

# Public Document Pack



County Hall  
Rhadyr  
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NP15 1GA

31<sup>st</sup> January 2022

## Notice of Reports Received following Publication of Agenda.

### Public Services Select Committee

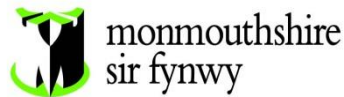
Tuesday, 8th February, 2022 at 10.00 am,  
County Hall, Usk - Remote Attendance

Attached are reports that the committee will consider as part of the original agenda but were submitted to democratic services following publication of the agenda.

Item No	Item	Pages
5.	<b>Population Needs Assessment</b>  To scrutinise the assessment of the care and support needs of the population carried out jointly by the Local Authority and Local Health Board as required by The Social Services and Well-being (Wales) Act 2014 ahead of approval by the Gwent Public Service Board.	1 - 78

**Paul Matthews**  
**Chief Executive**

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**SUBJECT: POPULATION NEEDS ASSESSMENT (PNA)**

**MEETING: Scrutiny**

**DATE: 8<sup>th</sup> Feb 2022**

**DIVISION/WARDS AFFECTED: Social Services**

## **NON-PUBLICATION**

### **1. PURPOSE:**

- 1.1 To seek approval of the PNA prior to submission to Welsh Government
- 1.2 To receive comments from members on the highlighted need in the PNA and if this need reflects the local authority area.
- 1.3 To demonstrate how the PNA aligns to the regional Wellbeing Assessment required Wellbeing of Future Generations Act.

### **2. RECOMMENDATIONS:**

- 2.1 Members provide comments to ensure needs are reflective of Monmouthshire and for comments to be fed back to the Executive Member for consideration, prior to the PNA being submitted to Council
- 2.2 After the PNA has been agreed by all LAs and ABUHB, the MCC are required to share and upload to local authority website.

### **3. KEY ISSUES:**

- 3.1 As set out in the Social Services and Wellbeing (Wales) Act 2014, local authorities and local Health Boards must enter into a partnership to produce one population assessment report per local government electoral cycle. The Act also stipulates:
  - the Regional Partnership Board is required to produce the Population Needs Assessment (PNA) and
  - local authorities and local health boards are required formally to approve the PNA report and make available on their websites. A copy of the population assessment report must be completed by April 2022 and also be sent to Welsh Ministers at the time of publication.
- 3.2 The first regional Population Needs Assessment (PNA) was overseen by the Gwent Regional Partnership Board (RPB) in April 2016. The PNA aligned to Wellbeing Assessment completed by Public Service Boards as required under the Wellbeing of Future Generations Act. The 2022 PNA report (APPENDIX 1) 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).

- 3.3 The first PNA was approved and signed off across the region on 1st April 2017 (follow link to RPB website Population Needs Assessment [Home - Gwentrpb](#)). The identified need was used to develop the regional Area Plan. Following the publication of the regional report each local authority and health board was required to prepare and publish a plan setting out the range and level of services they proposed to provide, or arrange to be provided, in response to the population needs assessment. The plans are formally referred to as Area plans and a statutory requirement under the SSWB Act. The first regional Area Plan was published 1st April 2018 and set out the partnership working and delivery of services in response to each core theme identified in the population assessment.
- 3.4 In March 2021, Welsh Government released supplementary advice for Regional Partnership Boards to support development of Population Needs Assessments (PNAs). There were no changes to the guidance, however, some additional information and definition of core themes were included but the statutory PNA themes have not changed and are set out below.
- children and young people
  - older people
  - health / physical disabilities
  - learning disability/autism
  - mental health
  - sensory impairment
  - carers who need support; and
  - violence against women, domestic abuse and sexual violence
- 3.5 In Gwent we took an approach to produce a separate Area Plan section for autism, and WG have advised that separate PNA sections should be produced for the next PNA. An additional section in relation to Housing is also appropriate and can provide a clear link to the national strategies and partnership working with Registered Social Landlords (RSLs).
- 3.6 The PNA has identified and reinforced existing areas of need and priorities for action including:
- Continued support to children looked after and reduction of out of county placements
  - Ageing population, loneliness amongst older people and increase in people living with dementia
  - Carers and the need for access to information, respite and mental health support
  - The need for emotional wellbeing and mental health support across the region
  - To mitigate impact of the Covid-19 pandemic and long covid
  - Support to vulnerable groups including people living with learning disabilities, physical disabilities and autism
- 3.7 It will be unrealistic for the PNA to include all the identified needs across health and social care but the regional report will highlight the joint priorities to be progressed across public services, the health board and voluntary sector.
- 3.8 Engagement with citizens is a key requirement under the SSWB Act and the PNA has been developed and includes qualitative data from a range of citizen groups.
- 3.9 As required with the first PNA, the Regional Partnership Board will have to develop a regional Area Plan – publication 1st April 2023 – and will set out how the identified need will

be met through partnership working and collaboration. The RPB will once again work alongside Public Service Board partners to ensure alignment with Wellbeing plans required under the Wellbeing of Future Generations Act, as well as linking to LA Corporate Plans and ABUHB Integrated Medium Term Plan.

#### **4. EQUALITY AND FUTURE GENERATIONS EVALUATION (INCLUDES SOCIAL JUSTICE, SAFEGUARDING AND CORPORATE PARENTING):**

- 4.1 The PNA is predicated on the same principles as Wellbeing Assessments required under the Wellbeing of Future Generations Act and will also include a full impact assessment. The needs highlighted, and subsequently delivered the Area Plan will contribute to various legal requirements and statutory duties.

#### **5. OPTIONS APPRAISAL**

- 5.1 MCC are required under the Social Services and Wales (Wellbeing) Act 2014 to consider and agree a regional PNA.

#### **6. EVALUATION CRITERIA**

- 6.1 There is no formal need to evaluate the PNA but an indication of effectiveness will be through the development of the regional Area Plan and subsequent delivery of partnership priorities, as well as innovating current service models to meet future demands.

#### **7. REASONS:**

- 7.1 MCC are required under the Social Services and Wales (Wellbeing) Act 2014 to consider and agree a regional PNA.

#### **8. RESOURCE IMPLICATIONS:**

- 8.1 There are no direct financial implications to developing and approving the PNA, but maximising public service budgets and reinvesting into preventative programmes is a key requirement under the SSWB Act. However, development of the action plans that underpin the population assessments will require officer time.

#### **9. CONSULTEES:**

- 9.1 Jane Rogers, Chief Officer Social Care & Health, MCC
- 9.2 The PNA has been developed with all RPB partners including local authorities, ABUHB, voluntary sector and private providers of care; as well as our regional citizen panel, carers forum, older people forums, parent groups and young people forums.
- 9.3 The voice of citizens, third sector partners and service providers are key to developing this PNA. Citizen voices have been included in each PNA section and coordinated through the regional Citizen Panel and Chair who sits on the RPB. There has been extensive

engagement across the region using various methodologies such as Snap surveys, social media and established forums (Carers forum, Youth Council, Dementia Friendly cafes etc).

**10. BACKGROUND PAPERS:**

**11. AUTHOR: Philip Diamond, Regional Partnership Lead**

**12. CONTACT DETAILS:**

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## Is my report exempt?

In some instances it may be necessary to submit a report to a committee but withhold the whole report, or part of that report, due to the sensitive nature of information contained within it.

There are specific circumstances in which a report may be considered exempt which are set in legislation. When writing your report bear in mind the following circumstances to consider whether your report should be exempt;

*Local Government Act, Schedule 12A, Part 4;*

12. Information relating to a particular individual
13. Information which is likely to reveal the identity of an individual
14. Information relating to the financial or business affairs of any particular person (including the authority holding that information)
15. Information relating to any consultation or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
16. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings
17. Information which reveals that the authority proposes –
  - a. To give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
  - b. To make an order or direction under any enactment
18. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

If you are unsure if the report should be exempt or not you should contact Democratic Services or the Monitoring Officer for further advice and guidance. The principal to bear in mind however is that the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

If your report is to be exempt you should let Democratic Services know as soon as possible if you have not already done so when adding the item to the forward plan of the relevant committee.

When submitting your report to Democratic Services for publication with the agenda you must also include an exemption certificate which give details as to why the report is exempt and not for publication. This certificate will be publicly available with the agenda in place of the report so the reasoning for the exemption should be made clear on this form. The exemption certificate is available overleaf.

Further information on definitions and exemptions is available within the Local Government Act at the following link; <http://www.legislation.gov.uk/ukpga/1972/70/schedule/12A>

## SCHEDULE 12A LOCAL GOVERNMENT ACT 1972 EXEMPTION FROM DISCLOSURE OF DOCUMENTS

**Meeting and Date of Meeting:** Insert date and meeting

**Report:** Insert report title

**Author:** Insert author

I have considered grounds for exemption of information contained in the background paper for the report referred to above and make the following recommendation to the Proper Officer:-

**Exemptions applying to the report:**

[Enter the section and reason of the exemption, as defined by the Local Government Act set out above e.g – This report will be exempt under paragraph 12 of Schedule 12A – Information relating to a particular individual]

**Factors in favour of disclosure:**

Openness & transparency in matters concerned with the public

**Prejudice which would result if the information were disclosed:**

[Give a brief indication of what information would be disclosed and the impact of its disclosure]

**My view on the public interest test is as follows:**

Factors in favour of disclosure are outweighed by those against.

**Recommended decision on exemption from disclosure:**

Maintain exemption from publication in relation to report

Date: Insert date

Signed: Signed by report author

Post: Insert post

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I accept/I do not accept the recommendation made above

Signed: [Signed by Chief Officer / Head of Service / Chief Executive]

Date: Insert Date





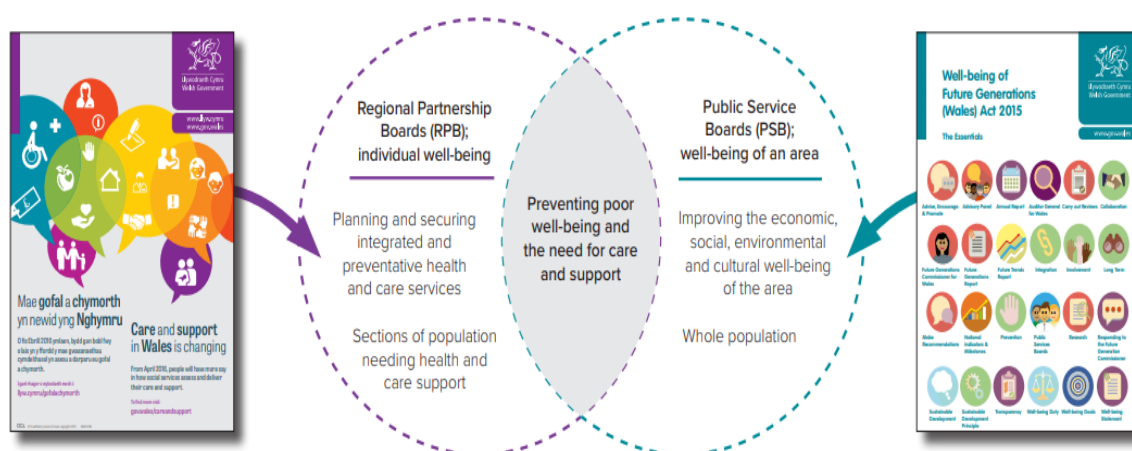
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**Gwent Regional Partnership Board Population Needs Assessment**

## 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 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.

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

- 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 and established forums (Carers forum, Youth Council, Dementia Friendly cafes 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 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 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 a tool 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***

**Focussed 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*
- *Looked After Children and young carers*
- *Homeless people*

### **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 identified to be 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 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 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. Veterans have sufficient financial education, awareness, and skills to be financially self-supporting and resilient.
- Health and Wellbeing. All veterans enjoy a state of positive physical and mental health and wellbeing, enabling them to wider aspects of society.
- Making a home in civilian society. Veteran have a secure place to live either through buying, renting or social housing.
- Veterans and the law. They leave the Armed Forces with the 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.

