	2	0

3.2 Cyber Security

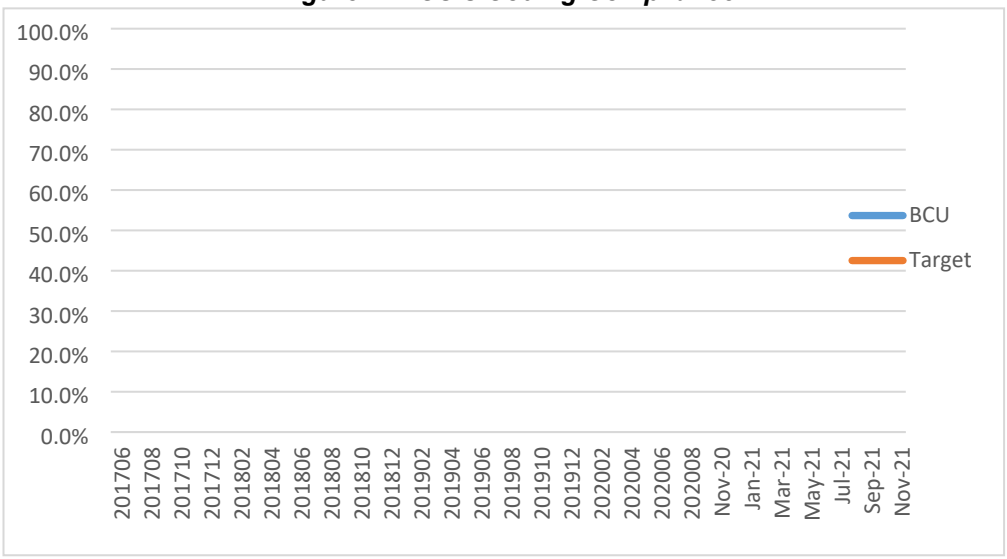
Updates are included within the Cyber Assurance report.

4. Compliance

4.1 Clinical Coding

National Coding Targets exist for clinical coding completeness and clinical coding accuracy. The coding completeness in BCU for November 2021 was 96.7% against the national target of 95%. (This target measures the percentage of clinically coded episodes within 1 month of episode end date). See Figure 2 for the Board's compliance since March 2017.

Figure 2: BCU's Coding Compliance



4.2 ICT Service Desk

Support Calls logged (web and phone) has risen to 26,271 during Quarter 3, an increase of 3% on the previous quarter, and an increase of 2% on the same period in 2020 (25,666) and an increase of 17% for 2019 (22,398).

It is considered that the ongoing increase in demand relates to the continued support for the management of the Coronavirus response and the need to support more staff working from home (Figure 3).

Figure 3 Monthly Service Desk calls logged

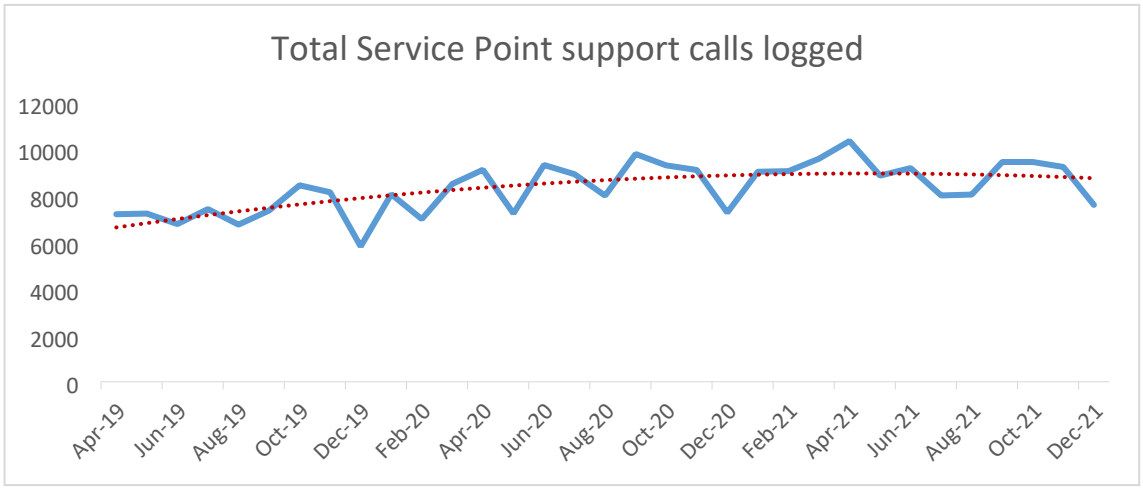
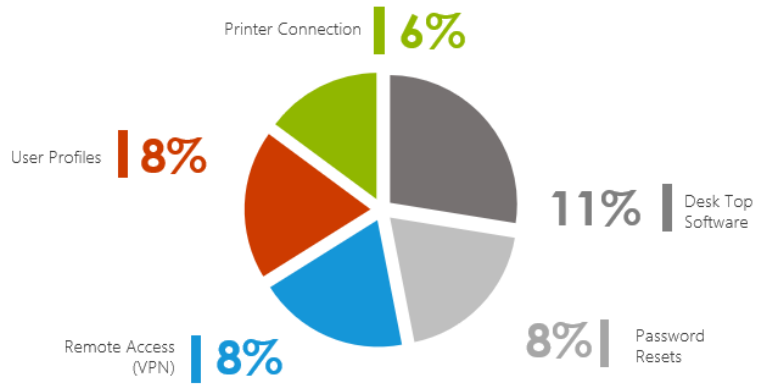


Figure 4 Top 5 Service Desk Incidents

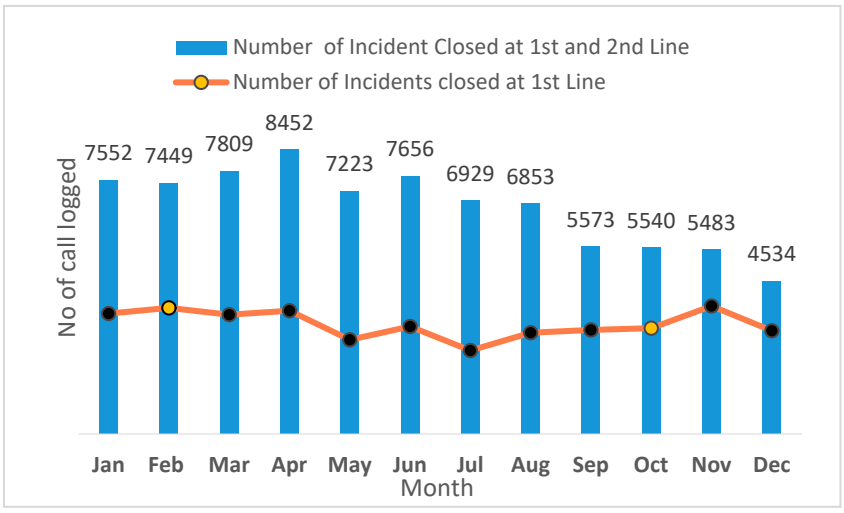


A driver update to printers during November resulted in a number of users being unable to print from Konica printers in the East region. This has resulted in "printer connection issues" becoming a Top 5 Incident, replacing O365 support (Figure 4).

Incident Management

Increases in first line fix rate persisted in November (8%) and December (2%). Work continues with Service Desk Team to strengthen the identification of best practice and training requirements for staff to embed the progress made to date.

Figure 5 Incidents closed at 1st and 2nd line



4.3 National and Local System Availability

4.3.1 National Systems

During the last quarter (October to December 2021) there have been 1 incident of national system failure that has affected BCU Operational and Informatics teams.

During this period there have been no reports of know issues related incidents or harm.

System failure is categorised as:

- 1 Welsh Patient Administration System (WPAS) Issue

Systems Unavailability has been categorised as:

- WPAS was unavailable for a total of 2 hour 10 minutes approximately

Overall BCUHB have a 96% compliance rating against the agreed Service Level Agreement (SLA) for incidents and service requests. Of these, twenty-five systems held a 100% compliance against the agreed SLA and six systems fell below the SLA and accounted for
20 breaches:

- CaNISC Reporting – One Breach
- Laboratory Information Management System (LIMS) – Nine Breaches
- National Operational Database (NOD) – One Breach
- Test Trace Project – Seven Breaches
- Hosting and Storage – One Breach
- Children Young Persons Integrated System (CYPriS)- One Breach

WPAS Availability
Availability is measures as: Time P2 call logged with WPAS National Team to Time Service restored (taken from call detail)

Figure 6 Average Availability of WPAS by Health Board 2021-22

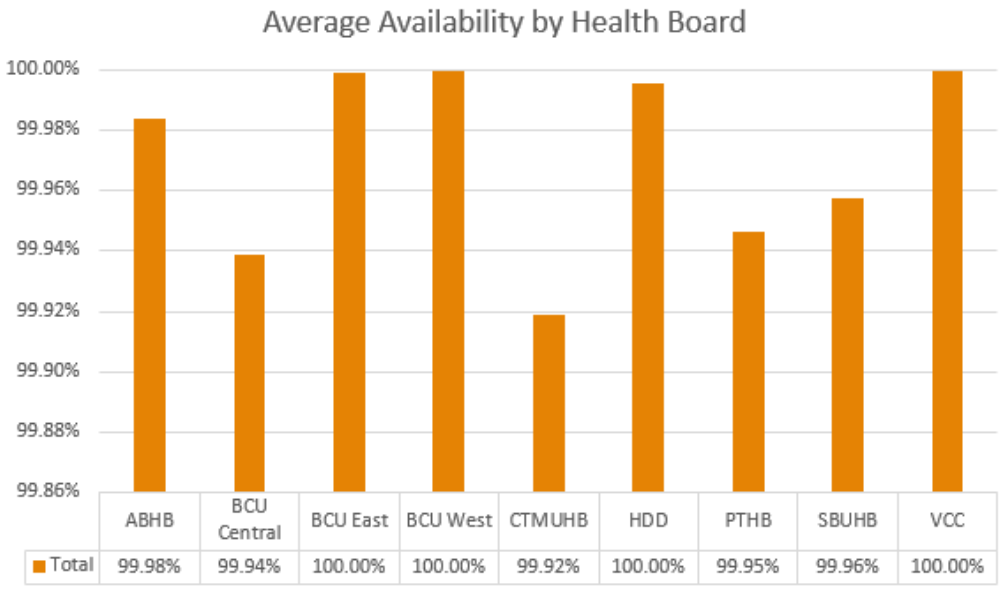
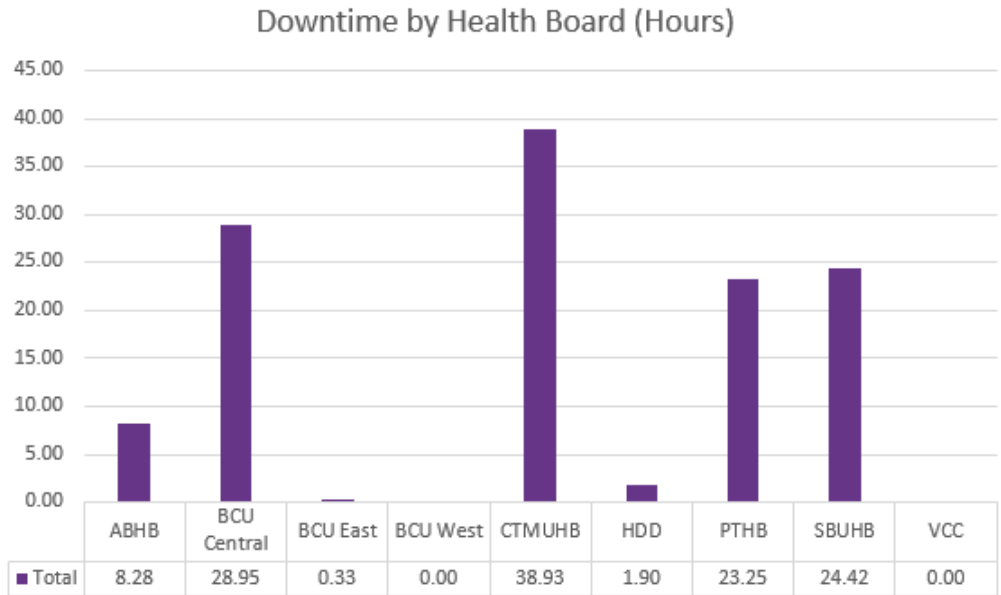


Figure 7 Average Downtime of WPAS by Health Board 2021-22



4.3.2. Local Systems

During the 3 months October to December 2021 there have been 2 incidents of local system failure that have affected BCU Operational and Informatics teams.

During this period there have been no reports of know issues related incidents or harm.

System failure is categorised as:

- 1 Therapy Manger
- 1 STARR (Radiology Requesting – Central)

Systems Unavailability has been categorised as:

- Therapy Manger was unavailable for a total of 2 hour 39 minutes approximately
- 1 STARR was unavailable for a total of 3 hour 51 minutes approximately.

4.3.3 Cyber Security

The Cyber Security & Compliance Manager commenced in post in September, and one Cyber Security Specialist post has been appointed. Two remaining Cyber Security posts are currently in recruitment.

With regard to the Network and Information Systems Regulations (NIS-R), a first pass has been made at attempting to identify all systems and IT infrastructure critical to the provision of safe patient treatment and care. A number of Cyber Assessment Framework (CAF) documents have been completed against these systems, approved by Informatics Senior Management Team and submitted to Welsh Government (WG) via the Cyber Resilience Unit. Following a review of the CAF's a remedial action plan will be developed and the required additional funding will be identified. Despite a challenging timescale the Health Board has met the deadlines imposed by Welsh Government. Going forward, RAG status and progress against the remediation plan will be subject to resources available. The Health Board are working with the WG to plan the remediation in line with national priorities.

4.4 Data Standards Change Notice (DSCN) and Impact Assessments (IA)

4.4.1 DSCN New Releases

There were three new DSCN's issued in quarter 3 2021-22. Of these:

- We are compliant with one
- Two are not applicable

Unfortunately, we are not yet compliant with DSCN 2021/22 (issued in Q2), which relates to an aggregated data collection to record activity delivered via group clinics.

Sue Wood chaired a meeting in January with key staff and actions were taken to progress the submission and gain compliance.

4.4.2 Impact Assessments (IA)

There were seven new IA's issued during quarter 3 2021/22. Of these:

- We were compliant with all seven

Full details are available in Appendix 3.

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 10.2.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**North Wales Regional Partnership Board (RPB) meeting update**
Cyfarwyddwr Cyfrifol: Responsible Director:	Chris Stockport, Executive Director Primary Care and Community Services
Awdur yr Adroddiad Report Author:	Sally Baxter, Assistant Director – Health Strategy
Craffu blaenorol: Prior Scrutiny:	This update is being brought for information
Atodiadau Appendices:	Notes of Regional Partnership Board meeting of 9 October 2021 attached

Argymhelliad / Recommendation:

The Committee is asked to

- note the updates received at the North Wales Regional Partnership Board
- receive the notes of the meeting held on 10 December 2021
- note the key issues in relation to the Regional Integration Fund and the Population Needs Assessment

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	✓

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	**N**

Sefyllfa / Situation:

The notes of the Regional Partnership Board meeting provide the Committee with an update on progress within the RPB partnership work programme. The notes of the 10 December 2021 meeting are attached. The minutes for 14 January 2022 are not yet published at the time of publication of this paper.

Cefndir / Background:

Items discussed at the 10 December 2021 RPB meeting include:

- Right-sizing Community Services (Step-up and Step-down care)
- Children's Sub-group update
- Carers' Mid-year report
- Recovery work in BCUHB
- Integrated Care Fund quarterly report

At the further meeting held on 14 January 2022 there was discussion on the following:

- Children and Young People – No Wrong Door Strategy update report
- Population Needs Assessment
- BCU HB update

Asesu a Dadansoddi / Assessment & Analysis

Strategy implications

There is increasing emphasis on the role of the RPB and partnership working in the national strategic direction set out in **A Healthier Wales** and in subsequent strategies and plans. There are a number of issues of strategic significance which are currently being addressed in relation to the RPB.

1. The revised **Population Needs Assessment** has been produced by the partnership and is submitted to this Committee as a separate agenda item for approval.

2. The implementation of the **Regional Integration Fund** – this will replace the current main RPB funding streams including the Integrated Care Fund and the Transformation Fund. This is a revenue fund available on a five year allocation basis. Whilst full guidance is awaited, the RPB and the supporting Leadership Group are considering the allocation of this fund across North Wales against the 6 national programmes for integrated care:

   - Place based care – prevention and community coordination
   - Place based care – complex care closer to home
   - Promoting good emotional health and well-being
   - Preventing children entering care and supporting children to remain with their families
   - Home from hospital
   - Accommodation based solutions

   Capital funding streams will also be available through the Housing with Care Fund and the Integrated Health & Social Care Centres and Community Hubs Fund. A further report will be made to PPPHC once final guidance is received and the impact is fully identified. The potential risk of any schemes ceasing to be funded or requiring match funding is being worked through in detail. Match funding or exit strategy arrangements will need to be confirmed as soon as possible to manage this as appropriate.

3. Refresh for BCUHB of the partnership arrangements to ensure embedding of collaboration and integration as key principles, and ongoing governance and reporting arrangements.

Options considered

This report is brought for information and therefore no options appraisal is required.

Financial implications

Financial Implications are identified within each specific workstream.

The Leadership Group and RPB are working through the implications of the new Regional Integration Fund and how this will be allocated across North Wales. There are likely to be changes in requirements for matched funding and the impact of this is also being reviewed across all existing and potential future projects.

Risk analysis

This paper is brought for information. Risk analysis, mitigation and management are undertaken by each of the programmes within the RPB portfolio.

There are potential risks relating to the aggregation of funding streams into the new Regional Integration Fund and the changes to allocation against different categories of scheme. The extent of the risk is being worked through and will be escalated if required; in the meantime work will take place to ensure mitigations are developed through identification of match funding or confirmation of exit strategies as required.

Legal and compliance
The Health Board has a statutory duty to work in partnership through the NWRPB under the Social Services and Well-being (Wales) Act 2014.

Impact Assessment
Each of the programmes within the RPB portfolio is responsible for ensuring impact assessment is undertaken and statutory duties are fulfilled. The Health Board Equality Team has been working in partnership with others on the North Wales Public Sector Equality Network to support partner organisations in ensuring appropriate impact assessment is carried out.

CYDWEITHREDFA GWELLA GWASANAETHAU GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING SERVICES IMPROVEMENT COLLABORATIVE

Minutes of the North Wales Regional Partnership Board Meeting

10th December 2021

9:00 am – 12:00 am

Via M S Teams

Present:	Mary Wimbury (Chair), Alwyn Jones, Catrin Roberts, Cllr Christine Jones, Cllr Bobby Feeley, Cllr John Pritchard, Cllr Dafydd Meurig, Delyth Lloyd-Williams, Estelle Hitchon, Ffion Johnstone, Fôn Roberts (attended until 10:00 am), Helen Corcoran, Jenny Williams, Jo Whitehead, Ann Woods (in attendance for John Gallanders), Lucy Reid, Morwena Edwards, Neil Ayling, Nicola Stubbins (attended until 10:45 am), Ricki Owen, Shan Lloyd Williams, Sian Tomos, Teresa Owen
Apologies:	Bethan E Jones, Chris Stockport, Cllr Cheryl Carlisle, Cllr Llinos Medi Huws Dr Lowri Brown, John Gallanders, Meinir Williams-Jones, Paul Scott, Roma Hooper, Sam Parry
In Attendance:	Jo Flannery, Regional Programme Manager, CSTP (for agenda item 2) Lynda Chandler, Performance Improvement Manager, NHS Wales Delivery Unit (for agenda item 2) Jenny Morgan, Operational Research Development Manager, NHS Wales Delivery Unit (for agenda item 2) Emrhys Pickup, Senior Analyst, NHS Wales Delivery Unit (for agenda item 2) Julie Townsend, Advanced Information Analyst, NHS Wales Delivery Unit (for agenda item 2) Debbie Lentle, Senior Analyst, NHS Wales Delivery Unit (for agenda item 2)

Item		Actions
1.	Welcome, introductions and apologies The chair extended a warm welcome to everyone. Introductions were made and apologies noted as above. The chair welcomed new NWRPB members; Sian Tomos, Third Sector representative and Ricki Owen, Service User representative. The chair also thanked RH, who is unable to attend her last meeting today, for her contribution over the last 2 years as the Third Sector representative and John Gallanders, who is retiring from AVOW in January as the CVC representative, and wished both well in the future.	Forward letters to RH and JG - RW

	The chair advised of 2 further vacant seats on the NWRPB and the EoI for these will be circulated in the New Year.	
2.	<u>Right-sizing Community Services (Step-up and Step-down Care) 2021: Feedback on Findings and answering Key Commissioning Questions</u> LC provided a brief summary to the background of the Right-sizing Project. The Delivery Unit (DU) undertook a complex Discharge Review across Wales in 2018 which identified missing opportunities to support timely discharge from hospital due to capacity constraints in community services. As a result, the 4 pathways across Wales were developed, tailored to the AHW and Futures Generation Act. Phase 1 - Right Sizing Community Services for Discharge Project using John Bolton's model was developed in 2019-2020 evidencing the need to understand local figures, place the right intermediate care in place and to continuously measure outcomes to determine if achieving the aim. Since the DU last presented to the NWRPB, phases 2 and 3 have been developed, refreshing the data for Community Services for discharge, and including step down care, supporting as much as possible in people's own environment, avoiding hospital admissions by Step Up wrap around services. The Step Up and Step Down data enables simulation modelling and evidence base to answer the following key commissioning questions. 1. What additional/shifted capacity do we need to address our current system bottlenecks? Although North Wales data has not provided to populate the JB model, it is possible to obtain the information concerning the delays being experienced currently by patients coming out of hospital, the evidence from the discharge data clearly state there is a sustained shortfall in capacity to meet demand, and making assumptions on how long patients are waiting we can draw conclusions how much additional capacity is needed for each part of the system. 2. What additional/shifted capacity do we need to get to where 'reasonable' looks like? Without having the data in place, it is impossible to tell what additional capacity is required. The model is already stating what should be doing in order to deliver reasonable. 3. If we invest in more step-up care, could this reduce our demand for step-down care? Yes, this would provide a large benefit to the individual, based on the insight from the experts; having additional complex cases into step up care would require consideration whether the proportion of those cases will go on to need hospitalisation might increase	

	4. Would we need to double-run our services for a period? If so, for how long? By changing the Step-Up referrals, the model demonstrates an immediate effect on Step-Up occupancy. The knock on effect of Step-Down on intermediate care takes around 6 months or longer. Populating with NW data would confirm numbers exactly for our systems. However, it could take up to 4 years for Step-Down to reach a steady state of change due to longer pathways of home care placement and domiciliary support. JF explained the initial data run drew data from the HB and LA separately, and the inability to match cases across the system affected the validity of the results, raising serious concern as a result. Despite a considerable amount of work by Grant Thornton on the data sharing agreement and the involvement from the DU team, concerns remained with the validity of the data following the 2nd data run, with data systems limited with recording and reporting information, providing acknowledgement from senior managers and officers working in Community Transformation that the right sizing tool would assist to help progress towards an evidence based commissioning culture, recognising further work was required with organisations. JM explained, although BCU and LA wider data is not available, it is possible to see what looks reasonable within the whole system by taking the population and hospital admission data for the region when delivering services against the Step Down JB model and Step Up model created through the community of practice. The key issues for the region is more about challenges to overcome to have confidence in joint data to make comparisons and having the complete picture to aggregate across. The Right-Sizing work has taught the region need to improve systems around recording and reporting data, inputting data correctly into a single system in a timely way will ensure confidence in numbers and the outcome of these. Investing in the use of the right-sizing modelling tools will inform, shape and develop future commissioned services. JF informed, in the interim, there is an opportunity to undertake a one off project, to track admissions and discharges through each of the DGH over an agreed period of time to give a more accurate picture of flow, and asked this offer is given consideration as part of the development of a business care for investment. Following a full discussion with NWRPB members, the following issues were noted: • Concern to where the resources would come from to collect the data *While recognising that internal staff would be required to assist with the collection of data, once data groundwork has been*	

	completed this work could be seen a balance of support rather than additional resource • Issue of running two systems at the same time as the updated data is being gathered and being aware of the PNA and MSR as part of this work. • Beneficial to understand the issues around collecting data. • Partners were in agreement that the Right-Sizing work is a key partnership agenda. However, partners requested further time to consider the best way to progress this work; • the most effective route being proposed at local level through the Area Integrated Service Boards (AISB) taking into account BCUHB footprint, with each sub-region at a different starting point, and engaging different approaches to this work. *DU colleagues confirmed working at sub-regional level would be an option.* • Partners noted being in support in principle, partners would benefit from local discussion at the AISB, LG and with internal colleagues before committing to this work. • Approach the RPB who have utilised the Lightfoot organisation, who draw individual data and create a shared data set giving shared insight, to assist with this work. Lightfoot are used within the HB *JF explained Lightfoot organisation have a similar approach to the Whole System Analysis for the CSTP, working around a huge range of factors influencing attendance, ED, systems flow and pressures.* *However, owing to a significant cost element, feedback form colleagues in the HB and CSTP indicate a real opportunity to build an integrated Data Dashboard across the region to inform a whole systems and a rightsizing model rather than having numerous different programmes.* *The DU actively encourage the model to be done at locality level, with the system being translatable and unique to accommodating different areas and different set ups, and there would be no reason why the system could not be adopted at a more granular level than LA areas either.* • Comment regarding 4 years' payback. The region has already invested in Step Down facilities and understand the impact of this is difficult to measure, having a longer timeline might explain this. Proposal to utilise Lightfoot to engage in a broader piece of work on Step-Up facilities with a small number of target group. The NWRPB are asked to consider progressing the Right-Sizing agenda, embedding the simulation modelling into core strategic planning, and for partners to commit to address issues around data recording and data quality as a way of enabling this work to happen. There is an opportunity through the revenue and investment fund to develop an integrated programme of work which would add capacity with our own IMS teams to work through some of the issues to embed this work into core practice, as well as consider how it sits with other	

	tools such as the whole systems analysis work taken by the central Area CSTP, and the Lightfoot work undertaken by the HB. The NWRPB were in agreement that the decision to progress the Right-Sizing work could not be decided today. Although NWRPB members expressed an interest in developing this further, local discussions are required in AISB's and the LG on how this might happen. It was agreed that a verbal update would be provided at the next meeting and the progress made. The chair thanked Lynda, Jennifer and Jo for presenting an update position to the NWRPB, and accepting there is enthusiasm for this piece of work, further work is required on exactly how this will take place, how much it will cost and what resources are required to deliver it. **Action:** **1. Right-Sizing model to be discussed further at each AISB Meeting, the LG meeting and with internal colleagues.** **2. Verbal update to be provided on the progress made on the right-sizing proposal**	
3.	<u>NWRPB Children sub-group update (verbal update) – Catrin Roberts</u> CR reported positive progress has been seen, with 3 pre-meets already held proving useful and productive. Discussions have taken place on formally setting up a robust Children's sub-group of the NWRPB. A significant piece of work undertaken has been to consider the Terms of Reference, discussing clear governance and reporting structures, membership, and reviewing the mapping of all children's meetings across the region. Partners have explored how the work on the PNA will influence the work of the Children's sub-group in the future, and the mapping work will be re-visited once the groups priorities have been finalised. The membership of the group requires further discussion with the potential to establish a wider engagement group, which will be key in shaping and influencing the operational work from the CYP sub-group. This element of the ToR is currently being worked through to ensure appropriate membership. The first formal meeting is due to take place in January 2022.	
4.	<u>Carers 2021-22 Mid-year report - Ffion Johnstone</u> The board received a mid-year update from FJ on the LHB Carers Partnership Funding 2021/22. The report details the utilisation of the WG annual carers grant funding for 2021/22 (£213k), allocated to BCUHB to enhance the lives of carers in line with the following national priorities: 1. Supporting life alongside caring	

	2. Identifying and recognising Carers 3. Providing information, advice and assistance The 2021-2022 funding allocation is on track to be fully spent and to date has been utilised to: • Supporting GP practices to develop Carer Awareness and ways of working to support carers – GP & Hospital Facilitation Service contract has been commissioned to Carers Outreach and NEWCIS. The partnership is in the process of developing a tiered Investors in Carers service accredited scheme – Intense communication with surgeries on legislation update, training and education to raise awareness of carers within the surgeries and pharmacy settings – Identify carers at the earliest opportunity and work with agencies to support carers • Support for carers in relation to the discharge planning for cared for person/s from the three main hospital sites and some community hospitals The NWRPB Carer representative noted an excellent report, reassured that both Carers Outreach and NEWCIS are working together, and clear to see carers ability and willingness to step forward is considered when looking at hospital discharge arrangements. The NWRPB acknowledged the work completed on the mid-year report and were in agreement to the recommendation that RPB agree for the report to be submitted to Welsh Government.	
5.	<u>Recovery work update BCU – Jo Whitehead/Nicola Stubbins (verbal update)</u> It was noted that the North Wales RPB's focus has become less strategic and more reactive during the pandemic. As a response to this, the chair, vice-chair and he Head of Regional Collaboration have arranged to meet in January to discuss re-focusing the NWRPB work programme, and will engage with RPB members in due course. NS advised, whilst being mindful of the significant work involving Covid, the Regional Co-ordination Group (RCG) have acknowledged the region is not in a phase of recovery and as a result have agreed to cease reporting on the H&SC priorities. The RCG continue to meet; the group has been re-named to the North Wales Winter Pressures Strategic Response Group (NWWPSRG), focussing on winter pressure within H&SC. Due to the seniority of members, the group is able to highlight and raise issues directly with WG. The NWWPSRG does not replicate the work of the NWRPB. <u>BCU Update</u> JoW raised significant concern with the new Covid variant Omicron. Early indication denotes a tenacious variant, with BCUHB working to	Delete recovery from the NWRPB agenda-RW

	double the number of vaccines, currently around 30K a week, between now and the end of January. As a result, BCUHB are considering pausing certain treatments to focus on Covid work. JoW acknowledged partnership working to achieve this goal and recognised the heroic efforts of staff and volunteers. The following were discussed: • That the NWWPSRG ToR are circulated to the NWRPB. • An update was requested on the NWRPB CEO H&SC lead • Concern noted for the backlog of people waiting for treatment, other than Covid, and escalation of MH issues due to isolation NS informed CCBC CEO has agreed to lead on H&SC, and is also charged with the additional role of chairing the NWWPSRG. It was agreed the NWRPB will forward an invitation letter to ID to join the NWRPB. NWRPB members NS, ME, JoW and TO, who also attend the NWWPSRG agreed to update the RPB on the progress of the group. In response to the harm from Covid discussion, which impacts all aspects of care, the HB are exploring how to reduce waiting times and have an agreement with external providers in order for patients to have an opportunity to be treated. BCUHB have already signed off some additional resources to support longer waiting times re MH services particularly focussing on children.	ToR circulated – RW Write to Iwan Davies inviting to attend the NWRPB
6.	<u>ICF Quarter 2 report – Neil Ayling</u> NA provided an outline of the 2021/22 Q2 position of the ICF funding streams. Highlights of the 6 funding programmes currently managed via ICF include: • Revenue Investment Plan (RIP) - Revenue – To date spend is almost 43% of allocation. In the first 6 months of the year £2.36m was spent directly supporting carers and £1.08m investment went to 3rd sector projects. A review of the status of the projects shows that 95 of the 125 have a green BRAG status with 1 red and 24 amber (the 1 red project has struggled to recruit and the 24 amber projects have struggled with staffing challenges), with 5 projects still pending an updated position. There are no concerns with the slippage, which will be utilise within other projects in the region. • Capital Investment Plan (CIP) - Capital – there are 18 main capital schemes and 18 discretionary capital schemes in progress. Spend claimed at Q2 was very low - only £809k (which is 8.6% of the £9.1m allocation.) It is reassuring to note that WG have allowed flexibility around programme management schemes from 2018, and this is continuing into 2022-23 on a case by case basis, with 5 requests for programme management to date • Integrated Autism Service (IAS) - Integrated Autism Service (IAS) - The IAS funding for 2021/22 is £652,000 and spend at Q2 is £516,030 (79%). Partners are currently developing their implementation plans for the Code of Practice. These will be pulled together in a regional plan and submitted as required to Welsh Government.	

	• Therapeutic Intervention Pilot (TIP) - Therapeutic Intervention Pilot (TIP) - The TIP funding for 2021/22 is £200,000 and spend at Q2 is £88,749 (43.7%). Some of the funding has been utilised towards the NWD Strategy. • Memory Assessment Service (MAS) - Memory Assessment Service (MAS) - New recurrent funding of £678,000 was approved in August 2021 to improve memory assessment services. • Safe accommodation for children with complex, high end emotional and behavioural needs (SACCN) - Safe accommodation for children with complex needs - Pump priming funding of £435,328 was confirmed at the end of May 2021. WG have made an additional £14,672 available and the plan is currently being reviewed to incorporate the additional funding. MW noted a matter discussion at the NWRLB meeting with Ministers yesterday concerning double funding of ICF funding to develop new services in place alongside old services. WG have been explicit this is unacceptable to fund core services within LA's and this is something the RPB need to be aware of as the new funding guidance becomes available. ICF has been a significant support to partner agencies, with an expectation to invest in developmental and innovative services, at times when resources are constraint, it is important to fund the most critical services first. The ICF Operational Group, including officers from partner agencies, has always been mindful and considerate of every decision taken to get the balance right. The NWRPB were in agreement to note the Q2 2021/22 position of the ICF funding streams and agree the Q2 2021/22 report for the ICF funding streams.	
7.	<u>Minutes and actions of last meeting – November 2021</u> The minutes of meeting 9.10.2021 were agreed as a correct record with all actions completed. Actions completed: • Letter has been forwarded to BA - completed • Ch&YP TP and Staywise Project - *HC informed taking the request to the All Wales Strategic Board and will feedback to the NWRPB* • Forward volunteer names to NS – *no further names have been received although the NWFRS have identified another lead from a different region, which would work in partnership with the NWP offer* • Future Funding - RPB to write to WG on the flexibility of the fund - • *Completed*	
8.	<u>Any other business</u> CR informed the NWRPB of a recent constructive meeting with the Deputy Minister for Mental Health & Wellbeing, to discuss the progress with implementation of the NEST framework in the region and supporting dementia care and support, including the MAS	

	service.	
9.	The following documents were included for information: 1. Final Winter Plan 2021/22 2. North Wales response to the Children's Commissioner for Wales letter 20.10.2021 3. Letter to Shelley Davies, WG 4. Recovery Priority update reports to RCG (November) 5. WCCIS Progress Report April – September 2021	

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 10.2.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Regional Population Needs Assessment**
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen Executive Director of Public Health
Awdur yr Adroddiad Report Author:	Wendy Hooson, Head of Health Strategy and Planning (Acting) Prof. Rob Atenstaedt, Consultant in Public Health
Craffu blaenorol: Prior Scrutiny:	Presented to the Executive Team on 19th January 2022
Atodiadau Appendices:	Appendix 1 - Final draft Regional Population Needs Assessment Appendix 2 – Consultation Report

Argymhelliad / Recommendation:

The Committee is asked to receive and note the content of this briefing paper.

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	√

Cefndir / Background:

In response to Welsh Government requirements set out in the Social Services and Well-being (Wales) Act 2014, the six North Wales Local Authorities and the Health Board have worked in partnership to assess the care and support needs of the local population and the services that are required to meet those needs as part of the **Regional Population Needs Assessment (PNA)**. The **PNA** aims to improve our understanding of the local population and how it might change over the coming years in order to help us provide better public services.

Asesiad / Assessment & Analysis

A Regional Steering Group was established to lead the work, membership of which included the six Local Authorities, BCUHB, Public Health Wales and other parties with an interest such as officers of the Public Services Boards.

The final draft Regional PNA (Appendix 1) includes the following themes and groups:

- Children and Young People
- Older People
- Health, Physical Disability and Sensory Impairment
- Learning Disabilities (Children and Adults)
- Mental Health
- Carers
- Veterans
- Refugees and Asylum Seekers

The key issues and themes are based on feedback from partner organisations, service users and the general public and include information from existing commissioning strategies and needs assessments. Evidence was also collected through data analysis, background literature reviews, service reviews and local engagement work. Refer to Appendix 2 for a copy of the Consultation Report.

The PNA takes a regional focus but there is still the need for a local vision and plan for services in each area. Moving forward the partnership will seek to continue the work of the PNA to ensure that assessing the needs of our population is an on-going process.

The PNA will 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 be made available.

The governance and approvals process is as follows:

January 2022 – presented to BCUHB Area Leadership Teams and Integrated Service Boards for information
January - March 2022 presented to all 6 Local Authorities (Full Council) for approval
January 2022 – presented to BCUHB Executive Team for information
February 2022 – presented to PPPH for information
March 2022 – presented to BCU Board for approval
March 2022 – presented to Regional Partnership Board for approval

In addition to the requirement to assess the care and support needs of the population, there is a further requirement for Local Authorities and the Health Board to assess the sufficiency of the care and support provided to meet the needs of the population in the form of a **Market Stability Report (MSR).**

The **MSR** is due to be published in June 2022 and will follow a similar approvals process to that described above for the PNA. Due to the May elections however, the timescale for publication is currently being negotiated with Welsh Government.

The Public Services Boards (PSBs) are currently drafting their **Well-being Assessments**. The Well-being Assessments will address prosperity, health, resilience, equality, vibrant culture, global responsibility and cohesive communities. Although the PNA and Well-being Assessments are being run as separate processes, there are working links between the teams developing the assessments. This includes collaborating on collating engagement findings, use of data and the sharing of key information.

The PSBs will consult with the Health Board as one of its 'statutory consultees' on the draft Well-being Assessments. The Well-being Plans must be published 12 months after the Well-being Assessments have been signed off by the PSBs. The Health Board as a statutory partner will be required to sign-off the draft Well-being Plans before they can be adopted by the PSBs. This will take place in 2023.

Financial Implications
There are no financial implications that we are aware of. Moving forward however the PNA will identify regional and local priorities. It may be the case that these priorities require some level of investment at either a regional or local level.

Risk Analysis
It may not be possible to gain approval from all six Local Authorities and the BCU Board in time to publish the PNA by April 2022.

To help mitigate this risk, the Project team has engaged as widely as possible prior to the approvals process. The Health Board and Public Health Wales have been fully involved in updating each of the Chapters for the Regional PNA and the BCUHB Area Teams have worked with Local Authority partners in developing the local PNAs.

Impact Assessment
Welsh Government has removed the requirement for an EQIA on the PNA as a report in itself. The PNA is inclusive of equalities, human rights and socio-economic analysis and research for each of the groups included within it. Each chapter contains an assessment of:

- Welsh Language
- Equalities and Human Rights
- Socio-economic considerations
- Impact of Covid-19
- Safeguarding considerations
- Violence against Women, Domestic Abuse and Sexual Violence
- Social Value

APPENDIX 1

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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales Population Needs Assessment

April 2022
Draft

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru Public Health Wales

CYNGOR SIR YNYS MÔN ISLE OF ANGLESEY COUNTY COUNCIL

CYNGOR GWYNEDD COUNCIL

CONWY CYNGOR BWRDEISTREF SIROL COUNTY BOROUGH COUNCIL

Cyngor sir ddinbych denbighshire County Council

CYNGOR Sir y Fflint Flintshire COUNTY COUNCIL

wrexham COUNTY BOROUGH COUNCIL CYNGOR BWRDEISTREF SIROL wrecsam

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Links for Guidance

Part 2 Code of Practice

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

Contents

Foreword

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

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

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

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

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

1. Introduction

1.1 Background

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

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

1.2 Purpose of the population needs assessment

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

The population needs assessment will:

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

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

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

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

1.3 Research methods

The research methods include:

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

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

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

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

1.4 Consultation and engagement

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

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

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

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

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

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

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

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

1.5 Project governance

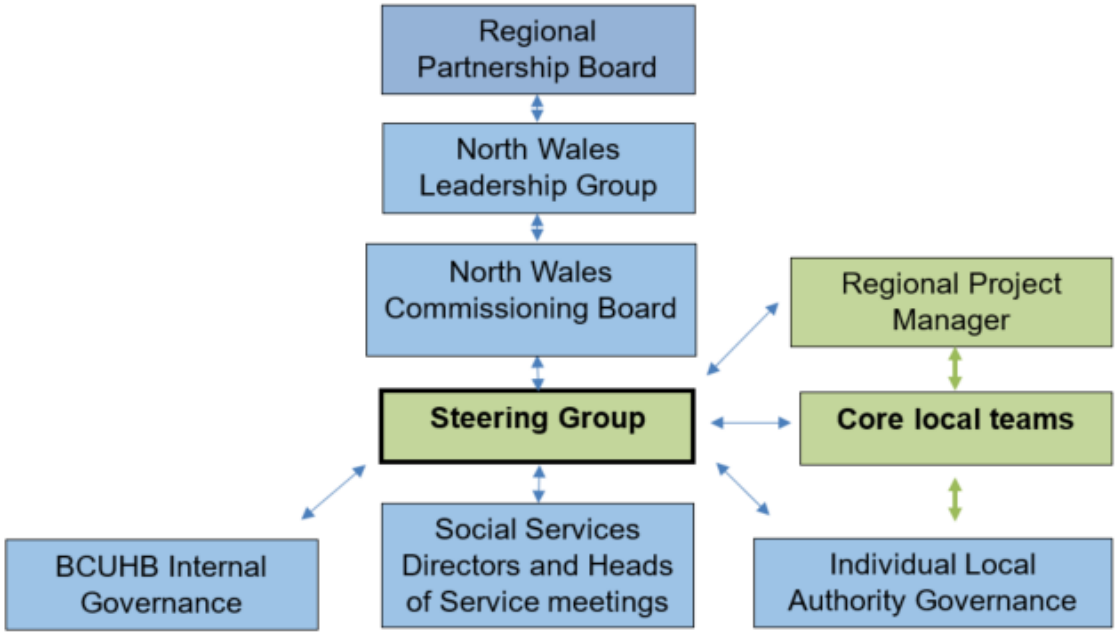
The Regional Partnership Board tasked the North Wales Commissioning Board with oversight of the project. They established a regional Steering Group to coordinate the development of the population needs assessment. In addition, there were sub-groups such as a data working group and an engagement working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

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

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

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

Diagram 1: Project governance arrangements



1.6 What happens next – strategic planning

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

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

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

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

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

1.7 Limitations, lessons learnt and opportunities

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

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

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

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

Some of the limitations of this report are:

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

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

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

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

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

1.8 Further Information

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

2. Approach to the population needs assessment

2.1 Report arrangement

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

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

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

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

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

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

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

2.2 Welsh language considerations

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

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

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

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

Topics of focus within that task and finish group include:

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

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

2.3 Equalities and human rights

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

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

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

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

2.4 Socio-economic duty

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

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

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

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

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

2.5 Social value

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.6 Safeguarding

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

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

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

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

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

Table 1: Adults at risk by local authority area

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

*Source StatsWales

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

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

Table 2: Children on the child protection register

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

*Source StatsWales

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

2.7 Violence against women, domestic abuse and sexual violence

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

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

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

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

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

2.8 Covid-19

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

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

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

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

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

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

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

Key issues and themes identified within the report include:

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

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

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

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

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

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

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

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

What people are telling us: Impact of Covid-19

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

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

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

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

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

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

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

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

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

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

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

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

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

3. North Wales overview

3.1 What does North Wales look like?

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

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

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

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

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

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

*Source StatsWales

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

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

Table 4: Age profile by local authority

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

*Source StatsWales

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

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

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

*Source StatsWales

Source: 2018-based population projections, Welsh Government

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

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

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

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

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

*Source StatsWales

Source: 2018-based population projections, Welsh Government

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

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

*Source StatsWales

Source: 2018-based population projections, Welsh Government

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

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

*Source StatsWales

Source: 2018-based population projections, Welsh Government

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

3.2 Welsh language profile of North Wales

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

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

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

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

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

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

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

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

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

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

Table 9: Welsh speakers by local authority

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

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

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

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

Table 10: Welsh educational settings by local authority area

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

*StatsWales PLASC Data 2020/21

What people are telling us about Welsh language services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.3 Poverty, deprivation and socioeconomic disadvantage

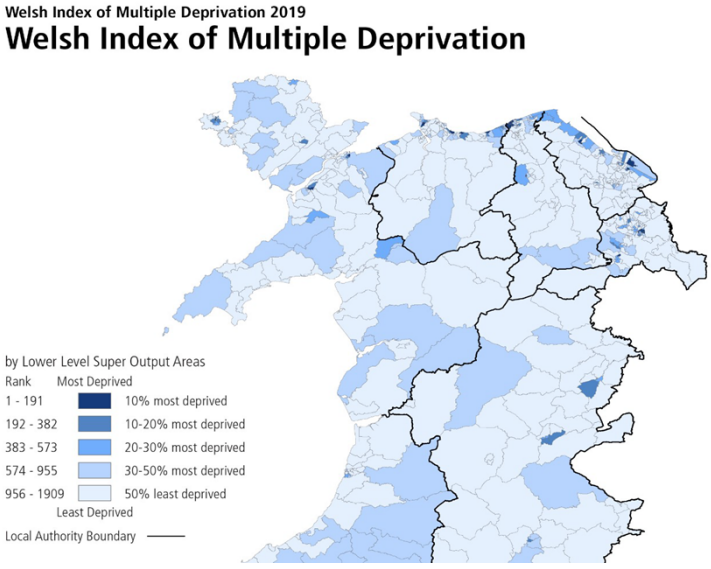
Poverty and deprivation rates in Wales have been increasing, one in four people in Wales are now living in relative poverty compared to one in five across the UK (Is Wales Fairer? 2018). One in three children are living in poverty and are more likely to in relative income poverty than the population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

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

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

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

Image 1



*Source: WIMD 2019 Results Report

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

3.4 Health and well-being

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

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

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

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

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

3.5 Preventative services

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

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

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

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

3.6 Loneliness and isolation

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

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

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

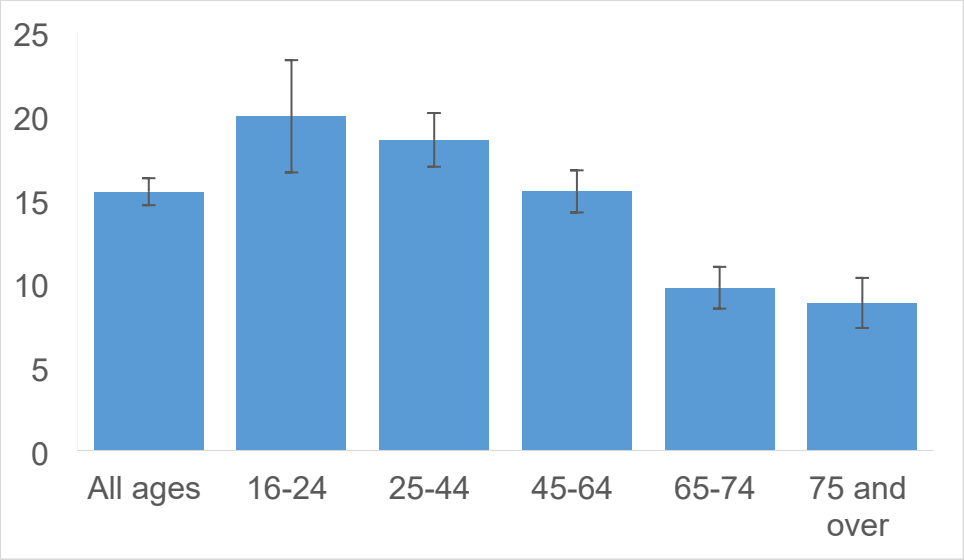


Chart 2: Percentage of people who are lonely in North Wales by local council, 2019 – 20

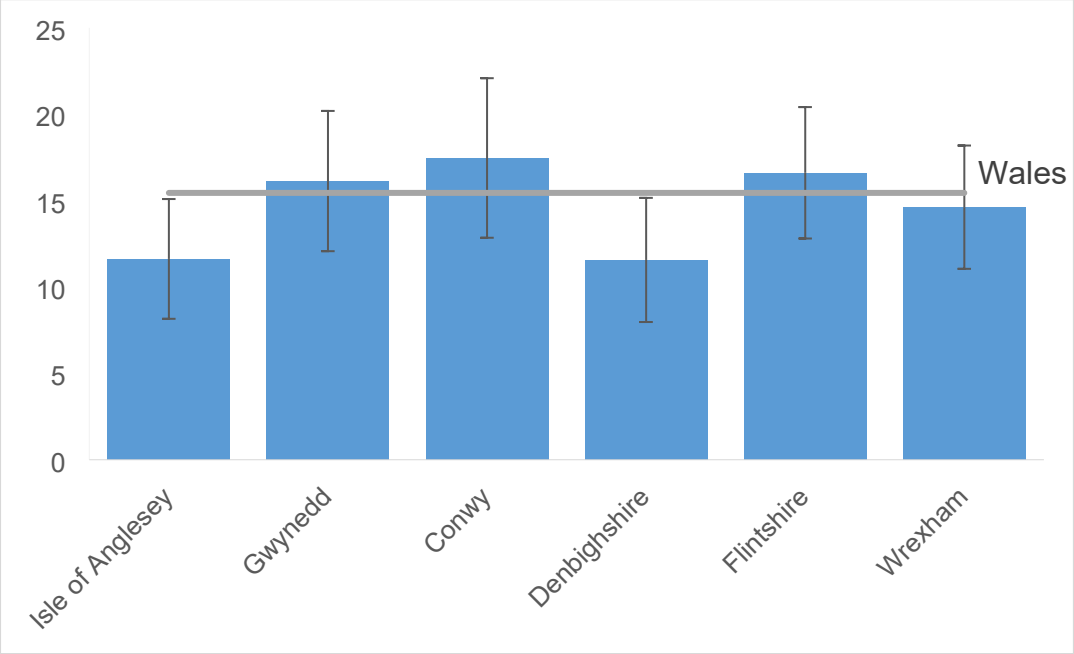
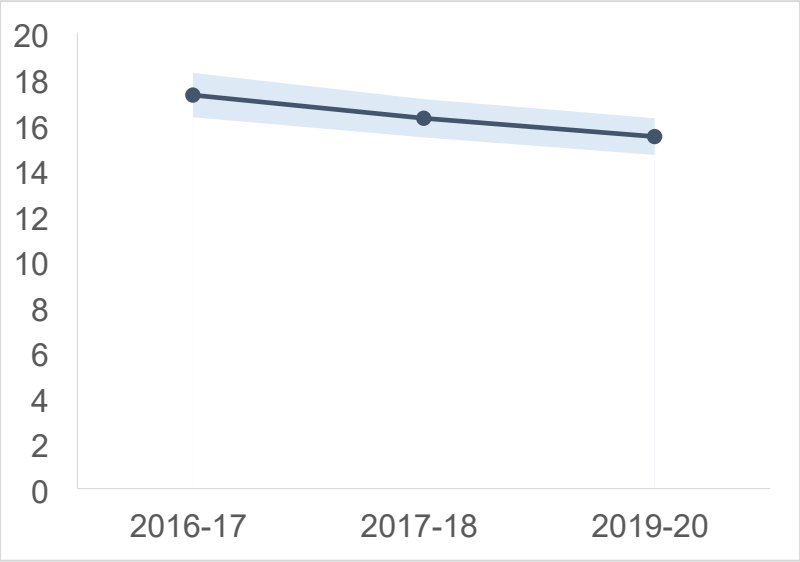


Chart 3: Percentage of people who are lonely in Wales by local council, 2016 – 17 to 2019 – 20



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

4. Children and young people

4.1 About this chapter

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Health, physical disabilities and sensory impairment

- Learning disabilities
- Autism Spectrum Disorder

4.2 What we know about the population

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

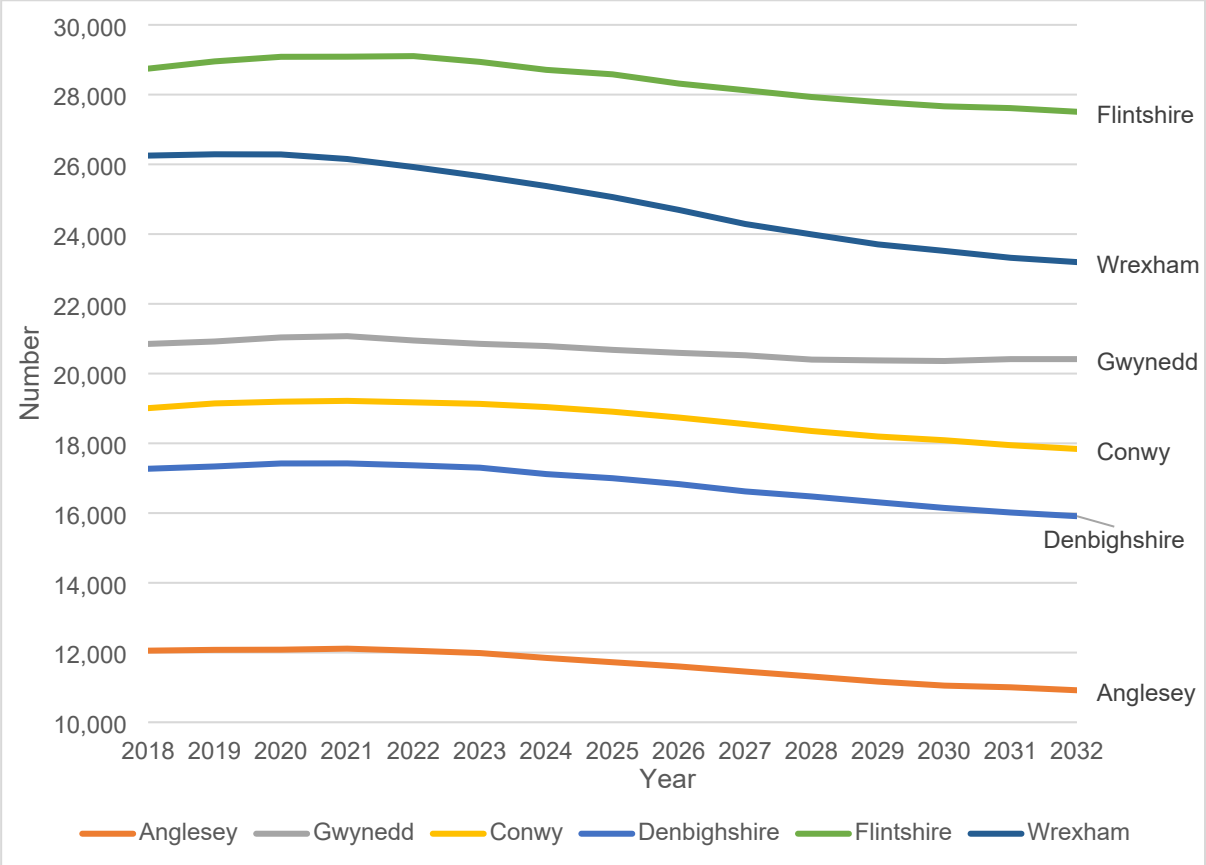
Table 11: Number of children aged 0-15 in North Wales by local authority

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

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

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

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



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

4.3 General health of children and young people in North Wales

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

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

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

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

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

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

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

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

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

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

4.4 Children and young people with disabilities and / or illness

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

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

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

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

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

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

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

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

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

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

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

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

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

Numbers have been rounded so may not sum.

