



Complete Agenda

Democratic Services
Swyddfa'r Cyngor
CAERNARFON
Gwynedd
LL55 1SH

Meeting

CARE SCRUTINY COMMITTEE

Date and Time

10.30 am, THURSDAY, 16TH FEBRUARY, 2023

NOTE: A BRIEFING SESSION WILL BE HELD FOR MEMBERS AT 10:00 AM

Location

**Hybrid Meeting - Siambr Hywel Dda, Council Offices, Caernarfon, Gwynedd,
LL55 1SH / Zoom**

*** NOTE**

This meeting will be webcast

https://gwynedd.public-i.tv/core//en_GB/portal/home

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(DISTRIBUTED 08/02/23)

CARE SCRUTINY COMMITTEE

MEMBERSHIP (18)

Plaid Cymru (11)

Councillors

Menna Baines
Rheinallt Puw
Linda Ann Jones
Gwynfor Owen
Einir Wyn Williams
Jina Gwyrfai

Medwyn Hughes
Dewi Jones
Linda Morgan
Meryl Roberts
Sasha Williams

Independent (6)

Councillors

Elwyn Jones
Eryl Jones-Williams
John Pughe

Anwen J. Davies
Beth Lawton
Angela Russell

Labour/Liberal (1)

Councillor Gareth Coj Parry

Ex-officio Members

Chair and Vice-Chair of the Council

Other Invited Members

Councillors

Dilwyn Morgan

Elin Walker Jones

Craig ab Iago

A G E N D A

1. APOLOGIES

To receive any apologies for absence.

2. DECLARATION OF PERSONAL INTEREST

To receive any declarations of personal interest.

3. URGENT BUSINESS

To note any items that are a matter of urgency in the view of the Chairman for consideration.

4. MINUTES

4 - 15

The Chairman shall propose that the minutes of the meeting of this committee held on the 10th of November, 2022 be signed as a true record.

5. CARE INSPECTORATE WALES AUDIT REPORT - ADULTS, HEALTH AND WELLBEING DEPARTMENT

16 - 36

To update the committee on the Care Inspectorate's findings and the Department's programme of work to respond to them. Huw ap Tegwyn and Myfanwy Moran from Care Inspectorate Wales will be attending.

6. GWYNEDD ADULTS POPULATION NEEDS ASSESSMENT REPORT

37 - 169

To submit the draft Needs Assessment for scrutiny and to seek the support of the Committee to the Assessment before it is submitted to the Cabinet and Council for approval.

7. CARE SCRUTINY COMMITTEE FORWARD PROGRAMME 2022/23

170 - 171

For the Committee to prioritise items for the meeting on 20 April 2023 and adopt a revised work programme.

CARE SCRUTINY COMMITTEE THURSDAY, 10 NOVEMBER 2022

Present: Councillor Eryl Jones-Williams (Chair)

Councillors: Menna Baines, Anwen J. Davies, Jina Gwyrfai, Dewi Jones, Elwyn Jones, Beth Lawton, Linda Morgan, Gwynfor Owen, Gareth Coj Parry, John Pughe, Rheinallt Puw, Meryl Roberts, Angela Russell and Sasha Williams.

Officers in attendance: Bethan Adams (Scrutiny Advisor), Llywela Haf Owain (Senior Language and Scrutiny Advisor) and Sioned Mai Jones (Democracy Services Officer).

Present for item 5:

Jason Killens (Chief Executive of the Welsh Ambulance Service) and Estelle Hitchon (Director of Partnerships and Engagement, Welsh Ambulance Service).

Present for item 6:

Catrin Thomas (Assistant Head of Supporting Families) and Steffan Llyr Williams (Youth Service Manager).

Present for item 7:

Councillor Craig ab Iago (Cabinet Member for Housing and Property), Carys Fôn Williams (Head of Housing and Property Department) and Gareth Wyn Parri (Housing Options Team Leader).

1. APOLOGIES

Apologies were received from Councillors R. Medwyn Hughes, Linda Ann Jones and Einir Wyn Williams as well as Councillor Elin Walker Jones (Cabinet Member for Children and Supporting Families).

2. DECLARATION OF PERSONAL INTEREST

A declaration of personal interest was received for item 6 from Councillor Rheinallt Puw who noted that his daughter worked in the Youth Service. This was not a prejudicial interest, and he did not withdraw from the meeting.

3. URGENT ITEMS

None to note.

4. MINUTES

The Chair signed the minutes of the previous Committee meeting held on 29 September, 2022, as a true record.

5. PRESENTATION BY THE AMBULANCE SERVICE

Jason Killens, Chief Executive of the Welsh Ambulance Service and Estelle Hitchon, Director of Partnerships and Engagement, were welcomed to the meeting. Members were given a presentation which reported on the performance of the Welsh Ambulance Service.

Details were given on statistics such as the response times to red calls (risk to life calls) at Betsi Cadwaladr, noting that the percentage response to these emergency calls within 8 minutes had dropped since October 2022 from 62% to 47% by October 2021 and had now stabilised at approximately 45% by September 2022. It was acknowledged that this meant that some patients were waiting much too long for an ambulance.

It was noted that the main reason for the drop in the response times was the substantial increase in lost hours when transferring to hospital, which affected the ability to respond to emergency calls promptly. It was noted that this delay when transferring had increased over time and had been at its worst in September 2022. Details were also given of other challenges such as increasing staff sickness and absences leading to capacity problems and challenges relating to attracting staff and filling posts.

Reference was made to patient safety and civil reportable incidents, which detailed the deaths and serious harm that could have been avoided, and comparison was drawn between the situation of Betsi Cadwaladr and the rest of Wales. The numbers were lower compared with the whole of Wales, but on average, 2 patient safety issues were recorded every month as a result of very long delays, clinical errors and patients waiting in ambulances outside the hospitals.

Information was received on the current review being undertaken of demand and capacity within the service, and details were given on what was being done in an attempt to improve the situation, such as recruiting and training more staff, reviewing the list of duties and changes to arrangements such as rapid response vehicles, e.g., staffed by senior paramedics. It was believed that these measures would help with the response time problems.

To close, they ran through a future response model which focused on transforming the emergency medical services by placing more emphasis on consultation, treatment and referrals, instead of transporting patients to hospitals.

During the discussion, the following observations were submitted by members:-

- Members expressed gratitude for the presentation and commented that it conveyed a bleak image of the ambulance service and for the people who lived in North Wales, particularly in the rural areas.
- A request was made for an explanation of the role of the first responders, noting that their service was essential to rural areas in the County such as Tywyn, particularly considering the current situation and discussions about the air ambulance service.
- Reference was made to the lack of locum staff, and it was asked whether it was possible to increase staff numbers in the Tywyn area. Members expressed their admiration towards the existing staff who worked under strain. Reference was made to staff who had recently joined Tywyn but there was a tendency for them to be transferred to other locations, leaving Tywyn without adequate staff. It was added that the ambulance service was very important to the area, considering that there were not many doctors in the area and no minor injuries unit in Ysbyty Tywyn. It was noted that a number of first responders who were volunteers had stopped because

they often had to wait with patients for 4-6 hours before an ambulance arrived and a number of them had other jobs to go to.

- Reference was made to examples of older people falling and fracturing bones in the community and no first responders being available to assist them, therefore they faced hours waiting for an ambulance. It was believed that the risk to patients was increasing due to the unacceptable waiting time for ambulances.
- Concern was expressed about the ambulance service transporting patients to hospitals in Bangor, Wrexham and Glan Clwyd and then being held back in these locations or being sent to calls in nearby locations, therefore there was no supply to respond to calls in the local community. It was also noted that the transfer time should take 15 minutes but now it took on average more than 2 hours and in some cases patients could be waiting in the back of the ambulance for 12 hours, which was a concerning situation and meant that the fleet was not available in local stations. It was added that it was not uncommon nowadays to see over 10 ambulances waiting outside Ysbyty Gwynedd.
- It was asked how many lives were being lost as a result of ambulances not arriving or long delays when they were needed and concern was expressed that the national health service appeared to be broken.
- It was agreed and emphasised that collaboration was needed across the Health and Social Care sector and that the current situation of patients and ambulance workers waiting outside accident and emergency departments for up to 12 hours, sometimes more, was unacceptable.
- It was asked how much pressure was being put on the Government in an attempt to improve the waiting times outside hospitals. It was also noted that there were 100 fewer beds in Ysbyty Gwynedd today compared to when the Hospital was built.
- The service received directly by the paramedics was praised.
- Disappointment was expressed in the previous comments received from the Chief Executive of the Welsh Ambulance Service regarding the air ambulance and his support to the recent proposals on moving the location of the air ambulance in Gwynedd. It was believed that insufficient consideration was being afforded to rural needs.
- It was agreed that better collaboration was needed between the Government, the Health and Care Service and the ambulance service. It was noted that the lack of beds in the hospitals and in the community was a problem and that the problem of recruiting carers contributed to the shortcomings in terms of being able to discharge patients from the hospitals. It was added that the Government should provide better support, it was believed that the salary levels of carers were not sufficient, and this was a matter for the Government.

In response to the observations and questions from members above, it was noted:-

- That the role of the community first responders was essential and the value that they offered was acknowledged. It was added that many volunteers had been lost since the pandemic period, it was assumed that the numbers had halved across north Wales. An aspiration was expressed to increase the voluntary workforce and reference was made to recent efforts to invest in additional capacity to train and recruit more volunteers.
- That the air ambulance was not a part of the Welsh ambulance service. It was noted that they responded to 999 calls with the ambulance service and not instead of the ambulance service. Nevertheless, the Chief Executive of the Welsh Ambulance Service noted that he was aware of the proposals relating to the air ambulance

service and that he was supportive of them. He believed that the proposals would ensure that more patients who required urgent critical care obtained better access to the service, therefore the proposals appeared to be sensible.

- That 73 additional staff had been allocated to the workforce across North Wales as well as a number who were currently in training and would be ready to take up jobs after Christmas. It was reported that there had been a substantial growth in the front-line service over the past 2-3 years.
- That the ambulance service's fleet in Wales was used or assigned to a call 80% of the time. Considering the losses to the fleet such as the delay when transferring to the hospitals, this explained why the response time to calls had increased. It was acknowledged that the waiting time was unacceptable but that the ambulance service was trying to be efficient. It was added that the collaboration of the Health Service and Local Authorities was essential as these authorities had a role to deliver such as discharging patients who were medically fit from the hospitals. It was noted that the challenges that existed across the Health and Social Care system had led to the pressures on the ambulance service.
- That they were aware of pressures in the social care field for Local Authorities and were identifying what needed to be resolved across the system. It was reported that the ambulance service was seeking to collaborate to improve situations. It was noted that as a result of the increasing and ageing population that this had contributed to the demand on a variety of services relating to the Health and Care field.
- That the hospitals had a role to play. It was elaborated that the responsibility of the ambulance service was to transport the patients who genuinely needed to go to hospital A&E departments so they could not do much in relation to lack of capacity, staff and space within the hospitals. It was added that the health field's responsibility was to enable patients to move quicker through the hospitals and then the Local Authorities to help with hospital discharges. It was noted that there was a need to improve the shortcomings in the system.
- That they were attempting to improve the service in the calls control rooms in order to avoid sending an ambulance if it was not necessary and were then attempting to improve the care available in the community to avoid transporting patients unnecessarily to the hospitals.
- That the Wales ambulance service was providing information, statistics and feedback to stakeholders, including the Government, weekly and monthly. It was noted that they were emphasising the harm that could be avoided as a result of the current situation and that they were firmly of the view that change was needed. It was added that 36% of the fleet was currently unable to respond to calls and they would not be able to respond unless something changed, which was a matter for the Government. It was noted that the ambulance service was focusing on what was within its control and was using the resources available in terms of staff and money as efficiently as possible.
- That they were proud that the excellent work of the paramedics under difficult circumstances was acknowledged by Councillors and in the community. It was reiterated that the paramedics or call handlers were not to blame, but that they unfortunately continued to receive verbal abuse from some members of the public.
- He was unable to comment on individual cases regarding the ambulance service's response time, but assurance was given that the ambulance service's system targeted the patients where there was an immediate risk to life first, e.g. cardiac arrest, and they were prioritised over calls where there was no direct threat to life, e.g. fractures following a fall. It was noted that these were not easy decisions to

make, but they had to make the choice when only one fleet was available, and two calls were received.

- It was acknowledged that the waiting time and the service received in the community was unacceptable and was cause for concern; however, assurance was given that the ambulance service was doing everything within its ability to improve the provision. It was noted that the situation was affecting staff morale and leading to more sickness amongst staff, which led to further problems in terms of staff recruitment and retention. It was noted that there was too much pressure across the system.

The Ambulance Service's staff were thanked for answering the Members' questions and it was hoped that the situation would improve. To close, it was asked whether the strikes of the nurses and ambulance service would affect rural areas. The Chief Executive of the Wales Ambulance Service confirmed that the ambulance service would have substantial problems when attempting to respond to calls in the community, should the strikes go ahead. Members were thanked for their questions.

RESOLVED:

There was no vote since this item was to provide information only.

6. YOUTH SERVICE

The report was submitted by the Youth Service Manager. An overview of the main points was also received, as well as the background of remodelling the Youth Service following the Cabinet's decisions back in 2018. The new model had been established in September 2018 and it was reported that the Service had been reporting on the progress of the remodelling and performance through the Performance Challenging process.

It was noted that the Service had submitted a Progress Report on the first year of the remodelling to the Education and Economy Scrutiny Committee in January 2020, but soon after the Covid restrictions had come into force. It was expressed that the report included information on the impact of the pandemic on the remodelling as well as the service's current situation.

Reference was made to the current structure of the Youth Service, and it was added that the voice of young people was central to the Service. It was noted that the report referred to the feedback of young people about the Service, as well as what the Youth Service was doing in response to this feedback.

It was reported that information could be seen in the report on the strategic themes of the Service, which focussed on Health and Well-being across all projects, the Welsh language, equality and inclusion. The work taking place with partners and third sector organisations to meet the needs of young people was highlighted. To close, reference was made to the challenges facing the Service in the future which had been included in the report such as recruitment and the complex and severe needs of young people which had emerged over the last few years.

During the discussion, the following observations were submitted by members:-

- A comment was made that the youth clubs were currently being funded through the Community and Town Councils. Reference was made to the report which noted that the clubs that currently existed were successful, with a high number attending. It was

noted that these were not new clubs, but rather old clubs that were being reopened by the Community and Town Councils after 4 years of being closed.

- It was believed that there were strengths to the new structure, but it was questioned whether it had been a failure in one element, considering the above.
- It was expressed that consistency and stability was important to young people and it was questioned whether there was room for the Council to reconsider its provision. It was added that providing space for the young people to feel safe and that they belonged was important and an enquiry was made about the Council's role in providing permanent stable clubs instead of supporting Community and Town Councils.
- The projects being offered by the Youth Service were welcomed, and it was noted that there were very successful projects in some areas. Advantage was taken of the opportunity to thank the Youth Workers within the Council who did excellent work and appreciation was expressed for this work.
- It was expressed that it would be nice to keep the new model, but also bring the old model of clubs back; although it was understood that this was difficult in terms of the financial situation. It was believed that the young people needed the stable provision of a club, but there was certainly a place to continue with the project element.
- Concern was expressed in terms of consistency across the County, and reference was made to the effort in the South of the County to seek to re-establish a club and recruit; however, unfortunately the efforts had failed, which meant that there was no provision in the South of the County. It was emphasised that consistency was important in the County, and it was asked about the link with Schools and whether it was consistent.
- Reference was made to the difficulties of engaging with children and young people to find out what exactly they needed. It was noted that the report referred to a figure of 5,500 of young people participating; a question was asked about the threshold of participation and what counted as participation. It was also asked what the figures were in terms of working closely with the young people to hear their views.
- It was believed that it was unfair that the Council did not do more in the rural communities and there was concern that these communities were losing out. It was reiterated that a service was needed in the rural communities, particularly considering that there were more provisions and things to do in the towns in any case, compared with rural communities or small villages.
- Advantage was taken of the opportunity to congratulate Llanrug Youth Club, which was going from strength to strength and a safe place for the young people of the village to go to.
- It was expressed that closing the Youth Clubs had been a step back, although they acknowledged that there had been a need for a change in direction at the time.
- It was asked how the Service was consulting with those who did not attend clubs.
- It was expressed that the Weekly Programme did not convey all the work that was being done by the Service.
- It was asked how many youth clubs had been open before the change in 2018.
- Concern was expressed about the substantial drop from 38 clubs in 2018 to 9 clubs by the beginning of 2023, and it was questioned whether the ability to engage with the young people had been lost, particularly those who did not engage much with the Schools.
- It was acknowledged that there were excellent and flexible elements to the new system.
- It was asked whether it was possible to ask all young people in the County whether they wanted a youth club in their area.

- It was questioned whether it was possible for the Council to have a greater influence over the use of the Welsh language at the clubs and activities.
- Gratitude was expressed for a comprehensive and full report.

In response to the above-mentioned observations and questions from members, it was noted:-

- That the element of expanding the provision in the community was a positive development in order to reach a broad range of young people across the communities. It was noted that the Youth Service were looking at projects to correspond with this and listen to the voice of young people in terms of their needs. It was noted that there was an obvious need in the community and that the increase in the figures over the last two quarters reiterated this. Nevertheless, it was emphasised that it was important for the Council to be able to offer a service separately in order to ensure that every area across Gwynedd could obtain access to the Youth Service through projects and address all needs across the County.
- For clarity, it was confirmed that five community clubs were currently operational across the County, with another four putting their names forwards to open; therefore it was hoped that there would be nine operational clubs in the County by Christmas. It was noted that the figure of 24 in the report referred to the number of workers.
- That there had not been sufficient time to trial whether the joint community static clubs between the Council and Community Councils had been successful or not; more time was needed to assess this. It was added that there was a need for more time and effort to support the Community Councils that were trying to open local volunteer clubs and staff them, and that the Youth Service had now moved reserves to enable this. It was reported that it would be useful to receive feedback from the community councils that had been successful with the clubs, and those that had attempted to recommence but had failed.
- That the Council were trialling a different workforce to support the more socially natured clubs as there were recruitment challenges, therefore work was in the pipeline in an attempt to address this.
- That the Youth Service had sought to think of different ways to obtain a provision in areas such as Tywyn, e.g., commissioning a community cinema and funding it over Christmas so that there would be some kind of provision there for the young people.
- That Schools were working differently and relying on the voice and needs of young people in the Schools. The hope was that the work being done in the Schools was transitioning to the community and that further work was being done in the community.
- That participation meant anyone using the service more than once across a broad range of projects, from those where the service was intense to community clubs and fun days. A young person could attend or gain access to the Service once only, e.g., to have a chat and then feel that they had gained what they needed or a young person could return to a variety of projects; both cases would count as one engagement. It was explained that the measures were different between the old model and the new model; the Service was now trying to measure how many young people they reached and were trying to reach more young people and measure whether they were receiving what they wished.
- That transport was a greater challenge recently, compared with the pre-pandemic period. This meant that some areas had had to change their provision times.

- That the Service wanted to develop the element of engagement with young people who did not attend clubs, e.g., travel problems or no provision in their communities. It was reported that the Service was approaching Schools for feedback and had a Young People's Voice Board, which was very successful, and they were eager to receive more feedback and data about the young people who did not already engage. It was added that the Service was working closely with our Welfare Officers for the young people who did not engage at School. It was noted that engagement was also happening outside the School through clubs where needs could emerge themselves, then the Service could contact with the young people and work with them. It was explained that the voluntary element continued to be important and central to the Youth Service.
- In terms of engagement, it was noted that the Service was making use of social media and WhatsApp groups, which was a new digital way of engaging. It was reiterated that this shift to digital means of communications had been driven by the young people. This means that the link existed digitally and then the Service attempted to encourage them to attend sessions.
- That there was a need to make the best of the resource available and seek to make this resource go as far as possible. There was a need to accept that there was a limit to what could be achieved due to budgetary issues.
- That the weekly programme was only one way to convey what the Service was doing, and it tended to focus on the social element in the evening instead of the activities taking place between 3:30-6:00pm. It was acknowledged that the weekly programme did not reflect everything that was on offer. It was added that young people did not have to be involved with the service, therefore, the demand varied and there were challenges in terms of staffing, funding and identifying locations or rooms to hire to hold activities.
- The starting point before arranging any community event would be to conduct a dialogue with the young people about what they wished to see in the area and being able to assess the need.
- At their peak, 74 youth clubs existed across the County before the restructuring, but they had deteriorated naturally in numbers by 2018. It was confirmed that 38 clubs were operational by 2018 and that was the number when they ended.
- That asking young people an open question about whether they wanted a club did not provide a realistic picture. Instead, it was felt that it would be better to ask more specific questions such as what you want or wish to see. It was added that many young people wanted trips as they had not had these opportunities since pre-Covid times. As a result, it was reported that the Service had been holding many trips, e.g., ten-pin bowling or shopping trips. It was reiterated that messages from the young people were being passed on to the Service and that a lot of emphasis had been placed on having fun and on the social element over the past year.
- That the provision being offered by the Youth Service was almost always through the medium of Welsh or certainly bilingually. The importance of giving the young an opportunity to use Welsh in a more informal way outside school was reiterated. It was noted that the service was working closely with Hunaniaith and the Urdd and was working closely with some Schools such as Friars to develop the Welsh-medium provision.

In terms of Mental Health work, it was reported that this was one of the Youth Service's priorities, particularly the well-being element, and that there was a lot of collaboration with agencies such as CAMHS. It was acknowledged that mental health levels had increased over the past years. A report was provided on the well-being festival that had been held at

the beginning of the year, which had been very popular and had received positive feedback. Reference was also made to the Meddwl Ymlaen Project, which had received funding for five years. The voices of young people would give structure to the project and much collaboration between various agencies would happen over the project period.

Reference was made to the Youth Service's imminent move to the Education Department and concern was expressed, due to the Education Department's financial constraints and busy nature, that this important Service would become lost in the new Department. There was a wish to express to the Cabinet Member for Education that the Youth Service needed to be prioritised, ensuring that it would receive due attention under the Education Department. It was agreed to add this to the decision.

There was a wish to express thanks to the Youth Service about the report and for Committee members for their questions.

DECISION

- a) To accept the report that provided an update on the developments of the Youth Service.**
- b) To ask the Cabinet Member for Education to consider the observations of the Committee about the importance of the Youth Service, ensuring that it will receive due attention under the Education Service after the Service soon transfers to this Department.**

7. HOUSING ALLOCATION POLICY

A foreword was received from the Cabinet Member for Housing and Property who referred to the increasing emphasis on housing local people in the new Housing Allocation Policy. Pride was expressed in the numbers of local people who received property off the Common Housing Register.

The opportunity was taken to remind the Committee of the homelessness situation in the County, noting that the waiting time for a social property could be years. It was noted that this was unfair and reflected the reality that there was not enough social housing in the County. It was reported that it took years to increase the stock, and although improvements had happened in this field, there was an insufficient number of properties available to meet the demand for social housing.

The Head of Housing and Property Department expressed that the report submitted to the Committee was an interim report with the proposal to report in full to the Committee later on in the new year. It was noted that this was as a result of potential changes afoot as a result of policy and legislation changes by Government and expectations on Local Authorities to prioritise specific aspects in the homelessness field.

An overview was provided of the progress since starting to implement the new Housing Allocation Policy two years ago by the Housing Options Team Leader. It was explained that the new process of prioritising applicants was based on placing applications in priority Bands, which had replaced the old system of awarding points to applications. It was noted that this system simplified the process and was a combination of the scale of applicants' needs, as well as a connection to Gwynedd.

It was reported that the Housing Options team was working closely with the Housing Associations and let around 600-650 properties in a year. It was explained that the demand was substantially higher than the supply of housing that became empty. It was added that

as a result of the Policy changes that 96.5% of lettings had been made to applications who had a connection to Gwynedd, compared with 90% before the new Policy was implemented.

Reference was made to the challenges experienced as a result of Covid, increasing living costs and the substantial increase in the number facing homelessness in the County. This had led to an increase in the register, with over 3,300 applications now waiting for social properties. It was reiterated that the supply had not increased as quickly, which showed the demand for social property.

During the discussion, the following observations were submitted by members:-

- Gratitude was expressed for the report.
- It was asked what changes were afoot as a result of the change in Government Policy and whether these would affect the Gwynedd connection element in the Policy.
- Concern was expressed that the Policy change would encourage people to move into the area and then receive priority since they were homeless.
- It was asked whether people from outside the County presented themselves as homeless here.
- Reference was made to cases where people were in category or band 2, but the Members felt that they should be in band 1. Members were welcomed to raise matters about specific individuals with the Housing Options Team Leader at the end of the meeting.
- Concern was expressed about family members helping individuals who faced homelessness, since this help in reality made it more difficult for them to be re-housed.
- A comment was made about the housing shortages, and it was asked whether this shortage meant that allocations were all from band 1 only, and that applications in band 2 did not have much of a chance.
- Reference was made to the numbers living in three-bedroom houses by themselves; it was asked whether they were offered any sort of incentive or otherwise to encourage them to move in order to release these houses to families.
- It was asked whether the connection to communities continued to exist within the new Policy.
- A question was asked about the income of the people who were registering on the housing register, and whether there was a threshold, e.g. on their savings. It had been commented previously that income and savings restrictions existed where people were not included on the register.
- Concern was expressed about applicants being offered properties in locations where they did not want to live and being penalised on their application if they refused the property.
- It was asked how many families were in temporary accommodation in the County. It was also asked whether caravan sites were being considered instead of hotels or B&Bs.
- It was asked whether the Council was reconsidering buying properties. It was highlighted that empty 3-4 bedroom houses were currently for sale on the open market and the Council could buy them and use them as temporary accommodation; this would save money in the long-term.
- A question was asked about private empty homes, e.g., second homes, and whether the Council could help lease these houses or find tenancies for them.

In response to the observations and questions from members above, it was noted:-

- That there were no signs that changes to the Housing Allocation Policy due to the legislative change, would affect the local connection element. It was reported that it was likely that the changes would relate to attempting to maximise the number of homeless people being housed.
- It was believed that there would be a change of focus in terms of which categories would be considered as urgent needs, which would include homelessness and other needs, e.g., medical and well-being. It was explained that there may be a need to give higher priority to homelessness needs than other needs. It was added that the Government had other strategies such as Rapid Rehousing which would be used by the Council in an attempt to reduce the use of temporary property, which would reduce costs as well as pressures on other services which supported tenants in temporary accommodation.
- It was reiterated that people from Gwynedd were the majority of the homeless people on the waiting list and that there was a connection to Gwynedd. It was noted that the numbers presenting as homeless from outside the County was very low. It was explained that of the 3,335 applications on the Register than 35 were in band 1B, namely an urgent housing needs but no local connection, therefore the percentage was very low. It was elaborated that 1,300 lettings had been made from the new Policy and only 17 of these had come from band 1B.
- It was added that the decision regarding changing the constitution of the bands was a Cyngor Gwynedd decision, since it was Council Policy. Nevertheless, the Policy had to be implemented within the Government's guidelines and regulations. It was reported that no sign had come from the Government to date about a change in the local connection element within the bands.
- It was confirmed that conducting a homelessness assessment within 56 days was a part of the legal framework and was statutory. It was noted that the assessment or application to be on the Common Housing Register by the Housing Options Team was separate to the homelessness assessment. The importance for the Housing Options Team to receive full information from applicants so that they could make an assessment in accordance with the Policy and give the correct priority to the application, was emphasised. Reference was made to the internal review that would be carried out within the Housing Department to ensure that the needs of the people of Gwynedd were addressed to the future and to revise lessons that had been learnt over the past years.
- It was reported that 16% of the housing register, which equated to over 500 applications, came from band 1A. Of the 1,300 who had received a property, it was noted that 40% of them had come from this band. It was added that 45% of the applications that had received a property had come from band 2, which meant that the applications in band 2 had a good chance of receiving a property.
- With regards to the point of under-occupancy, it was explained that the role of the Housing Options Team was difficult in terms of encouraging people to move to smaller houses because the Council did not have a housing stock. It was added that the role of housing associations was difficult since people had signed tenancy agreements and so nobody could be forced to move to smaller properties. It was noted that when under-occupancy happened and there was an urgent need for the property, then the application was placed in band 1A. The next step, which was also difficult, was trying to find a smaller property for these people, particularly considering the lack of bungalows for the elderly. It was reiterated that communication and working closely with Housing Associations was essential in order to convey the needs and the type of stock required in different areas.

- It was explained that the community connections continued to exist within the new Policy, and this determined how high the application would appear in a specific band.
- In terms of income, it was explained that this element now evolved weekly with the cost-of-living crisis. It was noted that housing associations had charitable status and were supposed to house people on low incomes. In the past, it may have been easier to identify a definitive threshold, but now there was a need to assess based on needs and treat every case individually before reaching a conclusion.
- The importance of applicants being able to only choose the areas in which they wished to live was emphasised, and for them to consider their choices carefully since applicants who refused a property in their chosen locations faced a penalty. It was explained that this matter could be complicated further when the applicants were homeless and in a temporary property when they were expected to expand their chosen areas. It was added that the Housing Options Team tried to be flexible.
- It was confirmed that 250 people were in temporary accommodation in Gwynedd and the figure had been increasing, at a substantial cost to the Council of millions a year. It was added that the Homelessness Unit housed people in caravans, but availability was a problem and barriers such as licensing and winter site closures meant that applicants or families had to be moved more than once.
- It was noted that the Housing and Property Department was in the process of buying some former social housing as well as old large buildings to convert them into flats that would be used as temporary accommodation. It was reported that the Department was looking to expand this work.
- It was explained that the Department had already sent letters to 1,500 empty houses in Gwynedd and had received 170 responses offering to sell the houses or asking for help to arrange an establish tenancy for the property. It was reported that the Department was currently working through the responses.

Gratitude was expressed for all of the work being done by the Department and the Housing Options Team under difficult circumstances, considering the lack of social housing in the County. Members were also thanked for their questions.

It was highlighted that the Head of Housing and Property Department had expressed a desire to return in the new year in order to provide a further update to the Committee. The Head of Housing and Property Department would provide an update to the Committee when the new legislation would be confirmed, and after receiving further guidance from the Government.

DECISION

a) To accept the report, noting the observations made during the meeting.

b) A further report would be submitted on the proposed changes to the Housing Allocation Policy in the new year, so that members have an opportunity to provide their input.

8. CARE SCRUTINY COMMITTEE FORWARD PROGRAMME 2022/23

A short report was provided to the Members showing the Committee's latest work programme over the next months. It was explained that the work programme would need to be adapted as a result of items slipping and a new item had been brought to the attention of the Committee. It was noted that the item on the Gwynedd Population Needs Assessment had slipped and a request had been made for it to be included in the February meeting of the Committee. Also, Care Inspectorate Wales was eager to attend the February meeting of the Committee to submit the findings of the report.

As a result, the February and April agendas would be heavy, therefore, it was suggested to prioritise items for both of these committees, as well as consider items for June. It was recommended to include the Gwynedd Population Needs Assessment, the Care Inspectorate Wales report, the Staff Recruitment and Retention in the Care Field report (Children and Families Service) and the report on the Housing Action Plan, as items for the February Committee meeting.

It was also suggested to ask for a report via e-mail for some items for the purpose of updating the Committee, and then after receiving the report from the Departments to see whether there was a need to scrutinise the item or not. It was agreed to do this with the One Stop Shop and Looked After Children Placement items.

Things were kept as they were for the April meeting for the time being, in anticipation of the outcome after receiving other updates via e-mail.

A comment was made asking for the Departments to try and keep their presentations short; it was confirmed that this message would be conveyed to the Departments.

DECISION

To adapt the work programme in order to prioritise items for the February meeting of the Care Scrutiny Committee and to adapt a revised work programme.

The meeting commenced at 10:30 and concluded at 15:50

CHAIR

Agenda Item 5

COMMITTEE	Care Scrutiny Committee
DATE OF MEETING	16/02/2023
ITEM	Inspection of Cyngor Gwynedd's Adults Services by Care Inspectorate Wales (CIW) - September 2022
HEAD OF DEPARTMENT	Adults, Health and Well-being Department
CABINET MEMBER	Councillor Dilwyn Morgan
AUTHOR	Aled Davies
PURPOSE	To update the committee on the Care Inspectorate's findings and the department's programme of work to respond to them.

Introduction

1. In August 2022, Cyngor Gwynedd was informed that the Care Inspectorate Wales (CIW) would be carrying out an inspection of the adults services within the Council's Adults, Health and Well-being Department. In accordance with the usual arrangements, a 4-week notice period was given before the inspection was carried out during the week of 19 - 23 September 2022. Due to the additional bank holiday granted on Monday 19th, it was agreed with CIW for the inspection to begin on Friday 16 September.
2. CIW inspections are carried out in the context of the Social Services and Well-being (Wales) Act 2014. The inspection focused on the effectiveness of the Council's services and arrangements in terms of exercising its social services' duties and functions in accordance with legislation, on behalf of Welsh Ministers. The last time that the CIW carried out an inspection of the adults services was as a part of the social work quality inspection carried out on the children and adults service in Cyngor Gwynedd in January 2021.
3. AGC surveys are carried out on 4 themes and ask the following questions with a particular focus on whether people and carers are able to access appropriate and timely care and support and also on safeguarding adults.
 - i. **People - voice and control**
How well is the local authority ensuring all people are equal partners who have voice, choice and control over their lives and are able to achieve what matters to them?
 - ii. **Prevention**
To what extent is the local authority ensuring the need for care and support is minimised, and the escalation of need is prevented whilst ensuring that the best possible outcomes for people are achieved?
 - iii. **Well-being**
To what extent is the local authority ensuring that people are protected and safeguarded from abuse and neglect and any other types of harm?

iv. **Partnerships**

To what extent is the local authority able to assure themselves effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people?

4. CIW officers will elaborate somewhat on the scope and approach of the inspection at the meeting including the importance of the information collected from stakeholders and partners, people in contact with the services and staff.
5. It should be noted that this inspection was an inspection of adults services that included older people, learning disabilities and mental health services, with a focus on the quality of Social Work provided in these areas by the Council. The inspection was not a part of the programme of inspections carried out on specific services, e.g., individual residential home or domiciliary care service.
6. The arrangements for every inspection are completed jointly between the Council and the CIW in accordance with the specific guidance provided by the CIW. This includes providing basic information about the Services and about specific cases to the CIW beforehand so that they can prepare in advance and place focus on the key matters during the inspection week. The arrangements also include facilitating meetings with staff, supported individuals and carers and attending groups or meetings with the Council's key partners.

Summary of findings

7. In the context of the inspection's four themes, it is genuinely pleasing to note that the CIW identified many strengths and examples of good work. They stated that our workforce is an asset and committed to assist people to achieve what matters. One of the strengths noted in the inspection in January 2021 was how well the practitioners know the people with whom they work, and the communities in which they work. The findings of the recent inspection note that this continues to be true.
8. Despite the recent difficult period, the CIW state that progress has been made in many fields since the last inspection, despite the additional pressures and challenges as a result of the COVID-19 pandemic. They said that this has led to developing the practice and securing better outcomes for people.
9. Other than noting the strengths, there is no doubt that the strongest theme in the CIW's findings is that the Council is experiencing a challenging period in terms of providing social care. They note that a lot of the pressure currently being experienced by Gwynedd adults services reflect the national context of post-pandemic recovery, high levels of demand and the increasing complexity of people's needs.
10. They are concerned that the challenges as a result of the lack of domiciliary care services are having a broad impact on the provision of care and support. The other findings suggest that there is room for improvement with the preventative agenda, strengthening the direct payment arrangements, the need for consistency with mental capacity assessment work and supporting unpaid carers. Reference was also made to the need to strengthen collaboration arrangements with the Health Board.

11. Overall, the Department believes that the majority of the inspection findings are issues that the Department was aware of and had work programmes to try to respond to them already in place. Following this report, we will update these work programmes. We will expand on this orally at the committee meeting.

The next steps

12. Following the inspection, the CIW is preparing and presenting its report. The draft report was received in October and after the Council had an opportunity to present comments on factual matters and matters of accuracy, the final report was received in November. The report can be read in full on the CIW website by [following this link](#).
13. Subsequently, the CIW expect Cyngor Gwynedd to consider the fields identified and take the appropriate actions to address the fields that need strengthening and improving. The CIW will monitor progress through its ongoing performance review activity with the local authority.
14. Following the discussions of the Cabinet Member and Head of Department with the Chair and Vice-chair of the Care Scrutiny Committee, it was considered beneficial to invite the CIW to present the findings of their report to the Scrutiny Committee and then to scrutinise the Department's response. It is believed that this will give members an opportunity to obtain the CIW's views on Gwynedd's adults services from the source and provide a firm foundation to the work programme which responds to the findings.
15. At the meeting of the Committee, Huw ap Tegwyn (Inspection Manager) and Myfanwy Moran (Senior Manager) will present the findings of the CIW's report and respond to members' questions on its contents. This will be an opportunity to raise members' awareness of the content of the CIW's report and to understand the elements of praise and concern they have, including the fields that need to be strengthened and improved.
16. Mari Wynne Jones, Senior Manager within the Adults Service and Aled Davies, Head of the Adults, Health and Well-being Department will present a work programme, which will respond to the findings on behalf of all the department's services. This will be an opportunity for members to scrutinise its content and to be satisfied that they are taking the required steps to strengthen any weaknesses and overcome any concerns.
17. Through their regular contact meetings with the Council, the CIW will monitor progress in terms of delivering the work programme.

