
Gwent Population Needs Assessment



Gwent Regional Partnership Board Population Needs Assessment

Gwent Population Needs Assessment

Foreword

The Gwent Regional Partnership Board are pleased to publish the second regional Population Needs Assessment (PNA). This assessment will be the foundation of planning for future service provision across Health and Social Care to ensure we are meeting the needs of the population of Gwent and listening to our communities in order to shape services to meet future demands.

The PNA has been developed during the ongoing Covid 19 pandemic which has had an impact on everyone particularly for people with health and support needs which has been extremely challenging for staff within health and social care. Going forward, we need to ensure an equal focus on those affected through the Covid-19 pandemic as well as recovery planning to respond to the changing needs of our communities.

We have worked with the newly formed regional Public Service Board to align the PNA with the wider population Wellbeing Assessment required under the Wellbeing of Future Generations Act; in an effort to avoid duplication and lay a foundation for future collaboration and joint working in developing a response to the identified needs.

We have been engaging with the population throughout this challenging time and will continue to do so, as we develop the subsequent Area Plan with a co-productive approach to understand the views and needs of our communities to identify 'What matters' to those who have care and support needs or caring responsibilities.

Cllr Paul Cockeram
RPB Chair

Introduction

As set out in the Social Services and Wellbeing (Wales) Act 2014, local authorities and local Health Boards must produce one population assessment report per local government electoral cycle. The first regional Population Needs Assessment (PNA) was completed by the Gwent Regional Partnership Board (RPB) in April 2016 and aligned to Wellbeing Assessment completed by Public Service Boards as required under the Wellbeing of Future Generations Act. This PNA report will also align, integrate, and cross reference the Gwent Wellbeing Assessment to avoid duplication and create a joint population wellbeing assessment for the region (this section can be read alongside the regional Wellbeing Assessment or as an individual document).

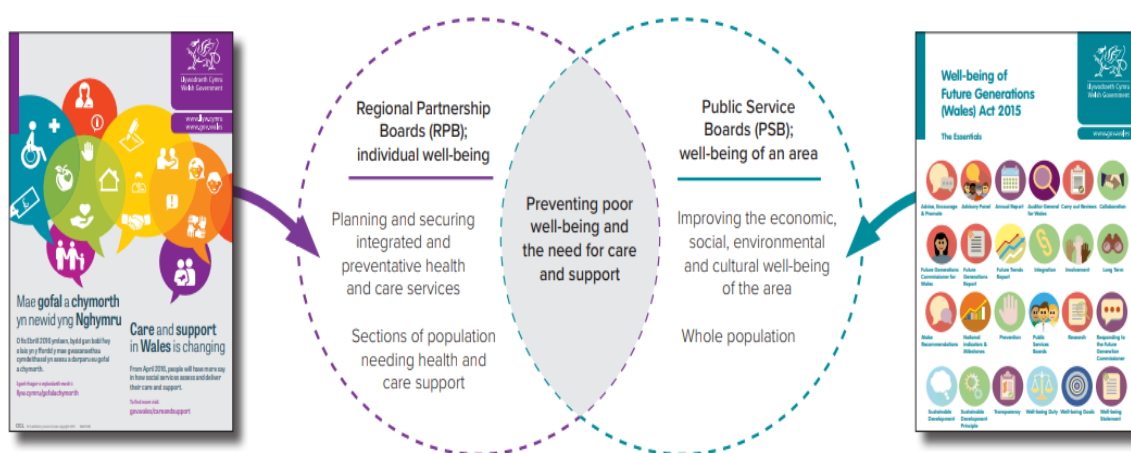


Fig 1: Relationship between RPBs and Public Service Boards.

As set out in Welsh Government’s SSWB Act Part 2 Code of Practice, this population assessment comprises of (1) an assessment of need the (2) range and level of services required. It will also jointly assess:

- the extent to which there are people in the area of assessment who need care and support
- the extent to which there are unpaid carers in the area of assessment who need support
- the extent to which there are people whose needs for care and support (or, in the case of carers, support) are not being met.

Strategic Planning for Gwent

The population needs assessment will be used to inform the upcoming regional Market Stability Report (MSR) which is due for publication in June 2022. The MSR will assess the stability and sufficiency of the social care market in light of the findings and needs identified within this assessment for Gwent. Following the publication of this PNA the RPB will develop an Area Plan setting out the actions to meet the identified population need – a requirement of the SSWB Act – and is due for publication in April 2023, which will also align with other strategies within Health and Social Care. The Area Plan is also produced in partnership and a

further opportunity to work collaboratively with the Regional Public Service Board as they produce their Wellbeing Plan. The population needs assessment is important to our Strategic planning as priorities that emerge will influence:

- The actions that partners will take forward as priority areas of integration for Regional Partnership Boards
- Preventative services that will be provided or arranged in response to the needs identified
- How services will be procured, including alternative models
- Actions needed for the provision of information, advice, and assistance services.
- Actions needed to deliver services via the medium of Welsh.

Limitations and Opportunities

The pressures of the Covid-19 pandemic on the workforce and the timescales of preparing this PNA has been challenging. One of the main challenges is access to quality data, as the 2021 Census data will not be published in time to include within this assessment. We will regularly review and update this document throughout the next 5 years, to ensure it is up to date and current, and will update the Census data in the assessment, once it is available.

The pandemic has also presented opportunities for us to engage online with people who might not have necessarily previously shared their voice and views. This has highlighted the need for us to continue engagement through various platforms and to encourage more of our citizens to engage with us to help shape future support.

Covid 19

The Covid 19 pandemic has had a profound impact on people receiving care and support, with studies throughout Wales showing that people are experiencing:

- Loneliness and isolation which is impacting physical and mental health
- Social exclusion due to social distancing and mask wearing measures, especially for people with sensory impairments
- Practical issues, such as food shopping
- Financial difficulties and pressure
- Work burnout
- Increase in health anxiety

The RPB is also mindful that the ongoing pandemic has further increased inequality across society. The Senedd's Equality, Local Government and Communities Committee published a report '*Into sharp relief- inequality and the pandemic in Wales*' (August 2020). This stated that:

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

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Key issues identified in this particular report were:

- Poverty is a key determinant in the pandemic from mortality rates and risk of losing work or income, and educational attainment to overcrowded housing
- People from certain ethnic groups, children, disabled people and carers are more likely to experience poverty
- Men, older people from black, Asian and minority ethnic groups, and people with existing health conditions, disabled people and those living in deprived areas have higher covid 19 mortality rates
- Almost half of the lowest earners in Wales are employed in shutdown sectors
- Low earners, young people, women and people of Bangladeshi, Black Caribbean and Pakistani ethnicity are more likely to work in shutdown sectors
- Women make up the majority of health and social care staff and have taken on the majority of unpaid care of children and relatives
- Fears that children with the lowest educational attainment before the pandemic will have fallen behind their peers, including boys, children of certain ethnicities and those with additional learning needs

Throughout the process of developing this PNA we have listened to what people have told us and captured what is important to them for their future, as we look to support recovery planning in Gwent out of the pandemic.

This will include:

- Supporting people to re-engage with support
- Supporting community infrastructure
- Continue to provide online support
- Prepare for new and increased demand for support
- Support our existing staff across health and social care and boost recruitment opportunities

The full impact of the pandemic on mental health and wellbeing is still emerging, so as new evidence is brought forward, we can review and add to the PNA to ensure it is up to date.

Policy Areas included and within this Population Needs Assessment (PNA)

- National Health Service (Wales) Act 2006 and children and young people's plans as required by the Children Act 2004
- Integrated Medium-Term Plans produced by Local Health Boards as required by the NHS Finance (Wales) Act 2014
- Part 2 of the Housing (Wales) Act 2014 including local homelessness strategies
- United Nation Convention on the Rights of Persons with Disabilities, United Nation Convention on the Rights of the Child, and the United Nation Principles for Older Persons as well as the Wales Declaration of Rights for Older People.
- Equality Act 2010 (Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Beliefs, Sex and Sexual Orientation).
- National Outcomes Framework
- Welsh language strategic framework '*More than just words*'.
- Socio -Economic Duty

Engagement - a culture not a process

The voice of citizens, third sector partners and service providers are key to developing this PNA and the guidance on effective citizen engagement, set out in *'National participation Standards, Participation Cymru's National Principles for Public Engagement in Wales'* and the Older People's Commissioner's Best Practice Guidance for *'Engagement and Consultation with Older People on Changes to Community Services in Wales'*, have been considered. Citizen voices have been included in each PNA section and coordinated through the regional Citizen Panel and Chair who sits on the RPB. This also includes populations from the secure estate in order to fulfil the requirements of section 11 of the Act.

There has been extensive engagement across the region using various methodologies such as Snap surveys, social media surveys, and established forums (Carer's forum, Youth Council, Dementia Friendly group etc). An online survey was distributed across the region and the Public Service Board have analysed comments to identify themes; and there were over 1500 individual comments in relation to health and social care.

Social Care – "Affordable social care and good support for unpaid carers"

The need for increased social care provision was a regular theme that emerged through the survey, especially in regard to providing adequate social care for older people. Other comments include:

'More funding for those with learning difficulties will help provide more support and better-quality respite for children and adults with learning difficulties'

A need for improved services for older people within the community and just want somebody to talk to

Elderly people are feeling isolated- More day centres need to be available as many services have closed during the pandemic

Local Authorities - "The Council is doing more to help residents than ever"

There is a mixed view on the local authorities across Gwent from residents. Many commented that their local council has provided more support than ever during the pandemic whereas other residents have expressed concern regarding a lack of involvement from their local council, finding difficulties in knowing what is available within their community as a result of this. When asked what we could do to help improve on this, one resident noted how we could introduce well-being ambassadors to help improve cohesion between local communities and their council.

Health – "Fair and equal access to support when needed"

Health and wellbeing are important to residents across Gwent and many individuals commented on the importance of mental health services and improving access to them for

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both adults and children. Residents commented on the importance of exercise and the ability to maintain a healthy lifestyle, access to sports centres and green spaces were felt to be key to this.

‘Need for a more efficient Mental Health and well-being service- Concerns around waiting times and responses from health and well-being advisors’

There were multiple positive comments on health services in the region however a number of residents noted the importance of having access to face-to-face appointments with their local GP. Difficulties in being able to access appointments for dentists and GPs were raised. Residents also highlighted the importance of given local communities the skills to be able to manage their own health and wellbeing so that there isn't as much need for services.

‘Waiting list to access all services are high, housing, GPs, social services’

Schools – “There is a sense of community- good schools and facilities”

Throughout the feedback on what we can do to improve wellbeing in Gwent in the future, schools are highlighted as an opportunity that can be utilised by local communities for groups to meet and more community classes to be held. Schools are very much seen as a positive way to engage with our local residents too.

More Youth activities – Help improve mental well-being of teenagers

Gwent Youth Forum

The RPB have engaged with the Gwent Youth Forum and committed to a sustained co-production design of the new NYTH/NEST framework with the lead officer regularly engaging with the forum. Mental health and emotional wellbeing are high on the agenda for the forum, and they have been supporting the UK Youth Parliament's 'Make Your Mark' ballot, the largest survey of young people in Europe. The month-long campaign will see volunteers and Members of Youth Parliament canvassing the views of young people.

The annual ballot, which has taken place since 2011, gives young people aged 11-18 the chance to select one issue they think affects them and their peers most. The ballot includes issues such as mental health and wellbeing, responding to the climate emergency, and ending child poverty. This year young people will be able to vote in person and online unlike the previous ballot which was disrupted due to the outbreak of Covid-19 virus. UK Youth Parliament is working with volunteers, schools, and local authorities to deliver the campaign to as many young people as possible.

Once the final ballot results have been shared, the RPB will link to the youth forum to identify solutions.

Focused work with minority groups

We have engaged the views of those who would otherwise be hard to reach and marginalised including minority groups such as homeless people and travellers. We have used existing mechanisms to engage with vulnerable groups such as those set out below:

- *Military veterans*
- *Gypsy travellers*
- *Black and Minority Ethnic groups*
- *Asylum seekers and refugees*
- *Lesbian Gay Bisexual Transgender (LGBT) community*
- *People in secure estates and their families*
- *Children and young people in contact with the Youth Justice System*
- *Children Looked After and young carers (Children Young People section)*
- *Homeless people (Housing section)*

Veterans

A veteran is defined as: *'anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces'*.

In 2017 the Ministry of defence estimated 2.4 million UK Armed Forces Veterans in the UK, making up an estimated 5% of household residents aged 16 and over. There are approximately 140,000 veterans living in Wales and Veterans aged above working age (65+) are estimated at 82,000. The majority of Service Leavers transition from the Armed Forces well and integrate back to community life with the right support at the right time. Studies identify that most veterans in general view their time in the Services as a positive experience and do not suffer adverse health effects as a result of the time they have served. However, for a minority, adverse physical and mental health outcomes can be substantial and can be compounded by other factors – such as financial and welfare problems. Key health issues facing the veteran population relate to common mental health problems, but also include Post Traumatic Stress Disorder (PTSD) and substance misuse, including excess alcohol consumption and to a much lesser extent, use of illegal drugs. In addition, time in the Services has been associated with musculoskeletal disorders for some veterans.

Research suggests that most people *'do not suffer with mental health difficulties even after serving in highly challenging environments'*. However, some veterans face serious mental health issues. The most common problems experienced by veterans (and by the general population) are:

- depression
- anxiety
- alcohol abuse (13%)

Probable PTSD affects about 4% of veterans. Each year, about 0.1% of all regular service leavers are discharged for mental health reasons. Each Health Board in Wales has appointed

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an experienced clinician as a Veteran Therapist (VT) with an interest or experience of military (mental) health problems. The VT will accept referrals from health care staff, GPs, veteran charities, and self-referrals from ex-service personnel. The service in ABUHB is based in Pontypool. The primary aim of Veterans' NHS Wales is to improve the mental health and well-being of veterans with a service-related mental health problem. The secondary aim is to achieve this through the development of sustainable, accessible, and effective services that meet the needs of veterans with mental health and well-being difficulties who live in Wales.

A Welsh Government report from 2014 *'Improving Access to Substance Misuse Treatment for Veterans'* identified that Substance Misuse Area Planning Boards lead on local collaborative planning, commissioning, and delivery for services to ensure that the needs of veterans are met. A 2011 report from Public Health Wales on Veterans health care needs, and assessment of specialist rehabilitation services in Wales, identified a range of recommendations to support veterans with respect to their physical health and disability with regards to specialist rehabilitation service provision.

The Strategy for Our Veterans (MOD, 2018) has a 10-year scope to 2028. The strategy addresses the immediate needs of older Veterans as well as setting the right conditions for society to empower and support the newer generation. The key themes that emerged as affecting Veterans lives were:

- Community, relationships and integrating into their community
- Employment, education, and skills to continue to enhance their careers through their working lives
- Finance and debt and sufficient financial education, awareness, and skills to be financially self-supporting and resilient
- Health and Wellbeing and for all veterans to enjoy a state of positive physical and mental health and wellbeing, enabling them to wider aspects of society
- Making a home in civilian society and a secure place to live either through buying, renting or social housing
- Veterans and the law and for resilience and awareness to remain law abiding civilians

During the pandemic there were challenges of loneliness and isolation in Veterans with Welsh Government funding provided to address this issue. There are a range of services across Gwent to support Veterans and The Armed Forces Covenant has been recognised in Law from December 2021, meaning that Housing, Education and Health services will have to pay 'due regard' when implementing policies. Veteran Support Services in Gwent

- Veterans NHS Wales is a specialised, priority service for individuals who have served in the Armed Forces, at any time in their lives and who are experiencing mental health difficulties related specifically to their military service. This service is based in Maindiff Court Hospital, Abergavenny.
- The Veterans Trauma Network Wales (VTN Wales) has been established to ensure that ex-Service Personnel who suffered physical injury as a result of their service, can access the timeliest and most appropriate care for their injuries following discharge from the Armed Forces. <https://www.veteranswales.co.uk/professional-physical>

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- The Armed Forces Covenant in Gwent has a directory of services of support available such as the Veteran Gateway, community, education, employment, and financial support.

Gypsy Travellers

- Blaenau Gwent 72 (0.10%)
- Caerphilly 31 (0.02%)
- Monmouthshire 6 (0.01%)
- Newport 84 (0.06%)
- Torfaen 155 (0.17%)
- Wales 2785 (0.09%)

The 2011 Census showed the following people identified as Gypsy/Traveller or Irish Traveller (this excludes Roma). However, it is likely that many households would not have completed the census – both because they were living on unauthorised sites or encampments, and as such did not appear on official records or because of a mistrust of the purpose of the census. Where people did receive forms, potential lower than average literacy levels may have meant that some households would not have completed them, and where they were completed some households would have chosen not to identify as Gypsies/Travellers or Irish Travellers.

The largest Gypsy & Traveller (G&T) population is in Torfaen; however, Nantyglo in Blaenau-Gwent also has a large population, many now living in ‘bricks and mortar’ in close proximity to a long-established site. Newport also has a significant G&T population in unofficial sites around the periphery of the city centre and Newport is very often the unofficial unauthorised site for travellers in transit heading east/west from Ireland to England.

The Gypsy, Roma and Traveller people have the worst outcomes of any ethnic group across a huge range of areas including education, health, employment, criminal justice and hate crime (House of Commons 2019). It has been found that:

- Infant mortality rates are up to five times higher among this minority group when compared to the national rate.
- The immunisation rates among Traveller’s children are low compared with the rest of the population. Some suggest that GPs are reluctant to register Travellers as they are of no fixed abode, meaning they cannot be counted towards targets and therefore remuneration.
- There is a high accident rate among the Traveller and Gypsy population, which is directly related to the hazardous conditions on many Traveller sites – particularly as sites are often close to motorways or major roads, refuse tips, sewage works, railways, or industrialized areas. Health and safety standards are often poor.
- Travellers have lower levels of breastfeeding.
- There is also a higher prevalence of many medical conditions when compared to the general population, including miscarriage rate, respiratory problems, arthritis, cardiovascular disease, depression, and maternal death rates.
- Alcohol consumption is often used as a coping strategy, and drug use among Traveller young people is widely reported and feared by Traveller elders.

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- Cultural beliefs include considering that health problems (particularly those perceived as shameful, such as poor mental health or substance misuse) should be dealt with by household members or kept within the extended family unit.
- Travellers also face challenges in accessing services either due to the location of the sites (or due to transient nature of being in an area). Not having access to transport (particularly related to women who often cannot drive) to reach services is another reason for low use of services as well as low levels of health literacy of what services they are entitled to use or how to access them.

Generally, the communities have low expectations in regard to their health and life expectancy. Studies have repeatedly shown that Travellers often live in extremely unhealthy conditions, while at the same time using health services much less often than the rest of the population.

Support Services in Gwent

- Equal Voice is a project that is based at West Monmouthshire School in Pontypool and supports Gypsy and Traveller pupils, not just in education but to have their say, learn about their rights and get involved in activities. They are also on the planning group for the Travelling Ahead South East Regional forum.
- Gwent Education Minority Ethnic Service (GEMS) regional service hosted by Newport Council.
- Housing support officers

Black and Minority Ethnic groups

The 2011 Census shows the following percentages classed as BAME populations in each local authority compared to Wales

- Blaenau Gwent 1.5%
- Caerphilly 1.6%
- Monmouthshire 1.9%
- Newport 10.1%
- Torfaen 2.0%
- Wales 4.4%

Public Health Wales have found that ethnicity is an important issue because, as well as having specific needs relating to language and culture, persons from ethnic minority backgrounds are more likely to come from low-income families, suffer poorer living conditions and gain lower levels of educational qualifications. In addition, certain ethnic groups have higher rates of some health conditions. For example, South Asian and Caribbean-descended populations have a substantially higher risk of diabetes; Bangladeshi-descended populations are more likely to avoid alcohol but to smoke and sickle cell anaemia is an inherited blood disorder, which mainly affects people of African or Caribbean origin. *'Raising the Standard: Race Equality Action Plan for Adult Mental Health Services'* aims to promote race equality in the design and delivery of mental health services in order to reduce the health inequalities experienced by some ethnic groups. People don't always access support that is available as they are often unaware the support exists, or it doesn't meet their needs. Language barriers

can also cause difficulties for engagement and supporting people. Raising awareness of services and support within communities is crucial to improve uptake of support. It has also been highlighted that although costly, the information needs to be accessible within areas of the community and also accessible in different formats and languages.

It is clear is that coronavirus has had an adverse and disproportionate impact on people from Black and Minority Ethnic communities. A Government enquiry took place to identify why people from Black and Minority Ethnic backgrounds appear to be disproportionately affected and further work is needed to ensure we can improve health outcomes.

ABUHB have set up a Diverse Communities Health Forum to develop strong and sustainable two-way communication and engagement channels with diverse communities to ensure that the provision of key information and messages about health services are received, understood, and help recipients make more informed decisions and choices regarding their health services. This forum is attended by a range of stakeholders with a community led agenda, to ensure that health and social care needs of members of diverse groups are heard and improvements can be made in service provision where required.

Asylum Seekers, Refugees & Migrants

Until 2001, relatively low numbers of asylum seekers and refugees decided to settle in Wales compared to some parts of the UK. The numbers of asylum seekers and refugees increased when Wales became a dispersal area. The number of asylum applications in 2016 saw an increase of 8% compared to the year before. Service provision to refugees and people seeking asylum by non-government organisations (NGOs) has decreased significantly in recent years. This has an adverse impact on people's health and wellbeing. No recourse to public funds and safeguarding issues such as honour based violence and trafficking are key emerging themes for service providers. For service users the lack of, or limited access to information and tenancy support appear to be the key emerging themes. Various reports acknowledge that data collection systems for the number of migrants have weaknesses, which puts limitations on their reliability. There is no agreed definition for 'migrants' which further exacerbates reliable data collection.

The 2011 census found that the top ten countries of origin of people born outside the UK, in order of highest numbers first were: Pakistan, India, Bangladesh, Poland, Philippines, Germany, South Africa, Nigeria, Italy and Zimbabwe. Feedback from Education and Social Services indicate that people from Roma background have very specific needs in addition to those of the general new-migrant population. Good communication with migrants is essential. Determining the language and suitability of format (e.g., written, audio, face to face, telephone) and support available, such as advocacy and interpretation are critical elements to ensure effective communication. This will in turn benefit budgets and customer care as it contributes to determining the appropriate service. In addition, other issues highlighted for both migrants and asylum seekers include the need for more advocacy and floating support for migrants, lack of a strategic approach to information and service provision for new migrants and lack of coordination between services for migrants, asylum seekers and refugees.

Lesbian Gay Bisexual Transgender (LGBT +) community

The public health white paper '*Healthy Lives, Healthy People*' identified poor mental health, sexually transmitted infections (STIs), problematic drug and alcohol use and smoking as the top public health issues facing the UK. All of these disproportionately affect LGBT populations:

- Illicit drug use amongst LGB people is at least 8 times higher than the general population
- Around 25% of LGB people indicate a level of alcohol dependency
- Nearly half of LGBT individuals smoke, compared with a quarter of their heterosexual peers
- LGB people are at higher risk of mental disorder, suicidal ideation, substance misuse and deliberate self-harm
- 41% of trans people reported attempting suicide compared to 1.6% of the general population

People in secure estates and their families

HMP Usk/Prescoed is situated in Monmouthshire and social care staff support inmates in line with the SSWB Act. The prisons have a combined population of 527 (Ministry of Justice figures 2018). ABUHB also provide primary healthcare services to offenders in HMP Usk/Prescoed, in partnership with the National Offender Management Service (NOMS). In addition to the prison population, it is likely that ex-offenders will require additional care and support to prevent needs arising, particularly those who misuse drugs and/or alcohol or have mental health problems. The national '*Prison Health Needs Assessment in Wales*' report was published by Public Health Wales and highlighted a number of key areas to address:

- Access to healthcare facilities
- Mental health and healthcare
- Substance Misuse including smoking
- Oral health
- Infectious disease
- Support following release

During the pandemic we know that there were serious concerns to everyone living and working in prisons, resulting in restrictions put in place to limit the spread of the virus (HM Inspectorate of Prisons 2021). Prisoners have identified a decline in emotional, psychological, and physical wellbeing at this time, due to chronic boredom and exhaustion of spending hours locked in their cells. They lacked enough day-to-day interaction and support from other prisoners, staff and family and friends.

