



**CYNGOR SIR
YNYS MÔN
ISLE OF ANGLESEY
COUNTY COUNCIL**

GŴYS A RHAGLEN

SUMMONS AND AGENDA

ar gyfer

for a

**CYFARFOD O
GYNGOR SIR
YNYS MÔN**

**MEETING OF THE
ISLE OF ANGLESEY
COUNTY COUNCIL**

a gynhelir yn

to be held at the

**SIAMBR Y CYNGOR
SWYDDFA'R SIR
LLANGFNI**

**COUNCIL CHAMBER
COUNCIL OFFICES
LLANGFNI**

**DYDD MAWRTH
28 CHWEFROR 2017**

**TUESDAY
28 FEBRUARY 2017**

➔ am 2.00 o'r gloch ←

➔ at 2.00 pm ←

A G E N D A

1. MINUTES

To submit for confirmation, the draft minutes of the meetings of the County Council held on the following dates:-

- 12th December, 2016 (Extraordinary)
- 15th December, 2016
- 2nd February, 2017 (Extraordinary)

2. DECLARATION OF INTEREST

To receive a declaration of interest from any Member or Officer in respect of any item of business.

3. TO RECEIVE ANY ANNOUNCEMENTS FROM THE CHAIRPERSON, LEADER OF THE COUNCIL OR THE CHIEF EXECUTIVE

4. QUESTIONS RECEIVED PURSUANT TO RULE 4.1.12.4 OF THE CONSTITUTION

5. PRESENTATION OF PETITIONS

To receive any petitions in accordance with Paragraph 4.1.11 of the Constitution.

6. 2017/18 BUDGET

a) Revenue Budget 2017/18

To submit a report by the Head of Function (Resources)/Section 151 Officer.

(b) Capital Budget 2017/18

To submit a report by the Head of Function (Resources)/Section 151 Officer.

(c) Treasury Management Strategy Statement 2017/18

To submit a report by the Head of Function (Resources)/Section 151 Officer.

(ch) Council Tax Setting

To submit a report by the Head of Function (Resources)/Section 151 Officer.

(d) Amendments to the Budget

To submit any amendments to the Budget of which notice has been received under Paragraph 4.3.2.2.11 of the Constitution.

(Note: All the above papers need to be considered as a single package).

- 7. TREASURY MANAGEMENT MID-YEAR REVIEW 2016/17**
To submit a report by the Head of Function (Resources)/Section 151 Officer.
- 8. AMENDMENT TO THE CONSTITUTION**
To submit a report by the Head of Function (Council Business)/Monitoring Officer.
- 9. POPULATION NEEDS ASSESSMENT**
To submit a report by the Head of Adults' Services.
- 10. PAY POLICY STATEMENT 2017**
To submit the report of the Head of Profession.
- 11. SCHEDULE OF COUNCIL MEETINGS 2017/18**
To submit the Schedule of Council Meetings for 2017/18 by the Head of Democratic Services.
- 12. MEMBER DEVELOPMENT INDUCTION PLAN - APRIL 2017 - MARCH 2018**
To submit a report by the Head of Democratic Services.
- 13. POLITICAL BALANCE ARRANGEMENTS**
To submit a report by the Head of Democratic Services.
- 14. THE ADOPTION OF THE COUNCIL'S WELL-BEING STATEMENT AND OBJECTIVES**
To submit a report by the Head of Corporate Transformation.

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ISLE OF ANGLESEY COUNTY COUNCIL

Minutes of the extraordinary meeting held on 12 December 2016

PRESENT: Councillor Robert G Parry OBE FRAGS (Chair)
Councillor Richard Owain Jones (Vice-Chair)

Councillors Lewis Davies, R Dew, Jim Evans, K P Hughes, Vaughan Hughes, Victor Hughes, W T Hughes, Llinos Medi Huws, A M Jones, G O Jones, H E Jones, R LI Jones, R.Meirion Jones, Alun W Mummery, Dylan Rees, J A Roberts, P S Rogers, Nicola Roberts, Alwyn Rowlands and Ieuan Williams

IN ATTENDANCE: Chief Executive,
Assistant Chief Executive (Partnerships, Community & Service Improvements),
Head of Function (Council Business)/Monitoring Officer,
Head of Regulation and Economic Development,
Head of Democratic Services,
Chief Planning Officer,
Lead Case Officer (National Grid) (AO),
Project Manager – Major Projects (LWJ),
Committee Officer (MEH).

ALSO PRESENT: None

APOLOGIES: Councillors John Griffith, Carwyn Jones and Dafydd Rhys Thomas

1. DECLARATION OF INTEREST

No declaration of interest received from any Member or Officer in respect of any item of business.

2. NATIONAL GRID NORTH WALES CONNECTION PROJECT CONSULTATION

Submitted – a report by the Chief Executive with regard to the Isle of Anglesey County Council's response to National Grid's Final Route Wide Consultation between Wylfa and Pentir (Section 42).

An amendment to the Welsh version of the report was cited, The first bullet point (last line) of the response letter of the Chief Executive at page 2 '**adnabod achosion ar gyfer tanddaearu**' in place of (*canfod ym mhle, o leiaf, y dylai rhannau eraill o'r llinell fod yn danddaearol*).

The Leader of the Council gave a presentation to the full Council and highlighted the following main points :-

- The National Grid is anticipated to submit a Development Consent Order (DCO) application to the Planning Inspectorate in October 2017;
- As part of the DCO the National Grid must undertake a Statutory Consultation; as a statutory consultee the Council is required to respond to National Grid's proposals;
- The formal Section 42(s42) pre-application consultation is a formal consultation which follows the non-statutory consultation carried out by National Grid in December 2015. The s42 consultation covers a period from 5th October, 2016 to 16th December, 2016.
- Section 42 seeks response on National Grid's final route (Wylfa to Pentir); Wylfa sub-station; New Overhead Line in Anglesey (Sections A, B, C, D & E); The Challenge of crossing the Menai Strait; New Overhead Line in Gwynedd (Section F) and Pentir substation extension.
- The key concerns are the approach to design evolution and mitigation; absence of a clear planning strategy for the consenting of the Connection Works; lack of clarity in the documentation as to the choice of location for the Menai Strait crossing and related tunnel heads and the cost of achievability of the engineering solution;
- The themes within the Strategic Report (Appendix A attached to the report) are the main themes identified in previous two responses which have been maintained and built upon. These include : Project Design & Mitigation, Consenting Strategy, The Menai Area, Costs, Welsh Language and Culture, Socio-Economic, Tourism, Traffic & Transport, Cumulative Impacts, Health, Wellbeing & Community Cohesion and Consultation;
- The structure of the Section 42 Response follows previous responses : Covering letter from the Chief Executive raising key issues, Detailed comments in high level Strategic Report (Appendix A), Comments on the PEIR (Appendix B), Review of all other Reports (Appendix C). The response is both strategic and constructive and based upon the information presented by National Grid, alternatives, amendments and proposed mitigation measures to over-come impacts/challenges);
- The Council will continue to build on the evidence base of the effects on Tourism & Landscape, Communities, Cumulative Impacts as a basis for changes to the Project and mitigation measures together with lobbying the Welsh Government for a Third Bridge over the Menai Strait;

Given the Isle of Anglesey County Council's position in respect of undergrounding electricity lines and the failure for this to be satisfactorily addressed by National Grid, the County Council will be contacting the Planning Inspectorate in this regard. Recognising the importance placed on the cost of undergrounding in respect of decision making the Council also intends to seek a joint meeting with Ofgem and the National Grid to discuss the approach and factors which influence the North Wales Connection.

The Committee considered the report and made the following comments :-

- The Member of Parliament, Assembly Member the County Council, Town/Community Council, Unllais Môn and the residents of the Island are still of a strong opinion that no additional electricity transmission lines and pylon are constructed across Anglesey;

- The Island is dependent on the tourism sector and the erection of further pylons across Anglesey would have a detrimental effect on the key economic sector of the Island;
- The National Grid appears to rule out that transmission lines being undergrounded on the basis of extra costs;
- The electricity generated from the development at Wylfa Newydd will be for the benefit of the whole of the UK and would only add a few pennies on household bills;
- The erection of a second line of overhead pylons across Anglesey would have a detrimental impact on the landscape and Areas of Outstanding Natural Beauty together with severe social and environmental impacts on local residents and businesses;
- The health and wellbeing of residents of the Island is paramount;
- The effect of overhead cables near dwellings could have an effect on house prices;
- The lack of clarity regarding the choice of location for the Menai Strait crossing and the costs and achievability of such a project;
- The National Grid has not taken sufficient account of the traffic and transport implications of their proposals of overhead lines and pylons;
- The Welsh language and culture of the Island needs to be addressed by National Grid.

Members thank the Officers for their work and agreed unanimously that the Council strongly maintains the established position that no additional electricity transmission lines and pylons are constructed across Anglesey and the Menai Strait and that the lines should be fully undergrounded.

Councillor A.M. Jones, whilst supporting the recommendations within the report, proposed an amendment that a twin track approach be undertaken to use the meetings with Ofgem and the National Grid to look at using the existing powerlines to Penrhos, Holyhead which would entail no additional pylons across the Island nor an additional tunnel under the Menai Strait. Councillor A.M. Mummery seconded the amendment. In the subsequent vote the amendment was not carried.

Councillor A.M. Jones further suggested that an Officer be appointed to work with the local communities of Anglesey to prepare for the presentation to the national infrastructure commission. It was agreed that the Officers would consider the matter in due course.

It was RESOLVED :-

- **To unanimously approve the formal response to the Section 42(s42) and to delegate authority to the Chief Executive to carry out any minor amendments, variations or corrections which are identified and reasonably necessary prior to the formal issue of the response;**
- **To delegate authority to the Chief Executive to conduct negotiations on the overall obligations package which will be comprised of the respective planning obligation (S106) and related agreements for the DCO.**

The meeting concluded at 3.20 pm

**COUNCILLOR BOB PARRY OBE FRAGS
CHAIR**

DRAFT

ISLE OF ANGLESEY COUNTY COUNCIL

Minutes of the meeting held on 15 December, 2016

- PRESENT:** Councillor R.G. Parry, OBE, FRAGS (Chair)
Councillor R. Owain Jones (Vice-Chair)
- Councillors Richard Dew, Jeff Evans, Jim Evans, Ann Griffith, John Griffith, Kenneth P. Hughes, Vaughan Hughes, Llinos Medi Huws, Aled M. Jones, Carwyn Jones, Gwilym O. Jones, H. Eifion Jones, R. Meirion Jones, Alun Mummery, Dylan Rees, J. Arwel Roberts, Nicola Roberts, Peter Rogers, Alwyn Rowlands, Dafydd R. Thomas, Ieuan Williams.
- IN ATTENDANCE:** Chief Executive
Head of Function (Resources) & Section 151 Officer
Head of Function (Council Business)/Monitoring Officer
Head of Democratic Services
Committee Officer (ATH)
- APOLOGIES:** Councillors Lewis Davies, Derlwyn Hughes, Trefor Ll. Hughes, Victor Hughes, W.T. Hughes, R. Llewelyn Jones.
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1 MINUTES

The minutes of the previous meetings of the County Council held on the 27 September, 2016 and the 18 October, 2016 (extraordinary) were presented and confirmed as correct.

2 DECLARATION OF INTEREST

Councillor R. Meirion Jones declared a personal and prejudicial interest with regard to item 7 on the agenda.

Councillor Richard Dew declared a personal interest with regard to item 8 on the agenda.

3 TO RECEIVE ANY ANNOUNCEMENTS FROM THE CHAIRPERSON, LEADER OF THE COUNCIL OR THE CHIEF EXECUTIVE

The Chair made the following announcements:

- Congratulations are extended to everyone who was successful at the Winter Fair at Mona last month and also at Builth Wells.
- Congratulations are extended to Anglesey's Young Farmers who competed successfully in the Young Farmers National Eisteddfod held in Swansea.
- Thanks are due to the staff and service users of Blaen y Coed and Gerddi Heulfre for decorating the County Council's Christmas Tree in the Cyswllt Môn foyer.
- It was with sadness that the County Council learnt of the death of one of its former Members, Mrs Bessie Burns at the age of 89. Mrs Burns was elected Chair of the County Council in 2003/04 and served the Llanfaethlu electoral area. During her career as a county councillor, Mrs Burns took a particular interest in the Social Services.
- Condolences are extended to any Member of the Council or any member of staff who have suffered bereavement recently.

The Members and Officers present all stood in silence as a mark of sympathy and respect.

The Chair referred to the Christmas Concert at Canolfan Addysg y Bont which he had the great pleasure of attending, and he extended his and the Council's gratitude to staff and pupils at Canolfan Addysg y Bont for all their hard work. The Chair wished all those present at today's meeting of the Council a happy and a peaceful Christmas and New Year.

4 QUESTIONS RECEIVED PURSUANT TO RULE 4.1.12.14 OF THE CONSTITUTION

No questions received pursuant to the aforementioned rule.

5 PRESENTATION OF PETITIONS

In accordance with Paragraph 4.1.11 of the Constitution, the Leader announced that a petition had been received from parents of pupils at Ysgol Talwrn opposing any closure of the school. The Chair said that the petition would be referred to the Council's Lifelong Learning Service.

6 COUNCIL TAX REDUCTION SCHEME

The report of the Head of Function (Resources) and Section 151 Officer with regard to the requirement to adopt a Council Tax Reduction Scheme for 2017/18 was presented for the Council's consideration. The Council is required to revise its current scheme or replace it with another Council Tax Reduction Scheme no later than 31 January in the financial year preceding that for which the revision or replacement comes into effect. The report set out the details of a review of the current 2016/17 scheme (Appendix B) in terms of its impact and the position in respect of the local discretions to the scheme which the Council is able to, and has applied.

It was resolved –

- **Not to revise or replace the current Council Tax Reduction Scheme with another scheme.**
- **That the current Council Tax Reduction Scheme (Appendix A) be formally adopted for the 2017/18 financial year.**
- **That the Head of Function (Resources) and Section 151 Officer be authorised to make administrative arrangements so that all annual changes for uprating of financial figures or technical revisions in any amending regulation or regulations are reflected in the Council's Council Tax Reduction Scheme and for each subsequent year.**

7 ADOPTION OF POWERS BY THE COUNCIL AND DELEGATION TO OFFICER

The report of the Head of Function (Council Business)/ Monitoring Officer seeking the Council's approval to adopt the powers as at Enclosure 1 of the report and for such powers to be delegated to the Head of Service (Regulation and Economic Development) was presented for consideration.

Having declared a prejudicial interest in this matter, Councillor R. Meirion Jones withdrew from the meeting during the consideration and determination thereof.

It was resolved –

- **That the powers listed in Enclosure 1 to the report be adopted.**
- **That the Scheme of Delegation in the Constitution be amended to delegate the exercise of the said powers to the Head of Service (Regulation and Economic Development).**
- **That the Council's Head of Function (Council Business) /Monitoring Officer be authorised to make the necessary changes to the Scheme of Delegation, and any consequential amendments, to reflect the adoption and delegation of the said powers.**

8 FREEDOM OF THE COUNTY TO THE ROYAL NAVY SUBMARINE SERVICE

The report of the Head of Democratic Services with regard to the protocols and procedures required to confer the Freedom of the County to the Royal Navy Submarine Service was presented for the Council's consideration.

It was resolved –

- **That a special meeting of the Council be convened for the purpose of resolving the granting of the Freedom of the County to the Royal Navy Submarine Service. A two thirds majority is required in order to pass the resolution.**
- **That uniformed representatives of the Royal Navy Submarine Service be invited to the special meeting.**

**Councillor R.G. Parry, OBE, FRAgS
Chair**

ISLE OF ANGLESEY COUNTY COUNCIL

Minutes of the meeting held on 2 February 2017

PRESENT: Councillor Robert G Parry OBE FRAgS (Chair)
Councillor Richard Owain Jones (Vice-Chair)

Councillors R Dew, Jim Evans, Ann Griffith, John Griffith, K P Hughes, T LI Hughes MBE, Vaughan Hughes, Llinos Medi Huws, A M Jones, G O Jones, R LI Jones, R.Meirion Jones, Alun W Mummery, Dylan Rees, J A Roberts, Nicola Roberts, Alwyn Rowlands and Ieuan Williams

IN ATTENDANCE: Chief Executive,
Assistant Chief Executive ((Partnerships, Community and Service Improvement),
Head of Democratic Services,
Legal Services Manager (RJ),
Committee Officer (MEH).

ALSO PRESENT: Commander Steve Heneghan, Deputy Naval Regional Commander Wales & Western England,
Mr. David Alexander, Representative of the Royal Navy on Anglesey.

APOLOGIES: Councillor Lewis Davies, Jeffrey M. Evans, Victor Hughes, Carwyn Jones, H E Jones, Raymond Jones, P S Rogers and Dafydd Rhys Thomas.

1. **DECLARATION OF INTEREST**

Councillor R.A. Dew declared a personal interest with regard to Item 3.

2. **TO RECEIVE ANY ANNOUNCEMENTS FROM THE CHAIRPERSON, LEADER OF THE COUNCIL OR THE CHIEF EXECUTIVE**

The Chair referred to the recent decision of the former Councillor Mr. Derlwyn R. Hughes who had decided to step down last month as an Elected Member after receiving medical advice. Mr. Derlwyn Rees Hughes represented the Moelfre Ward after being elected onto the former Borough Council in 1989.

He was the Portfolio Holder for Leisure and more recently the Chair of the Partnership and Regeneration Scrutiny Committee.

The Chair said that Mr. Derlwyn R. Hughes was a highly regarded Elected Member and wished him well in the future.

The Chair reminded the Council that the Chairman's Charity Evening is to be held at the Breeze Hill Hotel, Benllech on Friday, 24 March, 2017 at 7.00 p.m.

3. FREEDOM OF THE COUNTY TO THE ROYAL NAVY SUBMARINE SERVICE

The Chair welcomed Commander Steve Heneghan, Deputy Naval Regional Commander Wales & Western England and Mr. David Alexander, Representative of the Royal Navy on Anglesey.

Submitted – a report by the Head of Democratic Services in relation to the granting of the Freedom of the County to The Royal Navy Submarine Service.

In December 2013 the County Council approved the following Notice of Motion :-

“We, the undersigned, request that the Isle of Anglesey County Council grant the Freedom of the County to the Royal Navy and the Merchant Navy Association. This is in recognition of keeping sea lanes safe, the trade that exists between the United Kingdom and the rest of the World. This granting of the Freedom should be seen as an event to commemorate the Great War of 1914 – 1918 and the 70th Anniversary of the Battle of the Atlantic.”

It was noted that to confer the Freedom of the County requires particular protocols and procedures and a ceremonial occasion organised to meet certain criteria. The following procedures would be necessary :-

A report submitted to a Special Meeting of the Council which recommends that, using its powers under S.249 of the Local Government Act 1972, the Council should consider offering the Freedom of the County to the Royal Navy Submarine Service. A two thirds majority of the Council is required in order to pass the resolution and uniformed representatives of the Royal Navy Submarine Service would be present in order to accept the offer on behalf of the Royal Navy.

Councillor Aled M. Jones gave the history of the Royal Navy and the links with the Isle of Anglesey and the North Wales coastline. He made reference to the Submarine Service and the history of courageous acts during both World Wars. He referred to Mr. William Williams from Amlwch who received the Victoria Cross for gallantry when serving as a seaman in the Royal Navy during the First World War.

The Royal Navy and Merchant Navy worked successfully together during the Falklands conflict in 1982. A local Amlwch man Lieutenant Keith Mills of the Royal Marines was instrumental in defending South Georgia during the Falklands War.

Councillor R.LI. Jones said that the Royal Navy Submarine Service has strong links with Holyhead. He referred to HMS Thetis which tragically sank off the coast of Anglesey in 1939 with the loss of 99 lives. The great dignity shown by the people of Holyhead was immense and the young men were buried with full naval honours at Maeshyfyd Cemetery in Holyhead.

It was RESOLVED unanimously that the Isle of Anglesey County Council grants the Freedom of the County to the Royal Navy Submarine Service and

that arrangements be made to organise the Freedom of the County Ceremony in Holyhead on the last weekend in June, 2018.

The Chair invited Commander Steve Heneghan to address the meeting.

Commander Heneghan said that on behalf of the First Sea Lord and Chief of Naval Staff Lord Admiral Sir Philip Jones KCB ADC he was delighted to accept the formal proposal of the honour of the Freedom of the County of the Isle of Anglesey on behalf of the Submarine Service. He said that there have been long associations between the Royal Navy and the North Wales coast and particularly the Island of Anglesey for many years.

The meeting concluded at 11.20 am

**COUNCILLOR ROBERT G. PARRY OBE FRAGS
CHAIR**

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ISLE OF ANGLESEY COUNTY COUNCIL	
REPORT TO:	COUNTY COUNCIL
DATE:	28 FEBRUARY 2017
SUBJECT:	MEDIUM TERM FINANCIAL STRATEGY AND BUDGET 2017/18
PORTFOLIO HOLDER(S):	COUNCILLOR H E JONES
HEAD OF SERVICE:	MARC JONES
REPORT AUTHOR:	MARC JONES
TEL:	01248 752601
E-MAIL:	rmjfi@ynysmon.gov.uk
LOCAL MEMBERS:	n/a
A - Recommendation/s and reason/s	
<p>1. MEDIUM TERM FINANCIAL STRATEGY AND 2017/18 REVENUE BUDGET</p> <p>1.1 Purpose</p> <p>The Executive agreed a number of key matters in respect of the 2017/18 budget at its meeting on 14 February 2017. This will then allow the final recommendations to be presented to this Committee at its meeting on 28 February 2017. The matters requiring agreement are:-</p> <ul style="list-style-type: none"> • The Council's Revenue Budget and resulting Council Tax for 2017/18; • The Council's updated Medium Term Financial Strategy; • The use of any one off funds to support the budget. <p>1.2 Summary</p> <p>This paper shows the detailed revenue budget proposals requiring final review and agreement for 2017/18 and the resulting impact on the Isle of Anglesey County Council's revenue budget. These are matters for the Council to agree and the Executive is asked to make final recommendations to the Council.</p> <p>The paper also updates the Medium Term Financial Strategy which provides a context for work on the Council's future budgets, however, it should be noted that a further report on the Council's Medium Term Financial Strategy will be presented to the Executive later in the year when further information on the economy and the proposed future local government financial settlement may be clearer.</p> <p>2. 2017/18 REVENUE BUDGET AND COUNCIL TAX RECOMMENDATIONS</p> <p>The Executive is requested :-</p> <ul style="list-style-type: none"> • To note the formal consultation meetings on the budget and consider the resulting feedback as outlined in Section 2 of Appendix 1 and Appendix 2; • To note the equalities impact assessment summary on the budget proposals as outlined in Section 11; • To agree the final details of the Council's proposed budget including the revised funding in response to budget pressures and the proposed savings as shown in Section 10 of Appendix 1 and Appendix 3; 	

- To allocate the savings required on schools' budgets to the 3 schools' sectors as outlined in Section 12 of Appendix 1;
- To note the Section 151 Officer's recommendation that a minimum of £6m general balances is maintained for 2017/18;
- To note the comments made by the Section 151 Officer on the robustness of the estimates made as set out in Section 8 of Appendix 1;
- To recommend a net budget for the County Council and resulting increase in the level of Council Tax to the full Council, noting that a formal resolution, including the North Wales Police and Community Council precepts, will be presented to the Council on the 28 February 2017;
- To authorise the Section 151 Officer to make such changes as may be necessary before the submission of the final proposals to the Council;
- To agree that any unforeseen pressures on demand led budgets during the financial year will be able to draw upon funding from the general contingencies budget;
- To request the Council to authorise the Executive to release up to £250k from general balances if the general contingencies budget is fully committed during the year;
- To delegate to the Section 151 Officer the power to release funding from the general contingency up to £50k for any single item. Any item in excess of £50k not to be approved without the prior consent of the Executive;
- To recommend to the Council a 2.5% increase in the level of the Council Tax.

B - What other options did you consider and why did you reject them and/or opt for this option?

A number of options were considered following the issue of the initial budget proposals. The final budget proposals take account of the final local government settlement, views expressed during the consultation process and the views of the Scrutiny Committee

C - Why is this a decision for the Executive?

The Council's Constitution requires the Executive to publish its final budget proposal prior to its consideration by the Council.

CH - Is this decision consistent with policy approved by the full Council?

N/A

D - Is this decision within the budget approved by the Council?

N/A

DD - Who did you consult?		What did they say?
1	Chief Executive / Strategic Leadership Team (SLT) (mandatory)	The Chief Executive and Senior Leadership Team have been part of the budget setting process throughout and are in agreement with the report and support the final budget proposal
2	Finance / Section 151 (mandatory)	n/a– this is the Section 151 Officer's report
3	Legal / Monitoring Officer (mandatory)	The Monitoring Officer is part of the SLT and, as such, the Officer's comments have been taken into account.
4	Human Resources (HR)	-
5	Property	-
6	Information Communication Technology (ICT)	-
7	Scrutiny	Final budget proposals were considered by the Scrutiny Committee at its meeting on 6 February 2017. An update is provided as a separate report.
8	Local Members	
9	Any external bodies / other/s	
E - Risks and any mitigation (if relevant)		
1	Economic	
2	Anti-poverty	
3	Crime and Disorder	
4	Environmental	
5	Equalities	
6	Outcome Agreements	
7	Other	
F - Appendices:		
<ul style="list-style-type: none"> • Appendix 1 – Detailed report on the Budget Proposals • Appendix 2 – Summary of the Results of the Consultation Process • Appendix 3 – Breakdown of the Proposed Savings • Appendix 4 – Summary of the Proposed Revenue Budget 2017/18 by Service 		
FF - Background papers (please contact the author of the Report for any further information):		

1. INTRODUCTION AND BACKGROUND

- 1.1. The following report sets out the 2017/18 revenue budget proposals and is one of a set of reports which provides an overall picture of the financial position of the Council and ensures that the Council funding is allocated to meet its priorities. The other reports in the set relate to the Council's Capital Programme, the Council's Treasury Management Strategy, Fees and Charges and the Use of Council Reserves.
- 1.2. The revenue budget and the continued need to identify revenue savings has been driven by the Medium Term Financial Strategy as approved by the Executive in September 2016 and can be summarised as follows:-

Table 1

Medium Term Financial Plan 2017/18 to 2019/20

	2017/18 £'m	2018/19 £'m	2019/20 £'m
Net Revenue Budget B/F	124.04	124.45	123.40
Budget Pressures and Inflation	3.90	0.84	1.72
Revised Budget	127.94	125.29	125.12
Aggregate External Finance (AEF)	91.38	89.00	86.60
Council Tax	33.07	34.40	35.77
Total Funding	124.45	123.40	122.37
Savings Required	3.49	1.89	2.75
Main Assumptions			
Pay Awards	1.0%	1.0%	1.5%
General Inflation	1.0%	2.0%	2.4%
Reduction in AEF	-0.6%	-2.6%	-2.7%
Increase in Council Tax	3.0%	4.0%	4.0%

- 1.3. The Executive approved its initial budget proposals at its meeting on 7 November 2016 and approved the initial Standstill Budget at £128.26m and, based on the provisional settlement and a Council Tax rise of 3%, the budget gap was identified as £2.9m and this level of savings had been identified.

2. THE COUNCIL'S CONSULTATION

- 2.1 The Council published its budget proposals on 11 November 2016 and the consultation period closed on 16 December 2016. Citizens, partners, stakeholders and staff were asked to respond to the consultation by various means including:-

- Online surveys;
- Online survey specifically for young people;
- Writing or e-mailing the Council.

In addition, the Council also undertook :-

- 7 focus groups for people under the age of 25;
- Older People's Forum;
- Session with Headteachers and Senior School Managers;
- Town and Community Council Forum;
- Partnership Forum (Police, Fire, Health, Town & Community Forums, Third Sector).

2.2 The results of the consultation process are attached as Appendix 2.

3. REVISED STANDSTILL BUDGET 2017/18 AND THE BUDGET GAP

3.1. Since the completion of the initial budget proposals, further work has been undertaken to review and revise the standstill budget for 2017/18. This has resulted in a number of changes which are detailed in Table 2 below:-

Table 2
Adjustments to Standstill Budget

	£'m	£'m
Standstill Budget as at 7 November 2016		128.259
Grants and New Responsibilities included in the Final Settlement	0.163	
Fire Service Levy – Final adjustment	0.012	
Adjustment to JPPU Funding included as a committed change	0.125	
Webcasting of Council Meetings	0.010	
Correction of Inflation applied to Income Budgets	(0.022)	
Adjustment to Capital Financing Costs	(0.705)	
Inclusion of One Off Events Contingency	0.030	
Total Adjustments to Standstill Budget		(0.387)
Revised Standstill Budget as at 14 February 2017		127.872

3.2. The final settlement figures were published by the Welsh Government on 21 December 2016. Across Wales, the Standard Spending Assessment was increased by £23.631m, however, the anticipated Council Tax also increased by £16.772m and the top up funding was reduced by £0.658m. As a result, the overall AEF for Wales increased by £6.20m from the provisional settlement figure and this, in turn, changed the Council's, with the final figure set at £92.652m, an increase of £0.364m from the provisional figure.

3.3. The Council has resolved to set a premium of 25% on homes designated as empty (in excess of the exemption period) and homes designated as the Council's taxpayers second home. This premium, along with a Council Tax rise of 3%, would generate £33.67m. Therefore, the total funding income for the Council would amount to £126.32m, a shortfall of £1.552m.

3.4. To bridge the funding gap with Council Tax alone would require an increase of 7.75% in the Council Tax.

4. REVENUE BUDGET SAVINGS

4.1. In the initial budget proposal, a total of £2.9m of revenue savings had been identified and were consulted on. The individual savings proposals have been subject to a further review by the Accountancy Team and the Service Managers. The review identified that £0.314m of the initial proposals would not be possible to implement in 2017/18.

4.2. The savings proposals relating to the Youth Service (£90k) and Library Service (£30k) are dependent on a decision to be taken after the Executive Committee has met to finalise its 2017/18 budget proposals. These savings have been included and the budget will be adjusted accordingly once the final decision regarding the future service provision has been taken. This will result in a contribution to, or from, the Council's general reserves in 2017/18 and the budget restated in 2018/19.

4.3. A total of £153k of savings proposals have been identified as requiring further work before they can be delivered. There is nothing to suggest at this time that the savings cannot be delivered but they may not be actioned by 1 April 2017. This does provide a risk to the budget that is considered later in this report.

4.4. The total of the final savings proposals put forward is £2.586m. A summary by service is shown in Table 3 below and a summary by category is shown in Table 4.

Table 3
Summary of Savings Proposals by Service

Service	Proposed £'000	To be Implemented £'000	Not Possible to Implement £'000
Adults	574	559	15
Children	0	0	0
Housing	41	41	0
Education - Central	340	279	61
Education – Delegated Schools	990	876	114
Culture	89	87	2
Leisure	56	56	0
Economic & Maritime	30	25	5
Highways & Transport	77	77	0
Property	282	230	52
Waste	56	32	24
Public Protection	52	52	0
Planning	54	54	0
Council Business	18	18	0
Transformation	120	79	41
Resources	121	121	0
Total	2,900	2,586	314

Table 4
Savings Proposals by Category

Savings Category	Proposed £'000	To be Implemented £'000	Not Possible to Implement £'000
Cessation / Transfer of Service	167	135	32
Delete Vacant / Unrequired Posts	126	86	40
Staff Restructure	266	214	52
General Efficiency Savings	710	710	0
Procurement Savings	220	220	0
Reduction in School Non Teaching Costs	330	216	114
Reduction in Grants	37	37	0
Income Generation	504	443	61
Service Transformation	540	525	15
Total	2,900	2,586	314

- 4.5. The proposed budget includes a £300k contingency which will meet any redundancy costs arising from the restructure of staffing structures. Any proposal to restructure staffing structures which result in the payment of redundancy payments will have to demonstrate that it results in permanent budget savings which exceed the cost of the redundancy over an agreed period of time.
- 4.6. Taking into account the revised level of savings, the revised budget position is shown in Table 5 below:-

Table 5
Revised Budget Position After Savings

	£'m
Standstill Budget as at 14 February 2017	127.872
Identified Savings	(2.586)
Revised Revenue Budget after Savings	125.286
Aggregate External Finance	(92.652)
Budget Requirement to be Funded by Council Tax	32.634

5. PRESSURES AND GROWTH

- 5.1 The Council's monitoring report to the end of quarter 3 shows that budget pressures are being felt in Children's Services and Adult Services and also in the Out of County Education budget. Although there is an expectation for every service to maintain their costs within the budget, this is difficult in services which are demand led.

In addition to normal demand led budget pressures, decisions which are partly outside the control of the Council have also resulted in additional budget pressures. These include:-

- Foster Carer Allowances – The Welsh Government introduced a national minimum allowance in 2011 and these allowances are reviewed on a three year cycle. In early January 2017, the Council were informed that the review recommended an increase over the next three years. This will create an additional budget pressure of £35k in 2017/18.
- Residential Care Fees – The Welsh Government has increased the level of savings a client can have before having to pay the full fee for residential care from £24,000 to £30,000. Although the final settlement included an additional £110k to meet the additional cost, it is estimated that the change will affect 18 clients and their weekly fee will fall by more than £300 on average. This creates an additional budget pressure of £195k.
- The fees for the independent care home sector is subject to a separate report to this Committee. That report provides choices on the level of increase and it is shown that the lowest increase can be funded from the additional inflation element that was added to the budget along with reduction in placements through demand management. If a higher return on investment is allowed for (9% or 10% compared to the base return on investment of 8%), then this will generate an additional budget pressure of between £130k and £260k.
- Although the Welsh Government does not prescribe that the additional funding generated through the Council Tax premium should be used to help with the supply of affordable housing, it is the major reason for introducing the premium and the Council needs to take this into account when setting the final budget. It should also be noted that the premium does bring additional administration and will require additional staff to collect the premium.

5.2 Funding these budget pressures will increase the Council's net budget requirement and widen the gap between that figure and the total of funding available.

6. COUNCIL TAX

6.1. The Council's Band D Council Tax charge for 2015/16 was £1,061.46, which is the 6th lowest in Wales and is lower than the Welsh Average of £1,127. More importantly for Anglesey is the comparison to the 5 other North Wales authorities. This is shown in Table 6 below:-

Table 6

Comparison of Council Tax Band Charges for North Wales Authorities

Authority	Band D Charge 2015/16 £	Amount Above / Below Anglesey £	Percentage Above / Below Anglesey %
Anglesey	1,061.46		
Gwynedd	1,207.76	+ 146.30	+13.8%
Conwy	1,063.76	+ 2.30	+ 0.2%
Denbighshire	1,159.35	+ 97.89	+ 9.2%
Flintshire	1,071.41	+ 9.95	+ 0.9%
Wrexham	1,023.16	- 38.30	- 0.4%

- 6.2.** The Council Tax budget for 2016/17 (after adjusting for the change in the Council Tax Base) was £32.137m. Therefore, each 1% increase generates an additional £321,000. The Executive Committee's initial budget proposal was to increase the Council Tax by 3%, which would generate an additional £0.980m and give a band D charge of £1,093.32, an increase of £31.86 (£0.61 per week).
- 6.3.** The impact of each 0.5% rise from 1% to 5% is shown in Table 7 below. It should be noted that the level of Council Tax rise is not only important in setting the 2017/18 budget but will also have an impact for 2018/19, as the starting point for the Council Tax will be determined by the rise applied in 2017/18 and this will impact on the rise required in 2018/19.

Table 7

Impact of Varying Increases in the Level of Council Tax for 2017/18

Percentage Increase	Change in Overall Council Funding	Surplus Above 2017/18 Revised Standstill Budget	Band D Charge 2017/18	Increase from 2016/17 Charge	Weekly Increase from 2016/17 Charge
	£	£	£	£	£
5.0%	+ 1.634m	+1.688m	1,114.56	+53.10	+1.02
4.5%	+ 1.471m	+1.524m	1,109.25	+47.79	+0.92
4.0%	+ 1.307m	+1.360m	1,103.94	+42.48	+0.82
3.5%	+1.144m	+1.198m	1,098.63	+37.17	+0.71
3.0%	+0.981m	+1.034m	1,093.32	+31.86	+0.61
2.5%	+0.817m	+0.871m	1,088.01	+26.55	+0.51
2.0%	+0.654m	+0.707m	1,082.70	+21.24	+0.41
1.5%	+0.490m	+0.544m	1,077.39	+15.93	+0.31
1.0%	+0.327m	+0.380m	1,072.08	+10.62	+0.20

- 6.4.** It should be noted that the Cabinet Secretary for Finance and Local Government made no specific reference in his statement on the settlement regarding the level of increase in Council Tax that individual authorities should consider.
- 6.5.** In the final settlement, the standard tax element for the Council i.e. the standard Council Tax figure across Wales which is used to determine the AEF for each Council, was set at £1,132.25, which is 4% higher than the 2016/17 figure.

7. GENERAL AND SPECIFIC RESERVES, CONTINGENCIES AND FINANCIAL RISK

- 7.1.** The proposed budget incorporates a number of assumptions in terms of likely levels of income and expenditure in future years. There are, therefore, inevitably a number of financial risks inherent in the proposed budget. The key financial risks are highlighted below:-

- Any projected overspend in 2016/17 has direct implications for the 2017/18 budget, i.e. will services which are currently overspending face the same budget pressures in 2017/18 and, as a result, will they be able to deliver services within the proposed budget in 2017/18. In addition, any overspend in 2016/17 will impact on the Council's level of general reserves moving forward. A net overspend on Service budgets (excluding corporate budgets and capital financing costs) of £756k is currently being forecast for 2016/17 and this is an important factor to take into consideration;
 - The initial budget proposal included savings proposals of £2.9m. A further review of these savings has identified that £314k of savings are not possible to deliver in 2017/18. The remaining £2.586m, if implemented, will need to be delivered in order to achieve a balanced budget for 2017/18. Allowance has been made, where appropriate, for implementation costs, but there is an element of financial risk around full delivery of all savings, with the risks varying considerably between individual proposals. Realistic part year assumptions have been made where implementation cannot be immediate, but there is an inherent financial risk around achieving changes in time to deliver this type of planned saving;
 - An inflationary increase of 1% has been allowed for across all of the expenditure (unless the contractual inflationary increase is known). The risk relating to pay inflation is minimal and the inflation factor allowed will meet the additional pay costs. The position regarding the remainder of the expenditure budgets is less certain and it is possible that inflation will begin to rise during the latter part of 2017 and will be higher than the 1% allowed for. Non statutory income budgets have been raised by 3%.
- 7.2.** In terms of any contingencies and reserves, the Section 151 Officer needs to review these in their totality in conjunction with the base budget itself and the financial risks which face the Authority. In addition, the review should incorporate a medium term view where needed and should take into account key developments that may impact on the need and use of one off resources.
- 7.3.** A robust view is being taken on managing budget risks and protecting the financial health of the Council at this time. This is particularly the case when one off funds need to be adequately protected to fund future strategic/transformational changes as opposed to funding significant overspends on the base budget itself.
- 7.4.** Account has been taken of the need to keep the immediate reductions in spending and the resulting impact on services to a minimum, but this must be balanced against the need to ensure the medium and long term financial stability of the Council, and for savings to be implemented over the coming years in a phased and structured way. In addition, there is always some risk of unforeseen items of expenditure or overspending because of a more general pressure on a service budget, and reserves must also be adequate to absorb these pressures.

- 7.5.** As at 31 March 2016, the Council's general reserves stood at £8.886m, of which £1m has been allocated to fund improvements to business processes within the Council, thus giving an amended balance of £7.886m, which is equivalent to 6.4% of the Council's net revenue budget for 2016/17, 9.3% if the delegated schools' budget is excluded. The level of general reserves held is a matter for the Council to decide based on a recommendation from the Section 151 Officer but, as a general rule of thumb, 5% of the net revenue budget is considered to be an acceptable level. Based on the 2016/17 revenue budget, this would require a level of general reserves of approximately £6.0m. This takes into account that the majority of secondary schools no longer have any reserves to fall back on and that primary schools are increasingly relying on their service reserves to balance their budgets.
- 7.6.** The Council is currently in the process of finalising the settlement of equal pay claims and it is still anticipated that the Welsh Government will issue a capitalisation direction, however, if this is not forthcoming, it will require the Council to fund the cost from its general balances. In addition, although the current projection shows that the revenue budget will only overspend by £16k by the end of the 2016/17 financial year, any significant worsening of this position during the final quarter will need to be funded from the general reserves.
- 7.7.** In times of financial austerity, budgets are reduced and do not have the capacity to deal with increases in demands, particularly in those services which have less control over demand e.g. Social Services. There is, therefore, an argument that the need for general reserves is greater because the risk of budget overspending increases and the Council will require a greater level of financial resources to minimise the risk.
- 7.8.** In my professional opinion, it would be possible to reduce the balances to £6.0m and, at this level, the Council would have sufficient funds to protect itself should any unexpected expenditure arise. However, I would advise against moving to this point now, until the issue of the Equal Pay claims has been resolved and funded and the financial year end position is clearer. If surplus reserves are available, I am not recommending that they are used merely to balance the budget but they can be used on projects which reduce the revenue costs in the long run.
- 7.9.** A full report on General and Earmarked Reserves is included as a separate item on the Committee Agenda.
- 7.10.** The standstill revenue budget for 2017/18 includes £2.117m of earmarked and general contingencies. Items included under this heading include a general contingency £380k, an affordable housing budget funded from the Council Tax premium £240k, apprenticeship levy contingency £290k, salary and grading contingency £300k, fixed term funding for Adult Social Care and Children's Services £665k, County Council elections £150k and a cost of change contingency £92k. Contingency budgets provide a level of mitigation against the risk of the Council experiencing unforeseen or increased costs during the year. Reducing the level of general contingency budgets would result in unforeseen or increased costs having to be funded from general balances.

8. ROBUSTNESS OF ESTIMATES

- 8.1. Section 25 of the Local Government Act 2003 requires the Chief Finance Officer to report on the robustness of budget estimates and the adequacy of the proposed financial reserves.
- 8.2. Budget estimates are based on assumptions of future expenditure and income and contain an element of assumption risk. The impact of this risk can be mitigated through contingency plans, contingency budgets and financial reserves.
- 8.3. The robustness of budget estimates is not simply a question of whether they are correctly calculated. In practice, many budgets are based on estimates or forecasts, and there may be an element of risk as to whether plans will be delivered or targets achieved. Different risks to the budget are considered in turn below:-
- **Inflation Risk** – This is the risk that actual inflation could turn out to be significantly different to the assumption made in the budget. For 2017/18, inflation has been allowed for pay awards (1%), general pay and price inflation (1%) and any contractual agreements which require an inflationary uplift. The current level of inflation is low, at just above 1%, but, following the vote to leave the European Union, there is a strong indication that inflation will rise during 2017/18, although there is great deal of uncertainty over the level of the rise. Approximately £36m of the Council's budget is for supplies and services where the price will increase as inflation increases. A 1% rise in inflation may add £360k to the Council's costs (around 0.3% of the net budget). Therefore, inflation is an emerging risk but can be funded through the use of reserves if required;
 - **Interest Rate Risk** - Interest rates affect a single year's revenue budget through the interest earned - i.e. an interest rate rise is beneficial. The Authority's Treasury Management Strategy requires investments to be made on the grounds of security and liquidity of the investment as the first consideration with investment returns being a lower priority, therefore, the budget is not reliant on high investment returns. Interest rates continue at a historical low and are not likely to begin increasing until 2018, and then only gradually. Therefore, the interest rate risk is considered low and, as in previous years, this is a compensating risk for inflation risk because if one increases the other is likely to increase also;
 - **Grants Risk** - These are risks attached to the large number of specific grants from WG, Europe or other bodies which support a good proportion of Council spending. Some of these may be reduced substantially or cut altogether; we do not have a complete picture of all these and we will not even have one as the financial year begins. While the immediate response is to say that when the grant ceases, so must the associated expenditure, there is a risk that this may not always be possible. It may not be possible when contract terms mean the expenditure cannot be cut as quickly as the income, or involves unfunded severance costs. It may not be possible if the activity funded turns out to be so important to the delivery of the Council's own Priorities that the Council decided it must continue the expenditure. Efforts to mitigate this risk are to ensure we have the best information available on each grant, but significant changes during the year cannot be entirely ruled out;

- **Income Risks** – The budget is based on securing an overall 3% increase in fees, and a number of services have assumed rises up to 3%. If the elasticity of demand for Council Services is such that volume falls, and income targets are not achieved, that may cause overspending on net budgets. This will require close monitoring of the net budget position and, if necessary, cutting back on spending to match reduced income;
- **Optimum Risk** – Probably the greatest risk in current circumstances is that the Authority, Members and Officers, have been over-optimistic in the savings that will be achieved. If these projects should run into difficulties and fail to achieve the savings taken out of the budget, significant overspendings could occur;
- **Over-caution Risk** – This is the opposite of optimum risk: the danger that our budgets have been drawn up with too much caution and, so, are more than is required;
- **Savings Risks** – The standstill revenue budget includes £2.586m of revenue savings and, although each proposal has been assessed and the saving sum adjusted to take account of the proposed implementation date, there is a risk that not all proposals will achieve the planned date. This is particularly the case for the proposals that involve significant service transformation, staff redundancies, income generation or changes to existing contracts. Any delay from the planned start date will cause pressure on the revenue budget;
- **Salary and Grading Risks** – Following completion of the job evaluation process, all staffing budgets are based on the new pay grades. All regrading appeals arising from the job evaluation process have been dealt with and any changes to pay grades or staffing structures must now be funded from within existing service budgets;
- **Staff Redundancy Costs** – A number of services have restructured their staff and have already allowed a number of staff to be released through voluntary redundancy. Although applications are still being considered, the numbers have fallen. The cost of redundancies is funded from a central contingency budget and £300k has been set aside in the 2017/18 standstill budget to cover any redundancy costs that arise during the year in order to mitigate this risk;
- **Council Tax Premium** – In setting the Council's Taxbase, an assessment had to be made as to the number of second homes and empty properties to include in the taxbase calculation. Although the Council does have records of properties considered as empty or where the billing address differs from the property address, there is a risk that properties do not become eligible to pay the premium for a number of reasons, including the property being sold or let. Given that this will be the first year for the premium, the taxbase was set conservatively at 70% of the identified properties. However, there is a risk that properties subject to the premium have been over estimated and that the income collected is lower than budgeted.

8.4. Having considered all the risks noted above and the mitigating actions, the Section 151 Officer is of the view that the budgets are robust and deliverable.

9. SCRUTINY COMMITTEE

- 9.1.** As shown in Table 5, the net budget, after allowing for savings, amounts to £125.286m and, after allowing for the final AEF, the required funding from Council Tax is £32.634m. An increase of 3% in the Council Tax would generate £33.668m, which exceeds the requirement by £1.034m.
- 9.2.** The Scrutiny Committee was asked to consider a number of specific questions and a report on the Committee's response will be reported to the Executive separately.

10. PROPOSED BUDGET AND COUNCIL TAX LEVEL

10.1 Having considered the funding available and the increase in the AEF since the initial budget proposals were drawn up, having considered the results of the consultation process and the response of the Scrutiny Committee, the Executive has revised its final budget proposal and includes the following changes:-

- That the standstill budget for 2017/18 is set at £127.872m.
- That the following adjustments are made to the savings proposals:-
 1. That the charge in respect of the school transport empty seat scheme is only increased by £10 per year.
 2. That school meals prices are only increased by 10p per meal per day. The remaining balance of the proposed £60k saving is generated through savings made in the cost of provision of school meals.
 3. That the reduction of £35k in the Mudiad Ysgolion Meithrin grant is not implemented in 2017/18 but remains as a possible saving for 2018/19.
 4. That the proposed savings in the Youth Service budget is reduced to £50k, but the actual saving will be dependent on the final decision on the Youth Service.
 5. That the reduction in the Library budget is deferred until 2018/19, following the final decision on the future library service provision.
- This reduces the total value of the savings proposals to £2.444m (a full list is attached as Appendix 3).
- That the saving of £490k in respect of teaching assistant costs or other savings to the delegated budgets is funded from the Council's reserves in 2017/18. This should be subject to an undertaking from schools to deliver this saving by 2018/19 when the budget reduction is applied. Schools, in consultation with the Head of Service, will also be expected to develop a comprehensive savings plan for 2018/19 and beyond.
- That an additional £425k is allocated to Adult Social Care to meet the costs arising from the legislative changes and cost pressures relating to residential care home fees. This sum is in addition to Anglesey allocation of the additional £10m funding for Adult Social Care recently announced by the Welsh Government.
- That an additional £35k is allocated to Children's Services to meet the cost of the minimum foster carer's allowance.

- That an additional £225k is allocated to the Education Service to meet the rising cost of Out of County placements, which have increased during 2016/17.
- That 30% of the funding generated from the Council Tax premium is allocated towards affordable housing schemes in 2017/18. The level of funding will be reviewed as the actual level of additional income collected becomes more certain. It is estimated that this will result in £170k being allocated in the first year.
- That £70k is allocated to cover the additional costs in respect of collecting the premium and to cover the cost of administering the affordable housing schemes.
- That the general contingency and salary and grading contingency (noted in paragraph 7.10) are reduced by £100k each, £200k in total.
- That the Council Tax is increased by 2.5% in 2017/18.
- That any remaining balance required to balance the budget fully is added back to the general contingency.

10.2 Table 8 below summarises the movement in the 2017/18 budget taking into account the proposals set out in paragraph 10.1 above.

Table 8
Proposed Budget Requirement and Funding 2017/18

Budget Requirement	£'m	£'m
Final Budget 2016/17		124.037
Committed Changes and Inflation		4.222
Standstill Budget as at 9 November 2016		128.259
Adjustments to Standstill Budget – see Table 2		(0.387)
Standstill Budget as at 14 February 2017		127.872
Final Possible Savings Proposals – see Table 3 & 4		(2.586)
Revised Budget Requirement After Savings		125.286
Final Budget Proposals – paragraph 10.1		
Savings not implemented (School Transport, Libraries, Youth Service, Mudiad Ysgolion Meithrin)	0.142	
Deferment of the Savings to the Delegated Schools Budget	0.490	
Additional Funding - Adult Services	0.425	
Additional Funding – Childrens’ Services	0.035	
Additional Funding – Education Out of County	0.225	
Affordable Housing Projects incl Additional Staffing	0.240	
Reduction in General and Salary & Grading Contingency	(0.200)	
		1.357
Final Proposed Budget Requirement		126.643
Funded By:		
Revenue Support Grant	69.650	
National Non Domestic Rate	23.002	
Total AEF		92.652
Council Reserves		0.490
Council Tax (incl Premium)		33.505
Total Funding		126.647
Balance to General Contingency		0.004

11. EQUALITIES IMPACT ASSESSMENT

- 11.1. In delivering its services, the Council has to be mindful of its duties under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 to assess the impact of key financial decisions on protected groups and have due regard to the result of such assessments.
- 11.2. As part of the 2017/18 budget setting process, services were requested to carry out an initial equality impact assessment on those proposals which may impact on those covered by the Regulations. The Equality Impact Assessment is undertaken using a standard template which ensures consistency of approach across the Council. Proposals which are likely to have significant impact will need to be monitored closely by the service.

12. APPLYING THE SAVINGS TO THE SCHOOLS' SECTOR

- 12.1 Included in the savings proposals are a number of savings proposals which will impact on the allocation to the schools through the delegated schools budget. The planned savings are as follows:-

- Reducing supply teacher costs through better management of sickness - £100k;
- Reducing the cost of supplies and services by procuring through corporate contracts - £170k;
- Reducing the cleaning budget - £116k with an additional saving of £400k brought forward from 2016/17 (this was funded from reserves in 2016/17).

- 12.2 This amounts to a total reduction in the delegated school's budget of £0.786m, or 2%, although £400k is a saving postponed from 2016/17, therefore, the budget saving for 2017/18 is £386k, or 1.1%.

12.3 Applying the Budget Savings

Supply Teacher Costs - A review of current costs and applying a change to the sickness insurance scheme, whereby the school does not receive a subsidy from the scheme for the first day of sickness of a teacher or teaching assistant, would generate savings of £80k in the primary sector with the remaining balance of £20k applied to the secondary sector.

Procurement Savings - The savings are to be allocated based on the value of the budgets where the savings will be made as follows: Primary £90k, Secondary £73k, Special £7k.

- **Cleaning Costs** - The proposal is to reduce the cleaning budget in schools by £116k, in addition to the £400k that was included in last year's budget, but funded for one year from reserves. If the Council agrees to implement the proposal to reduce the costs in line with this reduction, then the cut will be allocated in accordance with the reduction in actual costs.

- 12.4 Based on the above, the savings (excluding cleaning) would be allocated: Primary Sector £170k, Secondary Sector £93k and Special Sector £7k.

13. UPDATING THE MEDIUM TERM FINANCIAL STRATEGY

- 13.1. The initial budget proposals to the Executive on 7 November 2016 was based on the Medium Term Financial Strategy approved by the Executive in September 2016 (see Table 1). This estimated that the total AEF would reduce by 0.6% in 2017/18 and that Council Tax would rise by 3%.
- 13.2. The actual settlement increased the AEF by 0.5% and this, along with the reduction in the proposed increase in Council Tax, has had a significant impact on the Medium Term Financial Strategy. The situation is not unique to Anglesey and a majority of Welsh Councils had planned for a significant cut in the AEF, when the AEF for 15 of the 22 Councils actually increased in cash terms.
- 13.3. Estimating future changes in the AEF is difficult and much will depend on the performance of the UK economy post Brexit. The UK Government has revised their fiscal policy and it is no longer a target to clear the UK budget deficit by 2020 but, if economic growth is lower than anticipated, then this may result in further cuts to the Welsh Government's overall budget. The protection that the Welsh Government gives to other areas of spending compared to local government will also have a significant impact on the level of future local government settlements.
- 13.4. Table 9 shows the worst case scenario with significant cuts in the AEF for 2018/19 and 2019/20 and inflation and pay awards increasing quickly (assumed inflation reaches 3% for the 3 years and pay awards increasing gradually over the 3 year period from 1.5% to 2.5%). This model assumes that Council Tax will increase by 4% per annum.

Table 9

Medium Term Financial Strategy 2018/19 – 2020/21 (Worst Case Scenario)

	2018/19 £'m	2019/20 £'m	2020/21 £'m
Net Revenue Budget B/F (after adjusting for use of reserves)	126.16	125.09	124.05
Budget Pressures and Inflation	2.30	2.51	3.38
Revised Budget	128.46	127.60	127.43
Aggregate External Finance (AEF)	(90.24)	(87.81)	(87.81)
Council Tax	(34.85)	(36.24)	(37.69)
Total Funding	(125.09)	(124.05)	(125.50)
Savings Required	3.37	3.55	1.93

- 13.5. Table 10 shows a more optimistic scenario, where the reduction in AEF for the three year period is lower (1% in the first two years and no reduction in the third), inflation rises to 2% and stays at that level for the 3 years and pay awards remain at 1% for the first two years and rise to 1.5% in 2020/21. Again, the Council Tax rise is assumed to be 4% per annum.

Table 10

Medium Term Financial Strategy 2018/19 – 2020/21 (Optimistic Scenario)

	2018/19 £'m	2019/20 £'m	2020/21 £'m
Net Revenue Budget B/F (after adjusting for use of reserves)	126.16	126.58	127.05
Budget Pressures and Inflation	1.61	1.48	2.49
Revised Budget	127.77	128.06	129.54
Aggregate External Finance (AEF)	(91.73)	(90.81)	(90.81)
Council Tax	(34.85)	(36.24)	(37.69)
Total Funding	(126.58)	(127.05)	(128.50)
Savings Required	1.19	1.01	1.04

13.6. An updated Medium Term Financial Strategy will be presented to the Executive as information on future settlements becomes clearer.

14. RECOMMENDATIONS

14.1. The Executive is recommended to approve the final budget proposal as set out in Paragraph 10 to the full Council meeting on 28 February 2017.

Reponse to the Executive Committee's Initial Budget Proposals – Meeting the Challenges 2016

ISLE OF ANGLESEY COUNTY COUNCIL

January 2017

Analyst - Alwyn Williams, Performance Analyst

Author - Gethin Morgan, Business Planning, Programme and Performance Manager

Head of Service - Scott Rowley, Head of Corporate Transformation

1. Introduction

- 1.1. The Council consulted recently on the executive's initial budget proposals - 'Meeting the Challenges' between November 11 and December 16, 2016. The consultation period of 5 weeks focused on approximately 50 proposals.
- 1.2. These proposals were the result of the annual budgetary process. They were presented by the services during the autumn when they were challenged and agreed upon for consultation purposes by the Elected Members of each of the Council's political groups.
- 1.3. The 50 proposals were divided into the six themes outlined below, namely:-
 - Cessation or transfer of services to others
 - Increase Income
 - Reduction in non-education school costs
 - Transformation of Services or alternative delivery
 - Staff restructure or deletion of vacant posts
 - General efficiency proposals and cuts to contributions
- 1.4. This year for the first time, consultation also took place on major spending plans for the next 12 months as well as the proposal to increase council tax by 3% in 2017/18, evidenced through the medium term financial plan.
- 1.5. Also considered were a wide range of savings where internal challenge and agreement had led to proposals ranging from increasing the cost of school meals, investing in flood alleviation work and transforming the Council's youth provision and libraries. These proposals were marketed in a number of ways: -
 - 1.5.1 Briefing session for the local press
 - 1.5.2. Press statements and articles
 - 1.5.3. Publication of the proposals on the home page of the County Council's website which was also aligned with a dedicated video highlighting the need for savings
 - 1.5.4 Extensive use of social media - Twitter, Facebook and Youtube - to promote it to a wider range of residents
 - 1.5.5 Relevant emails highlighting and inviting residents to take part in discussions
 - 1.5.6 Various interviews by the Leader on MônFM during the consultation period, including a live interview by young people on significant issues .

All of the above channels were aimed at informing and enthusing staff and citizens to engage and respond to the initial proposals.

1.6. We asked citizens, partners and staff to respond to the consultation through various methods including: -

- Online surveys on our website
 - A Survey for everyone
 - A Survey specifically for young people (see below))
- Via e-mail or letter

1.7. In addition to the above, the Council held:-

- Focus group sessions for people under the age of 25 in David Hughes, Llangefni and Bodedern secondary schools, a forum for young farmers and youth clubs in Bodedern and Holyhead.
- Online surveys designed by Medrwn Môn and Llais Ni for people under the age of 25, older people and people with disabilities.
- Sessions in the Council for a number of partners such as the Police, Fire Service, Health, Town and Community Councils, 3rd Sector bodies and other agencies.
- The Older People's Forum in the Town Hall with the stakeholders and partners of the Adult Services (55 attended).
- A session with head teachers and senior managers from the Island's schools on the 1st December, 2017 (33 schools attended).
- Town and Community Councils Forum on 24 November, 2016

1.8. Unlike last year we did not hold drop-in sessions due to the poor response in 2016/17 and Council members were unanimously of the opinion that such consultation was not required this year.

With the exception of point 1.5, this year's consultation was similar to the consultation events held over the past few years.

2. Results

2.1. The response to the initial budget proposals for 17/18 over the 5 week period was fairly positive. More than 700 responses (1% of the population) were received through the various channels outlined above with respondents engaging via all modes of communication.

2.2 The most successful means of collecting responses this year was the online survey with about 67% responding through this channel. This is a significant increase compared to last year where the majority responded in focus groups and the associated sessions. This year, this was the second most popular medium with the remainder communicating through Facebook (FB) and traditional methods such as e-mails and paper letters.

2.3. Responses were received from organizations similar to town councils, school governing bodies, elderly and disabled people, young people, teachers, and other residents that could not be grouped into any particular category.

- 2.4.** For the first time this year, we also have been able to collect the responses presented to the Council through FB. By promoting the consultation through the medium of FB, we reached approximately 44,339 people. (3,849 people through Welsh posts and 40,490 people through English posts).
- 2.5.** We 'posted' (or promoted) the consultation on social media 50 times (25 in the Welsh language and 25 in English) over the said period (5 weeks) which means that all our corporate posts reached around 887 people on average.
- 2.6.** The fact that we have reached so many is not confirmation that they have visited the page itself but it does undoubtedly show that they were aware of the ongoing consultation.
- 2.7.** This point is manifested in the number of visits to our corporate web site with visits by individuals from countries such as -
 - 2.7.1.** United States of America
 - 2.7.2.** India
 - 2.7.3.** Curaco
 - 2.7.4.** Sweden
 - 2.7.5.** Hong Kong

Having said that, the majority of visits who interacted with our website were by individuals from the United Kingdom (over 96%).

- 2.8.** 129 responses were received through FB. Unlike the online survey, discussions through social media often used the medium to question the Council's work in general and to point out the apparent 'failures' which have been associated with the waste provision recently as well as to comment on the consultation itself.
- 2.9.** Nevertheless, via all channels, the main focus areas of the responses were as follows and can be visualized by using the graphic on figure 1 below:-
 - 2.9.1.** Increasing the cost of school meals
 - 2.9.2.** Increasing the cost of bus fares for children living within 2 to 3 miles from their current school
 - 2.9.3.** Developing a permanent site for gypsies and travellers
 - 2.9.4.** The proposed 3% increase in council tax
 - 2.9.5.** Reduction in the costs of cleaning schools
 - 2.9.6.** Reduction in costs through restructuring and not filling vacant post

It was also noted that we need to be careful with regard to upgrading public facilities prior to transferral with one suggestion indicating that maybe the best way to transfer assets would be to transfer them as they are and 'as found'. The proposed expenditure on upgrading could then be used as an annual saving.

2.11.2. Increased Income

A number of comments were positive regarding the (9) proposals made under this heading. Indeed, there was a feeling that with many of the proposed changes that we should already be doing this.

The two proposals which attracted more negative feedback were the proposed increase in the cost of school meals and increased bus fares for those children who live within 2 to 3 miles from their current school.

Indeed, there was obvious opposition to both these proposals with comments indicating concerns regarding the sustainability of such a change because of the impact it would have on vulnerable families and those who had more than one child. It was noted in one response for example that such a change (the cost of the school bus) would mean that the family would have to pay around £ 1,000 more to the Council each year for school transport.

Several respondents were also concerned regarding the increased traffic flow around schools (especially secondary schools), as the increased costs will result in people taking their children to school themselves. The result of this increase in traffic which needs to be taken into account is the safety of children around schools on the Island.

One point and proposal which was noted with regard to these proposals (transporting children from one school to another in a taxi) was the fact that the need to offer post-16 education should be reviewed since the respondent did not believe that 5 secondary schools offering a quality 6th form provision was sustainable given that Coleg Menai was in the middle of the Island.

A proposal which highlighted both sides of the argument was the consultation with a group of people regarding home care. There was an understanding of the need to increase the fees for home care and while several accepted the recommendation, depending on the ability to pay, some were also concerned. Of respondents only 3.8% would re-think the need for home care should the change take place. It is important to note from these responses, that the status quo was the preferred option with regard to cost followed by the option of a small annual increase.

2.11.3. Reduction in the non-education costs of Schools

The response to these (4) proposals generally raised concerns regarding the impact the proposed savings would have on standard and the attainment of children on the Island. One of the most common points which emerged related to the reduction in schools' cleaning budgets; should this materialize, was the likelihood of infection increase in schools, resulting in sickness absence not only amongst children but also the teachers.

One measure to alleviate the concerns highlighted above is the opportunity to offer flu vaccinations not only to teachers on the Island, but also the children which would prevent persistent illnesses during the winter terms.

Two sides of the argument were highlighted in the response to savings with regard to illness amongst teachers. Some note that when teachers are healthy, the need for supply teachers reduces and children will be taught regularly by full-time teachers. Others question what else can be done if teachers are ill.

Through the responses to this issue, the Council is also asked to think carefully about the saving which is associated with additional support for children. Concern is noted that this will only increase the pressure on frontline staff (teachers and assistants). As a result, it will have a detrimental impact on staff sickness levels.

On the other hand, it was queried whether there are too many assistants in schools since this was not the historical model. Could we learn from the past?

One suggestion from the public is that the Council, through the schools (and having checked the safeguarding element), should ask whether the island's grandparents could help children with their reading and perhaps provide one to one support.

Another suggestion made by school staff in the response is, if a reduction in the budget is needed, then the Council should look at reducing the 'overall budget allocation to schools by avoiding a heavy cut under one financial heading'. This would then equip the Head or Heads to decide how to make the cut in their own schools.

It was noted through the schools' financial forum that the Council should provide the schools with guidance for three years regarding the anticipated savings, enabling them to plan more robustly for the future.

2.11.4. Transformation of Services or alternative service delivery

There were 16 initial proposals under this theme and they ranged from transforming our youth provision to exploring options regarding the rationalization of catering arrangements in homes for the elderly.

Broadly, the response to these proposals was quite positive with only one of the proposals highlighted as a concern by more than one person. That was the proposal regarding our youth provision where several respondents were concerned about its future whilst others were concerned regarding the changes to home care since so many changes were too much to ask for from a service which is experiencing increased demand.

In addition to these, was the issue of outsourcing the collection of income from car parks which attracted much attention with many saying that the Council should outsource the service in its entirety whilst others were concerned about the impact outsourcing to a private company could have on consumers.

Again, the people who were consulted understood the need for a change in the way in which Telecare is funded and believed that increased costs would not result in them withdrawing from the service. In fact, slightly different to the options for home care, the majority (60%) of these respondents acknowledged the need and agreed that a regular annual increase (phased implementation) was better than one large increase this year.

Several were pleased with, and could see the wider benefit of the proposal to develop a specialist service at Garreglwyd, Holyhead.

2.11.5. Staff restructure or deletion of vacant posts

Several of these proposals vary from service to service.

The response was positive and in agreement with the ethos of what was being put forward with some of the opinion that the Council is perhaps not being ambitious enough with this. The response acknowledged that the total figure put forward as a saving was equivalent to only 11 posts out of approximately 3,000 in the Council at an average cost of £ 35,000.

The need for a further review of the staffing situation was questioned with the expectation by the majority that more savings could result from this if that work was carried out on a regular basis.

In addition, it was noted that the Council needs to tackle the sickness issue with one respondent quoting the figures used by the local press over the summer period.

One further point highlighted with regard to this issue, was the need for more transparency regarding the saving as a whole and to note the impact of such a saving on the service offered by the Council.

Perhaps this point should be borne in mind in further corporate consultations by the County Council.

2.11.6. General efficiency proposals and cuts to contributions

In general, the majority of responses agreed with the (13) proposals put forward under this heading. There were two exceptions to this positive response –

- (i) contributions to young people
- (ii) the cut to the Public Rights of Way (PROW) budget

The response regarding reduced contributions to the young (Mudiad Ysgolion Meithin) focused on the subsequent impact with several noting that the nursery groups would close. According to the responses (including the response of the 'Mudiad' itself), this would mean a reduction in provision, not only for children but also for parents which would then reduce the opportunities and resources that lay a firm foundation for a start in education.

The response regarding the reduction in the PROW budget questioned the amount of reduction in question and was critical that proposing the cut without giving the full picture made it difficult for people to understand the implications.

They were also of the opinion that the reduction could affect tourism, health, the environment and education.

2.11.7 Major Plans

The Council for the first time this year, consulted on its proposed major spending plans (or capital expenditure) 2017/18.

It is believed that this is a step in the right direction and shows the Island's residents what is in the pipeline for the forthcoming year not only in terms of savings but also in terms of expenditure on further improvements in the future. Once again, the response to these initiatives was quite positive with numerous comments made regarding some.

Of the negative comments received however, most of them questioned / criticised the Council's plans to spend about £ 1million on sites for gypsies and travellers. It is believed that this is unacceptable in the current climate and if the Welsh Government is leading on this, then they should provide the funding.

2.12. The above also demonstrates and states on various occasions the lack of awareness that exists within the wider debate on savings and spending plans (capital), what proposals are being offered and why. Perhaps this should be conveyed differently in the future by informing residents why capital funding cannot be used to make revenue savings. This is a lesson learned for the future.

2.13. As part of the consultation, a formal response was received from two Town Councils

2.13.1. Beaumaris Town Council and

2.13.2. Amlwch Town Council

Beaumaris Town Council's response was concerned about the effects of changes identified earlier in this report and they echoed the concern that has already been identified regarding the increase in the price of school meals / buses / the reduction in the school cleaning budget together with the proposed 3% increase in Council Tax.

- 2.14.** Regarding the wider Council tax discussion it is fair to say that the majority of respondents disagreed with any increase. A few on the other hand noted that they understood the rationale and could see the reason for increased payments if it meant that services would be saved from further cuts.
- 2.15.** Amlwch Town Council on the other hand drew attention to the fact, and its concerns, that the current capital plans did not include building and offering additional industrial units in the town which would, in their opinion, enable businesses to expand as well as attracting new businesses to the area, especially with the Wylfa Newydd developments on the horizon. They were also of the opinion that members' travelling costs (to Llangefni) should be reduced as part of the proposals.
- 2.16.** In conclusion, therefore, the response has been comprehensive and responses had been received in a number of different ways. The response through social media is increasing and the work carried out by officers and members has ensured that the voices of young people / elderly people and hard to reach groups have been heard as part of this consultation.
- 2.17.** Lessons have been learned and there is room for us to develop these and further improve our regular consultations in the future.

ARBEDION I'W GWEITHREDU YN 2017/18 - SAVINGS TO BE IMPLEMENTED IN 2017/18

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Savings to be Implemented / Arbedion i'w weithredu 2017/18 £'000	
Addysg Ysgolion / Education Schools	Ysgolion Cynradd ac Uwchradd / Primary and Secondary Schools	Lleihau y costau Cytundeb Glanhau 50% / Reduce the cleaning contract costs by 50%	Lleihad mewn costau ysgol nad ydynt yn costau dysgu / Reduction in non teaching school costs	116	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.
Addysg Ysgolion / Education Schools	Ysgolion Cynradd / Primary Schools	Arbedion trwy wneud defnydd gwell o gontractau corfforaethol (caffael) e.e. ynni, papur, defnydd swyddfa, dodrefn / Savings from making better use of corporate contracts (procurement) e.g. energy, paper, office supplies, furniture	Ail Dendro neu arbedion Caffael / Re-tendering or procurement savings	170	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Savings to be Implemented / Ardebion i'w weithredu 2017/18 £'000	
Addysg Ysgolion / Education Schools	Staffio - Ysgolion Cynradd ac Uwchradd / Staffing - Primary and Secondary	Lleihau lefel o Salwch - Lleihau Costau athrawon llanw (torri premiwm 10%) / Reduce sickness level - reduce cost of supply teachers (cut the premium 10%)	Lleihad mewn costau ysgol nad ydynt yn costau dysgu / Reduction in non teaching school costs	100	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Addysg / Education	Ieuenctid / Youth	Trawsnewid Gwasanaeth Ieuenctid / Youth Service Transformation	Trawsnewid Gwasanaeth / Service Transformation	50	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.
Addysg / Education	Prydau Ysgol/ School Meals	Cynyddu y prisiau at lefel awdurdodau eraill sef o £2.10 y diwrnod i £2.20 / Increase the price to the same level as other authorities i.e. from £2.10 per day to £2.20	Cynhyrchu Incwm / Income Generation	60	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.
Addysg / Education	Cynnal	Lleihau cyfraniad at gostau rheoli cwmni Cynnal / Reduce contribution towards the management costs of Cynnal	Arbedion Effeithlonrwydd Cyffredinol / General Efficiency Savings	30	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Savings to be Implemented / Arbedion i'w weithredu 2017/18 £'000	
Addysg / Education	CBAC : WJEC	Torri Cyfraniad tuag at y CBAC / Reduce contribution towards WJEC	Arbedion Effeithlonrwydd Cyffredinol / General Efficiency Savings	20	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Addysg / Education	William Mathias	Lleihau costau tuag at gwasanaeth cerdd William Mathias / Reduce costs towards William Mathias music service	Arbedion Effeithlonrwydd Cyffredinol / General Efficiency Savings	7	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Addysg Ysgolion / Education Schools	Ysgolion Cynradd ag Uwchradd / Primary and Secondary Schools	Lleihau costau cymhorthyddion / Reduce Support Assistants' costs	Arbedion Effeithlonrwydd Cyffredinol / General Efficiency Savings	490	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Savings to be Implemented / Ardebiion i'w weithredu 2017/18 £'000	
Adnoddau / Resources	Staffio Cyfrifeg / Accountancy Staff	Yn dilyn ail strwythuro / Following restructure	Arbedion a gynhyrchir drwy ail strwythuro staff / Savings generated through staff restructure	50	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Adnoddau / Resources	Staffio R & B / Staff R & B	Yn dilyn ail stwythuro / Following restructure	Arbedion a gynhyrchir drwy ail strwythuro staff / Savings generated through staff restructure	50	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Adnoddau / Resources	Costau Postio / Postage	Stopio creu a postio slip cyflog papur. Staff yn cael mynediad i system electronig (Amdanafi)/ Stop creating and printing paper payslips. Staff to have access to electronic system (My View)	Arbedion Effeithlonrwydd Cyffredinol / General Efficiency Savings	21	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Savings to be Implemented / Ardebion i'w weithredu 2017/18 £'000	
Busnes y Cyngor / Council Business	Costau Papur / Paper Costs	Lleihau cyllideb papur trwy ddefnyddio papurau Pwyllgor electronig / Reduce the paper budget as a result of using electronic Committee papers	Arbedion Effeithlonrwydd Cyffredinol / General Efficiency Savings	15	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Busnes y Cyngor / Council Business	Ymchwil Scrwtini / Scrutiny Research	Dileu gyllideb sydd heb ei ddefnyddio / Delete an unused budget	Arbedion Effeithlonrwydd Cyffredinol / General Efficiency Savings	3	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Savings to be Implemented / Arbedion i'w weithredu 2017/18 £'000	
Cynllunio a Gwarchod y Cyhoedd / Planning & Public Protection	Uned Polisi Cynllunio ar y Cyd / Joint Planning Policy Unit	Lleihau y gyllideb / Reduce the budget	Arbedion Effeithlonrwydd Cyffredinol / General Efficiency Savings	30	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Cynllunio a Gwarchod y Cyhoedd / Planning & Public Protection	Tîm Gweinyddol / Administration Team	Adolygu y strwythur staffio ar draws y pump swyddogaeth / Review the staffing structure across the five functions	Arbedion a gynhrychir drwy ail strwythuro staff / Savings generated through staff restructure	24	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Cynllunio a Gwarchod y Cyhoedd / Planning & Public Protection	Iechyd Amgylcheddol a Safonau Masnach / Environmental Health and Trading Standards	Adolygu y sefyllfa staffio / Review Staffing position	Arbedion a gynhrychir drwy ail strwythuro staff / Savings generated through staff restructure	22	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Savings to be Implemented / Arbedion i'w weithredu 2017/18 £'000	
Cynllunio & Gwarchod y Cyhoedd / Planning & Public Protection	Cofrestryddion, Genedigaethau, Marwolaethau, Priodasau / Registrars, Births, Deaths and Marriages	Codi lefel y gyllideb i gyd-fynd gyda'r gwir incwm / Raise the level of the budget to match the actual income	Cynhyrchu Incwm / Income Generation	20	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Cynllunio a Gwarchod y Cyhoedd / Planning & Public Protection	Rheoli Pla / Pest Control	Lleihau Costau / Reduce Costs	Arbedion Effeithlonrwydd Cyffredinol / General Efficiency Savings	10	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Diwylliant / Culture	Melin Llynnon Mill	Trosglwyddo Melin Llynnon / Transfer Llynnon Mill	Rhoi'r Gorau neu Trosglwyddo Gwasanaeth / Cessation or Transfer of Service	40	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.
Dywylliant / Culture	Ynys Lawd / South Stack	Dod â'r cytundeb i ben / Terminate the agreement	Rhoi'r Gorau neu Trosglwyddo Gwasanaeth / Cessation or Transfer of Service	13	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Savings to be Implemented / Ardebion i'w weithredu 2017/18 £'000	
Diwylliant / Culture	Carchar a Llys / Gaol & Courthouse	Trosglwyddo yCarchar a'r Llys / Transfer Beaumaris Gaol & Courthouse	Rhoi'r Gorau neu Trosglwyddo Gwasanaeth / Cessation or Transfer of Service	4	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.
Economaidd. Hamdden a Morwrol / Economic, Leisure & Maritime	Incwm Nofio / Swimming Income	Cynyddu y targedau incwm / Increase Income Targets	Cynhyrchu Incwm / Income Generation	35	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Economaidd. Hamdden a Morwrol / Economic, Leisure & Maritime	Doc Pysgod Caergybi / Holyhead Fish Dock	Dileu y Gyllideb yn dilyn trosglwyddo'r ased o'r Cyngor yn 2016/ Removal of Budget following the transfer of the asset from the Council in 2016	Rhoi'r Gorau neu Trosglwyddo Gwasanaeth / Cessation or Transfer of Service	23	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Savings to be Implemented / Arbedion i'w weithredu 2017/18 £'000	
Economaidd. Hamdden a Morwrol / Economic, Leisure & Maritime	Cynyddu Incwm / Arbedion mewn Canolfannau Hamdden / Increase Income Efficiency Savings at Leisure Centres	Lleihau oriau Glanhau yn y 3 canolfan / Reduce Cleaning hours at the 3 Centres	Trawsnewid Gwasnaeth / Service Transformation	10	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Economaidd. Hamdden a Morwrol / Economic, Leisure & Maritime	Staffio Hamdden / Staffing Leisure	Adolygu y sefyllfa staffio/ Review the staffing position	Arbedion a gynhyrchir drwy ail strwythuro staff / Savings generated through staff restructure	6	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Economaidd. Hamdden a Morwrol / Economic Leisure & Maritime	Cynyddu Incwm / Arbedion mewn Canolfannau Hamdden / Increase Income Efficiency Savings at Leisure Centres	Allanoli y Caffi yn Amlwch / Outsource the Café at Amlwch	Rhoi'r Gorau neu Trosglwyddo Gwasanaeth / Cessation or Transfer of Service	5	Ni fydd newid sylweddol yn y ddarpariaeth, er gall darparwyr newydd fod yn eu lle. / There will be no substantive change to provision although new providers may be in place

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Savings to be Implemented / Ardebion i'w weithredu 2017/18 £'000	
Economaidd. Hamdden a Morwrol / Economic, Leisure & Maritime	Cymorth Cyllidol i weithgareddau Twristiaeth y Haf / Financial Support for Summer Tourism Events	Lleihau y Gyllideb / Reduce the Budget	Lleihad mewn grantiau / Reduction in Grants	2	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Oedolion / Adults	Henoed - Eraill / Other Elderly	Harmoneiddio ffioedd Teleofal/ Harmonisation of Telecare fees	Trawsnewid Gwasnaeth / Service Transformation	10	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.
Oedolion / Adults	Gofal preswyl/ Residential care	Datblygu gwasanaethau arbenigol yn Garreglwyd - arbedion o leoliadau allsirol/ Develop specialist services in Garreglwyd - savings from out-of-county placements	Trawsnewid Gwasnaeth / Service Transformation	20	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.
Oedolion / Adults	Gofal dydd/ Day care	Adolygu trefniadau trafndiaeth gofal dydd/ Review Day care transportation arrangements	Trawsnewid Gwasnaeth / Service Transformation	15	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.
Oedolion / Adults	Gofal cartref/ Home care	Cynnydd mewn ffioedd Gofal cartref mewnol/ Increase in internal Home care fees	Cynhyrchu Incwm / Income Generation	100	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Savings to be Implemented / Ardebion i'w weithredu 2017/18 £'000	
Oedolion / Adults	Gofal cartref/ Home care	Prosiect Gofalwr Sengl/ Single Carer Project	Trawsnewid Gwasnaeth / Service Transformation	75	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.
Oedolion / Adults	Gofal cartref/ Home care	Taliadau Uniongyrchol/ Direct Payments	Trawsnewid Gwasnaeth / Service Transformation	50	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.
Oedolion / Adults	Gofal preswyl a gofal dydd/ Residential care & day care	Arbedion o fewn yr Uned Ddarparu/ Efficiency savings within the Provider Unit	Arbedion Effeithlonrwydd Cyffredinol / General Efficiency Savings	50	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.
Oedolion / Adults	Llety cysgodol/ Sheltered accomodation	Dileu cyllideb sydd yn weddill ar gyfer y gwasanaeth Wardeiniad/ Remove remaining budget for Warden service	Dileu swyddi gwag / Delete vacant posts	36	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.
Oedolion / Adults	Gofal dydd/ Day care	Adolygu contractau gwasanaethau dydd i glientiaid gydag anableddau dysgu/ Review of day services' contracts for clients with learning disabilities	Trawsnewid Gwasnaeth / Service Transformation	21	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Savings to be Implemented / Ardebion i'w weithredu 2017/18 £'000	
Oedolion / Adults	Gofal preswyl a gofal cartref/ Residential care & home care	Model gofal - Penucheldre/ Care model - Penucheldre	Trawsnewid Gwasnaeth / Service Transformation	2	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.
Oedolion / Adults	Gofal preswyl / Residential care	Lleihau lleoliadau preswyl/ Reduce residential places	Trawsnewid Gwasnaeth / Service Transformation	150	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done..
Oedolion / Adults	Llety gyda chefnogaeth / Supported Accommodation	Pecynnau cymorth canlyniadau gyda ffocws penodol - byw gyda chefnogaeth/ Outcome focused support packages - supported living	Trawsnewid Gwasnaeth / Service Transformation		
Oedolion / Adults	Arlwyo Cartrefi Preswyl / Catering Residential Care Homes	Asesu opsiynau a'i gwireddu i unai allanoli neu rhesymoli / Assess options and implement to either outsource or rationalise	Trawsnewid Gwasnaeth / Service Transformation	30	Ni fydd newid sylweddol yn y ddarpariaeth, er gall darparwyr newydd fod yn eu lle. / There will be no substantive change to provision although new providers may be in place
Priffyrdd, Gwastraff ac Eiddo / Highways, Waste & Property	Rent ychwanegol ar gyfer y mân-ddaliadau / Additional Rents from Smallholdings	Increase Income Budget and reduce Repairs and Maintenance Budget	Cynhyrchu Incwm / Income Generation	150	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups

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Priffyrdd Gwastraff ac Eiddo / Highways, Waste & Property	Cyfleusterau Cyhoeddus / Public Conveniences	Allanoli Cyfleusterau Cyhoeddus a lleihau costau rhedeg y rhai sy'n cael eu cadw / Outsourcing Public Conveniences and reduce the running costs of those that are kept	Rhoi'r Gorau neu Trosglwyddo Gwasanaeth / Cessation or Transfer of Service	26	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.
Priffyrdd, Gwastraff ac Eiddo / Highways, Waste & Property	Staffio Ystadau / Estates Staffing	Adolygu trefniadau staffio / Review staffing arrangements	Arbedion a gynhyrchir drwy ail strwythuro staff / Savings generated through staff restructure	27	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Priffyrdd, Gwastraff ac Eiddo / Highways, Waste & Property	Contract Cynnal Ffyrdd / Highway Maintenance Contract	Lleihau'r gyllideb refeniw trwy defnyddio y gyllideb cyfalaf i sicrhau fod cyfanswm y gwariant yn cyrraedd yr isafswm sydd ei angen / Reduce the revenue budget by using the capital budget to ensure that the total expenditure reaches the minimum value required	Ail Dendro neu arbedion Caffael / Re-tendering or procurement savings	50	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups

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Priffyrdd, Gwastraff ac Eiddo / Highways Waste & Property	Staffio Cynnal a Chadw (Eiddo) / Maintenance Staffing (Property)	Adolygu trefniadau staffio / Review staffing arrangements	Arbedion a gynhrychir drwy ail strwythuro staff / Savings generated through staff restructure	35	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Priffyrdd, Gwastraff ac Eiddo / Highways, Waste & Property	Cynnal a Chadw / Repairs and Maintenance	Apwyntio swyddog i wneud gwaith cynnal a chadw cyffredinol yn hytrach na apwyntio contractwyr allanol / Appoint officer for general Repairs and Maintenance work, rather than to appoint an external contractor	Trawsnewid Gwasnaeth / Service Transformation	5	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Priffyrdd Gwastraff ac Eiddo / Highways Waste & Property	Trafnidiaeth Cymunedol Môn/ Mon Community Transport	Lleihau y gyllideb 10% / Reduce the budget 10%	Arbedion Effeithlonrwydd Cyffredinol / General Efficiency Savings	12	Bydd angen gwneud Asesiad Effaith ar Gydraddoldeb / An Equalities Impact Assessment will need to be done.

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Savings to be Implemented / Arbedion i'w weithredu 2017/18 £'000	
Priffyrdd Gwastraff ac Eiddo / Highways Waste & Property	Glanhau / Cleaning	Adolygu trefniadau glanhau y Pencadlys / Review Headquarters Cleaning arrangements	Trawsnewid Gwasnaeth / Service Transformation	7	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Priffyrdd, Gwastraff ac Eiddo / Highways, Waste & Property	Lleihau Costau Dŵr / Reduced Water Charges	Lleihau cyllideb cyfleustodau / Reduction in Utilities budget	Arbedion Effeithlonrwydd Cyffredinol / General Efficiency Savings	6	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups

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Priffyrdd Gwastraff ac Eiddo / Highways Waste & Property	Cytundeb Casglu Gwastraff / Waste Collection Contract	Arbedion cyffredinol ar y cytundeb Gwastraff / General saving on Waste Contract	Arbedion Effeithlonrwydd Cyffredinol / General Efficiency Savings	6	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Priffyrdd Gwastraff ac Eiddo / Highways, Waste & Property	Patrôl Croesi ger Ysgolion / School Crossing Patrol	Adolygu Patrôl Croesi ger Ysgolion / Review School Crossing Patrol	Trawsnewid Gwasnaeth / Service Transformation	5	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Priffyrdd, Gwastraff ac Eiddo / Highways, Waste & Property	Hawlio Tramwy Cyhoeddus / Public Right of Way	Lleihau Cyllideb Hawliau Tramwy Cyhoeddus / Reduce Public Rights of Way budget	Arbedion Effeithlonrwydd Cyffredinol / General Efficiency Savings	5	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups

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Priffyrdd, Gwastraff ac Eiddo / Highways, Waste & Property	Rheoli Parcio/ Parking Management	Adolygu trefniadau gorfodi parcio / Review Parking Enforcement arrangements	Trawsnewid Gwasnaeth / Service Transformation	5	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Tai / Housing	Adnewyddiad Sector Breifat/Private Sector Renewal	Incwm drwy ymgymryd â gwaith Tystysgrifau Perfformiad Ynni / Income from undertaking Energy Performance Certificate work	Cynhyrchu Incwm / Income Generation	19	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Tai / Housing	Adnewyddiad Sector Breifat/Private Sector Renewal	Ffi am waith y Swyddog Tai Gwag/ Fee for work undertaken by the Empty Homes Officer	Cynhyrchu Incwm / Income Generation	10	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups

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Tai / Housing	Adnewyddiad Sector Breifat/Private Sector Renewal	Incwm o arolygu ail-brynu cyn eiddo'r cyngor/ Income from assessing the repurchase of former Council houses	Cynhyrchu Incwm / Income Generation	7	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Tai / Housing	Digartrefedd/ Homelessness	Codi'r ffi gweinyddu Rhestr Aros Tai i Gymdeithasau Tai a'r Cyfrif Refeniw Tai / Increased fee for the Housing Register work to Housing Associations and the Housing Revenue Account	Cynhyrchu Incwm / Income Generation	5	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Trawsnewid / Transformation	Swyddi Gwag / Vacant Posts	Dileu y gyllideb am swyddi gwag tu fewn i'r gwasanaeth / Delete the budget for vacant posts within the service	Dileu swyddi gwag / Delete vacant posts	50	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups

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Trawsnewid / Transformation	Tŷ William Jones	Terfynnu Les Tŷ William Jones / End the Lease of Ty William Jones	Rhoi'r Gorau neu Trosglwyddo Gwasanaeth / Cessation or Transfer of Service	20	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Trawsnewid / Transformation	Cyfathrebu / Communications	Arbedion costau Cyfryngau / Media Cost Savings	Rhoi'r Gorau neu Trosglwyddo Gwasanaeth / Cessation or Transfer of Service	2	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Trawsnewid / Transformation	Agenda Lleol 21 / Local Agenda 21	Dileu y Gyllideb - Dim ei angen bellach / Removal of Budget - No longer required	Dileu cyllidebau sydd heb eu defnyddio / Remove Unused Budgets	3	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups

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Trawsnewid / Transformation	Adnoddau Dynol / Human Resources	Lleihau cyllideb costau teithio / Reduce travel budget	Arbedion Effeithlonrwydd Cyffredinol / General Efficiency Savings	2	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, peryglu cyfle cyfartal neu'n negyddol effeithio ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
Trawsnewid / Transformation	Newyddion Môn	Lleihau costau trwy peidio cynhyrchu fersiwn papur / Reduce costs by not producing a paper copy	Rhoi'r Gorau neu Trosglwyddo Gwasanaeth / Cessation or Transfer of Service	2	Ni fydd yr arbedion ariannol arfaethedig yn gwahaniaethu'n anghyfreithlon, effeithio'n andwyol ar grwpiau gwarchoddedig, beryglu cyfle cyfartal na'n effeithio'n negyddol ar y berthynas rhwng gwahanol grwpiau./ The proposed financial saving will not unlawfully discriminate, impact adversely on protected groups, compromise equality of opportunity or negatively affect relations between different groups
			CYFANSWM / TOTAL	2,444	

**ARBEDION NODWYD NA FYDDAI'N BOSIB EU GWEITHREDU /
SAVINGS IDENTIFIED AS NOT POSSIBLE TO IMPLEMENT**

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Arbedion nad yw'n bosib eu gweithredu 2017/18 / Savings not possible to Implement 2017/18 £'000	
Addysg Ysgolion / Education Schools	Ysgolion Cynradd a Uwchradd / Primary and Secondary Schools	Lleihau y costau Cytundeb Glanhau 50% / Reduce the cleaning contract costs by 50%	Lleihad mewn costau ysgol nad ydynt yn costau dysgu / Reduction in non teaching school costs	114	Yn dilyn adolygiad o'r ddarpariaeth ar ôl y cynnig cychwynnol o'r arbedion yn y gyllideb, nodwyd nad yw'n bosib i leihau'r gorbenion rheoli yn ogystal â gorbenion sefydlog arall i gyflawni'r arbediad gyfan. / A review of the provision following the initial budget saving proposal has identified that it is not possible to reduce the management overheads as well as other fixed overheads to delivery the entire saving
Addysg / Education	Cludiant / Transport	Codi pris trafndiaeth llai na 2 neu 3 milltir i adennill y gost yn llawn sef o £80 y flwyddyn i £465 / Increase the cost of transport for pupils who live within 2 or 3 miles to fully recover the cost i.e. from £80 per annum to £465	Cynhyrchu Incwm / Income Generation	13	Addaswyd i lawr yr amcangyfrif o'r incwm ychwanegol posib y byddai'n cael ei greu gan y cynnydd. / The estimate on the potential additional income that the increase would generate was revised downwards
Addysg / Education	Cludiant / Transport	Cludo disgyblion ôl 16 yn ol i'r Ysgol parhaol o'i lleoliad olaf y dydd, yn hytrach nag adref / Transport Post 16 pupils back to their permanent School, rather than to their home	Cynhyrchu Incwm / Income Generation	48	Mae'r newid yma eisoes wedi ei gyflwyno, felly, byddai'n gyfrif dwbl./ This change has already been introduced and, therefore, would be a double count.

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Arbedion nad yw'n bosib eu gweithredu 2017/18 / Savings not possible to Implement 2017/18 £'000	
Diwylliant / Culture	Carchar a Llys / Gaol & Courthouse	Trosglwyddo y Carchar a'r Llys Biwmares / Transfer Beaumaris Gaol & Courthouse	Rhoi'r Gorau neu Trosglwyddo Gwasanaeth / Cessation or Transfer of Service	2	Y gyllideb gwirioneddol ar gyfer Carchar a Llys Biwmares oedd £4k, ddim £6k fel nodwyd yn gyntaf./ Actual budget was £4k for Beaumaris Gaol & Courthouse not £6k as was first noted.
Economaidd. Hamdden a Morwrol / Economic Leisure & Maritime	Doc Pysgod Caergybi / Holyhead Fish Dock	Dileu y Gyllideb yn dilyn trosglwyddo'r ased o'r Cyngor yn 2016 / Removal of Budget following the transfer of the asset from the Council in 2016	Rhoi'r Gorau neu Trosglwyddo Gwasanaeth / Cessation or Transfer of Service	5	Angen cymryd £5k incwm allan o'r arbediad gwreithiol arfaethedig gan ei fod yn perthyn i wasanaeth arall (Eiddo). / £5k income needed to be taken out of the original saving proposal as it belonged to another service. (Property)
Oedolion / Adults	Gofal dydd/ Day care	Rhesymoli gwasanaethau dydd - Anabledau Dysgu/ Rationalisation of Day Services - Learning Disability	Trawsnewid Gwasanaeth / Service Transformation	15	Y gyllideb yn gorwario ar hyn o bryd, felly, nid yw'n bosib i gynnig arbediad. / Budget is currently overspending, therefore, it is not possible to propose this saving.
Priffyrdd Gwastraff ac Eiddo / Highways Waste & Property	Cyfleusterau Cyhoeddus / Public Conveniences	Allanoli Cyfleusterau Cyhoeddus a lleihau costau rhedeg y rhai sy'n cael eu cadw / Outsourcing Public Conveniences and reduce the running costs of those that are kept	Rhoi'r Gorau neu Trosglwyddo Gwasanaeth / Cessation or Transfer of Service	24	Yn dilyn gwaith a waned gan yr Adran Priffyrdd, ni fydd hi'n bosib i symud ymlaen gyda Chynlluniau Traeth Coch na Phorthdafarch. / Following work undertaken by the Highways Department, it will not be possible to move ahead with Traeth Coch or Porthdafarch Schemes at this time.

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Arbedion nad yw'n bosib eu gweithredu 2017/18 / Savings not possible to Implement 2017/18 £'000	
Priffyrdd Gwastraff ac Eiddo / Highways Waste & Property	Staffio Ystadau / Estates Staffing	Adolygu trefniadau staffio / Review staffing arrangements	Arbedion a gynhrychir drwy ail strwythuro staff / Savings generated through staff restructure	37	Yn dilyn adolygiad o'r strwythur, dim ond un swydd fydd hi'n bosib i'w dynnu o'r sefydliad. / Following the review of the structure, it will only be possible to remove one post from the establishment.
Priffyrdd Gwastraff ac Eiddo / Highways, Waste & Property	Staffio Cynnal a Chadw (Eiddo) / Maintenance Staffing (Property)	Adolygu trefniadau staffio / Review staffing arrangements	Arbedion a gynhrychir drwy ail strwythuro staff / Savings generated through staff restructure	15	Dim ond £35k o'r arbedion effeithlonrwydd gwreiddiol arffaethedig o £50k sy'n bosib, gan fod £15k yn ymwneud â chyllidebau atgyweiriadau a cynnal a chadw sy'n eistedd yng ngwasanaethau arall. / Only £35k of the original proposed efficiency saving of £50k is possible as £15k relates to R & M budgets sitting in other services.
Trawsnewid / Transformation	Swyddi Gwag / Vacant Posts	Dileu y gyllideb am swyddi gwag tu fewn i'r gwasanaeth / Delete the budget for vacant posts within the service	Dileu swyddi gwag / Delete vacant posts	40	O'r £90k y cynigwyd yn wreiddiol, dim ond £50k y gellir ei gyflawni gan mai ond 1 o'r 2 swydd sydd ar y rhestr sefydliad, swydd tymor sefydlog odd y llall a ariannwyd drwy ffynonellau arall. / Of the £90k that was originally proposed only £50k can be achieved as only 1 of the 2 posts is on the establishment list the other post was a fixed term post funded through other sources.

Gwasanaeth / Service	Cyllideb / Budget	Gweithred / Action	Categori / Category	Arbedion nad yw'n bosib eu gweithredu 2017/18 / Savings not possible to Implement 2017/18 £'000	
Trawsnewid / Transformation	Cyfathrebu / Communications	Arbedion costau Cyfryngau / Media Cost Savings	Rhoi'r Gorau neu Trosglwyddo Gwasanaeth / Cessation or Transfer of Service	1	Arbediad effeithlonrwydd arfaethedig gwreiddiol odd £3k, fodd bynnag, dim ond £2k oedd y gyllideb. Original efficiency saving proposal was £3k however the budget was only £2k.
			CYFANSWM / TOTAL	314	

**CYNIGION ARBEDION HEB EU CYNWYS YN Y GYLLIDEB ARFAETHEDIG TERFYNOL
SAVINGS PROPOSALS NOT INCLUDED IN THE FINAL BUDGET PROPOSALS**

Gwasanaeth/ Service	Cyllideb / Budget	Gweithred / Action	Categori/ Category	Arbedion ddim yn cael eu gweithredu 2017/18 / Savings not Implemented 2017/18 £'000	
Addysg / Education	Ieuenctid / Youth	Trawsnewid Gwasanaeth Ieuenctid / Youth Service Transformation	Trawsnewid Gwasnaeth / Service Transformation	40	Gostyngir yr arbedion arfaethedig yng nghyllideb y Gwasanaeth Ieuenctid i £50k, ond bydd yr arbediad gwirioneddol yn ddibynnol ar y penderfyniad terfynol ar y Gwasanaeth Ieuenctid. Bydd amryw o opsiynau i'r Pwyllgor Gwaith ei ystyried. / The proposed savings in the Youth Service budget is reduced to £50k but the actual saving will be dependent on the final decision on the Youth Service. There will be various options for the Executive to consider.
Addysg / Education	Cludiant / Transport	Codi pris trafndiaeth llai na 2 neu 3 milltir i adennill y gost yn llawn, sef o £80 y flwyddyn i £465 / Increase the cost of transport for pupils who live within 2 or 3 miles to fully recover the cost i.e. from £80 per annum to £465	Cynhyrchu Incwm / Income Generation	37	Dangosodd yr ymgynghoriad cyhoeddus fod cynnydd o £80 i £465 yn cael ei ystyried i fod yn gynnydd afresymol. Bydd cynnydd o 310 y flwyddyn yn lleihau rhywfaint o'r diffyg yn incwm y gyllideb yma. / The public consultation showed that an increase from £80 to £465 was considered to be an unreasonable increase. A £10 increase per annum will reduce some of the shortfall in income for this budget
Addysg / Education	Blynyddoedd Cynnar / Early Years	Lleihau ein cyfraniadau i'r mudiadau blynyddoedd cynnar / Reduce our contribution towards early years organisations	Lleihad mewn grantiau / Reduction in Grants	35	Mae angen cynnal trafodaethau hefo Swfydliadau Blynyddoedd cyn gellir gwneud unrhyw benderfyniad ar hyn. / Negotiations with the Early Years Organisations need to be undertaken before any decision on this can be taken.

Gwasanaeth/ Service	Cyllideb / Budget	Gweithred / Action	Categori/ Category	Arbedion ddim yn cael eu gweithredu 2017/18 / Savings not Implemented 2017/18 £'000	Gwasanaeth/ Service
Diwylliant / Culture	Llyfrgelloedd / Libraries	Trawsnewid y Gwasanaeth Llyfrgelloedd / Library Service Transformation	Trawsnewid Gwasnaeth / Service Transformation	30	Bydd yr arbedion arfaethedig yng Ngwasanaethau Llyfrgell yn cael eu gohirio am un flwyddyn ariannol i ganiatau cynnal ymgynghoriad llawn ac i aelodau'r Pwyllgor Gwaith gael manylion o'r holl opsiynnau ar gael iddynt. / The proposed savings in the Library Services is to be delayed for one financial year in order to allow full consultation to take place and for the members of the Executive have details of all options available to them.
			CYFANSWM / TOTAL	142	

SAVINGS PROPOSALS NOT INCLUDED IN THE FINAL BUDGET PROPOSALS

APPENDIX 4

	Standstill Budget Following Provisional Settlement	Adjustment to Standstill	Savings	Budget Pressures	Final Proposed Budget 2017/18
	£	£	£	£	£
Education and Culture	49,086,030	-45,380	-1,100,000	715,000	48,655,650
Adult Services	22,759,490	185,000	-559,000	425,000	22,810,490
Children's Services	7,611,780		0	35,000	7,646,780
Housing Services	862,820		-41,000	205,000	1,026,820
Environmental and Technical	14,102,090		-339,000		13,763,090
Economic and Community Regeneration	4,187,720	1,500	-187,000		4,002,220
Corporate Transformation	3,822,980		-79,000		3,743,980
Resources (incl Benefits Granted)	2,863,630	125,000	-121,000	35,000	2,902,630
Council Business	1,525,480	10,000	-18,000		1,517,480
Corporate Management	760,580				760,580
Total Service Budgets	107,582,600	276,120	-2,444,000	1,415,000	106,829,720
Corporate and Democratic Costs	1,914,530				1,914,530
Recharges to HRA	-621,950				-621,950
Levies	3,322,596	12,137			3,334,733
Capital Financing	8,854,332	-705,000			8,149,332
Discretionary Rate Relief	60,000				60,000
Council Tax Reduction Scheme	5,600,000				5,600,000
Total Allocated Budgets	126,712,108	-416,743	-2,444,000	1,415,000	125,266,365
General & Other Contingencies	1,547,000	30,000		-200,000	1,377,000
Total Budget 2017/18	128,259,108	-386,743	-2,444,000	1,215,000	126,643,365
Funded By					
Revenue Support Grant	69,286,000	364,000			69,650,000
National Non Domestic Rates	23,002,000				23,002,000
Council Tax Inc Council Tax Premium	33,072,692	432,308			33,505,000
Council Reserves				490,000	490,000
Total Funding	125,360,692	796,308	0	490,000	126,647,000
Balance to general Contingency					-3,635

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ISLE OF ANGLESEY COUNTY COUNCIL

REPORT TO:	COUNTY COUNCIL
DATE:	28 FEBRUARY 2017
SUBJECT:	CAPITAL BUDGET 2017/18
PORTFOLIO HOLDER(S):	COUNCILLOR H E JONES
HEAD OF SERVICE:	MARC JONES
REPORT AUTHOR:	MARC JONES
TEL:	01248 752601
E-MAIL:	rmjfi@ynysmon.gov.uk
LOCAL MEMBERS:	n/a

A - Recommendation/s and reason/s

1. CAPITAL BUDGET 2017/18

1.1 Purpose

The Executive at its meeting on 14 February 2017 proposed a capital budget for 2017/18. It will be presented to this Committee at its meeting on 28 February 2017.

The following report updates the draft capital budget for 2017/18 which was presented to the Executive on 7 November 2016 (copy of the report is attached as Appendix 1).

2. CAPITAL STRATEGY FOR 2017/18

2.1 The draft capital plan for 2017/18 was based on a revised capital strategy which was approved by the Executive Committee on 17 October 2016. The strategy can be summarised as follows:-

- That the 2017/18 capital programme funding is limited to the value of the capital grant, the level of supported borrowing, any funding allocated to schemes in previous years which is no longer required and the value of any unallocated capital receipts;
- Unsupported borrowing would only be undertaken if the project reduces costs or generates income to a sufficient level to meet the additional capital financing costs. The exception to this is funding the 21st Century Schools Programme;
- A sum is allocated each year to invest in I.T., Council Buildings, Vehicles and Disabled Facilities grants;
- Grant funded projects are added to the 2017/18 capital programme once the funding is known;
- A sum to be set aside for small invest to save projects and these would be scored separately to the major new projects;
- Bids for new projects would be assessed in accordance with the scoring matrix that applied in 2016/17 with priority given to projects which assist the Council to achieve its corporate objectives, mitigates corporate risk, achieves future revenue savings and can demonstrate that adequate project management processes have been put in place.

3. RESULTS OF THE CONSULTATION

As part of the consultation process, the residents of Anglesey and other main stakeholders were asked to comment on the contents of the capital programme. The main concern arising from the consultation surrounded the Council's plan to build a permanent and temporary site for Gypsies and Travellers.

Despite the comments made in the consultation, there is a statutory duty on the Council to provide sites to meet the needs identified in the Anglesey and Gwynedd Gypsy and Travellers Accommodation Needs Assessment 2016, in accordance with the Housing (Wales) Act 2014 and therefore the planned expenditure remains within the capital programme.

4. POTENTIAL UNSUPPORTED BORROWING SCHEMES

Included in the draft capital programme were 2 potential unsupported borrowing schemes which related to the Building of a 3G football pitch at Plas Arthur Leisure Centre and the purchase of fitness Equipment at Holyhead Leisure Centre. Both schemes are still being developed and are not in a position to move ahead in 2017/18. They have, therefore, been removed from the final capital programme.

5. INVEST TO SAVE PROJECTS

Included in the draft capital programme were 2 Invest to Save schemes from the 6 bids submitted. One supported scheme was the construction of a new sewerage treatment plant for Traeth Coch public convenience. Although it is still the intention to continue with the scheme, difficulties have been encountered which may delay or prevent the scheme going ahead. It is, therefore, proposed that the next best scoring scheme, which is an energy cost reduction scheme at Ysgol Uwchradd Bodedern, is held in reserve and implemented should it not be possible to move ahead with the Traeth Coch scheme. Both schemes have an estimated cost of £75k.

6. RECOMMENDATION

The Executive recommends to the Full Council the following capital programme:-

	£'m
Committed Schemes brought forward from 2016/17	8.826
Investment in Existing Assets (including Disabled Facilities Grants)	2.301
Invest to Save Projects	0.186
Highway Maintenance	0.761
New Major Capital Schemes	11.675
21st Century Schools	6.865
Total General Fund Capital Schemes	<u>30.614</u>
HRA Capital Schemes	9.889
Total Proposed Capital Programme 2017/18	<u>40.503</u>

A detailed breakdown of the projects included and the funding is attached as Appendix 2.

B - What other options did you consider and why did you reject them and/or opt for this option?

A number of bids were considered in drawing up the draft capital programme

C - Why is this a decision for the Executive?

This matter is delegated to the Executive to propose the capital budget

CH - Is this decision consistent with policy approved by the full Council?

Yes

D - Is this decision within the budget approved by the Council?

N/A

DD - Who did you consult?		What did they say?
1	Chief Executive / Strategic Leadership Team (SLT) (mandatory)	The capital strategy and draft capital programme were considered by the SLT in September 2016 and both documents were supported. The final capital plan is also supported
2	Finance / Section 151 (mandatory)	n/a– this is the Section 151 Officer's report
3	Legal / Monitoring Officer (mandatory)	No specific comments received apart from those presented during discussions at the SLT.
4	Human Resources (HR)	
5	Property	
6	Information Communication Technology (ICT)	
7	Scrutiny	
8	Local Members	
9	Any external bodies / other/s	
E - Risks and any mitigation (if relevant)		
1	Economic	
2	Anti-poverty	
3	Crime and Disorder	
4	Environmental	
5	Equalities	
6	Outcome Agreements	
7	Other	
F - Appendices:		
<ul style="list-style-type: none"> • Appendix A – Report on Draft Capital Budget 2017/18 – Executive Committee 7 November 2016 • Appendix B – Proposed Capital Budget 2017/18 		
FF - Background papers (please contact the author of the Report for any further information):		
<ul style="list-style-type: none"> • Capital Strategy Report – Executive Committee 19 September 2016 		

ISLE OF ANGLESEY COUNTY COUNCIL	
REPORT TO:	EXECUTIVE COMMITTEE
DATE:	7 NOVEMBER 2016
SUBJECT:	DRAFT CAPITAL BUDGET 2017/18
PORTFOLIO HOLDER(S):	COUNCILLOR H E JONES
HEAD OF SERVICE:	MARC JONES
REPORT AUTHOR:	MARC JONES
TEL:	01248 752601
E-MAIL:	rmjfi@ynysmon.gov.uk
LOCAL MEMBERS:	n/a
A - Recommendation/s and reason/s	
<p>The Executive is asked to consider the proposed capital programme for 2017/18 and to determine the final proposal to go forward for approval in the new year in respect of the following items:-</p> <ul style="list-style-type: none"> • To agree to continue to fund the committed schemes as set out in paragraph 3.2 – Total Cost £8.826m, of which £647k will be from the Council's core funding; • To agree to fund expenditure on disabled facilities grants, refurbishment of existing buildings, I.T assets and vehicles as set out in paragraph 3.3 – Total Cost £2.301m; • To approve the funding of the two highest scoring Invest to Save projects as set out in paragraph 3.4 – Total Cost £0.186m; • To approve the funding of new capital schemes as set out in paragraph 3.6. – Total Cost £11.675m, of which £2.531m will be funded from the Council's core funding; • To approve the funding of £0.76m on Highway Maintenance as per paragraph 3.5. <p>To consider whether further work is necessary to assess the viability of funding the two schemes detailed in paragraph 3.7 via unsupported borrowing.</p> <p>To approve the capital programme for 21st Century schools, subject to a further report to the Executive on the funding of the unsupported borrowing element of the programme.</p> <p>To approve the inclusion of the Housing Revenue Account schemes, as set out in paragraph 5, in the final capital programme – Total cost £9.889m.</p> <p>The detailed report on the proposed capital programme is attached as Appendix 1 – 6.</p>	
B - What other options did you consider and why did you reject them and/or opt for this option?	
N/A	
C - Why is this a decision for the Executive?	
This matter is delegated to the Executive.	
CH - Is this decision consistent with policy approved by the full Council?	
Yes	
D - Is this decision within the budget approved by the Council?	
Yes	

DD - Who did you consult?		What did they say?
1	Chief Executive / Strategic Leadership Team (SLT) (mandatory)	Comments from the SLT have been incorporated into the report
2	Finance / Section 151 (mandatory)	n/a– this is the Section 151 Officer's report
3	Legal / Monitoring Officer (mandatory)	TBC
4	Human Resources (HR)	
5	Property	
6	Information Communication Technology (ICT)	
7	Scrutiny	
8	Local Members	
9	Any external bodies / other/s	
E - Risks and any mitigation (if relevant)		
1	Economic	
2	Anti-poverty	
3	Crime and Disorder	
4	Environmental	
5	Equalities	
6	Outcome Agreements	
7	Other	
F - Appendices:		
<ul style="list-style-type: none"> • Appendix 1 – Report on Proposed Capital Programme 2017/18 • Appendix 2 – Detailed Proposed Capital Programme 2017/18 • Appendix 3 - Invest to Save Projects • Appendix 4 – Scoring of New Capital Schemes • Appendix 5 – Scoring Matrix for New Capital Schemes • Appendix 6 – Summary of Capital Funding for the Proposed Programme 		
FF - Background papers (please contact the author of the Report for any further information):		

DRAFT CAPITAL BUDGET 2017/18

1. INTRODUCTION

1.1 The Executive Committee, at its meeting on 17 October 2016, approved the Capital Strategy in respect of the 2017/18 budget. The strategy set out the priorities to be included in the capital programme, which included:-

- Maintaining and upgrading of existing Council assets (including I.T. assets, vehicles and existing buildings);
- Providing a sum for disabled facilities grants;
- Committed schemes commenced in 2016/17;
- Schemes which draw down significant grant contributions with minimum match funding required from the Council;
- Smaller Invest to Save projects.

1.2 The Executive Committee also resolved to assess future 21st Century Schools separately from the main capital funding programme.

1.3 Bids were invited from services and assessed against the corporate scoring system to prioritise which bids are recommended for approval.

2. FUNDING AVAILABLE

2.1 The core funding available for the 2017/18 general fund capital budget is shown in Table 1 below:-

Table 1 General Fund Core Capital Funding	
Funding Source	£'m
General Capital Grant (as per the Provisional Settlement)	1.340
Supported Borrowing (as per the Provisional Settlement)	2.203
Capital Receipts	1.522
2016/17 Unused Funding Brought Forward	0.564
Revenue Contribution Unapplied Reserve	0.506
Total General Fund Core Capital Funding	6.135

2.2 In addition to this core capital funding, projects will be partly or fully funded by external grants which is drawn down as the scheme progresses.

2.3 The 21st Century Schools programme receives 50% funding from the Welsh Government in the form of grants and supported borrowing, with the Council funding its 50% through unsupported borrowing. The timing of the funding will be linked to the progress made on the new schools being built.

2.4 The Housing Revenue Account will also have its own capital programme, which is mainly funded from its own resources generated through the letting of properties and from the Major Repairs Allowance received from Welsh Government.

3. GENERAL FUND CAPITAL PROGRAMME 2017/18

3.1 In accordance with the Capital Strategy approved by the Executive Committee on 17 October 2016, funding has been initially allocated to the schemes in the priority set by the strategy. The full details of all the schemes are attached as Appendix 2.

3.2 Committed Schemes

3.2.1 CCIS Implementation

£75k was allocated to this scheme in 2016/17 and the capital programme for 2015/16 identified a commitment for a further £25k in 2017/18. The estimated costs of completing the project have increased to £65k. In addition, the Service has identified revenue costs which cannot be funded through the capital programme to implement the project (£76k in 2017/18 and £50k in 2018/19). No funding currently exists to meet these additional costs.

3.2.2 Compulsory Purchase Order

One property will be shortly sold and this will increase the fund available back to £192k, an additional £8k is allocated to take the fund back to £200k.

3.2.3 Holy Island Visitor Gateway

The Executive has previously resolved to allocate a small capital sum (£40k in 2017/18) to enable around £4m of external funding to be drawn down (see Executive Committee Agenda 18 July 2016 – Item 9).

3.2.4 Lôn Wylfa Newydd

Although the scheme will be carried out by the Council as the Highways Authority, the costs will be fully funded from external sources and no contribution is required from the Council.

3.2.5 Llangefni Link Road

The scheme is planned over a 3 year period, with £3.4m of works planned for 2017/18 and a further £2.9m planned for 2018/19. The Council's contribution is 10% of the scheme cost, giving a need to allocate £342k in 2017/18 and a further £290k in 2018/19. The total Council contribution over the 3 years of the scheme will total £905k.

3.3 Maintenance of Existing Assets

3.3.1 Disabled Facility Grants

There is a statutory requirement to provide grants in order to provide disabled facilities in private sector homes, although it is not specified the level of funding which must be allocated. The Housing Service submitted a bid in excess of £800k but, given the other commitments and calls on the funding available, a provisional sum of £750k has been allocated.

3.3.2 Improvements to Council Buildings

A provisional sum of £1m has been allocated and this has been allocated by the Property Services team as: £300k for disabled access in schools, £500k for general refurbishment of schools and £200k for the refurbishment of non-school buildings.

3.3.3 Investment in I.T.

A sum of £400k has been provisionally allocated to - maintain core infrastructure (£150k), to upgrade PCs and laptops (£100k) and to pay for licensing costs (£101k). These costs will be incurred annually. In addition, a bid of £50k has been included in the provisional capital programme to fund the cost of migrating systems from old servers. A smaller annual sum of £20k will be required in future years to continue this work.

3.3.4 Vehicles

An annual sum of £150k has been allocated to replace vehicles. It should also be noted that further funding for a replacement library vehicle may be requested, but this is dependent on the outcome of the review of library services. In addition, the Council's fleet of gritters will need replacing at some point in the future, but this is dependent on their use over this winter. The replacement cost of a gritter is approximately £120k.

3.4 Invest to Save Projects

3.4.1 During the summer, services were invited to submit bids for funding from the £1m released from reserves. A number of bids of a capital nature were received which would provide revenue savings in future years. Eight bids fell into this category, although two have now received funding via the Welsh Government's Invest to Save funding. The remaining 6 bids were assessed and scored (see Appendix 3). Given the limitations on funding, £186k has been provisionally allocated to the two highest scoring bids. The remaining bids will be carried forward to 2018/19.

3.5 Highway Maintenance

3.5.1 In previous years, around £2m has been allocated to capital highway maintenance schemes. The funding was initially allocated through the Welsh Government's Local Government Borrowing Initiative which supported local authorities to meet the borrowing costs. This scheme has now ended and, if the Council continues to fund investment in highway maintenance projects, it must either do so via its core capital funding or through unsupported borrowing. The Head of Service has put forward £50k of revenue savings but will require £761k of capital funding to ensure that the minimum contract values are achieved.

3.5.2 The Head of Service has requested £2.2m of capital funding which is in line with previous sums allocated and this level of expenditure will ensure that the standard of the road network is maintained to its current standard. Given the other commitments and requests for capital funding, the initial allocation process shows that to meet this level of funding then £1.730m of unsupported borrowing would be required. Unsupported borrowing results in additional revenue costs for the Council (Minimum Revenue Provision charge and interest costs). If unsupported borrowing of £1.730m was undertaken, the annual MRP charge and interest costs would be in the region of £140k, which is £90k higher than the proposed saving in the revenue maintenance budget.

- 3.5.3** Reducing the highway maintenance revenue budget and increasing capital expenditure to bring the overall expenditure back to at least the minimum contract value is unsustainable if the capital expenditure is financed through unsupported borrowing. The capital financing costs of the unsupported borrowing, even if this only brings the overall expenditure back to the minimum contract value, will exceed the savings in the revenue maintenance budget and the following year the capital financing cost still has to be funded, the cut in the revenue maintenance budget will still have taken place but there will be no additional capital funding to bring the overall expenditure back to the minimum contract value.
- 3.5.4** It is, therefore, proposed that, for 2017/18, the capital funding for highway maintenance is set at £761k, of which £470k is funded through supported borrowing and £291k is funded through unsupported borrowing. This will increase the capital financing costs by £22k. In order to fund this additional cost, the revenue highway maintenance budget needs to be reduced by £72k, which will fund the additional capital financing costs and reduce the overall revenue budget by the £50k initially proposed by the Head of Service.
- 3.5.5** Further work will be required before setting the 2018/19 budget to ensure that a sustainable solution is found to this issue, whereby sufficient capital funding is provided from the core capital funding to enable the standard of the highways to be maintained, that the minimum contract value is achieved but that the Council does not incur additional capital financing costs through unsupported borrowing.

3.6 New Capital Schemes

- 3.6.1** Services were invited to submit bids for the funding in order to undertake new capital schemes and these were assessed against the scoring process previously used (see Appendix 4 and 5). The following schemes have been provisionally included in the capital programme for 2017/18:-
- Seiriol Extra Care Home - £1m – although it is noted that, if the scheme is undertaken by the Housing Revenue Account, there may not be a need for the General Fund to make a contribution towards the cost of the scheme;
 - Holyhead and Llangefni Strategic Infrastructure – the majority of the funding will be external grant with the Council contributing £70k as match funding;
 - Garreglwyd Home - £250k of investment is required in order to enable the existing residential home to be developed into a specialist dementia care facility;
 - Gypsy and Traveller Sites – grant funding will be available in respect of the permanent site but the cost of the temporary sites will fall on the Council. Further work is required in respect of ensuring the maximum grant funding and in costing out the final proposals;
 - Flood Alleviation work at Beaumaris and Pentraeth – it is anticipated that Welsh Government funding will be available to meet the majority of the costs but a contribution will be required by the Council.

3.7 Potential Unsupported Borrowing Schemes

3.7.1 3G Football Pitch at Plas Arthur Leisure Centre

The current pitch is 15 years old and nearing the end of its useful life. As time passes, the repair and maintenance costs increase and, due to the surface and drainage problems, sessions have to be cancelled during wet weather or when the conditions are icy. This results in a loss of income for the Centre. A new facility would result in reduced running costs and improve income levels. The proposal would require £150k of capital investment, although some grant funding may be available. Although the scheme did not score highly enough against other bids, it is proposed to undertake further work on this bid to determine whether unsupported borrowing would be financially viable.

3.7.2 Replacement Fitness Equipment for Holyhead Leisure Centre

The bid is to replace ageing fitness equipment at Holyhead Leisure Centre to match the investment that has been made at Plas Arthur and Amlwch Leisure Centres. The investment will help to maintain existing customers and to attract new customers which will increase income levels. Again, this bid did not score as high as the other bids received but, given the potential for increased income, there may be scope to undertake this scheme through unsupported borrowing. It is, therefore, proposed to undertake further work to determine whether this scheme is financially viable.

3.8 Schemes which were not Supported

3.8.1 The following schemes submitted received the lowest scoring and have provisionally not been supported due to lack of funding:-

- Refurbishment work at Plas Mona;
- Refurbishment work at Plas Crigyll;
- Sewerage Treatment works;
- Sharepoint.

3.8.2 Two bids were submitted for feasibility studies. Feasibility study costs cannot normally be capitalised as no asset is created. If a feasibility study then results in a capital scheme which creates an asset, then it is possible to retrospectively capitalise the costs, if the costs are directly linked to feasibility of the chosen option.

4. 21st CENTURY SCHOOLS

4.1 The provisional capital programme includes projects for the schools in Band A. The cost over the next 4 years for these schemes totals £21.06m, of which the Council's contribution would be £10.5m.

4.2 In 2017/18, £6.865m of work is planned, of which £1.27m will be funded from Welsh Government grants, £1.27m from supported borrowing and £4.326m from unsupported borrowing.

4.3 As resolved by the Executive at its meeting on 17 October 2016, further work is required to assess the affordability of the programme.

5. HOUSING REVENUE ACCOUNT

- 5.1** The Housing Revenue Account plans to undertake £9.9m of work during 2017/18 mainly to develop 30 additional units and to refurbish existing properties. Funding has also been allocated to complete the refurbishment of Llawr y Dref, to purchase new vehicles and improve fuel efficiency at the HMU depot. A bid was also made for the purchase of tools but the value was below the de-minimus level and will be funded directly from revenue budgets.
- 5.2** Work is ongoing to determine whether it is feasible and financially viable for the extra care facility for the Seiriol area to be undertaken through the Housing Revenue Account. The scheme has not been included in the draft capital programme for 2017/18 but the Council may be in a position to include the scheme in the final capital programme prior to its approval in February 2017.

6. EQUAL PAY COSTS

- 6.1** The Council is also likely to face considerable costs concerning equal pay and will be applying for Capitalisation Direction to fund these costs. The cost of equal pay has not been quantified but is likely to be significant (at least £2.15m) and will be additional to the projects in the Capital Programme 2017/18 in this report if the equal pay back-pay is paid in 2017/18. This may need to be funded from unsupported borrowing if no other capital funding is available.