### **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 Travellers 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 work, 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.
- 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.

### **Black And Minority Ethnic (BAME) 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 BAME 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 BME communities. A Government enquiry took place to identify why people from BME backgrounds appear to be disproportionately affected and further work is needed to ensure we can improve health outcomes.

#### **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 has seen 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 Well-being. 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 in 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
- Lesbian, gay, and bisexual 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 Act. The prisons have a combined population of 527. (MoJ, 2108) 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. A recent '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
- Infections 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 well-being 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 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. Well-being is also about children feeling secure about their personal identity and culture. Due attention to their health and well-being needs should help reduce health inequalities and reduce the risk of re-offending by young people. Across the region the Youth Offending Service (YOS) & 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**

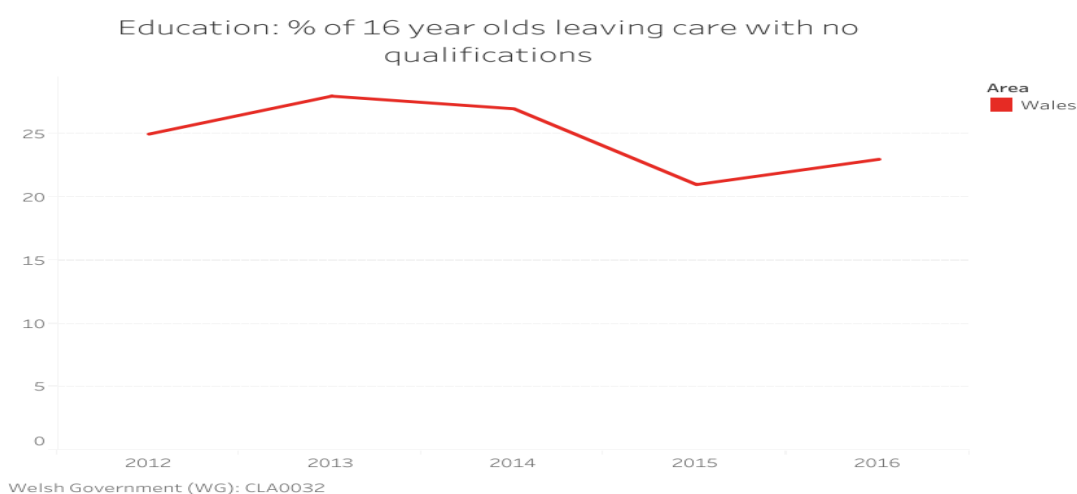
### **Key themes**

- Children with Complex Needs, including seamless transition of care and support needs, for example between Childrens 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.
- Looked After Children 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**

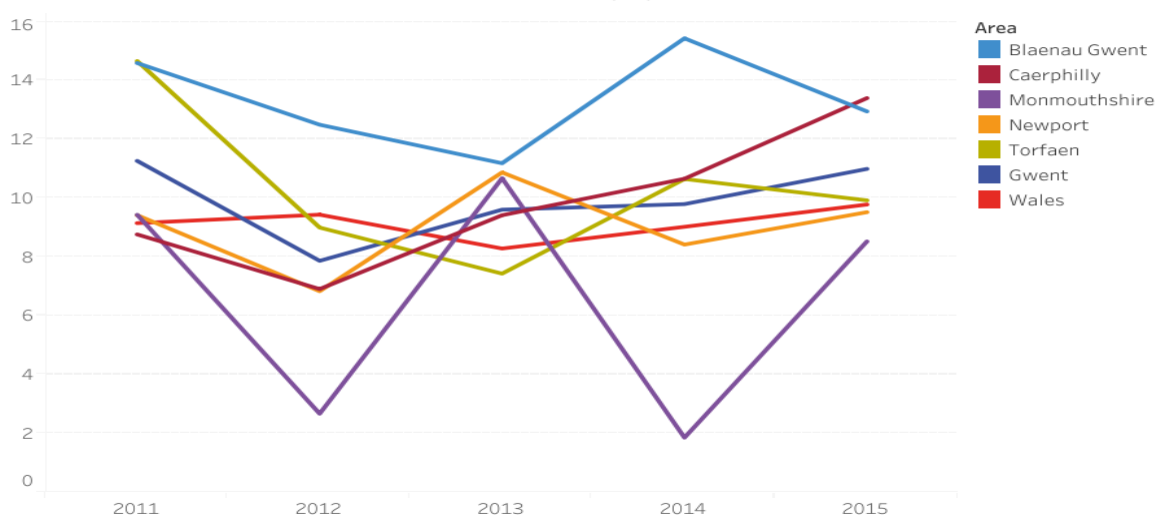


Care leavers will face a large number of personal and emotional challenges when family relationships breakdown and understandably education and aspirations will be affected. Attitudes to school, authority and adults will be indifferent and if a young person feels that

they have been ‘given up on’ it will be very easy said young person to give up on their selves. Schools will closely monitor the number of CLA and treat as vulnerable learners to ensure additional support and understanding are afforded to CLA. 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 accessing 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) Looked after Children with 3 or more placements**

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

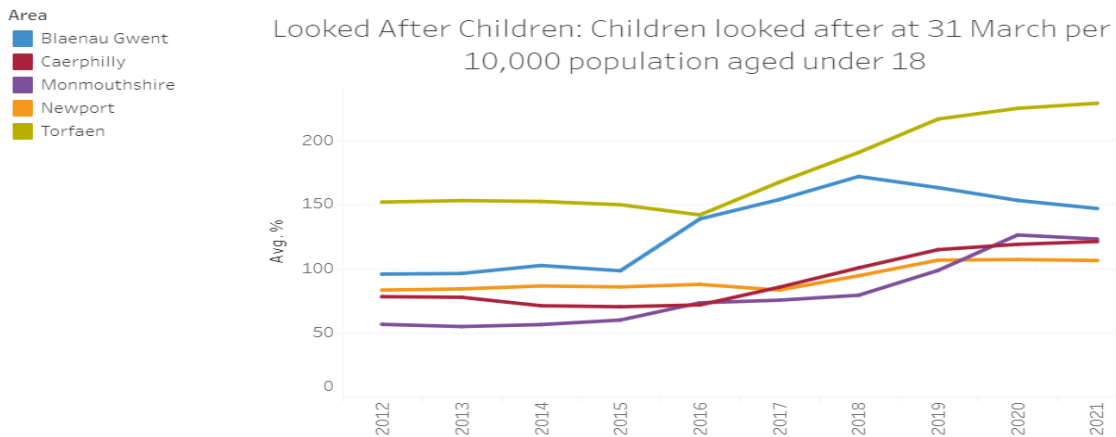


Welsh Government (WG): SCC004

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 RPB. Covid-19 has affected the face-to-face opportunities for advocacy, but online sessions have been facilitated.

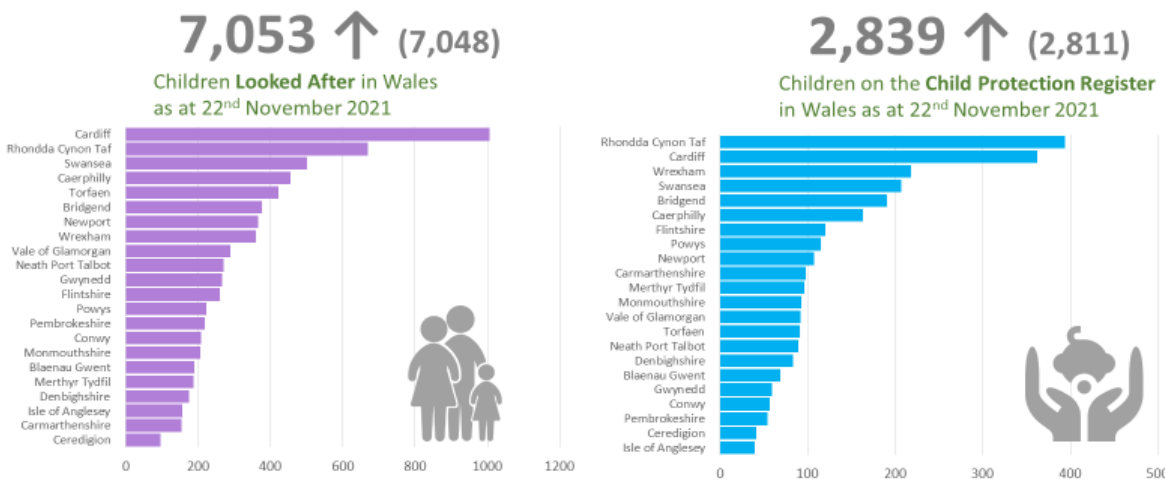
## Gwent Population Needs Assessment

### (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 have 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



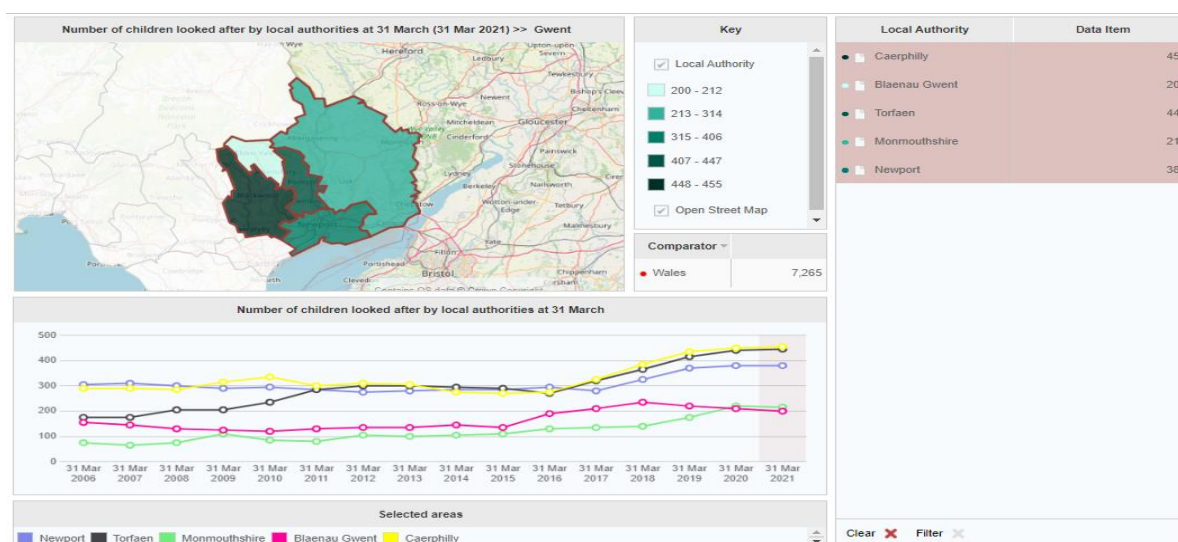
↑↓↔ denotes change from previous week (previous week's figures) Source: Local Authority Covid-19 Data Collections – 24 November 2021