Children and young people in contact with the Youth Justice System

Children and young people in contact with the youth justice system may have more health and wellbeing needs than other children of their age. They have often missed out on early attention to these needs. They frequently face a range of other, often entrenched, difficulties, including school exclusion, fragmented family relationships, bereavement, unstable living

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conditions, and poor or harmful parenting that might be linked to parental poverty, substance misuse and mental health problems. Many of the children and young people in contact with the youth justice system in Gwent may also be known to children's social care and be among those children and young people who are not in education, employment, or training. For vulnerable children and young people, including those in contact with the youth justice system, well-being is about strengthening the protective factors in their life and improving their resilience to the risk factors and setbacks that feature so largely and are likely to have a continuing adverse impact on their long-term development. Wellbeing is also about children feeling secure about their personal identity and culture. Due attention to their health and wellbeing needs should help reduce health inequalities and reduce the risk of re-offending by young people. Across the region the Youth Offending Service (YOS) and partners are:

- Developing a health pathway in partnership with ABUHB for young people involved/in contact with the youth justice system.
- Testing the Youth Justice Board (YJB) Enhanced Case Management - a therapeutic approach towards addressing a child's offending behaviour
- Identifying, screening, and responding to Speech, Language & Communication Needs (SLCN) via the provision of a dedicated Gwent YOS Speech & Language Therapist.
- Commissioning a Substance Misuse Service for Children and Young People within Gwent.

(1) CHILDREN AND YOUNG PEOPLE

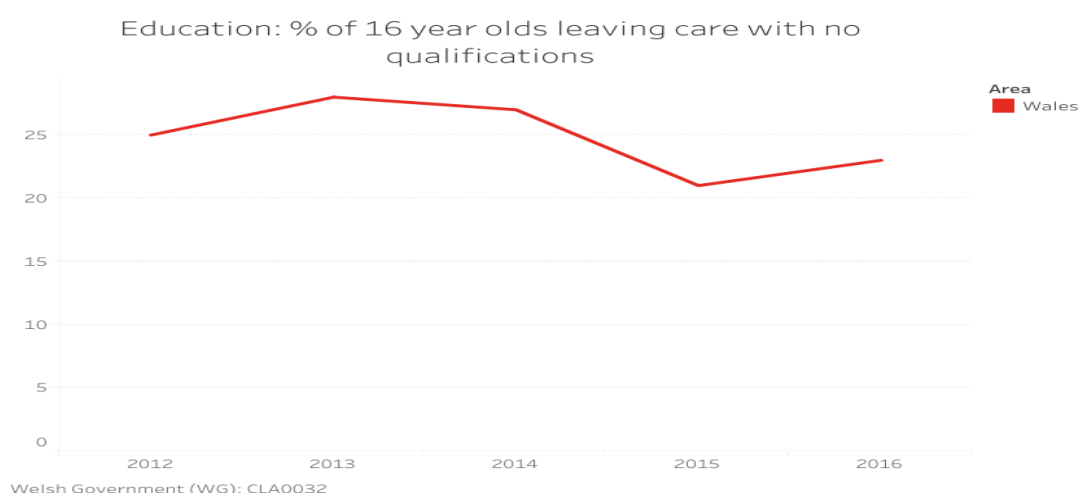
Key themes

- Children with Complex Needs, including seamless transition of care and support needs, for example between Children's Continuing Care and Continuing NHS Healthcare.
- Safe accommodation for children with complex, high end emotional and behavioural needs. This is a new Welsh Government priority for 2021-22 and aims to both prevent individuals being unnecessarily escalated to, and facilitate de-escalation from, secure or inpatient care.
- Children Looked After (CLA) and the increasing numbers going into care/adoption (Local Authorities have a specific duty under Section 75 of the Act to ensure they have sufficient accommodation to meet the needs of looked after children).

Policy Areas

- Amendments to Part 9 of the SSWB Act including revisions to the definition of Children and Young People (CYP) with complex needs to include children and young people: with disabilities and/or illness, care experienced, in need of care and support, at risk of becoming looked after, and those with emotional and behavioural needs.
- Children's Commissioner for Wales 'No Wrong Door' recommendations and annual reports.
- Together for Children and Younger People.
- National Commissioning Board guidance for Integrated Commissioning of Services for Families, Children and Young People with Complex Needs.
- The NEST (Nurturing, Empowering, Safe, Trusted) Early Help and Enhanced Support National Framework
- United Nations Convention on the Rights of the Child

(1.1) Percentage of 16-year-olds leaving care with no qualifications



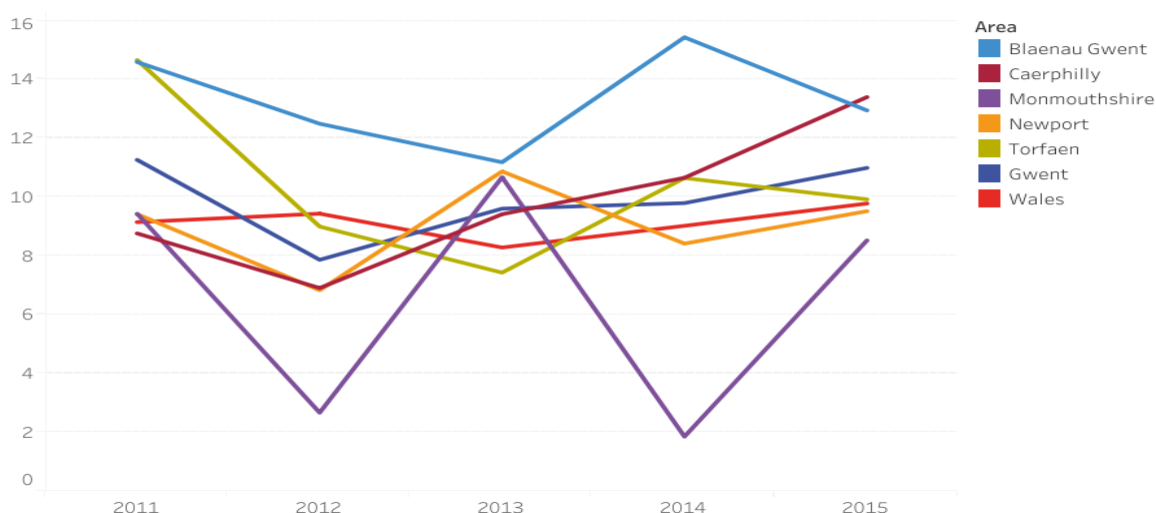
Care leavers will face a large number of personal and emotional challenges when family relationships breakdown and understandably education and aspirations will be affected. Attitudes to school, authority and adults will be indifferent and if a young person feels that they have been 'given up on' it will be very easy for said young person to give up on their

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selves. Schools will closely monitor the number of CLA and treat as vulnerable learners to ensure additional support and understanding are afforded. The availability of data is not consistent across the region, but the national data is stark with between 1 in 4 to 5 CLA leaving with no qualification which should not be accepted for any group of young people. The RPB includes statutory membership from education colleagues to ensure issues can be discussed and raised as well as planning actions across multi-agency partners and opportunities to access preventative and transformation funding opportunities. Covid-19 has affected schooling for all young people and education achievements and accessing further education with additional emotional support and housing solutions will remain a priority.

(1.2) Children Looked After with 3 or more placements

Looked after children: SCC/004 - Looked after children with 3 or more placements (%)

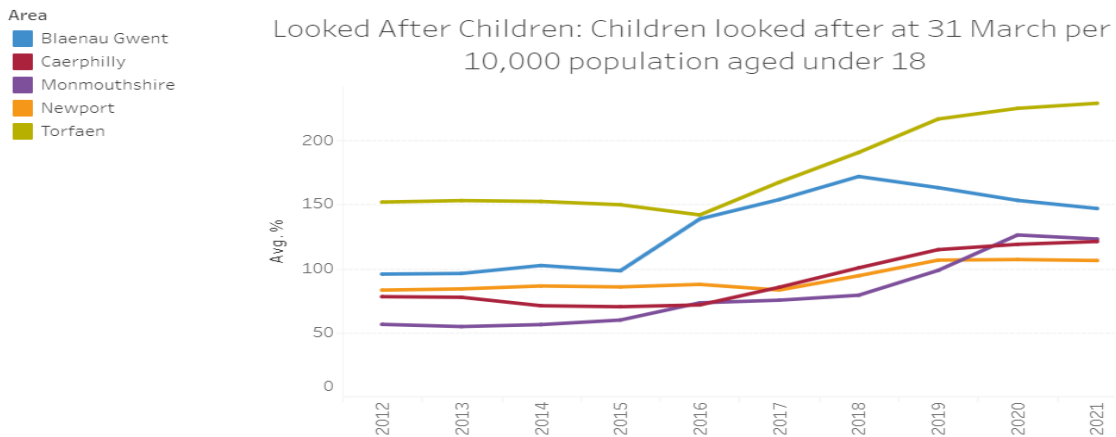


Welsh Government (WG): SCC004

Stability for CLA is key to supporting young people to develop positive relationships, trust, emotional wellbeing, and access to education. A change of circumstances can often be unsettling and lead to lack of trust in support organisations as well disengagement, with comments from young people that 'people have given up on them'. A safe, stable home environment is a priority for any young person but especially CLA and even though the numbers seem relatively low, we know outcomes will be affected with increased number of placements. Partner and third sector organisations prioritise the need for remedial actions to avoid placement breakdown, with respite for carers and children a solution to help secure long-term placements. National Youth Advocacy Service (NYAS) offer an independent advocacy service for CLA to ensure the voice and views of young people are heard and greater support and working with third sector partners is key to partnership working through the RPB. Covid-19 has affected the face-to-face opportunities for advocacy, but online sessions have been facilitated.

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(1.3) Rate of Children Looked After per 10,000 population

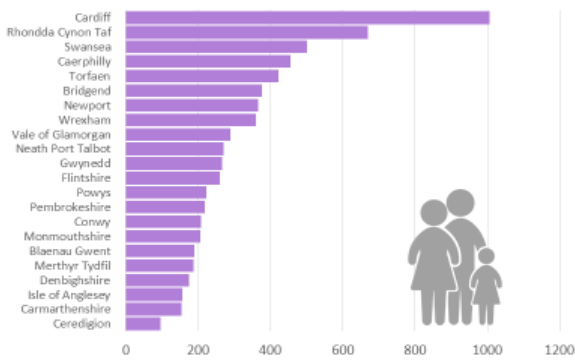


The number of Children Looked After (CLA) and percentage 10,000 still remains high across all local authority areas. We know that CLA face some of the most complex and challenging of circumstances amongst their peers and Welsh Government has prioritised support at a local and regional level through Integrated Care Funding guidance and legislation. Multi-agency partnership approaches under the RPB haven been established such as MYST project and SPACE Wellbeing Panels. However, there have been large costs for emergency and out of county placements incurred across the region which has led to the development of capital projects in Gwent such as Windmill Farm, through ICF capital funding, where savings can be redistributed into preventative programmes. The impact of Covid-19 pandemic will have exacerbated circumstances for CLA, and support and prevention will still remain a priority going forward especially the need to develop services and provision that mean young peoples' care and support needs can be met close to home.

Children's Social Care - Safeguarding

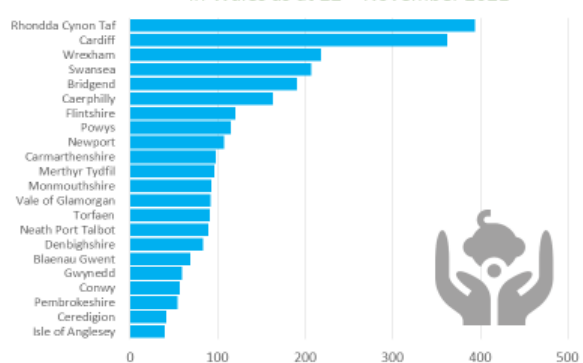
7,053 ↑ (7,048)

Children Looked After in Wales as at 22nd November 2021



2,839 ↑ (2,811)

Children on the Child Protection Register in Wales as at 22nd November 2021



*One authority was unable to provide data due to issues following WCCIS upgrade

↑↓↔ denotes change from previous week (previous week's figures)

Source: Local Authority Covid-19 Data Collections – 24 November 2021

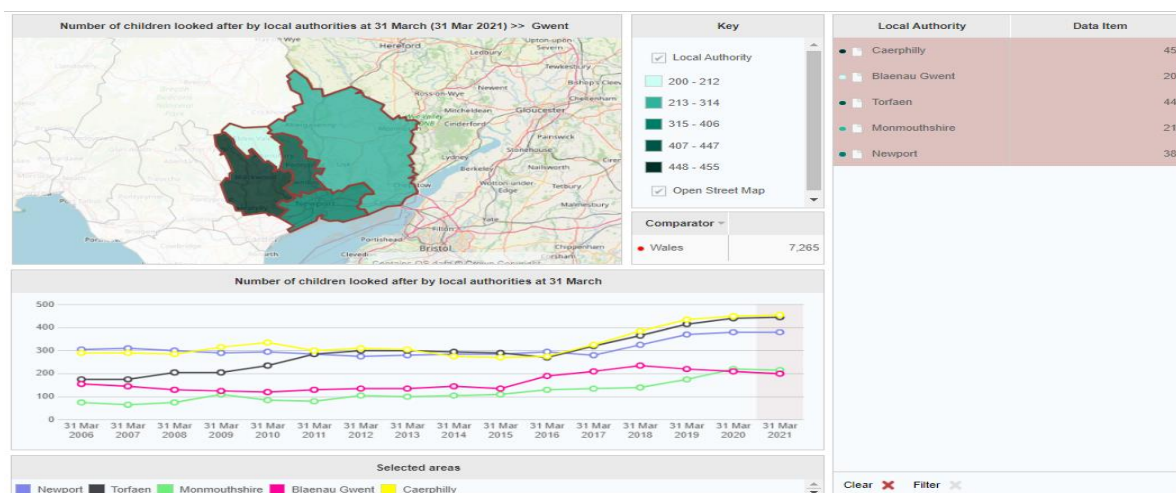
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There are additional data graphs relating to young people in the Social Wellbeing section (Baby and children's health and development) of the Wellbeing Assessment including:

1. % of low birthweight live single births
2. Teenage conceptions
3. Breastfeeding
4. Flying Start children reaching or exceeding developmental milestones
5. Healthy weight and obesity
6. Immunisations
7. Oral health
8. Adverse Childhood Experiences

[Gwent Well-being Assessment - Gwent Public Services Board Gwent Public Services Board \(gwentpsb.org\)](http://gwentpsb.org)

In addition to the data included in the Wellbeing Assessment there are a number of national data portals outlining need across the region including Social Care Wales Data Portal [Home - Social Care Wales Data Observatory \(socialcaredata.wales\)](https://socialcaredata.wales) and below is the data relating to Children Looked After. This PNA will not duplicate the information but reference where necessary.



Emerging Themes, Future trends, and challenges

The most recent Welsh Government data (as of 31 March 2020) shows that there are 16,580 children who receive care and support from children's services across 22 local authorities. Of those children being supported, 7,180 are looked after. Of those children, 17% live with their families or with other family members through kinship care arrangements, 70% live with foster carers, 8% live in residential care, 3% of children are placed for adoption and 2% of older children live independently with support. Welsh Government has prioritised the need for safe accommodation for children with complex, high end emotional and behavioural needs. This is a new Welsh Government priority for 2021-22 and aims to both prevent individuals being unnecessarily escalated to, and facilitate de-escalation from, secure or inpatient care.

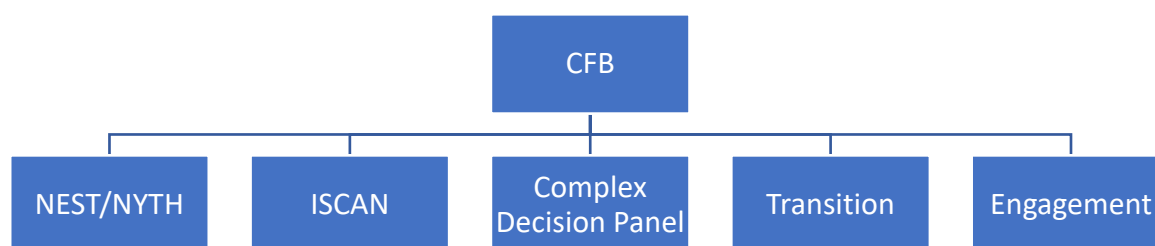
Emerging Priorities

- 1. To improve outcomes for children and young people with complex needs through earlier intervention, community-based support, and placements closer to home.**
- 2. To ensure good mental health and emotional well-being for children and young people through effective partnership working especially mitigating long term impact of Covid-19 pandemic.**

MARKET POSITION STATEMENT: *‘Meeting identified needs by providing services in partnership’.*

The RPB have established a strategic partnership sub structure, with a multi-agency membership, to deliver themed priorities across the region. In this section we provide a market position and summary of the range and level of services established and delivered in partnership to meet individual care and support needs, and the support needs of carers. The list is not exhaustive but includes core services supporting the delivery of the emerging priorities as well as support that has been developed through Welsh Government funding such as the Integrated Care Fund and Transformation Fund established following the publication of *‘A Healthier Wales’*.

The regional strategic partnership delivering partnership working in relation to this theme is CHILDREN AND FAMILY BOARD (CFB) and a summary of support delivered in partnership to meet the needs of children and young people:



The Board is supported by subgroups including: NEST/NYTH focussing on implementation of Welsh Government’s Nest framework; ISCAN Integrated Services for Children with Additional Needs; Complex Decision Panel supporting continuing healthcare discussions, Transition board; and Third Sector Engagement Network.

- (i) **ICEBERG Model and NYTH/NEST framework.** The ICEBERG model describing the importance of focusing on both traditional services that address need through direct intervention (refer on); alongside supporting services that target culture, environments, and contexts (hold on). In 2018 this work was accelerated by the Transformation Fund and pivotal developments (in no particular order reflecting the whole system approach) include the following:
- The Single Points of Access for Children’s Emotional Well-being (No Wrong Door)
 - The Gwent Attachment Service
 - The My Support Team (MYST) Regional Programme
 - The Family Intervention Team
 - Gwent Community Psychology Service
 - The Parent Infant Mental Health Service (PIMHS)
 - Platform (Peer Support)
 - The Integrated Service for Children with Additional Needs (ISCAN)
 - Care Co-ordination Service
 - Helping Hands (Psychological Well-being Services in the Children’s Centres)
 - Intensive Positive Behaviour Service (IPBS) – A Newport pilot
 - Windmill Farm (Gwent wide residential home for young people not appropriate for hospital admission but needing safety, stability, and future placement planning)
 - Whole School Approach multi-agency Implementation Team
 - CAMHS In Reach for Schools
 - Skills for Living (16 + care leavers support)

In addition, as resources have allowed, services have reconfigured to support this cultural shift, again in no particular order reflecting the whole system approach:

- School Health Nursing drop in Service
- Community Embedded Teams for Core CAMHS including Eating Disorders
- Intensive Support and Engagement Team (ISET)
- Access to mental health support within Families First and Social Care teams

Partnership funding has been a key enabler for the pace and scale at which our whole system programme developments have taken place.

Support provided alongside the third sector

- (ii) **Family Intervention Team with Action for Children.** The service provides early intervention for families where there is complexity of needs and where a family-based, community-delivered approach is indicated. The service provides a time-limited home and school visiting service. Families receive a holistic assessment at home or in a community venue of their choice, children are observed in the school setting and a

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discussion is held with key school staff, and a programme of intervention informed by a psychological formulation is devised collaboratively between worker, Clinical Psychologist/Team Lead, and the family. The aim of the *Family Intervention Team (FIT)* is to provide an equitable service across the Gwent region to children and young people from 3-16 years old experiencing emotional, behavioural, and emerging mental health difficulties.

- (iii) **Short Term Intensive Support Team for children with autism and learning disabilities during Covid-19.** The service was set up at the start of the COVID-19 pandemic to support children with autism and learning disabilities. It was aimed at children with the most complex needs who were already receiving support from the Child and Adolescent Learning Disability Service (CALDS) to prevent/postpone placement breakdown. The team was set up in collaboration with Sparkle and Gofal in Newport. The team have also been working alongside community psychology services to deliver Circle of Security groups for parents. These groups essentially support parents to understand and interpret their children's attachment needs with the aim of supporting children's attachment security, which we know is linked to better outcomes for children and young people in terms of the emotional and mental health.
- (iv) **MyST (My Support Team)** is an innovative Mental Health care model which offers an alternative to placing children and young people with complex Mental Health needs in out of county residential care. It is a targeted service for children looked after, who are at risk or have been placed in residential provisions due to their complex Mental Health needs. Through its community-based placements, it provides bespoke and complex Mental Health interventions across the whole support network of the child, as intensively as needed, with a model of intervention that aims to focus on impacting on a child's development and resilience. MyST:
- works with the whole support network around the child,
 - provides expertise in psychological interventions and strategies underpinned by theory.
 - Embeds support and reflective practice structures.
 - collaborative, pro-active, and inclusive approach to working with children, young people, and their families and
 - 24 hour on-call support for foster cares, birth families and young people.

This whole system approach includes wider working with third sector partners, especially NYAS and advocacy services as well as providing advice and training to partners.

- (v) **Skills for Living Project with Action for Children:** Skills for Living is an innovative project to improve the emotional wellbeing of young people leaving care across Gwent and is delivered by a specialist mental health team within Action for Children. The service is offered to young people who were in the care system on their 16th birthday, especially targeting those who have experienced significant emotional distress and have developed self-destructive behaviours. The project further supports the Workforce within these sectors, providing training to develop the skills to support

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care leavers in a consistent manner. The success of the project relies on the integration of these organisations to support the delivery of a consistent and equitably high-quality service to care leavers across Gwent.

- (vi) **Platform 4 YP:** Platform work with young people on an individual and group-based level to develop skills and find ways that work for them to manage their wellbeing so that they can live healthier, happier, and more fulfilled lives. Platform provide opportunities for young people to train as peer mentors and pass on the knowledge they have learned. Platform 4YP's overall aim is to provide early access to support, improve young people's overall wellbeing, create a sense of connection/reduce isolation and to create a network of peer support across Gwent. *Platform 4YP* has supported young people to explore their wellbeing, access new peer groups and learn new skills and strategies that they can use to manage daily tasks. The team report they have seen an improvement in the wellbeing of young people and an increase in the use of wellbeing strategies. The team have observed the benefit of peer support and the connections created through shared experiences and shared learning.

Market Position Summary

- There is a need to continue strengthening services and partnerships around a single front door approach to reduce hand offs between organisations and establish a sequenced approach to multiple intervention needs.
- The RPB will continue to implement principles of NEST/NYTH and across all services to remain focused on what matters to children, young people and families as we move to a whole system approach.
- Given the new programme of government priority to eliminate profit in residential care for children looked after, the RPB will support this agenda and also the early intervention and preventative services that help reduce children becoming looked after.

As we progress with the development of the regional Area Plan, we will undertake further analysis and mapping of the services required to:

- meet the care and support needs of the population and the support needs of carers
- prevent needs arising or escalating
- provide services through the medium of Welsh
- be provided in collaboration across local authorities and/or Local Health Boards outside the partnership arrangement
- build on duties to promote social enterprises, co-operatives, user led services and the third sector.
- to remain focused on what matters to children, young people and families as we move to a whole system approach.

The voluntary sector plays a key role in developing alternative models of care and support and identifying assets at an individual, community and population level and the potential contributions people, communities and organisations can make.

(2) OLDER PEOPLE INCLUDING DEMENTIA

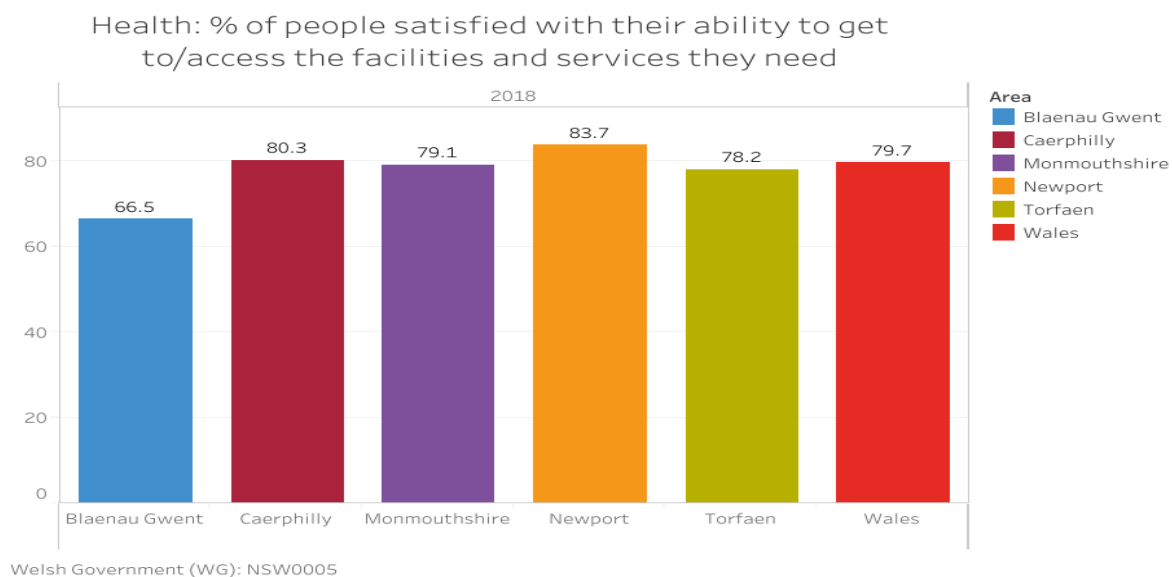
Key Themes

- Improve emotional wellbeing for older people to reduce loneliness and isolation with early intervention.
- Improve life outcomes for people living with dementia and their carers.
- Protect the rights for older people as enshrined in the United Nation’s Principles for Older Persons, and the SSWB 2014 Act.