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

4.5 Children who are receiving care and support

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

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

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

Numbers have been rounded so may not sum.

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

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

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

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

Numbers have been rounded to the nearest 5 to avoid disclosure

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

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

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

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

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

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

4.6 Outcomes of children receiving care and support

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

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

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

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

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

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

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

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

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

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

Numbers have been rounded so may not sum

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

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

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

4.7 Children on the child protection register

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

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

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

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

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

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

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

Numbers have been rounded to the nearest 5 to avoid disclosure

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

4.8 Looked after children and young people

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

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

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

Numbers have been rounded so may not sum.

Source: Children Looked after Census. StatsWales, Welsh Government

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

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

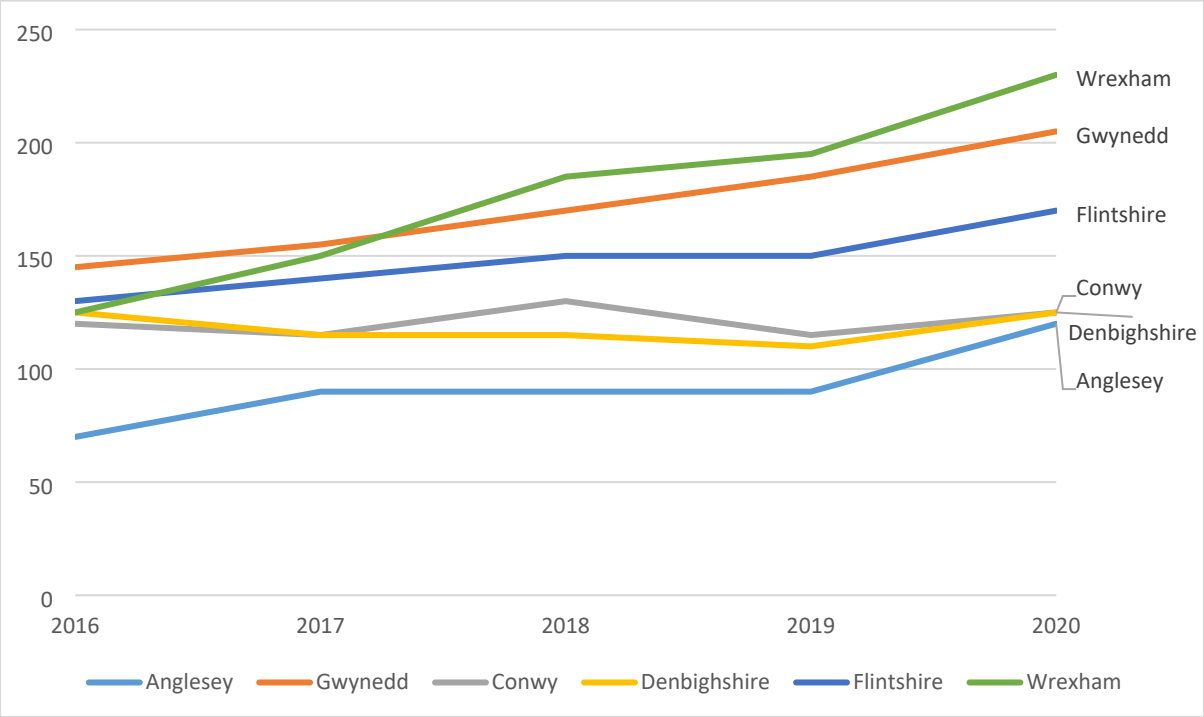
Local council	Under 1	Age 1 to 4	Age 5 to 9	Age 10 to 15	Age 16 to 17	Total
Anglesey	5	35	40	55	25	160
Gwynedd	10	60	80	95	40	280
Conwy	10	45	50	70	40	215
Denbighshire	5	30	35	75	30	180
Flintshire	10	55	50	105	40	255
Wrexham	25	100	90	120	45	375
North Wales	65	325	350	515	220	1,470
Wales	295	1,370	1,700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

Numbers have been rounded so may not sum

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

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

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



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

4.9 Experiences of 'Looked After' children and young people

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

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

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

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

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

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

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

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

Numbers have been rounded so may not sum

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

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

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

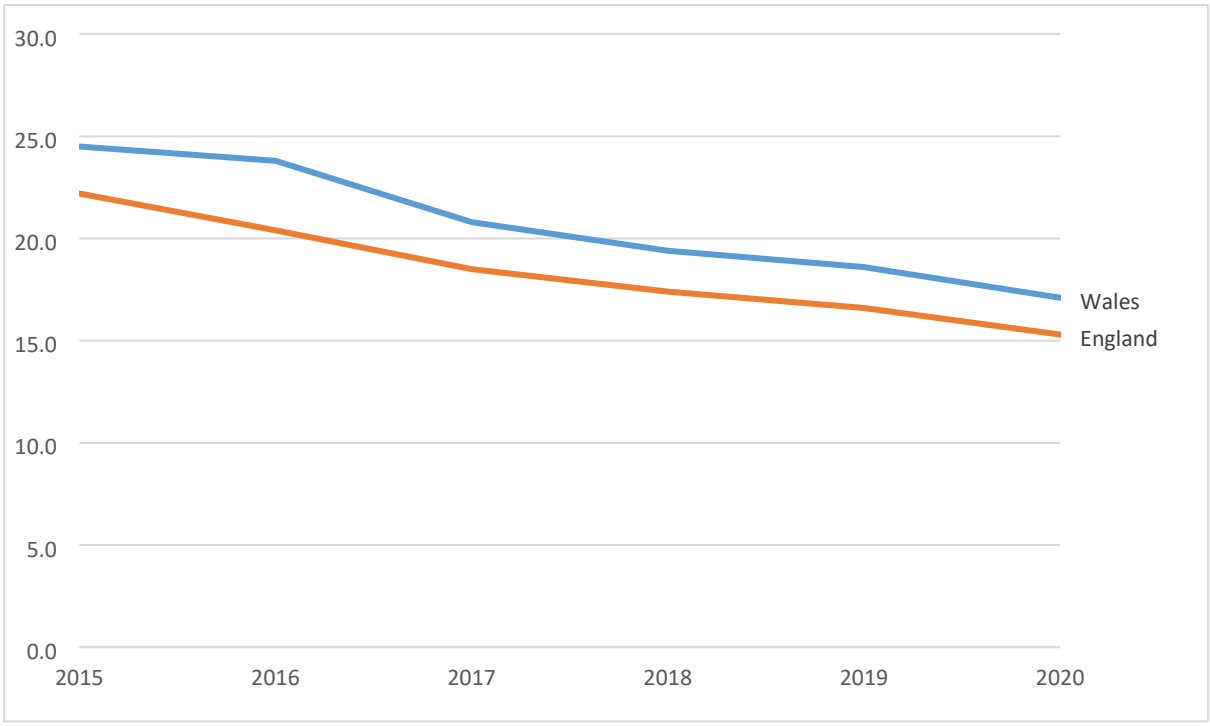
4.10 Teenage parents

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

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

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

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



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

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

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

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

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

4.11 Parental separation

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

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

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

4.12 Foster Care

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

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

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

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

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

4.13 Adoption

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

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

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

4.14 Child and adolescent mental health

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

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

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

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

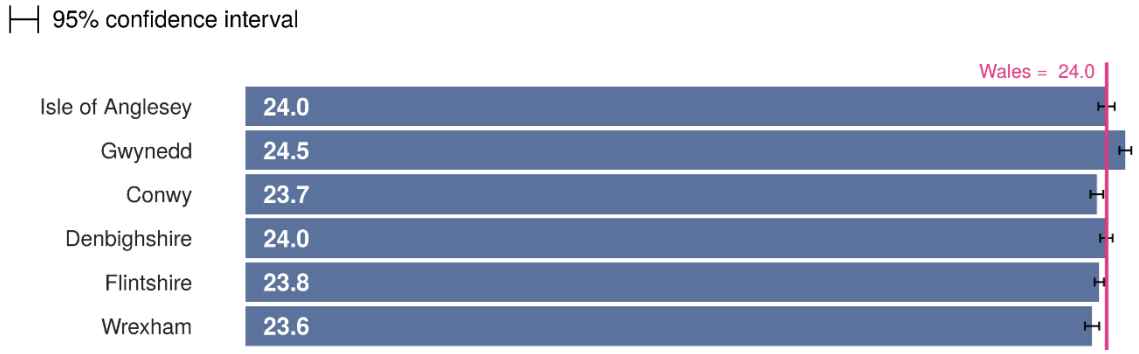
Risk factors include parental alcohol, tobacco and drug use during pregnancy; maternal stress during pregnancy; poor parental mental health; a parent in prison and parental unemployment. Children who experience child abuse; looked-after children; young offenders; children with intellectual disability;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

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

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

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

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



Source: Public Health Wales, 2021

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

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

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

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

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

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

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

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

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

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

4.15 Self- harm and eating disorders

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

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

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

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

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

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

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

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

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

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

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

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

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

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

What is working well:

Respondents described the following as working well:

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

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

What needs to be improved:

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

Specific recommendations for improvements were:

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

4.16 Early intervention, prevention and parenting support

The definition of prevention and early intervention can include:

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

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

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

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

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

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

Local engagement findings

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

Mental and emotional health

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

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

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

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

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

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

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

Children and young people who are looked after

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

What was good?

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

What was bad?

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

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

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

What matters to children and young people

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

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

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

Youth homelessness

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

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

Covid-19 impact on children and young people

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

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

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

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

Regional population needs survey findings

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

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

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

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

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

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

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

What needs to be improved:

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

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

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

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

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

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

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

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

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

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

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

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

4.18 Review of services currently provided

Early years provision

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

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

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

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

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

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

4.19 Covid-19 impact on children and young people

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

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

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

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

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

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

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

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

Impacts of the Covid-19 pandemic – Flintshire findings

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

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

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

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

4.20 Equalities and human rights

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

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

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

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

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

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

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

4.21 Safeguarding

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

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

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

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

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

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

Elective home education

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

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

4.22 Violence against women, domestic abuse and sexual violence

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

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

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

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

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

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

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

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

4.23 Advocacy

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

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

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

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

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

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

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

4.24 Welsh language considerations

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

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

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

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

4.25 Socio-economic considerations

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

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

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

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

4.26 Conclusions and recommendations

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

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

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

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

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

- Healthy behaviours

5. Older people

5.1 About this chapter

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

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

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

Definitions

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

Policy and legislation

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

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

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

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

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

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

5.2 What we know about the population

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

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

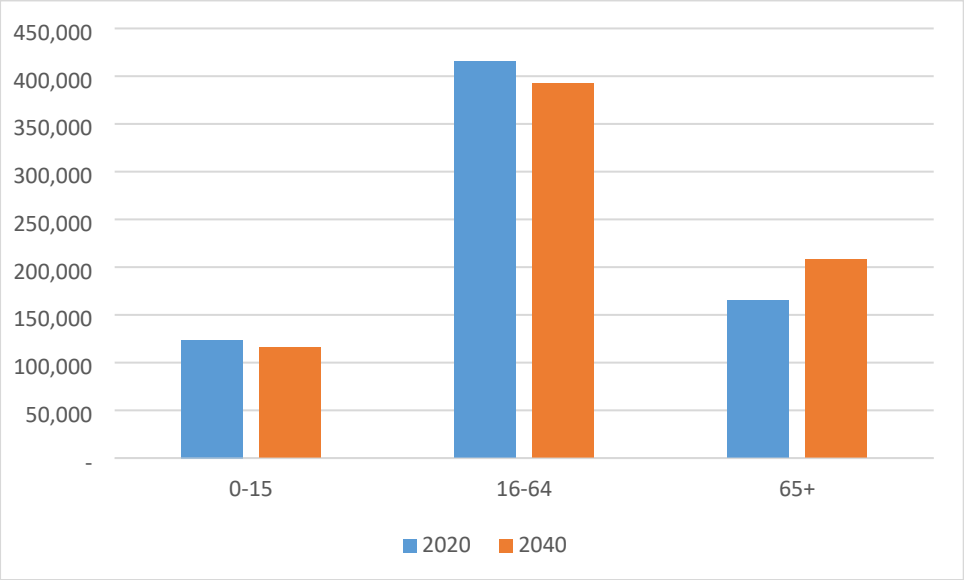
Table X: Estimated number of people aged over 65 in 2020 and projected number in 2040

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

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

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

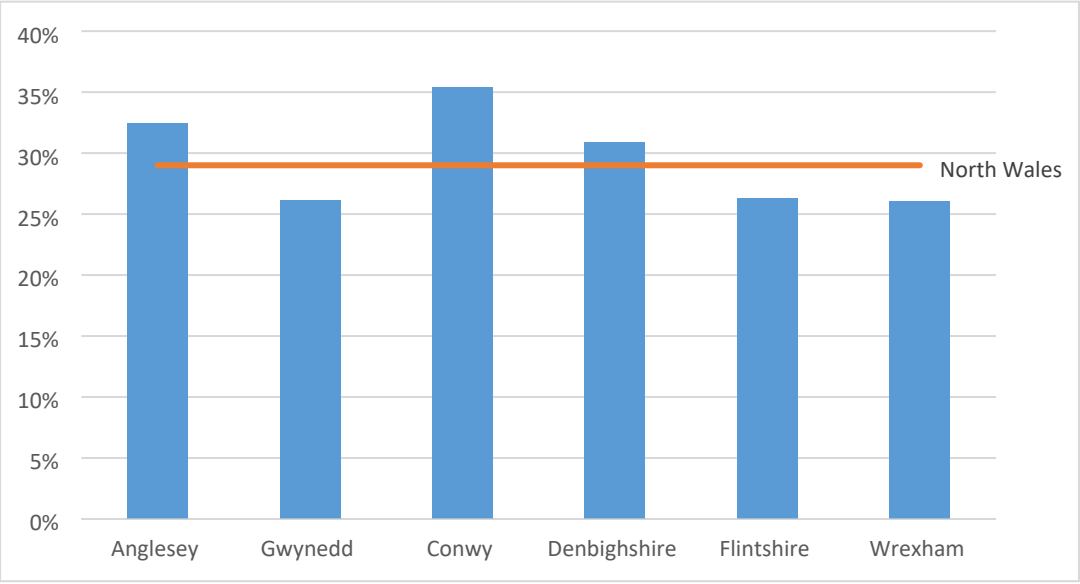
Chart X: Population change by age group for North Wales 2020-2040



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

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

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



Source: 2018-based population projections, Welsh Government

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

The number of people aged 65 and over is increasing

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

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

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

Numbers have been rounded so may not sum

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

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

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

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

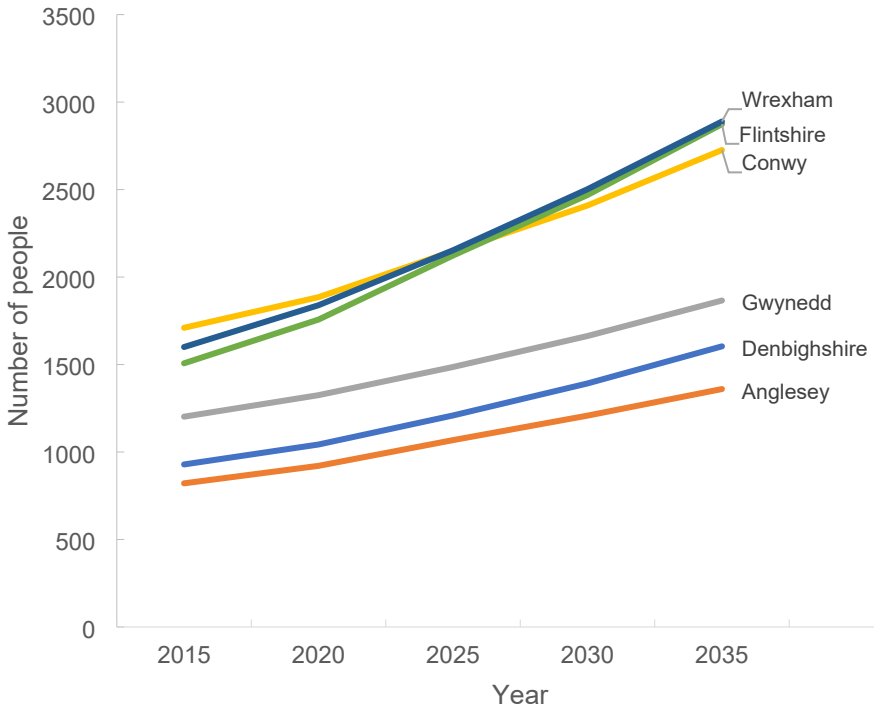
Numbers have been rounded so may not sum

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

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

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

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



Source: Daffodil

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

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

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

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

Numbers have been rounded so may not sum

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

Many older people provide unpaid care for friends and relatives

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

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

There will be more people aged 65 and over living alone

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

The gap between life expectancy and healthy life expectancy

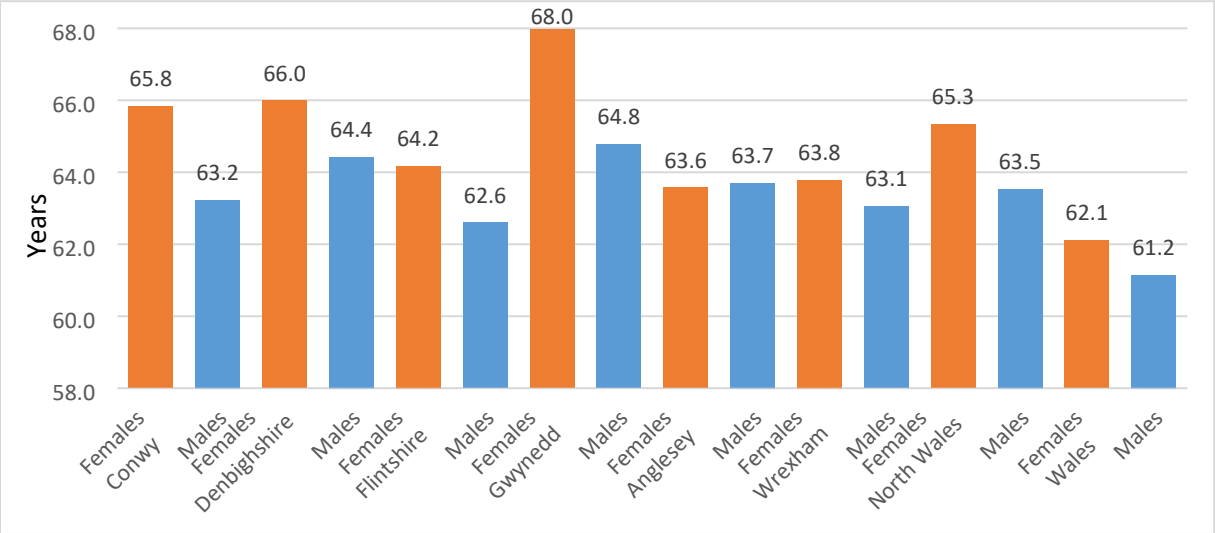
Life expectancy is the average length of time a child born today can expect to live. Life expectancy for the 2017-2019 period in North Wales was 79 years for men and 82 years for women. In contrast, healthy life expectancy is an estimate of lifetime spent in "very good" or "good" health, based on how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

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

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

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

Chart X: Healthy life expectancy 2017-19



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

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

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

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

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

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

Numbers have been rounded so may not sum

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

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

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

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

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

5.3 General health and wellbeing needs of older people

Prevention

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

Healthy ageing

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

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

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

Health inequalities and healthy life expectancy

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

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

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

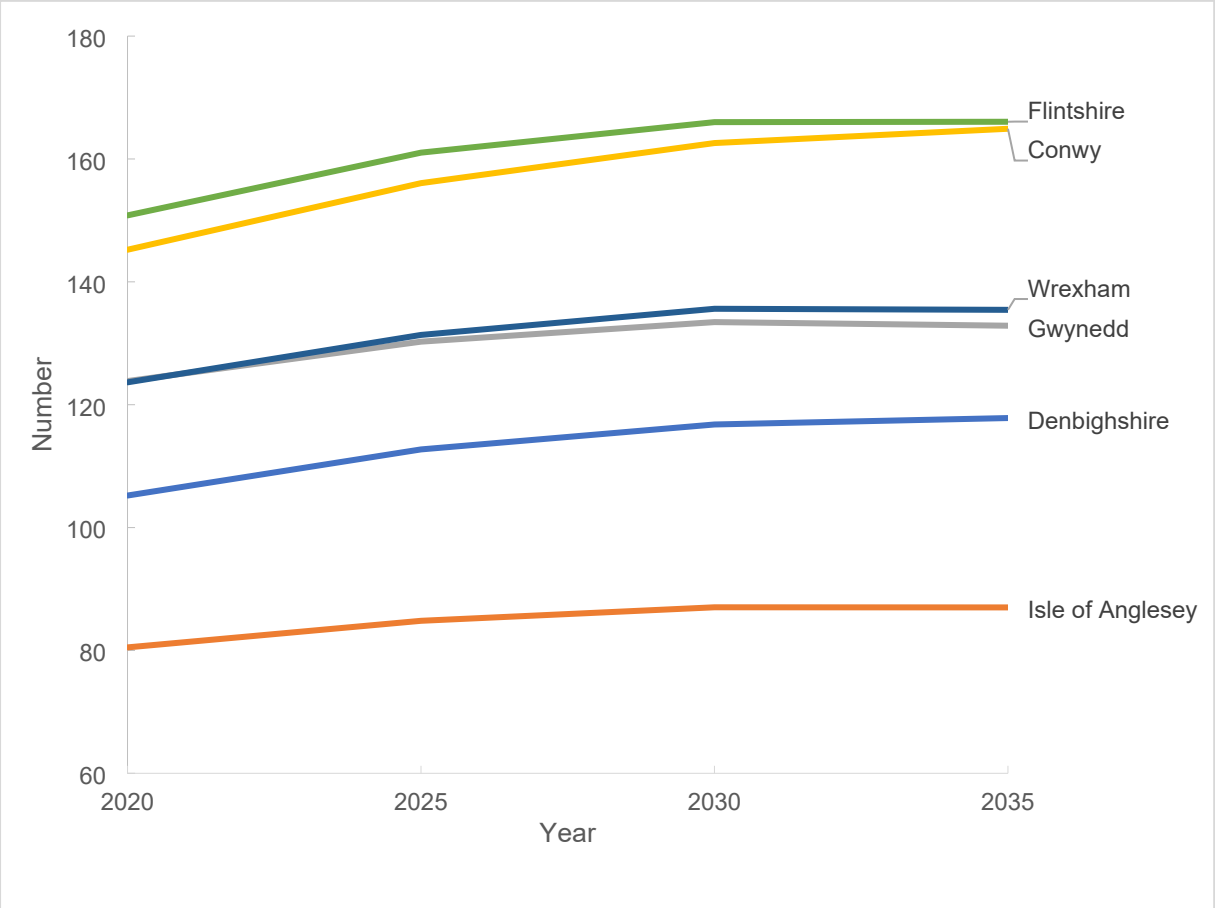
Physical activity

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

Falls and falls prevention

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

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



Source: Patient Episode Database for Wales, Daffodil Cymru

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

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

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

The teams are able to assess people in their own home and community to support them with reducing the risks of falls using a multifactorial risk assessment. Interventions can be provided for those assessed via environment assessment, equipment provision, mobility assessment and providing mobility aids, advice, strength and balance classes, home exercise programmes, referring to MDT and other signposting based on need. The team also promote national and local falls prevention messages and events. This includes visiting schools to provide information on bone health at an early age.

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

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

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

Age-friendly communities

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

Housing

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

Environment

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

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

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

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

Digital inclusion

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

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

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

Social isolation and loneliness

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

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

5.4 Dementia

Definition

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

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

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

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

What we know about the population

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

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

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

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

Source: Daffodil Cymru.

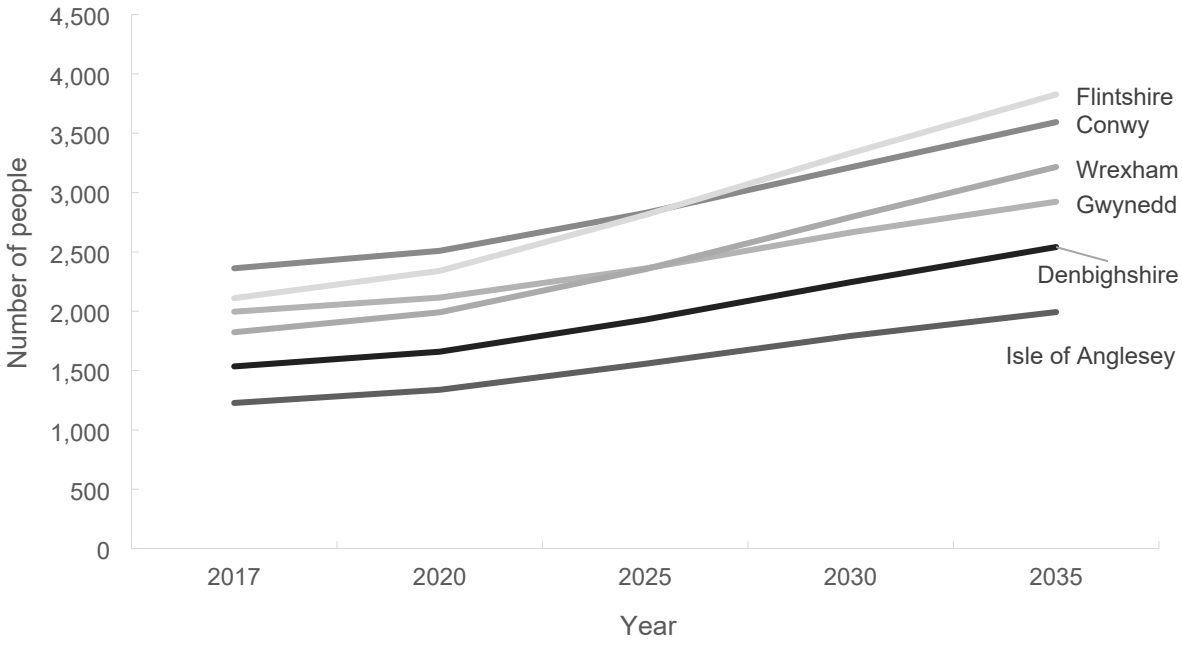
The age profile of North Wales is older than the average for Wales with a higher proportion of older people and a smaller proportion of younger residents in the region compared to Wales. This trend is projected to continue by the latest population

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

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

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

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



Source: Daffodil

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

Dementia prevention

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

How can we reduce the risks?

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

What people are telling us – Flintshire Dementia Strategy consultation

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

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

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

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

5.5 What people are telling us

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

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

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

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

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

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

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

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

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

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

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

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

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

Proposed solutions included:

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

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

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

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

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

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

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

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

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

Specific recommendations to improve services included:

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

Mental health services for older people

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5.6 Review of services

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

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

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

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

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

These new integrated health and social care localities will improve support available within communities, meaning that people can remain in their own homes for longer, with better access to a range of services to meet their needs. In North Wales the integration of Community Health and Social Care Services is underway. Representatives from all sectors including councils, the NHS and the third sector have come together to form Area Integrated Service Boards (AISBs).

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

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

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

Digital communities

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

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

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

Dementia Friendly Communities

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

Marleyfield dementia Saturday respite

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

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

5.7 Covid-19

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

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

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

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

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

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

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

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

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

5.8 Equalities and Human Rights

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

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

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

5.9 Safeguarding

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

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

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

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

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

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

5.10 Violence against women, domestic abuse and sexual violence

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

Older peoples care pathway.pdf (safelives.org.uk)

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

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

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

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

5.11 Advocacy

The Golden Thread Advocacy Programme was funded by Welsh Government for four years from 2016 – 2020 to run alongside and support the implementation of Part 10 (Advocacy) of the Social Services and Well-being (Wales) Act 2014. The programme has now ended, but Age Cymru's commitment to advocacy in Wales continues through the HOPE project.

Anglesey, Gwynedd and Wrexham: North Wales Advice and Advocacy Association (NWAAA) offer advocacy to over 65s

Conwy and Denbighshire: DEWIS Centre for Independent Living offer advocacy to anyone over 65, or any carer.

People living with Dementia (all counties): Alzheimer's Society offer support for anyone living with dementia, whether they have capacity or can communicate or not.

5.12 Welsh language considerations

An 'active offer' must be provided for people who are receiving or accessing services for older people. The Welsh Government's strategic framework for the Welsh language in health and social care, 'More Than Just Words', aims to ensure that the language needs of services are met and that Welsh language services are provided for those that request it. The Welsh Government have highlighted five priority groups where Welsh language services are especially important. This included older people and people living with dementia.

It is estimated that approximately 2,700 people living with dementia in North Wales will be Welsh speakers (North Wales Dementia Strategy, 2020). It is vitally important that services and diagnostic tests are available via the medium of Welsh for people living with dementia. If Welsh is a person's first language, they may lose the ability to communicate in English when living with dementia (Alzheimer's Society, 2020).
A priority action within the North Wales Dementia Strategy is to continue to promote the active offer of Welsh language services, implement the strategic framework across North Wales and recommendations from research undertaken by the Welsh Language Commissioner and Alzheimer's Society Cymru to overcome barriers.

5.13 Socio-economic considerations

It is estimated that around 18% of pensioners in Wales were living in relative income poverty between 2017 and 2020 (Welsh Government 2020). This number that has been rising in recent years. The pandemic will have been an especially difficult time for the 1 in 5 older people in Wales living in relative income poverty, as they will have felt the greatest impact of increased living costs (Leave no-one behind: action for an age friendly recovery, 2020).

Every year, thousands of older people in Wales, who are struggling financially miss out on millions of pounds of entitlements and financial support. Unclaimed Pension Credit alone totals as much as £214 million during 2018/19. Fuel poverty is a major issue for older people. Again this has been made worse by the Covid-19 pandemic with older people in self-isolation or shielding during periods of lockdown (Leave no-one behind: action for an age friendly recovery, 2020).

A report by the Older Peoples Commissioner for Wales (Leave no-one behind, 2020) highlighted a number of long term actions that should take place to support older people potentially facing financial and economic hardship. These actions include:

- Targeted intervention at a local level to ensure take up of financial entitlements.
- Review support for older workers and examine how interventions could better support people to remain or enter employment again.
- Widen existing home energy efficiency programmes to reduce fuel poverty.

5.14 Conclusions and recommendations

It is recommended that, in line with all legislation, policy and guidance, the following recommendations and priorities are progressed to meet the vision for those with older people within the North Wales region:

- **Workforce:** There are critical pressures faced by older people's social services. This has been exacerbated by the pandemic. There is an urgent priority around ensuring a sufficient workforce is in place to meet the needs of the older population of North Wales, particularly those with more complex needs. Further exploration of this priority will be included within the Market Stability Report.
- **Supporting people at home:** Delivering care closer to home will focus on improving the health and wellbeing of people in North Wales. People will be able to better access care and support in their own communities. This means people can stay in their own homes for longer. The integration of health and social care, such as the work ongoing with Community Resource Teams will support this.
- **Co-production and social value:** Delivering services for older people must include the views of the population. Older people should have a voice in shaping services that they may access. The Wales Cooperative Centre has published a paper outlining how services, such as domiciliary care, can be commissioned using an outcomes based approach for provision, which focuses on well-being. as well as any immediate need.
- **Digital inclusion:** Older people are likely to be one of the more digitally excluded groups. The recent increase in the use of digital technology to access and manage health and social care services means that there is a risk that older people will be left behind. A regional priority around the Older People's Commissioner for Wales guidance for ensuring parity of access to

digital services should be explored cross the partnership. This will ensure older people can access information and services, in a way that protects their rights. This builds on the work taking place as part of digital communities across North Wales.

- **Supporting people in mid and later life to be more active:** Ensuring that new developments incorporate Active Travel routes into and through development, and provide walking and cycling infrastructure contributes towards achieving this. Providing more inclusive services from the fitness and leisure sector, including strength and balance programmes will also assist.
- **Housing and accommodation:** Ensuring developments for new homes are accessible to all, through for example incorporating dementia friendly measures and accessible homes and developments.

Please note that there will be further recommendations within the Market Stability Report for older people's services such as care homes, domiciliary care etc. This will be published on the North Wales Collaborative website in 2022 https://www.northwalescollaborative.wales/

6. General health needs, physical impairment and sensory loss

6.1 About this chapter

This chapter includes information on the needs of the population relating to general health, lifestyle, long term conditions. This chapter also contains information for groups with a physical and / or sensory impairment. The general health and well-being needs for specific groups can also be found in each of the other chapters of this population needs assessment.

Data used within this chapter is from surveys and the sample size means it is not entirely accurate and so needs to be treated with caution.

Definitions

The World Health Organisation (WHO) defines good health as:

“A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

They describe disability as;

“An umbrella term covering impairments, activity limitations, and participation restrictions. An impairment is a problem in bodily function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. This means that disability is not just a health problem. It is about the interaction between features of a person’s body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.”

Policy and legislation

The Social Services and Well-being (Wales) Act 2014 has placed a duty on local authorities and health boards to development joint needs assessment for their

populations. This population needs assessment is a product of that requirement The duty to assess the overall health of the population underpins other key legislative priorities, such as ‘A Healthier Wales’, which aims to further integrate health and social care within Wales and produce a framework of support that is fit for the future.

6.2 General health status

North Wales compares well in terms of health compared to Wales as a whole, a lower proportion of adults in North Wales report their general health status as fair, and bad or very bad, compared to the Wales average. Denbighshire has the lowest proportion in good or very good health, which is slightly below the Wales average. Other councils in North Wales all have similar proportions.

Table X: General health of adults (age 16 and over) 2018-19 and 2019-20 combined, age standardised

Local council	Health in general Good or Very Good	Health in general Fair	Health in general Bad or Very Bad
Anglesey	76%	18%	6%
Gwynedd	75%	18%	6%
Conwy	76%	16%	8%
Denbighshire	70%	20%	10%
Flintshire	76%	17%	7%
Wrexham	74%	18%	8%
North Wales	75%	18%	8%
Wales	72%	20%	9%

Source: StatsWales table hlth5052, National Survey for Wales, Welsh Government

The table below shows the proportion with any illness, and how much people are limited by longstanding illness. North Wales as a whole has a lower proportion with a long standing illness than the Wales average. Denbighshire is similar to other parts of North Wales for the proportion with a long standing illness, which does not match with the table above for general health.

Table X: Percent of adults (age 16 and over) limited by illness 2018-19 and 2019-20 combined, age standardised

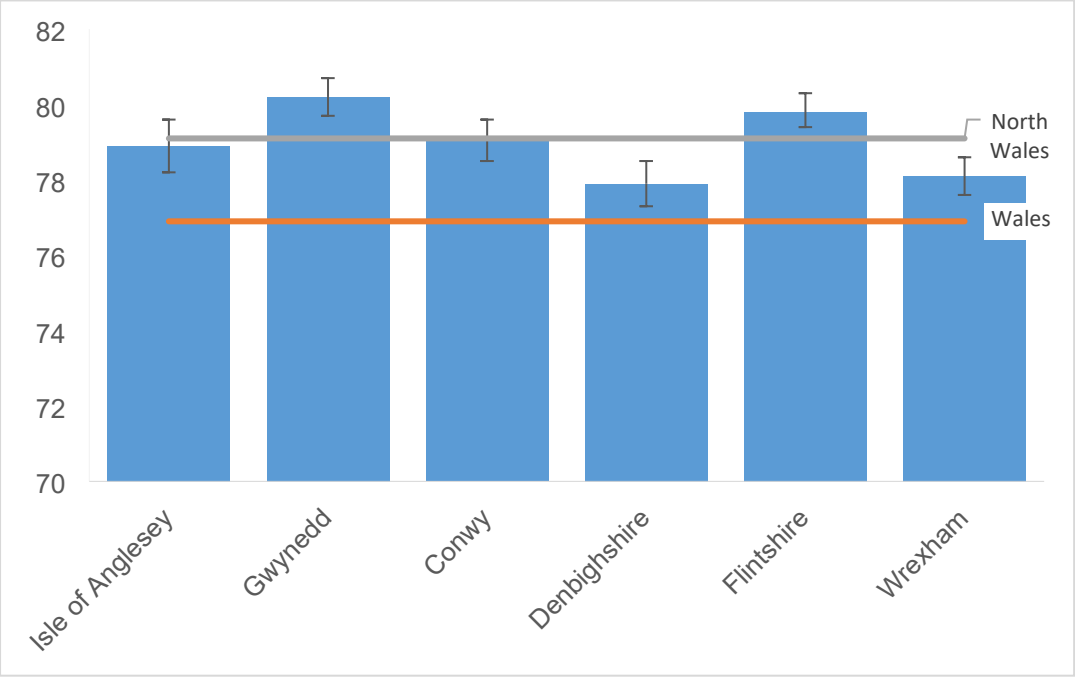
Local council	Any long standing illness	Limited at all by longstanding illness	Limited a lot by longstanding illness
Anglesey	48%	30%	17%
Gwynedd	44%	32%	17%
Conwy	41%	29%	15%
Denbighshire	41%	32%	16%
Flintshire	42%	30%	13%
Wrexham	44%	30%	19%
North Wales	43%	31%	15%
Wales	47%	34%	18%

Source: StatsWales table hlth5052, National Survey for Wales, Welsh Government

Health asset data from the 2021 Census will be reviewed when this data becomes available in 2022. The Census information for 2011 is provided below, as it is still a relevant source of information.

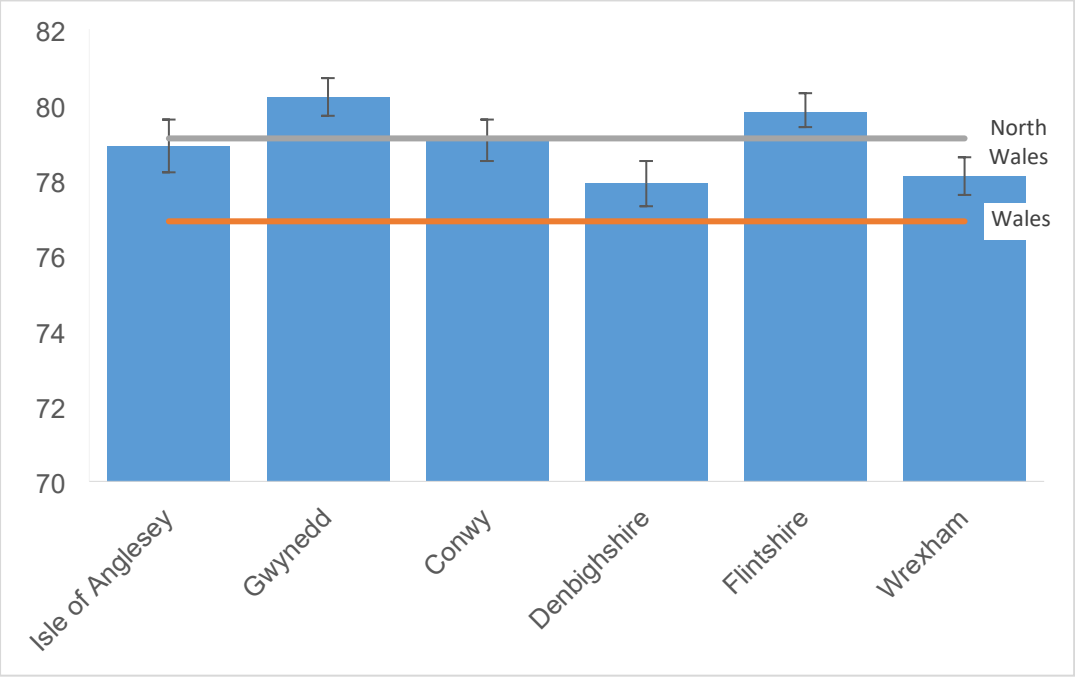
The chart below shows around 80% of people in North Wales report that they are in good health and that their day-today activities are not limited (Jones et al., 2016). Gwynedd has the highest proportion of people reporting good health and not being limited by poor health.

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



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

Chart X: Health asset indicators good health, age-standardised percentage 2011



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

The overall rates mask differences in health across the region. Some areas of our population experience greater levels of deprivation and poorer health; and some

groups in the population tend to experience poorer health or experience more barriers in accessing health care and support.

1.1.1. Lifestyle factors

Smoking

Smoking is a major cause of premature death and one in two long-term smokers will die of smoking related diseases. A recent report to the women's board for BCUHB stated that the proportion of women that smoked during pregnancy was 18.7% for the year ending Sep 2020. Rates range from 17% in the East to 22% in the Centre and 19% in the West. When compared with previous years, the Central area has seen in an increase in the proportion of women that smoked during pregnancy.

Table X: proportion who smoke during pregnancy (12 month rolling average to September for each year)

Local council	2017	2018	2019	2020
West (Anglesey and Gwynedd)	18.1%	20.0%	18.1%	16.9%
Centre (Conwy and Denbighshire)	20.5%	19.8%	17.4%	22.1%
East (Flintshire and Wrexham)	16.5%	13.9%	17.4%	17.2%
North Wales	18.1%	17.4%	17.6%	18.7%
Wales	-	-	17%	-

Source: BCUHB / PHW

Nationally, the percentage of pregnant women, who were recorded as smoking at their initial assessment, decreased marginally between 2018 and 2019. The proportion of women (all births) that gave up smoking during pregnancy is reported at 13.6% for the year ending September 2020. An increase from previous years. Rates range from 12% in the East to 17% in the West. Rates have increased in both

West and East areas when compared with the previous two years. A reduction is seen for the Central area.

In North Wales, 17.6% of adults aged 16 years and over report being a smoker and 5.7% reported using an E-cigarette, compared to 17.4% and 6.4% across Wales. Conwy had the highest smoking prevalence at 24.9%, followed by Wrexham at 20%. Gwynedd had the lowest at 10.8%. Rates of smoking vary considerably by area with more deprived areas of North Wales have higher levels of smoking.

Table X: Percent of adults (age 16 and over) who is a smoker or e-cigarette user 2018-19 and 2019-20 combined, age standardised

Local council	Smoker	E-cigarette user
Anglesey	18%	4%
Gwynedd	11%	4%
Conwy	25%	6%
Denbighshire	14%	5%
Flintshire	17%	6%
Wrexham	20%	9%
North Wales	18%	6%
Wales	17%	6%

Source: StatsWales table hlth5002, National Survey for Wales, Welsh Government

Overweight and obesity

Obesity is a major contributory factor for premature death and is associated with both chronic and severe medical conditions, including coronary heart disease, diabetes, stroke, hypertension, osteoarthritis, complications in pregnancy and some cancers. People who are obese may also experience mental health problems, bullying, or discrimination in the workplace (Public Health Wales, 2016a).

Overweight and obesity is related to social disadvantage, with higher levels in the most disadvantaged populations. In North Wales, just over half the adult population (55%) are overweight or obese, which is just below the average for Wales, 60%. Across the region, Flintshire and Wrexham have the highest proportion of adults who are overweight or obese at 58%, followed by Gwynedd (57%) and Anglesey (56%). Conwy and Denbighshire have the lowest proportions.

Table X: Percent of adults (age 16 and over) who are classed as overweight or obese 2018-19 and 2019-20 combined, age standardised

Local council	Underweight (BMI under 18.5)	Healthy weight (BMI 18.5-25)	Overweight (BMI 25-30)	Obese (BMI 30+)
Anglesey	0.9%	42.4%	37.4%	19.4%
Gwynedd	3.9%	38.9%	39.0%	18.1%
Conwy	7.0%	43.1%	30.1%	19.8%
Denbighshire	4.2%	43.6%	30.6%	21.6%
Flintshire	3.7%	38.3%	39.3%	18.8%
Wrexham	3.2%	38.6%	31.5%	26.7%
North Wales	4.0%	40.6%	35.8%	24.1%
Wales	1.9%	38.2%	35.8%	24.1%

Source: StatsWales table hlth5002, National Survey for Wales, Welsh Government

Physical activity

People who have a physically active lifestyle can significantly improve their physical and mental well-being, help prevent and manage many conditions such as coronary heart disease, some cancers, and diabetes and reduce their risk of premature death (Public Health Wales, 2016a).

In North Wales, 34% of adults report being physically active for at least 150 minutes in the past week, which is slightly higher than the Wales average of 55%. Across the region, 63% of adults in Conwy were physically active, which is the highest proportion. Wrexham had the lowest proportion at 49%, which is below the North Wales and Wales proportion (53%).

Table X: Percent of adults (age 16 and over) participating in physical activity 2018-19 and 2019-20 combined, age standardised

Local council	Active less than 30 minutes in previous week	Active 30-149 minutes in previous week	Active at least 150 minutes in previous week
Anglesey	29%	15%	56%
Gwynedd	32%	14%	54%
Conwy	28%	9%	63%
Denbighshire	37%	12%	52%
Flintshire	30%	12%	57%
Wrexham	29%	21%	49%
North Wales	31%	14%	55%
Wales	33%	14%	53%

Source: StatsWales table hlth5002, National Survey for Wales, Welsh Government

Alcohol

Alcohol is a major contributory factor for premature death and a direct cause of 5% of all deaths in Wales (Betsi Cadwaladr University Health Board, 2015). Alcohol consumption is associated with many chronic health problems including: mental ill health; liver, neurological, gastrointestinal and cardiovascular conditions; and several types of cancer. It is also linked with injuries and poisoning and social problems, including crime and domestic violence (Public Health Wales, 2016a).

Alcohol has the greatest impact on the most socially disadvantaged in society, with alcohol-related mortality in the most deprived areas much higher than in the least deprived. Although alcohol consumption is gradually declining, more than 18% of adults in North Wales self-report drinking above guidelines in an average week. Wrexham has the highest proportion of adults aged 16 and over reporting drinking above guidelines, 22%, followed by Flintshire, 21%, which are just above the averages for North Wales, and Wales, (19%). Anglesey and Denbighshire have the lowest proportions across the region, 14%.

Table X: Average weekly alcohol consumption in adults (age 16 and over) 2018-19 and 2019-20 combined, age standardised

Local council	None*	Some, up to 14 units (moderate drinkers)	Above 14 units (over guidelines)
Anglesey	22%	64%	14%
Gwynedd	22%	61%	16%
Conwy	18%	67%	15%
Denbighshire	35%	51%	14%
Flintshire	15%	65%	21%
Wrexham	18%	61%	22%
North Wales	21%	61%	18%
Wales	21%	60%	19%

*may include some people who do sometimes drink

Source: StatsWales table hlth5002, National Survey for Wales, Welsh Government

6.3 Chronic conditions

Chronic conditions are generally those which cannot be cured, only managed. They can have a significant impact for individuals, families and health and social care services (Jones et al., 2016). It is estimated that around a third of adults in Wales are currently living with at least one chronic condition. Evidence from GP practice registers in North Wales confirms a figure slightly higher than this.

Table XX shows the number and percentage of GP practice patients registered as having a chronic condition.

Table X: percentage of GP practice patients registered as having a chronic condition, 2020

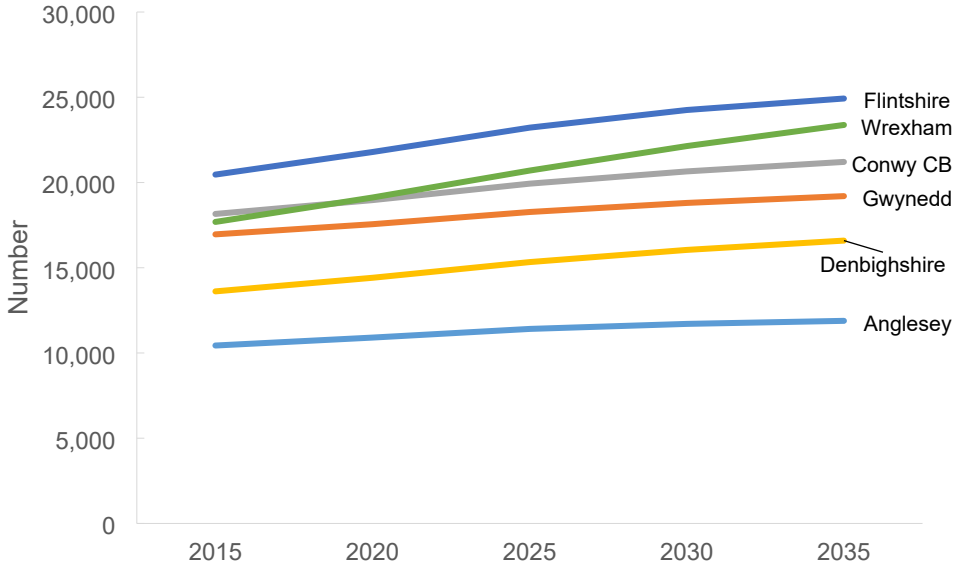
Local council	Asthma	Atrial fibrillation	COPD*	CHD **	Heart failure	Hyper-tension	Stroke ***
Anglesey	8.5%	2.8%	3.1%	4.0%	1.2%	17.9%	2.6%
Gwynedd	7.2%	2.5%	2.8%	3.3%	1.1%	16.1%	2.0%
Conwy	7.6%	2.9%	2.7%	4.4%	1.3%	18.1%	2.5%
Denbighshire	7.8%	2.7%	3.2%	4.2%	1.2%	17.3%	2.2%
Flintshire	7.4%	2.4%	2.4%	3.6%	1.0%	16.2%	1.9%
Wrexham	7.5%	2.3%	2.5%	3.5%	1.1%	16.8%	2.0%
North Wales	7.6%	2.6%	2.7%	3.8%	1.1%	16.9%	2.2%
Wales	7.4%	2.4%	2.4%	3.6%	1.1%	15.9%	2.2%

*Chronic obstructive pulmonary disease: a group of lung conditions that make it difficult to empty air out of the lungs because airways have been narrowed
**Secondary prevention of coronary heart disease
***Stroke and transient ischaemic attack
Source: Quality Assurance and Improvement Framework (QAIF) disease registers, StatsWales, Welsh Government

While these are common conditions, there are many other long-term conditions, which can have a significant impact on a person's ability to participate fully in society and on their general well-being. These include neurological conditions, cancer and the impact of diseases such as stroke. More detailed data on specific conditions can be obtained from local councils or the health board. However, for the purposes of this chapter, we have focused on a summary of the general issues that affect well-being. It is what matters to the individual that should be taken into consideration.