Appendices

Work Programme of Gwynedd's Adults, Health and Well-being Department in response to the Inspection Report of Gwynedd's Adults Services by Care Inspectorate Wales (CIW) - September 2022

Work Programme of Gwynedd's Adults, Health and Well-being Department in response to the Inspection
Report of Gwynedd's Adults Services by Care Inspectorate Wales (CIW) - September 2022

Theme: People – Voice and Control				
Field to be strengthened	Schemes already afoot or new schemes	Observations / Obstacles	Lead by	Timetable
Quality assurance and performance information systems must be developed further. The local authority should focus on rejuvenating its quality assurance process as we have not obtained assurance that the processes in question are effective. This was noted as a field that needed to be improved in our last review, and following this review, this remains to be the case.	<ul style="list-style-type: none"> The aim is to be able to ensure sufficient capacity to enable us to visit all adults' registered services with the necessary frequency and support them to maintain and improve the quality of services. The priority would involve working in a preventative way before operational and safeguarding problems arise. We would also undertake a review of procedures and working methods so that alternative and more efficient methods could be considered to complete the work. 	Bids have been submitted several times to get an additional resource to strengthen the team, but they have not been successful. We will consider other options to fund this work.	Senior Safeguarding Manager	Continuous
The demand for care is higher than supply, especially in the field of domiciliary care. CIW understands the authority's long-term vision to transform the domiciliary care service, but the current situation of a lack of care cannot continue and it must improve.	<ul style="list-style-type: none"> Domiciliary Care work programme includes a number of key work streams in order to establish and embed the new model. We are in the middle of implementing a transfer scheme after a tendering and care provision process based on block payment arrangements for a specific area. Temporary funding has been secured for schemes to assist us to embed the new model in communities by collaborating with communities and developing a strength-based approach. Short-term Care Plan – Enablement Review the packages of 2 carers to assess the suitability of specialist equipment to reduce demand for staff. Work programme of the Home Share scheme launched in January 2023 with an appointed coordinator. Work programme on community resilience and developing community hubs - an extra hub in each well-being area and an intention to establish a network of individuals to support people on a 1:1 basis in communities. Community Catalysts' Plan - supporting the promotion of small businesses development. 	<ul style="list-style-type: none"> Recruitment difficulties are a barrier to fully transfer to the new domiciliary care model but we are making gradual progress. As a number of schemes to reduce pressure on the service (e.g. review the packages of two carers) involves reviewing packages and assessing complex cases, a sufficient resource will be needed to undertake this work (Occupational Therapists and Social Workers) on top of the day-to-day work. Given the increasing pressures on our services, the number of vacant posts and the recruitment difficulties, this will be challenging. 	Senior Managers	Continuous

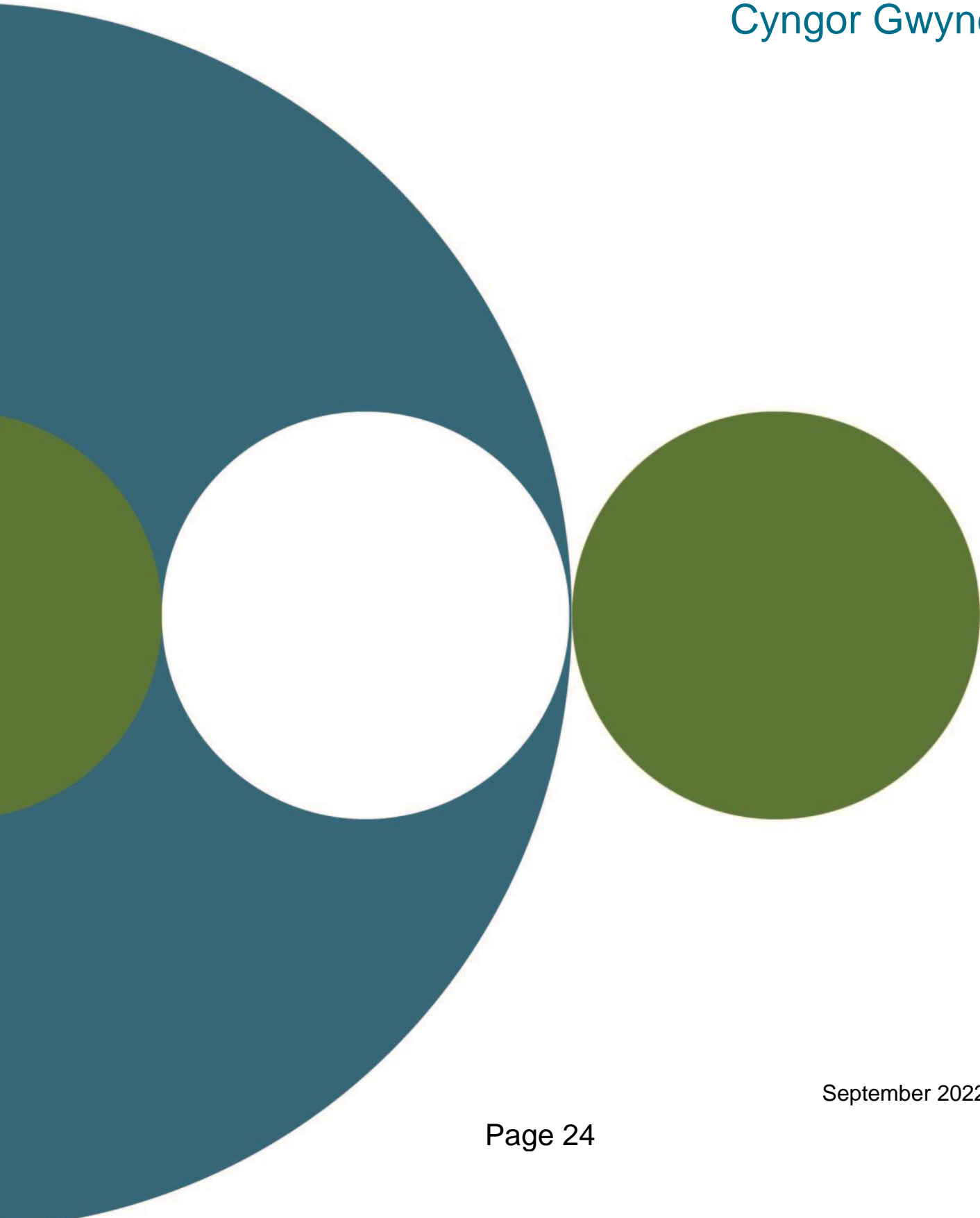
	<ul style="list-style-type: none"> • Direct Payments work programme - initial recommendations will be ready to submit at the end of February and a project brief has been drawn up. More information is available in this document. • Recruitment campaigns and apprenticeships opportunities. • Review staff terms and shift patterns • Discussions on a political and managerial level regionally and nationally to try to get a national response and support to some of these difficulties. • Digital transformation project - work taking place to support our residents through the process of digital transformation by 2025 and ensure that telecare and technology is used to its full potential in order to reduce dependency on domiciliary care services. 			
We expect the local authority to continue to monitor and review its workforce plan in order to carry out its statutory duty to ensure a sufficient workforce that has suitable qualifications.	<ul style="list-style-type: none"> • A bid has been made for a permanent scheme to fund a development plan for care staff, social workers and occupational therapists. • A bid has been made via the corporate trainee plan for a MA social work trainee. • Continue with staff recruitment campaigns and monitored through the recruitment group. • Annual schemes exist to support qualifications • Establish a Social Services Professional Salaries Task and Finish Group 	<ul style="list-style-type: none"> • The bid for a permanent scheme to fund a development plan for care staff was refused. We are examining whether it is possible to look at grants to fund this on a temporary basis. • The bid for a trainee was refused as it did not correspond with the Council's current corporate trainee scheme model and it did not include a sufficient range of experiences and developmental elements. • Time and staff shortages affect some individuals achieving or committing to study for qualifications. Difficult to get mentors within the services to support new workers and workers who complete a mandatory scheme. 	Workforce Development Department	Rolling programme
Fields where recruitment is challenging include occupational therapists and a number of specialist social workers' roles such as Approved Mental Health Professionals (AMHPs), where the local authority has a duty to provide them.	<ul style="list-style-type: none"> • We have a specific scheme funded with one-off finance to develop staff and train them to become occupational therapists. • Four Occupational Therapy trainees have already been appointed with the first completing her university course in December 2023. • Since the inspection, we have appointed another trainee who has just commenced the degree course in January 2023. • A bid has been submitted to try to make this a permanent programme. • A Social Services Professional Salaries Task and Finish Group has been established. • Review the job description of Social Work Practitioners to increase capacity by supporting the work of Occupational Therapists. 	<ul style="list-style-type: none"> • Challenges in terms of recruiting and retaining Occupational Therapists as a result of job competition within the Health Board and other Local Authorities. • A challenge identified nationally regarding the number of places on Occupational Therapist courses due to a lack of consideration to the number needed to work in the social care field. There is an intention to establish a group on a regional level to consider this specifically and we will part of that conversation. 	Occupational Therapy Leader	Rolling programme

	<ul style="list-style-type: none"> The department is short of 5 AMHPs in the Mental Health Service. We will also undertake a review of the number of AMHPs needed across the department including the Older People and Physical Disability Services and the Learning Disability Service. 	<ul style="list-style-type: none"> A bid had been prepared to respond to the issue of evaluating the posts of employees who can meet these duties to make recruitment easier. This bid has been refused so we will need to consider other options to fund this work. 	Senior Mental Health Manager	Programme over the next 18 months
The local authority needs to give priority to improve the way it promotes direct payments in order to ensure that these are readily available to people.	<ul style="list-style-type: none"> A high-level internal review was undertaken on direct payment arrangements, including how to promote them more effectively. Project established and brief has been agreed. Able to offer a real choice to individuals in relation to organising their support, making the arrangements easy and accessible. Consider options in terms of maintaining the individual support service that uses direct payments, which is currently being commissioned externally. One option to consider is to internalise the service. Refresher training for staff. Develop an information pack for the public. 	<ul style="list-style-type: none"> It is expected to be in a position to introduce options deriving from the review by April 2023, in the hope of implementation by the end of the calendar year to be able to offer and promote a direct payments service with confidence. 	Senior Business Manager	December 2023
The local authority must strengthen its offer in terms of carrying out formal assessments for unpaid carers to ensure that the rights and voice of every carer is promoted fully. The Council must ensure that carers are informed as a matter of procedure of their rights to be assessed and that this is understood, promoted and recorded by all staff.	<ul style="list-style-type: none"> A Carers Action Group has already been established for the service. Information booklet for carers already published. Carers' data group already established. Need to establish specific measures for Carers. Prioritise the consistency of recording and reviewing documents. Carers' rights training programme arranged for the 2023-24 financial year. Review Carers' work programme Re-visit the priorities of the work programme of the Carers' support officer. Review the Department's Carers' Policy and draw up a staff guide. Review and update information about carers on the Council's website. 	<p>It is believed that the offer of having an assessment is provided but it is recognised that there is no consistency in terms of recording this. Further guidance is provided to the teams to strengthen arrangements with confidence building training and opportunities offered where required.</p> <p>A specific post supporting improvements in the field of unpaid carers funded from a temporary budget.</p> <p>The officer leading the work is on long-term sickness absence, which affects the ability to implement the work programme in a timely manner.</p>	Well-being Leader under the leadership of the Gwynedd Carers Group	Rolling programme Review work programme, priorities and policy /guidelines by April 2023
Although there is evidence of regular staff supervision sessions, it appears that discussions reflect the challenges of providing direct support services for people, instead of focusing on outcomes to deliver. The local authority should re-examine the staff supervision policy.	<ul style="list-style-type: none"> The supervision policy was reviewed following a Quality Assurance Inspection Report by Care Inspectorate Wales in January 2021. A further review of the Policy was undertaken in December 2022. No need to change the policy, but recognition that the practice needs to be strengthened in relation to reflective supervision and recording. It is intended to achieve this by: Reminding Area Leaders, Lead Practitioners and staff of the importance to include the minutes of supervision sessions in case files by means of leaders' meetings, team meetings and 1:1 		Senior Managers and team leaders with support from the Workforce Development service.	Rolling programme. Training during the 2023-24 year

	<p>supervision. The arrangements to be monitored through file audit arrangements.</p> <ul style="list-style-type: none"> • Training sessions on undertaking reflective supervision to be arranged by the Workforce Development Department. 			
Theme: Prevent				
<p>Pressures in the local authority has meant that it has not been able to formally review every person's care and support plan within the required statutory timetables. The local authority must ensure that reviews are undertaken in a timely manner to monitor changes and to mitigate this risk. By not doing so, there is a risk that people's changing needs are not monitored, leading to an inappropriate provision of care and support.</p>	<ul style="list-style-type: none"> • Re-start the work of trialling to manage staff workload and re-design the process of undertaking reviews. • Remind staff of the need to note the date of the next review when undertaking a review (team meetings, supervision sessions and adapt review document). Monitor through file audit. • Ensure that reviews are recorded on the review template. Monitor through file audit. • Reviews taking place as part of the work to transfer domiciliary care providers. • Establish a data work programme. 	<ul style="list-style-type: none"> • Lack of staff capacity making it difficult to undertake reviews as a result of increased demand on the service. • Successful bid for temporary funding to provide additional capacity to support the work for 2022-23. • Partly recruited to roles of additional social workers to assist with reviews. However, the funding ends at the end of the financial year and there are no additional resources to support. 	Senior Managers	Rolling programme.
<p>The use of temporary arrangements e.g. placing an individual in a care home when they wish to receive domiciliary care raises important questions about people's rights, their choice, and to support people in the least limiting way.</p>	<p><i>See Domiciliary Care Work Programme above</i></p>			
Theme: Well-being				
<p>There is a need to ensure that there is an agreed understanding of how needs are met, and how personal outcomes are achieved. The local authority should ensure that the results of safeguarding issues are shared with the person themselves, in a regular way, and that this is clearly recorded, even if the threshold for further safeguarding actions has not been satisfied.</p>	<ul style="list-style-type: none"> • Result action method workshop held in October 2023 to agree on a work programme • Collaborative conversation training for leaders, managers and appropriate social work teams • Sessions to raise awareness of the importance of advocacy have been held by CADMHAS (Mental Health Advocacy Service) Senior Officer for every Social Worker and Occupational Therapist within the department. They will monitor the demand for advocacy and report if there has been an increase in demand for the service. 		Adults Senior Managers	Training January - July 2023
<p>There is a need to reinforce the arrangements and ensure consistency</p>	<ul style="list-style-type: none"> • Mental capacity assessment training programme in place as part of introducing a new Deprivation of Liberty Safeguards procedure later this year. 		Senior managers, Team Leaders and Workforce	Rolling programme

in terms of the practice of undertaking mental capacity assessments.	<ul style="list-style-type: none"> Sessions to raise awareness about the role of IMCA (Independent Mental Capacity Advocate) held between October and December 2022. Monitor through supervision arrangements and file audit. 		Development service	
Theme: Partnerships				
There is a need for the Council and the Health Board to collaborate better on a strategic level to provide a more integrated and sustainable method of promoting people's independence and well-being	<p>An effort is already being made to improve collaboration by:</p> <ul style="list-style-type: none"> Developing a relationship with the Health Board on Corporate Director level. Meetings of the Steering Group that meets regularly. 		Corporate Director	Rolling programme
The local authority must consider its communication strategy, because people could benefit from obtaining further assurance about their care and support. Clear and strong communication also important with the workforce especially in a period where services are under pressure.	<p>Arrangements for communicating with staff already exist through:</p> <ul style="list-style-type: none"> Regular staff newsletter. Information bulletins. Management Team meetings Leaders' Team meetings Team Meetings 1:1 Supervision Meetings/workshops with the workforce to discuss specific schemes. <p>Arrangements for communicating with the public regarding the domiciliary care scheme that is already in place:</p> <ul style="list-style-type: none"> Information on the Council website Newsletter Letters 1:1 discussions with the care coordinator. Specific phonenumber for enquiries. <p>Our communication and engagement resource is currently being reviewed. It is expected to develop the resource in order to communicate in a timely manner and develop the communication strategy. An application for a professional trainee in Communications and Public Relations has been approved by the Corporate Support Department, and we are seeking funding to ensure this opportunity.</p>	<ul style="list-style-type: none"> The observation is made in the context of domiciliary care changes. We acknowledge that there is always room for improvement, but we have also offered additional evidence to CIW regarding the substantial effort made to engage and communicate about the domiciliary care project over a number of years. The officer who led the communication and engagement for the work of the domiciliary care scheme has left their post. No budget to appoint a specific communication officer for the scheme but it will be possible to use some of the departmental resource to support this work. No guarantee to date that funding will be available to be able to appoint and develop the professional trainee. 	Senior Business Manager	June 2023

Performance Evaluation Inspection of Cyngor Gwynedd



Introduction

Care Inspectorate Wales (CIW) carried out a performance evaluation inspection of adult services in Cyngor Gwynedd ('CG'/the local authority) in September 2022. The purpose of this inspection was to review the local authority's performance in exercising its social services duties and functions in line with legislation, on behalf of Welsh Ministers.

We seek to answer the following questions aligned under the principles of the Social Services and Well-being (Wales) Act 2014 (The 2014 Act).

1. People - voice and control

How well is the local authority ensuring all people are equal partners who have voice, choice and control over their lives and are able to achieve what matters to them?

2. Prevention

To what extent is the local authority ensuring the need for care and support is minimised, and the escalation of need is prevented whilst ensuring that the best possible outcomes for people are achieved?

3. Well-being

To what extent is the local authority ensuring that people are protected and safeguarded from abuse and neglect and any other types of harm?

4. Partnerships

To what extent is the local authority able to assure themselves effective partnerships are in place to commission and deliver fully integrated, high quality, sustainable outcomes for people?

This inspection focused on the effectiveness of local authority services and arrangements to help and protect people. We recognise adult social care covers a wide range of activities to help people who are older or living with disability or physical or mental illness. The scope of the inspection included:

- evaluation of the experience and outcomes people achieve through their contact with services.
- evidence of the local authority and partners having learnt lessons from recent experiences and plans for service developments and improvement.
- consideration of how the local authority manages opportunity and risk in its planning and delivery of social care at individual, operational and strategic levels.

1. Summary

- 1.1. In common with many other local authorities in Wales, Cyngor Gwynedd (CG) is experiencing a challenging time in relation to the provision of social care. Many of the pressures currently experienced by the local authority's adult services reflect the national pandemic recovery context including high levels of demand and increased complexity of people's needs.
- 1.2. The challenges of a shortage of domiciliary care are clearly having an impact on the delivery of care and support. Though compounded by the pandemic, the issue of sufficiency of domiciliary care has persisted in the local authority since before the pandemic. This was the area of most concern for practitioners and managers in adult services. Staff told us about the challenges in supporting people to achieve their personal outcomes due to a lack of resource and we found insufficient capacity to meet demand. There are examples where domiciliary care services are not available, and people have no choice but to move into a care home for interim periods even though their preference may be to receive care and support at home.
- 1.3. The local authority is not able to effectively capitalise on opportunities to support the preventative agenda in a way which clearly reduces demand on care and support services. Despite this there is a clear vision for local place-based community services and support currently benefiting people, including resources for carers groups and hubs to support younger people's emotional well-being.
- 1.4. There are excellent operational examples of professionals working together to support people, especially in teams where practitioners from different disciplines collaborate, such as the learning disability team. Hospital discharge is an area of pressure particularly in the larger acute hospitals. The local authority needs to continue to work strategically and operationally with its partners in the local health boards to look for solutions to alleviate the situation.
- 1.5. The local authority responds well to safeguarding concerns. We saw evidence of professionals in the safeguarding team working effectively with partners from the local health board and the police, as well as wider local authority teams, to protect adults at risk. There are also wider forums for considerations of risk where the threshold for safeguarding has not been reached.
- 1.6. We found most people's voices are heard and well reflected in care planning. A person's ability to meet their personal outcomes using their own strengths and resources could be further considered. We also found although practitioners recognise the impact of caring, this did not lead to evidence of a clear offer of a carers assessment as is outlined in legislation.
- 1.7. We heard from managers the growth in staff teams has not aligned with the growth in demand. The local authority must continue to act, as it is their responsibility, to maintain a sufficient and suitably qualified workforce to meet

increasing demand. This clearly has an impact on the authority's ability to carry out statutory reviews in a timely manner. The local authority is missing opportunities to ascertain whether people have met their outcomes or continue to need support.

- 1.8. We found progress has been achieved in several areas against a backdrop of the additional pressures and challenges of the COVID-19 pandemic. This has resulted in developments to practice and better outcomes for people.

Key findings and evidence

We present some key findings and evidence below in line with the four principles of The Act.

2. People – voice and choice

Strengths:

- 2.1. For most people, their voices are heard, and their personal outcomes are captured. We saw detailed and comprehensive biographies including history and circumstances, evidencing what matters to the person in their own words. Most people said social services were helpful and they were treated with dignity and respect. There were many examples of practitioners working consistently and collaboratively with people. A strength noted in our previous performance review in January 2021 was how well practitioners know the people they work with, and the communities they work in, and this remains the case. People are listened to by practitioners who demonstrate a caring and professional approach.
- 2.2. People can feel confident of receiving a service in their preferred language because the local authority has a high number of bilingual staff and is proactive in its Welsh language offer. The excellent recording of this offer remains a strength from our previous performance review. People told us they valued language choice particularly at difficult times in their lives. We saw the proactive use of interpreters for other languages as well to enable people to contribute.
- 2.3. The quality of assessments and care and support plans seen was generally good. Professional judgment is recorded, and an analysis of risks usually evident. Some assessments are over focused on need rather than strengths. The local authority should continue to improve the way it reflects people's strengths, so it is clear how these contribute to people achieving their personal outcomes. We saw some positive examples of adults benefitting from advocacy support, but consistency in recording the offer could be improved.

- 2.4. In discussion with senior managers, we heard how staff well-being is a particular focus. Feedback from our anonymous staff survey reflects practitioners are well supported by colleagues and managers (87%). Practitioners we spoke to were also positive about the accessibility of managers and peer support from team members. Managers commented they have a dedicated workforce, and this is the local authority's best asset. Most respondents to our staff survey felt their workload was manageable (67%), leaving over a third who feel this is not the case. The local authority should consider this result and review the number and nature of their workloads allocated as it is also a theme identified from our discussions with practitioners. We recognise the local authority has implemented measures to manage workloads such as waiting lists which prioritise assessments. Senior managers told us they are currently undertaking workforce modelling with the aim of aligning complexity of need with appropriate resources.

What needs to improve:

- 2.5. This inspection took place at a time of transformation in Gwynedd adult services. Following a pilot in four areas, the local authority is moving to a single local provider for domiciliary care in each area to streamline the service. This has not yet improved the waiting lists for care which have been increasing and were high even prior to the pandemic. Of particular concern at present is the ability of the local authority to meet people's outcomes if they require care at home. We heard the impact of demand outstripping supply including people left without care entirely while others are staying in hospital longer. Subsequently, there is increased pressure on unpaid carers, people placed on long waiting lists or moving into care homes unnecessarily due to a lack of care at home. The lack of domiciliary support is a theme noted in the complaint information provided by the local authority prior to the inspection. While understanding the authority's long-term vision to transform the service this current situation cannot continue and must improve.
- 2.6. Senior managers are aware of the challenges in front-line practice, albeit their capacity to respond across all areas of the organisation is a challenge given so many pressures. From the results of our staff survey, practitioners felt communication from senior managers could be improved particularly in the context of major service transformation. Positively, people reported receiving appropriate training and support to undertake their roles, although some said time constraints could be a barrier to accessing this.
- 2.7. In some areas of adult services, workforce recruitment and retention are at crisis point with the risk of the local authority not meeting some statutory duties. The impact on the lives of people using services is eligible needs being unmet due to limited support and lack of choice. This includes not only care at home but also care home beds. Practitioners expressed concerns about the impact on people's well-being at a time when the system has '*ground to a halt*' and there is a '*bottleneck*' in terms of successfully supporting people to stay at home. We heard their frustration when assessing people in

the knowledge there is no care and support available in some areas. There is also a significant impact on time and resource being directed into managing the ongoing risks of people living without the care they need. The local authority is striving to improve this position locally and senior managers are clear they would welcome a national response to some of these difficulties. Other areas where recruitment is challenging include occupational therapists (OT) and some specialist social worker roles such as Approved Mental Health Professionals (AMHP), which there is a duty on the local authority to provide. We expect the local authority to continue to monitor and review their workforce plan to meet their statutory duty of ensuring a sufficient and suitably qualified workforce.

- 2.8. The local authority needs to prioritise increasing its promotion of direct payments to ensure these are easily accessible for people. Direct payments afford people the opportunity to tailor and manage their own care and support as well as providing a potential alternative to domiciliary care for some people. At times, we saw opportunities missed to offer these to family members. The local authority must assure itself direct payments are consistently offered as well as ensuring the reason for any refusals are recorded. We heard overwhelmingly positive feedback from a small number of carers of people with learning disabilities who use direct payments to good effect. We also heard a positive example of direct payments in one area being used by people to fund support to socialise, helping to address issues of loneliness and isolation.
- 2.9. CG must ensure carers are routinely informed of their rights to an assessment and this is understood, recorded, and promoted by all staff. Carers' assessments, when applied consistently, will ensure opportunities for supporting carers and promoting their well-being can be more effectively identified. Often the physical, emotional, and psychological impact of being a carer was considered and reflected well in our discussions with staff and in the social care record, but it was difficult to identify an unambiguous offer of assessment. Carers we spoke with were generally happy with the support they received. The local authority must strengthen its offer of a formal carers assessment to ensure the rights and voice of all carers are fully promoted. Positively, we heard of a work programme in progress to strengthen information and data collection regarding unpaid carers to identify people more easily and improve training for the workforce on this topic.
- 2.10. Most practitioners reported receiving regular supervision from their managers. Supervision files viewed varied in content and quality. The discussions largely reflected the challenges of providing direct support services to people rather than focusing on the outcomes to be achieved. In common with many other adult services across Wales, supervision discussions are not recorded on social care records, which makes it difficult to understand the level of managerial oversight when reading the record. Supervision provides an opportunity for reflection, constructive challenge to create change, identify potential missed opportunities and build confidence. We understand the local authority has recently re-visited the staff supervision policy which now needs to be fully embedded in practice.

- 2.11. Senior managers must further develop quality assurance systems and performance information. The local authority should focus on reinvigorating its quality assurance process as we are not assured that the processes involved are effective. This was identified as an area which required improvement at our last inspection and following this inspection, this remains to be the case. Robust quality assurance procedures would assure local authority managers of the improved oversight of front-line practice and decision making to be assured outcomes for people are central to practice.

3. Prevention

Strengths:

- 3.1. We saw clear examples where the local authority is aiming to directly minimise the need for formal care and support. For example, a project in Dyffryn Nantlle between Age Cymru and the Community Resource Team (CRT), focuses on the use of local community support options to promote people's independence, rather than statutory services, where this is appropriate for the person. A strong preventative focus rests at the heart of the project where solutions are led by what matters to the person, their strengths, informal support network and personal preferences. We noted examples of positive outcomes people had achieved, such as increasing confidence, reducing pressure on carers and reducing the need for a formal package of care. Another example is the social care project at Penyberth between Cyngor Gwynedd (CG), Betsi Cadwaladr University Health Board (BCUHB) and ClwydAlyn housing under the same programme of transformation. This scheme is supporting people in hospital to return to live in their own homes whilst also reducing hospital admissions. The local authority will rigorously evaluate these projects and share the learning.
- 3.2. The local authority is working hard to reshape and re-design its service with a vision of people receiving outcome based local support when needed. Gwynedd commissioners and partners have promoted universal well-being services such as the well-being hubs for people up to the age of 25 in Caernarfon and Blaenau Ffestiniog, funding for carers outreach workers and a sitting service. Gwynedd Oed Gyfeillgar (Gwynedd Age Friendly) funded 55 projects across the county since the start of 2022 to promote confidence in older people to start socialising again following the pandemic. CG shows a commitment to redesigning care to meet demands. For example, the mental health Hub in Pwllheli, a service provided by Canolfan Felin Fach, has been reopened to offer emotional and practical support to people.
- 3.3. At our last performance review, we noted adult services had established five information, advice, and assistance (IAA) points throughout the county to improve access for people. The local authority has been working with Dewis Cymru to simplify well-being information and advice. From our survey results, 87% of people consider the local authority easy to contact and most thought the support options discussed with them were useful. In most social care records reviewed people received a timely response to their contact and

proactive actions following referrals. Despite clear pressures, practitioners can prioritise and undertake visits with appropriate urgency. There are excellent operational examples of joint working in multi-disciplinary teams such as learning disability. We saw timely communications and contacts to other support services such as primary care or discussions with colleagues including OT, physiotherapists, community nurses and in some cases General Practitioners (GPs).

- 3.4. As part of its focus on promoting well-being, there is a strategic commitment to combining services for unpaid carers by including friendly communities and Dementia Actif Gwynedd to simplify community support. Gwynedd Carers Network provides a forum for agencies and unpaid carers to come together to share information and ideas. For instance, funding to support short breaks for carers and a sitting service which was valued by the carers we spoke to. Dementia Actif Gwynedd has focused on the well-being of people with dementia and their carers through the provision of information and activities, including online activities. Individuals from that group informed us they are clear of who they can contact, and are signposted to relevant support, including third sector services. We saw positive measures of the success of these services which are gathering people's stories and highlighting how they are achieving the things which matter to them.
- 3.5. There has been significant investment in the moving and handling occupational therapy service which supports enablement. Positively, performance information provided by the local authority demonstrates waiting lists for occupational therapy assessment have significantly improved since our last performance review in January 2021. Despite this there are challenges with recruitment in this area and for certain types of intervention such as bathing assessments. People continue to wait an unacceptable amount of time while other interventions take priority. We heard positive feedback from one carer about home adaptations, particularly the installation of a ramp which had enabled their partner to access the garden and significantly improved their quality of life. Despite the pressure there was evidence of timely interventions where the moving and handling team successfully promoted independence including enhanced use of technology to support people's safety.

What needs to improve:

- 3.6. In the current context, it is an overwhelming challenge to effectively prioritise preventative support and services. The local authority is aware of and is monitoring waiting lists across service areas, which clearly impacts on providing early intervention. The model of Community Resource Teams (CRT), where different professionals work together, is flexible enough so support can be tailored and directed. The importance of timely hospital discharge is understood and remains a priority but providing care to facilitate people's safe discharge is a challenge for the local authority.

- 3.7. Pressures in the local authority has meant it has been unable to formally review all people's care and support plans within required statutory timescales. Similarly, we found changes in people's circumstances are sometimes recorded within existing assessments, rather than a re-assessment of circumstances being undertaken. Practitioners we spoke with were open about statutory reviews not being prioritised due to more urgent work. Where reviews are not timely there is a risk people's changing needs are not monitored leading to inappropriate provision of care and support. The local authority must ensure reviews are undertaken in a timely manner to monitor changes and mitigate against this risk.
- 3.8. We noted a project with 'Community Catalysts' which encourages people to set up small companies to provide care. This is a two-year project to develop micro enterprises to target recruiting people who may want to work more flexibly in social care. This is beginning in Llyn and Eifionnydd as these are two areas facing difficulties with domiciliary care provision. There are also community connectors appointed into each area via the work on community resilience. This forms part of the preventative agenda and positively exploits opportunities to support people to live fuller and happier lives in their communities. These projects are in their infancy and will require evaluation, but the investment is a recognition by the local authority of their duties under the Social Services and Well-being (Wales) Act (2014) to promote different models of care that will meet the well-being needs of individuals.

4. Well-being

Strengths:

- 4.1. What matters conversations are mostly recorded in plain language leading to plans which support people to manage their well-being. We heard examples of practitioners working with people for many years across different teams in adult services and developing good professional relationships. In one example, a younger person expressed a desire to remain at home rather than move into a care home and practitioners strived to maintain the person's independence. When people access care we heard praise about the care workers, with one person telling us '*the carers are great and always smiling*'. During discussions, some people told us they were unaware they had received an assessment or had a care plan so the local authority must be more explicit about this. This is significant to ensure there is an agreed understanding of how needs will be met, and personal outcomes achieved.
- 4.2. We saw good evidence of safeguarding practices undertaken in line with statutory requirements. The adult safeguarding team members expressed confidence in their ability to respond to safeguarding concerns and act where necessary. The performance measure for section 126 enquiries being undertaken within 7 days is approximately 88% in 2022, and delays largely relate to obtaining the return of timely information in acute hospitals. Partner agencies and professionals from CRT express confidence in the local authority's safeguarding processes and procedures. The staff survey noted key strengths in safeguarding and promoting people's well-being. Despite the

additional pressure this creates we heard there is willingness from other teams to undertake safeguarding enquiries, and from social care records reviewed, we saw how there is an increase in confidence around these practices.

- 4.3. From our review of social care records people are protected and the decision making appropriate in relation to safeguarding practices. In more general care planning, there is often evidence of professional judgement and analysis as it is prompted by a particular section of the assessment documentation. This consideration could be enhanced in care and support plans to evidence clear decision making about how risks are being addressed collaboratively with the person. We noted a multi-agency *Vulnerable Adults Risk Management* (VARM) forum, led by the police, had been created for people considered at risk, but who do not meet the adult safeguarding threshold. This corroborates feedback from key safeguarding partners that they are easily able to raise concerns about people's safety and escalate where necessary. The local authority should ensure outcomes of safeguarding matters are consistently shared with the person themselves and this is clearly recorded, even when the threshold for further safeguarding action has not been met.

What needs to improve:

- 4.4. Improvements are required to ensure the voice of people is heard during the safeguarding process. The person must remain central, and this should be reflected in all recording. At present we cannot be assured people are involved as fully as the Wales Safeguarding Procedures dictates. There was a lack of evidence in some instances of people being involved in assessments and/or decision-making. We saw many examples where further effort could have been made to practice in accordance with the principles of Mental Capacity Act (2005). This is particularly the case when people have dementia and are in care settings or leaving hospital. For example, a mental capacity assessment was not completed for one person, until after they had been discharged from hospital to a care home, rather than before. We noted other examples whereby people's assessments indicated they lacked mental capacity to make decisions about their care, without evidence of a formal mental capacity assessment to support this. We understand there will be further mental capacity training for practitioners as part of introducing Liberty Protection Safeguards (LPS) but this area of practice needs to be strengthened.

5. Prevention

Strengths:

- 5.1. Most partnerships are working well at an operational level. We observed strong collaborative working between health and social care services, for

example, within the authority's learning disability team, and a single point of access in the CRTs to ensure timely access to appropriate interventions. There are many individual examples of good practice and practitioners from different disciplines working together to identify solutions to enable people to continue with their daily routines and maintain a level of independence at home. We heard about a project where a pharmacy technician trained care workers to safely administer medicines to people, with the aim of assisting people to remain living at home safely. The social care records reviewed indicated how these partnerships enable close working for the benefit of the person receiving support. On a strategic level we saw wider opportunities for partnership working positively pursued. For example, there is joint work ongoing with housing on schemes to address the future needs of the population ranging from a 'care village' to additional extra care facilities as needed.

- 5.2. The local authority shows a commitment to engaging and consulting with people about matters affecting them. We noted, for instance, there is a citizen's panel to promote cross-sectional representation of Gwynedd residents to inform future service planning. There are many examples of working in partnership with people to design support for example carers designing leaflets to inform people about their rights, and older people recommending paper copies are made of questionnaires for distribution to enable engagement. The focus of the Gwynedd Oed Gyfeillgar work is very much convening future activities based on what is important to the older population. The local authority routinely gather feedback on people's experiences of receiving support. Recent feedback it gathered indicates 83% of people said what mattered had been fully addressed by their contact with adult services in 2022. People we spoke to told us their experience of care and support is positive.

What needs to improve: -

- 5.3. We were informed of challenges in partnership working on a strategic level with Betsi Cadwaladr University Health Board (BCUHB). Communication can be difficult, with inconsistency in the quality of arrangements for hospital discharge. Challenges include failures to communicate with families and carers, or the community teams who are awaiting people's move or discharge. Older people are delayed in hospital while they await domiciliary care provision, including reablement or availability of a suitable care home. These delays are impacting upon the well-being of older people, increasing stress for carers, and using acute hospital services that could be used for their intended purpose. We recognise the local authority are working hard to improve communication and information sharing between agencies. We also heard how a high turnover of staff and bureaucratic challenges within BCUHB prevent progress in relation to development of innovative services as well as more general issues such as contractual arrangements with nursing care providers for example. Partners must work better together to deliver a more integrated and sustainable approach to promoting people's independence and well-being.

5.4. In relation to the transformation of domiciliary care services, we heard there has been active consultation with people including workshops, direct meetings, letters, and the implementation of a helpline. Despite this, some people and carers expressed the view they or their relatives have not been consulted enough and more could have been done by CG to prepare people for the changes. Some staff also expressed the view people they work with have not been sufficiently prepared while providers described giving reassurance to people. Clearly, there remains a large risk in terms of fully implementing the new model, with one provider quoting '*it all has to go right for it to go right*'. The local authority must continue to review their communication strategy, as people may benefit from further reassurances regarding the significant work that continues.

Next Steps

CIW expect CG to consider the areas identified for improvement and take appropriate action to address and improve these areas. CIW will monitor progress through its ongoing performance review activity with the local authority.

Methodology

Fieldwork

Most inspection evidence was gathered by reviewing the experiences of people through review and tracking of their social care record. We reviewed 39 social care records and tracked 8.

Tracking a person's social care record includes having conversations with the person in receipt of social care services, their family or carers, key worker, the key worker's manager, and other professionals involved.

We also; -

- interviewed a range of local authority employees
- interviewed a range of partner organisations, representing both statutory and third sector
- reviewed a sample of staff supervision files
- reviewed supporting documentation sent to CIW for the purpose of the inspection
- administered surveys to staff, partner organisations and people

Acknowledgements

CIW would like to thank staff, partners and people who gave their time and contributed to this inspection.

COMMITTEE	Care Scrutiny Committee
DATE	16 February 2022
TITLE	Gwynedd Adults Population Needs Assessment
CABINET MEMBER	Councillor Dilwyn Morgan
PURPOSE	To submit the draft needs assessment for scrutiny

1 Purpose of the report

- 1.1 The North Wales Population Needs Assessment was approved by Full Council at its meeting on 3 March 2022. That assessment was created in accordance with the requirements of the Social Services and Well being (Wales) Act 2014.
- 1.2 This report together with the assessment (Appendix 1) enables us to view the local perspective on the Gwynedd adult population's care and support needs. In addition to the aspects included in the report on north Wales, it also includes more detailed information about the specific needs of the population of Gwynedd.
- 1.3 This report should be considered as one which complements the regional report and which has considered its content. It also adds information about the needs of the Gwynedd population to that report.

2. The decision sought

- 2.1 The support of the committee to the assessment before it is submitted to the Cabinet and Council for approval.

3 Details of the Gwynedd Adult Population Needs Assessment 2023

- 3.1 This local assessment differs from the north Wales assessment, in that the local assessment does not respond to a statutory requirement. However, it will be a resource which will assist us to plan services locally, take decisions on priorities, and develop and transform services for the future.
- 3.2 The report provides an assessment of:
 - i) The extent to which there are people in a local authority's area who need care and support
 - ii) The extent to which there are carers in the local authority's area who need support
 - iii) The extent to which there are people in a local authority's area whose needs for care and support are not being met
- 3.3 The report offers recommendations on how to move forward to address the matters noted in 3.2 above.

- 3.4 The assessment discusses the following themes and groups:
- Older People
 - Physical Disability and Sensory Impairment
 - Learning Disability
 - Autism
 - Mental Health
 - Carers
 - Violence against women, domestic abuse and sexual violence
- 3.5 It also discusses the Welsh language, safeguarding issues, the effect of the COVID-19 pandemic, also included is the Equality Needs Assessment (Appendix 2).
- 3.6 The assessment has been led by engagement. We have considered feedback from staff, partner agencies, service users and the public in order to note the strategic needs for care and support.
- 3.7. The assessment has also been drawn up alongside officers in the health board.
- 3.8 The main themes which have arisen whilst creating the assessment are highlighted in paragraph 1.5 of the introduction.
- 4. How does the assessment contribute to Council's priorities?**
- 4.1 The needs assessment contributes to regional and local strategic planning discussions, and this in turn will support our priorities in the context of the population's health and social care needs.
- 4.2 There is an overlap between the population needs assessment and the Well-being Assessment which has been prepared in accordance with the Well-being of Future Generations Act (Wales) 2015 by the Public Services Board, and information is shared when needed.
- 4.3 The needs assessment is used in order to prepare action plans for the services of the Adults Health and Well-being Department.
- 4.4 In order to continue as an useful document, we will work with officers in the health board in order to update the information in the assessment. As we receive updates on data, e.g. census data, we intend to update the information, reviewing the content continually.

4.5 A test of the success of the assessment is whether it satisfies our and partners' requirements when joint planning services. We will monitor to what extent the assessment achieves this by looking at new information requests, and will review its content as required.

5 Resource implications

The population needs assessment will identify local priorities, and it is possible that a level of investment is needed for this. This could be on a regional or local level.

6 Recommendation

That the committee approves the assessment to be submitted to the Cabinet and Council for approval.

GWYNEDD ADULTS POPULATION NEEDS ASSESSMENT 2022-2027



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1. Introduction

1.1. About the report

This report is an assessment of the care and support needs of the Gwynedd population, including carers' support needs. It has been produced by the members of staff from the Adults, Health and Well-being Department, jointly with members of staff from Betsi Cadwaladr University Health Board. A Population Needs Assessment has also been produced for North Wales in order to meet the requirements of the Social Services and Well-being Act (Wales) 2014.

This assessment is an opportunity for us to consider and analyse the situation with our partners in Gwynedd in order to develop our plans. It outlines the local situation in Gwynedd and identifies recommendations for implementation, in order to secure services that meet the care and support needs of the county's adult population, now and in the future.

The report is divided into different chapters based on the following themes:

- Older people
- Physical disability and sensory impairment
- Learning disability
- Autism
- Mental Health
- Carers
- Violence against women, domestic abuse and sexual violence

Every chapter contains information regarding:

- The care and support needs of the Gwynedd population
- The services available to meet those needs
- Any gaps (unmet needs) and the steps required to meet these.

The assessment will inform how we discharge our statutory functions and will also guide planning and operational decisions. It will ensure that partners in the public sector plan and develop services in an efficient and effective way to promote people's well-being and care and support needs.

1.2. The process of creating the assessment

The process of creating the assessment comprised several stages, including:

- Bibliography – a review of policies, strategies and research relating to the particular fields.
- Quantitative Data – a review and analysis of local statistics, in comparison with national levels when this was available.

- Qualitative Data – a review and analysis of local research and engagement activities.
- Engagement with the workforce, people who use services and key partners.
- Collaboration with key partners – this has included relevant departments within the Local Authority, the Local Health Board and third sector organisations in order to obtain their input to the process of creating the assessment.

1.3. Vision

Our vision for the Adults, Health and Well-being service is for everyone of all ages to receive the support they need in the most suitable and convenient way for them. Since the needs of every individual and their family / carers are different, in order that they can continue to live their lives as they wish, we must adapt our services to be more closely tailored to the actual needs of those requiring our support. To achieve this, we will need to continue to work alongside our partners, whilst remembering to put the individual's needs at the centre of everything that we do.

We will achieve the vision by:

1. Working in a preventative way to support and safeguard individuals locally by promoting their wellbeing and encouraging them to contribute within their communities.
2. Adapting our services to enable people to live independently within their communities.
3. Ensuring that appropriate and specialist care is available in a timely manner across all our care provisions.

There is more information within the following thematic chapters about how we will achieve this vision. There is also supplementary information within the Council Plan 2018-23 ([Link - Gwynedd Council Plan 2018-23](#))

	2020-21	2021-22
Number of contacts received by the Adults, Health and Wellbeing Department during the year	4,152	4,787
Number of contacts received by the by the Adults, Health and Wellbeing Department during the year where advice or assistance was provided	1,213	1,546

We can see that there has been an increase of 13% in the number of contacts received by the department over the last 2 years, along with an increase of 22% in the number of cases where advice or assistance was provided.

1.4. Covid Challenges

The Population Needs Assessment was developed during the Covid-19 pandemic. The pandemic has had an impact on all aspects of life. It has been a particularly difficult and

challenging time for staff in the health and social care sectors, and for the individuals who have care and support needs. As a consequence of the pandemic, we are now seeing changing trends in the entire population's care and support needs. Consequently, the local effect on Gwynedd has been considered throughout this Assessment.

The Covid-19 crisis has highlighted a number of factors that can affect our ability to continue to provide suitable care services for the people of Gwynedd. The priority for services will be to recover following the effects of the pandemic and ensure that we plan effectively over the medium and long term to respond to our people's needs as they change.