## Gwent Population Needs Assessment

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

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 \(socialcaredata.wales\)](#) 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 have prioritized 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 young people through effective partnership working especially mitigating long term impact of Covid-19 pandemic.**

## **(2) OLDER PEOPLE INCLUDING DEMENTIA**

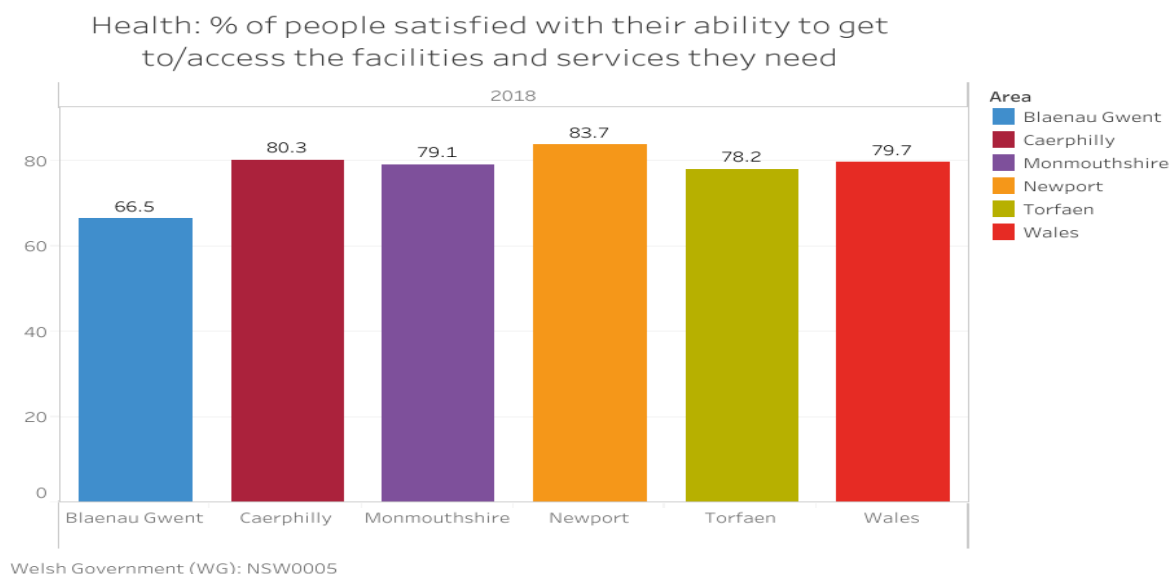
### **Key Themes**

- 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)

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

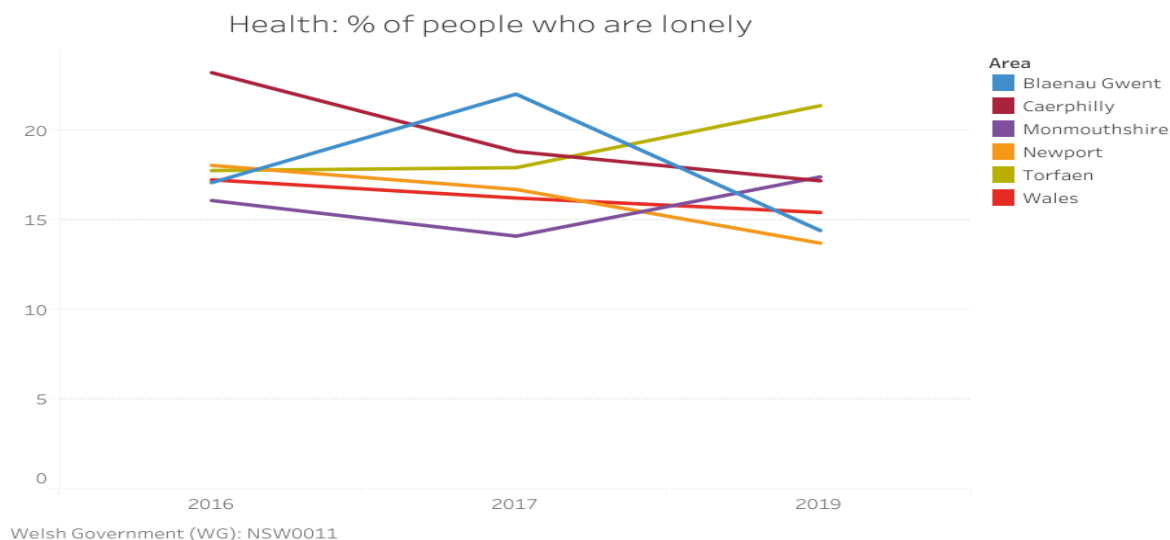


A large percentage of people are generally satisfied with access to facilities across the region. This percentage is within the Wales average for Monmouthshire despite the rurality and access to bus services. This data is from 2018 and Blaenau Gwent figure is quite low in comparison to other local authorities, 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 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 lockdown and

## Gwent Population Needs Assessment

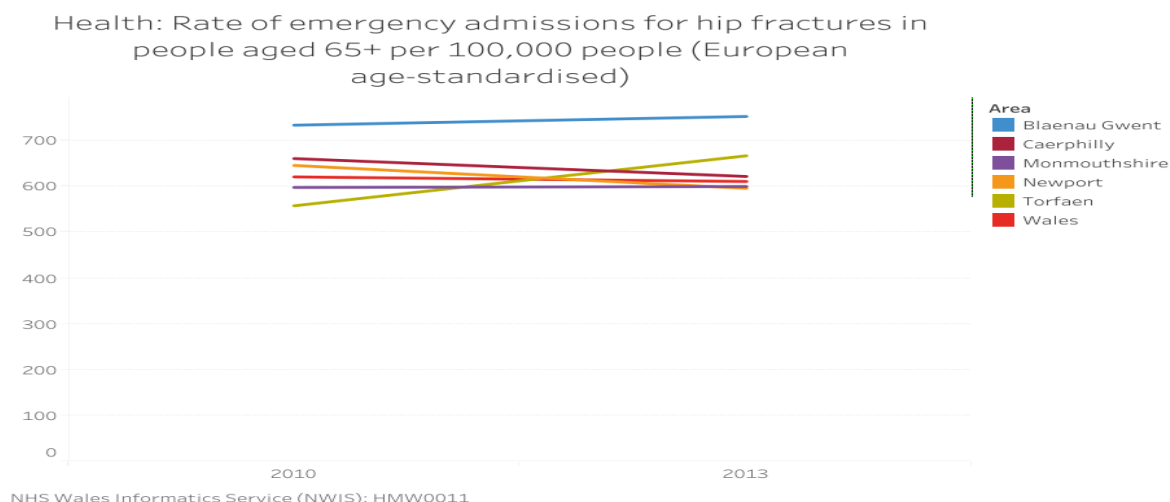
therefore the RPB will still need to ensure an equitable access to services across the region, especially for older people who may not be confident with the use of technologies.

### (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



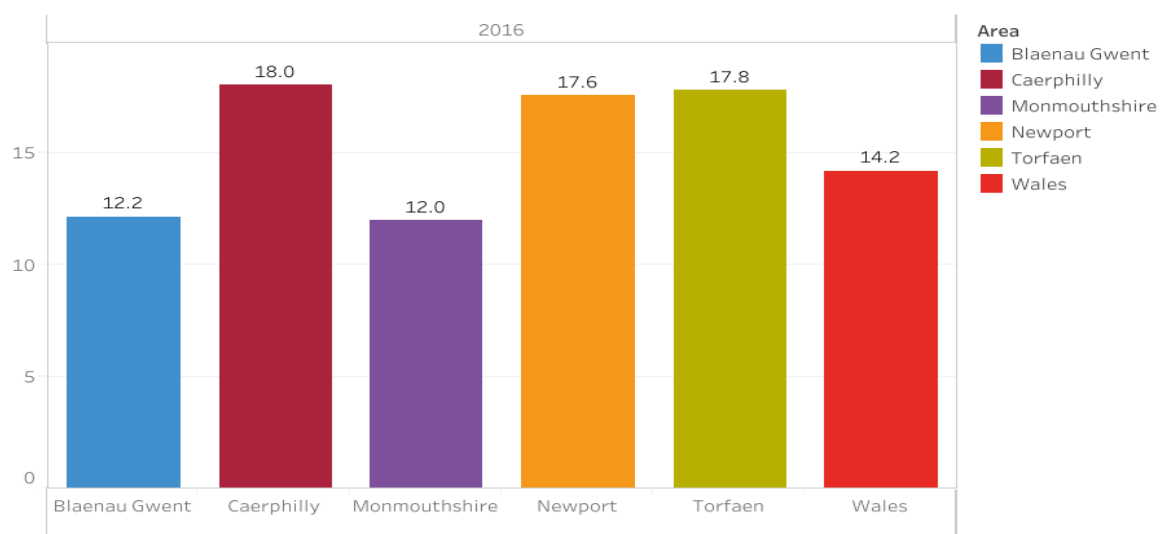
It is widely accepted that falls amongst older people are one of the biggest factors in hospital admissions and calls for ambulance assistance. Hip fractures data can be inferred and indicate level of falls amongst older people and subsequently hospital admissions.