Policy Areas

- United Nation’s Principles for Older Persons, and the SSWB (2014) Act
- Dementia Action Plan 2018-2022
- Older People’s Commissioner ‘Making Wales the best place in the world to grow older: Strategy 2019-22
- Strategy for Older People in Wales: Living Longer, Ageing Well. (2013 -2023)
- New Welsh Government Strategy on Ageing – 2022 onwards.
- Declaration of Rights for Older People

(2.1) Percentage of people satisfied with their ability to get to/access the facilities and services they need

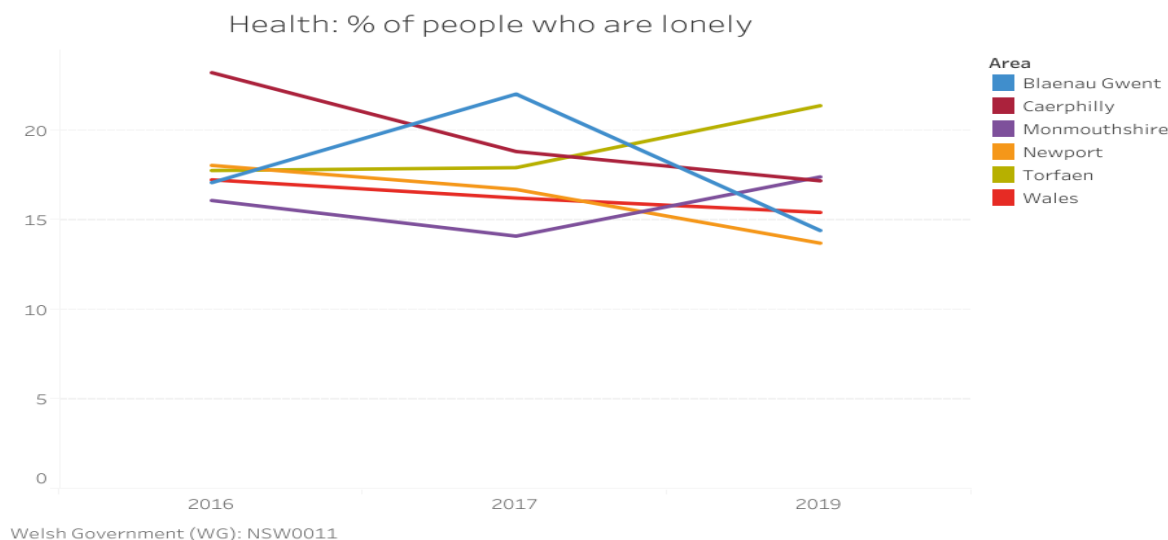


A large percentage of people are generally satisfied with access to facilities across the region. This percentage is within the Wales average for Monmouthshire despite the rurality and access to bus services. This data is from 2018 and Blaenau Gwent figure is quite low in comparison to other local authorities, however since 2018 ABUHB have committed to building a new Health & Wellbeing Centre in Tredegar which was built on the former site of Tredegar General Hospital and Brynmawr Medical Practice has also been built to improve access to services. There has been a big shift to digital technologies through the recent Covid-19 pandemic and recognition that a number of people would not have accessed services during

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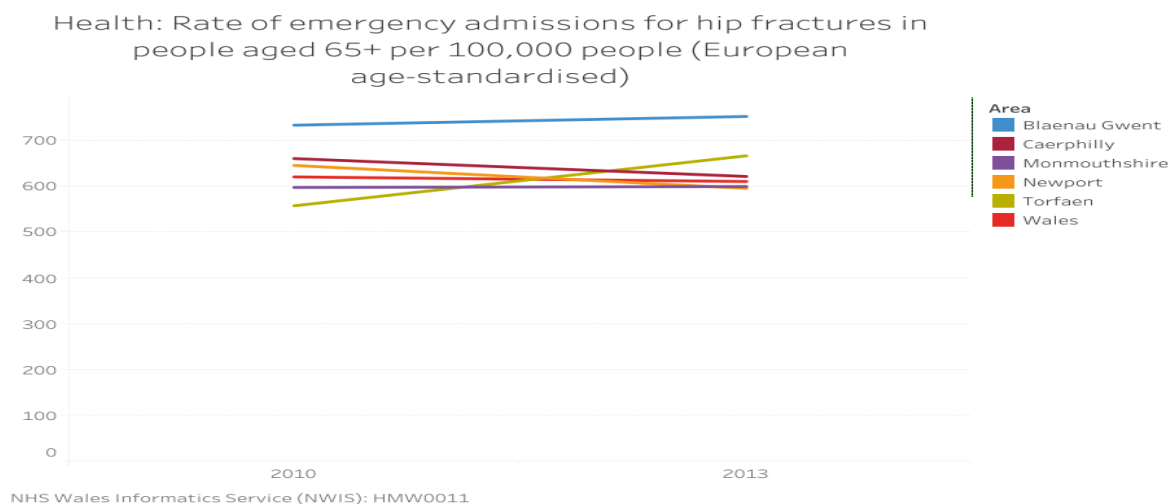
lockdown and therefore the RPB will still need to ensure an equitable access to services across the region, especially for older people who may not be confident with the use of technologies.

(2.2) Percentage of people who are lonely



We recognise that loneliness is an issue across all local authority areas and highlighted in the previous PNA; and this will have been exacerbated recently through the Covid-19 pandemic where a number of vulnerable people will have been shielding. The data varies across the region but is generally high and between 15-20% (1 in 5 people) which is a considerable number of people susceptible to poor emotional and mental health and deterioration in physical help. Loneliness may be perceived as an older person's issue – recognised by Older People's Commissioner for Wales – but given that the percentage is approximately 20% it is likely that younger people will be affected too, especially given virtual working arrangements. Solutions are generally low cost/no cost and important for RPB to promote networks, access to information and local groups, particularly through Dewis portal.

(2.3) Rate of emergency admissions for hip fractures in people aged 65 plus per 100,000 people



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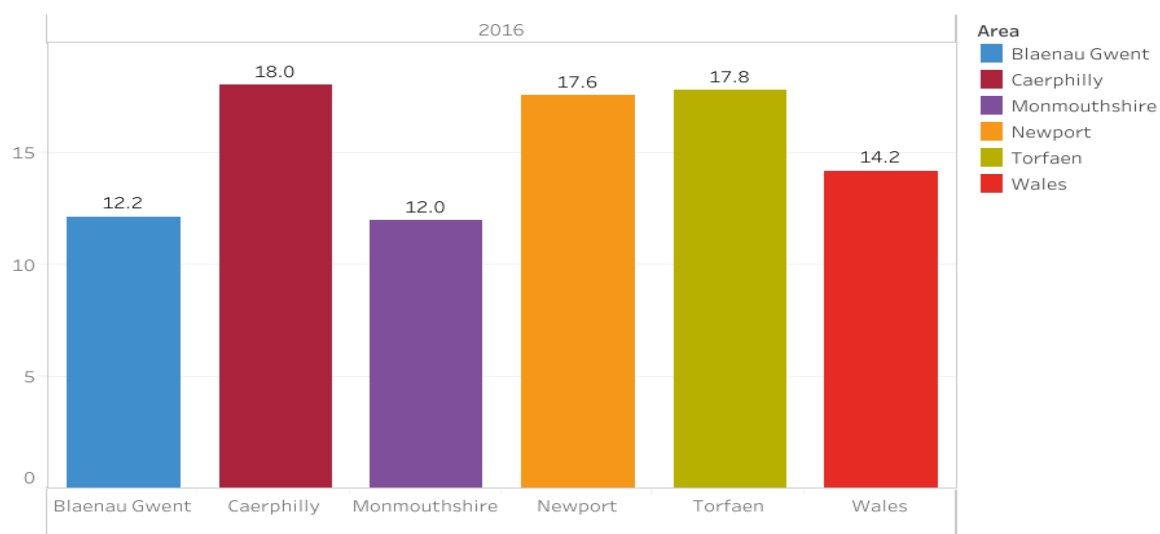
It is widely accepted that falls amongst older people are one of the biggest factors in hospital admissions and calls for ambulance assistance. Hip fractures data can be inferred and indicate level of falls amongst older people and subsequently hospital admissions.

1 in 3 people aged 65+ (over 3 million) fall in the UK every year and 1.2 million people are treated in Accident and Emergency Departments (A&E) after a fall, costing the NHS £1.6 billion each year (CSP, 2015; Tinetti, 1988). The Economic Model for Falls Prevention (CSP, 2016) suggests that mild falls (those that don't require any additional treatment on discharge from A&E) represent 47.2% of the total number of falls. Falls account for approximately 10% of 999 emergency calls received via the Welsh Ambulance Service NHS Trust (WAST) across Wales (WAST, 2016). There has been an emphasis on preventing falls and dedicated studies, roles, and services within the ABUHB as well as wider public information and awareness. Gwent Frailty is a multi-disciplinary service within the Primary Care and Community Services Division in Aneurin Bevan University Health Board, centred on providing patients with care and/or treatment closer to home and promoting patient independence; and falls prevention is a core function of the service.

We have seen recently during the pandemic and generally through the winter periods, the impact on WAST and hospitals falls can have, and along with progressed dementia, the predominant factor in 999 calls for ambulances. The data included is a conservative indication of falls given that not all older people will require surgery after an accident. However, the data when totalled is approximately 3000 people during 2013 and will not simply reflect hospital admissions but also the large number of rehabilitation services required and subsequent impact on independent living. Given the impact on health and social care, falls prevention will still remain a priority for RPB consideration.

(2.4) Percentage of people who called for an ambulance in the last 12 months

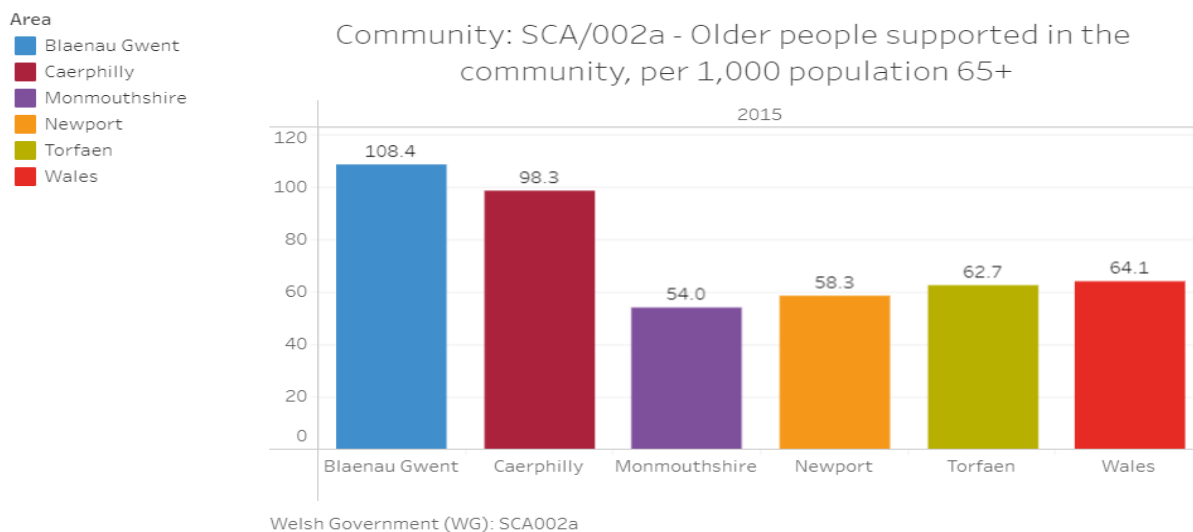
Health: % of people who called for an ambulance in the last 12 months



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The data highlights the acute needs of some local authority areas when compared to the rest of Wales. The 3 areas higher than Wales average are valley communities and could point to wider health detriments in those areas.

(2.5) Older people supported in the community, per 1,000 population 65+

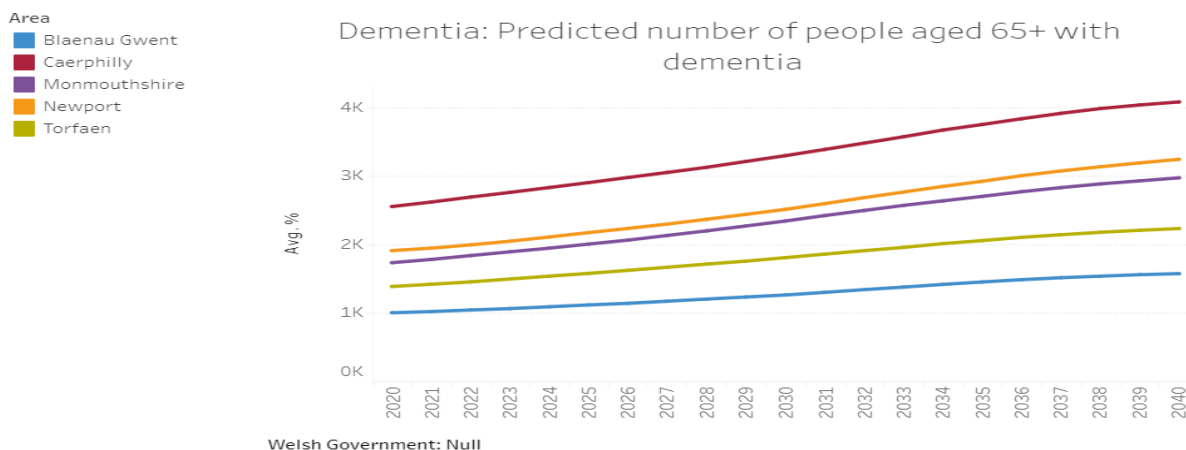


Remaining at home is at the heart of many peoples view of being independent. People have told us they would like help and support to move around and maintain their own home, go out as they please and not have to depend too much on others. We also know that many older people with long term health conditions are caring for a family member, friend or neighbour and need to be supported to continue to do so. These unpaid carers contribute significantly to the Gwent economy and potential health and social care costs.

Older people need good, timely and accurate information to be able to understand what support is available to them and this can be important to maintaining independence. This also needs to be provided in a range of ways so people can access it. Small things can be quite significant – such as size and type of fonts in leaflets or background colours to aid readability. Information is now often provided digitally and so access to online information for older people is dependent on skills and resources. Greater consideration should be given to supporting older people to develop the necessary skills and confidence to access information online. Public access areas such as GP Surgeries, public transport and community libraries can act as access points for information but in some areas of Wales these are underutilised and overlooked. We have valuable community library resources across Gwent which provide information, advice, and guidance for both older people and those living with dementia.

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(2.6) Predicted number of people with dementia 65 plus



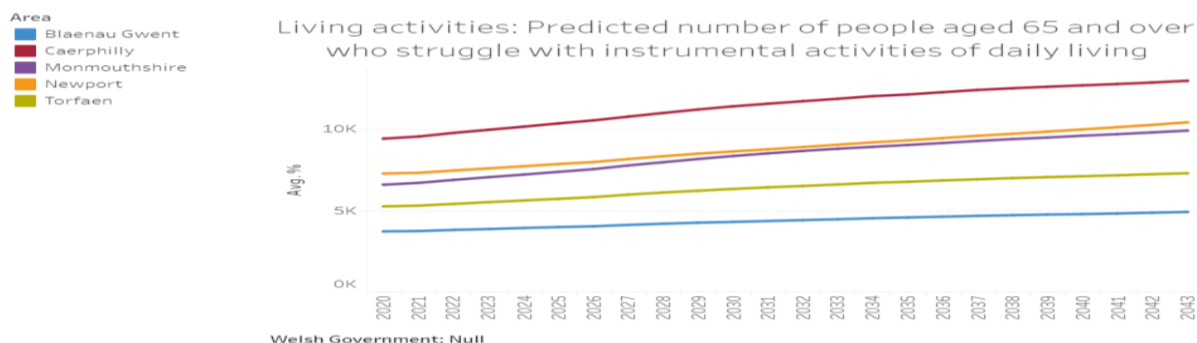
Approximately 42,000 people are living with dementia in Wales, and it is most common in older people, affecting 1 in 20 people over the age of 65 and 1 in 5 over the age of 80. It is predicted that 1 million people in the UK will have dementia by 2025 and this could increase to 2 million by 2050 (*Alzheimer's Research UK*). The above figures are from '*Dementia UK: A report into the prevalence and cost of dementia*' prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007. The prevalence rates have been applied to population projections of the 65 or older population to give estimated numbers of people predicted to have dementia, to 2035.

Across all local authority areas in the Gwent region, an increase in the number of people living with dementia is predicted. The increases range from 62.1% in Blaenau Gwent to 97.1% in Monmouthshire over the period 2013 to 2035. The RPB are working to support more timely diagnosis and are developing a consistent clearly understood diagnosis, care and support pathway which incorporates standards of care and outcome measures. Living with dementia can have a big emotional, social, and psychological impact on a person, their families, and carers. This can affect the relationships a person has with their environment and the support that they receive. It is important to people living with dementia that people develop awareness and understanding of the condition so they can be supported to maintain quality of life. As an RPB we provide development and learning opportunities jointly with our key partners to the workforce and communities to raise awareness, understanding and highlight risk factors and preventative measures. We also work with partners and continue to develop and build on the strengths of our Dementia Friendly Communities, working in collaboration of Age Friendly Community groups.

We are aware of the impact of the pandemic on people living with dementia; and professionals within health and social care have been working hard to support people through assistive technology, online support, and telephone calls where face to face visits could not be provided. We have also been supporting people living with dementia their families and carers through the 'Get There Together National' project, working with partners to create a series of films aimed to reduce concerns and reassure anyone who is anxious about getting beyond the front door as well as dealing with the stresses of Covid-19.

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(2.7) Predicted number of people struggle with at least one domestic task 65 plus



Healthy life expectancy is increasing over time, which is positive, however when the time comes where the oldest population develop care and support needs, those needs are more intensive and expensive as people live longer. People over the age of 65 are more likely to need extra support to remain independent in their own homes and across all local authorities in Gwent it is predicted there will be an increase in people unable to manage at least one domestic task on their own.

Predicted number of people aged 65 or over that will be unable to manage at least one domestic task on their own (household shopping, wash and dry dishes, jobs involving climbing, use a vacuum cleaner, wash clothing by hand, open screw tops, deal with personal affairs, do practical activities). Figures are taken from 'Living in Britain; Results from the 2001 General Household Survey, Supplementary report: People aged 65 and over, table 37, ONS'. The predicted increases range is from 44.9% in Blaenau Gwent to 71.6% in Monmouthshire. As an RPB we have a range multi-disciplinary reablement and care services in place to provide long and short-term support to help people live independently in their own homes. We also have been using grant funding from the Integrated Care Fund to promote digital and mobile assistive technology solutions to support the prevention of falls.

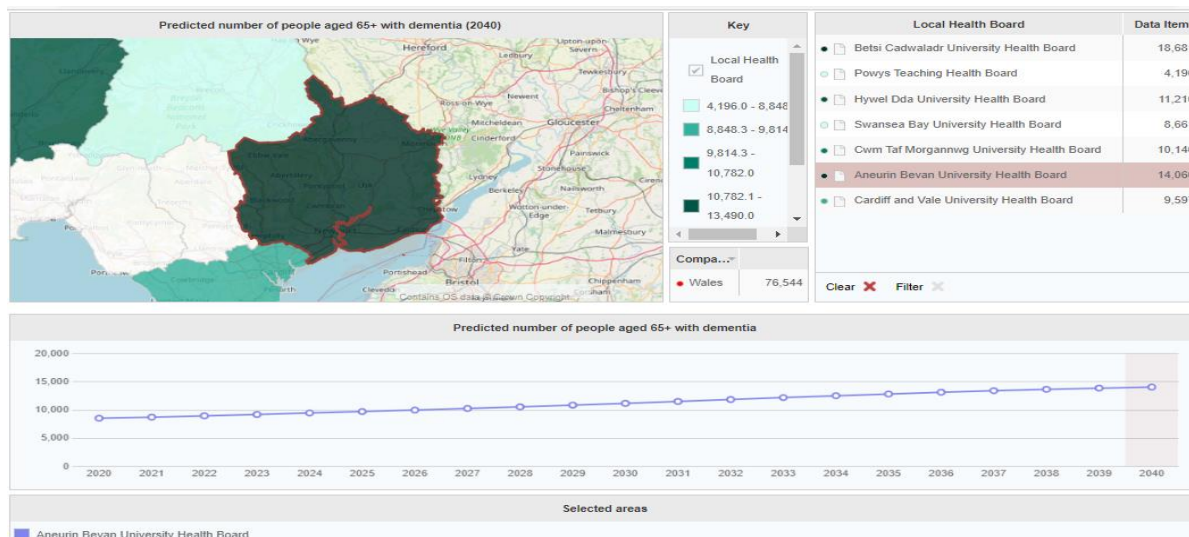
There are additional data graphs relating to adults in the Social Wellbeing section of the Wellbeing Assessment including

1. Life expectancy and health inequalities
 2. Cancer registrations
 3. Deaths due to cancer
 4. Deaths due to cardiovascular disease
 5. Delayed transfers of care
- Healthy lifestyles including
6. Physical activity
 7. Healthy diet
 8. Alcohol
 9. Smoking
 10. Individuals who are overweight or obese
 11. Overweight/obesity
 12. Diabetes

[Gwent Well-being Assessment - Gwent Public Services Board Gwent Public Services Board \(gwentpsb.org\)](http://gwentpsb.org)

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In addition to the data included in the Wellbeing Assessment there are a number of national data portals outlining need across the region including Social Care Wales Data Portal [Home - Social Care Wales Data Observatory \(socialcaredata.wales\)](https://socialcaredata.wales) below is information relating to number of people predicted to be living with dementia. This PNA will not duplicate the information but reference where necessary.



Emerging Themes, Future trends, and challenges

Wales has an ageing population, and many people stay healthy, independent, and well into old age, however as people age, they are more likely to live with complex co-morbidities, frailty, and disability. By 2030 it is projected that there will be over 1,008,000 older people in Wales (33% of the population) (ONS 2017/2018). Older people have lots of skills, knowledge, and experience to contribute to society and are a valuable resource to us in Gwent, with many volunteering and sharing their skills in communities. A whole system approach is needed between health and social care and other partners to help people remain independent and as healthy as possible so they can continue to live at home.

What people have told us

Remaining at home is at the heart of many peoples view of being independent. People have told us they would like help and support to move around and maintain their own home, go out as they please and not have to depend too much on others. We also know that many older people with long term health conditions are caring for a family member, friend or neighbour and need to be supported to continue to do so. These unpaid carers contribute significantly to the Gwent economy and potential health and social care costs.

“I want to remain in my own home for as long as I can. It’s where all my memories are”.

“I am scared of being in contact with people as don’t want to get covid, but I am also isolated so feel really down. It’s confusing!”.

What are the gaps in understanding of well-being?

The number of older people with unmet care and support needs is increasing substantially due to challenges in the health and care system. Effective solutions are needed to address these needs including addressing delayed discharges in hospitals that can lead to worsening health outcomes and complications around care and support needs. It is clear that most people desire to cope with their illnesses and remain independent at home and care models need to reflect the needs of the person as part of their care and support.

The public health restrictions put in place to keep people safe during the pandemic, meant that older people saw big changes to their normal activities and routines. It also meant spending time apart from family, friends, volunteering roles, jobs and communities and creating loneliness and isolation. These changes have meant some people are nervous and anxious to return to normality and are unsure of what the future holds.

Connecting through digital platforms became a valuable resource to many people in Gwent so they could stay in touch with family and friends, access health services, shopping, advice, guidance, and entertainment. However, digital exclusion still remains across Wales where some older people have a number of barriers to getting connected such as lack of confidence in using digital technology, financial barriers, costs of broadband services or lack of broadband due to rurality of area. Some people also said that healthcare appointment had been cancelled and they were now struggling as had to wait for health procedures and were unsure of how long they would have to wait. This will impact future waiting lists for procedures and appointments and currently the total Outpatient waitlist position is 111,239, reduced from 116,336 as at October 2021. The Inpatient waitlist is currently 17,703 and as of December 2021, the Referral to Treatment Time position is: 4818 open pathways are over 104 weeks, 22,984 over 52 weeks and 34,254 over 36 weeks.

The pandemic has also brought to light positives about life in Gwent, with communities coming together to support each other, people volunteering and responding to calls for help. There has been a wave of solidarity during this time and the commitment and dedication of our health and social care workforce during this time. In addition:

- We have key assets in Gwent such as our network of unpaid carers and volunteers, and a passionate multi-agency workforce. We also have a very good relationship with our independent/third sector partners and Dementia Supportive Communities.
- There are roughly four million unpaid carers (for all service user groups), of whom one quarter provide more than 50 hours a week of care, giving practical help, companionship, and general supervision. Nearly 90% of older people with dependency problems receive some informal care (some alongside formal care). There is likely to be a fall in the future supply of such carers, arising from changes in the population age structure, rising divorce rates, decline in family size, rising childlessness, changing household composition of older people, and changing preferences of older people. (*Social Care Institute for Excellence research*).