7. CAPITAL PROGRAMME SUMMARY

- 7.1** The total proposed capital programme for 2017/18 (including 21st Century Schools and Housing Revenue Account) totals £40.865m. £21.258m (52%) will be funded from external funding sources with the remainder funded from the Council's own sources, which includes £3.472m of supported borrowing and £4.979m of unsupported borrowing. The remaining £11.156m will be funded from the General Capital Grant, Capital Receipts and the Council's own reserves. A full breakdown is attached as Appendix 6.
- 7.2** Although capital schemes may be identified as being funded from borrowing, in practice the Council uses its own surplus cash balances first to fund the actual capital expenditure (internal borrowing) but this does not mean that the Council will have to borrow to fund this cost at some point in the future. The Capital Finance Requirement (CFR) is the measure of the Council's future borrowing requirement. The latest forecast has assessed the CFR as £131.395m as at 31 March 2017. The current Treasury Management Strategy sets the Council's authorised borrowing limit at £170m. The additional borrowing requirement set out in the draft capital programme will increase the CFR to £135.396m, which is still within the authorised borrowing limit of £170m.

8. MATTERS FOR DECISION

- 8.1** The Executive is asked to consider the proposed capital programme for 2017/18 and to determine the final proposal to go forward for approval in the new year in respect of the following items:-
- To agree to continue to fund the committed schemes as set out in paragraph 3.2 – Total Cost £8.826m, of which £647k will be from the Council's core funding;
 - To agree to fund expenditure on disabled facilities grants, refurbishment of existing buildings, I.T assets and vehicles as set out in paragraph 3.3 – Total Cost £2.301m;
 - To approve the funding of the two highest scoring Invest to Save projects as set out in paragraph 3.4 – Total Cost £0.186m;

- To approve the funding of new capital schemes as set out in paragraph 3.6 – Total Cost £11.675m, of which £2.531m will be funded from the Council's core funding;
 - To approve the funding of £0.76m on Highway Maintenance as per paragraph 3.5.
- 8.2** To consider whether further work is necessary to assess the viability of funding the two schemes detailed in paragraph 3.7 via unsupported borrowing.
- 8.3** To approve the capital programme for 21st Century schools, subject to a further report to the Executive on the funding of the unsupported borrowing element of the programme.
- 8.4** To approve the inclusion of the Housing Revenue Account schemes, as set out in paragraph 5, in the final capital programme – Total cost £9.889m.

Department	Proposed Scheme	Brief Description	Year project started/ Due to start	2017/18 Year 1 Cost	2018/19 Year 2 Cost	2019/20 Year 3 Cost	2020/21 Year 4 Cost	2021/22 Year 5 Cost	Grant/ External Funding 2017/18	Net funding by IOACC 2017/18 - Capital Receipts	Net funding schools 2017/18 21C Supported borrowing	Net funding by IOACC 2017/18 - Supported Borrowing	Net funding by IOACC 2017/18 - General Capital Grant	Net funding by IOACC 2017/18 - Unsupported Borrowing	Net funding by IOACC 2017/18 - Revenue Contribution Unapplied Reserve (Capital) (£'000)	Net funding by IOACC 2017/18 - Underspend from 2016/17 (£'000)	Net funding by IOACC 2017/18 - Revenue Contribution (£'000)	External Funding after 2017/18 (£'000)
				(£'000)	(£'000)	(£'000)	(£'000)	(£'000)		(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
COMMITTED SCHEMES																		
Adults Services	CCIS Implementation	This is a request for Capital Funding in order to: 1) Cover the cost of Data Migration, in order to ensure that data transfer is successful (linking in with NHS data sets). 2) To cover the cost of interfacing with other systems within the Council (i.e. Civica etc.) in order to maximise possible system efficiencies wherever possible via workflow. In addition, the project will incur project management costs of £76k in 2017/18 and £50k in 2018/19 which are revenue costs which are excluded from this. This will need to be funded from existing revenue budgets unless additional revenue budget is provided.	2016/17	65	0	0	0	0	0	65	0	0	0	0	0	0	0	0
Economic & Regeneration	Holy Island Visitor Gateway	The Isle of Anglesey County Council in partnership with key stakeholders is currently developing an ambitious tourism investment programme with a view of "Transforming Holy Island into an iconic destination, that's befitting of its strategic location as a key International visitor Gateway to Wales and the UK". The proposal has been developed as part of the bidding process for the Visit Wales led ERDF funded 'Tourism Attractor Destination Programme' in Wales. The project aims to work in parallel with other key projects in Holyhead namely the VVP, HLF, and THI.	2017/18	1,050	1,100	1,100	750	0	1,010	40	0	0	0	0	0	0	0	2,910
Highways	Lôn Wylfa Newydd	The development of a new nuclear power plant at Wylfa will require the delivery of improvements to the existing highway network on Anglesey. The Council has set out its evidenced based approach to the assessment of necessary highway improvements within the Supplementary Planning Guidance (SPG). This recognises the need for improvements to the A5025 and Lôn Nanner.	2016/17	4,097	13,885	9,567	0	0	4,097	0	0	0	0	0	0	0	0	23,452

Department	Proposed Scheme	Brief Description	Year project started/Due to start	2017/18 Year 1 Cost	2018/19 Year 2 Cost	2019/20 Year 3 Cost	2020/21 Year 4 Cost	2021/22 Year 5 Cost	Grant/ External Funding 2017/18	Net funding by IOACC 2017/18 - Capital Receipts	Net funding schools 2017/18 21C Supported borrowing	Net funding by IOACC 2017/18 - Supported Borrowing	Net funding by IOACC 2017/18 - General Capital Grant	Net funding by IOACC 2017/18 - Unsupported Borrowing	Net funding by IOACC 2017/18 - Revenue Contribution Unapplied Reserve (Capital) (£'000)	Net funding by IOACC 2017/18 - Underspend from 2016/17 (£'000)	Net funding by IOACC 2017/18 - Revenue Contribution (£'000)	External Funding after 2017/18 (£'000)	
				(£'000)	(£'000)	(£'000)	(£'000)	(£'000)		(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	
COMMITTED SCHEMES																			
Highways	Llangefni Link Road	The proposal is to construct 2.5km of a new link road to the SE of Llangefni with the scheme split into four separate sections.	2015/16	3,414	2,938	0	0	0	3,072	164	0	0	0	0	0	178	0	2,644	
TOTAL COMMITTED SCHEMES					8,826	18,123	10,867	950	200	8,179	461		0	0	0	8	178	0	29,806
DFG & EXISTING ASSETS																			
Housing	Disabled Facility Grant	The Disabled Facilities Grant is a mandatory grant of up to £36k and the Council receives approximately 180 enquiries per year for various adaptations to the home. Approximately 120 of these enquiries proceed to a Disabled Facilities Grant approval.	Annual	750	750	750	750	750	0	0	0	0	750	0	0	0	0	0	
Property	Education Disabled Access	The Equality Act 2010, which replaces the Disabled Discrimination Act, requires the Authority to carry out reasonable adjustments to the Authority's properties, whilst ensuring access and efficient use of Authority resources. This is year 2 of an ongoing project to ensure every disabled child has access to the school of their choice. Year 2 will focus on providing disabled toilet facilities at St Marys School, Holyhead, completion of access works at David Hughes Secondary School and begin works at Holyhead Secondary School.	Annual	300	300	300	300	300	0	0	0	0	300	0	0	0	0	0	
Highways	Vehicles	The Council operates a fleet of a variety of vehicles and plant including buses, HGV's, cars and vans. This fund is required to replace those vehicles which have reached the end of their economic life. This fund has not in the past been used to purchase vehicles for services which have ring fenced budgets such as housing and schools. The remaining diesel smaller vans and cars will be replaced by LPG fuelled vehicles which will result in lower running costs and assist pressures on the revenue budgets (saving approximately £1,000/vehicle/annum). Note: There is uncertainty at the time of producing the report relating to the review of library services. One of the library vehicles requires replacement in the very near future, therefore, additional funding may be required.	Annual	150	150	150	150	150	0	0	0	0	150	0	0	0	0	0	

Department	Proposed Scheme	Brief Description	Year project started/Due to start	2017/18 Year 1 Cost	2018/19 Year 2 Cost	2019/20 Year 3 Cost	2020/21 Year 4 Cost	2021/22 Year 5 Cost	Grant/ External Funding 2017/18	Net funding by IOACC 2017/18 - Capital Receipts	Net funding schools 2017/18 21C Supported borrowing	Net funding by IOACC 2017/18 - Supported Borrowing	Net funding by IOACC 2017/18 - General Capital Grant	Net funding by IOACC 2017/18 - Unsupported Borrowing	Net funding by IOACC 2017/18 - Revenue Contribution Unapplied Reserve (Capital) (£'000)	Net funding by IOACC 2017/18 - Underspend from 2016/17 (£'000)	Net funding by IOACC 2017/18 - Revenue Contribution (£'000)	External Funding after 2017/18 (£'000)
COMMITTED SCHEMES				(£'000)	(£'000)	(£'000)	(£'000)	(£'000)		(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
Page 63	ICT Core Infrastructure	To continue this process and to ensure that we engage with a 4 year replacement programme to avoid expensive catch up through lack of investment a rolling programme of iterative improvement is required. New technologies and demand for greater capacity and storage as well as resilient systems will also drive the need to invest further in our core infrastructure. There has been a need to significantly 'catch up' to date and as we get on top of this we will then need to ensure that we continually have the capacity to meet the needs of the Council as we switch more to Digital services and greater dependence on IT for the delivery of services and being flexible in that approach – for example Smarter Working, Electronic Document Management, AppMon etc.	Annual	150	155	160	165	165	0	0	0	0	48	0	102	0	0	0
	Desktop Refresh	The approval of a capital budget totalling £100k per annum would allow for 250 desktop clients to be replaced per year on a targeted, needs prioritised basis and would provide a four year refresh for the entire desktop estate. Four years is accepted in the IT industry as a minimum refresh cycle and this would help the Authority to maximise productivity from the numerous new business systems which have been procured in the past few years as well as future developments such as EDRMS and CRM.	Annual	100	105	110	115	115	0	78	0	0	0	0	22	0	0	0

Department	Proposed Scheme	Brief Description	Year project started/Due to start	2017/18 Year 1 Cost	2018/19 Year 2 Cost	2019/20 Year 3 Cost	2020/21 Year 4 Cost	2021/22 Year 5 Cost	Grant/ External Funding 2017/18	Net funding by IOACC 2017/18 - Capital Receipts	Net funding schools 2017/18 21C Supported borrowing	Net funding by IOACC 2017/18 - Supported Borrowing	Net funding by IOACC 2017/18 - General Capital Grant	Net funding by IOACC 2017/18 - Unsupported Borrowing	Net funding by IOACC 2017/18 - Revenue Contribution Unapplied Reserve (Capital) (£'000)	Net funding by IOACC 2017/18 - Underspend from 2016/17 (£'000)	Net funding by IOACC 2017/18 - Revenue Contribution (£'000)	External Funding after 2017/18 (£'000)
				(£'000)	(£'000)	(£'000)	(£'000)	(£'000)		(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
COMMITTED SCHEMES																		
ICT	Legacy System Migration	As we move forward with developing and implementing new technologies to support the Council's business, it is inevitable that we will also need to deal with the data, which, in many cases, still has great value in supporting future decision making, but also in terms of our obligation to retain data based on statutory regulation, business practices, audit requirements and, as such, we need to plan for a manageable solution. As an example, but not exclusively, we currently hold legacy, financial data on ageing SUN V440 servers which will be out of support contract in the current Financial Year. We have an obligation to maintain financial records for 7 years as a minimum.	Annual	50	20	20	20	20	0	0	0	0	0	0	50	0	0	0
	MS Licensing	The Council uses Microsoft (MS) operating systems on both Desktops and Servers. All IOACC users are also provided with copies of Microsoft Office for general office work and Exchange as an email system. Each of these elements requires a software license. The current arrangement is for IOACC to take out a subscription agreement with Microsoft to cover these licenses. These agreements are normally taken out on a 3+1+1 year basis. One of the two MS licensing agreements ended in March 2016, however, in order to join the two agreements together, we asked Microsoft to allow us to do a contract extension in order to put a new overall agreement in place in March 2017. There was also a need to include additional products such as Lync and additional SQL Server and Server operating systems which has increased the cost of the agreement. The ongoing use of these MS products depends on such an agreement being in place.	Annual	101	101	101	101	101	0	0	0	0	0	0	0	101	0	0

Department	Proposed Scheme	Brief Description	Year project started/Due to start	2017/18 Year 1 Cost	2018/19 Year 2 Cost	2019/20 Year 3 Cost	2020/21 Year 4 Cost	2021/22 Year 5 Cost	Grant/ External Funding 2017/18	Net funding by IOACC 2017/18 - Capital Receipts	Net funding schools 2017/18 21C Supported borrowing	Net funding by IOACC 2017/18 - Supported Borrowing	Net funding by IOACC 2017/18 - General Capital Grant	Net funding by IOACC 2017/18 - Unsupported Borrowing	Net funding by IOACC 2017/18 - Revenue Contribution Unapplied Reserve (Capital) (£'000)	Net funding by IOACC 2017/18 - Underspend from 2016/17 (£'000)	Net funding by IOACC 2017/18 - Revenue Contribution (£'000)	External Funding after 2017/18 (£'000)
				(£'000)	(£'000)	(£'000)	(£'000)	(£'000)		(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
COMMITTED SCHEMES																		
Property	Refurbish existing Assets - schools	Refurbish Current Assets such as Education Buildings	Annual	500	500	500	500	500	0	176	0	0	0	0	324	0	0	0
Property	Refurbish existing Assets - non schools	Refurbish current Assets - non schools	Annual	200	200	200	200	200	0	200	0	0	0	0	0	0	0	0
TOTAL DFG & EXISTING ASSETS				2,301	2,281	2,291	2,301	2,301	0	454		0	1,248	0	498	101	0	0
INVEST TO SAVE PROJECTS																		
Economic	Improving energy efficiency at Leisure Centres	To install an integrated water and energy intelligent system at 3 Leisure centres, insulation and draught-proofing at Amlwch and Holyhead Leisure Centres and water efficiency measures	2017/18	111	0	0	0	0	0	111	0	0	0	0	0	0	0	0
Waste	Traeth Coch Sewerage Treatment	To install a new sewage treatment works at Traeth Coch which will reduce significantly the revenue costs incurred in emptying the existing septic tank	2017/18	75	0	0	0	0	0	0	0	75	0	0	0	0	0	0
TOTAL INVEST TO SAVE PROJECTS				186	0	0	0	0	0	111	0	75	0	0	0	0	0	0
HIGHWAY MAINTENANCE																		
Highways	Highways Maintenance	The Highways Service has two main term maintenance partnership contracts in place, both of which have guaranteed minimum spend levels. The revenue cuts since 2015/16 meant the Authority would fail to meet these contract minima from revenue funding and would find itself in a breach of contract situation with both contractors. A capital investment would enable the Council to stay within the terms of the contracts and be in a position to re-tender a more attractive contract highway term-maintenance for higher quality contractors at reduced rates in March 2017. Reduced rates have been secured as a result of this funding for the term-pavements contract which would continue to apply in 2017/18.	2017/18	761	0	0	0	0	0	0	0	244	0	291	0	226	0	0
TOTAL HIGHWAY MAINTENANCE				761	0	0	0	0	0	0	0	244	0	291	0	226	0	0
NEW SCHEMES FUNDED FROM CAPITAL FUNDING (excl UNSUPPORTED BORROWING)																		
Adult Services	Seiriol	This application for capital support is made to directly support and enable the corporate priority action on developing an Extra Care Home scheme in the South of the Island to proceed.	2017/18	1,000	7,150	7,150	0	0	0	0	0	1,000	0	0	0	0	0	14,300

Department	Proposed Scheme	Brief Description	Year project started/Due to start	2017/18 Year 1 Cost	2018/19 Year 2 Cost	2019/20 Year 3 Cost	2020/21 Year 4 Cost	2021/22 Year 5 Cost	Grant/ External Funding 2017/18	Net funding by IOACC 2017/18 - Capital Receipts	Net funding schools 2017/18 21C Supported borrowing	Net funding by IOACC 2017/18 - Supported Borrowing	Net funding by IOACC 2017/18 - General Capital Grant	Net funding by IOACC 2017/18 - Unsupported Borrowing	Net funding by IOACC 2017/18 - Revenue Contribution Unapplied Reserve (Capital)	Net funding by IOACC 2017/18 - Underspend from 2016/17	Net funding by IOACC 2017/18 - Revenue Contribution	External Funding after 2017/18	
COMMITTED SCHEMES				(£'000)	(£'000)	(£'000)	(£'000)	(£'000)		(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	
Economic & Regeneration	Holyhead Strategic Infrastructure	The project will include an integrated package of infrastructure investments including: <ul style="list-style-type: none"> • Provision of circa 10 (ten) modern, high quality business premises at the former Heliport Site in Penrhos, Holyhead; • Professional fees. 	2017/18	5,001	1,806	358	0	0	4,966			35						2,129	
Adult Services	Garreglwyd	Garreglwyd Residential Care Home is a 28 bedded residential care home situated in Holyhead, it is proposed that this care home is to be developed to provide specialist dementia care facilities. An annual review has been undertaken to identify any building related issues in respect of the in-house residential care provision. The refurbishment programme for Garreglwyd comprises of: <ul style="list-style-type: none"> • New kitchen facilities in Seiriol Unit and activities room • Replace existing 7 internal doors to ensure compliance with fire regulations • Replace flooring to 25 bedrooms • Replace flooring in main lounge • Replace flooring in Seiriol Unit • Replace flooring to conservatory • Replace flag stones to internal court yard • Hot / cold air conditioning system to conservatory • Petition off main area of lounge to improve internal environment • Access to conservatory from main lounge area • Create a user friendly secure outdoor area. • Decorate the establishment • Furniture and fittings 	2017/18	250	0	0	0	0	0	0	0	250	0	0	0	0	0	0	0

Department	Proposed Scheme	Brief Description	Year project started/ Due to start	2017/18 Year 1 Cost	2018/19 Year 2 Cost	2019/20 Year 3 Cost	2020/21 Year 4 Cost	2021/22 Year 5 Cost	Grant/ External Funding 2017/18	Net funding by IOACC 2017/18 - Capital Receipts	Net funding schools 2017/18 21C Supported borrowing	Net funding by IOACC 2017/18 - Supported Borrowing	Net funding by IOACC 2017/18 - General Capital Grant	Net funding by IOACC 2017/18 - Unsupported Borrowing	Net funding by IOACC 2017/18 - Revenue Contribution Unapplied Reserve (Capital) (£'000)	Net funding by IOACC 2017/18 - Underspend from 2016/17 (£'000)	Net funding by IOACC 2017/18 - Revenue Contribution (£'000)	External Funding after 2017/18 (£'000)
COMMITTED SCHEMES				(£'000)	(£'000)	(£'000)	(£'000)	(£'000)		(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
Highways	Beaumaris Flood Alleviation	Historically, the town of Beaumaris has suffered flooding. Recorded events begin in 1863, with significant events in 1915, 1957, 2004, 2007, 2012 and 2015. Increased storminess and rising tide levels as a result of climate change are increasing the frequency and severity of these events. The project has already gained approval, with design commencing in 2013/14 and is already subject to some WG funding with completion of the Coastal Element in February 2016.	2017/18	800	200	0	0	0	680	0	0	120	0	0	0	0	0	170
Highways	Pentraeth Flood Alleviation	Nant y Felin estate in Pentraeth has been built in a number of phases on a hillside. In periods of heavy rain, the ordinary watercourse running through the estate has been overloaded, which has resulted in internal flooding to a number of properties in the estate. Funding has been grant aided from Welsh Government to allow the production of a Project Appraisal Report into the flooding concerns in Nant y Felin and this work is currently ongoing. This bid is in anticipation of Welsh Government funding for the final stage and is for the match funding required for the design and construction of an alleviation scheme at Nant y Felin.	2017/18	800	200	0	0	0	680	0	0	120	0	0	0	0	0	170
Economic & Regeneration	Llangefni Strategic Infrastructure	The project will include an integrated package of infrastructure investments including: • Provision of 5 (five) modern, high quality business premises at the old Môn Training Site; • Professional fees	2017/18	2,523	441	0	0	0	2,488	0	0	35	0	0	0	0	0	406
Housing	Gypsy & Traveller	This capital bid is for the cost of acquiring land and developing it for sites for Gypsies and Travellers as identified in the statutory Gypsy and Traveller Accommodation Assessment for Anglesey.	2017/18	1,301	36	0	0	0	330	496	0	324	92	0	0	59	0	0
TOTAL NEW SCHEMES				11,675	9,833	7,508	0	0	9,144	496	0	1,884	92	0	0	59	0	17,175

Department	Proposed Scheme	Brief Description	Year project started/ Due to start	2017/18 Year 1 Cost	2018/19 Year 2 Cost	2019/20 Year 3 Cost	2020/21 Year 4 Cost	2021/22 Year 5 Cost	Grant/ External Funding 2017/18	Net funding by IOACC 2017/18 - Capital Receipts	Net funding schools 2017/18 21C Supported borrowing	Net funding by IOACC 2017/18 - Supported Borrowing	Net funding by IOACC 2017/18 - General Capital Grant	Net funding by IOACC 2017/18 - Unsupported Borrowing	Net funding by IOACC 2017/18 - Revenue Contribution Unapplied Reserve (Capital)	Net funding by IOACC 2017/18 - Underspend from 2016/17	Net funding by IOACC 2017/18 - Revenue Contribution	External Funding after 2017/18
				(£'000)	(£'000)	(£'000)	(£'000)	(£'000)		(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
UNSUPPORTED BORROWING SCHEMES																		
Economic & Regeneration	3G Pitch at Plas Arthur Leisure Centre	This project will entail replacing the old all-weather football pitch currently at Plas Arthur Leisure Centre which has come to the end of its life. This will address current negative perceptions and meet the customer expectations and demands as many clubs have now left the facility to train at Bangor City's new 3G pitch. Investment now will mean that our local clubs can have a facility that meets the standards and will be the first of its kind on the island. Anglesey is one of only a few authorities that don't currently have 3G provision within their authority, the vision by the FAW is that Anglesey needs a 3G pitch to cater for the demand as highlighted in the All Wales Artificial Turf Pitch Vision and Guidance document. This investment is certain to help us reach our target of a 60% reduction in expenditure cost of leisure to the Council.	2017/18	150	0	0	0	0	0	0	0	0	0	150	0	0	0	0
Economic & Regeneration	Holyhead Leisure Centre Fitness Equipment	This project will entail replacing and updating all fitness equipment within the fitness room at Holyhead Leisure Centre to ensure a modern fitness experience can be gained by all customers (Inclusive fitness room). This will address current negative perceptions and meet the customer expectations and demands. Investment at Amlwch and Plas Arthur Leisure Centres has proven positive with increased income and usage figures. Holyhead requires funding now as it has missed out on recent investment in the fitness room over the years and the current fitness room is fast losing its appeal. This investment is certain to help us reach our target of a 60% reduction in expenditure cost of leisure to the council.	2017/18	212	0	0	0	0	0	0	0	0	0	212	0	0	0	0
		TOTAL UNSUPPORTED BORROWING SCHEMES		362	0	0	0	0	0	0	0	0	0	362	0	0	0	0
		TOTAL GENERAL FUND SCHEMES		24,111	30,237	20,666	3,251	2,501	17,323	1,522	0	2,203	1,340	653	506	564	0	46,981

Department	Proposed Scheme	Brief Description	Year project started/ Due to start	2017/18 Year 1 Cost	2018/19 Year 2 Cost	2019/20 Year 3 Cost	2020/21 Year 4 Cost	2021/22 Year 5 Cost	Grant/ External Funding 2017/18	Net funding by IOACC 2017/18 - Capital Receipts	Net funding schools 2017/18 21C Supported borrowing	Net funding by IOACC 2017/18 - Supported Borrowing	Net funding by IOACC 2017/18 - General Capital Grant	Net funding by IOACC 2017/18 - Unsupported Borrowing	Net funding by IOACC 2017/18 - Revenue Contribution Unapplied Reserve (Capital) (£'000)	Net funding by IOACC 2017/18 - Underspend from 2016/17 (£'000)	Net funding by IOACC 2017/18 - Revenue Contribution (£'000)	External Funding after 2017/18 (£'000)	
				(£'000)	(£'000)	(£'000)	(£'000)	(£'000)		(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	
NSUPPORTED BORROWING SCHEMES																			
21st CENTURY SCHOOLS																			
Education	21st Century Schools - Ysgol Cybi	New 21st century school in Holyhead	2014/15	502	149	0	0	0	0	0	0	0	0	0	502	0	0	0	0
Education	21st Century Schools - Ysgol Rhyd Y Llan	New 21st century school in Llanfaethlu	2014/15	1,545	67	0	0	0	0	0	0	0	0	0	1,545	0	0	0	0
Education	21st Century Schools - Ysgol Brynsiencyn	Refurbishment to school to meet 21st century school standards	2016/17	217	217	10	0	0	54	0	54	0	0	0	109	0	0	0	114
Education	21st Century Schools - Ysgol Parc Y Bont	Extension of Ysgol Parc Y Bont	2016/17	169	169	8	0	0	42	0	42	0	0	0	85	0	0	0	88
Education	21st Century Schools - Ysgol Bro Rhosyr	New 21st Century School in South West Anglesey - Bro Aberffraw	2016/17	3,591	1,509	65	0	0	898	0	898	0	0	0	1,795	0	0	0	787
Education	21st Century Schools - Ysgol Llangefni	New 21st Century School in Llangefni	2017/18	675	3,777	2,851	0	0	234	0	234	0	0	0	207	0	0	0	3,184
Education	21st Century Schools - Ysgol Seiriol	New 21st Century School Seiriol	2017/18	166	1,386	3,879	111	0	42	0	41	0	0	0	83	0	0	0	2,688
TOTAL 21st CENTURY SCHOOLS				6,865	7,274	6,813	111	0	1,270	0	1,269	0	0	4,326	0	0	0	6,861	
HRA SCHEMES																			
Housing - HRA	Development of Additional Council Dwellings	The capital funding bid for 2017/18 will be for funding for 20 units, with the slippage money of 10 units, this will allow for the development of 30 new units during 2017/18.		2,800	2,884	2,970	3,060	3,151		0	0							2,800	

Department	Proposed Scheme	Brief Description	Year project started/ Due to start	2017/18 Year 1 Cost	2018/19 Year 2 Cost	2019/20 Year 3 Cost	2020/21 Year 4 Cost	2021/22 Year 5 Cost	Grant/ External Funding 2017/18	Net funding by IOACC 2017/18 - Capital Receipts	Net funding schools 2017/18 21C Supported borrowing	Net funding by IOACC 2017/18 - Supported Borrowing	Net funding by IOACC 2017/18 - General Capital Grant	Net funding by IOACC 2017/18 - Unsupported Borrowing	Net funding by IOACC 2017/18 - Revenue Contribution Unapplied Reserve (Capital) (£'000)	Net funding by IOACC 2017/18 - Underspend from 2016/17 (£'000)	Net funding by IOACC 2017/18 - Revenue Contribution (£'000)	External Funding after 2017/18 (£'000)
UNSUPPORTED BORROWING SCHEMES				(£'000)	(£'000)	(£'000)	(£'000)	(£'000)		(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
Housing - HRA	Planned Refurbishment	Traditional external planned maintenance will continue to form the basis of our capital investment plans for 2017/18 and beyond. Home improvements in all projects will involve re-roofing, the application of an insulated render system, replacement windows and doors where appropriate, external works to include paths, fencing and boundary walls. Certain properties off the mains gas network will also benefit from the installation of Solar PV systems. During 2017/18 our programme will involve a minimum of 120 properties benefitting from traditional planned maintenance. Schemes will vary in size in order to give local SME's maximum opportunity to tender for Housing contracts. Home improvements in all the proposed schemes will significantly improve the comfort and appearance of homes and, where applicable, make them more affordable to heat.		6,585	4,399	4,553	0	0	2,665								3,920	
Housing - HRA	HMU Vehicles	In order to deliver the excellent service the BMU are dependent on a safe, effective, cost efficient and fit for purpose fleet of vehicles that also meet driver's expectations and minimise environmental impact. The HMU are currently operating a fleet of 32 vehicles. They are generally "transit" in size and type. These vehicles are an essential element in providing a means of transporting the operative, tools and materials to providing the excellent service aims. The original fleet has now been replaced with new vehicles apart from one old pick up truck and two LGV Vans.		144	0	0	0	0	0								144	
Housing - HRA	Premesis	The aim of this Bid is to provide a more fuel efficient structure to the depot roof and improve the aesthetic appearance of the building.		110	0	0	0	0	0								110	

Department	Proposed Scheme	Brief Description	Year project started/ Due to start	2017/18 Year 1 Cost	2018/19 Year 2 Cost	2019/20 Year 3 Cost	2020/21 Year 4 Cost	2021/22 Year 5 Cost	Grant/ External Funding 2017/18	Net funding by IOACC 2017/18 - Capital Receipts	Net funding schools 2017/18 21C Supported borrowing	Net funding by IOACC 2017/18 - Supported Borrowing	Net funding by IOACC 2017/18 - General Capital Grant	Net funding by IOACC 2017/18 - Unsupported Borrowing	Net funding by IOACC 2017/18 - Revenue Contribution Unapplied Reserve (Capital)	Net funding by IOACC 2017/18 - Underspend from 2016/17	Net funding by IOACC 2017/18 - Revenue Contribution	External Funding after 2017/18
				(£'000)	(£'000)	(£'000)	(£'000)	(£'000)		(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
UNSUPPORTED BORROWING SCHEMES																		
Housing - HRA	Re-modelling Llawr-Y-Dref	A business case is currently being prepared to be presented to the Executive Committee with recommendations for the remodelling and future use of the scheme which will generate efficiency savings to both the Council General Fund through the reduction in use of emergency accommodation and to the HRA through the reduction of void properties.		250	0	0	0	0	0	0								250
				9,889	7,283	7,523	3,060	3,151	2,665	0		0	0	0	0	0	7,224	0
		Total General Fund including 21st Century Schools		30,976	37,511	27,479	3,362	2,501	18,593	1,522	1,269	2,203	1,340	4,979	506	564	0	53,842
		Total HRA		9,889	7,283	7,523	3,060	3,151	2,665	0		0	0	0	0	0	7,224	0
		Total Capital Programme		40,865	44,794	35,002	6,422	5,652	21,258	1,522	1,269	2,203	1,340	4,979	506	564	7,224	53,842
LOWER PRIORITY SCHEMES - INSUFFICIENT FUNDING																		
Adult Services	Plas Mona	Plas Mona Residential Care Home is a 28 bedded specialist dementia care home situated in the village of Llanfair PG. An annual review has been undertaken to identify any building related issues in respect of the in-house residential care provision. The refurbishment programme for Plas Mona comprises of: • New access to outside area from dining room • Create a user friendly secure outdoor area to the rear of the property • Decorate communal areas	2017/18	50	0	0	0	0	0	0								0
Adult Services	Plas Crigyll	Plas Crigyll Residential Care Home is a 25 bedded specialist dementia care home situated in the village of Bryngwran. An annual review has been undertaken to identify any building related issues in respect of the in-house residential care provision. The refurbishment programme for Plas Crigyll comprises of: • Double glazing to all existing windows • Replace 25 internal doors • New kitchen facilities to two units • New access to outside area from communal lounge	2017/18	75	0	0	0	0	0	0								0

Department	Proposed Scheme	Brief Description	Year project started/ Due to start	2017/18 Year 1 Cost	2018/19 Year 2 Cost	2019/20 Year 3 Cost	2020/21 Year 4 Cost	2021/22 Year 5 Cost	Grant/ External Funding 2017/18	Net funding by IOACC 2017/18 - Capital Receipts	Net funding schools 2017/18 21C Supported borrowing	Net funding by IOACC 2017/18 - Supported Borrowing	Net funding by IOACC 2017/18 - General Capital Grant	Net funding by IOACC 2017/18 - Unsupported Borrowing	Net funding by IOACC 2017/18 - Revenue Contribution Unapplied Reserve (Capital) (£'000)	Net funding by IOACC 2017/18 - Underspend from 2016/17 (£'000)	Net funding by IOACC 2017/18 - Revenue Contribution (£'000)	External Funding after 2017/18 (£'000)
UNSUPPORTED BORROWING SCHEMES				(£'000)	(£'000)	(£'000)	(£'000)	(£'000)		(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)	(£'000)
Property	Energy Conservation	Co-funded by the Intelligent Energy Europe Programme of the European Union, the Re:fit Cymru programme provides professional support to Welsh public sector organisations to identify, develop and implement projects. By accessing an energy performance contract, the savings are guaranteed. Re:fit Cymru provides support in: • Stakeholder engagement to secure organisational buy-in • Strategy and project development • Procurement and legal support • Technical Advice • Access to a UK wide public sector framework • Support during project delivery Re:fit Cymru will subsidise 90% of the cost for these services, and the Welsh Government can offer zero percent interest finance to implement the energy efficiency measures. A maximum sum of £20k is required to carry out a feasibility study as match funding to develop large scale (min £500k) energy saving projects which will provide guaranteed savings as well as reducing carbon emissions		20	0	0	0	0										

INVEST TO SAVE PROJECTS

Name of Invest-to-save scheme	Service/Function	Amount needed	Estimated useful Economic Life	Annual saving	Rate (PWLB rates at 20/10/16)	Annual interest	Annual MRP	Annual Savings after interest and MRP	Duration of savings	Total estimated savings (without interest and MRP)	Total estimated savings (after interest and MRP)	Payback period (excludes capital financing)
		£	No of years	£	%	£	£	£	No of years	£	£	No of years
Improving energy efficiency at Leisure Centres - Integrated water system	Regulation and Economic Development	111,000	20	29,000	2.75%	3,053	5,550	20,398	20	580,000	407,950	3.83
Install variable speed drives on ventilation at County Offices	Highways, Waste and Property	10,000	10	5,000	2.14%	214	1,000	3,786	10	50,000	37,860	2.00
Chemical dosing system swimming pool at 3 Leisure Centres	Regulation and Economic Development	60,000	15	12,000	2.56%	1,536	4,000	6,464	15	180,000	96,960	5.00
LED lighting in secondary schools	Highways, Waste and Property	160,000	15	32,000	2.56%	4,096	10,667	17,237	15	480,000	258,560	5.00
Energy cost reduction at Ysgol Uwchradd Bodedern	Highways, Waste and Property	75,000	10	17,000	2.14%	1,605	7,500	7,895	10	170,000	78,950	4.41
New Treatment Plant for Traeth Coch Public Convenience	Highways, Waste and Property	75,000	25	26,000	2.83%	2,123	3,000	20,878	25	650,000	521,938	2.88
		491,000		121,000		12,626	31,717	76,657		2,110,000	1,402,218	

APPENDIX 4

						Weighting	30	20	15	10	20	5	
						Scoring Criteria (points awarded from 0-10)							
Department	Proposed Scheme	Brief Description	Year project started/ Due to start	2017/18 Year 1 Cost (£'000)	Corporate priority the bid meets	Which part of the priority it meets	Projects Contribution to delivering corporate priorities	Level of Corporate risk that the proposal mitigates	Requirement to comply with statutory, health, DDA responsibilities to mitigate challenge	Level of joint/ match funding potentially available	Favourable impact on revenue budget or invest to save potential	Robustness of Project Management	Total
Adult Services	Seiriol	This application for capital support is made to directly support and enable the corporate priority action on developing an Extra Care Home scheme in the South of the Island to proceed.	2017/18	1,000	A - Transform Adult Social Care	Develop and establish in collaboration with partners two extra care housing schemes in the North and centre of the Island with planning for a further scheme in the South for older people who are unable to stay at home	300	150	150	100	200	50	950
Economic & Regeneration	Holyhead Strategic Infrastructure	The project will include an integrated package of infrastructure investments including: <ul style="list-style-type: none"> • Provision of circa 10 (ten) modern, high quality business premises at the former Heliport Site in Penrhos, Holyhead; • Professional fees. 	2017/18	5,001	B - Regenerating our Communities and Developing the Economy		300	140	0	95	160	50	745
Adult Services	Garreglwyd	Garreglwyd Residential Care Home is a 28 bedded residential care home situated in Holyhead, it is proposed that this care home is to be develop to provide specialist dementia care facilities. An annual review has been undertaken to identify any building related issues in respect of the in-house residential care provision. The refurbishment programme for Garreglwyd comprises of: <ul style="list-style-type: none"> • New kitchen facilities in Seiriol Unit and activities room • Replace existing 7 internal doors to ensure compliance with fire regulations • Replace flooring to 25 bedrooms • Replace flooring in main lounge • Replace flooring in Seiriol Unit • Replace flooring to conservatory • Replace flag stones to internal court yard. • Hot / cold air conditioning system to conservatory • Petition off main area of lounge to improve internal environment • Access to conservatory from main lounge area • Create a user friendly secure outdoor area. • Decorate the establishment • Furniture and fittings 	2017/18	250	A - Transform Adult Social Care	Develop joint service delivery and management in particular in relation to dementia, older people services in general and support for carers in order to better co-ordinate service provision, in partnership with the Health Board,	300	140	150	0	100	50	740

Department	Proposed Scheme	Brief Description	Year project started/ Due to start	2017/18 Year 1 Cost (£'000)	Corporate priority the bid meets	Which part of the priority it meets	Projects Contribution to delivering corporate priorities	Level of Corporate risk that the proposal mitigates	Requirement to comply with statutory, health, DDA responsibilities to mitigate challenge	Level of joint/ match funding potentially available	Favourable impact on revenue budget or invest to save potential	Robustness of Project Management	Total
Highways	Beaumaris Flood Alleviation	Historically, the town of Beaumaris has suffered flooding. Recorded events begin in 1863, with significant events in 1915, 1957, 2004, 2007, 2012 and 2015. Increased storminess and rising tide levels as a result of climate change are increasing the frequency and severity of these events. The project has already gained approval, with design commencing in 2013/14 and is already subject to some WG funding with completion of the Coastal Element in February 2016.	2017/18	800	B - Regenerating our Communities and Developing the Economy	Work with the Welsh Government and other partners to strengthen the competitiveness of the island's economy and supporting local companies.	200	200	100	85	100	25	710
Highways	Pentraeth Flood Alleviation	Nant y Felin estate in Pentraeth has been built in a number of phases on a hillside. In periods of heavy rain, the ordinary watercourse running through the estate has been overloaded, which has resulted in internal flooding to a number of properties in the estate. Funding has been grant aided from Welsh Government to allow the production of a Project Appraisal Report into the flooding concerns in Nant y Felin and this work is currently ongoing. This bid is in anticipation of Welsh Government funding for the final stage and is for the match funding required for the design and construction of an alleviation scheme at Nant y Felin.	2017/18	800	B - Regenerating our Communities and Developing the Economy	Work with the Welsh Government and other partners to strengthen the competitiveness of the island's economy and supporting local companies.	200	200	100	85	100	25	710
Economic & Regeneration	Llangefni Strategic Infrastructure	The project will include an integrated package of infrastructure investments including: • Provision of 5 (five) modern, high quality business premises at the old Môn Training Site; • Professional fees.	2017/18	2,523	B - Regenerating our Communities and Developing the Economy		300	140	0	95	120	50	705
Economic & Regeneration	3G Pitch at Plas Arthur Leisure Centre	This project will entail replacing the old all-weather football pitch currently at Plas Arthur Leisure Centre which has come to the end of its life. This will address current negative perceptions and meet the customer expectations and demands as many clubs have now left the facility to train at Bangor City's new 3G pitch. Investment now will mean that our local clubs can have a facility that meets the standards and will be the first of its kind on the island. Anglesey is one of only a few authorities that don't currently have 3G provision within their authority, the vision by the FAW is that Anglesey needs a 3G pitch to cater for the demand as highlighted in the All Wales Artificial Turf Pitch Vision and Guidance document. This investment is certain to help us reach our target of a 60% reduction in expenditure cost of leisure to the council.		150	B - Regenerating our Communities and Developing the Economy	Regeneration of vibrant communities	200	150	200		100	50	700

Department	Proposed Scheme	Brief Description	Year project started/ Due to start	2017/18 Year 1 Cost (£'000)	Corporate priority the bid meets	Which part of the priority it meets	Projects Contribution to delivering corporate priorities	Level of Corporate risk that the proposal mitigates	Requirement to comply with statutory, health, DDA responsibilities to mitigate challenge	Level of joint/ match funding potentially available	Favourable impact on revenue budget or invest to save potential	Robustness of Project Management	Total
Economic & Regeneration	Holyhead Leisure Centre Fitness Equipment	This project will entail replacing and updating all fitness equipment within the fitness room at Holyhead Leisure Centre to ensure a modern fitness experience can be gained by all customers (Inclusive fitness room). This will address current negative perceptions and meet the customer expectations and demands. Investment at Amlwch and Plas Arthur Leisure Centres has proven positive with increased income and usage figures. Holyhead requires funding now as it has missed out on recent investment in the fitness room over the years and the current fitness room is fast losing its appeal. This investment is certain to help us reach our target of a 60% reduction in expenditure cost of leisure to the council.	2017/18	212	B - Regenerating our Communities and Developing the Economy	Regeneration of vibrant communities	200	150	200	0	100	50	700
Housing	Gypsy & Traveller	This capital bid is for the cost of acquiring land and developing it for sites for Gypsies and Travellers as identified in the statutory Gypsy and Traveller Accommodation Assessment for Anglesey.	2017/18	1,301	D - Increasing our Housing Options and Reducing Poverty		300	200	150	0	0	35	685
Adult Services	Plas Mona	Plas Mona Residential Care Home is a 28 bedded specialist dementia care home situated in the village of Llanfair PG. An annual review has been undertaken to identify any building related issues in respect of the in-house residential care provision. The refurbishment programme for Plas Mona comprises of: <ul style="list-style-type: none"> • New access to outside area from dining room • Create a user friendly secure outdoor area to the rear of the property • Decorate communal areas 	2017/18	50	A - Transform Adult Social Care	Develop joint service delivery and management in particular in relation to dementia, older people services in general and support for carers in order to better co-ordinate service provision, in partnership with the Health Board.	100	150	150	0	100	50	550
Adult Services	Plas Crigyll	Plas Crigyll Residential Care Home is a 25 bedded specialist dementia care home situated in the village of Bryngwran. An annual review has been undertaken to identify any building related issues in respect of the in-house residential care provision. The refurbishment programme for Plas Crigyll comprises of: <ul style="list-style-type: none"> • Double glazing to all existing windows • Replace 25 internal doors • New kitchen facilities to two units • New access to outside area from communal lounge 	2017/18	75	A - Transform Adult Social Care	Develop joint service delivery and management in particular in relation to dementia, older people services in general and support for carers in order to better co-ordinate service provision, in partnership with the Health Board.	100	150	150	0	100	50	550
Waste Management	Essential Sewage Treatment	To install a package sewage treatment plant or purchase land to install a septic tank could be considered. Consultants would need to be employed to carry out a more detailed appraisal which would identify budgetary costs which are anticipated to be in the region of £100k. Thereafter, there would be minimal annual costs for the maintenance of such devices/electric feed etc, however, it is envisaged that these could be transferred to a third party, subject to a new legal agreement between all parties involved.	2017/18	105			0	150	200	0	0	50	400

SCORING MATRIX**Projects Contribution to delivering corporate priorities (Weighting 30%)**

- 300 points is awarded if the scheme fully meets one or more of the bullet points within the corporate plan.
- A score of between 1 and 299 is awarded if part of the bullet points within the corporate plan is met, with the score reflecting the severity of the impact. If a scheme meets most of the corporate priority, it should score over 200 points, but if the scheme only meets a fraction of the corporate priority, it should score less than 100. The scoring is based on the scorer's discretion.
- A score of 0 is awarded if the scheme doesn't meet any of the bullet points within the corporate plan.

Level of Corporate Risk that the proposal mitigates (Weighting 20%)

- 200 points is awarded if the scheme fully mitigates a corporate risk.
- A score of between 1 and 199 is awarded if the scheme partly mitigates a corporate risk. The score will reflect the severity of the mitigation. If a scheme mitigates a lot of the corporate risk, it should score over 120 points, but if the scheme only mitigates a small amount of corporate risk, it should score less than 50. The scoring is based on the scorer's discretion.
- A score of 0 is awarded if the scheme doesn't mitigate any of the corporate risk.

Requirement to comply with statutory, health, DDA responsibilities to mitigate challenge (Weighting 15%)

- 150 points is awarded if the scheme is fully required to comply with either statutory, health, or DDA responsibilities.
- A score of between 1 and 149 is awarded if the scheme partly complies with either statutory, health, or DDA responsibilities. The score will reflect the severity of the compliance. If a scheme complies a lot with either the statutory, health, or DDA responsibilities, it should score over 100 points, but if the scheme only complies slightly with either statutory, health, or DDA responsibilities it should score less than 30. The scoring is based on the scorer's discretion.
- A score of 0 is awarded if the scheme doesn't comply with either statutory, health, or DDA responsibilities.

Level of joint / match funding potentially available (Weighting 10%)

- If the scheme is 100% grant funded, the scheme will score 100 points. If the scheme is 50% grant funded, the scheme will score 50 points. If the scheme will receive no grant funding, it will score 0 points.

Favourable impact on revenue budget or invest to save potential (Weighting 20%)

- 200 points is awarded if the scheme has a major impact on revenue budget or invest to save potential.
- A score of between 1 and 199 is awarded if the scheme has some favourable impact on revenue budget or invests to save potential, with the scoring dependent on how much impact there is on the revenue budget. A high favourable impact should score over 120, with a low impact expected to score less than 50 points.
- A score of 0 is awarded if there is no favourable impact on revenue budget or invest to save potential.

Robustness of Project Management (Weighting 5%)

- A fully robust project management will score 50 points.
- A score of between 1 and 49 will be scored dependent on how robust the project management is, with the scoring based on the scorer's discretion.
- A score of 0 is awarded if the project management is not robust at all.

APPENDIX 6

SUMMARY OF CAPITAL FUNDING ALLOCATED

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Source of Funding	Committed Schemes £'000	Existing Assets £'000	Invest to Save Projects £'000	Highway Maintenance £'000	New Schemes £'000	Unsupported Borrowing Schemes £'000	Total General Capital Fund £'000	21st Century Schools £'000	Housing Revenue Account £'000	Total Capital Programme 2017/18 £'000
General Capital Grant	-	1,248	-	-	92	-	1,340	-	-	1,340
General Supported Borrowing	-	-	75	244	1,884	-	2,203	-	-	2,203
Capital Receipts	461	454	111	-	496	-	1,522	-	-	1,522
Underspend from 2016/17 B/F	178	101	-	226	59	-	564	-	-	564
Revenue Contribution Unapplied Reserve	8	498	-	-	-	-	506	-	-	506
External Grants	8,179	-	-	-	9,144	-	17,323	-	-	17,323
Unsupported Borrowing	-	-	-	291	-	362	653	-	-	653
TOTAL GENERAL FUND CORE CAPITAL FUNDING	8,826	2,301	186	761	11,675	362	24,111	-	-	24,111
21st Century Schools Grant Funding	-	-	-	-	-	-	-	1,270	-	1,270
21st Century Schools Supported Borrowing	-	-	-	-	-	-	-	1,269	-	1,269
21st Century Schools Unsupported Borrowing	-	-	-	-	-	-	-	4,326	-	4,326
TOTAL 21st CENTURY SCHOOLS	-	-	-	-	-	-	-	6,865	-	6,865
Housing Revenue Account Contribution	-	-	-	-	-	-	-	-	7,224	7,224
Housing Revenue Account Grants	-	-	-	-	-	-	-	-	2,665	2,665
TOTAL HOUSING REVENUE ACCOUNT	-	-	-	-	-	-	-	-	9,889	9,889
TOTAL FUNDING	8,826	2,301	186	761	11,675	362	24,111	6,865	9,889	40,865

APPENDIX B

PROPOSED CAPITAL BUDGET 2017/18

		2017/18 Cost £'000	Commitment to 2020/21 £'000	FUNDED BY								
				Grant / External Funding £'000	Capital Receipts £'000	21 st C Schools Supported Borrowing £'000	General Supported Borrowing £'000	General Capital Grant £'000	Unsupported Borrowing £'000	Unapplied Capital Reserve £'000	2016/17 Underspend B/F £'000	HRA Reserves £'000
Committed Schemes	CCIS Implementation	65	0	0	65	0	0	0	0	0	0	0
	Housing Compulsory Purchase Orders	200	Annual	0	192	0	0	0	0	8	0	0
	Holy Island Visitor Gateway	1,050	2,950	1,010	40	0	0	0	0	0	0	0
	Lôn Wylfa Newydd	4,097	23,452	4,097	0	0	0	0	0	0	0	0
	Llangefni Link Road	3,414	2,938	3,072	164	0	0	0	0	0	178	0
TOTAL COMMITTED SCHEMES		8,826	29,340	8,179	461	0	0	0	0	8	178	0
DFG & Existing Assets	DFG	750	Annual	0	0	0	0	750	0	0	0	0
	Education Disabled Access	300	Annual	0	0	0	0	300	0	0	0	0
	Vehicles	150	Annual	0	0	0	0	150	0	0	0	0
	IT Core Infrastructure	150	Annual	0	0	0	0	48	0	102	0	0
	IT Desktop Refresh	100	Annual	0	78	0	0	0	0	22	0	0
	Legacy System Migration	50	100	0	0	0	0	0	0	50	0	0
	Microsoft Licensing	101	Annual	0	0	0	0	0	0	0	101	0

		2017/18 Cost £'000	Commitment to 2020/21 £'000	FUNDED BY			2017/18 Cost £'000	Commitment to 2020/21 £'000	FUNDED BY			2017/18 Cost £'000
			May be part funded from grants or other external funding	Grant / External Funding £'000	Capital Receipts £'000	21 st C Schools Supported Borrowing £'000	General Supported Borrowing £'000	General Capital Grant £'000	Unsupported Borrowing £'000	Unapplied Capital Reserve £'000	2016/17 Underspend B/F £'000	HRA Reserves £'000
	Refurbishment of Schools	500	Annual	0	176	0	0	0	0	324	0	0
	Refurbishment of non School Buildings	200	Annual	0	200	0	0	0	0	0	0	0
TOTAL DFG & EXISTING ASSETS		2,301	-	0	454	0	0	1,248	0	498	101	0
Invest to Save Projects	Energy Efficiency at Leisure Centres	111	0	0	111	0	0	0	0	0	0	0
	Traeth Coch Sewerage Treatment	75	0	0	0	0	75	0	0	0	0	0
TOTAL INVEST TO SAVE PROJECTS		186	0	0	111	0	75	0	0	0	0	0
TOTAL HIGHWAYS MAINTENANCE		761	0	0	0	0	244	0	291	0	226	0
New Major Schemes	Seiriol Extra Care	1,000	14,300	0	0	0	1,000	0	0	0	0	0
	Holyhead Strategic Infrastructure	5,001	2,164	4,966	0	0	35	0	0	0	0	0
	Garreglwyd Residential Care Home	250	0	0	0	0	250	0	0	0	0	0
	Beaumaris Flood Alleviation	800	200	680	0	0	120	0	0	0	0	0
	Pentraeth Flood Alleviation	800	200	680	0	0	120	0	0	0	0	0
	Llangefni Strategic Infrastructure	2,523	441	2,488	0	0	35	0	0	0	0	0
	Gypsy & Traveller Site	1,301	36	330	496	0	324	92	0	0	59	0
TOTAL MAJOR SCHEMES		11,675	17,341	9,144	496	0	1,884	92	0	0	59	0

		2017/18 Cost £'000	Commitment to 2020/21 £'000	FUNDED BY			2017/18 Cost £'000	Commitment to 2020/21 £'000	FUNDED BY			2017/18 Cost £'000
			May be part funded from grants or other external funding	Grant / External Funding £'000	Capital Receipts £'000	21 st C Schools Supported Borrowing £'000	General Supported Borrowing £'000	General Capital Grant £'000	Unsupported Borrowing £'000	Unapplied Capital Reserve £'000	2016/17 Underspend B/F £'000	HRA Reserves £'000
21 st Century Schools	Ysgol Cybi	502	149	0	0	0	0	0	502	0	0	0
	Ysgol Rhyd y Llan	1,545	67	0	0	0	0	0	1,545	0	0	0
	Ysgol Brynsiencyn	217	227	54	0	54	0	0	109	0	0	0
	Ysgol Parc y Bont	169	177	42	0	42	0	0	85	0	0	0
	Ysgol Bro Rhosyr	3,591	1,574	898	0	898	0	0	1,795	0	0	0
	Llangefni Area Schools	675	6,628	234	0	234	0	0	207	0	0	0
	Ysgol Seiriol	166	5,376	42	0	41	0	0	83	0	0	0
TOTAL 21st CENTURY SCHOOLS		6,865	14,198	1,270	0	1,269	0	0	4,326	0	0	0
TOTAL GENERAL FUND		30,614		18,593	1,522	1,269	2,203	1,340	4,617	506	564	0
HRA Schemes	Additional Council Dwellings	2,800	12,065	0	0	0	0	0	0	0	0	2,800
	Planned Refurbishments of Existing Properties	6,585	8,952	2,665	0	0	0	0	0	0	0	3,920
	New Vehicles	144	0	0	0	0	0	0	0	0	0	144
	Depot Improvements	110	0	0	0	0	0	0	0	0	0	110
	Llawr y Dref	250	0	0	0	0	0	0	0	0	0	250
TOTAL HRA SCHEMES		9,889	21,017	2,665	0	0	0	0	0	0	0	7,224
TOTAL CAPITAL PROGRAMME 2017/18		40,503		21,258	1,522	1,269	2,203	1,340	4,617	506	564	7,224

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ISLE OF ANGLESEY COUNTY COUNCIL

REPORT TO:	COUNTY COUNCIL
DATE:	28 FEBRUARY 2017
SUBJECT:	TREASURY MANAGEMENT STRATEGY STATEMENT 2017/18
LEAD OFFICER:	MARC JONES
CONTACT OFFICER:	GARETH ROBERTS (TEL: EXT 2675)

Nature and reason for reporting

To review - consistent with professional guidance.

Nature and reason for reporting

The Council is required to implement best practice in accordance with the Chartered Institute of Public Finance and Accountancy (CIPFA) Code of Practice for Treasury Management which recommends that, prior to being presented for adoption, Members should scrutinise the Treasury Management Strategy Statement (which includes the Annual Investment Strategy, the annual MRP Policy Statement, the annual Treasury Management Policy Statement and the Treasury Management Scheme of Delegation). This Authority's Treasury Management Scheme of Delegation charges the Audit Committee with this function and Annex A to this report was presented to the Audit Committee on 6 December 2016. This report complies with the 2016/17 Treasury Management Scheme of Delegation, which requires the Executive to receive and review this report prior to being passed to the full Council for approval. This report runs alongside the capital and revenue budget reports as part of the 2017/18 budget setting process.

A - Recommendation/s and reason/s

1. This report and Annex (as detailed in the section above, sections 2 to 4 below and including Annex A) was presented to the Audit Committee on 6 December 2016 and the Executive on 19 December 2016. Those Committees resolved to:-
 - Note the contents of the covering report; and
 - Endorse the Treasury Management Strategy Statement (including the Prudential and Treasury Management Indicators) [Annex A] for 2017/18.

The Audit Committee did not resolve to pass any comments or recommendations on to the Executive Committee, who resolved to forward on to this Committee without further comment.
2. The CIPFA Code of Practice on Treasury Management (Section 7) recommends that the Authority's Treasury Management Practices (TMPs) should be approved, documented and monitored. It goes on to state that the nature and extent of the involvement of an organisation's responsible body in approving and monitoring its TMPs and accompanying schedules is a matter for local decision and recognises that in some organisations this may be delegated to the responsible officer. In all cases it should be subjected to scrutiny by the responsible body following recommendations by the responsible officer. In previous years, this Authority did not have documented TMPs. The Authority have now produced documented TMPs, and were be presented to the Audit Committee on 6th December 2016.
3. In terms of updates to the Treasury Management Strategy Statement the only proposed amendment to the core principals and policies of the 2016/17 Statement is to include Money Market Funds as an additional investment option to the Counterparty Criteria (Appendix 6) The reason for this is to create additional secure options for the Council's investments. Only AAA rated Money Market Funds will be used.

4. The Council's external borrowing stood at £110.7m as at 10 November 2016, this is expected to be the position at 31 March 2017. The borrowing is made up of fixed and variable rate. The fixed rate borrowing stood at £110.5m with an average life of 22 years, and average interest rate of 5.41%. The variable rate of borrowing stood at £0.2m with an average life of 9 years and an average interest rate of 9.41%. The anticipated cost of borrowing, which is the interest payable on existing loans, for 2016/17, is £6.0m for both the General Fund (£4.0m) and HRA (£2.0m). There will also be a Minimum Revenue Provision (MRP) charge, which is the revenue charge to pay off an element of the accumulated capital spend each year (Appendix 2). In 2016/17 this charge will be £4.4m for both the General Fund (£3.5m) and HRA (£0.9m). This means that the Capital Finance Requirement (the forecast underlying need to borrow to finance the capital programme) at the year end will be £135.5m, resulting in the Council being internally borrowed (see section 3.3.1) by £24.8m by the year end.

The Council's investments as at 10 November 2016 stood at £20.3m with an average rate of return of 0.33% and the average balance for the year to date is £20.8m. As internal borrowing has increased the investment balances have decreased.

5. Recommendations:-

5.1 Note the contents of the covering report.

5.2 To approve the 2017/18 Treasury Management Strategy Statement (which includes the Annual Investment Strategy, MRP Policy, Annual Treasury Management Policy Statement and the Prudential and Treasury Indicators) (Annex A to this report).

B - What other options did you consider and why did you reject them and/or opt for this option

n/a

C - Why is this a decision for the Executive?

To comply with this Authority's budget setting process and Treasury Management Scheme of Delegation.

CH - Is this decision consistent with policy approved by the full Council?

Yes

D - Is this decision within the budget approved by the Council?

Yes

DD - Who did you consult?

What did they say?

	Who did you consult?	What did they say?
1	Chief Executive / Strategic Leadership Team (SLT) (mandatory)	
2	Finance / Section 151 (mandatory)	n/a – this is a S151 Officer report
3	Legal / Monitoring Officer (mandatory)	
4	Human Resources (HR)	
5	Property	
6	Information Communication Technology (ICT)	
7	Scrutiny	
8	Local Members	
9	Any external bodies / other/s	

E - Risks and any mitigation (if relevant)

1	Economic	
2	Anti-poverty	
3	Crime and Disorder	
4	Environmental	
5	Equalities	
6	Outcome Agreements	
7	Other	

F - Annexes:

Annex A: Treasury Management Strategy Statement and Prudential and Treasury Indicators for 2017/18.

FF - Background papers (please contact the author of the Report for any further information):

- Treasury Management Strategy Statement 2016/17 (as approved by the Council on 10 March 2016)

TREASURY MANAGEMENT STRATEGY STATEMENT

ANNUAL INVESTMENT STRATEGY, MINIMUM REVENUE PROVISION POLICY STATEMENT AND TREASURY MANAGEMENT POLICY STATEMENT 2017/18

1. Introduction

1.1 Background

The Council is required to operate a balanced budget, meaning that total income due during the financial year must be sufficient to meet expenditure, and also that actual cash inflows must be adequate to cover cash outflows. A key part of the treasury management operation is to ensure that this cash flow is adequately planned, with cash being available when it is needed. Surplus monies are invested in low risk counterparties or instruments commensurate with the Council's policy to minimise risk ensuring adequate liquidity before considering investment return.

The second main function of the treasury management service is the funding of the Council's capital plans. These capital plans provide a guide to the borrowing need of the Council, essentially the longer term cash flow planning to ensure that the Council can meet its capital spending obligations. This management of longer term cash may involve arranging long or short term loans, or using longer term cash flow surpluses. On occasion, debt previously drawn may be restructured to meet Council risk or cost objectives.

A particular point is that a local authority must calculate its budget requirement for each financial year to include the revenue costs that flow from capital financing decisions. This means that:-

- increases in revenue costs resulting from increases in interest charges, incurred to finance additional borrowing to finance capital expenditure; and
- any increases in running costs from new capital projects, must be limited to a level which is affordable within the Council's projected income.

The Treasury Management Policy Statement defines the policies and objectives of the treasury management activities. See Appendix 10.

1.2 Reporting Requirements

The Council is required to receive and approve, as a minimum, three main reports each year, which incorporate a variety of policies, estimates and actuals. These reports are required to be adequately scrutinised by committee before being recommended to the Council. This role is undertaken by the Audit Committee.

Prudential and Treasury Management Indicators and Treasury Strategy - The first and most important report, covers:-

- the Treasury Management Strategy (how the investments and borrowings are to be organised) including treasury management indicators;
- an Investment Strategy (the parameters on how investments are to be managed);
- a Minimum Revenue Provision (MRP) Policy (how residual capital expenditure is charged to revenue over time);
- a Treasury Management Policy Statement (definition of the policies and objectives of the treasury management function); and
- the capital plans (including the associated prudential indicators).

A Mid-Year Treasury Management Report - This will update members with the progress of the capital position, amending prudential indicators as necessary, and whether the treasury strategy is meeting its objectives or whether any policies require revision.

An Annual Treasury Report - This provides details of a selection of actual prudential and treasury management indicators and actual treasury operations compared to the estimates within the strategy.

1.3 Treasury Management Strategy for 2017/18

The strategy for 2017/18 covers two main areas:-

Capital Issues

- The capital plans and the prudential indicators; and
- the minimum revenue provision (MRP) strategy.

Treasury management Issues

- The current treasury position;
- treasury management indicators which will limit the treasury risk and activities of the Council;
- prospects for interest rates;
- the borrowing strategy;
- policy on borrowing in advance of need;
- debt rescheduling;
- the investment strategy;
- creditworthiness policy; and
- policy on use of external service providers.

These elements cover the requirements of the Local Government Act 2003, the CIPFA Prudential Code, the Welsh Government MRP Guidance, the CIPFA Treasury Management Code and the Welsh Government Investment Guidance.

1.4 Training

The CIPFA Code requires the responsible officer to ensure that Members with responsibility for treasury management receive adequate training in treasury management. This especially applies to Members responsible for scrutiny. In order to support the scrutiny role of the members of the Audit Committee, the committee's members received training in treasury management, delivered by the appointed treasury management consultants on November 9 2016. Further training will be arranged when required.

The training needs of treasury management officers are regularly reviewed and addressed.

1.5 Treasury management consultants

The Council uses Capita Asset Services, – Treasury Solutions (herein referred to as Capita) as its external treasury management advisors. In accordance with procurement regulations the Treasury Management advisory service were advertised for tender for the period 1 April 2016 to 31 March 2019 with an option to extend for 2 years, with Capita Asset Services being the successful tender.

The Council recognises that responsibility for treasury management decisions remains with the organisation at all times and will ensure that undue reliance is not placed upon our external service providers.

It also recognises that there is value in employing external providers of treasury management services in order to acquire access to specialist skills and resources. The Council will ensure that the terms of their appointment and the methods by which their value will be assessed are properly agreed and documented, and subjected to regular review.

1.6 Adoption of the Code

The Council is required to indicate if it has adopted the CIPFA Code of Practice on Treasury Management. The current, 2011, code of practice has already been adopted by this Council therefore no update is required for 2016/17. In addition the authority follows guidance in the CIPFA Prudential Code 2013 which supplements the CIPFA code of practice on Treasury Management.

2. Capital Considerations

The Council's capital expenditure plans are the key driver of treasury management activity. The output of the capital expenditure plans is reflected in the prudential indicators, which are designed to assist members' overview and confirm capital expenditure plans.

The Authority's capital expenditure projections for 2016/17 to 2019/20 are reflected in the Prudential Indicators (Appendix 11). The projected expenditure for 2017/18 to 2019/20 is based on the draft capital programme recommended for approval by The Executive at its meeting 7 November 2016 in accordance with the Capital Strategy. The projections for those years also includes the assumption that slippage from 2016/17 will be fully spent in 2017/18.

The overall programmes will be limited to what is affordable, both in terms of actual capital spend and in terms of the revenue implications (see 1.1 above). The prudential indicators are contained in Appendix 11.

The table below summarises the above capital expenditure plans and how these plans are being financed by capital or revenue resources. Any shortfall of resources results in a funding borrowing need, which can be seen in table 3.1.

Capital expenditure £'000m	2015/16 Actual	2016/17 Estimate	2017/18 Estimate	2018/19 Estimate	2019/20 Estimate
Non-HRA	16,368	30,911	35,797	38,573	29,031
HRA	27,608	12,151	9,889	7,283	7,523
Total	43,976	43,062	45,602	45,856	36,554
Financed by:					
Capital receipts	3,818	6,585	1,763	500	500
Capital grants	13,998	14,375	24,942	33,685	24,450
Capital reserves	115	888	1,070	0	0
Revenue	2,905	8,936	9,377	4,618	4,858
Net financing need for the year	23,140	12,278	8,450	7,053	6,746

3. Borrowing

The capital expenditure plans, set out in section 2 (above) of this report, provide details of the service activity of the Council. The treasury management function ensures that the Council's cash is organised in accordance with the relevant professional codes, so that sufficient cash is available to meet this service activity. This will involve both the organisation of the cash flow and, where capital plans require, the organisation of appropriate borrowing facilities. The strategy covers the relevant treasury/prudential indicators, the current and projected debt positions and the annual investment strategy.

3.1 Current and Projected Borrowing Requirement and Actual Borrowing

The forecast movements in the Council's capital financing requirement (CFR) are:-

ESTIMATED MOVEMENTS IN THE CAPITAL FINANCING REQUIREMENT AND REPLACEMENT BORROWING 2016/17 TO 2019/20				
	2016/17 Projected £'000	2017/18 Estimate £'000	2018/19 Estimate £'000	2019/20 Estimate £'000
Movement in the CFR				
New borrowing to support capital expenditure				
<i>Supported Borrowing</i>	6,375	3,472	3,416	3,339
<i>Unsupported Borrowing</i>	5,903	4,978	3,637	3,407
Total	12,278	8,450	7,053	6,746
<i>Reduce by: Minimum Revenue Provision and set aside capital receipts</i>	(4,455)	(4,688)	(4,718)	(4,762)
Net movement in the CFR	7,823	3,762	2,335	1,984
Potential movements in actual borrowing				
Movement in the CFR (above)	-	3,762	2,335	1,984
Externalisation of pre 2017/18 internal borrowing	-	24,740	-	-
Replacement Borrowing	-	5,509	5,010	5,011
Total potential new borrowing	-	34,011	7,345	6,995

3.2 Prospects for Interest Rates

The Council's appointed treasury advisor is Capita Asset Services and part of their service is to assist the Council to formulate a view on interest rates. Appendix 3 draws together a number of current City forecasts for short term (Bank Rate) and longer fixed interest rates. The following table gives the Capita central view.

Annual Average (%)	Bank Rate (%)	PWLB Borrowing Rates (including certainty rate adjustment)		
		5 year	25 year	50 year
December 2016	0.25	1.60	2.90	2.70
March 2017	0.25	1.60	2.90	2.70
June 2017	0.25	1.60	2.90	2.70
September 2017	0.25	1.60	2.90	2.70
December 2017	0.25	1.60	3.00	2.80
March 2018	0.25	1.70	3.00	2.80
June 2018	0.25	1.70	3.00	2.80
September 2018	0.25	1.70	3.10	2.90
December 2018	0.25	1.80	3.10	2.90
March 2019	0.25	1.80	3.20	3.00
June 2019	0.50	1.90	3.20	3.00
September 2019	0.50	1.90	3.30	3.10
December 2019	0.75	2.00	3.30	3.10
March 2020	0.75	2.00	3.40	3.20

The Monetary Policy Committee, (MPC), cut Bank Rate from 0.50% to 0.25% on 4th August in order to counteract what it forecast was going to be a sharp slowdown in growth in the second half of 2016. It also gave a strong steer that it was likely to cut Bank Rate again by the end of the year. However, economic data since August has indicated much stronger growth in the second half 2016 than that forecast; also, inflation forecasts have risen substantially as a result of a continuation of the sharp fall in the value of sterling since early August. Consequently, Bank Rate was not cut again in November and, on current trends, it now appears unlikely that there will be another cut, although that cannot be completely ruled out if there was a significant dip downwards in economic growth. During the two-year period 2017 – 2019, when the UK is negotiating the terms for withdrawal from the EU, it is likely that the MPC will do nothing to dampen growth prospects, (i.e. by raising Bank Rate), which will already be adversely impacted by the uncertainties of what form Brexit will eventually take. Accordingly, a first increase to 0.50% is not tentatively penciled in, as in the table above, until quarter 2 2019, after those negotiations have been concluded, (though the period for negotiations could be extended). However, if strong domestically generated inflation, (e.g. from wage increases within the UK), were to emerge, then the pace and timing of increases in Bank Rate could be brought forward.

Economic and interest rate forecasting remains difficult with so many external influences weighing on the UK. The above forecasts, (and MPC decisions), will be liable to further amendment depending on how economic data and developments in financial markets transpire over the next year. Geopolitical developments, especially in the EU, could also have a major impact. Forecasts for average investment earnings beyond the three-year time horizon will be heavily dependent on economic and political developments.

The overall longer run trend is for gilt yields and PWLB rates to rise, albeit gently. It has long been expected that at some point, there would be a start to a switch back from bonds to equities after a historic long term trend over about the last twenty five years of falling bond yields. The action of central banks since the financial crash of 2008, in implementing substantial quantitative easing purchases of bonds, added further impetus to this downward trend in bond yields and rising prices of bonds. The opposite side of this coin has been a rise in equity values as investors searched for higher returns and took on riskier assets. The sharp rise in bond yields since the US Presidential election, has called into question whether, or when, this trend has, or may, reverse, especially when America is likely to lead the way in reversing monetary policy. Until 2015, monetary policy was focused on providing stimulus to economic growth but has since started to refocus on countering the threat of rising inflationary pressures as strong economic growth becomes more firmly established. The expected substantial rise in the Fed. rate over the next few years may make holding US bonds much less attractive and cause their prices to fall, and therefore bond yields to rise. Rising bond yields in the US would be likely to exert some upward pressure on bond yields in other developed countries but the degree of that upward pressure is likely to be dampened by how strong, or weak, the prospects for economic growth and rising inflation are in each country, and on the degree of progress in the reversal of monetary policy away from quantitative easing and other credit stimulus measures.

PWLB rates and gilt yields have been experiencing exceptional levels of volatility that have been highly correlated to geo-political, sovereign debt crisis and emerging market developments. It is likely that these exceptional levels of volatility could continue to occur for the foreseeable future.

The overall balance of risks to economic recovery in the UK is to the downside, particularly in view of the current uncertainty over the final terms of Brexit and the timetable for its implementation.

Apart from the above uncertainties, downside risks to current forecasts for UK gilt yields and PWLB rates currently include:-

- Monetary policy action by the central banks of major economies reaching its limit of effectiveness and failing to stimulate significant sustainable growth, combat the threat of deflation and reduce high levels of debt in some countries, combined with a lack of adequate action from national governments to promote growth through structural reforms, fiscal policy and investment expenditure.
- Major national polls:
 - Italian constitutional referendum 4.12.16;
 - Spain has a minority government with only 137 seats out of 350 after already having had two inconclusive general elections in 2015 and 2016. This is potentially highly unstable.
 - Dutch general election 15.3.17;
 - French presidential election April/May 2017;
 - French National Assembly election June 2017;
 - German Federal election August – October 2017.
- A resurgence of the Eurozone sovereign debt crisis, with Greece being a particular problem, and stress arising from disagreement between EU countries on free movement of people and how to handle a huge influx of immigrants and terrorist threats
- Weak capitalisation of some European banks, especially Italian.
- Geopolitical risks in Europe, the Middle East and Asia, causing a significant increase in safe haven flows.
- UK economic growth and increases in inflation are weaker than we currently anticipate.

- Weak growth or recession in the UK's main trading partners - the EU and US. The potential for upside risks to current forecasts for UK gilt yields and PWLB rates, especially for longer term PWLB rates, include: -
- UK inflation rising to significantly higher levels than in the wider EU and US, causing an increase in the inflation premium in gilt yields.
- A rise in US Treasury yields as a result of Fed. funds rate increases and rising inflation expectations in the USA, dragging UK gilt yields upwards.
- The pace and timing of increases in the Fed. funds rate causing a fundamental reassessment by investors of the relative risks of holding bonds as opposed to equities and leading to a major flight from bonds to equities.
- A downward revision to the UK's sovereign credit rating undermining investor confidence in holding sovereign debt (gilts).

Investment and borrowing rates

Investment returns are likely to remain low during 2017/18 and beyond;

Borrowing interest rates have been on a generally downward trend during most of 2016 up to mid-August; they fell sharply to historically phenomenally low levels after the referendum and then even further after the MPC meeting of 4th August when a new package of quantitative easing purchasing of gilts was announced. Gilt yields have since risen sharply due to a rise in concerns around a 'hard Brexit', the fall in the value of sterling, and an increase in inflation expectations. The policy of avoiding new borrowing by running down spare cash balances, has served well over the last few years. However, this needs to be carefully reviewed to avoid incurring higher borrowing costs in later times when authorities will not be able to avoid new borrowing to finance capital expenditure and/or to refinance maturing debt;

There will remain a cost of carry to any new long-term borrowing that causes a temporary increase in cash balances as this position will, most likely, incur a revenue cost – the difference between borrowing costs and investment returns.

3.3 Borrowing Strategy

The Council is currently maintaining an under-borrowed position. This means that the capital borrowing need (the Capital Financing Requirement), has not been fully funded with loan debt as cash supporting the Council's reserves, balances and cash flow has been used as a temporary measure. This approach is prudent as investment returns are low and counterparty risk is high, and will continue to be followed where appropriate (see 3.3.1 below for a more detailed consideration of internal and external borrowing). As part of this strategy the ability to externally borrow to repay the reserves and balances if needed is important. Table 3.1 indicates that £24.740m may need to be externally borrowed if urgently required. This is the amount of council reserves and balances used in the past to fund the capital programme instead of taking out borrowing.

Against this background and the risks within the economic forecast, caution will be adopted with the 2017/18 treasury operations. The S151 Officer will monitor interest rates in financial markets and adopt a pragmatic approach to changing circumstances:-

- if it was felt that there was a significant risk of a sharp FALL in long and short term rates (e.g. due to a marked increase of risks around relapse into recession or of risks of deflation), then long term borrowings will be postponed, and potential rescheduling from fixed rate funding into short term borrowing will be considered if it is cost effective to do so.

- If it was felt that there was a significant risk of a much sharper RISE in long and short term rates than that currently forecast, perhaps arising from an acceleration in the start date and in the rate of increase in central rates in the USA and UK, an increase in world economic activity or a sudden increase in inflation risks, then the portfolio position will be re-appraised. Most likely, fixed rate funding will be drawn whilst interest rates are lower than they are projected to be in the next few years

Any decisions will be reported to the Audit Committee at the next available opportunity.

3.3.1 External v. internal borrowing

Current conditions indicate a need for a flexible approach to the choice between internal and external borrowing. Many of the factors which lay behind previous policies to externalise all borrowing remain valid, e.g.:-

- With a continuing historically abnormally low Bank Rate and PWLB rates, there remains a unique opportunity for local authorities to actively manage their strategy of undertaking new external borrowing.

However, it remains the case that there are certain limitations to this approach, as previously noted, e.g.:-

- The policy can cause exposure to credit risk (e.g. risk of the bank defaulting on the debt), so this aspect must be very carefully managed;
- Careful on going consideration needs to be given to the difference between borrowing rates and investment rates to ensure the Council obtains value for money once an appropriate level of risk management has been attained to ensure the security of its investments.

In favour of internalisation, over the medium term investment rates are expected to continue to be below long term borrowing rates. This means that value for money considerations would indicate that value could best be obtained by avoiding new external borrowing and by using internal cash balances to finance new capital expenditure, or to replace maturing external debt (this is referred to as internal borrowing). This would maximise short term savings.

However, short term savings by avoiding new long term external borrowing in 2016/17 must also be weighed against the potential for incurring additional long term extra costs, by delaying unavoidable new external borrowing until later years when PWLB long term rates are forecast to be higher. Additionally, the cash flow implications of internalising borrowing require regular review and will limit the potential extent of internalising borrowing.

Against this background, caution will be adopted with the 2017/18 treasury operations. The S151 Officer will monitor the interest rate market and adopt a pragmatic approach to changing circumstances, reporting any decisions to the appropriate decision making body at the earliest opportunity.

3.4 Policy on borrowing in advance of need

The Council will not borrow more than, or in advance of, its needs, solely in order to profit from the investment of the extra sums borrowed. Any decision to borrow in advance will be within forward approved Capital Financing Requirement estimates, and will be considered carefully to ensure that value for money can be demonstrated and that the Council can ensure the security of such funds.

In determining whether borrowing will be undertaken in advance of need the Council will:-

- ensure that there is a clear link between the capital programme and maturity profile of the existing debt portfolio which supports the need to take funding in advance of need;
- ensure the ongoing revenue liabilities created, and the implications for the future plans and budgets, have been considered;
- evaluate the economic and market factors that might influence the manner and timing of any decision to borrow;
- consider the advantages and disadvantages of alternative forms of funding;
- consider the alternative interest rate bases available, the most appropriate periods to fund and repayment profiles to use; and
- consider the impact of borrowing in advance on temporarily (until required to finance capital expenditure) increasing investment cash balances and the consequent increase in exposure to counterparty risk, and other risks, and the level of such risks given the controls in place to minimise them.

Risks associated with any borrowing in advance activity will be subject to prior appraisal and subsequent reporting through the mid-year or annual reporting mechanism.

3.5 Debt Rescheduling

As short term borrowing rates will be considerably cheaper than longer term fixed interest rates, there may be potential opportunities to generate savings by switching from long term debt to short term debt. However, these savings will need to be considered in the light of the current treasury position and the size of the cost of debt repayment (i.e. premiums incurred).

The reasons for any rescheduling to take place will include:-

- the generation of cash savings and/or discounted cash flow savings;
- helping to fulfil the treasury strategy;
- enhance the balance of the portfolio (amend the maturity profile and/or the balance of volatility).

Consideration will also be given to identify if there is any residual potential for making savings by running down investment balances to repay debt prematurely as short term rates on investments are likely to be lower than rates paid on current debt.

All rescheduling will be reported to the Audit Committee, at the earliest practicable meeting following its action. A recent review of this highlighted that it would cost the council more to reschedule debt than it would save in interest due to significant early repayment premiums imposed by the PWLB.

4. Annual Investment Strategy

4.1 Investment Policy

The Council's investment policy has regard to the Welsh Government's Guidance on Local Government Investments ("the Guidance") and the revised CIPFA Treasury Management in Public Services Code of Practice and Cross-Sectorial Guidance Notes ("the CIPFA TM Code"). The Council's investment priorities will be security first, liquidity second, and then return.

In accordance with the above guidance from the Welsh Government and CIPFA, and in order to minimise the risk to investments, the Council applies minimum acceptable credit criteria in order to generate a list of highly creditworthy counterparties which also enables diversification and thus avoidance of concentration risk. The key ratings used to monitor counterparties are the Short Term and Long Term ratings.

As with previous practice, ratings will not be the sole determinant of the quality of an institution and that it is important to continually assess and monitor the financial sector on both a micro and macro basis and in relation to the economic and political environments in which institutions operate. The assessment will also take account of information that reflects the opinion of the markets. To this end the Council will engage with its advisors to maintain a monitor on market pricing such as “credit default swaps” and overlay that information on top of the credit ratings.

Other information sources used will include the financial press, share price and other such information pertaining to the banking sector in order to establish the most robust scrutiny process on the suitability of potential investment counterparties.

Investment instruments identified for use in the financial year are listed in Appendix 5 under the ‘specified’ and ‘non-specified’ investments categories.

The Council will also from time to time, make loans, deposits and investments ‘for the purpose of delivery of its Service’s (policy investments). These transactions will require the authority of the County Council for amounts over £100k. All transactions will be subject to adequate credit quality and the approval of the Section 151 Officer in consultation with the Portfolio Holder for Finance.

4.2 Creditworthiness policy

The primary principle governing the Council’s investment criteria is the security of its investments, although the yield or return on the investment is also a key consideration. After this main principle, the Council will ensure that:-

- It maintains a policy covering both the categories of investment types it will invest in, criteria for choosing investment counterparties with adequate security, and monitoring their security. This is set out in the specified and non-specified investment sections below; and
- It has sufficient liquidity in its investments. For this purpose it will set out procedures for determining the maximum periods for which funds may prudently be committed. These procedures also apply to the Council’s prudential indicators covering the maximum principal sums invested.

The Section151 Officer will maintain a counterparty list in compliance with the criteria set out in Appendix 6 and will revise the criteria and submit them to Council for approval as necessary. These criteria are separate to that which determines which types of investment instrument are either specified or non-specified as it provides an overall pool of counterparties considered high quality which the Council may use, rather than defining what types of investment instruments are to be used.

Credit rating information is supplied by Capita Asset Services, our treasury consultants, on all active counterparties that comply with the criteria below. Any counterparty failing to meet the criteria would be omitted from the counterparty (dealing) list. Any rating changes, rating Watches (notification of a likely change), rating Outlooks (notification of a possible longer term change) are provided to officers almost immediately after they occur and this information is considered before dealing. For instance, a negative rating Watch applying to a counterparty at the minimum Council criteria will be suspended from use, with all others being reviewed in light of market conditions.

All credit ratings will be monitored daily. The Council is alerted to changes to ratings of all three agencies through its use of the Capita creditworthiness service.

As an additional layer to the minimum credit rating criteria described above, this Council also employs the creditworthiness service provided by Capita Asset Services. This service employs a sophisticated modelling approach utilising credit ratings from the three main credit rating agencies - Fitch, Moody's and Standard and Poor's. The credit ratings of counterparties are supplemented with the following overlays:-

- Credit watches and credit outlooks from credit rating agencies;
- Credit Default Swaps (CDS) spreads to give early warning of likely changes in credit ratings;
- Sovereign ratings to select counterparties from only the most creditworthy countries.

This modelling approach combines credit ratings, credit watches and credit outlooks in a weighted scoring system which is then combined with an overlay of CDS spreads from which the end product is a series of colour coded bands which indicate the relative creditworthiness of counterparties. These colour codes are used by the Council at the discretion of the S151 Officer, to assist in determining the duration for investments. The Council will, therefore, normally use counterparties within the following durational bands:-

- Yellow 5 years *
- Dark pink 5 years for Enhanced money market funds (EMMFs) with a credit score of 1.25
- Light pink 5 years for Enhanced money market funds (EMMFs) with a credit score of 1.5
- Purple 2 years
- Blue 1 year (only applies to nationalised or semi nationalised UK Banks)
- Orange 1 year
- Red 6 months
- Green 100 days
- No colour not to be used

The Capita Asset Services creditworthiness service uses a wider array of information than just primary ratings and, by using a risk weighted scoring system, does not give undue preponderance to just one agency's ratings.

Reference will also be made to other market data and market information, as available and as appropriate.

4.3 Country limits

The Council has determined that it will only use approved counterparties from countries with a minimum sovereign credit rating of AA- from Fitch Ratings (or equivalent from other agencies if Fitch does not provide). The list of countries that qualify using this credit criteria as at the date of this report are shown in Appendix 7. This list will be added to or deducted from by officers should ratings change in accordance with this policy.

4.4 Investment Strategy

In-house funds: . Investments will be made with reference to the core balance and cash flow requirements and the outlook for short-term interest rates (i.e. rates for investments up to 12 months).

Investment returns expectations: Bank Rate is forecast to stay flat at 0.25% until quarter 2 2019 and not to rise above 0.75% by quarter 1 2020. Bank Rate forecasts for financial year ends (March) are:

- 2016/17 0.25%
- 2017/18 0.25%
- 2018/19 0.25%
- 2019/20 0.50%

The suggested budgeted investment earnings rates for returns on investments placed for periods up to 100 days during each financial year for the next eight years are as follows:-

2017/18 0.25%
2018/19 0.25%
2019/20 0.50%
2020/21 0.75%
2021/22 1.00%
2022/23 1.50%
2023/24 1.75%
Later years 2.75%

The overall balance of risks to these forecasts is currently probably slightly skewed to the downside in view of the uncertainty over the final terms of Brexit. If growth expectations disappoint and inflationary pressures are minimal, the start of increases in Bank Rate could be pushed back. On the other hand, should the pace of growth quicken and / or forecasts for increases in inflation rise, there could be an upside risk i.e. Bank Rate increases occur earlier and / or at a quicker pace.

For its cash flow generated balances, the Council will seek to utilise its business reserve instant access and notice accounts and short-dated deposits (overnight to 100 days) in order to benefit from the compounding of interest

4.5 End of Year Investment Report

At the end of the financial year, the Council will report on its investment activity as part of its Annual Treasury Report.

4.6 External Fund Managers

The Council has not appointed external fund managers. The need for this will be kept under review and a reported as appropriate before such an appointment is made.

4.7 Policy on the use of External Service Providers

In order to acquire access to specialist skills and resources, the Council uses Capita Assets Services as its external treasury management advisors. The terms of their appointment and the methods by which their value will be assessed are properly agreed and documented, and subjected to regular review.

Final responsibility for treasury management decisions remains with the Council.

4.8 Delegation

The Treasury Management scheme of delegation and the role of the Section 151 Officer are outlined in Appendix 8.

APPENDICES

1. Loan maturity profile
2. MRP Policy Statement
3. Interest rate forecasts
4. Economic background
5. Specified and non-specified investments
6. Counterparty criteria
7. Approved countries for investments
8. Treasury management scheme of delegation and the role of the section 151 officer.
9. Treasury Management Key Principles
10. Treasury Management Policy Statement
11. Prudential and Treasury Indicators
12. Glossary of and information on Prudential & Treasury Management indicators

DADANSODDIAD BENTHYCIADAU YN AEDDFEDU 2016/17 YMLAEN / LOANS MATURITY ANALYSIS 2016/17 ONWARDS						
	PWLB Aeddefedu/ PWLB Maturity £'000	PWLB EIP/ Annuity/ PWLB EIP/ Annuity £'000	Benthyciadau Marchnad/ Market Loans £'000	PWLB Amrywiol/ PWLB Variable £'000	Cyfanswm yn Aeddfedu/ Total Maturing £'000	%Yn Aeddfedu o'r Cyfran yn sefyll/ Maturing of Total Outstanding %
2016/17	0	4	0	0	4	0.0
2017/18	5,500	9	0	0	5,509	5.0
2018/19	5,000	10	0	0	5,010	4.5
2019/20	5,000	11	0	0	5,011	4.5
2020/21	4,500	12	0	0	4,512	4.1
2021/22	0	14	0	0	14	0.0
2022/23	2,285	15	0	0	2,300	1.7
2023/24	1,854	16	0	0	1,870	2.1
2024/25	0	18	0	0	18	0.0
2025/26	0	20	0	0	20	0.0
2026/27	1,381	22	0	0	1,403	1.3
2027/28	2,165	24	0	0	2,189	2.0
2028/29	262	26	0	0	288	0.3
2029/30	1,538	21	0	0	1,559	1.4
2030/31	451	15	0	0	466	0.4
2031/32	1,941	9	0	0	1,950	1.8
2032/33	315	8	0	0	323	0.3
2033/34	637	0	0	0	637	0.6
2034/35	624	0	0	0	624	0.6
2035/36	611	0	0	0	611	0.6
2036/37	599	0	0	0	599	0.5
2037/38	587	0	0	0	587	0.5
2038/39	225	0	0	0	225	0.2
2039/40	5,000	0	0	0	5,000	4.5
2040/41	3,500	0	0	0	3,500	3.2
2042/43	1,000	0	0	0	1,000	0.9
2043/44	1,020	0	0	0	1,020	0.9
2044/45	1,010	0	0	0	1,010	0.9
2045/46	11,464	0	0	0	11,464	10.3
2050/51	2,000	0	0	0	2,000	1.8
2052/53	28,238	0	0	0	28,238	25.4
2054/55	3,000	0	0	0	3,000	2.7
2055/56	3,500	0	0	0	3,500	3.2
2056/57	5,000	0	0	0	5,000	4.5
2057/58	8,513	0	0	0	8,513	7.7
2059/60	1,763	0	0	0	1,763	1.6
	110,483	255	0	0	110,739	100.0
Cyfartaledd bywyd (blynnyddoedd)/ Average life(years)	22.31	8.80	0.00	0.00	22.27	
Cyfartaledd graddfa (%)/ Average rate (%)	5.41	9.41	0.00	0.00	5.42	

Minimum Revenue Provision Policy Statement 2017/18

The Council is required to pay off an element of the accumulated Council Fund capital spend each year (the CFR) through a revenue charge (the minimum revenue provision (MRP)), although it is also allowed to undertake additional voluntary payments if required (voluntary revenue provision (VRP)).

The Welsh Government regulations require the full Council to approve an MRP Statement in advance of each year. A variety of options are provided to councils, so long as there is a prudent provision. The Council is recommended to approve the following MRP Statement:-

For capital expenditure incurred before 1 April 2008 or for capital expenditure from 1 April 2008 financed supported capital expenditure for Revenue Support Grant purposes, the MRP policy will be to charge 4% of the CFR at the end of the preceding year (in accordance with option 2 of the statutory guidance).

From 1st April 2008 for all unsupported borrowing (including PFI and finance leases) the MRP policy will be the Asset Life method, with the MRP based on the estimated life of the assets, in accordance with the regulations (this option must be applied for any expenditure capitalised under a Capitalisation Direction) (in accordance with option 3 of the statutory guidance). The estimated life periods will be set by the S151 Officer based upon advice received from the relevant officers.

As some types of capital expenditure incurred by the Council are not capable of being related to an individual asset, asset lives will be assessed on a basis which most reasonably reflects the anticipated period of benefit that arises from the expenditure. Also, whatever type of expenditure is involved, it will be grouped together in a manner which reflects the nature of the main component of expenditure and will only be divided up in cases where there are two or more major components with substantially different useful economic lives.

The Housing Revenue Account share of the CFR is subject to a 2% MRP charge, based upon the closing CFR for the previous year, in line with the approved 30 year business plan.

Any repayments included in annual PFI or finance leases are applied as MRP.

**Rhagolygon Graddfeydd Llog 2016/2019
Interest Rate Forecasts 2016/2019**

PWLB rates and forecast shown below have taken into account the 20 basis point certainty rate reduction effective as of the 1st November 2012.

Capita Asset Services Interest Rate View													
	Dec-16	Mar-17	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Dec-19	Mar-20
Bank Rate View	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.50%	0.75%	0.75%
3 Month LIBID	0.30%	0.30%	0.30%	0.30%	0.30%	0.30%	0.30%	0.30%	0.40%	0.50%	0.60%	0.80%	0.90%
6 Month LIBID	0.40%	0.40%	0.40%	0.40%	0.40%	0.40%	0.40%	0.40%	0.50%	0.60%	0.70%	0.90%	1.00%
12 Month LIBID	0.70%	0.70%	0.70%	0.70%	0.70%	0.70%	0.80%	0.80%	0.90%	1.00%	1.10%	1.30%	1.40%
5yr PWLB Rate	1.60%	1.60%	1.60%	1.60%	1.60%	1.70%	1.70%	1.70%	1.80%	1.80%	1.90%	2.00%	2.00%
10yr PWLB Rate	2.30%	2.30%	2.30%	2.30%	2.30%	2.30%	2.40%	2.40%	2.40%	2.50%	2.50%	2.60%	2.70%
25yr PWLB Rate	2.90%	2.90%	2.90%	2.90%	3.00%	3.00%	3.00%	3.10%	3.10%	3.20%	3.20%	3.30%	3.40%
50yr PWLB Rate	2.70%	2.70%	2.70%	2.70%	2.80%	2.80%	2.80%	2.90%	2.90%	3.00%	3.00%	3.10%	3.20%
Bank Rate													
Capita Asset Services	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.50%	0.75%	0.75%
Capital Economics	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.25%	0.50%	0.75%
5yr PWLB Rate													
Capita Asset Services	1.60%	1.60%	1.60%	1.60%	1.60%	1.70%	1.70%	1.70%	1.80%	1.80%	1.90%	2.00%	2.00%
Capital Economics	1.60%	1.70%	1.80%	1.90%	1.95%	2.05%	2.20%	2.30%	2.40%	2.60%	2.80%	3.20%	3.30%
10yr PWLB Rate													
Capita Asset Services	2.30%	2.30%	2.30%	2.30%	2.30%	2.30%	2.40%	2.40%	2.40%	2.50%	2.50%	2.60%	2.70%
Capital Economics	2.30%	2.35%	2.45%	2.50%	2.55%	2.60%	2.70%	2.70%	2.80%	3.00%	3.20%	3.60%	3.70%
25yr PWLB Rate													
Capita Asset Services	2.90%	2.90%	2.90%	2.90%	3.00%	3.00%	3.00%	3.10%	3.10%	3.20%	3.20%	3.30%	3.40%
Capital Economics	2.90%	3.00%	3.05%	3.10%	3.15%	3.25%	3.30%	3.35%	3.45%	3.55%	3.75%	4.15%	4.35%
50yr PWLB Rate													
Capita Asset Services	2.70%	2.70%	2.70%	2.70%	2.80%	2.80%	2.80%	2.90%	2.90%	3.00%	3.00%	3.10%	3.20%
Capital Economics	2.80%	2.85%	2.95%	3.00%	3.05%	3.10%	3.15%	3.20%	3.30%	3.50%	3.70%	4.10%	4.20%

Rhan o gyngor dderbyniwyd gan / An extract from advice received from: Capita Asset Services

Economic Background

United Kingdom

GDP growth rates in 2013, 2014 and 2015 of 2.2%, 2.9% and 1.8% were some of the strongest rates among the G7 countries. Growth is expected to have strengthened in 2016 with the first three quarters coming in respectively at +0.4%, +0.7% and +0.5%. The latest Bank of England forecast for growth in 2016 as a whole is +2.2%. The figure for quarter 3 was a pleasant surprise which confounded the downbeat forecast by the Bank of England in August of only +0.1%, (subsequently revised up in September, but only to +0.2%). During most of 2015 and the first half of 2016, the economy had faced headwinds for exporters from the appreciation of sterling against the Euro, and weak growth in the EU, China and emerging markets, and from the dampening effect of the Government's continuing austerity programme.

The referendum vote for Brexit in June 2016 delivered an immediate shock fall in confidence indicators and business surveys at the beginning of August, which were interpreted by the Bank of England in its August Inflation Report as pointing to an impending sharp slowdown in the economy. However, the following monthly surveys in September showed an equally sharp recovery in confidence and business surveys so that it is generally expected that the economy will post reasonably strong growth numbers through the second half of 2016 and also in 2017, albeit at a slower pace than in the first half of 2016.

The Monetary Policy Committee, (MPC), meeting of 4th August was therefore dominated by countering this expected sharp slowdown and resulted in a package of measures that included a cut in Bank Rate from 0.50% to 0.25%, a renewal of quantitative easing, with £70bn made available for purchases of gilts and corporate bonds, and a £100bn tranche of cheap borrowing being made available for banks to use to lend to businesses and individuals.

The MPC meeting of 3 November left Bank Rate unchanged at 0.25% and other monetary policy measures also remained unchanged. This was in line with market expectations, but a major change from the previous quarterly Inflation Report MPC meeting of 4 August, which had given a strong steer, in its forward guidance, that it was likely to cut Bank Rate again, probably by the end of the year if economic data turned out as forecast by the Bank.

The latest MPC decision included a forward view that Bank Rate could go either up or down depending on how economic data evolves in the coming months. Our central view remains that Bank Rate will remain unchanged at 0.25% until the first increase to 0.50% in quarter 2 2019 (unchanged from our previous forecast). However, we would not, as yet, discount the risk of a cut in Bank Rate if economic growth were to take a significant dip downwards, though we think this is unlikely. We would also point out that forecasting as far ahead as mid 2019 is highly fraught as there are many potential economic headwinds which could blow the UK economy one way or the other as well as political developments in the UK, (especially over the terms of Brexit), EU, US and beyond, which could have a major impact on our forecasts.

The pace of Bank Rate increases in our forecasts has been slightly increased beyond the three year time horizon to reflect higher inflation expectations.

The August quarterly Inflation Report was based on a pessimistic forecast of near to zero GDP growth in quarter 3 i.e. a sharp slowdown in growth from +0.7% in quarter 2, in reaction to the shock of the result of the referendum in June. However, consumers have very much stayed in a 'business as usual' mode and there has been no sharp downturn in spending; it is consumer expenditure that underpins the services sector which comprises about 75% of UK GDP. After a fairly flat three months leading up to October, retail sales in October surged at the strongest rate since September 2015. In addition, the GfK consumer confidence index has recovered quite strongly to -3 in October after an initial sharp plunge in July to -12 in reaction to the referendum result.

Bank of England GDP forecasts in the November quarterly Inflation Report were as follows, (August forecasts in brackets) - 2016 +2.2%, (+2.0%); 2017 1.4%, (+0.8%); 2018 +1.5%, (+1.8%). There has, therefore, been a sharp increase in the forecast for 2017, a marginal increase in 2016 and a small decline in growth, now being delayed until 2018, as a result of the impact of Brexit.

Capital Economics' GDP forecasts are as follows: 2016 +2.0%; 2017 +1.5%; 2018 +2.5%. They feel that pessimism is still being overdone by the Bank and Brexit will not have as big an effect as initially feared by some commentators.

The Chancellor has said he will do 'whatever is needed' i.e. to promote growth; there are two main options he can follow – fiscal policy e.g. cut taxes, increase investment allowances for businesses, and/or increase government expenditure on infrastructure, housing etc. This will mean that the PSBR deficit elimination timetable will need to slip further into the future as promoting growth, (and ultimately boosting tax revenues in the longer term), will be a more urgent priority. The Governor of the Bank of England, Mark Carney, had warned that a vote for Brexit would be likely to cause a slowing in growth, particularly from a reduction in business investment, due to the uncertainty of whether the UK would have continuing full access, (i.e. without tariffs), to the EU single market. He also warned that the Bank could not do all the heavy lifting to boost economic growth and suggested that the Government would need to help growth e.g. by increasing investment expenditure and by using fiscal policy tools. The newly appointed Chancellor, Phillip Hammond, announced, in the aftermath of the referendum result and the formation of a new Conservative cabinet, that the target of achieving a budget surplus in 2020 would be eased in the Autumn Statement on 23 November.

The other key factor in forecasts for Bank Rate is inflation where the MPC aims for a target for CPI of 2.0%. The November Inflation Report included an increase in the peak forecast for inflation from 2.3% to 2.7% during 2017; (Capital Economics are forecasting a peak of 3.2% in 2018). This increase was largely due to the effect of the sharp fall in the value of sterling since the referendum, (16% down against the US dollar and 11% down against the Euro); this will feed through into a sharp increase in the cost of imports and materials used in production in the UK. However, the MPC is expected to look through the acceleration in inflation caused by external, (outside of the UK), influences, although it has given a clear warning that if wage inflation were to rise significantly as a result of these cost pressures on consumers, then they would take action to raise Bank Rate.

What is clear is that consumer disposable income will come under pressure, as the latest employers' survey is forecasting median pay rises for the year ahead of only 1.1% at a time when inflation will be rising significantly higher than this. The CPI figure for October surprised by under shooting forecasts at 0.9%. However, producer output prices rose at 2.1% and core inflation was up at 1.4%, confirming the likely future upwards path.

Gilt yields, and consequently PwLB rates, have risen sharply since hitting a low point in mid-August. There has also been huge volatility during 2016 as a whole. The year started with 10 year gilt yields at 1.88%, fell to a low point of 0.53% on 12 August, and have hit a peak on the way up again of 1.46% on 14 November. The rebound since August reflects the initial combination of the yield-depressing effect of the MPC's new round of quantitative easing on 4 August, together with expectations of a sharp downturn in expectations for growth and inflation as per the pessimistic Bank of England Inflation Report forecast, followed by a sharp rise in growth expectations since August when subsequent business surveys, and GDP growth in quarter 3 at +0.5% q/q, confounded the pessimism. Inflation expectations also rose sharply as a result of the continuing fall in the value of sterling.

Employment has been growing steadily during 2016, despite initial expectations that the referendum would cause a fall in employment. However, the latest employment data in November, (for October), showed a distinct slowdown in the rate of employment growth and an increase in the rate of growth of the unemployment claimant count. House prices have been rising during 2016 at a modest pace but the pace of increase has been slowing since the referendum; a downturn in prices could dampen consumer confidence and expenditure.

United States of America

The American economy had a patchy 2015 with sharp swings in the quarterly growth rate leaving the overall growth for the year at 2.4%. Quarter 1 of 2016 at +0.8%, (on an annualised basis), and quarter 2 at 1.4% left average growth for the first half at a weak 1.1%. However, the first estimate for quarter 3 at 2.9% signalled a rebound to strong growth. The Fed. embarked on its long anticipated first increase in rates at its December 2015 meeting. At that point, confidence was high that there would then be four more increases to come in 2016. Since then, more downbeat news on the international scene and then the Brexit vote, have caused a delay in the timing of the second increase which is now strongly expected in December 2016. Overall, despite some data setbacks, the US is still, probably, the best positioned of the major world economies to make solid progress towards a combination of strong growth, full employment and rising inflation: this is going to require the central bank to take action to raise rates so as to make progress towards normalisation of monetary policy, albeit at lower central rates than prevailed before the 2008 crisis.

The result of the presidential election in November is expected to lead to a strengthening of US growth if Trump's election promise of a major increase in expenditure on infrastructure is implemented. This policy is also likely to strengthen inflation pressures as the economy is already working at near full capacity. In addition, the unemployment rate is at a low point verging on what is normally classified as being full employment. However, the US does have a substantial amount of hidden unemployment in terms of an unusually large, (for a developed economy), percentage of the working population not actively seeking employment.

Trump's election has had a profound effect on the bond market and bond yields have risen sharply in the week since his election. Time will tell if this is a temporary over reaction, or a reasonable assessment of his election promises to cut taxes at the same time as boosting expenditure. This could lead to a sharp rise in total debt issuance from the current level of around 72% of GDP towards 100% during his term in office. However, although the Republicans now have a monopoly of power for the first time since the 1920s, in having a President and a majority in both Congress and the Senate, there is by no means any certainty that the politicians and advisers he has been appointing to his team, and both houses, will implement the more extreme policies that Trump outlined during his election campaign. Indeed, Trump may even rein back on some of those policies himself.

The election does not appear likely to have much impact on the Fed. in terms of holding back further on increasing the Fed. Rate. Accordingly, the next rate rise is still widely expected to occur in December 2016, followed by sharper increases thereafter, which may also cause Treasury yields to rise further. If the Trump package of policies is fully implemented, there is likely to be a significant increase in inflationary pressures which could, in turn, mean that the pace of further Fed. Rate increases will be quicker and stronger than had been previously expected.

In the first week since the US election, there has been a major shift in investor sentiment away from bonds to equities, especially in the US. However, gilt yields in the UK and bond yields in the EU have also been dragged higher. Some commentators are saying that this rise has been an overreaction to the US election result which is likely to be reversed. Other commentators take the view that this could well be the start of the long expected eventual unwinding of bond prices propelled upwards to unrealistically high levels, (and conversely bond yields pushed down), by the artificial and temporary power of quantitative easing.

Eurozone

In the Eurozone, the ECB commenced, in March 2015, its massive €1.1 trillion programme of quantitative easing to buy high credit quality government and other debt of selected EZ countries at a rate of €60bn per month. This was intended to run initially to September 2016 but was extended to March 2017 at its December 2015 meeting. At its December and March 2016 meetings it progressively cut its deposit facility rate to reach -0.4% and its main refinancing rate from 0.05% to zero. At its March meeting, it also increased its monthly asset purchases to €80bn. These measures have struggled to make a significant impact in boosting economic growth and in helping inflation to rise significantly from low levels towards the target of 2%.

EZ GDP growth in the first three quarters of 2016 has been 0.5%, +0.3% and +0.3%, (+1.6% y/y). Forward indications are that economic growth in the EU is likely to continue at moderate levels. This has added to comments from many forecasters that those central banks in countries around the world which are currently struggling to combat low growth, are running out of ammunition to stimulate growth and to boost inflation. Central banks have also been stressing that national governments will need to do more by way of structural reforms, fiscal measures and direct investment expenditure to support demand and economic growth in their economies.

There are also significant specific political and other risks within the EZ: -

- Greece continues to cause major stress in the EU due to its tardiness and reluctance in implementing key reforms required by the EU to make the country more efficient and to make significant progress towards the country being able to pay its way – and before the EU is prepared to agree to release further bail out funds.
- Spain has had two inconclusive general elections in 2015 and 2016, both of which failed to produce a workable government with a majority of the 350 seats. At the eleventh hour on 31 October, before it would have become compulsory to call a third general election, the party with the biggest bloc of seats (137), was given a majority confidence vote to form a government. This is potentially a highly unstable situation, particularly given the need to deal with an EU demand for implementation of a package of austerity cuts which will be highly unpopular.
- The under capitalisation of Italian banks poses a major risk. Some German banks are also undercapitalised, especially Deutsche Bank, which is under threat of major financial penalties from regulatory authorities that will further weaken its capitalisation. What is clear is that national governments are forbidden by EU rules from providing state aid to bail out those banks that are at risk, while, at the same time, those banks are unable realistically to borrow additional capital in financial markets due to their vulnerable financial state. However, they are also 'too big, and too important to their national economies, to be allowed to fail'.
- 4 December Italian constitutional referendum on reforming the Senate and reducing its powers; this has also become a confidence vote on Prime Minister Renzi who originally said he would resign if there is a 'no' vote, but has since back tracked on that in the light of adverse poll predictions. A rejection of these proposals would stop progress to fundamental political and economic reform which is urgently needed to deal with Italy's core problems, especially low growth and a very high debt to GDP ratio of 135%. They are also intended to give Italy more stable government as no western European country has had such a multiplicity of governments since the Second World War as Italy, due to the equal split of power between the two chambers of the Parliament which are both voted in by the Italian electorate but by using different voting systems. It is unclear what the political, and other, repercussions could be if there is a 'No' vote.

- Dutch general election 15.3.17; a far right party is currently polling neck and neck with the incumbent ruling party. In addition, anti-big business and anti-EU activists have already collected two thirds of the 300,000 signatures required to force a referendum to be taken on approving the EU – Canada free trade pact. This could delay the pact until a referendum in 2018 which would require unanimous approval by all EU governments before it can be finalised. In April 2016, Dutch voters rejected by 61.1% an EU – Ukraine cooperation pact under the same referendum law. Dutch activists are concerned by the lack of democracy in the institutions of the EU.
- French presidential election; first round 13 April; second round 7 May 2017.
- French National Assembly election June 2017.
- German Federal election August – 22 October 2017. This could be affected by significant shifts in voter intentions as a result of terrorist attacks, dealing with a huge influx of immigrants and a rise in anti EU sentiment.
- The core EU, (note, not just the Eurozone currency area), principle of free movement of people within the EU is a growing issue leading to major stress and tension between EU states, especially with the Visegrad bloc of former communist states. Given the number and type of challenges the EU faces in the next eighteen months, there is an identifiable risk for the EU project to be called into fundamental question. The risk of an electoral revolt against the EU establishment has gained traction after the shock results of the UK referendum and the US Presidential election. But it remains to be seen whether any shift in sentiment will gain sufficient traction to produce any further shocks within the EU.

Asia

Economic growth in China has been slowing down and this, in turn, has been denting economic growth in emerging market countries dependent on exporting raw materials to China. Medium term risks have been increasing in China e.g. a dangerous build up in the level of credit compared to the size of GDP, plus there is a need to address a major over supply of housing and surplus industrial capacity, which both need to be eliminated. This needs to be combined with a rebalancing of the economy from investment expenditure to consumer spending. However, the central bank has a track record of supporting growth through various monetary policy measures, though these further stimulate the growth of credit risks and so increase the existing major imbalances within the economy.

Economic growth in Japan is still patchy, at best, and skirting with deflation, despite successive rounds of huge monetary stimulus and massive fiscal action to promote consumer spending. The government is also making little progress on fundamental reforms of the economy.

Emerging countries

There have been major concerns around the vulnerability of some emerging countries exposed to the downturn in demand for commodities from China or to competition from the increase in supply of American shale oil and gas reaching world markets. The ending of sanctions on Iran has also brought a further significant increase in oil supplies into the world markets. While these concerns have subsided during 2016, if interest rates in the USA do rise substantially over the next few years, (and this could also be accompanied by a rise in the value of the dollar in exchange markets), this could cause significant problems for those emerging countries with large amounts of debt denominated in dollars. The Bank of International Settlements has recently released a report that \$340bn of emerging market corporate debt will fall due for repayment in the remaining two months of 2016 and in 2017 – a 40% increase on the figure for the last three years.

Financial markets could also be vulnerable to risks from those emerging countries with major sovereign wealth funds, that are highly exposed to the falls in commodity prices from the levels prevailing before 2015, especially oil, and which, therefore, may have to liquidate substantial amounts of investments in order to cover national budget deficits over the next few years if the price of oil does not return to pre-2015 levels.

Brexit timetable and process

- March 2017: UK government notifies the European Council of its intention to leave under the Treaty on European Union Article 50
- March 2019: two-year negotiation period on the terms of exit. This period can be extended with the agreement of all members i.e. not that likely.
- UK continues as an EU member during this two-year period with access to the single market and tariff free trade between the EU and UK.
- The UK and EU would attempt to negotiate, among other agreements, a bi-lateral trade agreement over that period.
- The UK would aim for a negotiated agreed withdrawal from the EU, although the UK may also exit without any such agreements.
- If the UK exits without an agreed deal with the EU, World Trade Organisation rules and tariffs could apply to trade between the UK and EU - but this is not certain.
- On exit from the EU: the UK parliament would repeal the 1972 European Communities Act.
- The UK will then no longer participate in matters reserved for EU members, such as changes to the EU's budget, voting allocations and policies.
- It is possible that some sort of agreement could be reached for a transitional time period for actually implementing Brexit after March 2019 so as to help exporters to adjust in both the EU and in the UK.

Specified and Non-Specified Investments

The Welsh Government 'Guidance on Local Government Investments' (Effective from 1 April 2010) provides the definition of specified and non-specified investments.

Paragraph 5.1 of the 'Guidance' states that an investment is specified if all of the following apply:-

- (a) the investment is denominated in sterling and any payments or repayments in respect of the investment are payable only in sterling; and
- (b) the investment is not a long-term investment (*); and
- (c) the making of the investment is not defined as capital expenditure by virtue of regulation 20(1)(d) of the Local Authorities (Capital Finance and Accounting) (Wales) Regulations 2003 [SI 3239 as amended]; and
- (ch) the investment is made with a body or in an investment scheme of high credit quality (**); or with one of the following public-sector bodies:
 - (i) the United Kingdom Government
 - (ii) a local authority in England or Wales (as defined in section 23 of the 2003 Act) or a similar body in Scotland or Northern Ireland
 - (iii) a parish or community council.

The 'Guidance' also states that any investment not meeting the definition of paragraph 5.1 is classified as a non-specified investment.

During 2017/18 the Council does not intend to make any investments in foreign currencies, nor any with low credit quality bodies, nor any that are defined as capital expenditure by legislation (such as company shares). Non-specified investments will therefore be limited to (i) long-term investments; and (ii) deposits with the Council's own banker for transactional purposes if it fails to meet the basic credit criteria; in this instance balances will be minimised as far as is possible

The table in Appendix 6 set out the investment criteria and limits for the categories of investments intended for use during 2017/18 and therefore form the basis for the approved lending list.

Any proposed revisions or amendments during the year to the categories of specified and non-specified investments to be used and / or to the associated credit rating criteria / investment limits will be subject to prior approval by the County Council.

* Section 2.4 of the 'Guidance' defines a long term investment as "any investment other than (a) one which is due to be repaid within 12 months of the date on which the investment was made or (b) one which the local authority may require to be repaid within that period."

** For the purposes of high credit quality the 'Guidance' states that "for the purposes of paragraph 5.1(d), Welsh ministers recommend that the Strategy should define high credit quality (and where this definition refers to credit ratings, paragraph 6.1 (***) is relevant)."

*** Paragraph 6.1 of the 'Guidance' recommends that "the Strategy should set out the authority's approach to assessing the risk of loss of investments, making clear in particular:

- (a) to what extent, if any, risk assessment is based upon credit ratings issued by one or more credit rating agencies;
- (b) where credit ratings are used, how frequently credit ratings are monitored and what action is to be taken when ratings change; and
- (c) what other sources of information on credit risk are used, additional to or instead of credit ratings."

The table in Appendix 6 of this strategy sets out what this Council defines as high credit quality and the associated investment criteria and limits and section 4.2 of this strategy sets out the Council's creditworthiness approach.

Counterparty Criteria

Category	Short Term Credit Rating (Fitch)	Short Term Credit Rating (Moody's)	Short Term Credit Rating (Standard & Poor's)	Long Term Credit Rating (Fitch)	Long Term Credit Rating (Moody's)	Long Term Credit Rating (Standard & Poor's)	Cash Limit	Time Limit
Bank and Building Societies (not nationalised or part nationalised)	F1+	P-1	A-1+	AAA	Aaa	AAA	£10m	5 years
	F1+	P-1	A-1+	AA	Aa2	AA	£10m	3 years
	F1+	P-1	A-1+	AA-	Aa3	AA-	£10m	364 days
	F1	P-1	A-1	A	A2	A	£7.5m	6 months
Nationalised / Part Nationalised UK Banks	n/a	n/a	n/a	n/a	n/a	n/a	£10m	364 days
UK Central Government (irrespective of credit rating)	n/a	n/a	n/a	n/a	n/a	n/a	No maximum	No maximum
UK Local Authorities**	n/a	n/a	n/a	n/a	n/a	n/a	£5m	364 days
Money Market Funds	n/a	n/a	n/a	AAA	AAA	AAA	£5m	6 months

* as defined in the Local Authorities (Capital Finance and Accounting) (Wales) Regulations 2003

** as defined in the Local Government Act 2003

Notes and Clarifications**(1) Cash Limit**

- (i) The cash limits apply both to the individual counterparty and to the overall group to which it belongs (e.g. for the banks within the Lloyds Banking Group plc (being Bank of Scotland plc and Lloyds Bank plc), the investment limit applies to those banks individually and the banking group as a whole);
- (ii) The overall cash limit for deposits over 364 days is £15m.

(2) Time Limit

- (i) This up to and including the period indicated.

(3) Foreign Countries

- (i) Investments in foreign countries will be limited to those that hold a sovereign credit rating of (Fitch) AA- or equivalent (from the agencies referred to in section 4.3 of this strategy) sovereign credit rating (based upon the lowest common denominator), and to a maximum of £10 million per foreign country.
- (ii) Investments in countries whose lowest sovereign rating is not AA- or above will not be permitted. No country limit will apply to investments in the UK, irrespective of the sovereign credit rating.
- (iii) Subsidiaries of foreign banking groups will normally be assessed according to the country of domicile of the parent organisation. However, Santander UK plc (a subsidiary of Spain's Banco Santander) will be classed as a UK bank due to its substantial UK franchises and the arms-length nature of the parent-subsidiary relationships.
- (iv) Sovereign credit rating criteria and foreign country limits will not apply to investments in multilateral development banks (e.g. the European Investment Bank and the World Bank) or other supranational organisations (e.g. the European Union).

4. Credit Rating Downgrade

Should a credit rating downgrade place a counterparty below the minimum credit rating criteria for investment, the counterparty will cease to be used as soon as practicable.

If the S151 Officer wishes to continue investing with that counterparty approval will be sought from the Chair of the Audit Committee plus one other member of the Chair's choosing, who both must approve the action. This will then be reported as appropriate at the next available opportunity.

Approved countries for investments [correct as at 25 October 2016]

This list is based on those countries which have sovereign ratings of AA- or higher (we show the lowest rating from Fitch, Moody's and S&P) and also, (except - at the time of writing - for Norway and Luxembourg), have banks operating in sterling markets which have credit ratings of green or above in the Capita Asset Services credit worthiness service.

AAA

- Australia
- Canada
- Denmark
- Germany
- Luxembourg
- Netherlands
- Norway
- Singapore
- Sweden
- Switzerland

AA+

- Finland
- Hong Kong
- U.S.A.

AA

- Abu Dhabi (UAE)
- France
- Qatar
- U.K.

AA-

- Belgium

Treasury management scheme of delegation

(i) County Council

- budget approval;
- approval of the annual Treasury Management Strategy Statement, Annual Investment Strategy and MRP Policy, annual Treasury Management Policy Statement and amendments thereto;
- approval of amendments to the Council's adopted clauses;
- receiving and reviewing monitoring reports on treasury management policies, practices and activities; and
- acting on recommendations received from the Audit Committee and/or Executive Committee.

(ii) Executive Committee

- budget consideration;
- approval of the division of responsibilities;
- approval of the selection of external service providers and agreeing terms of appointment;
- receiving and reviewing monitoring reports on treasury management policies, practices and activities and making recommendations to the County Council as appropriate;
- acting on recommendations received from the Audit Committee.

(iii) Audit Committee

- Scrutiny of Treasury Management matters as required by CIPFA's Code of Practice on Treasury Management and the Council's Treasury Management Policy. This includes:-
 - scrutinising the annual Treasury Management Strategy Statement, Annual Investment Strategy, Annual MRP Policy, Annual Treasury Management Policy and Treasury Management Practices and making recommendations to the Executive Committee and County Council as appropriate;
 - scrutinising proposals for amendments to the annual Treasury Management Strategy Statement, Annual Investment Strategy, Annual MRP Policy, Annual Treasury Management Policy and Treasury Management Practices and to the adopted clauses and making recommendations to the Executive and County Council as appropriate;
 - receiving and scrutinising any other proposals relating to the treasury management which require a decision by the Executive or County Council; and
 - receiving and scrutinising monitoring reports on treasury management policies, practices and activities and make recommendations to the Executive and County Council as appropriate.

The Treasury Management role of the Section 151 Officer

The Section 151 (responsible) Officer's role includes:-

- recommending clauses, treasury management policy/practices for approval, reviewing the same regularly, and monitoring compliance;
- submitting regular treasury management policy reports;
- submitting budgets and budget variations;
- receiving and reviewing management information reports;
- reviewing the performance of the treasury management function;
- ensuring the adequacy of treasury management resources and skills, and the effective division of responsibilities within the treasury management function;
- ensuring the adequacy of internal audit, and liaising with external audit; and
- recommending the appointment of external service providers.
- Responsibility for the execution and administration of its Treasury decisions, including decision on borrowing, investment and financing, have been delegated to the Section 151 Officer, who will act in accordance with the Council's policy statements and TMP's.

The CIPFA Treasury Management in the Public Services: Code of Practice

The key principles of CIPFA's *Treasury Management in the Public Services: Code of Practice (2011 Edition)*, as described in Section 4 of that Code are as follows:-

Key Principle 1:

Public service organisations should put in place formal and comprehensive objectives, policies and practices, strategies and reporting arrangements for the effective management and control of their treasury management activities.

Key Principle 2:

Their policies and practices should make clear that the effective management and control of risks are prime objectives of their treasury management activities and that responsibility for these lies clearly within their organisations. Their appetite for risk should form part of their annual strategy, including any use of financial instruments for the prudent management of those risks, and should ensure that priority is given to security and liquidity when investing funds.

Key Principle 3:

They should acknowledge that the pursuit of value for money in treasury management and the use of suitable performance measures are valid and important tools for responsible organisations to employ in support of their business and service objectives; and that, within the context of effective risk management, their treasury management policies and practices should reflect this.

The Code then goes on to say that:

“In framing these recommendations, CIPFA acknowledges the difficulties of striving for effective risk management and control, whilst at the same time pursuing value for money. This code does not seek to be prescriptive about how this issue should be handled, particularly since it covers such a wide variety of organisations. However, where appropriate, the sector specific guidance notes give suitable advice. CIPFA recognises that no two organisations in the public services are likely to tackle this issue in precisely the same manner but success in this area of treasury management is likely to be viewed, especially in value for money terms, as an indicator of a strongly performing treasury management function.”

“Even though it dates back to 1991, CIPFA considers that the report by the Treasury and Civil Service Committee of the House of Commons on the BCCI closure is still pertinent, wherein it was stated that:”

“In balancing risk against return, local authorities should be more concerned to avoid risks than to maximise returns.”

“Indeed this view was supported by the Communities and Local Government Select Committee report into local authority investments in 2009.”

“It is CIPFA’s view that throughout the public services the priority is to protect capital rather than to maximise return. The avoidance of all risk is neither appropriate nor possible. However, a balance must be struck with a keen responsibility for public money.”

Accordingly the Authority will adopt, as part of the standing orders, the following four clauses;

1. The Authority will create and maintain, as the cornerstones for effective treasury management:
 - a treasury management policy statement, stating the policies, objectives and approach to risk management of its treasury management activities; and
 - suitable treasury management practices (TMPs) setting out the manner in which the Authority will seek to achieve those policies and objectives, and prescribing how it will manage and control those activities.

The content of the Policy Statement and TMPs will follow the recommendations contained in Sections 6 and 7 of the Code, subject only to amendment where necessary to reflect the particular circumstances of the Authority. Such amendments will not result in the Authority materially deviating from the Code's key principles.

2. The County Council, Executive Committee and the Audit Committee will receive reports on the Authority's treasury management policies, practices and activities, including; an annual strategy and plan in advance of the year, a mid-year review report and an annual report after its close, in the form prescribed in the TMPs.
3. The County Council/Executive Committee are responsible for the implementation of the Authority's treasury management policies and practices in accordance with the Treasury Management Scheme of Delegation. The S151 Officer is responsible for the execution and administration of treasury management decisions, who will act in accordance with the Authority's policy statement and TMPs and, if he/she is a CIPFA member, CIPFA's Standard of Professional Practice on Treasury Management.
4. The Authority nominates Audit Committee to be responsible for ensuring effective scrutiny of treasury management strategy and policies.

Treasury Management Policy Statement

1. CIPFA defines its treasury management activities as: “The management of the authority’s investments and cash flows, its banking, money market and capital market transactions; the effective control of the risks associated with those activities; and the pursuit of optimum performance consistent with those risks”.
2. This organisation regards the successful identification, monitoring and control of risk to be the prime criteria by which the effectiveness of its treasury management activities will be measured. Accordingly, the analysis and reporting of treasury management activities will focus on their risk implications for the organisation, and any financial instruments entered into to manage these risks.
3. This organisation acknowledges that effective treasury management will provide support towards the achievement of its business and service objectives. It is therefore committed to the principles of achieving value for money in treasury management, and to employing suitable comprehensive performance measurement techniques, within the context of effective risk management.