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 during 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

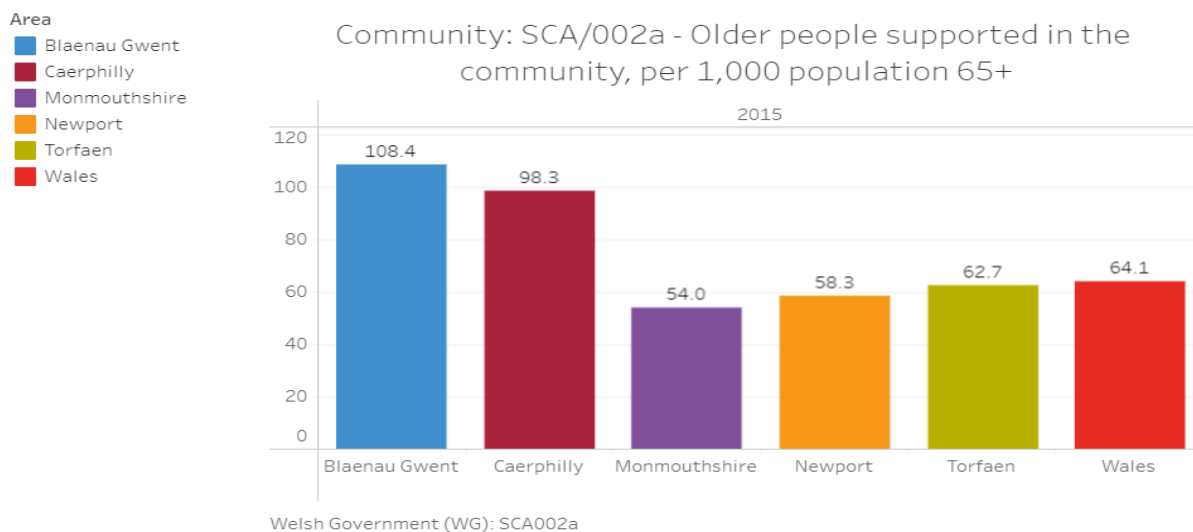


Welsh Government (WG): NSW0037

## Gwent Population Needs Assessment

The data can highlight 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.

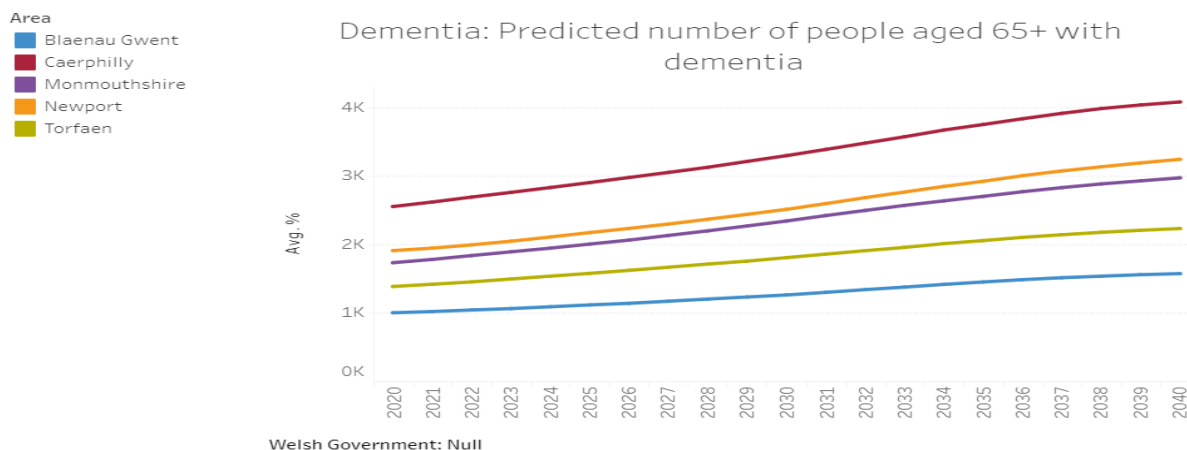
### (2.5) Older people supported in the community, per 1,000 population 65+



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.

**(2.6) Predicted number of people with dementia 65 plus**

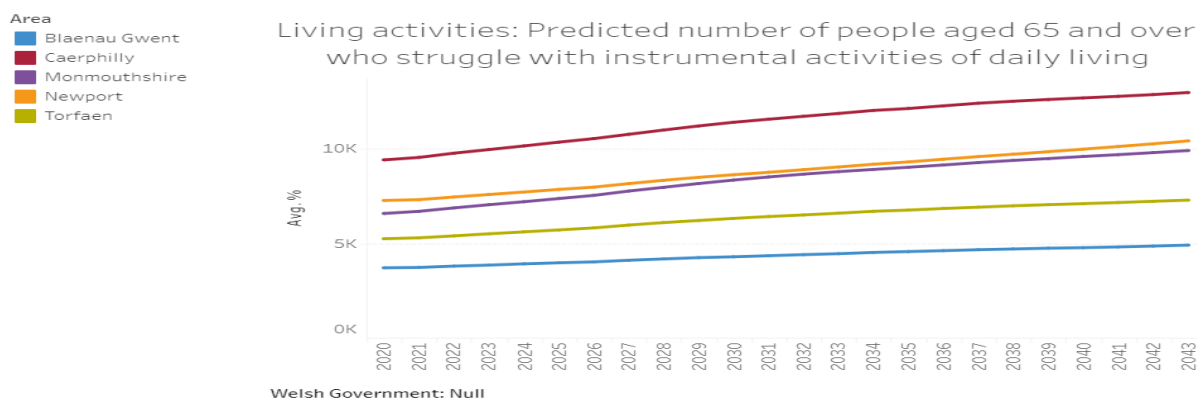


Approximately 42,000 people are living with dementia in Wales, and it is most common in older people, affecting 1 in 20 people over the age of 65 and 1 in 5 over the age of 80. It is predicted that 1 million people in the UK will have dementia by 2025 and this could increase to 2 million by 2050 (Alzheimer’s Research UK). 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 family 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.

**(2.7) Predicted number of people unable 1 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.

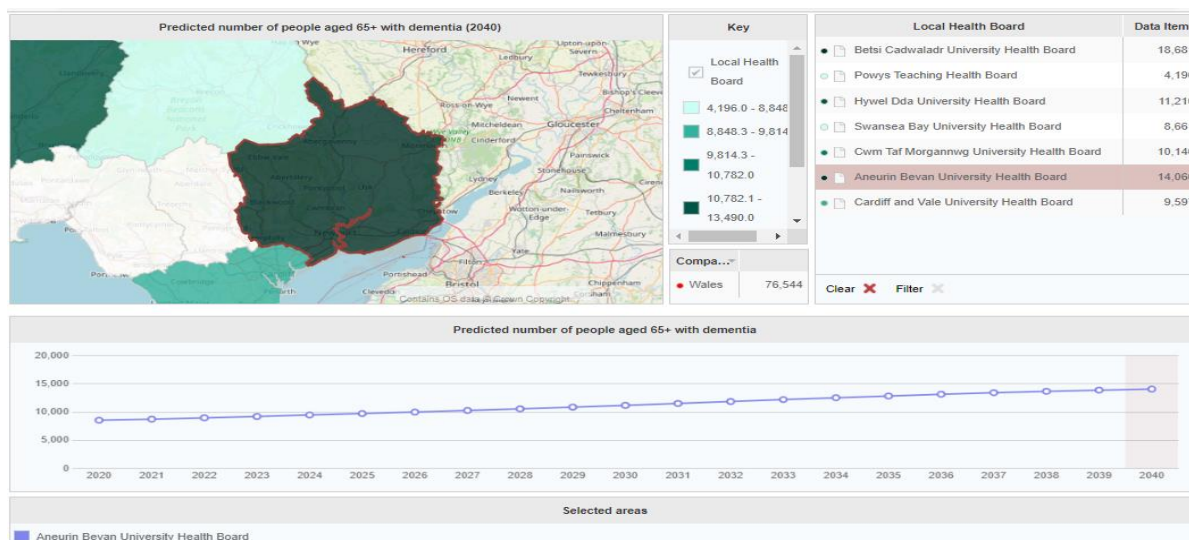
Predicted number of people aged 65 or over that will be unable to manage at least one domestic task on their own (household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner, wash clothing by hand, open screw tops, deal with personal affairs, do practical 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 Population Needs Assessment

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 \(socialcaredata.wales\)](#) 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 and continues to be incredible. Also:

- 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, growing employment among married women, changing household composition of older people, and changing preferences of older people. (SCIE)

- 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 for 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 and integrated care models.**

### **(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 the 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.

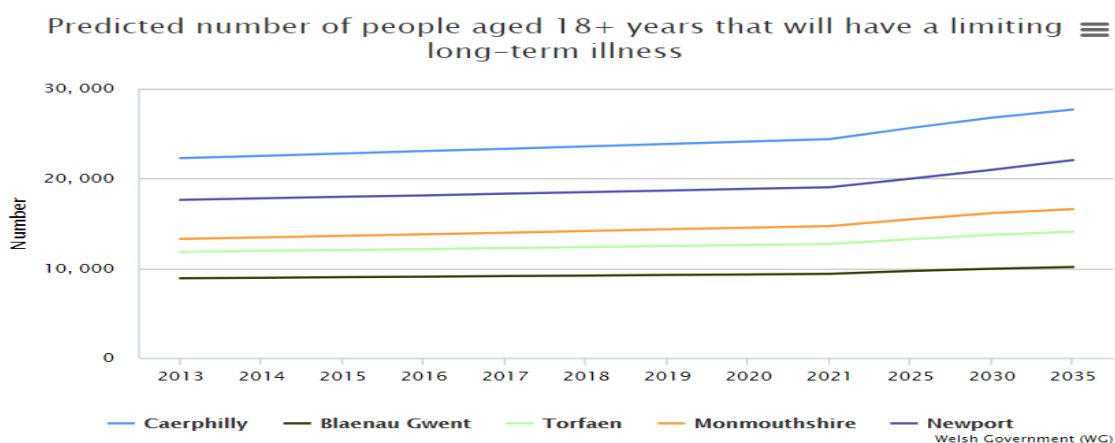
#### **Key Themes**

- 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**

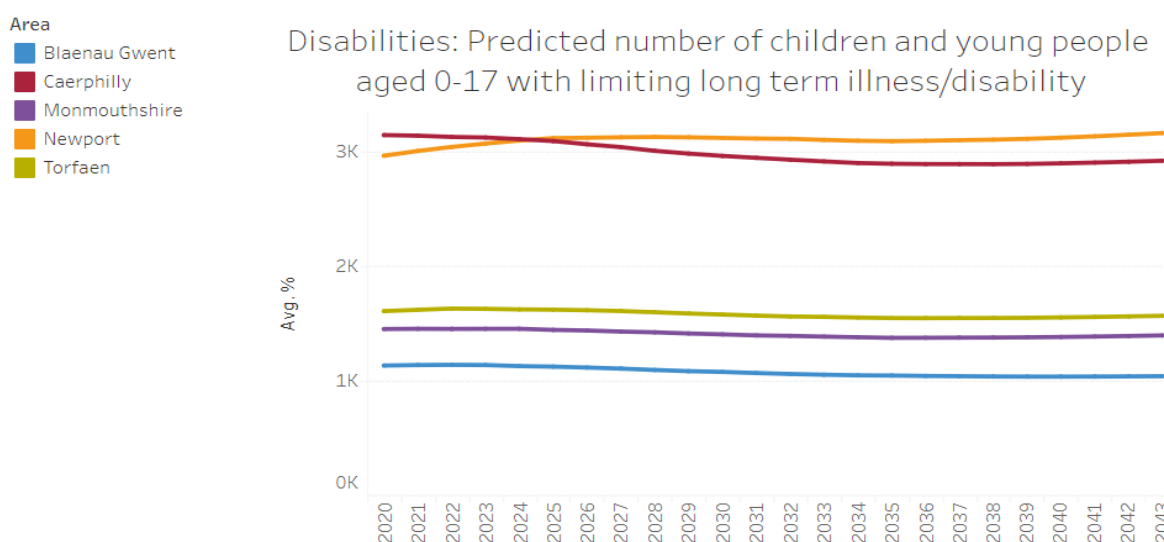
- Welsh Government’s Disability Equality Forum Impact of Covid-19 on disabled people in Wales and ‘Action on Disability’ framework
- Wales Council of the Blind. Rehabilitation Officers for Visual Impairment, Addressing a workforce crisis in Wales
- All Wales Deaf Mental Health and Wellbeing Group. Deaf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