The number of people living with a limiting long-term illness is predicted to increase by nearly 22% over the 20 year period to 2035. See chart XX below. Much of the increase will arise from people living to older age.

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



Source: Daffodil (Prevalence rate from taken from the Welsh Health Survey 2012, table 3.11 Adults who reported having illnesses, or limited by a health problem/disability; pop base from WG 2011-based population projections)

6.4 Physical disability and sensory impairment

Physical disability

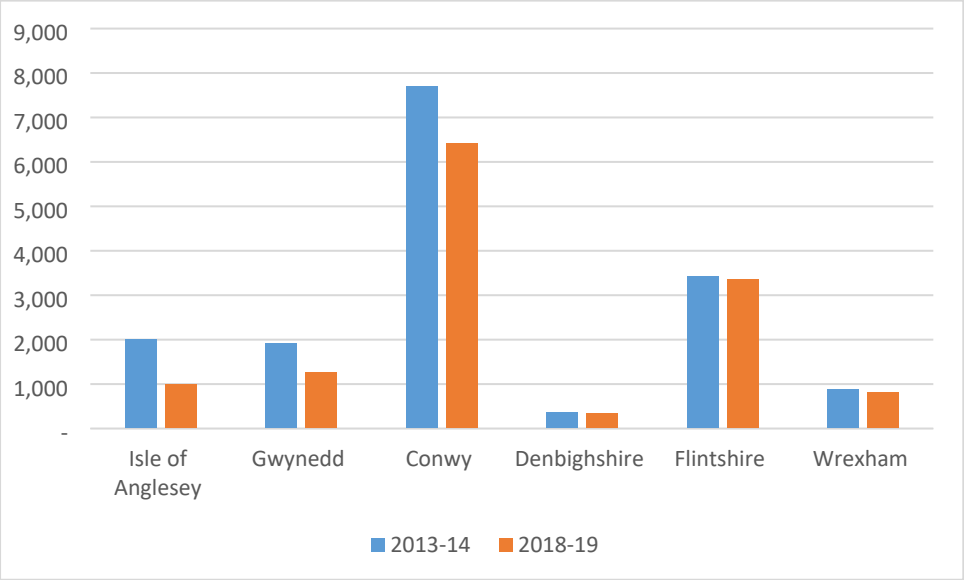
There is an estimated 14.1 million disabled people in the UK. 8% of children are disabled; 19% of working adults are disabled and 46% of pension age adults are disabled (Scope, 2019/2020). The 2011 Census shows that there were nearly 700,000 individuals in Wales with some form of limiting long-term illness or 'disability'. This is 22.7% of the population. 10.8% reported that their day-to-day activities were limited a little, and the remaining 11.9% were limited a lot. The 2021 Census data will become available in 2022. Census data within this assessment will then be reviewed and updated.

More recent estimates from the Annual Population Survey (APS) (year ending September 2020) show that there were 415,600 disabled people (Equality Act 2010 definition) aged 16 to 64 in Wales, representing 21.9% of the 16 to 64 population (Locked Out Report, 2021).

Sensory impairment

Some information concerning physical or sensory impairment (but without visual impairment) is held on local council registers as shown below. The wide variation in numbers suggests the data is incomplete.

Chart X: Physically/sensory disabled people without visual impairment



Source: Local authority register of persons with physical or sensory disabilities (StatsWales table care0016) data collection, Welsh Government

The registers of people with physical or sensory disabilities include all persons registered under Section 29 of the National Assistance Act 1948. However, registration is voluntary and figures may therefore be an underestimate of the numbers of people with physical or sensory disabilities. Registration of severe sight impairment is, however, a pre-condition for the receipt of certain financial benefits and the numbers of people in this category may therefore be more reliable than those for partial sight impairment or other disabilities. These factors alongside the uncertainties about the regularity with which councils review and update their records, mean that the reliability of this information is difficult to determine and so it cannot be thought of as a definitive number of people with disabilities.

People with sight impairment are registered by local authorities following certification of their sight impairment by a consultant ophthalmologist. The Certificate of Vision Impairment (Wales) formally certifies someone as partially sighted or as blind (now using the preferred terminology 'sight impaired' or 'severely sight impaired', respectively) so that the Local Authority can register him or her. Registration is voluntary and access to various, or to some, benefits and social services is not dependent on registration. If the person is not known to social services as someone with needs arising from their visual impairment, registration also acts as a referral for a social care assessment.

Sight loss, blindness and partial sight loss

Visual impairment is when a person has sight loss that cannot be corrected using glasses or contact lenses (Jones and Atenstaedt, 2015).The table below shows the total number and rate predicted to be living with sight loss. The rate per 1,000 people for North Wales is higher than the Wales rate. Conwy has the highest rate for North Wales at 48 people per 1,000. Wrexham and Flintshire have the lowest at 34 and 35 per 1,000 people.

The numbers registered blind or partially sighted are much lower. Rates per 100,000 people for North Wales are above the Wales average. Conwy has the highest rate at 586 per 100,000. Denbighshire has the lowest at 424 per 100,000 people.

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

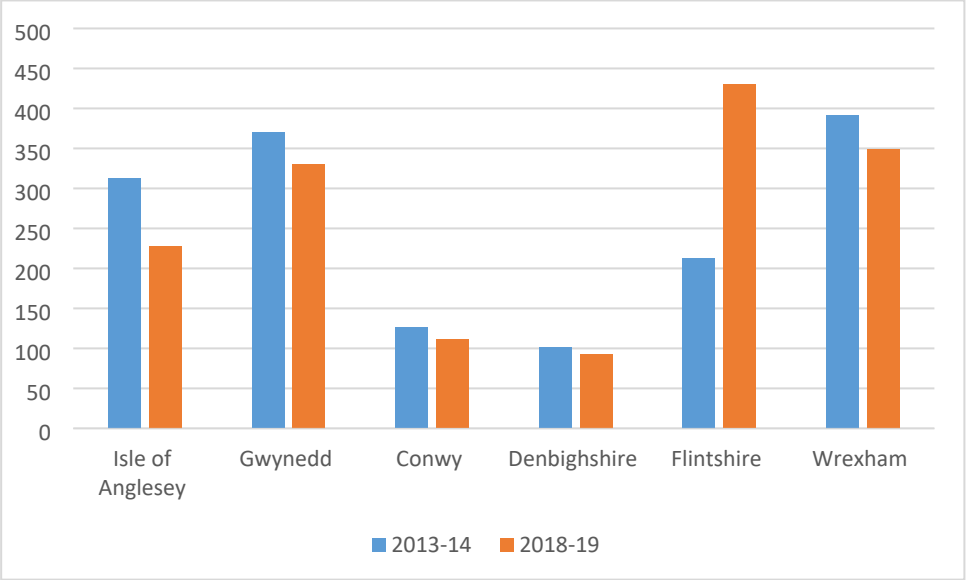
Local council	Estimated number living with sight loss	Rate living with sight loss per 1,000	Total registered blind	Total registered partially sighted	Rate per 100,000 registered blind or partially sighted
Anglesey	2,960	42	200	228	576
Gwynedd	4,820	39	289	331	523
Conwy	5,660	48	168	111	586
Denbighshire	3,750	39	147	93	424
Flintshire	5,460	35	375	430	512
Wrexham	4,580	34	282	349	440
North Wales	27,230	39	1,461	1,542	429
Wales	111,000	35	6,484	6,653	417

Source: RNIB sight loss data tool version 4.3.1

The National Eye Health Epidemiological Model (NEHEM) estimates using 2011 Census population data are shown in table xx. This shows that the estimated prevalence of all vision impairment and low vision in the population aged 50 years and over was slightly higher in North Wales than the all-Wales estimates. The estimated prevalence of severe sight impairment was the same in North Wales as in Wales.

The numbers of people with sight impairment or severe sight impairment can be estimated from the registers held by social services. However, these figures are likely to be underestimates as they rely on self-referral.

Chart X: Number of people with sight impairment



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

Table X: Number and rate of sight impaired people per 100,000 population

Local council	Number sight impaired 2013/14	Rate sight impaired 2013/14	Number sight impaired 2018/19	Rate sight impaired 2018/19
Anglesey	313	447	228	326
Gwynedd	370	304	331	267
Conwy	126	109	111	95
Denbighshire	101	107	93	98
Flintshire	213	139	430	276
Wrexham	392	289	349	256
North Wales	1,515	219	1,542	221
Wales	8,676	281	6,653	212

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

The percentage of people living with sight loss compared to the overall population is projected to increase from approximately 3.73% in 2016 to 4.92% by 2030 (Welsh Government, 2016).

The table below shows that cataracts, glaucoma and macular degeneration have higher rates in North Wales than for Wales as a whole. Rates vary between local authorities. For cataracts, Conwy has the highest rate in North Wales at 1,638 per 100,000 population, compared to the lowest in Wrexham at 1,118 per 100,000. Conwy also has the highest rate for glaucoma at 1,493 per population, compared to the lowest in Wrexham at 1,103 per 100,000. Conwy, again, has the highest rate for macular degeneration at 7,807 per 100,000 population, compared to the lowest in Wrexham at 5,627. The rate for diabetic retinopathy in North Wales is similar to the Wales rate.

Table X: Rate per 100,000 of people estimated to be living with eye related conditions, 2021

Local council	Cataracts	Glaucoma	Diabetic retinopathy	Macular degeneration*
Anglesey	1,442	1,356	1,999	7,096
Gwynedd	1,285	1,212	2,023	6,294
Conwy	1,638	1,493	2,039	7,807
Denbighshire	1,348	1,285	1,985	6,688
Flintshire	1,179	1,160	1,986	5,932
Wrexham	1,118	1,103	1,957	5,627
North Wales	1,312	1,251	1,997	6,471
Wales	1,174	1,145	1,992	5,871

*includes people living with both Drusen, an early stage age-related macular degeneration, and late stage age-related macular degeneration

Source: RNIB sight loss data tool version 4.3.1

Deaf and hard of hearing

Loss of hearing can be mild, moderate, severe or profound. It can affect one or both ears. Hard of hearing is normally used for people with mild to severe hearing loss. The term Deaf is normally used to describe people with profound hearing loss. There are various ways to communicate, including Sign Language, lip reading, fingerspelling, deafblind fingerspelling and written words.

The RNID estimate that one on five adults in the UK is Deaf or has hearing loss. For people over 50, around 40% are estimated to have some form of hearing loss. this rises to 71% of people aged over 70. Up to 75% of people in care homes are affected (National Institute for Health and Care Excellence, 2019).

Hearing loss can lead to withdrawal from social situations, emotional distress, and depression. Research shows that it increases the risk of loneliness. Hearing loss can increase the risk of dementia by up to five times, but evidence also suggests that hearing aids may reduce these risks.

Number and rate per 100,000 of people estimated to be living with hearing impairments, 2021

Local council	Estimated number moderate or severely hearing impaired	Rate moderate or severely hearing impaired	Estimated number profoundly hearing impaired	Rate profoundly hearing impaired
Anglesey	9,580	13,677	210	300
Gwynedd	15,300	12,283	350	281
Conwy	17,700	15,102	420	358
Denbighshire	12,300	12,853	270	282
Flintshire	17,900	11,467	380	243
Wrexham	15,000	11,033	320	235
North Wales	87,780	12,548	1,740	249
Wales	360,000	11,418	7,940	252

Source: RNIB sight loss data tool version 4.3.1

Deafblindness

The term deafblind covers a wide range of different conditions and situations. We use this term for the purposes of this assessment to mean people who have 'sight and hearing impairments which, in combination, have a significant effect on their day to day lives'. There are approximately over 390,000 people in the UK who are deafblind, with this figure set to increase to over 600,000 by 2035. If you would like more detailed estimates, please contact Sense Information and Advice.

Deafblindness is also known as dual sensory loss or Multi-Sensory Impairment. People who are deafblind, include those who are congenitally deafblind and those who have acquired sensory loss. The most common cause however is older age. Deafblindness can cause problems with communication, access to information and mobility. Early intervention and support provides the best opportunity of improving a person's well-being (Sense, 2016).

Estimates of the number of people with co-occurring vision and hearing impairments suggest that by 2030, in the region of 1% of the population of North Wales will be deafblind. The proportion of deafblind people increases significantly with age.

Table X: Number and rate per 100,000 of people estimated to be living with any dual sensory loss, 2021

Local council	Estimated number with dual sensory loss	Rate with dual sensory loss
Anglesey	560	800
Gwynedd	910	731
Conwy	1,070	913
Denbighshire	710	742
Flintshire	1,040	666
Wrexham	880	647
North Wales	5,170	739
Wales	21,300	676

Source: RNIB sight loss data tool version 4.3.1

Mental health and well-being

Shoham et al (2019) investigated whether people with sensory impairment have more depressive and anxiety symptoms than people without sensory impairment. The study used analysed data from the Adult Psychiatric Morbidity Survey (2014) and found that 19% of people with hearing impairment, 31% with distance visual impairments and 25% with near visual impairments had clinically significant psychological morbidity. The authors found that social functioning accounted for around 50% of these relationships between sensory impairment and psychological morbidity (Shoham et al. 2019).

Deaf people are more likely to have poor mental health – up to 50%, compared to 25% for the general population (Understanding disabilities and impairments, UK

Government, 2017). Depression in adults with a chronic physical health problem is well recognised and there is a significant amount of evidence on effective care and support. As well as management and treatment, the evidence supports the positive impact of information provision, group physical activities and support programmes (NICE, 2012).

Housing needs and homelessness

People living in the most deprived areas have higher levels of hearing and visual impairment, and also long-term health problems, particularly chronic respiratory conditions, cardiovascular disease and arthritis (Public Health Wales, 2016b). People in these areas also may be living in poor conditions.

Housing has an important effect on health, education, work, and the communities in which we live. Poor quality housing, including issues such as mould, poor warmth and energy efficiency, infestations, second-hand smoke, overcrowding, noise, lack of green space and toxins, is linked to physical and mental ill health as well as costs to the individual, society and the NHS in terms of associated higher crime, unemployment and treatment costs (Public Health Wales, 2015). Health problems associated with these issues include respiratory problems, depression, anxiety, neurological, cognitive, developmental, cardiovascular and behavioural conditions, cancers, poisoning and death (Public Health Wales 2016a).

Dealing with hazards, such as unsafe stairs and steps, electrical hazards, damp and mould growth, excessive cold and overcrowding, costs around £67 million per year to the NHS in Wales (Public Health Wales, 2015).The wider cost to society, such as poor educational attainment and reduced life chances were estimated at £168 million a year. It was estimated that the total costs to society could be recuperated in nine years if investment was made to address these problems (Public Health Wales, 2016).

Adaptations to housing can help maintain or regain independence for people with physical disability or sensory impairment. There are a range of initiatives which can assist with housing adaptations, some provided through local councils and some through third sector support agencies.

Extra care housing schemes can give a balance between living in a person's own home and having on-site dedicated care and support if needed. Residential and nursing care provides accommodation with trained staff on hand day and night to look after a person's needs.

Inclusive design and planning requirements

Inclusive design aims to remove the barriers that create undue effort and separation. It enables everyone to participate equally, confidently and independently in everyday activities. Inclusive design is everyone's responsibility. This is an important consideration in the development or redesign of facilities and services.

Meeting access needs should be an integral part of what we do every day. We should use our creativity and lateral thinking to find innovative and individual solutions, designing for real people. By designing and managing our environment inclusively, difficulties experienced by many – including people with a disability or sensory impairment, but also older people and families with small children – can be reduced.

The built and natural environment is a key determinant of health and well-being. The way places are can impact on the choices made such as travel, recreational choices and how easy it is to socialise with others. The planning system is required to identify proactive and preventative measures to reduce health inequalities. For example, through providing opportunities for outdoor activity and recreation, active travel options, enabling connections to social activity, reducing air and noise pollutions and exposure to it, and seeking environmental and physical improvements.

Planning policy Wales sets out five key planning principals, which are vital to achieving the right development in the right place. Facilitating accessible and healthy environments is one. Land use planning and the places created should be accessible to all and support healthy lives. They should be barrier free and inclusive to all. Built and natural environments should be planned to promote mental and physical well-being. Creating and sustaining communities is another planning principal and seeks to work in an integrated way to maximize well-being.

This links to the national sustainable placemaking outcomes, including facilitating accessible and healthy environments, which provide equality of access and supports a diverse population. Environments should promote physical and mental health and well-being. Developments should be accessible by Active Travel. Development proposals should place people at the heart of the design process. Ensuring ease of access for all is also listed as an objective of good design. Proposals must address this, including making provision to meet the needs of people with sensory, memory, learning and mobility impairments, older people and people with young children.

It has been found that good quality housing and well planned developments with enabling environments can have a significant impact on the quality of life of people living with dementia. If a development is planned well for people living with dementia, it is also planned well for everyone, including older people, disabled people and children.

Well planned developments and communities can also impact positively on mental health, through factors such as noise, pollution, access to green space, services and the appearance of a local area. An accessible and inclusive environment, where everyone can participate in society is important to enhancing and protecting well-being and mental health.

The Royal Town Planning Institute has produced practice guidance on mental health and planning and dementia and planning.

6.5 Neurological conditions

There are more than 250 recognised neurological conditions. In Wales, there are approximately 100,000 people living with a neurological condition that has a significant impact on their lives. Each year approximately 2,500 people are diagnosed with a neurological condition, including Parkinson’s disease, epilepsy, multiple sclerosis or motor neurone disease (Neurological Conditions Delivery Plan 2017). The care and support needs of people with neurological conditions can vary from living with a condition to requiring help for most everyday tasks.

The Neurological Conditions Delivery Plan 2017 states that in the near future, the numbers of people with neurological conditions will likely increase due to increased life expectancy, improved survival rates and improved general health care. A key recommendation from the delivery plan is for health boards and local authorities to

develop neurological education frameworks to support training for staff to better understand the needs of those with neurological conditions and their carers.

6.6 What are people telling us

Physical disability and sensory impairment services

What is working well

One service user reported that they are “struggling to get the support they need.”

Others thought that the Accessible Health Service and BCUHB’s diversity work is working well, as well as the provision of aids, adaptations and the befriending service offered by the Live Well with Hearing Loss project.

A service provider commented that partnership work with local social service departments and third sector organisations is strong, which supports delivery of a wide range of quality services, networking and sharing good practice.

What needs to be improved

Access to information and advice in alternative formats is a big challenge for service users with sensory and physical disabilities, in particular information from local authorities and the NHS. Printed material is not appropriate for many, while the increase in online only access to services and information is a major barrier for others.

For Deaf people in North Wales, the provision of information, advice and assistance (IAA) is described as a “postcode lottery”, where some people can access support Monday to Friday 9am to 5pm, while others are limited to certain days of the week. More generally, Deaf people find it difficult to access many activities, as there is no communication provision.

People with disabilities, especially younger adults with disabilities have limited access to care and support that is person centred. People have to wait too long for assessments and support, and communication with social workers needs to be improved.

Those with disabilities that are invisible, fluctuating or rare, can find themselves excluded from services because they fail to meet certain criteria, such as “full-time

wheelchair use". In fact, many wheelchair users have some mobility. Services are therefore creating a "disability hierarchy", rather than responding to individual needs.

Lack of care staff is a concern, which means care is provided at a time that suits the care agency, rather than when the client needs it. Staff sickness and holidays are not always being covered.

The Flintshire Disability Forum have identified three main issues. These include accessible toilet facilities, transport and technology. Transport issues raised include:

- Despite funding to community organisations, accessible transport is limited.
- Transport for Wales recommends that individuals' who require assistance to access the train, book at least 6 hours in advance.
- In regards to buses, not all floors are low enough for wheelchair/scooter access. This needs to be checked before planning a journey.
- Individuals are advised to call 24 hours before their journey if they require assistance.
- Community transport only runs Monday-Friday, 9am-5pm.

NHS services (general health services)

What is working well

Few respondents commented on the health services that are working well. They highlighted the following:

- The service received at Bron Ffynnon Health Centre, Denbigh is commendable, and the care received at Glan Clwyd Hospital's Cardiology department is priceless.
- Social care workers value their close collaboration with primary health professionals.
- Many were grateful for the support from environmental health and NHS service during the pandemic.
- Care workers reported that health services for young people are working well to ensure that they receive the correct health support and advice, especially

around sexual health advice, getting registered with a GP and referral to Community Dental Services.

What needs improving

A range of services were mentioned as needing improving including:

- Improved end of life support, particularly at nights.
- Continence products are very poor quality and people often use more than is predicted for.
- Speech and language therapists should give more time to non-verbal children.
- Improve older people's access to dental care to avoid impact of oral conditions and dental issues. This includes care home residents receiving dental care in their care home.

6.7 Services currently provided

In 2017, the Welsh Government published a Framework for Action for Wales, 2017-2020, Integrated framework of care and support for people who are D/deaf or living with hearing loss. The North Wales Clinical Care Group for Hearing Loss is working on priorities identified by people living in North Wales, who are hearing impaired. Conwy Council, along with the third sector and health, are participant in this work. Two years ago Conwy introduced Sign Live to all public reception areas of the Council enabling people who use BSL as their first language to communicate with the Council through an online interpreter.

Wales Co-operative Centre, via 'Care to Co-operate', its former co-operative development project, supported a group of Deaf people to fill the gap in services, while Conwy Council invested in Sign Live. Supporting the community to take control and use their own voices, a new service emerged that responds absolutely to their requirements and aspirations, which can develop and grow with further investment from commissioners in social value models. Here's an extract from the case study:

‘Conwy Deaf Translation and Support Service, a co-operative by Deaf People for Deaf People, meet regularly to help sort the troubles their community has. It’s more than a translation service too – people come for help with many things, it could be questions on social media, or advice on private matters. The co-operative have created a place where the Deaf Community feel comfortable to get the assistance they need. This is so important, as 40% of Deaf People have a mental health condition, and the services offered make a huge difference to the well-being of their members. Conwy Deaf Translation and Support Service have made daily life more accessible for their community – the way it should be everyone!’

Community Support Initiative (CSI)

In October 2018, organisations were commissioned to deliver services in the community for citizens in Flintshire who are living with a disability. Each contract was awarded to a different third sector organisation following a tender process.

Each service was designed to deliver support for individuals in the community living with a disability, enabling and supporting their independence and maintain their well-being. The services were designed to capture individuals in the community who may not have had involvement with statutory services yet, supporting them to maintain their independence and not require statutory intervention unnecessarily, with the exception of the Sensory Loss Service which is a statutory obligation of the Local Authority

In the initial stages of the contracts the four organisations, in accordance with the SSWB Act principles, agreed to work collaboratively together to support one another in the delivery of these services. They termed this partnership the ‘Community Support Initiative’.

Community Enrichment and Transport – Keyring Scheme:

- Enable adults and children with disabilities to feel valued and to actively contribute and participate.
- Engage adults and children with disabilities, working with them to recognise and harness their strengths, resources and skills.

- Provide information and advice regarding local transport and facilitate training for safe and equal access to transport.
- Provide advice, resource, practical training and support to help people with disabilities to establish and sustain projects and initiatives.
- Support the growth of active and sustainable communities and developing initiatives in local communities.
- Offer access to technical expertise and support to start-up projects and let the communities continue to support them to grow.
- Provide information and guidance relating to funding streams and fundraising opportunities.

Sensory Loss – Deafness Support Network (DSN):

- Rehabilitate, habilitate and re-able people with sensory loss.
- Enhance quality of life, promote continuing independence and raise awareness of sensory loss in communities.
- Centre on re-ablement, enabling people to do things for themselves (in contrast to the traditional service models) to maximise their ability to live life as independently as possible.
- Enable children and adults with a sensory loss to live more independently and develop skills that otherwise would have been learnt incidentally. This is vital where an individual has lost, been unable, or is delayed in developing those skills as a result of their sensory loss.
- Support individuals through required registration processes, where appropriate.

Technology and Equipment – Centre of Sight and Sound:

- Give people the skills and confidence to use local and online resources.
- Research and evaluate new equipment and technology solutions.
- Identify additional support needs for individuals to enable them to access information & advice.
- Hold community training workshops for people who require extra support.
- The service will recognise the need for specialist provision and refer on to other providers, social service teams, health bodies and other relevant groups.

Wrexham Borough Council currently contract with Vision Support and Deaf Support Network who form part of the Single Point of Access Offer. These services are currently under review with recommendations to follow. Initial findings are that there is a gap in provision for the assessment of people with dual sensory loss and that assessors trained to this standard are in short supply. We will consider how to accommodate these services to better support citizens with dual sensory loss within future service development and commissioning plans.

Wrexham Borough Council are also engaged with BCUHBs regional Hearing Loss Project, which aims to support citizens with hearing loss at a preventive level with less clinical intervention. Care staff across Wrexham are being trained in how to support with low level repair and maintenance of hearing aids.

6.8 Covid-19

The table below provides an overview of Covid-19 in the North Wales area including total cases, hospital admissions and deaths in hospital by local authority area.

Table X: Covid-19 hospital admissions and deaths up to October 2021

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

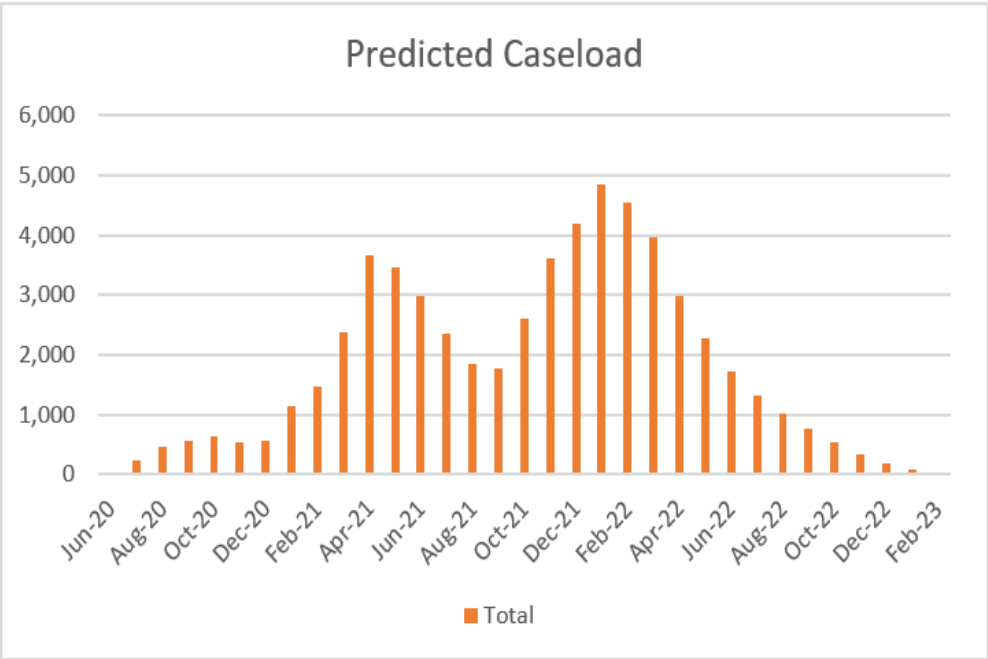
Source: *COVID-19 Dashboard data, BCUHB, October 2021

A key issue emerging as a result of the Covid-19 pandemic for the health and social care sector, is the management of people with symptoms of ‘long-covid’. The Office

for National Statistic has placed a 15% assumption of long-covid cases emerging amongst those who have tested positive for the virus. Based on this assumption, BCUHB have modelled predicted long-covid caseloads as the most likely and reasonable worst case scenarios as part of the BCUHB Long-Covid Recovery Programme.

It estimates that around 700 patients are already in the system awaiting long-covid services to commence. The modelling estimates that there could be a further 7,000 patients who may acquire long-covid over the coming 12-18 month period. The data underpinning these models is updated on a monthly basis and is subject to change in caseloads. This estimate was provided in September 2021.

Chart X: Predicted long-COVID caseloads BCUHB as of September 2021



*Source: BCUHB

Impact on health and social care services

The Covid-19 pandemic has had a significant impact on the delivery of services across Wales. Much of this is also reflected in North Wales and includes:

- Reduced capacity in emergency departments and hospitals as a whole.
- Disruption of clinical services resulting in significant backlogs.
- The number of people waiting over 52 weeks is at its highest ever.
- People are delaying contacting their GP about symptoms, which could impact on treatment and outcomes.
- Increase in demand for mental health services, including an estimated 25% increase in demand for hospital services.

The impact of Covid-19 is wider than the impact on public health. This is explored in more detail for each of the chapters and a rapid review document is available with in-depth analysis of the impact of Covid-19 on those with care and support needs.

6.9 Equalities and human rights

In May 2013 the Minister for Health and Social Services wrote to all health boards introducing the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. The purpose of the standards is to ensure that the communication and information needs of people with a sensory loss are met when accessing healthcare services. Effective and appropriate communication is fundamental to ensuring services are delivered in ways that promote dignity and respect. The evidence also demonstrates that ineffective communication is a patient safety issue and can result in poorer health outcomes. The standards have informed the objectives of the health board's objectives within the Equality and Human Rights Strategic Plan (BCUHB, 2016).

As a result of the Covid-19 pandemic, people with sensory loss where especially disadvantaged by the guidance and restrictions including measures pertaining to social distancing, face masks and perspex screening. As detailed in the Locked Out report, disabled people have experienced these additional exclusions as a result of

the pandemic. The report states that this has been caused by a lack of co-production with disabled people.

6.10 Safeguarding

Protection from abuse and neglect is noted as one of the key aspects of well-being described above. People with long-term health needs, a physical disability or sensory impairment may fall within the definition of an adult at risk. People who have communication difficulties, as a result of hearing, visual or speech difficulties may be particularly at risk, and may not be able to disclose verbally (Adult Protection Fora, 2013). We should not assume that all adults with a physical disability or sensory impairment are vulnerable, however, but should be aware of potential increased risk factors.

6.11 Violence against women, domestic abuse and sexual violence

As with older people, and any adult with care and support needs, those with health and physical needs, including sensory impairment, may be particularly vulnerable due to their health conditions and thus, be reliant on other people for their care needs, thus increasing a sense of isolation.

Studies have shown that disabled women are twice as likely to experience domestic abuse and are also twice as likely to suffer assault and rape (Safe Lives: 2017)[1].

This may mean that these individuals are at risk of, or living with, abuse and/ or neglect subject to the Social Services and Wellbeing (Wales) Act 2014. This means that they often require a holistic approach that endeavours to keep them safe, while promoting independent living and addressing ongoing care needs.

Again, there is no specific data for those with sensory impairments who are living with domestic abuse across the region, however, it is possible that these conditions may be considered a disability by most agencies. Therefore, in terms of disability across the region, it is estimated that as of 16th September 2021, 12 month rolling

MARAC data showed that between 0-2.3% cases deemed as “high risk” involving disability were heard at MARAC.

As MARAC data covers high risk cases and domestic abuse is an underreported crime, it is reasonable to assume that these figure are an underrepresentation of the true picture. Once again, local authorities should have procedures in place for identifying domestic abuse and signposting to the relevant designated lead for safeguarding. A referral to MARAC can be considered in conjunction with pre-existing care that individuals may already be receiving.

The Social Services and Wellbeing (Wales) Act makes reporting a child or adult at risk a statutory duty and also has an obligation to undertake an assessment of the individual and carers’ needs. An assessment may include a consideration of the individual’s housing needs and other support needs.

Across the region, specialist services available to support those experiencing domestic abuse include Independent Domestic Violence Advisor support, floating support, crisis support, group programmes, advocacy support for current and historic abuse, and sexual abuse and a referral centre.

6.12 Welsh language considerations

As per the More Than Just Words Framework and Action Plan, all health and social care services must provide the active offer for those who wish to access support in Welsh. BCUHB publish a Welsh Language Services Annual Monitoring Report it sets out the work undertaken to meet the requirements of the Welsh language standards.

March 2019 marked the end of the three-year period covered by the Welsh Government’s follow-on *More than just words...* strategic framework. A 2019-2020 Action Plan was developed to provide a structure for continued progress in relation to the promotion and provision of Welsh language services in health, social services, and social care.

The Health Board continues to make progress against the plan and is pro-active in all its theme areas:

Theme 1 – increasing the number of Welsh speakers
Theme 2 – increasing the use of the Welsh language
Theme 3 – Creating favourable conditions – infrastructure and context

Partnership working is also a key element in delivering More than just words, with integrated working becoming even more prominent. The Health Board was primarily responsible for the establishment of the North Wales More than just words Forum. This is a multi-agency group established to facilitate continued regional implementation. The Forum did not meet during the past reporting year due to cross-sector commitments in tackling the Covid-19 pandemic. Networking continued, however, with support and information circulated amongst members to support each other during these challenging times.

The Forum will resume its meetings during the second half of 2021-2022. One of the main principles of More than just words is the “Active Offer”, with priority focused on bringing the “Active Offer” to the front line. The Health Board was instrumental in developing a key approach to identifying language choice through its award-winning Language Choice Scheme, which provides the backdrop for successful delivery of the “Active Offer”.

6.13 Socio-economic considerations

In the UK the percentage of working age disabled people living in poverty is 27%. This is higher than the percentage of working age non-disabled people which is 19% (Scope, 2018 / 2019). Recent research has reinforced earlier evidence of the link between socio-economic deprivation and health inequalities. We know, for example, that there are significant differences in life expectancy and in the prevalence of limiting long-term illness, disability and poor health between different socio-economic groups (Public Health Wales, 2016a).

People living in the most deprived communities experience more years of poor health and are more likely to have unhealthy lifestyles and behaviours than people in the least deprived communities. As a result, the most deprived communities

experience higher levels of disability, illness, loss of years of life, productivity losses and higher welfare dependency (Public Health Wales, 2016a).

Reforms made to the welfare system are having a greater impact across all groups in Wales (Is Wales Fairer? 2018), however, it is pulling more people from certain groups, such as those with disabilities, into poverty. The 'Is Wales Fairer?' report states that disabled people are falling further behind. In Wales, one in five pupils with additional learning needs (ALN) will achieve five GCSE's at grade A* - C, compared with two-thirds of pupils without ALN.

A number of studies and reports indicate that those with sensory impairments, such as sight and hearing loss, face greater socio-economic inequalities. A broad analysis of multiple studies for hearing loss was undertaken by the University of Manchester (2021), which highlighted four broad themes of inequality:

a. There might be a vicious cycle between hearing loss and socio-economic inequalities and lifestyle factors.
b. Socio-economic position may interact with less healthy lifestyles, which are harmful to hearing ability.
c. Increasing health literacy could improve the diagnosis and prognosis of hearing loss and prevent the adverse consequences of hearing loss on people's health.
d. People with hearing loss might be vulnerable to receiving low-quality and less safe health care.

Living with a person who has a disability makes relative income poverty more likely for children and adults of working age. In the latest period 2017-18 to 2019-20 (Welsh Government, Relative Income Poverty, 2021):

- 38% of children who lived in a family where there was someone with a disability were in relative income poverty compared with 26% of those in families where no-one was disabled
- for working-age adults, 31% who lived in a family where there was someone with a disability were in relative income poverty compared with 18% of those in families where no-one was disabled.

6.14 Conclusions and recommendations

It is recommended that, in line with all legislation, policy and guidance, the following recommendations and priorities are progressed to meet the vision for those with a general or chronic health need, physical disability and sensory impairment within the North Wales region:

- **Prevention and early intervention:** unhealthy behaviours increase the risk of poorer general health. A focus on prevention and early intervention to increase healthy behaviours, such as smoking cessation, active transport, physical activity, accessible outdoor spaces and environment, reduction in poverty and socio-economic inequality, will have long term impacts on the general health and well-being of residents within North Wales. These factors are further explored in the well-being assessments across the region.
- **Accessibility of public services / spaces:** responders flagged issues with access (including transport links and other access to public spaces such as toilets) to public spaces, including issues with transport and access to facilities such as toilets. Transport links were especially an issue in more rural areas, where social isolation can be more profound due to lack of public transport infrastructure. As a region, service providers should be mindful of accessibility for those with a physical impairment or sensory loss. This has been made more profound during the Covid-19 pandemic. Work streams for care closer to home and in the community will assist in underpinning this recommendation.
- **Accessible information:** responders flagged that often they have found information materials they receive are not readily accessible. It is imperative that services ensure that all of their materials providing information or guidance, are readily accessible in formats for all users. Printed material is not always suitable for people with sensory loss and the move to digital / online services has also worsened access for many. Services should be mindful that information must be available in accessible formats.
- **Social model of disability:** continue with the way in which health and social care services across North Wales reflect this model within their service planning and delivery reaffirming their commitment to its principles.
- **Co-production of services**: linking strongly with the above commitment to the social model of disability, co-production is a key principle to ensure that disabled people are involved with decision-making around services they may

access. A focus should also be on social value delivery models in line with the principles of the SSWB Act.

7. Learning disabilities

7.1 About this chapter

This chapter includes an assessment of the needs of adults with learning disabilities and adults with autism who also have learning disabilities. Included within this section are young people defined as 16 – 25 years old receiving transitional services. Although some reference is made to all age profiles within this chapter, the focus is on adults and older people.

A detailed assessment and further information about children and young people with learning disabilities, adults with autism who do not have learning disabilities and carers of people with learning disabilities and autism can be found in the following chapters:

- Children and Young People
- Carers
- Autism Spectrum Disorder

What do we mean by the term learning disability?

The term learning disability is used to describe an individual who has:

- A significantly reduced ability to understand new or complex information, or to learn new skills (impaired intelligence); and / or
- A reduced ability to cope independently (impaired adaptive functioning), which started before adult-hood and has a lasting effect on development (Department of Health, 2001).

What do we mean by the term profound and multiple learning disabilities?

The term profound and multiple learning disability (PMLD) is used to describe people with more than one impairment, including a profound intellectual impairment (Doukas et al., 2017). It is a description rather than a clinical diagnosis of individuals who have great difficulty communicating and often need those who know them well to interpret their responses and intent. The term refers to a diverse group of people who often have other conditions, including physical and sensory impairment or complex health needs.

What do we mean by the term autism?

The term autism is used to describe a lifelong development condition that affects how a person communicates with, and relates to other people. Autism also affects how a person makes sense of the world around them. It is a spectrum condition, which means that, while all people with autism share certain difficulties, the condition will affect them in different ways. Around 50% of autistic people also have a learning disability. Further detailed information on the needs of autistic people can be found in the ASD chapter.

7.2 What we know about the population

The data below is based on the learning disability registers maintained by local councils, which only include those individuals who are known to social care services. The actual number of people with a learning disability is likely to be higher. Better Health Care for All estimates that 2% of people have a learning disability. Daffodil estimates indicate that there are around 13,000 people with a learning disability in North Wales.

The table below shows the number of people listed as having a learning disability on GP registers in North Wales. The number has increased across all local authorities

in North Wales and Wales as a whole in the five years from 2015-2020. The rate per 100,000 for North Wales is slightly higher than the Wales rate, 516 compared to 487. Flintshire had the lowest rate in North Wales at 390 per 100,000 population. Denbighshire had the highest at 756.

The number and rate per 100,000 with a learning disability on the GP register

Local council	2015 number	2015 rate	2020 number	2020 rate	Change number
Anglesey	320	455	340	478	20
Gwynedd	630	511	720	577	100
Conwy	530	452	590	496	60
Denbighshire	710	749	730	756	20
Flintshire	580	378	610	390	30
Wrexham	600	445	640	470	40
North Wales	3,370	485	3,630	516	260
Wales	14,180	458	15,450	487	1,270

Numbers have been rounded so may not sum

Source: General Medical Services Quality and Outcomes Framework Statistics for Wales, Welsh Government, and Mid-year population estimates, Office for National Statistics

The following table displays data for 2019-2020 and 2020-2021. This data has been collated by BCUHB from social services registers:

Local council	2019-2020 number	2020-2021 number
Anglesey	325	310
Gwynedd	570	605
Conwy	495	510
Denbighshire	425	425
Flintshire	540	490
Wrexham	555	525
North Wales	2,880	2,865

Numbers have been rounded so may not sum

Source: local council social service registers, collated by BCUHB

7.3 Children and young people with learning disabilities

In 2018-19, there were 770 children (age 0-16) on the learning disability register in North Wales. This number has increased from 680 in 2014-15. This trend is opposite to Wales as a whole, where there was a decrease. Rates for North Wales were much higher at 618 per 100,000 population in 2018-19, when compared to the rest of Wales at 416. There was an increase in the number of children on the register in Conwy, Denbighshire, Flintshire and Wrexham. Wrexham had the lowest rate of children in the register for North Wales at 328 per 100,000 population, compared to the highest in Flintshire, at 1,218 per 100,000. The differences in data could be explained by differing criteria used for data collection at a local level. For example, where Gwynedd has a decrease this might not be the case. The data has been highlighted by the local authority to be treated with caution.

The number and rate per 100,000 of children on the learning disability register in North Wales

Local council	2014-15 number	2014-15 rate	2018-19 number	2018-19 rate	Change number
Anglesey	-	-	-	-	-
Gwynedd	130	627	80	388	20
Conwy	120	639	140	721	30
Denbighshire	80	467	110	654	70
Flintshire	280	978	350	1,218	20
Wrexham	70	251	90	328	-50
North Wales	680	546	770	618	90
Wales	2,840	512	2,340	416	-500

Numbers have been rounded so may not sum

The Wales and North Wales totals do not include Anglesey.

Source: Local authority register of persons with learning disabilities (SSDA901) data collection, Welsh Government, and Mid-year population estimates, Office for National Statistics

Medical advances have had a positive impact with more young people with very complex needs surviving into adulthood (Emerson and Hatton, 2008). Services will need to adapt to make sure they can meet the needs of these young people as they make the move into adult services.

Statutory services are responding to these demographic changes. For example, Flintshire County Council have established a Child to Adult Team to help prepare young people with learning disabilities for adulthood. The team has invested in training to embed the principles and actions required in the Social Services and Well-being (Wales) Act 2014 for children with disabilities. This includes a focus on hearing the voice of the child, the child's lived experience and working to achieving personal outcomes.

The Additional Learning Needs and Education Tribunal (Wales) Act 24 January 2018 has been implemented as of September 2021. The Act and relevant code creates the legislative framework to improve the planning and delivery of additional learning education provision. It applies a person-centred approach to identifying needs early, putting in place effective support and monitoring, and adapting interventions to ensure they deliver desired outcomes.

Please see the children and young people chapter for more information including the impact of the COVID-19 pandemic on children and young people with learning disabilities.

What people are telling us about services for children and young people with learning disabilities

What is working well:

Few comments were made by respondents around services for children and young people with learning disabilities. Some mention was made of good support from schools and successful joint working across care organisations.

What needs to be improved*:*

Recommendations for improvement included:

- more funding and staff,
- better communication between services,
- more activities made available, and
- more support for families with children with additional needs, who can be aggressive.

7.4 Adults with learning disabilities

In 2018-19, around 2,630 adults aged 16-64 were receiving learning disability services arranged by local councils in North Wales. There has been an overall increase in the number of people receiving services across North Wales in the past five years as shown in the table below. This again, is different to the overall trend for Wales, where there is a decrease in the number on the register. Flintshire saw the highest increase by far of those on the register, with an increase of 120 people. Wrexham, Gwynedd and Conwy all saw a decrease of 20 people on the register.

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

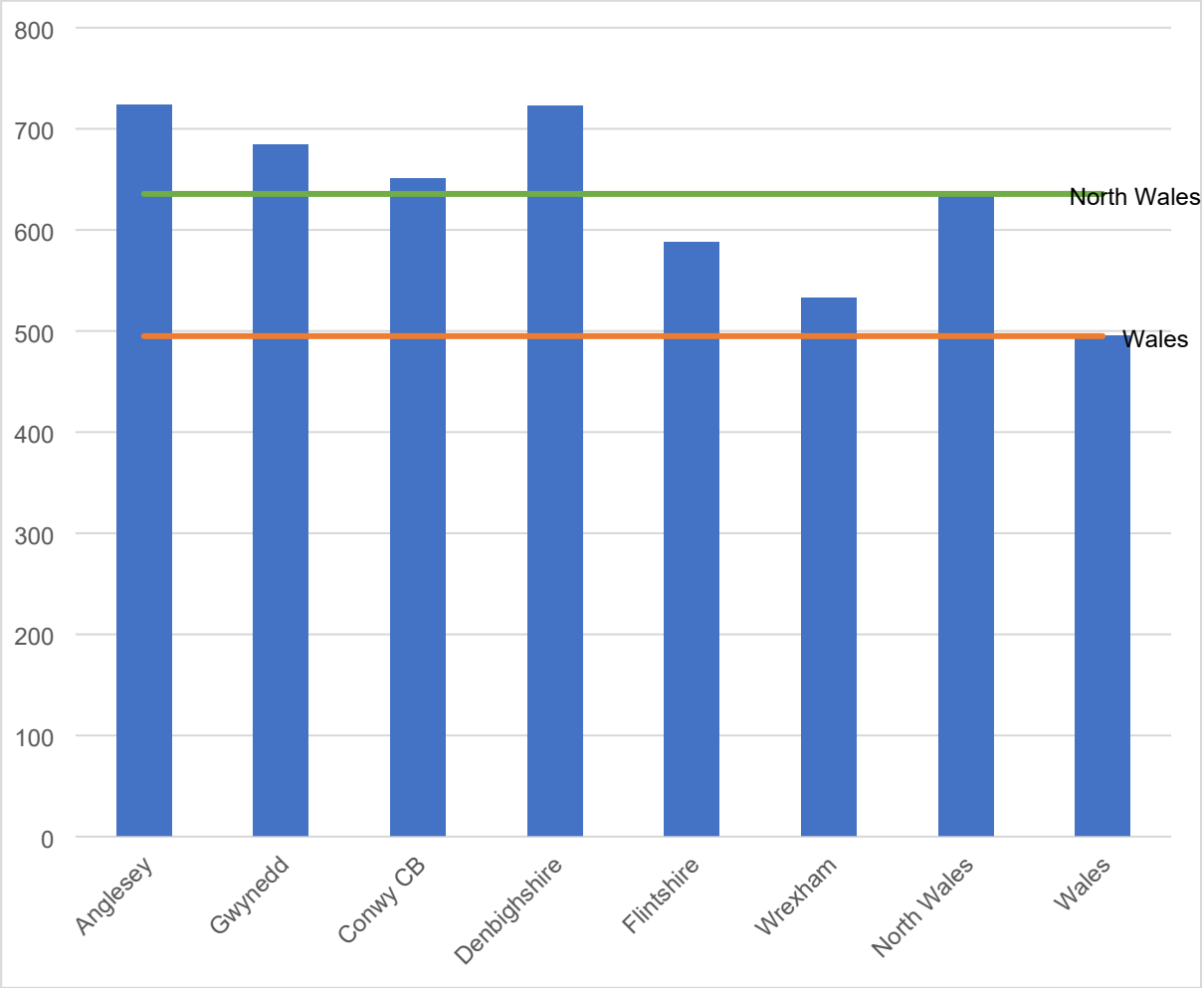
Local council	2014-15 number	2014-15 rate	2018-19 number	2018-19 rate	Change number
Anglesey	270	659	290	724	20
Gwynedd	530	718	510	684	-20
Conwy	450	671	430	651	-20
Denbighshire	380	681	400	722	20
Flintshire	440	462	550	588	120
Wrexham	470	552	440	533	-20
North Wales	2,540	608	2,630	636	90
Wales	11,040	574	9,520	495	-1,520

Numbers have been rounded so may not sum

Source: Local authority register of persons with learning disabilities (SSDA901) data collection, Welsh Government, and Mid-year population estimates, Office for National Statistics

The chart below shows the differences in the rate of adults aged 16-64 with learning disabilities receiving services in North Wales. The total number of people aged 16-64 in North Wales with a learning disability is 636 per 100,000 people. This is higher than the figure for Wales as a whole which is 495 people for each 100,000. In 2014-15, the rates for North Wales and Wales were comparable, 608 compared to 574 people per 100,000. Anglesey and Denbighshire have the highest rates at 724 and 722 per 100,000 population. Wrexham had the lowest at 533 per 100,000.

The rate of adults with learning disabilities aged 16-64 receiving services per 100,000 population 2018 - 2019



Source: Local authority register of persons with learning disabilities (SSDA901) data collection, Welsh Government, and Mid-year population estimates, Office for National Statistics

7.5 Older people with learning disabilities

In 2018-19, there were 300 people aged 65 and over with a learning disability in North Wales, who were known to services. This is a rate of 185 per 100,000 population for North Wales, compared to a much higher rate of 359 per 100,000 for Wales as a whole. North Wales has seen a small increase in the numbers registered, whereas Wales has seen a decrease. Flintshire has the lowest rates at 119 per 100,000 population, compared to Gwynedd with the highest at 252.

The number and rate per 100,000 of adults aged 65+ receiving learning disability services in North Wales between 2014-15 and 2018-19

Local council	2014-15 number	2014-15 rate	2018-19 number	2018-19 rate	Change number
Anglesey	30	189	30	183	0
Gwynedd	60	235	70	252	10
Conwy	60	181	50	165	0
Denbighshire	50	226	50	218	0
Flintshire	40	119	40	119	0
Wrexham	40	153	50	189	10
North Wales	280	181	300	185	20
Wales	2,840	462	2,340	359	-500

Numbers have been rounded so may not sum

Source: Local authority register of persons with learning disabilities (SSDA901) data collection, Welsh Government, and Mid-year population estimates, Office for National Statistics

Current trends in North Wales show an overall increase of around 20 people in the number of aged 65 and over receiving learning disability services between 2014-15 and 2018-19, however this number has fluctuated during this time.

People with a learning disability are living longer. This is something to celebrate as a success of improvements in health and social care. Median life expectancy in the UK for people with Down syndrome is 58 years, this is a dramatic increase from mean life expectancy of 12 years in 1940's. Morbidity and mortality remain higher than for the general population and for those with other disability at all ages.

People with learning disabilities tend to have a higher incidence of chronic health problems. People with Down syndrome are more susceptible to respiratory and gastrointestinal infections as well as heart conditions (Public Health England, 2018). People with learning disabilities are more at risk of developing dementia as they get older (Ward, 2012). The prevalence of dementia among people with a learning disability is estimated at 13% of people over 50 years old and 22% of those over 65 compared with 6% in the general older adult population (Kerr, 2007). The Learning Disability Health Liaison Service in North Wales report that people with learning disabilities are four times more likely to have early onset dementia.

Studies have shown that one in ten people with a learning disability will develop young onset dementia (Dementia UK, 2021). The number of people with Down syndrome who go on to develop dementia are even greater with:

- One in fifty developing the condition aged 30-39.
- One in ten aged 40-49.
- One in three people with Down Syndrome will have dementia in their 50s.

The growing number of people living with a learning disability and dementia presents significant challenges to care services and the staff who work with them, to provide the right type of support. Older people with learning disabilities have increasingly complex needs and behaviours as they get older, which can present significant challenges to care service. Creative and innovative design and delivery of services is needed to ensure older people with a learning disability achieve well-being.