The Needs Assessment is also mindful of the fact that the Covid-19 pandemic continues and has further increased inequality across society.

1.5. Themes

The main themes that emerged as we compiled this assessment are as follows:

- Individuals' well-being must be improved.
- The support for unpaid carers must be improved.
- Quality customer care must be ensured i.e. consistency in the contact that individuals have with the Council and third-sector organisations.
- A shortage of some types of settings e.g. settings offering care and support to individuals with complex and profound needs.
- Recruitment of staff is a huge problem across the care sector. This has held plans back, such as opening dementia units in care homes.
- We need to reconcile the data that is kept on our systems.
- Various factors have affected residents' well-being / mental health. As a result of the increase in individuals experiencing mental health difficulties, we need to invest more in preventative services.

1.6. Welsh Language Considerations

According to the 2021 Census, 64.4% of the population of Gwynedd are able to speak Welsh. In 2016, the 'Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care (More than just Words)' was launched. The Framework sets expectations on local councils and health boards to provide Welsh medium services and to make an "Active Offer" to all Welsh speakers. Being able to provide the "Active Offer" means that no one in Wales should have to make a request for a Welsh language service as the service should be available to them in Welsh without them having to ask.

The framework supports the Council's Language Policy and we as a Council have committed to More Than Just Words from the outset when it was published in 2012. The clear advantage of the framework is that it is a national framework that ensures consistency across the country, but also across organisations in the field.

In providing services, there is a duty on the health and social care sector to ensure that service users can do so in their preferred language. The 'active offer' is the key principle in the Welsh Government's strategic framework for Welsh-medium services, 'More than Just Words'.

More Than Just Words includes many principles to ensure that the Welsh language needs of people are met. The strategy places a duty on care providers to ensure that they have staff who possess the appropriate language skills to care for Welsh-speaking individuals.

The principle of the 'Active Offer' is central to More Than Just Words. The meaning of the 'Active Offer' is to provide a Welsh-medium service without someone having to request it. Welsh-language services should be available for users just as much as English services. Proactively offering a service in Welsh ensures that people's needs are understood and met, and that those who use the care service can depend on being treated with the respect and dignity they deserve. Not proactively offering services in Welsh could put people's dignity and respect at risk.

A key element of ensuring that services across the health and social care sector are available in Welsh, in accordance with the principles of the Active Offer, is the recruitment and retention of a workforce that has Welsh language skills.

In August 2021 the Welsh Government published a report evaluating the 'More Than Just Words' framework. Following this in October 2021, the Minister for Health and Social Care published a written statement noting that a Task and Finish Group would be established to develop a five-year work plan for the framework. The topics that the task and finish group will focus on include:

- Workforce learning and skills
- Placing Welsh as a fundamental part of policies.
- Share good practice and develop a method of enablement.

The five-year work plan for the More Than Words framework was published this year ([Link - More Than Words 5 year Plan](#)). The priorities and recommendations identified will form the local planning steps for Welsh-language services. The More Than Just Words Regional Forum will be the basis for what will happen locally in Gwynedd. At present, we are in the process of scoping and understanding the implications of the five-year plan. But of course, with recruitment currently a problem, it will inevitably be a huge challenge to ensure timely progress.

It is essentially important that individuals receiving services get the service in their chosen language. Gwynedd is an area where the Welsh language is mostly spoken. Some individuals can only communicate in Welsh, therefore, it is essential that they can speak the language with those who support them. In general, this is being met in Gwynedd.

1.7. Equality and Human Rights

Information about protected characteristics is included within this assessment. These are the protected characteristics that are cross-cutting aspects within the thematic chapters:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Gender
- Sexual orientation

Services for people with care and support needs need to use a method that is person centred, that considers the different needs of the people with the above protected characteristics.

The impact of autism is recognised as a disability under the Equality Act 2010. Therefore, the rights of individuals are safeguarded by law, and services should discuss how they can adapt assistance and support with individuals. Sensory, social and cognitive problems can be barriers for autistic people and therefore reasonable adjustments should be considered and implemented.

This assessment of needs is also accompanied by an Equality Impact Assessment.

1.8. Safeguarding

The safeguarding matters for adults with care and support needs are similar to the safeguarding matters for the general adult population. People who lack capacity to make decisions about where they live and care planning arrangements must be assessed for Deprivation of Liberty Safeguards (DoLS) Arrangements. The aim of the safeguarding arrangements is to ensure that the most vulnerable people in our society have a 'voice' so that their needs, wishes and feelings are taken into consideration and listened to when important decisions are made 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.

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 would also include people who also have Autistic Spectrum Disorder (ASD). Staff have identified that there are significant safeguarding issues in relation to the use of the internet by people with ASD and a concern around radicalisation. Bullying is also an issue for people with ASD.

More awareness of disability hate crimes is needed. Collaboration is needed to develop a culture where people can challenge any discrimination and hate crimes, and where people with learning disabilities feel that they have a voice.

One issue that has been raised, particularly during the lockdown periods, is the increasing need to provide more support for people on using the internet (including social media etc.) due to safeguarding concerns. An additional concern is that decisions to safeguard adults with learning disabilities could be made less safe if they are taken to protect those who make decisions and prevent individuals from having access to things that improve their well-being, such as technology (Community Care, 2015).

1.9. Socio-economic considerations

There is now a duty on public sector bodies in Wales to consider the effect of socio-economic disadvantage when making strategic decisions, with the aim of reducing the inequality of the outcome.

Socio-economic disadvantage is defined as:

"living in less favourable social and economic circumstances than others in the same society."

This can include living in deprived areas, a lack of wealth, an individual's socio-economic background, low income or no income at all, or material deprivation.

Outcome inequality, caused by socio-economic disadvantage, is defined as follows:

"Outcome inequality relates to any measurable difference in outcomes between those who have experienced socio-economic disadvantage and the rest of the population."

Outcome inequality can be measured through factors such as education, health, employment, justice and personal safety, living standards and participation, especially in decision-making processes linked to services. Services must use a person-centred approach, which considers the needs of different people who have protected characteristics.

Socio-economic deprivation is linked to a number of negative effects including mental health and well-being. In the Welsh Government's review of the evidence of socio-economic disadvantage, it states that mental health is poorer in the most deprived areas of Wales, and deprivation is linked to an increase in stress, mental health problems and suicide. Living in more deprived areas can also affect mental well-being. 20% of adults in the most deprived areas of Wales reported that they are receiving treatment for mental health, compared to 8% in the least deprived areas.

1.10. To Close

The following thematic chapters include conclusions and recommendations that will lead to action plans by the Adults, Health and Well-being Department. We intend to keep the assessment as a living document so that it is a useful source for making strategic decisions and also for feeding into regional plans.

2. Older People

2.1. Introduction to this chapter

This chapter includes information about the care and support needs of **older people in Gwynedd**.

There is no specific definition of an 'older person', the Welsh Government (new Strategy for an Ageing Society, 2021) has purposely abstained from defining the age when we become an 'older person' recognising that life experiences and the reality of daily life varies greatly for people, from those in their 50s to those in their 80s and over.

The report concentrates on the following themes within the older people field:

1. Support to live independently
2. Loneliness and social isolation
3. Housing and accommodation
4. Dementia

2.2. Definitions

There is no specific definition of an 'older person', the Welsh Government (new Strategy for an Ageing Society, 2021) has purposely abstained from defining the age when we become an 'older person' recognising that life experiences and the reality of daily life varies greatly for people, from those in their 50s to those in their 80s and over.

2.3. The policies and acts that have shaped our services

This section provides an overview of the principal legislations, policies and strategies for the older persons field both nationally and locally.

Social Services and Well-being Act (Wales) 2014

[Social Services and Well-being \(Wales\) Act 2014 \(legislation.gov.uk\)](https://legislation.gov.uk)

- The Act helps to ensure the wellbeing of those who need care and support.
- It concentrates on people – and gives them a strong voice in the decisions made about the support they receive.
- Services are provided through partnerships and co-operation.
- Services will try and prevent needs from increasing and the right support will be available at the right time.

The Well-being of Future Generations (Wales) Act 2015

[Well-being of future generations act: the essentials | GOV.WALES](#)

The Well-being of Future Generations (Wales) Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales.

The Well-being of Future Generations (Wales) Act makes it a requirement for listed bodies in Wales to consider the long-term impact of decisions, work better with people, communities and professionals and to prevent ongoing problems such as poverty, health inequalities and climate change.

A More Equal Wales: The Socio-economic Duty Equality (Wales) Act 2010

[WG42004 A More Equal Wales The Socio-economic Duty Equality Act 2010 \(gov.wales\)](#)

The Socio-economic Duty came into force in Wales on 31 March 2021. This will lead to better decisions, and it will ultimately achieve better outcomes for those who are under a socio-economic disadvantage. These statutory guidelines assist the public bodies covered under the Duty ("public bodies") to achieve the requirements of the duty.

The following Acts are also relevant:

- Care Standards Act 2000 [Care Standards Act 2000 \(legislation.gov.uk\)](#)
- Health and Social Care (Community Health and Standards) Act 2003 [Health and Social Care \(Community Health and Standards\) Act 2003 \(legislation.gov.uk\)](#)
- Equality Act 2010 [Equality Act 2010: guidance - GOV.UK \(www.gov.uk\)](#)

National Policies and Strategies

Age-friendly Wales: Our Strategy for an Ageing Society (Welsh Government, 2021)

[Age friendly Wales: our strategy for an ageing society | GOV.WALES](#)

The strategy notes the steps that the Welsh Government take to prepare for the future. The strategy's aim is to change the way we think about ageing. It recognises and appreciates the contributions of all older people in Wales and promotes intergenerational working to create an Age-friendly Wales. The strategy is based on four key aims:

- Improving people's well-being.
- Improving local services and environments.
- Building and retaining people's own capability.
- Tackling age related poverty.

More Than Just Words (Welsh Government, 2019)

[More than just words: Welsh language plan in health and social care | GOV.WALES](#)

More Than Just Words includes many principles to ensure that the Welsh language linguistic needs of people are met. The strategy places a duty on care providers to ensure that they have staff who possess the appropriate language skills to care for Welsh-speaking individuals.

Strategy for Unpaid Carers (Welsh Government, 2021)

[Strategy for unpaid carers: delivery plan 2021 \[HTML\] | GOV.WALES](#)

Welsh Government's Strategy for Unpaid Carers commits to improve the recognition and support given to unpaid carers of all ages in Wales.

Dementia Action Plan for Wales 2018-2022 (Welsh Government, 2018)

[Dementia action plan 2018 to 2022 | GOV.WALES](#)

As a result of consultation with the Dementia Oversight Implementation and Impact Group (DOIIG) and across the Welsh Government it was agreed that the following areas will be the focus over the lifetime of the Dementia Action Plan. A Gwynedd Dementia Co-ordinator post will be created for Gwynedd and funded from the Regional Integrated Fund (RIF).

- Ongoing learning, equity of access and development and evidence informed responses
- Cognitive health and prevention / risk reduction
- Protecting rights / person centred support
- Responding to the changes in care

Health and Social Care in Wales - COVID-19: Looking forward (Welsh Government, March 2021)

[health-and-social-care-in-wales--covid-19-looking-forward_0.pdf \(gov.wales\)](#)

COVID-19 has had a profound impact on society and on services. This document describes the impact of Covid-19 on health and social care Services. It notes some of the priorities which the whole system will work on. This includes the following fields:

- COVID-19 and inequalities
- Primary care and responsive communities
- Ancillary mental health services
- Efficient and effective services in hospitals
- Seamless social care services
- A fully committed and motivated workforce that is supported

A Healthier Wales (Welsh Government, 2018)

[A healthier Wales: long term plan for health and social care | GOV.WALES](#)

This plan sets out a long-term vision for the 'entire health and social care system in the future', focusing on health and well-being and preventing ill-health.

Older People's Strategy in Wales 2013-23

According to the Older People's Strategy in Wales, older people said that their quality of life is often jeopardised by social, environmental and financial barriers. We are trying to improve the quality of life for older people in ways that go beyond the traditional health and social care agenda by tackling discrimination, lack of opportunities to live content lives, poverty and environments that lead to dependency and exclusion.

Local Strategies

The **Council's Strategic Plan** (Link - [Council Plan 2022-23](#)) outlines the Council's vision and priorities for the field of older persons. The Adult, Health and Well being department's main priority is to enable Gwynedd adults to *'live my life as I wish'*.

The department also contributes to some of the Gwynedd Well-being Objectives, ensuring that Gwynedd residents can:

- Enjoy happy, healthy and safe lives
- Live in quality homes within their communities
- Live in a natural Welsh society
- Live with dignity and independently for as long as possible.

Together with the day-to-day work, the department leads on the following priority projects:

- A Suitable and Sustainable Care Provision for the Future
- Redesigning our Care Services
- Contributing to Improving the Workforce Planning (Corporate Support Department) by responding specifically to the recruitment challenges in the care field and ensuring that we have enough employees with the necessary skills to cope with the increasing need that is likely to arise in the future.

A great deal of engagement work has been undertaken with Gwynedd communities to identify the matters that are important to people. The findings will become evident over the next few months, and the feedback will feed into the work programmes of various teams within the department.

To meet the priority of 're-designing our care services', we have been working in partnership with the health board to transform our community services. The intention is to facilitate staff from the council and health board to work jointly as one team within specific areas. This will ensure that there is one contact point for individuals who need health and care support in the community to ensure the best outcomes and a seamless service. We are also working to change our way of providing home care across the county to facilitate our capability to ensure that the care is tailored based on what is important to the individual.

2.4. What we know about the population

In Wales, the central demography predicts that 1 out of every 4 of the population will be over 65 years old in 20 years (by 2038). It is anticipated that the population over 75 years old in Wales will also increase by 9.3% of the population in 2018 to 13.7% in 2038 (Office for National Statistics 2019). It is also worthwhile noting, despite these projections, that improvements in life expectancy have remained the same since approximately 2011 and there have only been a few changes in recent years.

However, there have been some obvious social changes during the last few years. For example, the estimated number of people who live alone has increased consistently over the

last decade. Today, people aged 65 and older account for 45% of the single persons households.

Statistics from Alzheimer's Research UK, indicate that the number of people on the dementia register increased from 9,550 to 13,617 between 2006/07 and 2015/16, which is an increase of 43%. The number of unpaid carers in Wales has also increased and people aged 65 and over is the fastest growing group.

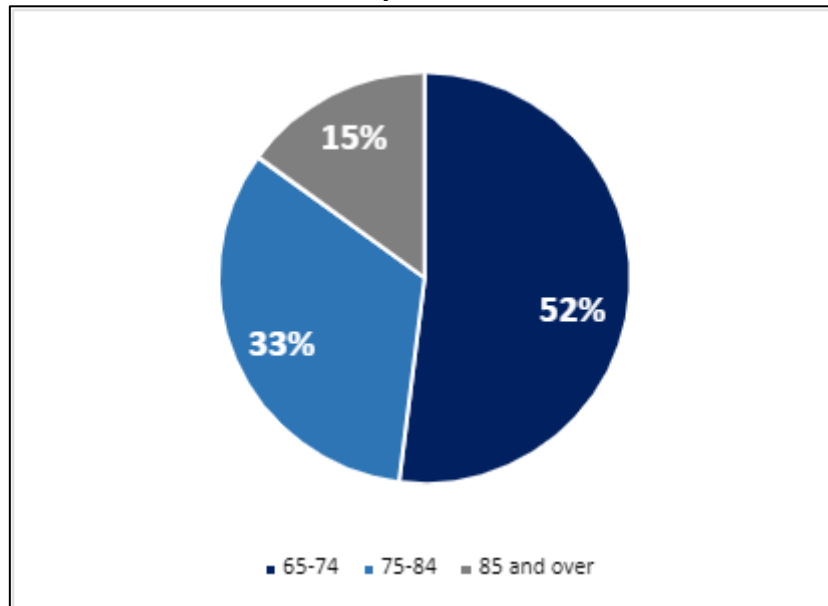
The State of the Nation (Older People's Commissioner, 2021) report looks at the impact of the pandemic on the older population in Wales and identifies many key findings that the Welsh Government and other public bodies in Wales need to give attention to, in response to the pandemic and in looking to the future and supporting older people with their recovery.

- Over the last 18 months, it has been difficult for older people to get access to community services, particularly health and care.
- Unpaid care has increased significantly over the last two years, as social care services have been withdrawn or handed back by service users.
- There has been a significant deterioration in the physical and mental health of older people as a result of pandemic restrictions and reduced physical and social activities.
- Older people have been impacted financially by the pandemic, and those who wish to remain in the workforce are at a higher risk of redundancy or exclusion from developing working practices.
- The lack of available data on older people's experiences of abuse makes it difficult to assess the impact of the pandemic but it is clear that criminals have been targeting older people for financial crimes and fraud.
- Opportunities to engage with communities and volunteer have been limited for older people during the pandemic and many have not felt like valued members of society.
- Many older people are at risk of exclusion as public and private services accelerate the introduction of digital services.
- Despite these challenges, older people have shown resilience and determination throughout the pandemic and are generally optimistic about the future.

Caring for vulnerable people is one of the council's most important responsibilities, and there is increased pressure on our services due to social changes that are beyond our control.

Overview of the population of Older People in Gwynedd

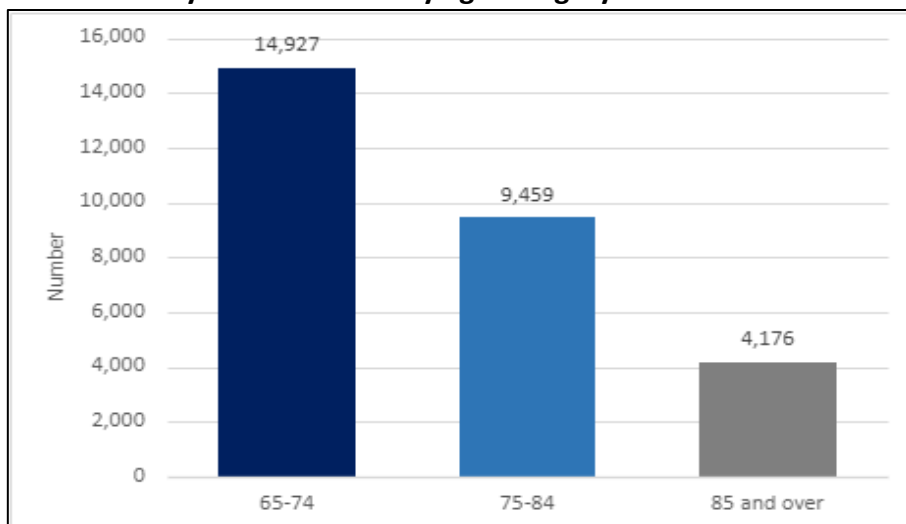
Graph 1: Population of 65 and over in Gwynedd



Source: StatsWales (2021)

From the above graph, we can see that over half of the people over 65 in Gwynedd fall into the 65-74 age category.

Graph 2: Number of Gwynedd residents by age category



Source: StatsWales (2021)

The graph above gives us more perspective of the number of people over 65 years old in the same categories. We can see clearly the numbers and the difference in each category.

The table below shows the estimated number of people in Gwynedd who were over 65 years of age in 2020 and the number projected by 2040:

Table 1: Estimated number of people over 65 years of age in 2020 and 2040

Number of 65+ people in 2020	%	Number of 65+ people in 2040	%	Difference between 2020 - 2040	%
28,550	22.8%	34,300	26.1%	5,700	20.1%

Source: Data from the Office of National Statistics

It is expected that the over 65 population will continue to increase from 2020 until 2040, which is an increase of 20.1%. At the same time, it is expected that the proportion of 16-64 year olds, which is the workforce, will continue to decline. It is anticipated that the changes will level out by 2040.

The table below shows the increase in the 65 years and over population between 2010 and 2020 in Gwynedd:

Table 2: Percentage and number of Gwynedd residents over 65 years of age over time

	Number in 2010	%	Number in 2020	%	Difference	%
Gwynedd	24,800	20.5%	28,550	22.8%	3,750	15.1%
Wales	557,250	18.3%	668,600	21.1%	111,350	20.0%

Source: Office of National Statistics: mid-year population predictions

We can see that there was an increase of 15.1% in Gwynedd in the decade between 2010 and 2020, which is less than the increase of 20.0% across Wales.

The number of people over 85 years of age in Gwynedd has increased by 25.4% between 2010 and 2020. This is mainly because of demographical changes, such as increased life expectancy. We can see in the table below that the increase in the population is higher for Gwynedd than across Wales.

Table 3: Percentage and number of Gwynedd residents over 85 years of age over time

	Number in 2010	%	Number in 2020	%	Difference	%
Gwynedd	3,350	2.8%	4,200	3.3%	850	25.4%
Wales	73,750	2.4%	85,150	2.7%	11,450	15.5%

Source: Office of National Statistics: mid-year population predictions

Figure 1: Infographic showing self-care data for Gwynedd residents over 65



Source: Local Area Profiles, North Wales Partnership Board (2022)

2.5. Specific areas

2.5.1. Support to live independently

One of the main wellbeing objectives for Gwynedd is to ensure that people can 'live with dignity and independence for as long as possible'. Continuing to live in their own homes is a priority for many older people, and an important part of maintaining their independence. Supporting people to maintain their independence also supports them to take ownership of their health and wellbeing. Independence can be defined as:

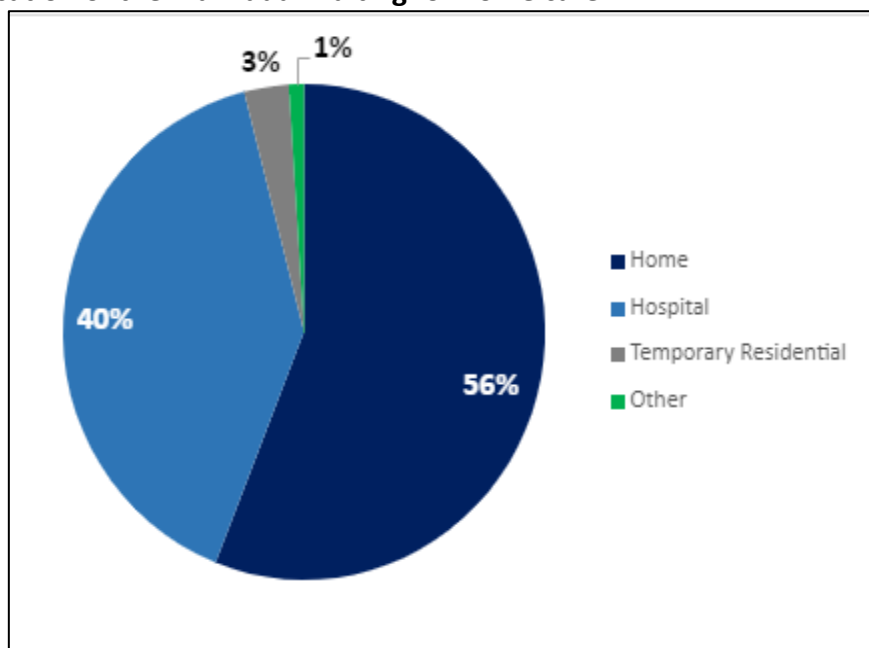
- Not having to depend on others

- Free to come and go
- Can move around and maintain the home
- Avoid going into a care home.

As the care needs of the county changes, we have been working with the health board to ensure simple and direct access to services that supports what is important to older people in Gwynedd. An approach that puts more emphasis on health and wellbeing and preventative work ensures better outcomes for individuals, enables them to live independently for as long as possible and reduces the need for complex care.

What we know (Quantitative data)?

Graph 3: Location of the individual waiting for home care



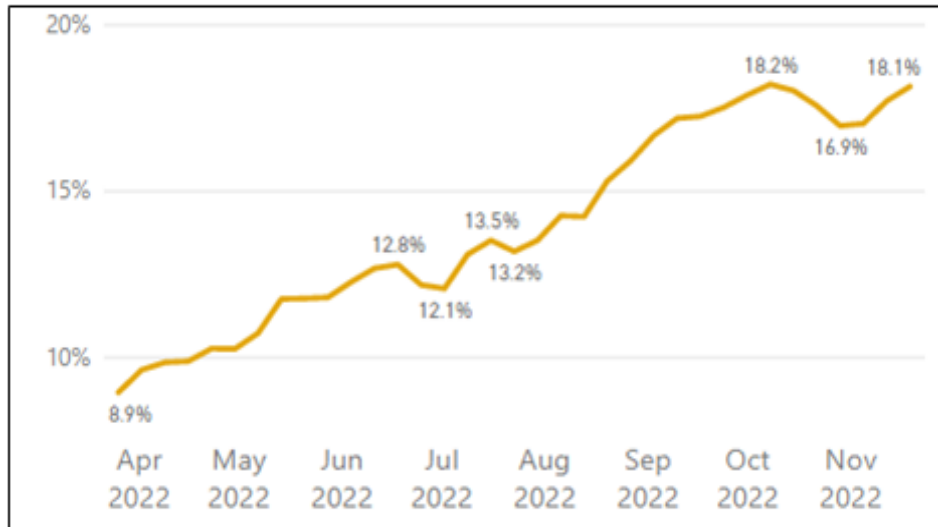
Source: Internal data from the Welsh Community Care Information System (WCCIS) 2022

The above graph demonstrates the locations of individuals on the waiting list awaiting domiciliary care. Although most were home while they were awaiting care, a large percentage were waiting in hospital. This raises long-term issues as they are filling hospital beds. No location was noted on the forms for the 1%.

A number of people are waiting for home care as a result of:

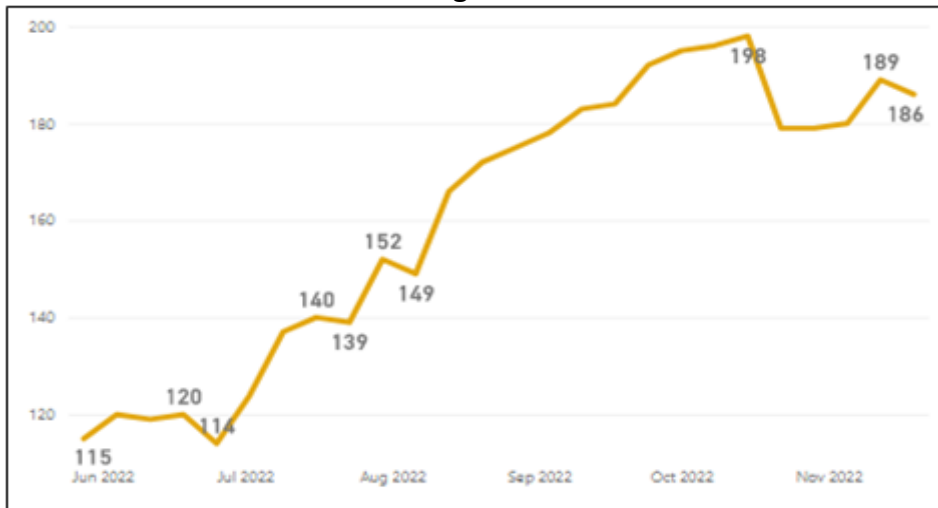
- Lack of carers – workers leaving the field
- Problems in recruiting new workers
- Providers having to give back packages / blocks of packages back as a results of staffing problems / capacity
- Increase in the demand.

Graph 4: The percentage of home care that is not met



Source: Internal data from the Welsh Community Care Information System (WCCIS) 2022

Graph 5: Number on the Home Care waiting list at the end of the week

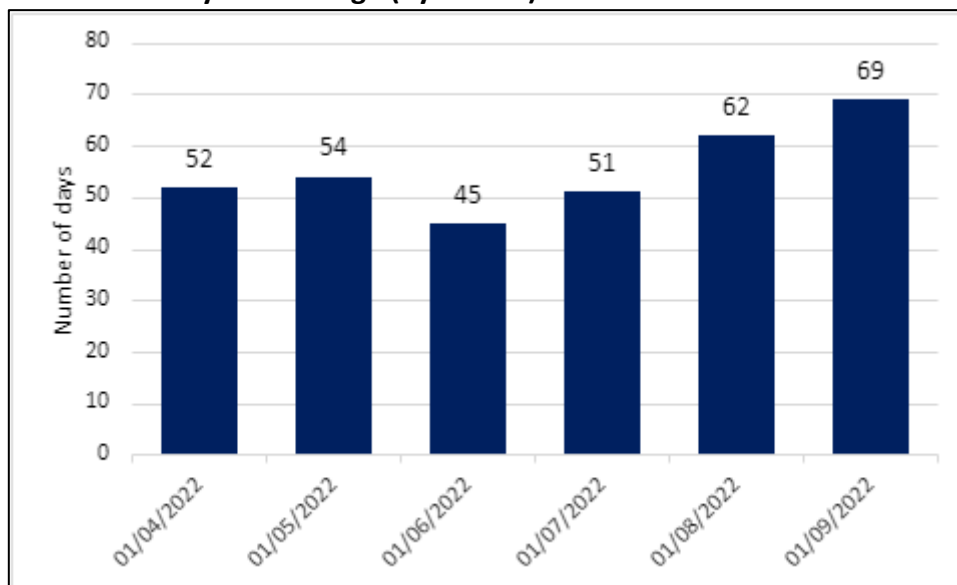


Source: Internal data from the Welsh Community Care Information System (WCCIS) 2022

The above graphs show a consistent increase in the waiting list since June 2022. This is mainly due to a number of providers returning care packages at short notice due to a variety of reasons which include increase in demand, staffing issues or the providers not winning the home care agreement. However, we do see some reduction by November following a period of instability due to transferring care packages to new providers, but problems are continuing due to the new providers' lack of capacity in meeting the demand in the areas.

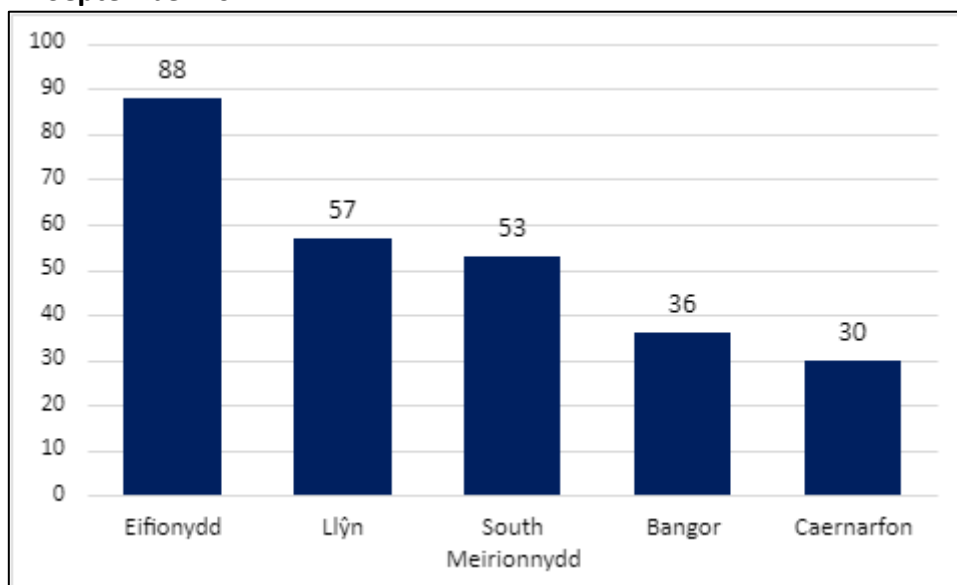
Whilst undertaking a desktop analysis recently, we saw that a large number of individuals on the list are already receiving care or do not need to be on the list anymore. Increased workloads for the social work teams mean that they do not always manage to update the system in a timely manner which then affects the accuracy of the information. Work is undertaken regularly to update the and ensure the accuracy of the data in future.

Graph 6: Number of days on average (by month) an individual is on the home care list



Source: Internal data from the Welsh Community Care Information System (WCCIS) 2022

Graph 7: Number of days on average (by area) an individual is on the waiting list for home care April – September 2022



Source: Internal data from the Welsh Community Care Information System (WCCIS) 2022

The graphs above gives us more detail about the number of days on average individuals are on the home care waiting list, and the number of days on average in the areas of Gwynedd. We can see that Eifionydd is the highest waiting list on average and Caernarfon is the lowest during the period. (Departmental data, WCCIS, 2022)

What are people saying (Qualitative data)?

Day Care

Before the lockdown, engagement work was undertaken with individuals that receive care in Gwynedd Council day centres. A great deal of valuable information was received regarding

where the individuals lived, their travel needs, care and support needs, and support for carers.

The main messages and findings of the engagement included:

- Many said that they didn't know what they would do without the centre and this is their 'escape'. Many said "I would be stuck in the house otherwise" and most did not participate in any activity or clubs outside the day centre. The day centre is important to all of them.
- Many said that they were not aware of what was happening outside - not aware of any other clubs they could attend.
- Everyone we talked to said that they would attend more days in the centre if more days were available and therefore felt that they needed more days. The weekend is long and lonely and some people do not see anyone. Some do not have family close by and therefore loneliness is maximised.
- The service is invaluable in terms of ensuring that carers/husband/wife have respite from caring for the person - this is important to ensure the carers can continue to care.
- What individuals had to say about the service was heartening and positive.

Following the pandemic, work to re-model our day care provision has already re-started.

Direct Payments

Direct Payments (DP) is a service whereby the Council pays a sum of money into the bank account of the individual who is eligible for a service and the individual is then responsible for employing someone to provide the service. There is support available for individuals with their role as an employer.

Direct Payments is a popular option if the individual who needs the service cannot find suitable carers. 22% of the individuals who receive DP do so to provide care for older people (departmental data, WCCIS, April 2022).

It is a duty to include DP as an option whilst assessing and agreeing on a care plan, and it is seen as an important service in trying to ensure that individuals can remain in their own homes as long as possible. Examples include a case where 24 hour care was needed, and a home care agency provided some of the care hours, and DP providing the rest. Social Workers and Area Leaders see DP as a much more flexible option than traditional domiciliary care and as a result, is more effective in meeting the needs of the individuals.

Having discussed with the Council's front-line staff (Gwynedd's area teams), the attitude was positive in terms of what Direct Payments (DP) can offer Gwynedd residents, and there was agreement that DP is a good scheme for carers. However, the only concern was the occasional delay in trying to start the plans. Being able to start the plans quickly would help to discharge people from hospital earlier and prevent an emergency. There is a workstream that is currently looking at this process.

These are examples of how DP has worked successfully in some cases:

- Keeping company to an elderly lady with dementia one afternoon a week to give the family respite.
- A middle-aged person had a stroke and needed a comprehensive care package.
- An elderly lady who lived independently but had a visual impairment. Through DP she employed a worker to read any letters/correspondence on her behalf when needed, this is an example of a simple service where DP could meet the need.
- We spoke to Personal Assistants who were employed via DP by a number of individuals. They had previously worked for a domiciliary care agency and felt that the quality of what they could offer via DP was a lot more flexible, personal and of a higher standard. They realised that there were three individuals in the same situation who were employing them separately (male widows experiencing loneliness / depression) and with the agreement of the three, it was arranged to take them out together for a weekly lunch. The individuals became friends and by now they have developed an unofficial support group for themselves, reduced the need for care, and ensured that they can continue to live in their own homes for longer.

What is the current provision (services and assets)?

Domiciliary care (home care)

A number of individuals choose to receive domiciliary care as it allows them to live in their own home with carers coming in to assist with some elements of everyday life such as preparing food, providing personal care, prompting medication and much more.

Unfortunately, there is a lack of carers within the field which causes problems because there are not enough carers available to provide for the demand within Gwynedd. It has been extremely difficult to recruit specifically in the Pwllheli, Eifionydd, Dyffryn Nantlle and Blaenau Ffestiniog sub-areas.

As part of the process of re-modelling domiciliary care, a number of the Council's domiciliary care teams were moved to work shift patterns and the work of training staff to be able to administrate medication started, which offers better stability to staff and flexibility to the individuals who receive care.

By now, we have gone out to tender for the new provision and successful providers will be responsible for their specific area which means that carers will not have to spend a lot of time travelling and can spend more time providing care. Providers will be able to focus on one area rather than the whole of Gwynedd.

The new contracts have started since the 1 November 2022 and we are in the process of having 1:1 meetings with providers to discuss how many hours they currently provide within the area. Then there will be sub-area groups to discuss who has transferred and who is left to transfer service users).

The new way of working means that the carers will work with individuals to discuss when they want the service. For example, a social worker assesses the individual and gives an estimate of the care required per week, the provider will then discuss this with the individual to see

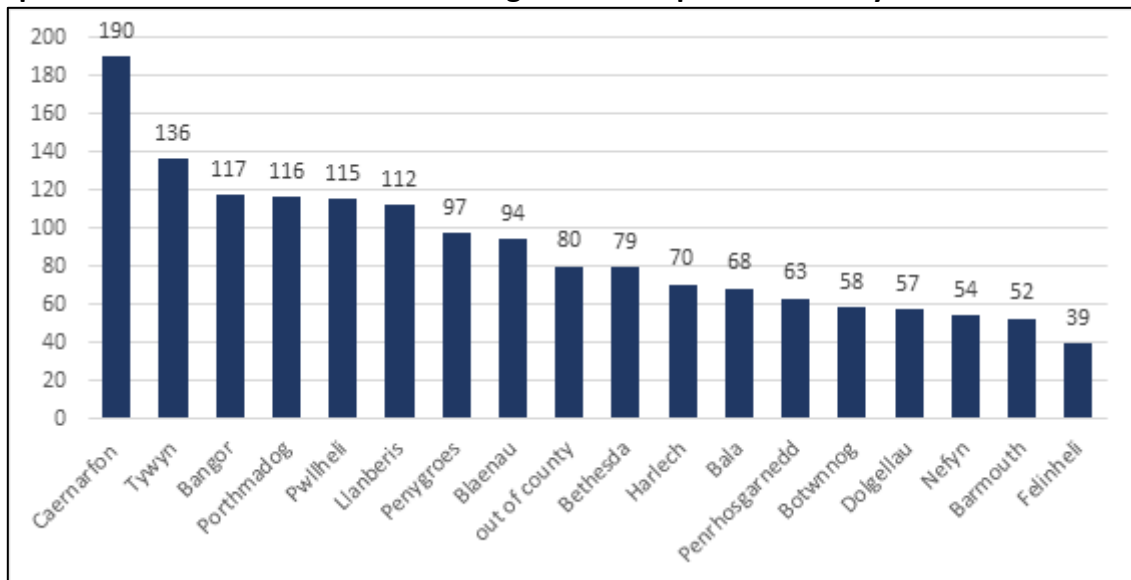
when and how much the support is needed. This gives more flexibility to the individual who is receiving the service and also builds a better relationship between the individual and the provider.

It is hoped that the new way of working will attract more carers to the field. Providers will have assurance of monthly hours which means that they can offer better working terms for staff. There will also be an expectation that providers pay fair wages to all staff.

Following a pilot scheme that took place in the Tywyn area, staff felt very positive towards the pilot, and the vast majority saw it as a pattern that benefits everyone.

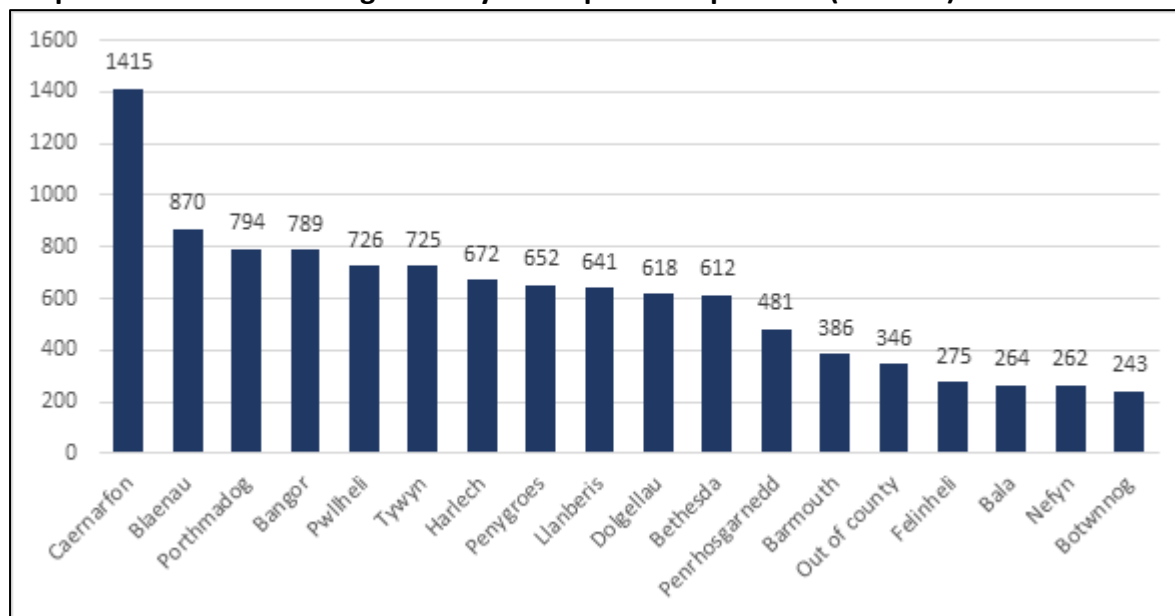
- 73% of staff strongly agree that the new way of working improves the quality of care provided to service users.
- 73% of staff also strongly agreed that the service user had benefited from the pilot scheme.