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



The impact of chronic conditions on peoples 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**

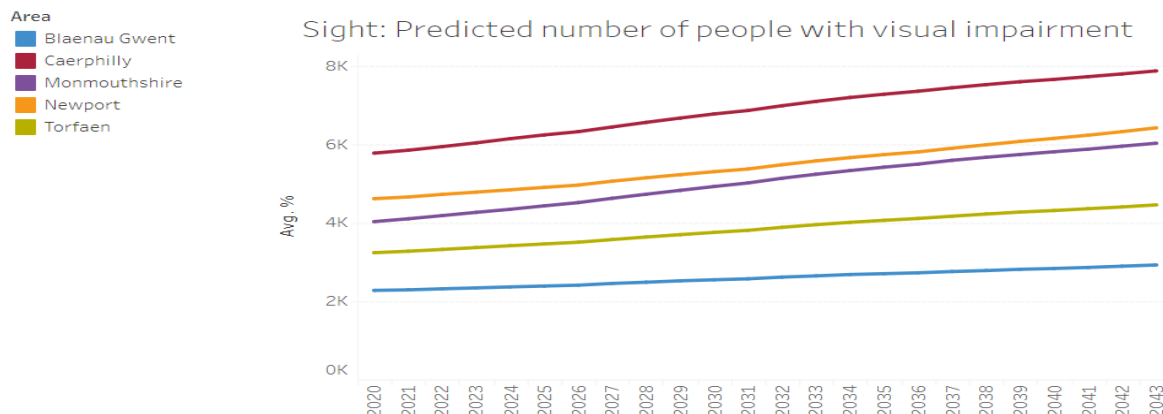


This figure is taken from the study *Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK, Blackburn et al, BMC Paediatrics 2010*. Children were defined as disabled if they met the Disability Discrimination Act criteria for a disabled person. Disability 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.

**(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.

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.

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](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. 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.

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 changes 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.
- 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.

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. Another critical service is 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.

### **Emerging Priorities**

- 1. To support disabled people 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**



#### (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.

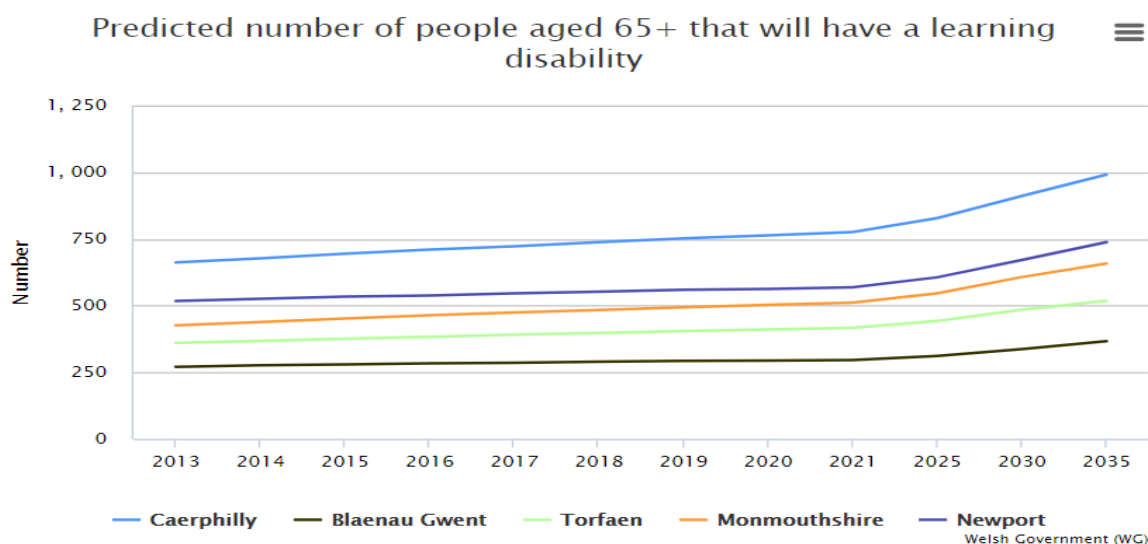
##### Key Themes

- 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

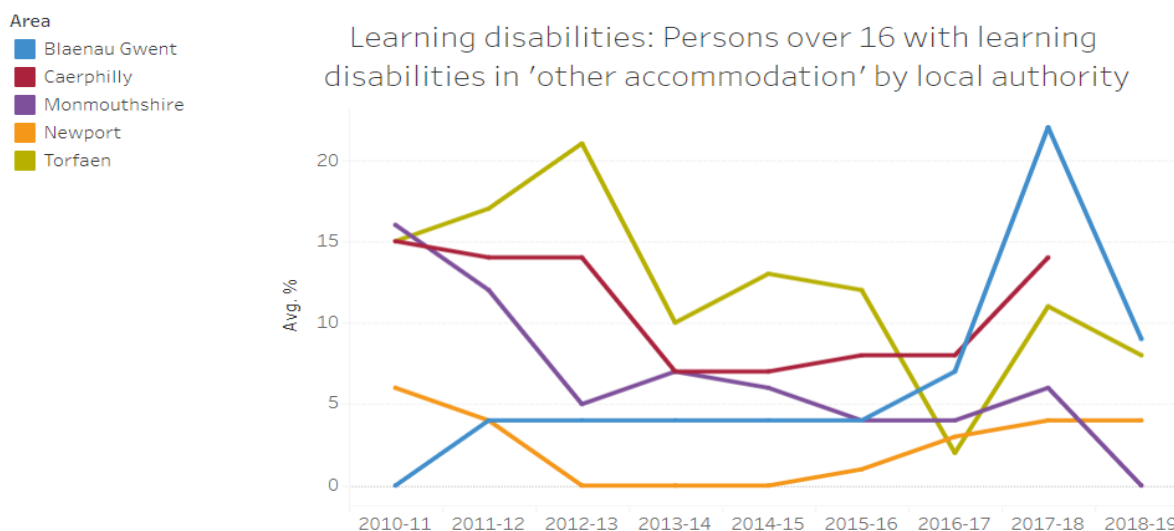
- Learning Disability Improving Lives Programme
- Children’s Commissioner Report ‘No Wrong Door’ in relation to adult services for children with learning disabilities.

#### (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.

**(4.2) Number of placements for persons aged 16 years or older with learning disabilities**



**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 was 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 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.

**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.**

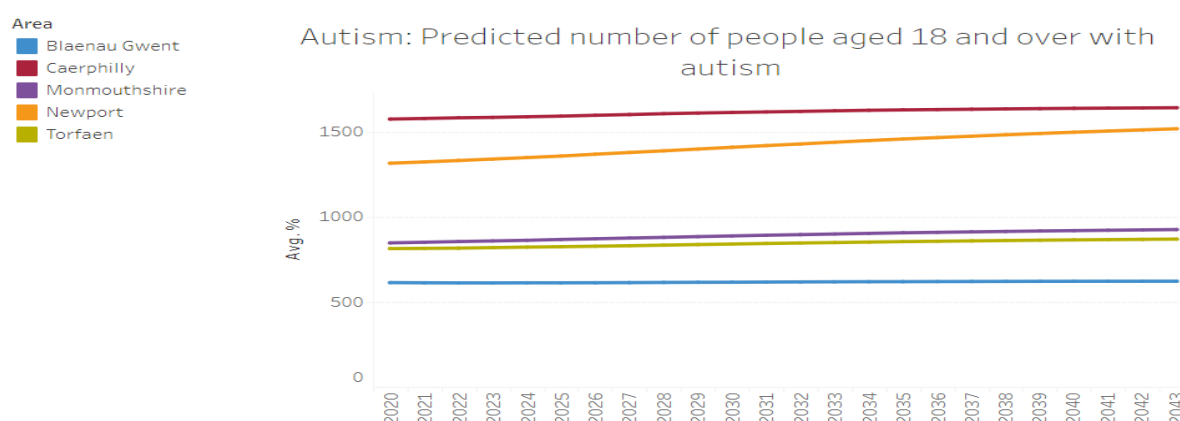
## **(5) AUTISM**

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 (NAS). 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. These figures are taken from the study 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 SSWB Act
- 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, all local authority areas are predicted to see an increase in the number. 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’.

### **Emerging Themes, Future trends, and challenges**

#### **What people have told us**

People 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 '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 feel nervous so could need emotional and practical support to return to normality.
- 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.
- Increased Autism Awareness training for the workforce and communities and how each person is unique with their own strengths and abilities.

#### **Emerging Priorities**

- 1. To provide more timely diagnosis of Autistic Spectrum Disorder and access to support services and information and advice.**

## **(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**

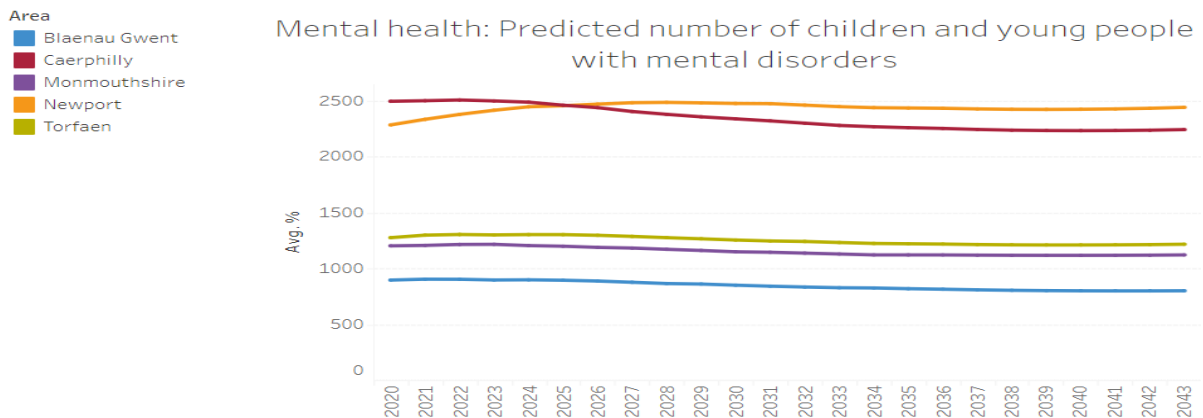
- Increased understanding and awareness of mental health amongst the public to reduce stigma.
- Improved interventions to help people to seek support earlier.
- To improve emotional well-being and mental health for adults and children through early intervention and community support.