There are also increasing numbers of older carers (including parents and family) providing care and support for people with learning disabilities. In future there may be an increase in requests for support from older carers unable to continue in their caring role. The Social Services and Well-being (Wales) Act 2014 requires local councils to offer carers an assessment of their own needs. It is important to consider the outcomes to be achieved for carers alongside the cared for person and to support carers to plan for the future. Please see the unpaid carer’s chapter for more information.

7.6 Health needs of people with learning disabilities

People with learning disabilities tend to experience worse health, have greater need for health care and are more at risk of dying early compared to the general population (Mencap, 2012). The Covid-19 Pandemic has further exacerbated this. A report from Improvement Cymru (2020) found that those with learning disabilities had a higher rate of mortality from covid-19 than the general population in Wales.

Data from the Care Quality Commission (2020) also revealed an elevated mortality rate for those with a learning disability compared to the same point in 2019. Courtenay and Perera (2020) have claimed that people with a learning disability are at increased risk of COVID-19 infection and experiencing more severe symptoms.

Data published in September 2020 by the ONS shows that in the period March to July 2020, 68%, or almost seven in every ten Covid-19 related deaths in Wales were disabled people. People with a learning disability were disproportionally more likely to die from COVID-19 (AWPF, 2020). Evidence within the Locked Out Report also suggests that this death rate was not the inevitable consequence of impairment, as many deaths were rooted in socio-economic factors (2021).

More generally the following health and well-being factors also impact on those with learning disabilities:

- A person with a learning disability is between 50 and 58 times more likely to die before the age of 50 and four times more likely to die from causes that could have been prevented compared to people in the general population.
- Fewer than 10% of adults with learning disabilities in supported accommodation eat a balanced diet, with an insufficient intake of fruit and vegetables (Health Inequalities & People with Learning Disabilities in the UK: 2012 Eric Emerson, Susannah Baines, Lindsay Allerton and Vicki Welch).
- Between 40-60% of people with a learning disability experience poor mental health without a diagnosis.
- Anxiety disorders, depression and schizophrenia are among the more common mental health problems experienced by people with learning

disabilities. Schizophrenia, for example, is three times more common in people with learning disabilities than in the general population (Blair, 2019).

- People with learning disabilities have increased rates of gastrointestinal and cervical cancers.
- Around 80% of people with Down syndrome have poor oral health.
- Around a third of people with learning disabilities have epilepsy (at least 20 times higher than the general population) and more have epilepsy that is hard to control.
- People with learning disabilities are less likely to receive palliative care (Michael, 2008).
- People with learning disabilities are more likely to be admitted to hospital as an emergency, compared to those with no learning disability (Liverpool Public Health Observatory, 2013). This may be due to problems in accessing care and lack of advance planning.
- Fewer adults with learning disabilities who use learning disability services smoke tobacco or drink alcohol compared to the general population. However, rates of smoking are much higher among adolescents with mild learning disabilities (Health Inequalities & People with Learning Disabilities in the UK: 2012 Eric Emerson, Susannah Baines, Lindsay Allerton and Vicki Welch).

People with learning disabilities often have a poorer experience of health services due to communication issues. Between 50% and 90% of people with learning disabilities have communication difficulties and many people with profound and multiple learning disabilities (PMLD) have extremely limited communication ability.

This may result in diagnostic overshadowing by health professionals attributing symptoms of behaviour to the person’s learning disability rather than an illness. This can be a particular issue where needs for support through the Welsh language are not being met (MENCAP, 2007; Welsh Government, 2016). Local councils and BCUHB are addressing these issues by developing accessible information for people with learning disabilities to improve communication, including hospital passports and a traffic light system.

People with a learning disability often have poorer access to health improvement and early treatment services; for example, cancer screening services, diabetes annual reviews, advice on sex and relationships and help with contraception (Liverpool Public Health Observatory, 2013). The Learning Disability Health Liaison Service in BCUHB work across North Wales to raise awareness and reduce inequalities. The work includes promoting annual health checks and health action planning to support people to take responsibility for their own health needs and saying how they want these needs to be met. Each of the three district general hospitals in North Wales have an acute liaison nurses who provide support to people with learning disabilities, hospital staff and carers when a person is accessing hospital services.

North Wales Health Checks Service aims to increase health checks and health screening in North Wales, in particular the service increases awareness of health and wellbeing of people with learning disabilities. The service also provides employment opportunities for 14 people from North Wales with lived experience.

Conwy Connect provide and promote an integrated approach to health checks and screening. They have established a member led peer education team who will deliver workshops online and eventually face-to-face. Drop in health and wellbeing sessions will also be facilitated in partnership with the Health Board once recruitment has taken place.

As a result of the project there should be an increase in the uptake of health checks across the region, increased uptake of health screening and for people with learning disabilities to have a greater awareness of their own health and wellbeing needs. Overall, there should be an improvement in the delivery of health care to people with learning disabilities across the workforce.

Additionally, there has been an appointment of a Regional Self Advocacy Officer as a result of a need to bring in new voices to self-advocacy groups across North Wales. This is being taken forward in a partnership between Conwy Connect, NWAAA and All Wales People First. The Self Advocacy Officer is a person with a learning disability and is employed by Conwy Connect. Their role is to link into local organisations and groups across North Wales to raise awareness and promote the benefits of self-advocacy to people with learning disabilities.

This has led to new members from Wrexham and Flintshire joining the regional learning disability participation group. People with learning disabilities do need support to understand what self-advocacy is and by being peer led, this role is helping to increase their access to local self-advocacy services.

These projects have been funded by North Wales Together Learning Disability Transformation Programme. The health check project is modelled on Ace Anglia peer led education project. Ace Anglia also provided mentoring support to Conwy Connect to adapt and implement the project.

7.7 Future trends

Based on overall population trends, it is expected that the number of people with learning disabilities needing support is increasing. It is projected that the number of adults aged 18 and over with a moderate learning disability is likely to increase by around 6% by 2035 and people with a moderate or severe learning disability is projected to increase by around 3% by 2035. The increase is most noticeable in the 65 and over age group due to increased life expectancy.

In North Wales it is expected that those aged 65 and over will increase between 20-30% by 2035. Linked to this there is also an increase in older carers who provide support for people with learning disabilities. Children and young people projections indicate that the number of children with learning disabilities is likely to increase slightly over the next 5 to 10 years and then decrease slightly by 2035.

7.8 What people are telling us

What is working well

In response to the regional engagement survey, 110 responses were received for learning disabilities services and support. Responders said that services for people with learning disabilities are working well where they:

- Take a flexible approach.
- Provide different opportunities for people to have a variety of choice of activities or work placements.
- Make good use of community facilities and / or groups.

- Include online and face-to-face activities.
- Support people to learn new skills.

Individuals reported that they appreciated the support they had received during the pandemic from “good and helpful staff”. One service user praised their work experience at Abbey Upcycling, and others reported:

> “I currently receive support from Livability. They’ve helped me a lot especially through lockdown. Quite a lot of fun was had – they’d ring, we’d play games, had a chat on the What”s App group. My support workers have all been wonderful.”

> “The Salvation Army (Wrexham) are providing my son with Till Training Skills, so that he might one day be able to volunteer in a shop. He has been turned down for this type of work as he lacks these skills. The training is excellent. He has work experience with The Red Cross - this is excellent.”

Service providers commented on how well they are working with other agencies and were grateful for the recent support that they received from social services, mentioning Gwynedd and BCUHB. BCUHB is acting as host employer for a project that helps people with learning difficulties gain employment and has developed an “accessible” recruitment pathway for this purpose.

What needs to be improved

In common with other care services, some respondents commented that much needs to be improved. Council services were described as “poor and too generalised”, and needing “rebuilding from top to bottom”. Again it was suggested that funding be increased, and staff wages improved to reflect their level of responsibility and to encourage them to stay in the job. Waiting times for assessments also need to be reduced.

Support workers could benefit from developing their digital skills to be able to support service users to become connected digitally. In addition, many more social workers and other professionals are needed with specialist skills to support people with complex needs. For example:

> “We definitely need more Adult Care Social Workers to help people with a learning disability and autism, like my son. We also urgently need a specialist

psychologist for people with a learning disability and autism. There is no-one qualified in Wrexham to do this work. As our son was suicidal, we paid for a specialist psychologist as we were desperate for someone to help him."

"People with learning difficulties said they would like, "More hours for direct payments please so I can go to other places and more often", and "a non-judgemental support centre, to access information, ask questions, socialise, and share/talk".

Adults with learning disabilities need more opportunities for work experience and training to develop their confidence and skills. While the availability of Access to Work services is patchy, existing services are lacking referrals and would like more to be done at the point at which people leave college, to help match individuals to the opportunities available. The culture of low expectations and poor perceptions amongst employers needs to be challenged and clear pathways into work for people with learning disabilities need to be created. The local authorities could play a key role, but currently employ very few people with learning disabilities.

More bespoke housing is needed to cater for individual needs, particularly adults with learning difficulties and others with complex disabilities. Step up/step down services are needed, where there is a placement breakdown and an individual needs more intense support for a period, rather than admission to hospital.

The involvement of people in the co-design of care and support services is still an area that needs improving, as well as person-centred approaches to increase the service user's voice and control over own their lives. This could be helped by mandatory training in the values and principles of co-production for all staff, co-delivered by service users.

At a system level, there needs to greater integration of health and social care services, as this has not progressed for learning disability services, since "different models are still in use across the region and joint funding is still an ongoing area of disagreement and dispute".

The full population needs assessment consultation report can be viewed here.

North Wales Learning Disability Strategy consultation 2018

Prior to the regional population needs assessment, an extensive consultation was also held for the development of the North Wales Learning Disability Strategy 2018 -

2023. The consultation included an online questionnaire, discussion groups, interviews and events for service providers and local authority and health staff. The main messages and key themes arising from this consultation were:

- The need for real choice and control with a focus on rights and equality for people with learning disabilities and the importance of taking a person-centred approach.
- More inclusion and integration of people with learning disabilities into the wider community. Including the need for staff training about specific learning difficulties and an awareness that not all disabilities are visible.
- The support people receive from family and providers often works well and there was praise for dedicated and committed staff.
- Joint working between social care and BCUHB was highlighted as working well in some areas, but something that needs to be improved in others, including better information sharing systems.
- There were mixed views about how well direct payments and support budgets worked for people. Some said they worked well for them, whereas others commented that they need much more support to use them and shared difficulties of finding a direct payment worker.

Issues that could prevent people from experiencing good outcomes were also highlighted, including:

- Support for carers, specifically the lack of short breaks for families and provision for people with more complex needs, such as challenging behaviour. People mentioned the importance of considering the impact on families, including the needs of siblings of children with learning disabilities (more information on children with learning disabilities can be found in the Children and young people chapter).
- The needs of older carers, especially around planning for the future when they may be no longer able to provide care themselves.
- There were concerns around funding of services. Responders raised that wherever possible they should work together and consider merging budgets to try and address these issues and make better use of technology.

- Transport was important for inclusion in activities, such as having someone who could drive them, bus passes and affordable transport.
- Access to information and more information about services. The staff consultation highlighted the importance of promoting and developing Dewis Cymru as a source of information about the services and support available in local communities.
- Workforce development and specifically the importance of training and support for staff particularly support workers. There was also mention of the wider workforce and those such a GPs who could benefit from additional training about the needs of people with learning disabilities.

7.9 Services currently provided

People with learning disabilities often need support across many aspects of their lives. This support can come from a network of family and friends, the local community and from local authorities, health services and the third sector.

North Wales Together Learning Disability Transformation Programme

The Learning Disability Transformation Programme is part of the North Wales response to the Welsh Government plan to improve health and social care – 'A Healthier Wales 2018'. Partners in North Wales carried out extensive consultation and engagement to inform the development of the North Wales Learning Disability Strategy 2018 - 2023. The strategy is based around what people have said matters to them:

- Having a good place to live.
- Having something meaningful to do.
- Friends, family and relationships.
- Being safe.
- Being healthy.
- Having the right support.

The Transformation Programme is the implementation arm of the strategy. To achieve the vision and develop approaches based on what matters to people there are five workstreams:

- Integrated structures.
- Workforce development.

- Commissioning and procurement.
- Community and culture change.
- Assistive technology.

Each work stream is taking an asset-based approach to build on the skills, networks and community resources that people with learning disabilities already have. The aspiration is to co-produce the new approaches and service models with people with learning disabilities and their parents/carers so that power and responsibility for making the changes is shared.

The programme has implemented a number of projects including:

- Piloting a pooled budget approach to health and social care assessments, plans, reviews and funding allocations between Anglesey County Council and BCUHB for adults in supported living requiring joint funding.
- Establishing new posts to support transitions through funding to Conwy Connect and Gwynedd County Council Learning Disability Services.
- BCUHB Regional Transition Pathway Group is developing a new pathway from children to adult services. The aim is to agree a consistent approach, not only between learning disability services, but other services where children with learning disabilities may be supported, for example Child and Adolescent Mental Health Services (CAMHS)
- An Additional Learning Needs (ALN) Planning and Development Officer is identifying current trends in relation to post-school outcomes for young people with learning disabilities. They are attending specialist schools to understand the drivers and barriers and make recommendations on how to widen opportunities.

The programme set up an LD Transformation Fund to provide small grants to third sector organisations to develop new projects to meet these needs. In total, over 50 grants were awarded. The grants have supported activities such as:

- New opportunities for people with learning disabilities to make friends and have relationships through the Luv2MeetU dating and friendships agency, Gig Buddies and Media Club and Social Screen.
- The ‘I’ Team project which supports the development of circles of support to promote independence.

- Makaton Choir run by Conwy Connect.
- Outside Lives which runs various working groups which co-produce activities and events (e.g. theatre and the arts, food growing, wildlife, conservation etc.) around particular themes.
- Making sense @home boxes designed for people with Profound and Multiple Learning Disabilities (PMLD) and their carers.

Employment, day opportunities and volunteering

The opportunity for paid employment and day opportunities for people with a learning disability is important. In response to the learning disability strategy consultation in 2018, a number of responders highlighted employment and work opportunities as a significant factor for them. Across the region, there are services provided to support people with learning disabilities to gain skills and experience of employment. The Learning Disability Transformation Team have a focus on employment as a priority and an employment strategy is in development for publication in early 2022.

For example, Flintshire County Council in partnership with HFT and Clwyd Alyn Housing Association designed a 9-month unpaid internship program ‘Project Search’, where 18-24 year olds can gain experience of the workplace with a view to maintaining employment in the longer term. The 19/20 project search interns have graduated from the programme, with four young people now working more than 16 hours a week. Two have secured positions in the Council, and another two in voluntary roles. Follow on job coaching is still taking place through a job club for those not currently in employment.

The Learning Disability Transformation Team has highlighted employment as a priority work stream from 2021.The programme of work for includes:

- Supporting the North Wales Learning Disability Partnership Group to co-produce an employment strategy for people with learning disabilities. This is being done to address the very low numbers of people in paid employment which is circa 6% despite people with a learning disability saying employment is important to them.

- The team is supporting Denbighshire and Conwy County Borough Council to set up a new Project Search site in partnership with Project Search, Engage to Change, BCU Glan Clywd (host employer) and Agoriad Cyf.
- Through our transformation fund we have created, in partnership with the third sector, 15 new jobs for people with learning disabilities.
- An **Employer Engagement Working Group** has been established by the programme to take forward a programme of work to raise awareness with local employers of the real business benefits of employing people with learning disabilities and to increase their confidence to recruit and employ people.

Housing and accommodation

In North Wales the most common living arrangement for people with disabilities is with parents or other family members (approx. 1,200 people). Just under 800 people are in supported living accommodation, approx. 400 in their own home and approx. 380 in residential accommodation settings. Housing options for people with disabilities must be person-centred.

Data from across North Wales suggests 274 people are waiting for some type of accommodation, for example, an individual living with elderly parents who will require support soon. accommodation types include residential, 24 hour supported living, non 24 hour supported living, own front door and extra care.

Work undertaken in this stream includes:

- Increasing the range of accommodation and support options available to people to prevent them going into residential care. Two pilot schemes in Conwy County Borough and Denbighshire are involving people with learning disabilities and their families in designing bespoke accommodation that promotes independence and is close to home for people with learning disabilities and complex needs.
- Establishing protocols and agreements that interpret ‘ordinary residence’ criteria in a way that facilitates people moving between counties.
- Raising awareness of Direct Payments (DPs), supporting the development of local authority DP recruitment portals/databases of Personal Assistants (PAs), services and options. https://northwalestogether.org/direct-payments/

- Developing brokerage and support to enable people to make the most of their DPs. For example, individuals pooling their DP with others to get better services. https://northwalestogether.org/direct-payments/
- Mapping and piloting short break activities for young children with complex needs in Conwy, including Makaton singing and dancing group and a sensory activities programme and early years' pilot projects https://northwalestogether.org/early-years/

Wrexham County Borough Council have been driving forward their supported living schemes. The remodelling of Heddwch Supported Living Scheme, in partnership with Clwyd Alyn Housing Association, will help people enjoy improved lives within their local communities. Funded through the ICF, individuals' complex health and social care needs can be met by delivering appropriate specialist housing and support – providing greater opportunities, wellbeing and outcomes for users. The bespoke environment reduces risks by delivering creatively designed living space and environments to develop independence and engagement opportunities for individuals in a safe way.

Wrexham County Borough Council, in partnership with First Choice Housing, upgraded supported-housing schemes with the latest assistive technologies so more people than ever can live independently, and closer to home.

The Wales Audit Office (2018) have estimated that local authorities will need to increase investment by around £365 million in the next twenty years to address the increase in the number of people with learning disabilities who will require housing. As part of the enquiry 'Is Wales Fairer?' 2018 the housing situation was highlighted as a key issue. It found that disabled people, including those with learning disabilities, were demoralised and were living in homes that did not meet their right to live independently.

Sport, leisure and social activities

People with learning disabilities often face barriers when accessing leisure or social activities. This is especially critical in more rural areas, where public transport links might not be as robust as more populated areas. In Flintshire the 'Luv2MeetU' initiative has been launched, which focusses on supporting people with learning

disabilities and their families to develop and sustain relationships. This is particularly important for wellbeing, especially in the current climate, when social connections are critical. Digital skills, specifically the issue of digital exclusion, can be a barrier, especially with the transfer of many services to online mediums during the Covid-19 pandemic. This is explored further in the section around Covid-19 impact and is recommended as an area of focus going forward.

Wrexham County Borough Council have commissioned the Friendship Hub, with new third sector partner Yellow and Blue, as an alternative to disability focussed centre provision. The Friendship Hub enables people with learning disabilities to lead the development of inclusive community activity. During Covid-19, the Friendship Hub continued to develop online, offering inclusive activities for anyone who needed support. Working co-productively with the SWS Group Wrexham County Borough Council developed numerous online activities providing support, friendship, information and advice.

Utilising an online network for people with learning disabilities, they have been able to promote meetings and activities throughout the Wrexham County Borough and beyond, reaching people we might not otherwise have done.

Assistive technology

This workstream accelerated pace due to Covid-19 and the impact has been that more people with learning disabilities and their parents/carers are using technology to make friends, have relationships, meaningful things to do and to stay safe and well. The rapid roll out of technology to people in Flintshire, Denbighshire and Wrexham County Borough has facilitated access to online activities and support in the community. This has proved to be a lifeline to many people with learning disabilities, who have been shielding. It has enabled them to connect with others, reducing isolation and loneliness and maintaining wellbeing. Virtual delivery by community and voluntary sector providers means that this has not been constricted to county boundaries or subject to eligibility criteria.

The following has been achieved:

- Raising awareness of the importance of technology for this group of people, and linking with partners, for example with Digital Communities Wales.
- Ensuring people with learning disabilities and their carers have the hardware – phones, iPads, laptops and the software, including communication platforms, social media, apps and other equipment and are supported to learn how to use them.
- Providing staff in learning disability services with IT equipment/packages and are trained to use them in their work as tools that support independence, choice and control. For example, to use in assessment and care planning processes, as well as to promote self-management (for example, of long term conditions).
- Pilot project in Wrexham testing use of apps, which encourage progression and independence, including Multi-Me and here2there.
- Newly published technology strategy that sets out a vision for how technology can be used more effectively for people with learning disabilities across North Wales to help them achieve better outcomes in their lives.

Health improvement programmes

Health improvement programmes should be available to people with learning disabilities from the early years, through childhood and into adulthood, including important life transitions such as the move from primary to secondary education and from education into work. Early intervention in children and young people with learning disabilities can help to support vulnerable families who are caring for people with learning disabilities and prevent any decline in health status. Health improvement programmes designed to address issues such as smoking, illicit drugs, sexual health, alcohol, mental health and well-being, diet and physical activity should be outcome-focused, evidence based and reflect impacts on equality and diversity.

There should be reasonable adjustments to enable people with learning disabilities to access services such as weight loss, smoking cessation and sexual health. Opportunities for physical activity should be encouraged, as well as improved access to appropriate dietary support and healthy eating advice. The implementation of mental health improvement programmes should also address the needs of those individuals with a learning disability.

The Learning Disability Improving Lives Programme is a Welsh Government transformation programme hosted by Improvement Cymru. The programme has identified five priority areas to address inequalities and improve the lives of people with a learning disability in Wales.

The team supports the delivery of the health objectives within the programme. They have four interconnected work streams:

- Physical health,
- Health equality framework (HEF),
- Children and young people, and
- Specialist services.

The team are currently working on the following:

- Publishing a refreshed Once for Wales Health Profile with adjustment for lifespan, continue with its promotion as a patient safety tool.
- Finalising the Delivering Health care resource and explore opportunities for diversifying use of Health Checks.
- Ongoing support and communication in respects to HEF as a data collection during Covid-19.
- Progressing the development of the children & young people's HEF
- Supporting the planning and delivery of the broad vaccination campaign for people with learning disabilities.
- Development and launch of a support pack for families in respect Positive Behavioural Support.
- Accessible and bilingual Self-Care resources that have been evidence based as relevant during COVID-19.
- Supporting data collection in respects to Restrictive Practice across Wales.
- Supporting national public health messaging in respects to COVID-19, ensuring it is produced in an accessible format.

Finalising and launch the Learning Disability Educational Framework for healthcare staff in Wales.

7.10 Covid-19 impact

As result of the pandemic, concerns have been raised, including by the North Wales Learning Disability Transformation Programme, regarding the increasing health inequality being experienced by those with learning disabilities. The pandemic has also had other impacts for people with learning disabilities resulting in new challenges. Support services for people with learning disabilities had to adapt to the lockdown restrictions. Some support has moved online and although some beneficial innovation has emerged, it has meant that some people are digitally excluded and having to substitute face-to-face for phone or online based services has been a challenge.

Through ICF funding, IT equipment has been made available to citizens in residential care and supported living, which was well received. Social activities have also been hosted online which have been crucial in negating the impact of lockdown on overall well-being and feelings of isolation for both those with learning disabilities and their carers. Conwy County Borough Council and Denbighshire Council are jointly developing a Digital Strategy to overcome these barriers.

Wrexham County Borough Council's Friendship Hub members were loaned devices to enable them to join in with online activities, which helped them to become less isolated and build friendships. These technology devices have helped many people throughout the pandemic to remain in contact with friends and family, order their shopping online and take part in activities to improve their well-being.

The North Wales Learning Disability Transformation Programme has recommended that going forward it is imperative that the workforce is also skilled in the knowledge of technological applications to support new ways of working and providing services. Technological support also needs to extend to citizens in receipt of services and support via technology, as it can create barriers to access if not fully supported.

Between March and July 2020 the North Wales Learning Disability Transformation Team collected feedback from people they work with about their experiences during the pandemic. The initial impact of the restrictions, such as lockdowns, meant that day service settings had to close. Some services were able to adapt quickly,

however, and offer online services. Others reported losing their employment and volunteering opportunities and did not feel connected which had a detrimental impact on their well-being.

The relaxation of restrictions left people feeling vulnerable given their physical health conditions. The lack of digital inclusion was also raised as an issue due to the lack of skills and knowledge amongst those supporting people with learning disabilities, as well as a lack of or restricted internet access and ICT equipment.

7.11 Safeguarding

People with learning disabilities have a right to live their lives free from abuse, neglect and discrimination. The Social Services and Wellbeing (Wales) Act 2014 defines that an adult is at risk if: they are experiencing or at risk of abuse or neglect; they have need for care and support (whether or not the authority is meeting any of those needs), and as a result of those needs are unable to protect themselves against the abuse or neglect.

In the year 2015/16, there were 4,000 referrals for adults at risk in Wales. Of these, 15% of referrals were for adults with learning disabilities aged 18-65 and 1% of referrals were for adults with learning disabilities aged 65 and over. No comparable data is available for 2019/2020, however, the number of recorded hate crimes has increased for all protected characteristic groups in Wales, particularly for disability hate crimes (Is Wales Fairer? 2018).

The table below provides data for the number of safeguarding referrals received for people with a learning disability since 2018.

Table X: safeguarding referrals received by local authority

County	People with LD 2018/19 number	People with LD 2018/19 %	People with LD 2019/20 number	People with LD 2019/20 %	People with LD 2020/21 number	People with LD 2020/21 %
Anglesey	25	9%	36	9%	25	8%
Gwynedd	50	10%	31	6%	11	2%
Conwy	?	?	?	?	?	?
Denbighshire	94	15%	80	13%	43	12%
Flintshire	42	7%	112	16%	80	12%
Wrexham	54	6%	No data	No data	61	8%
North Wales						

Source: local authorities

7.12 Violence against women, domestic abuse and sexual violence

As with older people, people with health and physical difficulties, learning difficulties and / or people with sensory impairments, may be particularly vulnerable to VAWDASV. This could be due to a difficulty to identify what is happening to them, and how to articulate this to professionals. As with others with care and support needs, they are also likely to be reliant on other people for their care needs.

In 2016, a study showed that those with learning difficulties or disabilities were more vulnerable to domestic abuse (McCarthy: Hunt: Milne-Skillman: 2016). It is difficult to identify the true scale of the problem, however, as this area is under-researched.

Again, this may mean that these individuals are at risk of, or living with, abuse and / or neglect, as defined in the Social Services and Wellbeing (Wales) Act 2014.They will often require a holistic approach that endeavours to keep them safe, while promoting independent living and addressing ongoing care needs. Researchers suggest that specialist training be provided for professionals to help them better identify the signs and symptoms of domestic abuse in this group.

There appears to be no formal distinction between learning disabilities and physical disabilities in terms of domestic abuse data collection. As with older people, mental health, autism, sensory impairments and physical disabilities, this data gap

demonstrates a clear need to verify the true extent of the problem, particularly given the higher risk factors for abuse amongst this population group. Support can then be prioritised for these groups.

In terms of disability across the region in the broadest sense, it is estimated that as of 16th September 2021, 12 month rolling MARAC data showed that up to 2.3% cases deemed as “high risk” involving disability were heard at MARAC. As MARAC data covers high risk cases and domestic abuse is an underreported crime, it is reasonable to assume that these figures are an underrepresentation of the true picture.

7.13 Advocacy

Wrexham County Borough Council implemented a new contract for advocacy provision in January 2019. The new service places greater emphasis on self, community and peer advocacy, with case-work focussed on those who need independent professional advocacy.

NWAAA facilitate the Wrexham Self-Advocacy group, which remains an important and continually developing service. It gives people the opportunity to discuss, debate and challenge local, regional and national changes that affect them. Wrexham County Borough Council are also seeking to develop their own advocacy services to make sure that they support people with very complex needs. NWAAA also have advocacy projects across Anglesey, Gwynedd, Denbighshire and Flintshire.

Dewis CIL provide advocacy services for vulnerable adults aged 18-64, including people with learning disabilities in Conwy County Borough.

7.14 Socio-economic factors

People with learning disabilities can experience inequality of outcome, most notably lower levels of good health compared to the wider population. Although it is recognised that this in part, is attributed to increased risk from factors associated with a learning disability (Emerson and Baines 2011). People with learning disabilities are more likely than their non-disabled peers to be exposed to poverty, unemployment, poor housing conditions, social exclusion, abuse, victimisation and

discrimination (Health Inequalities & People with Learning Disabilities in the UK: 2012 Eric Emerson, Susannah Baines, Lindsay Allerton and Vicki Welch).

As a priority for the regional programme there is a focus on supporting people to live independently and ensuring people with learning disabilities have a good place to live. The most common living arrangement for adults with learning difficulties is with their parents/family. The physical environment as well as the location are two critical areas for ensuring people have a good place to live.

In the report 'Is Wales Fairer?' it states that people with disabilities, physical and learning, are falling further behind and facing greater socio-economic disadvantage. In Wales, one in five pupils with Additional Learning Needs (ALN) will achieve five GCSE's at grade A* - C compared with two-thirds of pupils without an additional learning need. The early disadvantage in education continues into later life. People with learning disabilities are under-represented in apprenticeships and disabled people have employment rates less than half of that for non-disabled people (Is Wales Fairer Report, 2018). Reforms to the welfare system have had a disproportionate impact on disabled people meaning that they are more likely to be living in poverty.

7.15 Equalities and Human Rights

The Equality Act 2010 introduced a public sector equality duty which requires all public bodies including the council to tackle discrimination and advance equality of opportunity. Within this chapter there are issues and challenges facing people with learning disabilities, who may also have other protected characteristics such as age, and experience disadvantage because of these.

At the time of publication of this needs assessment, the ongoing COVID-19 pandemic has starkly highlighted the inequality faced by those with learning disabilities. In the report 'Locked Out: Liberating Disabled People's Lives and Rights Beyond Covid-19' (2021) it is recognised that the pandemic has had a detrimental impact on many areas of life for those with learning disabilities. 'Into Sharp Relief' stated that people with learning disabilities who lived independently struggled to understand the restrictions. Information such as the shielding guidance / letters were not available in accessible formats.

North Wales public sector partners are committed to the social model of disability. Using the social model of disability as a theory instead of the medical model can change people's outlooks on what other people can achieve, and how organisations and our environments should be structured. People who follow this way of thinking will be able to see past the outdated policies and procedures that can be a barrier to people with learning disabilities leading full and active lives.

Despite much progression in the public perception of people with learning disabilities, there is still some stigma about what they can and can't do. Using the social model of disability, there should be no limits set on what people with learning impairments can achieve; the key is finding the support which they need to enable them to achieve these things.

7.16 Welsh language considerations

People with learning disabilities are identified as a priority group for delivery of social and health care services in Welsh (More Than Just Words, 2012). Priority groups are particularly vulnerable if they can't or don't receive services and support in the language of their choosing.

There is variation across North Wales in the proportion of people with Welsh as their preferred language. This means that there are varying needs across North Wales for Welsh speaking support staff and to support the language and cultural needs of Welsh speakers with learning disabilities. The need tends to be met in areas where there are greater numbers of Welsh speakers, such as Gwynedd, than in areas such as Denbighshire and Conwy County Borough, where recruiting Welsh speaking support staff has proved to be difficult (CSSIW, 2016). Current recruitment and retention issues across the care sector are exacerbating this problem.

7.17 Conclusion and recommendations

It is recommended that, in line with all legislation, policy and guidance, the following recommendations and priorities are progressed to meet the vision for those with learning disabilities within the North Wales region:

- **Employment opportunities:** this has been highlighted in consultation responses as a priority for people with learning disabilities. This has also been highlighted as a priority for partners. The Learning Disability Transformation Programme will be producing a Learning Disability Employment Strategy in 2022 to carry forward actions for increasing paid employment opportunities.
- **Co-production:** it is important the coproduction of services is taken forward to better suit the needs of people with learning disabilities building on work already taking place across the region.
- **Housing and accommodation:** ensuring there is a supply of appropriate accommodation for people with learning disabilities in North Wales. A focus on housing for complex needs is also recommended.
- **Digital inclusion and assistive technology:** ensuring that people with learning disabilities have the skills and equipment needed to be digitally included. This has been particularly important as a result of the Covid-19 pandemic. It is also important that carers and support workers have the digital skills necessary to support people with learning disabilities.
- **Workforce:** a focus on recruitment and retention of the workforce supporting people with learning disabilities. Also encompassing the training and upskilling of the existing workforce to enable them to manage more complex needs in a community setting.

8. Autism Spectrum Disorder

8.1 About this chapter

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

Definition

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition which typically emerges early in childhood. The condition is life-long, however, the presentation of the core features may change as the individual develops. ASD impacts on three broad areas of functioning:

- Social understanding and reciprocal social interaction.
- Communication – in particular reciprocal communication in a social context.
- Difficulties relating to restricted interests, repetitive behaviour, significant sensory difficulties.

The World Health Organisation definition of autism (also used by the Welsh Government) states:

"The term autistic spectrum disorders (ASD) is used to describe the group of pervasive developmental disorders characterised by qualitative abnormalities in reciprocal social interactions and in patterns of communication and by restricted, stereotyped, repetitive repertoire of interest and activities."

ASD is a condition with a wide range of variance in terms of levels of severity and intellectual ability. Some people with ASD may experience a range of mental health and ill health issues. Similarly, ASD may co-exist alongside combinations of other neuro-development conditions such as Attention Deficit Hyperactivity Disorder. Over time a number of terms have been used to describe the condition. It is now current practice to use the global diagnostic category of ASD.

8.2 What do we know about the population?

It is estimated that 1.1% of the population are on the autism spectrum (Burgha et al, 2012). This is an estimated 6,160 people over 18 in North Wales. The rate has been found to be higher in men at 2% than in women at 0.3%.

ASD is more commonly identified in school age children than in adults. There is a strong suggestion of missed cases of adults with ASD. The assessment of ASD only became more widely available in the early 1990's and has largely focussed on children and those with the most disabling symptoms.

Figures for the total number of people aged 18 years and over estimated to have ASD in North Wales, together with future predictions are shown below. These show an increase in the predicted number of people with ASD in North Wales aged 18 and over.

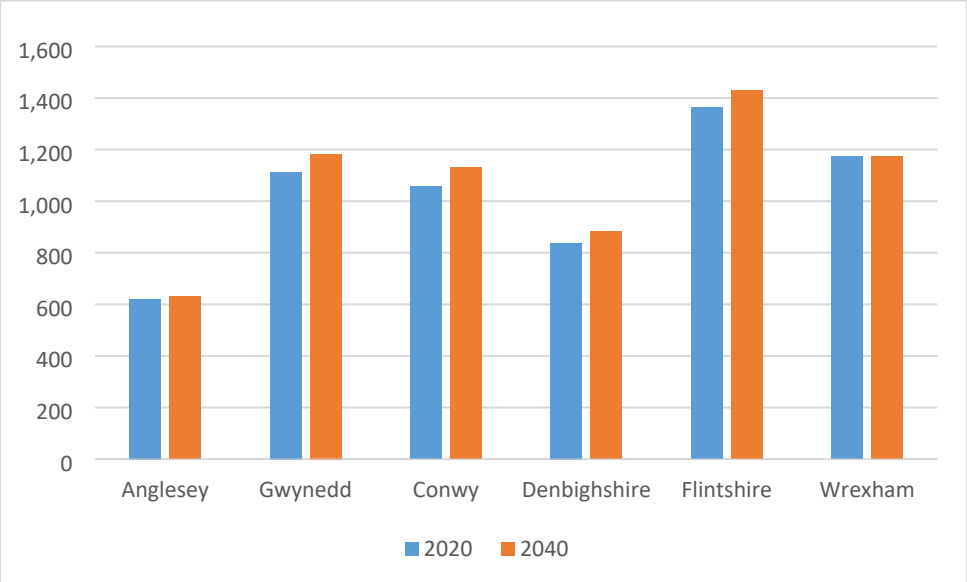
Table X: Total population aged 18 and over estimated to have ASD in 2020 and predicted to have autistic spectrum disorders in North Wales

Local council	2020	2025	2030	2035	2040	Change
Anglesey	620	620	630	630	630	10
Gwynedd	1,110	1,130	1,160	1,170	1,180	70
Conwy	1,060	1,070	1,100	1,120	1,130	75
Denbighshire	840	850	860	880	880	45
Flintshire	1,360	1,380	1,400	1,420	1,430	65
Wrexham	1,170	1,170	1,180	1,180	1,170	0
North Wales	6,160	6,220	6,320	6,390	6,430	265

Source: Daffodil

Numbers are rounded and may not sum

Chart X: Total population aged 18 and over estimated to have ASD in 2020 and predicted to have ASD by 2040



Source: Daffodil

The table below shows how the number of children aged 0-17 with ASD is predicted to change over the next 20 years. Overall there will be a decrease in the number with ASD. This is likely to be due to the overall projected decrease in the number of 0-17 year olds, rather than a decrease in the rate of those with ASD. For the purposes of this analysis rates are assumed to be similar across all councils in North Wales. It should be noted that an increase could be expected should there be any changes in definition, recognition and / or assessment processes.

Table X: Children age 0 to 17 estimated to have ASD in 2020 and predicted to have ASD by 2040

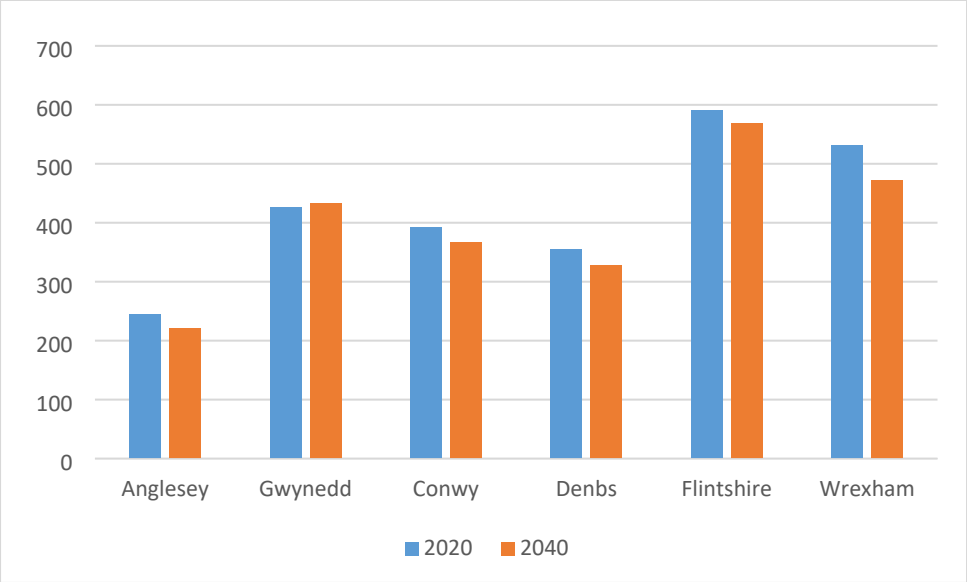
Local council	2020	2025	2030	2035	2040	Change
Anglesey	250	240	230	220	220	-25
Gwynedd	430	430	420	420	430	5
Conwy	390	390	380	370	370	-25
Denbighshire	360	360	340	330	330	-25

Local council	2020	2025	2030	2035	2040	Change
Flintshire	590	590	570	570	570	-25
Wrexham	530	520	490	470	470	-60
North Wales	2,540	2,530	2,430	2,380	2,390	-25

Source: Daffodil

Numbers are rounded and may not sum

Table X: Children age 0 to 17 estimated to have ASD in 2020 and predicted to have ASD by 2040 in North Wales



Source: Daffodil

8.3 What are people telling us

Adult Services

Few respondents commented on what is working well, and a couple responded that services are too slow and not much support is available.

The Integrated Autism Services (IAS) are thought to be very positive, as well as the use of direct payments. Clients who have been assessed in statutory services may have access to direct payments if they have assessed needs. Direct payments from

the local authority can then be used to support and make positive, life changing decisions and lead to a better quality of life under the precepts of the Social Care and Wellbeing (Wales) Act, which focuses on empowerment and choice.

What needs to be improved:

Some respondents thought “everything” needs improving. In particular, they recommended that:

- Services should be more person centred.
- Staff should receive specialist training.
- Waiting times for assessments should be reduced.
- Communication with services should be improved.
- Staff could be more open and honest throughout all services.
- A partnership Board Hub should be established for all providers to meet and share information.

Children and young people Autism Services

Few respondents identified where services for children and young people with ASD are working well, but these included:

- Individual educational psychologists.
- Organisations providing quality support: STAND NW, the Conwy Child Development Centre and Ysgol y Gogarth.
- The bespoke tailored support offered to each family/individual.

What needs to be improved:

Some respondents concluded that “*everything*” needs to be improved to give more attention, care and support to parents and their autistic children. Waiting lists for autism assessments are “*phenomenally long”* and few services available. Parents said they would like more information about how their case is progressing up the list, and to be given some advice while waiting.

Identified gaps in services included:

- Services for children at the high end of spectrum.
- Respite care once children are 11 years old.
- After school facilities with sufficiently trained staff.
- Services for autistic children with anxiety and communication problems.

Parents voiced concerns that teachers in specialist schools are not all qualified and accredited to work with autistic children. They thought that all lessons should be delivered by teachers who have training in dyslexia, sensory needs, executive functioning difficulties, slow processing and so on. It is especially important for teachers to be trained to recognise and support autistic children with complex needs, who present as socially fine and can mask their problems well. Twenty minutes per week of one-to-one teaching from the additional learning needs co-ordinator is not sufficient.

Parents and carers described, “being left with the results of trauma caused by teachers who don’t understand the pupil’s needs. So as well as caring for our child, we have to fight to try to force school to make provision for our children. We have this tremendous extra burden over and above our own caring role”.

Parents and carers need more respite care themselves as one parent explained, “I am beyond exhausted. I’ve had to leave my specialist nurse job of 23 years to become my daughter’s full-time carer, as there’s no support for her”.

Social groups for parents could provide opportunities to discuss common difficulties and share learning about solutions. More support and training is needed to helping parents cope with their child’s autism.

At a system level, service providers would gain from:

- Improved networking forums.
- Secure funding from local authorities.
- Co-ordination and collaboration to prevent competing with one another for the same grants and avoid overlapping services.

- Parents would like staff across organisations to be working together “so you don’t have to give the same information every time and it’s not someone new every time”.

8.4 Review of services currently provided

The Welsh Government Code of Practice on the delivery of Autism Services is now published and must be implemented from September 2021. The Code of Practice sets out the duties placed on local authorities and health bodies about the range and quality of services that should be available in their local areas for people with Autism Spectrum Conditions (ASC). The Code reinforces the legal frameworks already in place by specifying provisions for autism services.

All partners have completed a baseline assessment against the duties within the Code of Practice to assess compliance and to identify where improvements are needed. From these baseline assessments, local action plans are being developed. Monitoring and reporting of the action plans will be through the North Wales regional governance structure.

Conwy and Denbighshire ASD Stakeholder Group have drafted a local action plan to respond to the Code and will be consulting on this in due course. Conwy and Denbighshire allocate funding annually to the third sector for the provision of early intervention and prevention services for people with ASC. Within Conwy, appropriate pathways to assessment and where individuals have eligible needs, managed care and support, will be established to ensure that people with ASC receive the right support at the right time.

Services and support for children with ASD differ across counties and are provided from different organisations depending on age. For example, in Gwynedd, children are currently assessed by Derwen integrated team for disabled children who are under 5 but by CAMHS if they are over 5. A specialist in autism has been commissioned to provide support on the development of an Autism Action Plan in partnership with BCUHB and Ynys Mon. This encompasses lifelong autism, therefore children and adults.

Gwynedd Children and Families Department and the Adults, Health and Well-being Department now hold regular meetings with the Integrated Autism Service (IAS). The IAS works with individuals who do not reach the threshold of social services. They support with diagnosis, provide support for staff, families and social workers etc. regarding supporting individuals with autism. Waiting lists for diagnosis are very long, but joint working is in place to see what support we can offer in the meantime. Any individuals on the autism spectrum who are referred to the Gwynedd vulnerable adults forum (since they do not reach the threshold of the Learning Disability register) are formally documented, in order to plan services and training for the future.

In Wrexham, the referral pathways for Assessment and Diagnosis for children aged 0-5 years old is undertaken by BCUHB pre-school Development Team. For children 5-18 years old, assessment and diagnosis is undertaken by BCUHB Neurodevelopment Team. Adults over 18 years old are referred to the IAS.

The majority of support available for people with ASD is provided by third sector organisations. There are national organisations that provide a service in North Wales such as the North Wales IAS, which is a collaboration between the Health Board and the local authorities. There are more local support groups such as Gwynedd and Anglesey Asperger/Autism Support Group. The National Autistic Society also provide a domiciliary care service.

North Wales Integrated Autism Service

Many autistic individuals fall between eligibility for mental health and learning disability services, and so cannot access emotional, behavioural, low level mental health and life skills support. In addition to this, many services lack the confidence to deliver services that can meet individual's needs. In response to this, the Welsh Government has provided funding to develop an IAS across Wales.

The IAS provides:

- Adult diagnostic services.
- Support for autistic adults to meet defined outcomes.
- Support for families and carers.

- Training, consultation and advice to professionals in other services supporting autistic individuals.

The aim of the service is to ensure that autistic individuals, their family and carers are able to access the advice, support and interventions needed to enable them to reach their full potential where these are otherwise unavailable.

IAS Supporting Guidance (Welsh Government, 2017)

Flintshire County Council is jointly hosting the North Wales IAS with BCUHB on behalf of the region. North Wales IAS offers continuity of support for autistic individuals through the various transitions in their lives, and helps people achieve the things that are important to them. The service is for individuals who do not have moderate to severe mental health or learning disability.

The North Wales IAS launch conference took place on 27th June 2018. North Wales IAS has modified consultation procedures for clients and staff to remain safe during the pandemic. All applications into the service are now triaged through the weekly Multi-Disciplinary Team ensuring and in accordance with Welsh language policy. referrers are advised if clients may need other support, such as with their mental health, and will offer this at that early stage. This enables early assessment so the person may be seen in a safe clinical environment and get any services required simultaneously, preventing clinical delay. The Outcome Star is completed with clients, identifying the areas of need they wish to focus on and to empower them in making change. The Outcome Star can be used by Clinician and Link Worker alike.

There is no waiting list for support as all such requests received by the team are allocated to link workers who make contact via email, telephone and most importantly, where possible, via Video Conferencing (if they have access to IT). We recognise that not all clients can engage if they do not have IT facilities and we will work with them to find innovative ways of supporting them.

Support is provided for up to 6 sessions, but this can be expanded dependent on need. The service cannot offer crisis support. The client would be signposted at the point of any signs of deterioration in mental health to their GP, Community Mental Health Team, and / or to their local authorities via SPOA for more support via a needs assessment request.

The IAS deliver group work on Dialectical Behavioural Skills (13 week course) to groups throughout East (Wrexham/ Flintshire), Central (Denbighshire/ Conwy) and

West (Gwynedd and Anglesey). The first group in 2020 began face-to-face with 15 people attending, although delivery has been affected by Covid-19.

There have been five post diagnostic face-to-face groups held. There had been a vision of rolling out across all counties throughout the year, however, due to Covid-19, an online version of 'Understanding Autism' has been developed. A working booklet is provided for persons recently diagnosed or seeking clarification on assessment and this six-week course is running quarterly. The course is continually evaluated and reviewed with each group of participants so that it can be amended to meet autistic individuals' needs. Two further groups took place in parallel in January 2021 and May 2021. Parent support training has also been developed.

The courses are also available to persons supported by statutory services, such as the Community Mental Health Team. Persons who remain in secondary services with a diagnosis of autism may also benefit from both 'Understanding Autism' and Dialectical Behavioural Skills.

For the quality of robust processes, the average assessment will be completed in three to four appointments of approximately 2 hrs per session as a minimum. Video appointments will continue to form part of the assessment process due to the geographical challenges throughout North Wales. This will enable delivery of a person centred assessment via video conferencing and/or face-to-face appointments to meet NICE guidelines and best practice.

The IAS provide in-depth personalised 15 page reports per individual, where recommendations are provided and may include an individualised communication passport to assist in areas of complexity e.g. employment, health related appointments and communication difficulties. It is expected that a report is concluded within a 6-week window where possible, but this is dependent on complexity.

Psychologists may also provide other assessments if they consider criteria is met for ADHD and / or any underlying mental health traumas that requires therapeutic input from the relevant services and clinicians. Clients will be signposted and individualised supporting correspondence will be issued to facilitate transition into other services.

The IAS also support couples with effective communications where one partner has received an Autism diagnosis. The service continues to receive compliments for their work and have been complimented on the number of excellent 'life story' outcomes submitted to WLGA for making a difference to everyday lives of autistic adults.

One service user said:

"Without over-egging the pudding, you have provided me with the first step on an entirely new path in my life, and I am sure I will be thanking you again in the future for the success I am sure I can achieve now that I have a greater understanding of who I am, and who I have always been."

To further support autistic individuals, the Autism.Wales website (previously ASDinfoWales) has been launched by the National Autism Team.

8.5 Covid-19 impact

The National Autistic Society (2020) in their report 'Left Stranded', claim the pandemic has disproportionately affected those with autism and their families. The research found compared to the general population, those with autism were seven times lonelier and six times more likely to have low life satisfaction. Nine in ten were concerned about their mental well-being.

A report published by the Association of Directors of Adult Social Services (ADASS, May 2021) into the impact of the Covid-19 pandemic on autistic people or those with learning disabilities stated that:

"In line with this national emphasis, proper account was not taken of the needs of people with a learning disability or autism in lockdown, including the feasibility of the containment measures and the greater impact these would have on their lives"

Evidence suggests that autistic people, people with mental health conditions and people with a learning impairment have found many of their self-help activities (such as in-person community groups) severely curtailed during this time. Many are now very isolated and unable to communicate their difficulties through the limited mechanisms currently available (Locked Out Report, 2021).

Some of the key issues facing autistic people have been highlighted in the ADASS report, these include:

- Loss of contact with friends, daily activities and routines has exacerbated pre-pandemic health and well-being challenges for autistic people and people with learning disabilities.
- Regular changes in guidelines have been difficult for people to adapt to.
- A particular concern highlighted during interviews conducted by ADASS related to employment opportunities.

Further information relating to the Covid-19 pandemic can be found in the rapid review assessment https://www.northwalescollaborative.wales/north-wales-population-assessment/rapid-review/

8.6 Advocacy

Advocacy for autistics adults, children and their carers ensures that individual rights are met, advocacy can provide support in a number of ways including seek a diagnosis, overcoming barriers and accessing services.

NWAAA facilitate the Wrexham Self-Advocacy group, which remains an important and continually developing service. It gives people the opportunity to discuss, debate and challenge local, regional and national changes that affect them. NWAAA also have advocacy projects across Anglesey, Gwynedd, Denbighshire and Flintshire.

Dewis Centre for Independent Living provide advocacy services for vulnerable adults aged 18-64, including autistic adults in Conwy County Borough.

8.7 Equalities and human rights

Women and girls often struggle to get referred to diagnostic services, with many being forced to pursue private diagnosis. Women are also at high risk of ‘camouflaging’ or ‘masking’ their neurodivergence, which has not only been blamed for inequitable diagnosis, but puts them at higher risk of adverse outcomes (Women’s Health Care for People with Autism and Learning Disabilities Infographic).

The impact this has on neurodivergent women is multifaceted. We have already referenced the inequality autistic people face in accessing healthcare, however, this could be disproportionately affect women, due to their increased risk of having co-occurring physical and mental health conditions. For example, autistic women are overrepresented in anorexia nervosa figures, yet a lack of understanding means that outcomes and recovery rates for autistic women are far worse than for others with

anorexia. Some studies also suggest that autistic women have elevated mortality rates compared to autistic men, including higher risk of dying by suicide. This is compounded for autistic women who also have a learning disability, as they are at even higher risk of dying young. This figure will only grow as 75% of women with a learning disability are not invited for routine ("ceased from recall") cervical screening.

Autistic UK has highlighted that autistic women are facing high levels of isolation and loneliness, particularly in more rural areas of Wales. Stigma plays a large role in this. Stigma also contributes to autistic women being at greater risk of accessing support services, particularly as a parent, due to the risk of being at greater scrutiny by social services, including the risk of having their children taken into care.

More generally, autistic women report poorer quality of life than autistic men across multiple areas, to the extent that some studies include "being female" as a predictor of lower quality of life in autistic populations. This is indicative that the issues pertaining to being neurodivergent including stigma, diagnostic inequity, and inequality in access to healthcare disproportionately affect women.

There is a lack of research about the experience of people from Black and minority ethnic groups. This means it can be even harder to get the support they need. We need to understand the experiences of autistic people and families from different backgrounds and cultures and help create a society that works for all autistic people.