Graph 8: Number of individuals receiving home care per area in Gwynedd



Source: Internal data, WCCIS (2022)

Graph 9: Number of average weekly hours provided per area (2021-22)



Source: Internal data, WCCIS (2022)

From the above information therefore, we can see that the highest number of people who receive a service are in Caernarfon, and the same area is providing more hours per week than any other area. Both graphs do match, but not exactly. Although the number of individuals receiving a service is lower in some areas, it shows that more care hours are needed in a week than in other areas. Harlech is another example, it is eleventh in terms of the number of individuals who receive a service, but seventh in terms of number of weekly hours.

Direct Payments – developing their use

A new project has been established with '**Community Catalysts**' company to try and encourage people to establish small companies in Gwynedd to offer support and care to people in their local area. The hope is to ensure that more people can access timely care in their communities, and reduce the number of people waiting in hospitals or in their own home without the necessary support to be able to live a full life. The intention is to review our arrangements for Direct Payments and make it easier for people to access funding to utilise to pay for the care that is available from these small companies.

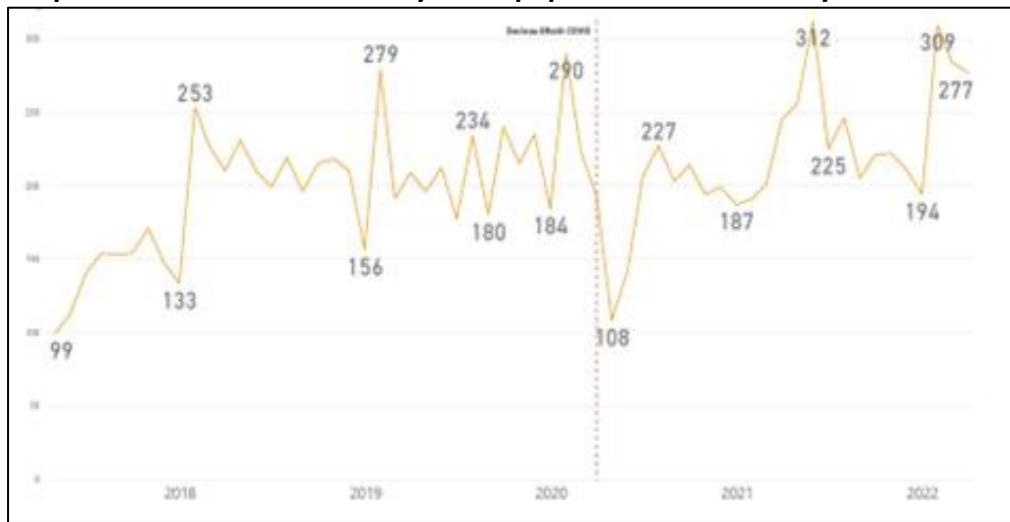
We need to promote the use of Direct Payments, simplify the process around it and develop arrangements that make it easier to establish DP arrangements in an emergency.

The Council's **Homeshare scheme** is a new scheme that aims to tackle a number of challenges that are currently facing us such as domiciliary care, loneliness and isolation and housing problems. The scheme is an opportunity for individuals who need some extra weekly support (not personal care but rather support with e.g. food shopping, gardening, cooking) to offer a room in their home to an individual that can provide that support. The individual that provides the service can get very cheap accommodation and would be of great help with the challenge that a lot of people face in terms of renting costs.

Promoting independence service

The services that promote independence assists individuals to remain in their own homes for as long as possible by installing equipment such as a shower in their home so that they can undertake daily tasks in their own home. We commission an external provider to install this equipment and their reports show that Gwynedd residents make great use of the service.

Graph 10: Referrals received by the equipment service in Gwynedd



Source: departmental data, WCCIS (2022)

The fact that the service has managed to prevent individuals from being admitted into hospital demonstrates how valuable the service is for Gwynedd in terms of individuals being able to remain in their homes and releasing hospital beds.

2.5.2. Housing and Accommodation

As the older population continues to increase according to the Welsh Government's population projections, it is important to ensure that their housing needs are identified and met.

The Council's Strategic Plan states that vulnerable people should have a range of appropriate support to enable them to live independently in the community and they should have a wider range of accommodation that is appropriate to their needs.

To maintain independence as long as possible, older people need to live in appropriate housing. There are a number of different accommodation options available for people over 55 years of age in Gwynedd. However, there is a lack of appropriate social housing such as bungalows for older people. It is acknowledged that some buildings no longer meet the needs of those individuals who receive support, and they don't meet their wish to live independently. A lot of people now live in large inappropriate housing and it is difficult to provide care in some housing because of the environment or lack of space.

What we know (Quantitative data)?

The aim of Cyngor Gwynedd's Housing Action Plan 2020/21-2026/27 (link - [Gwynedd Housing Action Plan](#)) is to *"Ensure the people of Gwynedd have access to a suitable home which is of a high standard, affordable and improves their quality of life."*

These are the schemes that have been approved up until 2026/27:

- Accommodation and extra support in Arfon
- Re-develop the Polish Home site
- Extra care housing – older people

It is hoped that the above schemes will meet the needs of our current and future service users.

Gwynedd's Housing Strategy 2019 – 2024 (Link - [Housing Strategy](#)) sets a long term ambition as well as clear priorities for the next 5 years. We know that our housing needs can change through different times in our lives, but what is consistent is the need to live in homes and communities that are safe and can enable and help people live full and healthy lives whilst promoting their independence.

What is the current provision?

Extra Care Housing

Extra Care Homes are purposeful accommodation that let self-contained flats to tenants, together with community facilities, e.g. lounge, restaurant, hairdressers, laundry and hobbies room. It is an effective way of satisfying the needs of older persons by offering independence, choice and timely support and the demand for this type of provision is increasing. It gives a safe, private and assured environment with a care and support provision on the site, in accordance with tenants' needs.

Gwynedd Council, in partnership with housing associations have already worked to develop Extra Care developments in Bala (30 flats), Bangor (42 flats), Porthmadog (40 flats). A light (provision without meals) extra care housing development is currently being developed in Pwllheli.

Our intention is to look at developing more, that will be an evolution and variation of the current extra care homes, that is more suitable to serve smaller towns. This would meet the need for extra schemes in four communities: Pwllheli, Dolgellau, Tywyn and Blaenau Ffestiniog. It is likely that their format will be smaller than the current developments to reflect the need and the intention is to learn from the experiences of the current developments in terms of the need for 24 hour care. It will also be an opportunity to look at nurturing and promoting multi-generational arrangements.

Sheltered Housing

These are provided by housing associations; however, the definition of 'sheltered property' can be different to different societies. The historical definition was a property where warden

support was provided on the site i.e. the warden living there, however, this changed over time as the roles of Wardens (or Site Managers) changed to be more peripatetic.

Table 4: Sheltered Housing Units in the wellbeing areas of Gwynedd

Well-being Area and location	Owner	Number of Units
Penllyn		
Cysgod y Coleg, Y Bala	Adra	28
		28
Tywyn		
Morfa Cadfan, Tywyn	Adra	20
		20
Dolgellau		
Hen Felin, Dolgellau	Grŵp Cynefin	24
Ffynhonnau, Dolgellau	Adra	12
Hafan Deg, Barmouth.	Adra	23
Pentre Uchaf, Dyffryn Ardudwy	Adra	11
		70
Porthmadog		
Bro Llewelyn, Penrhyndeudraeth	Adra	16
Maes y Môr, Tremadog	Grŵp Cynefin	38
		54
Caernarfon		
Trem yr Wyddfa/Lôn yr Eglwys/Brynllyn/Cae Catrin, Penygroes	Adra	38
Gwelfor, Rhosgadfan	Adra	12
Tan y Mur, Caernarfon	Adra	22
Llys yr Eifl/Cae Corn Hir/Llys y Foel, Caernarfon	Adra	52
Rhydfadog, Deiniolen	Adra	10
Hafan Elan, Llanrug	Adra	24
		158
Bangor		
Y Gorlan, Bangor	North Wales Housing	30
Craig Menai, Bangor	Adra	18
Llys Dewi Sant, Bangor	Adra	22
Maes y Garnedd, Bethesda	Adra	12
		82
Cyfanswm		
		412

Source: Internal data from the Housing and Property Dept

Residential and Nursing Homes

Residential care homes offer safe and secure accommodation for 24 hours a day. Individuals have their own bedrooms and they share a community dining room and lounge.

Nursing homes offer safe and secure accommodation with registered nursing care 24 hours a day, for older people with complex health needs. There are also specialist residential care and nursing care provision for those individuals with health and wellbeing needs that derive from memory conditions.

Currently, there are 36 Residential Care and Nursing Homes in Gwynedd, with a total of 1,051 beds. The table below shows a cross-section of the homes:

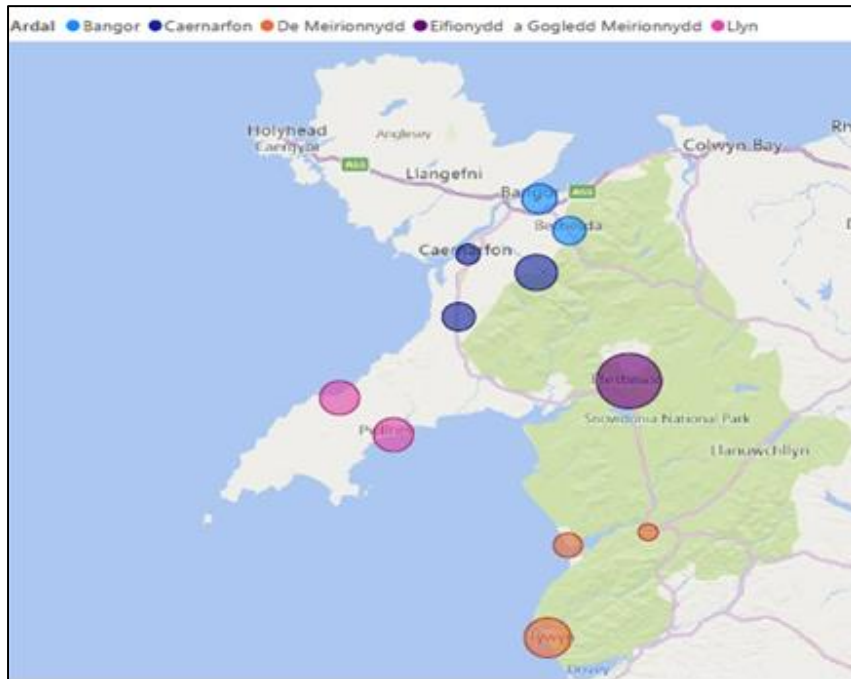
Table 5: Number of residential and nursing homes in Gwynedd

Area	Number of residential and nursing homes
Bangor	5
Caernarfon	10
Llŷn	6
Porthmadog	7
Ffestiniog	1
Dolgellau	2
Penllyn	1
Tywyn	4
Total	36

Source: Cyngor Gwynedd

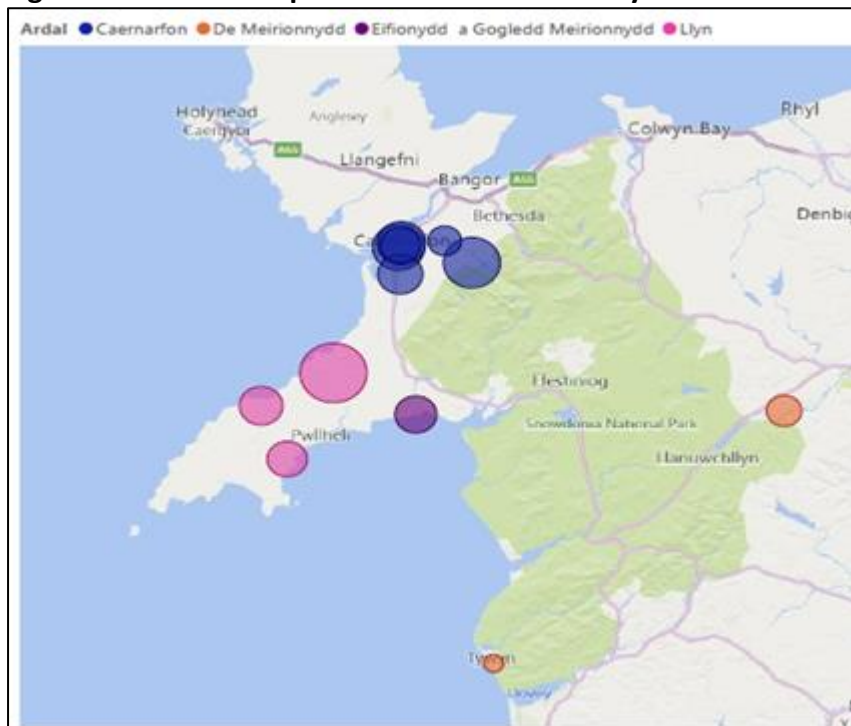
The Council currently provides 50% of the whole residential provision in Gwynedd, whilst the independent sector provides the other 50%. There are a number of benefits of being a residential care provider, rather than commissioning the independent sector to provide all placements. As the Council is a provider, we can respond appropriately and timely to any change in the demand for services. Cyngor Gwynedd also has specialist dementia care provision.

Figure 2: Location of internal homes in Gwynedd



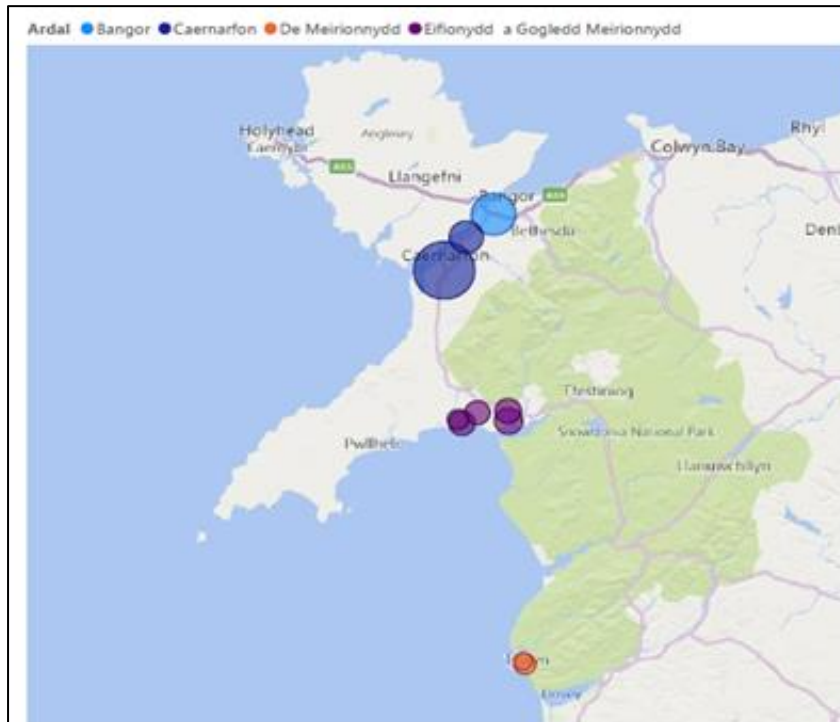
Source: Internal data from the 'Welsh Community Care Information System' (WCCIS), 2022

Figure 3: Location of private care homes in Gwynedd



Source: Internal data from the 'Welsh Community Care Information System' (WCCIS), 2022

Figure 4: Location of nursing homes in Gwynedd



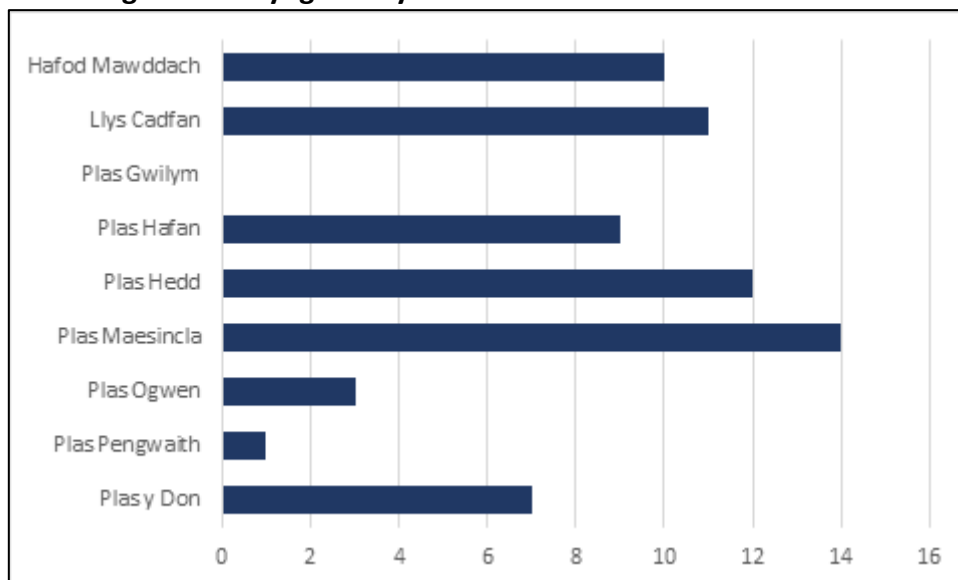
Source: Internal data from the 'Welsh Community Care Information System' (WCCIS), 2022

All the county's nursing home provision is provided by the independent sector. The main reason for this is that it hasn't been legally possible for Local Authorities to provide nursing care. We are therefore fully dependant on the external market to provide nursing care provision for the population. As a result, if the number of placements available is less than what is needed at any point in time, it would not be possible for the Council to respond with its own direct provision. This can create delays for individuals to receive the care they need, or, it could mean that individuals have to go to an alternative location which might be further away from their community than they wanted.

By now we have an increasing shortage of nursing beds for the needs of the population. Following a recent report that went to the Council's Cabinet (link - [Provision of Nursing Placements as part of the public sector partner](#)), it discussed the intention of becoming a nursing care provider to try and meet the demand and develop our workforce across the public sector by enabling nursing staff and other clinical staff to have the opportunity to work in such a provision as part of their training and career.

Following legal advice, the Council have received confirmation that it is possible to provide nursing care with the consent of the health board or by working in partnership with them. It is therefore considered that under the provisions of the Social Services and Wellbeing (Wales) Act 2014 we are able to arrange a co-operative arrangement between the Council and the health board that will lead to creating a provision that includes nursing care. We would need to develop appropriate and robust arrangements to support such a provision. Further detailed work is taking place as part of developing the business case.

Graph 11: Waiting lists for Cyngor Gwynedd residential care



Source: *Cyngor Gwynedd*

The graph above shows the waiting list for the Council’s residential homes. There is no specific period for this waiting list. It has been current since 31 March 2022, and it is updated weekly. Some people wait for a month, others have been waiting for six months and are still waiting. For example, some homes in Gwynedd offer complex dementia and residential care. Maybe someone is on the waiting list for complex dementia care but someone else has been able to move to the home earlier as they only need residential care. Unfortunately, there is no waiting list available for the private homes in Gwynedd as this information is kept up to date by the providers themselves.

Table 6: Number of people who are waiting for a residential or nursing bed in Gwynedd (data December 2022)

Area	Residential	EMI residential	Nursing	EMI nursing	Total
Caernarfon	29	3	22	7	61
Bangor	18	3	14	6	41
Llŷn	21	6	15	8	50
South Meirionnydd	17	2	18	2	39
Eifionydd	19	5	20	3	47
Total	104	19	89	26	238

Source: *Ysbyty Gwynedd Discharge Hub*

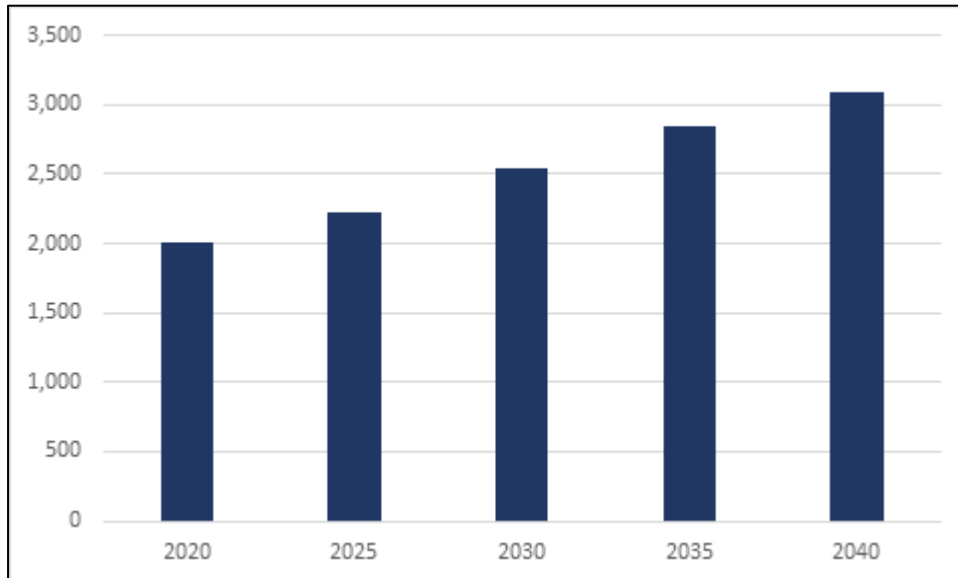
2.5.3. Dementia

Dementia is a devastating illness that is more than just memory loss. It is a degenerative and life limiting brain disease that impacts upon every level of an individual's physical, cognitive, emotional and social functioning. (Dementia: more than just memory loss, Welsh Government, 2016)

It is an illness that deteriorates over time and a person with dementia has to depend more and more on carers as the illness develops. There is no recovery although there are treatments that can slow down the development of some illnesses in some cases.

What do we know (Quantitative data)?

Graph 12: Number of 65+ people in Gwynedd with Dementia and how this will increase over the next twenty years



Source: Cyngor Gwynedd Research Service, figures based on Social Care Wales dementia estimation method

We can see from the above graph that the number of people aged over 65 in Gwynedd with dementia will increase from 2,015 in 2020 to 3,085 in 2040 which is an increase of 34% in twenty years.

Because of its nature (symptoms more prominent over time as the condition worsens, and low diagnosis rate), it is difficult to know exactly how many people are living with the condition. There are national studies that estimate the proportion of the population of different age groups who have the condition and based on this and the age profile of Gwynedd, it can be estimated that there are 2,049 individuals with dementia in Gwynedd, namely 1.67% of the population (122,864).

What are people saying (Qualitative data)?

What is offered by the **Dementia Actif** service for individuals and their carers is so valuable in terms of improving the experience of living with dementia. The following comments are from individuals / carers that have benefitted from the range of services that Dementia Actif are offering.

Awareness and understanding of dementia has improved, but there is still a need to improve and increase information across the population, especially amongst young people.

There is fear and stigma around dementia, and that a diagnosis can prevent a person or their carer from living a good life. Bringing people together and sharing positive stories can help.

The assessment and diagnosis process is seen as taking too much time for some people, with long waiting lists, uncertainty about the next steps and limited support throughout the experience.

Activities such as Dementia Actif has given carers the confidence to support and care for individuals with dementia.

A case study by the Dementia Actif service:

Main theme:	The value of information sharing and peer support straight after dementia diagnosis.
About the person:	L lives with her husband S. She is 70 years old and was diagnosed with mixed dementia (vascular & Alzheimer’s) in April 2022.
What was the situation:	<p>For 2 years whilst going through the diagnosis process, L and her husband had no support. L stated that they had no idea what was going on or what support and resources were available. This changed when a nurse visited their home to assess L, and told them about Dementia Active.</p> <p>S contacted the Dementia Actif manager who invited both to come and see the physical activity class in Pwllheli. Both were welcomed by a friendly group and they decided that they would continue attending the class. L and S began attending Dementia Actif. Prior to attending Dementia Actif, the couple hadn’t been involved or participated in any groups or activities.</p>
Impact:	<p>Attending Dementia Actif in conjunction with the dementia diagnosis gave them both the support they needed, whilst also being physically active. The half an hour chat and cuppa at the end of the class gave both the opportunity to receive peer support and get to know other people.</p> <p>Other class members started sharing valuable information and resources, as well as their personal experience. Their empathy and understanding were greatly received from the couple who were beginning to come to terms with the diagnosis. L feels that in the class, everyone is “all in the same boat”.</p> <p>The Dementia Actif staff gave the couple the ‘Knowledge is Power’ booklet (a booklet full of handy hints that might help make life a little easier after a diagnosis of dementia) and S said that it was one of the best resources they’d received. Due to the information sharing and attending other dementia friendly activities, the couple felt</p>

	<p>supported. Going out more to groups and activities makes both feel valued and motivates L to get up in the morning.</p> <p>Moreover, participating in strength and balance exercises, as well as participating in the gardening session over the summer, has had physical health benefits for L - specifically the Lymphoedema in her legs.</p>
Outcomes achieved	<p>Sense of self-worth & value</p> <p>Sense of belonging</p> <p>Sense of connecting with others</p> <p>Sense of support</p> <p>Sense of inclusion</p> <p>Less isolated</p> <p>Increased physical activity</p> <p>Increased social</p> <p>Physical health benefit (LM with her Lymphoedema)</p> <p>Increased sense of social interaction</p> <p>Increased motivation to get up in the morning</p>
Quote	<p><i>"We like doing the exercises indoors. I have Lymphoedema in my legs, so exercise helps with that" – L</i></p> <p><i>"Seeing LM enjoying herself makes me happy. I enjoy it too. I get my exercise too by coming here" – S.</i></p>

What is the current provision (services and assets)?

Dementia units in residential homes

In 2020, a new unit was opened at Plas Hedd residential home to provide care for seven individuals, which adds to the existing specialist residential provision at Plas Maesincla, Bryn Blodau, Llys Cadfan and Plas Hafan Homes. We are currently preparing to open a new dementia unit for eight individuals at Bryn Blodau and Hafod Mawddach. When the new units have opened, the council will have 69 dementia beds out of 315 beds across 11 of the Council's residential homes in Gwynedd that are used flexibly to support persons who require long term care and to give regular respite for carers. At the moment, these dementia units cannot open due to difficulties in recruiting staff.

The demand for dementia provision continues to rise significantly and although we have invested to increase the supply of beds, waiting lists for the dementia provision is more often the same, if not higher, than the waiting lists for standard residential beds.

However, in considering national data and local information, it is likely that we will need to consider the possibilities of increasing the units further in the future or to amend the registration of homes in order to increase the provision. Consideration will need to be given to the regulations of Care Inspectorate Wales in order to ensure that there are appropriate staffing requirements in the units to meet the need. In addition, consideration will need to

be given to the implications of funding adaptations to the homes to ensure that the environment is suitable together with funding the care in the long term.

Dementia Actif

The Dementia Action Plan for Wales 2018-2022 states that evidence increasingly shows that people can take steps to reduce their risk of developing some types of dementia or to delay its start. Following this the Welsh Government has launched a national campaign to raise awareness of the fact that it is never too early or too late to make changes to your way of life, by following the simple six steps below:

- Be physically active
- Keep to a healthy weight
- Stop smoking
- Be social
- Avoid drinking too much alcohol
- Commit to review your health

The Dementia Actif programme was established by Gwynedd Council in 2014. It is a physical activity programme for people affected by dementia, including those who have been diagnosed and their carers, family and friends. The programme supports individuals with dementia to address the steps above.

13 exercise classes are held throughout Gwynedd with over 200 people participating every week. The sessions are held in the Bangor, Pwllheli, Caernarfon, Dolgellau, Barmouth and Fairbourne areas of the county.

Although the main element of the project is physical exercise and activity, the service has evolved to be more than just physical exercise classes. There are opportunities to participate in community sports events, outdoor adventures, dances, online classes, reminiscence club and special events. The team presents dementia awareness sessions in the community and bring people affected by dementia together to have their say on how to improve the service. These all contribute towards reducing loneliness and isolation. The department also has dementia support workers that support individuals with dementia and their carers in the community.

Although these options were deferred over the Covid period, the team continued to respond by offering ongoing support to members including online activities.

2.5.4. Loneliness and Social Isolation

There are different types of loneliness; emotional loneliness and social loneliness. Emotional loneliness is the feeling of missing a specific person's company; best friend, brother or sister or often a partner. Social loneliness stems from a lack of social networks or an extended circle of friends. Loneliness can be a feeling that comes and goes, and individuals can experience loneliness at specific times of the year.

Loneliness and feeling isolated can be very harmful for older people and this has worsened due to the pandemic:

- The effect of loneliness and social isolation can be as harmful as smoking 15 cigarettes a day and be more harmful than obesity.
- Loneliness puts individuals in danger of developing a disability.
- Loneliness puts individuals at risk of a cognitive impairment, and one study came to the conclusion that people who feel lonely have a higher chance (64%) of developing clinical dementia.

(Source: Loneliness: A disease? - PMC (nih.gov))

The Covid Support Team and Community Resilience arrangements were established as part of the response to the Coronavirus Emergency in March 2020. Their purpose was to “*support Gwynedd residents to get the help they need to deal with the challenges of the Emergency*” and they concentrated on supporting those residents that were not supported by the Council’s Social Work teams.

At the start, calls were very specific regarding access to food, information about groups to provide food and collecting medication. With time, a script was developed using the Ffordd Gwynedd principles and ‘Collaborative Conversations’. As a result, the calls concentrated more on what was important to the individual, and helped officers to identify the need and to identify possible resolutions at an individual level, their personal, family and community contacts.

An engagement exercise was held by the Council’s Communications Department with a sample of residents (a combination of residents that were shielding and residents that had previous contact with the Team). The main conclusions were an appreciation of the contact, chat, offer of support, help with food and shopping, and information and contact with groups and local help. The nature of the contact was varied, but very important during the period of social isolation and huge loneliness.

What we know (Quantitative data)?

According to the Council’s internal data from the Wellbeing Needs Assessment (2021-22):

- 16% of people in Gwynedd feel lonely, this is higher than the Wales average (15%).
- 16.6% of people aged 65+ live on their own in Gwynedd, this is higher than the rest of Wales (13.7%).
- In terms of people aged over 65, Gwynedd has a higher percentage of people in good health (62%) than the Wales average (56.1%).

What are people saying (Qualitative data)?

During the pandemic urgent arrangements were put in place via the Gwynedd Community Resilience Group (GCRG), bringing key partners together to respond to the emergency. These arrangements evolved over time as the situation developed and changed.

The evaluation process that was completed in October 2020 included desktop work, a residents' survey, telephone interviews and a workshop with partners.

From the contact and well-being calls made with 5,080 residents who came into contact with Gwynedd Council's COVID Helpline, 2,329 needed support with the following main issues:

- Practical assistance to fetch shopping, goods and medication
- Loneliness and having contact with others such as family, friends and contacts within their community
- Health and care advice
- Mental health support
- Finding information
- Help to stay healthy and active
- Help to get on-line
- Financial advice and support

Following the pandemic in September 2021, the Welsh Government allocated a grant of £25,000 to each local authority in Wales. One of the main aims of this funding was to increase older people's confidence to restart their social life and give support to community groups to restart following the lockdowns. A number of groups that were supporting older people had stopped since March 2020. Offering a small grant was the trigger for them to restart and Council officers were able to offer support during the process with risk assessments etc.

One of the conditions of the grant was to use the funding to listen to older people's voices. This was done by providing questionnaires to each individual that attended an event. The questions asked were:

1. How confident are you feeling in starting to go out again after the pandemic?
2. Which events / societies / clubs are available in your area?
3. What is missing in your area?
4. Which support would you like to see in your area?

A database has been created to collect all the feedback from the questionnaires and the intention is to provide quarterly newsletters and engagement events.

Of the £25,000 received, it was decided to allocate the grant on the basis of £5,000 each to each of the areas of Gwynedd by working through the process with the Community Connectors in Bangor, Caernarfon, Eifionydd and North Meirionnydd, South Meirionnydd, Llŷn.

<h1>71</h1>	<p>Applications We received 71 applications across Gwynedd and are happy to say that we have been able to fund the majority of applications. Some were small applications for 1 event and others a series of events.</p>
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<h1>57</h1>	<p>Awarded We went through the applications to see which ones reached the requirements and a total of 57 grants were allocated.</p> <p>Some were applications for a series of events others for 1 large event.</p>
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<h1>1948</h1>	<p>Numbers that benefited 1,948 older people benefited across Gwynedd and this shows the value of the grant. A lot of these individuals also noted that they hadn't socialised face to face much in their communities since the first lockdown.</p>
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What is the current provision (services and assets)?

Cyngor Gwynedd have a number of service agreements with third sector organisations that support older people, and work is ongoing to review all the agreements to ensure that we prioritise on the basis of what is important for the people of Gwynedd.

These are some of the schemes available to try and tackle loneliness amongst the older population in Gwynedd:

Age Well Centres – there are 10 Age Well Centres across the county to promote well-being and create social meeting opportunities for those over 50 years of age who live in Gwynedd. They provide a broad range of activities, and are an opportunity to sit down and have a cuppa and conversation in local community locations. As well as these sessions, there are also Day Clubs for anyone over 50 years old that need additional support, or personal care. The centres are based in the following areas:

- *Nefyn*
- *Y Bala*
- *Dolgellau*
- *Cricieth*
- *Penrhyndeudraeth*
- *Blaenau Ffestiniog*
- *Llanrug*
- *Abersoch*
- *Caernarfon*
- *Aberdyfi*

Bridging the Generations – there are a number of bridging the generations projects that are working with the aim of reducing loneliness and isolation. The intention is to create new contacts between children and adults of all ages. This will increase respect and understanding between the generations and lead to stronger communities.

One project that has been established for over two years is the pen-pals scheme where school children from across Gwynedd correspond with older people to try and reduce loneliness. One child received a letter saying that *“you letter has been a breath of fresh air during the loneliness of the pandemic”* and another from a lady who had come home from hospital and responded to a child’s letter by noting *“the only thing that I looked forward to was your letter”*. These quotes show the effect a simple project can have on individuals. There were 150 pen-pal partners across the county and by now some of the partners have had the opportunity to come together in a ‘graduation party’.

Friendship benches – in conjunction with a number of partners across Gwynedd, there was joint working with Llwybrau Llesiant to create 14 friendship benches across Gwynedd. The aim of these benches is to be somewhere where people are invited to sit if they feel a bit lonely and so other people can sit with them for a chat. Creating the benches has been an opportunity for people of all ages and backgrounds to come together in the community.

O Ddrws i Ddrws – received a grant in December 2021 to support their work programme *Lôn i Les* which is a series of social events for older people in Pen Llŷn.

Yr Orsaf – have also received a grant to arrange social activities and have previously worked on bridging the generations projects.

Canolfan Henblas – the Community Connector for South Meirionnydd works closely with Canolfan Henblas to arrange regular social activities in the area.

As well as the above there are:

Gwynedd Older People’s Forums – Three meetings are held every year in each of the five areas of Gwynedd to engage, listen to the voice of older people and offer opportunities to socialise. Third sector organisations will have the opportunity to share information in the forums and local older people are invited to attend. An annual conference is also held.

Newsletters – following the engagement events at the start of 2022 it became obvious that a lot of older people in Gwynedd had noted that they do not get ideal access to information and often feel that they hear about events/opportunities after they have taken place. As a result, to coincide with the forums, five area newsletters will be sent through the post and over email to people who are on our database and organisations are invited to share information and work with the area’s community connector to collect information.

Information sharing – ensuring that information is shared in appropriate places to the appropriate audience e.g. local papers.

In addition to the above, the third sector employs **Community Connectors** within each of the Community Resource teams. Their role includes mapping what is available in communities, identifying the gaps and working with communities.

2.6. Conclusions and recommendations

Supporting people at home: following engagement work and what we have learnt as a result of the Covid pandemic, work is underway to transform the provision and try and provide the service in a different way, or for third sector providers to take over.

Day care support is part of the provision that supports the following priorities:

- Supporting people to live independently
- Local services
- Promote wellbeing
- Supporting carers

Transforming the service will reduce the dependency on traditional services and strengthen contact by:

- Strengthening community support
- Volunteers/community groups
- Third sector support
- Dementia support workers.

People can get better access to care and support in their own communities. This means that people can remain in their own homes for longer.

During 2022/23, we will:

- Continue to enable the integrated team (teams that include care staff as well as Health staff) to achieve what is important for adults in Gwynedd. This can include looking at appropriate training and eliminate any technological obstacles.
- Implement and establish a new home care model and start to experience the advantages of the changes for the benefit of Gwynedd residents.

- Continue to strengthen the Occupational Therapy Service, including developing a specialised manual handling service to enable individuals to live as independent as possible.
- Agree on the most appropriate way of meeting the wellbeing needs of individuals in a preventative way in Caernarfon, that will be a community provision for adults in the area.
- Work jointly with Health and third sector partners to ensure consistency in terms of access to appropriate mental health services across Gwynedd so that individuals receive timely support.

Nursing homes: the increasing lack of nursing home beds for the needs of our population means that we are in a very vulnerable position. The Council is continuing to develop joint working arrangements and a business case with the health board that will lead to more provision. It is a priority to be able to provide more nursing homes in Gwynedd.

Housing and accommodation: ensure that any new housing developments are accessible to everyone, for example, by incorporating dementia friendly measures in accessible housing/home developments. Continue to fund accessible social housing for older people, along with adapting current housing to make them accessible for the changing needs of the population's health.

Workforce: older people's social care is facing a crisis, and the pandemic has aggravated the situation. It is a priority to ensure that there is sufficient workforce in place to meet the need of the older people population in Gwynedd. The Market Stability Report is looking further into this.

3. Physical Disability and Sensory Impairment

3.1. Introduction to this chapter

This chapter covers the needs of the adult population with physical disabilities and sensory impairments in Gwynedd.

3.2. Definitions

What do 'Physical Disability' and 'Sensory Impairment' mean?

- The term *physical disability* is used to describe individuals who are under 65 years old and have a limitation on their physical functioning, mobility, dexterity or stamina. It can also refer to individuals who are 65+ and who have a disability that impacts them physically such as a stroke.
- *Sensory impairment* is the general term used to describe deafness, blindness, visual impairment, hearing impairment and Deaf blindness.

3.3. The policies and acts that have shaped our services

The Social Services and Well-being (Wales) Act 2014 places an emphasis on prevention and early intervention and giving a greater voice and control to individuals who need care and support. Commissioners and providers are required to co-produce services with those who use the service, their families and their communities. It is hoped that collaboration between the area teams and the providers will assist in developing and improving our service for the future.

The above-mentioned act concentrates on putting the individual at the centre of everything we do by:

- Working with individuals to ensure that we understand what matters to them
- Working with our care providers to improve and develop the service for the people of Gwynedd
- Giving people the right to a stronger voice and more control
- Helping people so that they can have an opportunity to improve their well-being and live as independently as possible
- Ensuring that there are preventative services and sufficient information available
- Improving social care.

3.4. What do we know about the population?

The data used for this report centres on individuals with physical disability who are 18-64 years old along with data from the Centre of Sign-Sight-Sound and the Society for the Blind for the sensory impairment element. We know that physical disability and sensory impairments are very wide-ranging areas with some individuals needing a placement in a residential or nursing home, home care, respite service and much more.

Engagement work with area teams along with third sector providers has taken place for this assessment to seek their opinion on the service that is available to individuals with physical disabilities or sensory impairments.

Individuals with Physical Disabilities (18-64 years old)

From the database we can see that individuals between 18 and 64 years old receive a wide range of services from us such as residential/nursing placements, home care, respite care and Direct Payments. The data does not currently enable us to differentiate between the conditions of individuals who receive services from the Council.

The feedback we have received from the area teams and the providers notes there is a shortage of suitable placements for these individuals in Gwynedd. As a result, individuals are forced to move outside Gwynedd at times to receive a service. For instance, there are not many suitable nursing and residential homes available in Gwynedd for individuals with physical disabilities. This will be discussed in greater detail further on in this chapter.

Gwynedd Council is seeking to make more use of learning disability placements, but these are not always suitable for individuals with physical disabilities. Consequently, discussions have commenced with the Learning Disability Team to look at possible placements and to adapt current placements for individuals with physical disabilities.

3.5. What are people telling us? (Qualitative data)

Physical Disability

As we have already noted, one of the problems that face our teams is that locally, there are insufficient residential/nursing placements to meet the needs of individuals with physical disabilities. This forces us to place individuals out-of-county which means that they have to leave their home area, and it also costs more to us as a Council.