**PRUDENTIAL & TREASURY INDICATORS
BUDGET SETTING 2017/18**

APPENDIX 11

No. Indicator

Affordability		2015/16 out-turn	2016/17 estimate	2017/18 proposal	2018/19 proposal	2019/20 proposal
1,2	Estimates of [or actual] ratio of financing costs to net revenue stream:					
	Council Fund	6.26%	6.11%	6.50%	6.72%	6.89%
	Housing Revenue Account (inclusive of settlement)	23.14%	21.28%	19.38%	17.50%	15.99%
	Total	8.03%	7.76%	7.98%	8.04%	8.09%
3	Estimates of incremental impact of capital investment decisions on the Council Tax <i>for the Band D Council Tax</i>			£4.25	£22.00	£36.87
4 a	Estimates of incremental impact of capital investment decisions on housing rents <i>on average weekly rent levels</i>			£32.42	£18.83	£19.52
4 b	Estimates of incremental impact of capital borrowing on housing rents for HRA <i>on average weekly rent levels</i>			£0.00	£0.00	£0.00
Prudence						
5	Gross debt and the Capital Financing Requirement (CFR) <i>Is the gross external debt < the CFR for the preceding year plus the estimates of any additional CFR for the current and the next two financial years?</i>	✓	✓	✓	✓	✓
Capital Expenditure		£000	£000	£000	£000	£000
6,7	Estimates of [or actual] capital expenditure					
	Council Fund	16,368	30,911	35,713	38,573	29,031
	Housing Revenue Account	27,608	12,151	9,889	7,283	7,523
	Total	43,976	43,062	45,602	45,856	36,554
8,9	Estimates of [or actual] Capital Financing Requirement					
	Council Fund	84,291	92,982	97,594	100,762	103,563
	Housing Revenue Account	43,365	42,497	41,648	40,815	39,999
	Total	127,656	135,479	139,242	141,577	143,562
External Debt		£000	£000	£000	£000	£000
10	Authorised Limit					
	: General Borrowing	143,000	166,000	167,000	169,000	171,000
	: Other long term liabilities	2,000	3,000	3,000	3,000	3,000
	: Total	145,000	169,000	170,000	172,000	174,000

11	HRA Limit on Indebtedness;					
	HRA Limit on Indebtedness	n/a	58,533	58,533	58,533	58,533
	HRA CFR	n/a	45,069	43,744	42,446	41,174
	HRA headroom	n/a	13,484	14,809	16,107	17,379
12	Operational Boundary					
	: General Borrowing	138,000	161,000	162,000	164,000	166,000
	: Other long term liabilities	2,000	3,000	3,000	3,000	3,000
	: Total	140,000	164,000	165,000	167,000	169,000
13	Actual External Debt	110,744				
Treasury Management		2015/16 out-turn	2016/17 estimate	2017/18 proposal	2018/19 proposal	2019/20 proposal
14	The Local Authority has adopted the CIPFA Code of Practice for Treasury Management in the Public Services	✓	✓	✓	✓	✓
		£000	£000	£000	£000	£000
15	Gross and net debt	100%	100%	100%	100%	100%
	<i>The upper limit on the net debt as a proportion of gross debt</i>					
16	The upper limit on fixed rate exposures: (net principal outstanding)	143,000	166,000	167,000	169,000	171,000
17	The upper limit on variable rate exposures: (net principal outstanding)	20,000	20,000	20,000	20,000	20,000
18	The limit for total principal sums invested for periods longer than 364 days (any long term investments carried forward from previous years will be included in each year's limit)	15,000	15,000	15,000	15,000	15,000
			2016/17 upper limit	2016/17 lower limit		
19	The upper and lower limits for the maturity structure of fixed rate borrowing					
	• under 12 months		20%	0%		
	• 12 months and within 24 months		20%	0%		
	• 24 months and within 5 years		50%	0%		
	• 5 years and within 10 years		75%	0%		
	• 10 years and above		100%	0%		
			no change	no change		

Glossary of and information on Prudential & Treasury Management indicators (References as per appendix 11)

Prudential Indicators

A) Affordability

1,2 Ratio of financing costs to net revenue stream

This indicator identifies the trend in the cost of capital (borrowing and other long term obligation costs net of investment income) against the net revenue stream.

The estimates of financing costs include current commitments and the proposals in this budget report.

3. Incremental impact of capital investment decisions on council tax

This indicator identifies the revenue costs associated with proposed changes to the three year capital programme recommended in this budget report compared to the Council's existing approved commitments and current plans. The assumptions are based on the budget, but will invariably include some estimates, such as the level of Government support, which are not published over a three year period.

4(a) Estimates of the incremental impact of capital investment decisions on housing rent levels

Similar to the council tax calculation, this indicator identifies the trend in the cost of proposed changes in the housing capital programme recommended in this budget report compared to the Council's existing commitments and current plans, expressed as a discrete impact on weekly rent levels.

This indicator shows the revenue impact on any newly proposed changes, although any discrete impact will be constrained by rent controls.

4(b) Estimates of incremental impact of capital borrowing on housing rents for HRA .

This indicator shows the additional cost of borrowing for HRA on rent amount.

B) Prudence

5. Gross Debt and the CFR

The Council needs to ensure that its gross debt does not, except in the short term, exceed the total of the CFR in the preceding year plus the estimates of any additional CFR for 2016/17 and the following two financial years. This allows some flexibility for limited early borrowing for future years, but ensures that borrowing is not undertaken for revenue purposes.

C) Capital expenditure

6,7. Estimates of Capital Expenditure

This is the forecast Capital Expenditure from 2016/17 to 2019/20, and is based on the Capital Programme for 2016/17 and the Capital Bids received for 2017/18.

8,9 The Council's borrowing need (the Capital Financing Requirement)

Another prudential indicator is the Council's Capital Financing Requirement (CFR). The CFR is simply the total historic outstanding capital expenditure which has not yet been paid for from either revenue or capital resources. It is essentially a measure of the Council's underlying borrowing need. Any capital expenditure above, which has not immediately been paid for, will increase the CFR.

The CFR does not increase indefinitely, as the minimum revenue provision (MRP) is a statutory annual revenue charge which broadly reduces the borrowing need in line with each assets life.

The CFR includes any other long term liabilities (e.g. PFI schemes, finance leases). Whilst these increase the CFR, and therefore the Council's borrowing requirement, these types of scheme include a borrowing facility and so the Council is not required to separately borrow for these schemes. The Council currently has £nil of such schemes within the CFR.

CH) External Debt

- 10. The authorised limit for external debt.** A further key prudential indicator represents a control on the maximum level of borrowing. This represents a limit beyond which external debt is prohibited, and this limit needs to be set or revised by the full Council. It reflects the level of external debt which, while not desired, could be afforded in the short term, but is not sustainable in the longer term. This is the statutory limit determined under section 3 (1) of the Local Government Act 2003. The Government retains an option to control either the total of all councils' plans, or those of a specific council, although this power has not yet been exercised.

The S151 Officer reports that the Council complied with this prudential indicator in the current year and does not envisage difficulties for the future. This view takes into account current commitments, existing plans, and the proposals in the budget report.

- 11. HRA Limit on Indebtedness.** As part of the HRA self-financing reform each Welsh local authority with responsibility for housing will be allocated a limit on indebtedness in relation to the HRA; this essentially places a limit on the HRA CFR (to be applied at 31st March each year). The gap between the two, if the CFR is within the limit, will be referred to as the borrowing headroom. The forecast account for the HRA settlement on the same basis as for the ratio in reference 2.
- 12. The operational boundary.** This is the limit beyond which external debt is not normally expected to exceed. In most cases, this would be a similar figure to the CFR, but may be lower or higher depending on the levels of actual debt.

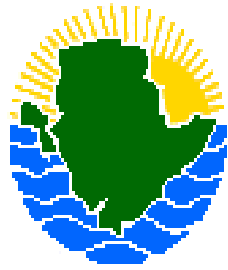
Treasury Management Indicators

Treasury management limits on activity

There are three debt related treasury activity limits. The purpose of these are to restrain the activity of the treasury function within certain limits, thereby managing risk and reducing the impact of any adverse movement in interest rates. However, if these are set to be too restrictive they will impair the opportunities to reduce costs / improve performance. The indicators are:-

- Upper limits on variable interest rate exposure. This identifies a maximum limit for variable interest rates based upon the debt position net of investments;
- Upper limits on fixed interest rate exposure. This is similar to the previous indicator and covers a maximum limit on fixed interest rates; and
- Maturity structure of borrowing. These gross limits are set to reduce the Council's exposure to large fixed rate sums falling due for refinancing, and are required for upper and lower limits.

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CYNGOR SIR
YNYS MÔN
ISLE OF ANGLESEY
COUNTY COUNCIL

**PENDERFYNIAD DRAFFT
AR OSOD
Y DRETH GYNGOR
2017/18**

**DRAFT RESOLUTION
ON SETTING
THE COUNCIL TAX
2017/18**

DRAFT COUNCIL TAX RESOLUTION

1. RESOLVED

- (a) Pursuant to the recommendations of the Executive, to adopt the Medium Term Financial Plan at Section 13 Medium Term Financial Plan and 2017/18 Budget at Section 10, as a Budget Strategy within the meaning given by the Constitution, and to affirm that it becomes part of the budget framework with the exception of figures described as current.
- (b) Pursuant to the recommendations of the Executive, to adopt a revenue budget for 2017/18 as shown at Appendix 4 Medium Term Financial Plan and 2017/18 Budget.
- (c) Pursuant to the recommendations of the Executive, to adopt a capital budget as shown in the Capital Bids 2017/18 report.
- (ch) To delegate to the Head of Function (Resources) the power to make adjustments between headings in Appendix 4 Medium Term Financial Plan and 2017/18 Budget in order to give effect to the Council's decisions.
- (d) To delegate to the Executive Committee, for the financial year 2017/18, the powers to transfer budgets between headings as follows:-
 - (i) unlimited powers to spend each budget heading in Appendix 4 Medium Term Financial Plan and 2017/18 Budget against the name of each service, on the service to which it relates;
 - (ii) powers to approve the use of service and earmarked reserves to fund one-off spending proposals that contribute to the delivery of the Council's objectives and improve services;
 - (iii) powers to vire from new or increased sources of income.
- (dd) To delegate to the Executive Committee, in respect of the financial year 2017/18 and on the advice of the Head of Function (Resources), the power to release up to £500k from general balances to deal with priorities arising during the year.
- (e) To delegate to the Executive Committee, in respect of the period to 31 March 2018, the following powers:-
 - (i) powers to make new commitments from future years' revenue budgets up to the amount identified under New Priorities in the Medium Term Financial Plan;
 - (ii) the power and the duty to make plans for achievement of revenue budget savings implied by the Medium Term Financial Plan;
 - (iii) powers to transfer budgets between capital projects in the Capital Bids 2017/18 report and to commit resources in following years and consistent with the budget framework.
- (f) To set and approve the prudential and treasury indicators which are estimates and limits for 2017/18 and onwards as shown in the report on Treasury Management Strategy Statement 2017/18.
- (ff) To approve the Treasury Management Strategy Statement for 2017/18.
- (g) To confirm that items 1(b) to (ff) become part of the budget framework.

2. **RESOLVED** to adopt and affirm for the purposes of the financial year 2017/18 the decision of the County Council on 10 March 1998 to set the discount level applicable to the prescribed Class A and prescribed Class B of dwellings under Section 12 of the Local Government Finance Act 1992 (as amended), as described by the Council Tax (Prescribed Classes of Dwellings) (Wales) Regulations 1998, as follows:-

Prescribed Class A	Nil Discount
Prescribed Class B	Nil Discount

3. **RESOLVED** to adopt and affirm for the purposes of the financial year 2017/18 the decision of the County Council on 6 March 2007 to set the discount level applicable to the prescribed Class C of dwellings under Section 12 of the Local Government Finance Act 1992 (as amended), as described by the Local Authorities (Calculation of Tax Base) and Council Tax (Prescribed Classes of Dwellings) (Wales) (Amendment) Regulations 2004 as follows:-

Prescribed Class C	Nil Discount
--------------------	--------------

4. **RESOLVED** to adopt and affirm for the purposes of the financial year 2017/18 the decision of the County Council on 10 March 2017 to disapply any discount(s) granted to long-term empty dwellings and dwellings occupied periodically (usually known as second homes) and apply a higher amount of Council Tax (called a Council Tax Premium) of 25% of the standard rate of Council Tax for both long-term empty Dwellings and for dwellings occupied periodically (usually known as second homes) under Sections 12A and 12B of the Local Government Finance Act 1992 as insterted by Section 139 of the Housing (Wales) Act 2014.
5. That it be noted that at its meeting on 28 February 1996 the Council resolved not to treat any expenses incurred by the Council in part of its area or in meeting any levy or special levy as special expenses and that the resolutions remain in force until expressly rescinded.
6. That it is noted that a resolution of the Executive on 28 November 2016 approved the amount calculated by the Isle of Anglesey County Council for its council tax base for 2017/18 and to further note that the full Council in its meeting on the 15 December 2016 approved that the local Council Tax Reduction Scheme will continue unchanged for 2017/18.
7. At its meeting on 28 November 2016, the Executive, in accordance with the Local Government Finance Act 1992 and the Local Authorities (Calculation of Council Tax Base)(Wales) Regulations 1995 (SI19956/2561) as amended by SI1999/2935 and the Local Authorities (Calculation of Council Tax Base) and Council Tax (Prescribed Classes of Dwellings)(Wales) (Amendment) Regulations 2004 and the Local Authority (Calculation of Taxbase)(Wales)(Amendment) Regulations 2016 resolved to approve the amounts calculated by the Isle of Anglesey County Council as its tax base and for the parts of the area, for the year 2017/18, as follows:-
- a) 30,794.83 being the amount approved by the Executive as the Isle of Anglesey County Council's council tax base for the year.
- b) The parts of the Council's area, being the amounts calculated by the Executive as the amounts of the Isle of Anglesey County Council's council tax base for the year for dwellings in those parts of its area to which one or more special items relate, are as follows:-

Amlwch	1,476.75
Beaumaris	1,066.68
Holyhead	3,810.66
Llangefni	1,928.63
Menai Bridge	1,413.85
Llanddaniel-fab	372.16
Llanddona	366.05
Cwm Cadnant	1,150.08
Llanfair Pwllgwyngyll	1,311.96
Llanfihangel Ysgeifiog	680.63
Bodorgan	446.64
Llangoed	648.43
Llangristiolus & Cerrig Ceinwen	608.48
Llanidan	412.75
Rhosyr	991.35
Penmynydd	235.22
Pentraeth	558.84
Moelfre	625.35
Llanbadrig	667.73
Llanddyfnan	498.77
Llaneilian	554.32
Llannerch-y-medd	510.32
Llaneugrad	185.26
Llanfair Mathafarn Eithaf	1,778.79
Cylch y Garn	405.67
Mechell	535.65
Rhos-y-bol	467.18
Aberffraw	299.58
Bodedern	428.35
Bodffordd	426.99

Trearddur	1,293.84
Tref Alaw	245.15
Llanfachraeth	225.49
Llanfaelog	1,262.29
Llanfaethlu	289.70
Llanfair-yn-Neubwll	565.93
Valley	970.49
Bryngwran	355.78
Rhoscolyn	359.49
Trewalchmai	363.29

8. That the following amounts be now calculated by the Council for the year 2017/18, in accordance with Sections 32 to 36 of the Local Government Finance Act 1992:-
- a)** £182,300,032 being the aggregate of the amounts which the Council estimates for the items set out in Section 32(2)(a) to (d) of the Act.
- b)** £54,913,070 being the aggregate of the amounts which the Council estimates for the items set out in Section 32(3)(a) and (c) of the Act.
- c)** £127,386,962 being the amount by which the aggregate at 8(a) above exceeds the aggregate at 8(b) above, calculated by the Council, in accordance with Section 32(4) of the Act, as its budget requirement for the year.
- ch)** £ 92,652,396 being the aggregate of the sums which the Council estimates will be payable for the year into its council fund in respect of redistributed non-domestic rates, revenue support grant and specific grant, reduced by any amount calculated in accordance with Section 33(3) of the Act.
- d)** £ 1,127.94 being the amount at 8(c) above less the amount at 8(ch) above, all divided by the amount at 7(a) above, calculated by the Executive, in accordance with Section 33(1) of the Act, as the basic amount of its council tax for the year.
- dd)** £ 1,229,962 being the aggregate amount of all special items referred to in Section 34(1) of the Act.
- e)** £ 1,088.01 being the amount at 8(d) above less the result given by dividing the amount at 8(dd) above by the amount at 7(a) above, calculated by the Executive, in accordance with Section 34(2) of the Act, as the basic amount of its council tax for the year for dwellings in those parts of its area to which no special item relates.

f) Part of the Council's area		D
Amlwch	£	1,148.85
Beaumaris	£	1,114.83
Holyhead	£	1,189.62
Llangefni	£	1,160.73
Menai Bridge	£	1,151.82
Llanddaniel-fab	£	1,109.07
Llanddona	£	1,102.05
Cwm Cadnant	£	1,115.37
Llanfair Pwllgwyngyll	£	1,118.52
Llanfihangel Ysgeifiog	£	1,113.39
Bodorgan	£	1,106.73
Llangoed	£	1,103.58
Llangristiolus & Cerrig Ceinwen	£	1,097.91
Llanidan	£	1,108.98
Rhosyr	£	1,114.65
Penmynydd	£	1,113.48
Pentraeth	£	1,114.83
Moelfre	£	1,107.00
Llanbadrig	£	1,126.17
Llanddyfnan	£	1,101.78
Llaneilian	£	1,109.61
Llannerch-y-medd	£	1,109.97
Llaneugrad	£	1,109.61
Llanfair Mathafarn Eithaf	£	1,118.88
Cylch y Garn	£	1,102.77
Mechell	£	1,104.21
Rhos-y-bol	£	1,104.03
Aberffraw	£	1,111.41
Bodedern	£	1,111.32
Bodffordd	£	1,103.13
Trearddur	£	1,112.04
Tref Alaw	£	1,113.03
Llanfachraeth	£	1,106.10
Llanfaelog	£	1,110.60
Llanfaethlu	£	1,107.90
Llanfair-yn-Neubwll	£	1,109.43
Valley	£	1,120.77
Bryngwran	£	1,114.56
Rhoscolyn	£	1,099.17
Trewalchmai	£	1,105.92

being the amount given by adding to the amount at 8(e) above, the amounts of the special item or items relating to dwellings in those parts of the Council's area mentioned above divided in each case by the amount at 8(b) above, calculated by the Executive in accordance with Section 34(3) of the Act, as the basic amounts of its council tax for the year for dwellings in those parts of its area to which one of more special items relate.

Valuation Bands

ff) Part of the Council's Area	A	B	C	D	E	F	G	H	I
Amlwch	£ 765.90	893.55	1,021.20	1,148.85	1,404.15	1,659.45	1,914.75	2,297.70	2,680.65
Beaumaris	£ 743.22	867.09	990.96	1,114.83	1,362.57	1,610.31	1,858.05	2,229.66	2,601.27
Holyhead	£ 793.08	925.26	1,057.44	1,189.62	1,453.98	1,718.34	1,982.70	2,379.24	2,775.78
Llangefni	£ 773.82	902.79	1,031.76	1,160.73	1,418.67	1,676.61	1,934.55	2,321.46	2,708.37
Menai Bridge	£ 767.88	895.86	1,023.84	1,151.82	1,407.78	1,663.74	1,919.70	2,303.64	2,687.58
Llanddaniel-fab	£ 739.38	862.61	985.84	1,109.07	1,355.53	1,601.99	1,848.45	2,218.14	2,587.83
Llanddona	£ 734.70	857.15	979.60	1,102.05	1,346.95	1,591.85	1,836.75	2,204.10	2,571.45
Cwm Cadnant	£ 743.58	867.51	991.44	1,115.37	1,363.23	1,611.09	1,858.95	2,230.74	2,602.53
Llanfair Pwllgwyngyll	£ 745.68	869.96	994.24	1,118.52	1,367.08	1,615.64	1,864.20	2,237.04	2,609.88
Llanfihangel Ysgeifiog	£ 742.26	865.97	989.68	1,113.39	1,360.81	1,608.23	1,855.65	2,226.78	2,597.91
Bodorgan	£ 737.82	860.79	983.76	1,106.73	1,352.67	1,598.61	1,844.55	2,213.46	2,582.37
Llangoed	£ 735.72	858.34	980.96	1,103.58	1,348.82	1,594.06	1,839.30	2,207.16	2,575.02
Llangristiolus & Cerrig Ceinwen	£ 731.94	853.93	975.92	1,097.91	1,341.89	1,585.87	1,829.85	2,195.82	2,561.79
Llanidan	£ 739.32	862.54	985.76	1,108.98	1,355.42	1,601.86	1,848.30	2,217.96	2,587.62
Rhosyr	£ 743.10	866.95	990.80	1,114.65	1,362.35	1,610.05	1,857.75	2,229.30	2,600.85
Penmynydd	£ 742.32	866.04	989.76	1,113.48	1,360.92	1,608.36	1,855.80	2,226.96	2,598.12
Pentraeth	£ 743.22	867.09	990.96	1,114.83	1,362.57	1,610.31	1,858.05	2,229.66	2,601.27
Moelfre	£ 738.00	861.00	984.00	1,107.00	1,353.00	1,599.00	1,845.00	2,214.00	2,583.00
Llanbadrig	£ 750.78	875.91	1,001.04	1,126.17	1,376.43	1,626.69	1,876.95	2,252.34	2,627.73
Llanddyfnan	£ 734.52	856.94	979.36	1,101.78	1,346.62	1,591.46	1,836.30	2,203.56	2,570.82
Llaneilian	£ 739.74	863.03	986.32	1,109.61	1,356.19	1,602.77	1,849.35	2,219.22	2,589.09
Llannerch-y-medd	£ 739.98	863.31	986.64	1,109.97	1,356.63	1,603.29	1,849.95	2,219.94	2,589.93
Llaneugrad	£ 739.74	863.03	986.32	1,109.61	1,356.19	1,602.77	1,849.35	2,219.22	2,589.09
Llanfair Mathafarn Eithaf	£ 745.92	870.24	994.56	1,118.88	1,367.52	1,616.16	1,864.80	2,237.76	2,610.72
Cylch y Garn	£ 735.18	857.71	980.24	1,102.77	1,347.83	1,592.89	1,837.95	2,205.54	2,573.13
Mechell	£ 736.14	858.83	981.52	1,104.21	1,349.59	1,594.97	1,840.35	2,208.42	2,576.49
Rhos-y-bol	£ 736.02	858.69	981.36	1,104.03	1,349.37	1,594.71	1,840.05	2,208.06	2,576.07
Aberffraw	£ 740.94	864.43	987.92	1,111.41	1,358.39	1,605.37	1,852.35	2,222.82	2,593.29
Bodedern	£ 740.88	864.36	987.84	1,111.32	1,358.28	1,605.24	1,852.20	2,222.64	2,593.08
Bodffordd	£ 735.42	857.99	980.56	1,103.13	1,348.27	1,593.41	1,838.55	2,206.26	2,573.97
Trearddur	£ 741.36	864.92	988.48	1,112.04	1,359.16	1,606.28	1,853.40	2,224.08	2,594.76
Tref Alaw	£ 742.02	865.69	989.36	1,113.03	1,360.37	1,607.71	1,855.05	2,226.06	2,597.07
Llanfachraeth	£ 737.40	860.30	983.20	1,106.10	1,351.90	1,597.70	1,843.50	2,212.20	2,580.90
Llanfaelog	£ 740.40	863.80	987.20	1,110.60	1,357.40	1,604.20	1,851.00	2,221.20	2,591.40
Llanfaethlu	£ 738.60	861.70	984.80	1,107.90	1,354.10	1,600.30	1,846.50	2,215.80	2,585.10
Llanfair-yn-Neubwll	£ 739.62	862.89	986.16	1,109.43	1,355.97	1,602.51	1,849.05	2,218.86	2,588.67
Valley	£ 747.18	871.71	996.24	1,120.77	1,369.83	1,618.89	1,867.95	2,241.54	2,615.13
Bryngwran	£ 743.04	866.88	990.72	1,114.56	1,362.24	1,609.92	1,857.60	2,229.12	2,600.64
Rhoscolyn	£ 732.78	854.91	977.04	1,099.17	1,343.43	1,587.69	1,831.95	2,198.34	2,564.73
Trewalchmai	£ 737.28	860.16	983.04	1,105.92	1,351.68	1,597.44	1,843.20	2,211.84	2,580.48

being the amounts given by multiplying the amounts at 8(e) and 8(f) above by the number which, in the proportion set out in Section 5(1) of the Act, is applicable to dwellings listed in a particular valuation band divided by the number which in that proportion is applicable to dwellings listed in valuation band D, calculated by the Executive, in accordance with Section 36(1) of the Act, as the amounts to be taken into account for the year in respect of categories of dwellings listed in different valuation bands.

9. That it be noted that, for the year 2017/18, the Police and Crime Commissioner North Wales has stated the following amounts in a precept issued to the Council, in accordance with Section 40 of the Local Government Finance Act 1992, for each of the categories of dwellings shown below:-

Precepting Authority

Valuation Bands

		A	B	C	D	E	F	G	H	I
Police and Crime Commissioner North Wales	£	166.14	193.83	221.52	249.21	304.59	359.97	415.35	498.42	581.49

10. That, having calculated the aggregate in each case of the amounts at 8(ff) and 9 above, the Council, in accordance with Section 30(2) of the Local Government Finance Act 1992, hereby sets the following amounts as the amounts of council tax for the year 2017/18 for each of the categories of dwellings shown below:-

Valuation Bands

Part of the Council's Area		A	B	C	D	E	F	G	H	I
Amlwch	£	932.04	1,087.38	1,242.72	1,398.06	1,708.74	2,019.42	2,330.10	2,796.12	3,262.14
Beaumaris	£	909.36	1,060.92	1,212.48	1,364.04	1,667.16	1,970.28	2,273.40	2,728.08	3,182.76
Holyhead	£	959.22	1,119.09	1,278.96	1,438.83	1,758.57	2,078.31	2,398.05	2,877.66	3,357.27
Llangefni	£	939.96	1,096.62	1,253.28	1,409.94	1,723.26	2,036.58	2,349.90	2,819.88	3,289.86
Menai Bridge	£	934.02	1,089.69	1,245.36	1,401.03	1,712.37	2,023.71	2,335.05	2,802.06	3,269.07
Llanddaniel-fab	£	905.52	1,056.44	1,207.36	1,358.28	1,660.12	1,961.96	2,263.80	2,716.56	3,169.32
Llanddona	£	900.84	1,050.98	1,201.12	1,351.26	1,651.54	1,951.82	2,252.10	2,702.52	3,152.94
Cwm Cadnant	£	909.72	1,061.34	1,212.96	1,364.58	1,667.82	1,971.06	2,274.30	2,729.16	3,184.02
Llanfair Pwllgwyngyll	£	911.82	1,063.79	1,215.76	1,367.73	1,671.67	1,975.61	2,279.55	2,735.46	3,191.37
Llanfihangel Ysgeifiog	£	908.40	1,059.80	1,211.20	1,362.60	1,665.40	1,968.20	2,271.00	2,725.20	3,179.40
Bodorgan	£	903.96	1,054.62	1,205.28	1,355.94	1,657.26	1,958.58	2,259.90	2,711.88	3,163.86
Llangoed	£	901.86	1,052.17	1,202.48	1,352.79	1,653.41	1,954.03	2,254.65	2,705.58	3,156.51
Llangristiolus & Cerrig Ceinwen	£	898.08	1,047.76	1,197.44	1,347.12	1,646.48	1,945.84	2,245.20	2,694.24	3,143.28
Llanidan	£	905.46	1,056.37	1,207.28	1,358.19	1,660.01	1,961.83	2,263.65	2,716.38	3,169.11
Rhosyr	£	909.24	1,060.78	1,212.32	1,363.86	1,666.94	1,970.02	2,273.10	2,727.72	3,182.34
Penmynydd	£	908.46	1,059.87	1,211.28	1,362.69	1,665.51	1,968.33	2,271.15	2,725.38	3,179.61
Pentraeth	£	909.36	1,060.92	1,212.48	1,364.04	1,667.16	1,970.28	2,273.40	2,728.08	3,182.76
Moelfre	£	904.14	1,054.83	1,205.52	1,356.21	1,657.59	1,958.97	2,260.35	2,712.42	3,164.49
Llanbadrig	£	916.92	1,069.74	1,222.56	1,375.38	1,681.02	1,986.66	2,292.30	2,750.76	3,209.22
Llanddyfnan	£	900.66	1,050.77	1,200.88	1,350.99	1,651.21	1,951.43	2,251.65	2,701.98	3,152.31
Llaneilian	£	905.88	1,056.86	1,207.84	1,358.82	1,660.78	1,962.74	2,264.70	2,717.64	3,170.58
Llannerch-y-medd	£	906.12	1,057.14	1,208.16	1,359.18	1,661.22	1,963.26	2,265.30	2,718.36	3,171.42
Llaneugrad	£	905.88	1,056.86	1,207.84	1,358.82	1,660.78	1,962.74	2,264.70	2,717.64	3,170.58
Llanfair Mathafarn Eithaf	£	912.06	1,064.07	1,216.08	1,368.09	1,672.11	1,976.13	2,280.15	2,736.18	3,192.21
Cylch y Garn	£	901.32	1,051.54	1,201.76	1,351.98	1,652.42	1,952.86	2,253.30	2,703.96	3,154.62
Mechell	£	902.28	1,052.66	1,203.04	1,353.42	1,654.18	1,954.94	2,255.70	2,706.84	3,157.98
Rhos-y-bol	£	902.16	1,052.52	1,202.88	1,353.24	1,653.96	1,954.68	2,255.40	2,706.48	3,157.56
Aberffraw	£	907.08	1,058.26	1,209.44	1,360.62	1,662.98	1,965.34	2,267.70	2,721.24	3,174.78
Bodedern	£	907.02	1,058.19	1,209.36	1,360.53	1,662.87	1,965.21	2,267.55	2,721.06	3,174.57
Bodffordd	£	901.56	1,051.82	1,202.08	1,352.34	1,652.86	1,953.38	2,253.90	2,704.68	3,155.46
Trearddur	£	907.50	1,058.75	1,210.00	1,361.25	1,663.75	1,966.25	2,268.75	2,722.50	3,176.25
Tref Alaw	£	908.16	1,059.52	1,210.88	1,362.24	1,664.96	1,967.68	2,270.40	2,724.48	3,178.56
Llanfachraeth	£	903.54	1,054.13	1,204.72	1,355.31	1,656.49	1,957.67	2,258.85	2,710.62	3,162.39
Llanfaelog	£	906.54	1,057.63	1,208.72	1,359.81	1,661.99	1,964.17	2,266.35	2,719.62	3,172.89
Llanfaethlu	£	904.74	1,055.53	1,206.32	1,357.11	1,658.69	1,960.27	2,261.85	2,714.22	3,166.59
Llanfair-yn-Neubwll	£	905.76	1,056.72	1,207.68	1,358.64	1,660.56	1,962.48	2,264.40	2,717.28	3,170.16
Valley	£	913.32	1,065.54	1,217.76	1,369.98	1,674.42	1,978.86	2,283.30	2,739.96	3,196.62
Bryngwran	£	909.18	1,060.71	1,212.24	1,363.77	1,666.83	1,969.89	2,272.95	2,727.54	3,182.13
Rhoscolyn	£	898.92	1,048.74	1,198.56	1,348.38	1,648.02	1,947.66	2,247.30	2,696.76	3,146.22
Trewalchmai	£	903.42	1,053.99	1,204.56	1,355.13	1,656.27	1,957.41	2,258.55	2,710.26	3,161.97

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ISLE OF ANGLESEY COUNTY COUNCIL		
REPORT TO:	COUNTY COUNCIL	
DATE:	28 FEBRUARY 2017	
SUBJECT:	TREASURY MANAGEMENT MID-YEAR REVIEW REPORT 2016/17	
PORTFOLIO HOLDER(S):	COUNCILLOR H E JONES	
HEAD OF SERVICE:	MARC JONES	(EXT. 2601)
REPORT AUTHOR:	GARETH ROBERTS	
TEL:	01248 752675	
E-MAIL:	GarethJRoberts@anglesey.gov.uk	
LOCAL MEMBERS:	n/a	
A - Recommendation/s and reason/s		
<ul style="list-style-type: none"> • To review the report to be consistent with professional guidance and to comply with the recommendations of the CIPFA Code of Practice on Treasury Management; • The report was scrutinised by the Audit Committee on 6 December 2016 who resolved to forward the report onto the Executive on the 19 December without any comments; • The Executive considered the report and resolved to forward on to this Committee without any comments. 		
B - What other options did you consider and why did you reject them and/or opt for this option?		
n/a		
C - Why is this decision for the Executive?		
To comply with the scheme of delegation, as set out in the Treasury Management Strategy Statement 2016/17, that was approved by this Council on 10 March 2016.		
CH - Is this decision consistent with policy approved by the full Council?		
Yes		
D - Is this decision within the budget approved by the Council?		
n/a		
DD - Who did you consult?		What did they say?
1	Chief Executive / Strategic Leadership Team (SLT) (mandatory)	
2	Finance / Section 151 (mandatory)	n/a – this is the Section151 Officer’s report
3	Legal / Monitoring Officer (mandatory)	
4	Human Resources (HR)	
5	Property	
6	Information Communication Technology (ICT)	
7	Scrutiny	
8	Local Members	
9	Any external bodies / other/s	

E - Risks and any mitigation (if relevant)		
1	Economic	
2	Anti-poverty	
3	Crime and Disorder	
4	Environmental	
5	Equalities	
6	Outcome Agreements	
7	Other	
F - Appendices:		
Annex A - Treasury Management Mid-Year Review Report 2016/17 Appendix 1 - Economic performance to date and outlook Appendix 2 - Commentary on the latest interest rates forecasts Appendix 3 - Capita Asset Services Forward View Appendix 4 - Borrowing and Investment Summary – Quarters 1 and 2 2016/17 Appendix 5 - Credit ratings of investment counterparties and deposits held with each as at 30 September 2016 Appendix 6 - Approved countries for investments		
FF - Background papers (please contact the author of the Report for any further information):		
<ul style="list-style-type: none"> Treasury Management Strategy Statement (TMSS) for 2016/17 that was approved by this Council on 10 March 2016. 		

1. Introduction

The Council operates a balanced budget, which broadly means cash raised during the year will meet its cash expenditure. Part of the treasury management operations ensure this cash flow is adequately planned, with surplus monies being invested in low risk counterparties, providing adequate liquidity initially before considering optimising investment return.

The second main function of the treasury management service is the funding of the Council's capital plans. These capital plans provide a guide to the borrowing need of the Council, essentially the longer term cash flow planning to ensure the Council can meet its capital spending operations. This management of longer term cash may involve arranging long or short term loans, or using longer term cash flow surpluses, and on occasion any debt previously drawn may be restructured to meet Council risk or cost objectives.

Accordingly, treasury management is defined as:-

“The management of the local authority’s investments and cash flows, its banking, money market and capital market transactions; the effective control of the risks associated with those activities; and the pursuit of optimum performance consistent with those risks.”

2. Background

The primary requirements of the Code are as follows:

1. Creation and maintenance of a Treasury Management Policy Statement which sets out the policies and objectives of the Council's treasury management activities.
2. Creation and maintenance of Treasury Management Practices which set out the manner in which the Council will seek to achieve those policies and objectives.
3. Receipt by the full Council of an Annual Treasury Management Strategy Statement, which includes the Annual Investment Strategy and Minimum Revenue Provision Policy for the year ahead, a Mid-year Review Report (this report) and an Annual Report, covering activities during the previous year.
4. Delegation by the Council of responsibilities for implementing and monitoring treasury management policies and practices and for the execution and administration of treasury management decisions.
5. Delegation by the Council of the role of scrutiny of treasury management strategy and policies to a specific named body. For this Council the delegated body is the Audit Committee.

This mid-year report has been prepared in compliance with CIPFA's Code of Practice on Treasury Management, and covers the following:-

- An economic update for the first part of the 2016/17 financial year;
- A review of the Treasury Management Strategy Statement and Annual Investment Strategy;
- The Council's capital expenditure (prudential indicators);
- A review of the Council's investment portfolio for 2016/17;
- A review of the Council's borrowing strategy for 2016/17;
- A review of any debt rescheduling undertaken during 2016/17;
- A summary of activity since Quarter 2;
- A look ahead to next year; and
- A review of compliance with Treasury and Prudential Limits for 2016/17.

3. Economic Update

3.1 The Council's treasury advisers provided a summary of the economic performance to date and outlook shortly after the end of the first quarter, and can be found in Appendix 1. They have also recently provided the following interest rate forecast:-

	Dec 2016	Mar 2017	Jun 2017	Sep 2017	Dec 2017	Mar 2018	Jun 2018
Bank Rate (%)	0.25	0.25	0.25	0.25	0.25	0.25	0.25
5yr PWLB rate (%)	1.60	1.60	1.60	1.60	1.60	1.70	1.70
10yr PWLB rate (%)	2.30	2.30	2.30	2.30	2.30	2.30	2.40
25yr PWLB rate (%)	2.90	2.90	2.90	2.90	3.00	3.00	3.00
50yr PWLB rate (%)	2.70	2.70	2.70	2.70	2.80	2.80	2.80

3.2 The Council's treasury advisers recently provided a commentary alongside the interest rate forecast above. This commentary can be found in Appendix 2.

3.3 Following the reduction in the interest rate, the projected investment income is less than the budget for 2016/17.

4. Treasury Management Strategy Statement and Annual Investment Strategy Update

4.1 The Treasury Management Strategy Statement (TMSS) for 2016/17 was approved by this Council on 10 March 2016. There are no policy changes to the TMSS; the details in this report update the position in the light of the updated economic position.

5. The Council's Capital Position (Prudential Indicators)

5.1 This part of the report is structured to update:-

- The Council's capital expenditure plans;
- How these plans are being financed;
- The impact of the changes in the capital expenditure plans on the prudential indicators and the underlying need to borrow; and
- Compliance with the limits in place for borrowing activity.

5.2 Prudential Indicator for Capital Expenditure

This table shows the revised estimates for capital expenditure in comparison to the capital budget.

Capital Expenditure	2016/17 Original Estimate £'000	Position as at 30 September 2016 £'000	2016/17 Current Estimate £'000
Council Fund	38,080	11,880	30,910
HRA	14,170	3,660	12,150
Total	52,250	15,540	43,060

5.2.1 The current estimate for capital expenditure is behind the original estimate mainly due to the Nanner Road Project coming in under the predicted cost and the online works are not as advanced as initially estimated, and the Holyhead & Llangefni Infrastructure still awaiting WEFO funding and it is not anticipated that any Capital Expenditure will be incurred this year. For a full breakdown on the Capital expenditure for 2016/17, please see the Capital Budget Monitoring Report that went to the Executive on 28 November 2016

5.3 Changes to the Financing of the Capital Programme

5.3.1 There are no significant changes to the financing of the capital programme to report at this stage.

5.3.2 The Table below shows the current estimate for the financing of the Capital Programme 2016/17 in comparison to the original forecast. The main difference relates to the funding for Capital Grants and Supported Borrowing, which is due to the funding arrangement of the 21st Century Schools programme for 2016/17. The Welsh Government funding is in the form of a Capital Grant and Supported Borrowing, and it was estimated that this would be split 50:50 in 2016/17. However, there is a greater weighting towards Supported Borrowing in 2016/17, meaning the Supported Borrowing has increased and Capital Grant has decreased. In future years it will be reversed with a greater weighting towards Capital Grant. This, along with the forecast under spend in the Holyhead & Llangefni Strategic Infrastructure and the forecast underspend in The New Highways to Wylfa Newydd, as previously stated, is the main reason the Capital Grant will be less in 2016/17.

Capital Financing	2016/17 Original Estimate £'000	2016/17 Revised Estimate £'000
Capital Grants	24,700	14,370
Capital Receipts	6,570	6,580
From Reserves	780	290
Revenue Contribution	10,680	8,940
Supported Borrowing	2,190	6,380
Unsupported Borrowing	6,730	5,900
Insurance	600	600
Total	52,250	43,060

5.4 Changes to the Prudential Indicators for the Capital Financing Requirement (CFR), External Debt and the Operational Boundary

5.4.1 The table below shows the CFR, which is the underlying external need to incur borrowing for a capital purpose. It also shows the expected debt position over the period. This is termed the Operational Boundary.

5.4.2 Prudential Indicator – Capital Financing Requirement

5.4.2.1 We are on target to achieve the original forecast Capital Financing Requirement.

5.4.3 Prudential Indicator – External Debt/the Operational Boundary

	2016/17 Original Estimate £000	CFR Position at 30 September 2016 £000
Prudential Indicator – Capital Financing Requirement		
CFR – Council Fund	95,748	92,981
CFR – HRA	43,529	42,498
Total CFR	139,277	135,479
Net movement in CFR	9,099	7,823
	2016/17 Original Estimate £'000	Borrowing Position at 30 September 2016 £'000
Prudential Indicator – External Debt/the Operational Boundary		
Borrowing	161,000	110,739
Other long term liabilities	3,000	Nil
Total debt 31 March	164,000	110,739

5.5 Limits to Borrowing Activity

- 5.5.1** The first key control over the treasury activity is a prudential indicator to ensure that, over the medium term, net borrowing (borrowings less investments) will only be for a capital purpose. Gross external borrowing should not, except in the short term, exceed the total of CFR in the preceding year plus the estimates of any additional CFR for 2016/17 and the next two financial years. This allows some flexibility for limited early borrowing for future years. The Council has approved a policy for borrowing in advance of need which will be adhered to if this proves prudent.

	2016/17 Original Estimate £'000	Position as at 30 September 2016 £'000
Gross borrowing	139,277	110,739
Plus other long term liabilities	Nil	Nil
Gross borrowing	139,277	110,739
CFR (year-end position)	139,277	n/a

- 5.5.2** It is not envisaged that there will be any difficulties for the current year in complying with this prudential indicator.

- 5.5.3** A further prudential indicator controls the overall level of borrowing. This is the Authorised Limit which represents the limit beyond which borrowing is prohibited, and needs to be set and revised by Members, currently £169m. It reflects the level of borrowing which, while not desired, could be afforded in the short term, but is not sustainable in the longer term. It is the expected maximum borrowing need with some headroom for unexpected movements. This is the statutory limit determined under section 3 (1) of the Local Government Act 2003.

Authorised limit for external debt	2016/17 Original Indicator	Current Borrowing Position as at 30 September 2016 £'000
Borrowing	166,000	110,739
Other long term liabilities	3,000	Nil
Total	169,000	110,739

6. Investment Portfolio 2016/17

- 6.1** In accordance with the Code, it is the Council's priority to ensure security of capital and liquidity, and to obtain an appropriate level of return which is consistent with the Council's risk appetite. As set out in Section 3, it is a very difficult investment market in terms of earning the level of interest rates commonly seen in previous decades as rates are very low and in line with the current 0.25% Bank Rate. The continuing potential for a re-emergence of a Eurozone sovereign debt crisis together with other risks which could impact on the creditworthiness of banks, prompts a low risk strategy. Given this risk environment, investment returns are likely to remain low.
- 6.2** The Council held £14.6m of investments as at 30 September 2016 (£16.2m at 31 March 2016) and the investment portfolio yield for the first six months of the year was 0.35%. A full list of investments as at 30th September 2016 can be found in Appendix 5. A summary of the investments and rates can be found in Appendix 4.
- 6.3** The approved limits within the Annual Investment Strategy were not breached during the first six months of 2016/17.

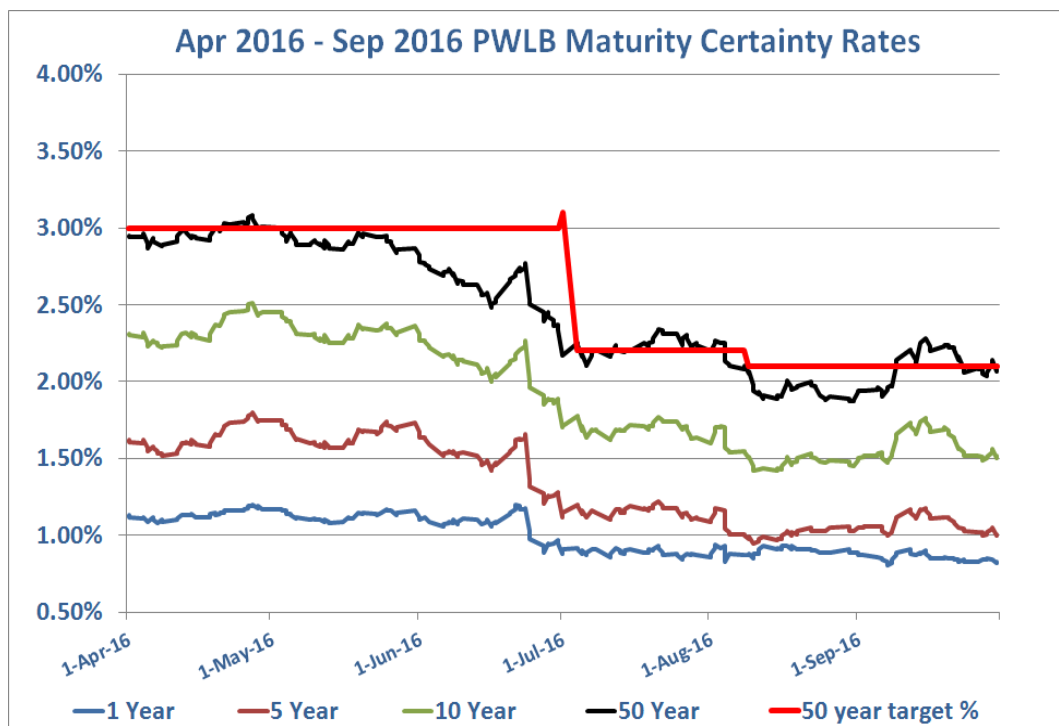
- 6.4** The Council's budgeted investment return for 2016/17 is £0.150m and performance for the year to date is not in line with the budget, with only £0.037m received to the end of Quarter 2. Due to the interest rate reduction that occurred during the first half of the year, the budgeted £0.150m will not be met in 2016/17.
- 6.5** The current investment counterparty criteria selection approved in the TMSS is meeting the requirement of the treasury management function.
- 6.6** During the first six months of 2016/17, a fixed term investment matured from Nationwide Building Society for £5m on the 15 May 2016. This investment was rolled over with Nationwide Building Society for its full amount for a further three months to 16 August 2016 at a rate of 0.51%. Upon maturity at this date, the full amount was again rolled over with Nationwide Building Society for three months until 16 November 2016 at a rate of 0.28%.
- 6.7** During the first six months of 2016/17, the Isle of Anglesey County Council opened a deposit account with its main bank, National Westminster Bank plc. This deposit account is called Corporate Cash Manager, and the current interest rate on this account is 0.01%. This account will usually only be used when the balances on the other call accounts are at their maximum.

7. Borrowing

- 7.1** The projected capital financing requirement (CFR) for 2016/17 is £135.5m. The CFR denotes the Council's underlying need to borrow for capital purposes. If the CFR is positive, the Council may borrow from the PWLB or the market (external borrowing) or from internal balances on a temporary basis (internal borrowing). The balance of external and internal borrowing is generally driven by market conditions. The Council has projected year end borrowings of £110.7m and will have used £24.8m of cash flow funds in lieu of borrowing. This is a prudent and cost effective approach in the current economic climate but will require ongoing monitoring in the event that upside risk to gilt yields prevails.
- 7.2** No borrowing was undertaken during the first half of this financial year.
- 7.3** As shown in the graph below, the general trend to date has been a sharp fall in interest rates in the current financial year. The graph and table below show the movement in PWLB certainty rates (which is when the government has reduced by 20 basis points 20 (0.20%) the interest rates on loans to principal local authorities (including the Isle of Anglesey County Council) who provide information as required on their plans for long-term borrowing and associated capital spending) for the first six months of the year to date:-

PWLB certainty rates 1 April 2016 to 30th September 2016

	1 Year	5 Year	10 Year	25 Year	50 Year
1/4/16	1.13%	1.62%	2.31%	3.14%	2.95%
30/9/16	0.83%	1.01%	1.26%	1.41%	1.66%
Low	0.81%	0.95%	1.42%	2.08%	1.87%
Date	07/09/2016	10/08/2016	10/08/2016	12/08/2016	30/08/2016
High	1.20%	1.80%	2.51%	3.28%	3.08%
Date	27/04/2016	27/04/2016	27/04/2016	27/04/2016	27/04/2016
Average	0.99%	1.33%	1.92%	2.69%	2.46%



8. Debt Rescheduling

8.1 Debt rescheduling opportunities have been very limited in the current economic climate given the consequent structure of interest rates, and following the increase in the margin added to gilt yields which has impacted PWLB new borrowing rates since October 2010. No debt rescheduling has therefore been undertaken to date in the current financial year. An exercise was undertaken to determine if it would be worthwhile to reschedule some of the debt, however, it would not be cost effective as a premium charge will occur on all premature repayment of loan which is greater than the savings in interest payments that would be achieved.

9. Activity since Quarter

9.1 In addition to the normal transfers between call accounts designed to maximize Investment Income, since Quarter 2 the fixed term investment made with Nationwide Building Society (mentioned in section 6.6) for £5m at a rate of 0.28% matured on 16/11/16. This investment was not rolled over and was repaid to the Isle of Anglesey County Council. Since the end of the quarter, there has been a further investment made for £5m with Aberdeen City Council. The duration of this investment is 2 months from 18/10/16 to 16/12/16 at a rate of 0.22%.

10. Plans for next year

10.1 At its next meeting in February, this Committee will consider the plans for borrowing for the next financial year. The initial plans, according to the draft Capital Programme for 2017/18 are:-

- to use the required sum from the available general supported borrowing allocation of £2.203m, and £1.269m of specific supported borrowing for the 21st century schools programme; and
- to borrow £0.653m on an unsupported basis for the general fund capital schemes and £4.326m on the 21st century schools programme.

11. Recommendation

11.1 To consider the content of the report and forward any comments onto the Full Council.

Perfformiad Economaidd hyd yma a'r rhagolygiad/ Economic performance to date and outlook**1. United Kingdom**

GDP growth rates in 2013, 2014 and 2015 of 2.2%, 2.9% and 1.8% were some of the strongest rates among the G7 countries. Growth is expected to have strengthened in 2016 with the first three quarters coming in respectively at +0.4%, +0.7% and +0.5%. The latest Bank of England forecast for growth in 2016 as a whole is +2.2%. The figure for quarter 3 was a pleasant surprise which confounded the downbeat forecast by the Bank of England in August of only +0.1%, (subsequently revised up in September, but only to +0.2%). During most of 2015 and the first half of 2016, the economy had faced headwinds for exporters from the appreciation of sterling against the Euro, and weak growth in the EU, China and emerging markets, and from the dampening effect of the Government's continuing austerity programme.

The referendum vote for Brexit in June 2016 delivered an immediate shock fall in confidence indicators and business surveys at the beginning of August, which were interpreted by the Bank of England in its August Inflation Report as pointing to an impending sharp slowdown in the economy. However, the following monthly surveys in September showed an equally sharp recovery in confidence and business surveys so that it is generally expected that the economy will post reasonably strong growth numbers through the second half of 2016 and also in 2017, albeit at a slower pace than in the first half of 2016.

The Monetary Policy Committee, (MPC), meeting of 4th August was therefore dominated by countering this expected sharp slowdown and resulted in a package of measures that included a cut in Bank Rate from 0.50% to 0.25%, a renewal of quantitative easing, with £70bn made available for purchases of gilts and corporate bonds, and a £100bn tranche of cheap borrowing being made available for banks to use to lend to businesses and individuals.

The MPC meeting of 3 November left Bank Rate unchanged at 0.25% and other monetary policy measures also remained unchanged. This was in line with market expectations, but a major change from the previous quarterly Inflation Report MPC meeting of 4 August, which had given a strong steer, in its forward guidance, that it was likely to cut Bank Rate again, probably by the end of the year if economic data turned out as forecast by the Bank.

The latest MPC decision included a forward view that Bank Rate could go either up or down depending on how economic data evolves in the coming months. Our central view remains that Bank Rate will remain unchanged at 0.25% until the first increase to 0.50% in quarter 2 2019 (unchanged from our previous forecast). However, we would not, as yet, discount the risk of a cut in Bank Rate if economic growth were to take a significant dip downwards, though we think this is unlikely. We would also point out that forecasting as far ahead as mid 2019 is highly fraught as there are many potential economic headwinds which could blow the UK economy one way or the other as well as political developments in the UK, (especially over the terms of Brexit), EU, US and beyond, which could have a major impact on our forecasts.

The pace of Bank Rate increases in our forecasts has been slightly increased beyond the three year time horizon to reflect higher inflation expectations.

The August quarterly Inflation Report was based on a pessimistic forecast of near to zero GDP growth in quarter 3 i.e. a sharp slowdown in growth from +0.7% in quarter 2, in reaction to the shock of the result of the referendum in June. However, consumers have very much stayed in a 'business as usual' mode and there has been no sharp downturn in spending; it is consumer expenditure that underpins the services sector which comprises about 75% of UK GDP. After a fairly flat three months leading up to October, retail sales in October surged at the strongest rate since September 2015. In addition, the GfK consumer confidence index has recovered quite strongly to -3 in October after an initial sharp plunge in July to -12 in reaction to the referendum result.

Bank of England GDP forecasts in the November quarterly Inflation Report were as follows, (August forecasts in brackets) - 2016 +2.2%, (+2.0%); 2017 1.4%, (+0.8%); 2018 +1.5%, (+1.8%). There has, therefore, been a sharp increase in the forecast for 2017, a marginal increase in 2016 and a small decline in growth, now being delayed until 2018, as a result of the impact of Brexit.

Capital Economics' GDP forecasts are as follows: 2016 +2.0%; 2017 +1.5%; 2018 +2.5%. They feel that pessimism is still being overdone by the Bank and Brexit will not have as big an effect as initially feared by some commentators.

The Chancellor has said he will do 'whatever is needed' i.e. to promote growth; there are two main options he can follow – fiscal policy e.g. cut taxes, increase investment allowances for businesses, and/or increase government expenditure on infrastructure, housing etc. This will mean that the PSBR deficit elimination timetable will need to slip further into the future as promoting growth, (and ultimately boosting tax revenues in the longer term), will be a more urgent priority. The Governor of the Bank of England, Mark Carney, had warned that a vote for Brexit would be likely to cause a slowing in growth, particularly from a reduction in business investment, due to the uncertainty of whether the UK would have continuing full access, (i.e. without tariffs), to the EU single market. He also warned that the Bank could not do all the heavy lifting to boost economic growth and suggested that the Government would need to help growth e.g. by increasing investment expenditure and by using fiscal policy tools. The newly appointed Chancellor, Phillip Hammond, announced, in the aftermath of the referendum result and the formation of a new Conservative cabinet, that the target of achieving a budget surplus in 2020 would be eased in the Autumn Statement on 23 November.

The other key factor in forecasts for Bank Rate is inflation where the MPC aims for a target for CPI of 2.0%. The November Inflation Report included an increase in the peak forecast for inflation from 2.3% to 2.7% during 2017; (Capital Economics are forecasting a peak of 3.2% in 2018). This increase was largely due to the effect of the sharp fall in the value of sterling since the referendum, (16% down against the US dollar and 11% down against the Euro); this will feed through into a sharp increase in the cost of imports and materials used in production in the UK. However, the MPC is expected to look through the acceleration in inflation caused by external, (outside of the UK), influences, although it has given a clear warning that if wage inflation were to rise significantly as a result of these cost pressures on consumers, then they would take action to raise Bank Rate.

What is clear is that consumer disposable income will come under pressure, as the latest employers' survey is forecasting median pay rises for the year ahead of only 1.1% at a time when inflation will be rising significantly higher than this. The CPI figure for October surprised by under shooting forecasts at 0.9%. However, producer output prices rose at 2.1% and core inflation was up at 1.4%, confirming the likely future upwards path.

Gilt yields, and consequently PwLB rates, have risen sharply since hitting a low point in mid-August. There has also been huge volatility during 2016 as a whole. The year started with 10 year gilt yields at 1.88%, fell to a low point of 0.53% on 12 August, and have hit a peak on the way up again of 1.46% on 14 November. The rebound since August reflects the initial combination of the yield-depressing effect of the MPC's new round of quantitative easing on 4 August, together with expectations of a sharp downturn in expectations for growth and inflation as per the pessimistic Bank of England Inflation Report forecast, followed by a sharp rise in growth expectations since August when subsequent business surveys, and GDP growth in quarter 3 at +0.5% q/q, confounded the pessimism. Inflation expectations also rose sharply as a result of the continuing fall in the value of sterling.

Employment has been growing steadily during 2016, despite initial expectations that the referendum would cause a fall in employment. However, the latest employment data in November, (for October), showed a distinct slowdown in the rate of employment growth and an increase in the rate of growth of the unemployment claimant count. House prices have been rising during 2016 at a modest pace but the pace of increase has been slowing since the referendum; a downturn in prices could dampen consumer confidence and expenditure.

2. United States of America

The American economy had a patchy 2015 with sharp swings in the quarterly growth rate leaving the overall growth for the year at 2.4%. Quarter 1 of 2016 at +0.8%, (on an annualised basis), and quarter 2 at 1.4% left average growth for the first half at a weak 1.1%. However, the first estimate for quarter 3 at 2.9% signalled a rebound to strong growth. The Fed. embarked on its long anticipated first increase in rates at its December 2015 meeting. At that point, confidence was high that there would then be four more increases to come in 2016. Since then, more downbeat news on the international scene and then the Brexit vote, have caused a delay in the timing of the second increase which is now strongly expected in December 2016. Overall, despite some data setbacks, the US is still, probably, the best positioned of the major world economies to make solid progress towards a combination of strong growth, full employment and rising inflation: this is going to require the central bank to take action to raise rates so as to make progress towards normalisation of monetary policy, albeit at lower central rates than prevailed before the 2008 crisis.

The result of the presidential election in November is expected to lead to a strengthening of US growth if Trump's election promise of a major increase in expenditure on infrastructure is implemented. This policy is also likely to strengthen inflation pressures as the economy is already working at near full capacity. In addition, the unemployment rate is at a low point verging on what is normally classified as being full employment. However, the US does have a substantial amount of hidden unemployment in terms of an unusually large, (for a developed economy), percentage of the working population not actively seeking employment.

Trump's election has had a profound effect on the bond market and bond yields have risen sharply in the week since his election. Time will tell if this is a temporary over reaction, or a reasonable assessment of his election promises to cut taxes at the same time as boosting expenditure. This could lead to a sharp rise in total debt issuance from the current level of around 72% of GDP towards 100% during his term in office. However, although the Republicans now have a monopoly of power for the first time since the 1920s, in having a President and a majority in both Congress and the Senate, there is by no means any certainty that the politicians and advisers he has been appointing to his team, and both houses, will implement the more extreme policies that Trump outlined during his election campaign. Indeed, Trump may even rein back on some of those policies himself.

The election does not appear likely to have much impact on the Fed. in terms of holding back further on increasing the Fed. Rate. Accordingly, the next rate rise is still widely expected to occur in December 2016, followed by sharper increases thereafter, which may also cause Treasury yields to rise further. If the Trump package of policies is fully implemented, there is likely to be a significant increase in inflationary pressures which could, in turn, mean that the pace of further Fed. Rate increases will be quicker and stronger than had been previously expected.

In the first week since the US election, there has been a major shift in investor sentiment away from bonds to equities, especially in the US. However, gilt yields in the UK and bond yields in the EU have also been dragged higher. Some commentators are saying that this rise has been an overreaction to the US election result which is likely to be reversed. Other commentators take the view that this could well be the start of the long expected eventual unwinding of bond prices propelled upwards to unrealistically high levels, (and conversely bond yields pushed down), by the artificial and temporary power of quantitative easing.

3. Eurozone

In the Eurozone, the ECB commenced, in March 2015, its massive €1.1 trillion programme of quantitative easing to buy high credit quality government and other debt of selected EZ countries at a rate of €60bn per month. This was intended to run initially to September 2016 but was extended to March 2017 at its December 2015 meeting. At its December and March 2016 meetings it progressively cut its deposit facility rate to reach -0.4% and its main refinancing rate from 0.05% to zero. At its March meeting, it also increased its monthly asset purchases to €80bn. These measures have struggled to make a significant impact in boosting economic growth and in helping inflation to rise significantly from low levels towards the target of 2%.

EZ GDP growth in the first three quarters of 2016 has been 0.5%, +0.3% and +0.3%, (+1.6% y/y). Forward indications are that economic growth in the EU is likely to continue at moderate levels. This has added to comments from many forecasters that those central banks in countries around the world which are currently struggling to combat low growth, are running out of ammunition to stimulate growth and to boost inflation. Central banks have also been stressing that national governments will need to do more by way of structural reforms, fiscal measures and direct investment expenditure to support demand and economic growth in their economies.

There are also significant specific political and other risks within the EZ: -

- Greece continues to cause major stress in the EU due to its tardiness and reluctance in implementing key reforms required by the EU to make the country more efficient and to make significant progress towards the country being able to pay its way – and before the EU is prepared to agree to release further bail out funds.
- Spain has had two inconclusive general elections in 2015 and 2016, both of which failed to produce a workable government with a majority of the 350 seats. At the eleventh hour on 31 October, before it would have become compulsory to call a third general election, the party with the biggest bloc of seats (137), was given a majority confidence vote to form a government. This is potentially a highly unstable situation, particularly given the need to deal with an EU demand for implementation of a package of austerity cuts which will be highly unpopular.
- The under capitalisation of Italian banks poses a major risk. Some German banks are also undercapitalised, especially Deutsche Bank, which is under threat of major financial penalties from regulatory authorities that will further weaken its capitalisation. What is clear is that national governments are forbidden by EU rules from providing state aid to bail out those banks that are at risk, while, at the same time, those banks are unable realistically to borrow additional capital in financial markets due to their vulnerable financial state. However, they are also 'too big, and too important to their national economies, to be allowed to fail'.
- 4 December Italian constitutional referendum on reforming the Senate and reducing its powers; this has also become a confidence vote on Prime Minister Renzi who originally said he would resign if there is a 'no' vote, but has since back tracked on that in the light of adverse poll predictions. A rejection of these proposals would stop progress to fundamental political and economic reform which is urgently needed to deal with Italy's core problems, especially low growth and a very high debt to GDP ratio of 135%. They are also intended to give Italy more stable government as no western European country has had such a multiplicity of governments since the Second World War as Italy, due to the equal split of power between the two chambers of the Parliament which are both voted in by the Italian electorate but by using different voting systems. It is unclear what the political, and other, repercussions could be if there is a 'No' vote.
- Dutch general election 15.3.17; a far right party is currently polling neck and neck with the incumbent ruling party. In addition, anti-big business and anti-EU activists have already collected two thirds of the 300,000 signatures required to force a referendum to be taken on approving the EU – Canada free trade pact. This could delay the pact until a referendum in 2018 which would require unanimous approval by all EU governments before it can be finalised. In April 2016, Dutch voters rejected by 61.1% an EU – Ukraine cooperation pact under the same referendum law. Dutch activists are concerned by the lack of democracy in the institutions of the EU.

- French presidential election; first round 13 April; second round 7 May 2017.
- French National Assembly election June 2017.
- German Federal election August – 22 October 2017. This could be affected by significant shifts in voter intentions as a result of terrorist attacks, dealing with a huge influx of immigrants and a rise in anti EU sentiment.
- The core EU, (note, not just the Eurozone currency area), principle of free movement of people within the EU is a growing issue leading to major stress and tension between EU states, especially with the Visegrad bloc of former communist states.

Given the number and type of challenges the EU faces in the next eighteen months, there is an identifiable risk for the EU project to be called into fundamental question. The risk of an electoral revolt against the EU establishment has gained traction after the shock results of the UK referendum and the US Presidential election. But it remains to be seen whether any shift in sentiment will gain sufficient traction to produce any further shocks within the EU.

4. Asia

Economic growth in China has been slowing down and this, in turn, has been denting economic growth in emerging market countries dependent on exporting raw materials to China. Medium term risks have been increasing in China e.g. a dangerous build up in the level of credit compared to the size of GDP, plus there is a need to address a major over supply of housing and surplus industrial capacity, which both need to be eliminated. This needs to be combined with a rebalancing of the economy from investment expenditure to consumer spending. However, the central bank has a track record of supporting growth through various monetary policy measures, though these further stimulate the growth of credit risks and so increase the existing major imbalances within the economy.

Economic growth in Japan is still patchy, at best, and skirting with deflation, despite successive rounds of huge monetary stimulus and massive fiscal action to promote consumer spending. The government is also making little progress on fundamental reforms of the economy.

5. Emerging countries

There have been major concerns around the vulnerability of some emerging countries exposed to the downturn in demand for commodities from China or to competition from the increase in supply of American shale oil and gas reaching world markets. The ending of sanctions on Iran has also brought a further significant increase in oil supplies into the world markets. While these concerns have subsided during 2016, if interest rates in the USA do rise substantially over the next few years, (and this could also be accompanied by a rise in the value of the dollar in exchange markets), this could cause significant problems for those emerging countries with large amounts of debt denominated in dollars. The Bank of International Settlements has recently released a report that \$340bn of emerging market corporate debt will fall due for repayment in the remaining two months of 2016 and in 2017 – a 40% increase on the figure for the last three years.

Financial markets could also be vulnerable to risks from those emerging countries with major sovereign wealth funds, that are highly exposed to the falls in commodity prices from the levels prevailing before 2015, especially oil, and which, therefore, may have to liquidate substantial amounts of investments in order to cover national budget deficits over the next few years if the price of oil does not return to pre-2015 levels.

Brexit timetable and process

- March 2017: UK government notifies the European Council of its intention to leave under the Treaty on European Union Article 50
- March 2019: two-year negotiation period on the terms of exit. This period can be extended with the agreement of all members i.e. not that likely.
- UK continues as an EU member during this two-year period with access to the single market and tariff free trade between the EU and UK.
- The UK and EU would attempt to negotiate, among other agreements, a bi-lateral trade agreement over that period.

- The UK would aim for a negotiated agreed withdrawal from the EU, although the UK may also exit without any such agreements.
- If the UK exits without an agreed deal with the EU, World Trade Organisation rules and tariffs could apply to trade between the UK and EU - but this is not certain.
- On exit from the EU: the UK parliament would repeal the 1972 European Communities Act.
- The UK will then no longer participate in matters reserved for EU members, such as changes to the EU's budget, voting allocations and policies.
- It is possible that some sort of agreement could be reached for a transitional time period for actually implementing Brexit after March 2019 so as to help exporters to adjust in both the EU and in the UK.

Rhan o gyngor dderbyniwyd gan / An extract from advice received from: Capita Asset Services

Sylwadau ar y rhagolygon diweddaraf ar raddfeydd llog/Commentary on the latest interest rates forecasts

We have updated our forecasts of 9 August to take into account the Bank of England quarterly Inflation Report for November 2016, the decision of the MPC meeting of 3 November, and the US Presidential election of 8 November. We also felt that we should allow financial markets to settle down for a few days after the result of that election, which provided a surprise outcome. We therefore undertook a review of our forecasts on 15 November.

Despite many ominous warnings that there could be significant turbulence in financial markets if Donald Trump won the election, markets have surprised by their lack of such a reaction. In fact, stock markets in America have hit a new record high in the first few days since the election. However, Treasury yields have risen sharply in expectation of a significant rise in inflation, as an economy which is already working near to full capacity could be in line for a significant boost to economic growth if Trump's expansion of infrastructure expenditure plans become a reality.

His plans to cut taxes, at the same time as boosting expenditure, could also lead to a sharp rise in total debt issuance from the current level of around 72% of GDP towards 100% during his term in office. However, although the Republicans now have a monopoly of power for the first time since the 1920s, in having a President and a majority in both Congress and the Senate, there is by no means any certainty that the politicians and advisers he has been appointing to his team, and both houses, will implement the more extreme policies that Trump outlined during his election campaign. Indeed, Trump may even rein back on some of those policies himself.

The MPC meeting of 3 November left Bank Rate unchanged at 0.25% and other monetary policy measures also remained unaltered. This was in line with market expectations, but a major change from the previous quarterly Inflation Report MPC meeting of 4 August, which had given a strong steer in its forward guidance that it was likely to cut Bank Rate again, probably by the end of the year if economic data turned out as forecast by the Bank.

The latest MPC decision included a forward view that Bank Rate could go either up or down depending on how economic data evolve in the coming months. Our central view remains that Bank Rate will remain unchanged at 0.25% until the first increase to 0.50% in June 2019 (unchanged from our previous forecast). However, we would not, as yet, discount the risk of a cut in Bank Rate if economic growth were to take a significant dip downwards, though we think this is unlikely. We would also point out that forecasting as far ahead as mid 2019 is highly fraught as there are many potential economic headwinds which could blow the UK economy one way or the other as well as political developments in the UK, (especially over the terms of Brexit), EU, US and beyond, which could have a major impact on our forecasts.

The pace of Bank Rate increases in our forecasts has been slightly increased beyond the three year time horizon to reflect higher inflation expectations.

The August quarterly Inflation Report was based on a pessimistic forecast of near to zero GDP growth in quarter 3 i.e. a sharp slowdown in growth from +0.7% in quarter 2, in reaction to the shock of the result of the referendum in June. However, consumers have very much stayed in a 'business as usual' mode and there has been no sharp downturn in spending; it is consumer expenditure that underpins the services sector which comprises about 75% of UK GDP. After a fairly flat three months leading up to October, retail sales in October surged at the strongest rate since September 2015. In addition, the GfK consumer confidence index has recovered quite strongly to -3 in October after an initial sharp plunge in July to -12 in reaction to the referendum result.

Bank of England GDP forecasts in the November quarterly Inflation Report were as follows, (August forecasts in brackets) - 2016 +2.2%, (+2.0%); 2017 1.4%, (+0.8%); 2018 +1.5%, (+1.8%). There has, therefore, been a sharp increase in the forecast for 2017, a marginal increase in 2016 and a small decline in growth, now being delayed until 2018, as a result of the impact of Brexit.

Capital Economics' forecasts for economic growth are as follows: 2016 +2.0%; 2017 +1.5%; 2018 +2.5%. They feel that pessimism is still being overdone by the Bank and Brexit will not have as big an effect as initially feared by some commentators.

The other key factor in forecasts for Bank Rate is inflation where the MPC aims for a target for CPI of 2.0%. The November Inflation Report included an increase in the peak forecast for inflation from 2.3% to 2.7% during 2017; (Capital Economics are forecasting a peak of 3.2% in 2018). This increase was largely due to the effect of the sharp fall in the value of sterling since the referendum, (16% down against the US dollar and 11% down against the Euro); this will feed through into a sharp increase in the cost of imports and materials used in production in the UK. However, the MPC is expected to look through the acceleration in inflation caused by external, (outside of the UK), influences, although it has given a clear warning that if wage inflation were to rise significantly as a result of these cost pressures on consumers, then they would take action to raise Bank Rate.

What is clear is that consumer disposable income will come under pressure, as the latest employers' survey is forecasting median pay rises for the year ahead of only 1.1% at a time when inflation will be rising significantly higher than this. The CPI figure for October surprised by under shooting forecasts at 0.9%. However, producer output prices rose at 2.1% and core inflation was up at 1.4%, confirming the likely future upwards path.

Gilt yields, and consequently PWLB rates, have risen sharply since hitting a low point in mid-August. There has also been huge volatility during 2016 as a whole. The year started with 10 year gilt yields at 1.88%, fell to a low point of 0.53% on 12 August, and have hit a peak on the way up again of 1.46% on 14 November. The rebound since August reflects the initial combination of the yield-depressing effect of the MPC's new round of quantitative easing on 4 August, together with expectations of a sharp downturn in expectations for growth and inflation as per the pessimistic Bank of England Inflation Report forecast, followed by a sharp rise in growth expectations since August when subsequent business surveys, and GDP growth in quarter 3 at +0.5% q/q, confounded the pessimism. Inflation expectations also rose sharply as a result of the continuing fall in the value of sterling.

The Chancellor has said he will do 'whatever is needed' i.e. to promote growth; there are two main options he can follow – fiscal policy e.g. cut taxes, increase investment allowances for businesses and/or increase government expenditure on infrastructure, housing etc. This will mean that the PSBR deficit elimination timetable will need to slip further into the future as promoting growth, (and ultimately boosting tax revenues in the longer term), will be a more urgent priority.

Employment has been continuing to grow steadily, despite initial expectations that the referendum would cause a fall in employment. House prices are also continuing to rise at a modest pace; but a downturn in prices could dampen consumer confidence and expenditure.

Rising EU and geopolitical risks e.g.

- Greece continues to cause major stress in the EU due to its tardiness and reluctance in implementing key reforms required by the EU to make the country more efficient and to make significant progress towards the country being able to pay its way – and before the EU is prepared to agree to release further bail out funds.
- Spain has had two general elections in 2015 and 2016, both of which failed to produce a workable government with a majority of the 350 seats. At the eleventh hour on 31 October, before it would have become compulsory to call a third general election, the party with the biggest bloc of seats (130), was given a majority confidence vote to form a government. This is potentially a highly unstable situation, particularly given the need to deal with an EU demand for implementation of a package of austerity cuts which will be highly unpopular.
- The under capitalisation of Italian banks poses a major risk with state aid firmly ruled out by the EU as a potential way out.

- 4 December Italian constitutional referendum on reforming the Senate and reducing its powers; this has also become a confidence vote on Prime Minister Renzi who originally said he would resign if there is a 'no' vote, but has since back tracked on that in the light of adverse poll predictions. A rejection of these proposals would stop progress to fundamental political and economic reform which is urgently needed to deal with Italy's core problems, especially low growth. They are also intended to give Italy more stable government as no western European country has had such a multiplicity of governments since the Second World War as Italy, due to the equal split of power between the two chambers of the Parliament which are both voted in by the Italian electorate but by using different voting systems. It is unclear if a No vote could bring down the government.
- Dutch general election 15.3.17; a far right party is currently polling neck and neck with the incumbent ruling party. In addition, anti-big business and anti-EU activists have already collected two thirds of the 300,000 signatures required to force a referendum to be taken on approving the EU – Canada free trade pact. This could delay the pact until a referendum in 2018 which would require unanimous approval by all EU governments before it can be finalised. In April 2016, Dutch voters rejected by 61.1% an EU – Ukraine cooperation pact under the same referendum law. Dutch activists are concerned by the lack of democracy in the institutions of the EU.
- French presidential election; first round 13 April; second round 7 May 2017.
- French National Assembly election June 2017.

German Federal election August – 22 October 2017. This could be affected by significant shifts in voter intentions as a result of terrorist attacks, dealing with a huge influx of immigrants and a rise in anti EU sentiment.

The core EU, (note, not just the Eurozone currency area), principle of free movement of people within the EU is a growing issue leading to major stress and tension between EU states, especially with the Visegrad bloc of former communist states.

Given the number and type of challenges the EU faces in the next eighteen months, there is an identifiable risk for the EU project to be called into fundamental question. The risk of an electoral revolt against the EU establishment has gained traction after the shock results of the UK referendum and the US Presidential election. But it remains to be seen whether any shift in sentiment will gain sufficient traction to produce any further shocks.

Economic growth in the EU, (the UK's biggest trading partner), has been lack lustre despite the ECB cutting its main rate to -0.4% and embarking on a massive programme of quantitative easing during 2016. Growth could be negatively impacted by political developments which would then also impact on UK exports and growth.

The US economy has been growing strongly in quarter three at 2.9%, (on an annualised basis), after only 1.4% in quarter 2. The election does not appear likely to have much impact on the Fed. in terms of holding back further on increasing the Fed. Rate. Accordingly, the next rate rise is still widely expected to occur in December 2016, followed by sharper increases thereafter, which may also cause Treasury yields to rise further; this could give rise to a growing gap between Treasury and gilt yields over time. If the Trump package of policies is implemented, there is likely to be an increase in inflationary pressures which could then mean that the pace of further Fed. Rate increases will be quicker and stronger than formerly expected.

In the first week since the US election, there has already been a major shift in investor sentiment away from bonds to equities, especially in the US. However, gilt yields and bond yields in the EU have also been dragged higher. Some commentators are saying that this rise has been an overreaction to the US election result which is likely to be reversed. Other commentators take the view that this could well be the start of the long expected eventual unwinding of bond prices propelled upwards to unrealistically high levels by the artificial and temporary power of quantitative easing.

Japan is struggling to gain consistent significant growth, although quarter 3 has come in at +2.2%, (annualised rate). It is also struggling to put deflation firmly behind it and to get inflation up to reasonable levels, despite huge monetary and fiscal stimulus. It is also making little progress on fundamental reform of the economy

Chinese economic growth has been weakening despite successive rounds of central bank stimulus; medium term risks are increasing. Major progress still needs to be made to eliminate excess industrial capacity and the stock of unsold property, and to address the level of non-performing loans in the banking and credit systems.

Edrych i'r Dyfodol gan Capita Asset Services/ Capita Asset Services Forward View

Economic forecasting remains difficult with so many external influences weighing on the UK. Our Bank Rate forecasts, (and also MPC decisions), will be liable to further amendment depending on how economic data and developments in financial markets transpire over the next year. Forecasts for average earnings beyond the three year time horizon will be heavily dependent on economic and political developments. Major volatility in bond yields is likely to endure as investor fears and confidence ebb and flow between favouring more risky assets i.e. equities, or the safe haven of bonds.

The overall longer run trend is for gilt yields and PWLB rates to rise, albeit gently. An eventual world economic recovery may also see investors switching from the safe haven of bonds to equities.

We have pointed out consistently that the Fed. Rate is likely to go up more quickly and more strongly than Bank Rate in the UK and recent events have not changed that view, just that the timing of such increases may well have been deferred somewhat during 2016. While there is normally a high degree of correlation between the two yields, we would expect to see a growing decoupling of yields between the two i.e. we would expect US yields to go up faster than UK yields. We will need to monitor this area closely and the resulting effect on PWLB rates.

The overall balance of risks to economic recovery in the UK remains to the downside, particularly with the current uncertainty over the final terms of Brexit.

We would, as always, remind clients of the view that we have expressed in our previous interest rate revision newflashes of just how unpredictable PWLB rates and bond yields are at present. We are experiencing exceptional levels of volatility which are highly correlated to geo-political and sovereign debt crisis developments. Our revised forecasts are based on the Certainty Rate (minus 20 bps) which has been accessible to most authorities since 1st November 2012.

Downside risks to current forecasts for UK gilt yields and PWLB rates currently include:-

- Geopolitical risks in Europe, the Middle East and Asia, which could lead to increasing safe haven flows.
- UK economic growth and increases in inflation are weaker than we currently anticipate.
- Weak growth or recession in the UK's main trading partners - the EU and US.
- A resurgence of the Eurozone sovereign debt crisis.
- Weak capitalisation of some European banks.
- Monetary policy action failing to stimulate sustainable growth and combat the threat of deflation in western economies, especially the Eurozone and Japan.

The potential for upside risks to current forecasts for UK gilt yields and PWLB rates, especially for longer term PWLB rates include: -

- The pace and timing of increases in the Fed. funds rate causing a fundamental reassessment by investors of the relative risks of holding bonds as opposed to equities and leading to a major flight from bonds to equities.
- UK inflation returning to significantly higher levels than in the wider EU and US, causing an increase in the inflation premium inherent to gilt yields.

Borrowing advice: although yields have risen from their low points, yields are still at historic lows and borrowing should be considered if appropriate to your strategy. We still see value in the 40yr to 50yr range at present but that view would be negated if Bank Rate does not climb to at least 2.5% over the coming years. Accordingly, clients will need to review and assess their risk appetite in terms of any underlying borrowing requirement they may have, and also project forward their position in respect of cash backed resources.

Any new borrowing should also take into account the continuing cost of carry, the difference between investment earnings and borrowing rates, especially as our forecasts indicate that Bank Rate may not rise from 0.25% until June 2019 and then will only rise slowly.

As there are so many variables at this time, caution must be exercised in respect of all interest rate forecasts. The general expectation for an eventual trend of gently rising gilt yields and PWLB rates is expected to remain unchanged. Negative, (or positive), developments could significantly impact safe-haven flows of investor money into UK, US and German bonds and produce shorter term movements away from our central forecasts.

Our interest rate forecast for Bank Rate is in steps of 25 bps whereas PWLB forecasts have been rounded to the nearest 10 bps and are central forecasts within bands of + / - 25 bps.

Crynodeb Benthycyca a Buddsoddi – Chwarteroedd 1 a 2 2016/17
Borrowing and Investment Summary – Quarters 1 and 2 2016/17

	30 Medi / Sept 2016		30 Mehefin / June 2016	
	£m	% (paid on borrowing and received on investment)	£m	% (paid on borrowing and received on investment)
Benthycyca – graddfa sefydlog Borrowing – fixed rate	110.7	5.42	110.7	5.42
Benthycyca – graddfa amrywiol Borrowing – variable rate	Dim / Nil	d/b / n/a	Dim / Nil	d/b / n/a
Adneuon – galw hyd at 30 diwrnod Deposits – Call to 30 days	9.6	0.14	14.8	0.39
Adneuon – Tymor sefydlog < 1 bl. Deposits – Fixed Term < 1 year	5.0	0.28	5.0	0.51
Adneuon – Tymor sefydlog 1 bl. + Deposits – Fixed Term 1 year +	Dim / Nil	d/b / n/a	Dim / Nil	d/b / n/a
Cyfanswm Adneuon Total Deposits	14.6	0.18	19.8	0.42
Cyfartaledd Adneuon yn y Chwarter Highest Deposits in the Quarter	24.8	d/b / n/a	29.7	d/b / n/a
Cyfartaledd Adneuon yn y Chwarter Lowest Deposits in the Quarter	14.6	d/b / n/a	16.4	d/b / n/a
Cyfartaledd Adneuon yn y Chwarter Average Deposits in the Quarter	22.4	0.35	23.3	0.39

Ni torwyd unrhyw un o'r dangosyddion trysorlys yn ystod hanner cyntaf y flwyddyn.
None of the treasury indicators were breached during the first half of the year.

Graddfeydd Credyd Gwrthbartion buddsoddi a'r adneuron a ddelir gyda phob un ar 30 Medi 2016*
Credit ratings of investment counterparties and deposits held with each as at 30 September 2016*

Grŵp Bancio/ Banking Group	Sefydliad/ Institution	Adneuron/ Deposit £'000	Hyd (Galw tymor sefydlog) / Duration (Call / Fixed Term**)	Cyfnod (O/I)/ Period (From / To)	Graddfa Dychweliad/ Rate of Return %	Graddfa Tymor Hir Fitch Long Term Rating	Graddfa Tymor Byr Fitch Short Term Rating	Graddfa Tymor Hir Moody's Long Term Rating	Graddfa Tymor Byr Moody's Short Term Rating	Graddfa Tymor Hir Standard & Poor's (S&P) Long Term Rating	Graddfa Tymor Byr Standard & Poor's (S&P) Short Term Rating	Lliw Sector/Hyd Awgrymedig/ Sector Colour / Suggested Duration
Lloyds Banking Group plc	Bank of Scotland plc	2,097	Galw/ Call	n/a	0.15	A+	F1	A1	P-1	A	A-1	Coch - 6 mis/ Red - 6 months
HSBC Holdings plc	HSBC Bank plc	0	Galw/ Call	n/a	0.01	AA-	F1+	Aa2	P-1	AA-	A-1+	Oren – 12 mis / Orange – 12 months
Santander Group plc	Santander UK plc	6,527	Galw/ Call	n/a	0.15	A	F1	Aa3	P-1	A	A-1	Coch – 6 mis/ Red - 6 months
The Royal Bank of Scotland Group plc	The Royal Bank of Scotland plc	1	Galw/ Call	n/a	0.10	BBB+	F2	A3	P-2	BBB+	A-2	Glas - 12 mis / Blue - 12 months
National Westminster Bank Ltd	National Westminster Bank Ltd Cash Manager A/c	1,025	Galw/ Call	n/a	0.01	BBB+	F2	A3	P-2	BBB+	A-2	Glas – 12 mis/ Blue – 12 months
Nationwide Building Society	Nationwide Building Society	5,000	Fixed Term	16/08/2016 -16/11/2016	0.28	A	F1	Aa3	P-1	A	A-1	Coch – 6 mis/ Red - 6 months

* Ceir y Rhestr Benthycu Cymeradwyedig yn Atodiad 6 o'r Datganiad Strategaeth Rheoli Trysorlys 2016/17/Strategaeth Buddsoddi Blynyddol/The Approved Lending List can be found at Appendix 6 of the 2016/17 Treasury Management Strategy Statement / Annual Investment Strategy ** Sef tymor ar pwynt y buddsoddi/Being term at the point of investment.

Approved countries for investments

Based upon lowest available sovereign credit rating

AAA

- Australia
- Canada
- Denmark
- Germany
- Luxembourg
- Netherlands
- Norway
- Singapore
- Sweden
- Switzerland

AA+

- Finland
- Hong Kong
- U.S.A.

AA

- Abu Dhabi (UAE)
- France
- Qatar
- U.K.

AA-

- Belgium

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ISLE OF ANGLESEY COUNTY COUNCIL	
Report to:	Executive and Council
Date:	14 February 2017 and 28 February 2017
Subject:	Constitutional Change – Term of Council/Leader
Portfolio Holder(s):	Alwyn Rowlands
Head of Service:	Lynn Ball
Report Author:	Lynn Ball
Tel:	01248 752586
E-mail:	lbxcs@anglesey.gov.uk
Local Members:	Relevant to all

A –Recommendation/s and reason/s
<p><u>Recommendations</u></p> <p>To authorise the Monitoring Officer to make and publish the following amendments to the Council’s Constiutuion:</p> <ol style="list-style-type: none"> 1. Paragraph 2.2.2 shall now read “The regular election of Councillors will be held on <u>the date and at the intervals determined by the Welsh Assembly Government</u> the first Thursday in May every four years beginning in 2004. The terms of office of Councillors will start on the fourth day after being elected and will finish on the fourth day after the date of the next regular election”. 2. Paragraph 2.7.3.1 shall now read “The Leader’s term of office will <u>be for the duration of the term of the Council, subject to paragraph 2.7.3.3 below</u> normally be a term of 4 years”. 3. Any consequential amendments relevant to 1 and 2 above, including those arising from the Government of Wales Bill, or the execise of powers under the Local Government Act 2000. <p><u>Reasons</u></p> <p>Under the Local Government Act 1972 elections to Councils in Wales currently take place on the first Thursday in May, every four years.</p> <p>So, the next local election, after May 2017, should take place in May 2021.</p>

However, it is now intended that those elected in May 2017 shall hold office until May 2022, being a term of five years. It is intended that the five year term shall become the norm in local councils as it now is for the Welsh Assembly Government.

It is expected that this intention will come into effect when the Wales Bill comes into force, or else in reliance on powers under the Local Government Act 2000.

Whichever legislative mechanism is used, there will be two consequences for this Council:-

1. Paragraph 2.2.2 of the Constitution refers to a four year Council term and reflects the current legal position. In any event, a contrary decision by the Welsh Assembly Government will override our constitutional provision.

In the circumstances, the suggested amendment to paragraph 2.2.2 above is not, of itself, a priority. However, there is a potentially more significant consequence described in paragraph 2 below.

2. Paragraph 2.7.3 of the Constitution states:-

“The Leader will be a Councillor elected to the position of Leader by the Council at its first annual meeting after the ordinary local government elections”

Paragraph 2.7.3.1 then goes on to state that: “the Leader’s term of office will normally be a term of four years”.

The term of office of the Leader is a matter of local choice for this Council. Members are referred to the [Commissioners’ Report](#) which was approved by the Council on the 10th May 2012. Paragraphs 9 and 10 of that report describe the Commissioners’ reasons for recommending to the Council that the Leader’s term of office reflect that of the Council, rather than following the previous arrangement which involved electing a Leader every two years.

Clearly, when a Leader is appointed by this Council in May 2017, given the current wording in the Constitution, extending the term of the Council (following a decision by the Welsh Assembly Government) would not affect the term of office of the Leader, so the Council would face a further leadership election in May 2021; a year before the next local government election.

While it remains a local political decision, Members may not wish to face the uncertainty of a leadership election during the final year of the next Council’s term.

It is therefore appropriate to bring this to the attention of Members before May 2017 so that Council may decide on whether or not to address this issue now.

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B – What other options did you consider and why did you reject them and/or opt for this option?

To take no further action until the Welsh Government formally implements its decision.

This would have had no practical implications for the Council in relation to the changes to paragraph 2.2.2, as the decision of the Welsh Assembly Government would override the Constitution.

However, this would have implications for the Council if changes are not made to paragraph 2.7.3.1 as this is a local choice and Members may prefer the certainty of having the issue resolved now, before a Leader is elected in May 2017.

C – Why is this a decision for the Executive?

It is not a decision for the Executive. It is a decision for Council but as it may involve constitutional changes the Executive is invited to express a view; should it wish to do so, before the matter proceeds to Council.

CH – Is this decision consistent with policy approved by the full Council?

This may be a constitutional change; which is reserved to Council.

D – Is this decision within the budget approved by the Council?

Not relevant

DD – Who did you consult?		What did they say?
1	Chief Executive / Senior Leadership Team (SLT) (mandatory)	Response awaited
2	Finance / Section 151 (mandatory)	Response awaited
3	Legal / Monitoring Officer (mandatory)	Author of the report
4	Human Resources (HR)	n/a
5	Property	n/a
6	Information Communication Technology (ICT)	n/a
7	Procurement	n/a
8	Scrutiny	n/a
9	Local Members	n/a

10	Any external bodies / other/s	Group Leaders 26/1/2017
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E – Risks and any mitigation (if relevant)		
1	Economic	
2	Anti-poverty	
3	Crime and Disorder	
4	Environmental	
5	Equalities	
6	Outcome Agreements	
7	Other	

F - Appendices:		
None		

FF - Background papers (please contact the author of the Report for any further information):		
<ol style="list-style-type: none"> 1. Report to Board of Commissioners 30th April 2012 and County Council dated 10th May 2012 2. Minutes County Council 10th May 2012 3. Article 7 – 2.7 of the Constitution 		

ISLE OF ANGLESEY COUNTY COUNCIL	
Report to:	The Full Council
Date:	28/02/17
Subject:	Population Needs Assessment
Portfolio Holder(s):	Cllr Aled Morris Jones
Head of Service:	Alwyn Jones, Head of Adults Services and Llyr Bryn Roberts, Interim Head of Childrens Services
Report Author: Tel: E-mail:	Margaret Peters, Integration and Engagement Manager 01248 751 812 MargaretPeters@ynysmon.gov.uk
Local Members:	All Members

A –Recommendation/s and reason/s
<p>In the Executive Committee meeting held on the 14th of February, 2017 it was RESOLVED to recommend to the full County Council :-</p> <p>a) That the report be approved;</p> <p>b)To amend Section 3.2 of the Constitution to include the approval of a Population Needs Assessment under the Social Services and Wellbeing (Wales) Act (2014) as a function which can only be exercised by the full Council;</p> <p>c) To authorise the Council’s Head of Function (Council Business)/Monitoring Officer to make the necessary changes to the matters reserved as functions which require full Council approval under the Constitution, and any other consequential amendments, to reflect the approval of the same.</p>

B – What other options did you consider and why did you reject them and/or opt for this option?
<p>The Social Services and Wellbeing (Wales) Act (2014) requires local authorities and Health Boards to jointly assess the current and future care and support needs of the population, the support needs of carers and services required to meet those needs.</p>

C – Why is this a decision for the Full Council?

A single report must be produced for the North Wales Region and be approved by the Board of the Local Health Board and in the case of the local authority, it will need to be approved by the Full Council on submission by the Council's Executive. It should be published on 1 April 2017 on each local authority and health board website in Welsh and English, with a copy sent to Welsh Ministers.

CH – Is this decision consistent with policy approved by the full Council?

The Social Services and Wellbeing (Wales) Act (2014) requires local authorities and Health Boards to jointly assess the current and future care and support needs of the population, the support needs of carers and services required to meet those needs.

A single report must be produced for the North Wales Region and be approved by the Board of the Local Health Board and by the full council on submission by the Council's Executive in each Local Authority. It should be published on 1 April 2017 on each local authority and health board website in Welsh and English, with a copy sent to Welsh Ministers.

D – Is this decision within the budget approved by the Council?

N/A

DD – Who did you consult?		What did they say?
1	Chief Executive / Strategic Leadership Team (SLT) (mandatory)	Approval was given by SLT on the 28 th of November
2	Finance / Section 151 (mandatory)	Approval was given by SLT on the 28th of November
3	Legal / Monitoring Officer (mandatory)	Approval was given by SLT on the 28th of November
4	Human Resources (HR)	N/A
5	Property	N/A
6	Information Communication Technology (ICT)	N/A
7	Scrutiny	The special meeting of the Partnership and Regeneration Scrutiny Committee at its meeting held on 24 January, 2017 resolved to recommend to the Executive as follows :- • That the Executive approves the full report and

		<p>thereafter submit the report to the County Council for confirmation;</p> <ul style="list-style-type: none"> • That the Social Services Department shall start working on the Area Plan through the Regional Partnership Board; • That it notes the Committees concerns in respect of the level of funding available for implementation of the Area Plan (that will follow on from the North Wales Population Assessment) and that any additional costs should not be borne by affected groups.
8	Local Members	
9	Any external bodies / other/s	N/A

E – Risks and any mitigation (if relevant)		
1	Economic	
2	Anti-poverty	
3	Crime and Disorder	
4	Environmental	
5	Equalities	A full Equality Impact Assessment has been completed regionally.
6	Outcome Agreements	
7	Other	

F - Appendices:
<p>Annex 1 Background and brief description of the Population Needs Assessment</p> <p>Annex 2 Summary of the Population Needs Assessment</p> <p>Annex 3 Full Population Needs Assessment</p>

FF - Background papers (please contact the author of the Report for any further information):



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

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales population assessment

Summary report

Draft 0.2

24 November 2016

Draft



Notes on the population assessment report

This is the final draft report produced for discussion and approval by the six North Wales councils and Betsi Cadwaladr University Health Board.

The report will be published on 1 April 2017 on each council and health board website. Before publication the following information will be added and changes made.

- Information about how to request a copy of the document in other formats.
- A children and young people's version and easy read version of the report.
- A website address for downloading the document will be added along with hyperlinks between chapters to aid navigation.
- Information about how to access the Welsh report from the English version and the English report from the Welsh version.
- Additional appendices including reports from the consultation and engagement. Key messages are already included in each chapter and a summary of the methods used is in the introduction.

Throughout the report there are sections highlighted in **blue** where links and appendices will need to be added before publication.

1 Introduction

1.1 About the report

This report is an assessment of the care and support needs of the population in North Wales, including the support needs of carers. It has been produced by the six North Wales councils and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales, to meet the requirements of the Social Services and Wellbeing Act (Wales) 2014 (the act).

The report aims to improve our understanding of our population and how it might change over the coming years to help us provide better public services in North Wales. To prepare the report we looked at statistics, spoke with our communities and made use of a wide range of information collected by local councils, health services, charities and other organisations that provide services.

The report will be used to inform the area plan which has to be prepared jointly between the health board and local councils overseen by the Regional Partnership Board. The draft guidance on the area plan says we must include the specific services planned in response to each core theme identified in the population assessment. The first North Wales area plan must be published by 1 April 2018 (Welsh Government, 2016d).

1.2 Research methods

The population assessment was 'engagement led'. By this we mean that we used what people were telling us about care and support needs to form our research questions. We then gathered data from many different sources to answer the questions and challenge our initial findings.

Population assessment in figures

- We reviewed over 100 existing policies, strategies and plans from across the six local councils and health board.
- We received 133 responses from organisations to our survey about people's need for care and support.
- We used the findings from over 300 consultation and research reports.
- We and our partners held 16 events and circulated three questionnaires that reached around 260 people who use services.
- The Citizen's Panel carried out interviews with 34 members of the public.
- Local councils arranged around 20 workshops for staff and councillors.

Consultation and engagement

Consultation and engagement methods

Local councils in North Wales have a regional citizen engagement policy (Isle of Anglesey County Council *et al.*, 2016) This is based on the national principles for public engagement in Wales and principles of co-production which informed our consultation plan. The population assessment engagement was planned by a group of staff from each local council, the health board and Public Health Wales. They began by listing the different groups of people who may be affected by the population assessment and planning for how they would involve them. This list was reviewed part-way through the project with additional opportunities to get involved planned to fill the gaps. More information is available in the [Equalities Impact Assessment](#).

The engagement plan included:

- A questionnaire for organisations that asked for their views and any supporting evidence they had, such as performance measures or consultation reports.
- Discussion groups with service users, supported by a facilitator's guide. Some counties also circulated self-completion questionnaires.
- A questionnaire for the public (people who do not use care and support services) available on the Citizen's Panel website along with interviews with Citizen's Panel members. One county also circulated an additional questionnaire for people who do not use care and support services.
- Workshops with staff and councillors arranged by each local council.
- A review of relevant research and consultation including legislation, strategies, commissioning plans, needs assessments and consultation reports.

The consultation was publicised widely through the county voluntary councils in North Wales and various other regional networks. The local councils and health board promoted it through their websites, Facebook and Twitter pages. Press releases were sent to the Leader newspaper, Wrexham.com, Daily Post, BBC Wales as well as both Capital and Heart Radio. Specific groups, including people with protected characteristics, were contacted through existing groups and networks (see Equalities Impact Assessment). A quarterly newsletter was produced giving updates about the project for staff and partner organisations which also helped identify groups to contact about the consultation and engagement. There are still people we were not able to reach in the timescale who will be our priority for the next phase of the project.

Running in parallel with this population assessment was the production of well-being assessments for Well-being of Future Generations (Wales) Act 2015. North Wales has four Public Service Boards who were preparing for this. Where possible, any engagement taking place was planned to meet the needs for both assessments. In

some areas this involved sending out joint questionnaires while others held joint workshops and discussion groups.

1.3 Preventative services

A North Wales project took place in 2015 to look at early intervention and prevention services in readiness for the act supported by the North Wales Social Care and Well-being Improvement Collaborative (NWSCWIC). The aim was to develop a framework of targeted interventions; contribute to the population assessment; provide a baseline for integrated commissioning and procurement; and to support consistent eligibility thresholds. The group assessed evidence and local needs assessments to identify 'root causes' or trigger factors that lead people to contact services and which in many cases lead to people receiving managed care and support services. They looked at interventions that could address the trigger factors and linked them to the well-being outcomes from the act. The group then developed a risk assessment tool to look at the accessibility, funding and organisation risks relating to the availability of each intervention in each county. This information was used to generate priorities for future work.

In addition, as part of the population assessment the Public Health Wales Evidence Service carried out a literature search to identify the evidence base for each of the interventions described.

This work forms part of the overall North Wales population assessment and is available here: [evidence base](#).

Advocacy

'Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.'

Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice (Action for Advocacy, 2002)'

Advocacy is part of the portfolio of preventative services available and was included in the early intervention and prevention risk assessment exercise. In addition, NWSCWIC commissioned research into citizen voice and control in North Wales (Wavehill, 2016). This research includes a summary of the independent advocacy services across North Wales for children, young people and adults which forms part of the population assessment.

In the next phase of the project, preparing plans and strategies in response to the population assessment, we need to look at council and local health board commissioning arrangements for advocacy services to recognise and respond to any potential overlap in arrangements. This will involve working closely with the Age Cymru Golden Thread Programme funded by Welsh Government. This programme aims to improve the well-being of individuals through advocacy and to give them a

stronger voice; improve the understanding of advocacy, and; work with local councils and service providers to support the development and commissioning of services.

1.4 Governance

Project governance

The North Wales Social Care and Wellbeing Services Improvement Collaborative set up a regional steering group to lead the population assessment work with technical, engagement and theme-based groups to lead on specific tasks. The steering group was chaired by Jenny Williams, Director of Social Services, Conwy County Borough Council and Andrew Jones, Executive Director of Public Health, BCUHB. Each group included members from each North Wales local council, BCUHB and Public Health Wales.

An interim report on the project plan was produced in July along with regular highlight reports which were shared with regional boards through Partnership Friday, Public Service Boards and local councils. Project newsletters were produced quarterly (in March, June and September 2016) and circulated widely through representatives from each council and health board.

1.5 North Wales population overview

North Wales has a resident population in the region of 690,000 people living across an area of around 2,500 square miles. Gwynedd in the west is the least densely populated area with 49 people for each square kilometre and Flintshire in the east is the most densely populated area, 350 people for each square kilometre.

The population of North Wales is expected to increase to 720,000 by 2039. The increasing population of North Wales can be explained by an increasing birth rate and a decreasing mortality rate, which has led to extended life expectancy (Welsh Government, 2016a).

The population of most local council areas in Wales is projected to increase between 2014 and 2039. Wrexham is projected to have the second largest increase in Wales (10%); the populations of Gwynedd and Wrexham are projected to increase steadily; the Isle of Anglesey's population is projected to decrease steadily; and the populations of Conwy, Denbighshire and Flintshire are projected to increase then decrease, but remain higher in 2039 than in 2014.

Welsh language

In North Wales, Gwynedd has the highest proportion of Welsh speakers, 65%, although this can be higher in some areas of the county. Elsewhere in North Wales, 57% of residents on the Isle of Anglesey speak Welsh, 27% in Conwy and 25% in Denbighshire. The proportion of Welsh speakers in Flintshire (13.2%) and Wrexham

(12.9%) is lower than the average for Wales. All local council areas across North Wales have experienced a decline in the proportion of Welsh speakers between the 2001 and 2011 Census, with the largest decline occurring in Gwynedd (-3.6%). Just over half (53%) of Welsh speakers in North Wales are fluent in the language and 63% speak Welsh on a daily basis; in Gwynedd, 78% of Welsh speaking residents are fluent and 85% speak Welsh every day.

Poverty and deprivation

In North Wales, 12% of the population live in the most deprived communities in Wales compared to 19% across Wales; however, this masks considerable pockets of deprivation across the region, some of which are among the highest levels of deprivation in Wales. Rhyl West 2 (Denbighshire) and Queensway 1 (Wrexham) are the second and third most deprived areas in Wales. Three further areas in Rhyl (Rhyl West 1, Rhyl West 3 and Rhyl South), are in the top twenty most deprived areas in Wales (Welsh Government, 2014).

1.6 Limitations, lessons learned and next steps

Preparing a single accessible population assessment across six counties and one health board area within the timescales set has been a challenging process. There has been a tremendous amount achieved within the timescales thanks to the efforts of: the project team; the project steering group, technical group and engagement group; partner organisations who contributed information and guidance; members of staff, elected members, service users and members of the public who took part in the engagement; the chapter writing groups; and the many people who reviewed and commented on early drafts of each chapter.

Nevertheless, there is plenty that we have learnt from the process and more that needs to be done. The population assessment should be seen as the start of a process rather than a finished product. Where there are limitations identified in the report these can be addressed in work on the area plan and in the population assessment review. The guidance states the assessment needs to be reviewed in at least two years' time, while the toolkit advises more frequent reviews.

Some of the issues identified during the process that need to be addressed are listed below.

- The report will provide an evidence base for services and strategies and underpin the integration of services and support partnership arrangements. It should be a useful tool for planners and commissioners in local authorities and health, however, there is still a need for commissioning strategies and market position statements to set out the local vision and plan for services in an area and the support available for providers.

- The report includes a summary of services available at the moment but does not describe them in detail or attempt to map out all local provision. Due to the complexity of this task it may be best to prioritise areas for this type of review.
- The report includes some high-level service performance measurement information but does not include detailed analysis of performance indicators outside of what was included in the national data catalogue or analysis of budgets or actual service spend.
- There are groups we were not able to include in the consultation and engagement which should be a priority for future work. More information is available in the engagement plan and Equalities Impact Assessment [\[add link\]](#).
- The report needs to be publicised widely to build on links made to date and reach people who have not had an opportunity to be involved in the first phase of the project.
- Making the links between the population assessment and the well-being assessments produced by the Public Service Boards. The population assessment includes people's care and support needs while the well-being assessment covers prosperity, health, resilience, equality, vibrant culture, global responsibility and cohesive communities. The assessments have taken place in parallel and officers involved in both have worked together on elements of the projects but more connections will emerge as they are published.
- There are people who have care and support needs whose particular needs fall outside the themes covered in the report chapters. More work needs to be done to identify their needs along with people who have multiple and complex needs.

In addition to the above there are specific issues identified at the end of each chapter for future work.

There have also been lessons learned about the process which have been recorded and will be used to inform the work on the area plan and population assessment review.

1.7 Further information

There was much more information collected to inform this report than it has been possible to include. Additional background information is available on request [\[add link to contact details on website\]](#):

2 Children and young people

Key findings

- There are around 124,000 children aged 0-15 in North Wales. There has been very little change in the number of children and young people in the past five years and this trend is likely to continue over the next 25 years.
- The majority of children and young people in North Wales are healthy and satisfied with their lives but more needs to be done to: tackle low birth weight; reduce infant mortality rates; improve breastfeeding rates and take-up of immunisations; reduce childhood obesity and smoking and alcohol use.
- There has been a fall in referrals to children's services but it is not yet known how the number of referrals will change in response to the wider eligibility under the new act.
- The majority of referrals to children's services are from the police or within the council's own social services department, and the main reasons for referral are abuse or neglect.
- In the last five years there has been a 9% increase in the number of children on the child protection register and in the number of children looked-after in North Wales.
- There are increasing concerns about sexting and online bullying.
- North Wales has a high number of children from outside the region who are looked after locally and this number has been increasing. This places additional demand on local services such as health, education, police and support services.
- There are changing demands on fostering services due to an increase in kinship fostering / connected persons.
- Wrexham has the highest number of young offenders and the highest crime rate across the region. With the exception of Anglesey all local authorities have seen a reduction in the number of young offenders over the last three years.
- The number of children and young people who are victims of crime has increased year on year. This could be due to a number of reasons including increased ability/ willingness to report; increased number of crimes committed or an increase in particular types of crime such as cyber-crime.
- The number of disabled children has increased over the past five years.
- Children's mental and emotional health was consistently raised as a concern including a rise in self-harm and eating disorders as well as attachment issues.
- There needs to be an integrated approach to the health and wellbeing of children and their families throughout universal services to maximise prevention and

promote resilience at the earliest stage. New evidence on the multiple impacts of Adverse Childhood Experiences can bring more awareness and support towards preventing them and minimising their effects.

- Provision of parenting support is needed to break cycles of inappropriate parenting and raise parents' confidence in their skills to raise their children in a positive and nurturing environment.
- Information, advice and assistance services as provided by Family Information Services are an important part of prevention and early intervention services.
- There are over 1,000 young carers identified across North Wales, which is an increase over the past few years. There is an increasing need for 1 to 1 support for young carers as well as support for young carers under age 8.

Recommendations and next steps

Due to the tight timescales and wide range of needs covered in this chapter the next steps should focus on identifying the further information needed in priority areas. This should include additional consultation and engagement to agree recommendations as part of the area plan. Future work should be based on the UNCRC and include children's right to play.

- Advocacy: all children and young people need to have their voice heard in decision making processes, and this is particularly important for looked after children and children on the child protection register. Some information is included in the introduction to the report but more information is needed about the services available and their effectiveness.
- There is further work to be done to implement the new duties under the act and regional projects are in place to support this including assessments and information, advice and assistance.
- There have been concerns throughout the production of this chapter about the quality of data recording. Work needs to be done to standardise the recording of children in need data (and its replacement) as well as threshold and eligibility criteria.
- More information is needed about trafficking and child sexual exploitation to inform the population assessment.
- More information is needed about the increase in complex needs for disabled children and the transition from children's to adult's services.
- Find out more about concerns raised, that increasingly younger children are being referred to CAHMS and the needs of looked after children referred to CAMHS.

- Information about restorative approaches to work with families including everyday interaction, meetings with service users, informal circles, mediation and formal group conferences.
- There are good examples of service provision in all counties, such as the 'edge of care' project, internal therapeutic services, collaborations between social services and CAMHS. Information about these services is already shared informally between counties, but future work on the population assessment needs to look at this further.

Draft

3 Older people

Population overview

There were around 150,000 people aged 65 and over in North Wales in 2015. Population projections suggest this figure could rise to 210,000 by 2039 if the proportion of people aged 65 and over continues to increase.

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

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

Research suggests that living with a long-term condition can be a stronger predictor of the need for care and support than age (Institute of Public Care (IPC), 2016). See health, physical disabilities and sensory impairment chapter for more information.

Loneliness and isolation

Reducing loneliness and isolation is one of the main challenges identified in our consultation and engagement. Successfully tackling this a priority would have many benefits for people's health and well-being and reduce the need for statutory services.

More information about plans to develop services and support to address loneliness and isolation is available in each council's Ageing Well Plans available at: <http://www.ageingwellinwales.com/en/localplans>. The well-being plans being produced by Public Service Boards under the Well-being of Future Generations (Wales) Act 2015 are also likely to address this issue.

For information about services in your area please see Dewis Cymru <https://www.dewis.wales/>

Support to live at home

Continuing to live in their own homes is a priority for many older people and is an important part of maintaining independence. The demand for service is likely to increase as the number of people aged over 65 increases in the population. The demand also seems to be increasing for more complex support and a higher number of hours of care each week.

Current services are delivering high quality support that help maintain people's independence, with many people reporting that they are happy with the care they receive. There are difficulties recruiting and retaining care workers, particularly in rural areas, male care workers and Welsh speakers. We need to improve awareness of available services and support providers to meet intensive and specialist needs and provide a flexible service.

The challenges facing commissioners and providers are to continue to provide flexible support to enable people to: be independent; identify their own solutions using their personal assets, family, friends, community and third sector; plan for future care needs; achieve their personal and well-being outcomes.

Dementia

There are an estimated 11,000 people living with dementia in North Wales. This number is expected to increase although this may be not as much as originally thought due to improvements in health. Dementia has a substantial effect on individuals, which leads to great pressure on statutory services, the third sector, and family and friends that support them. Despite the challenges that dementia brings people can be supported to live well, or at least better than they thought, and our challenge is to provide that support.

Current services are providing a wide variety of support that is meeting the needs of many people.

Areas for improvement and recommendations

1. Provide more information and support after diagnosis.
2. Additional training for care workers in working with people who have dementia.
3. Develop additional services that meet individual needs, particularly for younger people with dementia and through the medium of Welsh.
4. Make sure there is sufficient elderly mental health nursing provision and elderly mental health (EMI) residential care.
5. Improve joint working between services.

More information is available in the North Wales Dementia Market Position Statement and information about specific developments in each county can be found in the Ageing Well Plans available at: <http://www.ageingwellinwales.com/en/localplans>

Care homes

Key issues for future development in North Wales:

- We will need to be clear about how many more people we would like to support in extra care accommodation in the future and whether community health services will be able to meet people's health / nursing care needs.
- There is anticipated to be a need for more nursing home placements in the future, particularly supporting people with mental health conditions and dementia. This will require joint workforce development initiatives to train, recruit and develop nurse managers and care and support workers meeting people's health care needs.
- Councils and the Health Board are working together to explore how people's health care needs can be met in residential homes and / or extra care by community nursing / therapy staff such as occupational therapists and physiotherapists to reduce the number of people having to move into nursing homes.
- There is need for more care and support provision to meet (Welsh) language needs in care homes. This will be strengthened in future contract agreements.
- Commissioners need to review and revise the Pre Placement Agreement (contract) for care homes to reflect new standards and anticipated regulatory requirements by April 2018. This will include the development of specifications (including workforce competency requirements) for all future requirements including support for people with dementia, intermediate care such as step-up/down support (detailing the rehabilitation interventions or support requirements from care home staff) and 'discharge to assess' services.
- Overall reviews of quality and safety within care homes across North Wales suggest that in some homes there needs to be:
 - Improvements in management leadership including clinical leadership in nursing homes.
 - Development of the physical (building) environment to better meet people's very complex needs (including mobility impairments and confusion / dementia)

Local developments required in:

Ynys Mon include:

- Exploring options for most effective use of local council care home provision, including intermediate care and meeting more complex needs, in conjunction with health staff.

- Increasing the provision of Extra Care Housing as an alternative to residential care; thus the demand for residential provision is anticipated to decline in line with recent trends, however this is likely to be gradual.
- Increasing EMI Residential capacity (consistent with higher levels of people living with dementia), again this will be a gradual shift.
- A rapid increase in EMI nursing will be required in the short to medium term as demand considerably outstrips existing provision.
- Improving community health resources to support people with nursing needs at home, which is having an impact on the demand for General Nursing placements which is expected to continue.
- Ensuring that current and future care home accommodation meets the prevalent standards.

Gwynedd include:

- The vision is to support people to continue to live at home within their communities for as long as possible, and reduce the need for traditional Residential placements. This will require an overall increase in accommodation for Older People, with the greatest demand and gaps being anticipated for sheltered and extra care housing.
- Gwynedd's local market position statement details that there are key areas within Gwynedd, where the population of people aged 65 and over is particularly high, that do not have care home provision, including - Abermaw, Llanbedr, Dyffryn Ardudwy, Aberdovey / Brynchrug / Llanfihangel and Harlech. Their needs analysis also shows that the community of Llanbedr has a significantly ageing population with no local care home provision.
- In the short term, Gwynedd intend to reduce the number of traditional long term residential care placements, increase the provision of residential care for people with dementia. Gwynedd would also wish to increase opportunities for people to receive extended respite periods and offering flexible opportunities for respite care to meet the needs of carers.
- In the longer term, if rates of placement remain as current, Gwynedd have forecasted that by 2030 there will be a requirements for additional provision to accommodate and support 631 people requiring residential care and 600 people requiring nursing care.

Conwy include:

- Continued investment in integrated locality services and quality care homes; with the aim of creating a stable and sustainable Care Home Sector in Conwy, improving experience for residents and avoiding inappropriate Accident and Emergency attendance and / or hospital admissions.

Denbighshire include:

- Increasing the provision of Extra Care Housing as an alternative to residential care (unless specialist nursing or mental health care is required).
- Rationalising the supply of residential beds, where there seems to be an over provision in the short to medium term. However if forecasts regarding the anticipated increase in numbers of people with dementia are correct, there will be need to increase the number of Elderly Mental Health (EMH) Nursing beds in Denbighshire. There may not be enough EMH residential beds. Analysis in February 2016 suggests with the exception of EMH Nursing, in most areas there are sufficient care home beds to meet demand and some over-capacity in certain areas.

Flintshire include:

- Maintaining the local council care home provision and exploring the development of intermediate care hub focused on preventative and early intervention work.
- An increase (based on projected need from demographic changes) of a further 178 care home placements by 2020: 67 Residential; 52 EMH Residential; 51 Nursing and 8 EMH Nursing.

Wrexham include:

- Developing Extra Care offering mixed tenure independent living (Dementia, Disability, Learning Difficulties) including specialist provision (Extra Care) for younger adults with a disability to reduce out of county placements. Also Interested in developing Intermediate Care using Extra Care facilities and developing step up step down beds.
- Planned reduction in general residential places and increase in general and EMI nursing across Wrexham. Ideally homes would be dual registered.

4 Health, physical disability and sensory impairment

Key messages

While all six local councils and the health board have committed to working to the social model of disability, there is much more work to be done to ensure that the way we work fully reflects this model.

The Social Services and Well-being (Wales) Act 2014 reinforces the need to think about the broader aspects of well-being in a person's day to day life and the ability of a person to participate fully in society.

Focusing on what matters to an individual will help us address the broader aspects better. We will need to work in partnership with people, their families, the third sector and independent providers as well as other public services to achieve this.

The number of people living with a long term condition and the number of people living longer with disability or a sensory impairment is increasing as our population lives longer and the number of older people increases.

We will need to review our organisational priorities and commissioning plans to ensure that we identify better ways of supporting participation and inclusion, and enabling people to maintain their own independence.

We need to focus more on earlier intervention and prevention – taking the actions that the evidence tells us will help people stay healthier and more independent for longer.

We will need to review the more specialised services we provide to ensure that people are able to receive the support they need at the time they need it.

Gaps in service / support

Support for people to live healthier lifestyles and maintain independence is identified as one of the key elements. More emphasis needs to be placed on this by all organisations.

The role of the third sector and independent sector is identified as important in providing broader support networks for people. Organisations need to be mindful of the capacity of these sectors to extend the support they offer.

Some services are sparse in different areas; rural areas have been identified as experiencing shortfalls in provision.

Many of the public sector services are under pressure and while services are available, there may be a waiting list or difficulty in accessing services promptly.

There are barriers for specific groups which need to be addressed – when seeking information, accessing services, or seeking to maintain independence, with support as needed.

Our response

We will seek to collaborate in the design and implementation of effective health improvement programmes with the support of Public Health Wales.

We will aim to give a senior level strategic commitment to implement and embed a sustainable approach to the Making Every Contact Count (MECC) programme in North Wales, providing a culture which encourages and promotes prevention and health improvement.

We will explore the option of using social prescribing as a patient pathway for primary care practices in North Wales to strengthen the links between healthcare providers and community, voluntary and local authority services that could improve health and well-being.

We will take an assets-based approach, identifying what matters to people and supporting them to take control of their lives. We will work with people and the communities in which they live to build on the resources available and support people to connect.

We will seek to strengthen further the social model of disability in all that we do, looking to ensure that our support and our services facilitate participation, respect individual wishes and needs and are inclusive.

We will review the need for our more specialised services to provide care closer to home where possible.

5 Learning disability

Key findings

- **Demography:** The number of people with learning disabilities needing support is increasing and people with learning disabilities are living longer. These demographic trends are likely to continue. The growing number of people living with a learning disability and dementia presents significant challenges to care services, and the staff who work in them, to provide the right type of support.
- **Health needs:** People with learning disabilities tend to experience worse health, have greater need of health care and are more at risk of dying early compared to the general population.
- **Young people with complex needs:** Services will need to adapt to make sure they can meet the needs of young people with complex needs as they make the move to adult services.
- **Attitudes and expectations:** Most individuals and their families want, or expect to have, a greater level of independence and to be a key part of their community. This may include older parents who have never asked for support or carers who find that the support they expected to have is no longer provided or is provided in a different way.
- **Transition between children and adult services:** this works well on the whole and social services will increasingly be focussed on developing an integrated approach which will help with transition.
- **Finance:** The level of spend on learning disability services has been increasing but we are now faced with supporting more people with less money.
- **Legislation:** The Social Services and Well-being (Wales) Act 2014 is changing the way we work, including the way in which we find out what matters to people and the way in which people are supported.
- **Existing provision:** Currently, support is generally provided by immediate family members and/or long term paid care staff.

Recommendations

1. Support older carers and make sure they have the support and respite services they need. This should include 'planning ahead' services for families which includes work to identify hidden carers and assess their needs for support.
2. Health and social services to work better together make sure there is sufficient support for the health issues of older people with learning disabilities, including people with dementia.

3. Continue to support people with learning disabilities to access health care through the Learning Disability Health Liaison Services, by developing accessible information for people with learning disabilities to improve communication and supporting healthcare providers to better identify people with learning disabilities so they can make 'reasonable adjustments' to their care. Promote access to health promotion and early treatment services.
4. Provide sustainable models of support jointly by health and social care to meet the needs of individuals with complex need. This should include addressing the unmet need for high end jointly funded nursing placements for adults with severe learning disabilities who have health related needs.
5. Support staff to manage changing expectations of support for people with learning disabilities, including changes required by the new act.
6. Recruit more Welsh speaking support staff.
7. Provide more support for people with staying safe when using the internet.
8. Encourage more informal, unpaid support, to reduce reliance on formal paid support. This would help facilitate wider friendships and social lives for people with learning disabilities beyond paid carers.
9. Increase recruitment to the shared lives / adult placements scheme.
10. Develop the provision of assistive technology for people with learning disabilities.
11. Continue to explore and develop housing options to meet the needs of people with learning disabilities in partnership with other organisations.

Data development agenda

- Make sure there is common understanding and consistency across the six North Wales counties in the way data is recorded and analysed.
- Carry out more analysis to support adult services to plan for the needs of young people with complex needs.

6 Mental health

Key messages

- People in North Wales report slightly better mental health than in Wales as a whole
- The number of people with mental health problems is likely to increase
- The most common mental illnesses reported are anxiety and depression
- Research suggests a high number of people with mental health problems are not seeking help
- The number of admissions to mental health facilities is reducing
- The number of people with more complex needs is increasing
- People with mental health problems are more likely to have poor physical health

The numbers of patients seeking admission to hospital has increased across the region. Feedback from staff suggests the limited number of admissions may be due to bed pressures- influenced by Delayed Transfers Of Care (DTC) and lack of appropriate placements, where needed. This has led to the use of acute beds outside North Wales, which is far from ideal for patients, their carer's and families.

Common principles shared by the local councils and the health board include service user and carer involvement and participation; community advocacy; carers support and role of learning and work opportunities in recovery; joint working between agencies.

There needs to be a clear pathway from acute services into community based services. There should be more work around the preventative agenda to prevent needs escalating to hospital and reduce demand on other public services. Examples include home support and wraparound services as well as interventions and policies to support parents and young children, lifestyle changes, improve workplaces, provide social support and environmental improvements that support communities (Public Health Wales, 2016). Joint working with the third sector and social enterprises could provide this.

Local councils and health need to manage increase in demand for services with reducing budgets.

Gaps in service / support

- Support for people with ASD was consistently highlighted as a gap in the consultation
- There's a gap in befriending opportunities (need to be empowering and not encourage dependency) to support people to access existing social activities.

- Poverty and welfare reform were highlighted as risks for service users, as the drive to get people back to work can cause additional stress for vulnerable people. This can be particularly difficult for younger people with housing benefit issues.
- There needs to be sufficient supply of accommodation to support people to step down from residential care to community resources.
- We need to develop public mental health in North Wales and promote mental well-being to prevent mental ill-health. Public mental health should form part of the Betsi Cadwaladr University Health Board mental health strategy.

Data development agenda / suggestions for future research

- Needs of vulnerable people without a diagnosis and best practice for providing support
- Investigate concerns raised about a lack of Welsh language provision in mental health services
- Find out more about the reasons for the reducing number of admissions to mental health facilities.

Our response

The next phase of the project will be to discuss the information in these reports and agree an approach to addressing the issues raised. This may include carrying out further research in an area, local or regional actions.

7 Carers

Carers provide a crucial role in the provision of care and support and provide a preventative service themselves. It is estimated carers provide between 70% and 95% of care, saving £7.72 billion every year in Wales (Yeandle and Buckner, 2015; Welsh Government, 2016c). Every caring situation is unique.

Main findings

- The number of carers in North Wales is increasing, particularly in north-west Wales.
- People aged 50 to 64 are the most likely to provide unpaid care.
- Half of all carers in North Wales are in employment: for carers in employment the support of their employer and colleagues is vital to helping them continue in their caring role.
- The increase in need for social care identified in other chapters of the population assessment report is likely to lead to greater numbers of people providing unpaid care and providing care for longer.
- There are over 1,000 young carers identified across North Wales, which is an increase over the past few years.