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- Volunteers also play a major part in providing social care. It has been estimated that their contribution represents the equivalent of 221,000 full-time employees, or roughly one in every five hours of formal caring. Many such volunteers are older people themselves.
- There are pressures on social care services arising from the needs and preferences of older people increasing.
- Recruitment and retention of employees is challenging for services supporting older people. High levels of stress and dissatisfaction are reported by staff, and although low pay is an issue, the introduction of the national minimum 4 wage should have eased recruitment. This has been exacerbated by the pandemic.

Emerging Priorities

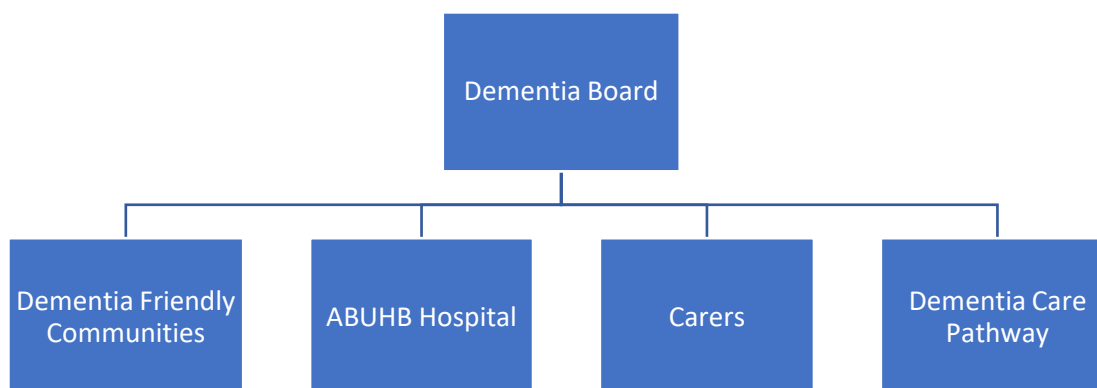
1. To improve emotional well-being for older people by reducing loneliness and social isolation with earlier intervention and community resilience.
2. To improve outcomes for people living with dementia and their carers
3. To support older people to live, or return following a period of hospitalisation, to their own homes and communities through early intervention, integrated care models and a whole system approach.
4. To mitigate the long term impact of Covid-19 pandemic through, especially reducing waiting lists and times to access support, appointments and medical procedures.

MARKET POSITION STATEMENT: *'Meeting identified needs by providing services in partnership'*

The RPB have established a strategic partnership sub structure, with a multi-agency membership, to deliver themed priorities across the region. In this section we provide a market position and summary of the range and level of services established and delivered in partnership to meet individual care and support needs, and the support needs of carers. The list is not exhaustive but includes core services supporting the delivery of the emerging priorities as well as support that has been developed through Welsh Government funding such as the Integrated Care Fund and Transformation Fund established following the publication of *'A Healthier Wales'*.

The regional strategic partnership delivering partnership working in relation to this theme are: DEMENTIA BOARD and GWENT ADULT STRATEGIC PARTNERSHIP (GASP) and a summary of support delivered in partnership to meet the needs of older people:

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A summary of support to meet the needs of older people living with dementia and their carers: Memory Assessment Service (MAS) support

- (i) **MAS - Advanced Nurse Practitioners.** One of the limiting factors in expanding the MAS service across the region in line with predicted demand is that currently a Consultant Psychiatrist is required to undertake the diagnostic interventions. To free up the capacity of the Consultant Psychiatrists, 5 Advanced Nurse practitioners to undertake prescribing and Diagnostician roles to allow the service to expand and free up clinical time for patients were recruited. This would also ensure all patients, regardless of complexity receive a diagnosis within 12 weeks. Additionally, to address a Gap in service provision across Gwent for support for Younger People with a diagnosis (under 65's), funding was approved for a Band 4 Assistant Practitioner role to support this specialist service, working closely with the third sector to support individuals in accessing all help that is available. One of the five Advanced Nurse Practitioners recruited will also be a dedicated resource for this cohort of patients. The Advanced Nurse Practitioners will also undertake a programme of engagement with third sector parties and referrers to improve awareness. In line with providing care closer to home, expansion of the team will allow for negotiation of clinical spaces outside of the MAS locations, using hubs and surgeries where able, to ensure inclusion and accessibility for as many individuals as possible.
- (ii) **MAS - Additional Consultant Capacity** has been prioritised in local authorities requiring additional support.
- (iii) **MAS - Home Based Memory Rehabilitation (OT).** An audit of ABUHB Occupational Therapy (OT) provision to memory services in 2020 identified a significant gap. Too few people are accessing recommended early interventions, such as planned OT interventions in ABUHB at the point of diagnosis, except for the offer of memory enhancing medication and the offering of Cognitive Stimulation Therapy programmes in some Boroughs. In order to address these Gaps, identified funding was awarded for the implementation of an early intervention OT service. The service consists of a team lead occupational therapist (1 x WTE Band 7) with a team of OT staff (4 x WTE Band 6s) to deliver an equitable service to all memory services across Gwent. The intention is for this to be the starting point for specialist early intervention service in-

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order to holistically meet the needs of those diagnosed with dementia and their carers.

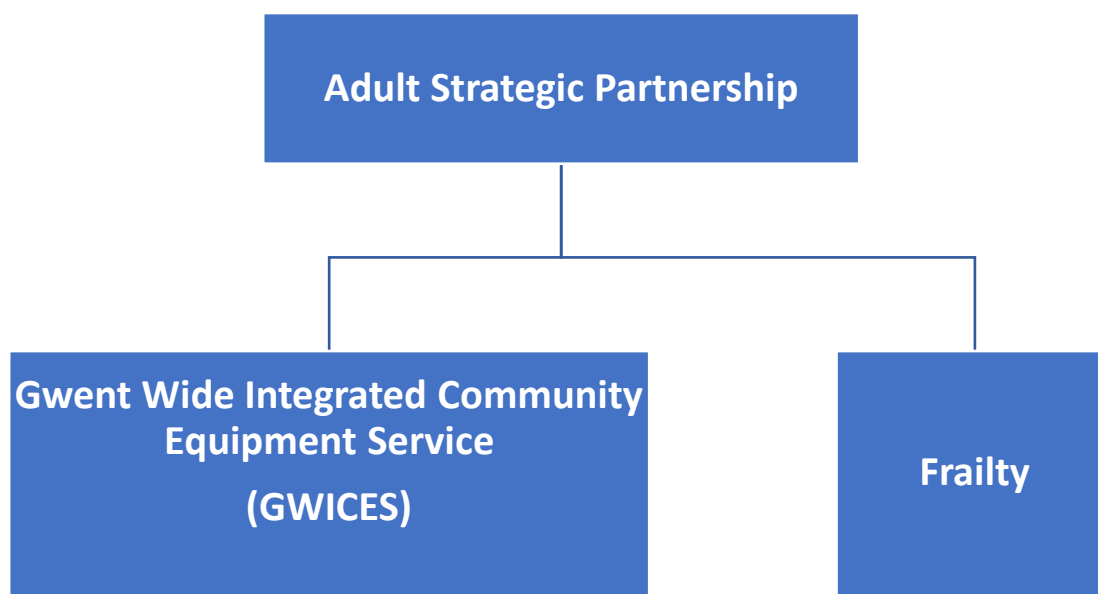
- (iv) **MAS - Hearing Assessments (Audiology).** Alongside timely access to diagnosis, a holistic approach to dementia assessment and management is required to ensure that patients have the best opportunity to engage effectively with memory assessment services, in particular by incorporating hearing assessments into the diagnostic process. Funding was approved for the recruitment of specialist band 7, band 5 and band 4 audiologists to ensure a seamless service between audiology and memory services is established. This will allow all patients who are referred to the MAS to access a hearing assessment prior to the memory assessment, in Primary Care or Community Settings where possible. The service will also provide educational support for carers and family on impact of hearing loss and management of hearing aids through local carer education and support services.

To support the needs of older people we have used money from the Integrated Care Fund (ICF) to allow integrated working and support the following areas:

- Supporting recognition and identification through the development and delivery of a regional training programme.
- Supporting assessment and diagnosis through PET Scanning Enabler for earlier diagnosis of complex cases
- Supporting people to live well through the Alzheimer's Society Dementia Support Services, Side by Side and Dementia Connect
- Early Intervention Dementia Reablement Services across 5 local authorities
- Hospice of the Valleys - Support for those with Early on set Dementia
- Increased support - Care and support in the individual's home for increasing needs through Shared Lives Dementia, Gwent Enhanced Dementia Service, Integrating Salt into Dementia, Caerphilly Pilot Behavioural Support Service, and Improvement to response times and MECS – Mapping Education and Carers Service, (previously BST)

There are also a range of other support services delivered across the region with wider partners to support to meet the needs of people living with dementia and include:

- Welsh Government - Reduce your Dementia in 6 Steps campaign
- Community Connectors in each borough, who are also Dementia Friendly accredited
- Zest for Life – Young Onset Dementia Service at Age Connects. Widdershins (Torfaen)
- Care and Repair Scheme- Torfaen and Monmouthshire.
- Dementia Friends programme and Champions throughout Gwent
- Gwent Access to Advocacy (GATA)
- Age Cymru- Dementia Advocacy Service. Funded by Welsh Government Grant, until March 2022.
- Time for Me. Living Well with Hearing Loss. RNID – befriending service. Online/Telephone support.
- Gwent Carers Hub- Dementia Carers group.
- Transport to Health Project- Volunteer car schemes across Gwent.
- Singing for the Brain (Alzheimer's Society) All areas of Gwent except Newport but some not started back yet.
- Social Circle - Bridges Supporting people living with dementia in social settings.



A summary of support to meet the needs of older people living through multi agency partnership.

- i. **Gwent Wide Integrated Community Equipment Service (GWICES)** is a developed partnership between the 5 Local Authorities and ABUHB which integrates community equipment services across health and social care to improve services for people. Medequip Assistive Technology is the provider of the Gwent Wide Integrated Community Equipment Service and to access equipment, citizens require an Occupational Therapy Assessment.
- ii. **Frailty Service and Community Resource Teams (CRT)** is a joint service provided by the Aneurin Bevan University Health Board and local authority Social Services. The CRT provides help to adults, (over the age of 18) who need support to stay independent, within their own homes and offers an improved service that ensures individuals receive the right intervention, in the right place, at the right time, from the right professional. It simplifies the process by coordinating both health and social care needs. The CRT is made up of: Intermediate Care Consultant and Rapid Response Nursing Service, Reablement Service, Falls Service, Hospital Discharge and Social Work Community Connectors, Community Occupational Therapy Service including -Assistive Technology/Telecare, Sensory Impairment advice, Home Adaptations and Equipment, and Manual Handling. Intermediate Care Consultant and Rapid Response Nursing Service, Reablement Service, Falls Service can be accessed by Health and Social Care professionals through the Gwent Frailty Single Point of Access.
- iii. **Gwent Access to Advocacy (GATA)** is a helpline supporting people across the region to access independent professional advocacy (IPA) or other appropriate services around their care and support needs. The helpline is currently receiving over 100 contacts per quarter and the objectives are:
 - a. To act as a point of contact for those requiring advocacy services, and in particular an independent professional advocate (IPA)

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- b. To provide information, advice and assistance to individuals, professionals and carers accessing GATA, in accordance with their needs, and as defined by any eligibility and threshold criteria.
 - c. To raise awareness of and actively promote the service throughout Greater Gwent (Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen) to facilitate take up and engagement with GATA.
 - d. To capture and collect robust data.
- iv. **AskSARA** is an online assessment tool for living aids and equipment and provides citizens with help to find useful information about products to make daily living activities in their home easier. It has been developed in partnership the Disabled Living Foundation.

Market Position Summary:

- **There is an increasing need to further support the emotional wellbeing for older people, through reducing loneliness and isolation issues and providing multi-agency early intervention and community support to boost wellbeing.**
- **We need to strengthen partnerships, services and coproduction models to improve the outcomes for people living with dementia and their carers.**
- **The RPB will need to strengthen partnerships and practices across health, social care and independent/third sector to ensure we are supporting people to remain well at home for as long as possible, and are able to return home from hospital, through an enhanced reablement approach.**

As we progress with the development of the regional Area Plan, we will undertake further analysis and mapping of the services required to:

- meet the care and support needs of the population and the support needs of carers
- prevent needs arising or escalating
- provide services through the medium of Welsh
- be provided in collaboration across local authorities and/or Local Health Boards outside the partnership arrangement
- build on duties to promote social enterprises, co-operatives, user led services and the third sector.

The voluntary sector plays a key role in developing alternative models of care and support and identifying assets at an individual, community and population level and the potential contributions people, communities and organisations can make.

(3) HEALTH / PHYSICAL DISABILITIES & SENSORY IMPAIRMENT

A person with a ‘health or physical disability including sensory impairment’, may have difficulty carrying out everyday activities, as their movement and senses may be limited. Sensory impairment is reduced or loss of sight, hearing, or both. Those included are blind, partially sighted, deaf, and hard of hearing. A disability may be present from birth or occur during a person's lifetime. Health disabilities can include chronic conditions such as obesity or an individual might have had a stroke and have long term effects with movement, speech, hearing, and sight. Equipment and adaptations can help a person to live more independently and confidently at home. Prevention, early identification and providing practical and emotional support and easier accessibility to services can have a real positive impact on life outcomes.

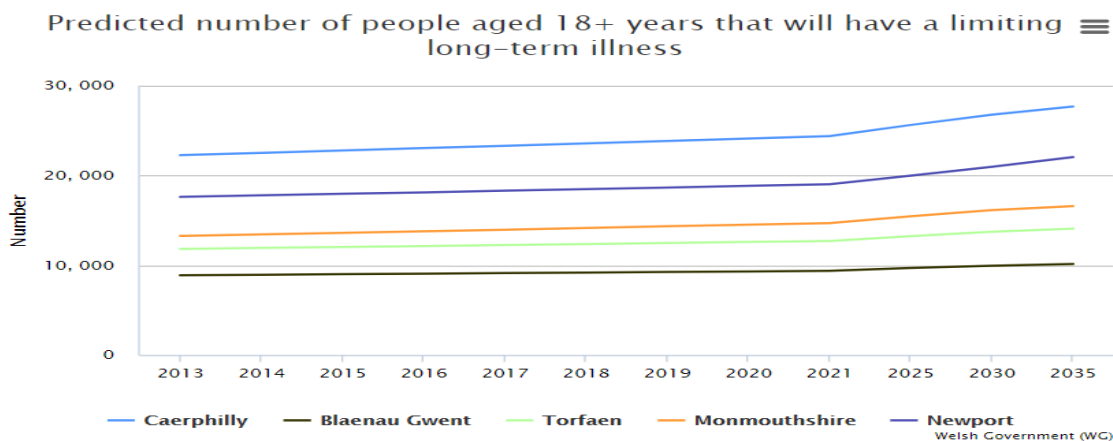
Key Themes

- Supporting disabled people through an all-age approach to live independently in appropriate accommodation
- Support access to community-based services, including transport.
- Help people reduce the risk of poor health and well-being through earlier intervention and community support.
- Ensure people are supported through access to accurate, timely information and assistance and ‘rehabilitation’ where required.
- Improve emotional well-being particularly through peer-to-peer support.

Policy Areas

- Welsh Government’s Disability Equality Forum Impact of Covid-19 on disabled people in Wales and ‘Action on Disability’ framework.
- Wales Council of the Blind: Rehabilitation Officers for Visual Impairment, Addressing a workforce crisis in Wales.
- All Wales Deaf Mental Health and Wellbeing Group - Deaf People Wales: Hidden Inequality.

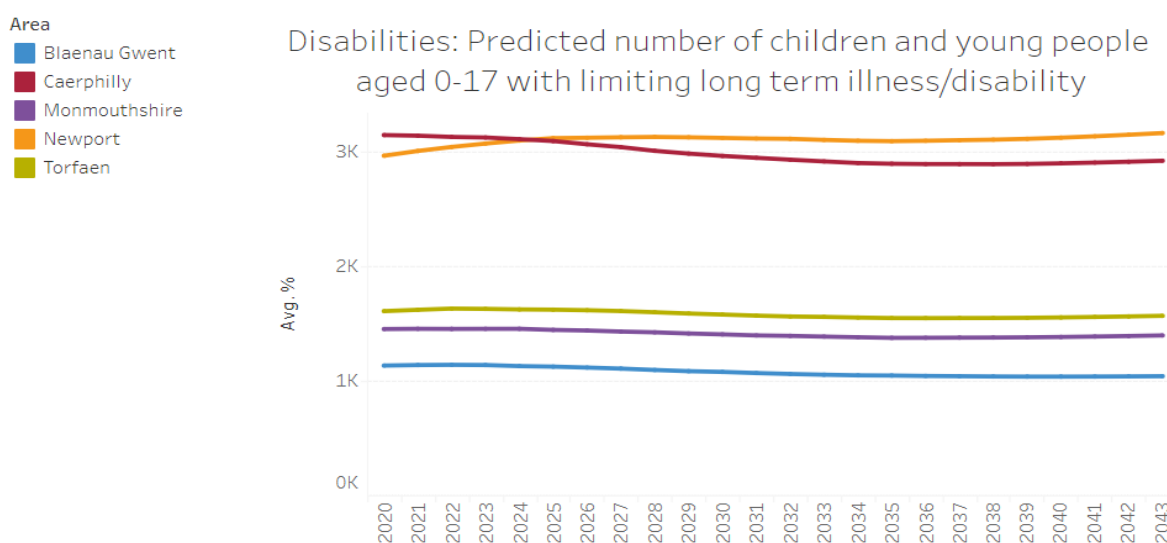
(3.1) Predicted number of people aged 18+ years with a limiting long-term illness



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The impact of chronic conditions on people's lives and services in Wales is of growing concern. Wales has the highest rates of long-term limiting illness in the UK, accounting for a large proportion of unnecessary emergency hospital admissions (NHS Wales). Figures are taken from the 'Welsh Health Survey 2012, table 3.11 Adults who reported having illnesses, or being limited by a health problem/disability, by age and sex'. Adults who reported having a limiting long-term illness were asked to specify the illness which was the main cause of their limitation. All local authority areas across the Gwent region are predicted to see an increase in the number. The predicted increases range from 14.1% in Blaenau Gwent to 25.1% in Newport

(3.2) Predicted number of people aged 0 - 17 that will have a disability according to Disability Discrimination Act definitions 2035

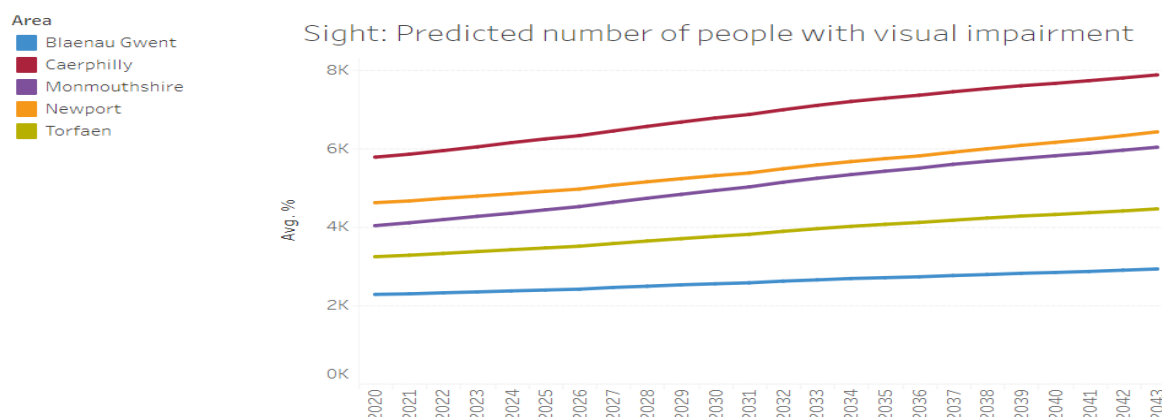


This figure is taken from the study 'Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK, Blackburn et al, BMC Paediatrics 2010'. Children were defined as disabled if they met the Disability Discrimination Act criteria for a disabled person. Disability Discrimination Act definitions mean that the child has significant difficulties with any of the following areas: mobility, lifting/carrying, manual dexterity, continence, communication (speech, hearing, eyesight), memory/ability to concentrate or understand, recognise if in physical danger, physical coordination, or other problem or disability.

The number of young people living with a disability is predicted to be relatively stable over the next 10 years but will still remain significant in terms of multi-agency partnership support required to ensure outcomes. Transition arrangements between primary and secondary education is key to ensuring outcomes as well as effective planning between partners. Parents often highlight the number of different partners requesting information and the RPB has invested in an Integrated Service for Children with Additional Needs (ISCAN) to coordinate services for children and families in one place. ISCAN has been key to reducing multiple 'hand offs' to partners and supported parents with caring of children with disabilities especially during Covid-19 pandemic.

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(3.3) Number of sight impaired people 65 plus



The above data has been taken from the registers of people with physical or sensory disabilities, data includes all persons registered under Section 29 of the National Assistance Act 1948. However, registration is voluntary, and figures may therefore be an underestimate of the numbers of people with physical or sensory disabilities. Registration of severe sight impairment is, however, a pre-condition for the receipt of certain financial benefits and the number of people in this category may therefore be more reliable than those for partial sight impairment or other disabilities. These factors alongside the uncertainties about the regularity with which local authorities review and update their records, mean that the reliability of this information is difficult to determine and so it cannot be thought of as a definitive number of people with disabilities. People with sight impairment are registered by local authorities following certification of their sight impairment by a consultant ophthalmologist. The Certificate of Vision Impairment (Wales) formally certifies someone as partially sighted or as blind (now using the preferred terminology 'sight impaired' or 'severely sight impaired', respectively) so that the local authority can register him/her. Registration is voluntary and access to various, or to some, benefits and social services is not dependent on registration. If the person is not known to social services as someone with needs arising from their visual impairment, registration also acts as a referral for a social care assessment.

The majority of local authority areas in the Gwent region have experienced a decrease however this data will need to be explored further to ascertain if this is a registration issue and if people are aware of services.

It is estimated that there are around 2000 children and young people aged 0-19 with a visual impairment in Wales. At least 20 per cent of these will have additional disabilities and/or additional learning needs; a further 30 per cent have very complex needs (*Vision2020UK: Shared statistics and key messages about sight loss 2013*). Wales Council for the Blind have highlighted that '*Partnership working is the only way to provide services that will ensure that Welsh CYPVI achieve their full potential and have the skills to be ready for adult life. This can only be achieved with early intervention by the right people at the right time.*' The report can be downloaded here http://www.wcb-ccd.org.uk/wales_vision_forum.php.

Emerging Themes, Future trends, and challenges

More than **600,000** people in Wales have hearing or sight loss (NHSWales2015) with the number increasing due to demographic trends and increases in chronic health conditions, amongst other causes. The effects of living with multiple health conditions can be profound, affecting quality of life, daily activities, poor physical and mental wellbeing and finding and maintaining employment, leading to financial hardship. This can then exacerbate inequalities, with loss of income and worklessness contributing to further declines in health. There is a danger that, without action, worsening socioeconomic inequalities will further concentrate this trend among the most disadvantaged.

Disability is extremely diverse and although some people might have extensive health care needs others might not, however all people with a disability need to access mainstream healthcare services. Almost everyone is likely to experience some form of disability during their lifetime, which could be temporary or permanent, having a dramatic impact on quality of life. There have been many improvements through the years, however the UK Disability Survey (2021) identified that public perception of disabled people is still a significant barrier to participation in areas, including employment and education and unhelpful perceptions and stigma.

People living with disabilities have been disproportionately impacted by the Covid 19 pandemic. They have had potentially higher risk of catching the virus due to underlying health conditions and had difficulty in engaging in preventative measures and experienced disruptions to health services they usually rely on. People with sensory loss have found it extremely challenging as their communication needs have not been met leaving them increasingly isolated. Although health and social care have worked hard across Gwent to reach out and support people during this time, we need more specific actions going forward, to recognise the impact there has been for people with health, physical and sensory disabilities.

There is an urgent need to improve the data we collect on disability, to further improve equality for disabled people and increase emotional wellbeing within health and social care.

What are the gaps in understanding of well-being?

Adults and children with disabilities have struggled both physically and mentally throughout the pandemic with the loss of services and support during this time. Some people previously found comfort in their daily routines which were removed with cancelled appointments and lockdown of education and activities.

Some people who are blind and visually impaired felt lonely prior to the pandemic but during this challenging time they have had to face more physical and psychological barriers. Social distancing rules have been difficult, as this cannot be observed along with directional arrows, screens etc. In community settings and trying to follow the rules has caused anxiety, stress, and exhaustion.