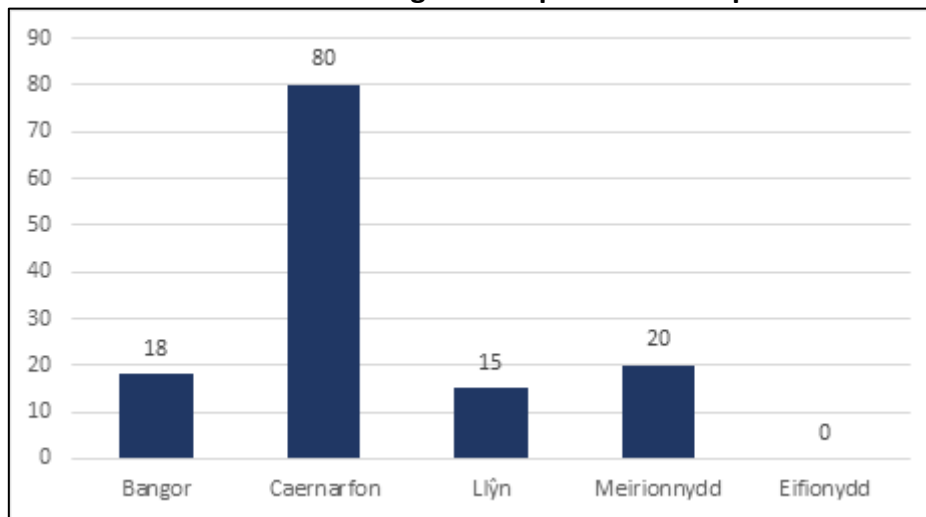
From looking at our own data, we know that we currently have 20 individuals with physical disabilities placed in residential/nursing homes and 12 of them are in out-of-county placements (September 2021). It is also important to note that some individuals choose to be in an out-of-county placement to be nearer to family/friends. Unfortunately, our data does not enable us to differentiate between individuals who have chosen to move to an out-of-county home and how many have had to move as there was no suitable home available to meet their needs locally.

Some individuals choose to move outside Gwynedd as there are more activities available to meet their needs. For instance, one individual from Gwynedd has chosen to move to Wrexham as there are more activities available to him there. There is a possibility that placing individuals out-of-county due to a lack of suitable activities locally is costing more in the long-term. But on the other hand, it is difficult to offer activities that meet everyone's needs.

Our spending on physical disability residential/nursing placements is £24,348.83 a week and placements vary from £566.30 a week to £3,787.34 a week - these figures are based on 20 placements in September 2021. 12 of these placements were out-of-county (5 Nursing and 7 Residential) and only 8 in Gwynedd (5 Nursing and 3 Residential).

There is currently great demand for assessments from the Occupational Therapy Team in Gwynedd with a waiting list in some areas. See the following chart that shows how many individuals are waiting for an assessment from them in each area (figures based on the demand on 05.10.2021):

Graph 13: Number of individuals awaiting an Occupational Therapist assessment per area



Source: Internal data from the 'Welsh Community Care Information System' (WCCIS), October 2021.

The above chart shows that 80 individuals are waiting for an assessment from the Occupational Therapy Team in the Caernarfon area whilst there are none on the waiting list in Eifionydd. The Occupational Therapy Team also explained that some individuals have been waiting 6-8 months for an assessment. However, it is also important to note that the cases are prioritised according to how urgent they are. Some of the individuals that have been waiting for an assessment live in community housing meaning that no one was allowed to visit the home during COVID restrictions.

Gwynedd is part of a partnership with Anglesey, Conwy and the Betsi Cadwaladr University Health Board in terms of the Occupational Therapist element. This means that every assessment for equipment must be approved by a panel that convenes on a weekly basis. Panel members include representatives from Gwynedd, Anglesey, Conwy and the Betsi Cadwaladr University Health Board.

The Occupational Therapy Team in Gwynedd noted their frustration as there are times where the Panel refuses the equipment recommended by the Occupational Therapist within the community. The team also felt that the Occupational Therapist knows the individual best as they have been to see the individual to carry out the assessment and the Panel has never met the individual. In addition, the case would have to be referred to the specialist panel if it is more complex (the specialist panel only convenes once a month).

Gwynedd gets all of its equipment from the Joint Store in Llanfairfechan - the Occupational Therapy Team will contact the store to order the equipment and it will then be distributed to

the individual's home. However, there are times when the equipment is not available, leading to a longer waiting time.

It is also important to note that Brexit has had an impact on the supply of equipment as there are some things that are currently unavailable, leading to a delay in getting the equipment to the individual. It is important to note that the team are looking at various options, whilst acknowledging that the current situation is frustrating.

The Occupational Therapy Team also recognises there are advantages in working in partnership as it is possible to purchase equipment for a better price.

A private company in Gwynedd which hires equipment states that the demand for the service has increased over the past two years. One of the main reasons behind this is that more people visit the area on their holiday and are therefore looking to hire equipment such as wheelchairs, scooters and commodes on a temporary basis.

One of the social workers in Gwynedd also mentioned that one individual had to travel to Aberystwyth every week to participate in wheelchair basketball games. Unfortunately, there are currently no such activities available within Gwynedd. The Council are keen to develop multi-purpose resources across the services, along with supporting individuals to undertake activities with everyone else.

Sensory Impairment

As a country we are facing a problem in terms of the lack of support for individuals with a sensory impairment and Gwynedd is no exception. Healthwatch's report on 'How easy to use are services if you have a sensory impairment' (July 2019) outlines the national problems that face individuals with sensory impairment. The report says that the shortage of services for individuals with a sensory impairment is a national problem.

The report concentrates on the health service, but also highlights the problems that individuals with sensory impairments face on a daily basis e.g. arranging a doctor's appointment can be extremely difficult for individuals with a sensory impairment if they are unable to use the phone. Therefore, it is important to ensure there are other options available for individuals with a sensory impairment to make an appointment e.g. enabling individuals to arrange an appointment by text or e-mail.

It is important to note that a number of organisations are already offering this service, but the report from Healthwatch demonstrates the importance of the service for individuals with a sensory impairment. It is also noted within the report that it is important to have an option for individuals to choose whether to hear or see something e.g. when individuals with sensory impairments attend an appointment and sit in the waiting room, there is a screen that states who goes next. Unfortunately, this means of communication would be of no help to a blind person. This is also true if an individual was sitting waiting for an appointment and someone came out to call their name, this would be of no help to an individual with hearing problems. The report notes that it is good practice to include both methods so that the information can be seen in writing and also heard.

A third sector provider said there was a need to make the Council website more suitable for individuals with sensory impairment.

Our work with a third sector partner has shown that the shortage of carers who are able to communicate with individuals in sign language is a problem. The fact there is a shortage of carers with this expertise means there are no suitable placements for individuals with sensory impairments. For instance, when an individual from Gwynedd is placed in a home within the county where the staff are unable to communicate with her. The individual received support from a third sector agency twice a week, but this service was temporarily suspended. There are no homes available in Gwynedd or Wales with staff that are able to communicate through sign language. It is likely that the nearest home would be in Liverpool and it is difficult to get a placement there. By now, this individual has moved to another home within the county that is nearer to family which means they are able to go there to communicate with her.

It is of great concern for many individuals with a sensory impairment as to what will happen to them should they require a nursing/residential placement as there are only two specialist placements available in Britain (one in Liverpool and the other on the Isle of Man). The Healthwatch report 'How easy to use are services if you have a sensory impairment' also noted that it is difficult to find people who can communicate through sign language.

The Council's Training Unit offers a wide range of training to support and work with individuals with sensory impairments. See below a list of the training that is offered within the more specialist field:

- Visual Impairment
- Deafness Awareness – unfortunately, this training has not been available since COVID. It would be beneficial to see this training recommence
- Dual sensory loss
- Makaton is arranged for children and adults (not during COVID)
- Fund British Sign Language (BSL) for individuals through Grŵp Llandrillo Menai
- Picture Exchange Communication System (PECS) provided regionally

It would be very useful to have more care staff attend the above-mentioned training so that they can improve and develop their skills to communicate and work with individuals who have a sensory impairment.

An annual report by the Royal National Institute of Blind People (RNIB), published in 2021, notes that only one in five visually impaired individuals in Gwynedd are in employment. By continuing to support the individuals and work with the Society for the Blind we can aim to increase this figure in the coming years.

The RNIB report also notes there are 4,820 individuals in Gwynedd with a visual impairment. Some of the main reasons why individuals lose their sight are

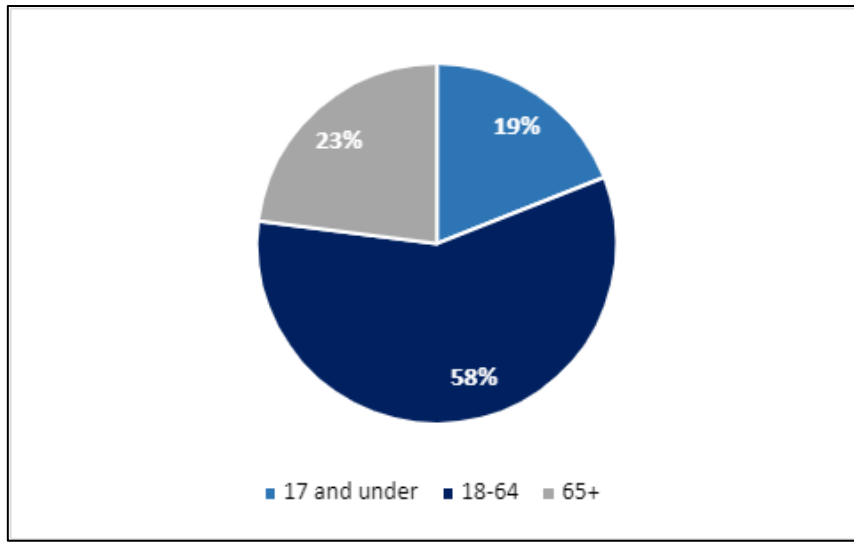
- Uncorrected refractive error - 39%
- Age-related macular degeneration (AMD) - 23%
- Cataract – 19%

- Glaucoma – 7%
- Eye condition related to diabetes - 5%

RNIB statistics note that 250 people lose their sight every day in Britain.

It is also noted that the majority of visually impaired individuals in Gwynedd are over 65 years old. The chart below shows a breakdown of the different age groups:

Graph 14: Age group analysis of individuals with a visual impairment in Gwynedd



Source: Royal National Institute of Blind People (2021)

A number of factors can contribute towards visual impairment including smoking, being overweight and much more. It is noted within the Society for the Blind's report that the health of individuals in Gwynedd is better than the average for Wales, but there is still a number of individuals who suffer from visual impairment within the county.

It is estimated that 4,820 individuals have a visual impairment in Gwynedd: 4,170 of them are partially blind and 650 are blind (Society for the Blind figures).

The Society for the Blind notes in the report that it estimates there will be 5,910 individuals in Gwynedd suffering from visual impairment by 2030 which is a 21% increase compared to the 2021 statistics.

Table 7: Estimated numbers of individuals with visual impairments in Gwynedd

	2021	2025	2030
Partially Blind	4,170	4,630	5,080
Blindness	650	750	830
Total	4,820	5,380	5,910

Source: The Society for the Blind

It is noted within the RNIB report that the direct cost of visual impairment is £6,570,000 every year (Gwynedd only). The direct cost includes hospital treatment, eye tests and much more. However there are also indirect costs which include unpaid work from the family/friends of the visually impaired individuals and it is estimated that this figure is approximately £11,400,000 a year in Gwynedd.

The feedback received from the Society for the Blind notes that it gets a number of individuals who say that they wish to have more contact with the Society. Therefore, it was decided to trial employing three members of staff to contact individuals over the phone and following the success of the venture it was decided to keep one officer on to contact individuals over the phone. Having an officer to contact some individuals over the phone frees up the time of other officers to carry out home visits.

The Society for the Blind does not currently have a waiting list as it has responded to the demand by employing more staff.

The Society for the Blind acknowledges that some of its Welsh-speaking members of staff will be retiring in a few years and it takes three years to train a new officer. Consequently, the Society for the Blind has employed two new Welsh-speaking Trainees so that they can continue to provide a service in the individual's chosen language.

The Society for the Blind are working with the Council's Education Department to identify young people with a sensory impairment (The Adults, Health and Wellbeing Department only pay for the older people element) to try and ensure that the children of Gwynedd get the equipment that they need. One example is a child who uses equipment for a visual impairment in school, are not able to take this equipment home. With more children following lessons from home during COVID a request came in to try and get equipment for the children to use at home.

The Society for the Blind has also been working with Bangor University to undertake a survey that looked at individuals who have a visual impairment and assess whether there was an unmet need for counselling services. It also looked at the estimated budget impact and social value of providing these services.

The survey provided evidence of an unmet need for counselling services for people living with sight loss in North Wales. Timely counselling can improve an individual's ability to cope with their sight loss and improve their quality of life. When people living with sight loss do not access counselling services, it can lead to poorer quality of life and potentially greater health service use costs.

The results will be officially launched in the Eye Care Conference in Cardiff in November 2022.

3.6. Review of the services currently being provided

Often, people with physical disabilities and a sensory impairment need support with several aspects of their lives, including where they live, what they do during the day, their social life and respite.

As a Council, we aim to reach the requirements of every individual who needs a service. Therefore, Gwynedd has different ways of providing service to different people:

Direct Payments

Direct Payments is a service whereby the Council pays a sum of money into the bank account of the individual who is eligible for a service and the individual is then responsible for employing someone to provide the service. By receiving the service via Direct Payments, the individual is able to employ a member of their family or friend to provide the care. 28 individuals with a Physical Disability are currently receiving a service through Direct Payments (September 2021 figures).

The Council commissions Diverse Cymru to co-ordinate the service. The Council's Direct Payments Administrative Officer works closely with the provider to ensure that the service provided is of the highest standard possible.

Direct Payments is a popular option if the individual who needs the service cannot find suitable carers. By receiving Direct Payments, the individuals are therefore able to employ whomever they want.

It is also possible for the carers who provide care through a Direct Payments arrangement to receive training through the Council as any other carer by visiting the Council website, which lists the type of training that is available. Not many of the Direct Payments carers take up this opportunity as receiving core training within the care field is not mandatory if they are providing a service through Direct Payments. It is the responsibility of the individuals who receive the service to ensure that the carers they employ are suitable for the work.

Domiciliary Care

A number of individuals choose to receive Domiciliary Care as it allows the individual to live in their own home with carers coming in to assist with some elements of everyday life such as providing food, providing personal care, prompting medication and much more.

By looking at the data of 18-64 year olds who receive a domiciliary care service, we can see that the demand for the service has increased over the years. 95 individuals with a physical disability received a domiciliary care service during 2017-18, but this has increased to 108 in 2021-22 (figures as at 26.11.2021), which is an increase of 88%. The data we have on individuals between 18 and 64 years old shows that 802.75 hours of domiciliary care are currently being provided every week to individuals with physical disabilities (figures as at 26.11.2021).

Unfortunately the shortage of carers in the field is causing problems as there are not enough carers available to meet the demand for care in Gwynedd.

Domiciliary care is currently commissioned on a case-by-case basis. But the element of physical disability domiciliary care goes hand in hand with the older people domiciliary care service which means that the service is part of the domiciliary care project where Gwynedd is

looking to provide a domiciliary care service based on providers' responsibility over specific areas.

Accommodation

It is acknowledged that there is a shortage of specialist accommodation for adults with a physical disability and/or sensory impairment. Specialist accommodation would save money for the Council in the long term as they wouldn't need to place individuals outside of Gwynedd and it would also mean that the individual can stay within their area. But on the other hand, we are also aware that there is not enough demand for a placement specifically for adults with a physical disability and/or sensory impairment.

Residential and Nursing Homes

There are 33 residential and nursing homes in Gwynedd.

We place some individuals outside Gwynedd as there is a lack of specialist care provision within homes in Gwynedd.

It is not mandatory for individuals to go through the Council to get a placement in a residential/nursing home in Gwynedd. This means that individuals can contact private homes directly for a placement, but if they decide to arrange the placement privately the individual will be expected to pay privately for the placement.

However, if an individual chooses to contact the Council, the process of getting a placement includes the following:

- A Social Worker assessment that will determine the type of care required.
- A Social Worker will discuss which nearby suitable placements would be able to meet the needs.
- The Social Worker will search for a suitable placement for the individual and make arrangements with the home to arrange the placement
- A financial assessment is conducted to decide how much the individual will contribute towards the care.

As soon as the individual has their placement an annual review will be held to ensure that their needs have not changed and also to ensure that the placement still meets their needs.

Extra Care Housing

Three extra care housing developments have been established in Gwynedd; in Bala, Bangor and Porthmadog. Joint allocation panels with the Council assess the people who are on the waiting list for extra care housing units, when a flat becomes free. The Panel also assesses if there is capacity within the scheme to provide the necessary care for the individuals.

Advocacy Service

Advocacy involves providing care to individuals by giving them a voice. One of the main objectives of the service is to help individuals to understand their rights and express their opinion.

Gwynedd Council commission the independent advocacy service North Wales Advice and Advocacy (NWAAA) to coordinate the service on its behalf. The service provider does not advise individuals, rather they find information to help individuals to determine the best way forward.

As part of the advocacy service, the advocacy provider offers to attend appointments with individuals to offer them support.

Care & Repair Service

Many individuals are eager to remain at home for as long as possible, therefore the Care and Repair service helps individuals to remain at home by installing the relevant equipment in their homes so that they can undertake daily tasks themselves. The reports we have received from Care and Repair indicate that Gwynedd residents make great use of the service. See the following table that summarises the referrals they received September 2020 - April 2021.

Table 8: Care & Repair Service Data 2020-21

Care & Repair Service 2020-21	April 2020 - March 2021
Service requests (referrals)	1379
Number of individuals who received support	1123
Number of works completed	1343
Residential rehabilitation support programme to promote the process of discharging home from the hospital	353
Residential rehabilitation support programme to prevent individuals having to be admitted into Hospital	990
Completion time (working days)	9
<u>2020-21 Home Safety - Gwynedd only</u> 810 cases 9 days on average to complete the work	

Source: Internal data from the Care & Repair Service

The fact that the service has managed to prevent individuals from being admitted to hospital demonstrates how valuable the service is for Gwynedd in terms of individuals being able to remain in their homes and freeing up beds in hospitals.

Third Sector Providers

Third sector providers support individuals with sensory impairments in Gwynedd. The Council funds this service and the finance is reviewed annually.

Society for the Blind

A report from the Society for the Blind notes that 4,820 individuals are registered with a visual impairment and 620 individuals are registered partially blind in Gwynedd (data based on a report published by the Society for the Blind 2021).

Objectives of the Society for the Blind

- Ensure that individuals with a visual impairment and their families have full access to a wide range of services and expertise that is provided specifically by the Society for the Blind and that they are signposted to a service provided by Health / Education / Employment in accordance with the individual's need and consent.
- Provide advice and support in the interest of blind and partially blind people in the Society's designated areas.

Service Expectations

- Implement guidelines for access to service
- Arrange and hold initial needs assessment visits in accordance with the criteria

Response Target

- Urgent Case - expected to respond within the same day
- Significant/Intermediate Case - expected to respond within seven days
- Intermediate/Low priority Case - expected to respond within 28 days

The Society for the Blind has a team that is based in Bangor that filters the enquiries it receives from the public. This means that the calls are referred to the right place and the officers are able to focus on who needs a visit.

The Centre of Sign-Sight-Sound

- Improve quality of life for people with a sensory impairment including individuals who use sign language by providing better access to information, education, opportunities, employment, goods and services.
- Provide a comprehensive support service in the community for people with a sensory impairment including individuals who use sign language.
- Improve the quality of life for people with a sensory impairment including people who use sign language.

Service Expectations

- Advice/Information – the Centre is expected to provide a helpline for individuals with sensory impairments, families and carers from Monday to Friday between 9.00 and 17.00. The Centre is also required to provide information by publishing an on-line newsletter that is updated regularly. Additionally, the Centre also provides bilingual information in the form of leaflets and posters and assists the Council to establish policy in relation to the transition from children to adults.
- Environmental Resources/Aids Centre - the Centre advises individuals on equipment that is available to them and go out to their homes to install it and demonstrate how to use it.
- This Centre also offers a 'Try Before You Buy Scheme' where an individual can borrow the equipment before purchasing it or until their own equipment has been repaired. The equipment can be borrowed for up to a fortnight.
- Assist individuals to attend medical appointments.

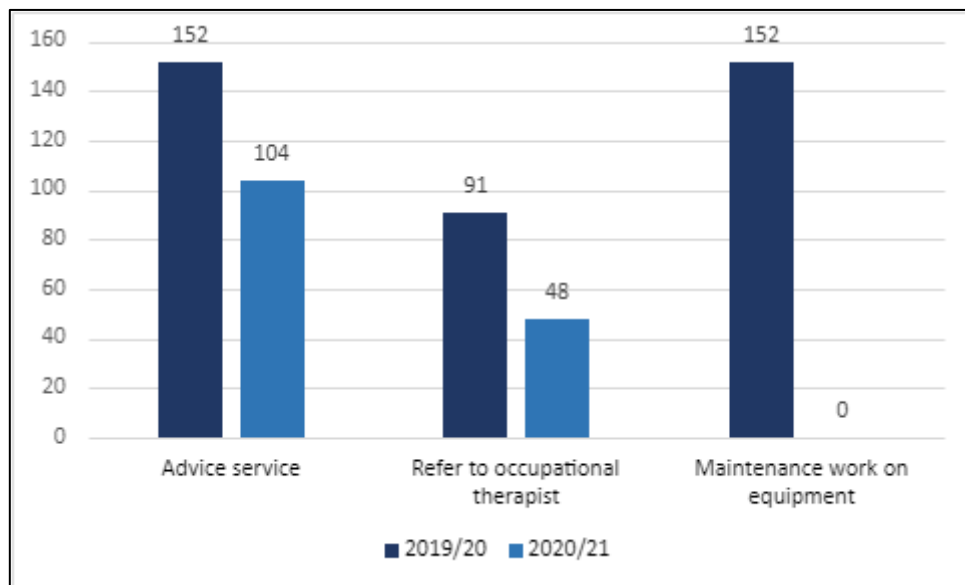
- The Centre also offers to sell equipment to individuals who do not reach the statutory threshold.

A report from the Centre of Sign-Sight-Sound for 2020/21 shows that it received 152 referrals from Gwynedd. The chart below shows that the Centre receives a number of enquiries (130) and shows a lot of support towards individuals with sensory impairments. But it also shows that they did not go out to do any maintenance work on equipment during 2020/21. COVID restrictions in 2020/21 meant that they were not able to visit individuals' homes, but this service has now started again which is of great assistance to individuals who have received new equipment and who are not certain how it works.

By comparing these figures with 2019/20 referrals we can see there was much demand for the equipment maintenance service before COVID (395 referrals). COVID has obviously reduced the demand as the Centre was not able to visit people's homes.

The following chart demonstrates the nature of these referrals:

Graph 15: Centre of Sign, Sight and Sound referrals by year



Source: Internal data from the Centre of Sign, Sight and Sound (2021)

3.7. Conclusion and recommendations

Main Findings

1. The only way of identifying physical disability cases is by looking at cases where the individuals are 18-64 years old. Our system does not any other way of identifying individual cases with physical disabilities.
2. No data relating to sensory impairments is kept on our electronic system – this information is kept by our providers in the third sector who report back to us.
3. There is a shortage of suitable accommodation placements for individuals with physical disabilities and sensory impairments within Gwynedd. We acknowledge that there is a shortage but are also aware that there is not enough demand for specific placements within the county.
4. The Gwynedd Council website is not suitable for individuals with a sensory impairment to use.
5. There are possibilities to make more use of the learning disability placements available.
6. There aren't many activities available in Gwynedd for individuals with physical disabilities and sensory impairments. The area teams reported that the providers who provide a service for individuals with learning disabilities are not always prepared to work with them.
7. Not much use is made of the Direct Payments service.

Recommendations

1. It would be beneficial for the Council to keep a register of individuals who fall under the 'Physical Disability' category to enable us to see whether the demand for service increases or reduces over the years. This would assist us to have a more complete picture about the number of individuals who receive a service and how we as a Council will meet the need.
2. As above, it would be beneficial to keep a register of individuals who have a sensory impairment.
3. The Council website needs to be more accessible for individuals with sensory impairments.

4. As there are no specialist activities available locally for individuals with a sensory impairment and physical disability, we need to discuss the ability to develop multi-purpose resources across services and support individuals to undertake activities with everyone else.
5. There is a need to raise awareness and improve individuals' understanding of the Direct Payments service. Extending the understanding of individuals would possibly lead to more individuals choosing to receive their service through Direct Payments.
6. Look to recommence the Deafness Awareness training.

Consultation

The following were consulted with over Teams during January 2022:

Leaders of the Gwynedd Adults teams

Society for the Blind

Centre for Sign, Sight and Sound

Care and Repair

4. Learning Disability

4.1. Introduction to this chapter

This chapter includes information about the care and support needs of the adult population with a learning disability in Gwynedd.

4.2. Definitions

What is meant by the term '*learning disability*'?

Internationally, there are three criteria that must be satisfied before a learning disability can be identified:

- substantial intellectual impairment
- deficiencies in social interaction or adaptive behaviour (basic everyday skills)

When determining needs, the multi-disciplinary assessment also considers communication skills and social behaviour.

The following will be considered before an individual is placed on the learning disability register:

- a) Developmental difficulties present before their 18th birthday; AND
- b) Substantial restriction in 1 or more of the adaptive action fields (an individual's ability to move forward in uncertainty) and
- c) Substantial cognitive impairment.

An individual may also have an eligible need for a service if their personal outcomes cannot be met through care and support coordinated by them, their family or carers. The health board does not work with individuals who are not on the register.

What is meant by the term *autism*?

A percentage of people with learning disabilities also have autism. The term *autism* is used to describe a lifelong developing 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 disorder, which means that, while all people with autism share certain difficulties, their condition will affect them in different ways. More detailed information on the needs of people with autism can be found in Chapter 5.

What is meant by the term '*profound and multiple learning disability*' (PMLD)?

The term 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 to communicate and who often need those who know them well to interpret their responses and intentions. The term refers to a varied

group of people who often have difficulties, including a physical or sensory impairment or complex health needs.

4.3. The policies and acts that have shaped our services

The Social Services and Well-being Act (Wales) 2014 places an emphasis on prevention and early intervention and giving more voice and control to individuals who require care and support. Commissioners and providers are required to co-produce a service with those people who use the service, their families and their communities. Hopefully, the Learning Disability Service Transformation Group will continue to be a means to discuss and extend this further.

The above Act builds and develops the main points of Policy and Practice for Adults with a Learning Disability (link - [statement-on-policy-practice-for-adults-with-a-learning-disability.pdf \(gov.wales\)](#) published in 2007, namely:

- Every person with a learning disability is a full citizen with the same rights as everyone else.
- With the correct support, there is a need to ensure that people can live a healthy, productive life as independently as possible.
- An opportunity for people to reach their full potential.
- We want to ensure that the service places the person at the centre when making any decisions.
- We want to make sure that individuals contribute to, and are a part of their community.
- Obtain access to services in the community.

and it goes further to state that local authorities must:

- Give people the right to a stronger voice and more control.
- Help people to take more of a part in service planning.
- Give more rights to carers.
- Help people so that they can have an opportunity to improve their well-being and live as independently as possible.
- Ensure that there are preventative services and sufficient information available.
- Co-plan with our providers.
- Make social care better.

The care and support pattern for people with a learning disability, to a great extent, follows the legacy of the 'All Wales Strategy' introduced in 1983 (the principles were repeated in the guidance published in 1994 and again in the Section 7 guidance on principles and service responses in 2004). This is reflected not only in the focus on individuals' needs, but also in the values of the people providing care and support, with an emphasis on a person-centred method which respects the person's rights.

The documents below have led to the shaping of the learning disabilities services we have today:

- 'All Wales Strategy for the development of Services for Mentally Handicapped People' (1983)
- 'Fulfilling the Promises' - Advisory group in the field of learning disability (2001)
- 'Policy and Practice for Adults with a Learning Disability' (2007)
- 'Social Services and Well-being Act (Wales)' (2014)
- 'Future Generations Act' (2014)
- North Wales Learning Disability Strategy 2018-23

It is important that the actual choices of people with a learning disability are heard and understood, and advocates can be very valuable in terms of helping people to express their own choices, rather than other people's preferences.

The Code of Practice (Section 10: Advocacy) of the Social Services and Well-being Act defines advocacy as one of the support methods that is available for people who need help to work through life issues. It supports and enables people who have difficulties to communicate their opinion, to exercise their rights, to voice their opinion and examine and make informed decisions.

There is a need to develop advocacy which follows the principles of the Act and to be much more operational in terms of engagement, in particular on transformational projects and focusing work on the principles of co-production – in terms of staff, carers and the individuals being supported.

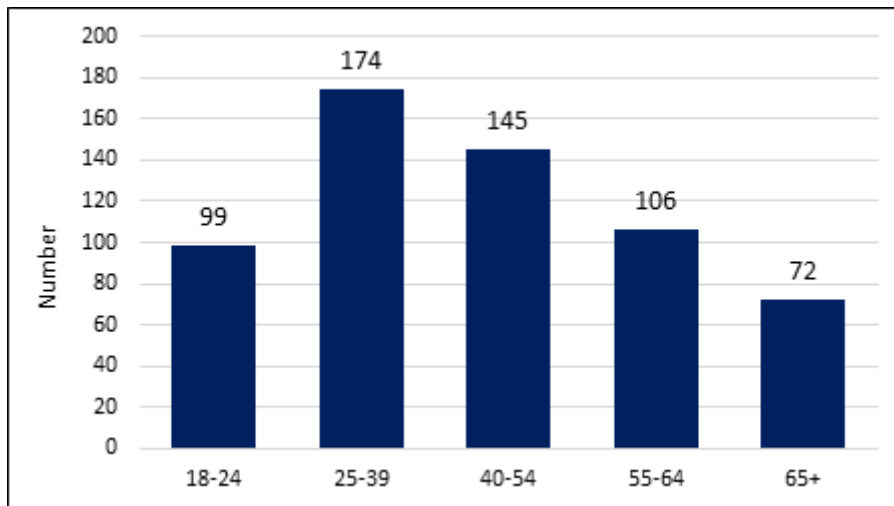
Communication between the stakeholders is very important when collaborating and it is important that all stakeholders are open to collaboration.

4.4. What do we know about the population?

There are 596 individuals on the Learning Disability Register in Gwynedd (September 2022). Not everyone on the learning disabilities register receives a service; 438 individuals received some sort of service in September 2022 (72%). The remaining have then either received an assessment which has shown that they do not require intervention as their needs are met in another way, or that the individuals have chosen not to receive intervention. Some individuals are referred to other services rather than receive statutory services.

The graph shown below shows the number of adults on the learning disabilities register in Gwynedd according to age:

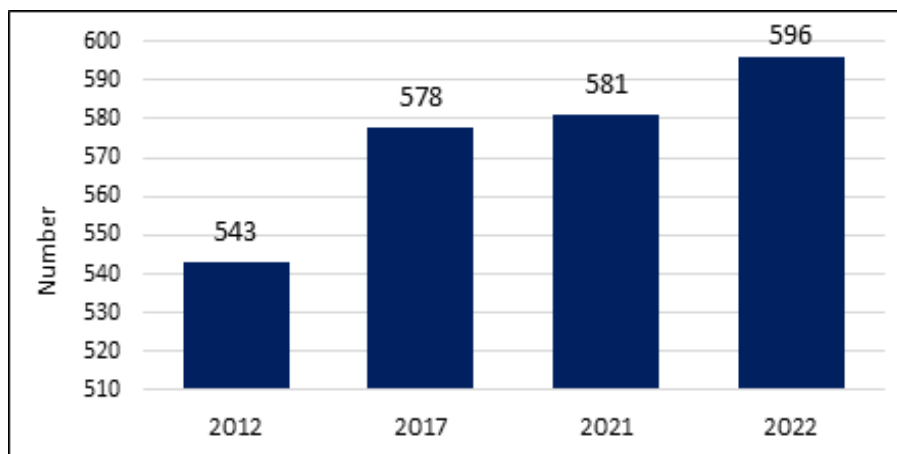
Graph 16: Number of individuals on the Learning Disability Register according to age (September 2022)



Source: Internal data from the 'Welsh Community Care Information System' (WCCIS).

Trends

Graph 17 - Number of individuals on the Learning Disability Register per year (WCCIS)



Source: Internal data from the 'Welsh Community Care Information System' (WCCIS).

The above graph shows the number of individuals on the Learning Disability Register. It shows that the number has increased since 2012, an increase of 9% was seen in the number of adults on the Learning Disability Register in Gwynedd, while there was a 14% increase in numbers on the register in Wales.

Research undertaken by Emerson and Hatton shows that the number of people with a learning disability is increasing and that it is anticipated that this increase will continue until 2020 and then stabilise.

There are two main reasons for this:

- An increase in the number of children with intensive and complex needs who survive the new born phase
- Older people with learning disabilities living longer.

One must wait a year or two to see whether this projection will be realised, but so far, the number continues to increase.

Older people with learning disabilities

Evidence shows that older people are one of the groups that are growing fastest within the learning disability population (Emerson and Hatton 2011).

At present, there are 178 individuals over 55 years of age on the Learning Disability Register (75 individuals over 65 years of age), which is a 1.7% increase since 2019.

The most recent projections suggest that the number of adults over 70 years old who use services for people with a learning disability will double by 2030. Currently, there are 48 individuals over 70 years of age who receive a service in Gwynedd.

Considering the increase in the ageing population, the number of people who live with an elderly parent will also increase. Currently, around 75 individuals live with elderly parents in Gwynedd.

The need to plan for the future continues to be a priority for every family who are ageing together. Individuals and their families face increasing challenges as they get older and many are worried about the future when the family carer cannot continue to care. There is a need to continue to support carers to plan for the future; plans need to be made for an emergency and to consider accommodation options. These can be difficult but open conversations with carers, and carers that have already been through the experience of planning ahead like this are more than ready to share their positive experiences with other carers.

As people with learning disabilities are living longer, they are more likely to develop an age-related illness. In addition, there is a higher risk of developing dementia as they get older, compared to the general population (Cooper, 1987).

Kerr (2007) reports that 3 studies have found that the prevalence rate of dementia among people with learning disabilities is 13% of people over 50 years of age, and 22% of people over 65 years of age.

For people with Down's Syndrome, the risk of developing dementia is substantial and it increases as someone gets older; Lai and Williams (1989) report a prevalence rate of 55% among individuals aged between 50-59, while Prasher (1995) reports 36.1%. The two studies report a prevalence rate of 74% for those who are 60 years old and older.

Transition from Children's Services to Adult Services

This transitional period can be an anxious time for young people (and their carers), who move from a service they have known since they were young children, to a new service with different workers, where the expectations are completely different. Therefore, it is important that the transition is smooth, seamless and person centred. Therefore, as a result, there is a

need to ensure that there is good collaboration between the Derwen service (multi-disciplinary service for children and young people) and the Adults Learning Disability Service.

The Transition Age Policy drawn up between the Derwen service and the Adults' Service notes that information needs to be shared (child / carer consent is required) when the individual is 14 years old. The case will then be discussed at the Transition Age Forum that meets every other month. There is representation from the adults' service and the Derwen service at the Forum.

Once contact has commenced, the team can attend multi-disciplinary meetings and educational reviews and be part of the discussions on the Individual Learning Plan. The commencement time of assessment in the period between 16 and 18 years old depends on the complexity of needs. Sometimes, the assessment process will take some time and include a Health/Continuing Health Care application etc.

With individuals who have no confirmed Learning Disability diagnosis (and there is an increasing number of these sometimes in special needs schools and not open to Derwen), we seek to identify them by working with other partners, Children Services, Education etc. These individuals will go through the assessment process for the register, which means that a pre-18 ABAS (Adaptive Behaviour Assessment System) check-list will need to be completed, along with an IQ assessment.

The service is collaborating with Derwen to submit a joint bid for funding to finance a Transfer Age Officer. The role will include preventative work, improving communication with individuals / families and ensuring that the right information is shared on a timely basis.

On average, approximately between 10-15 individuals transfer from the Specialist Children's Service to the Adult Learning Disability Service every year.

Health needs of people with learning disabilities

People with learning disabilities tend to experience poor health and they require more healthcare. They are also at more risk of a premature death compared to the general population (Mencap 2012). The pandemic has exacerbated this. A report from Improvement Cymru (2020) found that people with learning disabilities have a higher death rate than the general population in Wales. Data from the Care Quality Commission (2020) also states a higher death rate for those with a learning disability compared to the same time in 2019.

Often, people with learning disabilities do not have a good experience of health services due to communication matters. Between 50-90% of people with learning disabilities have communication difficulties and many people with profound and multiple learning disabilities have very limited communication ability (Royal College of Speech and Language Therapists, 2017).

This can lead to health professionals attributing behavioural symptoms to the person's learning disability instead of illness. This can be a matter where the need for support through the medium of Welsh is not being met (Mencap 2007; Welsh Government 2016). Local

authorities and health are addressing these matters by developing accessible information for people with learning disabilities to improve communication, which includes the previous use of the traffic light system which is now being replaced by the all Wales hospital passports. The passport contains information about the person and their health needs; including their interests, their likes and dislikes and the best method of communication. This then helps the hospital to understand the care, support and communication needs of the individual in order to support them in the best way while they are in hospital. It enables contact with the right people to be able to implement this. It also notes any positive behaviour support plan and information on how the person acts in a different environment etc.

People with learning disabilities usually have less access to health promotion and early intervention services; for example, cancer screening services, diabetes annual reviews, advice on sex and relationships and support with contraception (Liverpool Public Health Observatory, 2013). The work promotes annual health checks and plans health action in order to support people to take responsibility for their own health needs and to state how they want these needs to be met. Presently the Gwynedd Health Team provide targeted support to individuals around identified health needs via a referral process. Individuals are provided additional support when attending the local District General Hospital through the Learning Disability Acute Liaison Nurse who works with the individual and the hospital to ensure reasonable adjustments for individuals requiring admission or attendance in out-patients.

Conwy Connect is collaborating with councils across North Wales on a project that employs people with learning disabilities across the six local authorities to become employed Health Check Champions. They employ 13 individuals across the North, which includes individuals from Gwynedd. The champions help to provide workshops on Zoom initially, for people with learning disabilities, their families and their care staff to promote Health Checks and it is hoped that people will be encouraged to attend their appointments.

The project's expected outcomes for the next year include:

- An increase in the number of adults with Learning Disabilities receiving an annual health check.
- Highlight the importance of self-care that can lead to better health experience and outcomes.
- Raise awareness of reasonable adjustment with professional health and social care workers.
- They also hope to give valuable feedback to GPs on how to make Health Checks more accessible.

One individual from Gwynedd said: *"I think my new job is an amazing opportunity to help others about their choices and give them idea about Health Checks. It's amazing how all of us can work together as a team and we all have a chance to our experience to everyone. It's good to know other people like us doing it for them."*

4.5. What are people telling us? (Qualitative data)

It is essentially important that individuals receiving services have an opportunity to tell us what matters to them. It is important that the real choices of the individuals are heard and understood and advocates can be very valuable in terms of helping people to express their own choices, rather than other people's preferences.

The Code of Practice (Section 10: Advocacy) of the Social Services and Well-being Act defines advocacy as one of the support methods that is available for people who need help to work through issues of life. It supports and enables people who have difficulties to communicate their opinion, to exercise their rights, to voice their opinion and examine and make informed decisions.

There is a need to continue to be operational in terms of engagement, in particular on transformational projects and focusing work on the principles of co-production - in terms of staff, carers and the individuals being supported.

What are the individuals telling us?

The North Wales Advocacy Service supports individuals to meet in a local forum in Gwynedd. Due to Covid restrictions, this has been held online since 2020. A specific session was held with the local forum to discuss what works well/not so well and any gaps in services. 14 individuals attended the online forum and this is what they had to say:

The individuals reported that they could be part of a number of activities in the community, such as: walking, horse-riding, swimming, seeing friends, visiting the zoo, going to the club on Fridays.

The individuals felt that Covid had been a great obstacle that prevented them from being able to live their lives as they wished:

- Some voluntary activities had ended because of Covid, and not being able to go to appointments with support.
- Travel restrictions – depends on the provider how far they could travel to go out, some had a twenty-mile limit or prevented them from travelling on public transport.
- Seeing friends had stopped.
- Looking for work in the job centre.

There was a feeling that support workers empowered them to make their own decisions and teach them to be independent. They were of the view the advocates had given them confidence to say what they want to say. The individuals felt very positive in terms of what is working well with the support they receive, for example, helping when needed, and working with the individual to undertake tasks they could not do, and that they work as a team.

- “Staff are good at explaining things to me and help me correct things, they also give a reason why I cannot do something.”

- “Support staff understand me and listen to me, and they make me feel that I am seen by them, and not as a job.”

But on the other hand, there are some things that are not as good, for example, individuals saying that nobody listens to their feelings, and that they feel they can speak better about personal things with family members rather than support workers / social workers. Others felt that only things from a set list of activities could be done, rather than a selection of activities.

Some individuals felt from time to time that workers in supportive roles do not give them their full attention and as a result, the individuals felt that they were being ignored.

What should happen to improve the support?

- If staff have to answer their mobile phones, it was felt that it was fine to send a quick message but not to be long. The staff need to be reasonable when using their mobile phones.
- Some individuals said that they would like to look into new activities and interests, and want to do things that are not only for people with a learning disability. Need flexibility to do things differently, and be able to offer more activities on weekends.
- There was a feeling that people need to listen to what the individuals want to do, and that clear communication is needed by the support workers.
- Need more places for people with a learning disability to live with support.
- Need more staff and job fairs to find staff.