Gaps in support and recommendations

There is a challenge to services in the current economic climate with services being cut both for carers and for the people they care-for. Much of the support for carers, particularly from the third sector, relies on short-term funding and there are risks to the sustainability of this support.

There is feedback that respite/short-break provision is reducing as well as issues around how far ahead it needs to be planned which means it's difficult for carers to make last minute plans. We need to re-think how we provide services to achieve the best outcomes for carers and the person cared-for in this climate.

Support in acute hospitals is inconsistent – there is a carers' support officer in the West and East regions of North Wales hosted by the third sector, but no provision in the central area. In this, and other areas we need to consider how to provide more consistency across the region.

There is an increasing need for 1 to 1 support for young carers as well as support for young carers under age 8.

In addition to the examples above, the consultation highlighted the need for better support for carers by better meeting the needs of the cared-for person as well as providing support specifically for carers. It highlighted gaps around transport, services

in rural areas, awareness of primary care staff, counselling services for carers and support for substance misuse carers. The review of services highlighted that there is provision in North Wales to meet many of these needs although this provision is not consistent across the region.

The appointment of a regional post to map the full range of services available to carers in North Wales has been agreed by the North Wales Regional Partnership Board. The scoping exercise is likely to identify further gaps and inconsistencies across North Wales and highlight priorities for joint working. There is a regional carers' operational group who will be looking at opportunities for regional working arising from this population assessment.

Next steps for the population assessment and area plan

- Find out about the effectiveness of services provided to carers, improve project evaluation and look at what can be replicated across the region to provide more consistent support even with local variations.
- Consider how we capture outcomes and systems to capture unmet need, for example, Gwynedd Council and Denbighshire County Council are piloting using 'what matters' conversations with carers.
- Map carers' services across North Wales, including the availability of provision through the medium of Welsh.
- Share the findings from the population assessment and area plan with Welsh Government to inform the development of the All Wales Strategy for Carers.

8 Violence against women, domestic abuse and sexual violence

Key messages

- Domestic and sexual violence and abuse are under-reported but the number of reports is increasing.
- Domestic and sexual violence and abuse affects both women and men although women are more likely to experience them.
- Cases of coercive control are now being recorded in North Wales since the offence came into effect in December 2015
- Domestic abuse costs public services £66 million a year in North Wales in health care, criminal justice, social services, housing and refuges, legal costs and lost economic output.

Gaps in services and support available

The population assessment suggests future work should look at addressing the following:

- Developing stronger strategic and practice links between domestic abuse and adults safeguarding.
- The effect of budget cuts on specialist service providers' ability to meet the demand and need for services.
- The need for support for children and young people who are witnessing domestic violence and abuse.
- Making sure there are sufficient options for housing victims of domestic violence and abuse who have additional care and support needs that require round the clock staffing.
- Find out more about the need for specialist support, such as floating support, for BAME people in North Wales.

National priorities

The National Strategy on Violence against Women, Domestic Abuse and Sexual Violence 2016-2021 (Welsh Government, 2016b) has been published and includes the 10 key recommendations along with the National Training Framework.

The National Adviser Annual Plan (Bowen-Davies, 2016) sets out the following objectives:

1. To advise and support the strategic implementation of the legislation

2. Develop a strategic, coherent and integrated approach to policy and service delivery decisions
3. Develop workable recommendations to improve the impact and effectiveness of public and voluntary service provision
4. Provide a strategic platform for shared learning and research
5. Enable effective and inclusive communication with survivors, stakeholders and the public.

Next steps

Local councils and the health board have to prepare and publish a strategy under the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2014 by 1 April 2018. The population assessment will be used to inform this strategy.

We have also identified that we need to include more information about sexual violence, child sexual exploitation, trafficking and modern slavery when the population assessment is reviewed. Please let us know if you have any evidence you would like to submit [\[add link\]](#).

9 Secure estate

The new act heralds a historic change in local government's social care responsibilities for the men, women and children held in the secure estate and on their release into the community. Previously, the responsibilities for meeting the social care needs of those in the secure estate were unclear and this led to confusion between local authorities, prisons, probation services and other organisations.

The act clarifies responsibilities and ensures that those held in the secure estate are entitled to receive equivalent provision to persons in the community and requires local authorities to work in partnership with the National Offender Management Service and health services. It presents opportunities to implement integrated care pathways and joint service provision for the health and social care needs of those in the secure estate.

Given that prisoners can often have complex health and care and support needs and generally experience poorer physical and mental health, this presents a significant development.

A focus on health and wellbeing is also contributing to a renewed focus on rehabilitation, resettlement and a reduction in re-offending.

This is evidenced in the planning for HMP Berwyn which will open in North Wales in February 2017. HMP Berwyn is modelling new approaches and its culture will be driven by a focus on rehabilitation. The ethos is dedicated to providing a safe, decent and just environment where men will be encouraged to prepare for a fresh start in life. The importance of Welsh language in the rehabilitation of offenders from North Wales is recognised as is the key role of co-commissioning partners.

This puts the adult male category C population in a good position. It will help strengthen links between local councils in North Wales and the prison and will support effective rehabilitation. Women and young offenders, however, will continue to be held outside the region as well as men from other categories and those whose health and social care needs cannot be safely managed at HMP Berwyn.

A better understanding of the needs of these groups is required and on release the duty for adults will move to the local council to which they are resettling as part of the requirement for continuity of care under the act; this includes services such as housing. This presents a unique opportunity to develop a model for creating links with prisons outside of North Wales, including those holding women from North Wales.

Recommendations

- Further consultation with stakeholders, including service users.

- An integrated health and social care needs assessment to be conducted for HMP Berwyn after the prison has become operational in partnership between BCUHB and Wrexham County Borough Council.
- Data on the social care needs of both the Category C and remand population to be collated when HMP Berwyn is operational.
- The putting of protocols in place with partners detailing the type of information which can be shared.
- Engagement with the Courts to develop protocols for the remand of disabled persons to ensure that their remand disposals are able to meet their specific needs on admission.
- The development of partnership working with the prisons in South Wales to share learning.
- Better understanding of the social care needs of women and young people and the very specific considerations attached to these groups.
- Development of good quality health and well-being services for the prisoners.
- Children and families – support for the regional approach to develop a children and families model and links in with this work.
- Homelessness: the need for prompt systems to be in place in order to engage with those who are leaving the secure estate at the earliest possible opportunity; this will enable the correct intervention to be put in place and referrals made to the appropriate council.
- The transition of care once prisoners are discharged ‘through the gate’ needs to be embedded within the community, providing continuity of care to ensure health gain while in prison is sustained on release.

10 Veterans

A veteran is defined as someone who has served in HM Armed Forces for at least one day. This includes people who have served in the Reserve/Auxiliary Forces. It is estimated that there were 51,000 veterans living in North Wales in 2014.

A full description of the care and support needs of veterans in North Wales is available at the following link:

http://www.wales.nhs.uk/sitesplus/documents/888/20161107_Veterans_Needs%28Working%20Draftv0e%29.pdf

Information and research

There is a need to improve demographic and wellbeing information available on veterans, the capture of information on their use of services and information available to veterans on what services are available. Recommendations are:

- North Wales Armed Forces Forum (NWAFF) should lend support to the Royal British Legion's "Count Them In" campaign.
- NWAFF should consider commissioning Welsh language profile of veterans in North Wales
- All service providers should improve their identification of veterans and data on their use of services (especially NHS primary and secondary care and local council services)
- NWAFF should consider the development of a "veterans data dashboard" which pulls data together on veterans
- All service providers should improve the information provided to veterans on the services available to them through better signposting to services, better publicity through use of social media and supporting the development of the new MoD "Veterans Gateway" website
- NWAFF should consider commissioning research in areas such as the lifestyle behaviour of veterans and the interaction of veterans with domestic abuse issues

Service planning

Veterans should be considered as a priority group within regular planning mechanisms. The recommendations are as follows.

- Public Services Boards (PSBs) should consider the needs of veterans in the development of their Well Being Plans
- Local councils should consider the needs of veterans, as a vulnerable group, in their corporate planning and corporate priority setting

- BCUHB should consider the needs of veterans in the development of its Annual Operating Plan and Integrated Medium Term Plan
- BCUHB, as part of the development of its Mental Health Strategy, should consider the needs of veterans that are not able to access the service provided by Veterans NHS Wales (e.g. non-service related needs) including recognising the detrimental effect stigma may have on veteran's willingness and ability to seek help for mental health conditions. Public mental health should be developed as part of this strategy with promotion of emotional wellbeing and alternatives to hospital settings.
- Provision of health improvement services by local councils to veterans should be reviewed and strengthened where necessary
- All service providers should support the development of Health and Wellbeing Services for veterans at HMP Berwyn

Service provision

Services have a responsibility to meet the commitments set out by the Armed Forces Covenant. The recommendations are as follows.

- All service providers should be aware of their commitments and responsibilities under the Armed Forces Covenant which include priority access to NHS treatment for conditions related to a veteran's time in the services and priority access to social housing.
- All service providers should provide a coherent approach to delivering effective services and support, to achieve the outcomes required for veterans and address unmet needs. Priority groups should include the oldest and most infirm who have clear support needs (physical and emotional) to live independently and avoid social isolation; those aged 16-54 with health problems relating to their military service, and the youngest and most recently discharged from military service.
- All service providers should collaborate to develop model care pathways for veterans premised on early identification, early intervention and evidence based responses to need with clear sub-division of roles.
- All services providers should recognise and understand the challenges posed by the armed forces culture. It is important that all staff are appropriately trained and also ensure that they ask their clients whether they have served in the Armed Forces. An accreditation system for staff, appointment of more veterans champions and a scheme for "veteran friendly" services should all be considered.
- All service providers should take every opportunity to signpost veterans to support. Specific front-line locations might include Emergency Departments, police custody suites and local council Single Points of Access or Housing Access Teams.

- Due to the many third sector veteran related organisations being established, it is recommended that a quality standard be considered to offer assurance to veterans, their families and public sector bodies that the organisation they are dealing with are of a high quality with good governance arrangements.
- Primary Care contractors should prioritise registration of veterans. GPs should request the whole medical record from DMS to give a complete picture of a veteran's medical history. The joint RCGP, RBL and Combat Stress publication should be promoted amongst all local health providers
- All services providers should prioritise mental health support to veterans, including support for alcohol problems. This should include better signposting to the current support available through Veterans NHS Wales, BCUHB mental health services and the Third Sector. Veterans' needs should be specifically considered by the North Wales Suicide Prevention Group.
- Local councils should review their provision of health improvement services to veterans and strengthen where necessary.
- Local councils and BCUHB should consider how they can support veterans on their pathway to employment within the volunteering opportunities they are developing within their organisations.
- All service providers should specifically consider the needs of veteran carers and address unmet needs where identified.

11 Homelessness

The changes introduced within the Housing (Wales) Act 2014 seem to be having a positive effect with the emphasis on earlier intervention and prevention delivering better conclusions for individuals, however significant challenges remain. Progress may be affected if the transitional funding allocated is removed.

Changes within other services can have an impact on homelessness and homeless people can have an impact on other services. Welfare reform and especially changes to Housing Benefit and the introduction of Universal Credit are expected to increase demand upon some services, especially from groups such as young people, which will create new challenges. We need to focus on ways of maximising value, combining effort and resources and focus on the preventative approach to homelessness, which can help deliver positive outcomes to vulnerable people and hopefully avoid the need for more intensive and costly interventions .

Key messages

Changes to the welfare benefits – The impact of the proposed changes to the welfare benefits, especially those allocated towards housing related costs are yet to be seen. Some individuals and groups are expected to experience significant reductions in the funding for assistance towards housing and it will become more difficult to secure appropriate and suitable accommodation options at these reduced levels. Some of the groups most adversely impacted, correlate quite closely with groups who are currently known to be more exposed and vulnerable to homelessness. There are also concerns that the introduction of Universal Credit - which compounds all benefit payments and does not automatically allow transfer of the rent element to the landlord could lead to problems. Research from areas who have introduced universal credit are reporting higher level of arrears which could over time become problematic and impact on the sustainability of tenancies.

Regional commissioning - While the aim will be to deliver the vast majority of homeless services as close as possible to an individual's original community and where possible within local council boundaries, it will be necessary to plan and deliver some homelessness services regionally. Where it is not possible or cost effective to respond to needs locally we will use long-term strategic partnerships such as the Regional Collaborative Committee and local planning groups to consider housing need and priorities across local council areas.

Out of area placements – Most vulnerable people seeking support tend to be non-transient, staying within their locality rather than moving from one area to another. However some movement across boundaries does occur and is sometimes necessary to support individuals and to facilitate rehabilitation. Legislation and best practice would suggest that out of county placements should be exceptional, and based upon considerations such as personal and public safety. Where such cases

arise, cross border co-operation as well as the maintenance of service users existing support networks need to be discussed at the earliest possible stage.

Shared responsibility - Housing Associations and third sector support providers who have experience of delivering services to particular vulnerable groups will have an important role in assisting the efforts of statutory organisations. There will be a continuing need to provide support services that complement the statutory sector, as we anticipate a steady increase in population up to 2020.

Gaps in service / support

- Lack of single person accommodation
- Limited hostel provision
- Shortage of specialist provision for individuals with ongoing medical conditions
- Gaps in support services

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12 Autism Spectrum Disorder

Children and adults with Autism Spectrum Disorder (ASD) report unmet needs in respect of:

- behavioural/emotional support;
- ASD specific issues and life skills; and,
- access to social and leisure services and opportunity in the community.

Children and adults with ASD may or may not also have a learning disability or mild learning disability. Children and adults with ASD may have or may develop moderate mental health difficulties if support is not available to them at an early stage.

There is a national Autism service being developed, funded from Welsh Government Intermediate Care Funding, and the service will be developing in North Wales in the next year or so as part of the 3 year programme of roll-out. This service will be built on best practice and research and will be all-age.

It is also important that the support currently available in North Wales through the range of third sector organisations that operate in the area are continued and that these compliment the national service. The availability of such support services should be advertised widely so that they can be accessed by those who require the support.

There are gaps in awareness raising around ASD for the public, employers, staff and other areas of public services such as leisure centres and public transport.

Although there is a comprehensive range of information on the web, there is no way of knowing whether people are using this – raising the profile of the availability of services and support on such websites as DEWIS is required.

Training is required to improve the understanding of the effects and implications of ASD, particularly in relation to behaviour management and coping strategies and this needs to be across sectors and particularly within education services. It is also identified that the police service needs to be trained to identify if a person has ASD. Ideally this training should be jointly developed across health and social care and includes specifically:

- managing special interests,
- the transition into adulthood,
- housing and community living,
- employment and training,
- post diagnosis support for partners and family members,

- social isolation, developing social skills and maintaining relationships,
- keeping safe/anti-anti-victimisation interventions,
- autism in females,
- men and autism,
- keeping well and healthy and managing anxiety,
- challenging behaviour and anger management.

Finally, there is a new neurological developmental pathway which will be a service available for children and young people who do not fit into CALDS/CAMHS pathways for diagnosis and support established early in 2017 in Conwy/Denbighshire – if this is successful it should be available across North Wales.

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NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales population assessment

Draft 0.1

24 November 2016

Draft



Introduction

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Notes on the population assessment report

This is the final draft report produced for discussion and approval by the six North Wales councils and Betsi Cadwaladr University Health Board.

The report will be published on 1 April 2017 on each council and health board website. Before publication the following information will be added and changes made.

- Information about how to request a copy of the document in other formats.
- A children and young people's version and easy read version of the report.
- A website address for downloading the document will be added along with hyperlinks between chapters to aid navigation.
- Information about how to access the Welsh report from the English version and the English report from the Welsh version.
- Additional appendices including reports from the consultation and engagement. Key messages are already included in each chapter and a summary of the methods used is in the introduction.

Throughout the report there are sections highlighted in **blue** where links and appendices will need to be added before publication.

1.1 About the report

This report is an assessment of the care and support needs of the population in North Wales, including the support needs of carers. It has been produced by the six North Wales councils and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales, to meet the requirements of the Social Services and Wellbeing Act (Wales) 2014 (the act).

The report aims to improve our understanding of our population and how it might change over the coming years to help us provide better public services in North Wales. To prepare the report we looked at statistics, spoke with our communities and made use of a wide range of information collected by local councils, health services, charities and other organisations that provide services.

The report is split into chapters based around the following themes as set out in the Welsh Government guidance.

- Children and young people
- Older people
- Health, physical disabilities and sensory impairment
- Learning disabilities and autism
- Mental health
- Carers
- Violence against women, domestic abuse and sexual violence
- Secure estate
- Veterans
- Homelessness

For information about substance misuse see the Area Planning Board Substance Misuse Needs Assessment.

Each chapter includes information about:

- How many people we are talking about, their experiences and how this compares to other areas.
- How things are likely to change in the future.
- What people are telling us about their need for support.
- What organisations are telling us about the need for support.

The report also aims to support the integration of services (joint working between health and social care). Current Welsh Government priorities for integration are:

- Older people with complex needs and long term conditions, including dementia.
- People with learning disabilities.
- Carers, including young carers.
- Integrated Family Support Services.
- Children with complex needs due to disability or illness.

Area plan

The report will be used to inform the area plan which has to be prepared jointly between the health board and local councils overseen by the Regional Partnership Board. The draft guidance on the area plan says we must include the specific services planned in response to each core theme identified in the population assessment including:

- the actions partners will take in relation to the priority areas of integration for Regional Partnership Boards;
- the instances and details of pooled funds to be established in response to the population assessment;
- how services will be procured or arranged to be delivered, including by alternative delivery models;
- details of the preventative services that will be provided or arranged;
- actions being taken in relation to the provision of information, advice and assistance services; and,
- actions required to deliver services through the medium of Welsh.

The first North Wales area plan must be published by 1 April 2018 (Welsh Government, 2016c).

The Social Services and Wellbeing (Wales) Act 2014

Local councils and health boards in Wales have produced population assessments under a new law introduced in April 2016 by Welsh Government called the Social Services and Wellbeing (Wales) Act 2014 (the act).

This is the new law for improving the well-being of people who need care and support, and carers who need support. The act changes the way people's needs are assessed and the way services are delivered - people will have more of a say in the care and support they receive. The new law also promotes a

range of help available within the community to reduce the need for formal, planned support. Each chapter includes information about the main changes likely to have an impact on the population group.

The population assessment was based on the Welsh Government guidance [\[add link\]](#) and the toolkit produced by the Social Services Improvement Agency (SSIA) [\[add link\]](#). Additional advice and support were received through the national population assessment leads network coordinated by the SSIA.

What do we mean by the terms population assessment and needs assessment?

We want to understand the care and support needs of all people living in North Wales (the population) so that we can effectively plan services to meet those needs. Deciding what is needed can be based on what people feel or say they need, what a professional assessment says they need or by comparing different groups to each other (Bradshaw, 1972). Another definition of need is where the population would benefit from health and social care involvement.

There is a difference between need, demand and supply although they overlap. Demand for health and social care services is the services that people ask for. It can change based on people's behaviour (which is influenced by age, gender, education, socioeconomic class); knowledge of services; and the influence of the media. Demand is also influenced by the supply of services, which changes based on guidelines and evidence of clinical and cost-effectiveness. Demand for health and social care increases with supply or accessibility so it often does not reflect the need for services.

A needs assessment is a way to review the health and social care issues in a population. It can help agree priorities and the way resources are allocated to improve health and social care and reduce inequalities. A needs assessment must balance the clinical, ethical and economic – what should be done, what can be done, and what can be afforded.

Different approaches to carrying out a needs assessment are:

- Epidemiological: what we know about the population, current service provision, and the effectiveness and cost-effectiveness of interventions and services.
- Comparative: comparing services between different populations although there may be other reasons for differences, not just difference in need.
- Corporate: what people tell us is needed including staff, service user and community engagement (Stevens *et al.*)

When compiling this report we tried to use as many different approaches as possible to assess what support is needed and achieve a balanced a view. We have also tried to focus on assets as well as needs, including individual strengths and local community assets.

1.2 Research methods

The population assessment was 'engagement led'. By this we mean that we used what people were telling us about care and support needs to form our research questions. We then gathered data from many different sources to answer the questions and challenge our initial findings.

Population assessment in figures

- We reviewed over 100 existing policies, strategies and plans from across the six local councils and health board.
- We received 133 responses from organisations to our survey about people's need for care and support.
- We used the findings from over 300 consultation and research reports.
- We and our partners held 16 events and circulated three questionnaires that reached around 260 people who use services.
- The Citizen's Panel carried out interviews with 34 members of the public.
- Local councils arranged around 20 workshops for staff and councillors.

Consultation and engagement

Consultation and engagement methods

Local councils in North Wales have a regional citizen engagement policy (Isle of Anglesey County Council *et al.*, 2016) This is based on the national principles for public engagement in Wales and principles of co-production which informed our consultation plan. The population assessment engagement was planned by a group of staff from each local council, the health board and Public Health Wales. They began by listing the different groups of people who may be affected by the population assessment and planning for how they would involve them. This list was reviewed part-way through the project with additional opportunities to get involved planned to fill the gaps. More information is available in the [Equalities Impact Assessment](#).

The engagement plan included:

- A questionnaire for organisations that asked for their views and any supporting evidence they had, such as performance measures or consultation reports.

- Discussion groups with service users, supported by a facilitator's guide. Some counties also circulated self-completion questionnaires.
- A questionnaire for the public (people who do not use care and support services) available on the Citizen's Panel website along with interviews with Citizen's Panel members. One county also circulated an additional questionnaire for people who do not use care and support services.
- Workshops with staff and councillors arranged by each local council.
- A review of relevant research and consultation including legislation, strategies, commissioning plans, needs assessments and consultation reports.

The consultation was publicised widely through the county voluntary councils in North Wales and various other regional networks. The local councils and health board promoted it through their websites, Facebook and Twitter pages. Press releases were sent to the Leader newspaper, Wrexham.com, Daily Post, BBC Wales as well as both Capital and Heart Radio. Specific groups, including people with protected characteristics, were contacted through existing groups and networks (see Equalities Impact Assessment). A quarterly newsletter was produced giving updates about the project for staff and partner organisations which also helped identify groups to contact about the consultation and engagement. There are still people we were not able to reach in the timescale who will be our priority for the next phase of the project.

Running in parallel with this population assessment was the production of well-being assessments for Well-being of Future Generations (Wales) Act 2015. North Wales has four Public Service Boards who were preparing for this. Where possible, any engagement taking place was planned to meet the needs for both assessments. In some areas this involved sending out joint questionnaires while others held joint workshops and discussion groups.

1.3 Preventative services

A North Wales project took place in 2015 to look at early intervention and prevention services in readiness for the act supported by the North Wales Social Care and Well-being Improvement Collaborative (NWSCWIC). The aim was to develop a framework of targeted interventions; contribute to the population assessment; provide a baseline for integrated commissioning and procurement; and to support consistent eligibility thresholds. The group assessed evidence and local needs assessments to identify 'root causes' or trigger factors that lead people to contact services and which in many cases lead to people receiving managed care and support services. They looked at interventions that could address the trigger factors and linked them to the well-being outcomes from the act. The group then developed a risk assessment tool to look at the accessibility, funding and organisation risks relating to the

availability of each intervention in each county. This information was used to generate priorities for future work.

In addition, as part of the population assessment the Public Health Wales Evidence Service carried out a literature search to identify the evidence base for each of the interventions described.

This work forms part of the overall North Wales population assessment and is available here: [evidence base](#).

Advocacy

'Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice (Action for Advocacy, 2002)'

Advocacy is part of the portfolio of preventative services available and was included in the early intervention and prevention risk assessment exercise. In addition, NWSCWIC commissioned research into citizen voice and control in North Wales (Wavehill, 2016). This research includes a summary of the independent advocacy services across North Wales for children, young people and adults which forms part of the population assessment.

In the next phase of the project, preparing plans and strategies in response to the population assessment, we need to look at council and local health board commissioning arrangements for advocacy services to recognise and respond to any potential overlap in arrangements. This will involve working closely with the Age Cymru Golden Thread Programme funded by Welsh Government. This programme aims to improve the well-being of individuals through advocacy and to give them a stronger voice; improve the understanding of advocacy, and; work with local councils and service providers to support the development and commissioning of services.

1.4 Governance

Project governance

The North Wales Social Care and Wellbeing Services Improvement Collaborative set up a regional steering group to lead the population assessment work with technical, engagement and theme-based groups to lead on specific tasks. The steering group was chaired by Jenny Williams, Director of Social Services, Conwy County Borough Council and Andrew Jones, Executive Director of Public Health, BCUHB. Each group included members from each

North Wales local council, BCUHB and Public Health Wales. A governance structure is attached in appendix 1.

An interim report on the project plan was produced in July along with regular highlight reports which were shared with regional boards through Partnership Friday, Public Service Boards and local councils. Project newsletters were produced quarterly (in March, June and September 2016) and circulated widely through representatives from each council and health board.

North Wales Regional Commissioning Board

Local councils and the health board in North Wales have a responsibility to make sure that they have arrangements in place to enable effective strategic planning, delivery and purchasing of services to deliver their statutory responsibilities. This planning activity needs to take into account the Social Services and Well-Being (Wales) Act 2014, Future Generations Act and the Regulation of Social Care (Wales) Act 2016.

In order to do this, North Wales has a Regional Commissioning Board which is co-chaired by a Director of Social Services from one of the councils and an Area Director from BCUHB.

The Regional Commissioning Board reports to the Partnership Board, which has powers and responsibilities as defined under Part 9 of the Social Services and Well-Being (Wales) Act 2014.

The Regional Commissioning Board oversees strategic social care and health developments across adults and children's services, ensuring services are based on best practice, are sustainable and provide value for money.

Local councils and health boards are required to work with citizens, third sector services and other service providers to develop local plans in response to the population needs assessment. These can include a:

- **Market Position Statement:** aims to give a clear statement about the strategy and approach to the development of services in a particular area; this should provide information to the 'market' (service providers) to help them make good business judgements.
- **Commissioning Plan / Strategy:** takes account of what services are in place already and how well they respond to what people need now and in the future, what policy and/or legislation says. The plan or strategy should then detail how the commissioning authorities (councils and /or health board) are going to use their resources (including money, people and buildings) to best meet those needs. This may mean stopping delivering services that do not provide evidence that they meet needs or delivery quality or value for money and detailing how else those needs will be met in the future.

1.5 North Wales population overview

North Wales has a resident population in the region of 690,000 people living across an area of around 2,500 square miles. Gwynedd in the west is the least densely populated area with 49 people for each square kilometre and Flintshire in the east is the most densely populated area, 350 people for each square kilometre.

The population of North Wales is expected to increase to 720,000 by 2039. The increasing population of North Wales can be explained by an increasing birth rate and a decreasing mortality rate, which has led to extended life expectancy (Welsh Government, 2016a).

The population of most local council areas in Wales is projected to increase between 2014 and 2039. Wrexham is projected to have the second largest increase in Wales (10%); the populations of Gwynedd and Wrexham are projected to increase steadily; the Isle of Anglesey's population is projected to decrease steadily; and the populations of Conwy, Denbighshire and Flintshire are projected to increase then decrease, but remain higher in 2039 than in 2014.

Isle of Anglesey

The 2.6% decrease in the Isle of Anglesey's population (almost 2,000 people) is due to natural changes. While there will be fewer children and young people, the number of people aged 75 years and over is projected to increase by around 5,500.

Gwynedd

Between 2014 and 2039, the population of Gwynedd is projected to grow by 8.4% (just over 10,000 people). Nearly all of the increase is anticipated to be in the population aged 75 and over, with the population aged 85 and over projected to increase by 122% (4,700 people). About 75% of the projected increase will be due to net migration (7,800).

Conwy

The population of Conwy is projected to increase by 1.7% (almost 2,000 people) between 2014 and 2039. The county's younger population is projected to fall, while the population aged 75 years and over is projected to increase by around 10,000. Net migration will account for an increase of 12,600 in the population, which will be driven by internal migration; natural change will be down 4,100.

Denbighshire

Denbighshire's population is projected to increase by 2.7% (around 2,500 people) between 2014 and 2039. The population aged 75 years and over is projected to increase by 7,500, while the population aged 18 to 74 years is projected to decrease by 4,800. Net migration will account for an increase of 6,600 in the population, driven by migration; natural change will be down by 4,100.

Flintshire

The population of Flintshire is projected to increase by 1.3% (around 2,100 people). Females aged under 59 years and males aged under 64 years are projected to decline; the population aged 75 years and over is projected to increase by 13,300. Net migration will account for a decrease of 1,000 in the population between 2014 and 2039 (driven by internal migration); national change will account for a further 3,000 increase.

Wrexham

Between 2014 and 2039, the population of Wrexham is predicted to increase by 9.7% (around 13,300 people). The numbers of the youngest members of the population, aged 0-4 years and 5-10 years are projected to fall, with the largest increases in the older age groups. Net migration will account for an increase of 8,600 in the population, which will be driven by international migration; natural change will account for a further increase of 4,700.

Welsh language

'One of the key principles of *More than just words*... is the Active offer. An Active Offer simply means providing a service in Welsh without someone having to ask for it. It means creating a change of culture that takes the responsibility away from the individual and places the responsibility on service providers and not making the assumption that all Welsh speakers speak English anyway.' (Welsh Government, 2016b)

Each chapter of the report includes a section on the need for Welsh language provision to support the population and meet the principles of *More than just words*. In particular, groups where the Welsh language is an even more critical or fundamental element of service provision are:

- children and young people;
- older people;
- people with learning disabilities;
- people with mental health issues;
- people with dementia;
- people who have had a stroke; and,
- people who need support from speech and language therapy services.

In North Wales, Gwynedd has the highest proportion of Welsh speakers, 65%, although this can be higher in some areas of the county. Elsewhere in North Wales, 57% of residents on the Isle of Anglesey speak Welsh, 27% in Conwy and 25% in Denbighshire. The proportion of Welsh speakers in Flintshire (13.2%) and Wrexham (12.9%) is lower than the average for Wales. All local council areas across North Wales have experienced a decline in the proportion of Welsh speakers between the 2001 and 2011 Census, with the largest decline occurring in Gwynedd (-3.6%). Just over half (53%) of Welsh speakers in North Wales are fluent in the language and 63% speak Welsh on a daily basis; in Gwynedd, 78% of Welsh speaking residents are fluent and 85% speak Welsh every day.

The level of Welsh speaking, particularly in the north west of the region, influences the number of people choosing to access services in Welsh. In Gwynedd, 37% of people attempt to use the Welsh language at all times when contacting public services. In primary care, 1.8 GPs per 100,000 population in North Wales can speak Welsh; at local council level, Gwynedd has the highest rate, 4 GPs per 100,000 population that can speak Welsh and Flintshire has the lowest, 0.5 per 100,000 population. Among other health professionals in North Wales, speech and language therapists have the highest percentage of Welsh speakers (46%), followed by paramedics (44%); just over 30% of nurses working in the region can speak Welsh (Public Health Wales, 2016c). Across North Wales, 81% of businesses have staff with Welsh language skills, with 45% of employees in Gwynedd always speaking Welsh with colleagues and 31% on the Isle of Anglesey (North Wales Economic Ambition Board, 2016).

Poverty and deprivation

In North Wales, 12% of the population live in the most deprived communities in Wales compared to 19% across Wales; however, this masks considerable pockets of deprivation across the region, some of which are among the highest levels of deprivation in Wales. Rhyl West 2 (Denbighshire) and Queensway 1 (Wrexham) are the second and third most deprived areas in Wales. Three further areas in Rhyl (Rhyl West 1, Rhyl West 3 and Rhyl South), are in the top twenty most deprived areas in Wales (Welsh Government, 2014).

People living in the most deprived areas live on average shorter lives than those living in the least deprived areas. Gwynedd has the lowest inequality gap in the whole of Wales for males (3.4 years); Denbighshire has the fourth highest in Wales (11 years). This suggests that men in the most deprived areas of Denbighshire live, on average, 11 years less than those in the least deprived areas in the same county. The difference for women is also largest in Denbighshire, where women in the most deprived areas of the county live, on average, 8.4 years less than those in the least deprived areas of Denbighshire (Public Health Wales, 2016b).

Educational outcomes have an impact on income and living standards, which in turn impact on physical and mental health. Across North Wales, the percentage of residents aged 16 to 74 years who have no academic or professional qualifications is lower than the average for Wales (25.9%), with the exception of Wrexham (26.7%). There is considerable variation at local level within counties (Office for National Statistics, 2011).

Unemployment is associated with financial problems, distress, anxiety, depression and poor health related behaviours. Just over 5% of working age residents in Wales have never worked or are long-term unemployed. Across North Wales, all six local councils are below the average for Wales; however, there is considerable variation within counties (Office for National Statistics, 2011).

Housing has an important effect on health, education, work, and the communities in which we live. Across Wales, 77% of people in owner occupied houses were very satisfied with their accommodation, compared with 52% of people in private rented accommodation and 48% of people in social housing (Welsh Government, 2015a).

The majority of people in Wales report having enough money to heat their home; however, there is a difference across tenure type with 96% of people in owner-occupied housing having enough money to heat their home compared to 89% of private rented tenants, and 87% of those in social housing (Welsh Government, 2015a).

There has been a rapid rise in homelessness in Wales, with a 16 to 25% increase between 2007 and 2012. This then presents an average in Wales of 39 households accepted as homeless per 10,000 households (Public Health Wales, 2016a).

A safe environment, free from crime, contributes significantly to community cohesion and people's sense of well-being. Anxiety over crime can impact people's mental health. Deprived neighbourhoods with empty properties, unmaintained housing, graffiti and visible signs of criminal activity are strongly related to the fear of crime, which is associated with poor self-rated health and well-being. Across North Wales, almost 81% of residents feel safe after dark, the same as the Wales average. Local council levels range from 74% in Wrexham to 89% in Gwynedd. In North Wales, 74% of residents are satisfied with the local area, which is just above the average for Wales, 71%. Local council satisfaction levels range from 70% in Wrexham to 77% on the Isle of Anglesey (Public Health Wales Observatory, 2015).

Health

Chronic conditions can have a significant impact for individuals, families and health and social care services. The Isle of Anglesey has the highest percentage of patients registered as having a chronic condition (39%) and Gwynedd has the lowest (33%). Hypertension is the condition with the highest number of patients on the register (Public Health Wales Observatory, 2016).

Heart disease, cancers and respiratory disease are the three leading causes of death and premature death in North Wales, which share common risk factors – tobacco, alcohol, physical inactivity and unhealthy diet. Health-related behaviours are strongly related to deprivation and there are variations across North Wales.

Rates of smoking vary considerably by area, in line with levels of deprivation and by socio-economic gradient. Twenty two percent of adults in North Wales report being a smoker, compared to 20% across Wales. The Isle of Anglesey and Denbighshire have the highest smoking prevalence, 24% (Welsh Government, 2015b).

Over half of the population of North Wales (58%) report being overweight or obese, which is just below the average for Wales, 59%. Across North Wales, Gwynedd has the lowest percentage of overweight and obese adults, 53% and Denbighshire has the highest, 61% (Welsh Government, 2015b).

Levels of overweight and obesity in children have also increased dramatically, and are a significant cause of chronic illness in childhood. Just under 28% of children aged four and five years in North Wales are overweight, compared to just over 26% across Wales. The Isle of Anglesey has the highest percentage of overweight four and five year olds in Wales, 32% (Public Health Wales, 2014/15).

1.6 Limitations, lessons learned and next steps

Preparing a single accessible population assessment across six counties and one health board area within the timescales set has been a challenging process. There has been a tremendous amount achieved within the timescales thanks to the efforts of: the project team; the project steering group, technical group and engagement group; partner organisations who contributed information and guidance; members of staff, elected members, service users and members of the public who took part in the engagement; the chapter writing groups; and the many people who reviewed and commented on early drafts of each chapter.

Nevertheless, there is plenty that we have learnt from the process and more that needs to be done. The population assessment should be seen as the start

of a process rather than a finished product. Where there are limitations identified in the report these can be addressed in work on the area plan and in the population assessment review. The guidance states the assessment needs to be reviewed in at least two years' time, while the toolkit advises more frequent reviews.

Some of the issues identified during the process that need to be addressed are listed below.

- The report will provide an evidence base for services and strategies and underpin the integration of services and support partnership arrangements. It should be a useful tool for planners and commissioners in local authorities and health, however, there is still a need for commissioning strategies and market position statements to set out the local vision and plan for services in an area and the support available for providers.
- The report includes a summary of services available at the moment but does not describe them in detail or attempt to map out all local provision. Due to the complexity of this task it may be best to prioritise areas for this type of review.
- The report includes some high-level service performance measurement information but does not include detailed analysis of performance indicators outside of what was included in the national data catalogue or analysis of budgets or actual service spend.
- There are groups we were not able to include in the consultation and engagement which should be a priority for future work. More information is available in the engagement plan and Equalities Impact Assessment [\[add link\]](#).
- The report needs to be publicised widely to build on links made to date and reach people who have not had an opportunity to be involved in the first phase of the project.
- Making the links between the population assessment and the well-being assessments produced by the Public Service Boards. The population assessment includes people's care and support needs while the well-being assessment covers prosperity, health, resilience, equality, vibrant culture, global responsibility and cohesive communities. The assessments have taken place in parallel and officers involved in both have worked together on elements of the projects but more connections will emerge as they are published.
- There are people who have care and support needs whose particular needs fall outside the themes covered in the report chapters. More work needs to

be done to identify their needs along with people who have multiple and complex needs.

In addition to the above there are specific issues identified at the end of each chapter for future work.

There have also been lessons learned about the process which have been recorded and will be used to inform the work on the area plan and population assessment review.

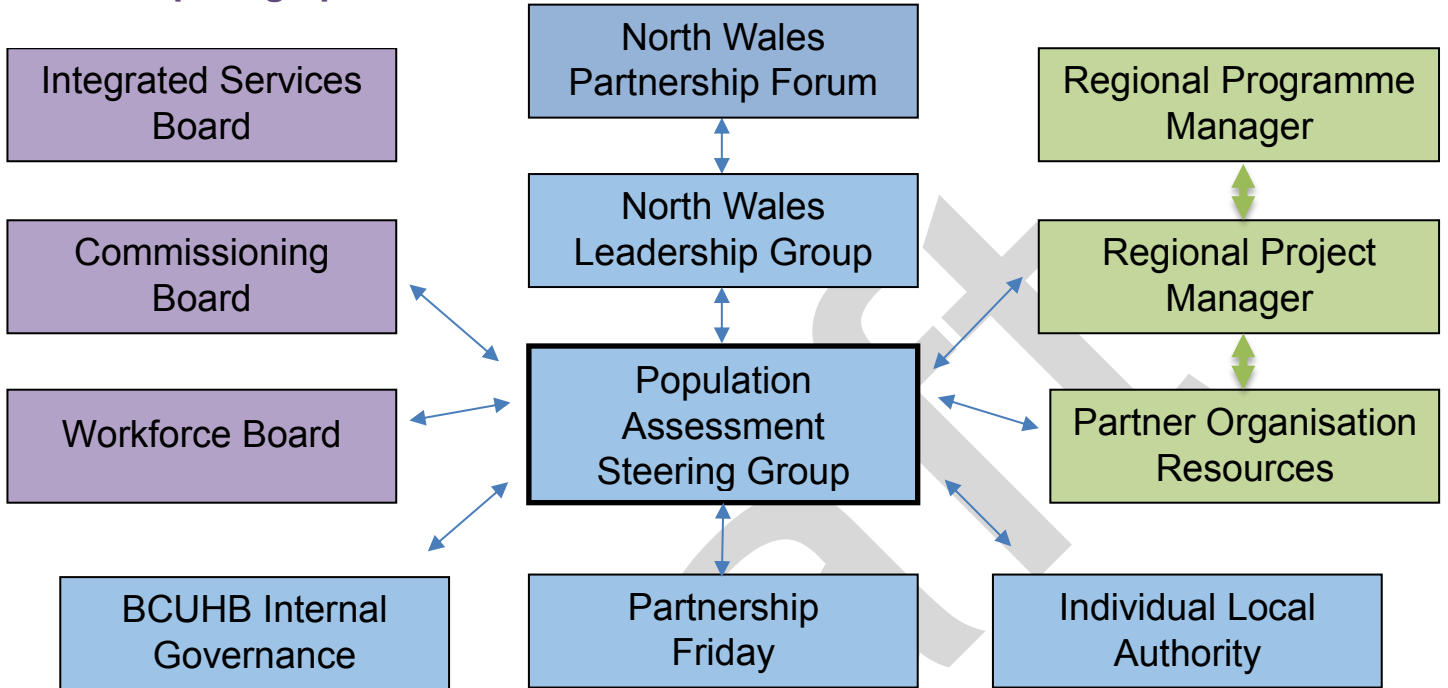
1.7 Further information

There was much more information collected to inform this report than it has been possible to include. The following background information is available on request [\[add link to contact details on website\]](#):

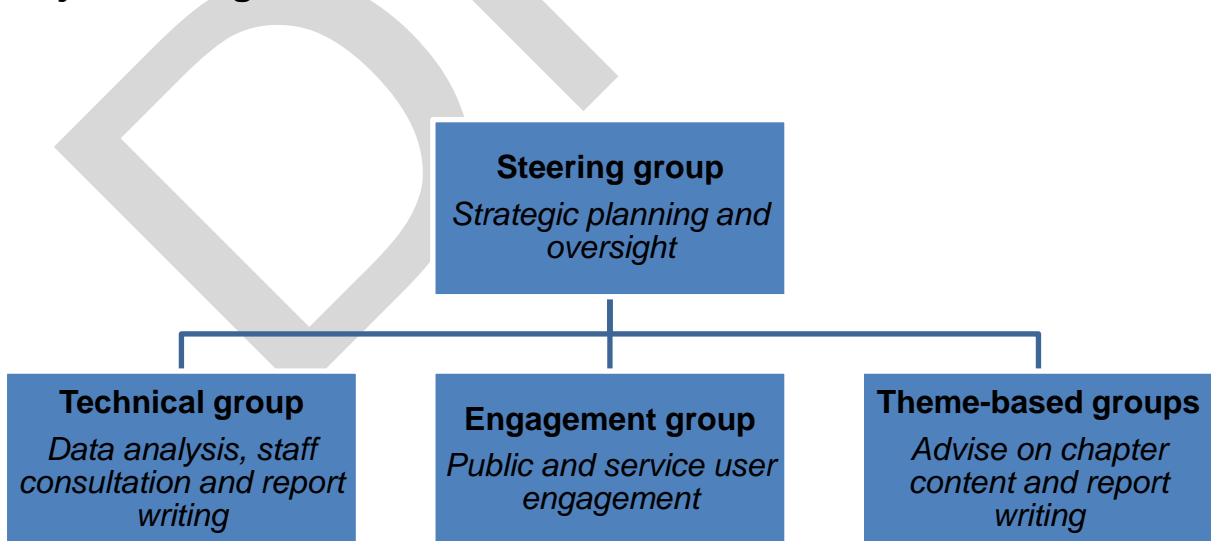
- Data catalogue listing over 300 different population indicators and performance measures recommended by Welsh Government for the population assessment.
- Downloaded data from the data catalogue for each of the six North Wales counties. Please note, this data is also available from sites including Stats Wales, Daffodil Cymru and NOMIS where it may have been updated since it was downloaded for the population assessment. The original data source is listed on the data catalogue. The total file size is too large to send by email so please specify the data you are interested in.
- Access to the reference library used for the population assessment stored in Endnote online or a copy of the full reference list or individual chapters in rich text format.

Appendix 1: North Wales Population Assessment Governance Structure

Other regional work areas requiring updates



Project management structure



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2 Children and young people

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2.0 About this chapter

This chapter focusses on the care and support needs of children and young people. It is organised around the following themes:

- 2.1 Population overview**
- 2.2 Children and young people who have a need for care and support: previously 'child in need', including refugees and asylum seekers**
- 2.3 Children and young people on the child protection register**
- 2.4 Looked-after children and young people (including fostering, adoption, care leavers and children in children's homes placed by other local authorities)**
- 2.5 Children involved in crime, anti-social behaviour and who are victims of crime**
- 2.6 Children with disabilities**
- 2.7 Children and young people's mental health**
- 2.8 Early intervention and prevention**

There is more information about the needs of children and young people in other chapters of the report.

- Health, physical disabilities and sensory impairment [\[Add link\]](#)
- Learning disabilities and autism [\[Add link\]](#)
- Carers [\[Add link\]](#)
- Mental health [\[Add link\]](#)
- Violence against women, domestic abuse and sexual violence [\[Add link\]](#)
- Secure estate [\[Add link\]](#)
- Veterans [\[Add link\]](#)
- Homelessness [\[Add link\]](#)

Specific information can be found on:

- Transition: included in all other relevant chapters
- Young carers: included in the carers chapter
- Child poverty: there is a link between child poverty and the needs for care and support which are highlighted in this chapter. This is an issue that needs to be tackled at a local, regional and national level. For more information please see the regional vulnerable families' needs assessment produced for

the North Wales Families First Programmes and the Wellbeing Assessments being produced by the Public Service Boards [\[add links\]](#)

- Young people in the secure estate: included in the secure estate chapter

How will the Social Services and Well-being (Wales) Act 2014 (the act) change things?

The principles of the act are:

- People: putting the individual at the centre by giving them a stronger voice and control over services they receive.
- Well-being: supporting people to achieve their own well-being building on a person's circumstances, capabilities, networks and communities.
- Earlier intervention: more preventative services supporting people before their needs become critical.
- Working together: stronger partnership working between all parties involved.

There is an overarching duty in the act to promote well-being. The definition of well-being includes: physical and mental health and emotional well-being; protection from abuse and neglect; education, training and recreation; family and personal relationships; involvement in the local community; securing rights and entitlements; social and economic well-being (including not living in poverty); and living in suitable accommodation.

Change to concept of 'child in need'

The concept of a 'child in need' in the Children Act 1989 is not replicated in the new act (Welsh Government, 2016). The act refers to children and young people who have a need for care and support, which is defined around ability to achieve the well-being outcomes outlined in the act around education, health and so on.

Assessments and processes

Care and support planning and review (Care Council for Wales, 2015a)



Under the new act every child who needs care and support will have a care and support plan, which will replace the children in need plan, child protection plan and looked after children plan. Local councils are currently moving towards this system.

If a referral is received for child who needs a service then they will be assessed. If they need a social care service they will have a care and support plan. If the case then becomes a child protection case, the care and support plan will be kept but the content would change to focus on child protection. Eligibility will consider the family as a whole with children's services providing support only where the family cannot meet the child's needs and achieve the outcomes outlined in the act around education, health and so on.

There will be a focus on 'what matters' conversations, a proportionate seamless assessment from lowest to highest levels of need, a broader focus on information, advice and assistance and a strength-based approach.

Child protection

Children's pathway (Care Council for Wales, 2015b)



There is a new definition of a 'child at risk'

'A child at risk is a child who is experiencing or is at risk of abuse, neglect or other kinds of harm, and has needs for care and support (whether or not the local authority is meeting any of those needs).'

There is a new duty to report a child at risk for all relevant partners of a local council. There is a duty for a local council to make enquiries (linking into section 47 of the Children Act) if they are informed that a child may be at risk; and to take steps to ensure that the child is safe.

There is also a change to the assessment process. Previously there were two assessments: an initial assessment (that would be completed and closed) then a further assessment if needed. Under the act the aim is to have one single, comprehensive, portable assessment. Local councils in North Wales are working towards a template for the region. The case may still be closed after an initial assessment if there are no needs identified but if support is needed the assessment would continue.

Early intervention and prevention

The act encourages a focus on prevention and early intervention.

Information, advice and assistance

Information, advice and assistance (IAA) is an important element of the new act.

The Code of Practice [\[add reference\]](#) states that:

'It [IAA] should be considered to be a preventative service in its own right through the provision of high quality and timely information, advice and assistance.'

All efforts should be made to reduce duplication and ensure the information and advice is offered by the most appropriate and skilled staff. Local authorities **must** ensure that they take account of what other information, advice and assistance services are available when designing and developing their service. Other information and advice services should not be duplicated and should either be integrated with the information, advice and assistance service or easily accessible via the service. Local authorities, working with their regional partners, **must** ensure that advice services and helplines, such as MEIC and the family information service, are linked and used effectively to develop reliable coverage for all people.

Family Information Services already contribute to this duty as part of their functions outlined in Section 27 (Information Duty) of the Childcare Act (2006) delivering an IAA service to parents and professionals. North Wales FIS work in partnership with BCUHB Paediatric & Neonatal Service Manager to provide information outreach for families in the 3 neonatal units, supporting new parents to find services and support relevant to their situation.

There can be a perception with families and professionals that there is a lack of information and services in their locality. IAA services should be geared up to help enquirers to find information and services relevant for families' individual needs.

A focus on early support and preventative services may result in a family's needs being met through help with access to universal services such as a childcare setting, a leisure activity or social activity. The FIS will have a comprehensive database which is regularly updated and the skilled staff who can help identify a family's information and support needs.

There is a regional project looking at models across North Wales including how to monitor how effective the support is.

Family Information Services

Family Information Services already contribute to the IAA duty in the act as part of their functions outlined in Section 27 (Information Duty) of the Childcare Act (2006) delivering an IAA service to parents and professionals.

Information from Family Information Services should be used to inform the population assessment. Some Family Information Services provided information in response to the organisation survey distributed but it is recommended a more systematic approach is taken in future.

Looked after and accommodated children and young people and those leaving care

Part 6 of the act is specifically about looked after and accommodated children and young people and those leaving care and replaces most of Part III of the Children Act 1989 (Care Council for Wales, 2015a). It aims to de-escalate the need for formal intervention in the lives of children and young people and

strengthen the capacity of families to care for their children wherever it is safe to do so. Where it is necessary to look after a child, it seeks to achieve greater stability for children by increasing the choice of placements locally, supporting continuation of important relationships and school life, and finding the right permanency solution sooner.

The principal duty of the Act in relation to looked after children (section 78) is to safeguard and promote the child's well-being.

When I am Ready

The act creates a new duty for local councils towards young people in foster care who wish to continue living with their foster parents beyond the age of 18 called 'When I am Ready'. The new duty came into force on 1 April 2016. The six North Wales councils worked together to develop the new policies, communication and training materials to implement the scheme. There is also a regional project to improve the recruitment of foster carers to help mitigate the impact of the new scheme on the number of foster placements available.

Disabled children

Disabled children were classified as 'children in need' under the Children Act 1989. They were therefore entitled to services under the 1989 Act, but also to extra services because of disability, under schedule 2 part 1 paragraph 6 of the Act. Provision of section 17 services was discretionary. This has changed under the new act and disabled children and their carers who need care and support will be assessed under Part 3.

In addition to the new act the Additional Learning Needs and Education Tribunal Bill 2015, expected to be introduced this December 2016, will reform the way the education and health sectors provide for children and young people with additional learning needs. The bill will reform the current system which does not always support children and young people with additional learning needs to achieve their full potential. The bill introduces and gives a legal foundation to the wider concept of 'Additional Learning Needs' (ALN) which aims to shift away from a reliance on statements of special educational need.

Children's Rights

Welsh Government has adopted the United Nations Convention on the Rights of the Child (UNCRC) as the basis for policy making for children and young people in Wales. There are 54 articles in the convention. Articles 1-42 set out how children should be treated which can be broadly grouped into articles around participation, protection and provision. Articles 43-45 are about how

adults and governments should work together to make sure all children are entitled to their rights (Welsh Government, 2015).

Play sufficiency duty

Play is a fundamental part of a healthy childhood and it is every child's right to be able to play. This is enshrined within article 31 of the United Nations Convention on the Rights of the Child (UNCRC) and further defined within General Comment 17. Each local council in North Wales has produced a play sufficiency assessment as part of their play sufficiency duty. These are available in the document library collated to inform the population assessment.

Childcare sufficiency assessments

The Childcare Act 2006 requires local councils in Wales to: undertake childcare sufficiency assessments; ensure sufficient childcare; and provide information, advice and assistance to parents, prospective parents and those with parental responsibility or care of a child, relating to childcare. The North Wales child care sufficiency assessments are available in the document library collated to inform the population assessment.

Further information

See [appendix 1](#) for more detail on the new act.

Further information is available at the Care Council for Wales information and learning hub <http://www.ccwales.org.uk/getting-in-on-the-act-hub/>

2.1 Population overview

Definitions

The children and young people chapter includes those aged 0 to 18 as well as those eligible for services until they are 25 including children with disabilities and care leavers.

What do we know about the population

In 2015, there were around 124,000 children aged 0-15 in North Wales (Office for National Statistics, 2016). There has been very little change in the number of children between 2011 and 2015 across North Wales or in each county as shown in Table 2.1. This trend is likely to continue over the next 25 years as shown in Figure 2.1 with an overall increase of around 1% (280 children).

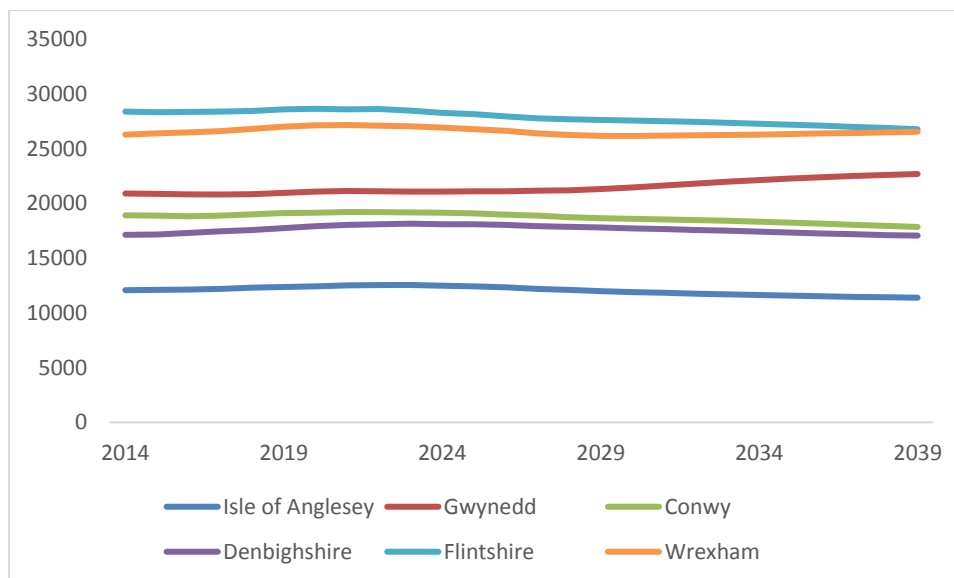
There are some small differences within the counties. Denbighshire's population of children aged 15 and under is projected to remain the same by 2039, while Anglesey, Conwy and Flintshire will see a decrease of around 6%. Gwynedd is the only county where the projections estimate an increase in the number of children of around 9% (1,800 children).

Table 2.1 Number of children aged 0-15

	2011	2012	2013	2014	2015
Anglesey	12,000	12,000	12,000	12,000	12,000
Gwynedd	21,000	21,000	21,000	21,000	21,000
Conwy	19,000	19,000	19,000	19,000	19,000
Denbighshire	17,000	17,000	17,000	17,000	17,000
Flintshire	29,000	28,000	28,000	28,000	28,000
Wrexham	26,000	26,000	26,000	26,000	26,000
North Wales	123,000	124,000	124,000	124,000	124,000

Numbers have been rounded so may not sum.

Source: Welsh Government Mid-year-estimates, StatsWales

Figure 2.1 Population projections, children aged 15 and under (2014 based)

The health of children and young people in North Wales

- The majority of children and young people are healthy and satisfied with their lives.
- Around 5% of babies in North Wales are born with a low birth weight (under 2500g) putting them at risk of health problems in childhood and throughout life. Possible causes include smoking, poor diet, obesity, teenage pregnancy, and sexual infections.
- North Wales has the second highest infant mortality rate (deaths under 1 year old) across Wales and is just above the Welsh average. Infant mortality rates range from 4.1 per 1,000 live births in Wrexham to 5.4 per 1,000 live births in Conwy. Neonatal mortality rates (deaths under 28 days old) range from 2.9 per 1,000 live births in Wrexham to 3.8 per 1,000 live births in Anglesey and Conwy.
- Only 58% of new-born babies are breastfed, an intervention which provides extensive health benefits including prevention of obesity and respiratory infections.
- Not all 4 year olds in North Wales are up to date with their routine immunisations, leaving many older children still susceptible to vaccine preventable diseases such as measles. There has been a recent dip in immunisation rates across the country.
- A quarter of children in North Wales aged 4-5 years are overweight or obese: a significant cause of chronic illness in childhood, with potentially profound impacts on future health and wellbeing. Preventative interventions include breastfeeding, delayed weaning, cooking skills, physical activity and enough sleep.

- More than a quarter of 16-24 year olds smoke. Among 11-16 year olds in North Wales, 3% of boys and 4% of girls smoke.
- 43% of 16-24 year olds have drunk above the recommended guidelines at least one day in a week. Among 11-16 year olds, 17% of boys and 14% of girls drink alcohol at least once a week (Public Health Wales, 2016c).

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2.2 Children and young people who have a need for care and support

Definition

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

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

(a) Either –

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

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

- (i) ability to carry out self-care or domestic routines;
- (ii) ability to communicate;
- (iii) protection from abuse or neglect;
- (iv) involvement in work, education, learning or in leisure activities;
- (v) maintenance or development of family or other significant personal relationships;
- (vi) development and maintenance of social relationships and involvement in the community; or
- (vii) achieving the developmental goals;

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

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

- (d) the child is unlikely to achieve one or more of the child's personal outcomes unless –
- (i) the local authority provides or arranges care and support to meet the need; or
 - (ii) the local authority enables the need to be met by making direct payments (National Assembly for Wales, 2015).

This is a change to the previous definition and concept of a 'child in need'. As data is not yet available that uses the new definition, for the purposes of this population assessment we have used data about 'children in need' as a proxy.

What we know about the population

Although there has not been much change in the overall number of children in North Wales, the number of referrals to children's services shows a more mixed picture. In North Wales overall there was a fall in referrals from 10,000 in 2011-12 to 8,000 in 2015-16. There was considerable variation year to year within and between counties too as shown in 2.2 below.

Table 2.2 Number of referrals to children's services received during the year

	2011-12	2012-13	2013-14	2014-15	2015-16
Anglesey	1,388	1,111	1,463	1,596	1,317
Gwynedd	2,064	1,656	1,476	1,435	1,471
Conwy CB	682	686	868	723	519
Denbighshire	853	799	773	670	625
Flintshire	821	709	1,220	1,825	2,492
Wrexham	4,213	3,076	3,272	3,567	1,866
North Wales	10,021	8,037	9,072	9,816	8,290

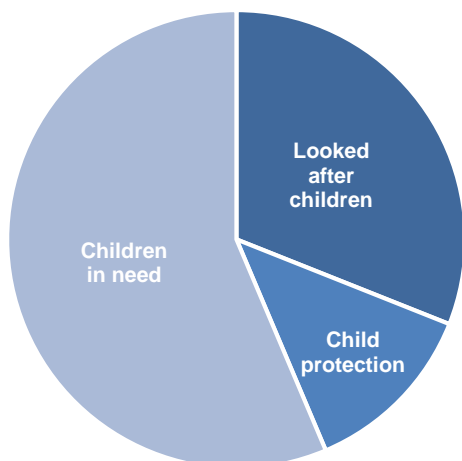
Source: Welsh Government, StatsWales

The number of referrals reflects the demand on children's services. However, it does not necessarily reflect a change in the need for care and support. The number of referrals is affected by staff awareness, attitudes to risk and reporting as well as initiatives that aim to intervene earlier with families to prevent the need for a referral to children's services. Feedback from staff suggests there can be high numbers of referrals where no further action is needed. In 2014-15 around 43% of referrals did not proceed to allocation for initial assessment.

We cannot tell at the moment how referrals may change after the new act widens the eligibility for an assessment.

Figure 2.2 shows the proportion of children in need that are looked-after, under child protection and other children in need, which includes disabled children.

Figure 2.2 Proportion of children in need by looked-after status, North Wales, 2015



Source: Stats Wales

In 2015, there were around 3,300 children in need across North Wales. This is 200 children in need for each 10,000 children in the population which is slightly lower than the rate for Wales as whole of 260 children in need for each 10,000 children in the population. Table 2.3 shows that the numbers vary across North Wales and over time with no clear trend.

Table 2.3 Number of children in need, North Wales, 2011-2015

	2011	2012	2013	2014	2015	Rate per 10,000
						2015
Anglesey	330	380	330	300	260	170
Gwynedd	650	670	720	760	730	240
Conwy	580	540	630	720	690	260
Denbighshire	570	610	390	380	390	170
Flintshire	490	430	450	600	500	130
Wrexham	960	650	850	760	700	210
North Wales	3,600	3,300	3,400	3,500	3,300	260

Numbers have been rounded so may not sum.

Source: Welsh Government, StatsWales

All local councils used the same definition of a 'child in need' from the Children Act 1989 although the interpretation of this definition and recording of cases can vary in practice which may explain some of the differences above. For example,

the drop in number of cases in Wrexham between 2013 and 2014 was due to a change in processes rather than a change in the need or demand for services. Recording data for the children in need census has been a difficult process to automate which partly explains the differences year to year and between counties. There may also be differences in service structures between the counties which may affect the figures, for example, a family with particular needs may be supported by children’s services in one county but by a team aiming to intervene earlier with families in another county such as the Team Around the Family. The data has therefore been used in this assessment to give an overall picture for North Wales rather than to compare counties, but this information is available on Stats Wales <https://statswales.gov.wales/Catalogue>. There is more information about looked-after children and children in need of protection in sections 2.3 and 2.4

Table 5.1 shows the number of children in need by age group across North Wales. The age groupings are helpful for showing the amount of age-appropriate services needed, although it should be noted when comparing them directly that the groupings are different sizes, for example age 10-15 covers six years while age 16 to 17 covers two. There are proportionally more 16-17 year olds than any other age group.

Table 2.4 Number of children in need, by age, North Wales 2015

	Under 1	Age 1 to 4	Age 5 to 9	Age 10 to 15	Age 16 to 17	Age 18+
Anglesey	15	50	80	70	30	15
Gwynedd	30	120	190	230	85	70
Conwy	20	100	155	220	75	120
Denbighshire	30	105	90	115	35	0
Flintshire	25	110	125	140	55	50
Wrexham	30	155	195	225	75	0
North Wales	150	640	835	1000	355	255

Source: Welsh Government, Stats Wales

The primary issues affecting each age group may vary, for example, for 0-5 year olds the issues may be neglect whereas for teenagers behaviour may be the symptom of underlying issues at home. More information about this could be included in future population assessments. It may be possible to use this as a baseline for monitoring the impact of prevention and earlier intervention services in reducing the numbers of children needing care and support from children’s services.

Table 2.5 shows that the greatest number of referrals came from the police and within council’s own social services departments, 21% each in 2015. This was

closely followed by other council departments (including other local councils) making 18% of referrals and primary or community health 15%.

Table 2.5 Referrals by agency, North Wales, 2015

	Number of referrals	Percentage
Police	690	21
Social services department (own)	690	21
Council department (own or other council)	580	18
Primary or community health	500	15
Other agency	290	9
Family, friend or neighbour	250	8
Secondary health	110	3
Other individual	80	2
Independent provider	50	1
Central government	20	0
Housing	10	0
Self-referral	10	0
Total	3,300	100

Source: Welsh Government, StatsWales

The reasons for referrals into children's services are listed in Table 2.6. Nearly half of referrals to children's services were due to abuse or neglect. The next most frequent reasons given were the child's disability or illness (21%), family dysfunction (15%) or family in acute stress (9%). Families may be referred for more than one reason, so this list reflects the main reason recorded.

Police referrals are made using Form CID 16 that officers complete after attending domestic abuse, child abuse and vulnerable adults incidents. Domestic abuse referrals make up the largest proportion of these and can range in severity.

Table 2.6 Reasons for referral, North Wales, 2015

	Number of referrals	Percentage of referrals
Abuse or neglect	1,600	49
Child's disability or illness	670	21
Family dysfunction	490	15
Family in acute stress	280	9
Parental disability or illness	110	3
Absent parenting	60	2
Socially unacceptable behaviour	60	2
Adoption disruption	10	0
Low income	0	0
Total	3,300	100

Source: Welsh Government, StatsWales

Children in need census data summary

Overall in North Wales the percentage of children in need from Black, Asian or Minority Ethnic (BAME) backgrounds is 2%, which is slightly lower than the percentage of BAME children in the population as a whole at 4%.

Around 11% of children in need were recorded as having mental ill health in the children in need census 2015.

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

Refugees and asylum seekers

Information has been sought relating to the number of children and young people in refugee and asylum seeking families but as yet is not forthcoming or robust. This will need to be included and analysed in future to ensure there is a clear understanding around the needs of this cohort of children and young people within each local authority and across the region generally.

Wrexham is the only dispersal centre in North Wales for asylum seekers, but all areas are currently in the process of receiving refugee families from Syria. There are currently 56 child asylum seekers attending nursery or school in Wrexham, including children who are part of the Syrian Refugee Programme and living in Wrexham. Once families have had their asylum status confirmed

they become refugees and are no longer are required to stay in Wrexham. At this point they can move wherever they wish in Britain.

Statistics on and feedback about these groups and their needs for support would be useful to establish the extent of service provision needed to accommodate these families and individuals successfully.

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2.3 Children on the child protection register

What do we know about the population

In 2015, there were 570 children on the child protection register in North Wales. Although the numbers vary year to year, overall there has been an increase of 9% (35 children) since 2011. The picture is more mixed within counties. Due to the small numbers involved it is not possible to identify clear trends as, for example, a dramatic change from one year to the next may be due to one family moving to or from an area.

Table 2.7 Number of children on the child protection register 31 March, North Wales

	2011	2012	2013	2014	2015	Rate per 10,000
Anglesey	25	60	75	65	40	44
Gwynedd	50	35	55	60	65	35
Conwy	40	45	60	70	65	45
Denbighshire	60	70	65	55	55	40
Flintshire	80	75	45	100	35	23
Wrexham	120	45	125	110	150	58
North Wales	375	330	425	460	410	

Numbers have been rounded to the nearest 5 to avoid disclosure

Source: Welsh Government, StatsWales

Table 2.8 shows the number of children on the child protection register by age group across North Wales. The age groupings are helpful for showing the amount of age-appropriate services needed to although it should be noted when comparing them directly that the groupings are different sizes, for example age 10-15 covers six years while age 16 to 17 covers two.

Table 2.8 Number of children on the child protection register, by age, North Wales 2015

	Under 1	Age 1 to 4	Age 5 to 9	Age 10 to 15	Age 16 to 17
Anglesey		15	10	10	
Gwynedd	5	20	20	10	5
Conwy		15	20	30	
Denbighshire	5	15	20	10	
Flintshire		10	10	10	
Wrexham	10	50	55	35	
North Wales	20	125	135	105	5

Numbers have been rounded to the nearest 5 to avoid disclosure

Source: Welsh Government, Stats Wales

What are people telling us

Safeguarding

The North Wales Safeguarding Children Board provided the following feedback.

Safeguarding children involves protecting them from maltreatment and preventing impairments to their health and development and ensuring that they grow up in a safe environment. The NSPCC report 'How Safe are our Children' provides an overview of the Child Protection Landscape across the UK.

- Between 2010/11 and 2014/15 Wales has seen a 48% increase in Police Recorded Child Sexual Offences against under 18s (76% increase across UK)
- Between 2010/11 and 2014/15 in Wales there has been a 19% increase of children becoming subjects of child protection plans (24% across UK)
- Between 2010/11 and 2014/15 Wales has seen a 48% increase in police recorded cruelty and neglect offences (26% increase across UK)

An emerging theme for all staff working in safeguarding children is the use of technology to manipulate, exploit, coerce or intimidate a child to engage in sexual activity. Young People told us during Child Sexual Exploitation (CSE) week in March 2016 that they and their friends were concerned about sexting and online bullying (North Wales Safeguarding Children's Board).

All counties are still adhering to the All Wales Child Protection procedures.

Further information

There is more information about trafficking and child sexual exploitation in the *violence against women, domestic abuse and sexual violence* chapter [\[add link\]](#). We have identified that we need to include more information about these areas when the population assessment is reviewed.

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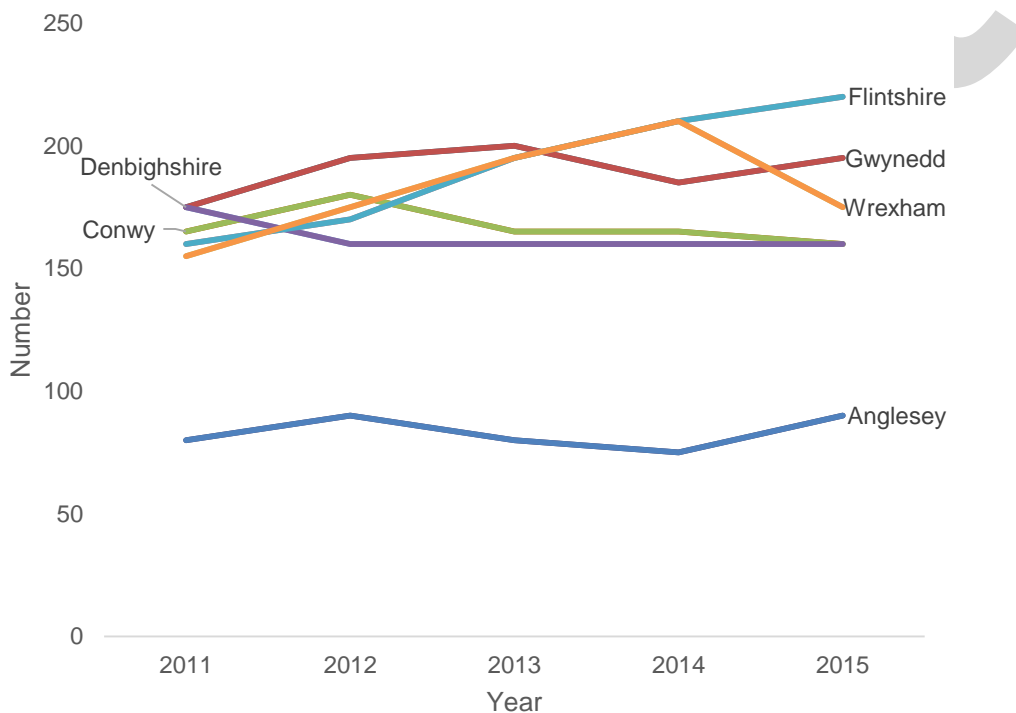
2.4 Looked after children and young people

What do we know about the population

The number of Looked After Children in North Wales is increasing

In 2015 there were 1,000 local children and young people looked-after by North Wales councils. Of these 1,000 children and young people, 54% were boys and 46% girls, a trend which mirrors the national picture across the whole of Wales. The number of children looked after in North Wales has increased during the last 5 years, a 9% increase on the level in March 2011. In March 2015, just over 70% of these children were placed in foster placements.

Figure 2.3 Number of children looked after by local authority, 2011 to 2015



Source: Welsh Government, Stats Wales

Table 2.9 Number of children looked after by local authority, 2011 to 2015

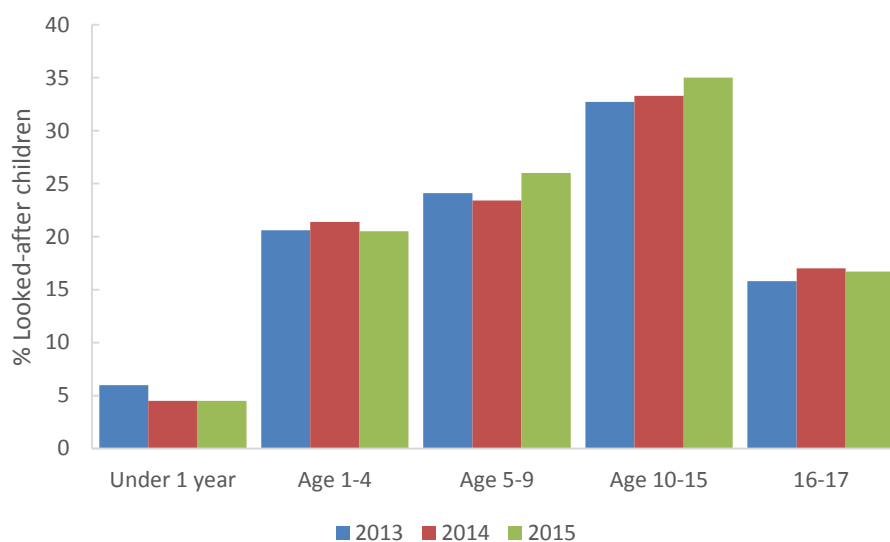
	2011	2012	2013	2014	2015
Anglesey	80	90	80	75	90
Gwynedd	175	195	200	185	195
Conwy	165	180	165	165	160
Denbighshire	175	160	160	160	160
Flintshire	160	170	195	210	220
Wrexham	155	175	195	210	175
North Wales	910	970	995	1005	1000
Wales	5,410	5,720	5,765	5,745	5,615

Source: Welsh Government, Stats Wales

All councils in North Wales have shown an increase during this time. The age group with the largest increase in the last 5 years was children aged 5 to 9 years.

North Wales has a lower number of children looked after per 10,000 population than the rest of Wales, however there are significant variations across the region, from 59 in Wrexham to 82 in Gwynedd.

In terms of the ages of these children and young people, the trend appears to be fairly similar over the last three years, with the percentages increasing with the ages of the children, with the highest proportion of looked after children being aged between 10 and 15 years old. It should be noted when comparing them directly that the groupings are different sizes, for example age 10-15 covers six years while age 16 to 17 covers two. As this age bracket includes key transitions for these children, in terms of health, education, social and emotional development, a wide range of service provision and support services are required to support this population.

Table 2.10 Percentage looked after children by age range for North Wales

Source: Welsh Government, Stats Wales

The 'Looked After' experience

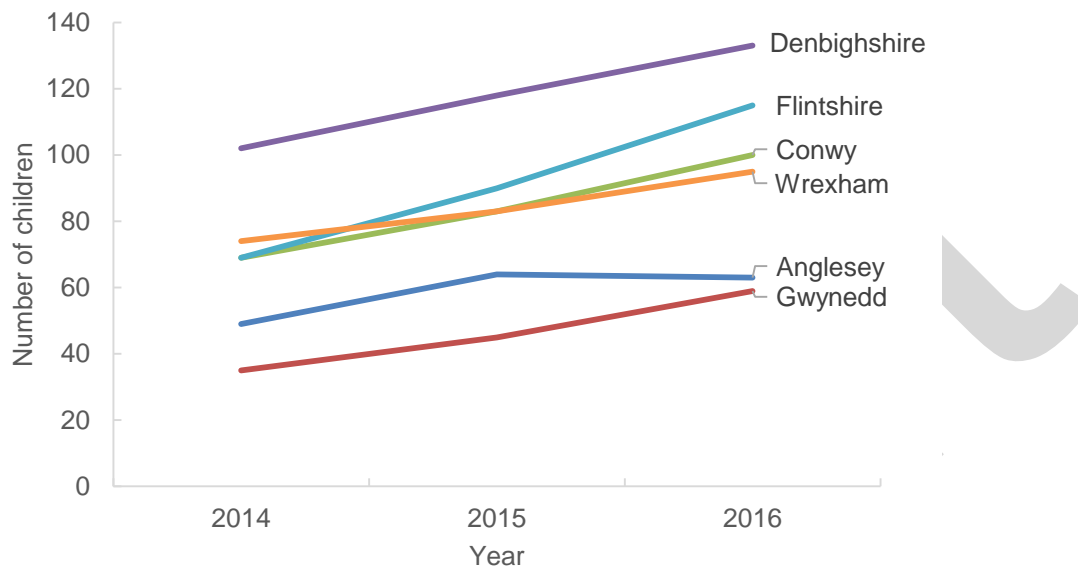
The organisation survey carried out for the population assessment, highlighted the impact being looked after can have on a child's health, personal relationships and educational attainment. Many young people also have poorer outcomes when leaving care including poverty, housing and employment (Children in Wales, 2016).

It is difficult to compare the experience between counties as the numbers involved are small so the data tends to vary year-to-year depending on specific children and families included in the figures at that time. In terms of placement experiences, there is a fluctuating picture. In respect of stability of placements, the picture is a mixed one; while Wrexham has shown improved placement stability and Conwy has seen a decline in 2015, while the other local councils appear fairly static although the numbers involved are small. In terms of stability of educational settings (changes not due to transitional arrangements), with the exception of Denbighshire and Flintshire, the picture appears to indicate that educational settings were more stable in 2015 than 2014. In terms of educational achievements, children in Gwynedd and Denbighshire achieve the most, with Denbighshire showing an increase in achievement levels between 2013/14 and 2014/15, while conversely children in Conwy achieved less during the same period.

Children looked-after from local councils outside North Wales

In addition to those local children who are looked after, North Wales has a high number of children from outside of the region who are looked after locally and this number is increasing as shown in Figure 2.4.

Figure 2.4 Number of looked after children from out of county placed in North Wales local authorities



Source: Local authority data

These children equate to an additional 40% across North Wales in 2015 and include placements in foster care and residential units. While these placements are funded externally, these numbers of children place additional demands on local services such as health, education, police and support services, all of which are funded locally. For example the Youth Justice Service in Wrexham estimates that 25% of their work involves looked after young people placed in Wrexham by other local authorities. This in part accounts for the high figures relating to youth crime in Wrexham.

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

Adoption

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

The National Adoption Service (NAS) was developed in response to the Social Services and Well-being (Wales) Act 2014. It is structured in three layers,

providing services nationally, regionally and locally. They have produced a framework for adoption support which aims to make it easier for adopters and children and young people to get support when they need it (National Adoption Service, 2016a). Part of implementing the framework will involve mapping need, demand, services and resources.

The North Wales Adoption Service is a partnership between local council adoption teams in Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham, hosted by Wrexham County Borough Council. The service aims to make the adoption process more efficient and effective through widening the pool of adopters for the children in North Wales (North Wales Adoption Service, 2016).

What are people telling us?

Looked after young people and care leavers

Workshops carried out for the population assessment with looked after young people and care leavers found:

- The things that are important to them are friends, being active, healthy, family, hobbies and interests, feeling included, phone/Wifi
- The things they find hard to do are: motivation, getting a job, staying healthy, socialising, feeling confident, fitting in, being independent, talking about what you want in life, challenges associated with disability.
- They felt things would be better if they had: more money; a job; better mental and/or physical health; better sleep; better able to talk about feelings; breaking unhelpful behaviour patterns; support to socialise; good education; being safe and feeling loved.
- They were currently receiving support from: professionals (social worker, personal advisor, foster carers, youth workers, counsellors, school support workers), family, friends and groups. They had mixed views on how well it was working – some very well, some not well. They also had mixed views on how helpful friends and family, the local community and third sector or public services could be. Some said charities could provide support, help families get back together and help get jobs. Others that the public sector could be more accessible, helpful and provide more information.

Care leavers / young homeless people

A workshop with care leavers and young homeless people carried out for the population assessment found some were happy with the support they were receiving. Others highlighted their needs as: improved communication between staff (young people receiving mixed messages), need support with reading and writing, staying out of trouble, money, employment, managing anger, living

circumstances, drugs, better accommodation maintenance, support to deal with ADHD. These young people didn't have good relationships with their family and when asked how friends, family and the local community could support them they mentioned the following organisations: MIND, Barnardos, Cais, Nacro, Nant y Glyn, church, CAMHS, HOST and North Wales Training Agency

Independent providers

Feedback from the Care Forum Wales Looked After Children Network (care provider forum) was about the difficulties of early intervention, effective planning and matching the needs of children and young people with the most appropriate resource. This includes planning for transition from residential care to 'When I'm Ready' placements or out of custody placements.

Suggestions for improvements included considering more social services staff available at weekends (or to match the need for emergency support) and working with independent providers more effectively as partners in finding solutions for a young person. Engaging with providers about plans for next 5-10 years would be useful for business planning as with enough notice, providers can develop the services that are needed to meet future need.

Placement stability

Stability is one of the most significant factors associated with the wellbeing of children in care and their outcomes (Hannon, C., Bazalgette, L., Wood, C., (2010). In *Loco Parentis*. DEMOS). Stability of placements shows a strong correlation with educational attainment and emotional wellbeing.

In the most recent year 9% of looked after children have had 3 or more placements in the previous 12 months and 13% had experienced one or more changes of school, during a period of being looked after, which were not due to transitional arrangements.

Fostering

Engagement with staff highlighted the main pressures facing fostering services in North Wales as:

- Additional preventative work to help stop children coming into care.
- Recruitment of foster carers to reduce the number of out of county placements
- Additional specialist support and training to foster carers
- The additional demands placed on the service from kinship care or connected persons.

The North Wales councils work closely together on a number of regional fostering projects to address these issues.

Kinship fostering / connected persons

'Kinship care means that relatives or friends look after children who cannot live with their parents... Sometimes this type of care is called family and friends care because this more accurately describes what it is, and kinship foster carers are sometimes called connected persons... Kinship fostering... is an arrangement whereby the local authority have legal responsibility for a child and place them with a family member or friend who is a foster carer for that child.'
(CoramBAAF, 2016).

Councils have a responsibility to try to place a looked-after child with family or friends before any other kind of placement is considered. The increasing focus on kinship carers is changing the demands on fostering services. A national paper produced highlighted differences in the nature of kinship fostering, current issues affecting practice in the field; differences from the assessment and support of mainstream foster carers (National Fostering Framework, 2016). Local councils in North Wales are working together to try to address this issues, for example, by developing a single assessment form for kinship carers. There is also work planned nationally under the National Fostering Framework.

2.5 Children involved in crime, anti-social behaviour and who are victims of crime

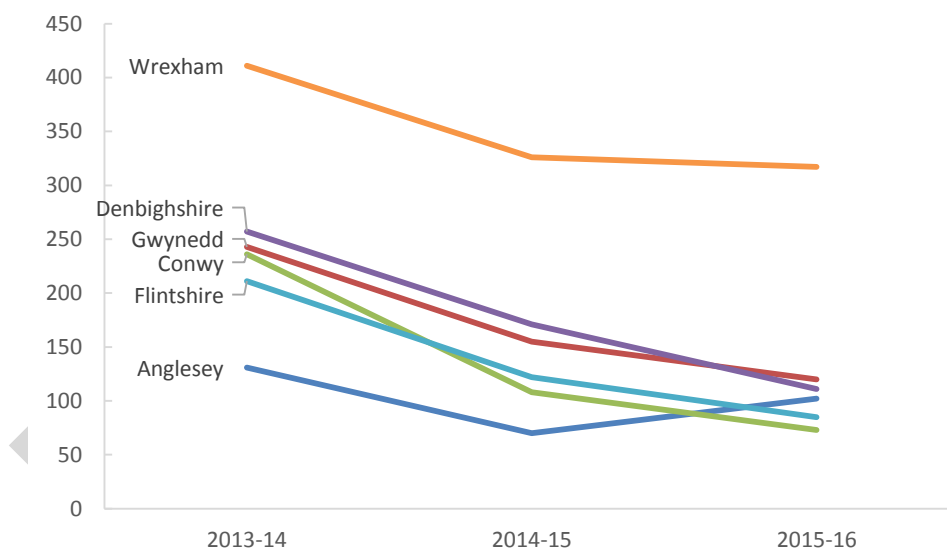
The population

There are two elements for consideration in terms of children and young people's involvement in crime, those who offend and those who are victims of crime. Each element requires a range of services and support and should be considered as part of this report.

Offenders

Over the last 3 years, Wrexham has had the highest number of young offenders across North Wales but also the highest crime rate across the region. With the exception of Anglesey, all local authorities have seen a reduction in the number of young offenders over the last 3 years.

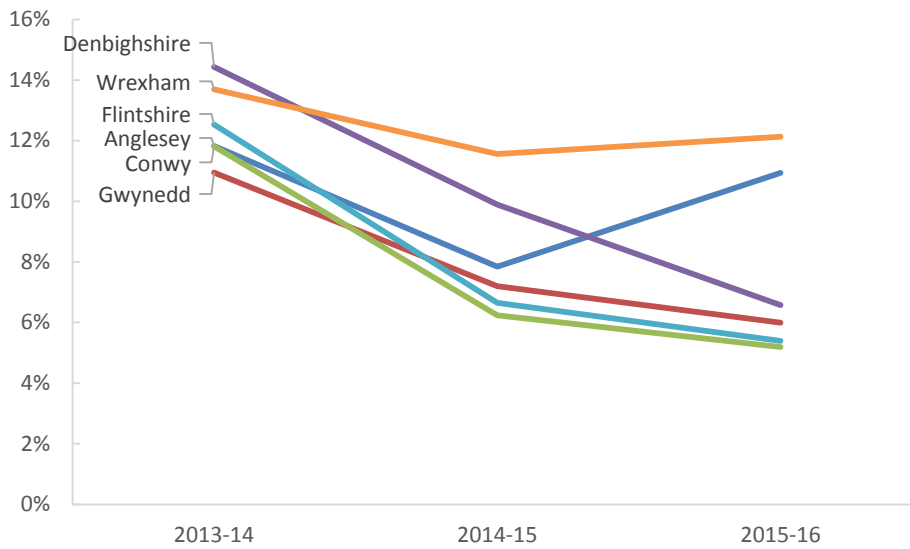
Figure 2.5 Number of young offenders aged under 18 years



Source: ?

The number of young offenders as a percentage of overall offenders has declined during the last 3 years with the exception of Anglesey and Wrexham, where the proportion has increased. Wrexham has the highest proportion of offenders who are under 18 years old, equating to 12.1% in 2015/16, closely followed by Anglesey where 10.9% of offenders are under 18 years.

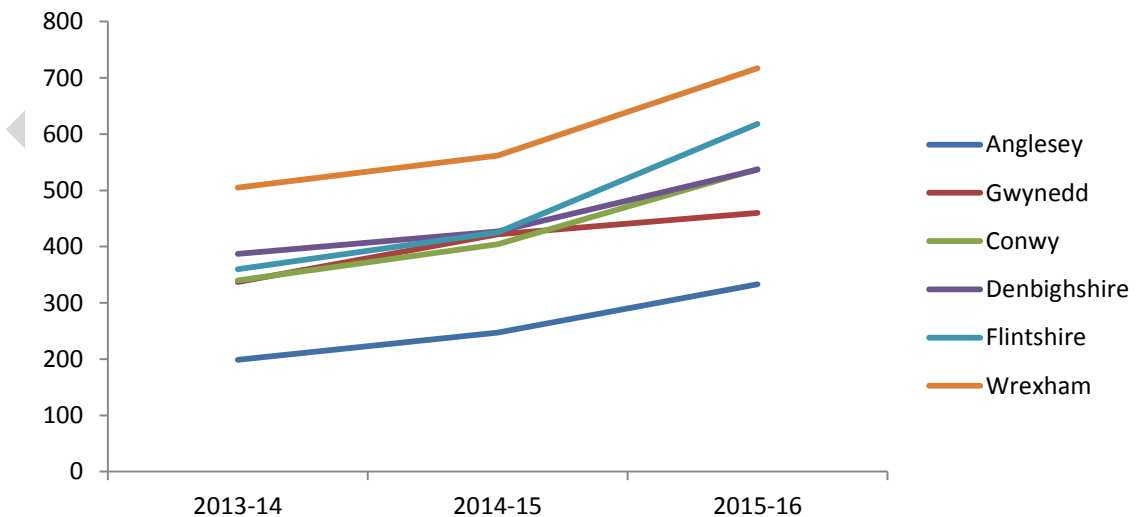
Figure 2.6 Percentage of overall offenders who are under 18 years old



Victims of crime

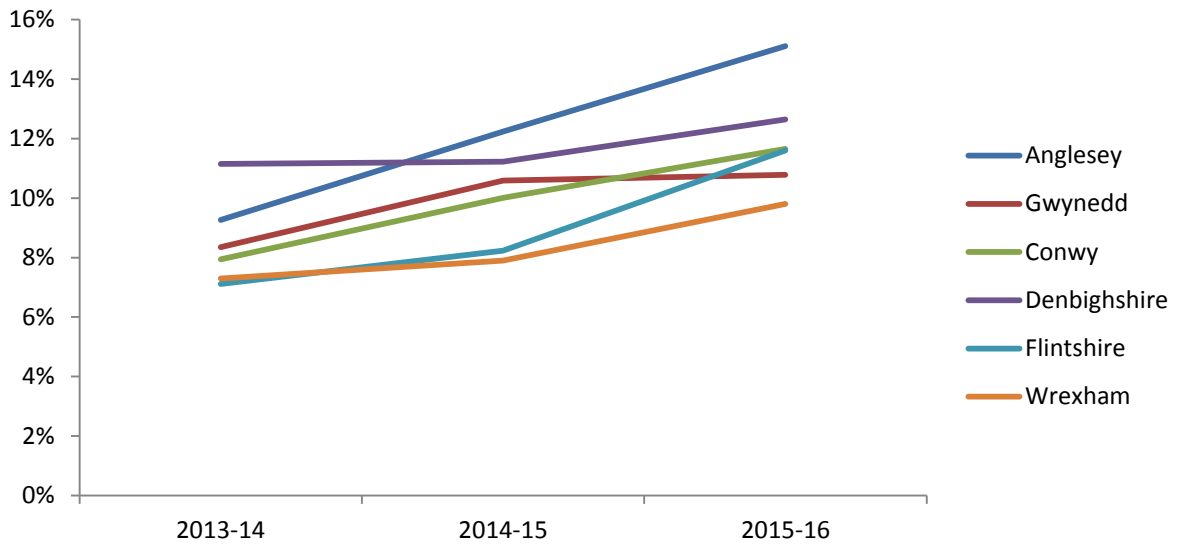
Without exception, the number of children and young people reported as falling victim of crime has steadily increased year on year across all North Wales local authorities. This could be due to a number of reasons including increased ability/ willingness to report; increased number of crimes committed or increase in particular types of crime such as cyber-crime.

Figure 2.7 Number of victims of crime aged 17 and under in North Wales



As with the number of young offenders, Wrexham has the highest number of young victims of crime in North Wales. However as an overall proportion of all victims of crime, Wrexham has the lowest percentage of young victims due to the high overall crime rate in Wrexham.

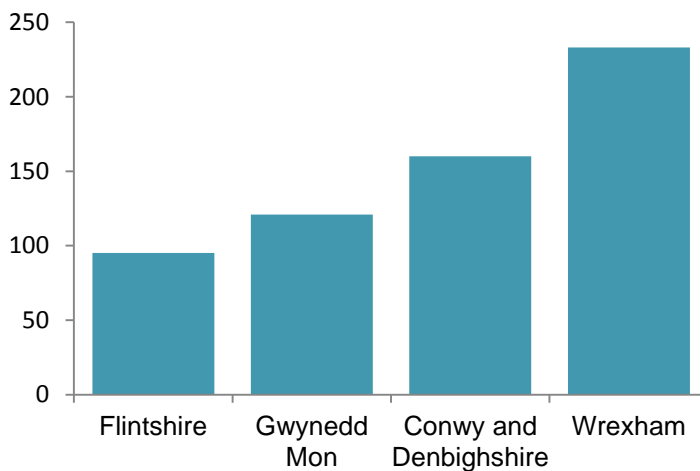
Figure 2.8 Percentage of all victims who are aged 17 years and under



Restorative justice

There are a number of services and a range of provision which are supporting young people who are either offenders or victims of crime. In terms of restorative justice across North Wales, the number of Court orders issued varies across the local authorities, with Wrexham having the largest number issued by a significant margin. Restorative justice involves communication between those harmed by a crime and those responsible for it to find a positive way forward.

Figure 2.9 Restorative justice, number of orders issued in North Wales



Resettlement work

Information contained within the Llamau Report (2014) gives details in relation to resettlement services for North Wales young people who have been in

custody. The conclusions contained within the report highlight the areas of good practice per region together with areas for improvement. The recommendations and actions will be taken forward as part of the work of the North Wales Resettlement Broker Co-ordinator Project, with particular focus on the following:-

- General principles and practices around resettlement
- Accommodation
- Education, training and employment
- Health and well-being
- Substance Use
- Families
- Finance, Benefit and Debt
- Case Management and transitions
- Outcomes.

Draft

2.6 Disabled children

Definition

The Equality Act defines a disability as a physical or mental impairment which has a substantial and long-term adverse effect on your ability to carry out normal day- to- day activities.

The Education Act 1996 states that children have Special Educational Needs (SEN) if they have a learning difficulty which calls for special educational provision to be made for them.

Other aspects of disability that would also be included under the Equality Act definition would be; children with a limiting long term illness, physical disabilities, learning disabilities, mental health problems, children with neuro-developmental problems (including children with Autism Spectrum Conditions who do not have a learning disability and children with chronic conditions (diabetes, epilepsy, asthma and so on). Children with challenging behaviour and attachment disorders may also be in need of support but may not be picked up by services or identify as being 'disabled'.

Safeguarding

“The available UK evidence on the extent of abuse amongst disabled children suggests that disabled children are at increased risk of abuse and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect.”¹

Often as a result of their disability, disabled children are more vulnerable to abuse and neglect in ways that other children and the early indicators of abuse or neglect can be more complicated than with non-disabled children.

What do we know about the population

The number of disabled children in North Wales has increased steadily over the last 5 years. The figures in Table 2.11 suggest that there are currently approximately 5,000 children in North Wales with a disability that has a substantial and long-term adverse effect on their ability to carry out normal day-to- day activities who are known to local councils.

¹ Working Together to Safeguard Children, 2006

Table 2.11 Headline statistics relating to children with additional needs in North Wales

	2011	2012	2013	2014	2015
Under 16s in receipt of DLA ^(Nov)	4,110	4,210	4,450	4,665	5,010
Physical/sensory disabled Children Under 17 ^(Oct)	4,720	4,508	4,324	4,411	4,549
Children in Need with a Disability ^(March)	790	800	735	785	760
Children with a SEN Statement ^(July)	20,121	20,436	20,855	21,757	21,546

North Wales has also seen an increase on the number of pupils given a statement of special educational need, a learning difficulty which requires that special educational provision is made to support them in school. However, not every child or young person who has a statement of educational need will be disabled or see themselves as such.

These trends reflect the national increase in the number of disabled children which is believed to be due to increased survival rates, multiple births and older mothers. There will be an increasing impact on parents and carers as their children get older and larger in terms of manual handling, behaviour management and safety which can put a further strain on parent's resilience and ability to care for their children.

The number of children in need with a disability supported by social services has fluctuated during the last 5 years and there are clear differences between local councils, which could be due to differences in recording processes or the application of eligibility thresholds (**Children in need census**).

Table 2.12 Number of children in need with a disability, 2011 to 2015

	2011	2012	2013	2014	2015
Anglesey	95	95	85	65	70
Gwynedd	210	225	220	240	260
Conwy	125	130	150	140	140
Denbighshire	115	200	60	70	55
Flintshire	175	90	120	190	155
Wrexham	70	60	100	80	80
North Wales	790	800	735	785	760

Source: Welsh Government, Stats Wales

Table 2.13 Percentage of children in need with a disability, 2011 to 2015

	2011 (%)	2012 (%)	2013 (%)	2014 (%)	2015 (%)
Anglesey	29	26	26	22	27
Gwynedd	33	34	31	32	36
Conwy	21	25	24	20	20
Denbighshire	20	33	16	19	15
Flintshire	36	22	27	32	31
Wrexham	8	9	12	11	11

Source: Welsh Government, Stats Wales

Poverty in families with disabled children

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

Welsh families with disabled children are facing new pressures on their incomes, due to changes to the benefits system introduced by the UK Government's welfare reforms. Some Citizens Advice officers have reported that over the last three years they have witnessed an increase in the number of people who rely on the children's Disability Living Allowance to be part of the household income, rather than to provide the extra support that a disabled child needs. There is a risk that disabled children living in poverty will be further disadvantaged where their DLA is used for food, heating or rent.

Research carried out by the Disability Benefits Consortium found that, since government benefit cuts came into play, more and more disabled people in Wales are turning to foodbanks to feed their families. Of those affected by changes to benefits, 12% have used foodbanks, and in families affected by both bedroom tax and council tax changes, this figure jumps to 15%.

What are people telling us?

Feedback from engagement sessions with parents highlighted the following common themes:

- The time taken for assessments to take place and delays in accessing support was considered to be too lengthy. Need to "be quicker when a cry for help is given". Support while waiting for assessments or confirmation of diagnosis was also cited as important.

- Concern about the lack of available help to care for their child(ren), particularly for those who are full time carers and single parents, if they are ill and in the school holidays.
- Felt they needed more support to maintain their own emotional wellbeing – including extra help, respite/short-breaks, learning more coping strategies, baby sitters and support for emotional wellbeing. This was a concern when juggling work and caring for a disabled child and professionals who listen was suggested as being important. The physical and emotional impact of managing behaviour problems on parents was also significant. Including; temper, difficulties communicating and safety concerns.
- The impact of social isolation and support to get out of the home for both children and parents. Including direct payments for family outings, suitable afterschool clubs or day care was needed.
- Parents reported that it would help them to cope if there was better understanding from the wider community regarding disabilities and more acceptance of disabilities that you can't see.
- Better facilities for families of disabled children.
- More support from voluntary and charity sector.
- Issues managing their children's anxiety when in public or not in their care.

Feedback from engagement sessions with children highlighted the following common themes;

- The children talked about the difficulties that they have meeting with friends outside school time. When you are younger there are special needs play scheme, they are not suitable if you are older. The children said they would like a club where they can meet their friends.
- Some children said they found noisy environments difficult such as going into large shops, swimming pools or sports centres.
- Some children would like to go out alone but parents are worried about other children bullying or taking advantage of them.
- The children said how difficult it was for them to make decisions.
- One child said because their mobility was not good they had difficulty getting around especially going downhill. This inhibits his social and leisure activities.
- The children said that they rely on their parents to help them with the things that they find difficult and one child had a social worker who took him out.

- The children would like a greater range of activities to do outside school such as art workshops, outdoor activities, trips to activity parks and somewhere to have fun, meet friends, to do cycling music and dance.
- The teachers said that they would like more information about what is available for children now that some of the play schemes have closed down.

Feedback from staff highlighted the complexity and interdependency of issues facing disabled children and young people and their families, including difficulties around transition from children's services to adult's services. They also highlighted an increase in the number of disabled children with very complex needs. More information needs to be included in the population assessment review.

Review of services provided

Services available for disabled children and their families through local councils following an assessment of needs include:

- Emotional support and counselling
- Advice and information
- Help with finances
- Short break care including foster carers to care for children for short periods as well as play schemes and activities for children and young people.
- Home care
- Occupational therapy
- Equipment and adaptations
- Direct payments

There are also a wide variety of services available from the third sector and community groups. Family Information Services (FIS) are available to help address the lack of awareness of information and services that can help these families. FIS should be the first point of contact for information on services and support for disabled children and this includes universal services, leisure activities, holiday clubs, childcare, sports and so on.

Families First includes a disability element, which is expected to continue when the programme guidance is revised in 2017. The services delivered vary from county to county but include support with benefits, advice and childcare services.

2.7 Children and young people's mental health

What is meant by the term mental health?

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

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

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

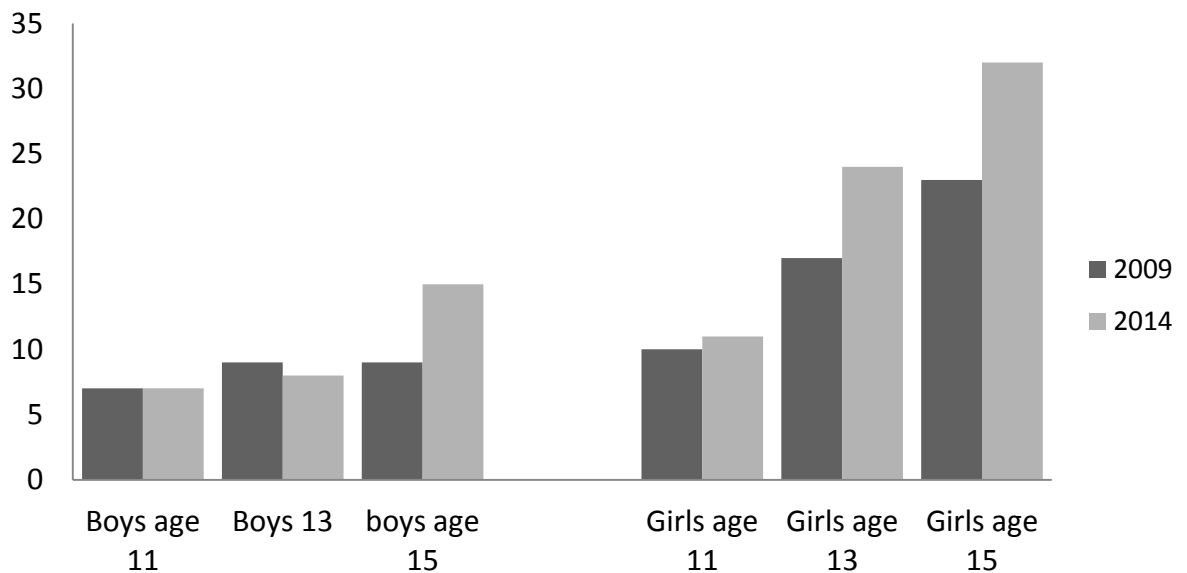
What do we know about the population

Children's mental health was consistently raised as a concern in the consultation and engagement for the population assessment. In particular, self-harming, depression and anger management issues. Early experiences may have long-term consequences for the mental health and social development of children and young people (Public Health Wales, 2016b).

Overall, around 80% of young people in Wales report high levels of life satisfaction (World Health Organization, 2016). However, out of a survey of 15 year olds in 42 different countries, Wales ranked 39 in this measure above England, Poland and the former Yugoslav Republic of Macedonia (World Health Organization, 2016).

The proportion of children and young people in Wales who report feeling low more than once a week ranges from 7% of 11 year old boys to 15% of 15 year old boys, and 11% of 11 year old girls and 32% of 15 year old girls. In each age group the proportion of respondents stating they feel low more than once a week is greater among girls than boys and increases with increasing age. Among boys age 15 and among girls in all age groups there has been an increase in reported levels of feeling low between 2009 and 2014 as shown in Table 2.14.

Table 2.14 Percentage of children and young people in Wales reporting feeling low more than once a week, 2009 and 2014



Source: Welsh Government, 2015

Predictions from Daffodil show the number of children with mental health needs will remain at around 8,000 between 2015 and 2035 with a peak of 8,400 in 2025. This is because the method used is to apply the rate of children with mental health needs to population projections which do not show a change in number of children and young people by 2035.

Table 2.15 shows the risk and protective factors for child and adolescent health that relate to themselves, their family, school and community. Strategies to promote children’s mental health and wellbeing should focus on strengthening the protective factors and reducing exposure wherever possible to the risk factors.

Table 2.15 Risk and protective factors for child and adolescent mental health (Department of Education, 2016)

	Risk factors	Protective factors
In the child ²³	<ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament 	<ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control

² Rutter, M. (1985) Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*. Vol. 147, pp. 598-611

³ http://www.youngminds.org.uk/assets/0000/1383/Risk_factors_handout_Looked_After_Toolkit.pdf

	Risk factors	Protective factors
	<ul style="list-style-type: none"> • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family ^{4, 4}	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, neglect or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
In the school	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the community ^{4,5}	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

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

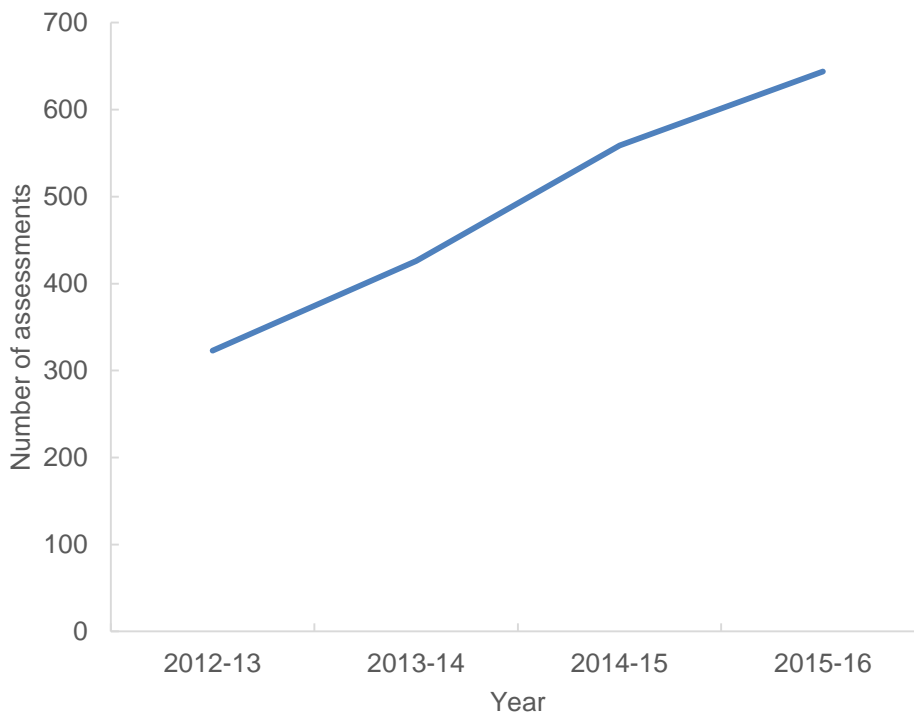
⁴ http://www.youngminds.org.uk/assets/0000/1399/Resilience_handout.pdf

Consultation and engagement carried out for the population assessment suggested that increasingly younger children are being referred to CAHMS and highlighted particular concerns about looked after children and the high numbers referred to CAMHS.

Self-harm

Self-harming was identified in the consultation and engagement as an increasing need. Figure 2.10 shows that the number of self-harm risk assessments carried out in North Wales has doubled between 2012 and 2016. This data includes only those who attended Accident and Emergency so the need may be even greater within the community. The cost of a hospital episode for children and young people admitted for self-harming could be in the region of £200 to £870 per admission (Public Health Wales, 2016b). This excludes the cost of admission to intensive therapy or high dependency units, which may be required in a small number of cases. There is a self-harm pathway in place between health and education.

Figure 2.10 Number of self-harm risk assessments in North Wales, 2012 to 2016



Source: BCUHB

Eating disorders

Eating disorders are among the mental health problems that cause most anxiety and concern to families. The Eating Disorders Framework for Wales has

recently been reviewed and recommendations have been made to ensure that it remains appropriate to the current situation. Estimates of the prevalence of eating disorders in North Wales are shown in Table 2.16 and the proportion of boys and girls is shown in Figure 2.11. National data shows that there was a national rise of 8% in the number of admissions to hospital for an eating disorder between 2013 and 2014 (NHS Digital, 2014).

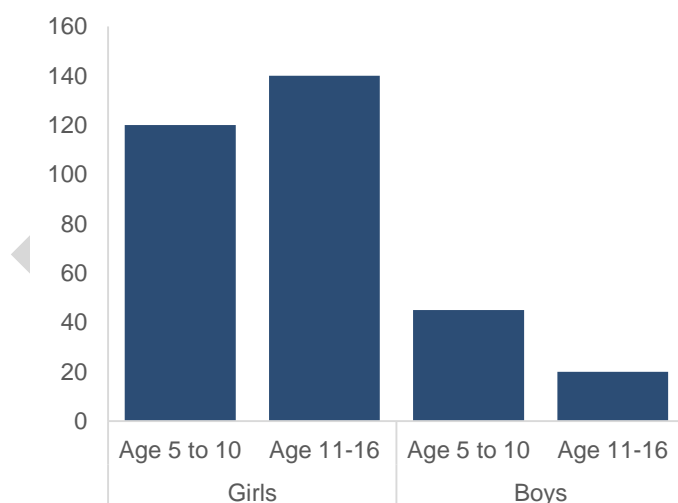
Table 2.16 Estimated number of children with eating disorders, 2014

	Age 5 to 10	Age 11-16	Total (age 5 to 16)
Anglesey	15	15	25
Gwynedd	25	30	45
Conwy	20	30	45
Denbighshire	20	25	40
Flintshire	35	40	65
Wrexham	30	35	55
Total	120	140	235

Numbers have been rounded so may not sum

Source: Public Health Wales Observatory

Figure 2.11 Estimated number of boys and girls with eating disorders, North Wales



Numbers have been rounded so may not sum

Source: Public Health Wales Observatory

For more information please see the Public Health Wales (2016a) children and adolescent mental health needs assessment written to inform the Together for Children and Young People Programme.

Attachment

'The child's environment after they are born may affect their development, such as developmental trauma caused by abuse or neglect, or both. If they are not properly cared for and stimulated, this affects the growth and development of certain areas of their brain leading to a lack of emotional development. This is often referred to as *attachment difficulties* or *attachment disorders* (NHS Choices, 2016).

Typically, children who have had a poor start in life especially if they have also endured abandonment, neglect and/or abuse struggle with attachment and tend to have behavioural problems making them particularly difficult to parent. Often, these children end up in long-term foster placements or adoption.

Staff report that the attachment issues with children are increasingly cited as a cause of placement breakdowns (including adoption and Special Guardianship Orders). Some support is available from CAMHS to foster carers and adoptive parents and training is provided by local councils.

There are no statistics available on the number of children with attachment disorders either for the whole population of children and young people or for looked-after children. However, feedback from staff highlighted this as a major need and recommended developing a co-ordinated approach between health and social services to addressing needs and widening training on attachment.

Review of services

Public Health Wales (2016a) identified a number of interventions where there is evidence of effectiveness at improving mental wellbeing.

- Address the impact of wider determinants of health such as inequality and poor housing and reduce likelihood of exposure to adverse childhood experiences, such as exposure to drug use and violence.
- Universal assessment of risk shortly before and after birth followed by targeted interventions for those identified at greater risk.
- Universal and targeted parent support.
- Access to early years educational opportunities.
- Programmes delivered in school that show evidence of improvement in social and emotional well-being, self-confidence and self-control in addition to a reduction in conduct problems, violence and bullying.

The review includes recommendations for the Together for Children and Young People Programme based on the interventions listed.

The approach of children and adolescent mental health services (CAMHS) in North Wales is:

- Early intervention, prevention and primary mental health: promoting good mental health, building resilience and reducing stigma by working with

partners, in particular education. Includes promoting the ‘five ways to well-being’; North Wales Book Prescription Scheme and the national Better with Books scheme; ensuring early conversations between professionals; targeted interventions for the prevention of anxiety delivered in partnership through ‘Friends for Life’ suite of interventions; develop a self-harm pathway and protocol; offer care in the service users language of choice.

- Referral based intervention services: re-organise services so that children and young people requiring a routine mental health assessment will be seen for their first appointment within 28 days, and those requiring an urgent mental health assessment will be seen within 48 hours.
- Plans for re-organisation and development of services for: Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), so that Community Paediatrics is at the heart of this service; eating disorders; early intervention in psychosis; early years; paediatrics and mental health; and, tier 4 services.

This approach is being supported by an additional investment of £1.6 million into CAMHS in North Wales from Welsh Government (Gore-Rees, 2015).

In March 2016, 22% of routine mental health assessments were within 28 days and 26% began therapeutic interventions within 28 days. The target for both was 80% (BCUHB, 2016). Table 2.17 shows that by August 2016 the waiting list for mental health assessments had reduced from over 200 to 82 and the longest wait from 32 weeks to 21 weeks. The numbers on the waiting list for ASD and ADHD has increased over the same period. Responses to the organisation questionnaire highlighted CAMHS waiting lists as an issue although this may be because people haven’t yet had experience of the service since the improvements [\[add link\]](#). There will also still be a need for universal and targeted support for children not meeting the thresholds for CAMHS.

Table 2.17 Waiting lists 2016-17, BCUHB

	Mental health assessment		Neuro		ASD		ADHD	
	Total on waiting list	Longest wait in weeks	Total on waiting list	Longest wait in weeks	Total on waiting list	Longest wait in weeks	Total on waiting list	Longest wait in weeks
April 16	222	32	181	35	122	62	107	61
May 16	208	28	175	35	130	66	114	65
June 16	178	24	171	33	151	71	119	71
July 16	148	21	168	33	155	75	122	75
Aug 16	82	21	162	34	161	80	133	80

Source: BCUHB

In addition to services described above all council's commission services to promote family resilience of various kinds and provide a school counselling service. There is also a diverse range of third sector provision of support for children and young people to promote mental and emotional health and well-being.

There is a role for information, advice and assistance services, including Family Information Services (FIS) to coordinate these services. Dewis Cymru is also available as an online directory of services. For example, Wrexham FIS have a partnership approach in supporting families awaiting treatment or diagnosis from CAHMS.

There is a need to carefully manage transition from CAMHS to adult mental health services to maintain continuity of relationships and manage different experiences of services. Services need to be joined up at an earlier stage for young people and their families to be informed and aware of adult services.

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2.8 Early intervention, prevention and parenting

Introduction

Foundations for all aspects of human development are laid down before birth and early childhood (0 to five years) (Jones *et al.*, 2016). There is a strong economic case that early interventions pay back costs many times over.

Children who are physically or sexually abused or brought up in households where there is domestic violence, alcohol or drug abuse are more likely to adopt health-harming and anti-social behaviours in adult life. Results from the first Welsh Adverse Childhood Experience (ACE) study show that exposure to four or more harmful experiences in childhood increases the chances of high-risk drinking in adulthood by four times, being a smoker by six times and being involved in violence in the last year by around 14 times (Public Health Wales, 2015). One in every seven adults aged 18-69 years in Wales experienced four or more Adverse Childhood Experiences during their childhood and just under half experienced at least one.

The ACEs most commonly suffered by children in Wales are verbal abuse (23%), parental separation (20%) and physical abuse (17%). Other frequently occurring ACEs include being exposed to domestic violence (16%), mental illness (14%), alcohol abuse (14%), sexual abuse (10%), drug use (5%) and incarceration (5%).

Forty-one percent (41%) of adults in Wales who suffered four or more adverse experiences in childhood are now living with low mental well-being. This compares to 14% of those individuals who experienced no ACEs during their childhood. Adults who experienced four or more ACEs in childhood are four times more likely to develop Type 2 diabetes, three times more likely to develop heart disease and three times more likely to develop respiratory disease, compared to individuals who report no ACEs.

This demonstrates the importance of focusing on early years and reducing the number of children living in families where there is domestic abuse, mental health problems, substance misuse or other forms of abuse or neglect. Providing safe and nurturing environments for every child in Wales is the best way to raise healthier and happier adults.

Early intervention and prevention services can be present across all spectrums of need (see Figure 2.12). Preventing something happening in the first place is more likely to be a feature of universal services whereas in the higher levels of need it may be to prevent a child from being accommodated. In the middle would be the areas that work with families to prevent escalation to more intensive statutory interventions.

Over the last few years Welsh Government have implemented initiatives under the child poverty agenda such as Families First, Flying Start and Communities First. While Flying Start and Communities First have focused on the more deprived areas and have other restrictions such as age for Flying Start, Families First has been open to any family who needed early support to prevent escalation of need to statutory services.

Flying Start supports children between the ages of 0 to 4 years living in deprived areas. They help children become 'school ready' by supporting parents through intensive health visitor service, child care and parenting programmes. In 2015/16 over 7,000 children benefitted from Flying Start services across North Wales.

Families First supports children and families with the Team Around the Family (TAF) approach to supporting families using a strengths based approach to working with the families. In 2015/16 the main referrers to TAF services in North Wales were health visitors and schools.

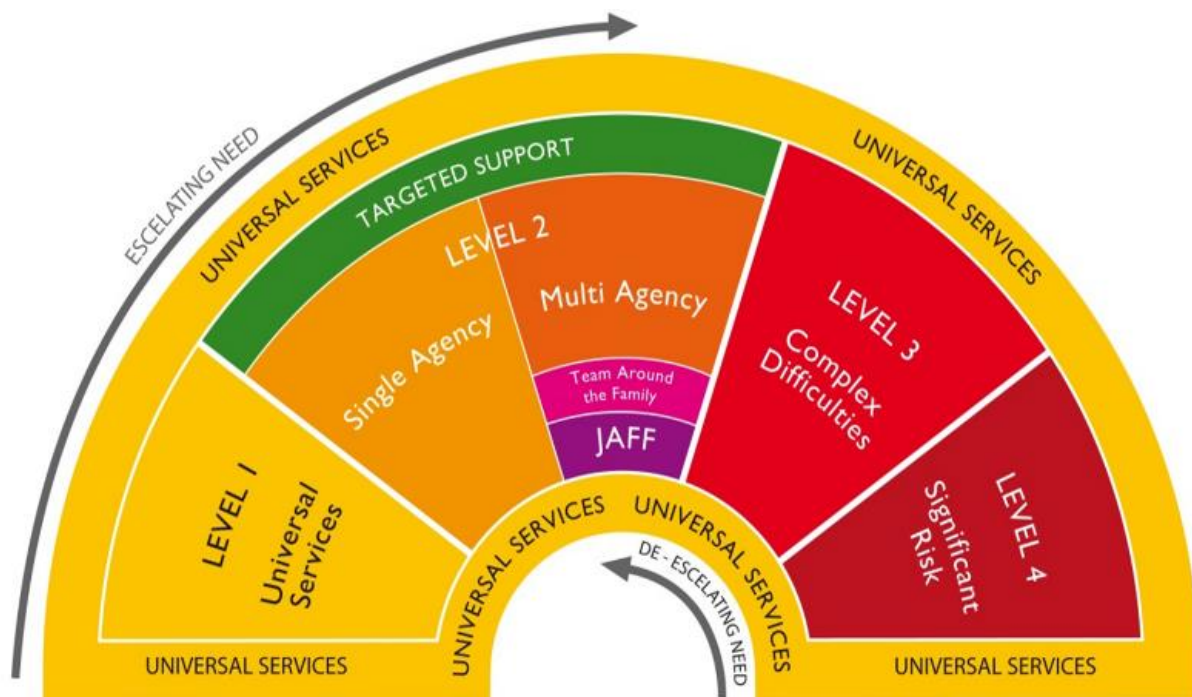
What is meant by prevention and early intervention?

The definition of prevention and early intervention can include:

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

Figure 2.12 shows prevention as a spectrum of need. This section focuses on level 2, single and multi-agency targeted interventions.

Figure 2.12 IPC Windscreen model, 4 levels of prevention [Edit diagram to correct spelling of escalate](#)



What is meant by parenting and parent support?

In this report the term **parent** includes: mothers, fathers, foster carers, adopted parents, step parents and grandparents.

The term **parenting** is defined as:

An activity undertaken by those bringing up children and includes mothers, fathers, foster carers, adopted parents, step-parents (Welsh Government 2014)

The term parenting support is defined as: The provision of services and support, which aim to: increase parenting skills; improve parent-child relationships; improve parents’ understanding, attitudes and behaviour and increase parents’ confidence in order to promote the social, physical and emotional well-being of children.

Why do we provide support to parents?

‘The core purpose of parenting support is about **working with** parents to reduce risks; strengthen parenting capacity; develop and build resilience and sustain positive change’ (Welsh Government 2014)

Parenting is also a key factor in a child's behavioural development and mental health. Children who live through Adverse Childhood Experiences (ACEs), such as violence, neglect or living with individuals with substance abuse issues, have higher risks of premature ill health and developing health-harming behaviours (Public Health Wales, 2015).

Parenting skills are normally learnt skills from our own experiences growing up as children. If these experiences lack some of the core elements of bringing up children in a safe and nurturing environment it can have a detrimental effect on the child as they grow and so the cycle of inappropriate parenting continues.

Provision of parenting support is needed to break cycles of inappropriate parenting and raise parents' confidence in their skills to raise their children in a positive and nurturing environment.

In order to meet the diverse needs of parents and children there is a need to provide bespoke parenting support, based on the needs of parents in a particular area or setting.

Local councils across Wales provide a range of parenting support through a wide variety of provision. Provision is delivered through either evidence based programmes or through specific support delivered in group or one to one settings.

Welsh Government have invested resources to develop key documents and initiatives relating to parenting.

Parenting in Wales guidance was developed in line with National Occupational Standards for work with parents. It provides a comprehensive overview and guidance for delivering parenting support across Wales. The guidance states it is primarily to assist those providing parenting support making decision about:

- the type(s) of parenting support to provide;
- how to provide it;
- approaches to supporting and engaging parents;
- workforce development;
- assessment process, signposting and referral; and
- evaluation and monitoring.

In addition to this Welsh Government launched 'Parenting. Give it time' web site in 2015 which promotes positive parenting and provides advice and support around parenting that is accessible to all.

What we know about the population

There are around 124,000 children aged 0-15 in North Wales with around 39,000 aged 0-4. Not all of the families within which the children live will need support.

As part of the preparation for the introduction of the Families First programme in 2012 each council in North Wales carried out a vulnerable families mapping exercise (Cordis Bright, 2012; Conwy County Borough Council, 2013). This was based asking practitioners about how much they agree with the following statements, based on the Think Family research (Social Exclusion Task Force, 2007) for the number of families for each family they have a relationship with. Conwy County Borough Council used a different method, which found similar results and the comparable numbers are used here.

1. No resident parent in the family is in work
2. The family lives in temporary, overcrowded or poor quality accommodation
3. No parent in the family has any academic qualifications
4. The mother has a mental health problem
5. At least one parent has a longstanding illness, disability or infirmity that limits their daily activities
6. The family has a low household income (below £287 per week)
7. The family cannot afford certain food or clothing items
8. There is evidence of domestic violence in the household
9. There is evidence of substance misuse in the household

The mapping exercise included around 8,000 families in total across North Wales. It found a strong relationship between the indicators and vulnerability/complex needs which implied they could be used to identify families at risk of escalating problems to support with early interventions. There were particularly strong links between vulnerability and not being able to afford certain food or clothing items (or being in receipt of income-related benefits in the Conwy County Borough Council research) as well as evidence of substance misuse.

The research found that although there were some concentrations of need in specific areas, on the whole 'vulnerability is family-specific not location-specific'. This suggests that interventions targeting specific areas would not be enough by themselves to tackle the issues encountered by all vulnerable families.

The Conwy County Borough Council (2013) research included in-depth interviews with families which highlighted the following issues raised by families.

- Housing issues, mental and emotional health, school attendance and engagement with education, aspirations, experiences of social services,

parenting skills and support, domestic abuse, money and finances, employment, misuse of drugs and alcohol.

- The particular needs of families with disabled children.
- The importance of information and communication between services and agencies and the importance of the relationship between families and the professionals working with them.
- The crisis or trigger points where things changed for them including: separation and divorce, bereavement, domestic abuse, losing employment, losing accommodation, change in schooling situation or receiving a diagnosis.