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Visual impairment is strongly associated with falls and hip fractures. The rate of falls in older people with visual impairment is 1.7 times higher than other older people of the same age, with hip fractures 1.3 - 1.9 times higher. The new normal is for people to wear facemasks to prevent transmission of disease. As a result of this deaf and hearing-impaired people feel excluded from the world. Deaf people who rely on sign language still need facial expressions for full communication, so this has been difficult.

What people have told us

Some people feel isolated and excluded, and have been struggling with mental and physical health. Some people feel there is lack of multi-agency support and they don't always know who to contact. Some people also struggle with accessibility of certain buildings, pavements and using public transport.

"I have just applied for a guide dog and am on the 'awaiting training list' I can't wait to get my confidence back and be able to go out and have my independence back".

Some people have hidden disabilities which are not visible but are just as challenging. They have faced discrimination as their disability can't be seen. There needs to be more positive attitudes towards disabled people. It is important for us to have a more inclusive future that focuses on our strengths.

- People are living longer; however future trends indicate that on average a quarter of people after age 65 will live with some form of health disability. This needs to be considered when developing service models with a particular focus on effective prevention interventions. There are estimated to be about 9 million deaf and hard of hearing adults in the UK, that is about 18% of the total population. About 640,000 of these are profoundly or severely deaf. As people grow older the challenges of becoming deaf increase: 7 out of 10 people over 70 will have developed a significant hearing loss. This could have a significant impact on health and social care services.
- Sensory impairment can be a significant life limiting condition and its incidence increases with age. This means the challenges associated with the condition are likely to grow over coming decades. People with sensory impairment have a range of care and support needs. There is a scarcity of ROVI workers who can provide the necessary assessment and delivery of interventions including a lack of adequate supervision to support the workforce which also needs addressing.
- Early identification is vital, as is prevention, support to reduce loneliness, isolation and promote mental health and well-being. Offering effective care and support is likely to reduce other risks associated with age and frailty, such as falls. A focus is needed on further development of generic and specialist services and improving the access to other services for people with a sensory impairment. This will require a multi-agency approach.
- The prevalence of physical disability is much wider than those who need or want help from social care, however this could change in the future if needs increase.

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- Sight loss in the UK is estimated to double over the next 40 years, which will have a significant impact on the UK's health and social care system and damage the quality of life for millions of people. (RNIB 2009)
- Hearing loss is a common health issue in the armed forces. Many veterans will have had prolonged exposure to loud noise from small arms fire, artillery, engines, and other machinery during service, causing permanent hearing damage. The Veterans Gateway website provides information, advice and support for Veterans and their families on support and services currently available.

Emerging Priorities

1. To support disabled people, including sensory impairment, through an all-age approach to live independently in appropriate accommodation and access community-based services, including transport.
2. Ensure people are supported through access to accurate information, assistance and 'rehabilitation' where required.
3. Improve transition across all age groups and support services.

MARKET POSITION STATEMENT: *'Meeting identified needs by providing services in partnership'*.

The RPB have established a strategic partnership sub structure, with a multi-agency membership, to deliver themed priorities across the region. In this section we provide a market position and summary of the range and level of services established and delivered in partnership to meet individual care and support needs, and the support needs of carers. The list is not exhaustive but includes core services supporting the delivery of the emerging priorities as well as support that has been developed through Welsh Government funding such as the Integrated Care Fund and Transformation Fund established following the publication of *'A Healthier Wales'*.

The regional strategic partnership delivering partnership working in relation to this theme: GWENT ADULT STRATEGIC PARTNERSHIP (GASP) and CHILDREN AND FAMILIES BOARD (CFB) in relation to transition, and a summary of support delivered in partnership to meet the needs of older people:

- i. **ISCAN** (in relation to children and families transition) see section 1.
- ii. **Dewis Cymru** is an information portal commissioned by Welsh Government at the advent of the Social Services and Wellbeing (Wales) Act 2014 and includes information or advice about well-being – or how people can help somebody else. Wellbeing don't just mean personal health it can include where you live, how safe and secure you feel,

- getting out and about, and keeping in touch with family and friends. No two people are the same and wellbeing means different things to different people and Dewis Cymru helps people to focus on what matters to them and information about people and services in their area that can help with the things that matter most.
- iii. **Integrated Wellbeing Networks:** In order for us to continue to improve the health and well-being of our growing and ageing population, now, and in the future, we need to change how we do things. Working together better, in a more integrated way to find more effective ways to support community well-being. To make this happen in Gwent, we have developed a place-based model of well-being called Integrated Well-being Networks.
 - iv. **Sight Cymru and Perspectif:** It is important that people with sight loss are signposted to support services within their communities and the sight loss sector in Wales recognises 'Perspectif' as the tool to identify these services and it is available at <http://www.wcb-ccd.org.uk/perspectif/index.php> Sight Cymru also provide a range of services across Gwent.
 - v. **Low Vision Service Wales** – provided by Optometrists or Dispensing Optometrists accredited as Low Vision Practitioners in a Primary Care setting. People accessing the Service are able to receive low vision aids to support with day-to-day activities and are also offered advice and guidance. Practitioners will also be able to signpost service users to third sector providers for further support. There are currently 41 practices that provide the Low Vision Service to patients in Gwent.
 - vi. **Rehabilitation Officers for Visual Impairment (ROVI)** provide early intervention support, helping people to remain independent and contribute to their community. There is a concern that in some areas some people are being signposted away from this support however we don't have the full data on this. The role has been identified across Wales as needing a clear pathway for referral to address unmet need and further promotion of the role which has been taken forward in Torfaen. The RPB work closely with third sector partners and will continue to support people with sight impairment through multi-agency partnership approaches and access to new technologies. Rehabilitation in sight loss is key in preventative approaches to support new ways to accomplish essential tasks and to introduce a range of equipment and techniques to avoid injuries and falls and mitigate or defer the need for longer term care. There is a scarcity of ROVIs which needs to be anticipated and addressed in the Gwent area to support eye conditions, orientation and mobility, independent living, and communication skills. During the pandemic the ROVI in Torfaen has provided training to social care colleagues on the ROVI role and referral pathways and the benefits they bring. This has resulted in more referrals.

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Market Position Summary:

- **The RPB need to ensure all frontline workers receive up to date training and awareness raising in relation to the various information portals and sites that provide useful advice to the public, which will require training and awareness raising.**
- **Recruitment across health and social care needs to increase including specific roles such as Rehabilitation Officers for Visual Impairment.**

As we progress with the development of the regional Area Plan, we will undertake further analysis and mapping of the services required to:

- meet the care and support needs of the population and the support needs of carers
- prevent needs arising or escalating
- provide services through the medium of Welsh
- be provided in collaboration across local authorities and/or Local Health Boards outside the partnership arrangement
- build on duties to promote social enterprises, co-operatives, user led services and the third sector.

The voluntary sector plays a key role in developing alternative models of care and support and identifying assets at an individual, community and population level and the potential contributions people, communities and organisations can make.

(4) LEARNING DISABILITIES

There are approximately 54,000 people in Wales living with a learning disability (ONS, 2019). A learning disability affects the way a person learns new skills throughout their lifetime. This can affect communication, understanding new or complex information and coping independently. A learning disability can be mild, moderate, or severe. Some people with a mild learning disability might be able to communicate well and look after themselves independently but might need a bit longer to embrace new skills. Other people might not be able to communicate and have more complex needs, needing further support. It very much depends on the persons abilities and the level of care and support they receive.

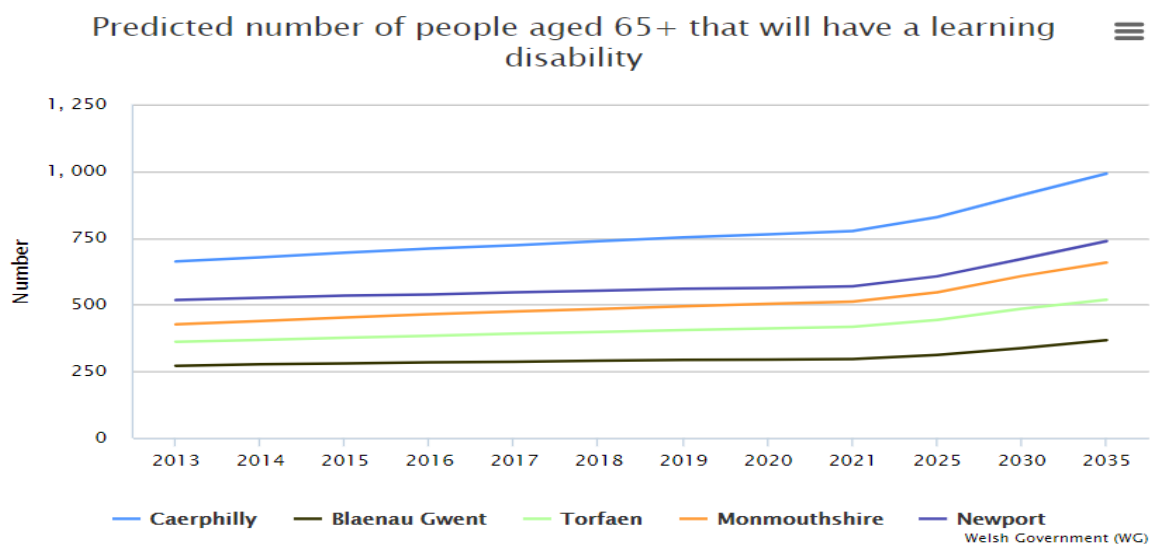
Key Themes

- Support people with learning disabilities to live independently with access to early intervention services in the community.
- Provide greater public awareness and understanding of people with learning disabilities needs.

Policy Areas

- Learning Disability Improving Lives Programme
- Children’s Commissioner Report ‘No Wrong Door’ in relation to adult services for children with learning disabilities.

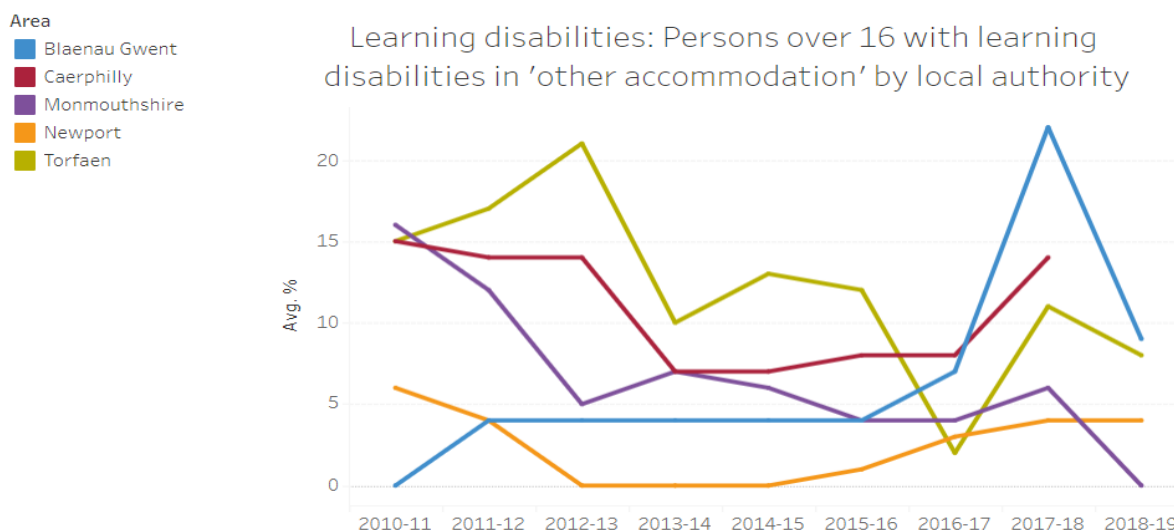
(4.1) Predicted number of people 65 plus with Learning Disabilities



The data is taken from the Register of persons with learning disabilities (SSDA901). The data may be an underestimate of the total number of people with learning disabilities as registration is voluntary. Local authorities submit numbers of those identified as having a learning disability currently known to the authority and included in a register for the purpose of planning or providing services. All local authority areas across the region are predicted to see an increase in the number. The predicted increases range from 35.4% in Blaenau Gwent to 54.5% in Monmouthshire.

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(4.2) Number of placements for persons aged 16 years or older with learning disabilities in other accommodation.



Most people with learning disabilities can lead independent lives with the right support, but as resources reduce, effective planning and provision of care and support services is becoming increasingly important and challenging. The pressure to find greater efficiencies whilst improving wellbeing is driving local authorities to look for different ways to deliver better outcomes for people. Person-centred planning, regular reviews by skilled care managers, and external input by partners, staff, advocates and families can all be used to create services that provide better outcomes in a more cost-effective way. The overall spend on learning disabilities in Wales has risen in real terms (considering inflation) by 6.8% since 2008-09. In 2015-16, the 22 local authorities' gross expenditure for people with learning disabilities (adults under 65) was £398.5 million. Recognising the importance of investing resources properly, authorities are increasingly focussing on how to maximise the benefit of the services they commission.

Emerging Themes, Future trends, and challenges

Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen
106	205	80	153	129

There are a total of 673 people with learning disabilities known to ABUHB with average life expectancy increasing over the last few decades. However, the impact of the pandemic has had a negative impact on people with a learning disability, where they have felt isolated at being separated from family and friends and daily routines disrupted. People have said that stress, anxiety, feeling isolated and changes to their normal routine has had a negative impact on mental health. Also, some people felt their health had deteriorated as they weren't as active and had put on weight due to not going out and about.

Communication and information were felt to be confusing surrounding Covid-19 which saw lots of organisations adapting the way they worked and providing more innovative ways to support people. Social media, websites and online platforms were used so people could

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connect and also telephone support calls as well as easy read resources so people could feel informed.

A reduction in community-based support due to restrictions has left some people feeling unsupported which has had a detrimental impact on mental health and physical wellbeing. There was also confusion over Government guidelines with people needing further advice and reassurance, which saw lots of people not wanting to visit a health professional even if this was needed. Organisations across Gwent adapted the way they worked and provided more innovative ways to support people. This was done through providing activities and services through social media, websites, and online platforms, so people could connect. Telephone check in calls were also provided by some organisations to help people stay connected, as well as easy read resources so people could keep informed.

New Government Programme

Consultation is currently underway to develop and publish a new five-year Learning Disability Strategic Action Plan, which will build on the success and the momentum of the 'Improving Lives' programme. The action plan aligns fully with Welsh Government Programme for Government commitments, incorporating 'Improving Lives legacy' actions; and the Covid-19 recovery needs of people with a learning disability, will form a crucial part of this work. The views of people with a learning disability, their families, and carers and third sector stakeholders, is a fundamental principle to this action plan, and full engagement with these groups and individuals will take place whenever possible. It will focus on the following priority areas:

- Overarching/Cross Cutting; including cross-government activity that may not sit in one specific area
- Covid Recovery
- Health, Including Reducing Health Inequalities and Avoidable Deaths
- Social Services and Social Care
- Facilitating Independent Living and access to services through Increased access to Advocacy and Self Advocacy Skills, Engagement and Collaboration
- Education including Children and Young People's Services
- Employment and Skills
- Housing – Appropriate housing, close to home, access to joined-up services.
- Transport

The Gwent Regional Partnership Board will continue to engage with stakeholders to ensure inclusion of the voice and views of people with a learning disability are included through meaningful engagement, to improve and develop support/service delivery for individuals.

Emerging Priorities

- 1. To support people with learning disabilities to live independently with access to early intervention services in the community; and greater public awareness and understanding of people with learning disabilities needs.**

MARKET POSITION STATEMENT: *'Meeting identified needs by providing services in partnership'*

The RPB have established a strategic partnership sub structure, with a multi-agency membership, to deliver themed priorities across the region. In this section we provide a market position and summary of the range and level of services established and delivered in partnership to meet individual care and support needs, and the support needs of carers. The list is not exhaustive but includes core services supporting the delivery of the emerging priorities as well as support that has been developed through Welsh Government funding such as the Integrated Care Fund and Transformation Fund established following the publication of *'A Healthier Wales'*.

The regional strategic partnership delivering partnership working in relation to this theme: MENTAL HEALTH AND LEARNING DISABILITY PARTNERSHIP and a summary of support delivered in partnership to meet the needs of older people:



- i. **My Mates:** Through My Mates, people with a learning disability have access to a variety of social events to form friendships and, if desired, to develop a close personal relationship, whilst being offered advice and information in a supportive environment. My Mates assists to build confidence and independence utilising the person's own network and the community. Events are facilitated by My Mates and are self-funded with individuals providing their own support from their extended networks. The project is member-led. My Mate's focus isn't on trips and events; the relationships that are built within the social activity are paramount. My Mates is seeking to improve: Friendships and Relationship, Better community networks, Combating isolation and the impact of Loneliness, Voice, Choice and Control & Education and Awareness.
- ii. **Shared Lives programme:** In Shared Lives, an adult or young person who needs long term support is matched with a carefully approved Shared Lives carer, by their local Shared Lives scheme which are run or commissioned by council's adult social care

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services. Together, the person needing support and the Shared Lives carer share the carer's family and community life. Half of the 10,000 people using Shared Lives move in with their chosen Shared Lives carer to live as part of their household; half visit for day support or overnight breaks. People get safe, personal care and support, in a place which feels like home. They make friends and become more active: 85% felt it had improved their social life and 89% felt involved with their community. There are 10,000 Shared Lives carers in the UK. All are approved following rigorous recruitment and training by one of the UK's 140 regulated local schemes. There are 123 in England, two in Northern Ireland, eight in Wales and 11 in Scotland. Shared Lives is safe, consistent and person-centred, and has a rich history of supporting people with a learning disability to live well. Shared Lives is diversifying to support people with different support needs, but the majority of people in a Shared Lives arrangement have a learning disability.

Market Position Summary:

- **There is a need to increase the number of bespoke and individual support packages for people with a learning disability which will involve more one to one support in the community and will require the recruitment of a greater number of volunteers.**

As we progress with the development of the regional Area Plan, we will undertake further analysis and mapping of the services required to:

- meet the care and support needs of the population and the support needs of carers
- prevent needs arising or escalating
- provide services through the medium of Welsh
- be provided in collaboration across local authorities and/or Local Health Boards outside the partnership arrangement
- build on duties to promote social enterprises, co-operatives, user led services and the third sector.

The voluntary sector plays a key role in developing alternative models of care and support and identifying assets at an individual, community and population level and the potential contributions people, communities and organisations can make.

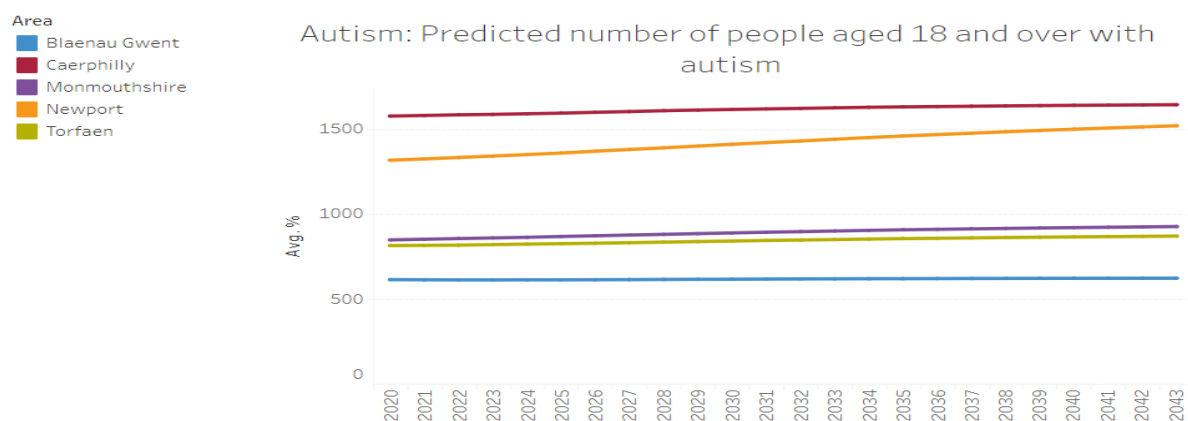
(5) AUTISM

Autism or Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition which affects how people communicate and interact with the world. One in 100 people are on the autistic spectrum and there are around 700,000 autistic adults and children in the UK (*National Autistic Society research 2021*). Each person living with autism has a distinct set of strengths and challenges, and the way in which people learn with autism can range from highly skilled to severely challenged. Autism means that the way a person thinks about and experiences the world is different to most people. Autism is different for everyone and some autistic people need little or no support. Others may need help from a parent or carer on a daily basis, '*Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: The Special Needs and Autism Project (SNAP), Baird et al, the Lancet, 2006*'.

Policy Areas

- Part 2 of the Code of Practice within the Social Services and Wellbeing (Wales) Act 2014
- Autism Delivery Plan 2021-2022

(5.1) Predicted number of people aged 0-17 with Autistic Spectrum Disorder (ASD).



Across local authorities in the Gwent region, with the exception of Blaenau Gwent, are predicted to see an increase in the number of people aged 0-17 with Autistic Spectrum Disorder (ASD). Across the remaining local authority areas in the Gwent region, predicted increases range from 2.1% in Monmouthshire to 17.7% in Newport. Autistic people often have difficulty in accessing community activities, leisure facilities and other services. The RPB has supported the embedding of the Integrated Autism Service and raising awareness of autism in schools through a children's story book '*Moli the Cow who Moo she was Different*'.

The Welsh Government Code of Practice on the delivery of Autism Services is now published and sets out the duties placed on local authorities and health bodies about the range and quality of services that should be available in their local areas for people with autism. The Code reinforces the legal frameworks already in place by specifying provisions for autism services.

Emerging Themes, Future trends, and challenges

What people have told us

The National Autistic Society (2020) in their report '*Left Stranded*', highlights that the pandemic has disproportionately affected those with autism and their families. The research found, compared to the general population, those with autism were seven times lonelier and six times more likely to have low life satisfaction. Nine in ten were concerned about their mental well-being.

A rapid learning review published by the Association of Directors of Adult Social Services (ADASS, May 2021) into the impact of the Covid-19 pandemic on autistic people or those with learning disabilities stated that:

"In line with this national emphasis, proper account was not taken of the needs of people with a learning disability or autism in lockdown, including the feasibility of the containment measures and the greater impact these would have on their lives"

Evidence suggests that autistic people, people with mental health conditions and people with a learning impairment have found many of their self-help activities (such as in-person community groups) severely curtailed during this time. Many are now very isolated and unable to communicate their difficulties through the limited mechanisms currently available (*Locked Out Report, 2021*). Some of the key issues facing autistic people have been highlighted in the ADASS report, these include:

- Loss of contact with friends, daily activities and routines has exacerbated pre-pandemic health and wellbeing challenges for autistic people and people with learning disabilities.
- Regular changes in guidelines have been difficult for people to adapt to.
- A particular concern highlighted during interviews conducted by ADSS related to employment opportunities.

These factors need to be considered within our covid recovery planning for the region, as these issues are also reflective of what people have told us in Gwent. People in Gwent have also told us they want help to plan their life the way they want, with the right support and services to help. Person centred planning can help people to make their own choices and achieve life goals so people can reach their potential.

There is also a need for more meaningful activities that are fun but also help people to grow and learn. Although volunteering is considered important to learn new skills, more opportunities are needed for paid employment, training, and education. Organisations adapted through the pandemic with some activities being held on Zoom. This created barriers for some organisations to join, due to data protection laws. Many people appreciated the online support and to have options to connect on zoom but have now said they have 'zoom fatigue'.

Independent living is important and the opportunity to live in suitable housing, in a suitable location with the right individual support. One size does not fit all. Some people with autism said they felt that some professionals did not know enough about autism and had a very

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'stereotypical view' and felt more training was needed for not just awareness but acceptance of difference.

"My autism is unique to me. I want people to have not just a greater awareness of autism, but also an acceptance of it. My brain works differently to other people, but I have my own unique skills to offer so don't see my diagnosis, see me".

- People have felt isolated and nervous, so could need emotional and practical support to return to normality. Nine out of ten autistic people have worried about their mental health during the pandemic and subsequent lockdown. Compared to the general public, autistic people were seven times more likely to be chronically lonely during June and July 2020 and six times more likely to have low life satisfaction (National Autistic Society Cymru)
- Children and young people with a disability need an improved transition support programme to improve outcomes.
- There have been difficulties with some people accessing suitable health provision so this need addressing for effective future support.
- Improved post diagnostic support is needed for adults as some feel since having their diagnosis they are left "to get on with it".
- People with autism have struggled through the pandemic with loneliness and want more meaningful activities that inspire and support learning.
- More people with autism need to be supported into paid employment. The Office for National Statistics (ONS) has published new data in 2021, that shows just 22% of autistic adults are in any kind of employment. There is a need to improve employers' understanding of autism and improve the support that autistic job seekers and employees receive.
- Increased Autism Awareness training for the workforce and communities and how each person is unique with their own strengths and abilities. There is a need to improve citizen understanding of autism and inform people the key things they can do to support autistic people.