8.8 Safeguarding

It is known that adults with a learning disability are vulnerable to maltreatment and exploitation, which can occur in both community and residential settings (NICE, 2015). This also includes autistic people. Staff have identified that there are significant safeguarding issues in relation to the use of the internet by autistic people and a concern around radicalisation. Bullying is also an issue for autistic people and particularly young people in mainstream schools who have Asperger's Syndrome.

8.9 Violence against women, domestic abuse and sexual violence

As with anyone who may require care and support needs, those with autism may be particularly vulnerable due to perhaps, a difficulty in articulating to professionals what is happening to them. As with others with care and support needs, it is possible they may be reliant on other people for some of their care needs.

It is important that training opportunities are provided to professionals to enable them to better understand the signs and symptoms of autism, and also to help them

identify possible signs of domestic abuse within this population group and how it can impact their condition and their wellbeing.

It is essential to ensure that behaviours are not mischaracterised and that individuals at risk of harm and / or neglect receive the help that they require in accordance with the Social Services and Wellbeing (Wales) Act 2014. No specific data for autistic people experiencing domestic abuse is available, either nationally or throughout the region.

Local authorities should, however, have procedures in place for identifying domestic abuse and signposting to the relevant designated lead for safeguarding so that a referral to MARAC can be considered in conjunction with pre-existing care support that individuals may already be receiving. The Social Services and Wellbeing (Wales) Act makes reporting a child or adult at risk a statutory duty and also has an obligation to undertake an assessment of the individual and carers' needs.

An assessment may include a consideration of the individual's housing needs and other support needs. Across the region, specialist services available to support those experiencing domestic abuse include IDVA support, Floating support, crisis support, group programmes, advocacy support for current and historic abuse, and sexual abuse and referral centre.

8.10 Welsh language considerations

There is a variation across North Wales in the proportion of people with Welsh as their preferred language. This means that there are varying needs across North Wales for Welsh speaking support staff and to support the language and cultural needs of autistic Welsh speakers. The need tends to be met better in areas where there are greater numbers of Welsh speakers, such as Gwynedd, than in areas such as Denbighshire and Flintshire, where recruiting Welsh speaking support staff has proved to be difficult (CSSIW 2016). There is more information in the Welsh language profile produced for the population assessment.

8.11 Socio-economic considerations

The disability employment gap is still too wide, with around half of disabled people in work, compared to over 80% of non-disabled people. But the autism employment

gap is even wider, with just 22% autistic people reported in paid work. We are really worried that out of all disabled people, autistic people seem to have the worst employment rate. While not all autistic people can work, we know most want to. The Government must improve the support and understanding autistic people get to find and keep work (National Autistic Society, 2021).

Appropriate housing and accommodation is significant, of the autistic adults responding, 75% lived with their parents, compared with 16% of disabled people generally. There could be lots of different reasons for this figure, including if responders were younger or still in education. These are new figures and we will keep looking at future publications. There are other autism-related figures in the data, but because they were only answered by small number of people, the findings should be treated with more caution (National Autistic Society, 2021).

8.12 Conclusions and recommendations

It is recommended, in line with all legislation, policy and guidance, that the following recommendations and priorities are progressed to meet the vision for those with Autism Spectrum Disorders within the North Wales region:

- **Code of Practice for autism services:** continue with the implementation of the new Code of practice across the region. Baseline assessments are being undertaken and local action plans developed to support the continued improvement in the development and delivery of autism services in North Wales.

- **Co-production of services:** is a significant part of the SSWB Act and a key theme identified for the delivery of services. Section 16 of the Act states that local authorities should promote social enterprises, co-operatives, user led services and the third sector. It will support the requirement to identify the care and support and preventative services these alternative models can

provide. The practice of co-production aims to secure more social value from the service delivery for autistic people as well as their families.

- **Mental health and well-being:** ensure sufficient psychological and physiological support for autistic people, as highlighted issues have been further exacerbated as a result of Covid-19. A focus on the general health, mental health and well-being of autistic people is recommended.
- **Raising awareness:** to raise awareness and understanding of ASD more widely within the community, and ensuring that the workforce has sufficient training to be inclusive of the needs of autistic people when they are accessing services.
- **Education and employment:** responders to the consultation have stated that they would like to see more training and ASD awareness for staff in educational settings to support autistic children and young people. Transition from education to employment is also a gap identified for autistic people.

9. Mental health (adults)

9.1 About this chapter

This chapter includes the population mental health needs for adults. Information about other population groups can be found in the following chapters:

- Children and young people (section for mental health and wellbeing)
- Older people (section for dementia)
- Learning disabilities
- Autism Spectrum Disorder
- Unpaid carers

What is meant by the term mental health?

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

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

Public mental health involves a population approach to addressing mental health. This includes promotion of mental well-being, prevention of mental disorder, treatment of mental disorder and prevention of associated impacts. These interventions can result in a broad range of positive impacts and associated economic savings, even in the short term.

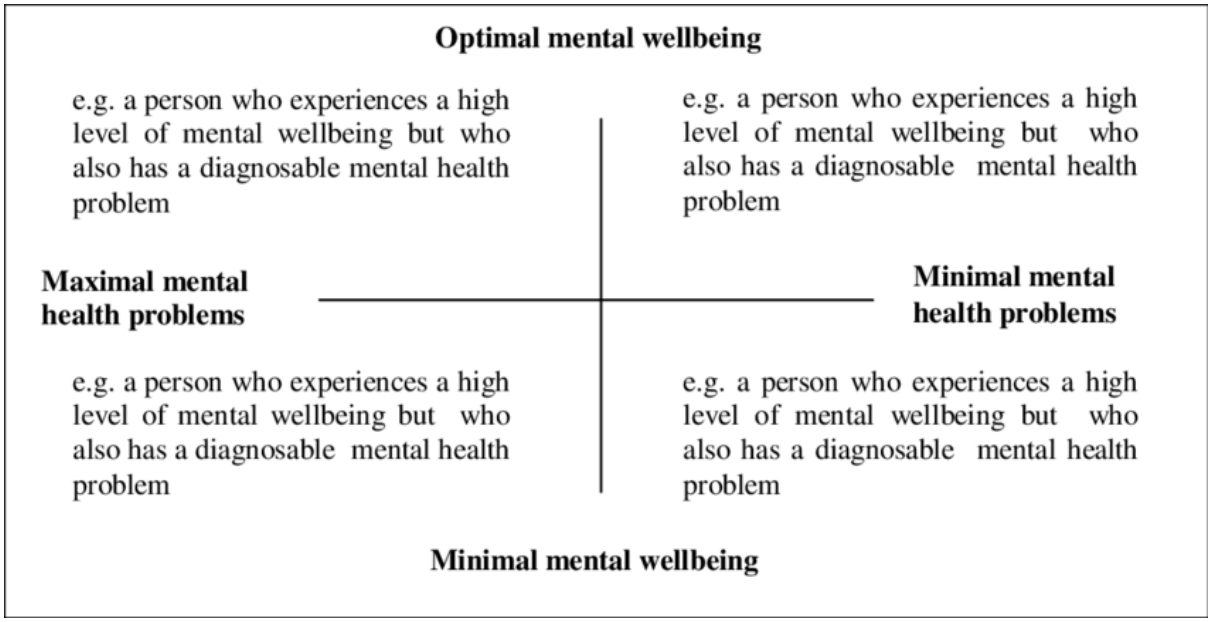
The Mental Health (Wales) Measure 2010 includes four different ways people may need help:

a) Primary care mental health support services (accessed via a GP referral).
b) Care co-ordination and care and treatment planning: for people who have mental health problems which require more specialised support (provided in hospital or in the community), overseen by a professional care co-ordinator, such as psychiatrist, psychologist, nurse or social worker.
c) People who have used specialist mental health services before: can request reassessment from a mental health service.
d) Independent mental health advocacy: for people receiving secondary care.

The Mental Capacity Act 2005 applies people in England and Wales who cannot make some, or all, decisions for themselves. The ability to understand and make a decision is called ‘mental capacity’. The Mental Capacity Act requires care co-ordinators to assume that a person *has* capacity. It also makes provision for Independent Mental Capacity Advocates and /or ‘Best Interest Assessors’ to support decision-making for people who lack mental capacity.

What is meant by the term mental well-being?

Mental well-being can be described as feeling good and functioning well. It can be depicted as a linked, but separate concept from mental health / illness, as illustrated in the continuum model below (adapted from Tudor, K. 1996: Mental Health Promotion Paradigms and Practice Routledge, London.)



This model shows how it is possible for someone living with a mental illness to experience high levels of mental well-being, and vice versa. The evidence base describes three core protective factors for mental well-being, namely that people:

- Have a sense of control over their lives,
- Feel included and can participate, and
- Have access to coping resources if / when they need them, in order to support their resilience.

Understanding how services and community assets can promote and strengthen these core protective factors is crucial to optimising population mental well-being. Another concept which brings together evidence based actions to promote mental well-being is the ‘5 Ways to Well-being’. It describes five daily actions that individuals, families, and communities can take to maintain and improve their well-being. They can also be built into the design and delivery of existing services and interventions:

1. Take notice.

2. Connect.

3. Be active.

4. Keep learning.

5. Give.

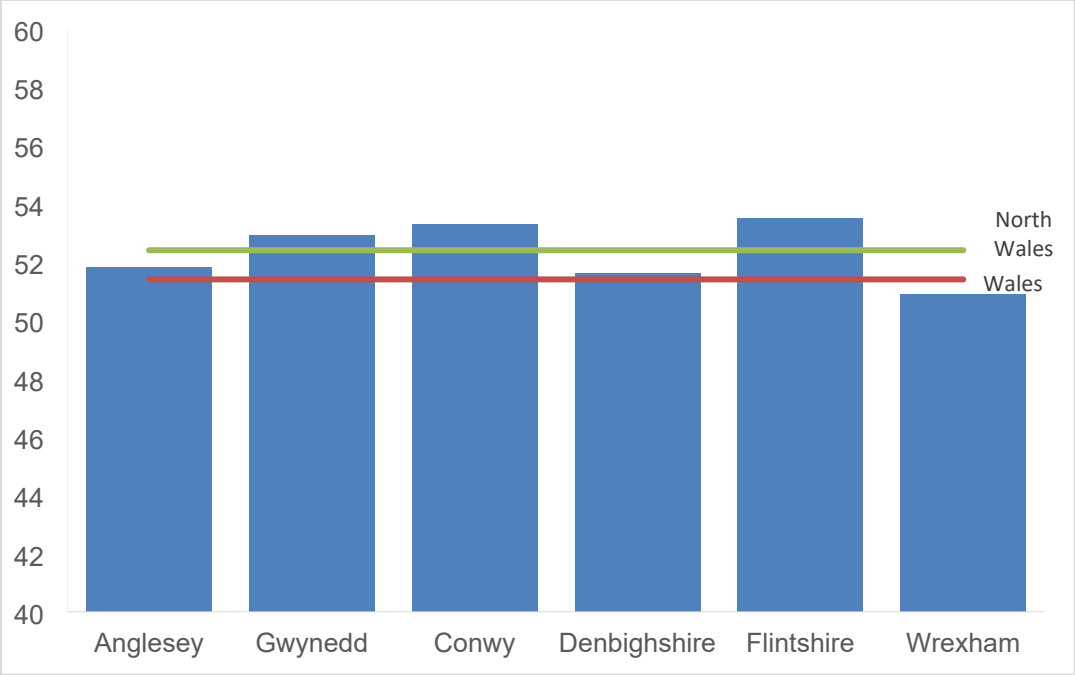
9.2 What do we know about the population?

An estimated 1 in 4 people in the UK will experience a mental health problem each year (Mind, 2016), which could include anxiety or depression. In the National Survey for Wales, 9% of respondents living in North Wales reported being treated for a mental illness (2018-19 & 2019-20).

People in North Wales report slightly better mental health than in Wales as a whole

The chart below shows how respondents reported their mental health using the mental component summary score, where higher scores indicate better health. This shows that people in North Wales report slightly better mental health than the population of Wales as a whole.

Chart X: Mental component summary score (2018-19 & 2019-20)



Source: StatsWales table hlth5012, National Survey for Wales, Welsh Government

The table below shows the mental component summary score for each local authority. The differences between the counties are quite small. Overall, Wrexham has the lowest scores and Conwy and Flintshire have the highest, with a difference of 2 points between the scores.

Table X: Warwick-Edinburgh Mental Well-being Scale (WEMWBS) (2018-19 & 2019-20)

Local council	Mental well-being score
Anglesey	51.8
Gwynedd	52.9
Conwy	53.3
Denbighshire	51.6
Flintshire	53.5
Wrexham	50.9
North Wales	52.4
Wales	51.4

Source: StatsWales table hlth5012, National Survey for Wales, Welsh Government

Figure XX shows the percentage of adults who report being treated for a mental illness. There is a small difference in the proportion across each local authority in North Wales, but they are comparable with the North Wales and Wales proportions.

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

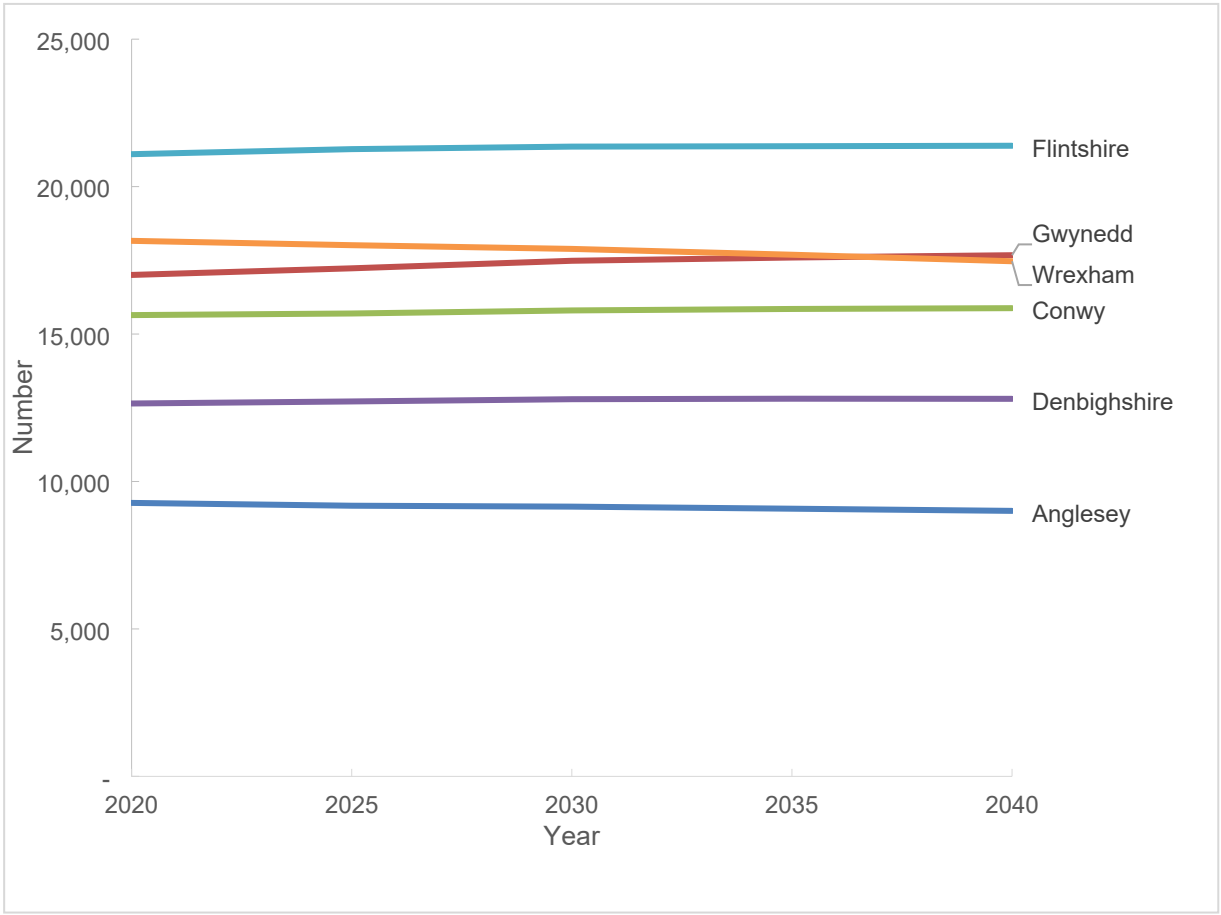
Local council	Treated for a mental illness
Anglesey	10%
Gwynedd	8%
Conwy	7%
Denbighshire	11%
Flintshire	9%
Wrexham	11%
North Wales	9%
Wales	10%

Source: StatsWales table hlth5052, National Survey for Wales, Welsh Government

The number of people with mental health problems is likely to remain stable

Prevalence rates from the Adult Psychiatric Morbidity Survey 2014 can be used to estimate the number of adults with common mental health disorders. There is predicted to be a small increase across North Wales of around 400 people. The chart below shows the variance for each local authority. The numbers may increase further if there is also a rise in risk factors for poor mental health such as unemployment; lower income; debt; violence; stressful life events; and inadequate housing. The future predictions around mental health will not have factored in the impact of the Covid-19 pandemic and therefore should be treated with caution.

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



Source: Welsh Government, Daffodil

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

Local council	2020 number	2020 percent	2040 number	2040 percent	Change number
Anglesey	9,300	13%	9,000	13%	-250
Gwynedd	17,000	14%	17,700	13%	650
Conwy	15,600	13%	15,900	13%	250
Denbighshire	12,600	13%	12,800	13%	150
Flintshire	21,100	13%	21,400	13%	300
Wrexham	18,200	13%	17,500	13%	-700
North Wales	93,800	13%	94,200	13%	400
Wales	429,100	14%	441,800	13%	12,700

Numbers have been rounded so may not sum
Source: Welsh Government, Daffodil

The most common mental illnesses reported are anxiety and depression

Mental health teams support people with a wide range of mental illnesses as well as people with psychological, emotional and complex social issues such as hoarding, eating disorders and Post Traumatic Stress Disorder (PTSD).

The Quality Assurance and Improvement Framework (QAIF) – information from GP records – can provide very rough estimates of the prevalence of some psychiatric disorders. This data is likely to underestimate the true prevalence because it relies on the patient presenting to a GP for treatment, receiving a diagnosis from the GP, and being entered onto a disease register. The table below shows the number of patients in North Wales on relevant QAIF disease registers. Mental health includes schizophrenia, bipolar effective disorder, other psychoses and other mental health conditions.

Table X: Number of people on QAIF disease registers in North Wales

Local council	Mental health number	Mental health percent	Dementia number	Dementia percent
Anglesey	639	0.97%	559	0.85%
Gwynedd	1,135	0.89%	784	0.62%
Conwy	1,213	1.04%	1,101	0.94%
Denbighshire	1,232	1.20%	1,012	0.98%
Flintshire	1,196	0.78%	914	0.60%
Wrexham	1,655	1.13%	1,061	0.72%
North Wales	7,070	0.99%	5,431	0.76%
Wales	32,917	1.02%	22,686	0.70%

Numbers have been rounded so may not sum

Source: Quality Assurance and Improvement Framework (QAIF) disease registers by local health board, cluster and GP practice, StatsWales, Welsh Government

Prevalence rates from the Adult Psychiatric Morbidity Survey 2014 can also be applied to specific mental health problems. The table below shows the estimated number of adults in North Wales living with each condition.

Table X: Estimated numbers of adults in North Wales affected by mental health problems (2020)

Local council	Common mental disorder	Anti-social mental disorder	Bipolar disorder	Borderline personality disorder	Psychotic disorders
Anglesey	9,300	1,200	900	800	300
Gwynedd	17,000	2,600	1,900	1,900	500
Conwy	15,600	2,000	1,500	1,400	500
Denbighshire	12,600	1,700	1,300	1,200	400
Flintshire	21,100	3,000	2,200	2,000	600
Wrexham	18,200	2,700	2,000	1,800	600
North Wales	93,800	13,200	9,800	9,100	2,800

Numbers have been rounded so may not sum
Source: Daffodil

It is also possible to use these estimates to predict the numbers with mental health conditions in future. The table below shows this for North Wales. An increase in the number of people with common mental disorders is predicted. Other conditions are estimated to decrease in number.

Table X: Estimated numbers of adults in North Wales affected by mental health problems (2020 and 2040)

Mental health condition	Estimated prevalence	2020 (number)	2040 (number)	Change
Common mental disorder	13.3%	93,800	94,200	400
Anti-social mental disorder	1.9%	13,200	12,800	-400
Bipolar disorder	1.4%	9,800	9,600	-250
Borderline personality disorder	1.3%	9,100	8,900	-200
Psychotic disorders	0.4%	2,800	2,800	-100

Numbers may not sum due to rounding

Source: Daffodil

Early onset dementia

Services for people with dementia tend to be provided as part of older people's services (see Older People's Chapter for more information). This may not meet the needs of younger people with early onset dementia. Mental health services often support people with Korsakoff Syndrome, a form of dementia most commonly caused by alcohol misuse. Substance misuse services are also likely to be involved with a person with Korsakoff Syndrome, focussing on the drug and alcohol issues, while mental health services can provide support for symptoms.

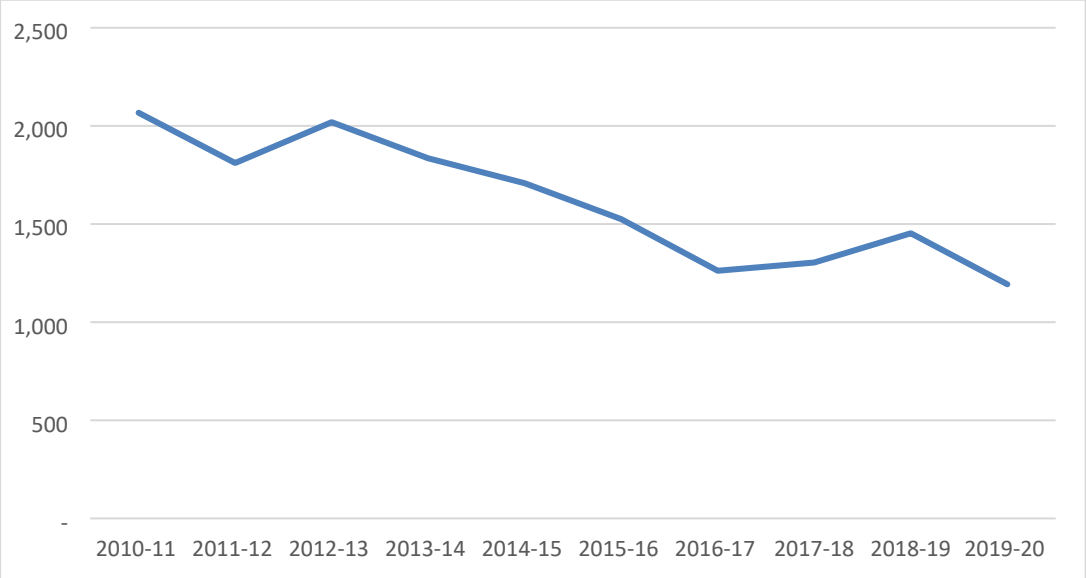
Research suggests a high number of people with mental health problems do not seek help

The estimated prevalence of mental health problems generated by the Adult Psychiatric Morbidity Survey and the National Survey for Wales are significantly higher than the estimate of people who report being treated for a mental health problem. This suggests that there could be many affected people in the population who are not seeking help for various reasons.

The number of admissions to mental health facilities is reducing

The figure below shows admissions to mental health facilities. This shows an overall decline in the number of admissions in North Wales. It is not possible to tell from this data whether that decline is due to a reduction in demand or a reduction in the availability of acute mental health beds. The model for mental health care has changed in recent years and there are more alternative to bed based care particularly for older persons. Admissions have been reducing but it should be caveated that demand is not reducing but is being directed elsewhere such as in the community.

Chart X: Number of admissions to mental health facilities in North Wales



Source: Welsh Government, admissions, changes in status and detentions under the Mental Health Act 1983 data collection (KP90), StatsWales table HLTH0712

People with mental health problems are more likely to have poor physical health

Mental ill health is associated with physical ill health, reduced life expectancy and vice versa (Royal College of Psychiatrists, 2010). Poor mental health is also associated with increased risk-taking behaviour and unhealthy life-style behaviours such as smoking, hazardous alcohol consumption, drug misuse and lower levels of physical activity (Welsh Government, 2012).

For example, current research suggests that smoking 20 cigarettes a day can decrease life expectancy by an average of ten years. While the prevalence of smoking in the total population is about 25 to 30 percent, the prevalence among people with schizophrenia is approximately three times as high - or almost 90%, and approximately 60% to 70% for people who have bipolar disorder. Mortality rates for people with Schizophrenia and bipolar disorder show a decrease in life expectancy of 25 years, largely because of physical health problems (Royal College of Psychiatrists, 2010). Obesity, poor diet, an inactive lifestyle and the long term use of medication are also contributory factors associated with severe mental illness and poor physical health.

Suicide

It is difficult to draw conclusions from the available data on suicide in North Wales due to the small number of cases and other caveats. None of the local council areas in North Wales have suicide rates for those aged 10 years and over which are statistically significantly higher than the Wales average (Jones *et al.*, 2021). Around three-quarters of registered suicide deaths in 2020 were for men, which follows a consistent trend back to the mid-1990's (Office for National Statistics, 2020).

The causes of suicide are complex (Jones *et al.*, 2021). There are a number of factors associated with an increased risk of suicide including gender (male); age (15 to 44 year olds); socio-economic deprivation; psychiatric illness including major depression; bipolar disorder; anxiety disorders; physical illness such as cancer; a history of self-harm and family history of suicide (Price *et al.*, 2010). There are a number of ways in which mental health care is safer for patients, and services can reduce risk with: safer wards; early follow-up on discharge, no out-of-area admissions; 24 hour crisis teams; dual diagnosis service; family involvement in 'learning lessons'; guidance on depression; personalised risk management; low staff turnover (Centre for Mental Health and Safety, 2016). Many people who die by suicide have a history of drug or alcohol misuse, but few were in contact with specialist substance misuse services. Access to these specialist services should be more widely available, and they should work closely with mental health services (Centre for Mental Health and Safety, 2016).

Farmers are identified as a high risk occupational group, with increased knowledge of and ready access to means (also doctors, nurses and other agricultural workers). Certain factors have been identified as particularly creating risk and stress to people living in rural areas over and above the suicide risk factors affecting general populations: isolation, declining incomes, being different within the rural context; heightened stigma associated with mental health issues; barriers to accessing appropriate care (culture of self-reliance, poor service provision) poor social networks; social fragmentation; availability of some means of suicide (firearm ownership); and high risk occupational groups such as farmers and vets (Welsh Government, 2015a). Specific support for farmers has been launched, more information can be found via this link https://www.fwi.co.uk/farm-life/health-and-wellbeing/mental-health-support-available-to-young-farmes

The Welsh Government suicide and self-harm prevention strategy is *Talk to me 2* (Welsh Government, 2015a) and there is the North Wales Suicide and Self-harm Working Group that coordinates work on suicide prevention for the region.

9.3 What are people telling us?

What is working well

Several respondents commented that “nothing” is working well in mental health services, concluding that “the system is quite broken”.

A service user was concerned that services tend to focus on prevention or crisis, failing to provide support to people “at all the stages in between”. Furthermore, during crises, people with mental health problems can find themselves caught up in the criminal justice system, resulting in people being “criminalised because of their illness”. The system does not seem able to support people who have mental health problems as a result of past trauma. Many services need to become more trauma informed.

A few services were mentioned as providing positive support including:

- Team Dyffryn Clwyd.
- The Mental Health Support services team at Flintshire County Council.
- Mind’s Active Monitoring, an early intervention service.
- Charity services like Samaritans, CRUSE, Relate.
- On-going group support from charities (KIM, Advance Brighter Futures, Mind, ASNEW).
- Rehabilitation units to provide support for a return to living in the community.

What needs to be improved

Given the serious concerns about mental health services, not surprisingly many commented that “everything” needs improving, including:

- More mental health service provision.
- Increased funding to ensure a decent wage for staff and sufficient service provision for each individual client.
- Improved access for BME communities.
- More long-term funding to allow projects to be embedded and to retain staff.
- More flexibility – one-to-one sessions as well as group sessions.

- Higher staffing levels in all services to avoid gaps in care and provide back-up when staff are off-sick.
- More local counselling services.
- Better substance misuse support.
- Better support for people with Autistic Spectrum Disorder, especially higher functioning or with co-existing mental health issues.
- Greater access to interventions other than medication.
- Many more out-of-hours services where people can “held” when mental health services are closed.
- Improved referrals to mental health services, to streamline the process, reduce the number of inappropriate referrals and allow others, e.g. housing managers, to refer tenants for specialist mental health support.
- More mental health services in the local community.
- Smaller rehabilitation units for up to six people with 24-hour support.
- Greater availability of permanent accommodation and supported housing for people who are homeless.
- Case reviews need to be completed in a timely manner, and caseloads managed more effectively.

Service users emphasised the need for many more early intervention services, so that they can access mental health support when in need, and before they reach crisis point. Waiting times were already very long and have only gotten longer since the start of the pandemic. Currently, people experience added stress with delays, and their symptoms often get worse than they need to:

> “I would prefer not to reach crisis. It should be less about having to be in crisis to receive support and more about preventative approaches to keeping me well at home.”

The full population needs assessment consultation report can be viewed on the North Wales Collaborative website https://www.northwalescollaborative.wales/north-wales-population-assessment/

9.4 Review of services currently provided

Mental health services are provided through primary care mental health services, community mental health teams and inpatient facilities who support patients outside of the hospital environment. Local councils and the health board provide care and support for people with mental illnesses in the community. Residential care, day services and outreach teams are an important part of psychiatric care.

A fifth of the NHS expenditure for Wales is on mental health services. Many services are involved in treating patients with mental health illnesses. A large proportion of attendances to Accident & Emergency and general admissions to hospital are related to mental health problems.

In BCUHB, the largest proportion of expenditure on mental health problems is on general mental illness, followed by elderly mental illness. Expenditure per head in BCUHB (247.4) is just above the average for Wales (240.8). Expenditure per head on mental health illnesses as a whole has increased since 2016-17, with small fluctuations in elderly mental illness and CAMHS over the three-year period. The proportion of expenditure on mental health illnesses in BCUHB (11.2%) is similar to Wales (11.1%) and has remained fairly stable between 2016-17 and 2018-19 (Mental Health Profile, Public Health Wales, 2021).

ICAN is a mental health and well-being support service that is delivered by BCUHB across North Wales. The BCUHB ICAN Programme sits within the broader Together for Mental Health Strategy. Its overall aim is to implement a more integrated, innovative care system and culture which prevents, but where necessary, responds effectively to episodes of acute mental health need and crisis. The programme seeks to scale up what works and increase the pace of transformation across North Wales to create an integrated urgent care system. Underpinning this is the creation of an integrated ICAN pathway that improves collaborative working, within and between health and social care, statutory partners and third sector organisations.

The model starts with the provision of low-level support and health and well-being activities developed and provided within local communities that are inclusive and help people to maintain positive health and mental well-being, as well as reduce social isolation and build community resilience. By investing in, and support the development

of such groups, partners are able to demonstrate a longer-term impact on well-being, which in turn serves to reduce demand for statutory services.

The service has been extended to GP surgeries and communities across the region to ensure that more people receive timely mental health support. Over 2,500 people have received help and support via ICAN centres since they were introduced in 2019. ICAN provides advice and support for various issues that affect mental health and well-being, including relationship breakdowns, employment difficulties, social anxiety, grief, debt and financial worries and loneliness. More information about the ICAN programme can be found via this link https://bcuhb.nhs.wales/news/health-board-news/life-changing-i-can-mental-health-support-service-to-be-extended/

BCUHB also promote the 5 Ways to Well-being programme. These are a practical set of actions aimed at improving the mental health and well-being of North Wales residents. More information can be found via this link https://bcuhb.nhs.wales/health-advice/five-ways-to-wellbeing/

The Community Resilience Project will support the delivery of the Together for Mental Health Strategy in North Wales. Improving community resilience was selected as a priority for North-East Wales because of the growing body of evidence that suggests there is a strong correlation between resilience and positive physical and mental health outcomes.

Do-Well and Wrexham Glyndwr University are piloting a new approach by developing people's skills in systems leadership and public narrative to improve community resilience. There are three pilot communities: Holway in Holywell, Flint town centre and Gwersyllt in Wrexham.

The project is adopting a test and learn approach. It will identify areas where community resilience can be improved locally, using the experience of people who live and work in each community. It will produce evidence-based learning for other areas in North Wales.

9.5 Covid-19 impact

It is now clear that the pandemic has had a significant impact on the populations mental health as a whole. For those with existing mental health conditions, they are more likely to have experienced a deterioration in well-being. A survey by Mind Cymru (A Mental Health Emergency: How has the coronavirus pandemic impacted our mental health?, June 2020) stated that more than half of adults and three quarters of young people reported that their mental health had worsened during lockdown periods.

Groups that experienced a disproportionate effect include:

- People with existing needs for mental health support.
- People on low incomes, people who have seen their employment status change or are self-employed.
- NHS and care workers, and other front line staff.
- Black, Asian and minority ethnic communities.
- Older adults.
- Children and young people.

A report by the Senedd in December stated that the long term impact of planning to meet a potential increase in demand for mental health services is difficult to predict. The Centre for Mental Health has predicted that around 20% of the population (analysis in relation to England, but likely to be applicable to Wales) will require new or additional mental health support.

Although mental health services were categorised as essential during the pandemic, many have reported that they were unable to access services or that there was a delay in seeking help and support.

Key drivers of worsening mental health and well-being as a result of the pandemic have been (BUCHB Covid-19 infographic):

- Job and financial loss.
- Social isolation.
- Housing insecurity and quality.
- Working in a front-line service.
- Loss of coping mechanisms.
- Reduced access to mental health services.

The ONS reported that prior to COVID-19 (in the year ending June 2019), the average rating for anxiety was 4.3 out of 10 for disabled people. Disabled people's average anxiety rating increased following the outbreak of the Covid-19 pandemic to 5.5 out of 10 in April 2020, before decreasing to 4.7 out of 10 in May 2020. 41.6% of disabled people, compared with 29.2% of non-disabled people, continued to report a high level (a score of 6 to 10) of anxiety in May 2020.

Impact on older people

One in three older people agree that their anxiety is now worse or much worse than before the start of the pandemic. The proportion of over 70's experiencing depression has doubled since the start of the pandemic.

9.6 Equalities and Human Rights

The core protective factors that influence mental well-being include promotion of social inclusion. It is known that groups who share the protected characteristics are more likely to experience social exclusion and this will need to be factored into the assessments for individuals. Mental health has a huge amount of intersectionality with other protected characteristics. For example, people from Minority Ethnic groups are more likely to be sectioned under the Mental Health Act (Race and Mental Health – Tipping the Scale, Mind, 2019). Around 30% of people with a long-term physical health condition also have a mental health condition, most commonly depression or anxiety (Kings Fund, 2020).

Services for people with mental health needs must take a person-centred approach that takes into account the different needs of people with protected characteristics. The move towards the recovery model, which shifts the focus from treatment of illness towards promotion of well-being, should support the identification of, and appropriate response to address barriers being experienced by individual.

As a result of measures implemented during the Covid-19 pandemic, the British Institute for Human Rights (BIHR) and Welsh National Disability Umbrella

Organisations, signalled concerns that the rights of those detained in mental health hospitals, would be breached if the Coronavirus Bill was passed.

9.7 Safeguarding

The safeguarding issues for adults with mental health needs are similar to those of the general adult population. People who lack the capacity to make decisions as to where they live and about their care planning arrangements need to be assessed for a Deprivation of Liberty Safeguards (DoLS). The aim of the safeguards is to ensure that the most vulnerable people in our society are given a 'voice' so that their needs, wishes and feelings are taken into account, and listened to, when important decisions are being taken about them.

There is a new definition of 'adult at risk', a duty for relevant partners to report adults at risk and a duty for local authorities to make enquiries, which should help to safeguard adults at risk, including those with mental health support needs.

9.8 Violence against women, domestic abuse and sexual violence

There is a significant relationship between poor mental health and domestic abuse. The Mental Health Foundation estimates that domestic violence has an estimated overall cost to mental healthcare of £176 million (Walby: 2014).

Furthermore, research suggests that women experiencing domestic abuse are more likely to experience a mental health condition, while women with mental health conditions are more likely to be domestically abused. 30-60% of women with a mental health condition have experienced domestic violence (Howard et al: 2009).

Due to the links between domestic abuse and mental health, it is imperative that professionals receive training to enable them to better identify the signs of domestic abuse within this population group.

Despite the strong links between domestic abuse and poor mental health, however, no specific domestic abuse dataset exists either nationally or regionally, to specifically examine the prevalence of domestic abuse amongst those with poor mental health. Once again, this exposes a significant data gap that needs addressing.

Disability can be classified as any on-going condition that has the potential to impact an individual's day-to-day activities for at least a 12 month period or more. Some agencies may classify mental health as a disability, and in terms of disability across the region in the broadest sense, it is estimated that as of 16th September 2021, 12 month rolling MARAC data showed that between 0-2.3% cases deemed as "high risk" involving disability were heard at MARAC.

As MARAC data covers high risk cases and domestic abuse is an underreported crime, it is reasonable to assume that these figures are an underrepresentation of the true picture.

9.9 Advocacy

People with mental health conditions may want support from another person when expressing their views, or to seek advice regarding decisions that impact them. The Conwy and Denbighshire Mental Health Advocacy Service (CADMHAS) provide support for young people and adults. ASNEW is the mental health advocacy service for North East Wales including Flintshire, Wrexham and surrounding areas. North Wales Advice and Advocacy Association also provides support for young people and adults across North Wales.

Dewis, the Centre for Independent Living provide advocacy support for over 18s in Denbighshire and Conwy County Borough for people with mental health issues (they also provide advocacy for a wider range of groups).

9.10 Welsh language considerations

The North Wales area has a higher rate than other parts of Wales in terms of the number of Welsh speakers, although this varies across the region. North West Wales for example has a high percentage of Welsh speakers. Please see the section on the North Wales Welsh language profile for the data. It is important that people with mental health issues are supported by receiving information, advice and support in their language of choice.

Services, including mental health, must provide an active offer, which means providing a service in Welsh without someone having to ask for it. Mind Cymru provide information and support for people who are accessing mental health services in Welsh. This includes an offer for staff delivering mental health services to undertake Welsh lessons. This is also an option for the workforce via the Health Board and local authorities.

9.11 Socio-economic considerations

Socio-economic deprivation is linked with a number of negative impacts, which includes mental health and well-being. The Welsh Government review of evidence for socio-economic disadvantage states that “mental health is worse in the most deprived areas of Wales and deprivation is linked to increased stress, mental health problems and suicide. Living in more deprived areas can also affect mental well-being. Poorer mental well-being is linked to a range of factors including economic and work related stress, structural problems around participation and feeling part of a community, which can increase loneliness and social isolation”.

20% of Welsh adults in the most deprived areas reported being treated for a mental health condition, compared to 8% in the least deprived areas (A Mentally Well Wales, Senedd Research).

Inequality is one of the key drivers of mental health and mental ill health leads to further inequality

Mental health problems can start early in life, often as a result of deprivation, poverty, insecure attachments, trauma, loss or abuse (Welsh Government, 2012). Risk factors for poor mental health in adulthood include unemployment, lower income, debt, violence, stressful life events and inadequate housing (Royal College of Psychiatrists, 2010).

In Wales, 24% of those who are long-term unemployed or have never worked report a mental health condition, compared with 9% of adults in managerial and professional groups. A recent study found more patients who died by suicide were reported as having economic problems, including homelessness, unemployment and debt (Centre for Mental Health and Safety, 2016).

Risk factors for poor mental health disproportionately affect people from higher risk and marginalised groups. Higher risk groups include, looked-after children; children who experienced abuse; black and ethnic minority individuals; those with intellectual

disability; homeless people; new mothers; lesbian, gay, bisexual and transgender people; refugees and asylum seekers and prisoners (Joint commissioning panel for mental health, 2013).

Having a wide support network, good housing, high standard of living, good schools, opportunities for valued social roles and a range of sport and leisure activities can protect people's mental health (Department of Education, 2016).

9.12 Conclusion and recommendations

It is recommended, in line with all legislation, policy and guidance, that the following recommendations and priorities are progressed to meet the vision for mental health and well-being within the North Wales region:

- **Recovery from Covid-19 Pandemic:** the full impact of the pandemic on people's mental health and well-being is still emerging. As found within this PNA, many have felt increased levels of anxiety for a variety of reasons since March 2020. A briefing from Centre for Mental Health (2020) recommend support with financial instability, which can cause mental health problems, proactive mental health support for Covid-19 sufferers and health and social care staff, and the use of trauma focused approaches to support schools, health and social care, and businesses. This approach should form the foundation of recovery plans for mental health and well-being.
- **Early intervention:** responders to the consultation noted that they felt more early intervention is beneficial and this should be widely available to avoid reaching a point of crisis. Work is being undertaken in the region with projects such as ICAN, which provides support and advice to those with mental health issues.
- **Addressing inequalities:** mental health and adverse well-being is more common in areas with higher levels of deprivation. In North Wales, 12% of the population live in the most deprived lower super output areas. Unemployment, lower educational attainment, housing insecurity and financial insecurity contributes to mental health issues. Tackling socio-economic disadvantage needs to be a significant part of mental health service planning.

- **Co-production:** An action within the Welsh Governments Together for Mental Health Delivery Plan 2019-2022 is to support and develop national guidance aimed at increasing co-production and peer-led approaches to service delivery. This will result in more preventative services that are community based to address the gap between prevention and crisis. Co-production is a key driver for outcomes. It increases well-being and adds social value, embracing the principles of the SSWB Act.

10. Unpaid carers

10.1 About this chapter

This chapter includes the population needs of all unpaid carers including young carers, young adult carers and parent carers within the North Wales region.

Definitions

The Social Services and Wellbeing Act defines a carer as “a person who provides or intends to provide care for an adult or child”.

The Act further states that “in general, professional carers who receive payment should not be regarded as carers for the purpose of the act, nor should people who provide care as voluntary work. However, a local authority can treat a person as a carer even if they would not otherwise be regarded as a carer if they consider that, in the context of the caring relationship, it would be appropriate to do so. A local authority can treat a person as a carer in cases where the caring relationship is not principally a commercial one”

This definition includes carers of all ages, young carers are carers who are under the age of 18 and young adult carers are aged 18 to 25. Unpaid carers often do not see themselves as carers. They will describe themselves as parent, husband, wife, partner, son, daughter, brother, sister, friend or neighbour, but not always as a carer. A carer is someone who provides unpaid support and/or care to one or more people because they are older, ill, vulnerable or have a disability, Unpaid care is commonly provided by family members, friends or neighbours, it can be provided at home, at someone else’s home or from a distance. Unpaid carers may provide care on a temporary or permanent basis and caring can include physical, practical, emotional and mental health support.

A parent carer is someone who is a parent or legal guardian who has additional duties and responsibilities towards his/her child because of the child’s illness or

disability. Parent carers will often see themselves as parents rather than carers, but they may require additional services and support to meet the needs of their child.

The Social Services and Well-being (Wales) Act 2014

Under the Act carers have the same rights as those they care for, it also removed the requirement that carers must be providing a substantial amount of care. Under part 2 of the Act, Local Authorities (LAs) have a duty to promote the wellbeing of people who need care and support and unpaid carers who need support. LA's must secure the provision of a service for providing people with a) information and advice (IAA) relating to care and support b) assistance in accessing care and support (section 17). LA's have a duty to offer a needs assessment to any unpaid carer where it appears to the authority that the carer may have needs for support.

Previously, it was the responsibility of the carer to request a needs assessment. A carer's needs meet eligibility criteria for support if:

a) The need arises as a result of providing care for either an adult or child
b) The carer cannot meet the need whether
    - Alone
    - With the support of others who are willing to provide that support, or
    - With the assistance of services in the community to which the carer has access, and
c) The carer is unlikely to achieve one or more of their personal outcomes which relate to the specified outcomes in part 3 of the Act

The LA's may now carry out a joint assessment, where an assessment of the cared for person and the carer is carried out at the same time if both parties are willing and it would be beneficial to do so. This is good practice although there are concerns that the assessment of the carer may be compromised by focussing on what the carer can and can't do for the cared for person rather than looking at their desired outcomes in their own right.

Carer needs assessments must include whether the unpaid carer is able/willing to care, the outcomes the unpaid carer wishes in day to day life, whether the unpaid carer works or wishes to/and/or participate in education, training or recreation

The local council must involve the carer in the assessment and include:

- The extent to which the unpaid carer is able and willing to provide the care and to continue to provide the care
- The outcomes the unpaid carer wishes to achieve

An assessment of an unpaid carer's needs must also have regard to whether the carer wishes to work and whether they are participating or wish to participate in education, training, or leisure activities.

Unpaid carers should be very clear about what they can and cannot do and any differences between their expectations and that of the person cared for. The people carrying out the assessments should be skilled in drawing out this information. The Act says carers need to be asked what they can do, so this should be monitored by local authorities to make sure it happens in practice and is included in the assessment. It is important that the unpaid carer feels that they are an equal partner in their relationship with professionals.

The Act recognises that carers have a key role in the preventative service approach within a local authority area, and that carers themselves provide a form of preventative service. Supporting unpaid carers is a preventative measure for both the individual carer and the sustainability of health and care services. LA's now have to provide a range a preventative services and promote social enterprises, cooperatives and Third Sector. The Wellbeing of Future Generations (Wales) Act places further duties on LA's to embed a 'preventative approach' by considering the long term impact of their actions.

The emphasis on the increased use of direct payments is a significant change for unpaid carers. LA's now have to offer direct payments although take up is still the choice of the carer. A local authority must provide appropriate information & support to enable an unpaid carer to decide whether they wish to receive a direct payment for any support. Direct Payments give the unpaid carer autonomy to determine exactly the services that are right for them. A local authority must make a direct

payment available where an unpaid carer expresses a wish to receive them and where they enable an unpaid carer to achieve their personal outcomes.

They give individuals control providing an alternative to social care services provided by a local council. This helps to increase opportunities for independence, social inclusion and enhanced self-esteem.

The Act sets out a national ‘eligibility framework’ to determine whether or not a carer who has been assessed and who has support needs will meet the criteria for services. Unpaid carers with eligible needs will have a support plan centred on outcomes they have identified themselves. It will also set out the support to help them achieve the outcomes identified. Support plans will be subject to regular reviews by local councils, and re-assessment of needs if their circumstances change (Care Council for Wales, 2016).

The Carers Strategies Measure helped to begin changing the culture of early identification and support of carers, particularly for the health board. There are concerns that the duties and obligations are more diluted in the new Act. There is still more to be done to make sure health staff are identifying carers, in particular GPs and other primary health care staff (Betsi Cadwaladr University Health Board (BCUHB), 2015).

The North Wales Carers Strategy 2018 focuses on improving standards and developing a consistent approach to service delivery and outcomes across North Wales, which all 6 LA’s and LHB helped to develop and are signed up to. The current GP and Hospital Facilitation Service regional contract has been commissioned to improve engagement with primary care and community hospitals and both providers are working together to develop an accredited scheme similar to Hywel Dda’s successful three tiered Investors in Carers service.

Additionally, the new National Strategy for Unpaid Carers 2021 includes 4 ministerial priorities:

1) Identifying and valuing carers
2) Providing information advice and assistance
3) Supporting life alongside caring

4) Supporting unpaid carers in education and the workplace

10.2 What we know about the population

Carers Wales states that there are more than 370,000 unpaid carers of all ages in Wales providing care worth around £8.1billion each year. Social Care Wales estimate that 12% of the population of Wales are unpaid carers and this figure could increase to 16% by 2037 (Unpaid Carers Strategy, Welsh Government, 2021).

Around 79,000 people provide unpaid care in North Wales according to the 2011 census, which is about 11% of the population. This is slightly lower than the all Wales figure of 12% and slightly higher than the England and Wales figure of 10%. Although the results of the 2011 Census are now dated, the 2021 Census results are not yet available. Other data sources have been used below, however, these do not provide the full picture in the way that the Census does, as not all carers are eligible for benefits, and not all will approach services for support. This section will be updated once the 2021 Census results are available.

The number of carers in North Wales has been increasing, particularly in north-west Wales. There were 6,000 more carers in North Wales in 2011 than in the 2001 census, which is an 8% increase. Overall, more women provide unpaid care than men: 57% of carers in North Wales are women, and 42% are men, which is similar to the proportion across Wales and in each local council area. This difference has narrowed slightly since the 2001 census by one percentage point due to a greater increase in the numbers of men providing unpaid care.

The table below shows that Flintshire has the highest total number of carers in North Wales and Anglesey the lowest, which reflects overall population numbers.

Table X: Number of carers in North Wales by local authority, 2001 and 2011

County	April 2001	April 2011	% change
Anglesey	7,200	8,000	11
Gwynedd	11,000	12,000	11
Conwy	12,000	14,000	11
Denbighshire	11,000	12,000	9
Flintshire	16,000	18,000	7
Wrexham	15,000	15,000	2
North Wales	73,000	79,000	8

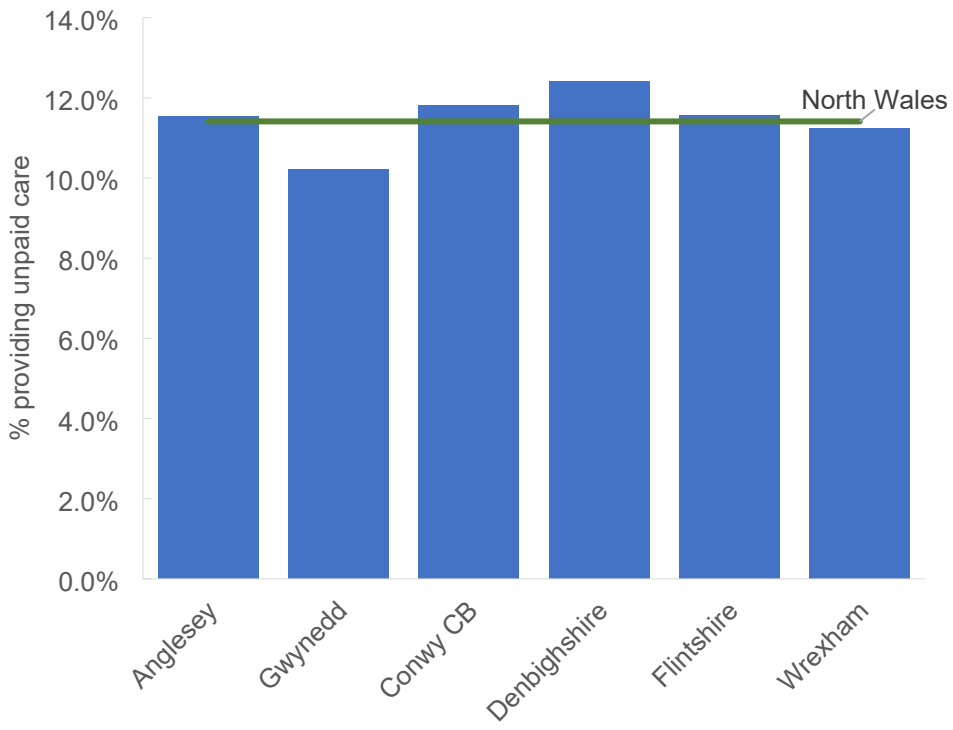
Numbers have been rounded so may not sum

Source: Census 2001 and 2011, Office for National Statistics

The increase in need for social care identified in the other chapters of this population assessment report is likely to lead to greater numbers of people providing unpaid care and providing care for longer. Changes in working patterns and the increasing retirement age may reduce the capacity of people to provide unpaid care. People moving to the area to retire may also have moved away from the family and social networks that could have provided support.

The chart below shows the number of carers as a proportion of the total population in the county: Denbighshire has the highest proportion providing unpaid care while Gwynedd has the lowest. Although Flintshire has the highest total number of carers, this is not much higher than the average in North Wales as a proportion of the population.