Additional data about the need for prevention, early intervention and child poverty is available in the Vulnerable Families Needs Analysis in [appendix x](#)

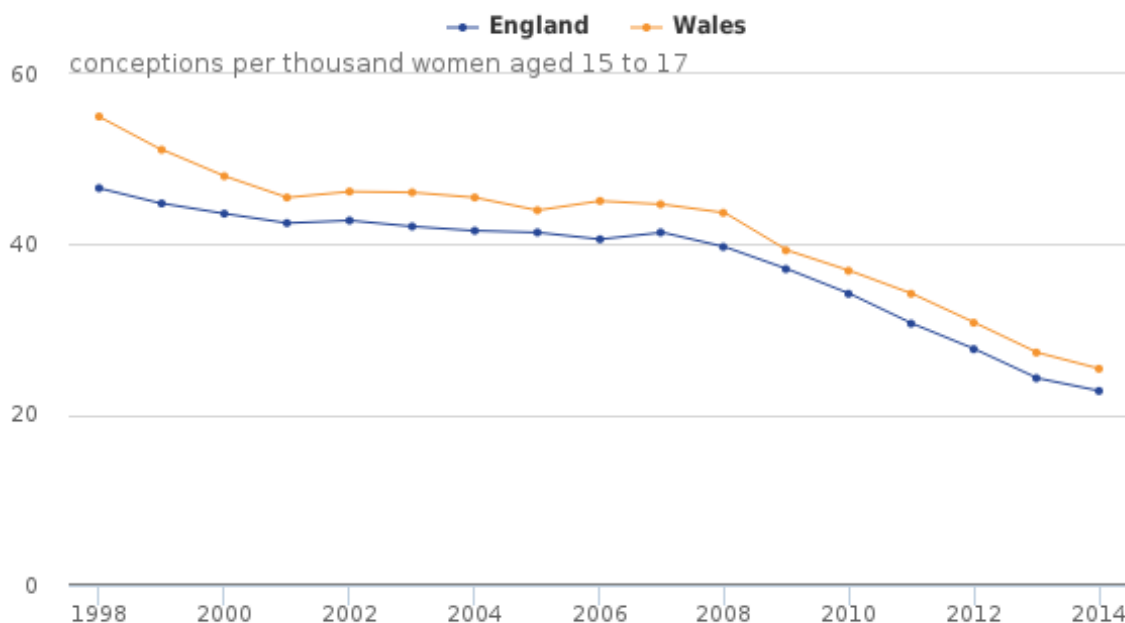
Teenage parents

The parenting ability of teenage parents can be affected by several factors including conflict within family or with a partner, social exclusion, low self-confidence and self-esteem. These factors can affect the mental wellbeing of the young person. The impact of being a teenage parent will be evident on both the mother and father and while the mother will be under 20 years of age many fathers will be between 20 and 24 years.

Teenage conception rates are reducing and there has been a steady decrease across England and Wales since 1998: suggested reasons include the availability of highly effective long-acting contraception, and also changing patterns of young people's behaviour where some go out less frequently. Teenage pregnancy is risk factor contributing to low birth weight and many other poor long-term health and socio-economic outcomes for mother and baby. One in four pregnancies end in a termination, rising to one in two of teenage pregnancies, showing that there is an unmet need for services to educate and help prevent unwanted pregnancy.

Looked after children / young people are at much higher risk of early pregnancy and may miss key school-based education sessions about protecting themselves.

Figure 2.13 Conceptions per thousand women aged 15-17, England and Wales, 1998 to 2014



In the majority of areas across North Wales the number of teenage births has been decreasing as the below table shows:

Table 2.18 Under 20 births 2010 to 2014

	2010	2011	2012	2013	2014
Ynys Môn	65	54	49	51	36
Gwynedd	110	51	93	67	58
Conwy	112	81	83	76	48
Sir Ddinbych	89	79	77	69	78
Sir y Fflint	120	87	125	88	81
Wrecsam	140	105	100	82	79
Gogledd Cymru	636	457	527	433	380

Ffynhonnell: Llywodraeth Cymru, StatsCymru

Parental separation

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

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

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

What services are available

Across North Wales there are different forms of parenting support provision some receive general support in the home or in groups and others are evidence based programmes. The main programme delivered across North Wales is Incredible Years which has a strong evidence base. Other programmes include: FAST (Families and Schools Together) and the STEPS programme.

Flying Start provides parenting courses to families who live within the relevant post code areas. Table 2.19 shows how many places were available in the last three years and the percentage of those places that were taken up.

Table 2.19 Flying Start formal structured parenting courses offered by local authority, 2013-14 to 2015-16

Local Authority	No. of places	2013-14		2014-15		2015-16	
		% of places	No. of places	% of places	No. of places	% of places	
Isle of Anglesey	53	74%	57	74%	91	62%	
Gwynedd	125	69%	199	60%	205	72%	
Conwy	69	78%	164	70%	262	63%	
Denbighs hire	74	46%	117	73%	108	60%	
Flintshire	223	78%	252	82%	229	68%	
Wrexham	106	82%	96	65%	222	45%	

Source: Welsh Government

Families First provision across North Wales includes commissioned evidence based parenting programmes as well as parenting support as part of the support offered to families as an early intervention programme.

Although parenting provision is provided, in the majority of cases families have other issues that need to be addressed before they are able to engage effectively in any evidence based programme. In order for parenting programmes to be effective it should be considered as part of a package of support rather than a stand-alone intervention.

Feedback from the consultation and engagement found that many early intervention and prevention services, such as Team Around the Family, were valued by staff and the people who used them, although more still needs to be

done. A lack of resources to invest in prevention and early intervention was raised as a challenge. There was also feedback that there needs to be more investment in educating parents to find support in the community

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2.9 Children and young people without care and support needs

Due to time constraints the report has focussed on specific groups of children and young people with care and support needs. The consultation and engagement carried out for the population assessment also included children who do not have care and support needs. This raised the following issues which may also affect the groups of children and young people in the chapter.

- Access to leisure and entertainment particularly for children and young people living in rural areas where services are fewer and tend to cost more due to the distance needed to travel to and from these areas.
- Access to play opportunities.
- Access to affordable transport, particularly for children and young people in rural areas.
- Urdd Gobaith Cymru reported the Welsh language county forums and support don't work as well for young people aged 16 to 18.
- Support with money problems: student loans, paying bills, benefits and knowing who to talk to with regards to money problems
- Having someone to talk to if something should happen and they need support and knowing where to go for help.
- Welfare rights: It can be difficult to get the right benefits to help people stay independent or to live independently. Issues include considerable delays in waiting for initial claim benefit payments and an increase in referrals to the Discretionary Assistance Fund (Wales) to apply for 'Emergency Assistance Payments'. This is a discretionary grant which offers small payments to cover families short term immediate needs for things like gas/electric and food. In addition, many more referrals are being made to local food banks – again as a result of benefit payment delays.

2.10 Conclusion and recommendations

Key findings

- There are around 124,000 children aged 0-15 in North Wales. There has been very little change in the number of children and young people in the past five years and this trend is likely to continue over the next 25 years.
- The majority of children and young people in North Wales are healthy and satisfied with their lives but more needs to be done to: tackle low birth weight; reduce infant mortality rates; improve breastfeeding rates and take-up of immunisations; reduce childhood obesity and smoking and alcohol use.
- There has been a fall in referrals to children's services but it is not yet known how the number of referrals will change in response to the wider eligibility under the new act.
- The majority of referrals to children's services are from the police or within the council's own social services department, and the main reasons for referral are abuse or neglect.
- In the last five years there has been a 9% increase in the number of children on the child protection register and in the number of children looked-after in North Wales.
- There are increasing concerns about sexting and online bullying.
- North Wales has a high number of children from outside the region who are looked after locally and this number has been increasing. This places additional demand on local services such as health, education, police and support services.
- There are changing demands on fostering services due to an increase in kinship fostering / connected persons.
- Wrexham has the highest number of young offenders and the highest crime rate across the region. With the exception of Anglesey all local authorities have seen a reduction in the number of young offenders over the last three years.
- The number of children and young people who are victims of crime has increased year on year. This could be due to a number of reasons including increased ability/ willingness to report; increased number of crimes committed or an increase in particular types of crime such as cyber-crime.
- The number of disabled children has increased over the past five years.

- Children's mental and emotional health was consistently raised as a concern including a rise in self-harm and eating disorders as well as attachment issues.
- There needs to be an integrated approach to the health and wellbeing of children and their families throughout universal services to maximise prevention and promote resilience at the earliest stage. New evidence on the multiple impacts of Adverse Childhood Experiences can bring more awareness and support towards preventing them and minimising their effects.
- Provision of parenting support is needed to break cycles of inappropriate parenting and raise parents' confidence in their skills to raise their children in a positive and nurturing environment.
- Information, advice and assistance services as provided by Family Information Services are an important part of prevention and early intervention services.

Recommendations and next steps

Due to the tight timescales and wide range of needs covered in this chapter the next steps should focus on identifying the further information needed in priority areas. This should include additional consultation and engagement to agree recommendations as part of the area plan. Future work should be based on the UNCRC and include children's right to play.

- **Advocacy:** all children and young people need to have their voice heard in decision making processes, and this is particularly important for looked after children and children on the child protection register. Some information is included in the introduction to the report but more information is needed about the services available and their effectiveness.
- There is further work to be done to implement the new duties under the act and regional projects are in place to support this including assessments and information, advice and assistance.
- There have been concerns throughout the production of this chapter about the quality of data recording. Work needs to be done to standardise the recording of children in need data (and its replacement) as well as threshold and eligibility criteria.
- More information is needed about trafficking and child sexual exploitation to inform the population assessment.
- More information is needed about the increase in complex needs for disabled children and the transition from children's to adult's services.

- Find out more about concerns raised, that increasingly younger children are being referred to CAHMS and the needs of looked after children referred to CAMHS.
- Information about restorative approaches to work with families including everyday interaction, meetings with service users, informal circles, mediation and formal group conferences.
- There are good examples of service provision in all counties, such as the 'edge of care' project, internal therapeutic services, collaborations between social services and CAMHS. Information about these services is already shared informally between counties, but future work on the population assessment needs to look at this further.

Equalities and human rights

The report includes the specific needs of children and young people and disabled children. It also highlights the importance of children's rights. Some information was available about Black, Asian and Minority Ethnic young people but more could be identified. Information about refugees and asylum seekers was highlighted as a gap. Consultation was also undertaken about the needs of Gypsy and Traveller young people. Please see [Equalities Impact Assessment](#) for more information.

Issues affecting people with protected characteristics may not be picked up by this assessment and could be addressed in future population assessment reviews, in the development of the area plan or in the services developed or changed in response to the area plan.

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

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

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3 Older people

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3.0 About this chapter

This chapter includes the population needs of older people. It is organised around the following themes that were highlighted during engagement work:

- 3.1 Population overview
- 3.2 Loneliness and isolation
- 3.3 Support to live at home
- 3.4 Dementia
- 3.5 Care homes

There is additional information about the needs of older people in the chapters:

- Health, physical disabilities and sensory impairment [\[add link\]](#)
- Learning disabilities and autism [\[add link\]](#)
- Mental health: including information about early-onset dementia [\[add link\]](#)
- Carers [\[add link\]](#)
- Violence against women, domestic abuse and sexual violence [\[add link\]](#)
- Secure estate [\[add link\]](#)
- Veterans [\[add link\]](#)
- Homelessness [\[add link\]](#)

Definitions

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

Policy and legislation

Ageing Well in Wales is a partnership including government agencies and third sector organisations, hosted and chaired by the Older People's Commissioner for Wales (2016). Each local council in North Wales has developed a plan for the work they will do on the priorities:

- To make Wales a nation of age-friendly communities.
- To make Wales a nation of dementia supportive communities.
- To reduce the number of falls.
- To reduce loneliness and unwanted isolation.
- To increase learning and employment opportunities.

The programme is a key tool in the delivery of the **Strategy for Older People in Wales 2013-23** (Welsh Government, 2013).

The population assessment aims to support the integration of services. One of the current Welsh Government priorities for integration is older people with complex needs and long term conditions, including dementia.

Please see [appendix x](#) for more information about the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015.

Safeguarding

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

Abuse can include physical, financial, emotional or psychological, sexual, institutional and neglect. It can happen in a person's own home, care homes, hospitals, day care and other residential settings (Age Cymru, 2016). Specific recommendations to improve the quality of care provided to frail older people in residential and nursing care homes and improve safeguarding systems were set out in a review following the Operation Jasmine investigation (Flynn, 2015).

Age UK found that over half of people aged 65 and over believe they have been targeted by fraudsters (Age UK, 2015). One in 12 responded to the scam and 70% of people who did respond said they personally lost money. While anyone can be a victim of scams, older people may be particularly targeted because of assumptions they have more money than younger people and may be more at risk due to personal circumstances such as social isolation, cognitive impairment, bereavement and financial pressures. They may also be at risk of certain types of scam such as doorstep crime, bank and card account takeover, pension liberation scams and investment fraud.

A North Wales Safeguarding Adults Board was set up under the Social Services and Well-being (Wales) Act 2014 to:

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

3.1 Population overview

There were around 150,000 people aged 65 and over in North Wales in 2015. Population projections suggest this figure could rise to 210,000 by 2039 if the proportion of people aged 65 and over continues to increase as shown in Table 3.1 below.

Table 3.1 Number of people aged over 65, population projections 2014 to 2039

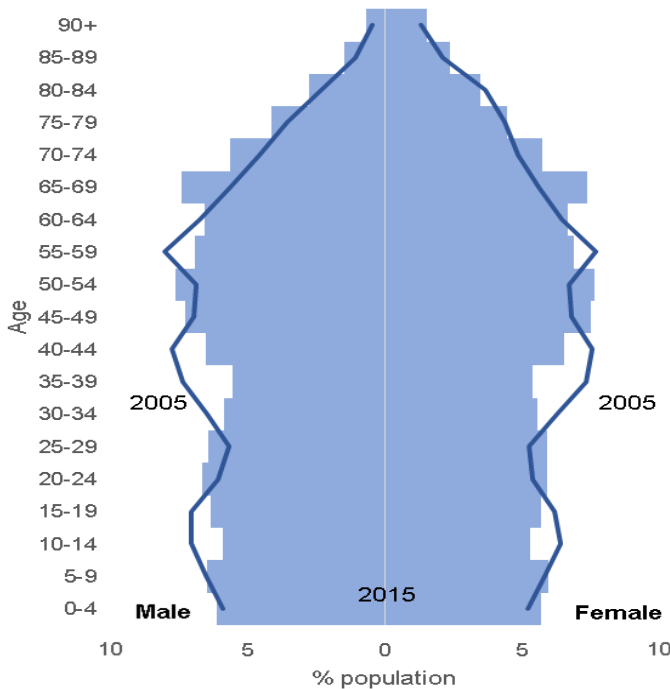
	2014	2019	2024	2029	2034	2039
Anglesey	17,000	18,000	20,000	21,000	22,000	23,000
Gwynedd	27,000	29,000	31,000	33,000	35,000	35,000
Conwy	30,000	33,000	35,000	38,000	41,000	42,000
Denbighshire	22,000	23,000	25,000	27,000	29,000	30,000
Flintshire	30,000	34,000	37,000	40,000	44,000	46,000
Wrexham	25,000	28,000	30,000	33,000	36,000	39,000
North Wales	150,000	170,000	180,000	190,000	210,000	210,000

Numbers have been rounded so may not sum

Source: 2014-based population projections, Welsh Government

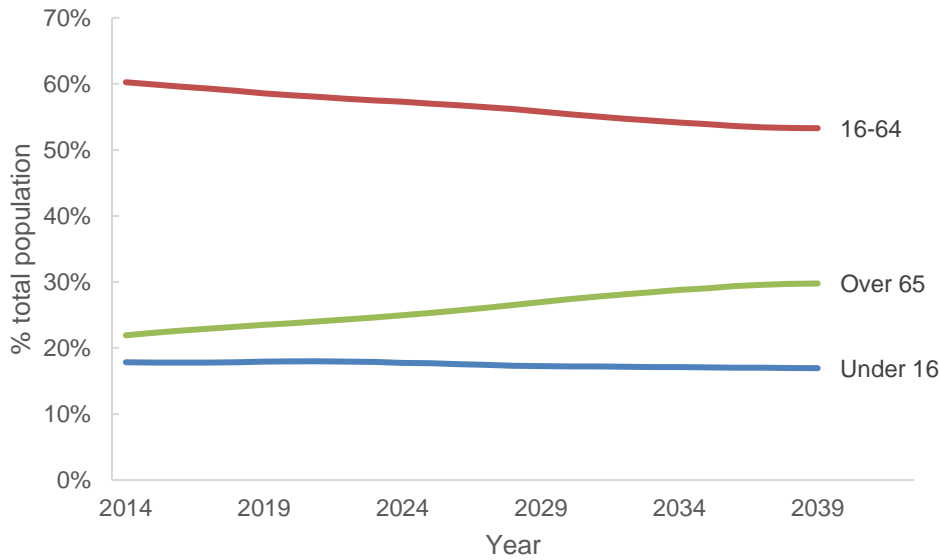
Figure 3.1 shows how the population structure changed between 2005 and 2015. The proportion of older people in the population is projected to continue to increase as shown in Figure 3.2 and Figure 3.3. At the same time the proportion of people aged 16-64, the available workforce, is expected to continue to decrease. This change to the population structure provides opportunities and challenges for the delivery of care and support services.

Figure 3.1 Percentage of population by age and sex, North Wales, 2005 and 2015



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

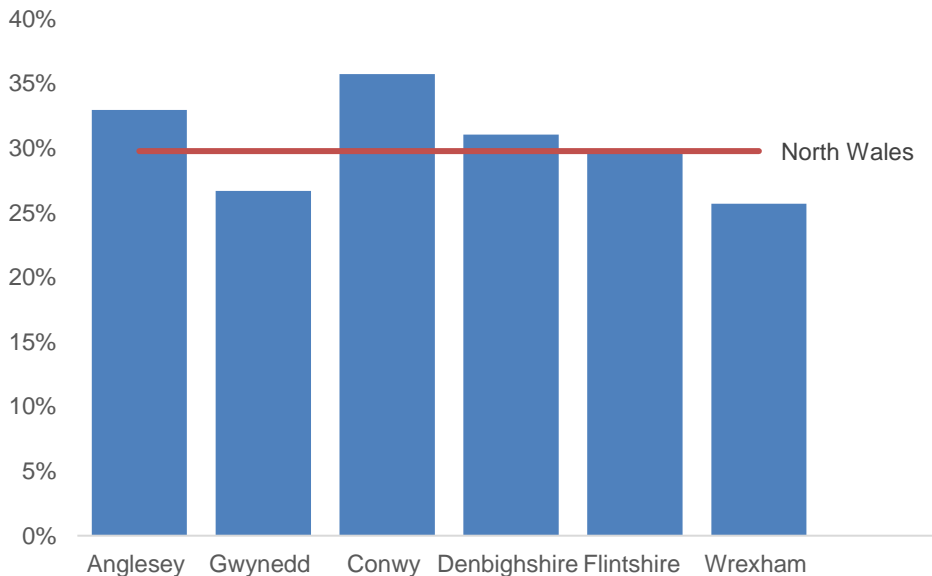
Figure 3.2 The percentage of people aged over 65 is projected to increase and the those aged 16-64 to decrease in North Wales, 2014 to 2039



Source: 2014-based population projections, Welsh Government

The change in population structure shows a similar pattern in every county in North Wales, although the counties with the highest proportion of people aged 65 and over are expected to be Conwy, Anglesey and Denbighshire as shown in Figure 3.3 below.

Figure 3.3 Projected percentage population aged 65 and over in 2039 in North Wales



Source: 2014-based population projections, Welsh Government

Research suggests that living with a long-term condition can be a stronger predictor of the need for care and support than age (Institute of Public Care (IPC), 2016). See health, physical disabilities and sensory impairment chapter for more information.

3.2 Loneliness and isolation

Introduction

'Loneliness can be defined as a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want' (Perlman and Peplau, 1981).

There are different types of loneliness; *emotional* loneliness and *social* loneliness. Emotional loneliness is the feeling of losing the companionship of one specific person; very often a partner, sibling or best friend. Social loneliness derives from a lack of broader social networks or group of friends. Loneliness can be a feeling which comes and goes, and individuals can suffer from loneliness at specific times of the year, for example at Christmas. Loneliness can be chronic where a person can feel alone most of the time. Feeling lonely is subjective; if a person feels lonely then they are lonely.

Reducing loneliness and isolation is one of the main challenges identified in our consultation and engagement and is a priority for Welsh Government's Ageing Well in Wales Programme. Having strong social networks of family and friends and having a sense of belonging to the local community is important in order to reduce social isolation and loneliness for people who need care and support and carers who need support.

The impact of loneliness on the health and well-being of individuals can be serious, and often, older people are at more risk of feeling lonely and being socially excluded. It has been referred to as a 'silent killer'.

What we know about the population

It is difficult to identify how many adults in North Wales define themselves as 'lonely' or socially excluded. Loneliness can affect anyone - regardless of the individual's age. However, as we age, the risk factors that can lead to feelings of loneliness increase and converge. These factors include:

Personal	Broader society
Poor health	Lack of public transport
Sensory loss	Physical environment, for example, lack of public toilets
Poor mobility	Accommodation
Low income	Concerns about crime
Bereavement	Demography
Retirement	Advances in technology
Caring	High population turnover
Other changes (such as giving up driving)	

Source (Campaign to End Loneliness, 2016)

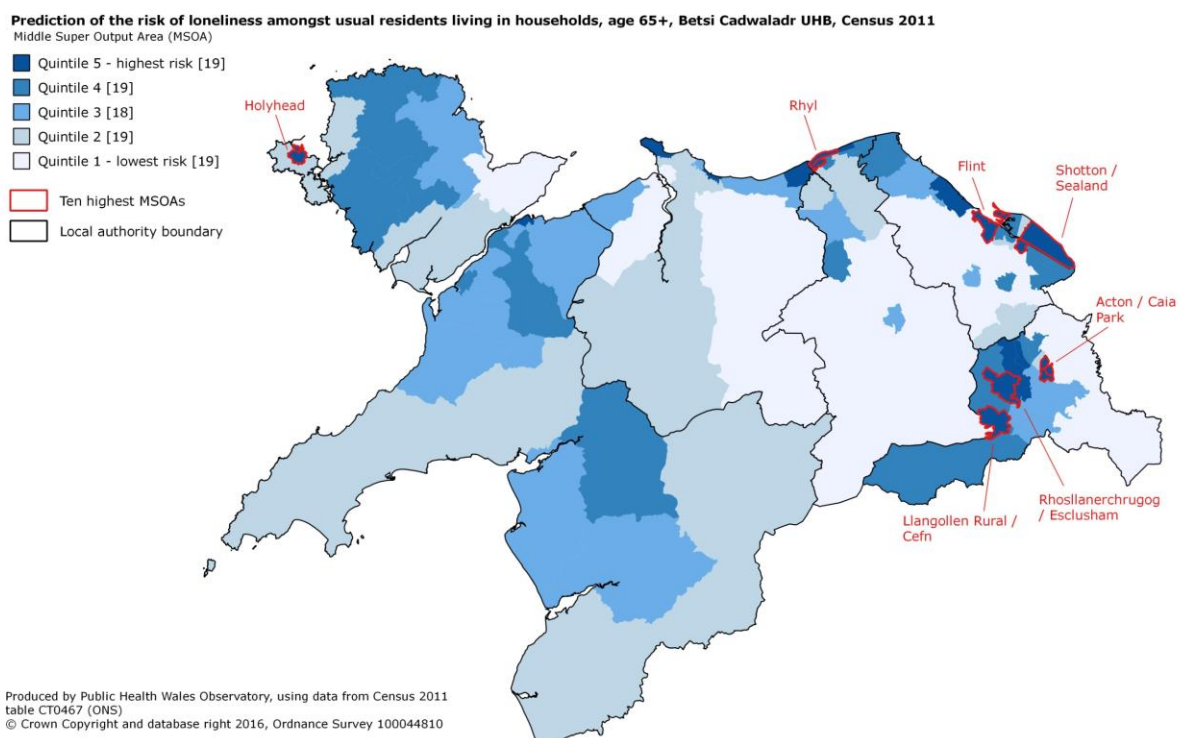
Research also shows:

- Higher loneliness and isolation barriers for men, people who live by themselves, recently bereaved individuals, and the most elderly people in our communities (Victor, 2015).
- Disability or illness can trigger loneliness, as this changes how people access their social networks (Women's Royal Voluntary Service, 2012b)
- People aged 50 and over socialise less due to the economic situation, with almost a third (32%) of people aged 50 and over and a quarter of people aged 65 and over cutting back on going out to socialise (Consumer Focus Wales, 2010)
- A high number of men have experienced loneliness after losing their partner (62%) or losing friends of the same age as them (54%). Men were also less likely to admit their feelings to family or friends (11% of men and 24% of women). In another WRVS survey, it was found that men were less likely to keep in contact over the phone with family or relatives who live away (71% of women compared to 29% of men) (Women's Royal Voluntary Service, 2012a)
- There is a greater risk that people who have received care and assistance also experience social isolation (Welsh Government, 2016).

The Office for National Statistics (ONS) (2015) has developed a prediction of the number of cases of loneliness amongst people aged 65 and over in England and Wales. The work considers the following variables:

- Age;
- Marital status;
- Whether the individual lives alone;
- Health condition.

ONS applied figures published by Age UK to Census 2011 data in order to predict the risk of loneliness in older people. No direct measurement of loneliness took place so the data can only suggest areas in which older people may be at more risk of loneliness than others. Also, although areas within North Wales have been split into five separate groups, ranging from highest to lowest risk, it should not be assumed that there are large differences between areas in adjoining groups, since their values may be fairly similar in practice. With these factors in mind, the map below should be interpreted with caution.



Loneliness has a significant impact on physical and mental health

Loneliness and physical health:

- Research indicates that loneliness has an impact on death rates equal to smoking 15 cigarettes per day (Holt-Lunstad and Layton, 2010).
- Loneliness increases the risk of high blood pressure (Hawkley *et al.*, 2010).
- Individuals are also at risk of physical deterioration (Lund *et al.*, 2010).

Loneliness and mental health:

- Loneliness places individuals at more risk of cognitive decline (James *et al.*, 2011).
- One study concluded that lonely individuals were 64% more likely to develop clinical dementia (Holwerda *et al.*, 2012).
- Lonely individuals are more likely to suffer from depression (Green *et al.*, 1992; Cacioppo *et al.*, 2006).
- Loneliness and lack of social networks are predictors of suicide in older age groups (O'Connell *et al.*, 2004).

Maintaining independence:

Academic research emphasises the importance of preventing or mitigating loneliness to enable older people to remain as independent as possible. In

terms of the impact of loneliness on public services, lonely individuals are more likely to:

- Visit their GP, use more medication, be at more risk of falls and have increased risk factors of being in need of long-term care (Cohen, 2006).
- Gain early access to residential or nursing care (Russell *et al.*, 1997).
- Use accident and emergency services independently of chronic illness (Geller *et al.*, 1999)
- According to the WRVS, lonely individuals are less likely to use preventative services (specifically health services) (Women's Royal Voluntary Service, 2012a)

What are people telling us?

The reality of loneliness, isolation and feelings of worthlessness and vulnerability, particularly for people with recent onset of physical or sensory impairments are often exacerbated by loss of employment, economic independence, mobility and self-esteem, and sometimes over time by the breakdown in relationships and the collapse of the family unit.

Older people are often lonely or feel vulnerable and value building relationships with people that are supporting them, although they do not like having changes imposed on them or lots of different people coming into their homes. One homecare provider reported that over half of the people they support rarely see family members. Loneliness is often a factor when people consider moving into a care home – therefore volunteer organisations and good neighbour schemes are important in helping people feel connected and valued.

The most common concerns raised by respondents within the Citizen's Panel were maintaining independence, social and leisure activities. Another common concern was around accessing services, particularly in rural areas. People living in rural communities are less likely to benefit from voluntary / community organisations and other services such as public transport which may increase risk of loneliness, isolation and poor well-being. In addition, many people with mobility issues cannot access public transport.

Review of services currently provided

There are different services available across North Wales to address loneliness, which fit broadly into three tiers:

1. Social care and health: formal care including day centres, dementia specialist day care and day placements within residential homes.
2. Grant funded and commissioned community / voluntary services including:
 - a) Housing related support (funded by Supporting People Programme) aimed at providing people with the help they need to live in their own homes, hostels, sheltered housing or other specialist housing. Providing help as early as possible in order to reduce demand on other services

- such as health and social services; complementing any personal or medical care and promoting equality and reducing inequalities.
- b) Befriending Schemes; Stroke Café; Dementia Café; Lunch Clubs; Over 50 Clubs; Ageing Well Centres; Live Well Centre.
3. Informal community socialising activities and opportunities such as Merched y Wawr or initiatives that encourage people to be physically active such as walking groups or the Actif Woods Wales programme.

Conclusions

Reducing loneliness and isolation is one of the main challenges identified in our consultation and engagement. Successfully tackling this a priority would have many benefits for people's health and well-being and reduce the need for statutory services.

More information about plans to develop services and support to address loneliness and isolation is available in each council's Ageing Well Plans available at: <http://www.ageingwellinwales.com/en/localplans>. The well-being plans being produced by Public Service Boards under the Well-being of Future Generations (Wales) Act 2015 are also likely to address this issue.

For information about services in your area please see Dewis Cymru <https://www.dewis.wales/>

3.3 Support to live at home

Introduction

Continuing to live in their own homes is a priority for many older people and is an important part of maintaining independence. Research with older people defined independence as:

- Do not have to depend (too much) on others;
- Able to go out as you please;
- Able to move around and maintain your home;
- Avoid going to a care home (Blood *et al.*, 2015).

What we know about the population

The demand for support to maintain independence is affected by demography, household composition, social circumstances and health conditions.

The number of people aged 65 and over is increasing

People aged over 65 are more likely to need services. The number of people aged over 65 has increased across North Wales by 22% between 2005 and 2015 as shown in Table 3.2. The number of people aged 85 and over has increased by 25% over the same period as shown in Table 3.3. This is mainly due to demographic changes, such as the ageing of the 'Baby Boomer' generation and increasing life expectancy. The North Wales coast and rural areas are also popular areas for people to move to after retirement. For example, the care home census identified a high-number of people who funded their own care moving into care homes from out of the region. Consultation with staff suggests that people who have moved away from family and other social networks may be more dependent on social services.

Table 3.2 Number of people aged 65 and over, North Wales, 2005 to 2015

	2005	2015	% increase
Anglesey	14,000	17,000	25
Gwynedd	23,000	27,000	19
Conwy	26,000	31,000	18
Denbighshire	19,000	22,000	16
Flintshire	24,000	31,000	31
Wrexham	21,000	26,000	23
North Wales	127,000	154,000	22

Numbers have been rounded so may not sum

Source: Mid-year population estimates, ONS

Table 3.3 Number of people aged 85 and over, North Wales, 2005 to 2015

	2005	2015	% increase
Anglesey	1,700	2,200	28
Gwynedd	2,800	3,900	38
Conwy	3,500	4,700	33
Denbighshire	2,700	2,600	-1
Flintshire	2,600	3,400	29
Wrexham	2,600	3,100	19
North Wales	16,000	20,000	25

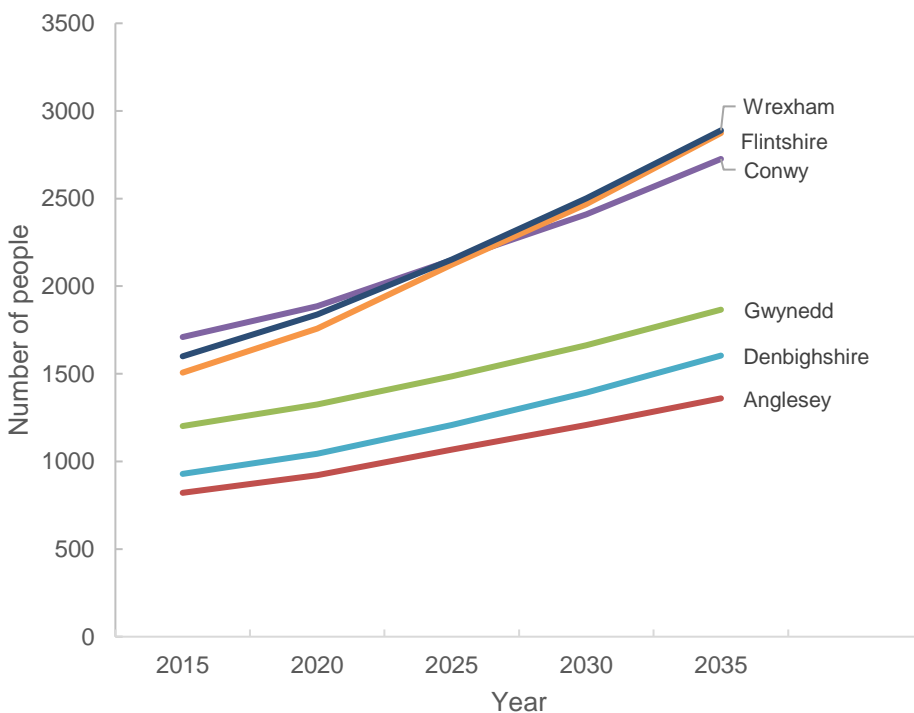
Numbers have been rounded so may not sum

Source: Mid-year population estimates, ONS

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

The number of people aged 65 and over who receive community based services in North Wales is expected to increase from 7,800 in 2015 to 13,300 in 2035 as shown in Figure 3.4. This is at the same time as the number of people aged 16-64, the available workforce, is decreasing.

Figure 3.4 Predicted number of people aged 65 and over receiving community support



Source: Daffodil

Life expectancy and healthy life expectancy are increasing but there is a gap between the two

Life expectancy for the 2010-14 period is 79 years for men and 84 years for women, with the healthy life expectancy at 68 years for men and 71 years for women. Although healthy life expectancy has increased over time, when the time comes where the oldest population begin to develop care and support needs, those needs are more intensive and complex as people live longer.

Many older people provide unpaid care for friends and relatives

In North Wales, around 14% of people aged 65 and over provide unpaid care, and around 65% of older carers (aged 60-94) have long-term health problems or a disability themselves (Office for National Statistics, 2011; Carers Trust, 2016). Most older carers state that being a carer has an adverse effect on their mental and emotional well-being and one third say they have cancelled treatment or an operation for themselves because of their caring responsibilities (Carers Trust, 2016).

We know that many older people with their own long term health conditions are caring for a family member, friend or neighbour and that their contribution to the economy of North Wales is significant; the equivalent cost of managed care and support would far outweigh available social care budgets.

Key to the implementation of the Social Services and Well-being (Wales) Act, is the additional rights that it gives carers. Under previous legislation, carers providing a significant amount of care had a right to an assessment of their needs, whereas the new act removes the reference to significant amounts of care being provided and also provides the right to a support plan, irrespective of whether the person being cared for has.

See carers' chapter for more information [\[add link\]](#).

There will be more people aged 65 and over living alone

The composition of households can also affect the demand for services to support independence. Data from the 2011 census shows that there are 44,000 people aged 65 and over living alone, which is 59% of all households aged 65 and over. Research by Gwynedd Council found a strong relationship between the number of people aged 65 and over who live alone and the number of clients receiving a domiciliary care package in an area.

People living in more deprived areas are more likely to experience poorer health

People living in the most deprived areas live on average shorter lives than those living in the least deprived areas. In North Wales there is a seven year difference in life expectancy between the least and most deprived areas (Public

Health Wales Observatory, 2014). Poor health can lead to care and support needs over a long period of time.

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

Local councils provide or arrange social services such as homecare for older people who need additional support. In North Wales the number of people aged 65 and over has risen by 18,000 between 2010 and 2015, but the number of people in that age group receiving services has fallen by around 1,000 as shown in Table 3.4 below. The Social Services and Well-being (Wales) Act is likely to affect the numbers eligible for services in future.

Table 3.4 Number of people aged 65 and over receiving services, North Wales, 2010 to 2015

	2010-11	2011-12	2012-13	2013-14	2014-15
Anglesey	1,600	1,700	1,400	1,300	1,200
Gwynedd	2,100	1,800	1,800	1,900	1,800
Conwy	2,000	2,000	2,200	2,400	2,200
Denbighshire	1,900	1,900	1,500	1,500	1,300
Flintshire	2,500	2,100	2,200	2,300	2,000
Wrexham	2,100	2,200	2,200	2,200	2,000
North Wales	12,000	12,000	11,000	12,000	11,000

Numbers have been rounded so may not sum

Source: Welsh Government

The rate per 1,000 of older people aged over 65 who are supported in the community is below the Welsh average in all six counties in North Wales. Wrexham and Flintshire have a higher rate of older people supported in the community than the other four counties (Office for National Statistics, 2011).

As shown in Figure 3.1 the largest increase in people aged 65 and over in the last 5 years was in the age group 65 to 70. This group are less likely to need care and support services than other groups. There may also be other reasons, such as:

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

dementia/confusion or memory loss are less well developed (Wentworth, 2014).

- Means tested charging policies (for services that were historically free or of minimal charge) coupled with a reduction in the proportion of people aged 65 and over experiencing poverty (Joseph Rowntree Foundation, 2014).
- Only 28% of people in Wales have such low incomes that they do not contribute to the cost of their domiciliary care (CSSIW 2016). It is anticipated that 30% of people have enough capital to totally fund their own care in both domiciliary care and care homes (CSSIW 2016 & North Wales Social Care & Wellbeing Services Improvement Collaborative, 2016).
- Changing eligibility for services.
- Unmet need, perhaps due to lack of service capacity, or unidentified needs.

Housing support and ‘Supporting People Programme’ services

Supporting People services play an important role in supporting older people to remain in their own homes. Further to an independent review of these Welsh Government grant funded housing support services in Wales (Aylward *et al.*, 2010), much has been done to widen the access for older people to these important services. For example the traditional ‘sheltered housing warden’ role has been widened to be ‘tenure neutral’ meaning it is available to home owners, tenants of private landlords as well as social housing tenants.

Many such services are also being aligned with occupational therapy / reablement services and assistive technology, including community alarms, to offer a consistent and streamlined service to people from low to high needs.

Domiciliary care (‘homecare’) services

In a Care and Social Services Inspectorate for Wales (CSSIW) survey of people receiving domiciliary care in Wales, 83% were aged were 65 or older and 43% were aged 85 or over (Care and Social Services Inspectorate for Wales, 2016).

While the number of people receiving services overall may have reduced, the average amount of support received per week has increased.

The following table details the average number of hours of domiciliary care that were being provided to people aged 65 and over in 2014/15.

Table 3.5 Number of people aged 65 receiving domiciliary care and hours of domiciliary care provided in North Wales, 2014/15

	Number of people 65+ receiving care	Hours of care provided each week	Average hours each week
Anglesey	340	3,900	11
Gwynedd	880	8,700	10
Conwy	1,000	8,700	8
Denbighshire	420	3,300	8
Flintshire	700	7,200	10
Wrexham	730	8,400	11

Numbers have been rounded

Source: Welsh Government, Stats Wales

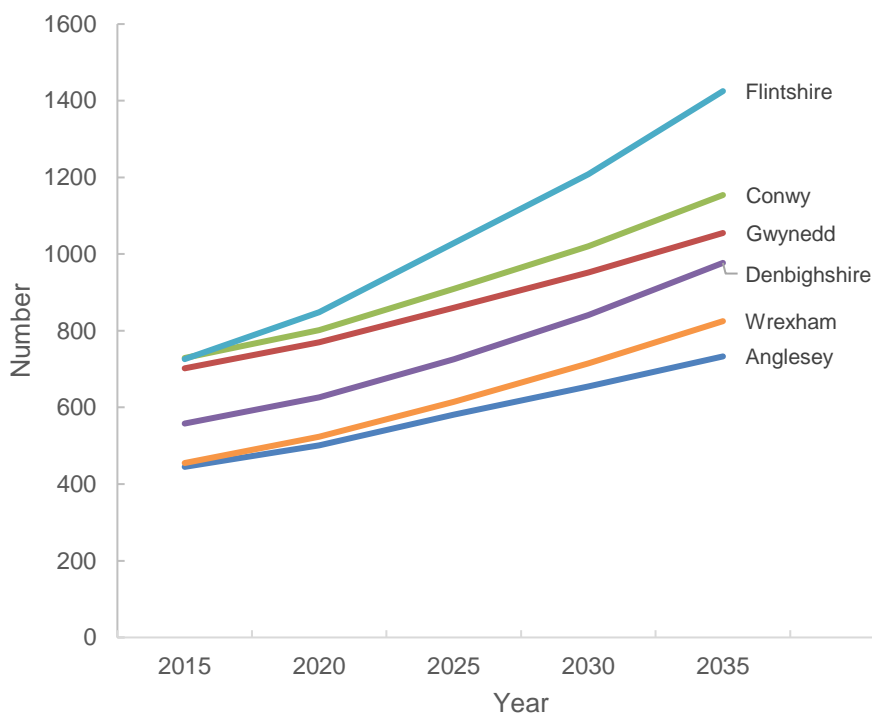
On average people received just over 9 hours of support per week, this increased to over 12.5 hours of support per week in 2015/16.

The number of people admitted to hospital following a fall is likely to increase

Falls are a substantial risk to older people and injuries caused by falls are a particular concern, such as hip fractures. After a fall there is an increased need for services which help the older person to regain their independence and tackle their loss of confidence and skills, particularly after periods of hospitalisation. Loss of confidence, skills and independence may contribute to issues of loneliness and isolation (see 3.2).

Figure 3.5 shows how the number of people admitted to hospital following a fall is likely to increase. Falls prevention is a priority for Welsh Government and local councils, for more information see each council's Ageing Well Plan.

Figure 3.5 Predicted number of people aged 65 and over that will be admitted to hospital because of a fall



Source: Daffodil

What are people telling us?

People who engaged with the Citizen's Panel identified real concern about how they would adapt their house to meet changing needs related to ageing or illness, and the fear of having to move if it was not possible to adapt their current home. Some of the respondents stressed the importance of (intermediate) care and support to avoid long stays in hospital and having care staff that you could develop a positive relationship with.

Maintaining social and community involvement was also important to many of the respondents and examples given included attending church and rugby clubs as well as visiting children and other family members. There is a need for basic logistical issues to be overcome. For example, if they can no longer drive or manage their lives through their disability. Transport can be an issue, especially if there are special needs (such as using a wheelchair). Others' assumption that they cannot do things frustrates some older people, especially those with some physical limitations.

People have reported that they have a wide variation of experiences of domiciliary care – from support with personal care and hygiene, moving and positioning, preparing food and help to eat, to being aided to dress or go to bed. Many people said that this care and support enabled them to do things when they want, but many also said that it did not. The main reason for this was having to fit into the care provider's routine/rotas, or to provide only the support

detailed in a restrictive care plan which focussed on daily living tasks rather than quality of life issues.

The majority of people said care workers treated them with dignity, courtesy and respect. Comments included - 'like friends coming in'; 'usually very nice'. However, people less happy with their services said 'untrained carers, some are rude, abrupt, do not listen'. Unfortunately one person felt threatened that they would lose their care and support if they complained or raised concerns.

In relation to domiciliary care:

- People worry about whether they are able to access short term care and support at home following surgical procedures and report that often much of the responsibility falls to family carers. However, around half of the people engaged with the Citizen's Panel said they had no-one to support them. For some, this was because their partner or other family member had care and support needs of their own. Some mentioned being single, having no children, children who had moved away, relocating away from family or being separated from their partner. A few people also mentioned being the 'last of their family' and a few were concerned, not wanting to be 'a burden' on family or needing a social care package. Problems were reported in regards to access to help, advice and support or care in time of crisis including access to equipment.
- In respect of needs that were hardest to meet, in the main people were concerned about maintaining independence or help with daily life. People mentioned hygiene, house maintenance, shopping, lighting the coal fire, cooking, cleaning and keeping their mobility. Many people also mentioned the difficulty of social isolation and loneliness.
- Supporting people to manage medication administration after surgery or to treat a chronic condition is very important.
- Quality of care was prominent in responses and being cared for by someone who spoke your language was particularly important for people who have dementia.
- Empowering independence is considered vital for good mental health and overall well-being. However, there are some older people that are happy to become reliant upon others for support with activities of daily living and may resent offers from enablement services.

Ideas for improving domiciliary care included:

- Workers having more time to improve well-being, be more observant of needs and better understand people's needs / wishes.
- Care plans that take account of family carers needs' as well.
- Workers with more health care / hospital care experience.

- Being advised if the worker can't attend on time.
- Keeping to agreed times where support is about medication.
- Ensuring workers have basic life skills, such as cooking, using standard household machines (microwave, washing machines).
- Providing Welsh speaking workers.

Betsi Cadwaladr University Health Board Ophthalmology was reported as inadequate for the volume of need, resulting in long waits especially for cataract surgery and intravitreal treatments. Delays in accessing treatment may have a negative physical and emotional effect on people's lives.

All public sector organisations (whether statutory, private or charitable) are experiencing financial challenges which may impact on their ability to offer flexible services; however access to good information, advice and assistance in a timely manner can assist people to build on their own assets (financial, social and physical) and make the best use of facilities and services in their community. This approach avoids or minimises unnecessary demand on services and promotes people's independence. Understanding what matters or what is important to people and enabling them to achieve it is the key role of public services in the future. Accessing and building on people's strengths and relationships reduces unnecessary burden on state funded services whether from the NHS or Councils.

Review of services currently provided

At present, a variety of community services are being provided for people to support them to continue living at home. The provision includes: respite opportunities in residential placements; support with personal care and food preparation; assistive technology; day care placements and transport; supervision; and adaptation services to ensure that houses are suitable to satisfy needs.

All local councils in North Wales are working with the health board to develop domiciliary care services that focus on people's quality of life (and what matters to them) and provide good working terms and conditions for care staff.

What works well?

- Maintaining independence and supporting people to live as independently as possible in their own homes. Enablement support assists people to regain their skills and independence.
- Quality of the provision - many care workers provide good care and go the 'extra mile'. The support is a great success, users are happy and they have established a good relationships.

- Putting the person at the centre – there are good examples of providers who befriend clients and provide the most suitable care to satisfy the user's needs. This leads to very successful packages.
- Supervision services are very valuable to carers and help maintain people in the community. If this support was not available it would lead to more intensive care packages for individuals.
- Equipment and adaptations help maintain people's independence without the need for a formal care package. There is good collaboration between various council departments such as grants and home safety departments.
- Assistive technology is an important service that helps keep people at home for longer, for example, people at risk of falls. Technology is developing to offer more sophisticated options to meet care and assistance needs.

What could be improved?

- Workforce - there is a shortage of workforce, particularly in rural areas and as a result of high staff turnover. This affects the relationship between the care worker and the user (in particular people living with dementia). This in turn affects the success of the support. It is also a challenge to recruit male care workers and Welsh speakers to the field. This lack of capacity can make it difficult to respond to needs urgently in some areas. There is a need to raise the status and improve working conditions of care workers to reduce the high turnover in the field, and reward the workforce's skills.
- Better awareness and communication of services that are available.
- Promoting a consortium approach between providers to help meet intensive needs.
- The timing of domiciliary care calls can be an issue and it is difficult for providers to be flexible. It is challenging to meet people's needs in accordance with their wishes.
- Support for people with challenging behaviour including better training for care workers to meet needs and support for people with no family members around them and people from minority groups such as Polish, Chinese, Indian and Sri Lankan people. Although these numbers are very low, the cases are increasing gradually over time.
- There can be difficulties in some areas with ordering specialist equipment.

Challenges facing commissioners and providers

- Maintain independence and strengthen the resilience of vulnerable adults and older people for as long as possible so that individuals are not dependent on statutory services. We need to understand and learn more about the factors that contribute towards people's independence.
- Ensure that people identify solutions to any barriers themselves, by using their personal assets, family, friends, community and third sector.

- Changing people's attitudes towards ageing and their expectations of statutory services. Encouraging older people to consider the type of support, structures, adaptations to their homes that will need to be done as they age. Local engagement found people are very reluctant to prepare for a situation where their health deteriorates and that some people within rural communities are very often reluctant to ask for assistance and support. This often leads to the loss of opportunities to offer preventative support so that people's needs do not increase and reach crisis point.
- Providing more flexibility when individuals need support from statutory services.
- Working towards achieving the personal and well-being outcomes of each person receiving care and support in addition to maintaining their independence. Including commissioning domiciliary care based on personal outcomes and working with the individual to agree upon the type of support needed to meet their personal objectives.
- Working jointly with health services to identify support for older people in their homes following a significant incident such as falls. An example of this type of support has been developed on Anglesey jointly with social services and health services under the Night Owls project banner.

Conclusions

Continuing to live in their own homes is a priority for many older people and is an important part of maintaining independence. The demand for service is likely to increase as the number of people aged over 65 increases in the population. The demand also seems to be increasing for more complex support and a higher number of hours of care each week.

Current services are delivering high quality support that help maintain people's independence, with many people reporting that they are happy with the care they receive. There are difficulties recruiting and retaining care workers, particularly in rural areas, male care workers and Welsh speakers. We need to improve awareness of available services and support providers to meet intensive and specialist needs and provide a flexible service.

The challenges facing commissioners and providers are to continue to provide flexible support to enable people to: be independent; identify their own solutions using their personal assets, family, friends, community and third sector; plan for future care needs; achieve their personal and well-being outcomes.

3.4 Dementia

Introduction

'Dementia is a destructive illness, and it is much more than memory loss. It is a degenerative brain disease that restricts life and affects each part of the physical, cognitive, emotional and social ability of an individual' (Welsh Government, 2016)

There is no cure, although there are treatments that can slow down the progression of some types of conditions, in some cases. Dementia has a substantial effect on individuals, and this leads to great pressure on statutory services, the third sector and family and friends that support individuals living with dementia. Despite the challenges that dementia brings, people can be supported to live well, or at least better than they thought, and our challenge is to provide that support.

Dementia is addressed in national strategies and is a theme within the Ageing Well Programme. One of the aims of the programme is to "make Wales a dementia supportive nation by building and promoting dementia supportive communities."

What we know about the population

According to estimates, over 45,000 people in Wales are currently living with dementia, and it is expected for this figure to exceed 55,000 by 2021 (Alzheimer's Society, 2015). The vast majority of people living with dementia are older people, and cases of early onset dementia (among people aged under 65) is relatively rare. However; according to our local engagement work - the numbers amongst younger adults are increasing gradually ([see mental health and learning disability chapters](#)).

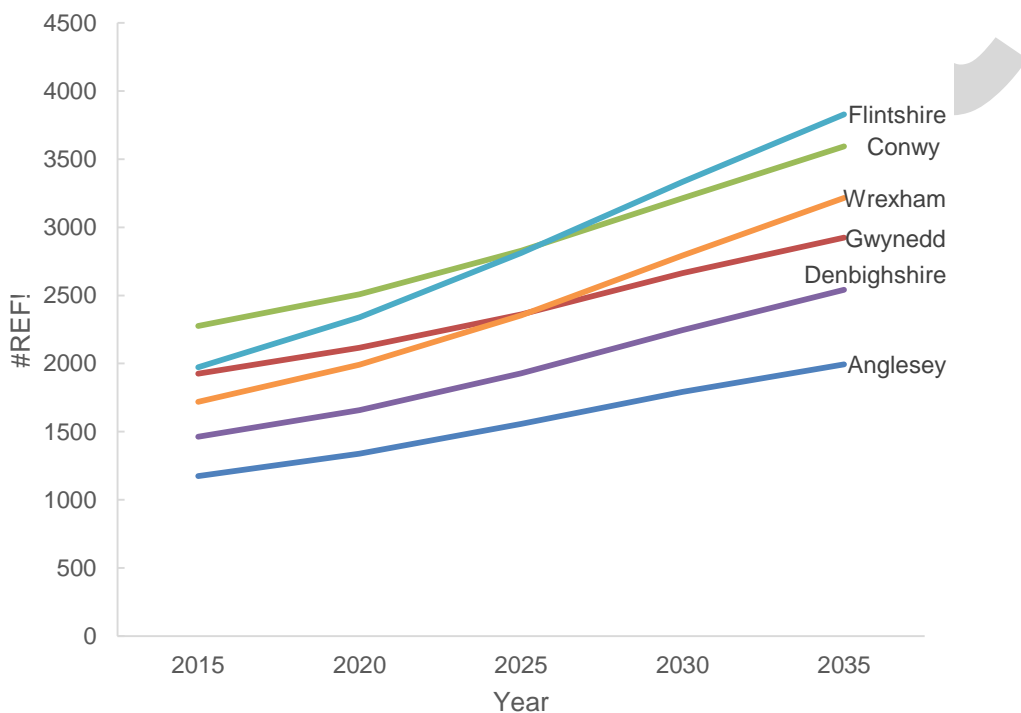
Between 2011 and 2021, it is expected that the number of people suffering from dementia in Wales will increase by 31% and up to 44% in some rural areas (Welsh Government, 2011). By 2055, it is estimated that over 100,000 people in Wales will be living with dementia. From the total of 45,000 people in Wales who are living with dementia, it is estimated that approximately two-thirds of them are living in the community, with the remaining one-third living in care or residential homes (Alzheimer's Society, 2007).

There are between 4,600 and 11,000 people living with dementia in North Wales. The low estimate is based on the number of people on the dementia register, and only includes patients diagnosed with dementia who have had a face-to-face care review during the preceding 15 months (Quality and Outcomes Framework, 2014). The higher estimate comes from applying a prevalence estimate to the 2011-based Welsh Government population projections (Alzheimer's Society, 2007; Institute of Public Care, 2015). We do

not have information about how many people living with dementia are currently supported by local councils.

As people live longer, it is likely that the number of cases of dementia will increase. Figure 3.6 shows the anticipated increase in the number of older people with dementia in North Wales; a 72% increase between 2015 and 2035. However, a recent study suggests that the anticipated 'explosion' in cases of dementia has not been observed (Matthews *et al.*, 2016). This may be due to improvements to health, particularly for men for example, fewer men smoking, eating less salt and doing more exercise. However, researchers have warned that cases of increases in obesity and diabetes could overturn this trend in the future.

Figure 3.6 Predicted number of people aged 65 and over to have dementia



Source: Daffodil

What are people telling us?

People in North Wales are concerned about lack of information and support after a diagnosis of dementia, including a lack of benefits entitlement. Some reported that they feel there are hidden numbers of people living with dementia and carers who are not accessing services, particularly with people under 65 who may not have access to appropriate residential / respite care. People in their forties and fifties do not want to receive services alongside people in their eighties.

Supporting people to remain self-caring where possible while in hospital and to be discharged as soon as they are well enough (with the right care or support at home) is really important as older people fear going into hospital - this is

particularly important for people with dementia. The right care and support does not just focus on levels of 'functioning' or daily living tasks but also what is important to people – such support (getting out and about, retaining social contact) often falls to friends, family and neighbours, or is unmet need if not recorded by health and social care assessors.

Review of services currently provided

Living with dementia can have a major emotional, social, psychological and practical impact on a person. Care and support services available to support people with dementia in North Wales include:

- Specialist assessments.
- Support to maintain independence and live in the community, for example, support with daily tasks and personal care.
- Supervision support during the day / overnight.
- Opportunities for carers to have a break / respite. A range of opportunities are available and can include: the carer and person with dementia getting away from home together in a dementia café or a day trip; providing the carers with a break away from home for a few hours; or the person with dementia receiving support in a care home for a few days or a week or more.
- Support for carers in order to support them to continue in their caring role.
- Support that promotes the well-being of the individual who is living with dementia, including support to continue to participate in activities or opportunities within their communities.
- When needs are very intensive, there is a need for specialist residential and nursing placements.
- Dementia support workers.
- Dementia Friendly Community events.
- Support provided by the Alzheimer's Society.
- Community Psychiatric Nurses.

These services are coordinated by dementia strategic groups in some areas.

What works well?

- Temporary units in residential homes that allow services to assess initial memory problems and an individual's ability to cope at home independently.
- Specialist day care opportunities jointly provided with health. These provide an opportunity for carers to have respite and achieve well-being outcomes for the individual living with dementia by providing contact with the world and ensuring a level of safety. The provision is also an opportunity to undertake

a further assessment and thus contributes towards maintaining the individual who is living with dementia in the community for a longer period of time.

- Provision such as Dementia Go.
- Befriending and respite services that respond to the individuals' needs, particularly when it was provided in the home or nearby.
- Successful domiciliary care support maintains people with very intensive needs in the community, rather than within a specialist residential or nursing placement.

Challenges facing commissioners and providers

- Carrying out early identification and assessment and timely diagnosis, and providing good information and support on diagnosis.
- Providing more support for younger people with dementia, including befriending schemes.
- The need for more elderly mental health nursing provision and elderly mental health (EMH) residential care.
- Welsh language issues – making sure there is enough provision and specialist assessment is available through the medium of Welsh. This was also identified as a concern in the national research of the Older People Commissioner in her report "Dementia: More than just memory loss".
- The ability of the care home market to meet the Continuing Health Care (CHC) needs, as an individual's needs escalate.
- Providing specialist day care provision to support individuals with mixed needs (often intensive physical and dementia needs). There is a pilot of 1:1 and 1:3 support in Denbighshire to meet individual needs.
- Supporting people displaying challenging behaviour and maintain home care support and EMH Nursing placements.
- Providing flexible services that appeal to the interests of people living with dementia and the people who care for them and help achieve their personal and well-being outcomes. This support needs to address transport barriers and avoid stigma.
- Improving collaboration between statutory services to remove difficulties and unnecessary barriers for people living with dementia and the people who care for them.

Conclusion and recommendations

There are an estimated 11,000 people living with dementia in North Wales. This number is expected to increase although this may be not as much as originally thought due to improvements in health. Dementia has a substantial effect on individuals, which leads to great pressure on statutory services, the third sector,

and family and friends that support them. Despite the challenges that dementia brings people can be supported to live well, or at least better than they thought, and our challenge is to provide that support.

Current services are providing a wide variety of support that is meeting the needs of many people.

Areas for improvement and recommendations

1. Provide more information and support after diagnosis.
2. Additional training for care workers in working with people who have dementia.
3. Develop additional services that meet individual needs, particularly for younger people with dementia and through the medium of Welsh.
4. Make sure there is sufficient elderly mental health nursing provision and elderly mental health (EMI) residential care.
5. Improve joint working between services.

More information is available in the North Wales Dementia Market Position Statement and information about specific developments in each county can be found in the Ageing Well Plans available at:
<http://www.ageingwellinwales.com/en/localplans>

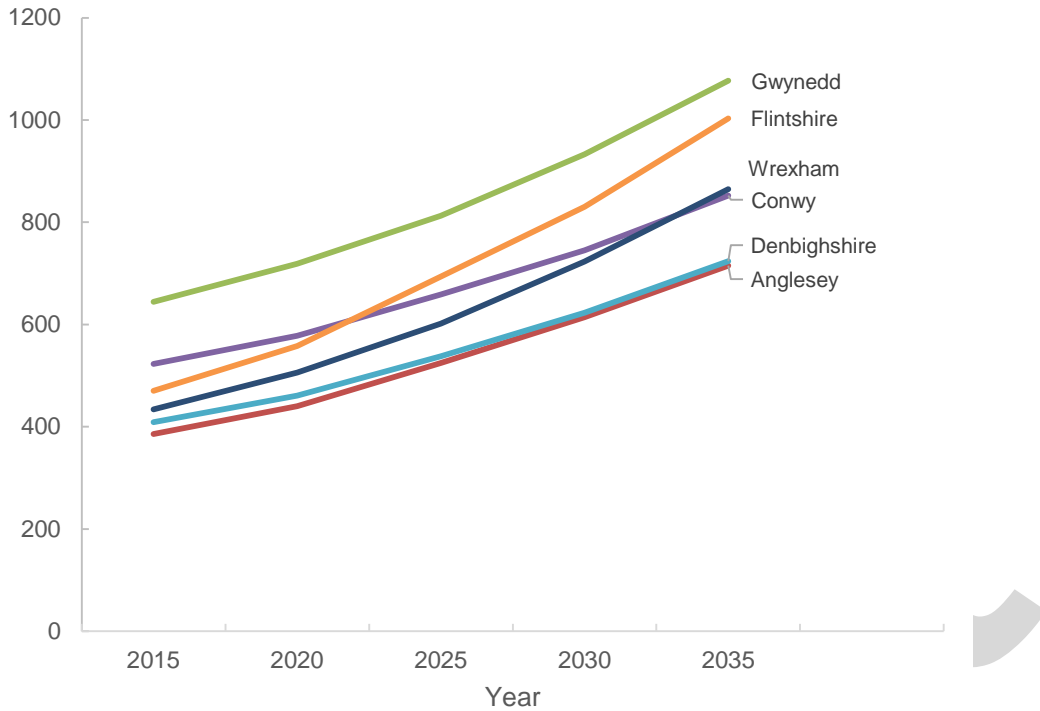
3.5 Care homes

What we know about the population

The number of people aged 65 and over who receive residential based services is expected to almost double by 2035 as shown in Figure 3.7. However, the number of people being supported by health and social services to move into care homes has been reducing over time, as support to live at home has improved and more people have the funds to make decisions to move into care homes without statutory funding. As people are better supported to live at home, people are moving into care homes at a later age, so the length of time that people live in care homes ('length of stay') is reducing (in May 2016, this was on average 25 months), but the needs of people living in care homes are becoming increasingly complex.

People living with dementia tend to move into a care home at a slightly earlier age of 81 (as opposed to people without dementia, who are aged 83 on average). The average length of stay in a care home appears to be shorter for people living with dementia – by approximately four months in residential care and one month in nursing care. The average age of people with dementia living in a residential care home in North Wales is 84 and in a nursing home is 82.

This means that we are likely to need a reduced number of overall care home placements in the next few years in North Wales - generally less residential placements, but more services for people with dementia and with nursing care needs. The specific requirement - more or less of particular types of care home rooms – differs in each county. For example, there are too many residential places in northern Denbighshire (Rhyl and Prestatyn areas) but a shortage in the south, for example in Corwen.

Figure 3.7 Predicted number of people aged 65 and over receiving residential based services

Source: Daffodil

What are people telling us?

Very few people who engaged with the citizen's panel mentioned care homes in relation to how they would anticipate meeting their future care needs; which is consistent with the understanding that most people want (if possible) to receive care and support in their own home and do not want to move home when, or if, they become poorly.

Several organisations were concerned with a lack of choice and overall shortage of suitable accommodation for older people, be that care homes, extra care housing or shared ownership accessible accommodation.

A lack of alternative accommodation with support means that more people are likely to have to move into care homes in their later years, when in their poorest of health, and the reductions in the number of care homes / residential homes is of concern to people in North Wales, as is the recruitment and turnover of care staff.

Care homes themselves reported finding it difficult to help people to be part of the wider community, involving residents more in the decisions, and improving mobility / exercise of residents.

Review of services currently provided

Overall in North Wales, local council homes offer 11% of the registered placements. The independent / private sector operate 89% of provision, although this differs by county, with the highest percentage of local council 'market share' being in Gwynedd.

The provision of care home placements as of May 2016 was as follows:

Table 3.6 Registered beds by sector

	Local council	Voluntary / third sector	Independent / private sector	Total
Anglesey	162	0	452	614
Gwynedd	318	0	769	1,087
Conwy	27	0	1,288	1,315
Denbighshire	77	31	996	1,104
Flintshire	92	0	721	813
Wrexham	0	0	1,222	1,222
North Wales	676	31	5,448	6,155

Source: Care home census 2016

The breakdown of available places by category of care in May 2016 was understood to be:

Table 3.7 Registered beds by county in North Wales, 2016

	Residential	Residential mental health	General nursing	Nursing mental health	Total
Anglesey	344	90	124	56	614
Gwynedd	425	116	408	138	1,087
Conwy	532	214	375	194	1,315
Denbighshire	576	208	171	149	1,104
Flintshire	309	227	233	44	813
Wrexham	466	339	244	133	1,222
North Wales	2,652	1,194	1,555	714	6,155
North Wales (%)	43	20	25	12	100

Source: Care home census 2016

In our care home placement census in May 2016, on average across North Wales, there are approximately 40 (total) available care home places per 1,000 of the population aged 65 years and over; broken down into 25 residential and 15 nursing places per 1,000 people aged 65 and over.

Table 3.8 Number of registered beds, for each 100 people aged 65 and over

	Residential places	Nursing places	Total
Anglesey	2.5	1.0	3.5
Gwynedd	2.0	2.0	4.0
Conwy	2.4	1.9	4.3
Denbighshire	3.5	1.5	5.0
Flintshire	1.7	0.9	2.6
Wrexham	3.0	1.4	4.7
North Wales	2.5	1.5	4.0

Source: Care home census 2016, mid-year population estimates 2015

At least 115 of the 208 care homes had vacancies at the time of the census (not all homes in Conwy / Wrexham provided information). This included 17 of the 24 local council homes (71%) and 97 independent sector care homes (53%). There were 430 vacant placements (71 of which in local council care homes) and 20 homes identified over 20% of registered beds were vacant.

Data on available (vacant) placements by category of care suggest that almost half of the vacancies were in homes providing residential care. This may be because people are choosing to remain living at home with domiciliary care for as long as possible, and/or until such time as they have significant mental or physical health needs which cannot be met at home.

At least 4,864 people were known to be resident in the 6,155 care home places; North Wales' commissioners (local councils and Betsi Cadwaladr University Health Board) currently purchase around 69% of available placements, with self-funders understood to be purchasing 29% and other commissioners purchasing 2% of all places.

The Institute of Public Care, Oxford Brookes University (IPC) conducted a market review of care homes for older people in Wales on behalf of the Public Policy Institute of Wales. This review detailed that the majority (65%) of non-council care homes in North Wales were owned and operated as single homes; with 26% in a small group (up to three homes) and 9% in a larger group with four or more homes. Conwy is one of three council areas in Wales who has two thirds or more of its homes and beds provided by single homes providers. Conwy and Denbighshire are two out of three Local Authorities in Wales who have 10 or more homes in their area operated by smaller group providers. The larger group homes in North Wales are owned by Grwp Gofal Cymru, Barchester Healthcare Homes Ltd, Pendine Park Care Organisation and Leighton Healthcare (No11) Ltd. Pendine Park Care Organisation provides the greatest number of placements in North Wales.

The four largest care home Providers in Wales, do not operate in North Wales - HC-ONE Ltd, BUPA Care Homes (Partnerships) Ltd, Hafod Care Association Ltd and Hallmarks; which may represent an opportunity for future partnerships.

This survey also detailed the mean number of beds per home in each county, showing a variation in average home size across North Wales:

Table 3.9 Number of registered beds, for each 100 people aged 65 and over

	Number of homes	Number of beds	Average beds in each home
Anglesey	23	611	27
Gwynedd	38	1,096	29
Conwy CB	55	1,297	24
Denbighshire	40	1,125	28
Flintshire	28	881	31
Wrexham	31	1,229	40
North Wales	23	611	27

Source: <http://ppiw.org.uk/ppiw-report-publication-the-care-home-market-in-wales-mapping-the-sector/>

Choice

The development of Extra Care Housing has provided alternatives to residential care for some people in North Wales; with some units specifically catering for people with dementia in extra care. There were 252 people living in extra care in North Wales in 2015.

All extra care schemes within North Wales have been developed to meet lifetime home standards – offering accessible facilities such as level access showers, hi-lo baths with ceiling hoists and wheelchair / mobility scooter storage. Eligibility criteria for the schemes require prospective tenants to have housing related and/or eligible social care needs. Schemes are available for people aged from 55 years, criteria are developed locally and some offer accommodation for people aged 60 or 65 and over.

The allocation policies for each scheme are developed locally, however most aim to achieve a balanced community of people across the low, moderate to high level continuum of needs.

While most people would wish to remain in their home (including extra care) for as long as possible, it is anticipated that the existing pressures on the domiciliary care workforce will not reduce significantly in the medium term. While there will be some further development of extra care housing in North Wales, this will not be able to meet the anticipated future increase in demand for 24/7 accommodation and care. Therefore, we would expect an increase in

demand for care home placements as the number of people aged 65 and over, particularly people aged 85 and over increases.

While we may generally need fewer residential placements and more services for people with dementia and nursing care needs in North Wales, the specific requirement - more or less of particular types of care home places – differs in each county and community. For example, there are too many residential places in northern Denbighshire (Rhyl and Prestatyn areas) but a shortage in the south area such as Corwen. We are developing a market position statement which will detail our commitments for future investments and support for care homes.

In the last four years (2012–2016), North Wales has lost nearly 400 nursing home places overall which is a real concern (although there have been some new homes built and new nursing home registrations). This may be because of home closure or because homes have changed their services to only provide residential care because they have found it too difficult to recruit nurses or have found it financially unsustainable to offer nursing care for the fees paid by statutory commissioners. Although few people have to move away from their home area due to lack of choice currently, if there are many more nursing home closures or de-registrations this may increase.

Approximately 29% of people living in care homes in North Wales fund (in part or in total) their own care (at least 1,390 'self-funders' in May 2016); with the health board contributing funded nursing care for over 300 of these. Self-funders often pay more for a placement than health and social services. Therefore, interest shown in a care home by a self-funder may be more attractive to home owners.

Care home owners have told us that they have seen a significant increase in the number of people able to fund their own care - this may impact on the availability of choice of care homes for people who receive state funding.

Moving to a care home in North Wales is clearly considered by many as a positive choice. In May 2016, we understood that at least 319 people had moved into care homes in North Wales from outside of the region; 192 of those people were self-funders.

While the availability of choice of accommodation and support (whether in extra care or in a care home) is really important for older people, neither accommodation providers nor commissioners can afford to fund significant levels of vacancies that will guarantee a wide choice in each area. If we expect to see a reduction in demand in the short to medium term we may see more homes closing in North Wales, which may result in an under capacity in the longer term when we may anticipate a greater demand.

It is not clear how the availability of extra care housing will impact on the demand for residential care. The Housing Learning and Information Network has developed a tool to support commissioners and planners to anticipate demand for different types of accommodation with support. The SHOP@ tool predicts by 2030, the following over supply in Denbighshire of residential care places and of Sheltered Housing in Flintshire and shortfall in other form of housing / accommodation with care placements:

Table 3.10 Shortfall in places by 2030

	Residential care home	Nursing care home	Sheltered housing	Housing with care
Anglesey	28	350	392	356
Gwynedd	91	166	752	412
Conwy	130	275	170	370
Denbighshire	-204	359	467	384
Flintshire	326	686	-352	657
Wrexham	21	317	756	594
North Wales	392	2,154	2,185	2,774

Source: SHOP@ tool

Further breakdown is provided in the tables below:

Table 3.11 Total number of beds / placements required

	Residential care home	Nursing care home	Sheltered housing	Housing with care
Anglesey	441	177	604	54
Gwynedd	600	612	717	193
Conwy	708	668	1611	363
Denbighshire	802	313	803	139
Flintshire	554	304	2223	113
Wrexham	720	516	818	54
North Wales	441	177	604	54

Source: SHOP@ tool

Table 3.12 Prevalence rate (per 1,000 over 75)

	Residential care home	Nursing care home	Sheltered housing	Housing with care
Anglesey	62.1	24.9	85.1	7.6
Gwynedd	49.6	50.6	59.3	16.0
Conwy	49.9	47.0	113.5	25.6
Denbighshire	88.1	34.4	88.2	15.3
Flintshire	47.8	26.2	191.6	9.7
Wrexham	69.2	49.6	78.7	5.2
North Wales	44.5	41.0	92.7	9.0

Source: SHOP@ tool

Conclusion and recommendations

Key issues for future development in North Wales:

- We will need to be clear about how many more people we would like to support in extra care accommodation in the future and whether community health services will be able to meet people's health / nursing care needs.
- There is anticipated to be a need for more nursing home placements in the future, particularly supporting people with mental health conditions and dementia. This will require joint workforce development initiatives to train, recruit and develop nurse managers and care and support workers meeting people's health care needs.
- Councils and the Health Board are working together to explore how people's health care needs can be met in residential homes and / or extra care by community nursing / therapy staff such as occupational therapists and physiotherapists to reduce the number of people having to move into nursing homes.
- There is need for more care and support provision to meet (Welsh) language needs in care homes. This will be strengthened in future contract agreements.
- Commissioners need to review and revise the Pre Placement Agreement (contract) for care homes to reflect new standards and anticipated regulatory requirements by April 2018. This will include the development of specifications (including workforce competency requirements) for all future requirements including support for people with dementia, intermediate care such as step-up/down support (detailing the rehabilitation interventions or support requirements from care home staff) and 'discharge to assess' services.
- Overall reviews of quality and safety within care homes across North Wales suggest that in some homes there needs to be:

- Improvements in management leadership including clinical leadership in nursing homes.
- Development of the physical (building) environment to better meet people's very complex needs (including mobility impairments and confusion / dementia)

Local developments required in:

Ynys Mon include:

- Exploring options for most effective use of local council care home provision, including intermediate care and meeting more complex needs, in conjunction with health staff.
- Increasing the provision of Extra Care Housing as an alternative to residential care; thus the demand for residential provision is anticipated to decline in line with recent trends, however this is likely to be gradual.
- Increasing EMI Residential capacity (consistent with higher levels of people living with dementia), again this will be a gradual shift.
- A rapid increase in EMI nursing will be required in the short to medium term as demand considerably outstrips existing provision.
- Improving community health resources to support people with nursing needs at home, which is having an impact on the demand for General Nursing placements which is expected to continue.
- Ensuring that current and future care home accommodation meets the prevalent standards.

Gwynedd include:

- The vision is to support people to continue to live at home within their communities for as long as possible, and reduce the need for traditional Residential placements. This will require an overall increase in accommodation for Older People, with the greatest demand and gaps being anticipated for sheltered and extra care housing.
- Gwynedd's local market position statement details that there are key areas within Gwynedd, where the population of people aged 65 and over is particularly high, that do not have care home provision, including - Abermaw, Llanbedr, Dyffryn Ardudwy, Aberdovey / Bryncrug / Llanfihangel and Harlech. Their needs analysis also shows that the community of Llanbedr has a significantly ageing population with no local care home provision.
- In the short term, Gwynedd intend to reduce the number of traditional long term residential care placements, increase the provision of residential care for people with dementia. Gwynedd would also wish to increase opportunities for people to receive extended respite periods and offering flexible opportunities for respite care to meet the needs of carers.

- In the longer term, if rates of placement remain as current, Gwynedd have forecasted that by 2030 there will be a requirements for additional provision to accommodate and support 631 people requiring residential care and 600 people requiring nursing care.

Conwy include:

- Continued investment in integrated locality services and quality care homes; with the aim of creating a stable and sustainable Care Home Sector in Conwy, improving experience for residents and avoiding inappropriate Accident and Emergency attendance and / or hospital admissions.

Denbighshire include:

- Increasing the provision of Extra Care Housing as an alternative to residential care (unless specialist nursing or mental health care is required).
- Rationalising the supply of residential beds, where there seems to be an over provision in the short to medium term. However if forecasts regarding the anticipated increase in numbers of people with dementia are correct, there will be need to increase the number of Elderly Mental Health (EMH) Nursing beds in Denbighshire. There may not be enough EMH residential beds. Analysis in February 2016 suggests with the exception of EMH Nursing, in most areas there are sufficient care home beds to meet demand and some over-capacity in certain areas.

Flintshire include:

- Maintaining the local council care home provision and exploring the development of intermediate care hub focused on preventative and early intervention work.
- An increase (based on projected need from demographic changes) of a further 178 care home placements by 2020: 67 Residential; 52 EMH Residential; 51 Nursing and 8 EMH Nursing.

Wrexham include:

- Developing Extra Care offering mixed tenure independent living (Dementia, Disability, Learning Difficulties) including specialist provision (Extra Care) for younger adults with a disability to reduce out of county placements. Also Interested in developing Intermediate Care using Extra Care facilities and developing step up step down beds.
- Planned reduction in general residential places and increase in general and EMI nursing across Wrexham. Ideally homes would be dual registered.

3.6 Equalities and human rights

This chapter includes an overview about the needs for care and support of older people in North Wales. It highlighted the needs of older carers and that men and disabled people are more at risk of experiencing loneliness. The consultation highlighted concerns of older Lesbian, Gay, Bisexual, Transgender (LGBT) people which could be addressed with improved training and awareness of the workforce.

The literature review for the Equalities Impact Assessment highlighted additional issues to consider including:

- Findings from the Minority Ethnic Elders Advocacy Project (MEEA). National research has shown that ethnic minority elders are more likely to suffer discrimination in accessing services or gaining employment. The other key issue is isolation which has an effect on mental health and well-being. The project sought to empower ethnic minority elders to take control of their lives, reduce loneliness, improve well-being and increase self-confidence and self-esteem. The project has also sought to influence statutory and voluntary organisations to provide better services for ethnic minority elders in North Wales. A number of barriers have been identified which include access to primary care services and increasing levels of interpretation and translation support.
- A review of Strategic Equality Plans (SEP) across the public sector in North Wales. Issues raised included cyber-crime, personal safety and hate crime. Dementia awareness with a particular focus on older transgender people and care and support for older LGBT people.

There may be other issues affecting people with the protected characteristics not picked up by this assessment that could be addressed in future population assessment reviews, in the development of the area plan or in the services developed or changed in response to the plan. We would welcome any further specific evidence which may help inform the final assessment.

Services developed for older people need to take a person-centred approach that takes into account the different needs of people with protected characteristics. They must take into account the United Nations Principles for Older Persons and Welsh Government's Declaration of the Rights of Older People in Wales.

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4 Health, physical and sensory impairments

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4.1 About this chapter

This chapter includes information on the needs of the population relating to general health, lifestyle, long term conditions, physical disability and sensory impairment.

There will be issues relating to health and well-being in each of the chapters and those with an interest in a specific group should refer to the relevant chapter below.

- Children and young people [\[add link\]](#)
- Older people [\[add link\]](#)
- Learning disabilities and autism [\[add link\]](#)
- Mental health: including information about early-onset dementia [\[add link\]](#)
- Carers [\[add link\]](#)
- Violence against women, domestic abuse and sexual violence [\[add link\]](#)
- Secure estate [\[add link\]](#)
- Veterans [\[add link\]](#)
- Homelessness [\[add link\]](#)

Definitions

The World Health Organisation (WHO) defines *health* as:

'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' [\[add reference\]](#).

They describes *disability* as:

'an umbrella term covering impairments, activity limitations, and participation restrictions. An impairment is a problem in bodily function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. This means that disability is not just a health problem. It is about the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers [\[add reference\]](#).

The definition of disability in the Equality Act 2010 helps shape the definition further. This refers to disability as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on ability to do normal daily activities.

Policy and legislation

Historically, there has been much reliance on a medical model of disability, in which the difficulty disabled people have in joining in society is seen as the direct result of having an impairment.

All the organisations contributing to this population assessment now adopt the **social model of disability**. The lived experiences of disabled people have shown that most of the problems faced are caused by the way society is organised – not an impairment or a feature of someone’s body.

The Cultural model of deafness recognises the position of the British Sign Language community and the central role that sign language has within the Deaf community. The Deaf community is seen as a separate culture to the “hearing world”. The Deaf community – people who use BSL as their first language - experiences language and cultural barriers that cause disadvantage.

The Social Services and Well-being (Wales) Act 2014 reinforces the need to think about the broader aspects of well-being in a person’s day to day life and the ability of a person to participate fully in society. The meaning of well-being for the purposes of the act is set out in section 2 and encompasses a broad definition of well-being, which includes physical and mental health and emotional well-being; protection from abuse and neglect; education, training and recreation; domestic, family and personal relationships; contribution made to society; securing rights and entitlements; social and economic well-being and suitability of living accommodation. Well-being is also defined as including control over day to day life and participation in work.

Safeguarding

Protection from abuse and neglect is noted as one of the key aspects of well-being described above. People with longer term health needs, a physical disability or sensory impairment *may* fall within the definition of an *adult at risk*. People who have communication difficulties as a result of hearing, visual or speech difficulties may be particularly at risk, and may not be able to disclose verbally (Adult Protection Fora, 2013). We should not assume that all adults with a physical disability or sensory impairment are vulnerable, however, but should be aware of potential increased risk factors.

Disability hate crime

In April 2005 the law changed to recognise the seriousness of hate crime. This refers to any offence motivated by hostility or prejudice based on the victim’s disability (or presumed disability). This can range from verbal abuse and bullying through to physical assault.

Disability hate crime is believed to be very under-reported - many people don’t know who to talk to or how to report incidents. We want to empower disabled

people to tackle disability hate crime. Our organisations need to work together to help create a culture in which hate crime, and other incidents which might not be criminal, are not tolerated and are reported when they do occur.

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4.2 What we know about the population

General health status

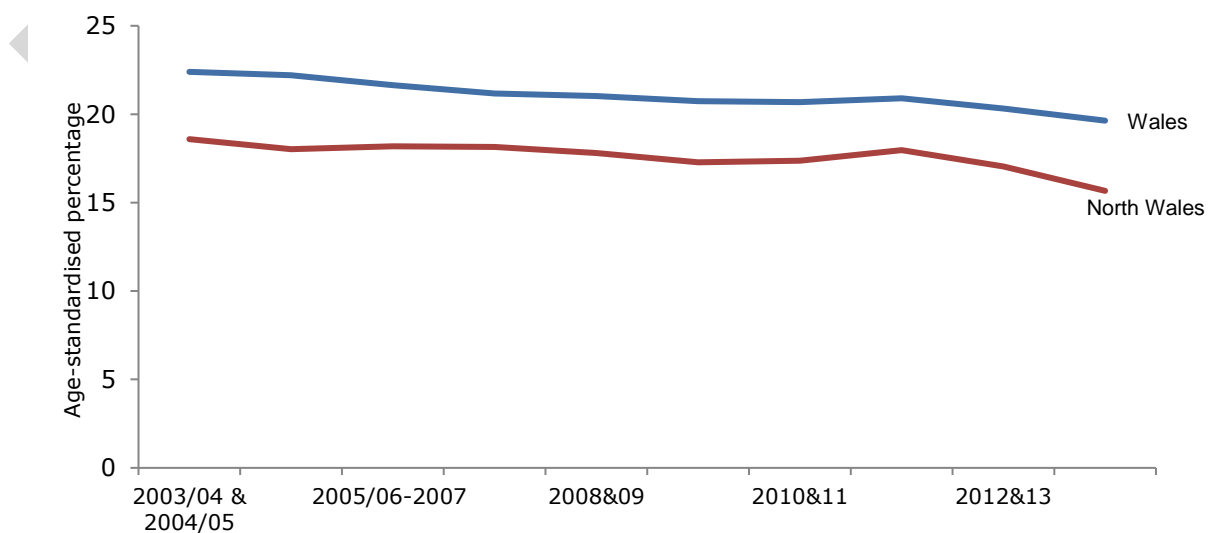
Overall, the North Wales population compares well to Wales in terms of general health status and being limited by a health condition or impairment (Jones, Andrew and Atenstaedt, 2016). A lower proportion of adults in North Wales report currently being treated for any illness and a lower proportion report their general health status as fair or poor, compared to the Wales average.

Table 4.1 Percentage of adults (age 16 and over) limited by a health problem/disability in North Wales 2013 and 2014

	Currently being treated for any illness	Limited a lot	Limited at all	General health status: fair or poor
Anglesey	47	13	30	15
Gwynedd	47	13	30	15
Conwy	46	13	32	16
Denbighshire	49	14	32	17
Flintshire	47	12	31	14
Wrexham	52	14	31	17
North Wales	48	13	31	16
Wales	50	16	33	20

Source: Welsh Health Survey, Welsh Government

Figure 4.1 Percentage of adults (age 16 and over) who report their health status as fair-poor, 2003 to 2014



Source: Welsh Government, Welsh Health survey

Figure 4.2 Percentage of adults who reported their health status as fair or poor, North Wales, 2003/04 and 2004/05 to 2013 and 2014

	2003/04 and 2004/05	2004/05 and 2005/06	2005/06 and 2007	2007 and 2008	2008 and 2009	2009 and 2010	2010 and 2011	2011 and 2012	2012 and 2013	2013 and 2014
Anglesey	17	16	17	18	19	18	16	15	16	15
Gwynedd	17	18	17	16	18	18	16	17	16	15
Conwy	18	16	16	18	16	15	17	20	19	16
Denbighshire	18	18	20	19	19	19	18	17	17	17
Flintshire	18	19	19	17	17	16	19	20	16	14
Wrexham	22	20	21	20	19	19	18	18	18	17
North Wales	19	18	18	18	18	17	17	18	17	16
Wales	22	22	22	21	21	21	21	21	20	20

Source: Welsh Government, Welsh Health survey

Health asset data from the 2011 Census provides an indication of the level of good health across North Wales.

Table 4.2 shows around 80% of people in North Wales report that they are in good health and that their day-to-day activities are not limited (Jones, Andrew and Atenstaedt, 2016). Gwynedd has the highest proportion of people reporting good health and not being limited by poor health.

Table 4.2 Health asset indicators, age-standardised percentage 2011

	Day-to-day activities not limited (age- standardised %)		Good health (age- standardised %)	
	%	(95% CI)	%	(95% CI)
Anglesey	78.9	(78.2 - 79.6)	80.2	(79.6 - 80.9)
Gwynedd	80.2	(79.7 - 80.7)	81.5	(81.0 - 82.0)
Conwy	79.1	(78.6 - 79.7)	80.2	(79.6 - 80.7)
Denbighshire	77.9	(77.3 - 78.5)	78.9	(78.4 - 79.5)
Flintshire	79.8	(79.3 - 80.2)	80.4	(79.9 - 80.8)
Wrexham	78.1	(77.6 - 78.6)	78.6	(78.1 - 79.0)
North Wales	79.1	(78.9 - 79.3)	80.0	(79.8 - 80.2)
Wales	76.9	(76.8 - 77.0)	77.2	(77.1 - 77.3)

Source: Census 2011 (ONS), Produced by Public Health Wales Observatory

However, the overall rates mask differences in health across the region. Some areas of our population experience greater levels of deprivation and poorer health; and some groups in the population tend to experience poorer health or experience more barriers in accessing health care and support.

Lifestyle

Tobacco

Smoking is a major cause of premature death and one in two long term smokers will die of smoking related diseases. Of particular concern in North Wales is smoking in pregnancy, smoking rates among young people (especially teenage girls) and very high rates of smoking in people diagnosed with mental illness (Betsi Cadwaladr University Health Board, 2015).

In North Wales, 22% of adults aged 16 years and over report being a smoker, compared to 20% across Wales. The Isle of Anglesey and Denbighshire have the highest smoking prevalence, 24%, followed by Conwy and Wrexham, 22% and Gwynedd, 21%; Flintshire has the lowest smoking prevalence, 20%. Rates of smoking vary considerably by area with more deprived areas of North Wales have higher levels of smoking (Welsh Government, 2016).

Smoking prevalence is particularly high among some groups, including lesbian, gay, bisexual and transgendered people; those with mental health problems; people in prison; and those who are homeless (Public Health Wales, 2016a).

Overweight and obesity

Obesity is a major contributory factor for premature death and can lead to both chronic and severe medical conditions including coronary heart disease, diabetes, stroke, hypertension, osteoarthritis, complications in pregnancy and some cancers. People who are obese may also experience mental health problems, bullying, or discrimination in the workplace (Public Health Wales, 2016a).

Overweight and obesity is related to social disadvantage, with higher levels in the most deprived populations.

In North Wales, over half the adult population are overweight or obese. Between 2003/04 and 2014/15, the percentage of adults aged 16 and over who reported being overweight or obese increased in North Wales from 53% to 58%, which is just below the average for Wales, 59%. Across the region, Denbighshire has the highest proportion of adults who are overweight or obese, 61%, followed by Flintshire, 60%. In the Isle of Anglesey and Wrexham, 58% of adults are overweight or obese and 57% in Conwy. Gwynedd has the lowest percentage of overweight or obese adults, 53% (Welsh Government, 2016).

Physical activity

People who have a physically active lifestyle can significantly improve their physical and mental well-being, help prevent and manage many conditions such as coronary heart disease, some cancers, and diabetes and reduce their risk of premature death (Public Health Wales, 2016).

In North Wales, 34% of adults report being physically active on five or more days in the past week, which is slightly higher than the Wales average, 31%. Across the region, 38% of adults on the Isle of Anglesey and 37% in Gwynedd report being physically active compared to 35% in Denbighshire and 33% in Conwy, Flintshire and Wrexham (Welsh Government, 2016).

Alcohol

Alcohol is a major contributory factor for premature death and a direct cause of 5% of all deaths in Wales (Betsi Cadwaladr University Health Board, 2015.). Alcohol consumption is associated with many chronic health problems including: mental ill health; liver, neurological, gastrointestinal and cardiovascular conditions; and several types of cancer. It is also linked with injuries and poisoning and social problems including crime and domestic violence (Public Health Wales, 2016a).

Alcohol also affects the poorest the most, with alcohol-related mortality in the most deprived areas much higher than in the least deprived.

Although alcohol consumption is gradually declining, more than 40% of adults in North Wales self-report drinking above guidelines on at least one day in the past week. Flintshire has the highest proportion of adults aged 16 and over reporting drinking above guidelines on at least one day in the last week, 42%, followed by Denbighshire, 41%, which are just above the averages for North Wales, and Wales, (40%). In Gwynedd, 40% of adults report drinking above recommended guidelines and the Isle of Anglesey, Conwy and Wrexham have the lowest proportions across the region, 38% (Welsh Government, 2016).

Chronic conditions

Chronic conditions are generally those which cannot be cured, only managed; they can have a significant impact for individuals, families and health and social care services (Jones, Andrew and Atenstaedt, 2016).

It is estimated that around a third of adults in Wales are currently living with at least one chronic condition. Evidence from GP practice registers in North Wales confirms a figure slightly higher than this.

Table 4.3 shows the number and percentage of GP practice patients registered as having a chronic condition (Jones, Andrew and Atenstaedt, 2016). The Isle of Anglesey has the highest percentage of patients registered as having a chronic condition (39%) and Gwynedd has the lowest (33%). Hypertension is the condition with the highest number of patients on the register.

Table 4.3 Number and percentage of GP practice patients registered as having a chronic condition, 2012

	Anglesey		Gwynedd		Conwy		Denbighshire		Flintshire		Wrexham	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Hypertension (a)	10,910	16	18,560	15	19,320	17	16,330	16	22,970	15	23,050	16
Asthma	4,950	7	8,220	7	7,390	6	6,410	6	9,920	7	9,970	7
Diabetes	3,490	5	5,470	4	5,460	5	4,910	5	5,890	4	5,790	4
CHD (b)	3,050	5	4,660	4	2,670	2	3,150	3	3,120	2	3,400	2
COPD (c)	1,780	3	2,660	2	5,980	5	5,460	5	7,390	5	6,900	5
Epilepsy	450	1	870	1	890	1	800	1	900	1	1,080	1
Health failure	800	1	1,220	1	1,220	1	1,040	1	1,210	1	1,290	1
Total	25,460	39	41,660	33	42,900	37	38,100	38	51,400	35	51,480	36

Notes:

(a) High blood pressure

(b) Coronary heart disease

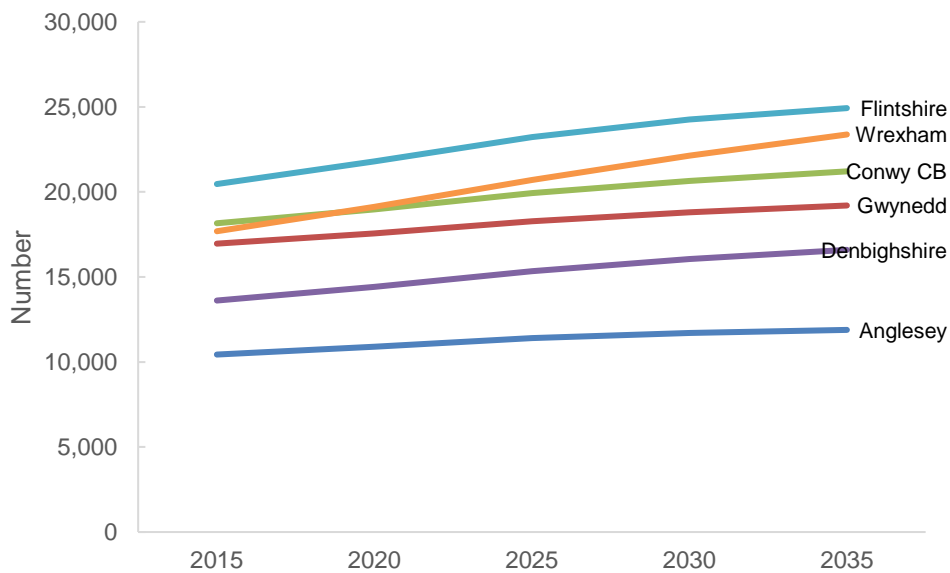
(c) Chronic obstructive pulmonary disease: a group of lung conditions that make it difficult to empty air out of the lungs because airways have been narrowed

Source: Public Health Wales Observatory

While these are common conditions, there are many other long-term conditions which can have a significant impact on a person's ability to participate fully in society and on their general well-being. These include neurological conditions, cancer and the impact of disease such as stroke. More detailed data on specific conditions can be obtained from local councils or the health board. However, for the purposes of this chapter, we have focused on a summary of the general issues that affect well-being. It is what matters to the individual that should be taken into consideration.

The number of people living with a limiting long-term illness is predicted to increase by nearly 22% over the 20 year period to 2035, shown in Figure 4.3. Much of the increase will arise from people living to older age.

Figure 4.3 Predicted number of people aged 18 and over with a limiting long-term illness, 2014 to 2035

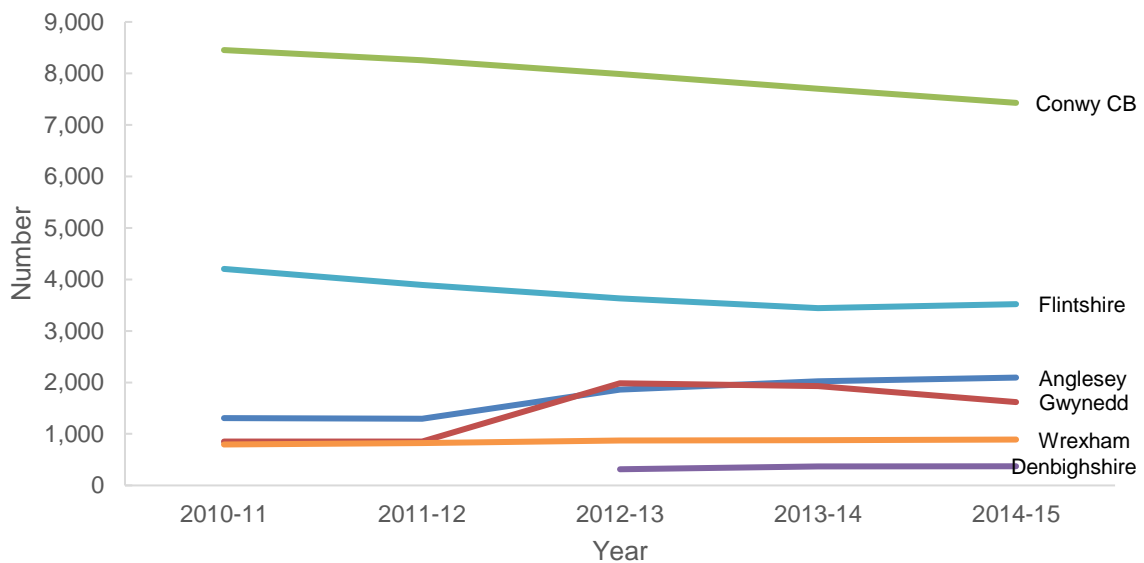


Source: Daffodil (Prevalence rate from taken from the Welsh Health Survey 2012, table 3.11 Adults who reported having illnesses, or limited by a health problem/disability; pop base from WG 2011-based population projections)

Physical disability

Some information concerning physical or sensory impairment (but without visual impairment) is held on local council registers as shown in Figure 4.4. The wide variation in numbers suggests the data is incomplete.

Figure 4.4 Physically/sensory disabled people without visual impairment



Source: Local authority register of persons with physical or sensory disabilities (SSDA900) data collection, Welsh Government

Sight loss, blindness and partial sight loss

Visual impairment is when a person has sight loss that cannot be corrected using glasses or contact lenses (Jones and Atenstaedt, 2015). The National

Eye Health Epidemiological Model (NEHEM) estimates using 2011 census population data are shown in Table 4.4. This shows that the estimated prevalence of all vision impairment and low vision in the population aged 50 years and over was slightly higher in North Wales than the all-Wales estimates; the estimated prevalence of severe sight impairment was the same in North Wales as in Wales.

Table 4.4 Prevalence of vision impairment

Estimated prevalence of vision impairment*, Wales, health boards and local authorities, based on 2011 population estimates, persons aged 50 and over

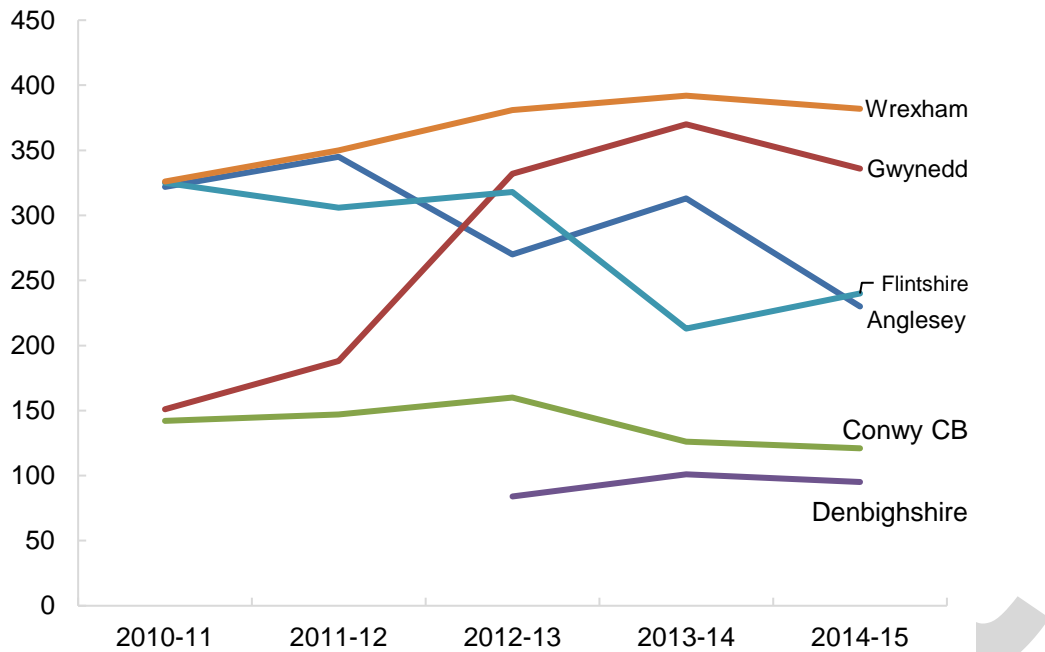
Area name	Impaired vision		Low vision		Sever sight impairment	
	Count	%	Count	%	Count	%
Isle of Anglesey	1,320	4.3	1,120	3.7	200	0.6
Gwynedd	2,190	4.5	1,860	3.8	330	0.7
Conwy	2,540	4.8	2,150	4.1	390	0.7
Denbighshire	1,660	4.3	1,420	3.6	250	0.6
Flintshire	2,180	3.8	1,870	3.2	320	0.6
Wrexham	1,930	4.0	1,650	3.4	290	0.6
Powys	2,560	4.3	2,180	3.6	380	0.6
Ceredigion	1,330	4.3	1,130	3.6	200	0.6
Pembrokeshire	2,240	4.2	1,910	3.6	330	0.6
Carmarthenshire	3,260	4.3	2,770	3.6	490	0.6
Swansea	3,720	4.3	3,160	3.6	560	0.6
Neath Port Talbot	2,260	4.1	1,920	3.5	340	0.6
Bridgend	2,060	4.0	1,760	3.4	300	0.6
The Vale of Glamorgan	2,000	4.1	1,700	3.5	300	0.6
Cardiff	4,160	4.2	3,540	3.5	630	0.6
Rhondda Cynon Taf	3,350	3.9	2,860	3.4	490	0.6
Merthyr Tydfil	820	3.9	700	3.3	120	0.6
Caerphilly	2,410	3.7	2,060	3.2	350	0.5
Blaenau Gwent	1,010	3.9	870	3.4	150	0.6
Torfaen	1,410	4.1	1,200	3.5	210	0.6
Monmouthshire	1,640	4.2	1,400	3.6	250	0.6
Newport	2,040	4.1	1,740	3.5	310	0.6
Betsi Cadwaladr	11,830	4.3	10,070	3.6	1,780	0.6
Powys	2,560	4.3	2,180	3.6	380	0.6
Hywel Dda	6,830	4.3	5,810	3.6	1,020	0.6
Abertawe Bro Morgannwg	8,040	4.1	6,840	3.5	1,200	0.6
Cardiff and Vale	6,170	4.1	5,240	3.5	930	0.6
Cwm Taf	4,170	3.9	3,560	3.4	610	0.6
Aneurin Bevan	8,520	4.0	7,260	3.4	1,260	0.6
Wales	48,110	4.1	40,960	3.5	7,190	0.6

Produced by Public Health Wales Observatory, using NEHEM

*Counts have been rounded to the nearest 10 persons

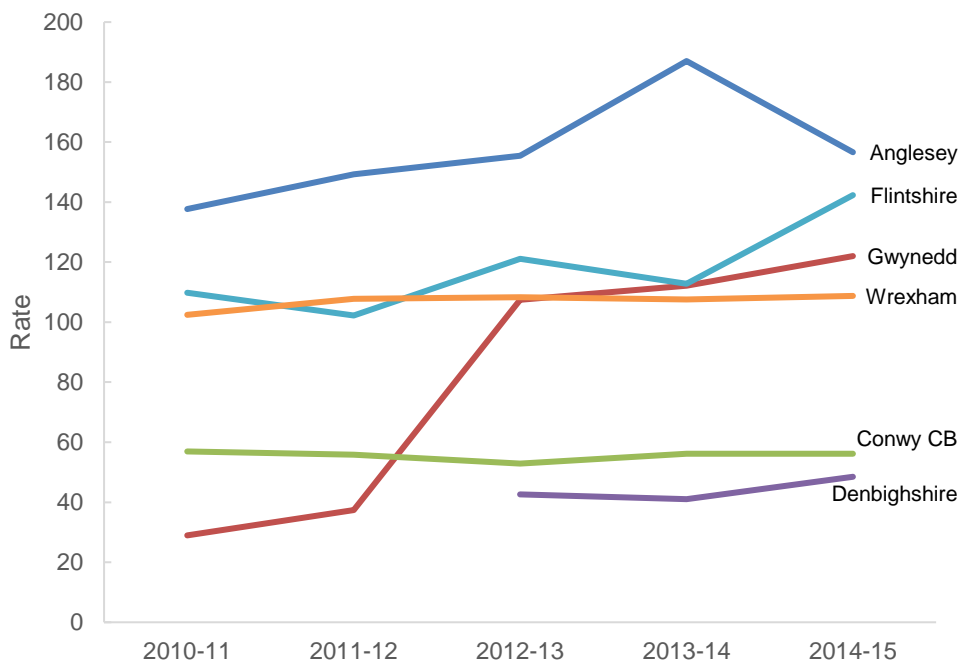
The numbers of people with sight impairment or severe sight impairment can be estimated from the registers held by social services (trend charts are shown in Figure 4.5 and Figure 4.6 respectively). Both charts show the rate per 100,000 population. However, these figures are likely to be underestimates as they rely on self-referral.

Figure 4.5 Number of people with sight impairment



Source: Local authority register of persons with physical or sensory disabilities (SSDA900) data collection, Welsh Government

Figure 4.6 Severely sight impaired people aged 18 to 64, rate per 100,000 population



Source: Local authority register of persons with physical or sensory disabilities (SSDA900) data collection, Welsh Government

The number of people who are newly certified as severely sight impaired and sight impaired is also a useful source of information. This helps us understand the incidence of sight loss.

The total numbers of newly certified visually impairments (CVI) and rates per 100,000 population is shown in Table 4.5 below. There were 267 CVIs issued in

total in 2014/15. This represents a decrease on the previous year (324 issued in 2013/14.)

The percentage of people living with sight loss compared to the overall population is however projected to increase from approximately 3.73% in 2016 to 4.92% by 2030 (Welsh Government, 2016).

Table 4.5 Number of people newly certified Severely Sight Impaired and Sight Impaired by age group, 2014-15

	Total number of Certificates of Vision Impairment (CVI)	Rate of CVIs due to age related macular degeneration in those aged 65+ per 100,000 population	Rate of CVIs due to glaucoma in those aged 40+ per 100,000 population	Rate of CVIs due to diabetic eye disease in those aged 12+ per 100,000 population
Anglesey	27	98	12	2
Gwynedd	47	98	12	2
Conwy	45	98	12	2
Denbighshire	36	98	12	2
Flintshire	59	98	12	2
Wrexham	53	98	12	2

Source: RNIB Sight Loss Data Tool

- 149 CVIs due to age related macular degeneration were issued to those aged 65+.
- 45 CVIs due to glaucoma were issued to those aged 40+.
- 15 CVIs due to diabetic eye disease were issues to those aged 12+.

Deafblindness

The term deafblind covers a wide range of different conditions and situations. We use this term for the purposes of this assessment to mean people who have ‘sight and hearing impairments which, in combination, have a significant effect on their day to day lives’.

Deafblindness is also known as dual sensory loss or Multi-Sensory Impairment. People who are deafblind include those who are congenitally deafblind and those who have acquired sensory loss. The most common cause however is older age.

Deafblindness can cause problems with communication, access to information and mobility. Early intervention and support provides the best opportunity of improving a person’s well-being (Sense, 2016).

Estimates of the number of people with co-occurring vision and hearing impairments suggest that by 2030, in the region of 1% of the population of North Wales will be deafblind. The proportion of deafblind people increases significantly with age.

Health inequalities

Recent research has reinforced earlier evidence of the link between socio-economic deprivation and health inequalities. We know, for example, that there are significant differences in life expectancy and in the prevalence of limiting long-term illness, disability and poor health between different socio-economic groups (Public Health Wales, 2016b).

People living in the most deprived communities experience more years of poor health and are more likely to have unhealthy lifestyles and behaviours than people in the least deprived communities. As a result, the most deprived communities experience higher levels of disability, illness, loss of years of life, productivity losses and higher welfare dependency (Public Health Wales, 2016).

Black and minority ethnic groups are often more at risk of conditions such as glaucoma and may not access health messages due to language or cultural barriers.

Mental and emotional well-being

Older people with sight loss are almost three times more likely to experience depression than people with good vision and the British Medical Journal reports that sight loss is one of the top three causes of suicide among older people (Waern *et al.*, 2002).

Nearly half of blind and partially sighted people feel “moderately” or “completely” cut off from people and things around them (Pey *et al.*, 2006).

Depression in adults with a chronic physical health problem is well recognised and there is a significant amount of evidence on effective care and support. As well as management and treatment, the evidence supports the positive impact of information provision, group physical activities and support programmes (NICE, 2012).

Accessible Healthcare

In May 2013 the Minister for Health and Social Services wrote to all health boards introducing the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. The purpose of the standards is to ensure that the communication and information needs of people with a sensory loss are met when accessing healthcare services. Effective and appropriate communication is fundamental to ensuring services are delivered in ways that promote dignity and respect. The evidence also demonstrates that ineffective communication is a patient safety issue and can result in poorer health outcomes. The standards have informed the objectives of the health board’s objectives within the Equality and Human Rights Strategic Plan (BCUHB, 2016).

Housing needs and homelessness

People living in the most deprived areas have higher levels of hearing and visual impairment, and also long-term health problems, particularly chronic respiratory conditions, cardiovascular disease and arthritis (Public Health Wales, 2016a). People in these areas also may be living in poor conditions.

Housing has an important effect on health, education, work, and the communities in which we live. Poor quality housing, including issues such as mould, poor warmth and energy efficiency, infestations, second-hand smoke, overcrowding, noise, lack of green space and toxins, is linked to physical and mental ill health as well as costs to the individual, society and the NHS in terms of associated higher crime, unemployment and treatment costs (Public Health Wales, 2015). Health problems associated with these issues include respiratory problems, depression, anxiety, neurological, cognitive, developmental, cardiovascular and behavioural conditions, cancers, poisoning and death (Public Health Wales 2016a).

Dealing with hazards such as unsafe stairs and steps, electrical hazards, damp and mould growth, excessive cold and overcrowding, cost around £67 million per year to the NHS in Wales (Public Health Wales, 2015). The wider cost to society, such as poor educational attainment and reduced life chances were estimated at £168 million a year. It was estimated that the total costs to society could be recuperated in nine years if investment was made to address these problems (Public Health Wales, 2016).

Adaptations to housing can help maintain or regain independence for people with physical disability or sensory impairment. There are a range of initiatives which can assist with housing adaptations, some provided through local councils and some through third sector support agencies.

Extra care housing schemes can give a balance between living in a person's own home and having on-site dedicated care and support if needed. Residential and nursing care provides accommodation with trained staff on hand day and night to look after a person's needs.

Inclusive design and planning requirements

Inclusive design aims to remove the barriers that create undue effort and separation. It enables everyone to participate equally, confidently and independently in everyday activities. Inclusive design is everyone's responsibility. This is an important consideration in the development or redesign of facilities and services.

Meeting access needs should be an integral part of what we do every day. We should use our creativity and lateral thinking to find innovative and individual solutions, designing for real people. By designing and managing our

environment inclusively, difficulties experienced by many – including people with a disability or sensory impairment, but also older people and families with small children – can be reduced. Everyone will benefit.

The Design Council sets out five key principles for inclusive design which should be borne in mind which can help achieve an environment that is fit for everyone (Design Council, 2006). They include placing people at the heart of the design process; acknowledging diversity and difference; offering choice; provide for flexibility in use; provide buildings and environments that are convenient and enjoyable to use for everyone. The commitment to overcoming barriers to participation should include using these principles in designing and developing services and in commissioning them from others.

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4.3 What are people telling us?

Feedback from service user engagement

Feedback from services users related to two main themes – challenges and unmet needs or gaps in provision.

Challenges

- There is a lack of awareness about safety and access issues for people in local towns and communities (for example, when people park on pavements, it can be dangerous.)
- There still seems to be a lack of understanding and prejudice towards people with disabilities
- Worries that services will be lost because of cuts; when you have a disability like being Deaf, it is a lifelong disability and needs lifelong support. If a service stops, where will people get support?

Unmet needs or gaps in provision

- Transport is difficult for people with disabilities particularly if you use public transport. Very often people who work on public transport don't understand your disability and as a result can be unhelpful and not know how to offer support.
'For example, I think all people who work in public transport should have disability awareness training and have basic sign language'
- There is not enough awareness across council departments in transport, highways, leisure and environment services. It was felt that very often they develop things without thinking about people with disabilities and as a result it means buildings are often inaccessible, pavements do not have drop kerbs, people who are Deaf or blind aren't given provision to communicate or use the service.
- People need to be involved more and listened to.
'I have an idea of how to support the council in recognising dangerous potholes for disabled people and if I had the opportunity to speak with someone from the right department I could help, but I don't think people's skills are used enough to help solve local authority issues.'
- Criteria are getting tighter and it is more difficult to get a service.
- If you do not meet the criteria for services it is difficult to afford to buy for yourself; things are expensive such as equipment and specialist services.
- There are no Deaf specialist care homes or sometimes even care homes that have staff that are trained in sign language, so any people there that are Deaf cannot communicate properly.
- Waiting times to get support or to get things done can be too long.

Additional issues raised included the following:

- It is important communities and people are linked more with services so that they can be asked about what they think.
- People with disabilities don't always feel safe in communities and that is often because other people don't understand the challenges they face. Awareness about the simple issues needs to be raised so that individuals can consider people with disabilities in what they do.

Feedback from the general public including the citizen's panel

Concerns about maintaining your way of life

- The most common concern was maintaining independence, social and leisure activities.
- Accessing services, particularly in rural areas – one respondent commented: 'I've often wondered how I will cope once I am no longer able to drive'.
- Concerns about money and finances, often linked to being able to continue with employment and education – particularly among people who had moved to the UK to work or who had physically demanding jobs.
- A number of people were concerned about how they would access support in an emergency, if living on their own.

What would be important to you?

- Maintaining independence was important to many respondents, including cooking, housework and getting out and about.
- Maintaining social and community involvement was also important, with social groups and clubs and with family.
- Care and support to avoid long stays in hospital.

What do you think could support you?

- About half of respondents said they had no one to support them – for some, this was because their partner or other family member had care and support needs of their own.
- Others said their partner or family would support them – although most people referred to limits on the amount of help they could expect or wanted to ask for.
- Many people referred to support from social care or health care staff.
- A smaller number of people mentioned friends but with similar concerns about how much support they would ask for.
- Local community or volunteers were mentioned by a few.

What support needs do you think may be harder to meet?

- The most frequently mentioned needs related to independence or help with daily living.
- Many also mentioned the difficulty of preventing social isolation and loneliness and for some this was linked with mental and emotional health and well-being.

Feedback from organisations

The reality of loneliness, isolation and feelings of worthlessness and vulnerability, particularly for recently diagnosed individuals, are often exacerbated by loss of employment, economic independence, mobility and self-esteem, and sometimes over time by the breakdown in relationships and the collapse of the family unit.

Supporting people to live with illness and disability in their own homes is really important. Some of the commissioned service providers find it a challenge due to the lack of time allocated for the service delivery in the home. There is also the challenge with how to support people at the time they want and the frequency they want and most often the problem is a lack of funding.

The provision of short term care following surgical procedures was raised as a concern. Problems with access to help, advice and support or care in time of crisis including access to equipment were reported. Supporting people to manage medication administration after surgery or to treat a chronic condition is very important. There is a need for basic logistical issues to be overcome, for example, people can no longer drive or manage their lives through their disability. Transport can be an issue, especially if there are special needs, such as wheelchairs.

Some organisations find the processes in health and social care too complex, which create barriers even where solutions are simple.

Concerns were raised that there does not seem to be an adequate volume of service opportunities to meet the current need in some areas of treatment, which means we may fail to see people in a timely manner. Access to timely interventions and support is what often works best. Delays in accessing care may have a negative physical and emotional effect on patient's lives.

It was reported that historically there has been very little direct NHS support available for people with a long term neurological condition, and what little support there is, is in fact shrinking. A lack of appropriate signposting by health professionals to ongoing support has meant that people have had to find their own way to deal with their condition. For many this is a challenge.

There were concerns that mainstream healthcare funding does not represent the true cost of health services. Meaningful engagement with the health board was perceived to be lacking.

Fair Treatment for the Women of Wales identified a number of issues that their members had identified and that they were able to provide some support with, including:

- Not being taken seriously by clinicians and physical pain not being adequately treated or difficult to access specialist support, for example, women face a diagnostic delay of (on average) 8 years for endometriosis. Symptoms may also not be taken seriously at school or work.
- Lack of support for with fertility issues, accessing mental health services in North Wales is difficult, with waiting times being excessive. Finding alternative sources of support can be challenging, with many women not knowing where to turn.
- Lack of up-to-date information and support from health services – need better signposting from GPs and hospitals, for example, to help with challenges from early menopause
- Challenges maintaining lifestyle and feeling included - relationships with family and friends, social isolation, lack of money, practical support.

4.4 Review of services currently provided

A wide range of care and support services is in place across North Wales to support people with long-term health needs, physical disability or sensory impairment. In all areas, current and future service models focus on early intervention, prevention and reablement; supporting people to remain independent and ensuring people are protected.

Priorities include:

- Enabling people to make best use of informal networks of support
- Further developing the use of telecare and other technology
- Supporting people to experience a greater level of privacy and independence
- Actively enabling people to have a greater community presence (the potential development of community based initiatives such as time banks and social enterprises)
- Taking active steps to encourage progression and promote independence
- Supporting people to take greater control over their support
- Focusing on outcomes and well-being

Prevention and self-management

People should be encouraged and enabled to look after their own health and well-being. We cannot assume that everyone has the personal resources or assets to be confident and knowledgeable in doing so.

The Self Care Forum Manifesto (2015) describes “four pillars of engagement” that can help people have the tools and resources they need to be confident in looking after themselves:

- Lifelong learning: provide education and personal resources at every stage of life to encourage self-care and empowerment
- Empowerment: promote the use of health and care services as a way of supporting personal and home care decisions, blurring the lines between patient and professional
- Information: provide reliable, consistent information, evidence based where possible, to support confident decision-making
- Local and national campaigns: use national and local campaigns to focus on a rolling programme of education with consistent messages

Giving people the information and tools to make positive lifestyle choices and self-care is an essential step to help maintain good health and prevent illness.

This also reinforces the protective factors for well-being, which include feeling in control.

Protecting people from tobacco, warning people about the dangers of tobacco, enforcing bans on tobacco advertising and raising taxes on tobacco are all very cost effective interventions for reducing the prevalence of smoking (Public Health Wales, 2016).

Evidence shows that reducing salt intake promoting public awareness about diet restricting marketing of food and beverages to children and managing food taxes and subsidies are very cost effective in promoting healthy diet and preventing obesity (Public Health Wales, 2016).

'Best buys' to increase physical activity include mass media campaigns supporting active travel brief intervention for physical activity in primary care and promoting physical activity in workplace, schools and communities (Public Health Wales, 2016).

Evidence shows that brief advice on alcohol in primary care is cost effective; every £1 spent on motivational interviewing and supportive networks for alcohol dependence returns £5 to the public sector. Also, introducing a minimum unit price of 50 pence per unit of alcohol would save 53 deaths and 1,400 hospital admissions per year in Wales, with the greatest impact in the most deprived communities and heaviest drinkers (Public Health Wales, 2016).

Tackling the causes of social and economic inequalities that drive health inequalities is likely to be most effective. This may include interventions to ensure a living wage, reduce unemployment, improve the physical environment and provide universal services (accessible to all) while also investing additionally to support vulnerable groups.

Preventing ill health across the population is generally more effective at reducing health inequalities than a focus on clinical interventions (Public Health Wales, 2016a)

Investing in insulation and heating to address cold and damp housing could return savings of nearly £35 million for the NHS in Wales.

Treating public finances as a public health issue could mitigate austerity measures, such as monitoring the impact of all economic and welfare reforms on the public services and public health (Public Health Wales, 2016a). This could be done through using Health Impact Assessment.

Making Every Contact Count

Making Every Contact Count (MECC) is an approach to behaviour change that uses day-to-day interactions that organisations and staff have with people to support them in making positive changes to their health and wellbeing. MECC

enables the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in meaningful brief intervention conversations about their health and wellbeing.

Lifestyle factors such as smoking, alcohol, diet and physical activity are some of the biggest contributors to poor health and a major cause of many preventable deaths and illnesses such as heart disease, stroke, type 2 diabetes and some cancers. Evidence suggests that the adoption of a MECC approach across health and care could potentially have a significant impact on the health of our population.

For organisations MECC means providing their staff with the leadership, environment, training and information they need to deliver the MECC approach.

For staff MECC means having the competence and confidence to deliver healthy lifestyle messages, to encourage people to change their behaviour, and to direct them to local services that can support them.

For individuals MECC means seeking support and taking action to improve their own lifestyle by making healthy lifestyle choices and looking after their health and wellbeing.

Information, Advice and Assistance

The Social Services and Well-being (Wales) Act 2014 brings new duties for local councils and the health board to work together to ensure the provision of Information, Advice and Assistance.

In North Wales the six councils and the health board have been working together to develop a Single Point of Access in each county to provide a contact point for people and service providers.

The partner organisations have also contributed to the development of the Dewis Cymru website (www.dewis.wales) Dewis Cymru is the website to use for people who want information or advice about well-being – or want to know how to help somebody else.

The information covers well-being in general, not just health, but including things like where people live, how safe and secure they feel, getting out and about, and keeping in touch with family and friends. No two people are the same and well-being means different things to different people. Dewis Cymru is intended to help people find out more about what matters to them.

Social prescribing

Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local non-clinical services, often provided by the voluntary and community sector.

A review of evidence found that suitable referrals to social prescribing initiatives are vulnerable and at risk groups such as: people with mild to moderate depression and anxiety; low income single parents; recently bereaved older people; people with long term conditions and frequent attendees in primary and secondary care (Kinsella, 2015). Social prescribing has been described as having the potential to improve mental health, reduce demand on statutory services, improve community wellbeing and resilience and reduce social exclusion

Social prescribing has the potential to become fully integrated as a patient pathway for primary care practices and to strengthen the links between healthcare providers and community, voluntary and local authority services that could promote health and well-being. These include leisure, welfare, education, culture, employment and the environment. According to Kinsella (2015), the evidence on the impact of social prescribing is currently limited and inconsistent. Some initiatives have shown improved outcomes for patients and potential for cost-savings (in the longer term), but few have been subject to economic analysis or rigorous evaluation. For this reason, Kinsella (2015) recommends that any new social prescribing initiatives should aim to add to the current evidence base and conduct transparent and thorough evaluation. This includes addressing the questions of when, for whom and how well does the scheme work? What impact does it have? What does it cost? Is it cost-effective?

Domiciliary (home) care

Short term reabling domiciliary care is provided to support new service users or those people who need active reablement support. Longer term domiciliary care should be outcome focused, focusing on what matters to the person. In some rural areas there are challenges to providing domiciliary care because of the low, dispersed levels of demand. See older people chapter for more information [\[add link\]](#).

People can be supported to use Direct Payments to purchase their own support, enabling people to have more choice and control.

Day services

Day services have in the past been somewhat traditional and limited in the variety of activities available. The desired service model is the provision of services that meet the assessed needs of people and help them meet their goals. Community based personalised support, offering a broad range of affordable and accessible activities close to people's homes can be provided to meet the needs of individuals better.

Occupational Therapy Services

Occupational therapy promotes independence through assessment of need, advice on the provision of specialist equipment and adaptations. Occupational therapy can also assist to carers to continue to care safely, for example through advice or provision of equipment or adaptations.

Telecare and assistive technology

Technology provides an opportunity for an inter-connected society – and in terms of care and support, a society where planning, managing and delivering care could be fully integrated.

Telecare is a service that can help reduce the risks associated with independent living by using wireless devices linked from a person's home to a monitoring and response centre. Sensors can be used to monitor the home environment and enable assistance to be summoned in the event of an emergency.