### **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 [talk-to-me-2-suicide-and-self-harm-prevention-strategy-for-wales-2015-2020](#)
- National Mental Health Covid survey

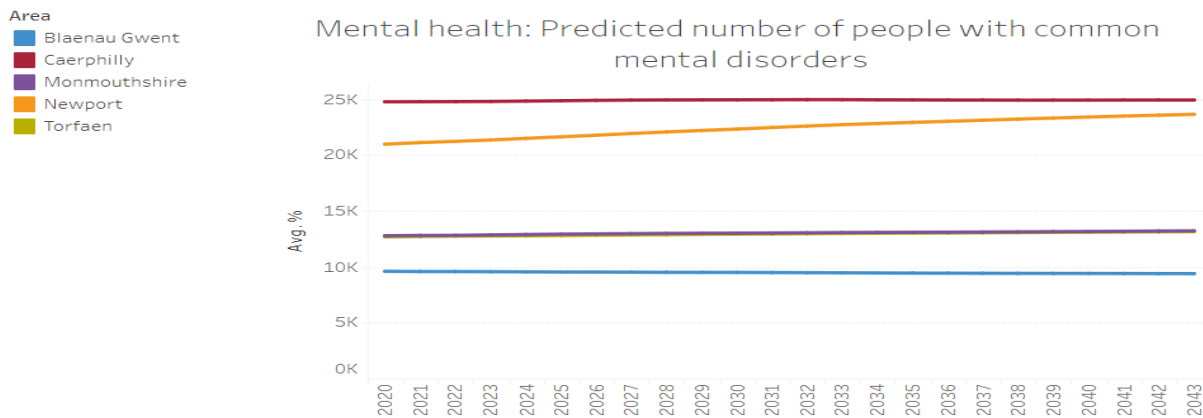
## Gwent Population Needs Assessment

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



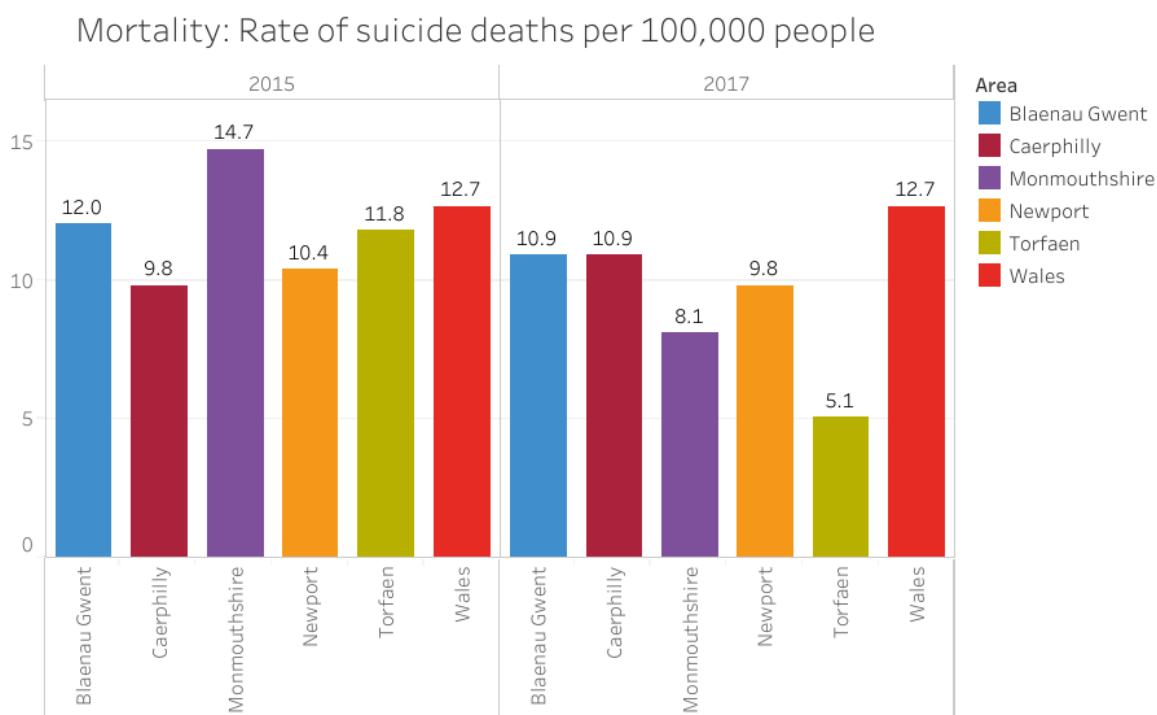
The percentage ranged from 66% in Blaenau Gwent to 78% in Monmouthshire. This compares with 72% of people aged 16 years or older free from a common mental disorder for Gwent and 74% for Wales.

### (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

**(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.

Research was completed in 2020/2021 by a range of partners from ABUHB, Swansea and Cardiff University, *‘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 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’.

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.

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

NHS Wales in conjunction with Cardiff and Swansea Universities developed a national survey to assess levels of mental health during the recent pandemic. This research examined 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

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

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.
- 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.
- 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 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 are 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.

Research was completed in 2020/2021 by a range of partners from ABUHB, Swansea and Cardiff University, ‘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 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'.

### **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 BAME 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**

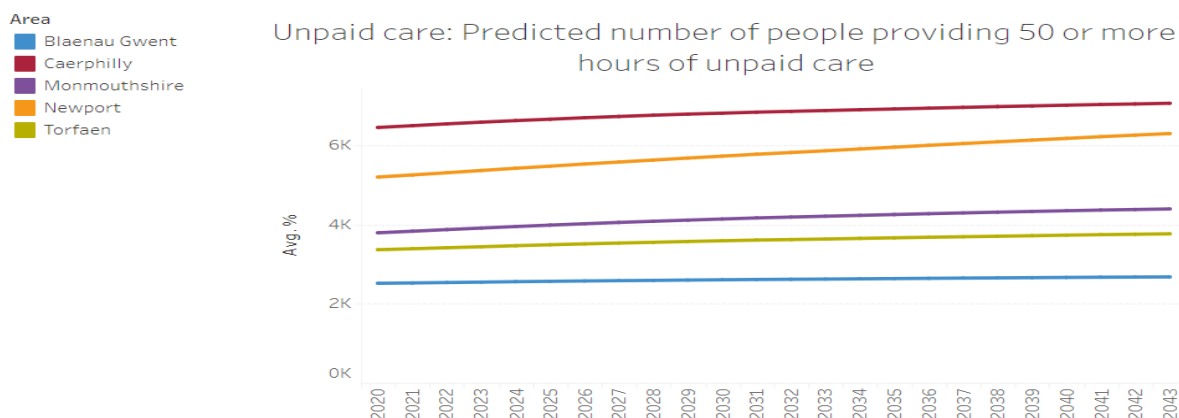
- 1. Increased understanding and awareness of mental health amongst the public to reduce stigma and help people to seek support earlier.**
- 2. To improve emotional well-being and mental health for adults and children through early intervention and community support.**

**(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 in the number. 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.

## Gwent Population Needs Assessment

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

<b>Blaenau Gwent</b>	<b>Caerphilly</b>	<b>Monmouthshire</b>	<b>Newport</b>	<b>Torfaen</b>
<b>17</b>	<b>45</b>	<b>38</b>	<b>51</b>	<b>49</b>

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

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

The RPBs 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 done in a range of ways to take account of Covid restrictions which has made it difficult to offer face to face visits including: 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 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**

<b>Blaenau Gwent</b>	<b>Caerphilly</b>	<b>Monmouthshire</b>	<b>Newport</b>	<b>Torfaen</b>
<b>266</b>	<b>904</b>	<b>236</b>	<b>740</b>	<b>464</b>

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**

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

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

## **(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 2016
- 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

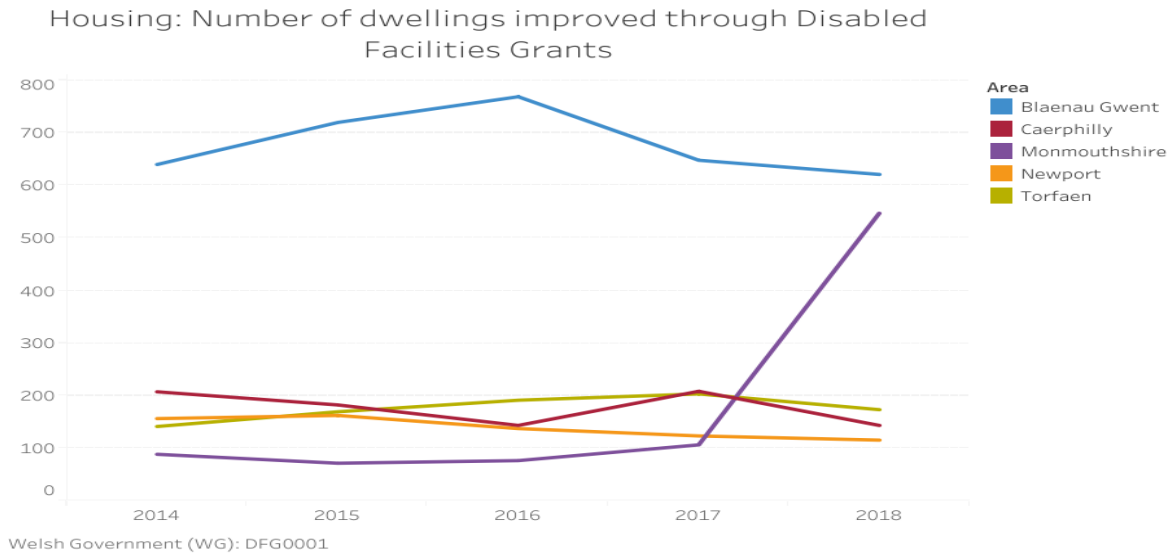
### **(8.1) Rate of all other accommodation for persons aged 16+ with a learning disability per 10,000 population**

<b>Blaenau Gwent</b>	<b>Caerphilly</b>	<b>Monmouthshire</b>	<b>Newport</b>	<b>Torfaen</b>
<b>3.8</b>	<b>6.6</b>	<b>9.4</b>	<b>7.6</b>	<b>5.1</b>

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.