Chart X: Percentage of total population who provide unpaid care, 2011



Source: Census 2011

People aged 50 to 64 are the most likely to provide unpaid care

In North Wales around 20% of people aged 50 to 64 provide unpaid care compared to 11% of the population in total. Generally speaking, the proportion of people providing unpaid care increases with age until the 65 and over age group. In the 65 and over age group 14% of people provide unpaid care, which is the same proportion as in the 35 to 49 age group. These proportions follow a similar pattern in each local authority.

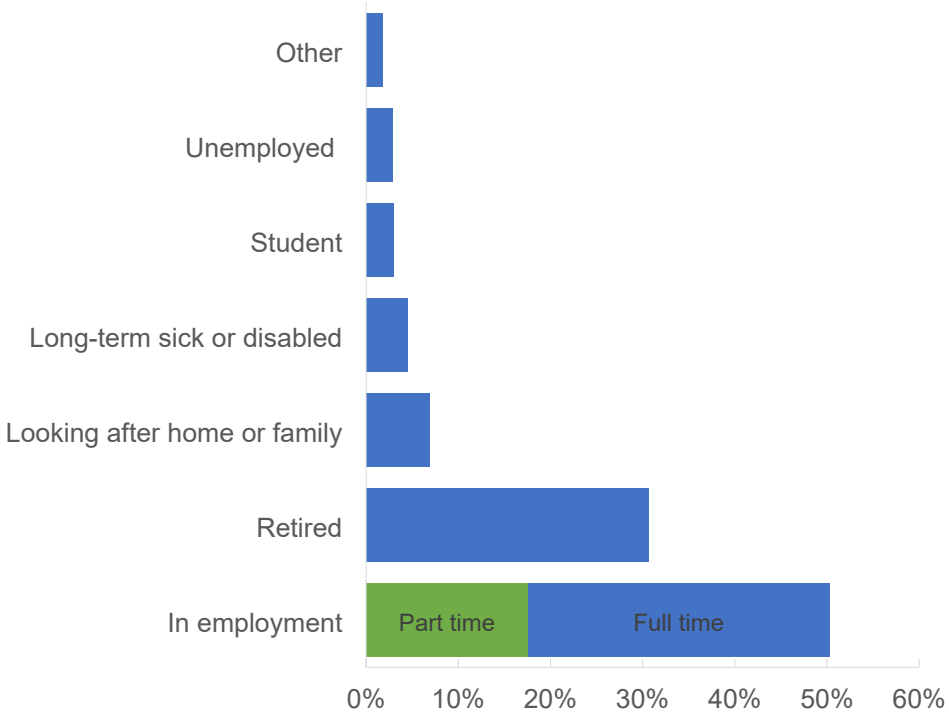
Table X: Number of carers in North Wales by age and local authority, 2011

County	Age 0 to 15	Age 16 to 24	Age 25 to 34	Age 35 to 49	Age 50 to 64	Age 65 and over
Anglesey	140	360	520	1,800	3,000	2,200
Gwynedd	250	620	780	3,000	4,500	3,300
Conwy	260	550	750	3,200	4,800	4,100
Denbighshire	260	640	740	2,800	4,100	3,100
Flintshire	340	920	1,200	4,500	6,600	4,100
Wrexham	290	860	1,300	4,000	5,400	3,200
North Wales	1,500	4,000	5,300	19,000	28,000	20,000

Numbers have been rounded so may not sum
Source: Census 2011, Office for National Statistics

The majority of the 50% of carers who are in employment work full time as shown in 0 below. Around 30% of carers are retired.

Chart X: Percentage of carers in North Wales aged 16 and over by economic activity, 2011



Source: Census 2011, Office for National Statistics

Of the 39,000 carers in employment across North Wales, 5,800 provide more than 50 hours of care each week and 1,600 work full-time and provide more than 50 hours or more of care a week. There are 3,500 carers in north Wales who describe themselves as having a long-term illness or disability, of which 1,500 provide 50 or more hours of care a week. For carers in employment, the support of their employer and colleagues is vital to helping them continue their caring role. This is important to consider when planning services, particularly with the focus in the new act on supporting carers to continue in employment if they want to.

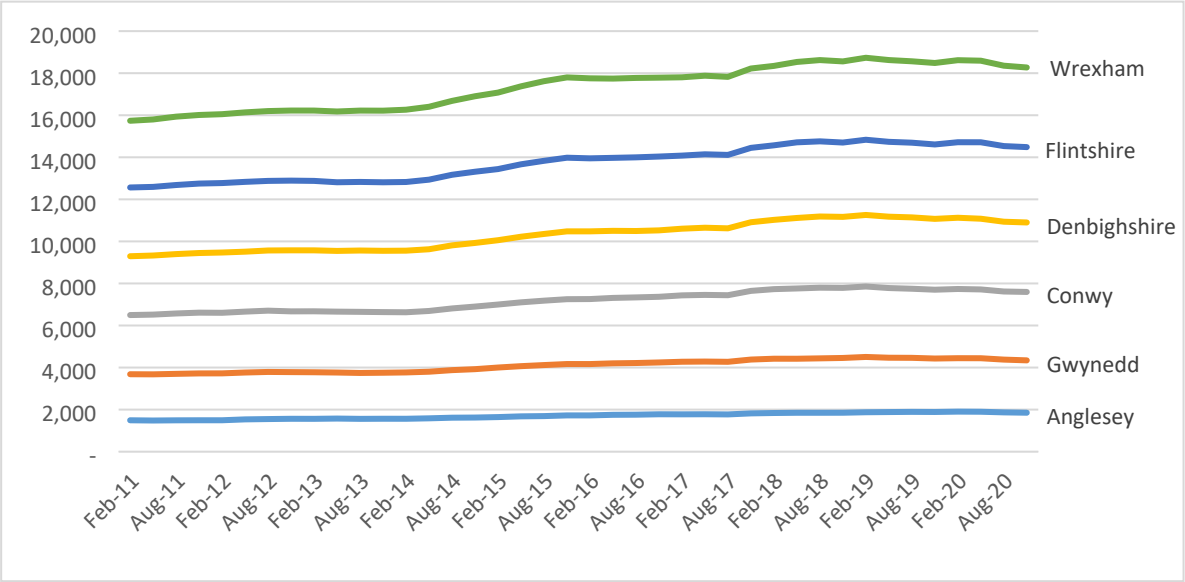
Carers' Allowance

In November 2020, there were 18,250 people in North Wales claiming Carers' Allowance. This has increased from 15,750 in February 2011. This number is much lower than the estimated 73,000 who provide unpaid care reported in the 2011 Census. However, this allowance is only available for those under pension age, unpaid carers may be eligible for Pension Credit once they are in receipt of their State Retirement Pension.

It will not be available to the majority of people in employment who make up about 50% of unpaid carers. The increase in the numbers claiming is probably due to a combination of an increase in the total number of carers and better awareness of the

allowance. These numbers still suggest that there is an issue of carers not claiming the benefits they are entitled to and highlights the importance of welfare rights services for carers. There is also a drive from the Welsh Government to get carers to register with their local authorities. North Wales LA's work closely with Citizens Advice and NEWCIS to support unpaid carers, specifically those in rural areas who can be more isolated, to maximise income and check entitlements for welfare.

Chart X: Number of people entitled to carers allowance in North Wales, 2011 to 2020



Source: Department for Work and Pensions

The table below shows the number of carers who had been assessed and considered entitled to claim Carers Allowance. When compared with the Wales rate,

all North Wales councils had lower rates. The rates also vary across each Council, with those in the east being higher than those in the west.

Table X: Total Carers Allowance Entitlement in North Wales (November 2020)

County	Carers Allowance entitlement (number)	Carers Allowance entitlement (rate)
Anglesey	1,852	2.15%
Gwynedd	2,490	2.89%
Conwy	3,254	3.78%
Denbighshire	3,304	3.84%
Flintshire	3,584	4.16%
Wrexham	3,787	4.40%
Wales	86,122	6.63%

Source: Department for Work and Pensions

Housing and Accommodation

Housing is an important part of unpaid carers' wellbeing and housing services are a key partner when supporting carers. Carers may face housing issues such as fuel poverty due to a low income, for example, if they have had to give up work. Housing that is not suitable or needs adaptions can make caring more difficult and it can be more difficult for people living in rented property to make adaptations.

Location is also an issue for unpaid carers living in rural communities. Carers Trust has highlighted specific needs of unpaid carers living in remote or rural communities in Wales where social isolation, poverty, deprivation, lack of transport and long distances to travel to access health and carers services mean that rural unpaid carers face additional challenges in accessing services

Unpaid carers can also be concerned that they will be made homeless if the person they care for dies or goes into residential accommodation.

Table X: Number of assessments of need for support for carers undertaken during the year 2019 - 2020

Local council	Number of assessments	The number that led to a support plan	The % that led to a support plan
Anglesey	563	186	33%
Gwynedd	25	3	12%
Conwy	350	199	57%
Denbighshire	234	35	15%
Flintshire	498	478	96%
Wrexham	108	52	48%
North Wales	1,778	953	54%
Wales	7,261	2,748	38%

Numbers have been rounded so may not sum Source: Adults Receiving Care and Support, Welsh Government, StatsWales table CARE0121

Data is available on the number of carers' assessments that took place across North Wales. We have not included it here as it gave a misleading picture as the numbers were counted differently in each county. It was also based on the assessment of the person 'cared for' so excluded assessments of carers who had self-referred. A consistent approach to assessments and data recording is needed.

Physical and mental wellbeing of unpaid carers

A priority within the Strategy for Unpaid Carers (Welsh Government, 2021) is the physical and mental wellbeing of carers. There is a focus on improving access for respite care to allow unpaid carers to take breaks from their caring roles. Additionally, psychological support is to be extended and should be identified during a carers' needs assessment. Research by Carers Wales found that 74% of carers in Wales said they had suffered mental ill health and 61% said their physical health had worsened as a result of their caring role. This has been exacerbated by the coronavirus pandemic.

Denbighshire Healthy Carers Worker Case Study – Working with Carers in 2021

I aim to empower the citizens referred to me to improve and/or maintain their health and wellbeing, including social inclusion. While I do advise and guide on issues such

as manual handling, back care and accessing professionals to attend other health issues, increasingly I am dealing with crisis referrals, where packages of care fail, are unavailable or much needed support is resisted, because of fear, negative and intrusive thought patterns and the wider impact of constant stress.

As is well documented, stress and high cortisol can have serious consequences on physiological, as well as psychological, health, with the following being some of the key effects:

- Severe fatigue
- High blood pressure
- Increased propensity to diabetes
- Headaches
- Irritability
- Depression and anxiety
- Suppressed immune system

Before the Covid-19 pandemic, carers were stretched to the limit, often on call 24/7 and with minimal respite, whether provided by family members, sitting services, group activities or other means. During and post-lockdown, face to face contact with family and the wider world has become significantly reduced. This led to a sense of being trapped, abandoned or under siege for many carers and their resilience is at an all-time low.

Many of the carers now referred to me require immediate support with their mental health, either because of sheer fatigue, trauma or grief (either loss of a loved one or disappointment and dashed life expectations).

Often, until I have started to deal with these deeper issues, we cannot hope to expect that person to engage better with support offered, make healthy life choices or expose themselves to anything outside of their comfort zone.

Through trust building, reducing challenges down to small, manageable tasks and often a fair bit of mediation between the carer and others from their resource wheel, I

work to enable them to gain resilience and control over the factors, influencing their daily lives. Then, signposting begins and the support network can widen.

10.3 What people are telling us

What is working well:

A small number of carers reported the following services as working well:

- counselling for carers
- fast carers' assessments and referrals adult social services, as well as their high quality support
- Hafal carers' support
- NEWCIS / Carers Outreach

However, a similar number reported that "Nothing has worked well" based on their experience of social care services.

> "From my initial contact with social services, I have been fobbed off five times… when I was experiencing carer breakdown, with my father's dementia, working full time and shielding. Nothing has improved and I have a list of misinformation, conflicting information, conflict within the team itself etc, etc"

What needs to be improved:

Several recommendations were made for improving services for carers including:

- ensure carers' assessments are carried out by people who understand the carer's situation
- increase the provision of respite care services, sitting services, night support and day centres

- ensure social workers include respite care in care plans and increase the amount of respite care allowed - "*four hours a month is ridiculous"*
- increase funding for services to improve carers' mental health
- provide carers with training and support to access information and services online
- create peer support groups for carers with different experiences for example a group for parents of disabled children
- involve carers in writing care plans
- include contingency plans in care plans for when the carer can no longer cope and/ or the health of the person being cared for deteriorates

Some carers' felt that they were close to breaking point, which will ultimately cost more than providing them with more support:

> "There is zero reliable and dependable mental health support for carers. Unpaid carers are in crisis and this will always have an impact on those being cared for. With better support, I could probably keep my Mum in her own home as I have done for ten years, but if the support level continues to deteriorate, against her will and mine, I will have to put her in a nursing home. This has a social and economic impact for all concerned."

Flintshire County Council – Review of Respite Services Engagement

Feedback has been gathered from carers, people living with dementia, third sector staff and social care staff on the commissioned respite services available to carers of people living with dementia within Flintshire.

The review has gathered the views, experiences, expectations and ideal respite options with 44 carers, 6 people living with dementia and 9 third sector and social care staff. In 2019.

When discussing respite with the carers a number were unsure of the exact services being accessed and how these are identified within Social Services and NEWCIS, especially where multiple services are being provided.

The following feedback shares the key themes gathered via the consultation.

NEWCIS - Bridging the Gap

- The service works well for all carers engaged with, and all carers liked the flexibility to use the respite when needed, especially for planned events like breaks, days out, social events and family events.
- Carers shared that the choice of care providers is beneficial as they can use the same provider as they currently have, or they can choose a new one where they were experiencing issues with the provider.
- Some carers found the process daunting, choosing a provider, and would have liked some further guidance to make the best choice.

NEWCIS – Carer Breaks

- All the Carers shared how extremely enjoyable the break was for them, especially with the peer support they had from other carers
- The support from the staff and volunteers was available whenever needed
- The information and advice provided during the break was invaluable
- Carer expressed how their wellbeing had improved by having the break and being able to attend with their cared for had helped them reconnect
- Carer found the group setting for dinner extremely beneficial enabling them to socialise with others.

Marleyfield Dementia Saturday Respite

- Carers shared this was a good service, where the staff are supportive, and cared for enjoys most of their time at the centre.
- Carer raised transport is an issue especially those that lived further away from Buckley.
- Some carers felt they were increasing their role on a Saturday morning getting the cared for ready and transporting them to the centre. Where normal Saturdays would be more relaxed and less pressured.
- Carers felt more flexible respite would benefit them with different dates, times, location and options.
- Carers felt there could be more variety in what is offered to their cared for regarding person centred activities.

- People living with dementia shared that they enjoyed the company and liked the people around them. They shared a liking for the food especially.
- People living with dementia shared a lot about their past and present mixed together, I asked if they would like to do specific activities from their past, or new things they mentioned. Some agreed with yes, others responded with “no I’m too old”.

10.4 Review of services currently provided

Historically, much of the support that unpaid carers need can be provided through a statutory assessment of the cared for person. With the introduction of the Act, the provision of information, advice and assistance or preventative and rehabilitative services for the cared for person must be considered. This assessment, and the care and support plan will focus on outcomes to be achieved and innovative ways to achieve them such as attendance at local groups providing day time opportunities – however, if there is no other way, then services such as domiciliary care will be provided by social services.

In addition, the provision of respite services in the form of short term care in a residential setting, and sitting services can be delivered to the cared for person to provide unpaid carers with a break from the caring role. Carers Trust Wales have launched a new vision for respite care in Wales in response to the needs of carers who have described difficulty in accessing respite care. The report calls for four key actions which includes the development of national and regional short break statements, creation of a national short breaks information and guidance hub, a national respitality initiative for Wales and a national short breaks fund (Carers Trust, 2021).

Flintshire Social Services and BCUHB commission a carer respite service for carers. This service provides a sitting and domiciliary care service within Flintshire. This

service is accessed via Crossroads. The respite is currently available to those that have high demanding caring roles, this includes carers of people living with dementia. This service is offered for a 12-week period followed by signposting to SPOA to explore ongoing respite options.

The service links to other respite options such as Bridging the Gap (NEWCIS) to provide continuity of care provider. Crossroads are commissioned by BCUHB to provide Health Respite services for carers to enable them to attend health appointments and can be used during times of crisis relating to depression. The Health service is only accessible via referral from a health professional such as a GP.

A wide range of support for unpaid carers in North Wales is grant funded or commissioned to third sector organisations who have a long and valued history of supporting carers. These include preventative services that can support carers throughout their caring journey, and commissioned services that meet statutory obligations such as carers' needs assessments.

Local council and health board grants can either partially or wholly fund services for unpaid carers', and in some cases the funding contributes to core costs. Some third sector services receive funding from both local councils and Betsi Cadwaladr University Health Board (BCUHB) although not necessarily under a single contract. The WCD Young Carers service (serving Wrexham, Conwy, Denbighshire) is a good example of collaborative working leading to a regional commissioning approach along with BCUHB to support young carers.

In April 2021, through the Welsh Government Annual Carers Grant, BCUHB commissioned Carers Outreach and NEWCIS as a joint partnership to deliver the GP and Hospital Facilitator posts across the region to support unpaid carers identified within primary and secondary care. In March 2021, all 6 LA's, BCUHB and young carers commissioned providers launched the North Wales Young Carers ID Card as a collaborative initiative, ensuring young carers receive the same support from professionals within the community wherever they may be in North Wales.

It must also be recognised that the third sector can effectively draw in external funding to develop services for unpaid carers to provide added value to service provision.

The following are examples of the type of services that are provided to carers across North Wales, which vary across the region. It must be noted that while some of these services are generic, others are specialist services, for example, providing support for carers of individuals with dementia or mental health conditions. The list also includes services that raise awareness of unpaid carers issues:

- Information, advice & assistance
- Dedicated carers needs assessors (in-house & commissioned out)
- One to one support
- Listening ear / emotional support
- Counselling
- Healthy carers worker
- Support groups/forums/cafes/drop-in sessions
- Primary care GP Carer Facilitators raising awareness of carers and offering support to GP practices
- Hospital Carer Facilitators – supporting the 3 District General Hospitals and community hospitals across North Wales to raise awareness of carers and early identification within the health settings
- Training for carers, for example, dementia, first aid, moving & positioning, relaxation, goal setting
- Training for staff – to raise awareness of carers issues and support available
- Direct payments / support budgets / one-off grants
- Support to access life-long learning, employment, volunteering opportunities
- Support and activities for young carers and young adult carers

Local councils and BCUHB also invest significantly in services for unpaid carers' that provide short term breaks in the form of sitting service or replacement care. Although these are services delivered to the cared for person, they are also regarded as a form of respite for the unpaid carer. The contractual arrangements and criteria for these services vary across the region but they are all currently non-chargeable

services to the carers. Some third sector organisations also draw in external funding for these types of services.

The Regional Project Manager leading on carers within the NWSCWIC continually maps the full range of services available to carers across North Wales, identifying any areas of duplication and also collaborative opportunities across all 6 Local Authorities and BCUHB.

The All Wales Citizen Portal, DEWIS, provides social care and well-being information including services and support for carers https://www.dewis.wales/.

On Carers Rights Day 2020, Denbighshire launched the Carers Charter developed with the help of the Carers Strategy Group and local carer networks. The purpose of the Charter is to improve recognition and raise awareness amongst the wider community.

Generating social value for the genuine benefit of unpaid carers through a focus on social value delivery models that are ‘co-operative organisations and arrangements’ (Part 2, Section 16 1) b) of the Act) and involve ‘persons for whom care and support or preventative services are to be provided in the design and operation of that provision’ (Part 2, Section 16 1) c) of the Act). Social value delivery models and added social value can be achieved through the shared experience of peer-carers, mutual support and reciprocity.

Carers will require support to create co-operative arrangements and commissioners will need an investment strategy the builds ‘capacity beyond the market’. Future policy objectives that respond to the findings of the chapter to generate greater social value include:

- More carers are able to obtain “what matters” to them without (direct) recourse to public services.
- More carers are engaged in helping each other at the family and community level.

- More carers are able to choose and access a wide range of well-being related activities.
- More carers are experiencing empowerment through peer groups and collective action.
- More carers are able to engage with public services as confident (and constructive) citizens.
- More carers retain their well-being and independence for longer.
- There are valuable carers-led organisations in every community of viable size.

10.5 Young Carers

Welsh Government defines young carers as carers who are under the age of 18. The Code of Practice for Part 3 defines young adult carers as being aged 16-25.

LA's are required to offer a carer's needs assessment to any carer with a presenting need. Annex A of the Code of Practice includes a range of examples that relate to young carers including:

- The child is unlikely to achieve development goals
- The individual is/will be unable to access and engage in work, training, education, volunteering or recreational activities.

In assessing, the LA must have regard to the importance of promoting the upbringing of the child by the child's family, in so far as doing so is consistent with promoting the well-being of the child.

Where the carer is a child the LA must have regard to his or her developmental needs and the extent to which it is appropriate for the child to provide the care. This should lead to consideration by the LA of whether a child carer is actually a child with care and support needs in his or her own right.

What do we know about the young carer population

The identified number of young carers in North Wales has grown in the last few years due to an increase in referrals through successful awareness raising and positive relationships with partner agencies. At time of writing 1,752 young carers are being supported across North Wales (November 2021) as shown in the table below. The 2011 census identified 1,500 young carers aged 0 to 15 and 4,000 aged 16 to 24 in North Wales. The 2021 census data will be published in 2022 and reviewed.

Local council area	Number of Young Carers Registered 2021
Ynys Mon	92
Gwynedd	81
Conwy	423
Denbighshire	578
Flintshire	202
Wrexham	376
Total	1752

Funding for young carers only allows organisations such as Action for Children to support young carers who have a moderate to high caring role / impact of caring. This means that there are a number of young carers in North Wales that will not be captured in the data above and therefore the data should be treated as a conservative estimate.

Review of services provided for young carers

Specific support for young carers and young adult carers has been commissioned across North Wales from the third sector. WCD/Credu Young Carers is commissioned to provide these services in Wrexham, Denbighshire and Conwy, NEWCIS provide the service in Flintshire and Action for Children provide the service across Gwynedd and Ynys Mon. The new Flintshire Young Carers Support Service launched on the 1st July 2020 and is being delivered by NEWCIS Young Carers. The service aims to provide a single and open access point for all young carers up to the age of 25 years old, their

families, professionals and partner organisations. The service is a one stop shop for a range of universal information, advice, signposting, access to assessments, one to one support (which will be person- centred, outcome focused, proportionate) and well-being support.

Young Adult Carers 17-25 years living in Anglesey and Conwy can be supported by Carers Trust North Wales Crossroads Care Services Young Adult Carers Service project. They can offer information and practical and emotional support, breaks from caring and 1:1 and group sessions once restrictions are lifted and meetings are allowed.

They also offer free training which includes practical courses on manual handling, first aid, cooking, finance and budgeting, resilience workshops and music sessions. Transport can be arranged for any young adult carers wishing to attend.

Parent carers in Flintshire are supported by Daffodils, a local charity that provides support and activities to families with children that have additional needs by offering social activities for carers and loved ones.

These organisations all provide similar levels of support including information and advice, social activities and events, support with personal resilience and wellbeing, transport, counselling, advocacy and liaison with school, college, social services or health professionals. These services do not intervene directly to address the needs of the person being cared for by the young person, but are there to mitigate the impact of the caring role on the young person.

The most common needs of young carers identified by these service providers are: the need for respite and opportunities to socialise (giving them time to be a child); building resilience, emotional wellbeing and self-esteem; need for peer support networks with other young carers who understand; support with education and learning; and, advocacy support to have their voices heard.

The majority of referrals come from social services, specialist children's services, Families First and educational welfare officers on behalf of the schools. North West Wales have seen an increase in referrals from the health service, mainly from school nurses, health visitors and consultants in the past two years following a pilot project aiming to improve the health and emotional wellbeing of young carers.

Emerging trends for young carers

Young carers need to be identified as early as possible so that they can receive the support that they need. The introduction of the Young Carer ID Card aims to help with this. There also needs to be a focus on the mental health and well-being of children and young people with caring responsibilities as a result of the pandemic. Many young carers are worried about socialising in case they carry and transmit Covid-19 to the person they care for.

This means they miss out on opportunities negatively impacting their wellbeing. The Carers Trust undertook a survey with young carers and young adult carers which pointed to a decline in the mental health and wellbeing of hundreds of thousands of young people who provide care for family members. 40% of young carers and 59% of young adult carers said their mental health is worse since the pandemic (Carers Trust, 2020).

Safeguarding (young carers)

There can be a number of factors for young carers that mean safeguarding issues can arise. Young carers are often difficult to identify and this can mean their needs only come to light when there is a crisis. The extent of the child's caring role and the impact that it has on their own development can be a safeguarding concern in itself, which is why it is vital that services quickly recognise and fully assess their needs to ensure the right support is in place at the right time.

Young carers are vulnerable to the impact of caring on their emotional and physical development, education and social networks and friendship (Becker *et al.*, 2000). Very young carers, those under the age of eight, are at particular risk and have been excluded from some young carers' assessments and services in the past on the grounds that a child under eight should not have any caring responsibilities. Commissioners need to make sure there is support in place for these young people whether through young carers' services or other services for vulnerable children. There may also be differences of view between children and parents about what constitute appropriate levels of care and parents can sometimes be reluctant to engage with services because of negative perceptions or fears relating to the action social services may take.

Young adult carers equally face safeguarding issues similar to young carers. The caring role can place a significant strain on young people, which can impact on their educational attainment, accesses to training and employment and their general health and wellbeing.

Being a young carer does not mean that a child or young person is automatically in need of protection. However, it highlights that services must put preventative processes in place to ensure families do not find themselves in crisis, resulting in child protection procedures being triggered.

10.6 Covid-19 impact

Covid-19 has had a significant impact on carers, this is represented in the consultation responses. One of the most significant impacts has been the effect on the mental health and wellbeing of unpaid carers. Services closed completely or offered a reduced service leaving unpaid carers to cope. Unpaid carers have told us how stressed they were about keeping the person they care for safe and also worrying about what would happen if they were unable to continue caring Friends neighbours, communities and Third Sector all helped to avert crisis. Key issues reported across the region were the availability of PPE, access to GP and medical appointments and hospital discharge procedures, and being separated from family and friends.

Since the start of the pandemic there has been an increase in the numbers of carers in Wales, the National Survey for Wales found that that by June 2020 35% of people looked after or provided help and support to family, friends or neighbours. This had increased from 29% in the 2019 -2020 full year survey (Unpaid Carers Strategy Wales, 2021). The Office for National Statistics collated key statistics relating to the impact the coronavirus pandemic has had on unpaid carers:

- A larger number of unpaid carers than non-carers were worried about the effects that the coronavirus pandemic was having on their life (63% of unpaid carers compared with 56% of non-carers)

- Unpaid carers were more likely to avoid physical contact with others when outside their household (92% compared with 88%)
- Unpaid carers indicated that the pandemic impacted life events such as work, access to healthcare and treatment, their overall health, access to groceries, medications and essentials

10.7 Equalities and human rights

The Equality Act 2010 gives protection for unpaid carers in relation to disability discrimination. For example, carers of a disabled person are protected due to being associated with a disabled person. They are also protected under the Act if they experience prohibited conduct such as victimisation. Carers can also experience significant multi-layer disadvantages due to intersectionality (the overlap of social identities such as carer status, race, sex and socio-economic status). This can affect confidence in accessing services wellbeing and impacting on the outcomes of carers and those they provide care for.

There are still often societal expectations of women as caregivers. The 2011 census showed that women make up the majority of unpaid carers – 57% of carers in Wales are women and women of working age (25 to 64) are significantly more likely than men to be providing unpaid care to someone with a disability or illness or who is older. A higher percentage of unpaid carers than non-carers reported that they were disable (32%) compared with 23%, with unpaid carers aged 16 to 34 years and 45 to 54 years more likely to be disabled than non-carers of the same age groups (ONS, 2021).

As our society ages, the number of people living with complex needs is increasing. It is therefore inevitable that older people will take on a caring role. Most older carers live alone with the person they care for and many also live with life limiting conditions. There is also likely to be an increase in mutual carers as older couples provide care and support for each other.

10.8 Safeguarding

The stress of caring can create safeguarding issues both for the carer and the person cared for. There are times when carers experience abuse from the person to whom they are offering care and support or from the local community in which they live. Risk of harm to the supported person may also arise because of carer stress, tiredness, or lack of information, skills or support. Service providers need to carefully assess capacity to care in order to prevent risks arising and to ensure the carer is supported to maintain their wellbeing reducing emotional or physical stress factors.

The new act includes a new definition of ‘child at risk’ and ‘adult at risk’, a new duty for relevant partners to report children and adults at risk and duties for local councils to make enquiries (Care Council for Wales, 2015).

10.9 Violence against women, domestic abuse and sexual violence

In accordance with Part III, Section 24 of the Social Services and Wellbeing (Wales) Act 2014, Carers may receive an assessment undertaken by the Local Authority in order to evaluate their needs for support. As with Older people and others with care and support needs, carers may be vulnerable due to a variety of circumstances including time, financial and emotional pressures. In many cases, they may be the sole caregiver for a vulnerable family member, who may be suffering with ill-health, disability or learning difficulties.

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

It is not unfathomable that some carers may themselves be at risk of, or indeed be living with, domestic abuse also. They may be survivors of historic domestic abuse perpetrated against them by a spouse, or those dependent on their care may also be inadvertently perpetrating abuse against caregivers due in part to illness and infirmity.

Whatever the case, it is essential that training is provided to enable care providers to identify the signs and symptoms of domestic abuse in Carers, to provide an assessment when required and to offer adequate care and support to enable Carers to better manage their situation. There is no specific dataset available either nationally or regionally that looks at carers as a specific population group, in terms of prevalence of domestic abuse.

As many carers may be older people caring for spouses, and other family members, there may be some representation of this group within the older people population group. However, as with other vulnerable population groups, it is clear that a significant data gap exists here that requires addressing in order to examine the full extent of the issue.

In terms of services available, LA's should have procedures in place for identifying domestic abuse and signposting to the relevant designated lead for safeguarding so that a referral to MARAC can be considered in conjunction with pre-existing care support that individuals may already be receiving.

Those with caring responsibilities may also be identified through LA's use of the Single Point of Access scheme (SPOA) in order to help identify support needs.

10.10 Advocacy

Advocacy means getting support from another person to help you express your views and wishes, and help you stand up for your rights and entitlements. Someone who helps you in this way is referred to as an advocate. Low level advocacy services offered by the carer support services across North Wales as required. They will contact health professionals, special services, or any external agencies on a carer's behalf if they feel unable to so do so.

Denbighshire's Education & Children's Services have worked in partnership with Conwy and Wrexham to commission support services for young carers since 2013. The service is called WCD Young Carers and delivered by Credu Carers. Credu have a long track record of delivering support and advocacy for carers of all ages.

10.11 Welsh language considerations

The North Wales area has a higher rate than other parts of Wales in terms of the number of Welsh speakers (please see the section on the North Wales Welsh Language profile for the data) although this varies across the region. North West Wales for example has a high percentage of Welsh speakers, it is important that carers are supported by receiving information, advice and support in their language of choice. This is also true when carers are having their voice heard.

Unpaid carer and Young Carer services should be provided in line with the principles of the More Than Just Words framework specifically around the active offer.

10.12 Socio-economic considerations

We know from the 2011 Census that the majority of all unpaid carers are of working age and surveys and consultations completed by third sector carer organisations show that the majority wish to work, but many are unable to because of caring. Financial hardship can also disproportionately affect women because they are more likely to be providing care and providing more hours of care while at the same time balancing work or their own health conditions.

An Oxfam report states that prior to the pandemic more than one in three unpaid carers of people with additional needs providing over 20 hours of care per week were in poverty (Care, Poverty and Coronavirus Across Britain, 2020). The report states that it is often the case that unpaid cares can lose income due to leaving or reducing paid work to undertake their caring duties. Research by Carers UK (State of Caring, 2019) stated that 12% of unpaid carers took a less qualified role or turned down promotion at work. 11% of carers retired early to become a carer.

The report further found that 21% of unpaid carers are or have been in debt as a result of their caring responsibilities, 8% cannot afford utility costs and 4% are struggling with housing payments.

Research from the London School of Economics in 2018 found that the costs to the UK government of unpaid carers leaving employment exceeded £2.9 billion a year.

The Caring for Carers report by the Social Market Foundation 2018 also highlighted this as an issue, it states that carers become at risk of leaving paid employment when they provide ten hours of care or more. Further research shows that carers providing ten or more hours of care has increased from 39% to 43% between 2005 and 2015.

The new Priority 4 within the Unpaid Carers Strategy, supporting unpaid carers in education and the workplace, is intended to have a positive impact on working age carers by ensuring more support is available to carers in the workplace and should shape regional local policies for unpaid carers.

10.13 Conclusions and recommendations

It is recommended that, in line with all legislation, policy and guidance, that the following recommendations and priorities are progressed to meet the vision for unpaid carers across the North Wales region:

- Early identification of those undertaking unpaid carer roles (including young carers) so they can be supported as early as possible and access services they require. This also includes raising awareness of the roles of unpaid carers.
- Respite care a key issue for unpaid carers, as a region need to link with the new vision for respite care and short breaks in Wales. This is especially an issue for both children and adults with complex needs.
- Improving unpaid carer assessments to ensure consistency across the region when identifying the care and support needs of unpaid carers specifically around mental health and wellbeing of the unpaid carer.
- Issues within wider social care workforce recruitment and retention is leading to additional demands on unpaid carers. Specifically, this is impacting the complexity of care with unpaid carers dealing with caring responsibilities with higher needs of care.
- Digital inclusion is also a key area, as a result of many services moving online it has impacted digitally excluded groups including unpaid carers.

11. Veterans

A veteran is defined as someone who has served in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations (Ministry of Defence Website, 2019).

There is minimal data available to give an accurate overview of this particular population group within North Wales, this is true not just for North Wales but for Wales as a whole and more broadly the UK. However, the estimated veteran population, all persons aged 16 years and over, for North Wales is 39,110 (Health and Wellbeing Needs of Armed Forces Veterans, Hywel Dda Public Health Team & PHW 2020). The 2021 Census included a question related to veterans, once the 2021 census data is published this should provide a clearer picture of the population.

The Department of Health (2008) has predicted that overall the health and wellbeing needs of veterans is broadly similar to that of the civilian population. However, as a result of their occupation differences occur as a result of occupational injuries and the psychological impact of deployment.

A full assessment of the needs of Veterans is contained within the Health and Wellbeing Needs of Armed Forces Veterans published by Hywel Dda and Public Health Wales 2020.

12. Refugees and Asylum Seekers

Home Office statistics indicate that there are approximately 2,300 asylum seekers in Wales. The Welsh Refugee Council estimates that there are approximately 10,000 refugees in Wales. Refugees and asylum seekers represent around 0.5% of the population in Wales.

From 2017 to 2021, 241 asylum seekers have been resettled across the North Wales local authorities. In North Wales, Wrexham and Conwy both accommodate dispersal centres. All local authorities in North Wales took part in the Home Office Syrian Vulnerable Persons Resettlement Scheme, with each authority making a commitment to support a set number of families or individuals. Although that scheme has ended, some local authorities have also signed up to the replacement UK Resettlement Scheme (UKRS). All local authorities in North Wales have also committed to supporting the Home Office Afghan Relocation and Assistance Policy (ARAP) Scheme. There are other schemes that are supported such as the Syrian Vulnerable Persons Resettlement Scheme.

Wrexham has been a dispersal area for asylum seekers for approximately 20 years. Until recently, this was only one of four dispersal areas, but more recently, new areas have joined. In North Wales, Conwy is now also an asylum dispersal area.

Due to the small numbers, the published statistics for unaccompanied asylum seeking children is limited for North Wales.

Asylum seekers in dispersed accommodation are directly supported by services largely commissioned by the Home Office and Welsh Government, such as Clearsprings Ready Homes, Migrant Help and Welsh Refugee Council. However, a wide range of partners provide a variety of additional support to asylum seekers and refugees, including the health board, other third sector organisations, various council departments and other public services.

A key issue flagged for asylum seekers and refugees is the need for improved mental health support. It is widely recognised that refugees and asylum seekers and some migrants have significant unmet mental health needs. Engagement work with those with lived experience will be further explored when the regional Area Plan is developed in 2023.

APPENDIX 2

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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales Population Needs Assessment

Consultation survey report

October 2021

Contact us

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Contents

Summary

The consultation for the Population Needs Assessment involved people who use care and support services and carers as well as staff who work for the health board, local councils and third sector or voluntary organisations. We used a wide range of information from partner organisations about the needs of people they support. In addition, we carried out a survey which around 350 people took part in during August and September 2021. This report summarises the findings from that survey.

What works well

There are examples of care and support services working well across North Wales, particularly third sector services. There are also examples of strong partnership working, better access to support and people having more voice, choice and control over how their needs are met.

What needs to be improved

Examples of where services could be improved, include relationships and communications within and between organisations. Many thought social care services need a complete overhaul along with more staff and better funding. The people who are directly affected by current policy, such as providers and people who use services, need to be involved in finding solutions to this crisis. More early intervention services can help people before they reach a crisis.

Service providers would like longer term funding to enable them to plan and improve staff retention and development as well as clarity around funding streams.

What changed during the COVID-19 pandemic?

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

Not all the impacts were negative. A small number of respondents commented that they had not experienced any change in services. Lockdowns helped some become more self-reliant, spend quality time with family and some pupils, especially those

with social anxieties or bullying issues at school, have benefited from not going to school.

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

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

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

Experience of Welsh-language services

Overall, respondents concluded that provision of the Active Offer is “patchy”. Some reported doing this very effectively. Others reported that they can only make the offer at the point at which users of a service are assessed, rather than when they first make contact. Some were concerned that in practice, the offer is still tokenistic. Many care homes and domiciliary care providers find it difficult to follow through with the provision of a Welsh speaker: They conclude that more needs to be done to attract Welsh speakers to the profession and to support staff to improve their Welsh. This needs to include opportunities for both complete beginners and those who need to gain confidence.

Introduction

This report sets out how we carried out consultation and engagement with people who provide or use care and support services to inform the North Wales Population Needs Assessment.

This report will help inform the Equality Impact Assessments that will be carried out on decisions that use evidence from the Population Needs Assessment. It also provides evidence of how we are meeting the requirements of the public sector equality duty.

Background

The Social Services and Wellbeing Act (Wales) 2014 requires each region to produce an assessment of the care and support needs of the population in their area, including the support needs of carers by April 2021 The six North Wales local authorities and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales have produced a population needs assessment for the North Wales region. This is the second assessment we have produced. The first one was published on 1 April 2017.

The report will be used to inform the area plan which has to be prepared jointly between the health board and local councils overseen by the Regional Partnership Board. The area plan must be published by April 2022.

It has been agreed with Welsh Government that there is no requirement to carry out an Equality Impact Assessment on the Population Needs Assessment. This is because the needs assessment is part of the evidence gathering process that informs decision making alongside the Equality Impact Assessment process. The needs assessment will include information about the needs of people with protected characteristics, informed by consultation and engagement, which will help inform new policies, strategies and service changes and understand their potential impact.

Actions and plans developed using the evidence in the Population Needs Assessment will need an Equality Impact Assessment to assess their potential impact.

Public sector equality duty

The Equality Act 2010 introduced a new public sector duty which requires all public bodies to tackle discrimination, advance equality of opportunity and promote good relations. This means public bodies must have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Having due regard for advancing equality means:

- Removing or minimising discrimination, harassment or victimisation experienced by people due to their protected characteristic.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Taking steps to build communities where people feel confident that they belong and are comfortable mixing and interacting with others.

Councils in Wales also have specific legal duties set out in the Equality Act 2010 (Wales) regulations 2011 including assessing the impact of relevant policies and plans – the Equality Impact Assessment.

In order to establish a sound basis for the strategy we have:

- reviewed performance measurement and population indicator data
- consulted as widely as possible across the North Wales region including with the general public, colleagues and people with protected characteristics;
- reviewed relevant research and consultation literature including legislation, strategies, commissioning plans, needs assessments and consultation reports

More information is available in the background information paper.

This report sets out the consultation carried out for the strategy:

- who we have consulted with;

- how we have consulted; and
- the consultation feedback.

Consultation principles

A key part of the process is consulting with people who may be affected by the strategy and in particular people with protected characteristics. The protected characteristics are:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation
- Welsh language

Case law has provided a set of consultation principles which describe the legal expectation on public bodies in the development of strategies, plans and services. These are known as the Gunning Principles:

1. Consultation must take place when the proposal is still at a formative stage.
2. Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response.
3. Adequate time must be given for consideration and response.
4. The product of the consultation must be conscientiously taken into account.

Local councils in North Wales have a regional citizen engagement policy. This is based on the national principles for public engagement in Wales and principles of co-production which informed our consultation plan.

Consultation and engagement

Consultation process

The aim of the consultation was to identify the care and support needs of people in North Wales and the support needs of carers. The Welsh Government guidance requires that the report include the following population groups:

- Children with complex needs
- Older people, including dementia
- Health, physical disabilities and sensory impairment
- Learning disabilities
- Autism
- Mental health
- Carers
- Violence against women, domestic abuse and sexual violence

We worked with partners, including those working on the Public Services Board Well-being Assessments, to collate and summarise findings from consultations that had been undertaken in the last few years. We have published these summaries as part of a new North Wales engagement directory to help encourage wider use of findings from local and regional engagement activity. In addition, we carried out a survey to identify any other issues affecting people who use care and support services that we may have missed. This report focusses on the findings from the survey. The survey findings along with findings from previous consultations and engagement activities carried out by local leads informed the final population needs assessment.

Consultation questions

Due to the wide range of population groups and services that we planned to cover with this survey, the engagement group agreed a small number of open-ended questions so that participants had the opportunity to share what matters to them. This approach had worked well in previous regional consultations, providing a rich source of meaningful data. The consultation questions used were:

About care and support services

Care and support includes help with day-to-day living because of physical or mental illness or disability for people of all ages. It includes children and young people with experience of foster care or adoption as well as unpaid carers who provide support to family or friends.

1. What do you think works well at the moment?
2. What do you think could be improved?
3. How has support changed due to Covid-19 and what do you think the long-term impact of this will be?

Welsh language

All care and support services should provide an “Active Offer”. This means providing a service in Welsh without someone having to ask for it. The Welsh language should be as visible as the English language. For more information, please visit Social Care Wales: Using Welsh at work webpages. We would like to hear your experiences of using and/or providing services in Welsh, including:

- the “Active Offer”
- opportunities for people to use Welsh and,
- on treating the Welsh language no less favourably than English

4. Please tell us about what is working well at the moment and what needs to be improved

Project timetable

The timetable for the development of the needs assessment was as follows.

Month completed	Actions
June 2021	Project planning and recruitment
October 2021	Data collection and analysis
October 2021	Engagement and co-production with people who use services, carers, providers, front-line staff and other stakeholders
December 2021	Write draft chapters and share for feedback

Month completed	Actions
March 2022	Approval by the Regional Partnership Board, six local authorities and health board
April 2022	Publish

Consultation methods

The consultation methods we used were:

- Online questionnaire circulated widely to staff, partner organisations, people who use services and carers. Alternative versions included an EasyRead version, British Sign Language (BSL) version, young people's version and print version.
- We also advertised the opportunity to take part through a conversation over the phone or an online chat.
- Partner organisations held consultation events.
- We asked partners to send us the reports from any related consultation events or surveys that they had already carried out in North Wales for other projects.

Promotion plan

The survey was open between 2 August 2021 and 1 October 2021, with an extension to 11 October 2021 for the young people's survey.

Details of the consultation were made available on our website. We promoted the link through steering group members (representing the six local authorities, health and other partners), to people on regional collaboration teams mailing lists including members of the provider portal. A press release was sent out by the Regional Collaboration Team together with the local authorities and health board. Various social media posts were shared on the Regional Collaboration Team Twitter feed as well as LinkedIn pages. Follow-up phone calls were made to encourage people to take part.

Local leads shared the survey widely through a variety of channels. The Regional Collaboration Team shared weekly updates about the number of responses received from each area and population group so that local leads could follow-up with under-represented groups.

In addition, the link to the online survey was sent to the county voluntary councils below, asking them to circulate it to their networks:

- Mantell Gwynedd (Gwynedd)
- Medrwn Mon (Anglesey)
- CVSC (Conwy)
- DVSC (Denbighshire)
- FLVC (Flintshire)
- AVOW (Wrexham)

Information was sent to members of the:

- Regional Partnership Board
- North Wales Leadership Group,
- North Wales Adult Social Services Heads (NWASH),
- North Wales Heads of Children's Services (NWHoCS)
- North Wales Learning Disability Group

Details were shared with to the third sector representatives on the regional population assessment leads network.

There was an event for seldom heard and ethnic minority groups held on 5 October 2021 jointly with the Regional Cohesion Teams East and West and Coproduction Network Wales, which about 40 people attended. Seldom heard and ethnic minority groups were also supplied with the survey together with the PowerPoint workshop presentation for dissemination and response - either by group representatives or individual members directly.

The young people's survey was also shared with Pride Cymru Youth, EYST (Ethnic Minorities and Youth Support Team Wales, Heads of Education and other young people's groups.

Consultation and engagement review

There were 350 responses to the survey. Around 61% of responses were from people who work for an organisation involved in commissioning or providing care and support services. More people took part in previous engagement activities and those organised by local leads, but this report focusses on responses to the survey.

Table 1 show the areas that participants were interested in.

Table 1 Number of responses by area of interest

Type of response	Number	Percentage
Older people	150	44%
Children and young people	125	35%
Mental health	115	33%
Learning disabilities	110	32%
Physical and/or sensory impairments	90	26%
Carers	90	25%
Autistic people	70	21%
Total number of responses	350	100%

Some people may have ticked more than one box. Numbers have been rounded to the nearest 5 to prevent disclosure of personal information.

The consultation reached people from across North Wales as shown below.

Table 2 Number of responses by local council area

Local council area	Number	Percentage
Anglesey	80	23%
Gwynedd	50	14%
Conwy	60	17%
Denbighshire	75	21%
Flintshire	135	39%
Wrexham	100	28%
Total number of responses	350	100%

Some people may have ticked more than one box (for example if they lived and worked in different counties). Numbers have been rounded to the nearest 5 to prevent disclosure of personal information.

We also reached people in all age groups apart from those under 16, disabled people including people with a learning disability or long standing illness/health condition, carers, Welsh and English speakers. There were fewer responses from people aged over 75. We had responses from women and men although there were not as many responses from men. We also had a small number of responses from people with different ethnic identity, national identity and sexuality to the majority. We only got a small number of responses from trans people although we will be including findings in the needs assessment from other research and consultation reports about the care and support needs of trans people.

We will make sure to use evidence from previous local and national consultations about the needs of children and young people in the needs assessment due to the low number of responses to the survey. We will also review how we engage with children and young people as a regional team because an online survey with does not seem to be an effective method for this type of consultation.

We are making these limitations clear so that anyone using the needs assessment as evidence can take any additional action needed to eliminate potential discrimination.

We used the equality data to monitor the responses while the consultation was open and encouraged groups representing under-represented groups to share the survey and take part. The consultation deadline was extended by two weeks to allow more time to reach under-represented groups. We also extended response for the young people's survey a further two weeks. The full list of data tables showing the number of responses from people with protected characteristics is included in appendix 1.

As part of this process, we identified many similar consultations being undertaken by partner organisations and concerns around consultation fatigue. To help coordinate, we created a webpage that collated the different surveys and events that we were aware of and let participants know that we were working together to share findings. We also developed an online North Wales engagement directory to make the findings from these surveys more easily accessible. However, the regional engagement group that oversaw this work recognise that there is more to be done to improve the coordination of consultation and engagement exercises. We need to reduce duplication and make best use of people's time and effort in providing feedback to our organisations.

Organisations represented in the online survey

Below is a list of organisations whose staff took part in the online consultation.

Local authorities and health

- Betsi Cadwaladr University Health Board
- Isle of Anglesey County Council
- Gwynedd Council
- Conwy County Borough Council
- Denbighshire County Council
- Flintshire County Council
- Wrexham County Borough Council

Other groups and organisations

- Action for Children
- Adferiad
- Adra Housing Association
- Age Connects North Wales Central
- Age Cymru Gwynedd a Mon
- Alexander's Pharmacies
- Allied Health Care
- Amber Care Ltd
- Anheddau Cyf
- AVOW
- Awel Homecare and Support
- Caia Park Community Council
- Canolfan Felin Fach Centre Limited
- Carers Outreach Service
- Carerstrust Crossroads
- Cartrefi Conwy
- Castell Ventures
- Centre of Sign-Sight-Sound
- Child development centre
- Citizen's Advice Bureau
- Colwyn Bay Men's Shed
- Conwy Connect
- Co-options
- Corwen Family Practice
- Designed to smile
- Digartref
- Doridale Ltd
- Double Click Design & Print CIC
- DSN
- Epilepsy Action Cymru
- Fairways Care Ltd
- Family Friends
- Flint connections office
- GISDA
- Gresford Community Council
- Grwp Cynefin
- Gwynedd and Anglesey Youth Justice Service
- Gwersyllt Community Council
- HF Trust
- Hollybank Home Care Ltd
- Home-Start Cymru
- Integrated family support service

- Medrwn Mon
- Mental Health Care Ltd (Avalon)
- Menter Fachwen
- MHC
- Newcross health and social care
- Next steps
- North East Wales Mind
- North Wales Advice and Advocacy
- North Wales Community Dental Service
- North Wales Together Learning Disability Transformation Programme
- NW Nappy Collaborative CIC (Given To Shine)
- Offa community council
- Plas Garnedd Care ltd
- Premier Care Ltd
- Q care ltd Prestatyn
- QEWC Ltd
- Resilience
- Rhyd y Cleifion Ltd
- Same but Different
- Sanctuary Trust
- Stepping Stones North Wales
- Stroke Association
- Summit Care Services
- TGP Cymru
- The Wallich
- Total Care North Wales Ltd
- Towyn Capel Care Homes
- TRAC (part of North Wales Project)
- Ty Ni Family Centre- Flying Start
- Tyddyn Mon
- Vesta Specialist Family Support
- Vision Support
- We Care Too Ltd
- Wepre Villa Homecare Ltd
- Whitehouse Residential Home
- Woodland Skills Centre
- Y Teulu Cyfan

Consultation findings

1. Social care for people of all ages

(a) In general

What is working well:

At a strategic level, information flow and co-operation across the Care Inspectorate Wales, Public Health Wales and Welsh Government and Local Authorities has been working well.

Third sector services are thought to be very effective, covering a wide range of support areas, fulfilling the role of many statutory services, and successfully engaging and connecting with those in need. Third sector and statutory sector organisations are developing strong partnerships, particularly in North Wales, and when both are supporting community development. The gradual move to longer term contracts is allowing third sector organisations to invest in staff development and capital projects.

The approach set out in the SSWB Act (Wales) 2014 is generally being followed. Signposting between services and improved networking has led to better access to support. For example, if someone is not eligible for a service, they are signposted to another relevant service to ensure they're not left without help.

The Well-being Network in Anglesey is one example of an effective network. They share a vision of developing services in accordance with the Well-being of Future Generations Act. The joint planning and provision between the Health Board, the Anglesey GP Cluster, Anglesey County Council and Medrwn Môn (and the wider Third Sector) is thought to be extremely successful. The Integrated Care Fund "has been a blessing" for the Network, enabling effective planning and ensuring quality services.

The Single Point of Access provides easy access for some services, and might prove effective for all assessments. The community Hub (Canolfan Ni) is thought to be excellent.

Some people using care services are having more voice, choice and control over how their needs are met, especially through use of direct payments. People are

supported to make choices that are right for them, their families, their priorities and aspirations. People are actively involved in identifying, implementing, monitoring and managing their support, rather than being passive recipients of a service. This creates true co production within the system and real incentives for arrangements to be successful and sustainable.

What needs to be improved:

Relationships between the voluntary and third sector and health and social care professionals need to be improved, since third sector services often seem to be "grossly undervalued" by many health and social care staff. Issues raised by third sector organisations appear not be taken seriously by some health and social care professionals, in particular when system failures are highlighted that cause significant concern for residents/patients. Third sector staff are not treated with respect, even though their levels of engagement and understanding of the issues are far more in depth.