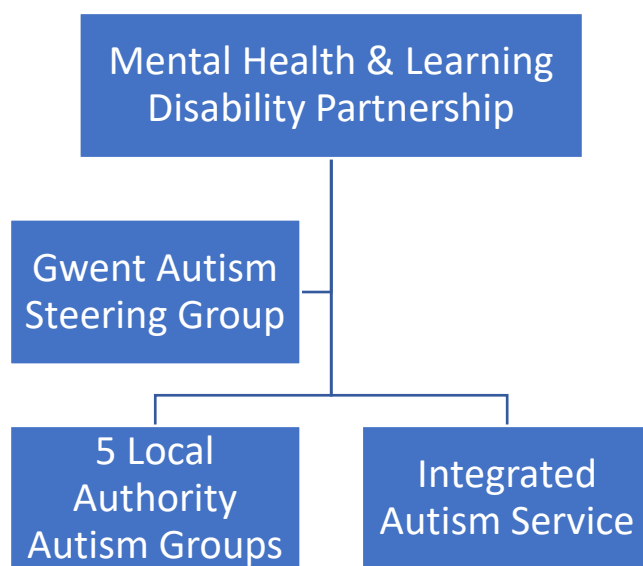
Emerging Priorities

- 1. To provide more timely diagnosis of Autistic Spectrum Disorder and access to support services and information and advice.**
- 2. To improve awareness, understanding and acceptance of autistic people.**

MARKET POSITION STATEMENT: *'Meeting identified needs by providing services in partnership'*.

The RPB have established a strategic partnership sub structure, with a multi-agency membership, to deliver themed priorities across the region. In this section we provide a market position and summary of the range and level of services established and delivered in partnership to meet individual care and support needs, and the support needs of carers. The list is not exhaustive but includes core services supporting the delivery of the emerging priorities as well as support that has been developed through Welsh Government funding such as the Integrated Care Fund and Transformation Fund established following the publication of *'A Healthier Wales'*.

The regional strategic partnership delivering partnership working in relation to this theme: GWENT AUTISM STEERING GROUP linking to MENTAL HEALTH & LEARNING DISABILITY PARTNERSHIP and a summary of support delivered in partnership to meet the people living with autism.



A summary of support to meet the needs of autistic people:

- i. **Gwent Integrated Autism Service (IAS).** The Integrated Autism Service has been set up jointly between Health and Social Care to provide diagnostic assessment for autistic adults (sometimes jointly with other services), and advice for children, adults and those who support them. During the pandemic their service was adapted to offer online sessions instead of drop ins, providing virtual Autism advice sessions with support staff and peer mentor workers. They have also been running the post diagnostic, online version of *'Understanding Autism'*.

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- ii. **National Autistic Society (NAS) local branches.** The NAS has established local branches to provide information, opportunities for people to meet and develop peer networks.

Market Position Summary:

- **There is an increasing need to deliver further autism training and awareness to health, social care and wider RPB partners as well as the wider public.**

As we progress with the development of the regional Area Plan, we will undertake further analysis and mapping of the services required to:

- meet the care and support needs of the population and the support needs of carers
- prevent needs arising or escalating
- provide services through the medium of Welsh
- be provided in collaboration across local authorities and/or Local Health Boards outside the partnership arrangement
- build on duties to promote social enterprises, co-operatives, user led services and the third sector.

The voluntary sector plays a key role in developing alternative models of care and support and identifying assets at an individual, community and population level and the potential contributions people, communities and organisations can make.

(6) MENTAL HEALTH

Mental health affects everyone as it includes emotional, psychological, and social well-being. It affects how we think, feel, and act. It helps determine how we handle stress, relate to others, and make life choices. Mental health is important at every stage of life, from childhood and adolescence through to adulthood. A quarter of people will experience mental health issues or illness at some point during their lifetime, often facing discrimination and stigma and affecting the people around them.

- 1 in 10 children between the ages of 5 and 16 have a mental health problem and many more have behavioural issues. There is evidence this is increasing.
- Approximately 50% of people with enduring mental health problems will have symptoms by the time they are 14 and many at a much younger age, demonstrating that mental illness can affect people across the course of their lives.
- Between 1 in 10 and 1 in 15 new mothers experience post-natal depression.
- 1 in 16 people over 65, and 1 in 6 over the age of 80, will be affected by dementia. Current estimates are that approximately 43,000 people in Wales are experiencing dementia and this is predicted to increase by over 30% in the next 10 years.
- 9 in 10 prisoners have a diagnosable mental health and/or substance misuse problem
- 295 people took their own life in Wales in 2020 (Samaritans)

Key Themes

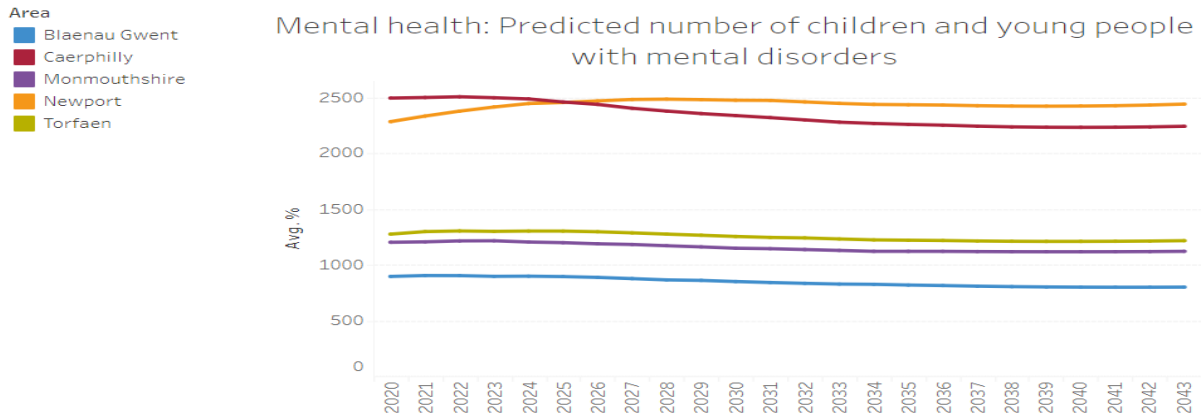
- Increased understanding and awareness of mental health amongst the public to reduce stigma.
- Improved interventions to help people to seek support earlier.
- To improve emotional well-being and mental health for adults and children through early intervention and community support.

Policy Areas

- Together for Mental Health Delivery Plan 2019-2022
- Together for Children and Young People Plan Together for Children and Young People, NHS Wales Health Collaborative
- Covid-19 in Wales: *'The mental health and wellbeing impact'* by Cardiff University
- Talk to Me 2, Suicide and Self-Harm Prevention Strategy for Wales 2015-2020
- National Mental Health Covid survey

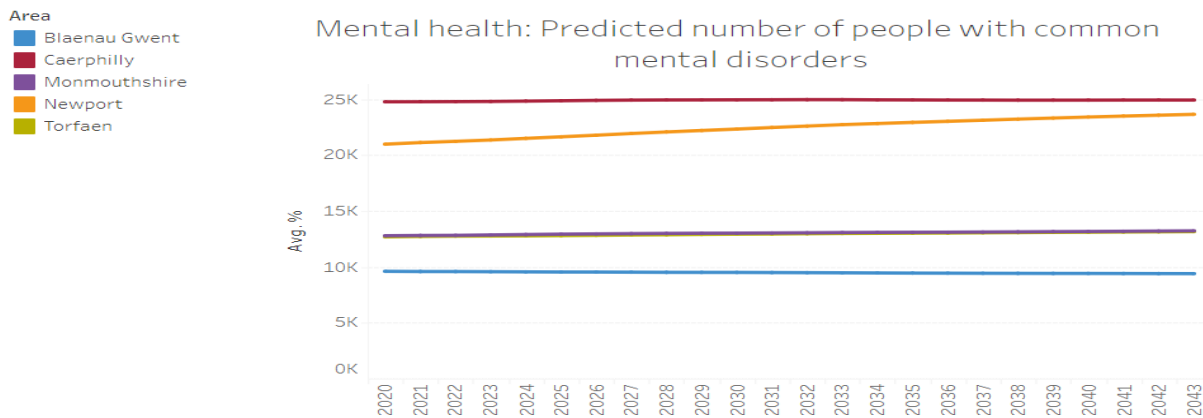
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(6.1) Predicted number of people aged 5-15 that will have a mental disorder



The percentage ranged from 66% in Blaenau Gwent to 78% in Monmouthshire. This compares with 72% of people aged 16 years or older free from a common mental disorder for Gwent and 74% for Wales.

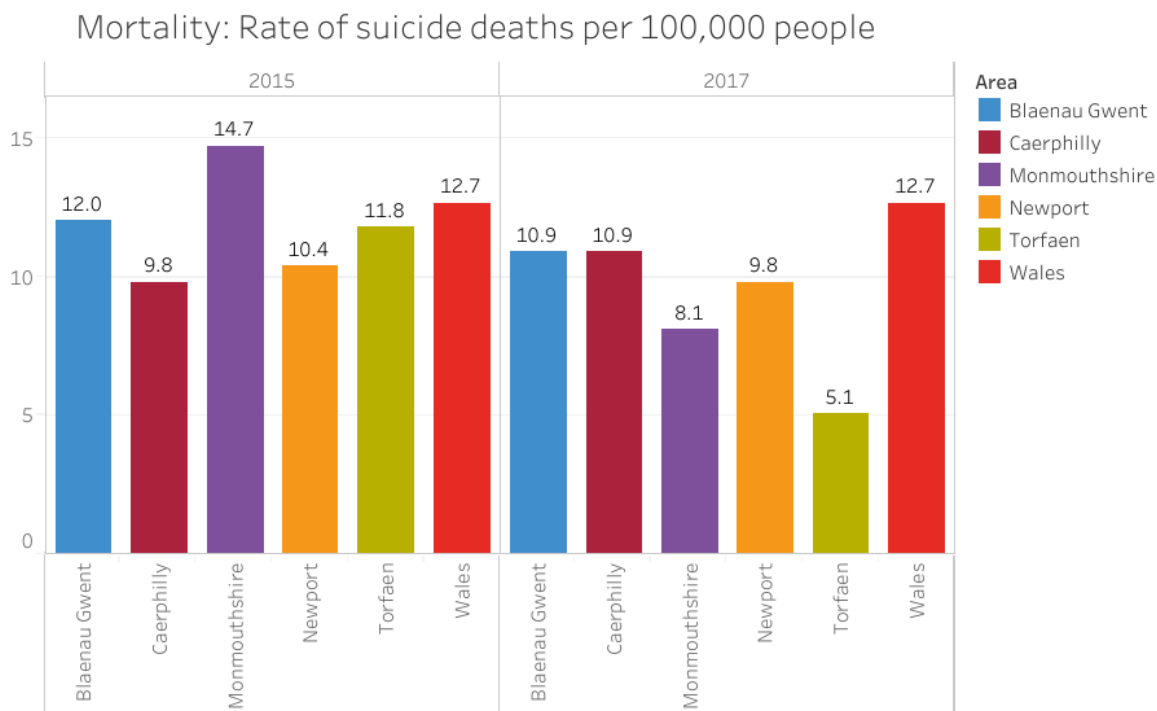
(6.2) Number of people aged 16 plus free from a common mental disorder



Across the local authority areas in the Gwent region both Torfaen and Newport are predicted to see increases of 0.4% and 16.6% in the number of people aged 5 - 15 with a mental health problem. The other local authority areas are all predicted to see decreases over the same period

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(6.3) Rate of suicide deaths per 100,000 people.



Office for National Statistics (ONS): SUI0003

Suicide is a major cause of death amongst the 15 to 44 age group. In Wales over the period 2010 – 2012 it accounted for almost one in five deaths in males aged 15 to 24 years and just over one in ten deaths amongst women of that age. Suicide (intentional self-harm and events of undetermined intent) accounted for 27% of external causes of death (transport accident, suicide, other accidental injury, other external causes) in all ages (15 and over) between 2010 and 2012. This exceeded deaths from road traffic accidents which account for 9.1% (an average of 107 per year) in the same age group and time period.

There are additional data graphs relating to adults in the Social Wellbeing section of the Wellbeing Assessment including

1. Mental health
2. Loneliness
3. Suicide and self-harm

[Gwent Well-being Assessment - Gwent Public Services Board Gwent Public Services Board \(gwentpsb.org\)](http://gwentpsb.org)

(6.4) Research Findings: Variations across Wales – Percentage of respondents reporting moderate to severe psychological distress

NHS Wales in conjunction with Cardiff and Swansea Universities developed a national survey to assess levels of mental health during the recent pandemic, *'The influence of the COVID-19 pandemic on mental wellbeing and psychological distress: A comparison across time'*. This research highlighted the impact the pandemic has likely had on psychological wellbeing and the mental health of many people. It was found that there was an increase in clinically

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significant levels of psychological distress in Wales, particularly in younger adults, women, and those from areas of greater deprivation. These findings can be used to prepare and plan for the wave of psychological distress that has been predicted to hit mental health support services due to the pandemic. 'There is a need to balance the efforts to stop the spread of the virus against the mental health problems being caused by the virus'. This research focussed on the psychological wellbeing and mental distress of the population of Wales during the first and second national lockdown periods – June to July 2020 and Jan to March 2021 respectively.

- Survey 1 (June – July 2020): 12,989 completed the survey and of those, 2,470 (20%) indicated they lived in ABUHB region.
- Survey 2 (Jan – March 2021): 10,428 completed the survey and of those 3,486 (33%) indicated they lived in ABUHB region

Local Authority	Survey 1	Survey 2	Change from 2020 to 2021
Blaenau Gwent	43%	49.1%	+ 6.1
Caerphilly	37.8%	48.2%	+ 10.4
Monmouthshire	23.4%	34.9%	+ 11.5
Newport	38.6%	44.8%	+ 6.2
Torfaen	32.0%	46.8%	+ 14.8

More respondents were experiencing severe psychological distress in survey 2, compared to survey 1, and the RPB will need to keep the mental health and wellbeing of our population central to our medium/long whole system Covid-19 recovery policy and planning. The RPB will consider further actions at both a local and national level to mitigate the risk factors, and enhance the protective factors, associated with poor mental wellbeing and psychological distress; as well as exploring what further actions need to be taken to meet an increased need for mental health support across all tiers of service provision.

Emerging Themes, Future trends, and challenges

- Poor mental health and mental illness have a significant impact on individuals, society, and the economy overall. To respond to the mental health emergency, we need to work collaboratively to support more preventative and early interventions and encourage inclusivity.
- Although progress has been made through previous strategies there is still work to do to improve life outcomes for people and address stigma.
- We need to improve information available to the public, to create more understanding of mental health and encourage people to talk to gain early support. It is also crucial we

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meet the needs of Welsh language, other languages, Easy Read, and Braille; and other accessible formats so mental health information is accessible to all.

- There is a need for more meaningful activities to promote wellbeing and improve life outcomes.
- There is a need to tackle loneliness and isolation.
- In Gwent we need to look at ways of improving job opportunities for people with mental health issues to get people into work and out of poverty.
- The need to adopt the principles of consent, choice and inclusiveness, and respect for delivering care, within the least restrictive measure under the umbrella of *mental capacity Act 2005 and the amended 2019 act*. This will mean commitment to implementing the newly amended MCA 2019 act when it finally becomes law

What are the gaps in understanding of wellbeing?

Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen
316	758	324	567	378

There is a total of 2,343 people supported with mental health services through ABUHB but there are also signs that the pandemic is driving a worrying rise in mental health in Wales. Two thirds of people in Wales have said the pandemic has had a negative impact on their wellbeing. People have gone through adverse experiences such as losing their jobs, falling into debt, worrying about their health, and been isolated from friends and families. For most people, the symptoms of Covid-19 pass within a few days or weeks, but for some people the effects can last for weeks or months. This condition is called long Covid and can impact mental health causing depression and anxiety as well as sleep issues, extreme tiredness, and a range of other debilitating symptoms.

What people have told us

People have said they are struggling with poor mental health due to their early life experiences, financial issues, housing, long term illness, family worries, employment issues, bereavement or feeling burnt out from workloads and caring roles. Many people feel worse emotionally since the pandemic however it is worth noting that some people in Gwent also said they feel more relaxed in some ways as life has slowed down for them and they don't have to go out of the house to access some services.

Some people felt they had to fight for support and had been pushed into financial difficulty as they had to give up work as unable to cope. Also, people from black and minority communities said their mental health had been affected by racism, inequalities, and mental health stigma with added stress of the challenges of accessing services. There can also be language barriers and not knowing where to turn for help.

Waiting lists for mental health services can be lengthy due to the level of need and during this time an individual's emotional wellbeing can decline further. Some people also felt that there was not enough crisis support.

“I wish people viewed mental health differently I used to work but had to give up as I was not emotionally well enough and started having physical problems. That could happen to anyone at any time, People still judge and there is still a stigma to mental health”.

Emerging Priorities

- 1. Increased understanding and awareness of mental health amongst the public to reduce stigma and help people to seek support earlier.**
- 2. To improve emotional well-being and mental health for adults and children through early intervention and community support.**

MARKET POSITION STATEMENT: ‘Meeting identified needs by providing services in partnership’

The RPB have established a strategic partnership sub structure, with a multi-agency membership, to deliver themed priorities across the region. In this section we provide a market position and summary of the range and level of services established and delivered in partnership to meet individual care and support needs, and the support needs of carers. The list is not exhaustive but includes core services supporting the delivery of the emerging priorities as well as support that has been developed through Welsh Government funding such as the Integrated Care Fund and Transformation Fund established following the publication of ‘A Healthier Wales’.

The regional strategic partnership delivering partnership working in relation to this theme: MENTAL HEALTH AND LEARNING DISABILITY PARTNERSHIP and a summary of support delivered in partnership to meet the needs of older people:



- i. **Foundation Tier Programme.** We have been working in Gwent to improve services across all tiers of adult mental health services and have enhanced support for the wider community within the Foundation Tier Programme. The vision for the programme is: Gwent will be a place where our population, particularly those at greatest risk of poor mental wellbeing, will have the capability, opportunity, and motivation to promote and maintain their mental wellbeing, where our non-mental health specialist frontline workforce, have the knowledge and confidence to have proactive conversations about mental wellbeing with the clients they work with routinely and actively. The promotion of mental wellbeing is everybody's business the programme will work collectively with partners and local communities to collectively understand the benefits of routine and active promotion of mental wellbeing, the role of self-esteem and how to access information, resources, and local activities available to maximise mental wellbeing. The programme will support adults living and working in Gwent to have easy access to free, quality assured information, resources, and courses to help improve/maintain good mental wellbeing, that are appropriate to their needs. It is also key for adults living and working in Gwent to understand the benefits of self-care and are motivated and able to routinely adopt behaviours which have a positive effect on their mental health and wellbeing.
- ii. **Melo.** Good mental health isn't just about the absence of mental illness. It is about our state of mind and how we can cope with the everyday stresses in our lives. The Melo website has been developed by ABUHB and partners to look after the wellbeing of people living and working in Gwent. It provides free information and self-help resources to help people develop new skills to support themselves during difficult times.
- iii. **Connect 5.** Gwent Connect 5 training was launched in January 2021 and is the only evidence based mental health promotion training programme available in the UK. It helps to improve the mental wellbeing of the population to better understand how to improve mental wellbeing and that of other and also to increase skills and confidence to have everyday conversations about mental wellbeing. Connect 5 aims to transform change across the whole system to improve population mental wellbeing and reduce levels of self-harm and suicide, focussing on groups of the population at greatest risk including those disproportionately impacted by Covid-19.
- iv. **Gwent Suicide and Self Harm group.** In Gwent we have established the multi-agency Gwent Suicide and Self-Harm Prevention Steering group to develop our local plan to be responsive to the needs of the population. We hold biannual workshops to ensure we engage and take account of evidence and local data. Suicide and self-harm prevention are everyone's business and requires a collaborative approach and we have a passionate proactive partnership to take this work forward. The Gwent Suicide and Self-Harm prevention plan reflects the national Talk to Me 2 strategy, setting our aims and objectives to prevent and reduce suicide and self-harm in Gwent and the workshops are used to discuss priorities for the year ahead.

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Market Position Summary:

- **We need to promote the mental wellbeing of people in Gwent and ensure that the workforce is supported to be able to provide people with the support they need at the right time.**

As we progress with the development of the regional Area Plan, we will undertake further analysis and mapping of the services required to:

- meet the care and support needs of the population and the support needs of carers
- prevent needs arising or escalating
- provide services through the medium of Welsh
- be provided in collaboration across local authorities and/or Local Health Boards outside the partnership arrangement
- build on duties to promote social enterprises, co-operatives, user led services and the third sector.

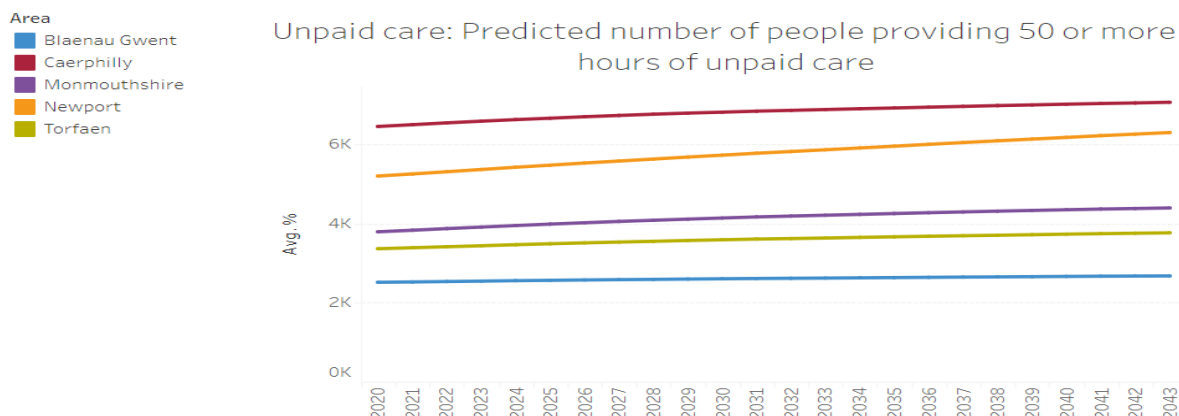
The voluntary sector plays a key role in developing alternative models of care and support and identifying assets at an individual, community and population level and the potential contributions people, communities and organisations can make.

(7) CARERS WHO NEED SUPPORT

Policy Area

- Welsh Government’s Strategy for Unpaid Carers

(7.1) Predicted number of people providing 50+ hours of unpaid care



Figures are taken from the Census 2011 (*reference CT0224 - Sex by age by provision of unpaid care by general health*). This dataset provides estimates that classify usual residents of England and Wales by provision of unpaid care and by age and by general health. All local authority areas across the Gwent region are predicted to see an increase. The predicted increases range from 35.6% in Blaenau Gwent to 58.9% in Monmouthshire over the period.

A survey by Carers UK of over 8,000 people currently caring unpaid for family or friends – the majority of whom provide well over 50 hours of care every week – reveals the huge personal and financial cost of caring for a loved one. Nearly one in four carers (23%) do not have enough money to cover their monthly expenses. Many carers are worrying about how they will cope this winter face rising energy prices and increases in the cost of living. As well as providing significant levels of care themselves, almost two thirds (63%) of carers are also using their own income or savings to cover the cost of care, equipment, or products for the person they care for. On average carers spend an estimated £1,370 a year on services or equipment for the person they care for.

The situation has got worse during the pandemic with over one in three carers (36%) saying that their financial situation has worsened since the start of the COVID-19 pandemic and a quarter (25%) are spending more on equipment or products for the person they care for. As a result, many are struggling financially and unable to save for their own retirement. Almost two-thirds of carers (65%) say they are worried about their ability to save and plan for the future. The financial strain is also damaging carers’ mental health with over half (52%) reporting they feel anxious or stressed about their finances, and over one in three carers (35%) providing more than 35 hours of care a week said they have been or are in debt.

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Carers are still having to take on more hours of care for the person they care for, with 55% of carers having reduced or no access to day services and a third of carers reporting reduced or no access to paid care workers.

(7.2) Number of young carers known to Social Services during the year 2016

Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen
17	45	38	51	49

A young carer is someone aged under 18 who takes responsibility for someone who is ill, disabled, elderly, experiencing mental distress or affected by substance misuse, or has substantial responsibility for caring for a sibling. A young carer may be from any family. They may be the person providing all of the care but may also help someone else to provide the care.

(7.3) Number of schools engaging in Young Carers in School Programme

	Number of Primary Schools	Engaging Primary schools	Number of Secondary Schools	Engaging secondary schools	Engaging PRS 1/5
Blaenau Gwent	23	3	4	3	
Caerphilly	78	8	12	7	
Monmouthshire	30	1	4	4	1
Newport	46	3	9	8	
Torfaen	26	6	6	5	
Total	203	21 (10%)	35	27 (77%)	1 (20%)

The RPB's commitment to supporting young/young adult carers in education remains high especially identifying hidden carers. We have seen a changing climate for young carers balancing their caring roles, alongside coping with firstly school closures, and managing online learning and then reopening of schools further exacerbated by outbreak quarantines. It has become ever more important that systems are in place to understand, inform, identify, support, and listen to young carers. We have been raising awareness with school staff and students about young carers and the challenges they may face and encouraging parents and young people to identify themselves to receive tailored support with their education. This has been completed in a range of ways to take account of Covid-19 restrictions which has made it difficult to offer face to face visits. Staff training is offered every 6-8 weeks virtually to schools in Gwent; assembly videos can be shared with students and staff of all ages; letters sent to families with information on how to access young carer services and carers assessments locally.