Feedback from staff / partner agencies

As well as engaging with the individuals receiving a service, specific online engagement sessions were held with partners and staff. Also, a questionnaire was sent to those who could not attend the sessions in order to give everyone an opportunity to voice their opinions. The themes that were highlighted are as follows:

Lack of job opportunities

The partners recognised that there was a variety of day opportunities for individuals across the county, but emphasised that there was a lack of paid work opportunities for individuals with learning disabilities. A sufficient number of voluntary opportunities were available but individuals were unable to proceed to paid work.

Some individuals perceived themselves as different to those individuals who attended day services, and there were not enough opportunities available for them. Paid work with support would potentially meet this need.

It was recognised that a wider range of opportunities was needed in order to proceed from more 'shadowing' opportunities to move onto volunteering, and then to work experience. It was noted that 'normalisation' and overcoming obstacles was needed with employers.

A local project in Gwynedd is seeking to address this. The work opportunities project will examine Gwynedd Council as one of the county's main employers and the possibility of employing individuals in a variety of posts. As already noted, 20 individuals have been identified as people who would benefit from paid work. The team will work with these individuals and a Skills Hub will teach the necessary skills the individuals need to proceed into employment.

It was emphasised that support was also needed for employers. It was noted that job coaching / mentoring is a very specialist job, and that the right skills and training were needed in order to help the individuals. There is also a need to speak properly with individuals; finding out their 'niche' and then finding a suitable employer, or even helping them to create their own business.

It is hoped that developing Hwb Arfon as a centre of excellence for developing individuals' skills.

Day Opportunities

It was expressed that there were not enough scattered day opportunities available on a geographical basis. A new development in Dolfeurig, Dolgellau would meet some of this need, but gaps remained across the county in more rural places such as the Tywyn area, and Bala. The existing Dolfeurig building is not fit for purpose; therefore, capital funding has been secured to construct a modern, fit for purpose building on the same site, that will be able to offer various opportunities, and operate as a hub in the area.

The services are fairly 'traditional' in terms of the times they are open to people, namely 9am-4pm. It was suggested that the structure of the day opportunities may need to be more flexible. It is difficult sometimes to get individuals to socialise in the evenings as they are tired after attending the day opportunity all day.

However, it was noted that the day opportunities were very good; and that active support work undertaken by providers with individuals to support them to reach their potential and promoting skills to do things independently was essentially important. More information on the principles of active support can be found under the 'Active Support' sub-section of section 4.6.

Opportunities to socialise

Several successful provisions already exist in the county in order for individuals to be able to socialise. It was noted that the socialising element was important to individuals. It was agreed that the Well-being Pathways had undertaken very good work with the individuals, along with the support sessions to enable individuals to continue to socialise, either on a safe face-to-face basis or online.

Accommodation

A lack of suitable homes in order to promote independent living was prominent in the discussions, in particular for those individuals with a physical disability.

- Consideration needs to be given to individuals living alone rather than house sharing as sharing sometimes does not benefit the individuals or is not in their best interest. This was highlighted even more during the Covid period as everyone was at home more. Also, some individuals are tied to someone else (staff member), which prevents them from having the freedom to step out of a difficult situation in a shared house. Again, more suitable homes are needed across the county to meet this need.
- There was a feeling that individuals are sometimes unable to have a say in terms of where they want to live; for example, a young person leaving home. The service usually finds a house for them or they move in to fill an empty space in a shared house. There was a need to give individuals more of a voice in this regard, but it is difficult at present as there is a lack of suitable housing.

The current respite services have been essentially important for individuals and their families during the past year. Without these opportunities, great pressures would have been placed on families to be able to continue to care and situations could have broken down.

Transport

There is a lack of public transport in areas of the county, particularly in more rural areas. Pre-Covid, some individuals were unable to attend evening activities as there was no public transport available in the right location or at the right time.

It was noted that local transport / taxis that knew the individuals and their needs were needed. This links with the Safe Place Scheme that was piloted in Bangor a few years ago.

Voice and control

On the whole, partners felt that individuals had a sufficient voice and control in the way support is provided. Individuals get much more control via streams such as Direct Payments. Active Support is also a way of supporting that provides more independence to the individuals.

It was noted that the voice of the individual had come through explicitly in the work undertaken by the Advocacy Service, via the well-being and value work that was commissioned in 2020.

However, there is still room for improvement as it is felt that insufficient use is made of language therapists, in order to enable those individuals who cannot communicate to get the opportunity to voice their opinions. More effort needs to be made to obtain people's opinions. The services do not truly work in a 'person-centred' manner.

The partners had a number of positive points about the support the individuals receive:

- A sense of belonging - that individuals see friends and socialise / make new friends. Since Covid, many have lost contact with friends and have missed out. An

effort is being made to get the technology out to individuals who need it; along with the support to use it safely.

- Able to offer services in the chosen language of individuals.
- The money that eligible individuals receive via the supporting people grant help them to retain their tenancy.
- The support that individuals receive from the services is good and individuals and their families greatly appreciate it.
- The respite service has definitely helped before and during Covid.

One running theme in this needs assessment is the staffing crisis in the care sector. It was a strong theme during the engagement with partners. There is not only a lack of staff in the field of learning disabilities, but in the care sector in general. Gwynedd Council is seeking to convene a Task and Finish Group to examine support posts in the field of learning disabilities and to try to gather recommendations, which include recognising the expertise and dedication of workers. The Market Stability Report will deal further with this matter.

4.6. Review of the services currently being provided

Often, people with learning disabilities need support with several aspects of their lives, including:

- Where they live (e.g. supported housing, residential);
- What they do during the day (day service, work experience, employment);
- Their social life
- Having a break (respite).

This support may be provided by a family, carers, the local community, the local authority, health service and/or the third sector.

There is a need to work with service providers in order to develop outcome-based service models, designed to ensure that people receive personal services in order to meet their needs as noted in their support plans.

Currently, there are 26 adults with learning disabilities living outside Gwynedd in different locations. This is mainly because the support they need is not available in Gwynedd, but of these, 2 individuals are living in residential colleges temporarily, and it is more than likely that they will be returning to Gwynedd once their education has come to an end.

Of the 26, 19 live in North Wales and 7 live outside North Wales. 6 of the 19 could potentially return to Gwynedd should suitable accommodation and support be available for them.

Of course, not everyone lives in supported housing - a large number of individuals live at home successfully with their carers / family / parents, with very little support.

Work is ongoing on a joint basis with the Regional Transformation Team to ask individuals and their families what their wishes are to return to Gwynedd in future and to help them to return to live in Gwynedd if that is what they wish.

Accommodation

We continue to move from the use of residential care for people with a learning disability to supported housing services that enable individuals to live more independent lives. This shift has also made services more person-centred as this model provides more personal support to individuals than residential care. It also means that individuals live and participate in their local communities.

Discussions are continuing on a new development in the north of the county that will enable individuals to live independently (within their ability), which moves away from the 'residential' model, and coincides with the principles of the Act and promoting independence.

The shared housing model has worked well in Gwynedd, however, there is a need to look at alternative models of community living. Some new housing models include an 'own front door' provision with support. We would like to develop more accommodation models which mean that individuals can have their own place, but also share support. This is one of the models that we are looking at with the registered social landlords (RSLs).

It is also a priority to seek to bring the individuals living in homes outside the county back to Gwynedd to live, should that be their wish. The individuals placed out of county, have been placed there for various reasons (e.g. their own choice, or they have been placed there for years).

There are 146 individuals living in supported accommodation across Gwynedd. Support is provided by various providers. The support varies from a few hours during the day, to 24/7 support for individuals to be able to live independently in their own tenancy.

The living model also varies; from individuals living alone, to individuals sharing a house (this varies from 2, 3, 4, or 5 persons in a shared house) and they usually receive 24/7 support, which includes staff sleeping in.

A lack of suitable housing is a problem in Gwynedd for adults with learning disabilities, in particular for those individuals with a physical disability.

The table below shows the accommodation situation of the individuals at present:

Table 9: Residing location of individuals with learning disabilities in Gwynedd

Residing location	Aged 16-64	Aged 65+	Total
Community locations a. own home	103	25	128
Community locations b. parents / family	200	8	208

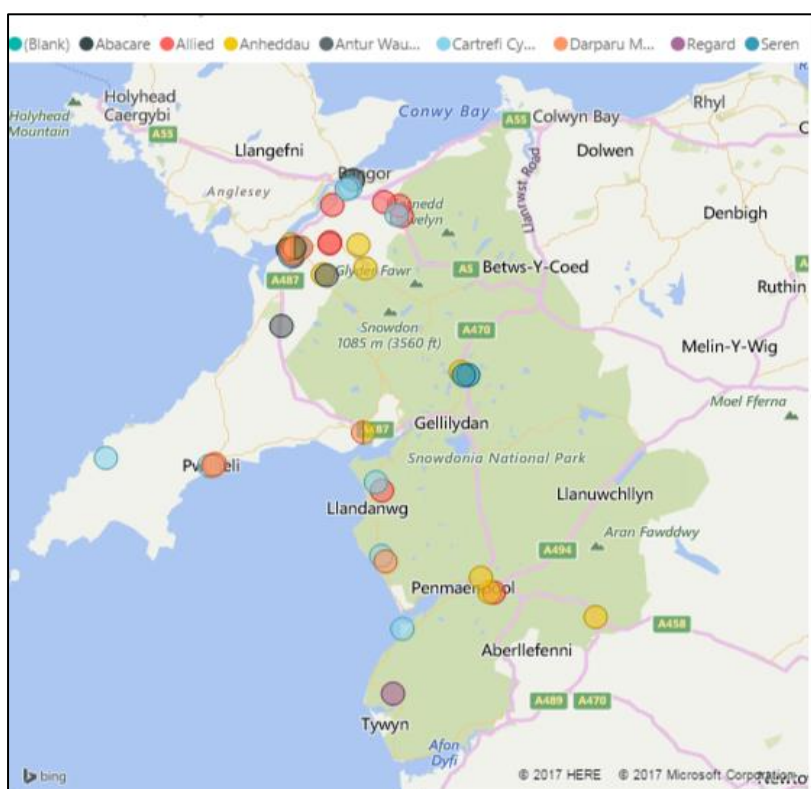
Community locations c. supported housing	125	24	149
Hospital / shelter of the Health Service	5	0	5
Local Authority residential accommodation	13	7	21
Private residential accommodation	17	7	23
Other accommodation	36	3	39
2021 TOTAL	498	75	573

Source: SSDA901 April 2022

Note that the 573 figure is different to that of 596 on the Learning Disability Register. This is because cases have been closed for a social worker service on the data collection system.

As seen in the above table, most people with learning disabilities live with their parents. Specialist supported accommodation is the second most popular arrangement, which includes living in the community and the Shared Lives Scheme. The smallest proportion of people live in residential care and this reflects the support provided to help people to remain in their homes. The following map shows the location of the current supported housing across the county.

Figure 5: Map showing the location of supported housing locations in Gwynedd



Source: Internal data from the 'Welsh Community Care Information System' (WCCIS).

Accommodation needs in the future

It is challenging for us to find enough good quality housing to meet the broad range of needs of people with a learning disability and enabling individuals to have more choice about where they live, who they are living with and who is supporting them.

Currently, there are 75 individuals on our list of individuals who will need accommodation in future. 16 of these will need accommodation within the next year, 16 in 1-2 years, and 43 will look for accommodation within 2 years and more.

The individuals are on the list due to different reasons, for example:

- Living at home with parents and the situation is fragile/breaking down. Individuals and their families are eager to move into their own property/shared property, but no suitable property is available.
- Individuals with learning disabilities living in supported housing, but the property is unsuitable for the individuals due to safety matters or changing needs.
- Individuals in unsuitable placements such as Residential Homes or a secure placement, and eager to move into supported housing in order to maximise independence but no suitable property is available.

A range of properties of different types are needed across Gwynedd, but the greatest demand is for properties that are suitable for individuals with Physical Disabilities and a Learning Disability e.g. bungalows or accessible properties. In particular, there is a shortage of 3 or 4 bedroom accessible properties, where there is a room for a staff member to sleep in and to provide a suitable home for individuals with disabilities.

In terms of areas, there is demand across the county, but overall, the majority of individuals and their families will choose to stay within reach of the urban areas in order to easily access Health services, day services, employment opportunities, public transport etc. There is currently a need in the areas of Caernarfon, Pwllheli and Dolgellau and surrounding area.

As part of our Accommodation Project, we are collaborating with the Housing and Property Department within the Council in order to look at options now and for the future, but we are also eager to collaborate with Housing Associations in order to secure suitable properties in Gwynedd, specifically for individuals with Learning and/or Physical Disabilities. We want to ensure that the accommodation is suitable for individuals to continue to live there as long as possible, no matter what their needs. Accommodation was successfully found for 13 individuals in the last year.

It is initially intended to purchase three properties on the open market, in co-operation with a Housing Association should the opportunity arise. Potentially, this could be one property in each of the three areas named above, in order to pilot the scheme. We could then provide grant funding in order to carry out any adaptations required on the property, before letting the property to individuals with disabilities, and the rented income would go towards repaying the cost of purchasing the property.

Considering the increase in the ageing population, the number of people who live with an elderly parent will also increase. Currently, 75 individuals live with elderly parents in Gwynedd.

The need to plan for the future continues to be a priority for every family who are ageing together. Individuals and their families face increasing challenges as they get older and many are worried about the future when the family carer cannot continue to care. Plans need to be made for an emergency and to consider accommodation options. These discussions are already being held with families, they are difficult but positive discussions. Generally we are able to plan ahead so that the individual progresses to respite to start off and then moves on to supported living.

A Regional Supported Housing Agreement has been operational since April 2020. The purpose of the agreement is to meet a wide range of needs (including complex needs) across North Wales.

Day Opportunities

The needs and expectations of individuals and their families have changed over the years. By now, going straight from school to the day centre is not the expectation or the norm; rather it is to have a range of opportunities that are suitable to their needs.

Currently (September 2022), 225 individuals with a learning disability are receiving some type of day service commissioned by Gwynedd Council (38% of the number on the register). The remainder (62%) manage to live independently without any intervention, and by receiving preventative support. These services meet the needs of individuals so that they are integrated into the local community, and are given opportunities to gain confidence and skills, and have work and socialising opportunities.

The day opportunities that individuals receive in these locations vary, dependent on their personal needs, e.g. work in a café, crafts, woodwork, etc. See below the details of the day locations we currently commission.

Hubs have been established in a number of locations across Gwynedd that provide opportunities for work experience and training for individuals to develop practical life skills, along with providing a new service for the wider community and improving the well-being of the local community.

Paid work opportunities is an issue that was often raised during the engagement with partners, and with individuals receiving services. It is essentially important that individuals with learning disabilities receive the same opportunities to reach their potential as the rest of the population. There is a project in Gwynedd that examines the development of employment or training opportunities for individuals with learning disabilities within our communities, whether it be with the Council, in the private or third sector.

The aim of the project is to:

- Change culture within the Council, and work with managers in the departments to adapt or create paid work opportunities for individuals with learning disabilities.
- Break down any barriers that prevent individuals with learning disabilities and/or autism from filling key posts within the council.

- Co-ordinate our services to be skills hubs that equip individuals with the skills needed to enter the world of work.
- Increase the number of individuals with learning disabilities in paid work in Gwynedd, whether it be in the Council or the private sector.
- Facilitate the process of receiving volunteering and work experience within the Council.
- Ensure that any individuals who join the workforce are supported and empowered to reach their full potential.
- In the long-term, work with stakeholders to ensure that work placements and posts are sustainable and suitable for the needs of the individual and employer, e.g. flexibility to adapt responsibilities, working hours, access to work etc.

We need to recognise that every individual's training and work opportunity journey is individual to them, so bespoke planning is needed around supporting the individual to meet their personal outcomes. Wellbeing Officers / Work Mentors are concentrating specifically on this work, and individual referral / planning pathways will be via the Project Group.

There is an intention to establish a Centre of Excellence that will offer training on developing skills and qualifications. This will prepare and support adults with a learning disability for the world of work.

At the time of writing this report, 20 individuals have been identified as people who would benefit from paid work. The learning disability service will collaborate with Agoriad to develop sustainable work placements within Gwynedd Council that could lead to long-term employment in the future. Also, to support individuals during the placements and collaborate with us as a service to resolve any obstacles that arise. They will also collaborate with the colleges to ensure suitable and appropriate training that will equip individuals with the necessary skills to proceed into employment after the scheme.

The service is working with the Regional Transformation Team, looking at an Employability Strategy and are looking to develop this with prospective employers. Maximising skills / training also needs to be part of the regional strategy.

Respite opportunities

The respite care service is a very important resource to enable carers to continue to care, and it also gives individuals a break for them to continue to live in their homes. It is important that we address the respite needs of individuals and that there is a range of options available.

Being able to provide supported respite for those individuals with complex needs is very important. It also gives an opportunity for the individuals who receive respite to learn new skills and continue to receive support in an active support method.

At present, we commission a service in two units provided by Cartrefi Cymru. This is currently the most popular option. The Shared Lives Scheme is used mainly in the Meirionnydd area, together with Gwesty Seren in Llan Ffestiniog.

Following the previous needs assessment, it was resolved that a more modern supported respite service needed to be developed that provides a range of opportunities for individuals, mainly those individuals with complex needs. It was intended to develop a menu of supported respite services available in the county in order that individuals and their families can choose what type of service they want to receive. More local respite placements are required that are easy for individuals to gain access to the service. Unfortunately, following a tendering process to draw up an agreement specifically for respite, the same providers as noted above submitted an application. Perhaps the timing was not appropriate due to Covid restrictions at the time; it is hoped that more providers will apply when it will be opened again in 2026.

It is hoped that supported respite provision will be part of any new developments.

Support services – socialising and leisure opportunities

Individuals are entitled to live a full social life, to build strong and positive relationships, to have a better quality of life, to give the individual powers to make their own choices, whilst contributing in the community and making contacts in the community.

This can lead to less loneliness, and loneliness can lead to mental health problems. Some individuals want friends, and to be able to socialise and others want a relationship.

The challenge is to expand on developing a presence in the community. We want to continue to work with communities to change their behaviour and their attitudes towards people with a learning disability. There is a positive attitude towards people with learning disabilities within the communities of our towns and villages. There will be a need to seek opportunities for people to contribute rather than accept or be 'present', this will increase the value of people in terms of their standing in society.

Several successful provisions already exist in the county in order for individuals to be able to socialise. We have to ensure that we can offer valuable activities for the individuals and can integrate these opportunities with what already happens in communities.

These provisions include clubs across the county that provide opportunities for individuals to be supported in groups. There is less intervention with groups such as these, they promote the individuals' independence, increases their presence in the community and change the image that people have of group work (rather than 1:1 support). This is also a way to respond to isolation and offers an opportunity for individuals to socialise together and with others and be a part of our communities.

This work stream corresponds with the active support work in terms of offering opportunities for adults with a broad range of needs. It must be ensured that mixed groups come together in accordance with the interests or skills of the individuals.

The well-being outputs of these groups include training and developing skills; helping people to live independently; promote socialising and develop individuals to try leisure opportunities; ensure that they are not isolated and increase self-confidence. They also

develop skills and knowledge, such as keeping safe, knowing their rights and developing relationships. Of course, everyone cannot be supported in a group, and they will get the same opportunities but with 1:1 support.

In addition, there is the Well-being Pathways service, funded by the Regional Integration Fund (RIF). Their aim is to provide the right advice and support in order to maximise the range of opportunities available. The focus is on increasing capacity in order to support and improve the well-being outcomes of individuals who are on the Learning Disability Register in a preventative method, on a one-to-one or group basis.

The intention is to develop a hybrid model in future, where individuals get the choice to join groups and sessions either in person or online. The service works closely with partners such as the North Wales Transformation Team and members of the Gwynedd Learning Disability Transformation Group as they develop for the future. By now, a number of providers are leading on groups so that they are more sustainable for the future and to ensure that any individual can join, either virtually or in the community with their support, so that it is accessible for everyone. It is positive that providers have taken ownership of these groups and that there are opportunities for everyone to develop and use their specialism in various field.

They are also collaborating to develop a list of the technological equipment that is available to trial for free across the county. Well-being Officers have worked with individuals to develop their skills and confidence in order to commit to online groups safely. Work is also underway to modernise the community hubs in order to enable individuals to join via Zoom.

123 individuals were supported by the Well-being Officers (April 2022).

Active Support

Active Support is a key priority field in Gwynedd. It has been designed to ensure that people who need support are given the opportunity to be fully involved in their lives and accept the correct range and level of support so that they are enabled to live fulfilling lives.

There are 3 parts to Active Support:

1. Networking to promote participation. The people supporting the individual learn how to provide them with the correct level of assistance so that they can carry out the normal daily activities in life.
2. Activity Support Plans. These provide a way to organise household chores, personal care, interests, social arrangements and other activities that individuals need or want to do on a daily basis, and to calculate the availability of the support so that the activities can be achieved successfully.
3. Tracking. A way of recording the opportunities that people have every day which enables the quality of the arrangements to be monitored and make evidence-based improvements.

Usually, focus is placed on supporting people to develop day-to-day skills and have the choice and control to live full and active lives. The principles of active support are as follows:

- Normalisation
- Including people in daily activities
- Developing active skills
- Looking to change people's attitudes
- Developing people's skills as something progressive and permanent.

Gwynedd Council has developed the vision across the services. There is a Learning Disabilities Training and Quality of Care Officer within the service, who specialises in Active Support and Positive Behaviour Support (PBS), and he collaborates with all partners to ensure that everyone works in accordance with the principles of Active Support.

The Regional Transformation Team have secured grant funding to develop a person centred model so that person centred plans can be completed with individuals who have complex needs. The learning disability service will be working with them on this piece of work.

The learning disability service have also secured funding from RIF to fund 2 complex needs mentors. Their main aim will be to work with providers and individuals with complex needs to maximise independence and support individuals safely and within positive behaviour support plans, along with maximising staff skills.

4.7. Conclusion and recommendations

Main findings

- **Demography:** the number of people with learning disabilities who require support is increasing, and people with learning disabilities are living longer. It is likely that these demographic trends will continue. The increasing number of people with learning disabilities and dementia is a challenge for services to provide the right type of support.
- **Young people with complex needs:** the service will continue to adapt to ensure that they can meet the needs of young people with complex needs as they transfer to the adults' service.
- **Transition between the children and adult services:** on the whole, it works well and the service will focus on developing an integrated method that will help with the transition.
- **Socialising and leisure opportunities:** it is recognised that these opportunities are valuable to the individuals, especially now after the Covid restrictions, whether to make new friends or to start a new relationship. The lockdown period has led staff to think about doing new / different things with the individuals. Being able to do

activities and getting the opportunity to take a risk in order to develop and receive different experiences.

- **Accommodation:** some individuals live independently with their own tenancy, in shared homes, or in homes on their own; some have 24/7 staff, others have a few hours of support during the day. An increasing number want to live independently but there is a lack of suitable social accommodation for individuals; particularly for individuals with physical disabilities across Gwynedd.
- **Employed work:** getting employed work is important to individuals, and adds towards self-value. There are voluntary opportunities available for individuals but, unfortunately, there is a lack of employed work for them. There is a need for prospective employers to understand this need, along with support for individuals and the employer.
- **Respite services:** respite services are very valuable for families to be able to continue to care for as long as they can. It is an opportunity for the individual and his/her family to receive temporary respite.
- **Expectations:** the expectations of younger parents are changing. They want their children to be able to proceed to live independently with support in the community. There is also a need to continue to collaborate with older parents to try to make plans for the future.

Recommendations

1. Continue to support older carers and ensure that they receive the support and respite services they need. This should include forward planning services for families. The current conversations need to be continued with families and planning for the future.
2. There is a need to collaborate and educate to change the attitudes of prospective employers and the broader public to ensure that employment is seen as a realistic option for people with a learning disability. There is also a need to develop the contact with colleges in terms of work experience for individuals. The Work Opportunities Project will address this.
3. There is a need to raise awareness and consider including work as a factor in the annual reviews and personal outcomes of the individuals. Again, the Work Opportunities Project will address this.
4. Day provision is inconsistent across the county, however, there is a gap in provision in South Meirionnydd. There is a need for more varied day opportunities across the county as some individuals are not able to have the service that is appropriate to their needs (possibly hubs in the areas of Porthmadog, Tywyn, Bala).

5. There is a need to continue investigating alternative housing options with key stakeholders and the housing department in order to collaborate and identify housing solutions for people with a learning disability. Formulate an Accommodation Strategy for Adults with Learning Disabilities to identify the numbers and placements to develop housing now and in the future.
6. Individuals need to be given more choice when they move to live independently. At present, a lack of suitable housing exacerbates the problem of giving individuals a choice of which area they want to live.
7. A seamless service needs to be considered, where support workers can continue to work with the young people in order to be consistent in their support and adopt active support principles before they transfer to the adult service. It is hoped that the bid for a Transfer Age Worker will be successful in order to meet this need.
8. There is a need for some sort of menu for young people and their carers in terms of what services are available once they have transferred to the adults' service, recognising and sharing the message that moving forward is something that will happen within day opportunities for young people.
9. Extend the Safe Place Scheme that was piloted in the past in the Bangor area; safe places on our towns' high streets, where a person can go if they want support when they are out.
10. Need to develop the staff that are supporting individuals. The PBS mentors to move forward with their work with support workers.

5. Autism

5.1. Introduction to the chapter

This chapter includes the population needs of citizens with Autism Spectrum Disorder.

5.2. Definitions

What is meant by the term Autism Spectrum Disorder?

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition which typically emerges early in childhood (often, but not always clearly evident by three years of age). The condition is life-long and affects people of all backgrounds. However, the presentation of the core features may change as the individual develops.

ASD impacts on two broad areas of functioning:

- Persistent deficits in social communication and social interaction across multiple contexts
- Restricted, repetitive patterns of behaviour, interests, or activities

ASD is a condition which presents across the ability range from those with severe/profound learning disability to those who are extremely able intellectually (such as those with a high IQ in the superior range). Over time a number of labels have been used to describe the condition, including Autism, Childhood Autism, High Functioning Autism, and Asperger Syndrome. As all of these conditions share the core areas of difficulty outlined above, it is now current practice to use the global diagnostic category of ASD. Currently, there is debate as to whether it is more appropriate to use Autism Spectrum Condition (ASC), as opposed to ASD. However, the latter term is employed in current diagnostic manuals.

5.3. The policies and acts that have shaped our services

Welsh Government has published its final statutory Code of Practice on the Delivery of Autism Services (link - [Code of Practice on the delivery of autism services](#)). The Code was developed under the Social Services and Well-being Act (Wales) (2014) and the NHS Act (Wales) 2006. The Code states what autistic people, parents and carers can expect from public services in Wales, and how we intend to adapt the way we organise society to be more aware and more attune to neurodiversity.

The Social Services and Well-being Act (Wales) (2014) puts an emphasis on prevention and early intervention and giving more voice and Control to individuals who require care and support. Commissioners and providers are required to co-produce a service with the people who use the service, their families and their communities.

The following documents have led to the shaping of the autism service that we have today:

- Social Services and Well-being Act (Wales) (2014)
- Future Generations Act (2014)
- Code of Practice on the Delivery of Autism Services
- Gwynedd Autism Plan 2021-23

We are also currently in the process of drawing up a Training Framework, based on what is already available from Autism Wales.

In addition to this, communication between the stakeholders is very important when collaborating, and it is important that all stakeholders are open to collaboration.

5.4. What do we know about the population? (Quantitative data)

It is noted that in 2020-21, 79 autistic adults were referred for an assessment in Gwynedd. However, it is estimated that 1.1% of the population has ASD, equating to 1,110 adults in Gwynedd. The number of adults and children that receive a diagnosis of autism is increasing, and it is projected that this figure will have increased to 1,180 by 2040.

ASD affects people from all backgrounds, however more men than women are diagnosed as having ASD. This may be due to the presentation of ASD in females being qualitatively different. Females are more able to mask their social communication difficulties which can make diagnosis more challenging. Additionally, many people do not realise that they are autistic, and this is particularly true in relation to adults. It appears that more children than adults are diagnosed with autism; this may be due to the fact that assessments for ASD were not available until the 1990s, and it mainly focuses on children, therefore many cases among adults are missed.

The highest proportion of children diagnosed with ASD in Gwynedd are found in 14-17 year olds, and therefore they require support with transferring from the children's service to adults service.

We know that autism is increasing generally, and there will be an increase in the needs for services involving ASD in the future. According to the NHS, between April 2021 and March 2022, the number of patients referred for an autism assessment had increased from 74,000 to over 103,000 which is an increase of 39% (link - [Autism Statistics, April 2021 to March 2022 - NHS Digital](#)). The reason for this may also be due to the fact that our understanding and awareness of the condition has developed over the years, which consequently leads to more people being referred for an assessment.

5.5. What are people telling us? (Qualitative data)

Unfortunately, we do not have much specific data from autistic people and their carers to show what they think is good and what is not as good. However, the Gwynedd Autism Plan for 2021-23 has been published, and it examines the key matters that require attention during the period:

Access to health and social care services

A key feature of people with autism is difficulty in reciprocal social interaction, social communication and expressing themselves and their needs. Assessing an individual with autism who does not have a learning disability is challenging as their needs are often hidden and their impact can depend on the circumstances. The families of autistic people tell us that professionals often miss or are unable to understand the impact of social communication difficulties when carrying out assessments. Someone who may appear to be functioning within normal limits could have hidden or masked difficulties because of their challenges to understand reciprocal social communication and interaction, which others take for granted.

Diagnosis

It is understood that demand for assessment and diagnosis for children and young people has increased significantly since 2018. The reasons for an apparent increase have not been provided and therefore require further investigation. However we need to develop easy access to a diagnosis and post-diagnosis support, which is coordinated to assist people to access services and social care networks. There is a need to develop clearer roles and guidance to provide support to families as they await an assessment and a diagnosis.

Post-diagnosis advice and support

The range of people's needs and the support they will require after their diagnosis vary greatly. Most people with autism, but who do not have a learning disability, will have low or moderate care needs and their requirements will mainly relate to communication, building a social network, promoting independence, employment, housing, mental health issues, challenging behaviour and maintaining stability.

However, some may have critical or substantial needs and they will require 24-hour support and supervision. Access to post-diagnosis advice and support will vary. The main reason for this is that we are not automatically informed each time a diagnosis is made, and this is due to the fact that not all individuals need an assistance and support assessment as each individual has different needs. The information about autistic individuals, as well as the responsibilities for them, sit within more than one agency or organisation, and therefore work is to be completed in order to co-ordinate this element and be more accountable. In order to achieve this, we hope to be able to employ an officer that will work as a point of contact for families, and provide them with appropriate advice in a timely manner. There is also a need to develop clear guidance regarding the level and type of post-diagnosis intervention, advice, support and review. This would ensure that people are informed / can contact relevant support services.

Young People during the transition period

In Gwynedd, the Children and Supporting Families Department support autistic children until they turn 18 years old, and then the responsibility is transferred to the Adults, Health and Well-being Department once the individual turns 18.

The largest proportion of children with ASD receiving services from the Derwen Integrated Team are in the 14-17 years old category. Therefore, the transition from children services to adult services is a key stage, that can be challenging in relation to pre-planning in order to satisfy personal outcomes.

In the past, autistic individuals who have not received a diagnosis of learning disability or other needs have tended to fall between two stools as they have not received the threshold for any service. Consequently, it is important that the Children, Education and Adults Departments assess on a joint basis and work closely in order to ensure appropriate support for adults after they turn 18 years old.

Not all autistic individuals have care and support needs, however they may need preventative support, information and input from third sector networks. Thus far, the information or the networks have not been sufficiently mature and accessible therefore developing and strengthening this provision is vitally important, and doing so in partnership with individuals and their carers.

Ensuring close collaboration between the Derwen Integrated Team and the Adults Services is essential in the Transfer Age. The Transition Age Forum is a means of identifying individuals, prioritising and establishing a way of sharing current assessments and information in order to determine which service is most suitable for the individual. The Adults Service works with Derwen to strengthen the processes and the arrangements, as well as offering early intervention in order to attempt to identify and provide opportunities for individuals to work towards personal outcomes that lead to them becoming more independent as they transition to an adult.

One method of strengthening the collaboration is developing a Training Framework and raising awareness of autism, ensuring that each team and service become more familiar with the condition and what matters when supporting autistic individuals. Autism Social Workers work closely with the Age of Transfer Forum, and work with specific individuals. In addition to this, support with regard to training and work opportunities, developing social Networks etc. is very important and needs further development.

Training

Every member of staff who works directly with children, young people or adults should undertake ASD awareness training. Evidence suggests that raising a basic awareness, and providing training, on autism can substantially improve people's ability to communicate with people with autism.

We are developing focused training materials on understanding autism, including an information booklet and e-learning module. We have started to map the education and training requirements of practitioners. In partnership with the Isle of Anglesey Council and Betsi Cadwaladr University Health Board, we will develop tiers of training for general and specialised services. This will be steered by work being done on a national level through the National Autism Service. In addition, statutory bodies will be expected to undertake an analysis of autism training needs for their staff, tailored to their professional needs.

National Autism Service

The Service offers a diagnostic assessment for adults, but it does not work directly with children and young people. There is a need to strengthen the link with the service from the direction of Children's Services and Adults Services. It is essential to establish a pattern of information sharing and collaboration on the development of useful resources in the field, to influence the improvement of services locally.

Third Sector

The third sector includes organisations such as Autism Wales and the North Wales Integrated Autism Service. However, there is no specific organisation in North Wales, as we as a Local Authority do not currently contribute towards any third sector organisation. Also, there are inconsistencies in the way that we use the third sector, and this has been recognised as something to be developed.

5.6. Review of the services currently being provided (services and assets)

We are aware that the services and activities available to autistic adults is currently inadequate and that we have room to improve, therefore the work deriving from the Autism Plan will attempt to address this deficit.

Autistic individuals who are on the Learning Disabilities register are supported by the Learning Disabilities team. Additionally, the Autism Wales website has useful resources for autistic adults, and there are also two local groups, namely Gwynedd and Anglesey Autism/Asperger Support Group that meets once a month in Bangor, and the social group for adults who are at the high-functioning end of the autism spectrum.

One of the main difficulties relates to adults who have ASD but who do not reach the criteria for the Learning Disabilities Register. Adults who come into contact with the Autism Service, but who do not meet the criteria, are discussed in a monthly Vulnerable Adults forum and are allocated to a team who has the expertise/knowledge to provide information/support if necessary.

Ensuring that families and autistic children have access to the support they need to thrive is one of Gwynedd Council's priorities, and the following pledge has been made as part of that priority:

- Launch an Autism Plan for the county, jointly with the Health Board, third sector partners and across the Council's services
- Appoint a role in the Council for working in the field, giving specific attention to the transitional period from childhood to adulthood in the field
- Review the arrangements for accessing the integrated disabled children's service (DERWEN)
- Improve arrangements for collaborating, sharing information and providing support in the field with our health partners and with specialist providers in the third sector.

A sub-regional Autism Project Board was established in 2020 to produce the Gwynedd Autism Plan 2021-23 in conjunction with Betsi Cadwaladr University Local Health and Anglesey Council, and the Plan was published in November 2021. The Project Board will meet four times a year to ensure that progress is made against the Plan.

Gwynedd Council participates in regular meetings with the Integrated Autism Service (IAS). The IAS works with individuals who do not meet Social Services criteria, in order to provide support with diagnosis and provide support to staff, families, social workers etc. to support autistic individuals. It is intended to develop autism awareness training jointly with the IAS.

In future, there will be closer collaboration with the IAS to support individuals who do not meet the criteria for the Learning Disabilities register, and arrangements will be made for IAS liaison workers in Gwynedd to visit the Service's community hubs so that they can use our hubs for their sessions and to promote collaboration.

There is a huge potential to make referrals to local charities and the third sector that could offer low level support, which would be of great benefit to autistic adults and would also lessen the pressure on statutory services. The aim therefore is to develop a variety of services, groups and opportunities jointly with the third sector to ensure that timely and preventative advice and support is available to autistic individuals. We need to engage with autistic individuals in order to build our understanding of what they want and need, and provide this to the best of our ability, which will also enable us to work better in future.

The scope of this work is extensive, and it is obvious that a lot of work needs to be done to improve and develop the provision and support that is available for children and adults who receive a diagnosis of autism.

5.7. Conclusion and recommendations

We have work to do in order to close existing gaps and establish a baseline and improved data to analyse and identify the need. It is hoped that the Autism Plan will address these gaps that we have already identified and will tackle any obstacles and deficiencies.

Below are the recommendations from the Autism Plan which include work to be completed during the next two years.

Appointment of a Coordinator / Project Officer to develop Autism Services

Currently, there is a lack of data in relation to the numbers and profiles of children and young people who have a diagnosis of ASD. Establishing this role to collate this information across the local authority, the health board and education will assist when planning to improve services. The post would also offer regular contact with the National Autism Service, avoiding any duplication, identifying gaps and developing a network for professionals involved with the provision of services for autistic people. The post will also assist with the implementation of elements of the action plan.

Establishing the Role of ASD Transition Practitioner (14-25 years)

This post would be co-located across children and adults Learning Disabilities Services and would include access to those children and young people with no learning disability diagnosis.

Establishing the Role of ASD Practitioner (Support during the assessment / diagnosis) (14-25 years)

The increase in the demand for an ASD assessment means that there is a waiting list. Providing advice and support at this point would assist to manage the demand for post-diagnosis services and would promote support and early intervention with the aim of reducing the demand for post-diagnosis statutory services.

ASD Training

A multi-tier programme of training, including e-learning, is being developed. This is provided across general services to increase autism awareness as well as more specialised training for practitioners who work directly with autistic people.

Undertake an audit of staff training needs, giving consideration to the level of contact of individual roles with autistic people. This will consider direct work with autistic people as well as jobs where it is possible, via face-to-face contact with the public, to come into contact and therefore there is a need for a level of awareness about their needs.

Investigate the potential for developing third sector Autism Services

There is a need to further investigate the development of skilled, low level practical support services. There are examples of practical activities being undertaken by third sector organisations that receive Welsh Government and other grant funding. Introducing such a model in Gwynedd could provide an effective service to improve the quality of life of people with autism and manage any additional demand on statutory services.

Engagement with the National Autism Service and other Third Sector Services

Undertake a mutually-beneficial engagement strategy that will avoid any potential duplication, ensuring clarity of information and advice provided to adults and children and young people and their families. Effective communication and information sharing will assist to develop services and share information in relation to the outcomes for autistic people in Gwynedd.

Partners that are able to provide low level services to people with ASD need to be identified. The voluntary sector could play a part when providing expert practical, low level and low cost support to young people with autism with or without a formal diagnosis of Learning Disabilities in Gwynedd. Introducing a model of this kind in Gwynedd would provide an effective service that improves autistic people's quality of life, as well as help to prevent crises from occurring. It would also reduce the pressure of statutory services. The need for such services will become increasingly important if the current increase in ASD diagnoses lead to a higher demand for statutory services.

6. Mental Health

6.1 Introduction to the chapter

This chapter includes an overview of the mental health needs of adults in Gwynedd. The chapter touches on what we know about the population and the themes that emerged during our research, the factors that affect mental health and wellbeing among the population, and what people are telling us about mental health provision. This chapter concludes by sharing any conclusions or recommendations that arose during the exercise.

6.2. Definitions

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.”

6.3. Context

In recent years we have seen a significant shift away from mental illness as a primary focus, towards the acknowledgment of the importance of mental health and wellbeing.

The factors that affect mental health and wellbeing include but are not limited to deprivation, housing uncertainty, employment, loneliness and ethnicity.

Mental illness is linked to increased physical illness and lower life expectancy, and it could be argued that the opposite is just as true. Poor mental health is also linked to behaviours which involve taking more risks and unhealthy lifestyle choices.

6.4. What does our desk research say about the field?

An estimated one in four 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 (2018-19 & 2019-20) 9% of respondents living in North Wales reported being treated for a mental illness.

Factors which are protective and promote good mental health and wellbeing include (Joint Commissioning Panel for Mental Health North Wales, 2013):

- Genetic and early environmental factors;
- Socioeconomic factors including higher income and socio-economic status;
- A good living environment;

- Good general health;
- Education;
- Employment including autonomy, support, security and control in an individual's job;
- Activities such as socialising, working towards goals, exercising and engaging in meaningful activities;
- Social engagement and strong personal, social and community networks;
- Altruism (doing things for others);
- Emotional and social literacy life skills, social competencies and attributes such as communication skills, cognitive capacity, problem-solving, relationship and coping skills, resilience and sense of control;
- Spirituality is associated with improved well-being, self-esteem, personal development and control;
- Positive self-esteem;
- Values.

Source: Joint Commissioning Panel for Mental Health. Guidance for commissioning public mental health services. 2013.

In addition to the above list provided by the North Wales Joint Commissioning Panel for Mental Health, our research has identified a number of additional factors that can affect mental health and wellbeing:

Deprivation

- Mental health problems are more common in areas of high deprivation and poor mental health is associated with unemployment and lower levels of educational attainment, in addition to poor physical health.
- The National Survey for Wales found that mental wellbeing scores increased as levels of deprivation increased.