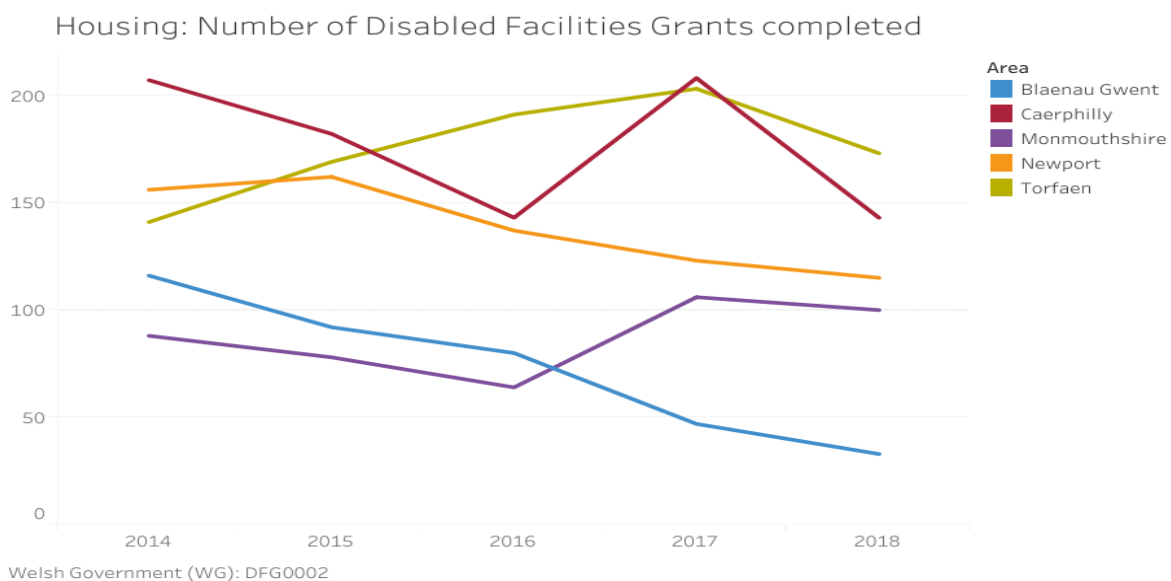
## Gwent Population Needs Assessment

### (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 make a contribution 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 introduction of financial assessments, that a number of people are pulling out of the process and exacerbating original issues.

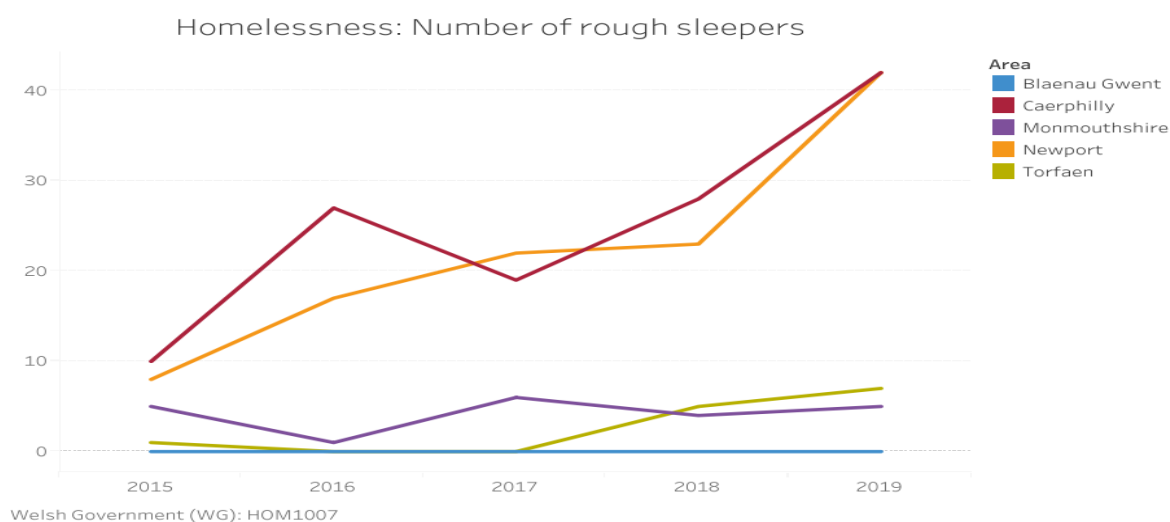
### (8.3) Number of Disabled Facilities Grants completed



## Gwent Population Needs Assessment

Examples of the sorts of adaptations the DFG covers include: Widening doors and installing ramps or stairlifts, Kitchen and bathroom adaptations for eg. 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



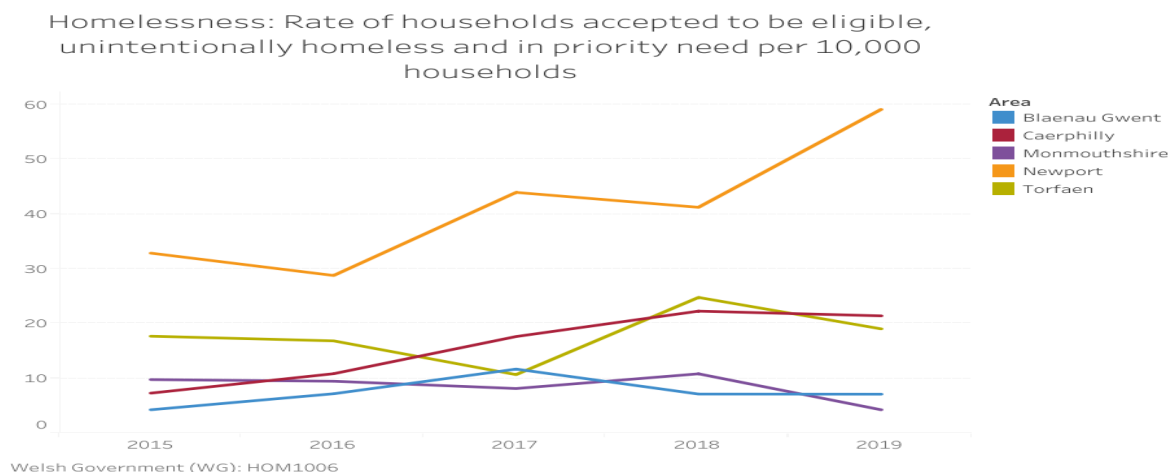
Homelessness is where a person lacks accommodation or where their tenure is not secure. Rough sleeping is the most visible and acute end of the homelessness spectrum, but homelessness includes anyone who has no accommodation, cannot gain access to their accommodation or where it is not reasonable for 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 well-being, and childrens' 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](#)

## Gwent Population Needs Assessment

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 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.

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

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 at 31<sup>st</sup> March 2021 and to allow for comparison the table following shows the number of households in temporary accommodation in Gwent as at 31<sup>st</sup> March 2020 and number of households in temporary accommodation in Gwent as at 31<sup>st</sup> 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 31<sup>st</sup> March 2021 in Wales and saw the biggest increase during this collection period (April 2020 – March 2021). 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 10<sup>th</sup> Sept 2021 there were 452 households on the waiting list for temporary accommodation.

### (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 or 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 explicitly 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.

Where a young person approaches for 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. B&B 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 and Breakfast accommodation to meet the

## Gwent Population Needs Assessment

immediate housing needs of all young people aged 16/17, and also 18-20 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	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		
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
- 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

## Gwent Population Needs Assessment

- 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 (*– the attached pic captures the above responses – workforce development –training, promotion, collaboration and partnership working, digital inclusion and engagement*).



### 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 well-being, 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 vision 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, 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. 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, in order 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.

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.

*Ref: Homelessness in Wales 2020-2021 Statistical First Release, Ending Homelessness in Wales; A High Level Action Plan 2021-2026*

### Emerging Priorities

1. A multi agency partnership approach to ensure appropriate housing and accommodation for older people and vulnerable citizens
2. Homelessness requiring a collaborative response from public services
3. Non use of B&B accommodation for young people

### **(9) Violence against women, domestic abuse and sexual violence (VAWDASV)**

Domestic violence and abuse is a serious health and social care issue and has escalated through the pandemic, with access to services curtailed due to the covid 19 outbreak. It impacts on all services including adult and children's social service, health services, housing, criminal justice, education, police, and voluntary and community organisations; so, needs a collaborative approach. Anyone can be affected by domestic abuse and sexual violence including women, men, children, and young people. This can happen regarding of sex, age, ethnicity, gender, sexuality, disability, religion or belief, income, geography, or lifestyle. A significant number of people who experience VAWDASV will have one or more 'protected characteristic' under the Equality Act 2010 and will face additional vulnerabilities and have increased barriers to support.

Gwent has been working in partnership as the first region in Wales for strategic coordination of VAWDASV services, where we pioneer new ways of working. We have a range of early intervention and prevention services through Supporting People, Flying Start, Families First and also specialist sector services, recognising that survivors are the experts. There are a number of data sources available to the regional VAWDASV Board including

- Rate of sexual offences per 1,000 people
- Number of sexual offences
- Number of domestic violence offences
- Number of sexual and domestic violence offences
- Number of MARAC (domestic abuse) cases
- Number of recorded incidents of domestic abuse (DACC)

The RPB works alongside the VAWDASV Board and does not replicate the information monitored.

#### **Emerging Themes, Future trends, and challenges**

The pandemic has highlighted the dangers faced by victims and survivors. In Wales during the lockdown period calls to the Wales national helpline Live Fear Free, rose by 49% and call times trebled with those contacting the helpline often reporting more frequent abuse with shorter escalation periods. (Social Care Wales 2021) There has also been a surge in calls and website visits to specialist domestic violence services and emergency services have experienced an overstretched workforce tackling the pandemic.

As lockdown restrictions ease it is expected there will be a demand in services as individuals and

**"I have spent most of the pandemic living with daily anxiety for fear something will kick off and have been trying to avoid conflict at all costs with my partner. It has been a scary depressing time for me, and I have felt like I can't breathe".**

families look for support. We need to build back better, investing in prevention and early intervention so people can access the right support at the right time. We also need to deliver a whole system approach to tackling abuse and ensuring the safety of both young people and adults through access to safe, effective, trauma informed support.

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Gwent Population Needs Assessment

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**Emerging Priorities**

- 1. TBC by VAWDASV Board**

**(10) GWENT WORKFORCE AND DEVELOPMENT**

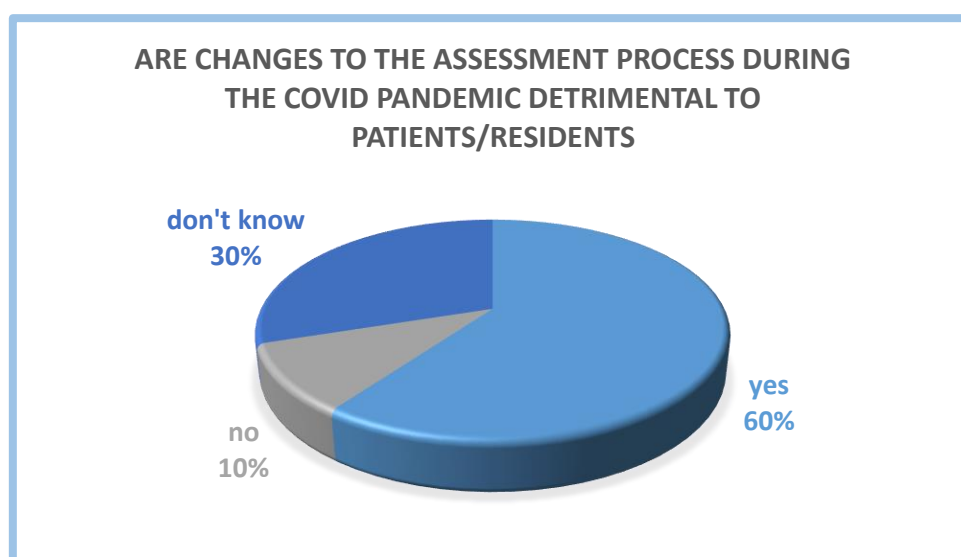
The RPB have established a regional Workforce and Development Board with a delivery plan which is monitored by the Board. Workforce Development managers and the regional Partnership Team meet regularly, prior to the board to ensure consistent developments across the workforce, joint training and continuous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

The health and social care workforce has 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 foundations 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.