The Young Carers in schools programme delivered by CTSEW has seen an increase in demand. In Gwent, a total of 49 primary/secondary schools are engaging with the programme. Originally this programme funded one Schools Development Worker with support from the Young Carers Manager. This year it has become necessary to review this, to take account of

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support and engagement needed with primary schools with an additional Young Carers in Schools Programme Officer to focus on primary schools in Gwent.

(7.4) Predicted number of people aged 16 - 24 that will provide 1 - 19 hours of unpaid care in 2035

Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen
266	904	236	740	464

Figures are taken from the Welsh Health Survey 2008: Health of Carers. The prevalence rates have been applied to population projections to give estimated numbers predicted to provide unpaid care, to 2035.

(7.5) Number of carers accessing regional Carers Hub

	Number of Carers Accessing Gwent Carers Hub	Number of Referrals Received	Number of Referrals from Professionals
April 2020 – March 2021	1105	530	187
April 2021	283	42	3
May	239	85	8
June	323	70	3
July	310	58	12
August	303	48	3
Sept	191	50	6
Total	1649	353	35

The Gwent Carers Hub is available to all carers in the Gwent region. During 2020/21, 1105 carers accessed the Gwent carers hub. We have already seen a significant increase this year; in the period April 2021 - September 2021 up to 24th September 2021, 1649 carers accessed the service. The Carers Hub provide accesses to information as well as wellbeing activities, first aid training for carers, legal clinics, coffee morning, complimentary therapies, and drop-in services.

Emerging Themes, Future trends, and challenges

Carers UK report that:

- There are 370,230 carers in Wales according to the 2011 census
- The Office of National Statistics indicated that there are 487,000 carers in Wales in a 2019 survey
- Every year in Wales 123,000 people become carers
- Carers save the Wales economy £8.1 billion per year
- Nearly 3 million people in the UK juggle caring with holding down a job

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- The main carers' benefit is worth just £64.60 for a minimum of 35 hours - £1.85 per hour
- 103,594 people in Wales provide over 50 hours of care per week
- People providing high levels of care are twice as likely to be permanently sick or disabled
- Over 1 million people in the UK care for more than one person
- 58% of carers across the UK are women; 42% are men
- By 2037 the number of carers in the UK will have increased to 9 million

On 1st October 2021, the Older Persons Commissioner reported on her findings in their 'State of the nation' report. This highlighted that unpaid care had increased significantly with 80% providing more care than before the pandemic, 72% had not had a break from their caring roles since the pandemic and reported loneliness of older people had increased from 49% to 75%.

In 2021/22 Welsh Government reaffirmed its commitment to unpaid carers with the announcement of £1 million nationally for Local Health Boards to work collaboratively with partners to address four national priorities to improve support for carers by:

- identifying and valuing carers.
- providing information, advice, and assistance
- supporting life alongside caring and
- supporting unpaid carers in education and the workplace.

In January 2022 the commitment was confirmed further but with a single focus of supporting hospital discharge.

Public Health Wales research '*Unpaid carers in Wales: The creation of an e-cohort to understand long-term health conditions amongst unpaid carers in Wales*' was the first study in Wales providing a comprehensive assessment of the prevalence of physical and mental long-term health conditions and multimorbidity as managed in primary care amongst unpaid carers and compared to a matched comparison group of non-carers in Wales. The study highlights the health needs of unpaid carers are often overlooked due to the focus on the health of those being cared for. Understanding the health and wellbeing needs of unpaid carers themselves is of key importance, to ensure support is in place to maintain their own good health whilst they also care for others. The research also found:

- Routinely collected primary care data and National Survey for Wales data were used to identify 62,942 unpaid carers in Wales since 2011; this electronic cohort of unpaid carers were more likely to be female, of older age and live-in deprived areas, compared to the general population in Wales.
- Thirty-six out of thirty-seven physical and mental long-term health conditions recorded in primary care were more prevalent among unpaid carers than non-carers. The most prevalent condition for both unpaid carers and non-carers was anxiety and/or depression, with standardised rates of 248 and 137 per 1,000 population respectively.
- For some conditions, there was evidence to suggest onset at a younger age amongst unpaid carers such as anxiety and/or depression, irritable bowel syndrome and musculoskeletal disorders.

- Unpaid carers were more likely to be living with multiple long-term health conditions (308 per 1,000 population amongst unpaid carers compared to 187 per 1,000 population amongst non-carers), and the difference in prevalence was greater at a younger age (e.g. for those aged 25-34yrs, 205 per 1,000 population amongst unpaid carers compared to 79 per 1,000 population amongst non-carers). In older age, the proportion of unpaid carers managing multiple long-term conditions exceeded 550 per 1,000 by the age of 65 years and above, whereas amongst non-carers this proportion was only exceeded at 75 years and above.

What Carers have told us?

During Cares week 2021, over 700 carers were involved in activities and information awareness including over 100 young carers. Carer's week is an opportunity to raise greater awareness of the caring role and provide information to the public. One local authority used this an opportunity to all gather feedback on services.

There were 466 webpage views during Carers Week, an average of 1,684 people saw each daily Facebook carers posts between 3 and 13 June 2021 which resulted in 102 clicks for further information. The highest numbers of people who saw individual posts was on 8 June with a reach of 2,093 people. There was an average of 1,669 Twitter impressions across the week. The most popular post was on 3 June which detailed the lighting of the Civic Centre clock tower in blue to mark Carers Week 2021.

State of Caring 2021 in Wales: each year, Carers UK carries out a survey of carers to understand the current state of caring in the UK. This report contains a snapshot of what caring in Wales is like in 2021, capturing the impact that caring has on carers' lives and evidencing the policy recommendations that would improve this.

Finances: caring often brings with it additional costs, from equipment and care costs to increased expenditure on fuel and transportation. When asked to describe their current financial situation, 36% of carers in Wales said they were struggling to make ends meet. A further 23% are, or have been in debt as a result of caring and 8% cannot afford utility bills such as electricity, gas, water, or telephone bills. When asked about how their financial situation had changed since the start of the COVID-19 pandemic, 36% of carers said that their financial situation had got worse since the start of the pandemic. Caring can be expensive and 65% of carers are spending their own money on care, support services or products for the person they care for. The average monthly spend for carers in Wales is £109.75 and with high rates of inflation and a rising cost of living, this extra spend is likely to further disadvantage carers financially.

Support and Services: carers often need practical and emotional support to enable them to care safely for people with complex needs, and too often they struggle to get the support they need. When asked about barriers to accessing support, the largest issue for Welsh carers was that they did not know what services were available in their area with 40% of carers reporting this as a barrier. In addition, 30% of carers were concerned about the risk of catching COVID-19 and 32% say that the care and support services did not meet their needs.

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Considering the future of services, 51% of carers were uncertain about what practical support they may be able to access in the next twelve months and 66% were worried that services will be reduced.

Health: Caring can have a detrimental impact on someone's physical and mental health. 26% of carers described their physical health as bad or very bad. 34% of carers rated their mental health as bad or very bad. Looking at wider indicators of wellbeing, 36% of carers reported that they are often or always lonely, otherwise known as being 'chronically lonely'. Carers also rated their overall satisfaction with life at an average of 4 out of 10 and their level of anxiety at 6 out of 10.

Carer's assessments: The Social Services and Well-being (Wales) Act 2014 gives Welsh carers the right to a carer's needs assessment. Despite carers' rights to assessments only 21% of Welsh carers reported having an assessment in the last 12 months. Of those, 28% waited more than six months for their assessment. Of those who hadn't requested a carer's assessment, 37% stated that this was because they didn't know what it was and 20% stated it was because they didn't think it would be beneficial. 10% of carers said their assessment had been postponed or they were still waiting.

Technology: When asked about their current use of digital technology, remote healthcare such as online GP appointments was the most popular technology listed with 37% of carers stating that this made their caring role easier. Looking to the future, 31% of Welsh carers would like to continue accessing support services digitally in the future and 44% stating they would like to continue accessing health and social care services digitally.

Work: Working carers represent a significant proportion of the working population and 196 respondents were in paid work. The pandemic is continuing to have an impact on working experiences, with 51% of working carers are working from home part or full time. The limited return of services continues to have an impact. 30% of working carers in Wales stated that if care services did not return, they would either need to reduce their working hours or give up work entirely.

Respite is continually highlighted as the highest support need for carers across Gwent.

Emerging Priorities

1. Support unpaid carers to care through flexible respite, access to accurate information, peer to peer support, effective care planning and through increased public understanding.
2. Improve well-being of young carers and young adult carers, and mitigate against the long-term impact of Covid-19 pandemic

MARKET POSITION STATEMENT: 'Meeting identified needs by providing services in partnership'

The RPB have established a strategic partnership sub structure, with a multi-agency membership, to deliver themed priorities across the region. In this section we provide a market position and summary of the range and level of services established and delivered in partnership to meet individual care and support needs, and the support needs of carers. The list is not exhaustive but includes core services supporting the delivery of the emerging priorities as well as support that has been developed through Welsh Government funding such as the Integrated Care Fund and Transformation Fund established following the publication of 'A Healthier Wales'.

The regional strategic partnership delivering partnership working in relation to this theme: REGIONAL CARERS BOARD and a summary of support delivered in partnership to meet the needs of carers:



A summary of support to meet the needs of carers:

- i. **Gwent Carers Hub:** The Gwent Carers Hub is available to all carers in the Gwent region. During 2020/21, 1105 carers accessed the Gwent carers hub. We have already seen a significant increase this year; in the period April 2021 - September 2021 up to 24th September 2021, 1649 carers accessed the service. The Carers Hub provide accesses to information as well as wellbeing activities, first aid training for carers, legal clinics, coffee morning, complimentary therapies, and drop-in services, it provides a one stop shop for information, advice and assistance around the caring role, delivered by Carers Trust South East Wales.
- ii. **Carers Small Grants scheme:** The Small Grant Scheme (SGS) is an initiative developed by the Gwent Carers Strategic Partnership to support life alongside caring. The scheme is delivered by Carers Trust South East Wales and was introduced to reflect a gap in provision of financial support that was available and to help support carers alongside their caring role, enabling carers to request financial assistance under specific categories. This year saw a huge increase in demand with an average of £11,000 per month being allocated. Of this, the carers funding contribution was circa £500 per

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Local Authority per month. In order to cope with this demand funding was sourced from three separate funding streams (Carers funding, Integrated Care Fund and Covid related Welsh Government funding) in addition to Local authorities enhancing their allocations where possible. There has been positive outcomes with a number of previously unknown carers have been identified and as a result, there has been a huge increase in referrals to Gwent Carers Hub for further support, information and advice. Many carers reported that they were not previously aware that support was available. A total of 461 applications were considered by the panel in 2020/21 of which 364 were successful.

- iii. **Young carers service in schools:** Our Young Carers in Schools Programme (YCiSP) for all schools in Gwent is now well established and continues to grow in interest. Not only does this programme demonstrate Estyn requirements that the school is meeting the needs of young carers, but we have also aligned the programme with the new Additional learning Needs legislation that came into force earlier this year. The YCiSP peer review panel has been attended by young carers from across two regions to assess the portfolio of evidence the schools produce. Progress is as follows
- This year has seen an increase in Secondary schools across Gwent participating in the Programme from 18 in 2019/20 to 25 in 2020/21
 - Pupil referral Service remains engaged
 - Caerphilly has six of the 13 schools now participating in the programme with further communication with another three
 - Three of the four secondary schools in Blaenau Gwent continue to engage regularly with the programme
 - Monmouthshire's participation has maintained at 100% of secondary schools and the Pupil Referral Service is engaging. Monmouthshire primary schools are funded via a different fund and currently have another 11 primaries working towards or achieving levels
 - Newport have maintained participation with six of the nine schools engaging with the programme
 - Five of the six schools in Torfaen are engaging with the Programme.

Market Position Summary

- **There is still a need to increase awareness of the needs of carers and for frontline staff to be able to recognise when people take on caring responsibilities and signposted to information, especially young carers.**
- **Peer to peer support and respite provision are continually highlighted as being a priority need for carers and there is a need to increase support through third sector and community partners to increase befriending opportunities and community groups.**

As we progress with the development of the regional Area Plan, we will undertake further analysis and mapping of the services required to:

- meet the care and support needs of the population and the support needs of carers
- prevent needs arising or escalating
- provide services through the medium of Welsh

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- be provided in collaboration across local authorities and/or Local Health Boards outside the partnership arrangement
- build on duties to promote social enterprises, co-operatives, user led services and the third sector.

The voluntary sector plays a key role in developing alternative models of care and support and identifying assets at an individual, community and population level and the potential contributions people, communities and organisations can make.

(8) HOUSING

Housing needs include specialist housing and accommodation needs of the core priority groups, including supported accommodation, such as extra care housing, supported living for adults with a disability, and small unit residential care for children with higher needs. Also included are additional investment in adaptations to support people in the priority groups to continue to live independently and safely in their own home.

Policy Areas

- The Housing (Wales) Act 2014
- Well-being of Future Generations (Wales) Act 2015
- Renting Homes (Wales) Act 2016
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- Substance Misuse Delivery Plan 2019 – 2022
- Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales
- Equality Act 2010
- Code of Guidance for Local Authorities on the Allocation of Accommodation and Homelessness 20162
- Housing Support Grant Guidance March 2021
- Programme Plans and Objectives (PPO) being undertaken for the ICF Capital Funding programme.
- Local Housing Market Assessments (LHMAs)
- Welsh Government Strategy for Preventing and Ending Homelessness
- Ending Homelessness in Wales: A high level action plan 2021-2026

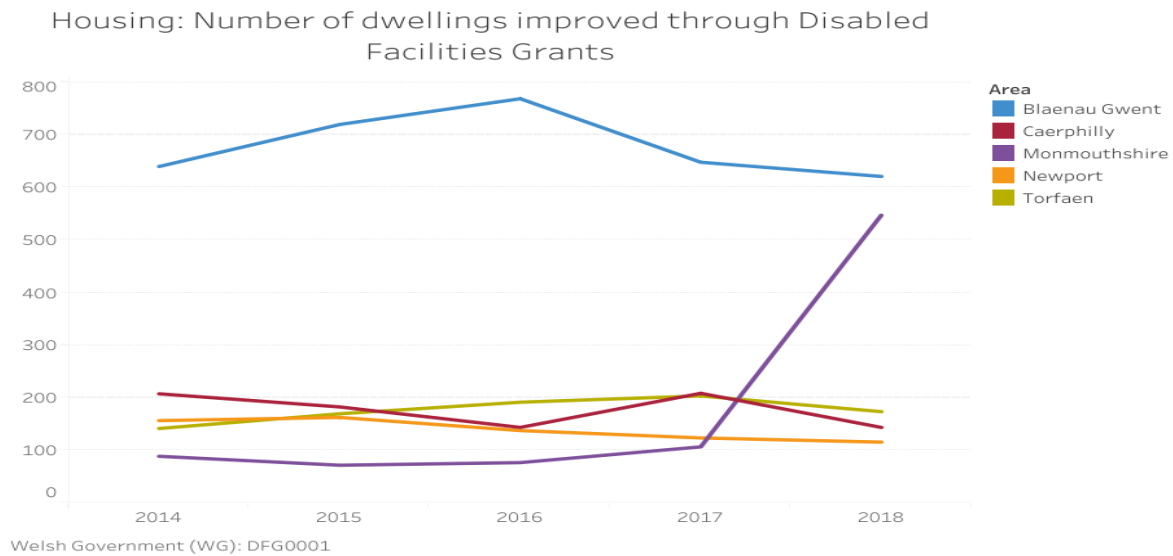
(8.1) Rate of all other accommodation for persons aged 16+ with a learning disability per 10,000 population

Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen
3.8	6.6	9.4	7.6	5.1

The data is taken from the Register of persons with learning disabilities (SSDA901). The data may be an underestimate of the total number of people with learning disabilities as registration is voluntary. Local authorities submit numbers of those identified as having a learning disability currently known to the authority and included in a register for the purpose of planning or providing services.

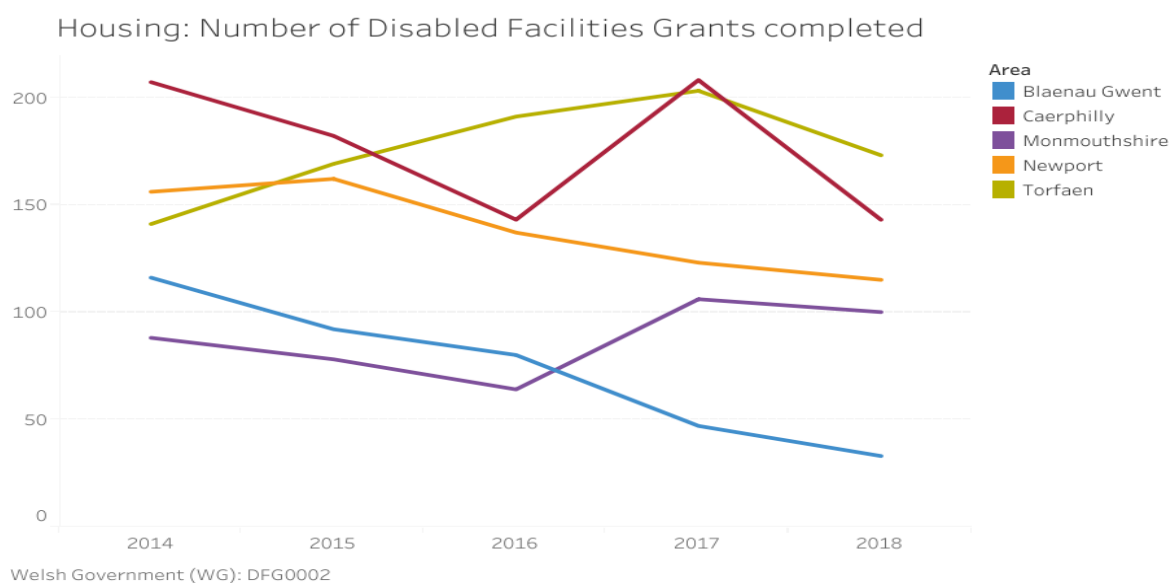
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(8.2) Number of dwellings improved through Disabled Facilities Grant



The DFG is a mandatory council grant that helps to meet the costs of adapting a disabled person's home so that they can continue to live there as independently as possible. Tenants, owner occupiers and landlords who have a disabled tenant can apply for a DFG. The DFG is a means tested grant to disabled adults (means testing does not apply to parents of dependent disabled children or young people under 19). This means depending on your income, savings, and outgoings, you might have to contribute towards the cost of the works. In Wales, the maximum DFG award is currently £36,000. There is growing concern amongst LAs given budget pressures and increased building costs that waiting lists will increase and people will give up on the process.

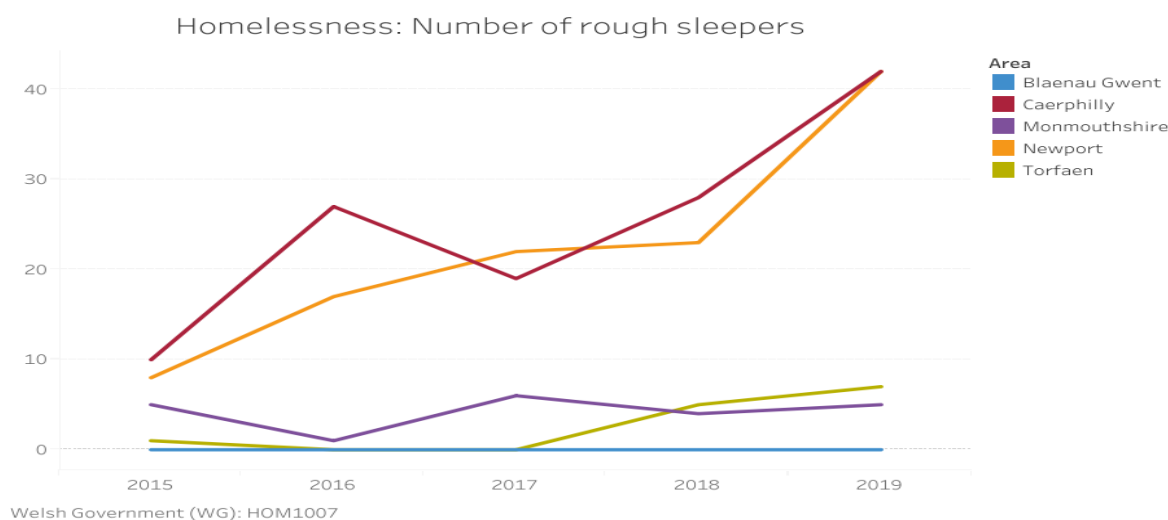
(8.3) Number of Disabled Facilities Grants completed



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Examples of the sorts of adaptations the DFG include: widening doors and installing ramps or stairlifts, kitchen and bathroom adaptations for e.g., walk in showers, extensions (possibly for a downstairs bathroom and/or bedroom), installing a suitable heating system that meets the disabled person's needs, adapting the controls on the heating system or lighting so they are easier to use. Before a formal DFG application is considered, a Social Services department's occupational therapist (OT) will usually need to assess the disabled person's needs, including whether the works are necessary and appropriate. The OT's recommendations are normally put to the Housing Department who administers the DFG. The council will then have to decide whether it is reasonable and practicable to do the works. Given the challenges and lack of recruitment into OT posts, there is a real concern that the number of DFG completed will decrease. The RPB are currently assessing the potential impact across the 5 LAs.

(8.4) Number of rough sleepers



Homelessness is where a person lacks accommodation or where their tenure is not secure. Rough sleeping is the most visible and acute end of the homelessness spectrum, but homelessness includes anyone who has no accommodation, cannot gain access to their accommodation or where it is not reasonable for them to continue to occupy accommodation. This would include overcrowding, 'sofa surfing', victims of abuse and many more scenarios. A person is also homeless if their accommodation is a moveable structure and there is no place where it can be placed. Homelessness, or the risk of it, can have a devastating effect on individuals and families. It affects people's physical and mental health and wellbeing, and children's' development and education, and risks individuals falling into a downward spiral toward the more acute forms of homelessness. The impacts can be particularly devastating if a stable, affordable, housing solution isn't achieved, and people end up having to move frequently. The average age of death for people experiencing homelessness is 45 for men and 43 for women. People sleeping rough are 17 times more likely to have been the victims of violence. Homeless people are 9 times more likely to take their own life than the general population *Ref:* [About Homelessness | Crisis UK](#)

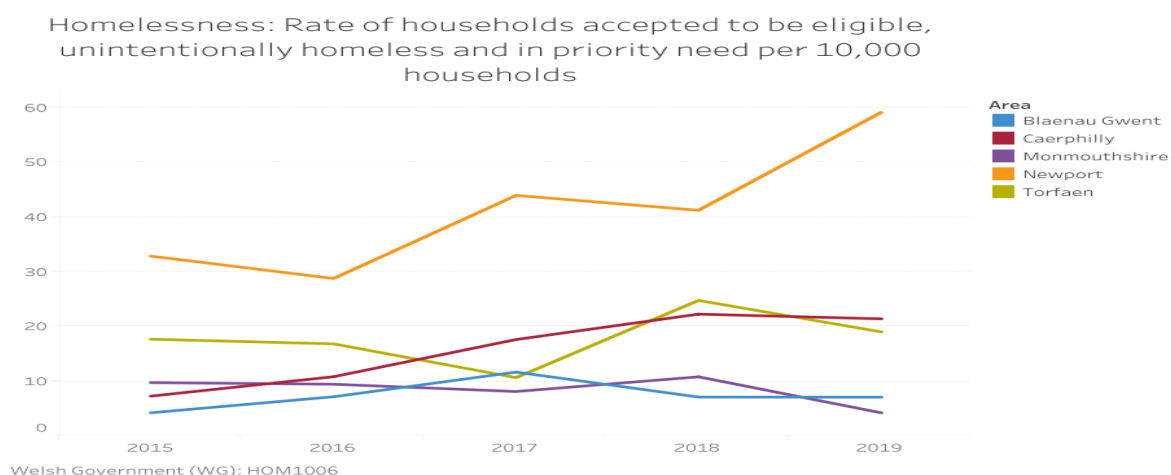
Implementation of Part 2 of the Housing (Wales) Act 2014 by local authorities across Wales has done much to prevent individuals and families from becoming homeless – over 23,673

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households since 2015. However, whilst prevention rates remain high at 68% in 2018-19, there are still far too many whose homelessness is not prevented and who are falling through the net. The demand on local authority services under the 2014 Act duties is increasing. In 2018-19 over 10,000 households presented to local authorities as at risk and a further 11,500+ presented as homeless and owed a duty.