Housing

- People's housing and ability to afford housing are strong influences on mental health.
- People who own or have a mortgage/loan on their home experience lower levels of anxiety than those who live in rented/part rented housing.

Employment

- The benefits of being in paid employment, including financial, social interaction and sense of self-worth all have a positive impact of health and mental wellbeing.
- The percentage of adults in employment across North Wales has remained relatively stable since 2018.

Loneliness

- Feeling lonely can be caused by having a mental health problem as well as having a negative impact on your mental health.

Mental Health and wellbeing among older people

- Older people are vulnerable to experiencing mental health problems. Depression and dementia are the most common problems and they can experience all the mental health problems adults of working age experience.
- Dementia is a common mental health condition of old age, as it is a significant cause of morbidity, mortality and health care use. As people live longer, the prevalence of dementia is likely to increase.
- It is estimated that there are currently around 2,018 individuals over 65 living with dementia in Gwynedd, this is expected to increase to 3,085 by 2040 which is an increase of 53% in twenty years
- Between 2014/15 and 2020/21, there were a total of 1,795 old age psychiatry admissions (elective and emergency) across BCUHB. The highest percentage of these admissions were to Ysbyty Maelor Wrexham (35%), followed by the EMI Unit, Bryn Hesketh (19%).
- There are no available beds in Gwynedd and patients are required to travel to Anglesey, or further afield if there are no beds available in Anglesey.

6.5. What do we know about the population? (Quantitative data)

Deprivation

Mental health problems are more common in areas of high deprivation and poor mental health is associated with unemployment and lower levels of educational attainment, in addition to poor physical health.

In Gwynedd, 4% of the population (4,800 people) live in the most deprived fifth across Wales, which is lower than the average for Wales (19%) (2018-19 and 2019-20 combined, age standardised). 7% of the population in Gwynedd currently report being treated for a mental illness.

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 in Gwynedd of around 400 people. The chart below shows the variance. 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.

Table 10: Number of people aged 16 and over predicted to have a common mental health problem, Gwynedd 2020 to 2040:

Authority	2020 Number	Percentage of population (2020)	2040 Number	Percentage of population (2040)	Change number
Gwynedd	17,000	14%	17,700	13%	+650

**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 and Outcomes Framework (QoF) - information from General Practitioner (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 QoF disease registers. Mental health includes schizophrenia, bipolar affective disorder, other psychoses and other mental health conditions.

Table 11: Number of people on QoF disease registers in North Wales

	Mental health Number	Mental Health %	Dementia number	Dementia %
Gwynedd	1,135	0.89%	784	0.62%
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 (2019-20)

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 people in North Wales living with each condition.

Table 12: Estimated numbers of adults in North Wales affected by mental health problems (2020)

	Common mental disorder	Anti-social mental disorder	Bipolar disorder	Borderline personality disorder	Psychotic disorders
Gwynedd	17,000	2,600	1,900	1,900	500
North Wales	93,800	13,200	9,800	9,100	2,800

**Number have been rounded up therefore they might not add up*

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 13: Estimated numbers of adults in Gwynedd affected by mental health problems (2020 and 2040)

Mental health condition	Estimated prevalence	2020 Number	2040 Number	Change number
Common mental disorder	3%	17,004	17,673	+669
Anti-social mental disorder	1.90%	2,551	2,616	+65
Bipolar disorder	1.40%	1,872	1,931	+59
Borderline Personality disorder	1.30%	1,856	1,922	+66
Psychotic disorders	0.40%	498	513	+15

Source: Daffodil

Loneliness and social isolation

Feeling lonely can be caused by having a mental health problem as well as having a negative impact on your mental health. Loneliness can be caused by a range of reasons including life events, certain times of the year or certain circumstances such as being estranged from your family, mobility problems or lack of money (Mind, 2019).

Across North Wales, the lowest feeling of belonging is reported in Gwynedd (53%). Conwy has the highest proportion of residents who feel that they belong to their area (61%) which is higher than the average for Wales (52%).

Early onset dementia

Services for people with dementia and organic mental illness 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.

There is usually consistently between 20 and 28 people with dementia under 65 years old. There are currently 14 individuals open to Specialist Dementia nurses in Gwynedd under 65 years of age.

Services provided include:

- Lunch group who meet once a month for people who live with dementia and their carers.
- A young people with dementia walking group, including their friends and family who meet once a month between May and October.
- Tea dances in the community, there were three every year before lockdown.
- Arrange activities/ art projects in the community over a period of some weeks once a year.
- A coffee and a chat for a group of young women who live with dementia in Meirionnydd.
- Dementia friendly community groups in Pwllheli which have been developed with young people who live with dementia, their families, older people who live with dementia and their families and local businesses. Films are also shown in Neuadd Dwyfor and Cell B which are dementia friendly.

In addition to this, if necessary, young people who live with dementia receive additional support from one of their health support carers or social care support workers in the community.

If it is appropriate to attend day services for an assessment/cognitive stimulation in one of the day centres, namely Hafod Hedd, Ysbyty Dolgellau, Canolfan Iechyd Blaenau Ffestiniog or Ysbyty Tywyn. This service is for individuals of all ages.

Young people also attend Dementia Active activities and Dementia Engagement and Empowerment Project (DEEP) groups which are also open to all ages.

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 (2014) and the National Survey for Wales (2018-20) are significantly higher than the estimate of people who report being treated for a mental health problem. This

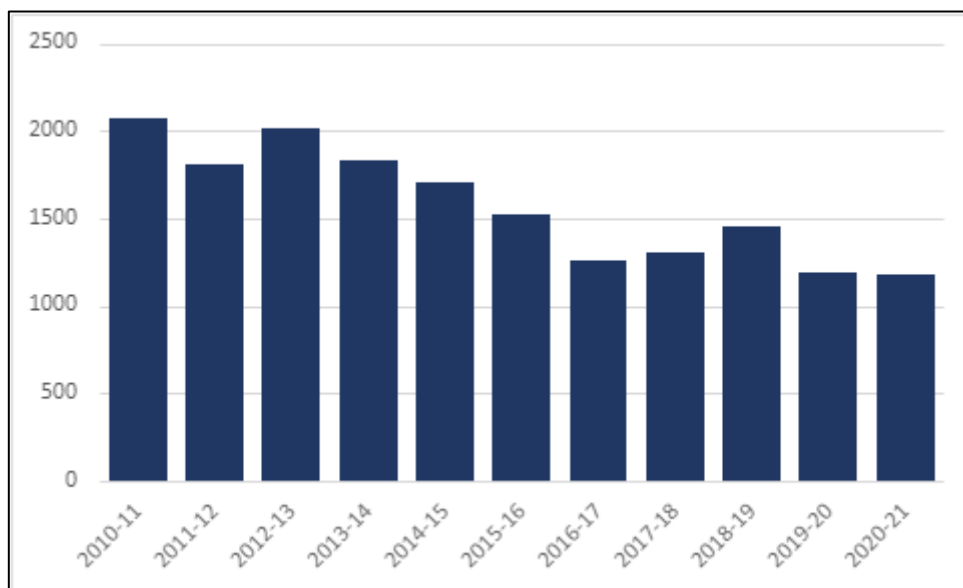
suggests that there could be many affected people in the population who are not seeking help for various reasons.

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. Consultation for the population assessment identified people being placed out of the region, including examples of placements as far away as London and the South Coast. However, BCUHB do have home treatment teams to try to avoid hospital admission.

Individuals in Gwynedd who have more specialised needs are placed out of county mainly. This is because there aren't specialised services in Gwynedd, but there aren't enough needed placements to justify creating facilities and placements within Gwynedd itself as there aren't enough local individuals who would be able to fill them. Beds are often not available when a patient detained under the Mental Health Act (1983) need to be admitted. This can cause significant delays in patients accessing appropriate treatment and support and has an inevitable impact upon carers.

Graph 18: 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.

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. The average annual suicides of people aged 15 and over in North Wales decreased from around 82 between 2002 and 2004 to 69 between 2011 and 2014 although there is variation year on year. None of the local council areas in North

Wales have suicide rates for those aged 15 years and over which are statistically significantly higher than the Wales average (Jones et al., 2016).

The causes of suicide are complex (Jones et al., 2016). 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, domestic violence (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).

The Welsh Government suicide and self-harm prevention strategy is Talk to me 2 (Welsh Government, 2015a) and there is a North Wales group that coordinates work on suicide prevention. The DPJ Foundation is a Welsh mental health charity to support those in agriculture and rural communities with mental health problems.

Over the period 1 April 2021 to date, the DPJ Foundation provided counselling to 14 people from Gwynedd. In the previous 12 months (1 April 2020-31 March 2021) they provided counselling to 6 people and in the previous period to just 1. However, they only started delivering our Share the Load service (the counselling) in North Wales from the end of September 2019. Clearly, the demand for the service is growing and they have seen an increase in the last 6-8 months from the area, but part of this may be down to them having better publicity of their services rather than just increased need.

Drugs and alcohol

Gwynedd is part of the regional panel which agrees on residential rehabilitation placements and approves cases for funding by the Area Planning Board.

Numbers:

2020/21 – agreement for 16 individuals to be admitted to residential rehabilitation units

2021/22 – agreement for 21 individuals to be admitted to residential rehabilitation units

2022/23 – agreement for 14 individuals to be admitted to residential rehabilitation units

**Note: none of the above have been admitted twice during one year.*

Although that there are no gaps in service, there is limited provision in Wales, with most providers in England.

It should also be noted that the community rehabilitation services we commission offer an alternative choice to residential rehabilitation where appropriate and it is something that we are working on to expand/improve.

There is a significant gap in residential and high secure placements for young people/adults since there is very limited provision.

6.6. What are people telling us? (Qualitative data)

We asked: “what are the biggest problems facing mental health, addiction and co-occurring services in Wales?”

What is working well?

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:

- Third sector providers
- Gwynedd Council internal services
- Supported housing services
- Floating support service

What needs to be improved?

Given the serious concerns about mental health services, not surprisingly many commented that “everything” needs improving, including:

- increased funding to ensure a decent wage for staff and sufficient service provision for each individual client

- 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 be “held” when mental health services are closed
- improved referrals to mental health services, to streamline the process, reduce the number of inappropriate referrals and allow e.g. housing managers to refer tenants for specialist mental health 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.”

A study was done by Hafal in 2021 and they found that the following are the top four identified problems, with 1) being the most problematic:

- 1) There is a lack of resources** – currently mental health, addiction and co-occurring services are not adequate to meet the demand for support
- 2) There is a lack of support for families and carers**
- 3) Services are not joined-up** – for example, mental health and addiction services are often delivered separately, and the patient is rarely treated as a ‘whole’
- 4) Individuals are not empowered to make their own choices.**

The pattern of funding services across Gwynedd has been inconsistent and has an effect on the services which are provided in each area in Gwynedd. The investment needs to be more in line with the needs of each area.

6.7. Review of the services currently being provided

Mental health services are provided through inpatient facilities and community mental health teams 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.

The protect service is a multi-agency model with local authorities, the voluntary sector and community groups that deliver key health, social and wellbeing interventions through a number of Community Support Hubs across North Wales.

Hubs across North Wales work in partnership with over 160 partners from the voluntary sector using existing funding streams and only funding where a gap in service exists.

Core services include, but are not limited to:

- Food+ (either foodbank or/and cooked meals/classes)
- Accommodation/tenancy support
- Money/debt management/Credit Union/benefit advice
- Legal advice (family, employment, civil matters)
- Fuel/heating support
- Household goods (including white goods)
- Family support
- Mental & physical health support
- Hospital to home
- Sensory support
- Domestic & substance abuse support
- Gender support
- Digital inclusion
- Multi-lingual support
- Modern slavery & exploitation support
- Entry to employment/sustaining employment
- Social prescribing

The objective of the protect service is to work with communities to address their immediate vulnerabilities whilst supporting residents to become more resilient to long-term social and economic impacts. Residents will be supported and empowered to make positive, sustainable choices over time. There are no eligibility criteria to access the support.

There is a growing need for services across the board as the population's needs for services increase. Extensive matters also arise due to

- The needs of the population

- The requirement of individuals
- Changing individual circumstances
- Lack of investment in the services over the past years.

6.8. Covid-19

Impact of Covid-19 on mental health & wellbeing

- The Covid-19 pandemic has had far reaching consequences on all aspects of life, including significant impact on mental health and well-being.
- A number of drivers for worsening mental health during the pandemic have been identified including job and financial losses; social isolation; housing insecurity and quality; working in a front-line service; loss of coping mechanisms; and reduced access to mental health service.
- People in lower socioeconomic groups have also been found to be disproportionately impacted by coronavirus due to factors such as low skilled employment and pre-existing health conditions.
- Public Health Wales has found that people in the lower socioeconomic groups are more likely to be very worried about their mental health during the coronavirus pandemic.
- Black, Asian and Minority Ethnic residents of Wales are more likely to be feeling anxious than White residents during the pandemic. Feelings of isolation are also more common in the ethnic minority community.
- People in the ethnic minority community are also more likely to be worrying a lot about their finances, losing their job or being unable to find one compared to white people (Public Health Wales).
- There are also concerns that individuals haven't been getting face to face consultations with GPs. Research shows that the majority of individuals see the GP for completely different reasons and will add 'and also...' on the way out referring to their mental health.

It is now clear that the pandemic has had a significant impact on the population's mental health as a whole, for those with existing mental health conditions they have experienced a deterioration in well-being. A survey by Mind Cymru (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 were disproportionately affected include:

- People with existing needs for mental health support
- People on low incomes or 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

Although mental health services were categorised as essential during the pandemic many have reported they were unable to access services or there was a delay in seeking help and support.

Key drivers of worsening mental health and wellbeing as a result of the pandemic have been:

- 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 coronavirus 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 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 (ONS).

A recent study by the Office for National Statistics (ONS) has looked at depressive symptoms in adults in Great Britain before and during the pandemic (Office for National Statistics, 2020). The study is based on the same group of adults who self-reported having moderate to severe depression prior to the pandemic (July 2019 to March 2020) and how their depression had changed during the pandemic (June 2020).

The study found that almost one in five adults (19.2%) were likely to be experiencing some form of depression during the pandemic in June 2020; this had almost doubled from 9.7% before the pandemic (July 2019 to March 2020). 12.9% developed moderate to severe depressive symptoms during the pandemic, while a further 6.2% of the population continued to experience this level of depressive symptoms; around 3.5% saw an improvement over this period. The study found that adults aged 16 to 39 years old, females, those unable to afford an unexpected expense or disabled adults were the most likely to experience some form of

depression during the pandemic. Almost 85% of adults with some form of depression felt stress and anxiety were affecting their well-being (Office for National Statistics, 2020).

The Royal College of Psychiatrists have conducted a survey of UK mental health doctors on the impact of the coronavirus pandemic on mental health services (Royal College of Psychiatrists, 2020). The 1,300 responses showed that 43% of psychiatrists had seen an increase in their urgent and emergency caseload and 45% had seen a fall in their most routine appointments. Psychiatrists were alarmed by the drop-off in routine work, especially in Child and Adolescent Mental Health Services (CAMHS) and old age psychiatry and the increase in urgent cases.

The biggest increase in urgent and emergency cases have been for psychiatrists working with adults and those working in general hospitals.

The psychiatrists expressed concern that many patients were staying away from mental health services until they reach crisis point. There is concern that self-isolation, shielding, school closures and fear of visiting hospitals at this time are impacting on the numbers of patients accessing treatment for mental health.

Table 14: Percentage of patients registered as having a mental health condition, Wales, Betsi Cadwaladr UHB & Primary Care Clusters, 2019

Area	Percentage (%)
Wales	1.0
Betsi Cadwaladr	0.9
Arfon	0.9
Dwyfor	0.8
Meirionnydd	0.9

Source: Quality Outcomes Framework

6.9. Conclusions and recommendations

The need for mental health services is going to be increasing over the next years due to the economic climate and the effect of this on individuals will be inevitable.

There is an extensive need for investing in all mental health services across Gwynedd, especially in preventative services.

Services need to be streamlined so that individuals across Gwynedd have access to the same services. Currently the way that services are funded across the county are not equal and therefore it is not possible for the same services to be offered across the county. We do however need to take into consideration the different areas, and how different to each other these areas are, and how accessible services are in each area. We need to do more work to find out exactly what preventative services are needed in each demographic area.

7. Carers

7.1. Introduction to the chapter

This chapter includes information about the needs of Gwynedd's carers, and a number of Gwynedd's carers played a central role in this work. This chapter gives us an overview of how many carers there are in Gwynedd, how many are assessed and how many receive support following this. Engagement work has been undertaken with Gwynedd carers during the summer of 2021 and the messages collected are very important to help us understand the needs of Gwynedd carers and how to draft future services.

7.2. Definitions

What does the term 'carer' mean?

The Social Services and Well-being Act (Wales) 2014 defines a carer of all ages as: *'someone who provides or intends to provide care for an adult or disabled child'*.

A person is not a carer for the purposes of the act if he/she provides or intends to provide care - (a) under contract or as part of a contract, or (b) as voluntary work.

It should be noted that some carers do not identify themselves as carers but rather as a partner, child, parent, relation or friend. These carers usually tend to be 'hidden carers', i.e. people who unknowingly provide care to the statutory and third sectors.

7.3. The policies and acts that have shaped our services

Social Services and Well-being Act (Wales) 2014

Under the Act, carers have the same rights as those they care for. Under part 2 of the Act, local authorities have a duty to promote the welfare of people who need care and support, and unpaid carers who need support.

Local Authorities have a duty to offer an assessment of needs to any unpaid carer if the carer requires support. In the past, the carer was responsible for asking for an assessment of needs.

A carer's needs meet the eligibility criteria for support if:

- a) The need arises as a result of providing care either for an adult or for a child.
- b) The carer cannot meet that need, whether
 - Individually
 - With the support of other people who are prepared to offer that support, or
 - With the support of services in the community which the carer can access, and

- c) The carer is unlikely to achieve one or more of their personal outcomes that relate to the specific outcomes in part 3 of the Act.

Councils can now hold a joint assessment, where an assessment is held of the person cared for and the carer at the same time, provided that both parties are willing and if it is beneficial to do so. This is good practice although there are concerns that the carer's assessment can be put at risk by focusing on what the carer can do, and what cannot be done for the person they are caring for, instead of looking at the outcomes they wish to see for themselves.

Assessments of carers' needs must include whether the unpaid carer can/is ready to care, the outcomes that the unpaid carer would wish to see in their daily life, and whether the unpaid carer works or wishes to work and/or participate in education, training or recreational activities. The carer must be included in the assessment, along with:

- To an extent the unpaid carer can and is prepared to provide the care and to continue to provide the care.
- The outcomes that the unpaid carer wish to see.

The **Well-being of Future Generations Act** will place additional duties on Local Authorities to incorporate a 'preventative action method' by considering the long-term impact of their actions.

The Act outlines a national 'eligibility framework' to determine whether an assessed carer, who has support needs, meets the criteria for services. Unpaid carers with eligible needs will have a support plan that focuses on outcomes that they have noted themselves. It will also outline the support that will be available in order to assist them to achieve the noted outcomes. There will be a need to review support plans regularly, and a re-assessment of need will be conducted if people's circumstances change.

The **North Wales Carers Strategy 2018** focuses on improving standards and developing a consistent method of dealing with the provision of services and outcomes across North Wales, and each of the six local authorities of North Wales and the Betsi Cadwaladr University Health Board have assisted to develop this strategy and are committed to it.

Welsh Government's National Strategy for Unpaid Carers 2021 is Welsh Government's new commitment to improve the acknowledgement and support for unpaid carers in Wales. It describes the amended national priorities for carers and adds a new priority on education and employment. It also notes the priority fields for action. This strategy derives from engaging with unpaid carers of all ages and their representatives through the Ministerial Advisory Group for Unpaid Carers and its ancillary engagement group, facilitated by the Wales Carers Trust.

The strategy includes 4 priority themes and these are the main themes that will steer our work as a local authority:

- 1) Identify and acknowledge carers
- 2) Provide information, advice and assistance
- 3) Help to live as well as caring
- 4) Supporting unpaid carers in education and in the workplace

Unpaid Carers' Rights Charter

This Charter for Unpaid Carers notes the legal rights of unpaid carers in Wales under the Social Services and Well-being (Wales) Act 2014. These rights are the same for every unpaid carer, regardless of whether they are an adult, a young person or a child. It also refers to human rights and relevant principles. Raising awareness of rights can empower unpaid carers to take control and realise when their rights are compromised, but it is as important to raise awareness of rights among professionals.

Respite/Short breaks

The Carers Trust has created a report that identifies twelve main principles for the future vision of short breaks for unpaid carers in Wales.

These principles show the vision for short breaks for unpaid carers, of all ages in Wales, and the people they support. They reflect the commitment of the Welsh Government to identify, appreciate and support unpaid carers of all ages to live healthily and to achieve their personal well-being outputs, as seen in the Strategy for Unpaid Carers (Welsh Government 2021).

7.4. What does our desk research say about the field?

According to the Wales Social Care Projections, there were 15,368 unpaid carers living in Gwynedd in 2020 - 8,576 women and 6,792 men.

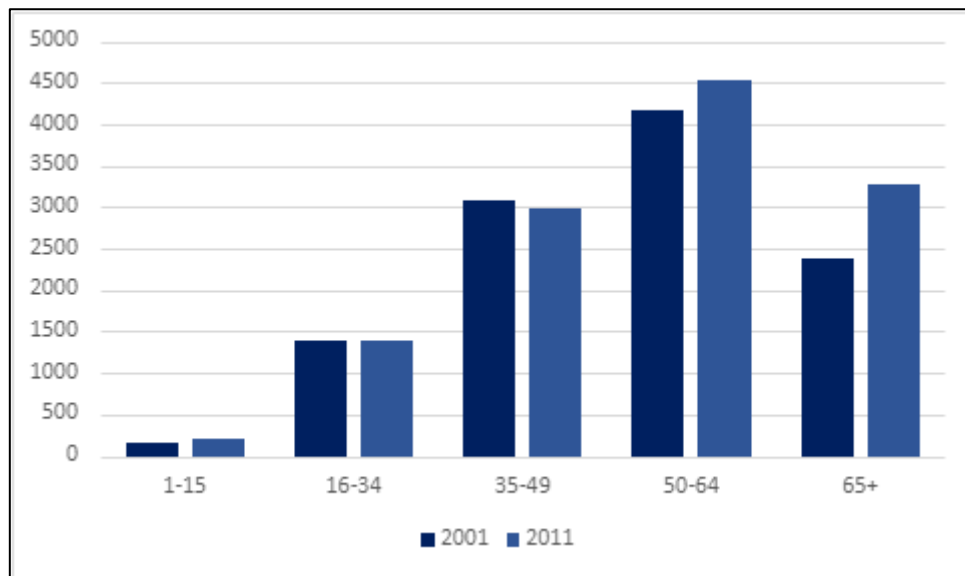
Wales has the highest percentage of unpaid carers in Britain, and the highest proportion of older unpaid carers who provide over 50 hours per week (Social Care Institute for Excellence [SCIE], 2018).

Profile of Carers in Gwynedd

According to the 2011 Census, there are 12,443 carers of all ages in Gwynedd, an increase of 1,196 compared to the number noted as carers in the 2001 Census.

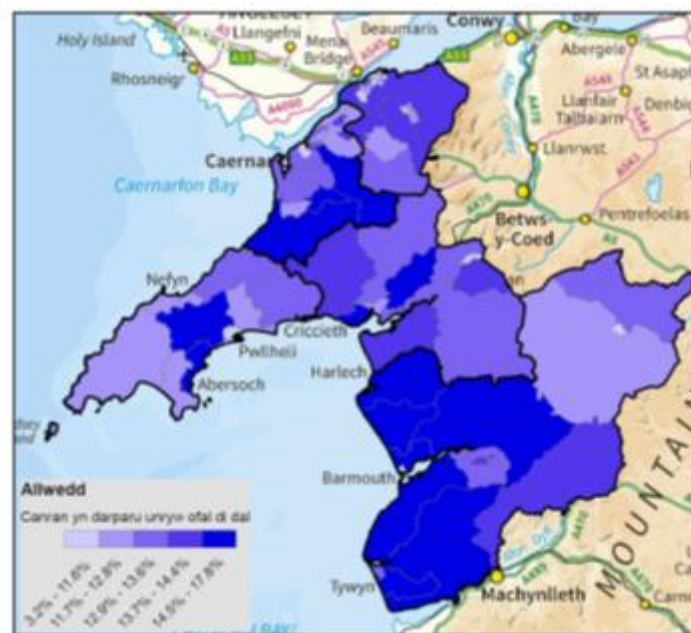
The 2011 Census indicates that the biggest increase in age groups (compared to 2001) are in the groups under 24 years old (24%) and those over 65 years old (37%), although the majority of carers are 50-64 years old (see the following chart).

Graph 19: Number of carers in Gwynedd per age group and year



Source: 2011 Census 2001 and 2011

Figure 6: Map indicating the percentage of carers in each electoral ward in Gwynedd

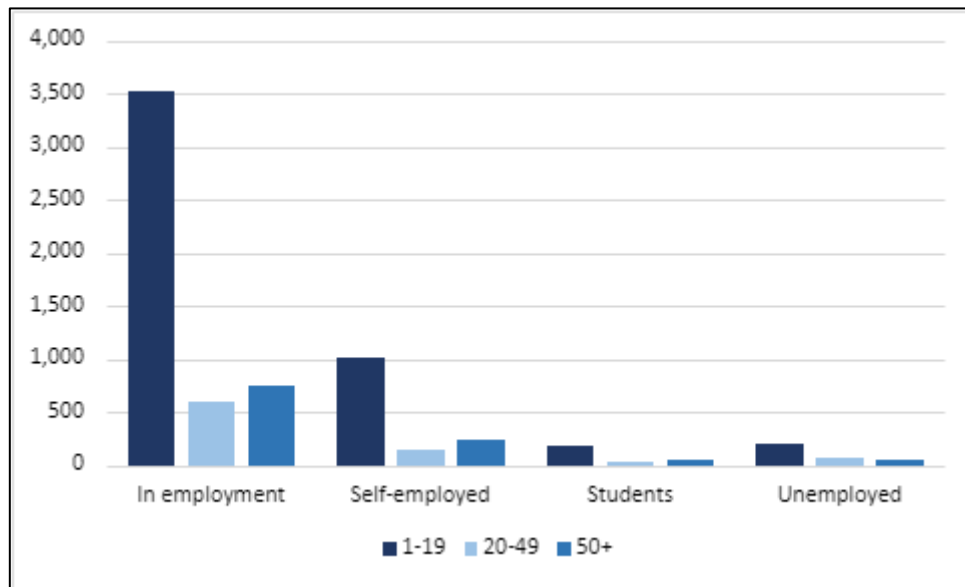


Source: Census 2011

Economic activity

In Gwynedd, there were 6,399 carers (namely a total of 51%) who were economically active, either working full-time (4,067 carers) or part-time (2,189 carers), some were employed (4,863 carers) and some were self-employed (1,393 carers). Others are full-time students or registered as unemployed.

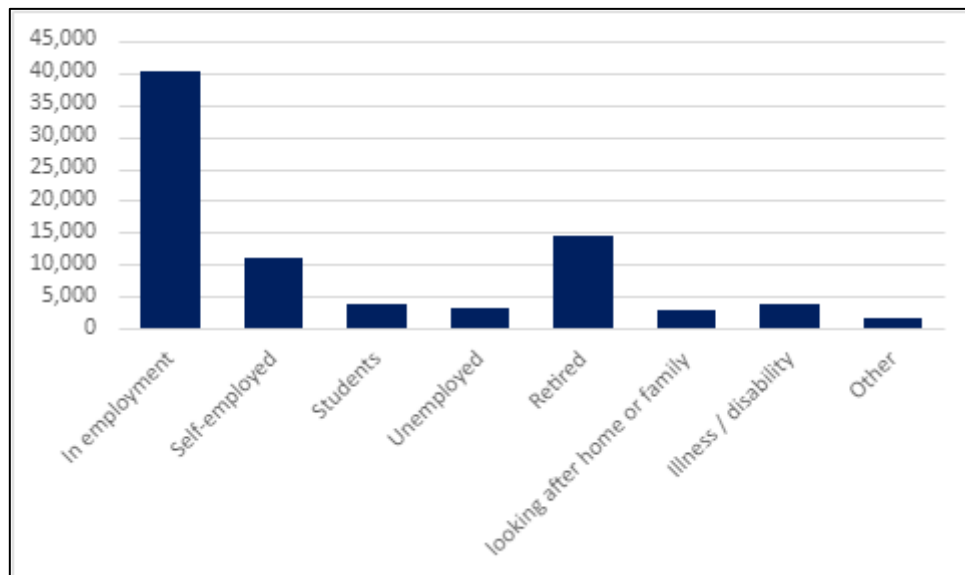
Graph 20: Number of carers who are economically active and the number of hours they provide care



Source: Office of National Statistics (ONS) – Census 2011

From the number of carers who are not economically active (5,476 carers), 3,671 have retired and the rest keep house/look after a family, are students or have long-term sickness or disability. The largest group (40%) are employed carers (full and part-time) with retired carers (30%) the other largest group, as can be seen in the following graph.

Graph 21: Number of carers per economic activity category



Source: Office of National Statistics – Census 2011

Health

Carers say that some of the challenges they face in their day-to-day life as a carer has an impact on their health and well-being, leading to depression, loneliness, fatigue, lack of sleep and stress. On top of these, a great number are elderly, in their seventies and eighties, and

many worry about their own health and the impact this may have on their ability to provide care.

The 2011 Census indicates that a number of carers (27%) in Gwynedd have health issues themselves, and 763 carers (6%) have very profound health problems.

In engaging with young carers in Gwynedd (2016), nearly a quarter stated that they were under emotional stress and nearly half were concerned about those who they provide care for. Other challenges they face are the failure of people to listen to them, problems in school such as late attendance, unable to complete homework and sometimes unable to reach school at all. Carers who are young adults face the same challenge of attendance and punctuality at college and work. The lack of time to socialise is a general problem for carers of all ages and can have a negative impact on their health.

7.5. What do we know about the population? (Quantitative data)

Number of carers

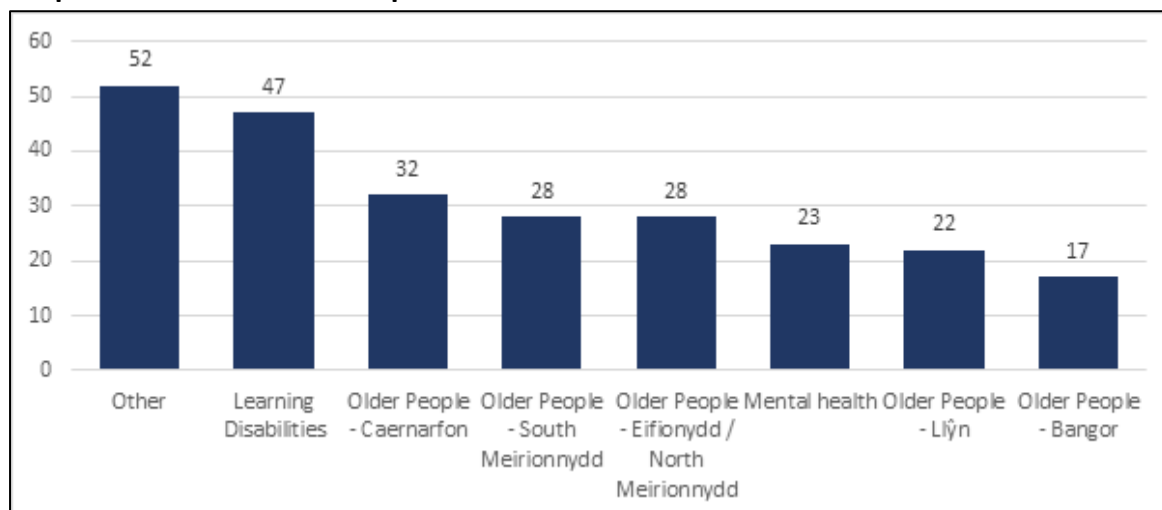
In September 2022, 249 cases were open that were designated as carers. 153 off these received a service, and 78 of these had received an assessment this year. When using these data, there is a need to bear in mind that identifying carers in this way draws a number of sources together, and identifying carers effectively is subject to case information being updated regularly and promptly.

As a result, we are not completely certain of the accuracy of this data as we are not completely clear about the procedure for closing assessments across different services/teams. We are not clear whether they are left open for a time or whether they are closed immediately every time. We need a better understanding of this to ensure the accuracy of the data.

Nevertheless, graph 22 shows the number of carers per team. The data shows that over half (51%) of carers who are known to the Council care for an individual who belongs to the older people service. Graph 22 shows this number dispersed across the five community resource teams that are operational across the county, namely: Caernarfon, Bangor, Llŷn, Eifionydd/North Meirionnydd and South Meirionnydd teams.

47 carers belong to the learning disabilities service, and 23 carers belong to the mental health service. The graph also shows a substantial number of carers (52) under the title 'Other'. These cases belong to various other teams such as the Safeguarding team, Telecare, Gwynedd Dementia Actif Team etc.

Graph 22: Number of carers per team



Source: Internal data from the 'Welsh Community Care Information System' (WCCIS), September 2022.

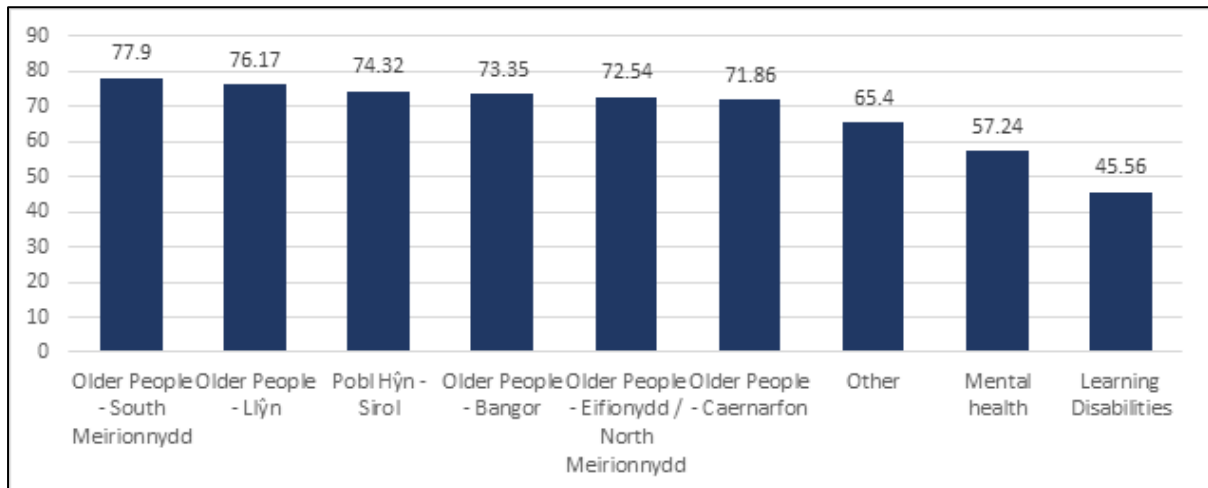
See comment above regarding the 'Other' column.

Our carers' ages

We see from Graph 23 that carers who care for an individual who is open to older people's services are 74 years of age on average. This is significantly higher than the average age of carers in the mental health fields (57 years of age) and learning disabilities (46 years of age). The 'Other' column denotes carers who have not been recorded as associated with a particular team, and further analysis work is needed.

The data also shows a difference across the five area teams, with the ages on average at their lowest in Caernarfon (71.86), Eifionydd/North Meirionnydd (72.54) and Bangor (73.35). Llŷn and South Meirionnydd was home to the oldest carers on average, with a carer in Llŷn being 76.17 years of age on average, and carers in South Meirionnydd being 77.90. Although the data offers an insight into the situation of carers on the ground, there is a need for caution when analysing the data since the numbers in the areas are comparatively low (between 17 and 32 carers in each area). It must also be borne in mind that it is not possible to calculate the number of hidden carers, and it is very likely that the number of people in these areas are carers, but do not identify themselves as a carer.

Graph 23: Average age of carers per team



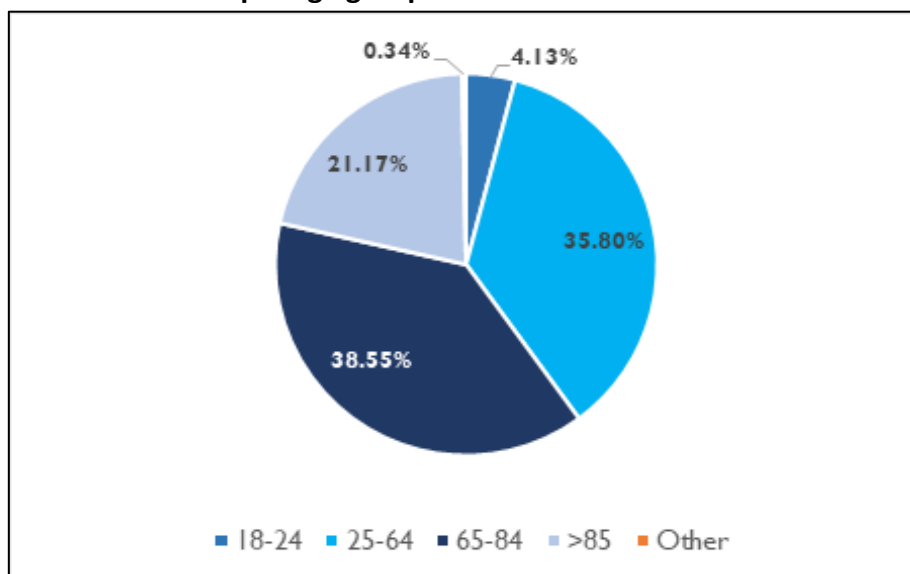
Source: Internal data from the 'Welsh Community Care Information System' (WCCIS), September 2022.

In general, we have seen an increase in our carers' ages over the past six years. In 2016/17 the average age was 58, however, this has increased annually up to 65 years of age this year (although a reduction to 64 was seen last year).

Graph 24 shows the number of carers per age group. We can see that the majority of carers belong to the 65-84 age group. This is consistent with the themes we see in graph 23.

In terms of distributing the ages, as expected, the carers tend to be older, with 59.7% being 65 or over. Only 4.13% of Gwynedd carers were aged between 18-24 years of age.

Graph 24: Number of carers per age group



Source: Internal data from the Welsh Community Care Information System; (WCCIS), September 2022

Where do our carers live?

Please note that this analysis is available from April 2018 onwards only. The numbers per team are comparatively low - therefore it is difficult to analyse these much further as a small number of individuals can have a disproportionate effect on the results.

Figure 7 below gives us an idea of the areas in Gwynedd where a higher percentage of carers live, with the dark green showing a higher proportion of carers in that area.

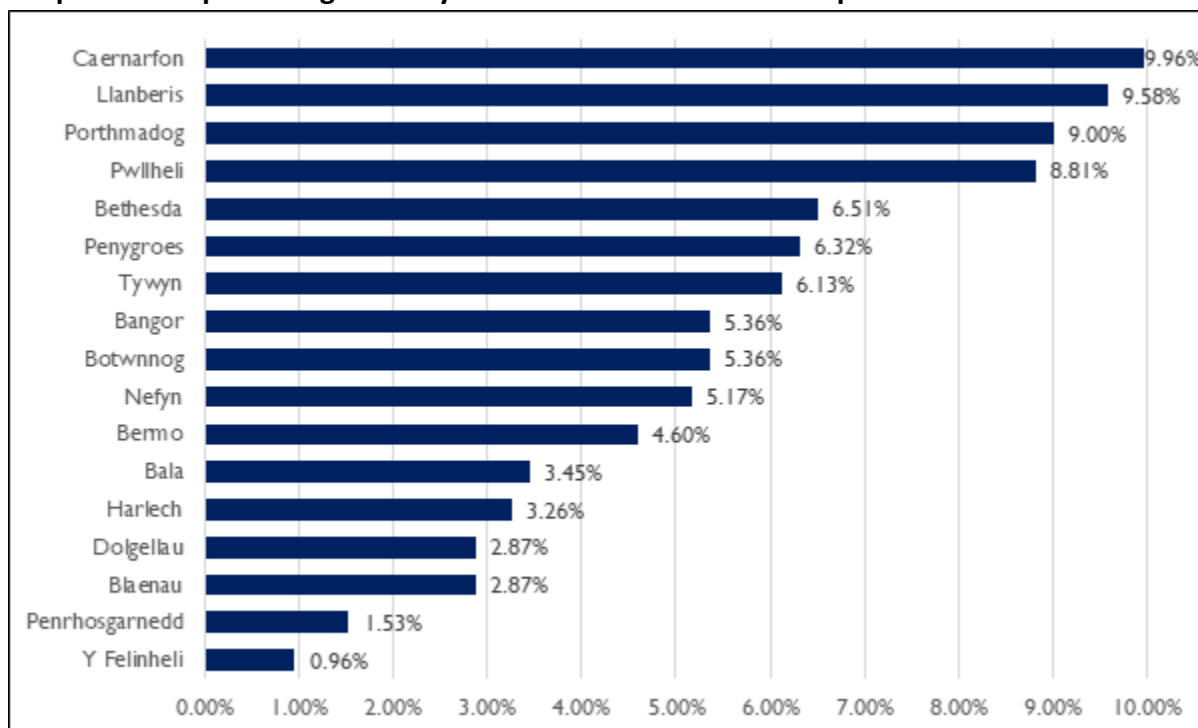
Figure 7: Map showing the location of carers in Gwynedd



Source: *Internal data from the Welsh Community Care Information System; (WCCIS), September 2022*

On the other hand, Graph 25 breaks down the data to a lower level. The graph shows the number of carers identified in that sub-area as a percentage of all carers identified from April 2016 onwards. This does not consider the population, the older people population or the number of individuals who receive a service in that sub-area. We can see that around 10% of Gwynedd carers are located in Caernarfon, which corresponds with what we can see in figure 7.