There are opportunities for use of technology in supporting health and healthcare through telehealth and telemedicine. Telehealth enables remote monitoring of health conditions (such as blood pressure) and telemedicine can support remote consultation and diagnosis, to prevent the need to travel to an appointment.

Introduction of equipment may not of itself be sufficient. The Good Governance Institute (2016) noted that “success depends on changing how the public think about their [health and healthcare]. They continue that “for each local pathway of care, and to further support patients with a chronic illness, a wholesale redesign is required if new technology is to deliver promised benefits”.

Respite and short term breaks

Respite or short breaks can provide carers with support and breaks away from their caring role. This can help to maintain independent living for a person with long term conditions, disability or sensory impairment. Increasingly, innovative ways of providing support are being used, such as participation in local groups for daytime activities. More traditional respite services in a residential setting or sitting services can be delivered to the cared for person to provide carers with a break from the caring role. More information is given in the chapter on carers [\[add link\]](#)

Residential and nursing care

The number of people being supported by health and social services to move into care homes has been reducing over time, as support to live at home has improved and more people have the funds to make decisions to move into care homes without statutory funding. As people are better supported to live at home, people are moving into care homes at a later age, so the length of time

that people live in care homes ('length of stay') is reducing (in May 2016, this was on average 25 months) but the needs of people living in care homes are increasingly complex. See the older people chapter for more information [\[add link\]](#).

For adults with long-term needs, physical disability or sensory impairments, it is those who have more complex needs and so need more specialist support who may need residential or nursing care. There are shortages in current provision of specialist residential and nursing care in some areas of North Wales. These may result in some people being placed outside of their home area and potentially outside of North Wales for very specialist care. This may have an adverse impact on their carers, families and friends in terms of increased travelling. Joint approaches to developing the market and commissioning specific services will need to be taken forward.

Extra care housing

The development of Extra Care Housing has provided alternatives to residential care for some people in North Wales; with some units specifically catering for people with dementia in Extra Care. There were 252 people living in extra care in North Wales in 2015.

All extra care schemes within North Wales have been developed to meet lifetime home standards – offering accessible facilities such as level access showers, hi-lo baths with ceiling hoists and wheelchair / mobility scooter storage. Eligibility criteria for the schemes require prospective tenants to have housing related and/or eligible social care needs. Schemes are available for people aged from 55 years - criteria are developed locally. Some offer accommodation for people aged 60 or 65 and over.

Universal health care and support services

Care closer to home is currently somewhat fragmented and often provided by small teams. Evidence suggests that there is variation in quality and outcomes and provision should be able to deliver more consistently at the population level.

There is a wide range of literature on different models in primary and community services which will be reviewed further, together with examples from other areas and other countries to learn what works well and how this could be applied in North Wales. We will seek expert external support and advice in doing so in the next stages of the Care Closer to Home strategy development.

A review of evidence undertaken by Public Health Wales identified models of primary care in other countries, to help understand what great primary care would look like within a holistic integrated health and social care system ("Primary Care In Wales: Rapid review of models and policy", Public Health Wales, July 2014.) This review found evidence in relation to structure (how we

run the system), process (how we provide the service) and outcomes (health and well-being, citizen experience and value for money). Overall messages include the following:

- This is a pivotal time for health care systems globally: the financial crisis has galvanised scrutiny of the value we gain from our investment in health care systems and there is an emerging consensus that current models are not financially, or otherwise, sustainable.
- There is also an emerging consensus that a shift to primary care and population-based approaches are the way forward to improve health and reduce inequalities in health outcomes. Wales is well placed to build on developments to date around GP clusters and wider community services within integrated health boards.
- Primary care teams should include a wider range of members with greater integration with secondary care and social care, including navigation and coordination of a greater range of services.
- Clear outcomes should be the focus of any new model or policy, using a framework for quality primary care such as that advanced by (Kringos, 2010).
- Models of provision characterised by Community Oriented Primary Care principles and citizen engagement are likely to be the most transferable to the Welsh context, as are approaches tailored to tackling the Inverse Care Law and to co-production of health.

The **National Plan for a Primary Care Service for Wales (2015)** asserts that people should receive the majority of advice, investigation, diagnosis, treatment and care in flexible ways and in flexible facilities, delivered by a range of professionals and others, at or close to home, making effective use of modern technology. The care should be responsive and proportionate to the needs and circumstances of each individual and agreed with them through a care plan.

A recent review of the evidence on **moving service into the community** (Policy Research Unit, 2014) suggested that initiatives to improve community based care should be allowed to develop from the bottom up and that no particular ownership model is better than others, although fragmentation of providers may make service provision more difficult. Good multidisciplinary team working depends crucially on communication. Aligning the populations covered by different services may help (which is already the case in North Wales). It also highlighted the lack of information about community service providers in the UK makes it very difficult to gather evidence about cost, required workforce mix or cost effectiveness.

Specialists, who are traditionally hospital-based, can play a greater role in supporting primary care services to care for people close to home and share

accountability for population health improvement. Hospital based staff will provide much more specialist support to primary care by phone, email, virtual review, video call, and telemedicine technology and in local clinics. Health boards will also agree with the Welsh Ambulance Service how paramedics can help to deliver more care at home and in the community.

The **Community Hospitals Strategy Refresh written by the Scottish Government (2012)** evidenced that community hospitals provide clinically effective services that improve the outcomes for patients and support the delivery of services closer to home. The main challenge for NHS Scotland has been to ensure that community hospitals are fully aligned and linked to the wider delivery of services within NHS Board areas. In order to make full use of these valuable resources, it is vital that community hospitals are as effective as possible at delivering pathways of care and have clear links with the broad range of services provided by the NHS and its Partners and in particular, acute hospitals, care homes and social care services.

We know about a third of adults say they find it difficult to make a convenient appointment with a GP. This is reflected in the feedback from the listening exercises referenced earlier in the document. The Welsh Government has made a number of commitments to improve access to a primary care service in the evening and Saturday mornings for working people. Not everyone who seeks an appointment at their GP practice needs to be seen by a GP. Their health and well-being needs may be appropriately met by seeing another health professional, such as a nurse, a pharmacist, and optometrist. Educating the public about when and how to get the right care from the right person at the right time is an important function of primary care clusters, health boards and the Welsh Government as this plan is implemented.

Flexible access refers to a range of different ways of receiving care from the right professional; this might be face-to-face in the surgery or clinic; by phone; online; through remote monitoring of care using telehealth and telecare equipment or using telemedicine to access specialist advice from others such as hospital-based professionals; making appointments; ordering repeat prescriptions and accessing GP held health records online.

More people will be encouraged to use 'My Health OnLine', which allows people to book GP appointments and order repeat prescriptions. This service will be further developed to include online access for people to their GP held health records with its clinical information from their hospital appointments or admissions, including discharge advice and information.

Flexible facilities mean using each community's assets to deliver a much wider range of care from different professionals. As well as more services being offered in GP surgeries, community pharmacies, dental practices and optometry practices, we want to see much more use made of local community facilities like leisure centres, community centres, supermarkets, the high street

and shopping centres and will work with partners to identify opportunities to do so.

Carers, including people working in care homes, should feel well informed and supported in meeting the needs of their residents and to avoid inappropriate emergency admissions to hospital. Stronger links with primary care and the new 111 telephone service to access information, advice and assistance and access to primary care will support this.

Underpinning all of the approaches to development of new models for primary and community services must be greater integration across systems, with healthcare teams working with local councils, including social services, the third sector, independent and other statutory organisations. There is a growing body of evidence relating to effective integration of services which needs to be built upon in developing future action plans.

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4.5 Conclusion and recommendations

Key messages

While all six local councils and the health board have committed to working to the social model of disability, there is much more work to be done to ensure that the way we work fully reflects this model.

The Social Services and Well-being (Wales) Act 2014 reinforces the need to think about the broader aspects of well-being in a person's day to day life and the ability of a person to participate fully in society.

Focusing on what matters to an individual will help us address the broader aspects better. We will need to work in partnership with people, their families, the third sector and independent providers as well as other public services to achieve this.

The number of people living with a long term condition and the number of people living longer with disability or a sensory impairment is increasing as our population lives longer and the number of older people increases.

We will need to review our organisational priorities and commissioning plans to ensure that we identify better ways of supporting participation and inclusion, and enabling people to maintain their own independence.

We need to focus more on earlier intervention and prevention – taking the actions that the evidence tells us will help people stay healthier and more independent for longer.

We will need to review the more specialised services we provide to ensure that people are able to receive the support they need at the time they need it.

Gaps in service / support

Support for people to live healthier lifestyles and maintain independence is identified as one of the key elements. More emphasis needs to be placed on this by all organisations.

The role of the third sector and independent sector is identified as important in providing broader support networks for people. Organisations need to be mindful of the capacity of these sectors to extend the support they offer.

Some services are sparse in different areas; rural areas have been identified as experiencing shortfalls in provision.

Many of the public sector services are under pressure and while services are available, there may be a waiting list or difficulty in accessing services promptly.

There are barriers for specific groups which need to be addressed – when seeking information, accessing services, or seeking to maintain independence, with support as needed.

Our response

We will seek to collaborate in the design and implementation of effective health improvement programmes with the support of Public Health Wales.

We will aim to give a senior level strategic commitment to implement and embed a sustainable approach to the Making Every Contact Count (MECC) programme in North Wales, providing a culture which encourages and promotes prevention and health improvement.

We will explore the option of using social prescribing as a patient pathway for primary care practices in North Wales to strengthen the links between healthcare providers and community, voluntary and local authority services that could improve health and well-being.

We will take an assets-based approach, identifying what matters to people and supporting them to take control of their lives. We will work with people and the communities in which they live to build on the resources available and support people to connect.

We will seek to strengthen further the social model of disability in all that we do, looking to ensure that our support and our services facilitate participation, respect individual wishes and needs and are inclusive.

We will review the need for our more specialised services to provide care closer to home where possible.

Equality and human rights issues

This chapter raises a number of issues relating to needs which can disproportionately affect people from marginalised groups. These include many who share protected characteristics.

The core factors that influence well-being include promotion of social inclusion. It is known that groups who share the protected characteristics are more likely to experience social exclusion and this will need to be factored into the assessments for individuals.

There may be other issues affecting groups of people who share protected characteristics which have not picked up by this assessment. We would welcome any further specific evidence which may help inform the final assessment. This could be addressed in future population assessment reviews, in the development of the area plan which will follow this assessment, or in the services developed or changed in response to the plan.

Services for people with a long-term health need, physical disability or sensory impairment must take a person-centred approach that takes into account the different needs of people with protected characteristics.

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5 Learning disabilities

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5.1 About this chapter

This chapter includes the population needs of adults with learning disabilities and adults with autism who also have learning disabilities. Information about children and young people with learning disabilities, adults with autism who do not also have learning disabilities and about the carers of people with learning disabilities / autism can be found in the chapters:

- Children and young people [\[Add link\]](#)
- Carers [\[Add link\]](#)
- Autism [\[Add link\]](#)

What is meant by the term *learning disability*?

- a) The term *learning disability* is used to describe an individual who has:
- a significantly reduced ability to understand new or complex information, or to learn new skills (impaired intelligence); and / or
 - a reduced ability to cope independently (impaired adaptive functioning); which started before adult-hood and has a lasting effect on development (Department of Health, 2001).
- b) The term *learning difficulty* is used in education as a broader term which includes people with specific learning difficulties such as dyslexia (Emerson and Heslop, 2010).

What is meant by the term *autism*?

The term *autism* is used to describe a lifelong developmental condition that affects how a person communicates with, and relates to, other people. Autism also affects how a person makes sense of the world around them. It is a spectrum condition which means that, while all people with autism share certain difficulties, their condition will affect them in different ways. About 50% of people with autism also have a learning disability.

Policy and legislation

Local councils arrange and provide support for adults with learning disabilities based on the Social Services and Well-being (Wales) Act 2014 - [see appendix x](#) for more detail on the new act. Some social services are delivered in partnership with other services including housing, health and education.

Historically, local councils across Wales provided or arranged care and support in line with a range of statutory duties and guidance specifically related to adults with learning disabilities. This has shaped the way in which these services have developed in Wales – [see appendix x](#) for more detail.

5.2 What we know about the population

In 2014-15 the total number of people with a learning disability known to social services in North Wales was 2,700 as shown in Table 5.1 below. This figure is based on the learning disability registers maintained by local councils, which only include those known to services and who wish to be registered. The actual number of people with a learning disability may be higher.

Table 5.1 The number of adults on the learning disability register in North Wales

	2012-13	2013-14	2014-15
Anglesey	290	293	303
Gwynedd	535	578	576
Conwy	450	455	463
Denbighshire	389	413	409
Flintshire	463	447	480
Wrexham	500	490	470
North Wales	2627	2676	2701

Source: Local council data

In 2015, around 1,900 adults aged 18-64 were receiving learning disability services arranged by local councils in North Wales (Welsh Government, 2015). The total number of people with a learning disability is estimated to be 2% of the population, which is an estimated 6,100 people aged 18-64 living in communities across North Wales (Institute of Public Care, 2015). Many of these people will have support from family and friends and not receive support from social services.

There has been an overall increase in the number of people receiving services across North Wales in the past five years as shown in Table 5.2. There is some variation in the data year to year due to the small number of individuals, differences in eligibility criteria and changes to the way the numbers are counted and cases closed. A priority for future work is to make sure there is common understanding and consistency across the six North Wales counties in the way data is recorded and analysed.

Table 5.2 The number of adults aged 18-64 receiving learning disability services in North Wales between 2010-11 and 2014-15.

	2010-11	2011-12	2012-13	2013-14	2014-15
Anglesey	200	150	170	180	180
Gwynedd	230	240	270	200	330
Conwy	340	380	410	420	400
Denbighshire	240	260	280	290	300
Flintshire	430	380	410	410	440
Wrexham	290	280	280	290	280
North Wales	1,700	1,700	1,800	1,800	1,900

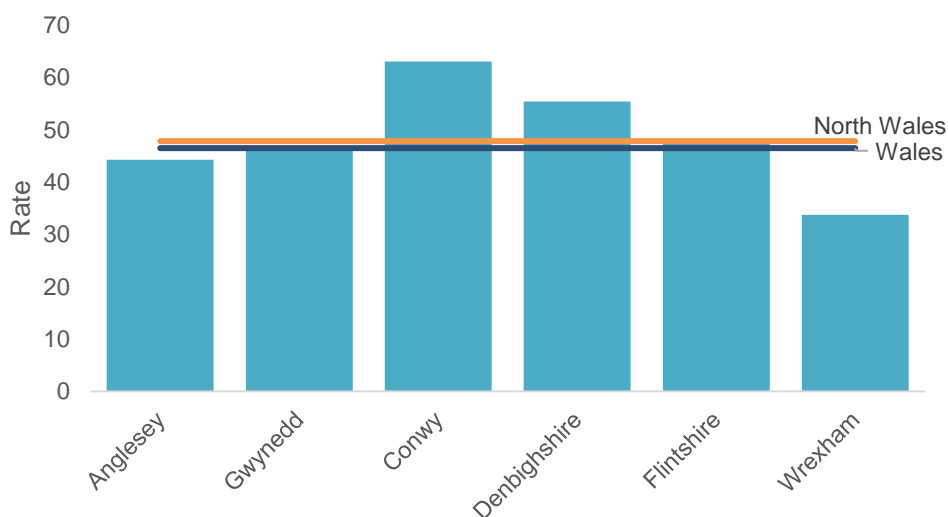
Numbers have been rounded so may not sum

Source: Adults receiving services at the 31st March and range of services during the year, Welsh Government

Figure 5.1 shows the differences in rate of adults with learning disabilities who receive services in North Wales. Possible explanations for the differences between counties include differences in eligibility criteria for services or recording methods, for example, some councils include people who attend a social group as receiving a service while others would not unless it was part of a bigger care package. Other reasons may be that there are more people with learning disabilities living in those areas. A small number of these may be people resettled in the area following closures of hospital or care home places or because of specific provision is available such as specialist schools.

The total number of people aged 16-64 in North Wales with a learning disability per 100,000 people is 480. This is similar to the figure for Wales as a whole which is 460 people for each 100,000 people (Welsh Government, 2015).

Figure 5.1 The rate of adults with learning disabilities aged 18-64 receiving services per 10,000 population



Source: Adults receiving services by local council, client category and age group, Welsh Government

Future trends

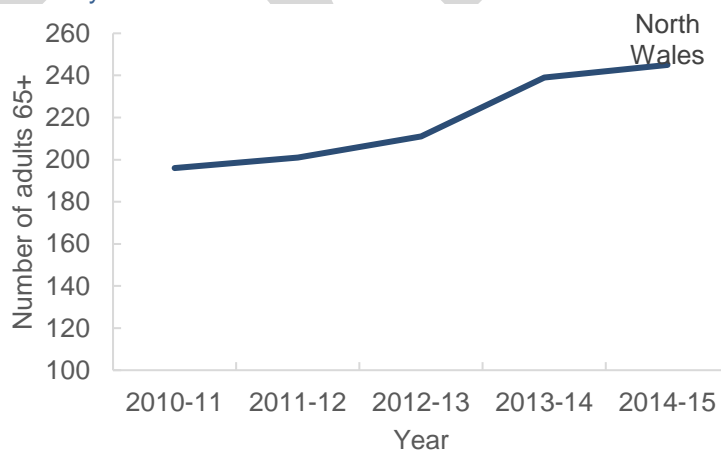
Current projections estimate that the total number of people with a learning disability needing support will increase 2% each year until 2020 and will then stabilise (Local Government Association, 2007)¹. The Social Services and Well-being (Wales) Act 2014 includes a requirement for local councils to replace existing eligibility criteria for services with a new proportionate assessment focussing on the individual and 'what matters' to them. This may increase the demand upon services. At this stage it is too early to accurately predict the number of individuals with care and support needs who will be eligible for statutory support in the future.

Older people with learning disabilities

In 2015, there were 250 people aged 65 and over in North Wales who received a learning disability service (Institute of Public Care, 2015; Welsh Government, 2015).

Current trends in North Wales show an increase in the number of people aged 65 and over receiving learning disability services as shown in Figure 5.2. Table 5.3 below shows there is more variation year to year within each county. For example, there has been a small decrease in Conwy over the past five years however, because the numbers involved are so small it is not possible to draw conclusions from this about future trends.

Figure 5.2 There are an increasing number of people aged 65 and over who receive learning disability services in North Wales



Source: Adults receiving services at the 31st March and range of services during the year, Welsh Government

¹ Another approach estimates that the increase could be between 1% and 8% each year to 2026 depending on whether services are provided to just those with critical or substantial needs or are available more widely Emerson, E. and Hatton, C. CeDR Research report 2008:6 (2008) 'Estimating future need for adult social care services for people with learning disabilities in England'. Lancaster: Centre for Disability Research. Available at: http://eprints.lancs.ac.uk/21049/1/CeDR_2008-6_Estimating_Future_Needs_for_Adult_Social_Care_Services_for_People_with_Learning_Disabilities_in_England.pdf. This could mean an additional 470 to 2,600 people needing services in North Wales by 2026.

Table 5.3 The number of adults aged 65+ receiving learning disability services in North Wales between 2010-11 and 2014-15.

	2010-11	2011-12	2012-13	2013-14	2014-15
Anglesey	7	9	13	24	27
Gwynedd	35	34	38	39	49
Conwy CB	53	59	57	56	46
Denbighshire	38	45	46	46	50
Flintshire	33	26	32	46	39
Wrexham	30	28	25	28	34
North Wales	196	201	211	239	245

Source: Adults receiving services at the 31st March and range of services during the year, Welsh Government

People with a learning disability are living longer. This is something to celebrate as a success of improvements in health and social care. For example, the change life expectancy for people with Down's Syndrome has been dramatic since the 1930s rising from age 10 to around age 50 over the course of 70 years (A.J. Holland, 2000). Evidence suggests that older people are one of the fastest growing groups of the learning disabled population (Emerson and Hatton, 2011).

Older people with learning disabilities have increasingly complex needs and behaviours as they get older which present significant challenges to care services, and staff who work within them, to provide the right type of support. This includes better joint working around payments and resolving disputes quicker (CSSIW, 2016). Creative and innovative design and delivery of services is needed to ensure older people with a learning disability achieve well-being.

There are also increasing numbers of older carers (including parents and family) providing care and support for people with learning disabilities. In future there may be an increase in requests for support from older carers unable to continue in their caring role. The increase in need arising from demographic changes may be more evident in rural areas for example as shown in the pattern of emergency/crisis interventions in Denbighshire. The Social Services and Well-being (Wales) Act 2014 requires local councils to offer carers an assessment for support to those who they care for. It is important to consider the outcomes to be achieved for carers alongside the cared for person and to support carers to plan for the future. [See carer's chapter for more information.](#)

People with learning disabilities are more at risk of developing dementia as they get older (Ward, 2012). The prevalence of dementia among people with a learning disability is estimated at 13% of people over 50 years old and 22% of those over 65 compared with 6% in the general older adult population (Kerr, 2007). The Learning Disability Health Liaison Service in North Wales report that people with learning disabilities are four times more likely to have early onset dementia. People with Down's Syndrome are particularly at risk and can

develop dementia 30-40 years earlier than the general population with rates of 40% at around age 50 (Holland and others, 1998).

The growing number of people living with a learning disability and dementia presents significant challenges to care services and the staff who work in them, to provide the right type of support.

Health needs of people with learning disabilities

People with learning disabilities tend to experience worse health, have greater need of health care and are more at risk of dying early compared to the general population (Mencap, 2012). For example:

- A person with a learning disability is between 50 and 58 times more likely to die before the age of 50 and four times more likely to die from causes that could have been prevented compared to people in the general population.
- People with learning disabilities tend to be less physically active and are more likely to be overweight and obese than the general population (Liverpool Public Health Observatory, 2013).
- Between 40-60% of people with a learning disability experience poor mental health without a diagnosis.
- People with learning disabilities have increased rates of gastrointestinal and cervical cancers.
- Around 80% of people with Down's syndrome have poor oral health.
- Around a third of people with learning disabilities have epilepsy (at least 20 times higher than the general population) and more have epilepsy that is hard to control.
- People with learning disabilities are less likely to receive palliative care (Michael, 2008).
- People with learning disabilities are more likely to be admitted to hospital as an emergency, compared to those with no learning disability (Liverpool Public Health Observatory, 2013). This may be due to problems in accessing care and lack of advance planning.

People with learning disabilities often have a poorer experience of health services due to communication issues. For example, this may result in diagnostic overshadowing by health professionals attributing symptoms of behaviour to the person's learning disability rather than an illness. This can be a particular issue where needs for support through the Welsh language are not being met (MENCAP, 2007; Welsh Government, 2016). Local councils and health are addressing these issues by developing accessible information for people with learning disabilities to improve communication, including hospital passports and traffic light system.

People with a learning disability often have poorer access to health promotion and early treatment services; for example cancer screening services, diabetes annual reviews, advice on sex and relationships and help with contraception (Liverpool Public Health Observatory, 2013). The Learning Disability Health Liaison Service in Betsi Cadwaladr University Health Board work across North Wales to raise awareness and reduce inequalities. The work includes promoting annual health checks and health action planning to support people to take responsibility for their own health needs and saying how they want these needs to be met.

Young people with complex needs

Medical advances have had a positive impact with more young people with very complex needs surviving into adulthood (Emerson and Hatton, 2008). Services will need to adapt to make sure they can meet the needs of these young people as they make the move into adult services.

Please see children and young people chapter for more information.

Other future trends

There are also changes in expectations of families about the rights of people with learning disabilities to an independent life (Emerson and Hatton, 2008). The new act supports people's independence but puts more emphasis on the role of family, friends and the local community in providing support than on social services. Local councils will need to clearly explain this change or 'there is a risk that the same set of circumstances for a person with a learning disability may be perceived quite differently, with the local authority seeing it as a positive example of co-produced, sustainable social services, and it being experienced as an isolating and confusing predicament by the person themselves' (CSSIW, 2016).

Welsh language profile

There is variation across North Wales in the proportion of people with Welsh as their preferred language. This means that there are varying needs across North Wales for Welsh speaking support staff and to support the language and cultural needs of Welsh speakers with learning disabilities. The need tends to be met better in areas where there are greater numbers of Welsh speakers, such as Gwynedd, than in areas such as Denbighshire and Conwy where recruiting Welsh speaking support staff has proved to be difficult (CSSIW, 2016). Please see the [Welsh language profile](#) for more information.

Transition between children and adult services

On the whole, support for young people with learning disabilities into adulthood is working well (CSSIW, 2016). One organisation raised an issue that not every local council provides a transition social worker or a team to coordinate and

manage issues during transition stages of children with Down's Syndrome (Isle of Anglesey County Council *et al.*, 2016).

Local councils in North Wales are reviewing policies and practice to ensure they comply with their duties to improve outcomes, health and wellbeing set out in the Social Services and Well-being (Wales) Act 2014. Councils are expected to work in partnership with health, third and community sector organisations to develop a range of preventative services to support independence. The emphasis is on providing coordinated person centred support which works with the individual to take control of their own needs, rather than making decisions for them, and developing more support provided by the community, in the community.

Differences between communities in North Wales

The need for formal support from social services may vary as a result of differing experiences and expectations of individuals, families and communities in North Wales. There are differences between communities in the extent to which people have approached social services for support, with some areas reporting a reluctance by some families to accept support until a situation reaches crisis point. Some counties report this being more common in rural areas. For example, Denbighshire case records and housing needs spreadsheet show evidence of families not wanting to discuss future housing needs. This can result in an increased likelihood of emergency placements. Other counties report similar findings.

Safeguarding

The Social Services and Well-being Act (Wales) Act 2014 defines that an adult is at risk if: they are experiencing or at risk of abuse or neglect; they have needs for care and support (whether or not the authority is meeting any of those needs), and as a result of those needs are unable to protect themselves against the abuse or neglect or the risk.

In safeguarding adults at risk, local councils should make sure individuals feel they are an equal partner in their relationship with professionals, and remain open to any individual who wishes to invite someone of their choice to support them to participate fully and express their views, wishes and feelings. With this new legislation in place, local councils and partners are provided with an opportunity to review our approach across the region, bring our learning into practice, and to focus on ensuring the adult at risk is always at the centre of our work to support them.

In the year 2015/16, there were 4,000 referrals for adults at risk in Wales. Of these, 15% of referrals were for adults with learning disabilities aged 18-65 and 1% of referrals were for adults with learning disabilities aged 65 and over.

There can be confusion between safeguarding issues and the poor practice of staff that needs to be addressed by care providers. Referrals which do not meet the safeguarding threshold must be screened by the adults at risk teams who make enquiries and determine the next steps. Training for providers is identified as an area for improvement.

Adults with a learning disability are vulnerable to maltreatment and exploitation, which can occur in both community and residential settings (NICE, 2015). In 2014/15 there were 2,500 recorded incidents of disability hate crime which was an increase of 22% on the previous year, although some of this may be due to improvements in police recording rather than an increase in offences (Home Office, 2015). Data from the Crime Survey for England and Wales (CSEW) estimates that there are 70,000 disability motivated hate crimes on average each year (Home Office, 2015). There needs to be increased awareness of disability hate crime and procedures with development of better relationships and understanding across the region. We need to work together to develop a culture where people challenge discrimination and hate crime and where people with learning disabilities feel able to speak up.

An emerging issue identified by staff is an increasing need to provide more support for people with using the internet (including social media and internet dating) due to safeguarding concerns. An additional concern is that decisions to safeguard adults with learning disabilities may make them less safe if they are taken to protect decision makers and stop them having access to things that improve their wellbeing, such as technology (Community Care, 2015).

There are also concerns about domestic abuse and meeting the needs of people from different cultural and religious backgrounds. There is more information in [chapter 8 violence against women, domestic abuse and sexual violence](#).

These issues are discussed in more detail in section 5.3 'What are people telling us'.

Overall, the level of spend on learning disability services has been increasing but we are now faced with supporting more people with less money as a result of reducing local council settlements, Independent Living Fund (ILF) closure & Supporting People funding restrictions.

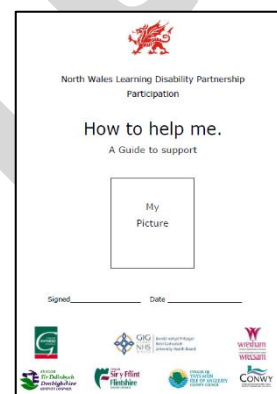
5.3 What are people telling us?

The Regional Learning Disability Partnership focuses on driving forward improved services based on mutual understanding across the six local councils and health. A regional participation strategy and outcome framework has been developed to ensure "the partnership is effective and citizen focused and that it meets the needs of people with learning disabilities and their families" (North Wales Learning Disability Partnership, 2015b).

Learning disability participation is coordinated across the six councils by a Regional Participation Officer. Each county has its own local participation network/forum supported by advocacy. The coordinator supports the local forums to take part, plan events and come together to influence the learning disability services across North Wales. The regional group have chosen to work on the topics below (North Wales Learning Disability Partnership, 2015a)

1. Leisure. The event organised highlighted the fact that often people with learning disabilities struggle to attend social events in the evening or have to leave early because of staff handovers or transport issues. Staff attending from the region are working on ideas to enable people to 'stay up late'. This may include local councils re-writing contracts with providers. The participation group chose to promote a 'Friendship group' currently being run in Conwy by a person with learning disabilities to be replicated across the counties

2. Places people live. On the whole, people with learning disabilities in North Wales are happy with where they live. The problems they experience tend to be with the way support is provided, particularly when it is inflexible. For example one person said they had to give 24 hours' notice to access money which meant they missed out on buying the dress they wanted at the market. To help with this the group have written a book called 'How to help me' which people with learning disabilities can keep with them, to have their say and to help support staff understand how they would prefer to be supported.



3. Health. There are a number of initiatives in North Wales to help improve the health of people with learning disabilities. At their next event, the group will be working on how well people are aware of these and how the take-up can be improved. These include:

- Annual health checks.
- Learning disability nurse based in hospitals who can help people with learning disabilities communication and to complete a traffic light assessment.
- Public health easy read leaflets about health checks.
- Opportunities for physical exercise and healthy eating.

The group are also looking at the quality of mental health services for people with learning disabilities.

Other issues identified by the group include employment and pay for employment; keeping safe when out and about and when using the internet; and hate crime. A group aiming to reduce stigma have produced a poster and

video encouraging people to report incidents of disability hate crime (Conwy Connect, 2014).

Discussion groups held to inform the population assessment highlighted the need for paid work to give a feeling of self-worth and acknowledge people's worthwhile contribution to society. People with learning disabilities also said they would like more opportunities to join in socially with groups from all areas of society, not just those arranged for those with disabilities only. Another theme was the need for good transport to access services (a particular problem in rural areas) and a number of people expressed the desire to learn to drive.

A review of person centred plans in Denbighshire found people with learning disabilities said that the things that work well are their homes (the people they live with and the things they do at home) and leisure (getting out and about and being a part of their community). New things mentioned that work well are having access to technology, such as Wi-Fi and a laptop, and well managed medication. Whereas the things that were not working well were mobility and health (particularly aging, getting around or the increasing effects or chronic health problems) and coping with anxieties and managing behaviours. New things mentioned include problems with the housing environment (often these were little things but they were having a big impact), friendships, relationships and loneliness (people said they wanted more friendships) (Denbighshire County Council, 2016).

Feedback from partner organisations

A questionnaire circulated for the population assessment highlighted that people want to be treated as equal to the rest of the population, they needed help to feel part of the community and to express themselves (Isle of Anglesey County Council *et al.*, 2016). In particular, organisations feel that there is not enough support or opportunities for people with learning difficulties to work and not enough support or opportunities for them to develop new relationships.

They also identified a lack of long term low level support for people who have learning difficulties but do not reach the threshold for a learning disability diagnosis, and who are unlikely to be ever fully able to maintain a housing tenancy independently.

Feedback from staff

Staff consultations were held to inform the population assessment and the issues raised are reflected throughout this chapter. For more information please see the staff engagement report [\[add link\]](#).

National consultation (CSSIW, 2016)

When asked about their needs most people spoke about their relationship with their care manager and other staff. Concerns were largely about reliability

(turning up on time); dependability (doing what is promised); and availability (having a care manager in the first place).

The findings about providing effective care and support were:

- We need to improve the quality of information about the help that might be available. Concerns about the format of information – for example, too many words, small size of fonts and not enough pictures.
- Concerns about feelings of vulnerability and risk in the community. People said:
 - ‘I get worried in council places – people laugh and I leave’
 - ‘People in the community called me and my family names’
 - ‘Sometimes the kerbs are too high for my wheelchair and the paths not wide enough so I worry I’ll tip into the road or if I go in the road get knocked down’.

They also identified three cross-cutting issues:

1. The quality and reliability of the relationship with staff (including care managers) is crucial to the achievement of positive outcomes for many people with learning disabilities.
2. The ‘helping’ relationship should focus on promoting and supporting the rights of people with learning disabilities including their right to express and exercise choice.
3. The expression of choice should be underpinned by sound risk assessment and risk management so that people feel as safe as possible as they grasp new opportunities.

5.4 What support is available at the moment?

People with learning disabilities often need support with many aspects of their lives, including:

- where they live (for example, residential care or supported housing);
- what they do during the day (employment / work experience);
- their social lives;
- having a break (respite).

This support can come from their friends and families or their local community as well as from local councils, health services and/or the third sector.

Local councils across North Wales are continuing to move away from care home provision towards community living and other models of supported housing. The new act has increased the emphasis on support that encourages progression and has a focus on outcomes when procuring support for people.

The National Inspection of Care and Support for people with learning disabilities (CSSIW, 2016) found that:

‘The quality of care and support for many people with learning disabilities in Wales is largely dependent on the effectiveness of the front line social services and health staff who support them. For those who have family carers, it is the tenacity and assertiveness of their relatives that is also often crucial to the outcomes they achieve. Social services and health staff generally work well together at an individual and team level. Much more needs to be done, however, by leaders at all levels to support their staff by working in partnership with people with learning disabilities and family carers to shape care and support for the future.

There are examples where social services and health are thinking and planning together for the longer term and talking and listening to people about their ideas and plans. However, there are too many instances where this is not happening effectively on behalf of people with learning disabilities.’

The report includes 13 recommendations for practitioners, leaders and policy makers. The first three recommendations are around understanding the need, which are being addressed through this population assessment.

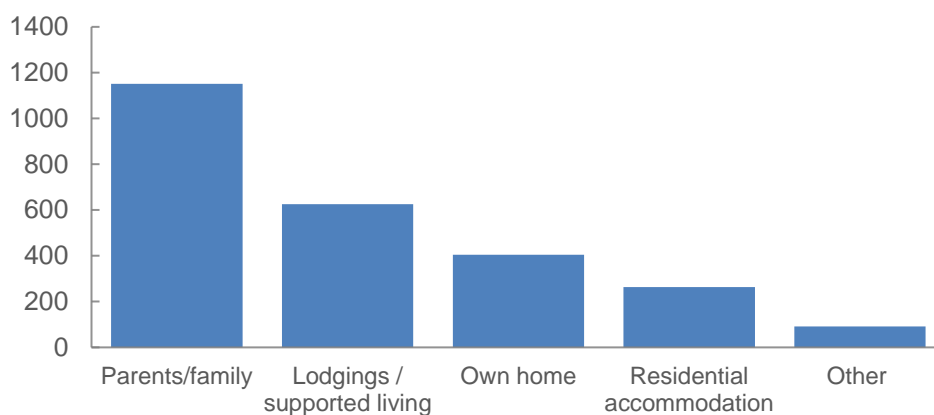
Recommendations four to nine are about providing effective care and support including: reviewing quality assurance arrangements; sharing best practice; clarifying adult safeguarding arrangements; strengthening health liaison work; provision of equipment; and, considering the Continuing Health Care Process to see if improvements can be made.

Recommendations 10 to 13 are about leading in partnership with people.

Supported housing: this includes Care Home placements, Community Living and Adult Placements

As shown in Figure 5.3 the majority of people with learning disabilities in North Wales live with their parents (this pattern is different from the general population). Specialist supported housing is the next most common living arrangement and includes community living and adult placements. The smallest proportion of people with learning disabilities live in residential and institutional care, which reflects the amount of support that goes in to supporting people to stay in their homes. In recent years a number of ‘tailor made’ community living schemes have been developed across the region as a means of helping people to move out of Care Homes.

Figure 5.3 The majority of people with learning disabilities aged over 16 in North Wales live in community placements with their parents/family (a)



Source: Adults receiving services at the 31st March 2015 and range of services during the year, Welsh Government

(a) The 'Other' category includes health placements and foster placements

There has been a move towards supporting living arrangements from care homes. This can be illustrated by the number of Community Living Schemes that have been developed in each local council area over the past five years.

- Anglesey: Total increase of 7 units: 2 one person units, plus increased multiple person unit from 3 to 4. Adult placements increased by 4.
- Gwynedd: 2 in the last year, including 1 new build project and approximately 1-2 developed each year for the last five years.
- Conwy: 5 new schemes (plus 2 sourced by the families with support provided via Direct payment)
- Denbighshire: 8 new schemes developed
- Flintshire: 5 Community Living Schemes set up in the last 5 years.
- Wrexham: 12 new or remodelled properties developed plus 1 under construction and 1 where land is currently being sourced.

Future housing needs

Since the 1980s all local councils across North Wales have developed a model of shared supported housing, known as community living. For most people this is seen as more appropriate than long term care home placements, as it means that people are tenants in their own right and have much more control over their daily living patterns. It enables people to live in an ordinary house as a part of their community.

The new act emphasises the need to be part of the community. Although on the whole this model of shared housing has worked well, there is also a need to look at alternative models to community living. In current models people are living together for 10-20 years (longer in some cases), over which time their needs change and it is difficult to find good matches for people over that time scale. New housing models include providing 'own front door' with support.

While a person is living in a supported housing scheme they will receive domiciliary care and/or support in order to promote independence. The care they receive is usually separate from the accommodation. There is a need to work with supported living service providers to develop more outcome based service delivery models, designed to ensure people receive personalised services to meet their assessed needs as identified in their individual support plans.

The aim is to introduce more progressive service delivery models that act as a stepping stone towards greater independence and promote social inclusion and integration into the local community. The support a person receives will change as the person's needs change. It is generally expected that, as people become more connected with their communities and develop their own support networks, their need for formal social care will reduce and support will be adjusted in response to the changing situation.

Ongoing regional work is taking place to review contracting arrangements for domiciliary and supported living framework agreements. The aim is develop a sustainable market in North Wales with a range of providers, delivering care and support to meet the diverse range of needs (including complex needs) across North Wales and continue to reduce the number of out of county placements.

There is also a need to provide or arrange housing support to people who are no longer able to live at home, for example if their family are no longer able to support them. Often individuals and their families find it difficult to think about the future but when a carer passes away, a particularly difficult time will be made more so if there are no plans in place and social services have to find the person a new home in an emergency. Table 5.4 below is an estimate of the number of people with learning disabilities living with older carers in North Wales.

Table 5.4 The estimated number of people with learning disabilities living with carers aged 60 and over.

	2016 (a)
Anglesey	27
Gwynedd	75
Conwy	50
Denbighshire	50
Flintshire	60
Wrexham	60
North Wales	322

Source: Local council data

Note: Estimated based on date of birth of person with learning disabilities, not the carer.

(a) These figures have been estimated as dates of birth of carers are not recorded as routine.

Housing needs analysis in each county shows some similar needs which include:

- Improved and modernised respite service to provide more opportunities to younger people so that they can have longer breaks which may enable them to remain at home longer. Staying at home is viewed as a positive thing and reflects what is happening within the young population generally. Young learning disabled people are often benefit dependent and being able to afford their own home will increasingly be an issue due to the changes to benefit entitlement and the proposed housing benefit cap. Respite that can equip people with skills training to prepare for a move to a tenancy.
- Respite for people with complex needs and challenging behaviour.
- Long term accommodation for people with complex needs/challenging behaviour which will enable people to return to their home county from out of county placements.
- Accommodation for younger people (transition stage) likely to be bed-sit based and with communal areas, general concierge/warden service with extra support commissioned as required based on assessment. It would meet the needs of: people under 35 where affordability is an issue; care leavers; people with history of minor convictions.
- There is a need to develop alternatives to traditional models of community living, including extra care apartments for people with learning disabilities (own front door, shared support) and a fully accessible intensively supported independent living model of housing.
- Hostel-type accommodation: there are currently limited hostel opportunities that suit people with learning disabilities, this type of accommodation would be short-term.
- Need to plan to meet future accommodation needs of people currently living with older carers.
- There is demand for tenancy based supported housing for individuals of all ages.
- Expand on the Adult Placement / Shared Lives scheme – need to employ more enablers
- Adapted housing for individuals with visual/sensory impairments.

A challenge for all local councils is to find sufficient good quality housing to meet the wide range of needs of people with learning disabilities and enable individuals to have more choice about where they live, who they live with and who supports them. Local councils in North Wales are continuing to explore alternative housing options with key stakeholders, including property developers, registered social landlords, housing departments and housing associations and work together to find innovative housing solutions for people with learning disabilities. This can include better designs and adaptations to existing properties as well as learning from good practice and successful housing projects in other areas, such as ideas for better use of assistive technology to support independence.

Engagement for the population assessment also highlighted an unmet need regionally in relation to high-end jointly funded nursing placements for adults with severe learning disabilities who have health related needs. There are people in Bryn y Neuadd hospital for whom finding placements has proved difficult because there is nowhere they can go that is adequately equipped to meet their needs.

Overall people with learning disabilities told us that housing worked well for them. Please see section 5.3 'what are people telling us' for more information.

Day opportunities

By *day opportunities* we mean formal support for people during the working week which is provided away from their home – this includes work opportunities which tend to have a vocational focus or are based in a business setting. Each county has a mix of direct payments, in-house, independent sector and social enterprises, with a range of services and work based activities in each local council.

A *social enterprise* is a business with profits re-invested back into its services or the community. A *cooperative* is a group acting together voluntarily to meet economic and social need. Local councils have a new duty to promote social enterprises and co-operatives which involve people who needs care and support. Day opportunities are an area we would like to encourage social enterprises and co-operatives to provide.

Respite services

Each county has respite services which give families a break. The arrangements vary from county to county but include respite 'beds' in Care Homes, Adult Placements for respite, short breaks and use of Direct Payments

Support services – social and leisure opportunities

People with learning disabilities often face barriers to accessing socialising or leisure opportunities, for example they may not drive or may need support to use public transport. If local councils did not provide this support then some people would not be able to have a social life. Many of the solutions are low-cost and each county has a different way of funding these services. Some are funded as part of other provision, for example, a provider running disco nights. Others use small grants (either from the council or other funders) or informal arrangements. The provision varies depending on demand and geography. There are opportunities to make sure these services are more user led. For example, the 'Friendship group' currently being run in Conwy by a person with learning disabilities.

Active support

The social services National Outcomes Framework for people who need care and support and carers who need support is designed to ensure that health and wellbeing is central to the development of service delivery. This includes appropriate support for people who have profound and multiple disabilities. Some individuals may have no speech and sometimes present behaviours that challenge services. Some counties are training internal staff and working with external organisations that practice active support and use functional communication methods.

Active support is an approach for people with very profound needs who are not able to do typical activities independently and has three components:

1. Interacting to Promote Participation. People who support the individual learn how to give him or her the right level of assistance so that he or she can do all the typical daily activities that arise in life.
2. Activity Support Plans. These provide a way to organise household tasks, personal self-care, hobbies, social arrangements and other activities which individuals need or want to do each day, and to work out the availability of support so that activities can be accomplished successfully.
3. Keeping Track. A way of simply recording the opportunities people have each day that enables the quality of what is being arranged to be monitored and improvements to be made on the basis of evidence.

Each component has a system for keeping track of progress, which gives feedback to the staff team and informs regular reviews (Jones *et al.*, 2014).

Other services and sources of support

Grant funding

The Independent Living Fund (ILF) has been abolished and a reduced amount of funding has been transferred to local councils.

Supporting people funding supports a number of specialised housing projects for people with learning disabilities. This funding has been cut in recent years and cuts are expected to continue putting these projects at risk.

Health

In North Wales we have a liaison nurse service to support communication with people with learning disabilities in hospital.

Information

Dewis Cymru provides information on community based support across the region.

Advocacy

Please see introduction for more information about advocacy [\[add link\]](#).

5.5 Conclusion and recommendations

Key findings

- **Demography:** The number of people with learning disabilities needing support is increasing and people with learning disabilities are living longer. These demographic trends are likely to continue. The growing number of people living with a learning disability and dementia presents significant challenges to care services, and the staff who work in them, to provide the right type of support.
- **Health needs:** People with learning disabilities tend to experience worse health, have greater need of health care and are more at risk of dying early compared to the general population.
- **Young people with complex needs:** Services will need to adapt to make sure they can meet the needs of young people with complex needs as they make the move to adult services.
- **Attitudes and expectations:** Most individuals and their families want, or expect to have, a greater level of independence and to be a key part of their community. This may include older parents who have never asked for support or carers who find that the support they expected to have is no longer provided or is provided in a different way.
- **Transition between children and adult services:** this works well on the whole and social services will increasingly be focussed on developing an integrated approach which will help with transition.
- **Finance:** The level of spend on learning disability services has been increasing but we are now faced with supporting more people with less money.
- **Legislation:** The Social Services and Well-being (Wales) Act 2014 is changing the way we work, including the way in which we find out what matters to people and the way in which people are supported.
- **Existing provision:** Currently, support is generally provided by immediate family members and/or long term paid care staff.

Recommendations

1. Support older carers and make sure they have the support and respite services they need. This should include 'planning ahead' services for families which includes work to identify hidden carers and assess their needs for support.

2. Health and social services to work better together make sure there is sufficient support for the health issues of older people with learning disabilities, including people with dementia.
3. Continue to support people with learning disabilities to access health care through the Learning Disability Health Liaison Services, by developing accessible information for people with learning disabilities to improve communication and supporting healthcare providers to better identify people with learning disabilities so they can make 'reasonable adjustments' to their care. Promote access to health promotion and early treatment services.
4. Provide sustainable models of support jointly by health and social care to meet the needs of individuals with complex need. This should include addressing the unmet need for high end jointly funded nursing placements for adults with severe learning disabilities who have health related needs.
5. Support staff to manage changing expectations of support for people with learning disabilities, including changes required by the new act.
6. Recruit more Welsh speaking support staff.
7. Provide more support for people with staying safe when using the internet.
8. Encourage more informal, unpaid support, to reduce reliance on formal paid support. This would help facilitate wider friendships and social lives for people with learning disabilities beyond paid carers.
9. Increase recruitment to the shared lives / adult placements scheme.
10. Develop the provision of assistive technology for people with learning disabilities.
11. Continue to explore and develop housing options to meet the needs of people with learning disabilities in partnership with other organisations.

Data development agenda

- Make sure there is common understanding and consistency across the six North Wales counties in the way data is recorded and analysed.
- Carry out more analysis to support adult services to plan for the needs of young people with complex needs.

Equality and human rights

This chapter includes challenges faced by people with learning disabilities and some of the ways we can work together to meet these needs. People with learning disabilities may also have other protected characteristics and experience additional disadvantage because of these. The chapter looked at particular issues faced by older people with learning disabilities, people with profound and multiple disabilities and the use of the Welsh language. Future work also needs to take into account different issues affecting women and men,

Lesbian, Gay, Bisexual and Transgender (LGBT) people, Black, Asian and Minority Ethnic (BAME) people and a person's religion and beliefs.

There may be other issues affecting groups of people who share protected characteristics which have not been picked up by this assessment. We would welcome any further specific evidence which may help inform the final assessment. This could be addressed in future population assessment reviews, in the development of the area plan which will follow this assessment, or in the services developed or changed in response to the plan.

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Appendix 1: Overview of the Social Services and Wellbeing (Wales) Act 2014

Nationally, the way in which local authorities arrange and provide support for adults with learning disabilities is informed by the new Social Services and Well-being (Wales) Act 2014. This act, which came into effect in April 2016, replaces previous legislation for the delivery of social care and forms the basis for a new statutory framework for social care in Wales. It will transform the way social services are delivered, promoting people's independence to give them a stronger voice and control.

Many of the supporting principles and aims already underpin the changes that have been introduced across Social Services and local councils have been preparing for the implementation of the act with a strong emphasis on training and staff development.

How will the Social Services and Well-being (Wales) Act 2014 change things?

The act will:

- Provide a stronger voice and real control for people over the social care services they use, and will help meet their changing needs. It will drive the development of new models of service that maintain and improve the wellbeing of people in need.
- Promote preventative and early intervention services, based on greater partnership working and integration of services between local authorities and partners.
- Establish Outcome Focused Assessments for individuals and their carers which focus on the outcomes that are important to them, not just about eligibility for a particular service.
- Establish a national eligibility criteria. People will be assessed on what they need, rather than just on what services are available locally.
- Strengthen powers for safeguarding of children and adults, so that vulnerable people at risk in our society can be protected more effectively.
- Promote Direct Payments - extending the range of services available by direct payments, meaning people will have more control over the services they use.
- Provide portable assessments - If people move from one part of Wales to another they will not require their needs to be re-assessed if these haven't changed.
- Establish equivalent rights for carers so that people who care for someone such as an elderly or disabled relative or friend will get similar rights to the people they care for.

The act also places duties on local authorities in relation to providing people with:

- Information and Advice relating to care and support; and
- Assistance in accessing care and support.

More information is available at: <http://www.ccwales.org.uk/the-act/>

Engagement carried out nationally around the impact of the act stresses the importance of helping people with learning disabilities to understand the changes. The report writers said 'Without this, there is a risk that the same set of circumstances for a person with a learning disability may be perceived quite differently, with the local council seeing it as a positive example of co-produced, sustainable social services, and it being experienced as an isolating and confusing predicament by the person themselves. Finally, it should be stressed that the evidence from the national inspection is that many people already rely more on their families for support than they do on services'. (CSSIW, 2016)

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Appendix 2: How national guidance has shaped learning disability services

National legislation: There is a statutory duty on the local council to provide information and/or arrange support (and in some cases accommodation) under the National Assistance Act 1948, the Chronically Sick and Disabled persons Act 1970 and the NHS & Community Care Act 1990. Each individual must be assessed using Fair Access to Care.

1983: The All Wales Strategy (1983) and Revised Guidance (1994): The All Wales Strategy recognised the rights of people with learning disabilities to normal patterns of life within the community, to be treated as individuals, and to receive additional help and support from the communities in which they live, and from professional services, in developing their potential.

Since the introduction of the All Wales Strategy significant achievements have been made throughout Wales, including the hospital closure and resettlement programme, more localised community based day services and the establishment of community living schemes.

'Community living' enables people to live as tenants in 'ordinary' properties, within their own community. In North Wales the impact of the All Wales Strategy has been considerable, particularly in relation to the shift away from institutional care, with community living now well established as the preferred option for most people who need to live away from the family home.

In terms of day time activities, we have also seen a move away from large, isolated, day services and towards more community based 'businesses'.

2001: Fulfilling The Promises: In 2001, the Learning Disability Advisory Group published their proposals for a framework for services for people with learning disabilities. The report 'Fulfilling The Promises', outlined a vision for services based upon the principles of the All Wales Strategy. It laid down a number of key principles in areas such as employment, Community living and health needs.

2004: Section 7 Guidance- Service principles and Service Responses: Although considerable progress had been made in Wales since the All Wales Strategy was first established there was recognition of the need for further development. In response to this Welsh Government (WG) issued Section 7 Guidance on Service principles and Service Responses in 2004 and allocated grant funding for projects which supported this guidance.

The white paper **Sustainable Social Services for Wales: A Framework for Action** published in 2011 set out the Welsh Government's vision and highlighted the challenges facing public services in Wales.

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6 Mental health

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6.1 About this chapter

This chapter includes the population needs of mental health needs of adults. Information about other population groups can be found in the chapters:

- Children and young people [\[add link\]](#)
- Older people: for information about dementia, however, early onset dementia is discussed in this chapter [\[add link\]](#)
- Learning disabilities and autism: the population assessment has highlighted the way people current service divisions may not work for people on the autistic spectrum. More information is included here [\[add link\]](#).
- Carers [\[add link\]](#)

For information about substance misuse please see the Area Planning Board needs assessment [\[add link\]](#)

What is meant by the term mental health?

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

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

The Mental Health (Wales) Measure 2010 includes four different ways people may need help:

- Local primary mental health support services: services accessed through a GP referral.
- Care coordination and care and treatment planning: for people who have mental health problems which require more specialised support (provided in hospital or in the community), overseen by a professional ‘Care Coordinator’ such as a psychiatrist, psychologist, nurse or social worker.
- People who have used specialist mental health services before: can request reassessment from the mental health service.
- Independent Mental Health Advocacy: For people receiving secondary care.

The Mental Capacity Act 2005 covers people in England and Wales who can’t make some or all decisions for themselves. The ability to understand and make a decision is called ‘mental capacity’. The Mental Capacity Act requires care co-ordinators to assume that a person *has* capacity, it also makes provision for Independent Mental Capacity Advocates and /or ‘Best Interest Assessors’ to support decision making for people who lack mental capacity.

How will the Social Services and Well-being (Wales) Act 2014 change things?

The principles of the Social Services and Well-being (Wales) Act 2014 are similar to those already adopted by mental health services in North Wales. Regional work is taking place to make sure documentation is compliant with the act and that care and treatment plans required under the Mental Health Measure fit with the assessment requirements under the new act. For more information about the act please see [appendix x](#)

For more information about the legislation and guidance relating to mental health please see [appendix x](#).

Safeguarding

The safeguarding issues for adults with mental health needs are similar to those of the general adult population. People who lack the capacity to make decisions as to where they live and about their care planning arrangements need to be assessed for a Deprivation of Liberty Safeguards (DoLS). The aim of the safeguards are to ensure that the most vulnerable people in our society are given a 'voice' so that their needs, wishes and feelings are taken into account and listened to when important decisions are taken about them.

There is a new definition of 'adult at risk', a duty for relevant partners to report adults at risk and a duty for local authorities to make enquiries which should help to safeguard adults at risk, including those with mental health support needs.

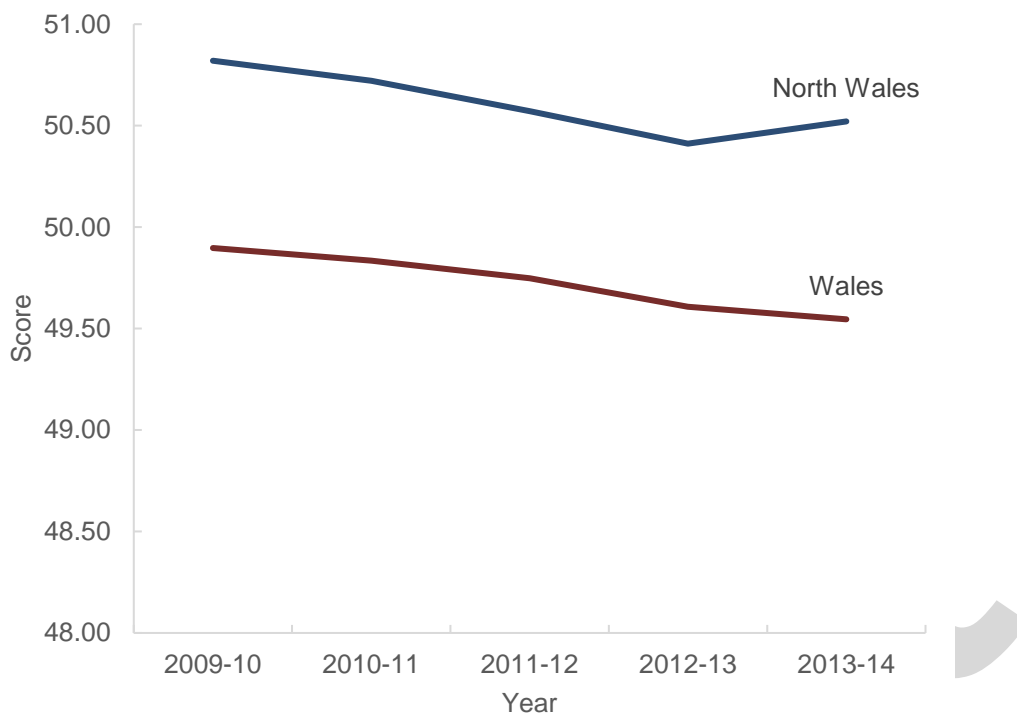
6.2 What do we know about the population

An estimated 1 in 4 people in the UK will experience a mental health problem each year (Mind, 2016), which could include anxiety or depression. In the Welsh Health Survey 13% of respondents reported being treated for a mental illness, which is a slight increase since the survey started in 2003/4 (Welsh Government, 2015b).

People in North Wales report slightly better mental health than in Wales as a whole

Figure 6.1 shows how respondents reported their mental health using the mental component summary score where higher scores indicate better health. This shows that people in North Wales report slightly better mental health than the population of Wales as a whole and that there has been a slight drop (worsening) in scores for mental wellbeing since 2009-10.

Figure 6.1 Mental component summary score (higher scores indicate better health)



Source: Welsh Health Survey (observed)

Table 6.1 shows the mental component summary score for each county. The differences between the counties are quite small and there is variation between them from year to year. Overall, Wrexham has the lowest scores and Gwynedd and Anglesey have the highest, with a difference of 2 points between the scores.

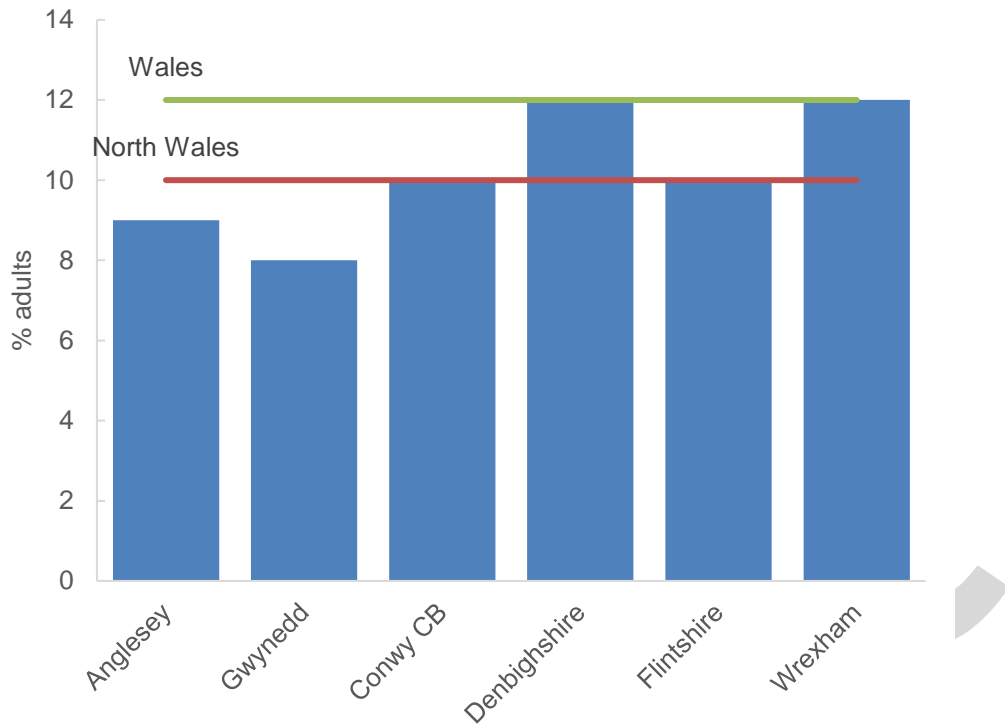
Table 6.1 Mental component summary score (higher scores indicate better health)

	2009-10	2010-11	2011-12	2012-13	2013-14
Anglesey	50.8	51.0	51.5	51.4	51.1
Gwynedd	50.9	51.3	51.3	51.1	51.4
Conwy CB	51.1	50.3	50.2	50.3	50.6
Denbighshire	50.6	50.9	50.5	50.1	50.5
Flintshire	51.3	50.6	50.4	50.7	50.3
Wrexham	50.2	50.4	50.0	49.3	49.6
North Wales	50.8	50.7	50.6	50.4	50.5

Source: Welsh Government (Welsh Health Survey, observed)

Figure 6.2 shows the percentage of adults who report being treated for a mental illness.

Figure 6.2 Percentage of adults (16 years and over) reporting being currently treated for a mental illness.

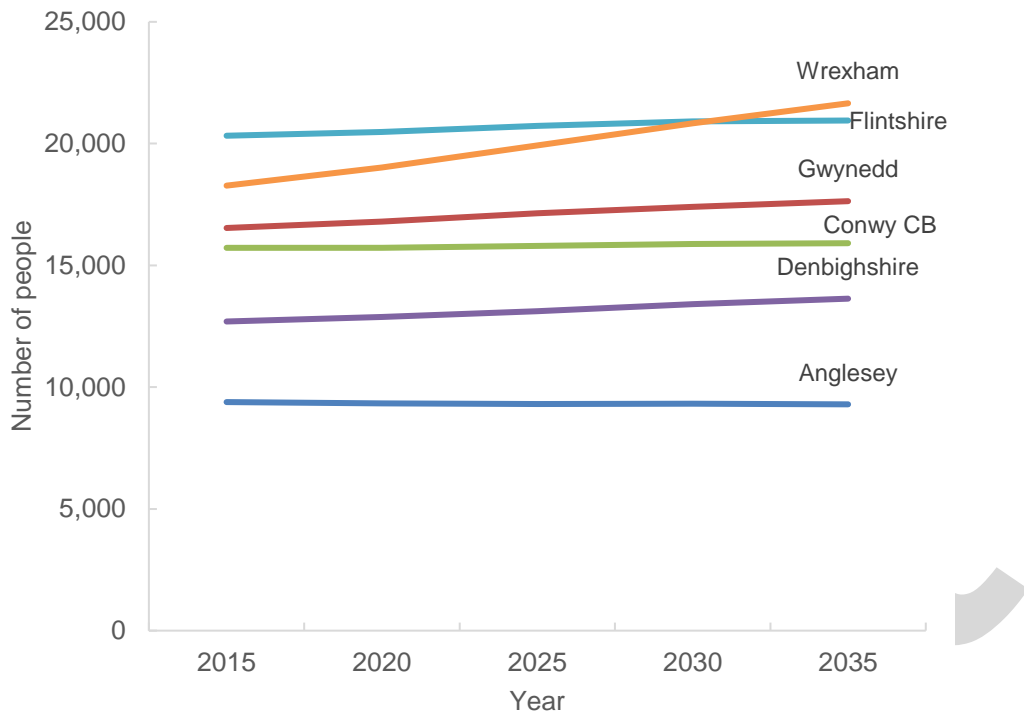


Source: Welsh Government (Welsh Health Survey)

The number of people with mental health problems is likely to increase

Data from the Welsh Health Survey can be used to see how numbers change over time. Figure 6.3 and Table 6.2 were generated from prevalence rates from the Welsh Health Survey and applied to population projections to 2035. It shows that the number of adults in North Wales with a common mental health problem is predicted to increase from 93,000 to around 99,000 by 2035. The numbers may increase further if there is also a rise in risk factors for poor mental health such as unemployment; lower income; debt; violence; stressful life events; and inadequate housing.

Figure 6.3 Number of people aged 16 and over predicted to have a common mental health problem, North Wales, 2015 to 2035



Source: Welsh Government, Daffodil

Table 6.2 Number of people aged 16 and over predicted to have a common mental health problem, North Wales 2015 to 2035

	2015	2020	2025	2030	2035
Angleseley	9,400	9,300	9,300	9,300	9,300
Gwynedd	17,000	17,000	17,000	17,000	18,000
Conwy CB	16,000	16,000	16,000	16,000	16,000
Denbighshire	13,000	13,000	13,000	13,000	14,000
Flintshire	20,000	20,000	21,000	21,000	21,000
Wrexham	18,000	19,000	20,000	21,000	22,000
North Wales	93,000	94,000	96,000	98,000	99,000

Numbers have been rounded so may not sum

Source: Welsh Government, Daffodil

The most common mental illnesses reported are anxiety and depression

Mental health teams support people with a wide range of mental illnesses as well as people with psychological, emotional and complex social issues such as hoarding, eating disorders and Post Traumatic Stress Disorder (PTSD).

The Quality and Outcomes Framework (QoF) - information from GP records - can provide very rough estimates of the prevalence of some psychiatric disorders. This data is likely to underestimate the true prevalence because it relies on the patient presenting to a General Practitioner (GP) for treatment, receiving a diagnosis from the GP, and being entered onto a disease register.

Table 6.3 shows the number of patients in North Wales on relevant QoF disease registers.

Table 6.3 Number of people on QoF disease registers in North Wales

Condition	Number on register
Depression	37,000
Dementia	4,600
Severe mental illness (Schizophrenia, bipolar affective disorder and other psychoses)	5,800

Numbers have been rounded so may not sum

Source: Quality and Outcomes Framework

Another way to estimate the number of people with common psychiatric disorders is to use the prevalence rates from the Adult Psychiatric Morbidity Survey 2007 and apply them to the 2013 mid-year population estimates for North Wales for those aged 16 and above. The findings are shown in Table 6.4 below.

Table 6.4 Estimated numbers of adults in North Wales affected by mental health problems

Condition	Estimated prevalence (%)	Estimated number of people affected
At least one of the common mental disorders	16.2	92,000
Mixed anxiety and depressive disorder	9.0	51,000
Generalised anxiety disorder	4.4	25,000
Major depressive episode	2.3	13,000
Phobias	1.4	8,000
Obsessive Compulsive Disorder	1.1	6,000
Panic disorder	1.1	6,000

Numbers have been rounded so may not sum

Source: Adult Psychiatric Morbidity Survey 2007; ONS, Mid-Year-Estimates 2013

Early onset dementia

Services for people with dementia tend to be provided as part of older people's services (see [Older People's Chapter for more information](#)). This may not meet the needs of younger people with early onset dementia. Mental health services often support people with Korsakoff Syndrome, a form of dementia most commonly caused by alcohol misuse. Substance misuse services are also likely to be involved with a person with Korsakoff Syndrome, focussing on the drug and alcohol issues, while mental health services can provide support for symptoms.

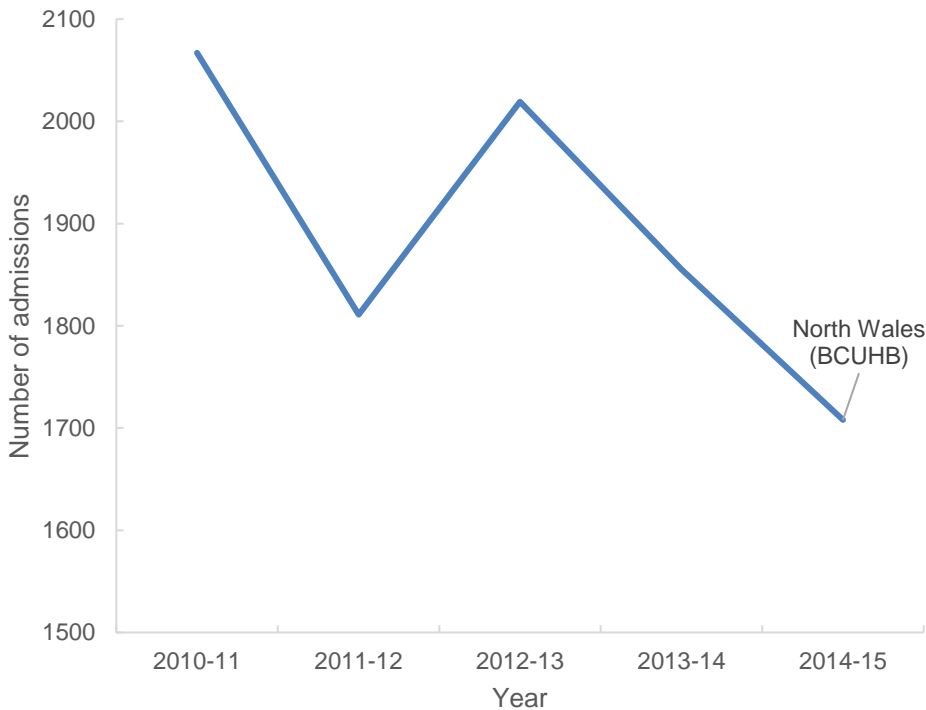
Research suggests a high number of people with mental health problems do not seek help

The estimated prevalence of mental health problems generated by the Adult Psychiatric Morbidity Survey and the Welsh Health Survey is over twice the estimate of people who report being treated for a mental health problem. This suggests that there could be many affected people in the population who are not seeking help for various reasons.

The number of admissions to mental health facilities is reducing

Figure 6.4 shows admissions to mental health facilities. This shows a decline in the number of admissions but it is not possible to tell from this data whether that decline is due to a reduction in demand or a reduction in the availability of acute mental health beds. Consultation for the population assessment identified people being placed out of the region, including examples of placements as far away as London and the South Coast. However, BCUHB do have home treatment teams to try to avoid hospital admission.

Figure 6.4 Number of admissions to mental health facilities



Source: Welsh Government, admissions, changes in status and detentions under the Mental Health Act 1983 data collection (KP90)

The number of people with more complex needs is increasing

Services report an increase in more complex issues as a consequence of deprivation, adverse childhood experiences and substance misuse.

They also report increases in:

- the number of people with diagnosis of personality disorder but it's not clear whether this is an increase due to social reasons or a change in the way the disorder is diagnosed.
- severity in patients presenting with anorexia nervosa compared with a few years ago, which is concerning as this client group often don't seek help voluntarily.
- the number of people with Autism Spectrum Disorders needing support

People with mental health problems are more likely to have poor physical health

Mental ill health is associated with physical ill health, reduced life expectancy and vice versa (Royal College of Psychiatrists, 2010). Poor mental health is also associated with increased risk-taking behaviour and unhealthy life-style behaviours such as smoking, hazardous alcohol consumption, drug misuse and lower levels of physical activity (Welsh Government, 2012).

For example, current research suggests that smoking 20 cigarettes a day can decrease life expectancy by an average of ten years. While the prevalence of smoking in the total population is about 25 to 30 percent, the prevalence among people with schizophrenia is approximately three times as high - or almost 90%, and approximately 60% to 70% for people who have bipolar disorder. Mortality rates for people with Schizophrenia and bipolar disorder show a decrease in life expectancy of 25 years, largely because of physical health problems (Royal College of Psychiatrists, 2010). Obesity, poor diet, an inactive lifestyle and the long term use of medication are also contributory factors associated with severe mental illness and poor physical health.

Services identify high rates of Chronic Obstructive Pulmonary Disease (COPD: due to heavy smoking), diabetes and heart problems, though these needs are often overshadowed by the seriousness of mental health issues. This is an area councils have been developing for example, by using nurses to support individuals with long term mental health conditions to improve their physical health.

Inequality is one of the key drivers of mental health and mental ill health leads to further inequality

Mental health problems can start early in life, often as a result of deprivation including poverty, insecure attachments, trauma, loss or abuse (Welsh Government, 2012). Risk factors for poor mental health in adulthood include unemployment; lower income; debt; violence; stressful life events; and inadequate housing (Royal College of Psychiatrists, 2010).

In Wales, 24% of those who are long-term unemployed or have never worked report a mental health condition compared with 9% of adults in managerial and professional groups. A recent study found more patients who died by suicide were reported as having economic problems, including homelessness, unemployment and debt (Centre for Mental Health and Safety, 2016).

Risk factors for poor mental health disproportionately affect people from higher risk and marginalised groups. Higher risk groups include looked-after children; children who experienced abuse; black and ethnic minority individuals; those with intellectual disability; homeless people; new mothers; lesbian, gay, bisexual and transgender people; refugees and asylum seekers and prisoners (Joint commissioning panel for mental health, 2013).

Having a wide support network, good housing, high standard of living, good schools, opportunities for valued social roles and a range of sport and leisure activities can protect people's mental health (Department of Education, 2016).

Suicide

It is difficult to draw conclusions from the available data on suicide in North Wales due to the small number of cases and other caveats. The average annual suicides of people aged 15 and over in North Wales decreased from around 82 between 2002 and 2004 to 69 between 2011 and 2014 although there is variation year on year. None of the local council areas in North Wales have suicide rates for those aged 15 years and over which are statistically significantly higher than the Wales average (Jones *et al.*, 2016). Suicide numbers are more than three times higher in men than women (Office for National Statistics, 2014).

The causes of suicide are complex (Jones *et al.*, 2016). There are a number of factors associated with an increased risk of suicide including gender (male); age (15 to 44 year olds); socio-economic deprivation; psychiatric illness including major depression; bipolar disorder; anxiety disorders; physical illness such as cancer; a history of self-harm and family history of suicide (Price *et al.*, 2010). There are a number of ways in which mental health care is safer for patients, and services can reduce risk with: safer wards; early follow-up on discharge, no out-of-area admissions; 24 hour crisis teams; dual diagnosis service; family involvement in 'learning lessons'; guidance on depression; personalised risk management; low staff turnover (Centre for Mental Health and Safety, 2016). Many people who die by suicide have a history of drug or alcohol misuse, but few were in contact with specialist substance misuse services. Access to these specialist services should be more widely available, and they should work closely with mental health services (Centre for Mental Health and Safety, 2016).

Farmers are identified as a high risk occupational group, with increased knowledge of and ready access to means (also doctors, nurses and other agricultural workers). Certain factors have been identified as particularly creating risk and stress to people living in rural areas over and above the suicide risk factors affecting general populations: isolation, declining incomes, being different within the rural context; heightened stigma associated with mental health issues; barriers to accessing appropriate care (culture of self-reliance, poor service provision) poor social networks; social fragmentation; availability of some means of suicide (firearm ownership); and high risk occupational groups such as farmers and vets (Welsh Government, 2015a).

The Welsh Government suicide and self-harm prevention strategy is *Talk to me 2* (Welsh Government, 2015a) and there is a North Wales group that coordinates work on suicide prevention.

6.3 What are people telling us?

Feedback from organisations

The organisations surveyed for the population assessment highlighted the following issues:

- Not enough support available for low level depression and anxiety.
- Many services available only over the phone which can make them difficult for people in mental health crisis to access, it would be helpful to have alternative methods such as email or texting. If a phone call is necessary, then the person from the contacted organisation should make it clear when the distressed person can expect a call so they are mentally prepared for it.
- There should be as much support for mental illness as for physical illnesses.
- It can be difficult for people with mental health problems to get back into employment
- More mental health practitioners are needed.
- It would be very useful to be able to have the opportunity for a practitioner to do a home visit, particularly for the initial assessment in a familiar setting.
- Delays with individuals receiving mental health assessments causes real problems.
- Support needs to be flexible.

More information about the survey is available in [appendix x](#).

Feedback from service managers in response to the survey supported the findings around employment difficulties and the need for more mental health practitioners. They also highlighted the following.

- BCUHB have commissioned Parabl to provide low level support.

- Recognise the advantage of home visits as they can give more information about how someone is coping at home. However, it's often not possible due to need to work efficiently and a shortage of staff. Also, some people would prefer to have a service outside of the home environment.
- Need to consider issues around digital inclusion when looking at alternative ways of providing support and communicating with people.

Feedback from people who use mental health services

The workshops and surveys carried out for the population assessment highlighted the following issues:

- Transport: restricts access to local amenities and services as taxi costs are expensive, more community transport is required and better bus services.
- Cost also restricts access to activities in the local community, it would be good to have more affordable activities and more information about activities available.
- Friendships and social networks are very important to this group. Many wouldn't ask family or friends for support, as they don't want to burden them. They tend to keep things to themselves as they feel others don't understand them, including GPs. One individual said:
"I would rather go into hospital than let my local community know I have a mental health problem, especially schizophrenia".
- Participants valued the support available: family, Mental Health Teams, Crisis Team, Drop ins, Social Links, Mind, advocacy and courses in learning for recovery and wellbeing programme.
- Drop in sessions were valued by those who attended, as one person said:
"these drop ins help me feel connected and supported by staff and friends, which sets me up for the week. I don't feel on my own".
- Very important to feel supported otherwise would not have the motivation or confidence to do different things and would stay at home with no social interaction.
- Individuals need someone to contact in an emergency. If a member of staff or a professional is not available, it is not good enough to be called back the next day. If an individual is in crisis they need help immediately.
- Help at home would be welcomed, as individuals feel safer and are in control of things.
- Lack of a key worker/ care coordinator if under a Psychiatrist, as currently unable to contact them when needed.
- Barriers that get in the way of progress include: worry, stress, no spark (with staff/ friends) and tiredness/fatigue.

Feedback from staff and partner organisations

Evidence from the consultation found that people often present to other services with mental health needs and that there is a need for better understanding of how to support a person presenting with multiple needs.

For example, housing associations commented that they identify people with mental health support needs but then don't know where to go for help. They find they are passed between GPs, other health board services, social services and third sector services. Respondents commented that it would be useful to have more information and advice about how to support people or where to signpost people. For example, trying to support someone with debt and money management while they have depression.

A major need identified is in support for adults with autism who don't have a learning disability and might be profiled as having Asperger syndrome or higher functioning autism. It can be a lengthy process to assess an individual. Some commented that people were being passed between learning disability and mental health/vulnerable people services (see [Learning Disability and Autism Chapter for more information](#))

Other needs identified were:

- Increase in number of referrals to the Local Primary Mental Health Support Service
- Increasing number of referrals to Local Primary Mental Health Support Service with social stresses rather than mental health problems, these are harder to support and medication isn't an answer. Examples included domestic violence and relationship conflict.
- Increase in more complex cases and finding threshold for support has risen over the years
- Transition between children and adults mental health services
- Recovery focussed support
- Transport and accessing community facilities.
- Waiting lists for psychology support are too long.
- Support needed pre-diagnosis were also identified as needs.

Suggestions for how to improve services included:

- An overarching strategy with better coordination between housing, benefits, education and so on. One group gave an example where a family was working with three different teams within a local council's social services department.
- More capacity within mental health teams.
- Considering models that involve family and friends such as Community Reinforcement and Family Training (CRAFT) and Social Behaviour and Network Therapy (SBNT).
- Providing services outside of 9 to 5.

- Making better use of Dewis Cymru to share information about third sector services.
- Health services and housing partners need to work collaboratively and ensure the best outcomes for people who use services and to influence the future strategic planning of accommodation, both supported housing and general needs in the community.

Welsh language

The consultation and engagement identified concerns that there may not be enough psychiatrists and psychologists who speak Welsh to provide a service that meet the needs of Welsh speakers in North Wales. This may affect people's ability to get an accurate diagnosis as well as to access services such as counselling. This is an area we need to investigate further.

[See Welsh language profile for more information](#)

Housing needs and homelessness

Housing support for people with mental health needs is largely funded through the Supporting People grant across North Wales and mental health services work in partnership with housing strategy teams and housing associations.

Consultation identified a shortage of suitable 'move on' accommodation, single person accommodation and emergency night time accommodation. The benefits system is causing difficulties for some people, including the 'bedroom tax'. Even where people are able to save for private rental accommodation there is a stigma by some not to take on tenants who are on benefits. There are concerns that accommodation offered is in flats in areas with high levels of anti-social behaviour and substance misuse which is really unhelpful for people coming out of hospital or who have substance misuse issues themselves. This also puts them at risk of exploitation. There can also be difficulty in finding accommodation for men in secondary mental health services due to the behaviours they can present.

Housing and mental health services are working collaboratively to improve access to appropriate housing for service users leaving acute settings and placements. Housing is a significant partner and more work is being undertaken to understand the roles for each agency and how we can work more effectively to produce the best outcomes.

There is a regional collaborative group working in this area, the Mental Health Rehab and Accommodation group who have considered both appropriate models for delivery and written a Commissioning Statement (2015) for the region. This group has representatives from all localities, BCUHB and third sector partners.

BCUHB has also created a Development Manager post for Supported Housing, who chairs the regional group and also works with acute settings, specialist services, rehabs and community services to ensure people in need of housing services are placed appropriately.

Homeless housing providers try to ensure equal access for mental health service users and enable those in need to also access health services and move on.

6.4 Review of services currently provided

Mental health services are provided through inpatient facilities and community mental health teams who support patients outside of the hospital environment. Local councils and the health board provide care and support for people with mental illnesses in the community. Residential care, day services and outreach teams are an important part of psychiatric care.

Prevention and well-being

Investing to increase access to early intervention mental health services could lead to considerable savings for other public services (Public Health Wales, 2016)

Public mental health focuses on the wider prevention of mental illness and the promotion of mental health for people of all ages. Cost effective interventions exist to both prevent mental illness and to promote wider population mental health (Royal College of Psychiatrists 2010).

Actions to promote mental wellbeing include promoting inclusion, belonging and connectedness, increasing individual resilience and developing life skills, building and supporting parenting skills, strengthening communities and improving wellbeing at work.

The “Five Ways to Wellbeing” is a set of evidence based public health messages aimed at improving the mental health and wellbeing of the whole population. The five actions people can take to improve their well-being are summarised as follows: *connect, be active, take notice, keep learning and give*. The messages underline the existence of mental health as a positive and desirable state and can be used in many different ways from supporting individuals to informing policy development. Mental Health First Aid and promotion of mental health literacy can help to counter mental illness, as well as support for self-help and self-management, for example, through Books on Prescription.

The OPUS programme is a European funded programme for people aged 25 and over that are economically inactive and long term unemployed. It supports people with a mental health problem, people with a learning disability, from a workless household, carers and people aged 54 and over.

The project supports people to get closer to work by offering a number of different options from 1 to 1 support; group support and flexible support to meet the needs of individuals. The funding will come to an end in August 2019.

Mental health services

In Anglesey the focus of services is around community mental health teams, with a comprehensive support work service including 1:1 support, group work, drop in and community based support. Third sector partners also provide a lot of support including Mind, Hafal (including support for mental health carers) and Agro Initiatives. The local council also provide supported accommodation.

Gwynedd support is provided through the Community Mental Health Team. Gwynedd Council provide Support Workers to work intensively with patients and to work within the recovery model. The Gwynedd team work closely with third sector partners in order to provide support (these include 3 Mental Health Resource Centres across the county, Hafal, Cais). Group work is provided through the teams and our third sector partners. The team works closely with the Home Treatment Team.

The provision in Conwy is similar in structure to that in Anglesey, with two co-located health and social care Community Mental Health Teams in the east and west of the county. The Third Sector provision is commissioned to support carers of those with mental health issues (Hafal) and a key new development entitled 'Recovery Compass', which offers a variety of interventions for individuals to navigate their way to appropriate points on their recovery journey with their own aspirations or destinations as their focus or outcome. The Compass is delivered by Aberconwy Mind and the future aim is for service users to transition from statutory services with a Wellness Recovery Action Plan (WRAP) and to extend the pathway of support into sustainable and service user focused support.

Denbighshire have two multi-disciplinary community mental health teams (CMHT) provided in partnership with health: Hafod based in Rhyl and Tim Dyffryn Clwyd based in Denbigh. Services are based on a four tier approach with the CMHT supporting tier 1 (assessments, information and advice for people who have been seen by their GP) and tier 2 (services for people considered to have a serious mental illness or disorder). Mental Health Services are focused on the Recovery Model to support service users to regain or improve their mental health and achieve a better quality of life.

In Flintshire support is provided through community mental health teams. The local council services include an Intensive Support Team, Community Living and Medium Support Team and Occupation and Support team (Flintshire County Council, 2016). Third sector partners also provide a lot of support including MIND, Hafal, KIM Inspire, AsNEw (advocacy service).

There is a good training partnership between the local council and third sector organisations to deliver training programme to people with mental health issues and their carers, which has been recognised as good practice and shared with other counties.

Wrexham's first point of contact for people in the community is through the mental health Single Point of Access. People then access either the Primary Care Team or Community Mental Health Team depending on the level and complexity of their needs. Both of the above teams are joint multidisciplinary teams between Adult Social Care and Betsi Cadwaladr University Health Board (BCUHB). People coming through treatment are supported by the Community Rehabilitation Team, a multidisciplinary BCUHB team. People needing support to move onto independent living in the community may access the Adult Social Care Recovery Service or the Hafal Recovery Housing; these are registered home care services providing support into independent accommodation or accommodation with a registered social landlord. This service is primarily funded by Supporting People, with joint funding also from Adult Social Care and BCUBH. Low level prevention and recovery service is provided from Advance Brighter Futures: lifestyle coaching, talking therapies and promoting awareness and resilience, and Hafal's Community Link Service. Support for Carers is commissioned from the Hafal Family and Carers Support Service.

Recovery model

The recovery model is about supporting personal recovery and a move away from a focus on treating illness (clinical recovery) towards promoting wellbeing (Slade, 2009). Personal recovery can be defined as:

A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness (Anthony, 1993).

This is an approach that local councils have been working towards. Consultation with staff highlighted it's similarities with a social model rather than a medical model which health services have struggled with. The principles of the Social Services and Well-being (Wales) Act is considered to be in line with the recovery model - being person centred, with an emphasis on direct payments and control, equal/coaching relationship between practitioner and patient.

Integrated health and social care teams work together to ensure individuals in service have care plans with recovery outcomes and clarity around individual responsibility and who can/will help to achieve goals towards independence.

Betsi Cadwaladr University Health Board

A fifth of the NHS expenditure for Wales is on mental health services. A large proportion of attendances to Emergency Departments and general admissions to hospital are related to mental health problems.

In 2013/14, there were almost 10,300 admissions to mental health facilities in BCUHB; just over 8,600 were informal admissions and around 1,690 were formal admissions (detained under a section of the Mental Health Act 1983). The number of admissions to mental health facilities is reducing.

6.5 Conclusion and recommendations

Key messages

- People in North Wales report slightly better mental health than in Wales as a whole
- The number of people with mental health problems is likely to increase
- The most common mental illnesses reported are anxiety and depression
- Research suggests a high number of people with mental health problems are not seeking help
- The number of admissions to mental health facilities is reducing
- The number of people with more complex needs is increasing
- People with mental health problems are more likely to have poor physical health

The numbers of patients seeking admission to hospital has increased across the region. Feedback from staff suggests the limited number of admissions may be due to bed pressures- influenced by Delayed Transfers Of Care (DTOC) and lack of appropriate placements, where needed. This has led to the use of acute beds outside North Wales, which is far from ideal for patients, their carer's and families.

Common principles shared by the local councils and the health board include service user and carer involvement and participation; community advocacy; carers support and role of learning and work opportunities in recovery; joint working between agencies.

There needs to be a clear pathway from acute services into community based services. There should be more work around the preventative agenda to prevent needs escalating to hospital and reduce demand on other public services. Examples include home support and wraparound services as well as interventions and policies to support parents and young children, lifestyle changes, improve workplaces, provide social support and environmental improvements that support communities (Public Health Wales, 2016). Joint working with the third sector and social enterprises could provide this.

Local councils and health need to manage increase in demand for services with reducing budgets.

Gaps in service / support

- Support for people with ASD was consistently highlighted as a gap in the consultation
- There's a gap in befriending opportunities (need to be empowering and not encourage dependency) to support people to access existing social activities.
- Poverty and welfare reform were highlighted as risks for service users, as the drive to get people back to work can cause additional stress for vulnerable people. This can be particularly difficult for younger people with housing benefit issues.
- There needs to be sufficient supply of accommodation to support people to step down from residential care to community resources.
- We need to develop public mental health in North Wales and promote mental well-being to prevent mental ill-health. Public mental health should form part of the Betsi Cadwaladr University Health Board mental health strategy.

Data development agenda / suggestions for future research

- Needs of vulnerable people without a diagnosis and best practice for providing support
- Investigate concerns raised about a lack of Welsh language provision in mental health services
- Find out more about the reasons for the reducing number of admissions to mental health facilities.

Our response

The next phase of the project will be to discuss the information in these reports and agree an approach to addressing the issues raised. This may include carrying out further research in an area, local or regional actions.

Equality and human rights issues

This chapter raises a number of issues on how risk factors for mental health needs disproportionately affect people from marginalised groups. These include many who share protected characteristics – for example, BAME groups; LGBTQ people; people with physical disability, sensory impairments or long term health conditions; refugees and asylum seekers.

The core protective factors that influence mental well-being include promotion of social inclusion. It is known that groups who share the protected characteristics are more likely to experience social exclusion and this will need to be factored into the assessments for individuals.

More information regarding care and support needs of these groups can be found in other chapters of this population assessment.

There may be other issues affecting groups of people who share protected characteristics which have not picked up by this assessment. We would welcome any further specific evidence which may help inform the final assessment. This could be addressed in future population assessment reviews, in the development of the area plan which will follow this assessment, or in the services developed or changed in response to the plan

Services for people with mental health needs must take a person-centred approach that takes into account the different needs of people with protected characteristics. The move towards the recovery model, which shifts the focus from treatment of illness towards promotion of well-being, should support the identification of and appropriate response to address barriers being experienced by individual.

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Appendix 1: Summary of mental health legislation and policy

- Mental Health Act 1983: covers the assessment, treatment and rights of people with a mental health disorder.
- Mental Health (Wales) Measure. The Measure has 4 main parts:
 - part 1 of the Measure ensures more mental health services are available within primary care
 - part 2 makes sure all patients in secondary services have a Care and Treatment plan
 - part 3 enables all adults discharged from secondary services to refer themselves back to those services
 - part 4 supports every in-patient to have help from an independent mental health advocate if wanted.
- Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales (2012) The Welsh Government strategy and delivery plan which aims to work towards a single, seamless, comprehensive system for addressing all mental health needs irrespective of age. Its priority is to take the next step, closing gaps in provision where they exist, improving consistency of quality and making connections across government, recognising the links between mental health and housing, income, employment and education.
- Together for Mental Health: Delivery Plan: 2016-19
- Findings from the Wales Audit Office follow up review in Adult Mental Health Services 2011 included the recommendation 'Strengthen arrangements for involving service users in planning and managing their care'.
- Mental Capacity Act 2005

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7 Carers

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7.1 About this chapter

This chapter includes the population needs of all carers including young carers and young adult carers. Information about the different care and support needs of people being cared for can be found in the following chapters:

- Children and young people [\[Add link\]](#)
- Older people [\[Add link\]](#)
- Health, physical disabilities and sensory impairment [\[Add link\]](#)
- Learning disabilities and autism [\[Add link\]](#)
- Mental health [\[Add link\]](#)
- Violence against women, domestic abuse and sexual violence [\[Add link\]](#)
- Secure estate [\[Add link\]](#)
- Veterans [\[Add link\]](#)
- Homelessness [\[Add link\]](#)

Definitions

The Social Services & Well Being (Wales) Act 2014 defines a carer as “a person who provides or intends to provide care for an adult or child”.

The act goes on to state that “in general, professional carers who receive payment should not be regarded as carers for the purpose of the act, nor should people who provide care as voluntary work. However, a local authority can treat a person as a carer even if they would not otherwise be regarded as a carer if they consider that, in the context of the caring relationship, it would be appropriate to do so. A local authority can treat a person as a carer in cases where the caring relationship is not principally a commercial one.”

This definition includes carers of all ages.

Carers often do not see themselves as carers. They will describe themselves as a parent, husband, wife, partner, son, daughter, brother, sister, friend or neighbour, but not as a carer.

Some carers will describe themselves as carers, but not as people who have other roles in life – employee, employer, club or society member, student, household organiser and so on.

A *parent carer* is a parent or guardian who has additional duties and responsibilities towards his/her child because his/her child has an illness or disability. Parent carers will often see themselves as parents rather than carers,

but they may require additional services in order to meet or continue to meet the needs of their child.

How will the Social Services and Well-being (Wales) Act 2014 change things?

The act includes a broader definition of a carer (see above) and removes the requirement that carers must be providing a 'substantial amount of care on a regular basis'.

Carers now have the same rights as those they care for. Local councils have a new duty to offer an assessment to any carer where it appears to the local authority that a carer may have needs for support. If the local council determines that a carer's needs meet the eligibility criteria then they must consider what could be done to meet those needs. Previously, it was the responsibility of the carer to request an assessment.

A carer's needs meet eligibility criteria for support if:

- a) the need arises as a result of providing care for either an adult or child
- b) the carer cannot meet the need whether
 - alone
 - with the support of others who are willing to provide that support, or
 - with the assistance of services in the community to which the carer has access, and
- c) the carer is unlikely to achieve one or more of their personal outcomes which relate to the specified outcomes in part 3 of the act.

The local council may now carry out a joint assessments, where an assessment of the cared for person and the carer is carried out at the same time if both parties are willing and it would be beneficial to do so. This is good practice although there are concerns that the assessment of the carer may be compromised by focussing on what the carer can and can't do for the cared for person rather than looking at their desired outcomes in their own right.

The carer's element of the assessment needs to focus on 'what matters' to the carer and the carers needs in their own right, for example, their employment, education and training needs.

The local council must involve the carer in the assessment and include:

- The extent to which the carer is able and willing to provide the care and to continue to provide the care
- The outcomes the carer wishes to achieve

An assessment of a carer must also have regard to whether the carer wishes to work and whether they are participating or wish to participate in education, training, or leisure activities.

Carers will need to be very clear about what they can and can't do and any differences between their expectations and that of the person cared for. The people carrying out the assessments will need to be skilled in drawing out this information. The act says carers need to be asked what they can do, so this will need to be monitored to make sure it happens in practice and is included in the assessment. It is important that the individual feels that they are an equal partner in their relationship with professionals.

The act recognises that carers have a key role in the preventative service approach within a local authority area, and that carers themselves provide a form of preventative service.

The emphasis on the increased use of direct payments is a significant change for carers. Local councils now have to offer direct payments although taking them up is still the choice of the person. Direct payments enable individuals to purchase assistance or services that local councils would otherwise provide. They give individuals control providing an alternative to social care services provided by a local council. This helps to increase opportunities for independence, social inclusion and enhanced self-esteem.

The act sets out a new national 'eligibility framework' to determine whether or not a carer who has been assessed and who has support needs will meet the criteria for services [\[add link\]](#). Carers with eligible needs will have a support plan centred on outcomes they have identified themselves. It will also set out the support to help them achieve the outcomes identified. Support plans will be subject to regular reviews by local councils, and re-assessment of needs if their circumstances change (Care Council for Wales, 2016).

The Carers Measure helped to begin changing the culture of early identification and support of carers, particularly for the health board. There are concerns that the duties and obligations are more diluted in the new act. There is still more to be done to make sure health staff are identifying carers, in particular GPs and other primary health care staff (Betsi Cadwaladr University Health Board, 2015).

See [appendix x](#) for more detail on the new act and the Care Council for Wales, 'Getting in on the act' website for more information about carers and the act <http://www.ccwales.org.uk/learning-resources-1/carers-and-the-act/> .

See [appendix x](#) for more detail about the historic legislation, strategies and policies relating to carers.

Safeguarding

The stress of caring can create safeguarding issues both for the carer and the person cared for. There are times when carers experience abuse from the person to whom they are offering care and support or from the local community in which they live. Risk of harm to the supported person may also arise because of carer stress, tiredness, or lack of information, skills or support. Service providers need to carefully assess capacity to care in order to prevent risks arising and to ensure the carer is supported to maintain their wellbeing reducing emotional or physical stress factors.

The new act includes a new definition of 'child at risk' and 'adult at risk', a new duty for relevant partners to report children and adults at risk and duties for local councils to make enquiries (Care Council for Wales, 2015).

7.2 What do we know about the population

Around 73,000 people provide unpaid care in North Wales according to the 2011 census, which is about 11% of the population. This is slightly lower than the all Wales figure of 12% and slightly higher than the England and Wales figure of 10%.

The number of carers in North Wales is increasing, particularly in north-west Wales

There were 6,000 more carers in North Wales in 2011 than in the 2001 census, which is an 8% increase. Overall, more women provide unpaid care than men: 57% of carers in North Wales are women, and 42% are men, which is similar to the proportion across Wales and in each local council area. This difference has narrowed slightly since the 2001 census by one percentage point due to a greater increase in the numbers of men providing unpaid care.

Table 7.1 shows that Flintshire has the highest total number of carers in North Wales and Anglesey the lowest, which reflects overall population numbers.

Table 7.1 Number of carers in North Wales by local authority, 2001 and 2011

	April 2001	April 2011	% increase
Anglesey	7,200	8,000	11
Gwynedd	11,000	12,000	11
Conwy CB	12,000	14,000	11
Denbighshire	11,000	12,000	9
Flintshire	16,000	18,000	7
Wrexham	15,000	15,000	2
North Wales	73,000	79,000	8

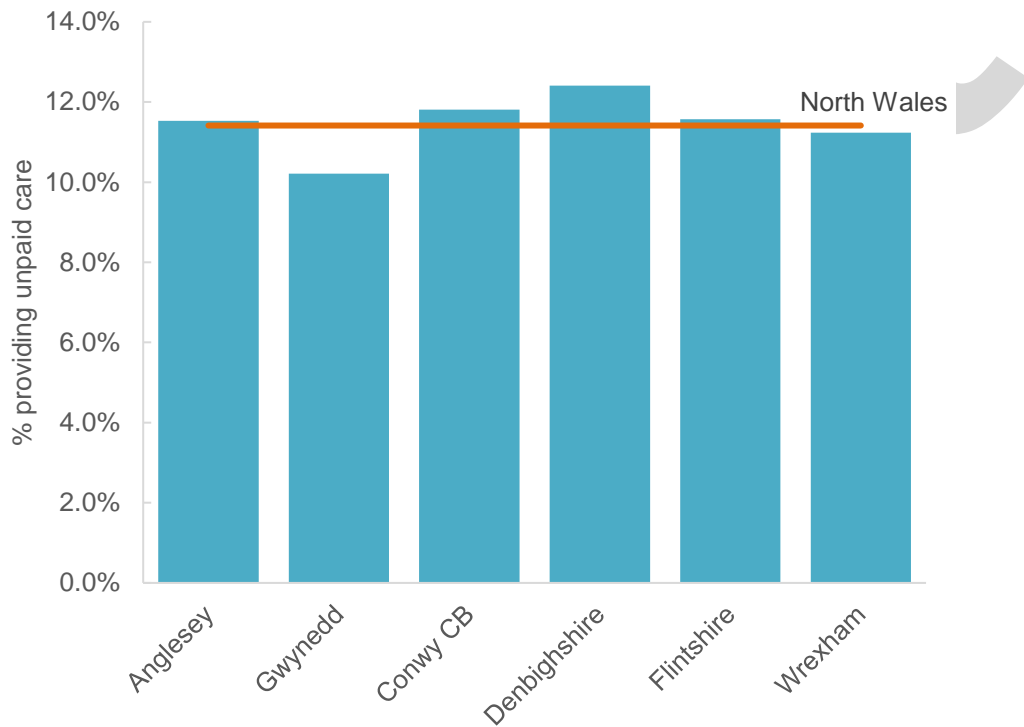
Numbers have been rounded so may not sum

Source: Census

The increase in need for social care identified in the other chapters of this population assessment report is likely to lead to greater numbers of people providing unpaid care and providing care for longer. Changes in working patterns and the increasing retirement age may reduce the capacity of people to provide unpaid care. People moving to the area to retire may also have moved away from the family and social networks that could have provided support.

Figure 7.1 shows the number of carers as a proportion of the total population in the county: Denbighshire has the highest proportion providing unpaid care while Gwynedd has the lowest. Although Flintshire has the highest total number of carers, this is not much higher than the average in North Wales as a proportion of the population.

Figure 7.1 Percentage of total population who provide unpaid care, 2011



Source: Census

People aged 50 to 64 are the most likely to provide unpaid care

In North Wales around 20% of people aged 50 to 64 provide unpaid care compared to 11% of the population in total. Generally speaking the proportion of people providing unpaid care increases with age until the 65 and over age group. In the 65 and over age group 14% of people provide unpaid care, which is the same proportion as in the 35 to 49 age group. These proportions follow a similar pattern in each local authority.

Table 7.2 Number of carers in North Wales by age and local authority, 2011

	Age					
	0 to 15	16 to 24	25 to 34	35 to 49	50 to 64	65 and over
Anglesey	140	360	520	1,800	3,000	2,200
Gwynedd	250	620	780	3,000	4,500	3,300
Conwy CB	260	550	750	3,200	4,800	4,100
Denbighshire	260	640	740	2,800	4,100	3,100
Flintshire	340	920	1,200	4,500	6,600	4,100
Wrexham	290	860	1,300	4,000	5,400	3,200
North Wales	1,500	4,000	5,300	19,000	28,000	20,000

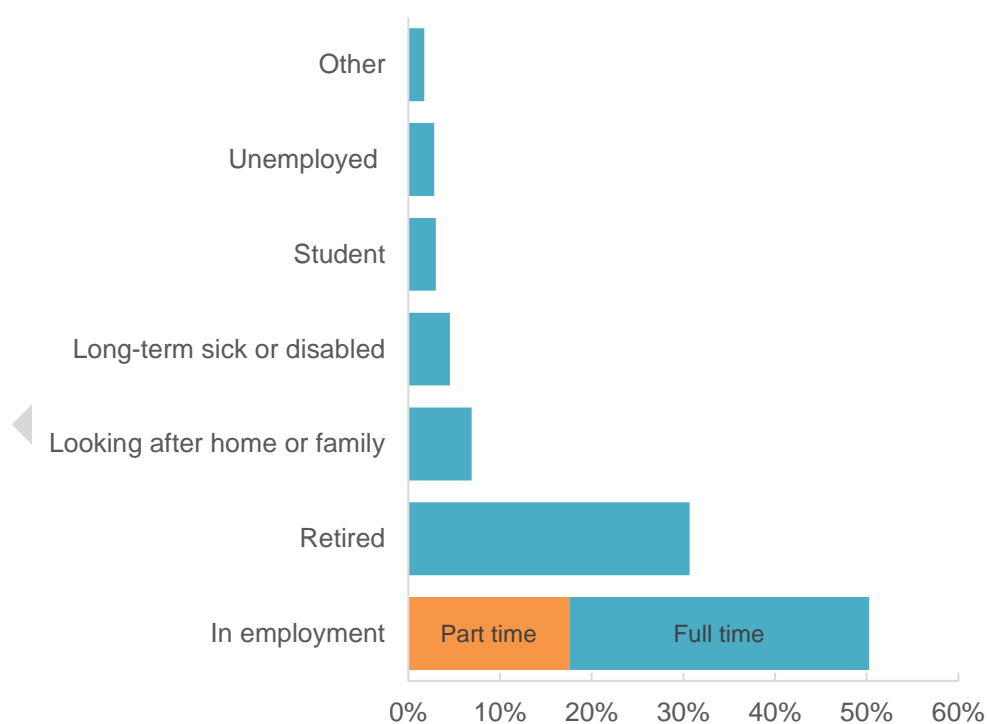
Numbers have been rounded so may not sum

Source: Census

Half of all carers in North Wales are in employment

The majority of the 50% of carers who are in employment work full time as shown in Figure 7.2 below. Around 30% of carers are retired.

Figure 7.2 Percentage of carers in North Wales aged 16 and over by economic activity, 2011



Source: Census

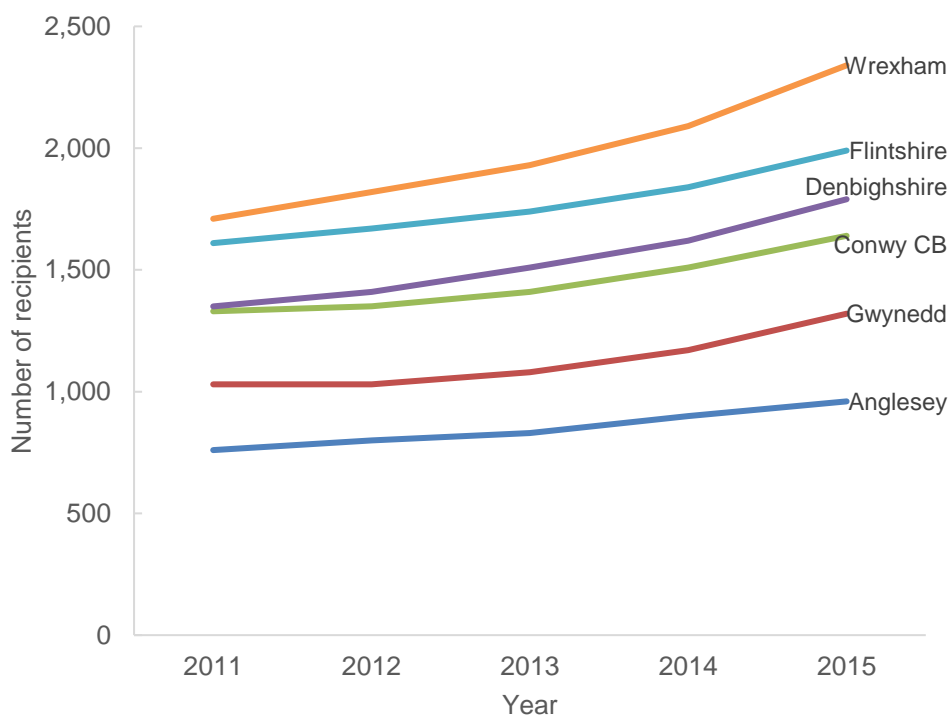
Of the 39,000 carers in employment across North Wales, 5,800 provide more than 50 hours of care each week and 1,600 work full-time and provide more than 50 hours or more of care a week. There are 3,500 carers in north Wales who describe themselves as having a long-term illness or disability, of which 1,500 provide 50 or more hours of care a week. For carers in employment, the support of their employer and colleagues is vital to helping them continue their caring role. This is important to consider when planning services, particularly

with the focus in the new act on supporting carers to continue in employment if they want to.

Carers' allowance

In 2015, there were 10,000 people in North Wales claiming carers' allowance. This number is much lower than the estimated 73,000 who provide unpaid care. However, this allowance is only available for those under pension age, there is pension credit element for carers. It also will not be available to the majority of people in employment who make up about 50% of carers. The increase in the numbers claiming is probably due to a combination of an increase in the total number of carers and better awareness of the allowance. These numbers still suggest that there is an issue of carers not claiming the benefits they are entitled to and highlights the importance of welfare rights services for carers.

Figure 7.3 Number of people receiving carers allowance in North Wales, 2011 to 2015



Housing and homelessness

Housing is an important part of carers' wellbeing and housing services are a key partner when supporting carers. Carers may face housing issues such as fuel poverty due to a low income, for example, if they have had to give up work. Housing that is not suitable or needs adaptations can make caring more difficult and it can be more difficult for people living in rented property to make adaptations.

Carers can be concerned that they will be made homeless if the person they care for dies or goes into residential accommodation.

Performance measures and carers assessments

Data is available on the number of carers' assessments that took place across North Wales. We have not included it here as it gave a misleading picture as the numbers were counted differently in each county. It was also based on the assessment of the person 'cared for' so excluded assessments of carers who had self-referred. A consistent approach to assessments and data recording is needed.

New information about carers will begin to be collected by local councils during 2016-17 and should be available for the next population assessment or interim review. This includes an annual survey of carers to be undertaken by local authorities that will find out the number of:

- Carers reporting they feel supported to continue in their caring role
- Carers reporting they felt involved in designing the care and support plan for the person that they care for (Welsh Government, 2015)

Other data that will be collected are:

- Number of assessments of need for support for carers undertaken during the year and of those how many led to a support plan
- Number of carer assessments that were refused by carers during the year
- Number of requests for review of care and support plans and support plans for carers before agreed timescales made by an adult during the year and of those how many were undertaken
- Number of adults who paid the maximum weekly charge towards the cost of care and support or support for carers during the year
- Number of adults who paid a flat rate charge for care and support or support for carers during the year

7.3 What are people telling us?

The main findings from engagement activities carried out for the population assessment and from previous consultation carried out by each local council and health are listed below. For more information please see [appendix x](#).

How to support the carer by better meeting the needs of the cared-for person

- Equipment and adaptations and assistive technology can provide a very valuable services. Issues can include training needs and waiting lists.
- Respite, including short-term breaks
- Continuing Health Care (CHC) assessments to include short term breaks for cares
- More activities for people cared-for, particularly individuals with dementia
- Good quality reliable support for cared-for
- Support when carer is ill, both in emergency and planned treatment
- Reliable hospital transport that includes transport for carer. Carers need equal access to transport even when the cared for person is not with them to enable them to collect prescriptions for example.
- Health and social care workers – having workers that can help with medication as well as personal care

Support specifically for carers

- Accessible information and advice (preferably in one place)
- Local information surgeries, hubs, talking points and drop-in services
- Advocacy for the carer
- One to one support for the carer, such as a listening ear and telephone support 24 hours a day
- Socialising and carer groups in local community
- Access to leisure activities
- Volunteering opportunities
- Education, skills and employment
- Recognition and respect, consultation as partners in care, including when a person enters long-term care
- Better communication between all parties included in providing support for carers and the cared-for

- Third sector support – carers really value the range of support provided by third sector organisations
- Support for the carer when their caring role comes to an end, including employment, benefit and housing issues

The consultation also identified the following gaps in services:

- Lack of transport in rural areas
- Lack of services in rural areas, including paid home carers
- Inability in some areas to make appointments with known/named doctor, which is needed for consistency, particularly for people with mental health needs or dementia
- Lack of awareness among primary care staff about carers, their importance and needs
- Insufficient counselling services for carers whose mental health is affected by their caring role; this is particularly important due to the impact and stress of caring role
- Insufficient range, availability and flexibility of respite and short breaks for carers
- Gap in support for carers of people with substance misuse issues
- Long-term, sustainable funding for carer support projects

Other feedback included negative effect of caring on health; caring is easier when there is good support from family and friends (although some carers seem to think that family cannot/should not have to support because they have their own lives to lead); wide variation between carers who feel well supported and carers who say they have no support. Many carers, unless given prompts, failed to see how their local community does/could help.

Need for services through the medium of Welsh

Consultation and engagement highlighted the importance of care and support services being available in Welsh. Services should ensure Welsh language services are built into service planning and delivery and that services are offered in Welsh to Welsh speakers without them having to request it as required by the 'active offer'. The other chapters of the population assessment highlight where these needs are not being met for people receiving care and support and a Welsh language profile of the population is included in the introduction [\[add links\]](#).

Consultation and engagement is needed to highlight specific areas of need for Welsh language provision for carers, for example, our consultation highlighted the need for a Welsh language carers support group in Meirionnydd, which is being addressed and will be provided by the third sector.

7.4 Review of services currently provided

Historically, much of the support that carers need can be provided through a statutory assessment of the cared for person. With the introduction of the new act, the provision of information, advice and assistance or preventative and rehabilitative services for the cared for person must be considered. This assessment, and the care and support plan will focus on outcomes to be achieved and innovative ways to achieve them such as attendance at local groups providing day time opportunities – however, if there is no other way, then services such as domiciliary care will be provided by social services. In addition, the provision of respite services in the form of short term care in a residential setting, and sitting services can be delivered to the cared for person to provide carers with a break from the caring role. **All of these services can provide carers with support and breaks away from the caring role.**

In addition, however, a wide range of support for carers in North Wales is grant funded or commissioned to third sector organisations who have a long and valued history of supporting carers. These include preventative services that can support carers throughout their caring journey, and commissioned services that meet statutory obligations such as carers' needs assessments.

Local council and health board grants can either partially or wholly fund carers' services, and in some cases the funding contributes to core costs. Some third sector services receive funding from both local councils and Betsi Cadwaladr University Health Board (BCUHB) although not necessarily under a single contract. The WCD Young Carers service (serving Wrexham, Conwy, Denbighshire) is a good example of collaborative working leading to a regional commissioning approach along with BCUHB to support carers.

It must also be recognised that the third sector can effectively draw in external funding to develop carers services to provide added value to service provision.

The following are examples of the type of services that are provided to carers across North Wales, which vary across the region. It must be noted that while some of these services are generic, others are specialist services, for example, providing support for carers of individuals with dementia or mental health conditions. The list also includes services that raise awareness of carers issues:

- Information, advice & assistance
- Dedicated carers needs assessors (in-house & commissioned out)
- One to one support
- Listening ear / emotional support
- Counselling
- Carer support officers – acute hospitals
- Support groups/forums/cafes

- Primary care officers – raising awareness with GP practices
- Training for carers, for example, dementia, first aid, moving & positioning, relaxation, goal setting
- Training for staff – to raise awareness of carers issues and support available
- Direct payments / support budgets / one-off grants
- Support to access life-long learning, employment, volunteering opportunities
- Support and activities for young carers and young adult carers

Short term breaks: local councils and BCUHB also invest significantly in carers' services that provide short term breaks in the form of sitting service or replacement care. Although these are services delivered to the cared for person, they are regarded as carers' service. The contractual arrangements and criteria for these services varies across the region but they are all currently non-chargeable services to the carers. Some third sector organisations also draw in external funding for these types of services.

The appointment of a regional post to map the full range of services available to carers in North Wales has been agreed by the North Wales Regional Partnership Board.

The All Wales Citizen Portal, DEWIS, provides social care and well-being information including services and support for carers <https://www.dewis.wales/>.

7.5 Young carers

Welsh Government define young carers as carers who are under the age of 18. The Code of Practice for Part 3 defines young adult carers as being aged 16-25.

Local councils are required to offer a carer's assessment to any carer with a presenting need. Annex A of the Code of Practice includes a range of examples that relate to young carers including:

- The child is unlikely to achieve development goals
- The individual is/will be unable to access and engage in work, training, education, volunteering or recreational activities.

In assessing, the council must have regard to the importance of promoting the upbringing of the child by the child's family, in so far as doing so is consistent with promoting the well-being of the child.

Where the carer is a child the council must have regard to his or her developmental needs and the extent to which it is appropriate for the child to provide the care. This should lead to consideration by the council of whether a child carer is actually a child with care and support needs in his or her own right.

What do we know about the population?

The identified number of young carers in North Wales has grown in the last few years due to an increase in referrals through successful awareness raising and positive relationships with partner agencies.

At time of writing 1,096 young carers are being supported across North Wales (November 2016) as shown in Table 7.3. The 2011 census identified 1,500 young carers aged 0 to 15 and 4,000 aged 16 to 24 in North Wales.

Table 7.3 Young carers open caseload, North Wales, November 2016

	Number of young carers
Anglesey	80
Gwynedd	157
Conwy	223
Denbighshire	174
Flintshire	265
Wrexham	197
North Wales	1096

Source: Young carers service providers (Action for Children, Barnardos)

Carers Trust Wales highlight the following issues facing young carers.

- There are an estimated 29,000 carers under the age of 25 in Wales, 17,500 over the age of 18, although research suggests this number may be significantly higher. Wales has the highest proportion of young adult carers out of the whole of the UK.
- UK-wide research (Nottingham University and Carers Trust) clearly found that young adult carers are a group that are under-identified and under-supported.
- Young carers on average achieve 9 grades lower at GCSE.
- Young adult carers miss or cut short on average 48 days of school each year (nearly 5 weeks).
- Young adult carers are four times more likely to drop out of higher education.
- One in four young carers said they were bullied as a result of their caring role.

Review of services provided

Specific support for young carers and young adult carers has been commissioned across North Wales from the third sector. WCD/Credu Young Carers is commissioned to provide these services in Wrexham, Denbighshire and Conwy, Barnardos provide the service in Flintshire and Action for Children provide the service across Gwynedd and Ynys Mon. In Anglesey, Carers Trust provide services for Young Adult Carers.

These organisations all provide similar levels of support including information and advice, social activities and events, support with personal resilience and wellbeing, transport, counselling, advocacy and liaison with school, college, social services or health professionals. These services do not intervene directly to address the needs of the person being cared for by the young person, but are there to mitigate the impact of the caring role on the young person.

The most common needs of young carers identified by these service providers are: the need for respite and opportunities to socialise (giving them time to be a child); building resilience, emotional wellbeing and self-esteem; need for peer support networks with other young carers who understand; support with education and learning; and, advocacy support to have their voices heard.

The majority of referrals come from social services, specialist children's services, Families First and educational welfare officers on behalf of the schools. North West Wales have seen an increase in referrals from the health service, mainly from school nurses, health visitors and consultants in the past two years following a pilot project aiming to improve the health and emotional wellbeing of young carers.

Emerging trends

All providers report a significant increase in young carers requiring 1 to 1 support which is having a significant impact on available resources. Several causes for the heightened need have been identified including: waiting lists for counselling/emotional support for children; an increase in the presentation of self-harming behaviour; and, an increase in children and young people coming to the service who have been diagnosed with ADHD/Autism and other significant behavioural problems.

Housing and homelessness

Young carers may feel insecure about their housing as they are not able to receive benefits or take on responsibility for paying council tax themselves.

Safeguarding

There can be a number of factors for young carers that mean safeguarding issues can arise. Young carers are often difficult to identify and this can mean their needs only come to light when there is a crisis. The extent of the child's caring role and the impact that it has on their own development can be a safeguarding concern in itself, which is why it is vital that services quickly recognise and fully assess their needs to ensure the right support is in place at the right time.

Young carers are vulnerable to the impact of caring on their emotional and physical development, education and social networks and friendship (Becker *et al.*, 2000). Very young carers, those under the age of eight, are at particular risk and have been excluded from some young carers' assessments and services in the past on the grounds that a child under eight shouldn't have any caring responsibilities. Commissioners need to make sure there is support in place for these young people whether through young carers' services or other services for vulnerable children.

There may also be differences of view between children and parents about what constitute appropriate levels of care and parents can sometimes be reluctant to engage with services because of negative perceptions or fears relating to the action social services may take.

Young adult carers equally face safeguarding issues similar to young carers. The caring role can place a significant strain on young people, which can impact on their educational attainment, accesses to training and employment and their general health and wellbeing.

Being a young carer does not mean that a child or young person is automatically in need of protection. However, it highlights that services must put preventative processes in place to ensure families do not find themselves in crisis, resulting in child protection procedures being triggered.

What have young carers told us?

Findings from the consultation and engagement with young carers.

Areas young carers found challenging were: concentrating, communicating, being confident and making friends (possibly because of their caring role). Their needs were as follows.

- To be valued and supported by teachers to succeed academically;
- Advocacy when dealing with professionals, who may not listen to young carers, particularly younger ones.
- Counselling services and support with their own health needs.
- Problems making GP appointments.
- Lack of awareness and respect by some professionals, particularly in health.
- Accessible user friendly information either online or one to one without using jargon.
- Be recognised, supported and listened to by friends, family and professionals in all fields.
- Places to go to make friends and have fun.

Findings from consultation and engagement regarding young adult carers found specific needs for respite care and practical support, information and 1-1 support. Some carers use respite support to enable them to go out as a family, without one member of the family having to stay behind to care for the cared-for. Others prefer practical support with household chores so the young adult carer does not have so much to do when they get home from college, freeing up time to study. Feelings of isolation, sometimes due to issues with transport can also be a problem for some young adult carers.

Review of services provided

In the main services for young carers are commissioned to support children aged over 8 years old as it is believed that a child under this age performing a caring role indicated a higher level of need and in these cases the family should receive intervention and support from social services. However WCD/Credu Young Carers have secured additional grant money from the BBC Children in Need to provide bespoke support of young carers under the age of eight.

Further clarity is needed to develop our understanding of the scope of support that young carers are providing across North Wales. While the majority of referrals relate to a young person supporting a family member who suffers from a disability or long-term illness an increasing number of referrals highlight that their caring role relates to a parent or parents with a substance misuse problem.

More work is needed to explore the range of need within the young carers' population in North Wales. Each services delivers a tiered level of support based on an assessment, although this is not standardised across the three providers and the numbers of children supported at each tier is unclear. The emerging trends which have been raised need to be explored to clarify the prevalence of each issues to inform future service development and commissioning plans.

The feedback from service providers indicated there is a gap in provision for young adult carers and young carers under the age of 8. The needs and experiences of these cohorts of young carers are very different to young carers (aged 8-16) and require a different level of support.

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7.6 Conclusion and recommendations

Carers provide a crucial role in the provision of care and support and provide a preventative service themselves. It is estimated carers provide between 70% and 95% of care, saving £7.72 billion every year in Wales (Yeandle and Buckner, 2015; Welsh Government, 2016). Every caring situation is unique.

Main findings

- The number of carers in North Wales is increasing, particularly in north-west Wales.
- People aged 50 to 64 are the most likely to provide unpaid care.
- Half of all carers in North Wales are in employment: for carers in employment the support of their employer and colleagues is vital to helping them continue in their caring role.
- The increase in need for social care identified in other chapters of the population assessment report is likely to lead to greater numbers of people providing unpaid care and providing care for longer.
- There are over 1,000 young carers identified across North Wales, which is an increase over the past few years.

Gaps in support and recommendations

There is a challenge to services in the current economic climate with services being cut both for carers and for the people they care-for. Much of the support for carers, particularly from the third sector, relies on short-term funding and there are risks to the sustainability of this support.

There is feedback that respite/short-break provision is reducing as well as issues around how far ahead it needs to be planned which means it's difficult for carers to make last minute plans. We need to re-think how we provide services to achieve the best outcomes for carers and the person cared-for in this climate.

Support in acute hospitals is inconsistent – there is a carers' support officer in the West and East regions of North Wales hosted by the third sector, but no provision in the central area. In this, and other areas we need to consider how to provide more consistency across the region.

There is an increasing need for 1 to 1 support for young carers as well as support for young carers under age 8.

In addition to the examples above, the consultation highlighted the need for better support for carers by better meeting the needs of the cared-for person as well as providing support specifically for carers. It highlighted gaps around transport, services in rural areas, awareness of primary care staff, counselling services for carers and support for substance misuse carers. The review of

services highlighted that there is provision in North Wales to meet many of these needs although this provision is not consistent across the region.

The appointment of a regional post to map the full range of services available to carers in North Wales has been agreed by the North Wales Regional Partnership Board. The scoping exercise is likely to identify further gaps and inconsistencies across North Wales and highlight priorities for joint working. There is a regional carers' operational group who will be looking at opportunities for regional working arising from this population assessment.

Equality and human rights issues

This chapter recognises that while carers and young carers are not formally identified as having protected characteristics that carers can be disproportionately impacted as a result of their caring role and in many instances face substantial economic and social disadvantages. For young carers and adult young adult carers this can lead to impacts on their own development and life opportunities.

This chapter highlights that carers can have protected characteristics and identifies data that indicates disproportionate impacts with regard to age and gender. The chapter also has a specific section looking at the needs of young carers and young adult carers.

There are other protected characteristic groups that may be affected due to the nature of their caring role. The equalities impact assessment on this population assessment reflects on further considerations and impacts. Issues affecting people with the protected characteristics may not be picked up by this assessment but could be addressed in future population assessment reviews, in the development of the area plan or in the services developed or changed in response to the plan.

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

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

Next steps for the population assessment and area plan

- Find out about the effectiveness of services provided to carers, improve project evaluation and look at what can be replicated across the region to provide more consistent support even with local variations.