Community Care Collaboratives were thought to be "too big and are giving a very poor service at present".

Communication within organisations and between organisations needs to be improved to support effective implementation of the SSWB (Wales) Act 2014:

> "There appears to be a huge contradiction between the intentions of the Act and the reality of care for thousands of older people… there is a clear divide between people who need critical care in their own homes, and support to achieve personal well-being outcomes… Whilst empowering people to have greater control over their lives is an embedded principle, it is not appropriate when people are in crisis. If initial support helped people overcome their crisis, then there may be an opportunity to have another conversation about how their needs could be met in different ways going forward. This may free up capacity in the system."

Service providers would like longer term funding, to be able to plan for "*long term provision that can develop and evolve, whilst maintaining consistency in the workforce"*. Short term contracts can be detrimental to services, as the good workers leave for longer term jobs, and the process of interviewing, appointing and training

has to be regularly repeated. This negatively impacts on consistency, skill development and relationship building.

Some would also like greater clarity around funding streams such as the Integrated Care Framework (ICF) and Continuing Healthcare (CHC) funding. People applying for CHC funding would like there to be less paperwork and for support with the application to be provided, for example, via their social worker.

In general, many thought social care services need more staff and the services themselves need a complete overhaul. Levels of support are poor, waiting lists are long and often services or transport to services are not available. The people who are directly affected by current policy, i.e. providers and service users, need to be involved in finding solutions to this crisis.

One major way forward would be to improve pay and conditions for staff so as to attract more people to the profession. Otherwise it will be impossible to meet the increasing needs of the community. As well as being “very underfunded”, social care seems to be “undervalued by large chunks of society”. Future policy needs to raise the profile of these services and improve their public image, to better reflect their importance and value to society:

> “We need positive messaging that supports people’s choices to move into social care. Positive information about the role of Personal Assistants, what they give, but also what they get back in return.”

When recruiting care staff, one service user suggested that paid carers are “vetted more thoroughly” to avoid risks to vulnerable people. A service provider recommended greater specialisation in caring roles, for example by providing additional training for working with migrant workers. Any training, within a 12 or 24 month period from a previous provider, should be able to transfer to new provider/employer in the same way as DBS checks.

Service users would like improved access to social workers, to be able to speak to them when needed. Some thought social workers should be allowed more time to work with and listen to their clients, and should not be allowed to hold another active post. Also referrals to social workers need to be dealt with more quickly.

Other service users felt that more people need to be given the option of direct payments for health and social care support, since few have a choice and level of control at present. They emphasised that choice of care package needs to meaningfully involve the service user, carer/funder and social worker to ensure "client-centred care". In addition, people pooling their resources get better outcomes together, help to build communities of support, reduce the need for statutory support and are cost efficient. However a change in culture and approach is needed to support such opportunities.

Some respondents suggested that more should be done to reduce any stigma and shame around asking for help, particularly for families experiencing in-work poverty:

> "This is a service which enters individual's homes and families. So it needs to be viewed in a sensitive way, as it does take a lot of courage to request for this help in the beginning!"

Access to services could be improved by "Wider communication of how to contact social care for those who do not have computer skills".

(b) Mental health services

What is working well:

Several respondents commented that "nothing" is working well in mental health services, concluding that "the system is quite broken".

A service user was concerned that services tend to focus on prevention or crisis, failing to provide support to people "at all the stages in between". Furthermore, during crises, people with mental health problems can find themselves caught up in the criminal justice system, resulting in people being "criminalised because of their illness". The system does not seem able to support people who have mental health problems as a result of past trauma. Many services need to become more trauma informed.

A few services were mentioned as providing positive support including:

- Team Dyfryn Clwyd
- the Mental Health Support services team of Flintshire County Council
- Mind's Active Monitoring, an early intervention service

- charity services like Samaritans, CRUSE, Relate
- ongoing group support from charities (KIM, Advance Brighter Futures, Mind, ASNEW)
- rehabilitation units to provide support for a return to living in the community

Similarly, some individual professionals were reported to provide excellent care, but generally, “it’s a bit of a lottery” as to the quality of support provided.

One service provider highlighted that it is important for mental health care plans to be regularly reviewed to allow for any improvement or changes in an individual’s needs.

What needs to be improved:

Given the serious concerns about mental health services, not surprisingly many commented that “everything” needs improving, including:

- more mental health service provision
- increased funding to ensure a decent wage for staff and sufficient service provision for each individual client
- improved access for BME communities
- more long-term funding to allow projects to be embedded and to retain staff
- more flexibility – one-to-one sessions as well as group sessions
- higher staffing levels in all services to avoid gaps in care and provide back-up when staff are off-sick
- more local counselling services
- better substance misuse support
- better support for people with Autistic Spectrum Condition (ASC), especially higher functioning or with coexisting mental health issues
- greater access to interventions other than medication
- many more out of hours services where people can “held” when mental health services are closed
- improved referrals to mental health services, to streamline the process, reduce the number of inappropriate referrals and allow e.g. housing managers to refer tenants for specialist mental health support
- more mental health services in the local community
- smaller rehabilitation units for up to six people with 24 hr support

- greater availability of permanent accommodation and supported housing for people who are homeless
- case reviews need to be completed in a timely manner, and caseloads managed more effectively

Service users emphasised the need for many more early intervention services so they can access mental health support when in need, and **before** they reach crisis point. Waiting times were already very long and have only got longer. Currently, people experience added stress with delays, and their symptoms often get worse than they need to:

> "I would prefer not to reach crisis. It should be less about having to be in crisis to receive support and more about preventative approaches to keeping me well at home."

Similarly, gaps in service provision may cause people's mental health to deteriorate:

> "I now am in a waiting list for a new support worker and feel deserted at a crucial time in my wellbeing."

Some thought greater priority should be given to investment in services for parents with mental health difficulties because of the risk of long term impacts on children and young people.

Two geographical areas reported to be in need of greater funding were mental health services provided by the Betsi Cadwaladr University Health Board (BCUHB), and the mental health support system in North East Wales, as one service provider commented:

> "Often people come to us in crisis because they cannot get support, either with their mental health or with the practical issues that impact on their mental health (e.g. housing, debt, poverty, transport, family relationships etc). In order to make a step-change, much more money needs to be put into the system (parity of esteem with physical health) and the way funding is used needs to change so that there is more early intervention."

One solution is for closer working with third sector services, to provide the stabilisation that service users need before they can benefit from psychological support:

> "Peer support, activity and wellbeing groups, mindfulness and CBT based training courses could all support people during their wait and "get them ready" to get the most out of the professional services. It would also provide a valuable step-down after using the services, making leaving easier."

Such an approach would also help to prevent dependence on the team and enable service users to develop coping skills and strategies. This could help to reduce staff caseloads and budget pressures.

In terms of staff development, students could be more involved to bring new ideas and skills sets to services. Existing staff may benefit from specialist training and support to develop their practice, completing performance and development reviews annually to enable them to deliver a more robust and cost-effective service.

(c) Services for people with learning disabilities

What is working well:

Services for people with learning disabilities are working well where they:

- take a flexible approach
- provide different opportunities for people to have a variety or choice of activities or work placements
- make good use of community facilities and/or groups
- include online and face-to-face activities
- support people to learn new skills to become independent

Service users appreciated the support they had received during the pandemic from "good and helpful staff". One service user praised their work experience at Abbey Upcycling, and others reported:

> "I currently receive support from Livability. They've helped me a lot especially through lockdown. Quite a lot of fun was had – they'd ring, we'd play games, had a chat on the What"s App group. My support workers have all been wonderful."

> "The Salvation Army (Wrexham) are providing my son with Till Training Skills, so that he might one day be able to volunteer in a shop. He has been turned

> down for this type of work as he lacks these skills. The training is excellent. He has work experience with The Red Cross - this is excellent."

Service providers commented on how well they are working with other agencies and were grateful for the recent support they received from social services, mentioning the Local Authority at Gwynedd and the BCUHB. BCUHB is acting as host employer for a project that helps people with learning difficulties gain employment, and has developed an "accessible" recruitment pathway for this purpose.

What needs to be improved:

In common with other care services, some respondents commented that much needs to be improved. Council services were described as "poor and too generalised", and needing "rebuilding from top to bottom". Again it was suggested that funding be increased, and staff wages improved to reflect their level of responsibility and to encourage them to stay in the job. Waiting times for assessments also need to be reduced.

Support workers could benefit from developing their digital skills to be able to support service users to become connected digitally. In addition, many more social workers and other professionals are needed with specialist skills to support people with complex needs, for example:

> "We definitely need more Adult Care Social Workers to help people with a learning disability and autism, like my son. We also urgently need a specialist psychologist for people with a learning disability and autism. There is no-one qualified in Wrexham to do this work. As our son was suicidal, we paid for a specialist psychologist as we were desperate for someone to help him."

> "People with learning difficulties said they would like, "More hours for direct payments please so I can go to other places and more often", and "a non-judgemental support centre, to access information, ask questions, socialise, and share/talk".

Carers commented that having regular reviews with service providers would be very valuable to be able to discuss whether any changes to support levels are required and to ensure that care is tailored to the individual. For example, one parent wanted to inform support workers that their child needed to be told to take a jumper off when hot, as this had not happened during hot weather.

Some were concerned that carers/ parents might not ask for the help they need if isolated and “feel a failure”. It is important that social services don’t always focus on “those who shout the loudest”.

Adults with learning disabilities need more opportunities for work experience and training to develop their confidence and skills. While the availability of Access to Work services is patchy, existing services are lacking referrals and would like more to be done at the point at which people leave college, to help match individuals to the opportunities available. The culture of low expectations and poor perceptions amongst employers needs to be challenged and clear pathways into work for people with learning disabilities need to be created. The local authorities could play a key role, but currently employ very few people with learning disabilities.

More bespoke housing is needed to cater for individual needs, particularly adults with learning difficulties and others with complex disabilities. Step up/step down services are needed, where there is a placement breakdown and an individual needs more intense support for a period, rather than admission to hospital.

The involvement of people in the co-design of care and support services is still an area that needs improving, as well as person-centred approaches to increase the service user’s voice and control over own their lives. This could be helped by mandatory training in the values and principles of co-production for all staff, co-delivered by service users.

At a system level, there needs to greater integration of health and social care services, as this has not progressed for learning disability services, since “different models are still in use across the region and joint funding is still an ongoing area of disagreement and dispute”.

(d) Services for people with physical and/or sensory impairments

What is working well:

One service user reported that they are “struggling to get the support they need.”

Others thought that the Accessible Health Service and BCUHB’s diversity work is working well, as well as the provision of aids, adaptations and the befriending service offered by the Live Well with Hearing Loss project.

A service provider commented that partnership work with local social service departments and third sector organisations is strong, which supports delivery of a wide range of quality services, networking and sharing good practice.

What needs to be improved:

Access to information and advice in alternative formats is a big challenge for service users with sensory and physical disabilities, in particular information from local authorities and the NHS. Printed material is not appropriate for many, while the increase in online only access to services and information is a major barrier for others.

For Deaf people in North Wales, the provision of information, advice and assistance (IAA) is described as a “postcode lottery”, where some people can access support Monday to Friday 9am to 5pm, while others are limited to certain days of the week. More generally, Deaf people find it difficult to access many activities, as there is no communication provision.

People with disabilities, especially younger adults with disabilities have limited access to care and support that is person centred. People have to wait too long for assessments and support, and communication with social workers needs to be improved.

Those with disabilities that are invisible, fluctuating or rare, can find themselves excluded from services because they fail to meet certain criteria, such as “full-time wheelchair use”. In fact, many wheelchair users have some mobility. Services are therefore creating a “disability hierarchy”, rather than responding to individual needs.

Again lack of care staff is a concern, which means care is provided at a time that suits the care agency, rather than when the client needs it, and staff sickness and holidays are not always being covered.

(e) Services for people with autism

What is working well:

Few respondents commented on what is working well, and a couple responded that services are too slow and not much support is available.

The Integrated Autism Services (IAS) are thought to be very positive, as well as the use of direct payments.

What needs to be improved:

Some respondents thought “everything” needs improving. In particular they recommended that:

- services should be more person centred
- staff should receive specialist training
- waiting times for assessments should be reduced
- communication with services should be improved
- staff could be more open and honest throughout all services
- a Partnership Board Hub should be established for all providers to meet and share information

2. Social care for children and young people

(a) In general

What is working well:

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

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

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

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

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

- working with the whole family holistically, and being adaptive and flexible enough to respond to the needs of each family member at any one time
- tailoring any individual’s care plan to their specific needs

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

What needs to be improved:

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

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

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

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

> “Funding currently runs year to year, this doesn’t give the project enough time to put in the right support for some young people and some of them need over 6 months of support.”

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

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

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

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

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

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

Given the scale of concerns about children's services, some suggested that a systems thinking approach to service delivery is required across the Local Authority,

Health Board, and Third Sector, to remove waste in systems and ensure service users don't have to wait a long time for care. The infrastructure to support a more collaborative way of working, such as IT systems, needs substantial investment. More joint working is needed on the Continuing Health Care process and Community Care Collaboratives for children.

(b) Services for children and young people with physical/sensory impairments

Few respondents commented on this issue and those that did commented on healthcare provision.

(c) Services for children and young people with learning disabilities

What is working well:

Few comments were made here. Some mention was made of good support from schools and successful joint working across care organisations.

What needs to be improved*:*

Recommendations for improvement included:

- more funding and staff
- better communication between services
- more activities made available
- more support for families with children with additional needs, who are violent

(d) Mental health services for children and young people

What is working well:

Respondents described the following as working well:

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

Others thought these services are not working well at all, since “it is impossible to get appointment for mental health and child related services”.

What needs to be improved:

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

Specific recommendations for improvements were:

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

(e) Services for children and young people with autism

What is working well:

Few respondents identified where services for children and young people with autism are working well, but these included:

- individual educational psychologists
- organisations providing quality support, STAND NW, the Conwy Child Development Centre and Ysgol Y gogarth
- the bespoke tailored support offered to each family/individual

What needs to be improved:

Some respondents concluded that "*everything*" needs to be improved to give more attention, care and support to parents and their autistic children. Waiting lists for autism assessments are "*phenomenally long"* and few services available. Parents said they would like more information about how their case is progressing up the list, and to be given some advice while waiting.

Identified gaps in services included:

- services for children at the high end of spectrum
- respite care once children are 11 years old
- after school facilities with sufficiently trained staff
- services for autistic children with anxiety and communication problems

Parents voiced concerns that teachers in specialist schools are not all qualified and accredited to work with autistic children. They thought that all lessons need to be delivered by teachers who have training in dyslexia, sensory needs, executive functioning difficulties, slow processing and so on. It is especially important for teachers to be trained to recognise and support autistic children with complex needs, who present as socially fine and can mask their problems well. Twenty minutes per week of one-to-one teaching from the additional learning needs co-ordinator is not sufficient.

Parents and carers described, "being left with the results of trauma caused by teachers who don't understand the pupil's needs. So as well as caring for our child, we have to fight to try to force school to make provision for our children. We have this tremendous extra burden over and above our own caring role".

Parents and carers need more respite care themselves as one parent explained, "I am beyond exhausted. I've had to leave my specialist nurse job of 23 years to become my daughter's full time carer, as there's no support for her".

Social groups for parents could provide opportunities to discuss common difficulties and share learning about solutions. More support and training is needed to helping parents cope with their child's autism.

At a system level, service providers would gain from:

- improved networking forums
- secure funding from local authority
- co-ordination and collaboration to prevent competing with one another for the same grants and avoid overlapping services

Parents would like staff across organisations to be working together “so you don’t have to give the same information every time and it’s not someone new every time”.

3. Social care for older people

(a) Older people's services in general

What is working well:

Many respondents commented that "nothing" is working well in older people's services:

> "Everyone is trying their best, but the money isn't there, either for extra staff or better use of departments, and communication between them all is a huge problem too."

Some thought there are pockets of examples where services work well, where teams from across different sectors and different organisations work together to meet the needs of older people, and where well-trained and committed staff work very hard in difficult situations.

> "I needed care support quickly for my father, when mum went into hospital. Even though they had only recently moved here, their needs were met by a combination of Community Agent, Social Services and Homecare Matters. I was very impressed with the speed their care needs were arranged."

Specific examples of local services working well included:

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

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

- offering a variety of support options for people to choose from
- options to engage with services and communities both online and offline
- delivery of bilingual services
- care homes that ensure wellbeing outcomes and independence, and provide the security of overnight care when needed

- support services in people's own homes
- providing older people with low level support, such as information and contact numbers, so that they can help themselves and remain independent

What needs to be improved:

Again a number of respondents thought that "everything" needs to be improved because, "The Health and Social Care system is broken. We have an increasing ageing population and no provision for this".

Many more staff are required. One important gap is the provision of support to older people leaving hospital. People are being discharged from hospital with no care in place, and end up back in hospital because they can't manage:

> "More people could be seen, if there was less paperwork. People could be discharged from hospital and mental health wards more quickly, if health colleagues were more aware/familiar with processes involved. Not enough social workers for the amount of referrals that are being received. Urgent cases are dealt with by the duty social worker on that day. Having to have a duty social worker each day, means that the social workers lose a day or so out of each week, which impacts on their ability to oversee their own case load and take new cases."

Some respondents questioned whether there needs to be reconsideration of what's safe in the current context:

> "Packages of care that require 4 double-manned visits a day are becoming increasingly impossible to provide. Does there need to be a rethink on what/who can safely be managed at home?"

> "I cannot get my husband home. He's been in hospital 16 weeks waiting for care at home to be arranged. He is immobile and cannot do anything for himself, so needs carers four times a day. He's had COVID on his ward on three occasions."

Health professionals would benefit from being able to access live information about which providers currently have capacity to provide this care, to avoid wasting time contacting multiple organisations.

A carer questioned whether the current focus on independence for older people is in fact a mechanism by which to shift responsibilities and costs onto unpaid carers, ignoring the reality that frail, very old people "are only likely to decline mentally and physically".

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

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

A wider range of suitable housing options is also needed to accommodate the different needs and varying levels of care support of older people.

People using services thought older people's care needs to be:

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

- supported by direct payments, so older people can manage their own care, employ their own staff

> "As a 92 year old man, I found the home-help service helpful but limited. I became able to do jobs myself, so cancelled the service. I am now wondering whether the service could "wash, clean areas above head height and below knee height". The point being that my needs change and require reviewing."

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

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

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

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

Proposed solutions included:

- increasing staff salaries above minimum wage and improving working conditions to attract more new recruits and retain existing staff
- investing in training and creating a better career structure for care staff with financial reward for developing skills and experience, so that services are provided by trained professionals, rather than inexperienced young people
- posts to become permanent rather than fixed term or reliant on funding
- establishing standard terms and conditions for staff across the sector to improve the stability of the workforce

- supporting and incentivising care agencies to deliver safe, single-handed care and upskilling staff in this, so that double-handed care isn't automatically assumed to be necessary

> "There should be a Wales wide approach so that all public and private providers pay the same improved wages to staff. Gwynedd are looking to give the carers more responsibility for their work and thus pay them more. To partly facilitate this, they are going to pay a higher fee to the providers and enforce a set rate per hour for the carers. If this approach were adopted across Wales it would attract and retain more carers and would help solve one of the most important problems with community care at the moment."

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

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

(b) Services for older people with physical/sensory impairments

What is working well:

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

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

What needs to be improved:

Accessible and affordable housing is desperately lacking, which has a knock on effect on services as people have to access more support. Many new houses are not designed to be accessible. This has a detrimental impact on how disabled people

and older people live. Their only option is residential care, as more flexible and creative options are lacking.

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

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

Specific recommendations to improve services included:

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

(c) Services for older people with learning disabilities

What is working well:

Only direct payments were thought to be working well.

What needs to be improved:

Recommendations included allocating more hours of care and increasing the number of staff.

(d) Mental health services for older people

What is working well:

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

- The Alzheimer's Society
- NEWCIS

- The 24/7 carers in Plas Cnigyll
- Crossroads Health Respite
- The Trio service
- Bridging the Gap scheme for carers
- Dementia Social Care Practitioners
- The Hafan Day Centre

Services work well when they provide respite and support to both the person with dementia and their carer, so they can "have a short break from each other, but be in the same building". Home visits also work well, particularly to help the carer adapt to living with dementia.

Some carers reported being able to find care quickly when they needed and feeling well-supported:

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

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

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

What needs to be improved:

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

- make a comprehensive list of the existing services more widely available to reach potential service users before a crisis point
- open day centres for a greater number of days per week, including bank holidays and weekends

- end any “postcode lottery” in services such as the free sitting service for people with dementia that is available in Denbighshire, but not Flintshire

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

Recruitment of care staff for dementia services is difficult:

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

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

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

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

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

4. Services for carers

What is working well:

A small number of carers reported the following services as working well:

- counselling for carers
- fast carers' assessments and referrals adult social services, as well as their high quality support
- Hafal carers' support
- NEWCIS

However, a similar number reported that "Nothing has worked well" based on their experience of social care services.

> "From my initial contact with social services, I have been fobbed off five times… when I was experiencing carer breakdown, with my father's dementia, working full time and shielding. Nothing has improved and I have a list of misinformation, conflicting information, conflict within the team itself etc, etc"

What needs to be improved:

Several recommendations were made for improving services for carers including:

- ensure carers' assessments are carried out by people who understand the carer's situation
- increase the provision of respite care services, sitting services, night support and day centres
- ensure social workers include respite care in care plans and increase the amount of respite care allowed - "*four hours a month is ridiculous"*
- increase funding for services to improve carers' mental health
- provide carers with training and support to access information and services online
- create peer support groups for carers with different experiences for example a group for parents of disabled children
- involve carers in writing care plans
- include contingency plans in care plans for when the carer can no longer cope and/ or the health of the person being cared for deteriorates

Some carers' felt that they were close to breaking point, which will ultimately cost more than providing them with more support:

> "There is zero reliable and dependable mental health support for carers. Unpaid carers are in crisis and this will always have an impact on those being cared for. With better support, I could probably keep my Mum in her own home as I have done for ten years, but if the support level continues to deteriorate, against her will and mine, I will have to put her in a nursing home. This has a social and economic impact for all concerned."

5. What changed during the COVID-19 pandemic?

(a) How services were affected and the impact on staff, service users and carers

Lack of services

Overall, the pandemic is thought to have had the biggest impact on the most vulnerable in society and exposed existing weaknesses in the social care system. It has exacerbated problems with waiting lists, lack of staff and services, and the concern is it has become "*a useful excuse for why services are failing"*. The pressures on health and social care have increased, but no action seems to be being taken to address these very serious issues.

Some of the systemic issues have been made worse during this period, with reports of care becoming more disjointed, lack of co-ordination across the sector, poor planning and unclear lines of responsibility.

> "Our contracted care company has a staffing crisis, but some of that is their own making, due to a critical lack of organisation and management skills, rather than COVID."

Many services initially stopped during the pandemic. They were gradually reintroduced with even fewer staff (who were isolating or off-sick) and with all the limitations created by the need to reduce contact with others and maintain social distancing. Reduced availability of services restricted access to those who were at risk of going into crisis.

Impact on service users and carers

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

> "It just stopped everything, so what was a two year wait is now almost four."

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

> "My day services have been closed so I have been very bored during the day."

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

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

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

Some service users described feeling very lonely isolated as a result and “despairing of the local social service”. Concerns were raised that this has led to “escalation of chaotic lifestyles” and a danger “increased suicides due to helplessness”. Fewer home visits to check people are well may have led to greater numbers reaching crisis point:

> “The pressures the care sectors are facing at the moment are stressful and unimaginable. Without appropriate support from vital services, I fear many older people will not be receiving the care they need to help them thrive.”

> “The long term effect is it may be too late to help some.”

As time has gone on, the lack of support has led many service users to decline, losing skills and confidence and/or experiencing deteriorating health:

> “He has lost all his confidence, which took around 25 years to build. He can no longer use buses on his own or go out alone. I have to go with him because he is so frightened of social interactions since COVID-19.”

> “Our son’s mental health has deteriorated. He was already being treated for depression and panic attacks before COVID-19 struck.”

> “The lack of face to face contact and stopping of activities had a very serious negative impact which won’t be recovered from as dementia has progressed.”

Children with a learning disability were thought to be particularly vulnerable due to COVID. Parents have kept them at home to protect their health, and so children have missed school and appointments. As a result, problem behaviours are increasing. Any existing problems have been made worse, for example, if a home was too small for the family or unsuitable, this has become even more difficult during lockdown.

Many carers reported feeling like they had been left to “pick up the pieces”, and some felt close to breaking point. Respite care has been limited to emergencies, and 24/7 caring responsibilities have negatively affected carer’s physical and mental health:

> “As a carer there is nowhere to go for help regarding finance, mobility or mental health all you get is “well we have nothing at the moment due to COVID”, I can’t see anyone to talk to, no respite from the daily grind.”

This is expected to lead to greater numbers of older people going into care homes.

Restricted visiting to care homes has caused great distress to residents and their families and raised concerns that older people with memory issues may not remember family or friends by the time they are able to see them regularly again. Some care home staff are concerned that experience has changed the culture of care homes in negative ways:

- slightly authoritarian/paternal approaches have developed without visits from family
- homes are likely to have felt much more like an institution without links to the community
- structured testing regimens for staff, residents and visitors as well as the introduction of PPE have created barriers to communication and relationship building with residents

However, the impacts have not been negative for everyone. For some service users, the lockdowns allowed them to become “more self-reliant in their abilities”. Families have spent quality time together which helped them to become more resilient. Some pupils, especially those with social anxieties or bullying issues at school, have benefited from not going to school, but it is proving difficult to help them re-engage.

A small number of respondents commented that they had not experienced any change in services as a result of COVID-19, and had happily continued to receive care from their usual carer or respite services.

Lack of community services

Many community services have ceased, reducing the level of social support in local communities. For example:

- peer support groups for people with mental health problems have stopped meeting, which has made service users more dependent on social services
- school closures, and the loss of after-school clubs has placed a strain on some foster households, increasing tensions and in some cases leading to placement breakdowns
- informal carers have been unable to attend service users in response to telecare alerts during an emergency, because they have been isolating, making it difficult for the service to discharge their duty of care

At the same time, people have also got better at supporting each other, as local support was stepped up during lockdowns, and larger numbers than usual signed up for volunteering. This may improve community resilience if it continues:

> "We have seen an increase in community support as a result of COVID, but we can already see that having structures in place to support volunteers and community groups is essential for them to be able to provide their services."

Increased demand for services

The experience of lockdown has created new and increased demands for services due to:

- higher levels of domestic violence, drug and alcohol abuse
- greater numbers of people with low level mental health problems, which aren't met through the NHS Community Mental Health Team services
- disruption of family life and greater need for parenting support

The demand for support has therefore increased at exactly the time services are most stretched, leaving many people struggling, which is likely to continue for a while to come.

Providing services online

The pandemic accelerated developments to create online methods of programme delivery and has made people more open to using IT options. Examples of where this has had a positive impact include:

- creating more flexible ways to deliver services such as telephone and video counselling services

- support for communities such as Welsh speakers where numbers may have been too small in a local area, but become large enough across a region
- support for communities in isolated areas where transport to services may be limited, or for those who can't leave home as they have caring responsibilities
- support for those who can't travel because of their health condition or a disability, providing opportunities for distance learning and remote working
- new and innovative ways to work with children and young people
- using technology such as FaceTime and WhatsApp to improve communication with service users

However, the digital approach does not suit everyone and may make it difficult, especially for older people, to access and engage with services. Other people simply don't like to use the technology or may not have the means to do so.

Service providers reported that face to face contact is preferable in some circumstances, particularly when making assessments or providing support, when picking up on non-verbal cues is important. Reduced contact has impacted on developing trust and building relationships with service users, especially children and families. This also seems to reduce some people's motivation to engage in support, if it is provided online or by telephone:

> "Many organisations moved their face to face services such as parenting courses and domestic violence groups to virtual platforms, which takes away the 'personal element and many parents have stated that they struggled with accessing support this way."

> "Some families with children have had hardly any social worker engagement and in lots of cases only phone contact, which does not give a full picture of what is happening in a household."

> "It is now virtually which has lost the essence of my job role I am struggling to keep people engaged or getting them to engage."

Young people who have been socially isolated, now need to interact with people outside of their house and with other people outside of their family circle to help them build up their confidence and self-esteem. They may be in need of face-to-face support, rather than being online.

The lack of face to face support has caused some foster carers to rethink their situation and resign as carers.

Another group who have found the move to telephone based services a barrier are the Deaf community. Deaf people have become more and more isolated, lacking accessible information from local authorities and central government. The widespread wearing of masks has also caused anxieties for those who lip-read.

Other service users, in particular people with learning difficulties and people with dementia, have struggled with staff wearing masks and PPE equipment, as it has made it difficult to recognise their carers. This has improved with familiarity and most now accept this is necessary to stay safe.

Impact on social care staff

Some staff welcomed the opportunity to work from home and found remote visits a more flexible way to work. Several mentioned the following benefits of virtual meetings:

- less time wasted travelling to and from meetings
- better access to information and records for example when all staff are in their office or in meeting with schools
- Multi-disciplinary Team meeting attendance has been better because professionals can attend virtually

They have also benefited from greater access to online training. However, some stated they were looking forward to going back to the office to be able to share practice, gain support from their peers and return to a more structured way of working.

Several providers were very grateful for the support they had received from local authorities to manage COVID-19, in particular the hardship payments to care homes and free provision of PPE, which they hoped would continue. This has had a positive influence on working relationships between the organisations.

Many third sector providers have stopped providing face to face services during the pandemic which has again added to the demand on statutory sector services. Some saw this as “an impossible task given the reduced staff levels, enhanced and

increased demands, greater complexity of cases, reduced community support and programmes and higher expectations from all stakeholders".

The pressures have taken a toll on the mental and physical health of staff. Many are experiencing burn-out from the demands at work and in their personal lives. They struggle with having to get tested and booking tests for others on top of their daily workload. Many feel frustration at their inability to provide appropriate services. Some have been ill with COVID-19 themselves, which continues to have an impact on their long-term health and may affect their ability to work in future. Others are feeling "tired and demoralised" and considering leaving the care sector.

(b) Long-term impacts of the pandemic

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

(i) Fix the problems that existed before COVID

Throughout the pandemic, most services were simply focused on "*survival*" and "*avoiding COVID-19*", for the users of their service and for themselves. As service levels slowly return to "*normal*", the national crisis in social care is again becoming evident.

> "Since COVID, an already struggling system has become almost irreparable."

The demand for support is increasing at the same time as a backlog in the provision of care needs addressing and staffing levels are low. Staff expect to continue in firefighting mode for some time to come, meaning that more people are likely to reach crisis before receiving support.

> "The pandemic has highlighted further the dire situation we are in… long term impact is more and more of our society needing help. I've seen working class people desperate for help but the system is failing everybody."

Many respondents believe that the only solution is to increase social care funding and for longer periods to sustain existing services, develop new ones and employ more people.

(ii) Support people to re-engage with services

One of the expected long term impacts of the lack of support during the pandemic is that service users will have lost faith in services:

> "I think some families will not return to services… due to the impact of isolation and changes in behaviours… many of them will not return to education successfully."

This may mean that people wait to seek help at a more critical stage, rather than at a point where an early intervention could have reduced the need for support. Some concluded:

> "There is a need to have planned "re-engagement" for people back into society and for services to ensure everyone is being picked up and not falling through cracks."

(iii) Support a return to face-to-face services

As a result of isolation during the pandemic, many people of all ages have lost social skills and confidence in being with others. Some respondents therefore recommended planning to provide support to help people return to face-to-face services. Specific groups in need of this support include:

- people using respite care, day and overnight
- older people returning to community activities
- young people, especially years 7 and 8, to be confident with people again

At the same time, staff need to "get out there" and see the people who require care, as they may have become "too used to screens and distant from reality of assessing and responding to unstated needs". Some mentioned that they are starting to restore face-to-face services, with a gradual re-introduction through to 2022.

(iv) Prepare for new and increased demands for services

Many service users have deconditioned due to the effects of the lockdown, which is now impacting their function significantly, and means they are now be placing greater demand on support services in the community. The economic impact of the pandemic is also likely to increase need for support in the immediate future:

> "With so many businesses failing to survive, so many families losing loved ones, and huge debts accrued by so many trying to survive financially during the pandemic (increase in food bank use), demand for support will only increase."

A key group of people who may need intensive support are family carers who are worn out from providing all the care when statutory services weren't available. More carer respite is now needed to give them a break and prevent them from burning out.

Some thought it important not to revert back to previous practice without reflecting on what could be done differently and improved. Also any service redesign needs to meet future needs, not previous needs. New types of services might be required to respond to different support needs that emerge post-COVID. These include services for:

- children and young people with anxiety disorders
- people with long-COVID
- people who have developed OCD or other anxiety conditions during lockdown
- babies and children with developmental delays as a result of being in poor environments during lockdown – this will have an impact on services and on society for years to come.

(v) Increase mental health support especially for young people

Many respondents are expecting a mental health crisis in the longer-term as a result of the pandemic. Vulnerable people who were left without support may now be experiencing the mental health impacts of that pressure, exactly when waiting times for mental health care are worse than ever before. Specific concerns were raised about:

- people with existing mental health problems whose mental health is deteriorating
- adults with learning disabilities and their families
- people who have experienced trauma/domestic violence during lockdown
- increased family conflict as a result of isolation and financial strain
- young people who have not left their house, had nowhere to go and did not have a network of support
- people who will be fearful of confined spaces with new people
- carers who have developed mental health problems under the strain

- young people who have missed out on their education and started university in lockdown

Many respondents commented that young people's mental health in particular has "suffered greatly and their confidence and communication skills are at an all-time low". The impact of this will be ongoing and evident for years to come in terms of their mental health and education attainment.

(vi) Continue providing services online

Some of the changes to service delivery are believed to have increased the flexibility and availability of services and seem to be popular among young people, parents, families and carers, who find digital support easier to access. However this is unlikely to suit everyone and therefore a "blended approach" is required going forward.

To ensure people are not excluded by the use of technology it is important to:

- equip people with the necessary skills and access to IT if they wish
- ensure online information and virtual meetings are accessible to all for example, to include BSL speakers and interpreters in Zoom meetings

Some respondents were concerned that the people who do not wish to go digital are not forgotten by services, and that more effort is put into reaching those people, so that they don't "fall through the cracks and risk having no care at all." It will also be important to make sure that going digital doesn't cause people to disengage from services, given the importance service users place on knowing and building relationships with the people in their care teams.

Social care staff emphasised that they also need training and investment in their IT systems, so that the can continue to work and provide support remotely.

(vii) Supporting existing staff and boosting recruitment

Many respondents were concerned that skilled staff are being lost from the care sector, because they are exhausted from their experience of the pandemic and are now deciding to leave. It was proving difficult to recruit new staff before COVID, and it may be even more difficult now. This is unlikely to change overnight.

Care home staff are worried that their professional reputations have been harmed by the poor management of COVID in care homes:

> “This has been the most difficult time for social care in my life time, and we hope that there will be a change with how we are thought of as a group... We felt we were last on the list especially with PPE, and we lacked guidance, or were given conflicting information.”

Since the demands on services are unlikely to reduce anytime soon, many expect there to be an increase in mental health problems and burnout among staff during the next few years. It will therefore be important to improve mental health support and occupational health services for care staff.

On a more positive note some staff thought that working at home, where possible, will provide an opportunity for more flexible working practices and increase productivity.

6. Experience of using or providing services in Welsh

(a) Experience of the Active Offer

Overall, respondents concluded that provision of the Active Offer is “patchy”. Some reported doing this very effectively, for example throughout Denbighshire Social Services and in some services for older people:

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

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

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

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

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

Some were concerned that in practice, the offer is still tokenistic. Many care homes and domiciliary care providers find it difficult to follow through with the provision of a Welsh speaker:

> “Staff remain frightened of offering a service in Welsh as in reality it would require a translator.”

> “I was offered Welsh worker from the charities I have worked with, but councils always say they can’t just get me a Welsh worker. They have to ask their manager and it seems to be a lot of hassle.”

They conclude that more needs to be done to attract Welsh speakers to the profession and to support staff to improve their Welsh. This needs to include opportunities for both complete beginners and those who need to gain confidence:

> "Unless more teams are encouraged to learn Welsh in work time, it will never be a truly active offer."

> "It shouldn't be looked upon as an opportunity for people to use Welsh. Every service provided should be able to start and end a conversation in Welsh and staff encouraged to make an effort to learn enough Welsh to be able to hold a brief conversation."

Some respondents said that although they make the Active Offer, to date none of their service users have taken it up. A couple of respondents had not heard of the Active Offer.

(b) Providing written information in Welsh

Many of the respondents confirmed that they provide all their written information, publications, signage, newsletters, emails and so on in Welsh. Some relied on staff to help with translation, others relied on external translators. Some said this was all they could do because none of their staff were Welsh speakers.

While the local authority translation services were found to be quick and efficient, others found that getting all their documents translated was "complex and time consuming" and had caused delays to their work. Cost is a barrier for small non-profit providers, who would like additional support and funding to be able to translate "everything and do it quickly". Concerns about copyright issues become an issue when translating resources from third parties or the internet.

Some respondents commented that translating written information into Welsh is less of a priority because "most Welsh speakers like to be spoken to in Welsh but don't like leaflets or forms in Welsh as the language is too formal". They recommended that improvements must be made in simultaneous translation facilities for virtual meetings, webinars and video calls.

(c) Staff speaking Welsh

Many respondents reported that staff providing care did speak Welsh. However, they ranged in capacity, from fully bilingual services, with multiple native Welsh speakers at all levels in an organisation, through to more informal arrangements:

> "Although not all staff speak Welsh fluently, there is usually someone available who does."

Some services were able to provide training in Welsh, for example for Welsh speaking foster carers. Others stated that, while able to chat with service users in Welsh, their staff felt more confident delivering care and making formal assessments in English. Often staff do not have the same level of confidence with written Welsh:

> "All employees have access to Welsh phrases commonly used within care and support environments, to enable staff to speak in Welsh to individuals whom it is their first language."

> "The systems we have do not have the assessment available in Welsh."

A major barrier is being able to recruit Welsh speakers. This is more of a challenge when seeking staff with specialist skills, and may become more difficult as services come to rely more and more on agency staff.

> "Our rehabilitation workers have a specialist qualification. There are very few of them across the UK, so to find a qualified worker is difficult let alone a Welsh speaker."

> "It is hard to attract Welsh speaking-staff in North East Wales which makes it harder to provide the quality of Welsh language support we would like."

> "Employees providing services to the public should be fluent in both Welsh and English – 'being willing to learn Welsh' or 'Learning Welsh' should not be a sufficient qualification for these posts."

Many organisations provide Welsh language training to their staff, either formally or informally. Examples included:

- courses offered by the local council or health board
- lunchtime Welsh Language groups

- Welsh speaking staff delivering workshops to their non-Welsh speaking peers

Some thought Welsh speaking courses should be offered to staff on a more regular basis. However, the challenge for many is finding time within their busy and highly demanding working day. The staff said they would need protected time on their rotas to be able to attend classes.

Similarly, there is a severe lack of fluent Welsh-speaking volunteers. Some suggested more classes should be available in the community. The cost of these may again be a barrier to attending, so some thought they should be free.

(d) Priority areas for speaking Welsh

Respondents working in the West of Wales reported that having Welsh speakers to provide care is essential as the majority of the older population are Welsh speaking, and the working language is Welsh:

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

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

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

Some thought there are not enough staff with Welsh speaking skills working in children and young people's learning disability services, and therefore families do not have the option to speak Welsh. More Welsh speakers need to be employed. Nor are validated Welsh assessments available, so it is not possible to carry out appropriate assessments with children and young people with learning disabilities.

Others highlighted that learning Welsh is particularly important when supporting people with dementia, who often revert back to the language spoken at home as a child. This is vital for building trust with service users:

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

(e) Promoting the Welsh culture

Some organisations in areas where Welsh is rarely spoken showed their support for the Welsh culture in other ways for example celebrating all Welsh days:

> "We use a phrase a week for the residents and staff to promote the Welsh language and always celebrate our culture."

> "We greet in Welsh and keep the Welsh spirit up and are proudly Welsh."

They expressed "weariness" at the thought that everything will have to be bilingual, because "it will just mean more and more paperwork".

(f) Preferences for speaking English

As many respondents were in favour of speaking English as the number of respondents in support of speaking Welsh. This group concluded that the Active Offer was not applicable to them, because either they or the people using their services did not speak Welsh. This seemed to be especially true for services for children and young people:

> "We've only received three calls in Welsh in over a decade."

The English speaking service users expressed concern at not being able to read their case notes in Welsh, and reported feeling uncomfortable when their carers speak Welsh between themselves. Providing all paperwork in both languages is sometimes unhelpful:

> "This makes it harder for Dad to follow the information provided. It would be good to have English-only forms once language preference is established."

The visibility and clarity of information could be improved if the two languages were kept separate. Duplication of documentation is seen as a waste of resource.

> "Mum says that making everything bilingual decreases the text size and as her vision is impaired she would prefer it one language in larger text."

Several respondents felt too much emphasis is placed on speaking Welsh, when other languages are more commonly spoken amongst service users, whose needs are not being met. Some would like more attention to be given to use of Makaton, British Sign Language and Polish, providing interpreters when needed. Plain language options in Welsh are also hard to come by.

7. NHS services

(a) What is working well

Few respondents commented on the health services that are working well. They highlighted the following:

- The service received at Bron Ffynnon Health Centre, Denbigh is commendable, and the care received at Glan Clwyd Hospital's Cardiology department is priceless
- Social care workers value their close collaboration with primary health professionals
- Many were grateful for the support from environmental health and NHS service during the pandemic
- Care workers reported that health services for young people are working well to ensure they receive the correct health support and advice, especially around sexual health advice, getting registered with a GP and referral to Community Dental Services

(b) What needs improving

A range of services were mentioned as needing improving including:

- Improved end of life support particularly at nights.
- Continence products are very poor quality and often use more than predicted.
- Speech and language therapists should give more time to non-verbal children.
- Improve older people's access to dental care to avoid impact of oral conditions and dental issues. This includes care home residents receiving dental care in their care home.
- Artificial Limb and Appliance Services are challenging to navigate and very slow to respond.
- Make greater use of telehealth services to prevent hospital admissions and improve discharge planning and district nurse visits.

- Encourage care home staff to have COVID vaccinations.
- Marches Medical Practice is not large enough for the population of Broughton.

Some heath staff commented that poorly functioning computer systems were negatively affecting their ability to provide a quality service.

(c) The impact of COVID-19

Three main areas were mentioned as being negatively impacted by COVID-19, which will be discussed in turn:

Dental care

During the pandemic, dental care in the community (for example, the tooth-brushing and fluoride varnish programme in schools) was suspended. Plans are in place to restart these services, prioritising the schools with most need, but dentists have the following concerns:

- schools and nurseries are under a lot of pressure already and may not consent to visits
- oral health outcomes for the target group may have worsened – dental health in children will be worse because the programme wasn't delivered last year
- staff in schools will need retraining on the programme
- dental staff feel a loss of morale in 'going backwards' after all of the hard work on this programme over the last 10 years
- community dental services are working at reduced capacity, and waiting lists have grown considerably

Similarly, dental services providing care for those who would find it too challenging to attend a regular dental practice, have not seen their patients for routine check-ups and fear that some people with complex needs will have become even more complex. Recommendations for improvements include:

- improved information online and on social media about what this service provides
- improved collaboration with social care services
- improved record sharing and sharing of information to help with decision making of patients who have complex needs

GP appointments

Many respondents expressed frustration at not being able to see a GP face to face. They felt this to be a particular issue for older people, who may not be comfortable talking on the phone or are housebound:

> “In Mum and Dad”s surgery nobody seems to care about the elderly. Long term, people are going to potentially die earlier than they would if they could get seen by the appropriate clinician on time.”

> “Many people are not comfortable talking on the phone, so misdiagnosis or incorrect health care could be given.”

> “GP services being restricted has impacted me personally and had a detrimental impact on both my mental and physical health due to not feeling comfortable trying to obtain a face to face appointment… I feel unable to reach out due to the perception of pressure on services and the response from services when enquiring.”

Suggestions for improvements included creating a different system for waiting outside the doctor’s surgery to avoid 'standing in some of the hottest weather”. Others suggested that staff who work at doctors” surgeries “need to understand mental health and disabilities more and choose words better”. NHS staff seem to have less patience for people who struggle, “which knocks people’s confidence”.

Waiting lists

Waiting lists for assessments and treatment in the NHS have got longer. Respondents highlighted the following:

- prolonged delay for Occupational Therapist assessment
- longer waits for ambulance visits, especially to non-injured fallers. Calls are declined, if Welsh Ambulance Service NHS Trust resources under pressure.
- end of life care has diminished, falling mainly on District Nurses and the end stage home care team
- no respite beds available for chronic disease patients needing to give main carers (family) a break
- impossible to access psychology team

People with complex needs are particularly affected as they are likely to be using a wide range of services and are “being failed at almost every touchpoint”.

Another major concern is that people will allow conditions to get very serious before seeking help, because they are afraid to go into hospital. Lack of staff in the community also makes it difficult to keep patients home safely. This leads to increasing pressures because demand for treatment will get greater, adding to the length of time it will take to return to baseline.

Midwives are reported to be especially affected:

> “Due to shielding, isolation and illness staff levels are very low. Staff morale is rock bottom. Long term, midwives will leave or be off on long term sickness. Adherence to Birth Rate Plus during COVID restricts management from being able to staff effectively. Maternity care in North Wales is now so short staffed it is becoming dangerous.”

(d) Providing services in Welsh

Respondents were concerned about the lack of Welsh speaking staff in the NHS and recommended:

- access for welsh training for staff in the NHS
- employing nursing and medical staff who speak Welsh, especially in North West Wales where Welsh is the first language for many young people
- the GP surgery’s answering machine recording is played in English first and then in Welsh. The Welsh needs to come first.

> “When my relative was in the Maelor I was told we don’t know what your father is saying as he will only speak in Welsh!”

Appendix 1: Equality monitoring data

Please note, the tables below reflect the characteristics of the 250 participants who gave answers the equality questionnaire rather than all 350 participants in the survey. For a full picture of the engagement with people with protected characteristics these figures should be considered alongside the list of organisations who responded to the consultation.

In all tables numbers have been rounded to the nearest 5 to prevent disclosure of personal information.

Age

Age	Number	Percentage
16 to 24	5	2%
25 to 34	30	12%
35 to 44	5	17%
45 to 54	75	30%
55 to 64	60	25%
65 to 74	30	11%
75 and over	10	3%

Sex and gender identity

Sex	Number	Percentage
Female	210	85%
Male	35	15%

Less than 5 responses were received from transgender people.

Disability

In total, 27% of participants said they had a disability. The table below shows the what percentage of these 70 people have each impairment or condition.

Disability	Number	Percentage
Long standing illness / health condition	35	52%
Mental health condition	30	42%
Physical impairment	25	36%
Sensory impairment	10	18%
Learning disability / difficulty	10	12%

Caring responsibilities

A total of 44% of participants had caring responsibilities. The table below shows the amount of care provided by these participants each week.

Caring responsibilities	Number	Percentage
1 to 19 hours	50	46%
20 to 49 hours	25	23%
50 hours or more	35	31%

National identity

National identity	Number	Percentage
Welsh	140	56%
British	60	25%
English	60	25%
Scottish	<5	2%
Northern Irish	<5	2%
Other	5	3%

The other nationalities included participants who described their national identity as Polish, South African, Canadian and British European.

Ethnic group

Ethnic group	Number	Percentage
White	245	98%
Mixed heritage	<5	1%
Indian	<5	1%

Preferred language

Spoken language	Number	Percentage
English	180	74%
Both English and Welsh	35	14%
Welsh	30	12%

Written language	Number	Percentage
English	200	84%
Both English and Welsh	20	8%
Welsh	20	7%

Religion

Religion	Number	Percentage
Christian	125	51%
No religion	100	42%
Hindu	<5	-

Sexual orientation

Sexual orientation	Number	Percentage
Heterosexual	220	91%
Gay or Lesbian	5	3%
Bisexual	5	2%
Pansexual/Queer	<5	-

Marital status

Marital status	Number	Percentage
Married	125	55%
Never married	55	25%
Divorced	20	8%
Widowed	10	5%
Separated	10	5%
In a registered civil partnership	5	2%

Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 10.2.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Update on the Alcohol Harm Reduction Work Programme led by the BCU HB Public Health Team**
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen - Executive Director of Public Health
Awdur yr Adroddiad Report Author:	Siwan Jones - Principal Public Health Officer Hannah Lloyd - Senior Public Health Practitioner Louise Woodfine - Consultant in Public Health
Craffu blaenorol: Prior Scrutiny:	Executive Director Public Health Health Improvement and Reducing Inequalities Group
Atodiadau Appendices:	*N/A*

Argymhelliad / Recommendation:

Note the content of the report and the progress made with implementing the 'Calling time for change' strategy

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	**x**

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	**Y/N**
N	

Sefyllfa / Situation:

The purpose of this report is to provide an update on public health activity in supporting Alcohol Harm Reduction across North Wales, led by the BCUHB Public Health Team.

Cefndir / Background:

Alcohol is a major preventable cause of death, illness and disability. It poses a major public health challenge across Wales and for Betsi Cadwaladr University Health Board (BCUHB).

The harmful use of alcohol encompasses several aspects of drinking such as the volume of alcohol drunk over time; the pattern of drinking that includes occasional or regular drinking to intoxification; if this drinking increases it can cause public health risks.

Alcohol use is also associated with numerous social consequences, such as crime, violence, unemployment and absenteeism. It generates health-care and societal costs and it contributes to disparities in health in North Wales.

The Substance Misuse Needs Assessment produced in 2019 had a strong focus on Alcohol (rather than drugs) and intervening early in the life course preventing children and young people misusing substances. The Alcohol Harm reduction strategy 2020-24, 'Calling time for change' outlines the following key responsibilities for working collaboratively with partners across the region –

1. Prevent harm.
2. Support those who misuse substances to improve their health and maintain recovery
3. Support and protect families.
4. To tackle the availability of substances and protect individuals and communities through enforcement.
5. Develop stronger partnerships, workforce development and service user involvement.
6. Improve the experience and quality of care for individuals and families through greater engagement and involvement.

The 'Alcohol in Wales' profile 2019 suggests that over half the population of North Wales reported drinking 'moderate' levels of alcohol (age standardised data, usual number of weekly units reported as up to and including 14), with Anglesey reporting the highest rate of 61%, and Gwynedd reporting the lowest rate, 53.8%. Gwynedd reported the highest rate for hazardous drinking in North Wales; 16.6% (as > 14 to 50 units for males or >14 to 35 units for females), with Conwy reporting the lowest at 13.3% (Public Health Wales 2019)

This data, however, doesn't reflect the impact of the COVID-19 pandemic on alcohol consumption. The Office for National Statistics (ONS) published data suggesting alcohol-related deaths in Wales rose by 18% to 13.9 per 100,000 persons. The ONS have cautioned that there are many complex factors to consider and it may take some time to fully understand these. In addition, the pandemic and measures to contain it such as lockdown, may have led to more domestic abuse and heavy drinking (ONS 2021).

Summary of alcohol harm reduction activity –

1.1 North Wales Alcohol Strategy group

The group was established in response to the 'Calling Time for Change' strategy, led by the BCU Public Health Team (PHT), reporting to the Area Planning Board (APB). Member organisations include BCUHB, North Wales Police, Area Planning Board, Local Authorities, CAIS (Adferiad) and HMP Berwyn. The group has a delivery plan 2021-22, 2022-23 and has overseen the range of activity listed below –

1.2 Alcohol Harm Reduction Insight project

The BCUHB Public Health Team commissioned Social Change UK to undertake the Insight project with three audience groups during 2020-21 -

- Pregnant people including those who have been or are experiencing alcohol dependence.
- Parents of children under 16 (who misuse alcohol but are not dependent).
- Adults aged 45 – 65 (consuming more than 50 units of alcohol per week (men) and 35 units of alcohol per week (women).