**(10.1) A survey of the experiences and views of Mental Health assessors and Deprivations of Liberties process during the COVID-19 pandemic.**

The Deprivation of Liberty Safeguards (DoLs) provides a legal framework to protect vulnerable adults, who may become, or are currently being deprived of their liberty in a care home or hospital setting and who lack mental capacity to consent to their care arrangements. Measures introduced to manage the spread of COVID-19 by the UK and Welsh Government have impacted upon the assessment process for Deprivation of Liberty safeguards and Best Interest Assessors, Mental health Assessors and DoLs Signatories working in Gwent were asked to complete a survey in relation to their views and experiences during the COVID pandemic.



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## Gwent Population Needs Assessment

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It is clear from practitioners that the virtual and online form of assessment, although necessary at the time, has not been as seamless as other assessments. Barriers to completing DoLs assessments due to the COVID pandemic need further examination and an area of focus for Welsh Government as well as the RPB.



# Integrated Impact Assessment document

(incorporating Equalities, Future Generations, Welsh Language and Socio Economic Duty)

<p><b>Name of the Officer</b> completing the evaluation Phil Diamond</p> <p><b>Phone no:</b> 07904 921532 <b>E-mail:</b> phil.diamond@torfaen.gov.uk</p>	<p><b>Please give a brief description of the aims of the proposal</b></p> <p>Present Population Needs Assessment</p>
<p><b>Name of Service area</b></p> <p>Regipnal Partnership Team</p>	<p><b>Date</b></p> <p>2/2/22</p>

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**Are your proposals going to affect any people or groups of people with protected characteristics?** Please explain the impact, the evidence you have used and any action you are taking below.

Protected Characteristics	Describe any positive impacts your proposal has on the protected characteristic	Describe any negative impacts your proposal has on the protected characteristic	What has been/will be done to mitigate any negative impacts or better contribute to positive impacts?
Age	The PNA highlights and focuses on the needs of children and older people and sets out a mandate for a partnership response.		The RPB are undertaking a self assessment to ensure it is fit for purpose to deliver against the highlighted need in the PNA
Disability	The PNA highlights and focuses on the needs of disabilities nd sets out a mandate for a partnership response.		The RPB are undertaking a self assessment to ensure it is fit for purpose to deliver against the highlighted need in the PNA

Protected Characteristics	Describe any positive impacts your proposal has on the protected characteristic	Describe any negative impacts your proposal has on the protected characteristic	What has been/will be done to mitigate any negative impacts or better contribute to positive impacts?
Gender reassignment	The PNA is required to include the needs and protected characteristics of vulnerable groups and include a full impact assessment		The RPB are undertaking a self assessment to ensure it is fit for purpose to deliver against the highlighted need in the PNA
Marriage or civil partnership	<i>Same-sex couples who register as civil partners have the same rights as married couples in employment and must be provided with the same benefits available to married couples, such as survivor pensions, flexible working, maternity/paternity pay and healthcare insurance</i>		The RPB are undertaking a self assessment to ensure it is fit for purpose to deliver against the highlighted need in the PNA
Pregnancy or maternity	<i>In employment a woman is protected from discrimination during the period of her pregnancy and during any period of compulsory or additional maternity leave. In the provision of services, goods and facilities, recreational or training facilities, a woman is protected from discrimination during the period of her pregnancy and the period of 26 weeks beginning with the day on which she gives birth</i>		The RPB are undertaking a self assessment to ensure it is fit for purpose to deliver against the highlighted need in the PNA
Race	The PNA is required to include the needs and protected characteristics of vulnerable groups and include a full impact assessment		The RPB are undertaking a self assessment to ensure it is fit for purpose to deliver against the highlighted need in the PNA
Religion or Belief	The PNA is required to include the needs and protected characteristics of vulnerable groups and include a full impact assessment		The RPB are undertaking a self assessment to ensure it is fit for purpose to deliver against the highlighted need in the PNA
Sex	The PNA is required to include the needs and protected characteristics of vulnerable groups and include a full impact assessment		The RPB are undertaking a self assessment to ensure it is fit for purpose to deliver against the highlighted need in the PNA



Protected Characteristics	Describe any positive impacts your proposal has on the protected characteristic	Describe any negative impacts your proposal has on the protected characteristic	What has been/will be done to mitigate any negative impacts or better contribute to positive impacts?
Sexual Orientation	The PNA is required the needs and protected characteristics of vulnerable groups and include a full impact assessment.		The RPB are undertaking a self assessment to ensure it is fit for purpose to deliver against the highlighted need in the PNA

## 2. The Socio-economic Duty and Social Justice

The Socio-economic Duty requires public bodies to have due regard to the need to reduce inequalities of outcome which result from socio-economic disadvantage when taking key decisions This duty aligns with our commitment as an authority to Social Justice.

	Describe any positive impacts your proposal has in respect of people suffering socio economic disadvantage	Describe any negative impacts your proposal has in respect of people suffering socio economic disadvantage.	What has been/will be done to mitigate any negative impacts or better contribute to positive impacts?
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 71</p> <p><b>Socio-economic Duty and Social Justice</b></p>	The PNA will set out areas of health and social care deprivation and aim to address differences in services.		The PNA highlights needs of children and young people. Currently WG are considering how to ensure children residential support is moved to not for profit.





### 3. Policy making and the Welsh language.


How does your proposal impact on the following aspects of the Council's Welsh Language Standards:	Describe the positive impacts of this proposal	Describe the negative impacts of this proposal	What has been/will be done to mitigate any negative impacts or better contribute to positive impacts
<p><b>Policy Making</b></p> <p>Effects on the use of the Welsh language,</p> <p>Promoting Welsh language</p> <p>Treating the Welsh language no less favourably</p>	<p>The PNA will set out the need to promote the use of Welsh language and options for health and social care assessments.</p>		
<p><b>Operational</b></p> <p>Recruitment &amp; Training of workforce</p>			
<p><b>Service delivery</b></p> <p>Use of Welsh language in service delivery</p> <p>Promoting use of the language</p>			

**4. Does your proposal deliver any of the well-being goals below?** Please explain the impact (positive and negative) you expect, together with suggestions of how to mitigate negative impacts or better contribute to the goal. There's no need to put something in every box if it is not relevant!

Well Being Goal	Does the proposal contribute to this goal? Describe the positive and negative impacts.	What actions have been/will be taken to mitigate any negative impacts or better contribute to positive impacts?
<b>A prosperous Wales</b> Efficient use of resources, skilled, educated people, generates wealth, provides jobs	Part contributes	
<b>A resilient Wales</b> Maintain and enhance biodiversity and ecosystems that support resilience and can adapt to change (e.g. climate change)	Part contributes	
<b>A healthier Wales</b> People's physical and mental wellbeing is maximized and health impacts are understood	Fully contributes.	
<del>U</del> <del>S</del> <del>P</del> <b>A Wales of cohesive communities</b> Communities are attractive, viable, safe and well connected	Fully contributes.	
<del>W</del> <b>A globally responsible Wales</b> Taking account of impact on global well-being when considering local social, economic and environmental wellbeing	Part contributes	
<b>A Wales of vibrant culture and thriving Welsh language</b> Culture, heritage and Welsh language are promoted and protected. People are encouraged to do sport, art and recreation	Part contributes	
<b>A more equal Wales</b> People can fulfil their potential no matter what their background or circumstances	Part contributes	

5. How has your proposal embedded and prioritised the sustainable governance principles in its development?

Sustainable Development Principle	Does your proposal demonstrate you have met this principle? If yes, describe how. If not explain why.	Are there any additional actions to be taken to mitigate any negative impacts or better contribute to positive impacts?
 <p><b>Long Term</b> Balancing short term need with long term and planning for the future</p>	Fully contributes	
 <p><b>Collaboration</b> Working together with other partners to deliver objectives</p>	Fully contributes	
 <p><b>Involvement</b> Involving those with an interest and seeking their views</p>	Fully contributes	
 <p><b>Prevention</b> Putting resources into preventing problems occurring or getting worse</p>	Fully contributes	

Sustainable Development Principle	Does your proposal demonstrate you have met this principle? If yes, describe how. If not explain why.	Are there any additional actions to be taken to mitigate any negative impacts or better contribute to positive impacts?
 <p>Considering impact on all wellbeing goals together and on other bodies</p>	Fully contributes	

**6. Council has agreed the need to consider the impact its decisions has on the following important responsibilities: Corporate Parenting and Safeguarding. Are your proposals going to affect any of these responsibilities?**

	<b>Describe any positive impacts your proposal has</b>	<b>Describe any negative impacts your proposal has</b>	<b>What will you do/ have you done to mitigate any negative impacts or better contribute to positive impacts?</b>
Safeguarding	Promotes safeguarding	<i>.Safeguarding is about ensuring that everything is in place to promote the well-being of children and vulnerable adults, preventing them from being harmed and protecting those who are at risk of abuse and neglect</i>	
Corporate Parenting	Promotes need of LAC		

**7. What evidence and data has informed the development of your proposal?**

See PNA introduction

**8. SUMMARY: As a result of completing this form, what are the main positive and negative impacts of your proposal, how have they informed/changed the development of the proposal so far and what will you be doing in future?**

*.The PNA will set out the need of vulnerable groups across Monmouthshire and the regions*

**9. ACTIONS:** As a result of completing this form are there any further actions you will be undertaking? Please detail them below, if applicable.

What are you going to do	When are you going to do it?	Who is responsible

**10. VERSION CONTROL:** The Equality and Future Generations Evaluation should be used at the earliest stage, such as informally within your service, and then further developed throughout the decision making process. It is important to keep a record of this process to demonstrate how you have considered and built in equality and future generations considerations wherever possible.

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Version No.	Decision making stage	Date considered	Brief description of any amendments made following consideration
	<i>e.g. budget mandate, DMT, SLT, Scrutiny, Cabinetetc</i>		

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