- Consider how we capture outcomes and systems to capture unmet need, for example, Gwynedd Council and Denbighshire County Council are piloting using 'what matters' conversations with carers.
- Map carers' services across North Wales, including the availability of provision through the medium of Welsh.
- Share the findings from the population assessment and area plan with Welsh Government to inform the development of the All Wales Strategy for Carers.

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Appendix 1: Historic carers legislation

The Social Services and Well-being (Wales) Act 2014 repeals the majority of existing community care legislation including:

- The Carers (Recognition and Services) Act 1995
- The Carers and Disabled Children Act 2000
- The Carers (Equal Opportunities) Act 2004
- The Carers Strategies (Wales) Measure 2010

A1.1 Carers Strategies (Wales) Measure 2010

“The purpose of this Measure is to enable the National Assembly to legislate to introduce a new requirement on the NHS and Local Authorities in Wales (“the relevant authorities”) to work in partnership to prepare, publish and implement a joint strategy in relation to carers.

<http://www.assemblywales.org/bus-home/bus-legislation/bus-legislation/buslegislation/meas-cs.htm> <http://www.assemblywales.org/bus-home/bus-business-fourth-assembly-laiddocs.htm>

<http://www.legislation.gov.uk/wsi>

A1.2 Carers (Recognition and Services) Act 1995

This was the first piece of legislation that gave rights to carers of all ages who provided regular and substantial care. This contains the core statutory responsibilities and requires local authorities to carry out an assessment of a carer’s ability to provide and continue to provide care, if the carer requests this, at the time of the assessment of the person they care for.

<http://www.legislation.gov.uk/ukpga/1995/12/contents>

A1.3 Carers and Disabled Children Act 2000

This Act gave Carers a right to ask for an assessment even when the person they were caring for refused an assessment. It also gave Local Authorities the power to provide services directly to Carers and to provide Direct Payments to Carers.

<http://www.legislation.gov.uk/ukpga/2000/16/contents>

A1.4 Community Care (Delayed Discharges) Act 2000

It states that when a carer asks for an assessment, Social Services in consultation with their partners in the NHS, must determine what service it will provide for the Carer when the cared for is ready for discharge.

<http://www.legislation.gov.uk/ukpga/2003/5/contents>

A1.5 Carers (Equal Opportunities) Act 2004

This placed a duty on Local Authorities to inform Carers of their right to a Carers assessment. It also ensured that Carers leisure, lifelong learning and employment opportunities be taken into account when carrying out an assessment. It gave Local Authorities the power to enlist the help of Housing, Education and Health in providing support to Carers.

<http://www.legislation.gov.uk/ukpga/2004/15/contents>

A1.6 Children Act 1989

Young Carers can be identified as a 'child in need'.

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

A1.7 Children and Young Persons Act 2008

This requires local authorities to make adequate arrangements for short break provision for Disabled Children.

<http://www.legislation.gov.uk/ukpga/2008/23/contents>

A1.8 Disabled Persons (Services, Consultation and Representation) Act 1986

This requires local authorities to have regard to the ability of the carer to provide or continue to provide care when deciding what services to provide to the disabled person.

<http://www.legislation.gov.uk/ukpga/1986/33>

A1.9 Education Act 2002, Section 175

Section 175 concerns the duties of Local Education Authorities and governing bodies in relation to the welfare of children

<http://www.legislation.gov.uk/ukpga/2002/32/contents>

A1.10 For each of the detaining Sections of the **Mental Health Act 1983** there are duties placed on Hospital Managers (and sometimes others) to provide written and oral information to patients (and in some cases their nearest relative, which may not be the same person as the carer incidentally). To support Hospital Managers to meet their duties, the Welsh Government have developed a series of leaflets. All are available (in English and in Welsh) at:

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=816&pid=33957>

A1.11 Rights of Children and Young Persons (Wales) Measure 2011

The purpose of this Measure is to impose a duty upon the Welsh Ministers and the First Minister to have due regard to the rights and obligations in the United Nations Convention on the Rights of the Child (UNCRC) and its Optional Protocols, when making decisions of a strategic nature about how to exercise functions which are exercisable by them

<http://www.assemblywales.org/bus-home/bus-legislation/bus-legmeasures/businesslegislationmeasures/rightsofchildren.htm>

A1.12 Mental Health (Wales) Measure 2010

Part 2 of the Mental Health (Wales) Measure places statutory duties on mental health service providers in Wales (LHBs and local authorities) to ensure that all patients in secondary mental health services have a care and treatment plan of a prescribed type, which is developed and reviewed, in partnership with the patient, by a care coordinator. Regulations made under this Part of the Measure require care coordinators to consult with certain other persons (including the patient's carer(s) in developing and reviewing care and treatment plans, and that certain persons (again, including the patient's carer(s)) should be provided with a copy of the plan, or relevant parts of the plan. The care coordinator has some discretion as to whether carers should be consulted and receive copies where the patient has not given their consent, against the patient's wishes.

In addition, this legislation enables carer(s) to request a review of the patient's care and treatment plan if they believe that this is necessary (although the care coordinator has some discretion as to whether a review is conducted following such a request).

The Mental Health (Wales) Measure also places statutory duties on mental health service providers to make certain information available to patients in writing when they are discharged from secondary mental health services (including the reason for their discharge, and the actions to be taken in the event that the individual's mental health should deteriorate at some point in the future). Chapter 7 of the Draft Code of Practice which has been issued by the Welsh Government to support this Part of the mental Health (Wales) Measure states that service providers should consider providing this information to the individual's carer if it is believed that this would be appropriate and the individual is in agreement.

For further information on the requirements of this legislation, see the Welsh Government's Mental Health web pages:

<http://wales.gov.uk/topics/health/nhswales/healthservice/mentalhealthservices/?lang=en>

A1.13 The United Nations Convention on the Rights of the Child (UNCRC)

The Articles of particular relevance to Children as Young Carers are:

Article 3 In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

Article 12 States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

Article 13 The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.

Article 15 States Parties recognize the rights of the child to freedom of association and to freedom of peaceful assembly.

Article 19 States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Article 28 States Parties recognize the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity

Article 31 States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

Article 36 States Parties shall protect the child against all other forms of exploitation prejudicial to any aspect of the child's welfare.

<http://wales.gov.uk/topics/childrenyoungpeople/publications/uncrcarticles/?lang=en>

A1.14 Work and Families Act 2006

This came into force in Wales in April 2007. It requires employers to consider requests from people with caring responsibilities to work flexibly.

<http://www.legislation.gov.uk/ukpga/2006/18/contents>

Appendix 2: Consultation and engagement

The consultation and engagement activities included in the summary were:

- Feedback from organisation survey carried out for the population assessment (see [appendix x](#))
- Carers reference group consultation event (29 June 2016)
- Young carers event report (30 January 2016)
- Young carers consultation (carried out to inform the Conwy, Denbighshire, Wrexham joint contract)
- Flintshire County Council Carers Event (19 October 2015)
- Carers Partnership Board - a consultation with carers in Anglesey

Draft

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8 Violence against women, domestic abuse and sexual violence

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8.1 About this chapter

Violence against women, domestic abuse and sexual violence can include physical, sexual and emotional abuse, and occurs within all kinds of intimate relationships, including same sex relationships. Domestic abuse affects people of all ages and backgrounds and individuals who have experienced domestic abuse have a significantly higher risk of suffering with mental health disorders, drug and alcohol dependency and of becoming homeless. People who have care and support needs are disproportionately affected by domestic abuse and sexual violence. More information about the care and support needs of people in North Wales and the support needs of carers can be found in the following chapters. Each chapter includes a section on safeguarding.

- Children and young people [\[Add link\]](#)
- Older people [\[Add link\]](#)
- Health, physical disabilities and sensory impairment [\[Add link\]](#)
- Learning disabilities and autism [\[Add link\]](#)
- Mental health [\[Add link\]](#)
- Carers [\[Add link\]](#)
- Secure estate [\[Add link\]](#)
- Veterans [\[Add link\]](#)
- Homelessness [\[Add link\]](#)

Definitions

There are a number of national and internationally recognised definitions of violence against women, domestic abuse and sexual violence (VAWDASV).

The UK Government definition of domestic violence and abuse is:

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial

- Emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

The Government definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

It has been widely understood for some time that coercive control is a core part of domestic abuse. As such the extension does not represent a fundamental change in the definition. However it does highlight the importance of recognising coercive control as a complex pattern of overlapping and repeated abuse perpetrated within a context of power and control.

Without the inclusion of coercive control in the definition of domestic abuse, there may be occasions where domestic violence and abuse could be regarded as isolated incidents. As a result, it may be unclear to victims what counts as domestic abuse – for example, it may be thought to include physical violence only. We know that the first incident reported to the police or other agencies is rarely the first incident to occur; often people have been subject to violence and abuse on multiple occasions before they seek help' (Home Office, 2013).

The coercive or controlling behaviour offence came into force in December 2015 and carries a maximum 5 years' imprisonment, a fine or both. Victims who experience coercive and controlling behaviour that stops short of serious physical violence, but amounts to extreme psychological and emotional abuse, can bring their perpetrators to justice. The offence closed the gap in the law around patterns of controlling or coercive behaviour that occurs during a relationship between intimate partners, former partners who still live together or family members.

Victims of domestic violence are more likely to experience repeat victimisation than victims of any other types of crime (Office for National Statistics, 2016). Targeting and grooming of victims is commonplace and long after the victim has terminated the relationship, they may continue to be stalked or harassed by the

perpetrator. Part of this ongoing abuse can include abusive fathers demanding increased access to their children, so the mother spends much of her time in Court or in advocacy.

Sexual violence means rape and sexual assault, sexual abuse, sexual exploitation, sexual harassment, grooming, or threats of violence of a sexual nature (The Survivors Trust Cymru, 2014).

Safeguarding

It has long been recognised that domestic abuse is a child protection matter if children live in the family or household in which domestic abuse is happening. The definition of 'harm' in the Children's Act was extended to include exposure to witnessing the mistreatment of another, by virtue of S120 of the Adoption and Children Act. Around 18% of 11 to 17 year olds have been exposed to domestic abuse between adults in the home (Radford *et al.*, 2011) and domestic abuse was identified as a risk factor in 54% of serious case reviews undertaken between 2011 and 2014 in England (Sidebotham *et al.*, 2016).

More recently, the relationship between the prevalence of domestic violence and abuse and adult safeguarding has been recognised. Community Care (2013) expressed concerns about the application of social service interventions to domestic abuse situations, which risk the primary issue being neglected and unaddressed. Research suggests that women and men with a long-term illness or disability are almost twice as likely to fall victim to sexual offences (Office for National Statistics, 2014). Other research suggests that domestic violence and abuse may be more complex where a disability is involved, or the onset of disability itself may serve to initiate abusive behaviour or worsen existing violence and abuse (Casteel, 2008).

Making the connections between safeguarding and domestic abuse can be challenging when working directly or indirectly with people who have care and support needs and whose circumstances already make them vulnerable.

A considerable proportion of safeguarding children and adults work relates to the abuse or neglect of people with care and support needs who are living in their own homes. Domestic violence is perhaps most commonly thought of as violence between intimate partners, but it can take many other forms and be perpetrated by a range of people. Much safeguarding is therefore also related to domestic abuse.

Making the links between adult safeguarding and domestic abuse

Research shows that a significant proportion of people who need safeguarding support do so because they are experiencing domestic abuse (Local Government Association). Despite the clear overlap between work to support

people experiencing domestic abuse and safeguarding adults work, the two have developed as separate professional fields. Clear strategic and practice links need to be made between the approaches.

Making the links between children's safeguarding and domestic abuse

There is also a strong, evidence-based link between domestic abuse and child abuse. Exposure to domestic violence and abuse is always abusive to children, although the impact on them may vary.

Research suggests that 62% of children exposed to domestic violence and abuse are also directly harmed due to physical or emotional abuse or neglect (Co-ordinated action against domestic abuse (caada), 2014). Almost all of those who are physically abused are abused by the perpetrator of the domestic abuse. There is also increasing recognition of the damaging psychological impact that witnessing domestic abuse has on children.

This means that where adult safeguarding and domestic violence and abuse are being addressed and children are involved or present, professionals have a duty to refer to children's services, using local protocols and procedures. This is the case even if the adult victim chooses not to, or is not able to, accept help for him or herself.

Where there are opportunities for joint assessment and joint working across adult and children's services and domestic abuse services these should always be considered. Young People's Violence Advisors (YPVAs) offer practical help to young people aged between 13 and 17 who are experiencing relationship abuse and are available in some areas. There may also be school-based specialist support for younger children.

See children and young people's chapter for more information [\[add link\]](#).

Policy and legislation

Given the evident links between safeguarding and domestic violence and abuse, social care professionals need to be aware of:

- Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- The creation of a new offence entitled, Controlling and Coercive Behaviour in an Intimate or Family Relationship subject to section 76 of the Serious Crimes Act

In terms of its potential to address domestic abuse, the Social Services and Wellbeing (Wales) Act introduces three new key functions:

- a new definition of an Adult at Risk,

- the implementation of adult protection and support orders and adults safeguarding boards, and
- the duty to enquire and report where a local authority has reasonable cause to suspect that a person is an adult at risk.

The provision in part 7 of the Social Services and Wellbeing Act (Wales) 2014 requires local authorities to investigate where they suspect that a child or an adult with care and support needs is at risk of abuse or neglect (section 126).

The creation of Adult Protection and Support Orders gives local councils powers and responsibilities to respond to suspected abuse. An Authorised Officer appointed by a local council can apply to a Justice of the Peace, when all other attempts to gain access to a property have failed, to enter the property with a police officer to speak in private with a suspected victim, and to determine that decisions have been made freely and that the person is not an 'adult at risk'.

Also, conducting assessments based on the appearance of need could feasibly lead to the identification of abuse or potential abuse. For more information about the act please see [appendix x](#).

The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015 will strengthen professionals' awareness of domestic abuse and how to improve identification of the National Training Framework (NTF) on Domestic Abuse under section 15. The NTF consists of 6 groups of training with the following outcomes:

- Group 1: A workforce, alert and aware to VAWDASV
- Group 2: Skilled practitioners in the right place, proactively identifying and offering support to victims of VAWDASV
- Group 3: Key staff, ready and able to support colleagues & clients when victims of VAWDASV are identified
- Group 4: Expert practitioners able to offer efficient, informed intervention to every referral received
- Group 5: Capable, specialist managers, running strong services and managing effective practitioners
- Group 6: Strong leaders creating a culture which acknowledges VAWDASV as public service issues, requiring a quality response.

Levels 1 to 3 include e-learning to increase awareness for all local authority staff and other public service bodies. Level 2 and 3 consist of targeted questions entitled Ask and Act and enhanced Ask and Act respectively, to help professionals to identify signs and symptoms of domestic abuse, initiate a sensitive and role-specific series of questions and refer to specialist organisations. It is expected that levels 2 and 3 will apply especially to frontline

officers and senior managers whose core business area may not be domestic abuse but who come across domestic abuse clients as part of their work.

Other relevant legislation includes the Housing (Wales) Act 2014 to prevent and alleviate homelessness, which specifies that risk of abuse, including domestic abuse, is a factor in determining whether it is reasonable to continue to occupy accommodation. Also, the Renting Homes (Wales) Act 2016 sets out a new approach to joint contracts which will help survivors by enabling perpetrators to be targeted for eviction.

These other legislative frameworks may help to strengthen the function of the Social Services and Well-being (Wales) Act and due to the duty to enquire and report, may also increase protection for vulnerable children and adults and encourage social services to improve partnership working.

8.2 What do we know about the population

An estimated 1 in 4 women experience violence in their lifetime and 1 in 6 men (Office for National Statistics, 2014). About 8.5% of women and 4.5% of men report having experienced domestic abuse in the previous year (Office for National Statistics, 2014). This is equivalent to an estimated 16,000 female victims and 8,000 male victims in North Wales each year.

Table 8.1 shows that the total number of domestic incidents recorded by the policy (including crimes and non-crimes) was around 11,000 in 2015-16.

Table 8.1 Total number of domestic incidents (crimes and non-crimes)

	2011-12	2012-13	2013-14	2014-15	2015-16
Anglesey	1,130	1,060	960	760	960
Gwynedd	1,870	1,980	1,600	1,190	1,620
Conwy	2,260	2,570	2,130	1,550	1,960
Denbighshire	2,300	2,330	1,790	1,500	1,900
Flintshire	2,400	2,760	2,250	1,870	2,140
Wrexham	2,870	3,290	2,840	2,180	2,720
North Wales	12,800	14,000	11,600	9,000	11,300

Numbers have been rounded so may not sum
Source: North Wales Police

Domestic abuse costs public services £66 million a year in North Wales

The total costs of domestic abuse in North Wales are estimated at £66 million¹ (Walby, 2009). This includes the costs to health care, criminal justice, social

¹ Figure calculated by combining the estimated costs for each North Wales local council from Trust for London and the Henry Smith Charity figures based on the Walby (2009) estimates.

services, housing and refuges, legal costs and lost economic output. In addition the human and emotional costs are estimated at £114 million (Walby, 2009). According to the Walby (2009) update report, the overall cost of domestic abuse fell significantly between 2001 and 2008, mostly due to the decrease in the cost of lost economic output, and a decrease in the human and emotional cost, as a result of increased utilisation of public services. The overall rate of domestic violence also fell between 2001 and 2008, concluding that investment in public services was cost effective for the country as a whole, during that time.

Reducing violence and abuse further could result in substantial savings to health and social care (Public Health Wales, 2016). Effective interventions include focusing on children and young people; preventing domestic violence, abuse and violence against women; reducing harmful use of alcohol; and multi-agency approaches. For example, implementing the NICE Guidance on Domestic Violence and Abuse (NICE, 2014) could save £4,700 per month per person on longer-term costs associated with treating and supporting someone experiencing post-traumatic stress disorder as a result of violence and abuse.

Domestic abuse is under-reported but the number of reports is increasing

Table 8.2 shows that the number of domestic violent crimes with injury in North Wales is much lower than the estimated number of people likely to have experienced the crime. Domestic violence and abuse has long been under-reported and the increase in the number of crimes over the past three years is likely to be due to an increase in reporting rather than incidence (North Wales Police, 2016). In 2015-16 there were 1,700 domestic violent crimes with injury in North Wales, 870 involved a person under 16 and 560 involved a child aged under 6 (see Table 8.2, Table 8.3 and Table 8.4 for more information).

Table 8.2 Number of domestic violent crimes with injury by county in North Wales

	2013-14	2014-15	2015-16
Anglesey	100	130	170
Gwynedd	180	210	280
Conwy	280	210	270
Denbighshire	210	260	270
Flintshire	270	300	340
Wrexham	350	340	380
North Wales	1,400	1,500	1,700

Numbers have been rounded so may not sum

Source: North Wales Police

Table 8.3 Number of domestic violent crimes with injury involving a person under 16

	2013-14	2014-15	2015-16
Anglesey	50	70	100
Gwynedd	90	100	130
Conwy	130	90	130
Denbighshire	110	130	130
Flintshire	150	160	170
Wrexham	190	190	210
North Wales	720	730	870

Numbers have been rounded so may not sum

Source: North Wales Police

Table 8.4 Number of domestic violent crimes with injury involving a person under 5

	2013-14	2014-15	2015-16
Anglesey	30	50	60
Gwynedd	60	60	90
Conwy	80	60	80
Denbighshire	70	90	80
Flintshire	90	90	110
Wrexham	130	120	140
North Wales	470	470	560

Numbers have been rounded so may not sum

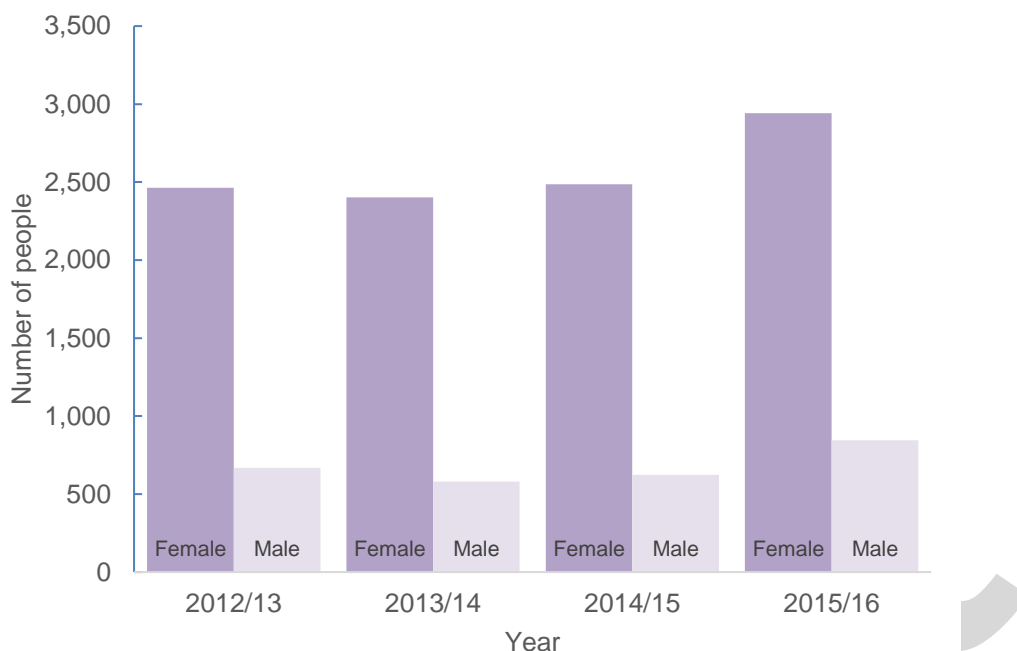
Source: North Wales Police

Women are more likely to experience domestic violence and abuse than men

Across North Wales around 80% of the victims of domestic violence and abuse are female, while 20% are male. The proportion is similar in each county and has remained fairly consistent over the last four years although there has been an overall increase in the number victims as shown in Figure 8.1 and Table 8.5.

The Live Fear Free Helpline run by Welsh Women's Aid received around 5,000 calls during 2015-16. Of these the majority (4,800) were from women. They also received around 20 calls from children aged under 17 and 170 calls from adults aged 56 and over.

Figure 8.1 Domestic violence by victims gender, North Wales, 2012/13 to 2015/16



Source: North Wales Police

Table 8.5 Domestic violence victims by gender in North Wales

Local council	2012/13		2013/14		2014/15		2015/16	
	Female	Male	Female	Male	Female	Male	Female	Male
Anglesey	220	60	190	50	220	50	270	70
Conwy	410	110	430	130	380	100	490	140
Denbighshire	430	110	380	100	390	110	470	120
Flintshire	400	120	430	90	480	130	550	180
Gwynedd	420	120	370	80	360	90	450	140
Wrexham	590	140	600	120	660	130	720	200
Total	2,500	670	2,400	580	2,500	620	2,900	840

Numbers have been rounded so may not sum

Source: North Wales Police

Cases of coercive control are now being recorded

There have been 33 recorded crimes across North Wales of engaging in controlling/coercive behaviour in an intimate/family relationship since the offence came into effect in December 2015.

The number of sexual offences is increasing in North Wales

The total number of sexual offences has increased in North Wales from 900 in 2012-13 to 1,400 in 2015-16. This increase is seen in every county in North Wales as shown in Table 8.6. It is thought that this is due to an increase in reporting of non-recent incidents rather than incidence overall (North Wales Police, 2016).

Table 8.6 Number of sexual offences by local authority

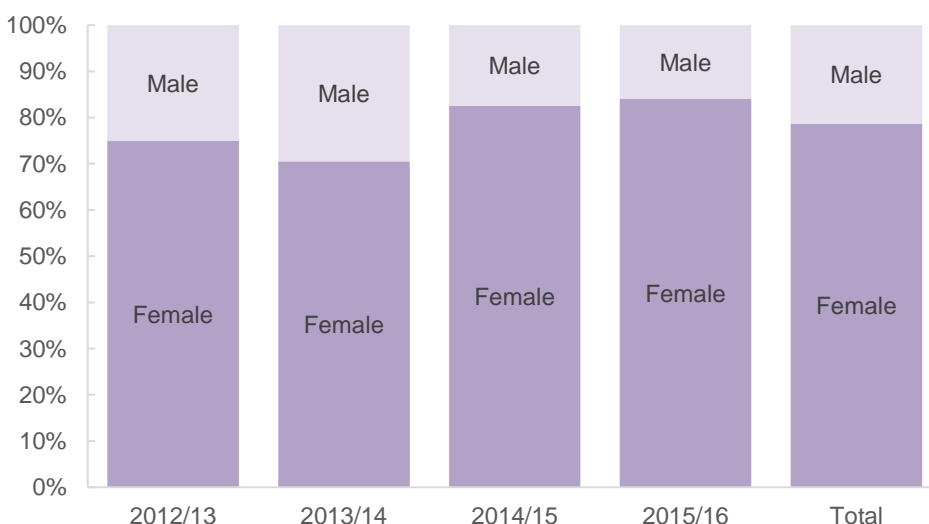
	2012-13	2013-14	2014-15	2015-16
Anglesey	80	80	130	120
Gwynedd	140	160	190	260
Conwy	150	160	180	220
Denbighshire	150	160	200	270
Flintshire	140	160	180	270
Wrexham	240	270	240	280
North Wales	900	970	1,100	1,400

Numbers have been rounded so may not sum

Source: North Wales Police

The different proportions of women and men affected by sexual violence are similar to that found with domestic violence and abuse. Across North Wales over the last four years, 80% of the victims of sexual violence were female and 20% were male, however this proportion varies from year to year as shown in Figure 8.2.

Figure 8.2 Sexual offences in North Wales by local council and victims gender



Source: North Wales Police

Child sexual exploitation (CSE)

‘Child sexual exploitation is the coercion or manipulation of children and young people into taking part in sexual activities. It is a form of sexual abuse involving an exchange of some form of payment which can include money, mobile phones and other items, drugs, alcohol, a place to stay, ‘protection’ or affection. The vulnerability of the young person and the grooming process employed by perpetrators renders them powerless to recognise the exploitative nature of relationships and unable to give informed consent’ (Barnardos, 2013).

There has been an increase year on year in Sexual Exploitation Risk Assessment Framework (SERAF) assessments taking place in Wales due to increased awareness of the issue (Barnardos, 2016). There is more information about the work taking place in North Wales to tackle CSE available here <http://www.north-wales.police.uk/advice-and-support/stay-safe/child-sexual-exploitation/what-is-cse>.

Most MARAC referrals are made by the police and the number of MARAC cases has remained similar over time

A MARAC (multi-agency risk assessment conference) is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, safeguarding, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. The representatives discuss options for increasing the safety of the victim and develop a Risk Management Action Plan.

In 2015-16, 72 MARACs took place in North Wales, (one every month across the six counties) and 910 cases were discussed. The numbers are similar for previous years. Of the cases discussed, 25% were repeat cases. The police are the highest referrer to MARACs with 58% of referrals. Table 8.7 shows that the number of cases is fairly similar across North Wales although Wrexham and Denbighshire have a higher number of cases than average when the size of the population is taken into account.

Table 8.7 Number of MARAC cases by local authority, 2015-16

	Cases discussed	Cases per 10,000 population
Anglesey	80	26
Gwynedd	140	27
Conwy	130	25
Denbighshire	130	32
Flintshire	160	25
Wrexham	280	51
North Wales	910	31

Numbers have been rounded so may not sum

Source: SafeLives

Table 8.8 shows the percentage of MARAC cases that involved people who have protected characteristics under equalities legislation. The table includes numbers that ‘SafeLives’ recommend you would expect to see which shows that in North Wales on the whole there are more cases involving BME people than expected but fewer LGBT people and disabled people than expected.

Table 8.8 MARAC cases by protected characteristics and local authority, 2015-16

	% BME	% LGBT	% Disability	% Males (a)	% aged 16-17
Anglesey	4	0	0	1	3
Gwynedd	8	0	1	5	1
Conwy	4	1	0	6	3
Denbighshire	3	0	2	5	2
Flintshire	5	2	6	7	1
Wrexham	6	2	6	7	2
North Wales	5	1	3	6	1
SafeLives recommends	0	5	17	4-10	-

Numbers have been rounded so may not sum

Source: SafeLives

Housing needs and homelessness

A needs mapping exercise has been carried out in North Wales for the Supporting People Grant. This identified that around 1,600 people across North Wales (92% women / 8% men) have a support need linked to domestic abuse.

There are 63 refuge places for adults in North Wales, either in communal accommodation or dispersed units. Refuges also accommodate children. Demand is constant and outstrips supply. Media publicity that raises awareness of abuse helps victims to identify their own situation. Providers have reported establishing waiting lists (North Wales Social Care and Wellbeing Services Improvement Collaborative, 2016). Refuge places are allocated following thorough risk assessment by the specialist provider: this assessment protects current residents and ensures greater safety and confidentiality for the victim. On acceptance, refuges can be accessed 24/7, either by direct contact with the provider, or through Live Fear Free on-call protocols after hours on 0808 801 0800. Refuge places for people with high support needs or physical disability are scarce.

In addition to refuge provision, options for housing victims of domestic violence where it is not safe to remain in their own home include:

- Dispersed units – self-contained properties to house victims of domestic violence and abuse without the intensive support provided by refuges.
- Safe houses.

There is a need to make sure that their provision is available for people with care and support needs.

8.3 What are people telling us?

All forms of violence against women, domestic abuse and sexual violence have implications for social care. Demand for services is largely unpredictable, though it is intense, frequent and often urgent. Furthermore, these crimes have a harrowing impact on both the short-term and long-term wellbeing of victims, thereby increasing demands on a wide range of services.

At a time when the Welsh Government has delivered the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, budget cuts have affected all specialist service providers. This is despite such agencies being inundated with referrals from police, health visitors, social workers and third sector organisations (Hobbs, 2016). Though there are clear practical needs for victims of violence against women, domestic abuse and sexual violence, the same theoretical pleas are consistently articulated (Welsh Women's Aid, 2016):

- Believe my story (no matter how irrational it seems)
- Support me and help me (and my children) stay safe
- The perpetrator is responsible, not me

These survivor views are replicated by women who attend resilience support, having escaped a coercively controlling relationship (Hobbs, 2016). The experiences are not invited into the victim's life; they happen because the perpetrator is abusive towards them. In an intimate relationship, such abuse is both confusing and distressing. While specialist service providers understand the dynamics of the victim's journey, some public services are less able to fathom domestic abuse and violence. The Welsh Women's Aid Survivor Consultation (2016) reported victims (female and male) being blamed for their circumstances and there is low recognition for the efforts victims make to prevent or minimise harms. This is especially the case where the abused parent strives to protect their children, but faces inquisition and accusation from both social services and the criminal justice system. They wonder why the perpetrator escapes such scrutiny, although victims do recognise the power-base from which such perpetrators operate.

The impact of violence and abuse on their children is a primary concern of many survivors (Welsh Women's Aid, 2016). They identify a need for children to be heard and to be able to access specialist support separate and distinct from the support being given to their abused parent/carer. More work to help prevent children and young people from experiencing abuse is also needed, including helping children and young people recognise abuse and know where to access support. This could include programmes at school (beginning with young children), confidential services that can be accessed through school and therapeutic services.

Survivors identified 10 key recommendations for Welsh Government (Welsh Government, 2016; Welsh Women's Aid, 2016)

1. Dedicated specialist services for children and young people impacted by or experiencing domestic abuse, sexual violence, Female Genital Mutilation (FGM), forced marriage, sexual exploitation or harassment.
2. Specialist domestic abuse and sexual violence services for survivors that are accessible and resourced to meet the needs of specific survivor groups.
3. Improvements in family court and CAFCASS Cymru practice and safe child contact for children in cases of domestic abuse and sexual violence.
4. Accessible 'refuge service' support in every area, accompanied by safe, affordable, longer-term housing options to provide flexibility and choice.
5. Women's groups and peer support that reduce isolation and maximise independent spaces to increase confidence, esteem, and empowerment.
6. Equal access to safety, support, protection and justice, and finances to live independently, irrespective of survivors' immigration status.
7. Counselling and therapeutic services for survivors that is available when needed and is age-appropriate, and helps build resilience and recovery.
8. Greater focus on stopping perpetrators' behaviour and, where coercive control is a feature, on getting perpetrators to leave and end abusive relationships.
9. Improved training for all services on all aspects of violence against women, domestic abuse and sexual violence, informed by survivors' experiences.
10. Preventing violence against women from happening in the first place, through compulsory prevention education in all schools and increasing awareness of the issues and help available in local communities.

8.4 Review of services currently provided

Victims and their families are able to access a range of support from specialist services in their areas, or if it is not safe do so, assistance can be provided to access support in another area. The practical needs for victims (and their children) who have disclosed violence against women, domestic abuse and/or sexual violence can be summarised as:

- Dedicated, local specialist services that are accessible and adequately resourced to meet specific needs.
- Access to refuge for victims who have had to urgently leave their home in order to escape abuse or violence and later, move on accommodation and longer-term housing solutions.

- Peer support groups, therapeutic counselling and recovery courses. These enable victims to come to terms with what has happened and to understand and identify abusive behaviours and their impact. Groups reduce victim isolation and help them re-build their confidence and resilience. Many victims of abuse have further needs for mental health support, self-harming, substance misuse and other conditions. There is no North Wales provision of refuge support for women with very high needs that require round the clock staffing.
- Swift access to financial support for victims who are compromised – by having their wages or benefits stolen by the abuser, or by having no recourse to public funds. Safety and justice are essential for victims, irrespective of immigration or residency status, or the ability to pay. For women who work in low-paid employment, refuge is not necessarily an affordable option. Sadly, lack of money is a key reason for victims remaining with their abuser. For those who flee their home with nothing, refuges rely on voluntary donations and the generosity of staff to provide victims and their children with the basics of food, clothing and hygiene products.
- Specialist training is essential for every service that encounters victims. This is to ensure that staff are alert to hints of disclosure and are confident that they can take immediate steps to ensure the victim's safety. For ongoing dealings with victims, staff need to be aware of their own impact: attitude is everything. A dismissive approach or a suggestion that the victim should work things out with their partner maximises risk and can place the victim in grave danger. Victims have to be supported and respected throughout their journey from disclosure to recovery.

Information and support

The Live Fear Free helpline (previously known as the All Wales Domestic Abuse and Sexual Violence helpline) is an all Wales national helpline with trained workers that are able to provide a range of support to callers (both victims and professionals). The helpline workers are able to signpost victims to refuge which is supported accommodation across the UK for women (or men) and their children who need a safe place to stay as a result of domestic abuse. Access to refuges is generally 24 hours a day 365 days a year.

Alternatively, the helpline can also provide assistance to access other services such as outreach and floating support - clients are allocated a worker who develops Individual Support Plans with them that provides for or links to appropriate services such as counselling, substance misuse services, physical and mental health services, support groups and educational programmes. These include the Freedom Programme and the Recovery Programme. Both programmes run for 12 weeks and provide information about domestic violence perpetration: the signs, impact and routes to recovery. The consultation and engagement for carried out for the population assessment identified a gap in

specialist support, such as floating support, for BME people in North Wales. Ethnicity is not a barrier to the provision of refuge or floating support, however.

Most specialist services operate a drop in or one-stop-shop type of service where other services, such as housing support, legal, financial, counselling and so on, can be accessed under the one roof.

IDVA services

IDVA services are available across the region. IDVAs are Independent Domestic Violence Advisors who work to support women and men who are at high risk of domestic violence. IDVAs work closely with a range of agencies including the police, children and adult services, legal services and criminal justice agencies in order to assess, monitor and manage risks to victims. They can also refer victims to services such as target hardening (installation of physical security measures to a property making it more resistant to attack or damage and enabling the victim to remain in their home) and provide emotional and other practical support.

School-based preventative programmes

Prevention of abuse and violence is a key priority. Children and young people need to be educated about safe, healthy relationships though it shouldn't be assumed that anyone of any age is immune to abuse.

As part of the drive to tackle violence against women, domestic abuse and sexual violence a number of programmes currently run in schools across North Wales such as the Spectrum programme, Cat's Paw Theatre Company, Crucial Crew, Starr Programmes and so on. These programmes target school aged children and aim to promote healthy relationships and to raise the awareness of children and young people about the issues of violence against women, domestic abuse, and sexual violence. These programmes are delivered by qualified and experienced facilitators; sessions can be delivered in Welsh or English, are cross curricular and are designed to promote peer discussion, using a range of techniques. They use materials that are thought provoking but are not designed to be so emotive as to cause distress. It is important to note that the sessions are designed to promote discussion not disclosure, however appropriate support and sign posting is provided should this occur.

Specialist support for Black and Minority Ethnic (BME) people

BAWSO provides support to BME people who are experiencing or threatened with Domestic Abuse as well as delivering a wide range of support services throughout Wales. The specialist services provided include the provision of temporary accommodation in Wales for those suffering from domestic abuse and all forms of violence; including female genital mutilation (FGM), forced marriage, honour based violence and human trafficking.

Perpetrator programmes

More attention needs to be focused on the motivations and actions of the abuse or violence perpetrators. They are the cause of violence against women, domestic abuse and sexual violence, though victims report that it is they who are both blamed and punished. While some perpetrators are inherently abusive or violent, others can be selective about their victim. Intimate abuse of a partner is a product of power and control. There are perpetrators of ongoing abuse of ex-partners who are non-abusive in their new relationship. Referral to a perpetrator programme requires strict protocols to ensure victim safety.

Support for perpetrators of domestic abuse is available through the criminal justice system (probation) or in the community where they are able to access Relate Cymru's Respect accredited programme Choose2Change. The Choose2Change programmes' key priority is to increase the safety of victims and children who are or have been experiencing domestic abuse. Perpetrators are offered an opportunity to attend a group work programme to address their abusive behaviour to reduce the risk of further abuse in their relationships. Their partners and children are provided the information and support that they need to keep themselves safe. Choose2Change is a fully Respect Accredited service offered to families affected by domestic abuse in North Wales. Accreditation has been developed so that members of the public, funders, commissioning agencies and other professionals can be assured of a high quality, safety-focused service from organisations accredited by Respect. Only accredited perpetrator programmes are acceptable and referrers need to be trained in how to handle both the perpetrator and the victim when making such referrals.

Modern day slavery

BAWSO Diogel Project (Refuge) supports victims of modern day slavery providing practical support on housing, home finances, legal and immigration advice, and emotional support to help recovery and settlement.

The project assists those who have escaped trafficking or those released from criminal networks. It undertakes risk assessments and provides support tailored to individual's needs. The support offered is in accordance with Human Trafficking Care Standards and takes a holistic approach to support needs.

Bawso works closely with partners across the region including, Local Authorities, North Wales Police, Salvation Army, Health Visitors, Sexual health practitioners, Red-Cross and Modern Slavery Human trafficking Unit (MSHTU).

The project provides services to the victims such as counselling services, legal advice and representation for court appeals, accessing specialised barristers for prosecution in crown court, support with National Referral Mechanism (NRM) as

recognised first responder support during asylum and immigration process and support with criminal justice system.

Stepping Stones

Stepping Stones provides confidential, individual and group counselling for adults who have been sexually abused as children.

Sexual Assault Referral Centre (SARC)

Amethyst is the Sexual Assault Referral Centre (SARC) for the North Wales area. It is a joint venture between Betsi Cadwaladr University Health Board, North Wales Police and voluntary groups. They provide information about options; advice and support with reporting to the police; information and support if not reporting to the police; sexual health advice/appointment; emergency contraception; advice about Hepatitis and HIV infection and referral for support and counselling.

RASASC

The Rape and Sexual Abuse Support Centre (RASASC) (North Wales) is a recognised organisation providing independent specialist support to enable people to work through their experience of rape and/ or sexual violence.

More information is available in the full list of services attached as appendix x

8.5 Conclusion and recommendations

Key messages

- Domestic and sexual violence and abuse are under-reported but the number of reports is increasing.
- Domestic and sexual violence and abuse affects both women and men although women are more likely to experience them.
- Cases of coercive control are now being recorded in North Wales since the offence came into effect in December 2015
- Domestic abuse costs public services £66 million a year in North Wales in health care, criminal justice, social services, housing and refuges, legal costs and lost economic output.

Gaps in services and support available

The population assessment suggests future work should look at addressing the following:

- Developing stronger strategic and practice links between domestic abuse and adults safeguarding.

- The effect of budget cuts on specialist service providers' ability to meet the demand and need for services.
- The need for support for children and young people who are witnessing domestic violence and abuse.
- Making sure there are sufficient options for housing victims of domestic violence and abuse who have additional care and support needs that require round the clock staffing.
- Find out more about the need for specialist support, such as floating support, for BAME people in North Wales.

National priorities

The National Strategy on Violence against Women, Domestic Abuse and Sexual Violence 2016-2021 (Welsh Government, 2016) has been published and includes the 10 key recommendations (see section 8.3) along with the National Training Framework (see section 8.1).

The National Adviser Annual Plan (Bowen-Davies, 2016) sets out the following objectives:

1. To advise and support the strategic implementation of the legislation
2. Develop a strategic, coherent and integrated approach to policy and service delivery decisions
3. Develop workable recommendations to improve the impact and effectiveness of public and voluntary service provision
4. Provide a strategic platform for shared learning and research
5. Enable effective and inclusive communication with survivors, stakeholders and the public.

Next steps

Local councils and the health board have to prepare and publish a strategy under the Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2014 by 1 April 2018. The population assessment will be used to inform this strategy.

We have also identified that we need to include more information about sexual violence, child sexual exploitation, trafficking and modern slavery when the population assessment is reviewed. Please let us know if you have any evidence you would like to submit [\[add link\]](#).

Equality and human rights

This chapter includes information about the disproportionate number of women, children and disabled people affected by VASWDASV. It also highlights that

services need to be available to all people, for example, men as well as women and the need for specialist support for BAME people. The chapter includes data about the proportion of people from protected characteristics discussed at MARACs, for example low numbers of LGBT people. More information is available about the impact on specific groups in in the safeguarding section of each population assessment chapter [\[add link\]](#).

There may be other issues affecting people with the protected characteristics and the needs of Welsh language speakers not picked up by this assessment that could be addressed in future population assessment reviews, in the development of the area plan or in the services developed or changed in response to the plan.

We would welcome any further specific evidence which may help to inform the final assessment [\[add link\]](#).

Draft

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Domestic Abuse Services in North Wales

Agency	Service Provided	Who can attend?	Means of Access	Anticipated Benefits/Outcomes
Domestic Abuse Safety Unit - Flintshire	IDVA service	Men and women	Direct or agency referral	Specialist tailored support for High Risk victims/ survivors of domestic abuse.
	One-Stop-Shop	Men and women	Direct or agency referral	Support and information offered at one safe and confidential location
	Refuge	Women and children only	Direct or agency referral	Safe Housing provision with high level support
	Freedom Programme	Women only	Direct or agency referral	Building confidence/self esteem
	Outreach Support	Men and women	Direct or agency referral	Progress outreach support providing long term support/interventions to victims
	Crisis Intervention	Men and women	Direct or agency referral	Specialist support
Welsh Women's Aid, Wrexham	IDVA service	Men and women	Direct or agency referral	Specialist tailored support for High Risk victims/ survivors of domestic abuse.
	One-Stop-Shop	Men and women	Direct or agency referral	Support and information offered at one safe and confidential location
	Refuge	Women and children only	Direct or agency referral	Safe Housing provision with high level support
	Freedom Programme	Women only	Direct or agency referral	Building confidence/self esteem
	Power to Change Programme	Women only	Direct or agency referral	Building confidence/self esteem which follows on from the Freedom programme
Glyndwr Women's Aid, Denbighshire	Refuge	Women and children only	Direct or agency referral	Safe Housing provision with high level support
	Freedom Programme	Women only	Direct or agency referral	Building confidence/self esteem
	STAR programme	14-25 year olds	Through Schools	Children and young people programme looking at issues related to DASV
	Confidence and Assertiveness training	Women only	Direct or agency referral	Building confidence/self esteem
North Denbighshire Domestic Abuse Service (NDDAS)	IDVA service	Men and women	Direct or agency referral	Specialist tailored support for High Risk victims/ survivors of domestic abuse.
	Respect 1-1 perpetrator programme	School aged children	Via schools	Information and awareness raising sessions in schools
	STAR programme	14-25 year olds	Through Schools	Children and young people programme looking at issues related to DASV
	Freedom Programme	Women only	Direct or agency referral	Building confidence/self esteem programme
	Outreach Floating Support	Men and women	Direct or agency referral	Progress outreach support providing long term support/interventions to victims
	One-Stop-Shop	Men and women	Direct or agency referral	Support and information offered at one safe and confidential location
	Refuge- Dispersed units	Men and women	Direct or agency referral	Safe Housing provision with some level of support
	Awareness talks	Schools	Via schools	Information and awareness raising sessions in schools
Aberconwy	Outreach Floating Support	may support 5 women at a time	Direct or agency referral	Progress outreach support providing long term support/interventions to victims
	Freedom Programme	Women only	Direct or agency referral	Confidence/Self esteem building
	DART service			

	Helpline	Men and women	Direct or agency referral	Immediate over the phone support, information, crisis intervention and signposting on to refuge or other specialist services.
	Drop in Information Centre	Men and women	Direct or agency referral	Support and information offered at one safe and confidential location
Colwyn Welsh Womens Aid (CWWA), Conwy	New Beginnings			
	STAR programme	Children and young people	Through schools	Children and young people programme looking at issues related to DASV
	Coffee mornings & service user involvement			
	Parenting programme	Parents and their children	Direct or agency referral	Information and support in coping with parenting issues after DA
	Confidence Building programme	Women	Direct or agency referral	Confidence/Self esteem building programme
	IDVA service	Men and women	Direct or agency referral	Specialist tailored support for High Risk victims/ survivors of domestic abuse.
	Refuge	Women and children only	Direct or agency referral	Safe Housing provision with high level support
	Happy Friday programme, exercise, healthy eating, cooking, etc			
	Drop in service	Men and women	Direct or agency referral	Support and information offered at one safe and confidential location
Bangor Women's Aid, Gwynedd	IDVA service	Men and women	Direct or agency referral	Specialist tailored support for High Risk victims/ survivors of domestic abuse.
	Outreach Floating Support	Men and women	Direct or agency referral	Progress outreach support providing long term support/interventions to victims
	Freedom Programme	Women	Direct or agency referral	Confidence/Self esteem building programme
	Healthy relationships	Teens and young people		
	Incredible Years programme	Teens and young people		
	Dedicated CYP working in the community	Schools aged children 5 - 17		
Gorwel, Yns Mon	IDVA service	Men and women	Direct or agency referral	Specialist tailored support for High Risk victims/ survivors of domestic abuse.
	Refuge	Women and children only	Direct or agency referral	Safe Housing provision with high level support
	Caring Dads	Men who have been perpetrators of DA	?	Support for men who have been perpetrators of DA
	Freedom Programme	women	Direct or agency referral	Confidence/self esteem building programme
	Outreach Floating Support	Men and women	Direct or agency referral	Progress outreach support providing long term support/interventions to victims
	Specialist CYP support worker	Children and young people	?	Support for children and young people who have been affected by DA
	One-Stop-Shop	Men and women	Direct or agency referral	Support and information offered at one safe and confidential location
CAHA Women's Aid, Flintshire	IDVA service	Men and women	Direct or agency referral	Specialist tailored support for High Risk victims/ survivors of domestic abuse.
	Freedom Programme	women	Direct or agency referral	Confidence/Self esteem building programme
	In-house counselling service			Counselling service provided to individuals who have been affected by DA

	CYP community worker	Children and young people		Support for children and young people who have been affected by DA
	Crucial Crew	Children and young people	Via schools	Information/awareness raising sessions for children and young people
	Awareness talks		Direct or agency referral	information and awareness raising sessions
	ODEL opening doors and enhancing life	Accredited course		
	Refuge	Women and children only	Direct or agency referral	Safe Housing provision with high level support
Bawso, North Wales	Outreach Floating Support	Men and women	Direct or agency referral	Progress outreach support providing long term support/interventions to victims
	Refuge for victims of modern slavery	Women and children only	Direct or agency referral	Safe Housing provision with high level support
Bawso, Connah's Quay	Safe House	Women and children only	Direct or agency referral	Safe Housing provision with high level support
Bawso, Wrexham	One-Stop-Shop	Men and women	Direct or agency referral	Support and information offered at one safe and confidential location
Bawso, Wrexham	Gateway programme	Polish service users	Direct or agency referrals	confidence and self-esteem building programme for women who have been victims of DA - Freedom programme delivered in Polish
Bawso, North Wales	Training package for FGM, FM, HBV, DA, Modern slavery, from a black perspective	ALL	Direct or agency referrals	education awareness
Victim Support, North Wales	Emotional and Practical support for all victims of crime.	All victims of crime	Direct or agency referral	Support and information for victims of any crimes
Live Fear Free Helpline	Support and listening service	ALL	By highly trained Helpline Support Workers. Phone and email	phone or email support for all victims of DA
	Referrals to refuge and other specialist services	ALL	Phone and email	phone or email support for all victims of DA
	Referrals to outreach support	ALL	Phone and email	phone or email support for all victims of DA
	Referral to Marac	If meets the threshold	Phone and email	phone or email support for all victims of DA
	Crisis Intervention when required	All as required	Phone and email	phone or email support for all victims of DA
Community Safety Partnership, Conwy & Denbighshire	Safer Homes Scheme (Target hardening)	Men, Women & their families	Email referral	phone or email support for all victims of DA
	IDVA service		Direct or agency referral	Specialist tailored support for High Risk victims/ survivors of domestic abuse.
Wrexham CBC	Cat's Paw school Production	Year 9 students	Via schools	Rape and sexual consent awareness session
	Cat's Paw school Production	16+ colleges	Via schools	Rape and sexual consent awareness session
Wrexham CBC Info shop	Appropriate relationships and online safety	Children and young people	Via schools	Introduction to forming appropriate relationships and staying safe online
Spectrum Project, North Wales	Belonging	Children and young people	Via schools	To enable young people to empathise with a character who has experienced DA and look at support networks available for young people
Spectrum Project, North Wales	Family	Children and young people	Via schools	Understand the term DA, recognise that all families are different and support networks
WCBC Info shop	Sexual Consent: forming consent	Children and young people	Via schools	Understanding sexual consent, the law and making healthy choices.

Spectrum Project, North Wales	Intro Sexual Exploitation: Sarah's story	Children and young people	Via schools	Awareness about sexual exploitation and tactics used by people who sexual exploit women and children, identify sources of support.
Spectrum Project, North Wales	Forced Marriages	Children and young people	Via schools	Understand the consent of marriage, difference between Arranged and Forced marriages, where to get support.
Wrexham CBC Info shop	Relationships	Children and young people	Via schools	Discussion around what behaviours are acceptable and unacceptable in a partner relationship, recognise warning signs in relation to potentially abuse relationships, effects of abuse, and support available
Spectrum, North Wales	Gender Stereotyping	Children and young people	Via schools	To begin to understand that inequalities exists in society, that gender inequality can lead to discrimination and abuse
WCBC Info shop	Safer relationships	Children and young people	Via schools	To begin to identify characteristics of healthy and safe relationships
Welsh Women's Aid, Wrexham	Crucial Crew	Children and young people	Via schools	WWA introduction to domestic abuse
Spectrum, North Wales	Healthy relationships	Children and young people	Via schools	To begin to identify characteristics of healthy relationships
Spectrum, North Wales	Chance or Choice	Children and young people	Via schools	To reinforce the characteristics of healthy relationships
Spectrum, North Wales	Identifying emotions	Children and young people	Via schools	
Spectrum, North Wales	Safety Zone	Children and young people	Via schools	
Spectrum, North Wales	Gender: equal or the same	Children and young people	Via schools	
Spectrum, North Wales	Traditional harmful practice (FGM)	Children and young people	Via schools	
Spectrum, North Wales	Honor Based Violence	Children and young people	Via schools	
Spectrum, North Wales	Challenging gender stereotypes	Children and young people	Via schools	
Spectrum, North Wales	Sexual violence: Sexting	Children and young people	Via schools	
Spectrum, North Wales	Stages of Abuse	Children and young people	Via schools	Exploring domestic abuse
Spectrum, North Wales	Sexual Consent.	Children and young people	Via schools	Raise awareness of the law regarding sexual consent, concept of consent in relation to sexual activity, support available to those who have experienced sexual abuse.
Spectrum, North Wales	Violence Against Women	Children and young people	Via schools	Exploring domestic abuse
Wrexham CBC Info shop	Staying emotionally healthy	Children and young people	Via schools	To begin to identify characteristics of healthy relationships and looking after your emotions.
North Wales	Freedom Programme	Women only	Direct or agency referral	Confidence/self-esteem building programme
North Wales	White Ribbon Campaign events	Everyone	NA	Awareness raising campaign, engaging with the community and local college in a variety of ways.
North Wales	Target Hardening (incl. CCTV service)	Victims of abuse and their families	Via DA services, NWP, WCBC, etc.	Reassurance for victims of abuse and their families to safely remain in their homes.

North Wales	DA & SV Training	All professionals		A well informed workforce that is able to recognise the signs and symptoms of abuse and appropriately support victims.
North Wales	Domestic Abuse and Sexual Violence Coordinator	All professionals	NA	Strategic lead for the VAWDASV agenda
North Wales Women's Centre (NWWC)	IDVA service	men and women	Direct or agency referral	Specialist tailored support for High Risk victims/ survivors of domestic abuse.
North Wales Women's Centre (NWWC)	Family Resilience Project Support	Women and their families	Via referral from NWWC or through Family Resilience coordinator organisations (TAF; Hafan).	Safety and needs assessment leading to action plan for woman and her family, followed by one to one support around needs to lead to improved outcomes around support pathways.
North Wales Women's Centre (NWWC)	Women's Pathfinder Diversion Scheme	Women who have been arrested on a low gravity matrix offence and who admit to the offence	Via North Wales Police, either at St Asaph custody suite or community police stations across Flintshire, Denbighshire and Conwy	The aim of the scheme is to divert women who have committed low level offences away from the criminal justice system by addressing the needs and circumstances at the root of their offending behaviour. Participation in the Scheme is offered as an alternative to standard proceedings through court/ a fine. Domestic and/ or sexual violence forms part of the previous or current experience of many of the women who are participating on the scheme. This is a cross-Wales pilot project.
North Wales Women's Centre (NWWC)	Resettlement	Women serving sentences at HMP Styal and whose release will be to North Wales.	Referrals received direct from HMP Styal. The project engages with women serving both short and long term sentences	The project aims to ensure women have their immediate needs met on release and are therefore better able to reintegrate to their community. The assessment ensures domestic/ sexual violence needs are threaded throughout.
North Wales Women's Centre (NWWC)	Together Women Mentoring and Advocacy Service	Women who have offended and who have a diagnosis of personality disorder.	Self or agency referral	positive progress across relevant support pathways and a cessation/ reduction in offending.
North Wales Women's Centre (NWWC)	Staying Home Project (Gibran UK).	Women in the community, custody or approved premises and who do <i>not</i> have support needs around alcohol or drugs and whose release address is in North Wales.	Probation and other agencies	positive progress across relevant support pathways and a cessation/ reduction in offending.
North Wales Women's Centre (NWWC)	Information and Support service	Any woman aged 16+ with one or more needs across NWWC support pathways	Self or agency referral	Assessment of needs and action planning followed by practical and emotional support.

North Wales Police	Preservation of life	Victims of abuse and their families	By calling 999, 101 - crime/incident report or via internet reporting page	Positive action – make all parties safe – arrest offender – evidence gather – ensure immediate safeguarding via signposting through face to face contact and z-card - Risk Identification via DASH and professional judgement – appropriate allocating of investigation based on risk.
North Wales Police	Prevention and detection of crime	Victims of abuse and their families	By calling 999, 101 - crime/incident report or via internet reporting page	Flagged to specialist PVP/PU for full Risk Assessment and information sharing at a statutory level with SSD and Probation if appropriate. With consent also can be shared with no-stat agencies such as IDVA, WA, Hagan Cymric, BAWSO, Womens Centre, C2C and more...
North Wales Police	Safeguarding of vulnerable persons	Victims of abuse and their families	By calling 999, 101 - crime/incident report or via internet reporting page	If Medium or High risk case is tasked to Specialist DAO for review and actions which will be contact on phone or via visit or prearranged safe-meeting, either single agency or jointly, and include may be onward referral to specialists support.
	Risk assessment and discussion of risk to decide on a multi-agency response to victims of high risk DA	Victims of abuse and their families	Multi Agency MARAC referral – e-mail to MARAC inbox	DAO's conduct immediate safeguarding review and act as above if any immediate issues. Otherwise matter is review by DAO's DSPVPU, and IDVA's to decide on MAERAC inclusion, and if not included, what action should be taken. E.g. Onward referral, further contact, re-task back to Referrer.
	Target Hardening	Referred by Specialist DAO's for preventative and reassurance work	Safer Neighbourhood Team via Neighbourhood Wardens and PCSO's and local CBMs.	Reassurance for victims of abuse and their families to safely remain in their homes.
North Wales Police	Electronic Reassurance Systems	DAO's identify recipients and fit products.	TecSOS and Skyguard GPS mobile alarms	
	Reassurance patrols	SNT/LPS officers	Face to face	Visits with consent to provide visible support and reassurance to victims of DA.
	Enforcement visits	SNT/LPS officers	Face to face	Involves visiting IP's and DA Offenders where there are live preventative bail conditions to safeguard victims and their families and ensure compliance especially where unreported breaches are suspected whether due to duress or collusive activity.

North Wales Police	DVDS	Force Control Room/SPVPU SDAO's	Phone or face to face	Right To Ask/Right To Know – Anyone can make an enquiry if they are concerned that a partner in a relationship may have a domestic abuse history. We will check if there is a reported history and then assess if there is enough concern to share with the person affected. All carefully documented.
North Wales Police	DVPN/DVPO	LPS/NWP Legal Dept.	Phone/Face to face/VIA CJS document completion	Where the risk is serious and where charges or other protective options are not viable, a DVPN can be issued which will have conditions attached to prevent the suspect contacting the IP for 48 hours. This is always followed up with a court hearing to have a DVPO imposed which lasts 28 days. This is intended to allow the IP respite and an opportunity to engage with services to reduce the risk and improve safeguarding.
North Wales Police	Warning Markers	SDAO's and FCC	SDAO's and FCC Form completion and E-mail	Placing a marker on the police ICAD system allows officers to be made aware of an ongoing concern re DA if despatched. This can assist in highlighting patterns of abuse when evidence gathering.
North Wales Police	Phone contact for all standard risk DA victims with consent	Victims Help Centre	Victims Help Centre trained staff.	Based on DASH and no DAO contact. Preventative option. Allows IP to be signposted for more specialist support if they request it. Also allows for a secondary DASH RA to be completed if IP consents and this may provide further detail re risk.
North Wales Police	VPS	LPS/CID	Investigating Officers	VPS is crucial to the courts to understand the impact on the IP and inform sentencing.
North Wales Police	Sharing and engaging with other agencies	PVPU SDAO's	PVPU	Joint working to engage with victims. Also lawful and proportionate sharing of information under AWCPP, CDA and HRA.
Wales Community Rehabilitation Company (CRC), North Wales	Building Better Relationships Programme	Perpetrators of Domestic Abuse		
Choose2Change, Relate Cymru, North Wales	Perpetrator programme	Perpetrators of Domestic Abuse		
Choose2Change, Relate Cymru, North Wales	Parallel Support Service for partners/ex-partners	Support for partners/ex-partners of men engaged with the Choose2Change programme		
NWP (All Wales School Liaison Core Programme AWSLCP)	Safe Haven - lesson (5-6 year olds)	Children and young people	Via schools	To raise awareness of personal safety and well being in the home
NWP (AWSLCP)	Hidden Hurt - lesson (11-13 year olds)	Children and young people	Via schools	To recognise and develop safe relationships with others. Exploring domestic abuse

NWP (AWSLCP)	Dangerous Deception lesson (14 year olds)	Children and young people	Via schools	To recognise what sexual exploitation is and to know where to go for help
NWP (AWSLCP)	No means No lesson (14 -15 year olds)	Children and young people	Via schools	To understand and recognise the importance of sexual consent
National Probation Service	Ongoing statutory supervision/involvement to offenders on an ongoing basis, incorporated into their order or sentence/one-on-one offence focused work with perpetrators but refer to CRC or other agencies for programmes, etc	Offenders	CJS	
National Probation Service	Victim Liason work and support that is primarily risk management and sign posting	Victims	CJS	

Sexual Violence Services in North Wales

Agency	Services Provided	Who can attend?	Means of Access	Anticipated Benefits/ Outcomes
Stepping Stones, North Wales	Counselling and support who have experienced sexual abuse as a child	male and female, 18+	self referral or via agency	
Stop it Now! Lucy Faithful Foundation, North Wales	Parent Protect!	Parents/Carers	self referral, or group with host booking	Understanding abuser behaviour, barriers, positive actions adults can take to prevent child sexual abuse
	Parent Protect! For children with additional needs	Parents/Carers with children with additional needs	self referral, or group with host booking	Understanding the greater vulnerability of children with additional needs
	Professionals Protect!	Professionals working with or supporting families and children	self referral, or group with host booking	Understanding abuser behaviour, barriers, positive actions adults can take to prevent child sexual abuse
	Internet Safety!	parents/carers and professionals	self referral, or group with host booking	positive and negative uses of the internet, online grooming, sexting, cyberbullying & viewing illegal images of children, positive preventative actions to take to protect children.
	Sexual Development in pre- and pubescent children	parents/carers and professionals	self referral, or group with host booking	Healthy, age expected behaviours for children under 5, 5-11 yrs, how to respond, consent and harmful sexual behaviours for post-pubescent children, positive prevention actions to take.
	Prevention of Child sexual exploitation		self referral, or group with host booking	Facts about sexual abuse & sexual exploitation & how it can happen, how abusers groom their victims, why victims may not talk about it, spotting signs, positive preventative actions, giving sources of information, support or advice.

Rape & Sexual Abuse Support Centre NW	Counselling & Support Services	Anyone aged 13 and over who has experienced any kind of sexual violence, whether recently or in the past. Childrens Centre established, awaiting outcome of funding bid to children in Need, to work with children and young people aged 3-19; Play therapy etc	Self Referral or via other agency working with the client	Overall improved quality of life; Improved self esteem, Less dependence on alcohol/drugs Improved confidence to work/attend college Better/safer coping mechanisms
National Probation Service	Community Sex Offender Programme	Aimed at appropriately convicted sex offender, male aged 21 and above	CJS	Reduction in re-offending behaviours
National Probation Service	Internet Sexual Offender Programme	Aimed at appropriately convicted sex offender, male aged 21 and above	CJS	Reduction in re-offending behaviours

9 Secure estate

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Draft

9.1 About this chapter

This chapter includes the population needs of the region's men, women and young people in the secure estate - who are currently located across England and Wales due to the current lack of facilities in North Wales.

Other relevant information can be found in the following chapters:

- Children and young people [\[Add link\]](#)
- Older people [\[Add link\]](#)
- Health, physical disabilities and sensory impairment [\[Add link\]](#)
- Learning disabilities and autism
- Mental health [\[Add link\]](#)
- Carers
- Violence against women, domestic abuse and sexual violence [\[Add link\]](#)
- Veterans [\[Add link\]](#)
- Homelessness [\[Add link\]](#)

The secure estate population consists predominantly of men; men, on average, represent 95% of the prison population in England and Wales. In view of the opening in 2017 of the region's first adult male prison (HMP Berwyn in Wrexham) and the local authority's social care responsibilities under the Social Services and Well-being (Wales) Act 2014 for this population, the scope of this chapter relates, in the main, to those in the adult male estate who will serve their sentences in North Wales from February 2017 onwards.

Definition of the secure estate:

The secure estate includes:

- prisons;
- approved premises: supervised hostel-type accommodation for the supervision and rehabilitation of offenders;
- youth detention accommodation; and
- bail accommodation: for people who would normally be living in the community on bail or Home Detention Curfew but do not otherwise have a suitable address or they need some extra support.

Policy and legislation

Under the Social Services and Wellbeing (Wales) Act 2014 (the act), local councils have a range of duties to fulfil in respect of assessing and meeting the care and support needs of those individuals in the secure estate. They need to

take a holistic approach when individuals are serving their sentence and when planning for their release.

This represents a major change. Previously it was unclear who was responsible for assessing and meeting the social care needs of those in the secure estate, with the result that such needs have often gone unrecognised or have not been effectively met.

Under the act, local councils must engage with partner organisations to identify how existing resources can be best used. Local councils may commission or arrange for others to provide care and support services, or delegate the performance of the function to another party, but the responsibility for fulfilling the duty will remain that of the local council.

Local councils must support children and adults with care and support needs in the secure estate in Wales just as they would for someone in the community. However, the delivery of care and support arrangements operating in the community setting may need to be adjusted to meet the needs of the population and the regime of the secure estate.

Adults

Local councils must meet the care and support duties under the act for those adults, who are aged 18 and over, in the secure estate in Wales, regardless of their place of ordinary residence in Wales or elsewhere before their detention, where the prison or other secure estate premises are within their boundary.

This has significant implications for Wrexham County Borough Council who will be the host authority for the region's first prison, and the largest prison in the United Kingdom, when it opens in 2017.

- ◀ In a reciprocal arrangement, Welsh adults in the secure estate in England will have their care and support needs met under the Care Act 2014, and will be the responsibility of the local council in the area in which they are detained.

When offenders are planning to be released and resettle in the community, the duty will move to the local council where they are planning to relocate and portability arrangements apply. Therefore, while not all local council areas contain secure estate premises, all local councils will be responsible for continuity of care for both male and female offenders with a package of care coming into their area on release as part of their responsibility for their local population.

Children

The position for children differs in that the Welsh home local council must meet the care and support duties for children in the secure estate whether they are detained in England or Wales, just as they would if they were living in the community.

Table 9.1 sets out the responsibilities of local authorities in respect of the care and support needs of children in the secure estate, taking into account any previous involvement of social services, the ordinary residency of the child and where they are detained.

Table 9.1 Local authority (LA) responsibility for children in the secure estate

Ordinary residence	Status of child	Detention location	Who
No ordinary resident status	Migrant or no ordinary resident status	Wales	Welsh LA where child detained
Ordinary resident in Wales	Regardless of previous involvement with social services	Wales	Welsh home LA
Ordinary resident in Wales	S20 or 31 of the Children Act 1989 prior to being detained	England	Welsh home LA
Ordinary resident in England	S20 or 31 of the Children Act 1989 prior to being detained	Wales	English home LA
Ordinary resident in England	No prior involvement with social services or not looked after	Wales	Welsh LA where child detained
Ordinary resident in Wales	No prior involvement with social services or not looked after	England	Dual responsibility

Source: Presentation by Care Council for Wales, 'Assessing and Meeting the Needs of Individuals in the Secure Estate'

Transition to adulthood while in the secure estate:

When a child in the secure estate reaches 18 they are legally regarded as an adult. The local council, where the prison is located, must take responsibility for their care and support needs. In the majority of circumstances, there is no continuing obligation upon the Welsh home local council after the child reaches the age of 18, unless that same local council would be responsible as a result of the adult institution to which the young adult is being transferred is within their area.

Portability

Portability looks to ensure continuity of care. It applies to those receiving 'care and support' when they move across local council boundaries in Wales. The 'sending' council must notify the 'receiving' council of the intended move and ensure information contained within the assessment and care and support plan is made immediately available to the new council.

The 'receiving' council must, carry out a new assessment of needs, having regard to any changes arising from the move.

A local council must maintain the provisions in any care and support plan if a new assessment has not been undertaken prior to the move, until such time as a new assessment is undertaken.

In some cases, adults in the secure estate will move across the English/Welsh border: for example, inter-prison transfers to access approved premises or bail accommodation or when returning to local communities from the secure estate. While neither the portability arrangements in Wales, nor the continuity of care arrangements in England formally apply; the devolved administrations and Whitehall have agreed a common approach. This is set out in 'Principles of cross border continuity of care within the United Kingdom: Annex 2, Part 4 code of practice'¹.

Further information on the duties under the act can be found here:

<http://gov.wales/docs/dhss/publications/151218part11en.pdf>.

Safeguarding

The above link also includes relevant guidance on safeguarding adults and children in the secure estate.

The National Offender Management Service (NOMS) Prison Service Instruction (PSI) relating to Adult Safeguarding in Prisons, is available here:

<https://www.justice.gov.uk/downloads/offenders/psipso/psi-2015/psi-16-2015-adult-aafeguarding-in-prisons.pdf>

For further information relating to safeguarding please refer to the sections in each chapter.

¹ Welsh Government Social Services and Well-being (Wales) Act 2014 – Part 4 Code of Practice (Meeting Needs)
<http://gov.wales/docs/phhs/publications/160106pt4en.pdf>

9.2 Secure estate provision

Current provision

Prisons

There are currently no prisons in North Wales. On 31 December 2013, 857 prisoners had a recorded address in North Wales, from a total for Wales of 4,712 (Ministry of Justice, Freedom of Information response). This is the most recent, publically available information.

These offenders were located in around 80 prisons in the UK with the majority (adult males only) held at HMP Altcourse in Merseyside. In the North West, significant numbers were also in the male prisons of HMP Risley, HMP Wymott and HMP Garth.

The lack of prison provision in North Wales has long been an issue for the region. It has presented many difficulties for offender management including: making it operationally hard to manage; difficult to ensure the best rehabilitative outcomes for prisoners; and, impacted negatively on prisoners' children and families. It has also presented major issues in terms of Welsh language provision to prisoners. All these factors may make it more difficult to effectively manage the social care needs of those in the secure estate, including continuity of care on release.

These issues were highlighted by the Welsh Affairs Committee in their report on 'Welsh Prisoners in the English Estate, Third Report of Session 2006-7'² and in their follow-up report of 26 July 2010.³

Reports submitted by the North Wales councils and their Leaders to a Welsh Affairs Committee Inquiry in July 2014 on 'Prisons in Wales and the Treatment of Welsh Offenders' sets out the reasons why prison provision in North Wales is required (see links below).

<http://data.parliament.uk/WrittenEvidence/CommitteeEvidence.svc/EvidenceDocument/Welsh%20Affairs/Prisons%20in%20Wales%20and%20treatment%20of%20Welsh%20offenders/written/11115.html> - (July 2014)

<http://data.parliament.uk/WrittenEvidence/CommitteeEvidence.svc/EvidenceDocument/Welsh%20Affairs/Prisons%20in%20Wales%20and%20treatment%20of%20Welsh%20offenders/written/11110.html> - (July 2014)

Male prisons

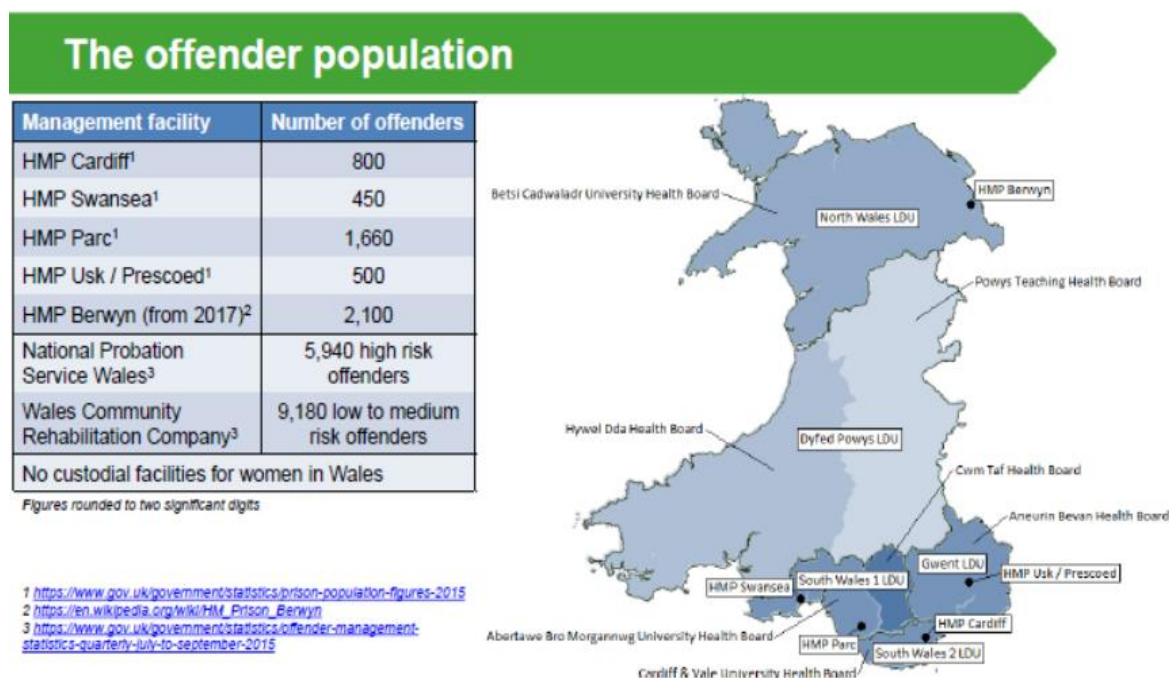
There are five male prisons in South Wales (see Figure 9.1), however, the men from North Wales generally serve their sentences in England: they tend to go to

² House of Commons – Welsh Affairs Committee 'Welsh Prisoners in the English Estate – Third Report of Session 2006-7' <http://www.publications.parliament.uk/pa/cm200607/cmselect/cmwelaf/74/74.pdf>

³ House of Commons – Welsh Affairs Committee 'follow up report July 2010' <http://www.publications.parliament.uk/pa/cm201011/cmselect/cmwelaf/398/398.pdf>

HMP Altcourse in Merseyside. Many prisoners, though, do not serve their whole sentence in Altcourse and there is significant movement to other prisons.

Figure 9.1 Welsh Offender Population and Prisons in Wales



Source: NOMS in Wales Presentation on ‘Supporting Effective Social Care Provision for Offenders through Efficient Data Sharing, 30 March 2016

In 2013, this was resolved, to some degree, with the Ministry of Justice announcement that it would be building a Category C adult male North Wales Prison to be operational from 2017.

Female prisons

- There are no female prison facilities in Wales. Many of the women from North Wales serve their sentences in HMP Styal in Cheshire which is the local prison for North Wales and the North West and receives from the courts. As of November 2016, there were 40 women from North Wales at HMP Styal (source: HMP Styal, 16 November 2016). There are twelve prisons for women in England (Ministry of Justice, 2016).

Approved Premises

Approved Premises (APs) are a distinct, non-custodial element of the NOMS estate providing accommodation with an enhanced level of supervision; they exist to protect the public and reduce reoffending. As such, APs provide a key element of the Probation Service’s offender management arrangements.

APs main purpose is to provide supervised accommodation for ‘high and very high-risk of harm’ offenders released from prison on licence.

Six of the 100 APs serving England and Wales are for women only, while the rest exclusively accommodate men. There are approximately 2200 residential places across the AP estate. Probation Trusts operate 89 APs; the other 11 are owned and operated by not-for-profit organisations on behalf of NOMS.

The mean average stay in an AP was 64 days in 2011/12, with the median length of stay 34 days and the mode five days – indicating a wide variation in length of stay ('A Review of Healthcare in Approved Premises, Phase 1 Report', National Offender Management Service, December 2013).

There are four approved premises in Wales, all for adult male (see Table 9.2). Two of these premises are in North Wales - Wrexham and Gwynedd.

There are no approved premises for women in Wales.

Table 9.2 Approved Premises in Wales

Name	Type	Population	Local Council
Quay House	Approved Premises	Male 18+ years	Swansea Council
Ty Newydd	Approved Premises	Male 18+ years	Gwynedd Council
Plas Y Wern	Approved Premises	Male 18+ years	Wrexham County Borough Council
Manderville House	Approved Premises	Male 18+ years	Cardiff Council

Source: Welsh Government Presentation on 'SSWBA Part 11: Those in the Secure Estate – Adult Resettlement, 27 Jan 2016

Bail Accommodation

Bail accommodation holds people on bail and on Home Detention Curfew – these are adults who need a suitable address, or some support, so that they can be released. Certain people are not eligible:

- those convicted/charged with a sexual offence;
- those who pose a significant risk;
- those under 18 years of age; or
- those unable to pay rent or claim housing benefit.

There are 32 places in 11 bail accommodations in Wales (Figure 9.2). Only two of these (3 female and 3 male places) are in North Wales (Wrexham).

There is limited female accommodation.

Figure 9.2 Bail Accommodation in Wales

Local Council	Male/Female
Bridgend	3 Male places
Cardiff	4 Male places
Cardiff	2 Female places
Llanelli	3 Male places
Merthyr Tydfil	3 Female (Temp) places
Newport	3 Male places
Newport	2 Male places
Swansea	3 Male places
Swansea	3 Male places
Wrexham	3 Female places
Wrexham	3 Male places

Source: Welsh Government Presentation on 'SSWBA Part 11: Those in the Secure Estate – Adult Resettlement, 27 Jan 2016)

Youth Detention Accommodation (YDA):

Youth detention accommodation means:

- a secure children's home;
- a secure training centre;
- a young offender institution;
- detention in accommodation provided, equipped and maintained by the Welsh Ministers under section 82(5) of the Children's Act 1989 for the purpose of restricting the liberty of children; and
- accommodation or accommodation specified by order under Section 107(1)(e) of the powers of Criminal Courts (Sentencing) Act 2000 (youth detention accommodation for the purposes of detention and training orders).

Currently, there are no local secure provisions in North Wales for young people who are remanded into Youth Detention Accommodation (YDA) or sentenced by the Courts to custodial sentences (Detention and Training Orders-DTO- or Section 90-92 sentences from Crown Courts). This presents a significant issue as referred to previously, including around Welsh language, and it is not anticipated to change.

All placements in the national secure estate are some distance from North Wales. The general rule for placements is that children under 14 years will be placed in Secure Children's Homes (SCHs), 14 to 16 year olds will be placed in Secure Training Centres (STCs) and 16 to 18 year olds in Youth Offender Institutions (YOIs). There are a number of Secure Children's Homes across the country and the Youth Justice Board commissions a number of beds in each facility from the home councils who run them. The nearest one to Wrexham is at Barton Moss in Manchester.

There are currently three Secure Training Centres in the country (Rainsbrook in Rugby, Medway in Kent and Oakhill in Milton Keynes). Werrington YOI in Staffordshire is the local YOI for North Wales. It is understood that the lack of Welsh language provision here presents very specific issues.

The majority of Secure Children Homes and Secure Training Centres cater for young men. While there are three designated units for young women in the country - the nearest to North Wales is New Hall in South Yorkshire (Source: Wrexham County Borough Council, Youth Offending Team).

February 2017 Onwards – Prisons

HMP Berwyn - Category C Adult Male Population:

The position for the Category C adult male population will change significantly when HMP Berwyn opens in Wrexham in February 2017, with an operational capacity of 2,106. North Wales prisoners who are Category C will be housed at Berwyn along with English prisoners primarily from Cheshire, Greater Manchester, Merseyside and the Midlands.

This enables the Category C male population to be held closer to home, but women and young offenders will continue to be held outside of the region.

For the purposes of the Social Services and Wellbeing (Wales) Act 2014, all 2,106 men held within Berwyn will become ordinary residents of Wrexham County Borough. Wrexham County Borough Council will therefore have responsibility for the care and support for the men in the prison.

This duty will only transfer to another local council when prisoners are planning to be released and resettle in the community. At this point, the duty will move to the local council where they are planning to relocate and the portability arrangements apply to ensure continuity of care.

HMP Berwyn Profile

HMP Berwyn will be the largest prison in the UK. It is modelling new approaches and its culture will be driven by a focus on rehabilitation. The ethos is dedicated to providing a safe, decent and just environment where men are encouraged and assisted to prepare for a fresh start in life. The importance of Welsh language in the rehabilitation of offenders from Wales is recognised as is the key role of co-commissioning partners.

The key assumed characteristics of HMP Berwyn are as follows in terms of its general characteristics, its rehabilitative function and health and social care.

General

- It will be a Category C training prison.

- It will be a resettlement prison for men who will reside in North Wales on release.
- It will not serve as a resettlement prison for those held from England so towards the latter end of their sentence, men from England will transfer to a resettlement prison closer to their area of origin.
- It will have an operational capacity of 2,106 places.
- It will be the largest prison in the UK.
- There will be an emphasis on 'making big feel small' to help overcome the challenge of its size and to learn from previous new build prisons.
- It is the first prison operated by the public sector to be built for 30 years.
- Rehabilitation is its key driver - it will offer a variety of work, education, peer support and leisure opportunities for the men.
- There will be a small remand function.
- It will receive only adult males of 18 years and over.
- It will be a 'digital' prison – men will have access to 'in-cell' technology that will enable them to take more personal ownership of their lives.
- Welsh language and culture are integral to the prison.
- The prison will become operational in February 2017.

Rehabilitative vision/resettlement provision

- Berwyn will be at the forefront of the prison service's rehabilitative vision.
- There will be through-the-gate provision.
- Working with the children and families of the men in custody will be a key feature of the prison.
- There will be a 'learning academy' environment in the prison with a designated education block and work areas in two industries buildings.
- Novus and a local Further Education (FE) provider, Coleg Cambria, will provide the learning and skills work in the prison.
- Wrexham County Borough Council will deliver the library service.
- There will be a focus on skills and qualifications that will be informed by the local labour market to help the men get jobs after release.
- The aim is for prison life at Berwyn to feel as much like life outside as possible to aid resettlement and rehabilitation.

Health, Wellbeing and Social Care

- The prison will be smoke free.
- Any prisoner whose health and social care needs cannot be safely managed at HMP Berwyn prison will not be received.

- If a prisoner develops needs that cannot reasonably be safely managed by the North Wales prison, a transfer to an establishment with the required facilities would be made.
- The design and regime of the prison will facilitate the delivery of integrated health, wellbeing and social care to the population of the prison, including the enhanced health and wellbeing requirements of the remand population and the needs of the ageing population.
- The local health board will provide the healthcare and the local council will provide the social care.
- Health and social care services will be delivered in an integrated manner.
- The new prison will establish itself as a health-promoting prison adopting a whole prison approach to the health and wellbeing of its prisoners and staff.

HMP Berwyn Population Ramp-Up

Starting from February 2017, the prison will gradually build up to its full population with remand prisoners (those awaiting commencement or continuation of trial prior to a verdict) being the last to be received. Healthcare and adult social care partners will be advised by NOMS at least six months prior to the remand function (serving the region's courts) becoming operational at the prison.

Men will be introduced in cohorts over a period of approximately one year and will include men from North Wales who, where appropriate, will be transferred to complete their sentences at HMP Berwyn.

9.3 What we know about the population: key facts

Numbers

As of 31 December 2013, 857 prisoners, had a recorded address from North Wales from a total for Wales of 4,712.

This figure includes remand and sentenced, male and female prisoners, adults, young offenders and juveniles. This is a good reflection of the numbers in North Wales which tends to average around 750-850 places of which around 40-50 are female, 60-70 are young offenders and 50-60 are high security.

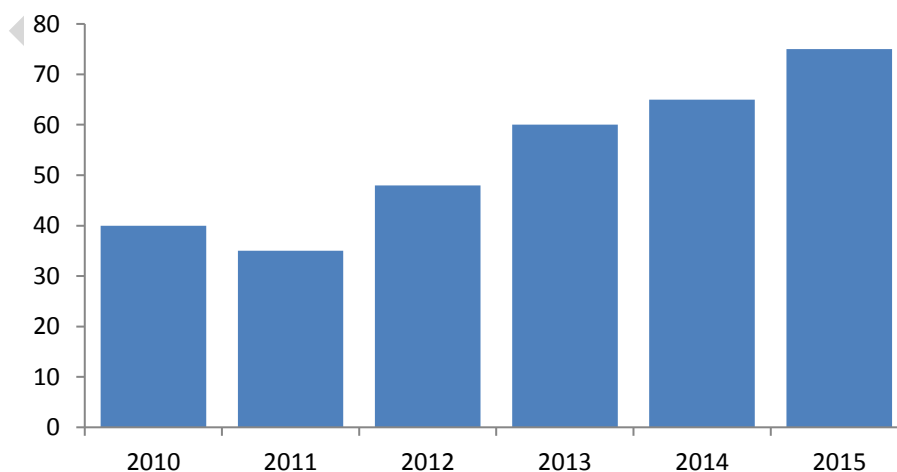
It has not been possible to establish the numbers of social care assessments carried out on this population, nor on the numbers that are eligible.

Women

Generally, women tend to represent around 5% of the overall prison population in the UK. On 17 June 2016, there were 3,861 women in prison in England and Wales (Bromley Briefings, Summer 2016).

Figure 9.3 set out the number of women offenders sentenced to immediate custody in North Wales from 2010 to 2015. Across Wales, the use of very short custodial sentences of six months or under has increased year on year since 2011. The total use of immediate custody for women in Wales is more complex.

Figure 9.3 North Wales female offenders who received an immediate custodial sentence of less than six months, 2010 to 2014

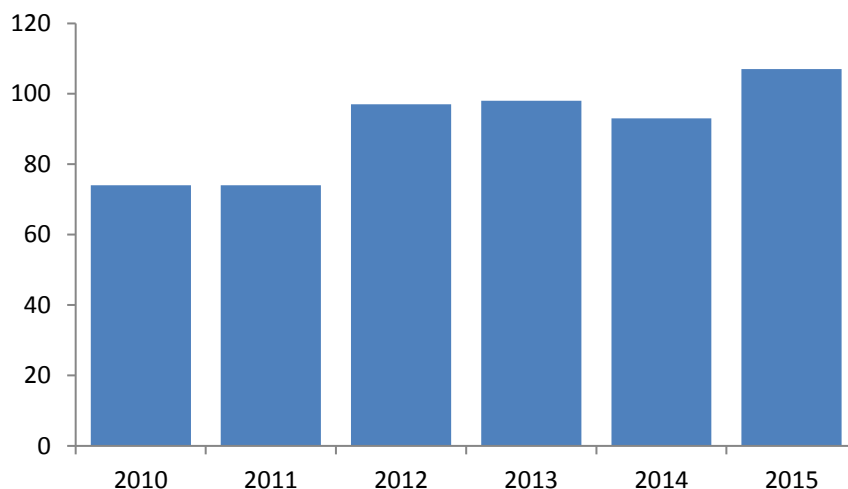


Source: Ministry of Justice, 2010-2015

Those sentenced to immediate custody with a sentence of six months or over has risen from 74 in 2010 to 107 in 2015 which is an increase of almost 50% in 5 years. These figures are troubling when the majority of women sentenced to

custody have committed non-violent offences and many are held a significant distance from their families causing significant disruption to family life and the process of rehabilitation.

Figure 9.4 North Wales female offenders who received an immediate custodial sentence of six months or more, 2010 to 2015



Source: Ministry of Justice 2010-2015

Children and Young People:

Figures on the numbers of children and young people who received a custodial sentence and how they have changed between 2013 and 2016 are shown in Table 9.3.

Table 9.3 Number of children and young people who receive a custodial sentence, North Wales, 2013 to 2016

Local Council	April 2013 – March 2014	April 2014 – March 2015	April 2015 – March 2016
Conwy & Denbighshire	7	4	8
Flintshire	6	1	2
Gwynedd Mon	4	1	2
Wrexham	6	6	11
North Wales	23	12	23

Source: Youth Justice Board

As of March 2016, there were 23 children and young people in the secure estate from North Wales against a figure of 881 (August 2016) for England and Wales (Youth Justice Board, Monthly Custody Report – August 2016).⁴

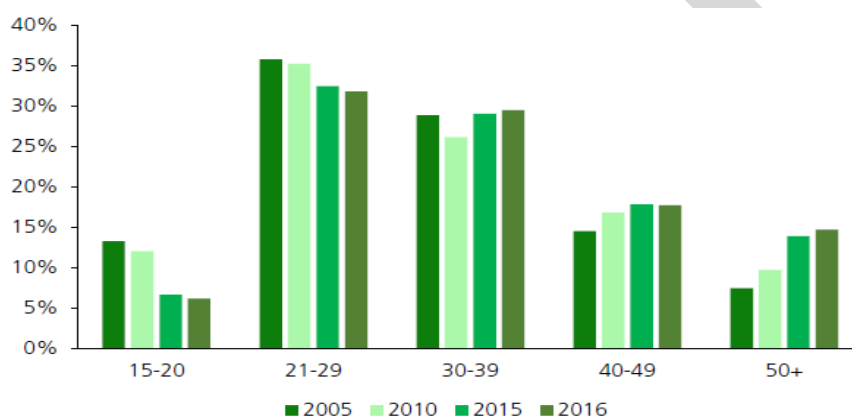
⁴ Youth Justice Board 'Monthly Custody Report' – August 2016 - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/567400/youth-custody-report-september-2016.xls

Headline statistics

The headline statistics for the prison population of England and Wales, as of March 2016, ('Prison Population Statistics', House of Commons Briefing Paper, 4 July 2016⁵, are as follows.

- There is a general underlying trend of an increasing number of people held in prison.
- The age profile of prisoners has changed over time. The prison population made up of offenders aged 50 years or over has increased proportionately more than any other age group. As at the end of March 2016 the number of prisoners aged 50 or over was 161% higher than the number in 2002. The trends do not vary by gender. This is an important fact in the delivery of social care.

Figure 9.5 Prison population proportion by age, 2005 to 2016



Source: 'Prison Population Statistics', House of Commons Briefing Paper, 4 July 2016.

- Individuals with sentences comprised around 87% of the prison population. Of this, adults accounted for around 94% of prisoners, 18-20 year olds 5% and 15-17 year olds around 0.6%.
- People on remand accounted for 8% of the prison population. Of these, 89% were adults, 9% 18-20 year olds and 1.9% 15-17 year olds. The remand population tend to have more acute and complex needs than sentenced prisoners.
- England and Wales had 146 prisoners per 100,000 head of population, the 11th highest rate in Europe and the highest Western Europe.
- The most frequent length of sentence being served was typically a determinate sentence of over 4 years. About a quarter of prisoners were serving sentences ranging between 1-4 years.

⁵ House of Commons Briefing Paper – 'Prison Population Statistics' -4 July 2016.
<http://researchbriefings.files.parliament.uk/documents/SN04334/SN04334.pdf>

Prisoner characteristics and implications for social care

See [appendix 1](#) for a full list of documents used to inform the local assessments for HMP Berwyn.

To support the implementation of the Social Services and Wellbeing (Wales) Act 2014 and the Care Act in England, the Ministry of Justice undertook a survey to estimate the social care needs of prisoners across England and Wales.

The survey found the following (Local Government Association, 2014) ⁶

- Less than one percent (0.9%) of the total prison population was reported to have one or more personal care needs.
- An estimated 5.5% of prisoners aged 50 years old or over had one or more personal care needs, compared with 0.2% of prisoners aged under 50.
- The proportion of prisoners with personal care needs increased with age, with 12.6% of 65-74 year-olds and 22.7% of those aged 75+ having personal care needs.
- Help with moving, bathing, eating and drinking and washing were the personal care needs most commonly reported for prisoners aged 50 years old or over.

Another report highlights the growing issue of offenders with multiple needs (Prison Reform Trust) ⁷. There is a need for integrated working so that these individuals do not fall below eligibility thresholds when personal needs are assessed separately. In Wales, the focus of assessment and care and support planning on outcomes moves away from identifying deficits caused by conditions should help reduce the potential for people falling below eligibility criteria.

The report also points out that adults with multiple needs often have a combination of mental health problems, learning disabilities, developmental disorders and behavioral and communication difficulties. They therefore frequently have difficulties with substance misuse, physical health, housing and relationships. It highlights that these issues are compounded in young people and stresses the importance of identifying these at the crucial stage of transition to adult services from children's services.

Two key documents prepared to support the planning and provision of health and social care at HMP Berwyn when it opens in are:

⁶ Local Government Association, 2014 – 'Social Care in Prisons questionnaire summary'
<http://www.local.gov.uk/documents/10180/5756320/Social+care+needs+in+prison/fbeaa153-6e1d-483d-9fa4-f90973291940>

⁷ Prison Reform Trust – 'Making the Difference: the Role of Adult Social Care Services in Supporting Vulnerable Offenders'
<http://www.prisonreformtrust.org.uk/Portals/0/Documents/Making%20the%20difference.pdf>

- the 'Prospective Initial Health Needs Assessment for North Wales Prison', May 2015 http://www.wales.nhs.uk/sitesplus/documents/888/North%20Wales%20prison_HNA_FINAL_19thMay.pdf;
- the 'Adult Social Care Prison Strategy', April 2016.

The key summary findings within these reports are set out below.

North Wales Prison Health Needs Assessment (Public Health Wales):

Generally, the health needs assessment reported that prisoners have:

- significant levels of poor mental health and personality disorders;
- an increased risk of self-harm and suicide compared to the general population;
- significant levels of substance misuse, alcohol misuse and tobacco use;
- high levels of multiple chronic conditions in older prisoners;
- significant levels of premature, 'accelerated', ageing and significant levels of preventable illness and disability;
- high levels of blood-borne viruses;
- little evidence to suggest routine access to primary and secondary preventative services and interventions prior to prison; and
- low levels of literacy and numeracy.

Other key findings (Stewart, 2008 and Ministry of Justice, 2014a) ⁸ showed the following.

- Nearly half the sample had been unemployed in the year before custody and 13% had never had a job.
- Fifty-eight per cent had truanted from school regularly and 46% had no qualifications.
- Pre-custody employment was more likely among men, adult prisoners and those serving longer sentences.
- Fifteen per cent were living in temporary accommodation or were homeless before custody; this was more common among short-term and adult prisoners.
- A quarter reported at least one long- standing illness or disability, muscular-skeletal and respiratory complaints were the most commonly reported health conditions.

⁸ Ministry of Justice 'The problems and needs of newly sentenced prisoners results from a national survey' – Duncan Stewart October 2008
<http://webarchive.nationalarchives.gov.uk/20100505212400/http://www.justice.gov.uk/publications/docs/research-problems-needs-prisoners.pdf>

- Over four-fifths of the sample (82%) reported one or more mental health symptoms, and a third (36%) reported between six and ten symptoms.
- The majority of prisoners had used illegal drugs during the year before custody, use of heroin or cocaine was more likely to be reported by women, adult prisoners and those sentenced for less than one year.
- Heavy drinking was reported by 36% of the sample, and was more prevalent among short-term prisoners and men.
- Prisoners tended to prioritise employment and skills deficits over health and family issues in terms of the help they wanted during the course of their sentence. Nearly half (48%) of the sample reported needing help finding employment. Help getting qualifications and improving work related skills were reported by 42% and 41% respectively. Around a third wanted help with housing and their offending behaviour.

Prisoners' health conditions have increased since the 1990s, but have been relatively stable in recent years.⁹

There are links between poor health and reoffending. For example, offenders with addiction or a mental health condition are more likely to need support with housing, education or employment to change their lives and prevent future victims. However, at the same time research shows these offenders will find it more difficult to access mainstream help than the general population. Increased health inequalities are therefore compounded by greater barriers to accessing services to meet those needs (Fazel and Baillargeon, 2011).

The Health Needs Assessment also highlights the specific characteristics and demands of the remand population as HMP Berwyn will have a remand function. The needs of remand prisoners compared to sentenced prisoners tend to be more acute and complex. A recent health needs assessment found higher rates of substance misuse and mental health disorders among remand prisoners (Cairns et al., 2014a). Men who are received from court tend to have more immediate health needs, such as acute detoxification or unmanaged conditions (Cairns et al., 2014a).

Adult social care prison strategy (Wrexham County Borough Council)

The strategy highlights the following.

- 0.9% of the prison population is estimated to have personal care needs.
- Mobility, washing, bathing, eating and drinking are the most common needs.

⁹ Ministry of Justice 'Research Summary 5 – 'Factors linked to reoffending: a one-year follow-up of prisoners who took part in the Resettlement Surveys 2001, 2003 and 2004' - Chris May, Nalini Sharma and Duncan Stewart <http://webarchive.nationalarchives.gov.uk/20110201125714/http://www.justice.gov.uk/publications/docs/research-factors-reoffending.pdf>

- 11% of prisoners are estimated to have a physical disability.
- 18% are estimated to have anxiety or depression.
- 8% are estimated to have a physical disability and anxiety or depression.
- These levels are about twice as prevalent in prison as they are in the community.
- Approximately 12.6% of the prison population is age 50 and over.
- 5 to 10% are estimated to have a learning disability compared with 2% of the general population.

Welsh Language

Welsh language provision in the secure estate has long been a key issue for the North Wales population because of the lack of secure provision in North Wales. This was one of the main drivers in the region's business case for the new prison.

In its 2007 report, the Welsh Affairs Committee expressed serious concerns around Welsh Language provision for Welsh prisoners. This was particularly disconcerting because of evidence showing that prisoners kept in conditions where they do not understand the primary culture, dialect or languages being used can face higher levels of stress than normal and problems sustaining a positive sense of identity.

The opening of HMP Berwyn in 2017 will address this issue for adult males in the category C prison estate, however, serious issues will still persist for women, young offenders and adult males that are held in category A and B prisons and those category C men that are not held at HMP Berwyn by virtue of their very specific needs.

Resettlement

Effective resettlement is key to reducing re-offending. The facts around re-offending are as follows:

- 45% of adults are reconvicted within one year of release;
- for those serving sentences of less than 12 months, this increases to 58%; and
- over two-thirds of under 18s are reconvicted within one year of release (Prison Reform Trust, 2015).

For population data around resettlement see the documents listed in [appendix 2](#).

The lack of provision in North Wales makes it difficult to:

- meet the resettlement needs of people from North Wales under the seven pathways of accommodation; education, training and employment; mental and physical health; drugs and alcohol finance benefit and debt; and children and families.
- develop the vocational and employability skills in demand from employers in North Wales due to the difficulties in developing link with employers and educational and training organisations.
- develop effective partnership working and good local resettlement arrangements.

Given the links between poor health and reoffending and the new responsibilities under the act, including portability arrangements, this is particularly disconcerting. HMP Berwyn will assist in the resolution of some of these difficulties.

Housing needs

Stable housing can act as a gateway to resettlement and there is a link between being homeless or living in temporary accommodation and reoffending. A lack of accommodation can reduce former prisoners' chances of finding employment. People who have accommodation arranged on release are four times more likely to have employment, education and training arranged than those who don't ('Resettlement Outcomes on Release from Prison', Niven and Stewart, 2005).

Ministry of Justice - Accommodation homelessness and re-offending of prisoners – (March 2012)

<https://www.gov.uk/government/publications/accommodation-homelessness-and-reoffending-of-prisoners>

Entitlement to housing benefit stops, however, for all sentenced prisoners expected to be in prison for more than 13 weeks. This means that many prisoners have very little chance of keeping their tenancy open until the end of their sentence and lose their housing.

Local authorities have a statutory duty to assist homeless and vulnerable ex-offenders in some circumstances, however due to changes in homelessness legislation in 2015, the degree of priority given to those leaving the secure estate has changed. However, the duty under the Social Services and Wellbeing Act to assess and meet the care and support needs of those in the secure estate who are leaving the secure estate applies.

Table 9.4 shows nearly 200 people who have directly left the secure estate were referred for housing assistance between January and September 2016. There is a single point of contact in place for Conwy, Denbighshire, Flintshire and Wrexham, however, this post is temporary until March 2017. Figures for Anglesey and Gwynedd are unavailable. Wrexham County Borough Council clearly has the highest level of demand for these services.

Table 9.4 Number of referrals for housing assistance for people who have left the secure estate, January to September 2016

Local Council	Number. of referrals for housing assistance
Conwy	21
Denbighshire	9
Flintshire	35
Wrexham	134
Total	199

Wrexham County Borough Council Housing Department, October 2016

These figures refer to all adults and young people leaving the secure estate but not children. While they show demand, it is not always the case that those referred for assistance will approach the local council when leaving the secure estate.

This data cannot be compared with previous years, as the homelessness duties towards those leaving the secure estate changed in April 2015. Prior to this, all prison releases were owed a duty under legislation. Therefore, the figures would have been much higher (Source: Wrexham County Borough Council Housing Department, October 2016).

Children & Families

NOMS' figures suggest that 59% of men in prison have children under the age of 18, therefore a prison the size of HMP Berwyn, could have approximately 1,242 men with children under 18.

An offender's family and friends are central to their successful rehabilitation and: '*an offender's family are the most effective resettlement agency.*'¹⁰ Positive family engagement while in custody amounts to an average financial cost saving upwards on a scale that starts at £16,000 for each individual, for each cycle¹¹.

However, many individuals in the secure estate do not have contact or regular contact with their families. This is proven to have a direct correlation with re-offending rates. The 2008 Ministry of Justice (MoJ) Resettlement Survey stated

¹⁰ The 2015 Joint Thematic Inspection Report of Resettlement of Adult Offenders https://socialwelfare.bl.uk/subject-areas/services-activity/resettlement/criminaljusticejointinspection/1693032014_Resettlement-thematic-for-print-Sept-2014.pdf

¹¹ The Indigo Trust Measuring Together 'Improving prisoner family ties – piloting a shared a shared measurement approach – April 2011 <http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwj8oor11rLQAhUkB8AKHTBoDBUQFggpMAA&url=http%3A%2F%2Fwww.thinknpc.org%2Fpublications%2Fmeasuring-together-2%2Fimproving-prisoners-family-ties%2F%3Fpost-parent%3D4836&usq=AFQjCNFVCBK6pxaiaOzN2IYKgabhLbuksw>

that “*offenders who had received at least one visit during their time in custody were 39% less likely to re-offend than those that had received no visits*”.

In some areas, these re-offending rates are reduced by work done within both male and female prisons with the affected children and families. This has also been proven to have positive outcomes on inter-generational offending and the well-being outcomes of the children and families.

There are an estimated 200,000 children affected by parental imprisonment each year in England and Wales (MOJ, 2012). However, there is no official measure for identifying those children, little awareness of their specific needs and no systematic support. Such uncertainty about a large group of vulnerable children means that the services and support that they could benefit from, may not be available to them.

Research and practice shows that the impacts on children of having a parent in prison are generally negative and their outcomes tend to be worse than those of their peers; these are even more acute when the mother is in prison:

- only 5% of children remain within the family home when a mother goes into custody;
- 12% of children with a mother in prison go into care; and
- women prisoners are held much further away from home.

Such chronic stress from childhood can cause long-term harm as demonstrated in the Public Health Wales (2015) report on Adverse Childhood Experiences (ACE) where parental separation is classed as a significant ACE leading to health-harming behaviours.

Children with a parent in prison are twice as likely as other children to experience conduct and mental health problems and three times more likely to be involved in offending activity themselves, with 65% of boys with a convicted father going on to offend. They also cost the public purse ten times more by the age of 28.

In North Wales, informal estimates suggest that approximately 7,112 children of school age could be affected by a parent in prison (see Table 9.5). If 50% of these are boys, based on the data above, over 2,000 could go on to offend themselves, having an impact on services across the board.

Table 9.5 Estimated number of school age children affected by the imprisonment of a parent

	Number of children in school	Estimates number affected by parental imprisonment
Anglesey	9,665	677
Gwynedd	17,041	1,193
Conwy	15,916	1,114
Denbighshire	15,653	1,096
Flintshire	23,649	1,655
Wrexham	19,676	1,377
North Wales	101,600	7,112

Source: Calculated from PLASC data January 2016, assuming 7% affected, (DoE, 2003)

Draft

9.4 What are people telling us?

Population assessment consultation

As part of the population assessment consultation was carried out with key organisations. Two responses were received relevant to this chapter: the National Probation Service as an organisation and the National Probation Service in its capacity as an Approved Premises.

The National Probation Service is a statutory criminal justice service that supervises high-risk offenders released into the community. They are responsible for assessing offenders in prison preparing them for release on license to the community, where they will come under their supervision.

The service reported the following.

Challenges: poor access to health care, continuity of health care post-prison, social support into specialist housing for the elderly and disabled, occasionally difficulties with education and training requirements and being able to obtain employment.

Main service providers who support the Probation Service: the local council, substance misuse agencies, community mental health teams, education and training providers and other partner agencies through MAPPA.

Overall: most things are working well, but at times there is a lack of long-term planning and sometimes there is a sense of last minute solutions having to be found by staff. There are very strong working links with a range of partners and service providers and this has helped strengthen their joint working arrangements, while improving their ability to make referrals and enabling them to be better equipped to provide people with the necessary information on the support which is available to them.

Things that don't work so well: on occasions, staff can experience difficulty in obtaining assessment information from partners, therefore making it difficult for staff to identify and assess their relevant needs and making the necessary referrals. Staff can also experience difficulty in gaining access to equipment such as wheelchairs, crutches, suitable seating and beds for the elderly and disabled residents within their approved premises.

Other issues highlighted: the lack of suitable housing within a number of regions of Wales which is making it difficult to find suitable stable accommodation for people leaving the secure estate and approved premises.

To improve the service they currently offer: they would like to see the development of a clearer information-sharing process to ensure that social care needs are identified early and appropriate referrals are made in order to meet their needs. They also suggested at looking at putting protocols in place with

partners detailing the type of information which can be shared, including the provision of training for front line staff so they are clear on what information they are permitted to share.

Next steps

No consultation was carried out with the service users with experience of the secure estate and this is highly recommended for future work along with consultation with additional organisations.

Supporting consultation information

Department of Health (2014) consultation¹² highlighted the following themes as important: communication, assessment, engagement of service users and finance.

Welsh Government has set up a stakeholder group to learn from best practice from local councils with prisons in their boundaries in South Wales. This report will be available in February 2017 and it is recommended that there is engagement with this piece of work.

A national survey recommended that rigorous assessment of prisoners needs should take place at the earliest opportunity. It reported that the Offender Assessment System (OASys), a standardised risk assessment and sentence planning tool, is not routinely available for prisoners sentenced to less than 12 months, who constitute the majority of the sentenced population (Stewart, 2008).¹³ However, all prisoners on their first reception to a local prison are now assessed using a standardised tool: the Basic Custody Screening Tool (BCST).

¹² User Voice – ‘What people with convictions think about care in custody’
A service user response to The Department of Health’s consultation on The Care Act (2014) - September 2014
<http://www.uservoice.org/wp-content/uploads/2014/11/User-Voice-Who-Cares.pdf>

¹³ Ministry of Justice – ‘The problems of needs of newly sentenced prisoners: results from a national survey – (Stewart 2008)
<http://webarchive.nationalarchives.gov.uk/20100505212400/http://www.justice.gov.uk/publications/docs/research-problems-needs-prisoners.pdf>

9.5 Review of services currently provided

Historical Provision

Previously, the responsibilities for meeting the social care needs of those in the secure estate have been unclear, and this has led to confusion between local authorities, prisons, probation services and other organisations. This created historical difficulty in ensuring needs were met. The relevant acts in England and Wales have clarified local council responsibility for care and support for prisoners to ensure that they are entitled to receive equivalent provision to people in the community (with limited exceptions). Local councils are required to work in partnership with the National Offender Management Service and health services.

Prisoners can often have complex health and care and support needs and generally experience poorer physical and mental health outcomes than the general population. Evidence demonstrates higher prevalence among the adult prison population of mental illness, substance misuse and learning disabilities than in the general population. The population of older prisoners (aged 50 years and over) in particular has increased in recent years and with it the incidence of age related disabilities and needs. Access to good integrated health and care and support is particularly important for these groups.

Current Provision

Policy for the delivery of adult social care into prisons in Wales is set out in the Welsh Government National Pathway for care and support for those in the secure estate: Adults in Prisons. This pathway includes the Prison Service, the Community Rehabilitation Company, social services and housing services (for the delivery of housing services support for prisoners on release).

It is also expected to deliver a significant improvement on the assessment, planning and delivery of support to released prisoners. The new pathway will put in place a 12 week discharge pathway. The previous experience in which the Prison Service, social services and housing services were not part of an integrated pathway could lead to the release of prisoners with only days' or hours' notice.

Policy for the delivery of health and social care services into the prison is set out in a range of Prison Service Instructions (PSIs) published by NOMS including: PSI 03/2016: 'Adult Social Care'.

There is currently, however, no information publicly available on the number of assessments undertaken and the numbers classed as eligible. It is recommended that the secure estate be contacted directly to establish these figures.

Planning for HMP Berwyn

Clearly, the largest social care obligation for North Wales' services will come on the opening of HMP Berwyn when men in the secure estate become ordinary residents of Wrexham County Borough. This places a significant new duty on the local council as it relates to people in the secure estate.

Integrated health and adult social care:

The partners involved have taken the opportunity to establish an integrated model of health, social care and custodial care from the outset. This will make it easier to provide timely, consistent and efficient personal care and support to the small number of prisoners expected to require it.

A model of integrated provision has been developed by the council with the Betsi Cadwalder University Health Board (BCUHB), with an expectation of close working relationships with the prison and various other services on offer at HMP Berwyn such as education and the library. This is based on needs assessments carried out by BCUHB and Wrexham County Borough Council [add reference]. These assessments were undertaken separately based on assumptions about the prison and the profile of the population. Future work will be done jointly. Understanding about the remand population is also limited as there are very few remand-specific studies and it is recommended that when the prison is open, data on the social care need of both the category C and the remand population is collated.

The governance for health and social care provision at HMP Berwyn is through the Prison Health, Wellbeing & Social Care Partnership Board, which is operating in a shadow form during the mobilisation phase. This includes representatives from BCUHB, Welsh Government, NOMS, Public Health Wales, the Welsh Ambulance Service, NHS England and Wrexham County Borough Council's Adult Social Care.

Both BCUHB and Wrexham County Borough Council are also part of the programme governance for HMP Berwyn.

Responsibility for planning for support for prisoners post-release is shared with the National Probation Service and the Community Rehabilitation Company (CRC). For the care and support needs specifically, when offenders are planning to be released and resettle in the community, the duty is with the local council where they are planning to relocate and portability arrangements apply. Therefore, all North Wales' local authorities will be responsible for continuity of care for offenders with a package of care coming into their area on release as part of their responsibility for their local population.

Adult social care:

Wrexham County Borough Council's Adult Social Care Department is now shaping its services to meet the duties of the act including information, advice and assistance and prevention services that are integrated with the NHS. They will in summary:

- provide an information line providing advice and guidance;
- provide a Daily Living Support Service;
- directly provide social care needs assessments for men who may have a need for care and support with day-to-day activities;
- work across Berwyn to promote wellbeing and to ensure that the care and support needs of the men are understood and met; and
- provide equipment or put in place additional provision to meet an eligible need for care and support that would otherwise not be met.

This represents a high level of embedding of social care into the prison ethos and is not a standard model.

The majority of prisoners are estimated to have wellbeing needs at some level and the information and prevention services will need to be tailored to the specific needs of prisoners. This requires a specific approach to be developed due to the particular needs of prisoners.

Care and support needs for prisoners will be provided by Adult Social Care, for which demand is not expected to be high. [See WCBC 'Adult Social Care Prison Strategy', April 2016 \[add reference\] for more information.](#) As the prospective population begins to be identified, there will be a better picture as to the populations needs. For planning purposes, Wrexham County Borough Council is informed by its Social Care Strategy.

The feeder prisons for Berwyn have also been identified. A recommended next step therefore would be to source available health and social care needs assessments and data held by the National Offender Management Service (NOMS) for the men from those prisons that will be held at HMP Berwyn.

Young people

Children and young people who experience custody often have multiple and complex problems and a history of failed attempts by professionals to provide them and their families with the help and support they need to achieve positive outcomes in life.

The lack of secure estate provision in North Wales prevents further issues for young people who for are remanded into Youth Detention Accommodation (YDA) or sentenced by the Courts to custodial sentences

When convicted, a comprehensive assessment is undertaken to locate a suitable placement within the secure estate that will meet the young person's needs and address any risk of harmful behaviours and safety and wellbeing issues they may present. If the young person presents specific concerns regarding their welfare (for example, a 17 year old with significant safety and wellbeing issues), they may be placed in a Secure Children's Home or Secure Training Centre but this is often dependant on availability.

Once in the secure estate, there is a special unit at Wetherby YOI (Keppel Unit) where particularly vulnerable young people with complex needs can be placed agreed between the Youth Justice Service and custody staff, while most Young Offenders Institutes have special wings too.

When a young person has offended, most are subject to unconditional or conditional bail, imposed by the Police or the Courts, until they are sentenced. Under the Legal Aid, Sentencing and Punishment of Offenders Act 2012 can be refused under certain criteria, such as for serious crimes, re-offending while subject to bail conditions and breaches of conditions of bail. This means the child or young person could be remanded to the care of the local council. The local council can place the child/ young person back at home with their parents, with additional support, unless the court specifies otherwise. In that case, the local council has the duty to seek suitable alternative accommodation with for example, extended family, foster carers, or a residential placement. Such a duty would end upon sentencing.

When the offences are so serious, or the young person continues to re-offend while on bail/ remand, the courts can then remand to Youth Detention Accommodation (YDA). The young person is then placed in the secure estate, but additionally becomes a 'Looked After Child' for the duration of their stay. In practice, this means that a social worker is appointed to the case by the home local council to assess the young person's needs and an Independent Reviewing Officer is appointed to conduct a Care Planning meeting within the first week of placement and statutory reviews/ meetings at 4, 7 and every 6 weeks thereafter. If the child/ young person remains in Youth Detention Accommodation for 13 weeks and over, they then become eligible to receive leaving care services.

Young offenders from North Wales currently serving their sentence in English prisons tend to find it difficult when entering the secure estate and have to live and associate with young people from England, with some saying they would like to be with other young people from Wales. In some institutions, gang members are imprisoned, introducing local young people to different lifestyles, cultures and offending behaviours.

Parent and family contact with young people in the secure estate is often difficult to sustain due to the long distances involved, although some assistance and accommodation is available in certain circumstances.

Wrexham County Borough Council has planned for a while to develop an alternative local provision to prevent the need for young people to be remanded to Youth Detention Accommodation. They are looking to provide accommodation which will be staffed by a commissioned provider and supported by staff from Children's Services and the Youth Justice Service. We hope to have a facility available within this current financial year. There is also an identified need to recruit suitable foster carers to provide remand accommodation, but this has proved difficult for several years due to the challenging behaviours and risks these young people can present, which carers struggle to contend with and manage in their own homes.

Wrexham Youth Justice Service works closely with several agencies to ensure that young people at risk of entering custody/ remanded to Youth Detention Accommodation / serving a custodial sentence are provided with support services at every stage.

Under the National Standards and Case Management Guidance provided by the Youth Justice Board (Ministry of Justice), the Youth Justice Service ensures young people in custody receive through care support throughout the duration of their custodial sentence, and transition through to adult services, including the National Probation Service, should they turn 18 years of age during their sentence.

As part of this process, Wrexham Youth Justice Service staff plan towards the young person's rehabilitation and release into the community, mostly under licence conditions and report to the 'Resettlement and Support Panel'. This is a multi-agency forum to assist in delivering the resettlement plan for the young person. The panel includes management representatives from Children's Services, Housing, Police, Education, CAMHS, Youth Justice Service and Youth Services. The meeting will also discuss young people who present with complex needs and who are potentially at risk of entering custody in the near future. This provides another opportunity for agencies to work together and avoid young people entering the secure estate.

Improving resettlement outcomes for young people is a priority for the Youth Justice Board (YJB), and in the programme of work carried out by Youth Justice Board Cymru in Partnership with the Welsh Government.^{14 15 16}

One recurring problem has been the lack of continuity of 'care' between custody and the community, which is fundamental to effective resettlement and reintegration into the community. The Youth Offending Team (YOT) Reintegration and Resettlement Partnership Board (RRPB) is a multi-agency partnership put together to address gaps and barriers to effective resettlement

¹⁴ Youth Justice Board – 'Youth Justice Board Plan 2016 to 2017'

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/567003/yjb-business-plan-2016-17.pdf

¹⁵ Youth Justice Board – 'Strategic Plan 2015 -2018'

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469954/YJB_Strategic_Plan_2015-18.pdf

¹⁶ Youth Justice Board for England and Wales 'Business Plan 2016/17'

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/567003/yjb-business-plan-2016-17.pdf

and reintegration for young people (aged 10 to 18 at support request stage) experiencing significant change or transition in their service provision.

A mapping of resettlement services for young people from North Wales was undertaken in 2013.¹⁷ This aim of the work was to build up a comprehensive picture of:

- existing services available to young people;
- the gaps in service provision;
- barriers encountered during the resettlement process;
- weaknesses in the current arrangements; and
- identification of good practice.

The North Wales Resettlement Broker Project has been running since August 2013. The function of the project was to map current resettlement practices across the region for young people being resettled after serving time in custody, with a view to identifying how these practices could be improved across all sectors involved. A copy of the final report was published this year with further recommendations.¹⁸ One of the recommendations was for a good practice guide and this has been produced.¹⁹

Women

As women in the secure estate are held outside of the region and will continue to be held outside of the region, more understanding is required of their needs. It is recommended that further work be done in this area.

Housing

Those who are leaving accommodation in the secure estate are managed in line with Welsh Government's National Pathway.²⁰ This sets out the services available to a person as they prepare to leave accommodation in the secure estate if housing has been identified as an issue as the plan for their release, with their Offender Manager.

This pathway is the first of its kind in the UK, and aims to improve the way the organisations work with prison-leavers.

¹⁷ Llamau – 'Mapping of resettlement services for North Wales - An analysis of strengths, weaknesses, barriers, and gaps for young people' [http://www.llamau.org.uk/creo_files/products/llamau_mapping_report_\(north\).doc](http://www.llamau.org.uk/creo_files/products/llamau_mapping_report_(north).doc)

¹⁸ Llamau – Resettlement Broker Project Report 'Final Report 2016' http://www.llamau.org.uk/creo_files/default/final_report_on_the_resettlement_broker_project.pdf

¹⁹ Youth Justice Service – 'Reintegration and Resettlement Partnership Boards – Good Practice Guide' http://www.llamau.org.uk/creo_files/default/reintegration_and_resettlement_partnership_boards_-_good_practice_guidance.pdf

²⁰ Welsh Government 'National Pathway for Homelessness Services' <http://gov.wales/docs/desh/publications/151215-national-pathway-for-homelessness-services-en.pdf>

The Pathway addresses the requirements of the Welsh Government's Housing (Wales) Act April 2014. The act brought about the most fundamental reform to homelessness legislation in over 30 years and placed a duty on local councils to work with people who are facing homelessness at a far earlier stage to help find a solution to their housing needs.

The National Pathway was developed after extensive consultation with organisations including Shelter Cymru and the Welsh Local Government Association (WLGA). It pays particular attention to the needs of people leaving custody to prevent them from becoming homeless to improving their resettlement into society and reduce their risk of reoffending.

Prisoners facing homelessness will begin to receive support 56 days before their release. The Pathway also clarifies the roles and responsibilities of all the agencies and organisations involved in the process, resulting in a more coordinated approach and better support for people leaving custody.

Adults

For all adults in the secure estate, individual resettlement plans will be drawn up at the reception stage. At 12 weeks prior to release, this resettlement plan will be reviewed and updated as necessary. If no housing need has been identified and there is an address, the details will be forwarded to the relevant local council for comment.

If there is an identified housing need, the Wales Community Rehabilitation Company (WCRC), must support a prisoner to retain or find suitable alternative accommodation.

A further review of accommodation needs will be carried out, 66 days prior to release, by the National Probation Service in conjunction with WCRC. If there is still an identified housing need at this stage a referral will be sent to the relevant local council through the prisoner's Offender Manager. When forwarding the referral, the Offender Manager will include a risk assessment. This is to ensure that a thorough assessment of any housing duty owed to the prisoner can be carried out need.

If it is decided that there is a duty owed, the local council must then take over responsibility for providing reasonable steps to help secure accommodation. These reasonable steps will depend upon whether the prisoner is owed a duty under s 66 or s 73 of the Housing (Wales) Act 2014.

Children and young people:

The key differences to the pathway for children and young people are as follows.

- There is no 12 week trigger for reviewing resettlement plans. They are reviewed on a monthly basis.
- Youth Offending Teams will work with them to help access suitable alternative accommodation on release.
- If the prisoner has not yet reached the age of 18, it is the responsibility of Children's Services to help and support children and young people access suitable accommodation on release.

Housing challenges:

Sourcing suitable accommodation for those who are leaving the secure estate raises particular issues. The following issues have been identified by Wrexham County Borough Council's Housing Service.

There are difficulties when trying to find suitable accommodation for single people. Traditionally, councils have concentrated on building family housing. Consequently, smaller units of general needs accommodation become available for allocation less frequently than other property types. This has been further exacerbated by the introduction of the Housing Benefit changes introduced as part of the Government's Welfare Reform agenda.

Social Housing tenants, of working age, who are in receipt of Welfare Benefits, have had their Housing Benefit reduced by a certain percentage if they are under occupying their current property. This has increased demand on smaller general needs properties, at a time when demand is already relatively high, as people are looking to downsize.

Similarly, single people under the age of 35 years of age, who are privately renting are currently, only able to claim sufficient Housing Benefit at the rate that is commensurate with that of renting a room in a shared house. This creates further pressures as for some people who are leaving the secure estate, sharing accommodation might not be a feasible option.

Sourcing supported accommodation can also bring its challenges. Depending on a person's needs, certain types of specialist supported accommodation are more difficult to source than others. Reserving rooms in supported accommodation can be problematic, in particular when emergency or crisis cases arise that need to be accommodated as a matter of urgency. Sometimes, this can lead to places that have been earmarked for someone leaving the secure estate being allocated to a person who presents at Housing Options, on that day with a pressing need for assistance.

Housing Benefit (HB) regulations, can also determine a person's housing situation. Depending upon the length of a sentence, it is in some cases, it is possible for a person entering the secure estate to continue to claim HB. This can mean that accommodation can be kept and upon release, their former property is still available for occupation.

Otherwise, unless there are sufficient funds available to meet the cost of the weekly rent, some have no option but to surrender a tenancy. This is to avoid large arrears of rent accruing. This does mean however, that a person is faced with homelessness upon their release from the secure estate.

Partner organisations

There are several organisations that provide various forms of additional support or accommodation. These can widen a person's housing options, help people to maintain their current tenancies or in the case of supported accommodation, provide support until such time as a person is able to move into general needs accommodation. More information is available from Supporting People²¹

What works well?

Working in partnership with other housing and support providers currently works well. There are good working relationships that have been established over time. These can help to smooth a person's transition from the secure estate into more settled accommodation.

While acknowledging that there is a shortage of suitable move-on options for those living in the secure estate, having good working relations can go part of the way to help mitigate these deficiencies.

Future considerations for housing:

The building of HMP Berwyn will present different considerations for councils.

For although the responsibility of meeting the care and support needs of a person resident in the secure estate, rests with the local council where the accommodation is located, once the release and resettlement process begins for any person, the duty moves to the council where they are planning to relocate to.

There will be a need for prompt systems to be in place in order to engage with those who are leaving the secure estate at the earliest possible opportunity. This will enable the correct intervention being put in place and referrals made to the appropriate North Wales council.