Graph 25: The percentage of Gwynedd carers who live in each patch



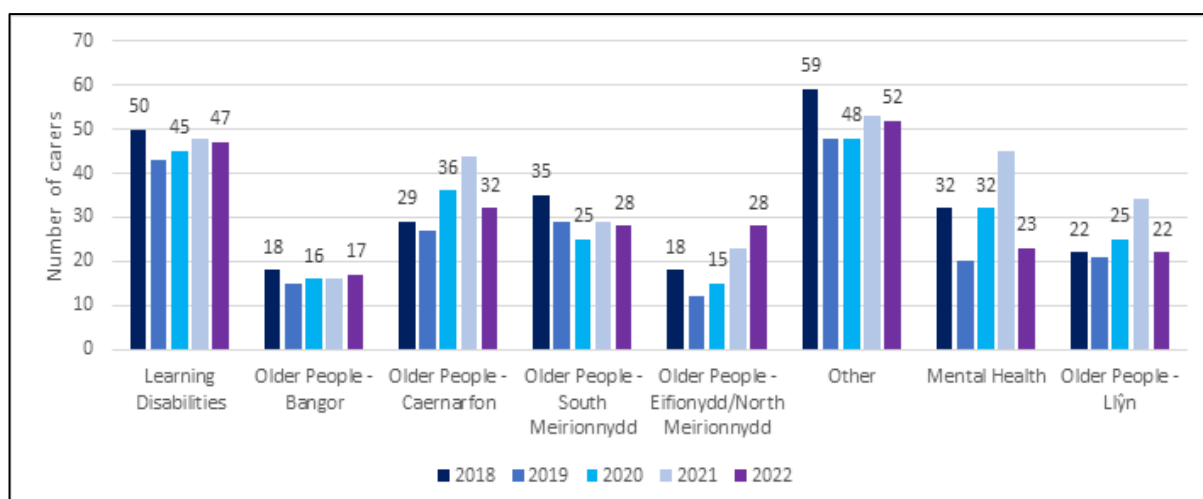
Source: Internal data from the Welsh Community Care Information System; (WCCIS), September 2022

Change in the data over time

Here is a simple overview of carer data for the 2016-2022 period. It includes the number of carers, their ages, assessments, services and locations. Further work will be required to identify how accurate our method is to identify carers. Currently, there is no data available for parents who are carers. They are assessed when a child has an assessment with a Social Worker, however, currently there is no means to differentiate which parents have been assessed and who have not as this is recorded with the child's details.

At present, we count a person as a carer in the year when they have received a carer's assessment or if they have an active relationship specifying they are a carer. Since 2016, the number of carers we have identified has reduced in general, although this is not completely consistent across every team. Graph 26 below shows this pattern per team and year.

Graph 26: Number of carers per team and year



Source: Internal data from the Welsh Community Care Information System; (WCCIS), September 2022

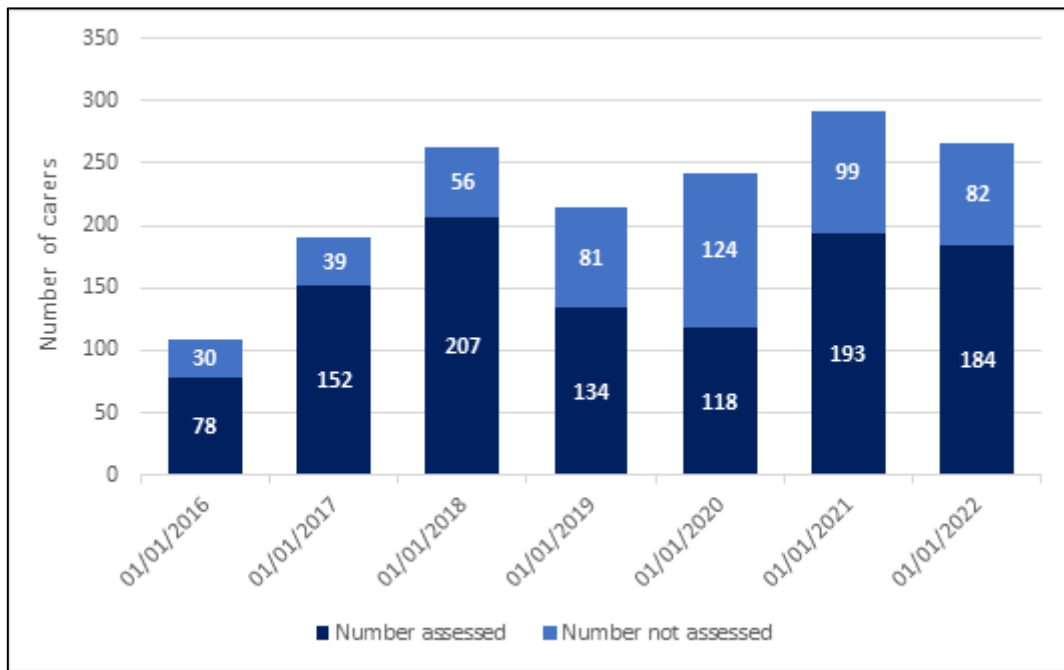
Nevertheless, it is positive to note that the number who receive an assessment has increased annually, with this figure increasing from 55 in 2016/17 up to 149 last year. According to the data, a high number receive a service and further work will be required to identify the type of service. Table 15 below shows the number of carers identified per financial year, how many of them receive a service and the proportion that has received an assessment in the same year. Graph 27 presents this data in a visual way.

Table 15: Carers' Statistics 2016-2022

Year commencing	Number	Receiving a service	Assessment in the year
01/04/2016	108	103	33
01/04/2017	191	137	44
01/04/2018	263	169	60
01/04/2019	215	159	86
01/04/2020	242	162	135
01/04/2021	292	174	108
01/04/2022	266	168	94
Total	1577	1072	560

Source: Internal data from the 'Welsh Community Care Information System' (WCCIS).

Graph 27: A comparison of the number of carers who have been assessed against the number that have not per year



Source: Internal data from the 'Welsh Community Care Information System' (WCCIS).

7.6. What are people telling us? (Qualitative data)

A summary of the engagement work with carers, summer 2021:

Current services (or perhaps pre-Covid services) - what works for you as a carer? What does not work for you as a carer?

What works?

- Support worker essential, especially when there is no respite
- Services and support from Carers Outreach, including on-line meetings and the regular newsletter, offering advice and counselling
- Day Services
- Respite
- Social Workers and OTs who are friendly and supportive
- Music sessions for people with learning disabilities
- Support service for the carers of people with mental health problems (from the Mental Health teams)
- Use of technology with people who live with dementia (this assists the carers) - devices such as Alexa assist but huge concern about scams
- Support worker for older people with memory problems is essential, particularly when there is no respite

- Direct payments - possible to use hours as required rather than in accordance with the service. Think that the process is simple and efficient. Able to employ someone who is known to the carers and the person receiving the care. Possible for carers to have a night off and continue to work and for the person who receives care to have a nice time with the worker.
- Amser Ni events, especially holiday clubs and trips and the youth club.
- Family support group courses (Derwen) - opportunity to meet other parent-carers
- Direct payments - Cylch yr Efail - excellent opportunity for a person with learning disabilities and therefore for the parents.
- Music sessions for people with learning disabilities e.g. Bendigedig in Barmouth was excellent with singing lessons. Canfod y Gân sessions, Pwllheli but now on-line - opportunity to sing, listen to music and have fun.
- Good social worker that assists to think about suitable respite experiences to prepare for partial-independent living.
- Support service for the carers of people with mental health problems (from the mental health teams).

What doesn't work?

- Lack of support from Health (dementia field mainly).
- Social workers and the third sector who say that they'll phone but then fail to do so.
- Health: Ysbyty Alltwen - no 'follow up' with people who live with dementia following diagnosis, and no advice except for 'Oh, you'll need to get a power of attorney'. Someone who lives with dementia has been on the same tablets for 5-6 years.
- Dementia field - inconsistency across the area; no service available in some places; transport difficulties in rural areas; need separate services to meet the requirements of people who live with early dementia; not suitable to mix individuals who are at the start of their dementia journey with those that are further down the road
- Parent-carer meetings at Ysgol Pendalar turned into an opportunity to express complaints rather than talking.
- Direct payments - think that there is too much paperwork and an inconvenient system. A number of carers who need respite but cannot cope with the plan that makes someone an employer. Think that this is another pressure.
- Visits to GP - the patient does not hear what the doctor says and cannot remember either

What is important for you as a carer? (this may be something for the person who receives your care rather than directly to you)

- Break from caring/have quality time (me time)
- As much normal social experiences as possible and preparing to live independently for adults with learning disabilities

- Information
- Able to continue to work
- That the person who receives care can keep safe
- Friendly and supportive social worker available every time and able to guide me through an unfamiliar system. Occupational therapy providing equipment that is needed quickly. Information, e.g. carers' allowance and council tax reductions.
- Have a life that is as happy and as full as possible for the person receiving care; who gets the best support from people who understand him/her, people who can communicate with him/her; need people to understand all aspects of his/her needs be they social, physical, sensory, medical or his/her behaviour.

Are your needs as a carer being satisfied? What's missing for you? What services/support are not provided?

- Need to develop services based on age and the interests of the person receiving care.
- Carers need ideas/resources to promote mental activities to retain the skills of their loved ones (dementia)
- Counselling
- The various bodies need to communicate much more.
- The whole matter of respite needs to be considered fuller.
- Perhaps less carers' support groups but a simple and clear way to keep in contact and give support to carers and their partners.
- Lack of support for carers who work, especially if the hours change from month to month.
- Advice and help on what is available if it is not possible for a carer to carry on / planning for the future.
- Support/help with mental health issues of the person receiving care.
- Respite difficult/impossible if the person who receives care refuses to leave the house.
- Lack of respite for the carers of people with mental health issues.
- Services such as housework and help in the garden that would be of assistance and useful to carers considered unnecessary if the carer works at home (as self-employed).
- Emotional and spiritual well-being service for carers "*One area that is not dealt with is the emotional fallout of being a carer. All the current services seem to be aimed at the practicalities of caring, but not the emotional impact of suddenly becoming something you never wanted to be, probably, for the rest of your life.*" Information about the emotional implications of the caring role when someone remains in hospital would be good. Information about these matters are more or less unsatisfactory, except for some on-line forums.
- If organisations offer activities, they are clear what is offered in order to give the carers and individuals a choice i.e. need to note if there is a guest speaker/activity or just an opportunity to have their say.

- Feel that needs are partially met, but there is too much pressure on the carer to find out what is available and to push for something for themselves and the person who receives care.
- The various bodies need to communicate much more.
- The whole matter of respite needs to be considered more thoroughly.
- Still awaiting for respite to be arranged. Would perhaps like fewer carers' support groups and a more simple and clearer way to keep in contact and offer support to carers and their partners (this carer had decided to join a general keep fit group as they wanted to 'escape' from their caring role).
- Lack of support for carers who work; difficulties to arrange alternative care arrangements if someone is working hours that change from month to month. Working different hours causing difficulties also when claiming Carers Allowance.
- Advice and help on what is available and where to find this if the situation means that it is not possible for a carer to carry on.
- Support/help with mental health issues of the person receiving care i.e. how to improve depression, how to motivate them e.g. dressing in the morning
- Planning for the future (for adults with learning disabilities) - carers worried about the time when they cannot continue to give care or if they will not be around; need peace of mind that everything will be fine.

According to Carers UK, 2019, carers do not feel that their needs are sufficiently explored during the carers assessment.

7.7. Review of the services currently being provided

A sum of £70,000 a year is provided for carers services and this funding is used to support over 1000 unpaid carers.

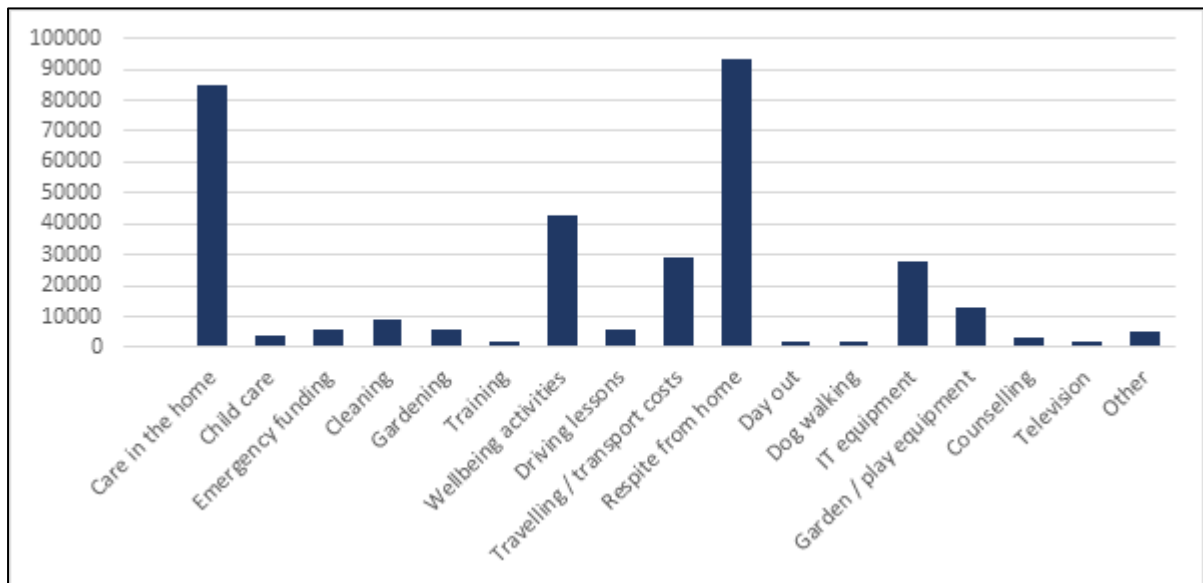
A grant of £67,714 has been available since 2021 for providers to provide services to carers in Gwynedd. Wide engagement has been undertaken with Gwynedd carers and providers to reach an understanding of the needs of Gwynedd carers.

The mental health services have received an additional £5000 to arrange respite activities for people and carers with mental health.

Carers do not identify themselves as unpaid carers and therefore do not realise that support is available to them.

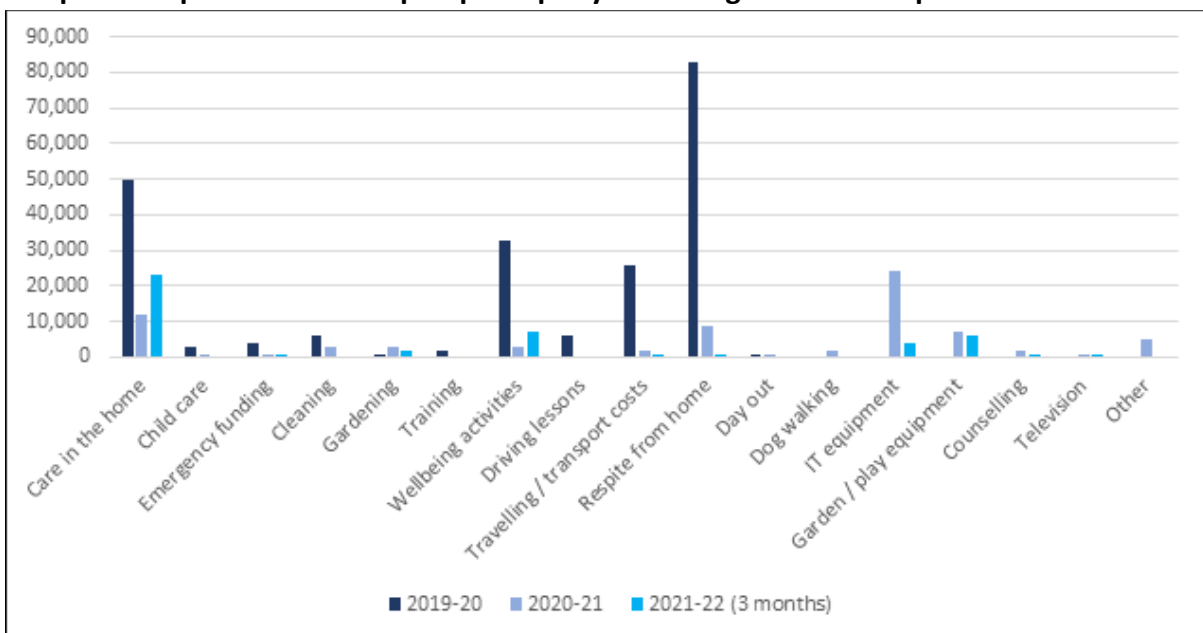
The engagement undertaken demonstrates that everyone's needs are extensive. The graphs below show how providers have spent the funding to address the needs of Gwynedd carers:

Graph 28: Carers Outreach Service respite funding expenditure per work field during the 2019/21 period



Source: Internal departmental data

Graph 29: Expenditure on respite plans per year during the 2019-21 period



Source: Internal departmental data

Direct Payments

The emphasis on the increased use of direct payments is a significant change for unpaid carers. Local authorities must now offer direct payments although it is up to the carer whether they wish to take advantage of this or not. Direct Payments gives the unpaid carer independence to decide which services are right for them. It must be ensured that a direct payment is available where the unpaid carer expresses that they wish to receive it and where they will enable the unpaid carer to achieve their personal outcomes. It gives individuals control and offers an alternative choice to social care services provided by the local

council. This all helps to increase opportunities for independence, social inclusion and more self-respect.

Dementia Actif

The Dementia Actif group is held as an on-line session every fortnight for unpaid carers who care for someone living with dementia. The sessions have been held since April 2021, and an average of eight carers attend (all women!). The sessions are informal and the main message I get from the carers is that they appreciate having a 'safe place' to talk about their situation and the challenges with people who are going through the same thing and who understand. Information is shared about services that could support them and speakers from different organisations join-in. Physical activity is the main aim of Dementia Actif and an element of this is seen in the session as every week is concluded with Tai Chi exercises to help participants relax a bit.

Respite care

Evidence submitted to the Welsh Government following an inquiry of the Social Services and Well-being Act (Wales) 2014, regarding unpaid carers suggests that commissioning a break will focus on the price instead of the quality of the options (National Assembly Wales 2019). There is a need to be more creative and purposeful when commissioning and providing services to carers.

Cost of living crisis

There is a new fund to support unpaid carers in Wales during the costs of living crisis. The carers who care for an adult or a disabled child can make an application for up to £300 towards food, items for the house and electric items. There will also be services available that will include counselling, financial advice, well-being and support from supportive friends.

7.8. Recommendations and implications

The Social Services and Well-being (Wales) Act 2014 recognises the key role of carers as part of preventative services within a local authority. Local authorities should therefore ensure that carers can live their lives as independently as possible. This includes being aware of the health of the carers themselves and their needs and well-being outcomes. The Well-being of Future Generations (Wales) Act 2015 confirms the duty of every authority to respond to the needs of carers to improve their well-being.

As a Council, we want to ensure that the people of Gwynedd of all ages, who undertake a carer's role in the county do so with the knowledge that there are support systems in place to help them. This will assist them to deliver at a personal level in the carer role **and** in other aspects of their lives such as employment, leisure, training and education.

Our vision is one of a society that recognises, appreciates and supports unpaid carers of all ages.

The Carers Trust has created a report that identifies twelve main principles for the future vision of short breaks for unpaid carers in Wales.

These principles show the vision for short breaks for unpaid carers, of all ages in Wales, and the people they support. They reflect the commitment of the Welsh Government to identify, appreciate and support unpaid carers of all ages to live healthily and to achieve their personal well-being outputs, as seen in the Strategy for Unpaid Carers (Welsh Government 2021).

Along with the four national priorities for unpaid carers, the principles focus on the future of commissioning and developmental activities. [Link – Strategy for Unpaid Carers](#)

The main areas we need to focus upon:

- We need to improve the way we record carers' data to ensure more simplified ways of collecting data when required to get a clearer picture of the situation in Gwynedd.
- Customer care - several people have reported back that they do not receive quality customer care. They say that there is no consistency in the contact they receive, third sector and social workers say that they will phone back but no one does, have had to repeat their story to several persons. Customer care and consistency when contacting individuals who receive, and need a service need to improve.
- Aim to be consistent in support and respite care.
- Working towards the North Wales strategy standards.
- There needs to be more emphasis on identifying carers in Gwynedd in order to ensure that everyone has the choice to receive the support that is available for them.

In addition, there will be a need to keep giving full consideration to the North Wales Strategy (2018) and Welsh Government Strategy when planning.

8. Violence Against Women, Domestic Abuse and Sexual Violence

8.1. Introduction to this chapter

This chapter includes information about the services commissioned by Cyngor Gwynedd to support individuals who have experienced violence against women, domestic abuse and sexual violence. Unfortunately, we currently have very little information to hand on this field.

8.2. Definitions

What is meant by the term 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.”*

8.3. What we know about the population

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.

Autistic individuals and individuals with a learning disability can be more vulnerable to violence against women, domestic abuse or sexual violence, perhaps due to difficulties

understanding and conveying what is happening to them. They might also be dependent on other people to receive care.

A study in 2016 showed that adults with a Learning disability or difficulty are more vulnerable to domestic abuse: (Hunt: Milne-Skillman: 2016). It is difficult to identify the true scale of the problem. They will often require a holistic approach that endeavours to keep them safe, while promoting independent living and addressing ongoing care needs. Therefore, it is important that professionals are trained to recognise the indicators of this type of abuse and understand how to deal with it appropriately with autistic individuals.

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. In terms of disability across North Wales in the broadest sense, it is estimated that as of 16th September 2021, 12 month rolling Multi-Agency Risk Assessment Conference (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.

It is a requirement that all Council staff undertake statutory e-learning training on violence against women, domestic abuse and sexual violence.

For information about progress in Gwynedd, please see the North Wales Vulnerability and Exploitation Strategy 2021-2024 (link - [Regional-North-Wales-Vulnerability-and-Exploitation-Strategy-Update](#)).

8.4. Services currently provided

The Violence against women, Domestic Abuse and Sexual Violence (VAWDASV) Regional Team oversees the strategy of VAWDASV in North Wales. The team engage with the many organisations across North Wales that deliver VAWDASV services and draw those organisations together to deliver strategy. In addition, they work with the Office of the Police and Crime Commissioner Commissioning Team to disseminate the Welsh Government grant funding.

The team is established under the VAWDASV (2015) Act and is hosted by Flintshire County Council who are the lead authority for VAWDASV in North Wales. They have been working on an action plan dated 2021-24. We are yet to receive an update of the progress of this.

We aren't able to publish the numbers of how many people receive a service in Gwynedd due to the small volume of cases. This is to do with data protection, and also the sensitive nature of the service.

Here is a brief description of all the services which are available specifically in Gwynedd, and also Wales wide services which are available to residents of Gwynedd:

Gorwel

Gorwel provide a **floating support outreach service to women and men in their own homes** across Gwynedd and Anglesey. Support includes providing information and practical help, individual and group safety planning, counselling, support and advocacy with housing, finances including debt/benefit, health and wellbeing, parenting, immigration legal, criminal, and family justice systems, education and employment.

Gorwel provide an IDVA service across Gwynedd and Anglesey. The **Independent Domestic Violence Advisors (IDVA's)** provide crisis support and information for high risk cases of domestic abuse.

IDVAs act as advocates on the behalf, of the victims exploring legal support through the court process. IDVAs will liaise with agencies such as the Crown Prosecution Service, the Police, Solicitors, etc.

Gorwel's **Children and Young People** team provide specialist provision that supports children and young people who suffer from the effects of domestic violence. It is a project offering information, encouragement and emotional support for individuals in the community in Anglesey and Gwynedd.

Gorwel Ar Trac **supports children and young people aged 5-16** in Anglesey and Gwynedd who have experienced or witnessed domestic abuse and who are exhibiting difficulties with their family and peer relationships.

Gorwel **Caring Dads programme** focuses on helping men recognise attitudes, beliefs, and behaviours that support healthy and unhealthy father-child relationships. The aim is to also develop skills for interacting with children in healthy ways and appreciate the impact on children of controlling, intimidating, abusive and neglectful actions including witnessing domestic violence. Caring Dads programmes are currently being run via Zoom.

Both Gwynedd and Anglesey run the Freedom programme, a group workshop which focuses on domestic abuse awareness and self-esteem. The programme helps women to deconstruct the behavioural patterns of their abusers and recognise the early signs of abusive behaviour so that the cycle of abuse can be broken once and for all.

Gorwel's One Stop Shop provides a **drop in services** and also operates alongside visiting agencies such as DWP and solicitors.

Rape and Sexual Abuse Support Centre, North Wales (RASASC NW)

Specialist service provision of therapeutic support and counselling to anyone from the age of 3 in North Wales who has experienced child sexual abuse and/or sexual abuse/violence whether recently or in the past.

Specialist intervention programmes include one to one face to face or online support and counselling, face to face or online group complex trauma programme and email support (new service about to go live).

Stepping Stones offers individual counselling and group work to individuals 18+ survivors of childhood sexual abuse and support to family members, carers and friends.

Bawso Ltd

Bawso is the lead organisation in Wales providing practical and emotional support to black minority ethnic (BME) and migrant victims of domestic abuse, sexual violence, human trafficking, Female Genital Mutilation and forced marriage.

Domestic Abuse Safety Unit North Wales

BME specialist Floating support worker provides specialist support to individuals affected by Domestic Abuse including honour-based abuse, forced marriage, Female Genital Mutilation, and other harmful practices.

Relate Cymru Choose2Change

Choose2Change delivers a Respect Accredited intervention to address domestic abuse. The project is a rolling group perpetrator programme to offer men who have been abusive in intimate relationship/s an opportunity to change and a support service for the (ex) partners of the men engaging with the service. Both elements of the service work together to gain a full understanding of risk in each case and put in place a robust risk management plan. The service plays an active part on the multi-agency response to domestic abuse providing information about perpetrator risk and engagement at MARAC and Safeguarding arenas.

Authentic Voices DLB (Stand up to Domestic Abuse (SUTDA))

Authentic Voices DLB (Stand up to Domestic Abuse) provides an online advocacy service for women and children who are victims of domestic abuse and who do not feel safe in accessing statutory and non-statutory services.

Checkpoint Cymru

Checkpoint Cymru was developed by the Cambridge University and pioneered in Durham in 2015. It is a voluntary programme that tackles underlying causes of offending behaviour such as mental health and substance misuse. It aims to provide a credible alternative to prosecution, by identifying and supporting relevant needs and the 'critical pathways' out of crime, with the result being that low and medium adult offenders are diverted away from the Criminal Justice System.

Crime Stoppers

Provide an 100% anonymous crime reporting service by phone or online to the public.

Crisis Intervention Service

The Gwynedd and Anglesey Crisis Intervention team provide support in person, over the phone, in the community, via women's groups and in liaison with other agencies. The team can provide advice and support around personal safety, security, legal options, and housing.

Hafan Cymru - Gwynedd Supported Housing Scheme

Hafan Cymru is a charitable housing association that provides support to women, men, their children and young people across Wales. Whilst housed with Hafan Cymru we will work together to ensure that our service users can maintain themselves in short term supported living. It is the aim that they will move forward into independence and are able to take control of their own lives in the future. People will then be supported take control of their finances, understand their obligations as householders and improve their skills therefore reducing the likelihood of homelessness

Hafan have 3 supported housing schemes across Gwynedd that provide temporary support for women with or without children.

North Wales Fire & Rescue Service

Provision of Fire Protection equipment when a threat to burn is used against an individual. Items available include smoke detection and letterbox locks.

North Wales Women's Centre Information & Support Service

North Wales Women's Centre provides a safe place for women to access information, one to one support, advocacy and training on issues relating to health, wellbeing, and work. Women come to access help for their problems, build their self-confidence and learn new skills in an environment that encourages socialising supportiveness dignity and respect. They support women from the age of 16 upwards.

Whilst the centre is located in Rhyl, women can be referred for support from anywhere in North Wales.

Stepping Stones North Wales

Stepping Stones offers individual counselling and group work to individuals 18+ survivors of childhood sexual abuse and support to family members, carers and friends.

Assessing the Impact on Equality Characteristics, the Welsh language and Socio-Economic Disadvantage

1) Details

1.1 What is the name of the policy / service in question?

Gwynedd Population Needs Assessment 2022-2027

1.2 What is the purpose of the policy / service being created or amended? What changes are being considered?

The aim of the Population Needs Assessment is to improve our understanding of the care and support needs of the population of Gwynedd, along with how it could change over the coming years, to assist us to provide better social care services in Gwynedd.

1.3 Who is responsible for this assessment?

Aled Davies, Head of Adults, Health and Well-being Department

1.4 When did you commence the assessment? Which version is this?

July 2021. The first full version.

2) Action

2.1 Who are the stakeholders or partners whom we will have to work with to carry out this assessment?

Service providers (including the third sector)
Individuals receiving support / a service by the Council
Health and social care professionals
Advocacy Officers

2.2 What steps have you taken to engage with people who have protected characteristics, regarding the Welsh language or with communities (either due to location or due to need), who are living with a socio-economic disadvantage?

We sent out a questionnaire to organisations from whom we commission services, asking for their views and any evidence they had such as performance measures or consultation reports.

We had one-to-one conversations and group conversations with health and social care providers and professionals.

Discussion groups were held with service users. They weren't groups specifically representing the protected characteristics, but there was a range of groups being represented in terms of disability, age, gender.

2.3 What was the outcome of the engagement?

The information gathered during the engagement exercise leads to conclusions / recommendations for all areas of work as noted above. Every chapter contains information about 'what people are telling us' which identifies the outcome of the engagement exercise undertaken to form the Needs Assessment.

Since the Needs Assessment is a live document, we are continuing to gather opinions from the people of Gwynedd by also working on particular fields e.g. domiciliary care, and the learning disability service' accommodation project.

2.4 On the basis of what other evidence are you acting?

We have used the evidence found during on-line research, together with engagement work with providers, professional staff and individuals who are receiving services to produce the Needs Assessment. The main themes that emerged during the work include:

- The support for unpaid carers must be improved.
- High-quality customer care must be ensured i.e. consistency in the contact that individuals have with the Council and third-sector organisations.
- There is a shortage of some types of settings e.g. settings offering care and support to individuals with complex and profound needs.
- Recruitment of staff is a huge problem across the care sector. This has delayed schemes, such as opening dementia units in care homes.
- There are several factors that have affected residents' mental health / well-being. As a result of the increase in individuals experiencing mental health difficulties, we need to invest more in preventative services.

2.5 Are there any gaps in the evidence that needs to be collected?

We acknowledge that we have been inconsistent and not thorough enough in terms of consideration of protected groups. Consequently, there is not a representation of opinions by all of the protected groups.

For the future, we will enquire for information about relevant groups so that we include them in any engagement exercise, and we will keep a record of any group that comes to our attention so that we include them.

A Regional Engagement Network will set out a programme and it will make sure that it includes protected groups. We will be involved in this work in the future.

3) Identifying the Impact

3.1 The Council must duly address the impact that any changes will have on people with the following equality characteristics. What impact will the new policy/service or the proposed changes in the policy or service have on people with these characteristics? There is also a need to consider the impact on socio-economic disadvantage and on the Welsh language.

Characteristics	What type of impact? *	In what way? What is the evidence?
Race (including nationality)	None	Incomplete.
Disability	Positive	<p>The exercise allows us as an authority to identify gaps and inconsistencies in our services, and more importantly to identify needs that were unmet historically.</p> <p>Conducting the exercise will have a positive effect on residents with disabilities because it offers a platform for residents to share their views about the current provision, the gaps and how they can be filled.</p> <p>Moreover, the information gathered as part of the work will give an insight into the situation on the ground across several fields e.g. older people, learning disability, carers. This will provide Cabinet Members, Councillors and Managers with the current evidence and information that is required as the basis for decisions.</p>
Gender	Positive	The care sector workforce has traditionally been made up of female staff mostly. There are more men working in

		care today, but yet again there remains a shortage of men who are available to care / support.
Age	Positive	<p>As noted above, conducting an assessment of the needs of Gwynedd residents facilitates the process of identifying gaps in our services, and highlights areas that could be improved. This is likely to have a positive effect on everyone who receives a service from the authority.</p> <p>The exercise will have a positive effect on several age groups. One chapter in the assessment focuses specifically on older people. It considers the difficulties faced by older people in Gwynedd, and reports on the themes and the main messages raised during the engagement process. This work ensures that the wishes of this particular group are taken into consideration as part of any future developments.</p> <p>The chapter on Learning Disability also focuses on the transitional period of transferring from children's services to adults' services, together with the period of ageing.</p> <p>Young carers are discussed specifically in the chapter on Carers and their needs in their role as carers.</p>
Sexual orientation	None	
Religion or belief (or non-belief)	None	
Gender reassignment	None	
Pregnancy and maternity	None	
Marriage and civil partnership	None	
The Welsh language	Positive	All chapters in the assessment give consideration to the Welsh language and what can be done to enable residents to obtain information, advice and support in their preferred language.
Socio-economic Disadvantage	Positive	All chapters in the assessment give consideration to socio-economic disadvantage, and what can be done to promote fairness and reduce risks that arise from socio-economic

		disadvantage. Socio-economic factors will be considered in the context of every field of work, thus we will document how the impact of these factors varies between different fields. This will subsequently contribute to our understanding of the topic.
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* To be deleted as required

3.2 The Council has a duty under the Equality Act 2010 to contribute positively to a fairer society through advancing equality and good relations in its activities in the fields of age, gender, sexual orientation, religion, race, transgender, disability and pregnancy and maternity. The Council must duly address the way any change impacts on these duties.

General Duties of the Equality Act	Does it have an impact?*	In what way? What is the evidence?
Eliminate unlawful discrimination, harassment and victimisation	Yes	Ensures that everyone is treated according to their needs due to the equality characteristics.
Promote equal opportunities	Yes	The co-production exercise has given individuals receiving services the opportunity to give their opinion on the services they receive, which as a result contributes to the work of developing them for the future. The Needs Assessment also feeds into plans for developing social care services for the future which ensures equal opportunities for people to live full, independent lives.
Foster good relations	Yes	The exercise is a good example of co-production, as several organisations such as the health service and third sector bodies contribute to the work. In addition, the assessment provides various stakeholders with the opportunity to voice their opinion on matters that are important to them, therefore it could be argued that the assessment fosters good, long-term relations between the authority and those who have contributed. The opportunities to meet in groups through the services of the Adults, Health and Well-being Department are also a good opportunity to foster good relationships by bringing people together from different groups e.g. the Llwybrau Llesiant socialising groups,

		special sports opportunities between adults with learning disabilities and individuals with dementia. Opportunities have also arisen for school pupils to write letters to older people.
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* To be deleted as required

3.3 How does your proposal ensure that you work in accordance with the Welsh Language Standards (Welsh Language (Wales) Measure 2011), to ensure that the Welsh language is not treated less favourably than the English language, and that every opportunity to promote the Welsh language is taken (beyond providing bilingual services) and increase opportunities to use and learn the language in the community?

Individuals are given the offer to receive services in their chosen language. The introduction to the assessment discusses Welsh language considerations – please see the Population Needs Assessment.

3.4 What other measures or changes could you include to strengthen or change the policy / practice so as to have a positive impact on people's opportunities to use the Welsh language, and to reduce or prevent any detrimental impacts that the policy/practice could have on the Welsh language?

The recruitment of care staff is a national problem at present, and the ability to recruit Welsh-speaking staff is currently problematic e.g. in nursing homes. Having said so, in the majority of cases the individuals requiring care or support do receive it in their chosen language. There is an officer working for the Workforce Development Team attempting to recruit workers to the provider services, and recruiting Welsh-speaking carers is a part of this work.

3.5 How does the proposal show that you have given due regard to the need to address inequality due to socio-economic disadvantage? (Please note that this relates to closing the inequality gap, rather than improving outcomes for everyone only).

- The Needs Assessment has highlighted that there is a shortage of services available in some rural parts of the county, and as a result there are recommendations in the report to try and fill these gaps.
- There are projects ongoing to improve the experience of adults with learning disabilities in accessing paid employment. Again, the report elaborates on this.
- There is a recommendation to improve the support for unpaid carers.
- There is a recommendation to ensure high-quality customer care.

3.6 What measures or other changes can you include to strengthen or change the policy / practice to demonstrate that you have given due regard to the need to reduce disproportionate outcomes as a result of socio-economic disadvantage, in accordance with the Socio-Economic Act?

The effect of socio-economic disadvantage and inequality will be assessed for the various groups in this Needs Assessment.

4) Analysing the results

4.1 Is the policy therefore likely to have a significant, positive impact on any of the above? What is the reason for this?

The Needs Assessment will have a positive effect through:

- An improved understanding of the need across the county to include the protected characteristics
- Services can be developed based on the real need
- Because the assessment contains a number of work fields, it is easier for people with protected characteristics to participate and we can develop a response to the assessment that can lead to financial benefits, avoid duplication etc.

This corresponds with the vision of the Adults, Health and Well-being Department which is for everyone of all ages to receive the support they need in the most suitable and convenient way for them. This will be realised through the following priorities: ensure a suitable and sustainable care provision for the future, and re-designing our care services. The Needs Assessment elaborates on how we will realise these priorities.

4.2 Is the policy therefore likely to have a significant, negative impact on any of the above? What is the reason for this?

No.

4.3 What should be done?

Select one of the following:

Continue with the policy/service as it is robust.

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Revise the policy to remove any barriers	
Suspend and abolish the policy as the harmful impacts are too great	
Continue with the policy as any harmful impact can be justified	
No further steps at present, it is premature to decide, or there is insufficient evidence	

4.4 If you decide to continue with the plan, what steps will you take to reduce or mitigate any negative impacts?

When we will begin compiling the next needs assessment, we will give fuller consideration to the protected characteristics as we carry out the engagement.

4.5 If you are not taking any further action to remove or reduce the negative impacts, please explain why here.

5) Monitoring

5.1 What steps will you take to monitor the impact and effectiveness of the policy or service (action plan)?

The Population Needs Assessment is a live report. We will monitor, review and update the population needs assessment continuously during the period of the report (2022-2027).

Agenda Item 7

MEETING	CARE SCRUTINY COMMITTEE
DATE	16 February 2023
TITLE	Care Scrutiny Committee Forward Programme 2022/23
PURPOSE OF THE REPORT	For the Committee to prioritise items for the meeting on 20 April 2023 and adopt a revised work programme.
AUTHOR	Llywela Haf Owain, Senior Language and Scrutiny Advisor

1. The Committee's revised Forward Programme for 2022/23 was adopted at the Committee's meeting on 10 November 2022.
2. Since that meeting, two items, namely 'Recruiting and retaining staff in the care field (Children and Families Department)' and the 'Housing Action Plan' which were to be considered at this meeting, have slipped and there is a need to re-schedule them.
3. As seen in the Appendix to the report, three items have already been scheduled for the next meeting of the Committee in April. We have sought to prioritise a maximum of three items per meeting to ensure that matters receive due attention, and that the scrutiny can add value.
4. It is therefore recommended that the Committee considers which items should be prioritised for the meeting in April and which would be suitable to be scheduled for the Committee's first meeting in the 2023/2024 committee calendar.
5. **The Committee is asked to prioritise items for the meeting on 20 April 2023 and adopt the revised work programme.**

APPENDIX 1

CARE SCRUTINY COMMITTEE FORWARD PROGRAMME 2022/23

07/07/2022
<ul style="list-style-type: none">• North Wales Care Market Stability Report
29/09/2022
<ul style="list-style-type: none">• Recruiting and retaining staff in the care field (Adults, Health and Well-being Department)• New Energy Conservation Service
10/11/2022
<ul style="list-style-type: none">• Ambulance Service• Youth Service• Housing Allocation Policy
16/02/2023
<ul style="list-style-type: none">• Gwynedd Population Needs Assessment Report• Care Inspectorate Wales Audit Report - Adults, Health and Well-being Department
20/04/2023
<ul style="list-style-type: none">• Gwynedd Mental Health Service (Adults, Health and Well-being Department)• Autism Plan 2021-23• Dementia Care Provision

Items to be scheduled:

- Recruiting and retaining staff in the care field (Children and Families Department)
- Housing Action Plan