A total of 197 respondents participated in an online survey and telephone interviews about their alcohol consumption. The impact of COVID-19 on drinking behaviours was also included. People who typically drink out were especially likely to have reduced their intake over lockdown. On the other hand, those who consider alcohol a normal part of their everyday life tended to drink more

alcohol, perhaps because they used alcohol to help them relax and cope with the stress of the pandemic.

The report summarises a range of key 'insights for all' relating to engaging with population groups on messages relating to alcohol harm reduction. There are further recommendations in the report, outlined below which are themed around service delivery, communicating messages, the impact of cultural and social norms, and working in schools/college settings; see below -

1. Engage residents with alcohol harm reduction support services through a variety of means
2. Position support services as a friend for when they're needed
3. Reassure residents of support services capabilities and resource
4. Tempt, guide, and support residents into a life with less alcohol
5. Empower people of influence to deliver key messages
6. Provide residents with the resources they need to direct them to where they can find information about alcohol harm reduction
7. Use a multi-channel approach to delivering communications
8. Provide or support alcohol harm education in schools and colleges
9. Challenge the cultural norm of drinking alcohol

Following the recommendations from the alcohol insight project the Public Health Team & Substance Misuse Midwife (BCU HB) are organising a process mapping workshop (March 8th, 2022) to develop an understanding of the information, referral pathways, and training for professionals on **alcohol and pregnancy** for women and families along the pregnancy pathway. This will help to inform future work.

The Insight project was funded by the Building a Healthier Wales fund and a delivery plan has been developed for BCU HB to take forward the recommendations as part of the Alcohol Harm Reduction plan. To receive a copy of the report contact – siwan.jones@wales.nhs.uk

1.3 Alcohol Awareness Week 15-21 November 2021 campaign

The campaign was led by the BCU PHT and BCU Communications, informed by a working group including members of the strategy group. The campaign focussed on raising awareness of low-risk drinking amongst young people, personal safety and keeping others safe. The campaign sought to engage young people through targeted social media advertising via BCUHB Twitter, Facebook, Instagram accounts, and a new social media platform, Snapchat to reach a younger audience.

The campaign reflected the recommendations from the Insights project; to adopt positive and engaging messaging. A landing page was developed for the national substance misuse helpline DAN247 to direct young people to further information and support. The evaluation suggests the campaign reached more than 175,000 people and the video content was played over 18,000 times. All channels generated a total of 462 link clicks from social media, resulting in 437 visitors to the campaign landing pages at the DAN247 website. DAN247 reports that the number of people who contacted their service citing the internet / Facebook / Twitter as "where heard" rose significantly during the campaign period (November 15-29) when compared with the previous two-week period.

1.4 Violence Prevention Strategic Needs Assessment

The PHW Violence Prevention Unit has been commissioned to develop a Needs Assessment for North Wales, funded by the Building a Healthier Wales fund. The assessment will involve the systematic collection and analysis of data intelligence, and a review of the evidence base to inform strategic responses to local violence prevention activities. A final report will include findings and lessons learnt for the Alcohol Strategy Group, Community Safety partners and the Area Planning Board which will help inform future work.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

Alcohol Harm reduction is a prevention and wellbeing priority within BCUHB. The Health Board strategy 'Living Healthier, Staying Well' identifies the requirement to 'invest to help people manage their alcohol intake'. The North Wales Alcohol Harm Reduction Strategy Group focusses on prevention and early intervention supporting BCUHB's response to the 'Well-being of Future generations (Wales) Act 2015', taking a long term view, and integrated approach, involving people with an interest in achieving the wellbeing goals. The group demonstrates a collaborative approach, this was evident when developing the communications plan and Alcohol Awareness campaign.

The Public Health team review **licensing applications** on behalf of BCUHB, further to an agreement with North Wales Heads of Public Protection. The licensing process regulates the number and location of outlets selling alcohol. The role of BCU in the Licensing process supports and enhances any representation being made by a licensing authority, given there is not currently a Public Health licensing objective.

The Welsh Government published the **Substance Misuse Treatment framework : prevention, diagnosis, treatment and support for alcohol related brain damage.** This is the national framework for health and social care providers, and provides guidance on how they should respond to those affected by alcohol related damage. A Clinical lead will be identified within BCUHB to lead the work. The NW Alcohol Strategy Group will support communications and training relating to the strategy (Welsh Government 2021). Link to the strategy - Substance Misuse Treatment Framework - Alcohol-Related Brain Damage (gov.wales)

Opsiynau a ystyriwyd / Options considered N/A

Goblygiadau Ariannol / Financial Implications

Failure to address harmful and hazardous alcohol consumption across the population will continue to have a considerable impact on BCUHB through alcohol related admissions to secondary care. In 2017/8 there were an estimated 1,590 per 100,000 alcohol attributable admissions (broad definition) in BCUHB. Alcohol-attributable admissions are admissions with conditions or circumstances partially or wholly linked to alcohol use in the admitting episode of care.

£43.5K was allocated to alcohol harm reduction from the Welsh Government Building a Healthier Wales fund administered by BCUHB during 2020-21. This funding will cease in April 2022 and a subsequent proposal has been submitted to the Health Board for funding during 2022-23, the outcome is awaited.

The APB has allocated £40k to the Alcohol Strategy group for 2022-23 to focus on prevention and early intervention, this will be allocated according to the delivery plan.

Dadansoddiad risk /Risk analysis

Capacity within the Public Health team along with internal staff changes can disrupt delivery of the plan and continuity within the topic area.

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance N/A

Asesiad Effaith / Impact Assessment

An Equality Impact Assessment has been completed on the Alcohol Harm Reduction Strategy highlighting minor action points to be picked up in the Action plan. As specific project and programmes fall out of the overarching strategic work, health impact and equality assessment will be conducted as appropriate.

References

Public Health Wales (2019) Alcohol in Wales. Public Health Wales Observatory. Available online. Accessed 19/01/22 Alcohol in Wales (2019) - Public Health Wales (nhs.wales)

Welsh Government (2021) Substance misuse: prevention, diagnosis, treatment and support for alcohol-related brain damage. Available online (Accessed 19/02/22) Substance misuse: prevention, diagnosis, treatment and support for alcohol-related brain damage | GOV.WALES

Office for National Statistics (ONS) (2021) Alcohol-specific deaths in the UK: registered in 2020. Available online. Accessed 19/01/22 Alcohol-specific deaths in the UK registered in 220.pdf

Tîm Iechyd Cyhoeddus Betsi Cadwaladr
Betsi Cadwaladr Public Health Team

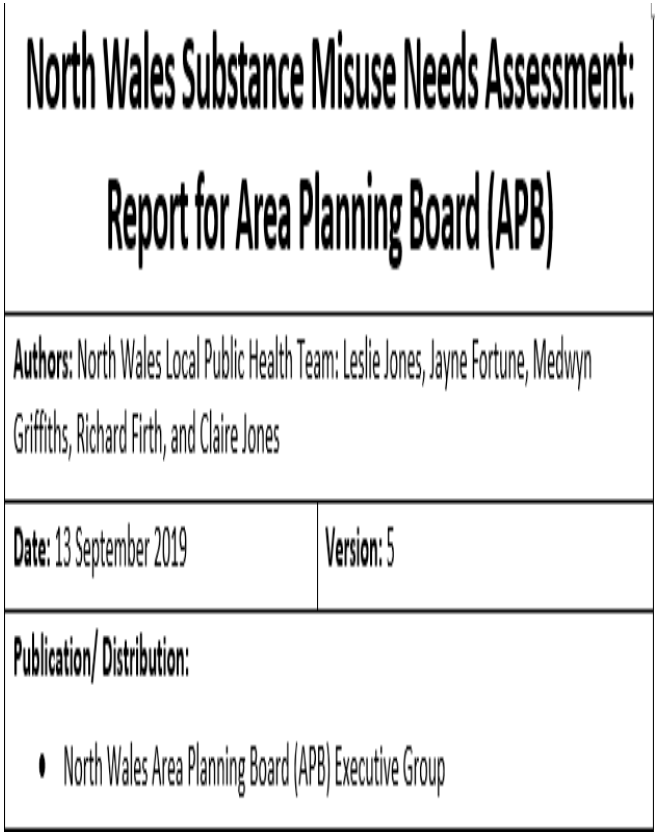
Report | Adroddiad :

PPPH – Diweddariad ar weithgaredd lleihau niwed alcohol
PPPH - Update on the Alcohol Harm reduction activity

Dyddiad | Date: 10/02/22

Cyflwynydd | Presenter: Siwan R Jones, Prif Swyddog Iechyd Cyhoeddus/Principal Public Health Officer

Strategaeth cenedlaethol a rhanbarthol
National & regional strategy


North Wales Substance Misuse Needs Assessment:

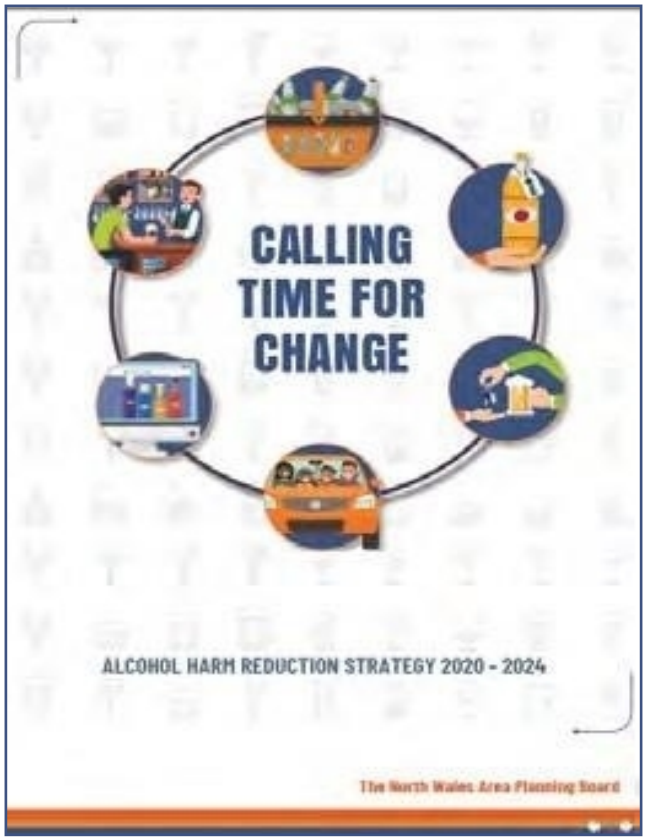
Report for Area Planning Board (APB)

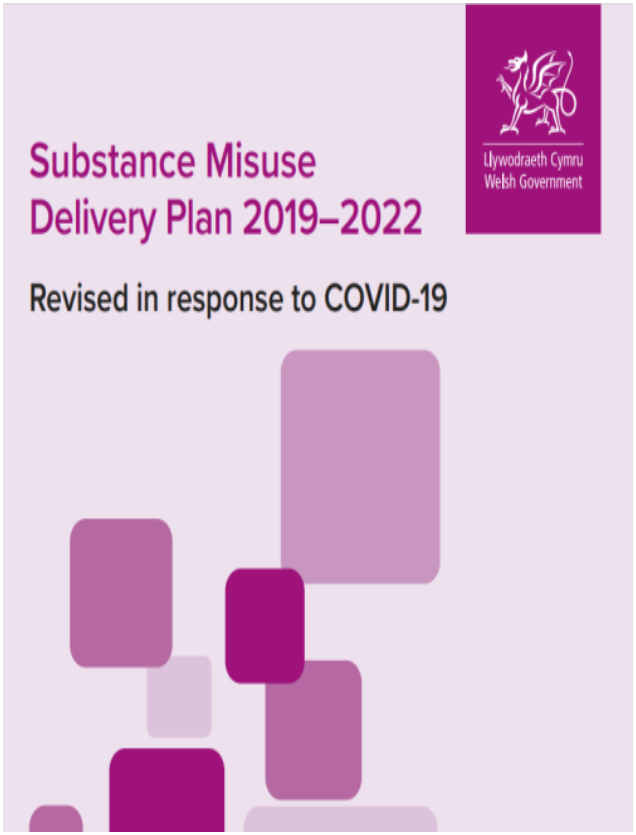
Authors: North Wales Local Public Health Team: Leslie Jones, Jayne Fortune, Medwyn Griffiths, Richard Firth, and Claire Jones

Date: 13 September 2019 | **Version:** 5

Publication/ Distribution:

- North Wales Area Planning Board (APB) Executive Group





Gweithgaredd lleihau niwed alcohol (1)

- **Sefydlu grŵp strategaeth Alcohol Gogledd Cymru**

Arwain gweithrediad 'Galw Amser Newid'

- **Prosiect mewnwelediad i leihau niwed Alcohol**
- **Alcohol a beichiogrwydd**

Gweithdy mapio prosesau i ddeall gwybodaeth a ddarperir i fenywod a theuluoedd sy'n ymwneud ag alcohol wrth baratoi ar gyfer beichiogrwydd, yn ystod cyfnod beichiogrwydd a cyfnod ôl-enedigol

Alcohol Harm reduction activity (1)

- **Establish the NW Alcohol strategy group**

Leading implementation of 'Calling time for Change'

- **Alcohol Harm reduction insight project**
- **Alcohol & pregnancy**

Process mapping workshop to understand information provided to women and families relating to alcohol when preparing for parenthood, pregnancy and postnatally

Gweithgaredd lleihau niwed alcohol (2)

- **Datblygu ymgyrch ar gyfer wythnos Ymwybyddiaeth Alcohol (15-21 Tachwedd 21)**

Codi ymwybyddiaeth o yfed risg isel ymhlith pobl ifanc, diogelwch personol a chadw eraill yn ddiogel trwy lwyfannau cyfryngau cymdeithasol

Fideo wedi chwarae 18,000 o weithiau. 437 ymweliad i DAN24/7

- **Adolygu ceisiadau am drwyddedau alcohol**

Cefnogi a gwella cynrychiolaeth sy'n cael ei wneud gan awrdudodau trwyddedau

- **Asesiad anghenion strategol trais**

I ddatblygu dealltwriaeth o sut mae trais yn effeithio ar gymunedau ar draws Gogledd Cymru

Alcohol harm reduction activity (2)

- **Campaign for Alcohol Awareness week (15-21 Nov 21)**

Raising awareness of low-risk drinking amongst young people, personal safety and keeping others safe

Video content was played over 18,000 times, 437 visits to the DAN24/7 website

- **Review of alcohol licensing applications**

Supports and enhances any representation being made by a licensing authority

- **Violence strategic needs assessment**

To develop an understanding of how violence is affecting communities across North Wales

Ffeithlun / Infographic

Mewnwelediadau ar niwed sy'n gysylltiedig ag alcohol ar draws Gogledd Cymru

Insights into Alcohol harm across North Wales

Mewnwelediadau ar niwed sy'n gysylltiedig ag alcohol ar draws Gogledd Cymru

Cymerodd 197 o ymatebwyr* o ardal Gogledd Cymru ran mewn arolwg ar-lein a chyfweliadau ffôn am eu defnydd o alcohol. Cynhaliwyd yr arolwg yn ystod cyfnod clo cenedlaethol Covid-19.
Roedd yr astudiaeth yn cwmpasu'r grwpiau poblogaeth a ganlyn:

Oedolion 45-65 oed yn yfed mwy na:**

Rhieni plant dan 16 oed sy'n camddefnyddio alcohol ond nad ydynt yn ddibynnol

Pobl feichiog gan gynnwys y rhai sydd wedi/sydd yn profi dibyniaeth ar alcohol

Mae alcohol yn parhau i fod yn brif achos marwolaeth ac afiechyd gyda chostau uchel i'r unigolyn, y system iechyd, y gymdeithas a'r economi yng Ngogledd Cymru.

Roedd y rhai a oedd yn ystyried bod alcohol yn rhan o'u bywyd rheolaidd yn deall y niwed sy'n dod o alcohol yn well na'r rhai sy'n yfed alcohol yn llai aml.

75% yn yfed alcohol o leiaf **peth o'r amser**

23% ag alcohol fel **rhan arferol o fywyd bob dydd**

88% **yn deall y niwed** gall alcohol ei wneud

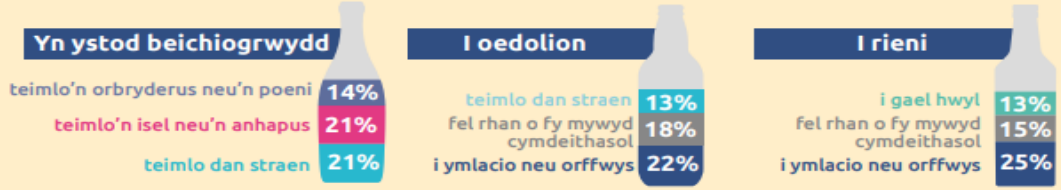
13% o bobl sy'n yfed **eisiau yfed llai**

Mae effeithiau cymdeithasol eang yn sgil goryfed, mae pobl sy'n yfed yn rheolaidd yn llawer mwy tebygol o fod eisiau cwtogi.

25% o'r rhai sy'n yfed yn teimlo bod alcohol wedi cael effaith negyddol ar **waith, perthnasoedd, iechyd corfforol** neu **arian**

14% **wedi colli gwaith oherwydd pen mawr neu yfed**, nid yw'r rhan fwyaf yn dweud wrth eu cyflogwr pam eu bod yn absennol

Y 3 phrif reswm dros yfed:



*(99 o oedolion, 52 o rieni, 26 o bobl feichiog). Mae data sy'n ymwneud â menywod beichiog yn llai dibynadwy oherwydd niferoedd bach.
**gan gynnwys y rhai sydd wedi/sydd yn defnyddio gwasanaethau camddefnyddio sylweddau.

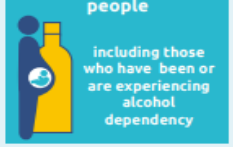
Insights into alcohol harm across North Wales

197 respondents* from the North Wales area took part in an online survey and telephone interviews about their alcohol consumption. The survey took place during the national Covid-19 lockdown.
The study encompassed the following population groups:

Adults aged 45-65 consuming more than:**

Parents of children under the age of 16 who misuse alcohol but are not dependent

Pregnant people including those who have been or are experiencing alcohol dependency



Alcohol remains a major cause of death and ill health with high costs to the individual, the health system, the society and economy in North Wales.

Those who considered alcohol part of their regular life better understood the harms that come from alcohol than those who drink alcohol less often.

75% drink alcohol at least **some of the time**

23% have alcohol as **a normal part of everyday life**

88% **understand the harm** alcohol can do

13% of people who drink **want to drink less**

There are broad social impacts from excessive drinking, people who drink regularly are significantly more likely to want to cut back.

25% of those who drink feel alcohol has had a negative impact on **work, relationships, physical health** or **finances**

14% **have missed work due to a hangover or drinking**, most don't tell their employer why they are absent

Top 3 reasons for drinking:

*(99 adults, 52 parents, 26 pregnant people). Data relating to pregnant women is less reliable due to small numbers.
**including those who have been or are accessing substance misuse services.

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Pobl feichiog

Mae gan bobl feichiog ymwybyddiaeth uchel o'r risgiau i'w beichiogrwydd a'r stigma cymdeithasol a'r cywilydd sy'n gysylltiedig ag yfed yn ystod beichiogrwydd.

81% yn adrodd **nad oeddent yn yfed alcohol o gwbl** yn ystod beichiogrwydd

12% yn dweud eu bod yn yfed alcohol ar **achlysuron arbennig**

60% o bobl feichiog **wedi lleihau eu cymeriant alcohol** yn ystod beichiogrwydd

60% sy'n yfed yn ystod beichiogrwydd **yn adrodd am effeithiau negyddol** ar eu bywyd bob dydd

Rhieni

Gall partneriaid neu aelodau o'r teulu sydd â phroblemau camddefnyddio alcohol a dibyniaeth gael **effaith ehangach ar fywyd teuluol**

Rhieni wedi dechrau yfed rhwng 11 a 40 oed, **15 oed ar gyfartaledd**

Maen nhw'n meddwl **nad yw eu plant yn yfed alcohol**

Mae rhieni yn cydnabod eu bod yn **fodelau rôl** ar gyfer eu plant

Nid yw'r rhan fwyaf yn cuddio eu hyfed nac yn yfed allan o olwg eu plant.

Oedolion

Mae oedolion **45-65 oed sy'n ystyried alcohol yn rhan o'u bywyd bob dydd** tua **4 gwaith** yn fwy tebygol o fod eisiau lleihau eu cymeriant.

Roedd rhieni **plant dan 16 oed 6 gwaith yn fwy tebygol** o fod eisiau yfed llai os yw alcohol yn rhan o'u bywyd bob dydd.

Sut byddai pobl o bob un o'r 3 grŵp yn ceisio cymorth i leihau cymeriant alcohol?

Mae gan bobl feichiog ymwybyddiaeth uwch ar gyfartaledd o ffynonellau cymorth ar gyfer niwed sy'n gysylltiedig ag alcohol

Roedd pobl feichiog yn meddwl mai eu bydwraig oedd y person gorau i'w helpu i gael mynediad at wasanaethau cymorth ac adnoddau yn ymwneud ag alcohol.

Ymwybyddiaeth o linellau cymorth ar draws pob grŵp

36.2% Drinkline Alcohol Helpline **20.3%** DAN 24/7

Mae angen i wasanaethau cymorth fod yn anfeirniadol, yn rhydd o stigma, ac mae angen iddynt deimlo'n ddiogel, yn gefnogol ac yn hawdd eu cyrraedd.

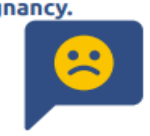
Pregnant people

Pregnant people have a high awareness of the risks to their pregnancy and the social stigma and shame around drinking during pregnancy.

81% reported **not drinking alcohol at all** during pregnancy

12% said they drank alcohol for **special occasions**

60% of pregnant people **decresased their alcohol intake** during pregnancy



60% who drink during pregnancy report **negative impacts** on their everyday life

Parents

Partners or family members with alcohol misuse problems and dependency can have a **wider impact on family life**

Parents started drinking between the ages of 11-40 years, **averaging at 15 years.**

They think **their children don't drink alcohol.**

Parents recognise they are **role models** for their children

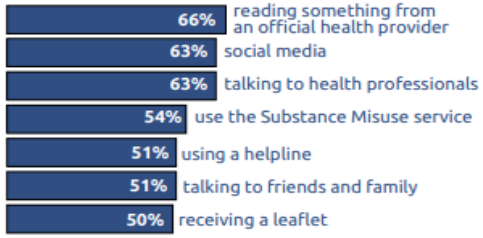
Most don't hide their drinking or drink out of sight from their children.

Adults

Adults aged **45-65 who consider alcohol part of their everyday life** are around **4 times** as likely to want to reduce their intake.

Parents of **children under 16** were **6 times more likely** to want to drink less if alcohol is a part of their everyday life.

How would people from all 3 groups seek help in reducing alcohol intake?



Pregnant people have higher average awareness of sources of support for alcohol harm

Pregnant people thought their midwife was the best placed person to help them access support services and resources around alcohol.

Awareness of helplines across all groups

36.2% Drinkline Alcohol Helpline **20.3%** DAN 24/7

Support services need to be non-judgemental, free from stigma, needs to feel safe, supportive and easy to access.

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Mewnwelediadau i bawb

Nid oes gwahaniaeth rhwng eisiau yfed alcohol a theimlo rheidrwydd i wneud hynny

Mae eraill yn dylanwadu arnaf yn fwy nag y byddwn yn dymuno cyfaddef

Mae niwed sy'n gysylltiedig ag alcohol yn dabŵ a dylid ei newid, ond nid fy nghyfrifoldeb i yw hynny

Ni fyddwn yn ymddiried mewn gwasanaethau i roi'r hyn sydd ei angen arnaf

Nid yw gwasanaethau cymorth lleihau niwed sy'n gysylltiedig ag alcohol ar gyfer pobl fel fi

Gorlwytho pobl gyda negeseuon yw'r unig ffordd i annog sgyrsiau

Fi a fi yn unig sy'n penderfynu beth sydd orau i mi

Fi sy'n gyfrifol am berthynas fy mhlentyn ag alcohol

Ni allaf gael bywyd heb alcohol

Mae angen i gyfathrebiadau fod yn gynnes ac yn ystyrlon

Camau allweddol i bartneriaid

Caniatáu i breswylwyr ymgysylltu â gwasanaethau cymorth lleihau niwed sy'n gysylltiedig ag alcohol drwy amrywiaeth o ddulliau	**Grymuso pobl ddylanwadol i gyflawni negeseuon allweddol**	**Darparu neu gefnogi addysg niwed sy'n gysylltiedig ag alcohol mewn ysgolion a cholegau**
Darparu'r adnoddau sydd eu hangen ar breswylwyr i'w cyfeirio'n glir at ble y gallant ddod o hyd i wybodaeth am wasanaethau cymorth lleihau niwed sy'n gysylltiedig ag alcohol	**Gosod gwasanaethau cymorth fel ffrind ar gyfer pan fydd eu hangen**	**Defnyddio dull aml-sianel o gyflwyno cyfathrebiadau**
Tawelu meddwl trigolion am alluoedd ac adnoddau gwasanaethau cymorth	**Herio norm diwylliannol yfed alcohol**	**Temtio, arwain a chefnogi preswylwyr at fywyd gyda llai o alcohol**

Comisiynodd tîm Iechyd Cyhoeddus Iechyd Prifysgol Betsi Cadwaladr Social Change UK i gynnal yr ymchwil. Mae'r ffeithlun yn rhan o'r adroddiad 'Mewnwelediad i leihau niwed sy'n gysylltiedig ag alcohol'. Gellir cael rhagor o wybodaeth gan siwan.jones@wales.nhs.uk

Insights for all

There is no distinction between wanting to drink alcohol and feeling obliged to do so

Others influence me more than I'd care to admit

Alcohol harm is taboo and should be changed, but that's not my responsibility

I wouldn't trust services to give me what I need

Alcohol harm and reduction support services are not for people like me

Overloading people with messages is the only way to encourage conversations

I and I alone decide what's best for me

I am responsible for my child's relationship with alcohol

I can't have a life without alcohol

Communications need to be warm and meaningful

Key actions for partners

Allow residents to engage with alcohol harm reduction support services through a variety of means	**Empower people of influence to deliver key messages**	**Provide or support alcohol harm education in schools and colleges**
Provide residents with the resource they need to clearly direct them to where they can find information about alcohol harm and reduction support services.	**Position support services as a friend for when they're needed**	**Use a multi-channel approach to delivering communications**
Reassure residents of support services' capabilities and resource	**Challenge the cultural norm of drinking alcohol**	**Tempt, guide and support residents into a life with less alcohol**

Betsi Cadwaladr University Health Public Health team commissioned Social Change UK to undertake the research. The infographic is part of the 'Alcohol harm reduction insight' report. Further information can be obtained from siwan.jones@wales.nhs.uk

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Cyfarfod a dyddiad: Meeting and date:	**Partnerships, People and Population Health Committee 10.2.22**
Cyhoeddus neu Breifat: Public or Private:	Public
Teitl yr Adroddiad Report Title:	**Update on Test, Trace, Protect (TTP)**
Cyfarwyddwr Cyfrifol: Responsible Director:	Teresa Owen, Executive Director of Public Health
Awdur yr Adroddiad Report Author:	Glynne Roberts, Director, TTP
Craffu blaenorol: Prior Scrutiny:	Presented to PPPH as the governance route for TTP reporting
Atodiadau Appendices:	Update on Test, Trace and Protect (TTP) in North Wales

Argymhelliad / Recommendation:

The Committee is asked to note the following recommendations:

i. That recruitment is undertaken to ensure that all aspects of the Test Trace Protect Service are sufficiently robust to meet service demands until the end of the financial year.

ii. That senior members of the Test Trace Protect Team continue to liaise with partner organisations both locally and nationally to work in partnership to address the changing service requirements.

iii. That the Test Trace Protect Team support the current Welsh Government review of TTP, and implement the agreed strategy once concluded.

Ticiwch fel bo'n briodol / Please tick as appropriate

Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**	**x**	**Er gwybodaeth For Information**	

Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable	**N**

The TTP programme is delivering the operational aspect of Welsh and UK Government requirements for COVID-19, the strategic decisions having been undertaken at a governmental level.

Sefyllfa / Situation:

This paper provides an update on the Test Trace Protect programme, with a specific focus on the sustainability of the services, and their ability to meet the changing demands of the Covid response.

Cefndir / Background:

The Welsh Government *Test Trace and Protect* (TTP) Strategy was initially published in May 2020 and updated in June 2020. The TTP Strategy aims to enhance health surveillance in the community, undertake effective and extensive contact tracing, and support people to self-isolate where required to do so.

Since the initial announcement, the Health Board, Public Health Wales and Local Authority

partners across North Wales have worked collaboratively to establish an integrated and resilient response, and have established a multi-partner, multi-layer tracing service. This has been underpinned by national guidance. The Covid response has also grown to include the 3rd sector.

Given the fluctuating nature of Covid transmission, TTP services have had to adapt to an ever-changing landscape, to ensure that the services are sufficiently agile to meet the community demands. Current projections suggest that the TTP services will be required at least until the end of June 2022 at the earliest.

Members of the North Wales TTP Service are contributing to the Welsh Government review of TTP at a national level, and will need to implement the agreed strategy during 2022.

Asesu a Dadansoddi / Assessment & Analysis

Goblygiadau Strategol / Strategy Implications

The Test Trace Protect Service was set up as part of the Welsh Government's response to Covid in May and June 2020. The Health Board, along with local authority partners, have been charged with implementing the strategy at a regional level, and has created robust structures to carry out these functions.

Opsiynau a ystyriwyd / Options considered

The service has been established in partnership with local autorities across North Wales, and working at a national level with Welsh Government and Public Health Wales.
There are three elements to the strategy:

i. Testing: The Covid Testing Units are managed by the Health Board, supported by a range of testing options funded through UK Government. These are likely to change as part of the on-going All Wales strategic review.
ii. Tracing: the Regional Hub comprises Health Board and Public Health Wales staff, who work in tandem with the county-based tracing teams, managed by local authorities. The future configuration of contact tracing teams will be adapted to reflect changes to testing requirements.
iii. Protect: The Health Board has taken a co-ordinating role to establish a network of Community Support Hubs, linking in with local authority and third sector partners.

In developing this comprehensive service, the options for future delivery are agreed at a regional level through the Strategic Co-ordinating Group and reported to PPPHC.

Goblygiadau Ariannol / Financial Implications

Welsh Government has agreed a budget for TTP, which is allocated to the different partner organisations in accordance with local delivery plans.

The total forecast spend for TTP in 2021-22 is £18.2m, of which £4.1m will be for Antigen Testing and £14.1m for Tracing. "Protect" will be funded via different Welsh Government allocations, and drawn down via local authorities.
Initial projections for 2022-23 indicate a budget requirement of £19.3m, but this is subject to change when the outcome of the current strategic review is agreed.

Dadansoddiad Risk / Risk Analysis

Robust governance arrangements are in place for the TTP service, and an internal BCUHB governance group has been established to address issues that specifically affect the Health Board.

This group's work has been designed to ensure that:

- The Health Board delivers and maintains the expected outcomes for the services for which it has a responsibility. This may be working in isolation, or in partnership with others.
- Trends and forecasting are considered, to ensure responsiveness of the end-to-end service and that resourcing appropriately matches requirements.
- There is internal clarity in relation to human resources, the financial position, informatics and information governance.
- Risks are actively identified and robustly managed and mitigated.
- A proactive approach is taken, with surveillance to limit the spread of the virus.
- Any BCUHB specific decisions are reviewed and approved.

The current highest ranked risks are:

Summary description	**Current score**
Summary description	**Current score**
Testing: *Ongoing Resourcing of Testing Service:* There is a risk that resourcing the service to required levels will not be possible. During the peak of the Omicron variant, testing capacity had to be capped.	12
Protect: *No sustainable funding source for Covid Support Hubs, although funding for 2022-23 has been agreed*	9
Tracing: *Insufficient specialist public health advice and input to TTP.*	9
Tracing: *Discharged Covid contacts from hospital.*	9
Testing: *Testing Lab capacity.*	9
Tracing: *Unable to meet demand for public health advice*	9

Cyfreithiol a Chydymffurfiaeth / Legal and Compliance

N/A.

Asesiad Effaith / Impact Assessment

The TTP services have all been considered alongside the need for impact assessments.
Socio economic duty: A Socio Economic Duty Assessment was completed on the Covid Support Hubs that underpin the Protect element of TTP.
Welsh Language: Particularly for the public-facing Tracing services, Welsh language considerations have been made and language preference identified in contacting the general public.
Data governance: Data relating to TTP is stored in the All Wales CRM, which sits outside the direct influence of the Health Board

RATIONALE

This paper provides an update to PPPHC on the TTP programme in North Wales since December 2021.

HEADLINES

- *Services continue to respond to the on-going demands, and have generally performed well.*
- *Covid rates in North Wales have been at their highest in early January 2022, and remain high, leading to the need to react to changing priorities, expectations, and strategic approaches.*
- *Whereas the late-Summer and Autumn of 2021 saw Covid rates consistently over 500 cases per 100,000 population recorded on a daily basis across North Wales, Covid rates in early January 2022 were recorded at over 2,000 per 100,000.*
- *Although rates have dropped significantly, in the 7 days up to 23 January 2022, over 6,000 new index cases were recorded across the region.*
- *The Christmas and New Year break saw a decline in infection rates amongst school-age young people, but since schools returned, the figures are rising again.*
- *The rise in community transmission rate is not replicated in a corresponding increase in the hospital admission rates, which have remained relatively low.*
- *BCU has been at the forefront of the Covid recovery work in Wales, and the Community Support Hubs set up as pilot projects in each county have delivered a new way of working that will need to be sustained in the longer term.*
- *Funding for TTP services has been confirmed until the end of June 2022, with a comprehensive Welsh Government review on the future direction of TTP due to report in February. Five task-and-finish groups have been established to draw up a revised strategy.*
- *Recruitment is being undertaken to match resources to demand. Some BCU staff have been offered permanent contracts of employment, and will transfer to core services once the TTP requirement has ceased. This has aided staff retention.*

SERVICE DELIVERY

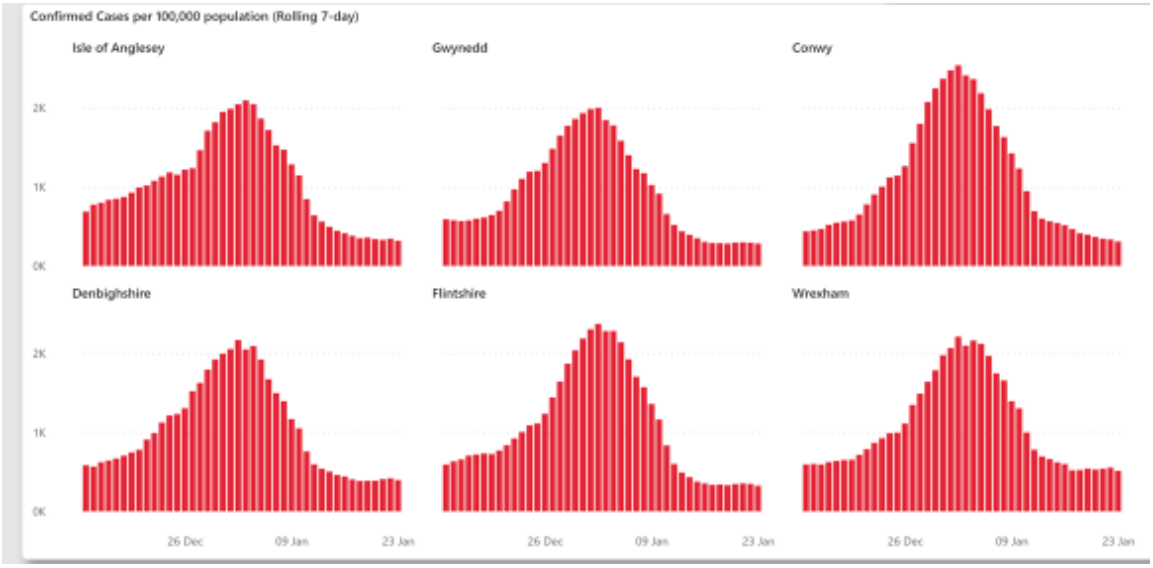
PCR Testing

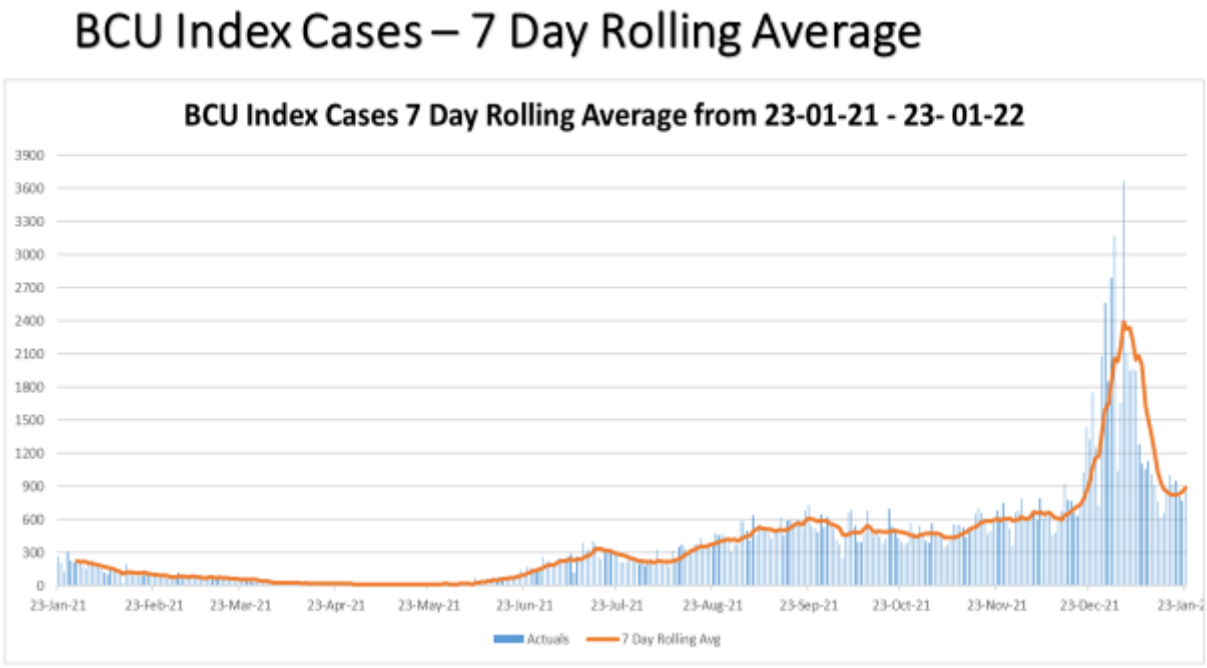
- Polymerase chain reaction (PCR) testing capacity across North Wales is at around 37,500 slots per week, consistent with the previous Quarter.
- PCR testing is available from the Health Board managed Covid Testing Units (CTUs) located in Ysbyty Alltwen, Parc Menai (Bangor), Ysbyty Glan Clwyd, and Ysbyty Maelor Wrexham. These units predominantly provide tests for pre-operative patients awaiting procedures within BCU, apart from Alltwen which, given its geographical location, is open to the general public. This has resulted in a surge in activity in Alltwen over recent months.
- Regional drive-through Testing Units (RTUs) for the general public have been funded by UK Government, and are located in Deeside and Llandudno.
- Local walk-in Testing Sites (LTSs) for the general public have been established in Bangor, Rhyl, Shotton and Wrexham.

- Mobile Testing Units (MTUs) are deployed for short periods of time in locations furthest away from fixed testing provisions, or in support of localised Covid outbreaks.
- The current Welsh Government review is considering what testing arrangements will be required from April onwards.

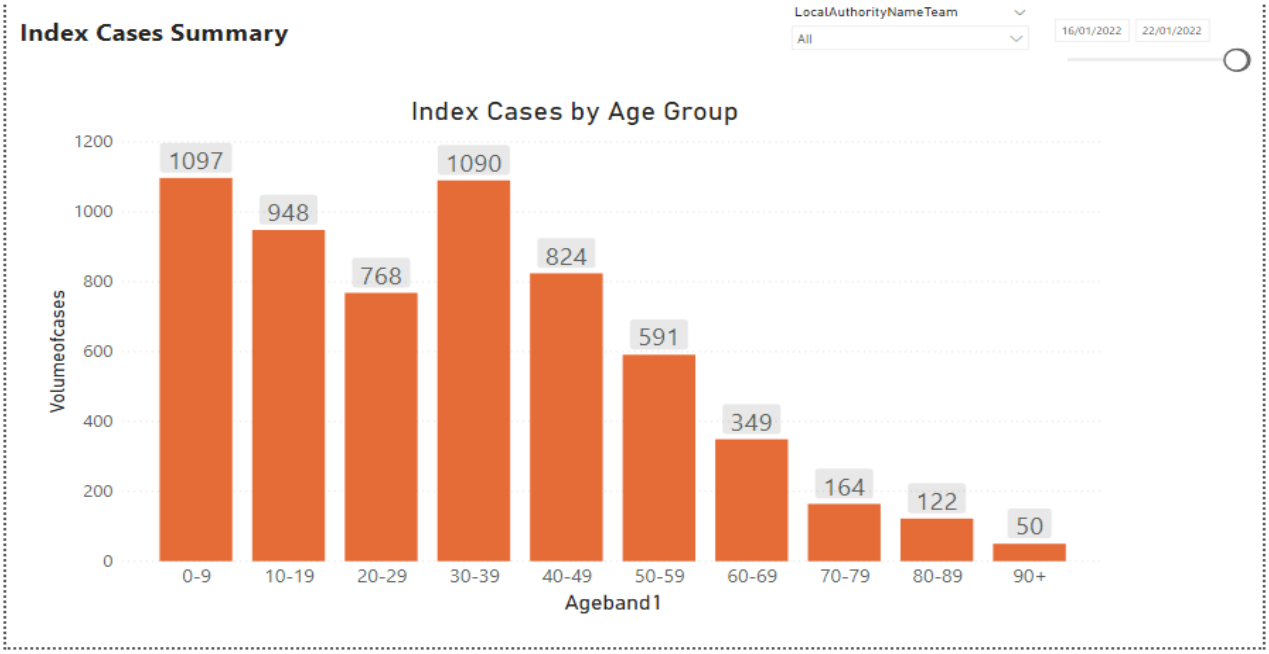
TRACING

- *Having plateaued from September to November, index cases regionally rose sharply during December due to the impact of the Omicron variant :*





- *In the three months up to Christmas, the largest proportion of cases was to be seen in the 10-19 age group. However, given the 3-week break from late December, the distribution of cases changed, although the school-age cases have risen again as schools return in January:*



- Given the sharp increase in cases, the Contact tracing service introduced the E-form as the main means of communicating with contacts. It would not have been possible to maintain contact tracing in its' previous form given the number of cases involved. The public response to the E-form has been largely positive, and the digital tracing concept is likely to form part of the on-going strategy.
- The Contact Tracing services have undertaken a period of continuous recruitment, with many of those who had been deployed initially returning to their substantive positions, and short-term contracts impeding further recruitment. Working in tandem with local authorities, an agreement to extend contracts up until the end of June 2022 has seen recruitment improve across each county, but a decision is required urgently to confirm the future direction of the service beyond the duration of the current contracts.

PROTECT

- Covid Support Hubs have been established in each county, working with local authority and 3rd sector partners. These are located across the region:
  - Holyhead (host organisation: Citizens advice Ynys Môn)
  - Maesgeirchen (Bangor). Host organisation: Maes Ni community group.
  - Conwy. Host organisation: Community and Voluntary Support Conwy
  - Denbigh. Host Organisation: Grwp Cynefin housing association.
  - Shotton. Host organisation: Flintshire County Council.
  - Plas Madoc (Wrexham). Host organisation: Splash Leisure Centre and the We Are Plas Madoc community group.
- Funding has been extended, so that the 6 pilots can run until the end of March 2022.
- Quantitative evaluation will be provided through a dedicated software system, and a qualitative evaluation study is currently being undertaken by Wrexham Glyndwr University.
- The initial outcomes from the hubs have been successful, with a number of positive developments over recent months:

- Over 185,000 LFT kits have been handed out by Covid Support Hubs since they started.
- Given the initial success, North Wales now has 12 Community Support Hubs along with 21 microsites (in Conwy, Anglesey and Gwynedd).

- A number of additional services are aligning with the hubs, increasing the community offer, and enhancing the concept of the one-stop facility within the communities served. Across the region, over 100 voluntary organisations are engaged with the hubs.

CASE STUDY – linked to Community Support Hub

Advice area: Food bank; food scheme membership; fuel voucher; assistance with benefits

Headline summary

Financial difficulties, benefit deductions and debts leaving client without disposable income and suffering from lack of food and heating.

Client background

A 49-year-old single male who lives alone in local authority accommodation with his dogs. Client does not work as he suffers chronic depression and anxiety. Client was initially in receipt of Universal Credit (UC) as a job seeker. House is under-occupied by two bedrooms, which means that the housing element of the rent in the UC has a shortfall of £150 a month. There are no smaller properties available, which means the client has a deficit budget after paying for household expenses, and was left with the dilemma of whether to "heat or eat" over the winter.

What we did and how it made a difference

Hub arranged an immediate food bank and fuel voucher (electricity) for the client to relieve immediate crisis, and worked through a weekly budget. Identified that by making a subsidised referral to Bwyd Da Môn the shortfall would be reduced. (Bwyd Da Môn is a food waste initiative where members pay a subscription fee of £5 per week in return for approximately £20 worth of food that would otherwise go to landfill. Hub assisted the client to complete "Apply for limited capability for work and work related activity" in their UC, which, if successful, means they will no longer be required to look for work, and their monthly UC payment will increase. The Citizen's Advice Bureau (CAB) welfare benefits team are exploring if the client is eligible for Personal Independence Payment (a non-means tested benefit for claimants with long team health conditions that impact on their care and mobility needs). The client was also referred to the energy team for ongoing budgeting support, and to the iCAN service for continued emotional support.

Outcomes

The client has managed his budget better with the help of the subsidised food subscription plus the initial fuel vouchers and food banks provided without which he would have experienced cold and hunger.

The free subsidised Bwyd Da Môn subscription was granted for 8 weeks, so client will get a weekly food parcel delivered for this duration. After this, the client has the option of continuing with the scheme at the normal fee of £5 per week.

Initial period (£20 worth of food a week x 8 weeks = saving of £160)

Membership £220 for the rest of the year, which will provide the client with £1,040 worth of food, saving the client £660

Estimated value of PIP award £89.90 per week care component
£27.60 per week mobility component

Estimated savings from energy advice
£140 Warm Home Discount
£100 Winter Fuel Payment

Client reports increased confidence and general wellbeing, and is pleased with the support he is receiving from iCAN which is hoped with eventually encourage him to socialise more.

Governance

The TTP programme has created two reporting routes:

i. For BCU services, there is a monthly Governance Forum that reports to the main Oversight Group, and to PPPHC via this report.

ii. For the wider partnership agenda, an Oversight Group meets on a monthly basis, and reports to the regional Strategic Co-ordinating Group.

ISSUES/RISKS

- Recruitment and capacity issues for Testing and Tracing services: Although recent recruitment has been relatively successful, staff retention remains problematic due to the short-term nature of the contracts, especially as the timescale until the end of the contracted period is reducing. Some Health Board staff have been offered permanent contracts, working within the TTP Service in the first instance.
- Case numbers remain variable and volatile, as demonstrated in the number of Omicron cases. Services therefore have to be staffed to a high level to accommodate the nature of the local demand.
- Contact tracing services have adapted consistently, with the use of the E-from now a key factor in communicating with identified contacts. Further work is required at a national level to amend the mandatory fields within the form to provide the level of detail required.
- The success of the Covid Support Hubs has demonstrated the appetite for close collaboration between public sector and voluntary organisations, evidenced in the increasing number of organisations participating. Work is ongoing to secure the future of these hubs in the post-pandemic period. Welsh Government has been keen to roll out the hub concept to other parts of Wales.
- Welsh Government has established a series of Task and Finish Groups to consider the future requirements of TTP. These groups will report by the end of February 2022, which will need to be considered alongside the UK Government's evolving strategy.

CONCLUSION

- Since their establishment, Testing and Tracing Services have a track-record for meeting ever-changing demands, and in rising to the challenge of the constant changes in Covid-19 prevalence across the region. The Omicron variant tested the capacity and resilience of the service, but the service responded to the challenge.
- The partnership approach adopted by the TTP service has demonstrated the importance of co-ordinated multi-agency responses. Relationships between health, local authorities and the 3rd sector have been enhanced throughout this period. New planning and reporting structures have been established and these have been successful in meeting the needs of local communities.
- Current trends indicate that although community transmission rates have been extremely high, there has not been a corresponding surge in hospital admissions, suggesting that the vaccination programme has been extremely effective.
- Moving forward, it is anticipated that there will be an additional focus on the Protect element of TTP, ensuring that our most disadvantaged communities are supported through what is likely to be a difficult period socially and economically. Welsh Government are keen to support the development of integrated community support mechanisms.
- Some of the recruitment issues within TTP have been addressed, but services will need to maintain their agility to meet the constant demands. The outcome of the current Welsh Government review of TTP will set the direction for 2022.

Partnerships, People and Population Health Committee 10.2.22	GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board *To improve health and provide excellent care*

Committee Chair's Report

Name of Committee:	**Together 4 Mental Health Partnership Board (T4MHPB)**
Meeting date:	7.1.22
Name of Chair:	Lucy Reid - Health Board Vice Chair
Responsible Director:	Teresa Owen - Executive Director Public Health
Summary of business discussed:	- Patient Story The story highlighted a number of concerns that had previously been expressed by service users who had been on a S136 - T4MH Strategy Renewal Update The specification for the facilitated workshops is out to procurement, this ends on 18th January 2022, and an update will be provided to the next meeting - T4MH Refreshed Terms of Reference (ToRs) Members reviewed and made final amendments to the ToRs. The Partnership Board welcomed Alwyn Jones as Vice Chair of T4MHPB - Mental Health activity / demand on North Wales Police (NWP) The MH team within NWP is currently being restructured and they are looking at better and more practical ways of understanding the demand on officers time - Presentation of contact data A presentation by Ruth Joyce, Criminal Justice Liaison Service Manager was given in relation to contacts into the service. From the presentation there was a discussion in relation to NW Police undertaking consultation prior to instigating MHA 136 arrangements and it was recognised that further joint work would be beneficial in this area. However it was noted the challenges that are faced with embedding arrangements when there are changes of NW Police personnel. - NW Regional Crisis Care Concordat Forum Update The new national action plan and reporting template is now live. The group noted the plans for the national review of the Crisis Care Concordat and the interim national action plan. The

	group agreed that a key focus against the national action plan will be to undertake a stocktake of the current Single Point of Access arrangements by each organisation.
Key assurances provided at this meeting:	• Patient stories to form part of the T4MHPB action plan • ToRs to be formally signed off at next meeting • The contract with Caniad has been extended by 6 months to ensure patient and service user engagement continues
Key risks including mitigating actions and milestones	• NW Crisis Care Concordat Form to be tasked with looking at pathways into CMHTs • Availability of section 12(2) doctors and the impact upon wider partner services was discussed and action taken by the HB will be reported to the next meeting • The need for a whole system approach was discussed and the importance of incorporating it into the strategy refresh
Targeted Intervention Improvement Framework Domain addressed	• Mental Health (adult and children) • Strategy, planning and performance • Leadership (including governance, transformation and culture) • Engagement (patients, public, staff and partners)
Issues to be referred to another Committee	• No issues to be referred
Matters requiring escalation to the Board:	• No matters to escalate
Well-being of Future Generations Act Sustainable Development Principle	*1.Balancing short term need with long term planning for the future;* *2.Working together with other partners to deliver objectives;* *3. Involving those with an interest and seeking their views;* *4.Putting resources into preventing problems occurring or getting worse; and 5.Considering impact on all well-being goals together and on other bodies)*
Planned business for the next meeting:	Range of regular reports plus • Update on S12.2 Drs • Psychological Therapies Update • Children's Update • NW Suicide & Self Harm Group update
Date of next meeting:	01.04.22