Rough sleeper numbers in Wales are estimated to be 128 in September 2021, with numbers increasing slightly over the summer period. The data available is more accurate and current than it has ever been and provides a clearer understanding of all forms of homelessness in Wales, which would otherwise be masked through sofa surfing, living in overcrowded homes or unconventional types of dwellings.

(8.5) Rate of households accepted to be eligible, unintentionally homeless and in priority need per 10,000 households.



At the start of the first lockdown in March 2020, an emergency homelessness response was put in place. This involved additional funding, together with both statutory and non-statutory guidance to ensure that no-one was left without accommodation, together with the support they need, to stay safe during the pandemic. The inclusive 'no-one left out' approach has been in place continuously since then and to date has resulted in local authorities and their partners supporting over 15,300 people into temporary accommodation since March 2020. Latest data shows there were 6,935 people in temporary accommodation at the end of September 2021, of which 1,742 were dependent children. Some households given the circumstances are being accommodated regardless of priority need/eligibility so these figures do not necessarily reflect the level of demand on local authorities as a whole.

Whilst the pressure on homelessness services remains high, with around 1,000 people presenting a month, understanding the true scale of homelessness presents us with a unique opportunity to make the radical change required to address it. It increases the urgency and importance of preventative work to stop people ever experiencing the destabilising impact of homelessness. It increases the urgency and understanding of the housing capacity required, both in the social and private sector, to make the transformational shift required to end homelessness. Latest figures for 2021

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Blaenau Gwent	Caerphilly	Monmouthshire	Newport	Torfaen	Wales
8	24	4	58	33	28

(8.6) Temporary Accommodation

The table below shows the number of homeless households in temporary accommodation in Gwent on 31st March 2021 and to allow for comparison the table following shows the number of households in temporary accommodation in Gwent as of 31st March 2020 and number of households in temporary accommodation in Gwent as of 31st March 2020 is also provided.

Ref: [Households in Temporary Accommodation \(gov.wales\)](#)

Authority	No of households in temporary accommodation at 31 March 2021	Mid-year 2020 household estimates	Rate per 10,000 households	No of households in temporary accommodation at 31 March 2020
Blaenau Gwent	38	31,371	12.1	27
Caerphilly	224	77,242	29.0	123
Monmouthshire	131	40,712	32.2	21
Newport	346	66,543	52.0	153
Torfaen	88	40,813	21.6	60
Gwent	827	N/A	N/A	384
Wales	3,730	1,378,226	27.1	2,325

Newport reported the second highest number of households in temporary accommodation as at 31st March 2021 in Wales and saw the biggest increase during this collection period (April 2020 – March 2021). However, Monmouthshire has seen the biggest percentage increase, with an increase of over 500%! Following a Gwent regional snapshot collection that was collated during September 2021 through the Regional Housing Support Collaborative Group, we can see that the trajectory of people accommodated in temporary accommodation has since increased again to 936 households. Additionally, waiting list figures were also collected as part of this snapshot exercise and as of 10th Sept 2021 there were 452 households on the waiting list for temporary accommodation. There is a requirement to produce ‘Rapid Rehousing Transition Plan’ and this will help focus on services required.

(8.7) Provision of accommodation for 16 and 17-year-old young people who may be homeless

Supporting children and young people to remain with their families is in the best interest of most children. This fundamental principle also applies to 16 and 17-year-olds, unless it is not safe or appropriate to do so; or where there are other responsible adults in their wider family and friends’ network that can care for the young person. Gwent Local Authorities recognise this principle, with services commissioned to work pro-actively with young people and their families to identify and resolve the issues which have led to the homelessness crisis. This could involve family support such as family mediation or family group conferences.

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Where a young person seeks housing assistance, their needs for accommodation are clearly assessed taking into consideration their welfare and ability to continue to live in their current accommodation or family home. If a young person is eligible for assistance the accommodation must be suitable. Bed & Breakfast accommodation is not normally considered to be a suitable option and therefore is only used by Gwent Local Authorities as an emergency short term provision.

The following information is collected by Welsh Government in order to establish the number of placements made by Local Authorities into Bed & Breakfast accommodation to meet the immediate housing needs of all young people aged 16/17, and also 18 to 20 year-olds (up to 21st birthday) who have previously been in care.

Total placements in bed and breakfasts during the quarter, by length of stay and whether the provision is through Homelessness or Social Services legislation - Period (2020-21 January –March)

Total				
Total of which are single person household: Aged 16 to 17		Total of which are single person household: Aged 16 to 17		Of which are care leavers only, aged 18 to 21, accommodated by the current Homelessness legislation
Of which are single person household: Aged 16 to 17, accommodated by the current Homelessness legislation	Of which are single person household: Aged 16 to 17, Accommodated by Children's Social Services	Total of which are single person household: Aged 16 to 17		Of which are care leavers only, aged 18 to 21, accommodated by the current Homelessness legislation
Wales	75	42	120	69
Gwent	30	21	54	18

Emerging Themes, Future trends, and challenges

Each year local authority Housing Support Grant teams will distribute a Gwent Housing Support annual service user survey, and the survey has become an important and established element of the needs mapping process. It is the responsibility of the local authorities in the region to ensure that engagement is undertaken with those who have used services. Those who have needed to use services funded through the Housing Support Grant come from a wide range of backgrounds and receive support on a range of different issues; the support they receive is person centred and aims to help people to secure and maintain sustainable housing and to develop the skills needed to help them thrive. Consultation with stakeholders happens with face-to-face meetings and forums taking place at a local level and regionally through an annual survey and quarterly regional provider forum meetings.

During 2020/21, a total of 262 responses were received to the questionnaire with engagement in the consultation exercise across all Gwent Local Authorities. There are approximately 7000 people receiving support across Gwent at any one time from services funded through the Housing Support Grant; finding ways to encourage people to engage in the survey continues to be an important consideration going forward. A number of key messages were highlighted through the survey and included

- access to technology as part of the support planning process

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- closer links need to be made with digital inclusion projects delivered across the region
- access to digital inclusion services and projects to improve their skills and develop their learning in this area and this should be clearly identified in their support plan.

A stakeholder survey is also shared with the service user questionnaire and 31 partners provided feedback and includes:

- Scope out exactly what is available
- Long term planning, partnership working, and communication is key
- Develop assessments of need
- Lack of suitable affordable accommodation and not enough single units as there are not the properties available and we need to develop and bring online more accommodation
- Young people being placed in accommodation that does not meet their needs
- Great vision but stock needs to be there in order for it to be successful.

Following the Housing Support needs planning and consultation processes completed during 2021; the following regional strategic objectives have been developed and agreed with partners and the Regional Housing Support Collaborative Group:

- Deliver high quality, effective and responsive services
- Expand our reach by collaborating and working in partnership
- Strengthen engagement and accessibility

Key initiatives are being developed to deliver against these strategic goals and these will be reviewed on an annual basis.

Homelessness

A change in circumstances or a significant life event such as a relationship breakdown or losing employment, has the potential to unexpectedly push any one of us towards the experience of homelessness; a devastating, dangerous, isolating and potentially life changing and threatening experience. Some people are more at risk of homelessness and these include those who are leaving home for the first time or leaving care, being pregnant and having nowhere to stay, living on a low income, leaving prison, or from being an asylum seeker or refugee. The Welsh Government definition of homelessness:

'Homelessness is where a person lacks accommodation or where their tenure is not secure. Rough sleeping is the most visible and acute end of the homelessness spectrum, but homelessness includes anyone who has no accommodation, cannot gain access to their accommodation or where it is not reasonable for them to continue to occupy accommodation. This would include overcrowding, 'sofa surfing', victims of abuse and many more scenarios. A person is also homeless if their accommodation is a moveable structure and there is no place where it can be placed.'

Homelessness, or the risk of it, can have a devastating effect on individuals and families. It affects people's physical and mental health and wellbeing, and children's development and education; and risks individuals falling into a downward spiral toward the more acute forms

of homelessness. The impacts can be particularly devastating if a stable, affordable, housing solution isn't achieved, and people end up having to move frequently.

Impact and response during pandemic

The intention of all public services in Gwent is for everyone to have a home to live in and the right support if they need it to lead a fulfilling life. Since the onset of the Coronavirus COVID-19 pandemic, an emergency homelessness response has been in place and the approach to homelessness has been transformed with the introduction of a '*no-one left out*' approach which involved additional funding, together with both statutory and non-statutory guidance to ensure that no-one was left without accommodation, together with the support they need, to stay safe during the pandemic. Many households were supported into emergency temporary accommodation and as at 31 March 2021, there were 3,729 households placed in temporary accommodation across Wales. This is an increase of 60% on 31 March 2020, and is the highest figure recorded since the introduction of the current legislation in April 2015.

This inclusive '*no-one*' left out approach has been in place continuously since then and resulted in over 15,000 people being supported into temporary accommodation across Wales between March 2020 and the end of September 2021. The scale of what may once have been considered hidden homelessness and inequality within Wales has become evident. Latest data shows there were 6,935 people in temporary accommodation across Wales at the end of September 2021, of which 1,742 were dependent children.

Whilst the pressure on homelessness services remains high, with around 1,000 people presenting a month, understanding the true scale of homelessness presents us with a unique opportunity to make the radical change required to address it. It increases the urgency and importance of preventative work to stop people ever experiencing the destabilising impact of homelessness. It increases the urgency and understanding of the housing capacity required, both in the social and private sector, to make the transformational shift required to end homelessness.

The publishing of the '*Ending Homelessness in Wales: A high level action plan 2021-2026*' sets out that Welsh Government sees being homeless as simply intolerable and their vision to make homelessness

- '*Rare*' – Ensuring homelessness is rare means preventing people from becoming homeless in the first place
- '*Brief*' – How a national focus on rapid rehousing will lead to a Wales where homelessness is brief
- and '*Unrepeated*' – Ensuring we have a system which places the right people in the right homes in the right communities with the right support, for people to succeed and thrive

The above sets the direction of travel for the work of Welsh Government and its partners to end homelessness in the next five years and the responsibility for ending homelessness to extend beyond dedicated homelessness and housing teams and demanding an "all public services" response.

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There were a number of principles set out in the Welsh Governments Strategy for Ending Homelessness 2019 that underpin the approach to homelessness prevention and going forward are expected to underpin the work of delivery partners and are to be reflected across public services.

- The earliest preventions are most effective and most cost effective and should always be the interventions of first choice.
- Tackling and preventing homelessness is a public services matter – rather than a ‘housing matter’.
- All services should place the individual at the centre and work together in a trauma informed way.
- The duties in Part 2 of the Housing (Wales) Act 2014 should be the last line of defence – not the first - and all services should work to the spirit not simply the letter of the law.
- Policy, service delivery and practice should be informed and shaped in a co-productive manner and by those with lived experience.

Emerging Priorities

- 1. A multi-agency partnership approach to ensure appropriate housing and accommodation for older people and vulnerable citizens**
- 2. To ensure effective use of Disabled Facilities Grants and appropriate partnership support and available resources.**
- 3. Homelessness requiring a collaborative response from public services and partners, especially the non-use of B&B accommodation for young people, and through prevention and early intervention.**

MARKET POSITION STATEMENT: *‘Meeting identified needs by providing services in partnership’*

The RPB have established a strategic partnership sub structure, with a multi-agency membership, to deliver themed priorities across the region. In this section we provide a market position and summary of the range and level of services established and delivered in partnership to meet individual care and support needs, and the support needs of carers. The list is not exhaustive but includes core services supporting the delivery of the emerging priorities as well as support that has been developed through Welsh Government funding such as the Integrated Care Fund and Transformation Fund established following the publication of *‘A Healthier Wales’*.

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The regional strategic partnership delivering partnership working in relation to this theme: REGIONAL HEALTH, HOUSING AND SOCIAL CARE PARTNERSHIP and a summary of support delivered in partnership to meet the needs of carers:



A summary of support to meet the needs of carers:

- i. **Regional Housing Support Collaborative Group (RHSCG).** The Regional Housing Support Collaborative Group was established in 2020 and replaces the Supporting People Regional Collaborative Committees (RCC) which was set up in 2012, the group is responsible for making sure that housing support projects are delivering the right results for people using them in Gwent. The RHSCG oversees the delivery of the Housing Support Grant across the region which was introduced in April 2019 and is an amalgamation of three existing grants: Supporting People Programme, Homelessness Prevention Grant, and Rent Smart Wales Enforcement. The HSG is an early intervention grant programme to support activity, which prevents people from becoming homeless, stabilises their housing situation, or helps potentially homeless people to find and keep accommodation.

The HSG does not fund the statutory duty on local authorities to prevent homelessness, instead HSG funds and supports the statutory service to ensure that the overall offer authorities provide helps people into the right homes with the right support to succeed. It supports vulnerable people to address the, sometimes multiple, problems they face, such as debt, employment, tenancy management, substance misuse, violence against women, domestic abuse and sexual violence, and mental health issues. Support is person centred, aimed at supporting people to secure and maintain sustainable housing by addressing the mental health and substance misuse or other problems they face, helping to improve their health and well-being and/or helping them progress into, or nearer to, a job or training opportunity based on their specific circumstances.

As the HSG is an early intervention grant programme it helps reduce or prevents the need for, often costlier interventions, by other public services including

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housing/homelessness, the NHS and/or social care for individuals and families and, in some cases, people who fall into the criminal justice system. The types of services funded include:

- floating support services work with a wide range of peoples differing needs in the community and in peoples own homes,
- supported accommodation such as young people's accommodation,
- refuge provision,
- some community mental health accommodation services and
- homelessness hostels.

Housing Support Grant is also supporting the Welsh Governments rapid rehousing agenda by funding new initiatives such as assertive outreach services, PRS access schemes and housing led services such as housing first.

The RPB works closely with Housing Associations and Registered Social Landlords across the region and as we progress with the development of the regional Area Plan, we will undertake further analysis and mapping of the services required to:

- meet the care and support needs of the population and the support needs of carers
- prevent needs arising or escalating
- provide services through the medium of Welsh
- be provided in collaboration across local authorities and/or Local Health Boards outside the partnership arrangement
- build on duties to promote social enterprises, co-operatives, user led services and the third sector.

The voluntary sector plays a key role in developing alternative models of care and support and identifying assets at an individual, community and population level and the potential contributions people, communities and organisations can make.

(9) Violence against women, domestic abuse, and sexual violence (VAWDASV) and Substance Misuse

The statutory responsibilities under the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 are discharged through the Gwent VAWDASV Partnership Board and annual reporting against the regional strategy and delivery plan are submitted to the Gwent Public Services Boards. The Gwent Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) strategy 2018/2023, approved by each of the Gwent Public Services Board in 2018 prior to publication in May 2018, sets out Gwent's aims against the six strategic priorities.

The Welsh Government Statutory Guidance for the Commissioning of VAWDASV Services in Wales (March 2019) describes the expectation that commissioning decisions should be based on a robust assessment of needs and gaps. Assessments of need are a crucial first step in ensuring the right service provision in the right place. Developing services should be informed by robust local and regional needs assessments and should include engagement with survivors of abuse and violence. The Gwent VAWDASV Partnership Board published a needs assessment in July 2020. The RPB works alongside the VAWDASV Partnership Board and does wish to replicate or duplicate the information included in the VAWDASV needs assessment and recognises the Board is best placed to lead on VAWDASV. In addition, the regional PSB provides governance to the VAWDASV Partnership Board and a further needs assessment and analysis is included in the regional Wellbeing Assessment under the Social Well-being Chapter – Crime and Community Safety section.

Substance Misuse and Area Planning Board (APB).

The APB is a multi-agency Board responsible for the planning, commissioning, and performance management of substance misuse services across Gwent. Membership includes representation from ABUHB, PHW, each of the five local authorities, Gwent Police, Office of the Police and Crime Commissioner, Probation, Youth Offending Services and Service Providers. The current Acting Chair is Dr Sarah Aitken, Executive Director for Public Health and Strategic Partnerships and RPB member.

From 1st April 2022, the APB are due to commence the re-commissioning of the Children and Young Person's Substance Misuse Service for the new contract due to go-live on 1st March 2024. A Steering Group with representation from key APB partners will be established to oversee the process, recommencing with the development of a Needs Analysis. The APB Team will seek to work with partners to identify information already gathered for the PSB's Wellbeing Assessment, RPB's Population Needs Assessment and any other relevant sources of data. In addition, recommendations will be made to the APB to inform local partners who have responsibility for planning substance misuse prevention activity. Alongside research into the evidence base for effective practice, this will inform the development of the new service specification and clearly identifying areas for robust partnership working.

The regional PSB provider governance to the APB and substance misuse data is included in the regional Well-being Assessment. The RPB works alongside the APB, with shared

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membership, and does wish to replicate or duplicate the information included in the WBA and recognises the APB is best placed to lead the needs analysis and future work programme; but will ensure regular partnership discussions to align priorities and action plans. The APB will seek to identify joint working arrangements in line with emerging evidence and best practice in the following areas:

- Share recommendations with key partners/partnership boards and identify areas for joint working including areas where the APB can provide a supporting role for organisations leading on relevant priority areas e.g. RPB's Children and Families Board leading on the Looked After Children agenda
- Provide potential scope and evidence for further joint commissioning amongst partners
- Establish joint working arrangements with partners leading on prevention activity

(10) GWENT WORKFORCE AND DEVELOPMENT

The RPB have established a regional Workforce and Development Board with a delivery plan which is monitored by the Board. Workforce Development managers and the regional Partnership Team meet regularly, prior to the board to ensure consistent developments across the workforce, joint training, and continuous development of the regional training plan.

The health and social care workforce have come under an increased focus during the pandemic and with huge recognition amongst the public given the commitment of staff to support vulnerable citizens across the region. Recruitment and levels of pay have proven to be challenging issues across the UK, Wales and in the region. This will require national solutions and an area for RPB focus going forward given that workforce will be the foundation for all health and social care support going forward.

Local Workforce Development Managers and the Regional Transformation Team form part of a National Social Services and Well-being Act Workforce Development Group. The group ensures coordinated development across Welsh Government, Care Council for Wales and regional and Workforce Development teams; and ensures there is a focus on raising the profile of the care sector as a career path and raising standards through commissioning.

Social Care Wales Workforce Development Programme (SCWDP)

The Greater Gwent Region is committed to maximising the benefits of collaborative and partnership working. The four local Social Care Wales Workforce Development Partnerships integrate within the new regional communication and working structure for partners, established under Part 9 of the Social Services and Well-being (Wales) Act 2014. The region is committed to delivering for the whole social care sector and have robust processes in place to ensure the varying workforce development needs across providers of services are identified and responded to. The term workforce is used to describe those working in Children's services and Adults services for the whole sector and in all types of settings. Examples of the region's thinking and the multiple routes that are maximised:

- Annual training needs analysis
- Ensuring workforce development has representation at key stakeholder networks and forums
- An open offer to the whole sector to access funded opportunities
- Continuous communication with all partners throughout the year, informing, offering, listening and reacting to feedback
- Learning lessons from delivery or offers that have not suited or attracted parts of the sector
- Providing options that better suit how and when opportunities are delivered
- Bespoke delivery
- Offering opportunities by need and role in social care, not by employed status
- Encouraging diversity amongst cohorts where it benefits learners
- Putting the learner experience first and knowing the audience
- Translating change needed according to the environment and type service the learner

operates within

- Never assuming that every worker/volunteer has access to the same levels of communication/support
- Responding quickly to recommendations for improvement or unforeseen issues arising from mistakes
- More recently, understanding and appreciating attendance at even essential training just has to be postponed and late cancellations are to be expected

Mental Health Skilled Workforce

A workforce plan consultation is currently underway which will be a vehicle for driving radical change and comprehensive improvements in how we develop, value, and support our specialist mental health workforce, in recognition of the critical role they play in supporting people with a range of mental health needs in a variety of settings.

We know that individual needs for care and support continue to change, with anticipated increases in demand, which will continue post COVID-19 pandemic, supporting mental wellbeing through to serious and enduring mental illness. We are also aware there are difficulties in recruitment and retention in certain professions and occupations in specialist mental health workforce, creating particular challenges in services for people with severe mental illness. The workforce plan will look at opportunities to deliver care differently which need additional skills and capabilities, different workforce models and new ways of working, both within and outside of mental health services.

'*A Healthier Wales: Our Workforce Strategy for Health and Social Care 2020*' identifies that the delivery of health and social care to our population is completely dependent on our workforce who work in a range of statutory, private, or voluntary provider services, volunteers or as carers. The ambition is that we will have a motivated, engaged, and valued health and social care workforce, with the capacity, competence, and confidence to meet the needs of people in Wales. The document clarifies the intention to:

Develop a multi-professional workforce plan to support implementation of Together for Mental Health. This will encompass all age ranges and protected characteristics aligning with the models of care and standards of service needed in the future. This will also take account of the roles of private and third sector provider services, volunteers, and carers as well as statutory services.

Mental health is everyone's business, and the workforce plan is an opportunity to develop the skills and knowledge of our generalist health and social care workforce to better equip them to deal holistically with the mental health needs of the people needing their care. The demands for mental health services will only increase as the pandemic continues to unfold, and we are determined that this plan will provide the tools, guidance, and resources to step up to this challenge, and to accelerate reset and recovery.

MARKET POSITION STATEMENT: *'Meeting identified needs by providing services in partnership'*

The RPB have established a regional **Workforce Development Board** and as we progress with the development of the regional Area Plan, we will undertake further analysis and mapping of the services required to:

- meet the care and support needs of the population and the support needs of carers
- prevent needs arising or escalating
- provide services through the medium of Welsh
- be provided in collaboration across local authorities and/or Local Health Boards outside the partnership arrangement
- build on duties to promote social enterprises, co-operatives, user led services and the third sector.

The voluntary sector plays a key role in developing alternative models of care and support and identifying assets at an individual, community and population level and the potential contributions people, communities and organisations can make.

(11) WELSH LANGUAGE PROVISION

This PNA has been developed in collaboration with the regional Public Service Board and their development of the Gwent Wellbeing Assessment (WBA). The WBA sets out in detail

- The number of Welsh speakers in the Gwent region
- The number of Welsh speakers in education and;
- The number of Welsh speaking employees and Welsh language skills in public service partners including Gwent Police, ABUHB, local authorities

For further details please see Gwent Wellbeing Assessment: Cultural Well Being section.

In Wales the health and social care sector has a duty to ensure that when people are accessing service provision, they are able to do so in their preferred language. The *'Active Offer'* is the key principle within the Welsh Government's strategic framework for Welsh language services *'More Than Just Words'*. This means that people should be offered services in Welsh without having to ask for it. As part of the national Welsh Language Strategy, *Cymraeg 2050: 'A Million Welsh Speakers'*, which was published in 2017, Welsh Government aims to increase the number of those who can speak Welsh rise to 1 million by the year 2050.

This population needs assessment has considered the delivery of the Welsh language within the context of the three key themes within the framework, these are:

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

Generally, the key themes above will be delivered through wider local authority and health board corporate Welsh language policies. However, the RPB through the development of this population assessment report has sought to identify the actions required to deliver the range and level of services identified as necessary through the medium of Welsh. The Welsh language strategic framework *'More than just words'* aims to improve frontline health and social services provision for Welsh speakers, their family and carers. In keeping with the principles in the framework we have included the linguistic profiles of local authority areas (see WBA above) to help us identify where to focus provision and service delivery.

Key Priorities

Accessing service provision in Welsh, is an important element of care and support across all patient groups. Some groups have a greater need to receive their services in Welsh, and is thus a core element of service provision. We have started to identify where there are gaps in provision following analysis of need and in particular:

- Children and young people
Where children, young people are receiving support through social services or the health board we will ensure the *'active offer'* is provided whether it be through social workers or nurses.
- Older people including Dementia services

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Similarly, the RPB will promote the need for support to older people to be provided through the medium of Welsh where required. In addition, we have established that people living with dementia may regress to use of Welsh language, especially if the person was taught through the medium of Welsh. The Dementia Board has considered how we deliver dementia services and also as part of Dementia Friendly Community agenda, we have identified the need to deliver Dementia Friends awareness through the medium of Welsh.

- **Mental health service users & People with learning disabilities**
The active offer will be promoted across all vulnerable groups and the RPB will also promote wider use and adoption of Welsh language through various contracts with third sector partners.
- **Speech and language therapy services and Stroke services**
Specific and acute services will also need to be delivered through the preferred method of communication and the RPB will undertake further linguistic profiles of core members to ensure appropriate employees are recruited and provided with training.
- **Information, advice, and assistance including advocacy services**
All the above groups will benefit from the provision of information, advice and assistance including advocacy services. Individual RPB partners will have in place individual Welsh language policies to present bilingual information and the RPB is working with advocacy partners to ensure support can also be provided through the medium of Welsh.

We will build on the linguistic profiles included in the WBA to focus on the above priorities when developing the Area Plan and undertake a more robust assessment of the range and level of services that we will need to provide to meet the identified need.