Children and families

Much recent work has been done at the North Wales level to highlight the needs of the children and families of offenders and to show the direct correlation between contact with families and the re-offending rates of those in the secure estate. This has resulted in the development of a strategic and practical cross-

²¹ Wrexham County Borough Council 'Wrexham Supporting People Directory'
https://www.wrexham.gov.uk/assets/pdfs/housing/supporting_people/supporting_people_directory.pdf

partnership response to identifying the children in North Wales and supporting the children and families of North Wales affected by the imprisonment of a family member. This work is being undertaken by the partners on the North Wales Safer Communities Board and will include the following.

- Gathering information and data to develop a more informed picture of the needs of the children in North Wales and how many children are affected.
- Mapping the gap between theory and practice in North Wales and looking at solutions to fill the gap effectively including information-sharing protocols.
- Directly engaging with HMP Berwyn to influence the development of their children and family approach.
- Enabling service providers to better meet these needs through guidance, information and awareness raising to develop a whole family approach.
- Increasing awareness about the issue and communicating the work.
- Increased multi-agency working.

At a regional level, it is hoped that this approach will:

- provide an immediate focus for collaboration, multi-agency working and effective communication;
- make it easier to engage other key organisations including the third sector and the private sector; and
- demonstrate a unified North Wales commitment to maximising the outcomes for prisoners and their children and families.

It is anticipated that this will be a five year programme to embed the work in the region.

9.6 Conclusion and recommendations

The new act heralds a historic change in local government's social care responsibilities for the men, women and children held in the secure estate and on their release into the community. Previously, the responsibilities for meeting the social care needs of those in the secure estate were unclear and this led to confusion between local authorities, prisons, probation services and other organisations.

The act clarifies responsibilities and ensures that those held in the secure estate are entitled to receive equivalent provision to persons in the community and requires local authorities to work in partnership with the National Offender Management Service and health services. It presents opportunities to implement integrated care pathways and joint service provision for the health and social care needs of those in the secure estate.

Given that prisoners can often have complex health and care and support needs and generally experience poorer physical and mental health, this presents a significant development.

A focus on health and wellbeing is also contributing to a renewed focus on rehabilitation, resettlement and a reduction in re-offending.

This is evidenced in the planning for HMP Berwyn which will open in North Wales in February 2017. HMP Berwyn is modelling new approaches and its culture will be driven by a focus on rehabilitation. The ethos is dedicated to providing a safe, decent and just environment where men will be encouraged to prepare for a fresh start in life. The importance of Welsh language in the rehabilitation of offenders from North Wales is recognised as is the key role of co-commissioning partners.

This puts the adult male category C population in a good position. It will help strengthen links between local councils in North Wales and the prison and will support effective rehabilitation. Women and young offenders, however, will continue to be held outside the region as well as men from other categories and those whose health and social care needs cannot be safely managed at HMP Berwyn.

A better understanding of the needs of these groups is required and on release the duty for adults will move to the local council to which they are resettling as part of the requirement for continuity of care under the act; this includes services such as housing. This presents a unique opportunity to develop a model for creating links with prisons outside of North Wales, including those holding women from North Wales.

Recommendations are included within the relevant sections of the chapter, however, the key recommendations to arise from the work of this chapter include the following.

- Further consultation with stakeholders, including service users.
- An integrated health and social care needs assessment to be conducted for HMP Berwyn after the prison has become operational in partnership between BCUHB and Wrexham County Borough Council.
- Data on the social care needs of both the Category C and remand population to be collated when HMP Berwyn is operational.
- The putting of protocols in place with partners detailing the type of information which can be shared.
- Engagement with the Courts to develop protocols for the remand of disabled persons to ensure that their remand disposals are able to meet their specific needs on admission.
- The development of partnership working with the prisons in South Wales to share learning.
- Better understanding of the social care needs of women and youth and the very specific considerations attached to these groups.
- Children and families – support for the regional approach to develop a children and families model and links in with this work.
- Homelessness: the need for prompt systems to be in place in order to engage with those who are leaving the secure estate at the earliest possible opportunity; this will enable the correct intervention to be put in place and referrals made to the appropriate council.
- The transition of care once prisoners are discharged ‘through the gate’ needs to be embedded within the community, providing continuity of care to ensure health gain while in prison is sustained on release.

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10 Veterans

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10.1 About this chapter

This chapter includes the population needs of military veterans. It is based on a detailed needs assessment undertaken on behalf of the North Wales Armed Forces Forum (Atenstaedt and Jones, 2016). Information about other care and support needs can be found in the following chapters:

- Older people [\[Add link\]](#)
- Health, physical disabilities and sensory impairment [\[Add link\]](#)
- Mental health [\[Add link\]](#)
- Violence against women, domestic abuse and sexual violence [\[Add link\]](#)
- Homelessness [\[Add link\]](#)
- Secure Estate [\[Add link\]](#)
- Carers [\[Add link\]](#)

Definitions

A veteran is defined as someone who has served in HM Armed Forces for at least one day. This includes people who have served in the Reserve/Auxiliary Forces.

How will the Social Services and Well-being (Wales) Act 2014 change things? Policy and legislation

The principles of the Social Services and Well-being (Wales) Act 2014 are similar to those already adopted by services supporting military veterans in North Wales. For more information about the act please see [Appendix x](#).

For more information about the legislation and guidance relating to veterans, and some detailed information about the national and local strategic context, please see the main needs assessment available at [Appendix x](#).

Safeguarding

The safeguarding issues for military veterans are similar to those of the general population. There is a new definition of 'adult at risk', a duty for relevant partner to report adults at risk and a duty for local authorities to make enquiries which should help to safeguard military veterans.

10.2 What do we know about the population

There are currently no official figures available on the number of military veterans in the UK, particularly at a local level. According to estimates there were around 51,000 veterans living in North Wales in 2014 (Table 10.1). This represents about 9% of the North Wales population aged 16 and over or 7% of the total population. The county with the highest percentage of the total number of veterans in North Wales is Flintshire at 21% and the lowest is Anglesey at 11% (Table 10.2). In terms of the proportion of each county's population aged over 16 years that are veterans (Table 10.3), Conwy is highest at 10% and Wrexham is lowest at 8.1% (the North Wales average is 8.9%). There are a number of caveats with this data described in the main needs assessment report (Atenstaedt and Jones, 2016).

Table 10.1 Estimated veteran population, all persons aged 16 and over, North Wales

	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total 16+
Anglesey	50	100	260	520	730	890	2,360	540	5,470
Gwynedd	120	190	450	870	1,130	1,410	3,840	1,000	9,010
Conwy	80	160	420	900	1,150	1,500	4,370	1,210	9,780
Denbighshire	70	130	360	750	930	1,160	3,100	740	7,240
Flintshire	110	250	650	1,240	1,430	1,680	4,150	930	10,440
Wrexham	100	250	600	1,050	1,230	1,380	3,480	870	8,970
North Wales	530	1,080	2,750	5,340	6,610	8,020	21,300	5,290	50,920
Wales	2,630	5,200	12,460	23,570	28,460	32,010	86,330	20,930	211,590

Numbers have been rounded so may not sum

Source: Produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

Table 10.2 Percentage of North Wales veteran population aged 16 and over by local authority area, 2014

	%
Anglesey	11
Gwynedd	18
Conwy	19
Denbighshire	14
Flintshire	21
Wrexham	18
North Wales	100

Source: Based on numbers produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

Table 10.3 Percentage of each local council population age 16 and over that are veterans, 2014

	Population age 16 and over	Estimated number of veterans	Percentage veteran population
Anglesey	58,100	5,470	11
Gwynedd	101,360	9,010	18
Conwy	97,350	9,780	19
Denbighshire	77,650	7,240	14
Flintshire	125,390	10,440	21
Wrexham	110,430	8,970	18
North Wales	570,270	50,910	100

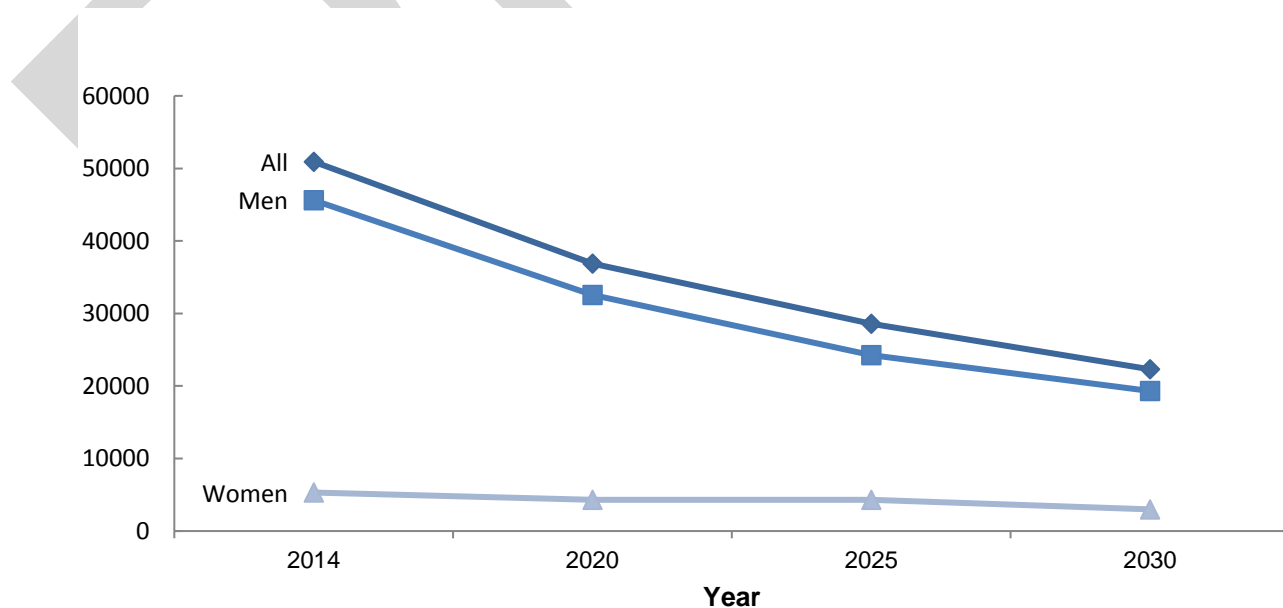
Numbers have been rounded so may not sum

Source: Based on numbers produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

The ‘hidden’ ex-service community in North Wales (those living in institutions and communal establishments) is estimated to be between 2,100 and 3,200 individuals (RBL, 2014). This figure includes veterans, adult dependents and minor dependents.

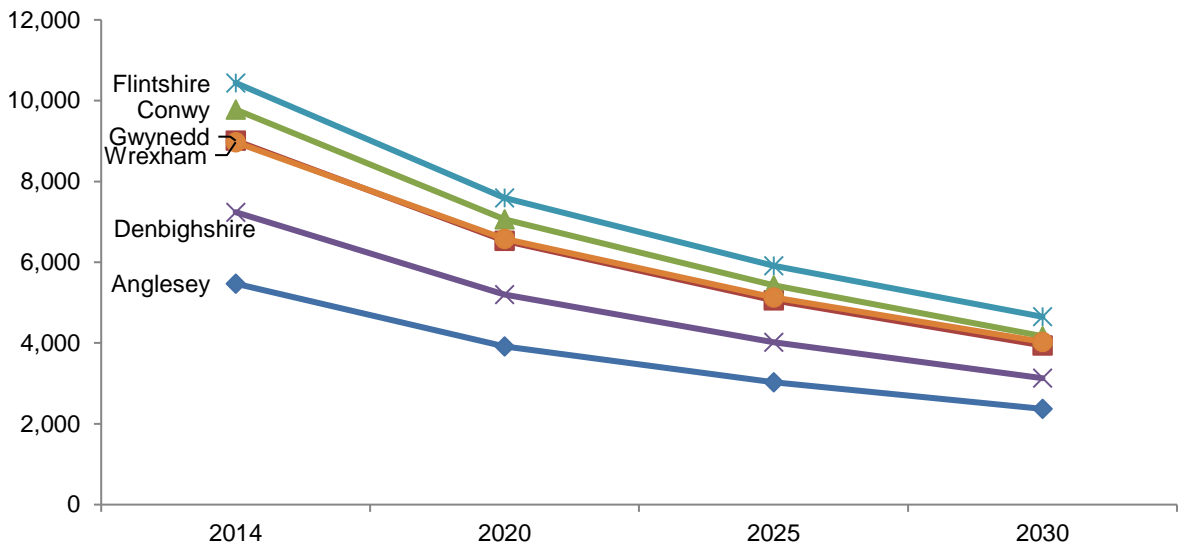
Although the overall number of veterans in North Wales is predicted to decline over future years (from 51,000 in 2014 to 22,000 in 2030) shown in Figures 10.1 and 10.2, it is clear that care and support needs are prevalent over the age range and service providers should ensure that they continue to prioritise this population in future service provision.

Figure 10.1 Estimated veteran population aged 16 and over by gender, North Wales 2014 to 2030



Source: Chart created by North Wales LPHT. Data produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

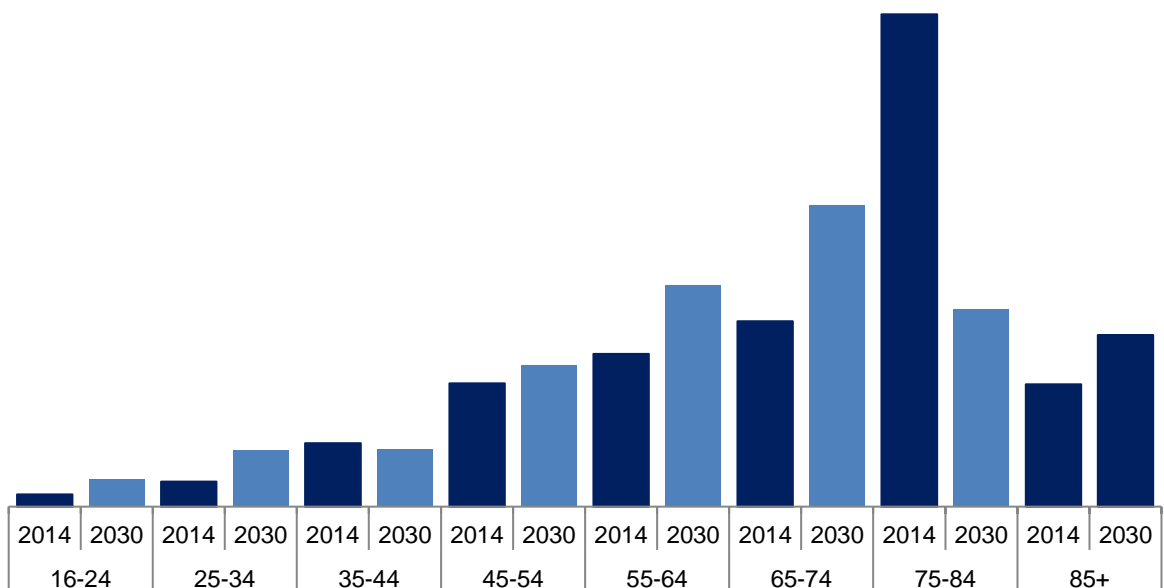
Figure 10.2 Estimated veteran population aged 16 and over by local council, North Wales 2014 to 2030



Source: Chart created by North Wales LPHT. Data produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

The age distribution of the ex-service population is currently skewed towards those over retirement age (Figure 10.3). However, the predicted decline in this group, and the changes currently occurring in the UK Armed Forces, mean that a greater proportion of the veteran population will be made up of younger people with a more diverse background, for example from a BAME community. This is important for care providers to consider, since the health needs of younger, more ethnically diverse veterans are likely to differ considerably from those in older age groups.

Figure 10.3 Proportion of veterans aged 16 and over, by age group, North Wales, 2014 and 2030



Source: Chart created by North Wales LPHT. Data produced by Public Health Wales Observatory, using MYE (ONS) and prevalence estimates from the Royal British Legion

There is no data on the Welsh language skills of veterans in North Wales, which is a gap which needs to be addressed.

Most veterans report 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, about one in five veterans with a long-term illness attribute it to military service, particularly musculoskeletal problems, hearing problems and mental illness (RBL, 2014). This equates to 6,400 veterans in North Wales who may be eligible for priority treatment under the Armed Forces Covenant.

Veterans aged 16-64 are more likely than the general population to report a long-term illness that limits their activities. This includes (RBL, 2014):

	% veterans	% general population
Depression	10	6
Back problems	14	7
Problems with legs and feet	15	7
Problems with arms	9	5
Heart problems	12	7
Diabetes	6	3
Difficulty hearing	6	2
Difficulty seeing	5	1
Total long-term illness	24	13

General musculoskeletal disorders (including arthritis and rheumatism) are a key issue for the health of veterans (particularly problems with the legs and feet in the over 55s). Overall, 28% of veterans reported this as a problem (equivalent to 14,000 North Wales veterans); 18% of veterans attributed this to previous service (equivalent to 2,600 North Wales veterans). Musculoskeletal disorders affect an individual's health but also impacts on other areas such as employment. Any detrimental effect on the ability to work is also likely to impact on mental health, potentially compounding any existing problems.

The majority of veterans do not suffer with adverse mental health after leaving the services. The most common mental health problems experienced by veterans are depression, anxiety and substances misuse (mainly alcohol) disorders, just like the wider general population. The UK household survey of the ex-Service community (RBL, 2014) indicates that the prevalence of mental illness is around 8%, equating to 4,100 veterans in North Wales. It also reported that mental health problems have doubled since 2005 and that only one in twenty individuals have sought help for this issue (RBL, 2014). Also, the

RBL household survey found that the prevalence of mental health disorders among younger veterans (aged 16-44) was three times higher than that of the UK population of the same age.

The mental health of UK veterans has received particular attention, with particular focus having been on the occurrence of Post-Traumatic Stress Disorder (PTSD). PTSD in veterans is often the result of multiple traumatic experiences, has a very specific military context, and it can be associated with additional shame and guilt about seeking help. While the proportion affected with PTSD in the ex-service community are thought to be only slightly higher than in the general population, the severity in some veteran cases has been found to be much more profound.

Ex-service personnel may be at increased risk of self-harm and young male veterans (those under 24 years), particularly those with shorter lengths of service, are at an increased risk of suicide. They may be particularly reluctant to seek help (and some may not even identify themselves as veterans). It is vital that the North Wales Suicide Prevention Group prioritises veterans in its work.

Young male veterans are associated with other risk factors, such as leaving services earlier and excess alcohol use. Ensuring that data systems identify veterans locally, as well as promoting registration with GPs and help-seeking behaviours, is key to mitigating any increased risk within this local group of veterans.

Other than alcohol and tobacco smoking, information on the lifestyle behaviour of veterans is lacking and needs further research.

Veterans may experience a variety of social care needs after their time in the services. For example, veterans may have difficulties finding suitable housing, obtaining adaptations to ameliorate injuries or other physical health needs, or obtaining financial aid to which they are entitled. This may be related to problematic transition which itself may be caused by a variety of factors related or unrelated to service in the armed forces including financial, welfare, physical and mental health problems.

According to the RBL Household Survey (2014), 42% of adults in the UK ex-service community reported some difficulty in the previous year (Table 10.4), which is equivalent to 21,400 veterans in North Wales. Difficulties are most likely to be related to relationships or isolation (particularly loneliness and bereavement), self-care, mobility (especially outside the home) and psychological problems (particularly depression), followed by finance and housing. Problems with employment were reported by 30% of veterans discharged in the last five years and 17% of veterans of working age. There are two age groups most likely to report some difficulty: 35-44s and 85-94s.

Not surprisingly, the older age group is most likely to report self-care and mobility problems.

Table 10.4 Personal or household difficulties experienced in the last year, 2014

	% veterans	Number (thousands)
Any	42	2,090
Relationship/isolation	16	770
Self-care	15	720
Mobility	14	710
Psychological	12	610
Financial	9	430
Dealing with authorities	8	410
Housing	8	400
Employment	6	320
Fear of violence / crime	4	190
Community / civilian integration	3	170
Transport	2	120
Child support	1	40

Source: RBL, 2014. Base: Adult ex-service community

Estimates for personal or household difficulties have been applied to the North Wales veteran population (Table 10.5).

Table 10.5 Personal or household difficulties experienced in the last year, North Wales, 2014

	Adult ex-Service community 2014	Total
	%	
Relationship/isolation	16	8,146
Loneliness	8	4,073
Bereavement	7	3,564
Lack of recreational facilities/social life [^]	4	2,036
Marriage/relationship breakup	2	1,018
Difficulty forming close relationships	1	509
Self-care difficulties	15	7,637
Exhaustion or pain	9	4,582
Poor bladder control	7	3,564
Difficulty looking after self	3	1,527
Mobility difficulties	14	7,127
Difficulty getting around outside home	13	6,618
Difficulty getting around home	8	4,073
Psychological difficulties	12	6,109
Feeling depressed	10	5,091
Lack confidence/self-esteem	4	2,036
Lack hope/purpose/direction	4	2,036
Heaving drinking/taking drugs	1	509
Financial difficulties	7	3,564
Not having enough money for day to day living [^]	5	2,546
Getting into debt [^]	3	1,527
Dealing with authorities	8	4,073
Difficulty dealing with personal affairs (e.g. paying bills, filling in forms, letters)	4	2,036
Difficulty getting medical treatment [^]	3	1,527
Difficulty finding out about services or benefits entitled to [^]	3	1,527
Housing difficulties[^]	8	4,073
Difficulty with house or garden maintenance [^]	7	3,564
Poor housing/inappropriate housing for your needs [^]	1	509
Employment difficulties	6	3,055
Unemployment [^]	3	1,527
Fear of unemployment [^]	3	1,527
Lack of training/skills/ qualifications [^]	1	509

Source: Modified from chart produced in 2014 Household Survey by RBL & Compass Partnership

The RBL Household Survey (RBL, 2014) indicates that about 8% of the UK ex-service community have experienced housing problems in the past year, equivalent to 4,100 veterans in North Wales (Table 10.6). The vast majority reported problems with house and garden maintenance, followed by poor housing or inappropriate housing for their needs and difficulty getting council housing or housing from a housing association. However, for those who had been discharged from the Armed Forces within the previous 5 years, the figure was much higher at 6%.

Table 10.6 Personal or household difficulties experienced in the last year, North Wales, 2014

	Adult ex-Service community	North Wales veteran population
	%	
Any employment difficulties	8	4,073
Unemployment [^]	4	2,036
Fear of unemployment [^]	3	1,527
Having to take job for which overqualified/ underpaid [^]	2	1,018
Lack of training/skills/ qualifications [^]	2	1,018

Source: Modified from chart produced in 2014 Household Survey by RBL & Compass Partnership

Homelessness is one issue that is faced by a minority of ex-Armed Forces personnel. Several studies have shown that the characteristics and experience of homeless ex-Armed Forces personnel are broadly similar to the homeless population as a whole, although ex-Service personnel are older, and may be homeless for longer. Service leavers with a shorter service history and those from the army are most at risk of homelessness and so require extra support. It is important that traditional providers of support, such as service charities and local authorities, link in with non-armed forces specific providers such as housing associations, to ensure the best service possible for veterans.

Social isolation is a particular challenge for those who have moved frequently during military service. Also, military veterans of working age (between 16-64 years) are much less likely to be in work than the general population (63% compared to 77%). 8% of the ex-service community have experienced employment difficulties and 4% unemployment in the previous year, equivalent to 4,100 and 2000 veterans in North Wales respectively. Veterans who served in the armed forces for less than three years are less likely to be in full-time work now (only half are), are more likely to be looking for work (18%) than the average for all veterans.

Educational attainment offers the greatest potential for improving social and economic circumstances and is a key element in reducing poverty, deprivation or exclusion. Education increases opportunities for job and income security. Thus, unemployment is more common in those people who had experienced low educational attainment. The analysis by the RBL (2014) also showed that among the broader ex-service community one in ten has no formal qualifications, increasing to one in five among those aged 55-64. So education and training for veterans is definitely a priority.

Veterans offenders are increasingly recognised as a complex service user group with the offending behaviour also having a profound and damaging impact on families, for example through domestic abuse. However, it is worth noting that the proportion of ex-servicemen who offend is very small when

compared with the number discharged from the forces, and that there appears to be a significant time lag in most cases between discharge and offence resulting in imprisonment.

The British crime survey indicates that one on four women and one in six men will be affected by domestic abuse within their lifetime. It is also undeniable that military service places different constraints and pressures on both the serving personnel and families, many of which may compound domestic abuse issues. More research is needed in this area.

Data from the RBL household survey of the ex-service community (Table 10.7) shows that 20% of members of the ex-service community (equivalent to 10,000 veterans in North Wales) provide some level of unpaid care and support, which is higher than the 13% in the general population. Around one in four veterans aged 16-64 years has caring responsibilities, almost double the average for the general population. More importantly, one in ten carers in the ex-service community stated that they struggle to cope with their caring responsibilities; this equates to 1,000 veterans in North Wales. It is important that these individuals are properly supported.

Table 10.7 Caring responsibilities

	% veterans	Number (<i>thousands</i>)
Any	20	990
Physical health (old age)	8	420
Physical health (not old age)	6	290
Dementia	3	150
Other mental ill health	4	200
Other	1	50

Base: Adult ex-service community

Source: Census 2011

10.3 What are people telling us?

The RBL Household Survey (2014) of veterans found the following.

- The most common health service was the GP, followed by A&E and the podiatrist.
- One in 10 veterans of retirement age agreed they needed more help in the coming months to continue living independently and that they struggle to cope with looking after themselves living independently
- The most common request for help given by those of retirement age or with illness/disability was cutting toe nails (13%), followed by preparing meals (6%). The most common need expressed by 12% was shopping for everyday necessities. In this case, about 1% of veterans did not receive this help.
- Only 14% of the ex-Service community reported having used support for reasons other than health, equivalent to 7,100 veterans in North Wales
- Use of social care support was reported by 8% (equivalent to 4,100 veterans in North Wales). Those with financial difficulties were more likely to have used one of these sources of support, particularly Citizens Advice, Job Centre Plus, or a local council.
- 30% feel that membership or welfare support services could be helpful to them in the near future, equivalent to 15,300 veterans in North Wales. The two support services with the most immediate appeal are social clubs and bereavement support. This reflects the fact that relationship problems and isolation are the most often reported difficulties.
- 10% are interested in financial help in a crisis, while support such as mobility assistance, care homes and home aids appeal to 7-8% of those questioned.

These all need to be provided to North Wales veterans. This reflects the relatively high prevalence of self-care and mobility issues in what is an aging population. Overall, the RBL Household Survey (RBL, 2014) states that 1 in 20 of the ex-service community reported some unmet need for support, equivalent to 2,500 veterans in North Wales; this rises to one in four among those who are unemployed.

An organisational survey carried out in North Wales identified the following issues for veterans: housing and employment needs; improved access to care and support services especially positive mental wellbeing services; greater collaboration between services to simplify the journey for veterans; simplification of cross-referrals pathways. It also flagged that staff working in the statutory sector should be up-skilled in working with veterans and should be more proactive in asking about veteran status. Priority veteran groups flagged for special attention included:

- the oldest and most infirm. They have clear support needs (physical and emotional) to live independently and avoid isolation.
- Those aged 16-54 with health problems relating to their military Service
- The youngest and most recently discharged from military Service. They can face problems with the transition to civilian life

A local focus group with a group of veterans carried out for the population assessment identified the following issues: better communication and sharing of information between the military and statutory/ public services; when planning discharge from hospital for injured veterans there needs to be a resettlement multi-disciplinary team in place; greater “targeted” awareness of what is available to veterans including development of a website for veterans which contains everything that a veteran might need for transition; the idea of an “investors in people” type of accreditation for staff; development of a “military friendly” type of scheme for premises, maybe linked to where champions are based.

A recent planning event organised by the North Wales Armed Forces Forum (NWAFF, 2016; Singleton, 2016) identified the following: veterans should be recognized as a priority group and should be a forefront of planning services; there should be better sub-division of support roles between organisations; there should be development of service navigators with a single point of contact/ one stop shop. Priority issues for veterans were identified as “health education”, support with mental health problems (particularly alcohol issues), housing and employment. Development of good quality information was also highlighted as an issue. Overall, three common themes emerged: more effective communication and information required between organisations; a consistent approach to identifying veterans required; knowledge of service provision across North Wales.

A recent review commissioned by Forces in Mind Trust (Forces in Mind Trust and Community Innovations Enterprise, 2016) suggested the following improvements: Armed Forces Forums and Champions across Wales to work more effectively and consistently across Wales; a more strategic and coordinated approach to planning and commissioning across regions and sectors regarding veterans mental health, including urban and rural areas, and appropriate and timely responses to related health needs, such as physical health and dementia; simple, clear, efficient and well-coordinated multi-agency assessment and referral pathways for complex psycho-social needs, particularly for high need groups such as Early Service Leavers, dual diagnosis patients, and veterans in the criminal justice system; Welsh policy-makers to ensure that veterans and family members’ mental and related health needs are considered in new legislation coming into force in Wales; addressing barriers to veterans and families accessing GPs and other services and supporting veterans and families to be more willing to access mainstream services; encouraging the cultural competence of mainstream services to

ensure veterans' needs are met on a sustainable basis, and addressing the needs of veterans with PTSD while recognizing the differing needs of those with common mental health problems; improved data use and capture to inform long-term local level planning and commissioning; more evidence around the needs of, and access to information and services for, the practical, emotional and support needs of families of veterans with mental health problems; "capacity-building" families so they have the resilience and knowledge to identify, support and sustain the recovery of veteran-family members.

10.4 Review of services currently provided

Veterans in North Wales receive their support from UK Government departments and agencies, the Welsh Government, the NHS, local councils, the third sector and the private sector.

The UK government, through the MoD, police, prison service and other agencies such as Job Centre Plus, has a crucial role in supporting veterans. People who have been medically discharged from the UK Armed Services receive a comprehensive range of special services from the MoD to assist with the transition back to civilian life.

Welsh Government drives forward the military covenant and developed a package of support for the armed forces community in Wales. This sets out specific policies that the Welsh Government implements in those areas where there is devolved responsibility.

All local councils in North Wales have signed an Armed Forces Community Covenant, pledging to support "in service" and "ex-service" personnel and their families in four key areas: education; skills and employment; housing; health and well-being. County Armed Forces Community Covenant partnership groups operate in some councils. Areas where local councils may support veterans are listed below.

- Social care: currently the IT systems to support social care do not collate veteran related information.
- Health improvement: for example, free swimming scheme to increase participation in physical activity and improve their health and well-being. This does not run in all areas. Provision of health improvement services by local councils to veterans such as this should be reviewed and strengthened where necessary.
- Housing and homelessness: The categories for priority need listed in section 70 of the Housing (Wales) Act 2014 include a person who has served in the regular armed forces of the Crown who has been homeless since leaving those forces (or a person with whom such a person resides

or might reasonably be expected to reside). IT systems need to be improved to make sure this information is collated, as well as training for staff.

- Caring responsibilities: local councils will provide an assessment and support where needed. There is definitely an indication that veterans' needs in this area are not being met and so services need to improve what is provided.

Betsi Cadwaladr University Health Board (BCUHB) has a named lead for the Armed Forces Forum, an Executive champion and a non-executive Board level champion, who chairs the Forum. The "Standard Note-Healthcare for Veterans" (Powell, 2011) builds on the Armed Forces Covenant and sets out measures to improve access to physical and mental health services for veterans. The standard note also reiterates the position that military veterans are entitled to priority treatment within the NHS. This is likely to have a particular impact on audiology services, mental health services and orthopaedics.

Areas where the local health board may support veterans are listed below.

- Veterans' therapists operate within each health board area as part of the All Wales Veterans' Health and Wellbeing Service.
- GPs: it is important that veterans notify their GP of their ex-forces status. There is very limited information available on secondary care usage by veterans.
- NHS prosthetic services. No data system exists to enable an assessment to be made of the current number of veterans receiving NHS prosthetic services in North Wales. BCUHB's Posture and Mobility Service has identified 45 current clients through a manual search of records (Wheelchair and limbs). However, they intend to liaise with Cardiff & Vale Posture & Mobility service who manage their PAS system to ensure that veterans are specifically recorded.
- Mental health services: accessed through GP. Veterans and reservists with service related needs that are believed to require more specific care should be referred to Veterans' NHS Wales Veterans. In the period 1 April 2015 to 31 March 2016, the BCUHB arm of Veterans NHS Wales received 163 referrals, 19 from Anglesey, 13 from Gwynedd, 24 from Conwy, 25 from Denbighshire, 23 from Flintshire and 49 from Wrexham, 2 from Powys and 8 from elsewhere.
- In 2014-15, there were 135 hospital admissions in North Wales where PTSD was cited as one of the diagnosis codes (an increase from 71 in 2010-11). Some 6 in 10 admissions were in men, and just under half were in people under the age of 40 (Source: BCU Information Team). There is

currently no way of determining whether these admissions were made by military veterans.

- Substance misuse: there were 92 referrals to BCUHB Drug and Alcohol services for North Wales patients who are military veterans between 1 April 2015 and 31 March 2016 (Source: BCU Drug & Alcohol Service) although this may well be an underestimate.
- As part of the planning for HMP Berwyn, the initial health needs assessment identified 3-4% of the population as likely to be veterans- so likely to be 60-70 men.

Many third sector organisations provide valuable support for the armed forces community in North Wales. These include the Royal British Legion (RBL), Soldiers, Sailors, Airmen and Families Association (SSAFA), Combat Stress, Change Step, Homes for Veterans, Poppy Factory, SoldiersCharity.org, Blesma and Blind Veterans. It recommended that a quality standard be considered to offer assurance to veterans, their families and public sector bodies that the organisation they are dealing with are of a high quality with good governance arrangements.

Big White Wall (BWW) is a social purpose private limited company available free to all UK serving personnel, veterans and their families. It provides an anonymous digital service that supports people experiencing common mental health problems, such as depression and anxiety. In some areas, BWW also offers live therapy involving one-to-one online therapy with experienced counsellors and therapists via webcam, audio or instant messaging.

The North Wales Armed Forces Forum (NWAFF) was established in 2012 to support veterans, serving military personnel and their families in the region. The Forum brings together representatives from Betsi Cadwaladr University Health Board (BCUHB), Public Health Wales, North Wales LAs, Armed Forces, North Wales Police, Welsh Government, education, employment and third sector (voluntary) organisations. The forum also actively supports the North Wales local council community covenants.

10.5 Conclusion and recommendations

Information and research

There is a need to improve the following.

- Demographic and health and wellbeing information that is available on veterans, including their use of the Welsh language, lifestyle issues (other than alcohol) and their interaction with domestic abuse services.
- The capture of information on veterans' use of services across North Wales.

- Information available to veterans on what services are available, through signposting by staff, development of a one-stop website for veterans or SPOA/hub and use of social media to publicise services.

The recommendations are:

- NWAFF should lend support to the RBL's "Count Them In" campaign
- NWAFF should consider commissioning Welsh language profile of veterans in North Wales
- All service providers should improve their identification of veterans and data on their use of services (especially NHS primary and secondary care and LA services)
- NWAFF should consider the development of a "veterans data dashboard" which pulls data together on veterans
- All service providers should improve the information provided to veterans on the services available to them through better signposting to services, better publicity through use of social media and supporting the development of the new MoD "Veterans Gateway" website
- NWAFF should consider commissioning research in areas such as the lifestyle behaviour of veterans and the interaction of veterans with domestic abuse issues

Service planning

Veterans should be considered as a priority group within regular planning mechanisms. The recommendations are as follows.

- Public Services Boards (PSBs) should consider the needs of veterans in the development of their Well Being Plans
- Local councils should consider the needs of veterans, as a vulnerable group, in their corporate planning and corporate priority setting
- BCUHB should consider the needs of veterans in the development of its Annual Operating Plan and Integrated Medium Term Plan
- BCUHB, as part of the development of its Mental Health Strategy, should consider the needs of veterans that are not able to access the service provided by Veterans NHS Wales (e.g. non-service related needs) including recognising the detrimental effect stigma may have on veteran's willingness and ability to seek help for mental health conditions. Public mental health should be developed as part of this strategy with promotion of emotional wellbeing and alternatives to hospital settings.
- Provision of health improvement services by LAs to veterans should be reviewed and strengthened where necessary
- All service providers should support the development of Health and Wellbeing Services for veterans at HMP Berwyn

Service provision

Services have a responsibility to meet the commitments set out by the Armed Forces Covenant. The recommendations are as follows.

- All service providers should be aware of their commitments and responsibilities under the Armed Forces Covenant which include priority access to NHS treatment for conditions related to a veteran's time in the services and priority access to social housing.
- All service providers should provide a coherent approach to delivering effective services and support, to achieve the outcomes required for veterans and address unmet needs. Priority groups should include the oldest and most infirm who have clear support needs (physical and emotional) to live independently and avoid social isolation; those aged 16-54 with health problems relating to their military service, and the youngest and most recently discharged from military service.
- All service providers should collaborate to develop model care pathways for veterans premised on early identification, early intervention and evidence based responses to need with clear sub-division of roles.
- All services providers should recognise and understand the challenges posed by the armed forces culture. It is important that all staff are appropriately trained and also ensure that they ask their clients whether they have served in the Armed Forces. An accreditation system for staff, appointment of more veterans champions and a scheme for "veteran friendly" services should all be considered.
- All service providers should take every opportunity to signpost veterans to support. Specific front-line locations might include Emergency Departments, police custody suites and local council SPOAs/Housing Access Teams.
- Due to the many third sector veteran related organisations being established, it is recommended that a quality standard be considered to offer assurance to veterans, their families and public sector bodies that the organisation they are dealing with are of a high quality with good governance arrangements.
- Primary Care contractors should prioritise registration of veterans. GPs should request the whole medical record from DMS to give a complete picture of a veteran's medical history. The joint RCGP, RBL and Combat Stress publication should be promoted amongst all local health providers
- All services providers should prioritise mental health support to veterans, including support for alcohol problems. This should include better signposting to the current support available through Veterans NHS Wales, BCUHB mental health services and the Third Sector. Veterans' needs

should be specifically considered by the North Wales Suicide Prevention Group.

- Local councils should review their provision of health improvement services to veterans and strengthen where necessary.
- Local councils and BCUHB should consider how they can support veterans on their pathway to employment within the volunteering opportunities they are developing within their organisations.
- All service providers should specifically consider the needs of veteran carers and address unmet needs where identified.

Equalities issues to consider

This report recognises that, although being a veteran is not formally acknowledged as a protective characteristic, those who have served in the armed forces can be disproportionately impacted as a result of their time spent in the military services. For example, working-age veterans are more likely than the general population to report a long-term illness that limits their activities; they are less likely to be in work after leaving the armed forces; and less likely to find suitable housing. All these factors can result in social isolation and poor mental health. Where there is available data, this report describes the age distribution, gender profile, ethnicity and Welsh language skills of veterans. Service planning should consider the needs of veterans and service providers should be aware of their commitments and responsibilities under the military covenant. There may be further issues affecting veterans with protected characteristics, which have not been identified in this chapter. These issues could be identified in the future, if service providers improve their identification of veterans and recording of data on their use of services.

Appendix 1: Overview of Legislation /national and local strategic context for veterans

The Nation's Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans

In 2008, the UK Government Command Paper set out to end the disadvantages faced by members of HM Armed Forces and veterans and to secure better support and recognition for those wounded while serving their country (MoD, 2008). The Command paper has two overarching principles:

- The Armed Forces Community should not face disadvantage compared to other citizens in the provision of public or commercial services
- Special consideration is appropriate in some cases, especially for those who have given most, such as the injured or bereaved

It is also recognised that military veterans are a vulnerable group and that assessing their needs must be a priority.

Armed Forces Covenant

In response to the Command Paper, the UK Government set up the Armed Forces Covenant in 2011 (MoD, 2011). The Armed Forces Covenant summarises the measures that the UK Government is implementing, including non-devolved matters, that impact on Wales / Welsh citizens.

In terms of health and wellbeing, the covenant states: “Veterans receive their healthcare from the NHS, and should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need. Those injured in service, whether physically or mentally, should be cared for in a way which reflects the Nation’s moral obligation to them, while respecting individual wishes. For those with concerns about their mental health, where symptoms may not present for some time after leaving Service, they should be able to access services with health professionals who have an understanding of Armed Forces culture” (MoD, 2011).

Fighting Fit: a mental health plan for servicemen and veterans

In 2010, the MoD published a review by Andrew Murrison MP (Murrison, 2010). This set out a mental health plan for service personnel and veterans within the context of the Armed Forces Covenant. The Plan included a number of recommendations, but highlighted four key areas for action:

- Incorporation of a structured mental health systems enquiry into existing medical examinations performed while serving

- An uplift in the number of mental health professionals conducting veterans outreach work from Mental Health Trusts in partnership with a leading mental health charity
- A Veterans Information Service (VIS) to be deployed 12 months after a person leaves the Armed Forces
- Trial of an online early intervention service for serving personnel and veterans

Army 2020

The 2010 “Strategic Defence and Security Review” (HM Government, 2010) described the UK’s defence needs to meet the security challenges of an uncertain future. Army 2020 is a concept for transforming the British Army for the 2020s and beyond. By 2020, the British Army will be mainly UK based, with increasing consolidation around seven centres. This will significantly reduce the need for moves, ending the culture of routine rotation around the country. The aim of this is to give Army personnel and their families greater certainty over where they live and work.

Future Reserves 2020

When the UK Prime Minister announced the outcome of the “Strategic Defence and Security Review” (HM Government, 2010), he also commissioned a separate review of the Reserve Forces. This review recommended that the Reserve element should be integrated within the Army structure and also incorporate more clearly defined roles in order to improve the resilience, utility and sustainability of the UK Armed Forces.

Armed Forces Redundancy Programme

The Armed Forces Redundancy Scheme was also outlined in the “Strategic Defence and Security review” (HM Government, 2010). Approximately 30,000 personnel are due to leave the Service through a combination of natural wastage, redundancy and reduced intake. The bulk of the reduction will be in the Army, which is due to reduce its numbers by almost 20,000 to 82,000 by 2020.

The Armed Forces in Wales

HM Armed Forces in Wales is not devolved and remains under the control of the MoD (Middle, 2015). Headquarters of the 160th Infantry Brigade and Headquarters Wales is located in Brecon and has responsibility for the many units and facilities around the country.

Headquarters 160th Infantry Brigade and Headquarters Wales also have overall responsibility for Tri-Service civil engagement within Wales (Middle, 2015). This function is supported by representatives within the military units in Wales who have individuals responsible for civil engagement within their respective areas of responsibility. To enable this, military units throughout Wales have been assigned as

single points of contact for engagement with the relevant Local Authority (LA) in order to deliver the Covenant principles at a local level.

North Wales Armed Forces Forum

The North Wales Armed Forces Forum (NWAFF) was established in 2012 to support veterans, serving military personnel and their families in the region. The Forum brings together representatives from Betsi Cadwaladr University Health Board (BCUHB), Public Health Wales, North Wales LAs, Armed Forces, North Wales Police, Welsh Government, education, employment and Third Sector (voluntary) organisations. The Forum in North Wales agreed as part of its terms of reference that it would work across counties and organisational boundaries to:

- Ensure that the needs of the Armed Forces community are identified, kept under review and are reflected fully in local plans for service provision and development
- Develop and maintain a local directory of services that will assist members of the Armed Forces community and service organisations and charities to help individuals in accessing appropriate support in a timely and effective manner
- Share information about services and issues which may impact on veterans and their families in North Wales
- Share innovation and best practice across all stakeholders
- Monitor and review the effectiveness of the priority treatment arrangements within the Health Board services
- Provide a strategic focus for the six County Forums in North Wales.

The Forum also actively supports the North Wales LA Community Covenants. All six LAs in North Wales have signed an Armed Forces Community Covenant, pledging to support “in service” and “ex-service” personnel and their families in four key areas: education; skills and employment; housing; health and well-being.

Armed Forces Community Covenant Grant Scheme

This scheme has been set up to fund local projects which strengthen the ties or the mutual understanding between members of the Armed Forces community and the wider community (MoD, 2012).

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11 Homelessness

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11.1 About this chapter

This chapter includes the population needs assessment for homeless people. Information about housing needs for each population group is included in the relevant chapter of the population assessment. More information about the health needs of people experiencing homelessness is available in the needs assessment prepared by Public Health Wales (2016).

What is meant by the term homelessness

The legal definition for homelessness' has been set within section 55 of the Housing (Wales) Act 2014 as a person who:

'has no accommodation in the UK or elsewhere which is available for his or her occupation and which that person has a legal right to occupy. A person will be homeless where he or she has accommodation but cannot secure entry to it, or where he or she has accommodation that is a moveable structure (such as a caravan or house boat) and there is no place where it can be placed in order to provide accommodation. A person who has accommodation is to be treated as homeless where it would not be reasonable for him or her to continue to occupy it.'

In its revised Code of Guidance for Allocations and Homelessness (2016) Welsh Government have also provided a broader definition and describes homelessness as:

'Where a person lacks accommodation or where their tenure is not secure'. This will include people who are:

- sleeping rough
- living in insecure/temporary housing (excluding assured/assured short-hold tenants)
- living in short term hostels, night shelters, direct access hostels
- living in bed and breakfasts
- moving frequently between relatives/friends
- squatting
- unable to remain in, or return to, housing due to poor conditions, overcrowding, affordability problems, domestic violence, harassment, mental, physical and/or sexual abuse, unsuitability for physical needs etc.
- threatened with losing their home and without suitable alternative accommodation for any reason, e.g. domestic abuse
- leaving hospitals, police custody, prisons, the armed forces and other institutions or supported housing without a home to go to, required to leave by family or friends or due to relationship

breakdown, within 56 days of the end of tenancy, facing possession proceedings or threat of eviction.'

Policy and legislation

The Housing Act (Wales) 2014 introduced a number of changes to statutory homelessness legislation which were implemented from 27 April 2015 which has led to a greater emphasis on prevention and the relief of homelessness. These have impacted on the way services are provided and recorded. The changes introduced are consistent with the challenges set out in the Well-being of Future Generations Act 2015 which focuses on improving the social, economic, environmental and cultural well-being of Wales and the seven well-being goals for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under Section (10)(1) of the Well-being of Future Generations Act, the Welsh Ministers must publish 46 national indicators ("national indicators") Indicator 34 focuses on homeless services and requires us to measure the 'Number of households successfully prevented from becoming homeless, per 10,000 households'.

11.2 What do we know about the population and services currently provided

Homelessness can arise due to a range of different reasons including family or relationship breakdown, notice from the landlord that the tenancy will not be renewed when it expires (s.21 notice), eviction due to factors such as condition of property and mortgage/rent arrears. Some people facing homeless will already be vulnerable, which may be because they are fleeing domestic abuse, are young, have issues with substance misuse, ex-offending or mental health issues. Some will have co-existing mental health and substance use problems, known as a 'dual diagnosis'. Homelessness can also increase a person's vulnerability. Although some people who seek support, for example, people with a learning disability, older people, people with a physical/sensory disability or mental health issues, may already be known to statutory agencies and may be in receipt of services others may be unknown to them.

While the statutory responsibility for homelessness lies with local authorities, preventing and tackling homelessness often requires a co-ordinated corporate approach and contributions from partner organisations such as; health, criminal justice, housing associations and third sector partners.

Interventions from agencies need to focus on how best to address the three main elements:

- a) **The prevention of homelessness:** including giving appropriate information and advice or signposting applicants to tenancy and crisis support such as: debt counselling, family mediation and housing benefit.
- b) **Identifying suitable accommodation:** including mapping housing supply and demand, securing emergency and other temporary housing and move-on arrangements for people who are or may become homeless.
- c) **Ensuring satisfactory support:** including assessment, provision of Supporting People and other support services, resettlement and outreach work to prevent homelessness where possible,

Collaboration with the NHS, criminal justice and community safety agencies and support services commissioned by Supporting People to meet the needs of people and households who are at risk of homelessness will have a significant impact on how successfully problems can be resolved and how sustainable housing solutions can be.

Table 11.1 shows that there were around 1,200 households in North Wales assessed as homeless in 2015-16.

Table 11.1 **Total households assessed as homeless (Section 73), 2015-16**

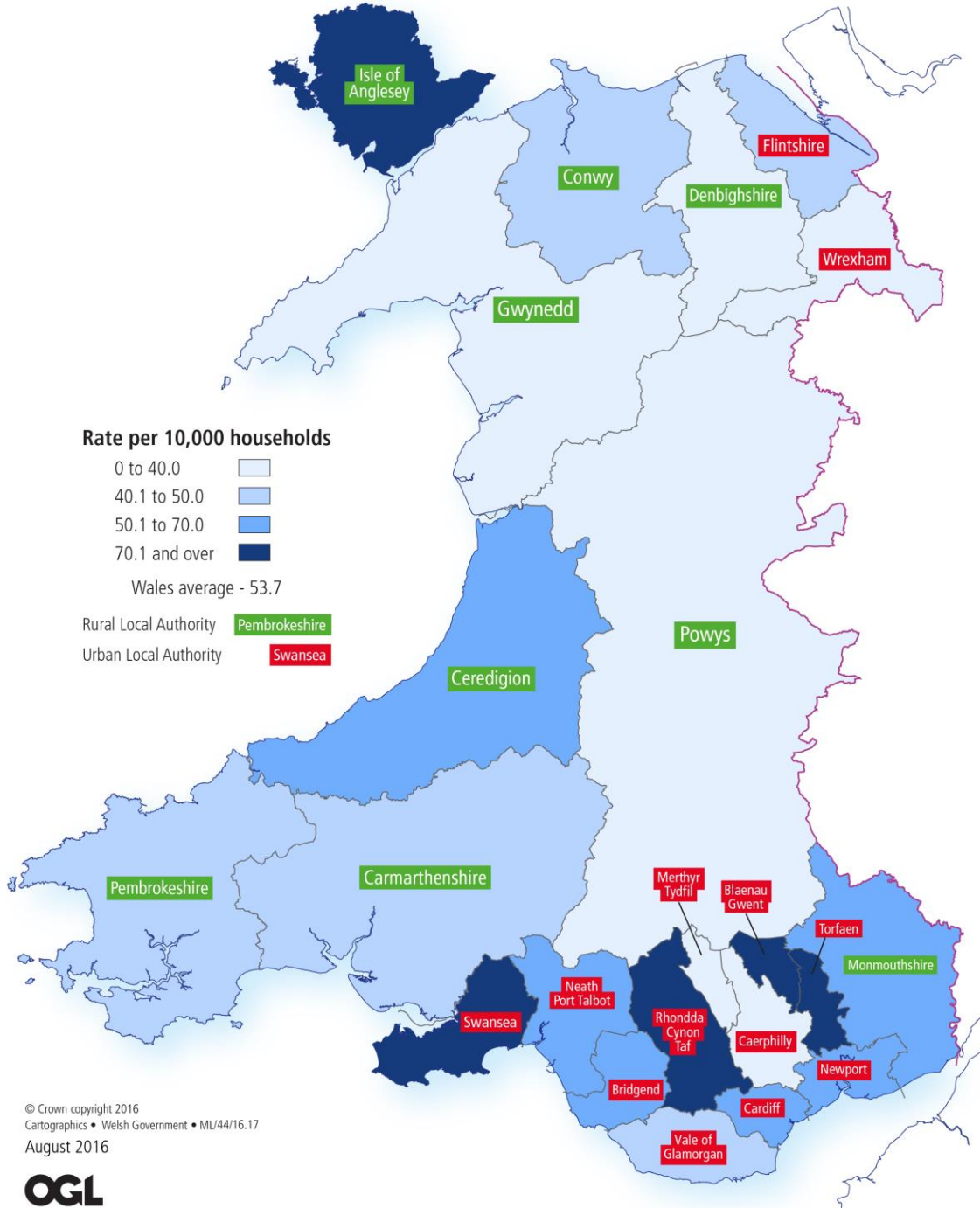
	Households with dependent children	Single person household	Other household groups	Total
Anglesey	15	78	3	96
Gwynedd	45	93	9	150
Conwy	63	228	9	300
Denbighshire	54	198	21	270
Flintshire	36	144	12	190
Wrexham	51	135	6	200
North Wales	260	880	60	1,200

Totals have been rounded and may not sum

Source: Stats Wales

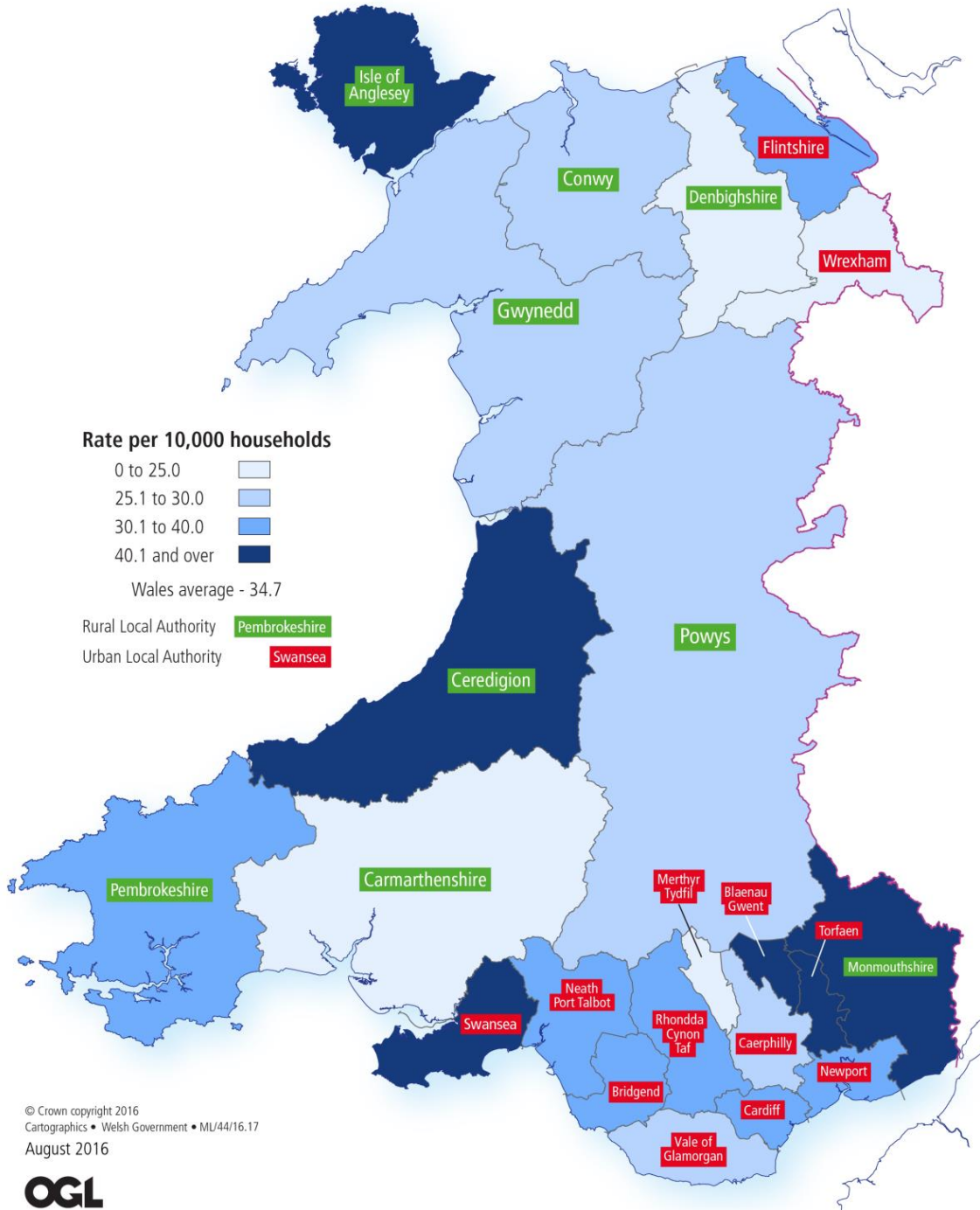
Homelessness

MAP 1: Households found to be eligible and threatened with homelessness (Section 66), 2015-16 - Rate per 10,000 households



Homelessness

MAP 2: Households successfully prevented from homelessness during 2015-16 - Rate per 10,000 households



Homelessness 2015-16

MAP 3: Number of households assessed as homeless (Section 73) -
Rate per 10,000 households

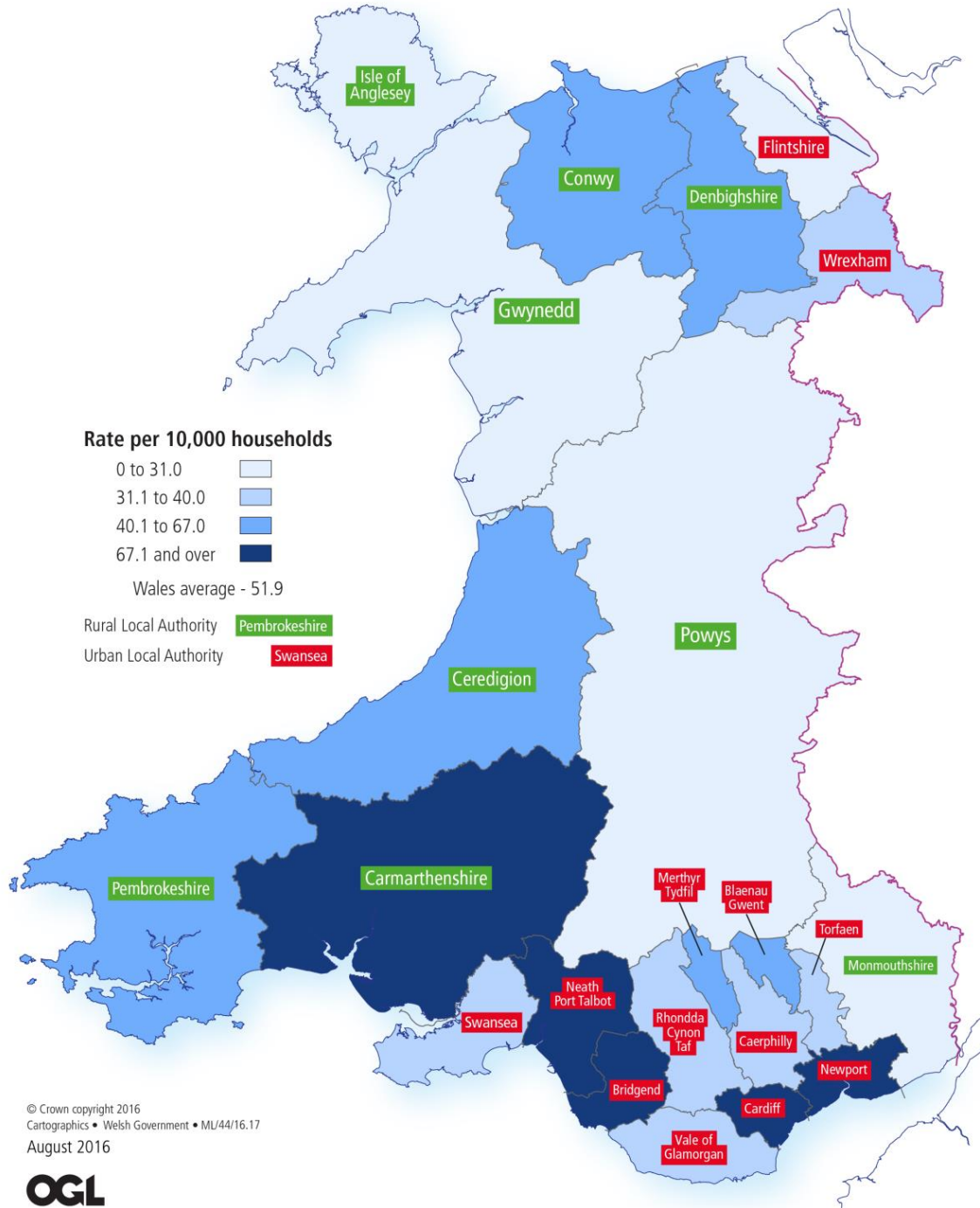


Table 11.2 Percentage of cases where positive action succeeded in preventing (Section 66) or relieving (Section 73 and Section 75) homelessness, 2015-16

	Homelessness successfully prevented % (Section 66)	Homelessness successfully relieved % (Section 73)	Positively discharged % (Section 75)
Anglesey	60	61	100
Gwynedd	85	64	94
Conwy CB	70	40	71
Denbighshire	55	29	80
Flintshire	76	54	100
Wrexham	59	53	100
Wales	65	45	80

Numbers have been rounded

Source: Statutory Homelessness data collection from local authorities

(a) Under the Housing (Wales) Act 2014.

(b) Successfully prevented refers to the number of households for whom homelessness was successfully prevented for at least 6 months as a percentage of all households assessed as being threatened with homelessness within 56 days.

(c) Successfully relieved refers to the number of households helped to secure accommodation that was likely to last for 6 months as a percentage of households assessed as being homeless under Section 73 of the Housing (Wales) Act 2014

(d) Positively discharged refers to the number of households provided with suitable accommodation that was likely to last for 6 months as a percentage of households accepted as being eligible, unintentionally homeless and in priority need and owed a duty to provide accommodation (under Section 75 of the Housing (Wales) Act 2014).

Table 11.2 above shows that Gwynedd had both the highest percentage of successful prevention outcomes (Section 66) and of successful homelessness relief outcomes (Section 73) in Wales during 2015-16 at 85 per cent and 64 per cent respectively.

The Isle of Anglesey reported the lowest number of households assessed as homeless at 96 households.

During 2015-16, 9 of the 22 local authorities recorded rates of households threatened with homelessness above the Wales average of 53.7 per 10,000 households.

For households who are assessed as being eligible for assistance, are unintentionally homeless and the Local Authority has a duty to secure accommodation for them (Section 75) the homelessness was positively discharged in 100 per cent of cases across 4 authorities, the Isle of Anglesey, Flintshire, Wrexham and Blaenau Gwent. In 10 of the 22 local authorities the percentage of positive discharge outcomes was above the Wales average of 80 per cent.

Statistical review

Statistical and empirical evidence continues to substantiate the need for more appropriate and affordable accommodation options, as well support services that can help prevent homelessness or make future tenancies sustainable and it is recognised that investment in this area can alleviate pressures and demand upon other agencies.

Typically, the age range most likely to require support from the homeless services is between 16 and 24 years of age. People aged 25 to 40 years of age are the second largest group requiring support, however homelessness can impact people of all ages and different groups within society

Despite recent progress through earlier intervention and support to try and prevent homelessness. Needs mapping indicate that support needs are outstripping supply especially in particular areas and among certain hard to reach groups such as domestic abuse, ex-offenders, young and vulnerable and single people.

There are also variations in the type of demand across the region, for example, street homelessness may be prevalent and noticeable in some communities but not in others. This presents challenges in trying to identify and respond to need which can be quite diverse in nature and can vary between neighbouring communities. Within North Wales there is also the added challenge of delivering some services over a wide geographical area which has different levels of need, where services might need to be supplied in another way, for example, through the medium of Welsh where it is difficult to secure some type of provision without having to travel vast distances.

Supporting People

A large proportion of homeless services in North Wales are delivered or supported with Supporting People funding. The 2015/16 grant allocation for Wales was £124.4 million with North Wales receiving £33.8 million, this makes Supporting People one of the biggest government revenue funds. Since 2012 North Wales has seen a reduction of over £7 million in funding. During 2016/17 the programme received a stand still budget following 3 years of cuts however there is no certainty about future funding which could impact on capacity to deliver services.

Supporting People funding and the retention of the funding has been key to support the preventative agenda by helping alleviate demand upon other statutory services, especially health and social services. The Supporting People Programme Grant (SPPG) Guidance (Wales) 2013 estimates that for each £1 spent on Supporting People £2.38 is saved to the public purse. During 2015/16 the Supporting People Programme supported and helped around 21,000 people

in North Wales find and retain safe suitable accommodation and to remain independently.

Further reductions to the fund could have a domino effect on statutory services and it is vital to ensure effective early intervention to prevent problems escalating to mainstream services and ending up on social services, health or the criminal justice system doorstep.

Table 11.3 **Supporting People grant funding 2012 to 2017 (£)**

	2012-13	2013-14	2014-15	2015-16	2016-17
Anglesey	7,900,000	7,600,000	7,200,000	6,500,000	6,500,000
Gwynedd	6,700,000	6,400,000	6,100,000	5,500,000	5,500,000
Conwy CB	7,100,000	6,800,000	6,500,000	5,800,000	5,800,000
Denbighshire	3,200,000	3,100,000	2,900,000	2,600,000	2,600,000
Flintshire	6,200,000	5,900,000	5,600,000	5,000,000	5,000,000
Wrexham	6,100,000	5,800,000	5,500,000	5,000,000	5,000,000
Wales	37,000,000	36,000,000	34,000,000	30,000,000	30,000,000

Numbers have been rounded

11.3 What are people telling us?

While early analysis of the impact of the Housing (Wales) Act 2014 show progress and demonstrate that it has been possible to prevent homelessness it is difficult to identify a pattern and reach firm conclusions based on one year of data. Research and experience confirm that some individuals and households who require support lead complex lives and some client groups continue to present real challenges for services. This requires agencies to work closely together to enhance the opportunities to secure permanent and sustainable accommodation options, and it is important that ongoing support is available alongside accommodation. Secure and settled accommodation can enhance opportunities and improve life chances however the provision of accommodation on its own, does not guarantee success.

Transitional grant funding – To facilitate the introduction of the Housing Act transitional grant funding was allocated to support the implementation of the Homelessness provision within the act. This funding has helped local authorities and partners to deliver positive benefits, however the tapering of this funding, which has been targeted at problematic areas, along with the increased amount of paperwork associated with the new legislation may present challenges and it will be difficult to mainstream some of the responses developed without additional resource allocation.

Welfare reform - The introduction of Universal Credit and associated changes to housing benefit allocations are likely to have an adverse impact upon some individuals. There is a danger that some groups within society will become more exposed to the risk of homelessness, especially single individuals under 35 years of age as revised benefit rates will be insufficient to secure appropriate accommodation options in a large number of communities.

Impact on health - Evidence shows that individuals who are homeless are more exposed to poor health and will have a higher reliance and dependency upon other statutory services. Homelessness, or lack of suitable accommodation to return to, has been identified as a contributory factor in some delayed transfer of care cases and it is also known that individuals who are homeless are likely to place higher demand upon other health services including ambulance and A+E admissions (Public Health Wales 2016).

Mental health - Individuals with mental health issues are especially vulnerable and exposed to homelessness. Securing safe secure and affordable housing solutions can be critical in promoting recovery and helping people to integrate into the settled community (Mental Health Network, 2011). Good quality accommodation options can reduce overall demand for health and social care services. Ensuring that people living with mental health problems have a suitable, settled accommodation can aid recovery and help them to engage, connect, learn, and develop the practical life skills required to live well independently with the necessary level of appropriate support. However unsuitable accommodation or lack of support service and response can exacerbate problems and contribute to an increased risk of offending, lack of employment opportunities and lack of social support needs.

New demands

The additional demands arising from the new prison in Wrexham, HMP Berwyn are discussed in chapter 9 *The Secure Estate*.

Findings from engagement with organisations

The issues identified in the survey undertaken for the population assessment were that:

- There is a need for appropriate short and long term help for individuals who find themselves homeless.
- There is a need for support amongst Black & Minority Ethnic people that currently cannot be met by support services such as BAWSO. They are aware of people who have lost their tenancies or have fallen into debt. They recommend the provision of a specialist support.
- One organisation identified a shortage of one bed accommodation across the region. This is especially important with the introduction of the spare

room subsidy and the planned reduction in Housing Benefit for tenants in social housing who are aged under 35.

- There are general concerns around the ability of under 25's to afford accommodation with the welfare reform changes.
- In response to questions about the new emphasis in the Social Services and Wellbeing (Wales) Act on support from family, friends and the local community, one organisation commented that many homeless people do not have any support from family or friends as the relationships have broken down, which is why they are homeless in the first place.

For more information about the survey please see [appendix x](#).

Engagement with people experiencing homelessness

As part of the engagement with service users for the population assessment we held a focus group with a group of homeless people and people with substance misuse issues. The feedback from the group included concern services did not understand their needs. For example doctors making assumptions or not listening, housing officers not understanding mental health issues or being 'pigeon-holed' by staff at the Job Centre, the DWP and health services. One person mentioned that travelling to interviews and to work was an issue and another person, with learning difficulties, mentioned the problem in being able to find appropriate training. Managing finances can be difficult when there are issues of substance misuse, or when there are difficulties claiming the right benefits or completing the necessary forms. Finding accommodation can be difficult, particularly if a person is from outside the area. Accessing mental health services can also be difficult. Others mentioned the challenges they face due to health problems, for example sleeping a lot and struggling with social situations due to depression.

People interviewed accessed support from the following services: Arc Communities, the Dawn Centre, Community Psychiatric Nurse, Nacro worker, Cais, Hafal and Aberconwy Mind (including an art project). Friends, family and other community members also provided some support, but there was a comment that about having 'burnt their bridges' with friends and family.

People had mixed views on the quality of support – some said more time was needed, that it felt like a fight to get support, structures change and funding gets pulled. One person said:

'Sometimes your own issues get in the way of accessing help, you don't always know that you need help until it is too late'.

Areas that people needed more help with were accommodation, accessing employment opportunities, taking prescribed medication and substance misuse planning. Referrals to Community Mental Health Teams can take up to

four weeks when sometimes it's not an issue that can wait. People said they needed someone to talk to, to feel listened to and to have continuity of staff.

A member of staff commented:

'Because of universal credit and benefit changes [rent no longer being paid direct to the landlord] there will be a lot more pressure and more people becoming homeless.'

For more information about the engagement activities please see [appendix x](#).

11.4 Conclusion and recommendations

Information relating to the first year of operation (2015-16 data) suggests that the changes introduced within the Housing (Wales) Act 2014 are having a positive effect and that the emphasis on earlier intervention and prevention are delivering better conclusions for individuals, however significant challenges remain. It is possible that some of the initial progress will be tempered if the transitional funding allocated is removed.

We must also be mindful of the impact which changes within other services, can have on homelessness, and similarly the impact which homeless people can have on other services. Welfare reform and especially changes to Housing Benefit and the introduction of Universal Credit are expected to increase demand upon some services, especially from certain groups in the community, such as young people, which will create new challenges. It is therefore paramount that we try and concentrate on identify ways of maximising value and consider how we can combining effort and resources and focus on the preventative approach to homelessness, which can help deliver positive outcomes to vulnerable people and hopefully avoid the need for more intensive and costly interventions .

Key messages

Changes to the welfare benefits – The impact of the proposed changes to the welfare benefits, especially those allocated towards housing related costs are yet to be calibrated with the system. It is projected that some individuals and groups will experience significant reductions in the funding for assistance towards housing and it will become more difficult to secure appropriate and suitable accommodation options at these reduced levels. Some of the groups most adversely impacted, correlate quite closely with groups who are currently known to be more exposed and vulnerable to homelessness. There are also concerns that the introduction of Universal Credit -which compounds all benefit payments and does not automatically allow transfer of the rent element to the landlord could lead to problems. Research from areas who have introduced universal credit are reporting higher level of arrears which could over time become problematic and impact on the sustainability of tenancies.

Regional Commissioning - While the aim will be to deliver the vast majority of homeless services as close as possible to an individual's original community and where possible within local authority boundaries, it will be necessary to plan and deliver some homelessness services regionally. Where it is not possible or cost effective to respond to needs locally we will use long-term strategic partnerships such as the Regional Collaborative Committee and local planning groups to consider housing need and priorities across local authority areas.

Out of Area Placements – Most vulnerable people seeking support tend to be non-transient, staying within their locality rather than moving from one area to another. However some movement across boundaries does occur and is sometimes necessary to support individuals and to facilitate rehabilitation. Legislation and best practice would suggest that out of county placements should be exceptional, and based upon considerations such as personal and public safety. Where such cases arise, cross border co-operation as well as the maintenance of service users existing support networks need to be discussed at the earliest possible stage.

Shared Responsibility - Housing Associations and third sector support providers who have experience of delivering services to particular vulnerable groups will have an important role in assisting the efforts of statutory organisations. There will be a continuing need to provide support services that complement the statutory sector, as we anticipate a steady increase in population up to 2020.

Gaps in service / support

- Lack of single person accommodation
- Limited hostel provision
- Shortage of specialist provision for individuals with ongoing medical conditions
- Gaps in support services

Equality and human rights

This chapter recognises that while homelessness is not in itself a protected characteristic, that many people who are homeless can be identified as having protected characteristics and as a result can be disproportionately impacted and face increased vulnerability and/or risk.

This chapter highlights data that indicates disproportionate impacts with regard to age and ethnicity. Specifically highlighting that typically, the age range most likely to require support from the homeless services is between 16 and 24 years of age. People aged 25 to 40 years of age are the second largest group requiring support. The chapter identifies that there is a need for support for Black and Minority Ethnic (BME) people with housing issues. It also discusses

the additional vulnerabilities people may have, for example, a learning disability, older people, people with a physical/sensory disability, substance misuse and/or mental health issues

There are other protected characteristic groups that may also be impacted due to homelessness. There is more information needed about the needs of Welsh language speakers, for example. The Equalities Impact Assessment reflects on further considerations and impacts. Issues affecting people with the protected characteristics not picked up by this assessment and could be addressed in future population assessment reviews, in the development of the area plan or in the services developed or changed in response to the area plan.

Services supporting homelessness must take a person-centred approach that takes into account the different needs of people with protected characteristics and this will be a continued approach during the development of future implementation plans and play a key role on the development of services.

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

Draft

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12 Autism Spectrum Disorder (ASD)

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12.1 About this chapter

This chapter includes the population needs of citizens with Autism Spectrum Disorder. There are separate chapters for learning disabilities and mental health [\[add link\]](#).

What is meant by the term Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition which typically emerges early in childhood (often, but not always, clearly evident by three years of age). The condition is life-long, however, the presentation of the core features may change as the individual develops. ASD impacts on three broad areas of functioning:

- Social understanding and reciprocal social interaction
- Communication – in particular reciprocal communication in a social context
- Difficulties relating to restricted interests, repetitive behaviour, significant sensory difficulties

ASD is a condition which presents across the ability range from those with severe/profound learning disability to those who are extremely able intellectually (such as those with a high IQ in the superior range).

Over time a number of labels have been used to describe the condition, including Autism, Childhood Autism, High Functioning Autism, and Aspergers Syndrome. As all of these conditions share the core areas of difficulty outlined above it is now current practice use the global diagnostic category of ASD. Currently there is also a debate as to whether it is a more appropriate to use the Autism Spectrum Condition (ASC), as opposed to ASD, however, the latter term is employed in current diagnostic manuals.

Safeguarding

It is known that adults with a learning disability are vulnerable to maltreatment and exploitation, which can occur in both community and residential settings (NICE, 2015), this would also include people who also have ASD. Staff have identified that there are significant safeguarding issues in relation to the use of the internet by people with ASD and a concern around radicalisation. Bullying is also an issue for people with ASD and particularly young people in mainstream schools who have Aspergers Syndrome. There may well be higher risks of Child Sexual Exploitation in people with ASD/Aspergers Syndrome.

12.2 What we know about the population

In 2011 it was thought that between 0.6% and 1% of the UK population had ASD with a male: female ratio of 4:1. Estimates of the prevalence of ASD have significantly increased over the last few decades and some studies attribute this to the broadening of the concept of ASD and increased awareness of the condition rather than a true increase in incidence, although this cannot be ruled out.

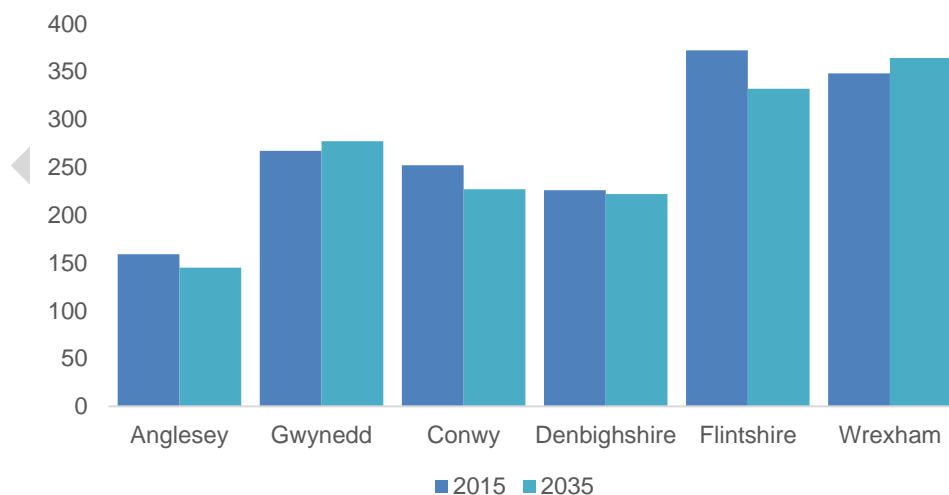
The population prevalence of ASD in 2011 showed:

- 1.1% in people age 16 to 44
- 0.9% in people age 45 to 74
- 0.8% in people age 75 and over

There is a strong suggestion of missed cases of adults with ASD; the assessment of ASD only became available in the early 1990's and has largely focussed on children.

Figures for the total number of people age 19 years over estimated to have ASD in North Wales together with future predictions are shown below. These show an increase in the predicted number of people with ASD in North Wales aged 18 plus.

Figure 5.1 Children age 0 to 17 predicted to have ASD by 2035 in North Wales



Source: Daffodil

Table 5.1 Children age 0 to 17 predicted to have ASD by 2035

	2015	2020	2025	2030	2035
Anglesey	159	163	164	155	145
Gwynedd	267	265	268	271	277
Conwy	252	254	254	242	227
Denbighshire	226	232	237	231	222
Flintshire	372	373	368	349	332
Wrexham	348	365	373	368	364
North Wales	1,624	1,652	1,664	1,616	1,567

Source: Daffodil

Figure 5.2 Total population aged 18 and over predicted to have ASD by 2035

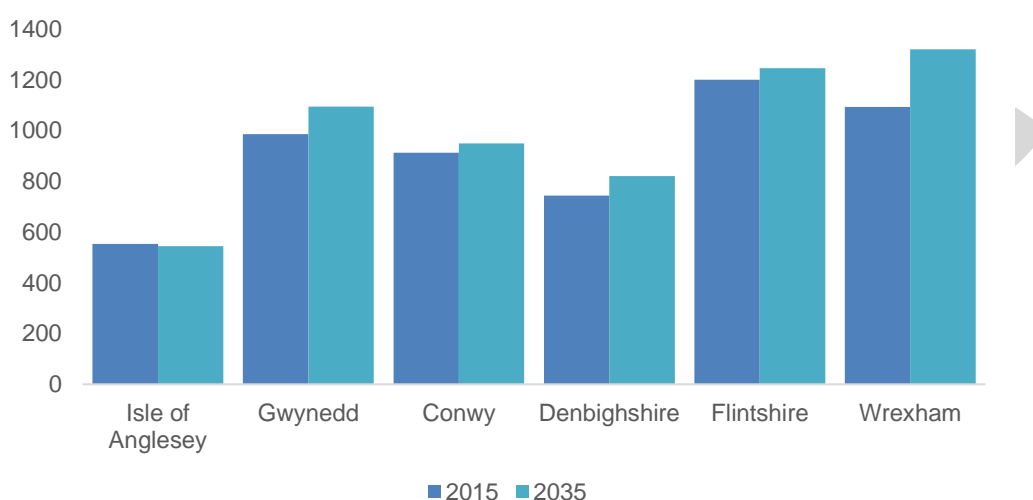


Table 5.2 Total population aged 18 and over predicted to have autistic spectrum disorders

	2015	2020	2025	2030	2035
Anglesey	553	550	547	546	544
Gwynedd	986	1,017	1,046	1,074	1,095
Conwy	913	923	932	942	950
Denbighshire	744	765	783	803	821
Flintshire	1,201	1,217	1,227	1,241	1,246
Wrexham	1,094	1,148	1,204	1,264	1,321
North Wales	5,491	5,620	5,739	5,870	5,977

Source: Daffodil

Welsh language profile

There is a variation across North Wales in the proportion of people with Welsh as their preferred language. This means that there are varying needs across North Wales for Welsh speaking support staff and to support the language and cultural needs of Welsh speakers with ASD. The need tends to be met better in areas where there are greater numbers of Welsh speakers, such as Gwynedd than in areas such as Denbighshire and Flintshire where recruiting

Welsh speaking support staff has proved to be difficult (CSSIW 2016). There is more information in the Welsh language profile produced for the population assessment [\[add link\]](#).

12.3 What are people telling us?

Planning for ASD services is difficult. Traditional learning disability services are not flexible and responsive enough to meet the needs of people with ASD. The number of people being diagnosed has increased in the last 5 years however, the retirement of a dedicated doctor for ASD means that the services have not continued to develop in North Wales.

There is a high suicide rate among people with ASD and a high proportion in prison and this can be due to a mix of difficulties with the system and naivety.

Parents of children with ASD report that caring for a child with the condition is challenging due to behavioural issues. There is little support for emotional well-being for families so that they are able to continue to provide the care and have good family relationships. Parents would like the community to be more aware of autism (as it is hidden disability) and be more accepting.

Parents also cite inability to access advice in timely manner, lack of social activities leading to social isolation, lack of training, information and support to manage problems and behaviours.

Gaps in provision are a frustration for parents and adults with ASD and there is a pattern of unmet needs across all activities undertaken.

Many people with ASD, particularly those who are high functioning are often not eligible for mental health and social care services and support, but many will have often low level support needs which if not addressed could escalate into more serious mental health problems, homelessness and financial difficulties.

In relation to ongoing support and provision the most frequently reported areas of unmet need across children and adults are:

- support for emotional/behavioural issues;
- support for ASD specific issues and life skills;
- access to social and leisure opportunities within their own communities; and,
- respite support for families.

As well as lack of support it is reported that ASD aware education provision is frequently an issue for children with ASD and a lack of support for employment is an unmet need for adults.

The national work in 2015 reported that across all areas of need and all ages, there are three emerging themes.

- Staff within many generic and community services lack the skills and knowledge to support individuals with ASD.
- Eligibility criteria for tier 2 and 3 services mean that individuals with higher functioning ASD (and their carers) fall into gaps between mental health and learning disability services and so cannot access emotional, behavioural, low level mental health and life skills support.
- Existing generic community support and services need to be adapted in order to be suitable for many individuals with ASD due to their specific needs.

12.4 Review of services currently provided

Services and support for children with ASD appear to differ across counties and are provided from different organisations depending on the age of the children. For example, in Gwynedd children are currently assessed by Derwen integrated team for disabled children who are under 5 but by CAMHS if they are over 5. If these children also have a learning disability they would be attending Derwen.

In April 2008, the Welsh Assembly Government issued an Autistic Spectrum Disorder (ASD) Strategic Action Plan for Wales. The aim of the plan was to set out how to meet the needs of individuals with ASD, their families and carers and each local council was required to develop their own local plan.

The majority of support available for people with ASD is provided by third sector organisations. There are national organisations that provide a service in North Wales such as Autism Initiatives and also more local support groups such as Gwynedd and Anglesey Asperger/Autism Support Group. The National Autistic society also provide a domiciliary care service.

Nationally, the ASD Strategic Action Plan for Wales was refreshed and in 2015 an interim delivery plan was published to enable further development work to be undertaken to inform policy development. The plan contained a commitment to undertake a scoping exercise examining existing provision to address the gap in services in Wales. Unmet need was also examined as part of the evaluation of the ASD Strategic Acton Plan. Further evidence was gathered through stakeholder consultation during 2015 and highlighted gaps in services and identified demand for low level preventative support. As a result of the most recent research Welsh Government has committed to the development of an integrated autism service, which would involve further development of adult diagnostic assessment provision and lifelong support for individuals with ASD and those who support them. This service will be funded from Welsh Government's Intermediate Care Fund. This new ASD service will

be an integrated service model and it will sit within and support existing structures.

12.5 Conclusion and recommendations

Children and people with ASD report unmet needs in respect of:

- behavioural/emotional support;
- ASD specific issues and life skills; and,
- access to social and leisure services and opportunity in the community.

Children and people with ASD may or may not also have a learning disability or mild learning disability. Children and people with ASD may have or may develop moderate mental health difficulties if support is not available to them at an early stage.

There is a national Autism service being developed, funded from Welsh Government Intermediate Care Funding, and the service will be developing in North Wales in the next year or so as part of the 3 year programme of roll-out. This service will be built on best practice and research and will be all-age.

It is also important that the support currently available in North Wales through the range of third sector organisations that operate in the area are continued and that these compliment the national service. The availability of such support services should be advertised widely so that they can be accessed by those who require the support.

There are gaps in awareness raising around ASD for the public, employers, staff and other areas of public services such as leisure centres and public transport.

Although there is a comprehensive range of information on the web, there is no way of knowing whether people are using this – raising the profile of the availability of services and support on such websites as DEWIS is required.

Training is required to improve the understanding of the effects and implications of ASD, particularly in relation to behaviour management and coping strategies and this needs to be across sectors and particularly within education services. It is also identified that the police service needs to be trained to identify if a person has ASD. Ideally this training should be jointly developed across health and social care and includes specifically:

- managing special interests,
- the transition into adulthood,
- housing and community living,

- employment and training,
- post diagnosis support for partners and family members,
- social isolation, developing social skills and maintaining relationships,
- keeping safe/anti-victimisation interventions,
- autism in females,
- men and autism,
- keeping well and healthy and managing anxiety,
- challenging behaviour and anger management.

Finally, there is a new neurological developmental pathway which will be a service available for children and young people who do not fit into CALDS/CAMHS pathways for diagnosis and support established early in 2017 in Conwy/Denbighshire – if this is successful it should be available across North Wales.

Draft

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Denbighshire County Council (2016) *Draft Adults with Autism Spectrum Disorder in Denbighshire Commissioning Strategy 2016 - 2020*

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Draft

ISLE OF ANGLESEY COUNTY COUNCIL	
MEETING:	COUNTY COUNCIL
DATE:	28.02.2017
TITLE OF REPORT:	Pay Policy Statement 2017
REPORT BY:	Head of Profession - HR
PURPOSE OF REPORT:	To ensure that the Authority satisfies its statutory obligations under the Localism Act 2011 to have a published Pay Policy by 31.3.17

INTRODUCTION

Under Section 112 of the Local Government Act 1972 the Council has the “power to appoint officers on such reasonable terms and conditions as the authority thinks fit”. The Localism Act of 2011, Section 38, requires English and Welsh local authorities to produce and publish a pay policy statement for each financial year.

SCOPE OF THE POLICY

The Localism Act 2011 requires authorities to develop and make public their pay policy on all aspects of Chief Officer Remuneration. In the interest of transparency and accountability the Council has chosen to take a broader approach and produce a policy statement covering all employee groups, with the exception of school teachers as their remuneration is not within local authority control. Welsh Government guidelines have been incorporated into the statement.

RECOMMENDATION

It is recommended that the Council endorse the Pay Policy Statement attached to this report as its Pay Policy Statement for 2017/18.

Appendix 1 Pay Policy Statement

ISLE OF ANGLESEY COUNTY COUNCIL

PAY POLICY STATEMENT

FEBRUARY 2017

1. Introduction and Purpose

Under section 112 of the Local Government Act 1972, the Council has the “power to appoint officers on such reasonable terms and conditions as the authority thinks fit”. This Pay Policy Statement (the ‘statement’) sets out the Council’s approach to pay policy in accordance with the requirements of Section 38 of the Localism Act 2011, requiring English and Welsh local authorities to produce and publish a pay policy statement for each financial year. The purpose of the statement is to provide transparency with regard to the Council’s approach to setting the pay of its employees (excluding those teaching in local authority schools) by identifying;

- the methods by which salaries of employees are determined;
- the level and elements of remuneration of its chief officers as defined by the relevant legislation;
- the level of remuneration of its lowest paid employees;

Local authorities are large complex organisations with multi-million pound budgets. They have a very wide range of functions and provide and/or commission a wide range of essential services. The general approach to remuneration levels may therefore differ from one group of employees to another to reflect specific circumstances at a local, Welsh or UK national level. It also needs to be flexible when required to address a variety of changing circumstances and aligned to business objectives.

2. Legislative Framework

In determining the pay and remuneration of its employees, the Council will comply with all relevant employment legislation. This includes (but not exhaustively) the Equality Act 2010, Part Time Employment (Prevention of Less Favourable Treatment) Regulations 2000, The Agency Workers Regulations 2010 and where relevant, the Transfer of Undertakings (Protection of Employment) Regulations 2006.

3. Scope of the Pay Policy Statement

The Localism Act 2011 requires authorities to develop and make public their pay policy on all aspects of Chief Officer Remuneration (including on ceasing to hold office), and that pertaining to the ‘lowest paid’ in the authority, explaining their policy on the relationship between remuneration for Chief Officers and other groups. However, in the interests of transparency and accountability the Council has chosen to take a broader approach and produce a policy statement covering all employee groups, with the exception of school teachers as their remuneration is not within local authority control.

Nothing within the provisions of the Localism Act 2011 detracts from councils' autonomy in making decisions on pay that are appropriate to local circumstances and which deliver value for money for local tax payers. However, this policy statement will be complied with in setting remuneration levels for all groups within its scope.

4. Development of Pay and Reward Strategy

The primary aim of a reward strategy is to attract, retain and motivate suitably skilled staff so that the organisation can perform at its best. One of the biggest challenges for the Council is to maximise productivity and efficiency within current resources. Pay policy is a matter of striking a sometimes difficult balance between setting remuneration at appropriate levels to facilitate a sufficient supply of appropriately skilled individuals to fill the authority's very wide range of posts, and ensuring that the burden on the taxpayer does not become greater than can be fully and objectively justified.

In this context it does need to be recognised that at the more senior levels in particular, remuneration levels need to enable the attraction of a suitably wide pool of talent and the retention of suitably skilled and qualified individuals once in post. It should be recognised that the Council will often be seeking to recruit in competition with other good public and private sector employers.

The Council is a major employer in the area and, as such, must have regard to its role in improving the economic well-being of the people of Anglesey. The availability of good quality employment on reasonable terms and conditions and fair rates of pay has a beneficial impact on the quality of life in the community as well as on the local economy. The Council also has a role in setting a benchmark example on pay and conditions to other employers in the area for the same reasons.

In designing, developing and reviewing pay and reward strategy the Council will seek to balance these factors appropriately to maximise outcomes for the organisation and the community it serves, whilst managing costs appropriately and maintaining sufficient flexibility to meet future needs. This Pay Policy Statement will be reviewed and approved on an annual basis by the Full Council.

5. Pay Structure

The Council uses the nationally negotiated pay spine as the basis for its local grading structure. This determines the salaries of the large majority of the non-teaching workforce, together with the use of other nationally defined rates where relevant. Pay uplifts were awarded on 1 April 2016 and a further national pay award has been agreed from 1 April 2017. The Council remains committed to adherence with national pay bargaining in respect of the national pay spine and any annual cost of living increases negotiated in the pay spine. The Council is committed to fairly determining pay in accordance with equal pay legislation and the local government 'single status' agreement 1997 and, from 1 December 2015, has implemented a new Single Status pay and grading structure.

Once a post has been evaluated, the score will determine into which pay grade or band the post will be assimilated. New appointments will normally be made at the minimum of the relevant grade, although this can be varied where necessary to secure the best candidate.

All other pay related allowances are the subject of either nationally or locally negotiated rates, having been determined from time to time in accordance with collective bargaining machinery and/or as determined by Council Policy.

The Council does not generally utilise the practice of applying market supplements to take account of the external pay market in the attraction and retention of employees with particular experience, skills and capacity. However, a Market Supplement Policy exists and, in implementing this, the Council will ensure that any application for market supplements will be objectively justified by reference to clear and transparent evidence of successive failure to recruit to a particular post and evidence of relevant market comparators, using appropriate data sources available from within and outside the local government sector. The Council can also apply temporary honoraria to individuals who, for various reasons, are acting up to a higher level of responsibility.

Progression through the incremental scale of the relevant grade is subject to satisfactory performance, which is assessed on an annual basis.

6. Other Benefits

Subject to qualifying conditions, employees have a right to join the Local Government Pension Scheme. The employee contribution rates, which are defined by statute, currently vary between 5.8% - 11.4% of salary, dependent upon defined pay bands relating to whole-time equivalent salary. The Employer contribution rates are set by Actuaries advising the Gwynedd Pension Fund and reviewed on a triennial basis in order to ensure the scheme is appropriately funded. The current rate is 22.5%.

The Council has a range of other terms and conditions applicable to its employees, based largely upon National Joint Council terms and conditions, supplemented by locally negotiated conditions and policies. Certain of these terms and conditions result in monetary payments, including car loans, payment of professional fees and honoraria payments for undertaking additional responsibilities. For relevant 'additions to salary of Chief Officers', see paragraph 10 below. Staff terms and conditions are reviewed on a regular basis in consultation and negotiation with our recognised trade unions.

7. Senior Management Remuneration

For the purposes of this statement, senior management means 'chief officers' as defined within S43 of the Localism Act. The following posts are identified as falling within the statutory definition of 'senior management' in the context of this statement. Their basic salary as at 1st April 2017, following implementation of the most recent pay award, will be as follows;

a) Chief Executive

The current salary for the post is £113,333 per annum, following consultation with the IRP, and is not incremental. The postholder will also receive additional fees for Returning Officer duties. This salary is inclusive of the requirements for this officer to act as the Authority's Head of Paid Service

- b) 2 x Assistant Chief Executive
The current salary for both posts is £86,708 per annum, and is not incremental.
- c) Head of Function (Resources)
The current salary for the post is £82,911 per annum, and is not incremental. This salary is inclusive of the requirement for this officer to act as the Authority's Statutory Section 151 Officer.
- d) Head of Function (Council Business)
The current salary for the post is £75,336 per annum, and is not incremental. This salary is inclusive of the requirement for this officer to act as the Authority's Monitoring Officer.

Remuneration arrangements include:

- Three salary levels for roles within the Senior Leadership Group below Chief Executive, based on clearly identifiable significant differences in overall job size;
- Spot salaries replacing incremental salary ranges;
- Salary levels positioned around a modestly competitive position for North Wales;
- No additional special allowances or increments.

The Local Government (Democracy) (Wales) Act 2013 gives the Independent Remuneration Panel for Wales ("the IRP") powers to make recommendations in relation to the salary of the Head of Paid Service, or any proposed changes to the salary of the Head of Paid Service. The Authority will have regard to any recommendation received from the IRP when deciding on any changes to the salary of its Chief Executive.

8. Recruitment of Chief Officers

The Council's policy and procedures with regard to recruitment of Chief Officers is set out within the Officer Employment Procedure Rules as set out in Part 4.10 of the Constitution. When recruiting to all posts the Council will take full and proper account of its own Equal Opportunities, Recruitment and Selection, and Redeployment Policies. The determination of the remuneration to be offered to any newly appointed Chief Officer will be in accordance with the pay structure and relevant policies in place at the time of recruitment.

Where the Council is unable to recruit Chief Officers under a contract of service, or there is a need for interim support to provide cover for a vacant substantive Chief Officer post, the Council will, where necessary, consider engaging individuals under 'contracts for service'. These will be sourced through a relevant procurement process, ensuring the council is able to demonstrate the maximum value for money benefits from competition, in securing the relevant service.

In line with Welsh Government regulations, it is the Council's policy that the full Council is offered the opportunity to vote on remuneration and any restructures at senior management level, regardless of salary levels. Welsh Government regulations also specify that all posts attracting a salary of £100,000 or higher must be advertised externally if the duration of the post is expected to be for 12 months or more.

9. Pay Awards

The Council employs Chief Officers under JNC terms and conditions which are incorporated in their contracts. The JNC for Chief Officers negotiates on national (UK) annual cost of living pay increases for this group, and any award of same is determined on this basis. Chief Officers employed under JNC terms and conditions are contractually entitled to any national JNC determined pay rises and this council will therefore pay these as and when determined in accordance with current contractual requirements.

10. Additions to Salary of Chief Officers

Chief Officers are subject to the same qualifying criteria and arrangements as other employees with regard to receipt of additional monetary-based terms and conditions, including mileage payments and reimbursement of professional fees.

11. Payments on Termination

The Council's approach to statutory and discretionary payments on termination of employment of Chief Officers and all employees falling within the scope of this statement, prior to reaching normal retirement age, is set out within its policy statement in accordance with Regulations 5 and 6 of the Local Government (Early Termination of Employment) (Discretionary Compensation) Regulations 2006 and Regulations 12 and 13 of the Local Government Pension Scheme (Benefits, Membership and Contribution) Regulations 2007. The enhancements provided within the Council's policy are applied to all staff, irrespective of grade or status.

Full Council will have an opportunity to vote on all severance packages over £100,000, the total amount to include severance pay, salary paid in lieu of notice and the cost to the authority of the strain on the pension fund arising from providing early access to pension. Any other payments falling outside the provisions of contractual terms shall be subject to a formal decision made by the full Council or relevant elected members, committee or panel of elected members with delegated authority to approve such payments.

The Council does not currently have any instances of re-engagement of retired Chief Officers. If circumstances arose where this needed to be considered for business-critical reasons, any such decision would be made by the full Council or relevant elected members, committee or panel of elected members with delegated authority to approve such arrangements.

12. Lowest Paid Employees

The lowest paid persons employed under a contract of employment with the Council are employed on full time 37 hours equivalent salaries in accordance with the minimum spinal column point currently in use within the Council's grading structure. As at 1 April 2017, this point is point 10, £15,613 per annum, or £8.09 per hour compared with the National Living Wage of £7.50 per hour at 1 April 2017.

The relationship between the rate of pay for the lowest paid and chief officers is determined by the processes used for determining pay and grading structures as set out earlier in this policy statement.

The statutory guidance under the Localism Act recommends the use of pay multiples as a means of measuring the relationship between pay rates across the workforce and that of senior managers, as included within the Hutton 'Review of Fair Pay in the Public Sector' (2010). The Hutton report was asked by Government to explore the case for a fixed limit on dispersion of pay through a requirement that no public sector manager can earn more than 20 times the lowest paid person in the organisation. The report concluded that the relationship to median earnings was a more relevant measure and the Government's Code of Recommended Practice on Data Transparency recommends the publication of the ratio between highest paid salary and the median average salary of the whole of the authority's workforce.

As part of its overall and ongoing monitoring of alignment with external pay markets, both within and outside the sector, the Council will use available benchmark information as appropriate. When expressed as a multiplier of pay, the Chief Executive's salary is currently 7.25:1 greater than that of the Council's lowest earner.

13. External Contractors

The Council will utilise its procurement processes to ensure that fair pay practices are adopted by external contractors commissioned to deliver services.

14. Publication

Upon approval by the full Council, this statement will be published on the Council's Website. In addition, for posts where the full time equivalent salary is at least £60,000, the Council's Annual Statement of Accounts (<http://www.anglesey.gov.uk/council-and-democracy/council-finance-and-budgets/statement-of-accounts/statement-of-accounts-2015-2016/>) will include a note setting out the total amount of

- salary, fees or allowances paid to or receivable by the person in the current and previous year;
- any sums payable by way of expenses allowance that are chargeable to UK income tax;
- any compensation for loss of employment and any other payments connected with termination;
- any benefits received that do not fall within the above.

15. Accountability and Decision Making

Paragraph 10 of the statutory guidance states "The provisions in the Actrequire Councillors to take a greater role in determining pay, ensuring that these decisions (no definition) are taken by those who are directly accountable to local people".

In accordance with the Constitution of the Council, the Pay and Grading Panel is responsible for decision making in relation to the recruitment, pay, terms and conditions and severance arrangements in relation to employees of the Council.

This Pay Policy Statement will be reviewed annually and presented annually to a meeting of the full Council either in February or March, following which it will be published on the Authority's website.

The Council has considered all current guidance in the development of this pay policy but should further amended guidance be received the Authority may decide to amend its policy with full Council approval. The revised version will be published on the website.

February 2017

ISLE OF ANGLESEY COUNTY COUNCIL	
NAME OF COMMITTEE:	COUNTY COUNCIL
DATE OF MEETING:	28 FEBRUARY 2017
TITLE:	SCHEDULE OF COUNCIL MEETINGS 2017/18
PURPOSE OF REPORT:	TO CONFIRM SCHEDULE OF MEETINGS FOR 2017/18
AUTHOR:	HEAD OF DEMOCRATIC SERVICES

1.0 Background

1.1 The attached schedule of meetings for 2017/18 has been prepared and takes into account arrangements following Council elections on 4 May, 2017. Dates for monthly informal briefing sessions for Members are also included.

2.0 Recommendation

The Council is requested to confirm the schedule of meetings for 2017/18

Huw Jones
Head of Democratic Services
15/02/17

**CALENDR
CYFARFODYDD
MAI 2017 – EBRILL 2018**

**CALENDAR OF
MEETINGS
MAY 2017 – APRIL 2018**

Nodyn: Er ein bod yn gwneud pob ymdrech i sicrhau bod y calendr uchod yn gywir, mae'n bosib yr ychwanegir dyddiadau eraill, neu y bydd cyfarfodydd yn cael eu gohirio neu eu canslo yn unol ag anghenion yr Awdurdod. Am y wybodaeth ddiweddaraf cysylltwch â'r Adran Bwyllgorau os gwelwch yn dda.

Note: That whilst every effort is made to ensure the accuracy of the above calendar, it is possible that meetings may be added, postponed or cancelled according to the needs of the Authority. For up to date information, please contact the Committee Services Section.

DYDDIADAU CYFARFODYDD AM FIS MAI 2017
DATES OF MEETINGS FOR MAY 2017

DYDDIAD DATE		
LLUN/MON	1	GŴYL Y BANC/BANK HOLIDAY
MAW/TUES	2	
MER/WED	3	
IAU/THURS	4	Etholiad y Cyngor Sir a Chynghorau Tref a Chymuned/County Council and Town and Community Election
GWE/FRI	5	
SAD/SAT	6	
SUL/SUN	7	
LLUN/MON	8	
MAW/TUES	9	
MER/WED	10	
IAU/THUR	11	<i>1.00am-3.00pm Cyfarfod briffio Aelodau/Members' briefing meeting</i>
GWE/FRI	12	
SAD/SAT	13	
SUL/SUN	14	
LLUN/MON	15	
MAW/TUES	16	
MER/WED	17	
IAU/THUR	18	
GWE/FRI	19	
SAD/SAT	20	
SUL/SUN	21	
LLUN/MON	22	
MAW/TUE	23	11:00am Cyfarfod Cyffredinol o Gyngor Sir Ynys Môn/Ordinary Meeting of the Isle of Anglesey County Council 2.00pm Cyfarfod Cyntaf Blynnyddol o Gyngor Sir Ynys Môn/First Annual Meeting of the Isle of Anglesey County Council
MER/WED	24	
IAU/THUR	25	
GWE/FRI	26	
SAD/SAT	27	
SUL/SUN	28	
LLUN/MON	29	GŴYL Y BANC/BANK HOLIDAY
MAW/TUES	30	
MER/WED	31	2:00pm Cyfarfod Blynnyddol o Gyngor Sir Ynys Môn a Ohirwyd/Adjourned Annual Meeting of the Isle of Anglesey County Council 3.30pm (tua/approx.)Ethol Cadeiryddion/Is Gadeiryddion – Election of Chairs/Vice-Chairs

**DYDDIADAU CYFARFODYDD AM FIS MEHEFIN 2017
DATES OF MEETINGS FOR JUNE 2017**

DYDDIAD DATE		
IAU/THUR	1	<i>1.00-3.00pm Cyfarfod briffio Aelodau/Members' briefing meeting</i>
GWE/FRI	2	
SAD/SAT	3	
SUL/SUN	4	
LLUN/MON	5	
MAW/TUE	6	
MER/WED	7	1.00pm Pwyllgor Cynllunio a Gorchmynion/Planning and Orders Committee
IAU/THUR	8	
GWE/FRI	9	
SAD/SAT	10	
SUL/SUN	11	
LLUN/MON	12	10.00am Pwyllgor Gwaith/Executive
MAW/TUE	13	2.00pm CYSAG/SACRE
MER/WED	14	
IAU/THUR	15	
GWE/FRI	16	10.00am Cynnal
SAD/SAT	17	
SUL/SUN	18	
LLUN/MON	19	
MAW/TUE	20	
MER/WED	21	9.30am Ymweliadau Safle/Site Visits
IAU/THUR	22	2.00pm LJCC
GWE/FRI	23	10.30am Cyd-Bwyllgor AAA/SEN Joint Committee (C'fon)
SAD/SAT	24	
SUL/SUN	25	
LLUN/MON	26	2.00pm Pwyllgor Sgriwtini Corfforaethol (Ch4)/Corporate Scrutiny Committee (Q4)
MAW/TUES	27	2.00pm Pwyllgor Sgriwtini Partneriaeth ac Adfywio/Partnership and Regeneration Scrutiny Committee
MER/WED	28	2.00pm Pwyllgor Archwilio a Llywodraethu/Audit and Governance Committee
IAU/THURS	29	2.00pm Ymddiriedolaeth Elusenol/Charitable Trust
GWE/FRI	30	

DYDDIADAU CYFARFODYDD AM FIS GORFFENNAF 2017
DATES OF MEETINGS FOR JULY 2017

DYDDIAD DATE		
SAD/SAT	1	
SUL/SUN	2	
LLUN/MON	3	
MAW/TUE	4	
MER/WED	5	1.00pm Pwyllgor Cynllunio a Gorchmynion/Planning and Orders Committee
IAU/THUR	6	1.00-3.00pm Cyfarfod briffio Aelodau/Members' briefing meeting
GWE/FRI	7	
SAD/SAT	8	
SUL/SUN	9	
LLUN/MON	10	2.00pm Panel Rhiant Corfforaethol/Corporate Parenting Panel
MAW/TUE	11	
MER/WED	12	2.00pm Pwyllgor Grantiau Cyffredinol/General Grants Committee
IAU/THUR	13	2.00pm Pwyllgor Cyswllt y Sector Gwirfoddol/Voluntary Sector Liaison Committee
GWE/FRI	14	
SAD/SAT	15	
SUL/SUN	16	
LLUN/MON	17	10.00am Pwyllgor Gwaith/Executive
MAW/TUE	18	
MER/WED	19	9.30am Ymweliadau Safle/Site Visits
IAU/THUR	20	
GWE/FRI	21	
SAD/SAT	22	
SUL/SUN	23	
LLUN/MON	24	
MAW/TUE	25	2.00pm Pwyllgor Archwilio a Llywodraethu/Audit and Governance Committee
MER/WED	26	1.00pm Pwyllgor Cynllunio a Gorchmynion/Planning and Orders Committee
IAU/THUR	27	
GWE/FRI	28	
SAD/SAT	29	
SUL/SUN	30	
LLUN/MON	31	

DYDDIADAU CYFARFODYDD AM FIS AWST 2017
DATES OF MEETINGS FOR AUGUST 2017

DYDDIAD DATE		
MAW/TUE	1	
MER/WED	2	
IAU/THUR	3	
GWE/FRI	4	
SAD/SAT	5	
SUL/SUN	6	
LLUN/MON	7	
MAW/TUE	8	
MER/WED	9	
IAU/THUR	10	
GWE/FRI	11	
SAD/SAT	12	
SUL/SUN	13	
LLUN/MON	14	
MAW/TUE	15	
MER/WED	16	9.30am Ymweliadau Safle/Site Visits
IAU/THUR	17	
GWE/FRI	18	
SAD/SAT	19	
SUL/SUN	20	
LLUN/MON	21	
MAW/TUE	22	
MER/WED	23	
IAU / THUR	24	
GWE / FRI	25	
SAD/SAT	26	
SUL/SUN	27	
LLUN/MON	28	GŴYL Y BANC/BANK HOLIDAY
MAW/TUES	29	
MER/WED	30	
IAU/THURS	31	

**DYDDIADAU CYFARFODYDD AM MEDI 2017
DATES OF MEETINGS FOR SEPTEMBER 2017**

DYDDIAD DATE		
GWE/FRI	1	
SAD/SAT	2	
SUL/SUN	3	
LLUN/MON	4	2.00pm Pwyllgor Sgriwtini Corfforaethol (Ch1)/Corporate Scrutiny Committee (Q1)
MAW/TUES	5	2.00pm Pwyllgor Sgriwtini Partneriaeth ac Adfywio/Partnership and Regeneration Scrutiny Committee
MER/WED	6	1.00pm Pwyllgor Cynllunio a Gorchmynion/Planning and Orders Committee
IAU/THUR	7	1.00-3.00pm <i>Cyfarfod briffio Aelodau/Members' briefing meeting</i>
GWE/FRI	8	10.00am Cynnal
SAD/SAT	9	
SUL/SUN	10	
LLUN/MON	11	2.00pm Panel Rhiant Corfforaethol/Corporate Parenting Panel
MAW/TUE	12	
MER/WED	13	2.00pm Pwyllgor Safonau/Standards Committee
IAU/THUR	14	
GWE/FRI	15	
SAD/SAT	16	
SUL/SUN	17	
LLUN/MON	18	10.00am Pwyllgor Gwaith/Executive
MAW/TUES	19	10.00am Ymddiriedolaeth Elusennol/Charitable Trust
MER/WED	20	9.30am Ymweliadau Safle/Site Visits
IAU/THUR	21	2.00pm Pwyllgor Archwilio a Llywodraethu/Audit and Governance Committee
GWE/FRI	22	10.30am Cyd-Bwyllgor AAA/SEN Joint Committee (Llangefni)
SAD / SAT	23	
SUL / SUN	24	
LLUN/MON	25	
MAW/TUE	26	2.00pm Cyngor Sir/County Council
MER/WED	27	2.00pm Pwyllgor Gwasanaethau Democraidd/Democratic Services Committee
IAU/THUR	28	
GWE/FRI	29	
SAD/SAT	30	

DYDDIADAU CYFARFODYDD AM HYDREF 2017
DATES OF MEETINGS FOR OCTOBER 2017

DYDDIAD DATE		
SUL/SUN	1	
LLUN/MON	2	
MAW/TUES	3	
MER/WED	4	1.00pm Pwyllgor Cynllunio a Gorchmynion/Planning and Orders Committee
IAU/THURS	5	1.00-3.00pm <i>Cyfarfod briffio Aelodau/Members' briefing meeting</i>
GWE/FRI	6	
SAD/SAT	7	
SUL/SUN	8	
LLUN/MON	9	
MAW/TUES	10	2.00pm CYSAG/SACRE
MER/WED	11	
IAU/THUR	12	2.00pm Pwyllgor Grantiau Cyffredinol/General Grants Committee
GWE/FRI	13	
SAD/SAT	14	
SUL/SUN	15	
LLUN/MON	16	
MAW/TUE	17	2.00pm Pwyllgor Sgriwtini Corfforaethol (Cyllideb)/Corporate Scrutiny Committee (Budget)
MER/WED	18	9.30am Ymweliadau Safle/Site Visits
IAU/THUR	19	
GWE/FRI	20	
SAD/SAT	21	
SUL/SUN	22	
LLUN/MON	23	
MAW/TUE	24	
MER/WED	25	2.00pm LJCC
IAU/THURS	26	
GWE/FRI	27	
SAD/SAT	28	
SUL/SUN	29	
LLUN/MON	30	10.00am Pwyllgor Gwaith/Executive
MAW/TUES	31	

**DYDDIADAU CYFARFODYDD AM FIS TACHWEDD 2017
DATES OF MEETINGS FOR NOVEMBER 2017**

DYDDIAD DATE		
MER/WED	1	1.00pm Pwyllgor Cynllunio a Gorchmynion/Planning and Orders Committee
IAU/THURS	2	10.30am Pwyllgor Adfywio/Regeneration Committee <i>1.00-3.00pm Cyfarfod briffio Aelodau/Members' briefing meeting</i>
GWE/FRI	3	
SAD/SAT	4	
SUL/SUN	5	
LLUN/MON	6	10.00am Pwyllgor Gwaith (Cynnigion Cychwynnol Cyllideb)/Executive (Initial Budget Proposals)
MAW/TUES	7	11.30am Pwyllgor Buddsoddi a Chontractau/Investments and Contracts Committee
MER/WED	8	
IAU/THURS	9	
GWE/FRI	10	10.00am AGM Cynnal
SAD/SAT	11	
SUL/SUN	12	
LLUN/MON	13	2.00pm Pwyllgor Sgriwtini Corfforaethol (Ch2)/Corporate Scrutiny Committee (Q2)
MAW/TUE	14	2.00pm Pwyllgor Sgriwtini Partneriaeth ac Adfywio/Partnership and Regeneration Scrutiny Committee
MER/WED	15	9.30am Ymweliadau Safle/Site Visits
IAU/THUR	16	
GWE/FRI	17	
SAD/SAT	18	
SUL/SUN	19	
LLUN/MON	20	
MAW/TUE	21	
MER/WED	22	
IAU/ THUR	23	
GWE/FRI	24	
SAD/SAT	25	
SUL/MON	26	
LLUN/MON	27	10.00am Pwyllgor Gwaith/Executive
MAW/TUES	28	
MER/WED	29	
IAU/THUR	30	

DYDDIADAU CYFARFODYDD AM FIS RHAGFYR 2017
DATES OF MEETINGS FOR DECEMBER 2017

GWE/FRI	1	
SAD/SAT	2	
SUL/SUN	3	
LLUN/MON	4	
MAW/TUES	5	2.00pm Pwyllgor Archwilio a Llywodraethu/Audit and Governance Committee
MER/WED	6	1.00pm Pwyllgor Cynllunio a Gorchmynion/Planning and Orders Committee
IAU/THURS	7	1.00-3.00pm Cyfarfod briffio Aelodau/Members' briefing meeting
GWE/FRI	8	
SAD/SAT	9	
SUL/SUN	10	
LLUN/MON	11	2.00pm Panel Rhiant Corfforaethol/Corporate Parenting Panel
MAW/TUES	12	10.00am Ymddiriedolaeth Elusennol/Charitable Trust 2.00pm Cyngor Sir/County Council
MER/WED	13	2.00pm Pwyllgor Gwasanaethau Democratiadd/Democratic Services Committee
IAU/THURS	14	
GWE/FRI	15	
SAD/SAT	16	
SUL/SUN	17	
LLUN/MON	18	10.00am Pwyllgor Gwaith/Executive
MAW/TUES	19	2.00pm LJCC
MER/WED	20	9.30am Ymweliadau Safle/Site Visits
IAU/THURS	21	
GWE/FRI	22	
SAD/SAT	23	
SUL /SUN	24	
LLUN/MON	25	GŴYL Y BANC/BANK HOLIDAY
MAW/TUES	26	GŴYL Y BANC/BANK HOLIDAY
MER/WED	27	
IAU/THURS	28	
GWE/FRI	29	
SAD/SAT	30	
SUL/SUN	31	

DYDDIADAU CYFARFODYDD AM FIS IONAWR 2018
DATES OF MEETINGS FOR JANUARY 2018

DYDDIAD DATE		
LLUN/MON	1	GŴYL Y BANC/BANK HOLIDAY
MAW/TUES	2	
MER/WED	3	
IAU/THURS	4	<i>1.00-3.00pm Cyfarfod briffio Aelodau/Members' briefing meeting</i>
GWE/FRI	5	
SAD/SAT	6	
SUL/SUN	7	
LLUN/MON	8	
MAW/TUES	9	
MER/WED	10	1.00pm Pwyllgor Cynllunio a Gorchmynion/Planning and Orders Committee
IAU/THURS	11	2.00pm Pwyllgor Cyswllt y Sector Gwirfoddol/Voluntary Sector Liaison Committee
GWE/FRI	12	
SAD/SAT	13	
SUL/SUN	14	
LLUN/MON	15	
MAW/TUE	16	
MER/WED	17	9.30am Ymweliadau Safle/Site Visits
IAU/THURS	18	
GWE/FRI	19	
SAD/SAT	20	
SUL/SUN	21	
LLUN/MON	22	
MAW/TUE	23	
MER/WED	24	2.00pm Ymddiriedolaeth Elusennol/Charitable Trust
IAU/THURS	25	
GWE/FRI	26	
SAD/SAT	27	
SUL/SUN	28	
LLUN/MON	29	10.00am Pwyllgor Gwaith/Executive
MAW/TUES	30	
MER/WED	31	

DYDDIADAU CYFARFODYDD AM FIS CHWEFROR 2018
DATES OF MEETINGS FOR FEBRUARY 2018

DYDDIAD DATE		
IAU/THURS	1	<i>1.00-3.00pm Cyfarfod briffio Aelodau/Members' briefing meeting</i>
GWE/FRI	2	
SAD/SAT	3	
SUL/SUN	4	
LLUN/MON	5	2.00pm Pwyllgor Sgrwtini Corfforaethol (Cyllideb)/Corporate Scrutiny Committee (Budget)
MAW/TUES	6	2.00pm Pwyllgor Sgrwtini Partneriaeth ac Adfywio/Partnership and Regeneration Scrutiny Committee
MER/WED	7	1.00pm Pwyllgor Cynllunio a Gorchmynion/Planning and Orders Committee
IAU/THURS	8	
GWE/FR	9	
SAD/SAT	10	
SUL/SUN	11	
LLUN/MON	12	
MAW/TUES	13	2.00pm Pwyllgor Archwilio a Llywodraethu/Audit and Governance Committee
MER/WED	14	2.00pm Pwyllgor Adfywio/Regeneration Committee
IAU/THUR	15	
GWE/FRI	16	
SAD/ SAT	17	
SUL/SUN	18	
LLUN/MON	19	10.00am Pwyllgor Gwaith (Cyllideb)/Executive (Budget)
MAW/TUES	20	2.00pm CYSAG/SACRE
MER/WED	21	9.30am Ymweliadau Safle/Site Visits
IAU/THUR	22	
GWE/FRI	23	
SAD/SAT	24	
SUL/SUN	25	
LLUN/MON	26	
MAW/TUES	27	
MER/WED	28	2.00pm Cyngor Sir/County Council

DYDDIADAU CYFARFODYDD AM FIS MAWRTH 2018
DATES OF MEETINGS FOR MARCH 2018

DYDDIAD DATE		
IAU/THURS	1	1.00-3.00pm Cyfarfod briffio Aelodau/Members' briefing meeting
GWE/FRI	2	
SAD/SAT	3	
SUL/SUN	4	
LLUN/MON	5	
MAW/TUES	6	
MER/WED	7	1.00pm Pwyllgor Cynllunio a Gorchmynion/Planning and Orders Committee
IAU/THURS	8	
GWE/FRI	9	
SAD/SAT	10	
SUL/SUN	11	
LLUN/MON	12	2.00pm Pwyllgor Sgriwtini Corfforaethol (Ch3)/Corporate Scrutiny Committee (Q3)
MAW/TUES	13	
MER/WED	14	2.00pm Pwyllgor Safonau/Standards Committee
IAU/THURS	15	
GWE/FRI	16	
SAD/SAT	17	
SUL/SUN	18	
LLUN/MON	19	2.00pm Panel Rhiant Corfforaethol/Corporate Parenting Panel
MAW/TUES	20	2.00pm Pwyllgor Gwasanaethau Democraidd/Democratic Services Committee
MER/WED	21	9.30am Ymweliadau Safle/Site Visits
IAU/THURS	22	
GWE/FRI	23	
SAD/SAT	24	
SUL/SUN	25	
LLUN/MON	26	10.00am Pwyllgor Gwaith/Executive
MAW/TUES	27	2.00pm Pwyllgor Archwilio a Llywodraethu/Audit & Governance Committee
MER/WED	28	
IAU/THURS	29	2.00pm Pwyllgor Cyswllt y Sector Gwirfoddol/Voluntary Sector Liaison Committee
GWE/FRI	30	GŴYL Y BANC/BANK HOLIDAY
SAD/SAT	31	

DYDDIADAU CYFARFODYDD AM FIS APRIL 2018
DATES OF MEETINGS FOR EBRILL 2018

DYDDIAD DATE		
SUL/SUN	1	
LLUN/MON	2	GŴYL Y BANC/BANK HOLIDAY
MAW/TUES	3	
MER/WED	4	1.00pm Pwyllgor Cynllunio a Gorchmynion/Planning and Orders Committee
IAU/THURS	5	1.00-3.00pm Cyfarfod briffio Aelodau/Members' briefing meeting
GWE/FRI	6	
SAD/SAT	7	
SUL/SUN	8	
LLUN/MON	9	2.00pm Pwyllgor Sgriwtini Corfforaethol/Corporate Scrutiny Committee
MAW/TUES	10	2.00pm Pwyllgor Sgriwtini Partneriaeth ac Adfywio/Partnership and Regeneration Scrutiny Committee
MER/WED	11	
IAU/THURS	12	
GWE/FRI	13	
SAD/SAT	14	
SUL/SUN	15	
LLUN/MON	16	
MAW/TUE	17	2.00pm Ymddiriedolaeth Elusenol/Charitable Trust
MER/WED	18	9.30am Ymweliadau Safle/Site Visits
IAU/THURS	19	
GWE/FRI	20	
SAD/SAT	21	
SUL/SUN	22	
LLUN/MON	23	
MAW/TUE	24	2.00pm Pwyllgor Archwilio a Llywodraethu/Audit and Governance Committee
MER/WED	25	
IAU/THURS	26	
GWE/FRI	27	
SAD/SAT	28	
SUN/SUN	29	
LLUN/MON	30	10.00am Pwyllgor Gwaith/Executive

ISLE OF ANGLESEY COUNTY COUNCIL	
COMMITTEE:	COUNTY COUNCIL
DATE:	28 FEBRUARY 2017
TITLE OF REPORT:	MEMBER DEVELOPMENT INDUCTION PLAN – APRIL 2017 – MARCH 2018
PURPOSE OF REPORT:	TO SEEK COUNCIL APPROVAL FOR THE PROPOSED INDUCTION DEVELOPMENT PLAN FOR ELECTED MEMBERS
REPORT BY:	HEAD OF DEMOCRATIC SERVICES
LEAD OFFICER:	MIRIAM WILLIAMS, HUMAN RESOURCE DEVELOPMENT MANAGER

In conjunction with Local Authorities/Elected Members in Wales, the WLGA has developed an Induction Programme for newly Elected Members, post May 2017 and includes mandatory training/best practices. Following input received from IOACC Management Team/Officers together with Group Leaders, this programme was tailored to ensure that local needs are included.

The programme provides an outline framework for the delivery of the training. A phased approach has been taken in order to prevent overwhelming Elected Members with volume of sessions and time commitment.

The format of the training will be varied in terms of methods of delivery and will include workshops; mentoring; e-learning; one-to one etc. Where available, blended training opportunities will also be offered in order to enhance the learning process.

As far as possible, the training delivery will seek to accommodate Elected Members commitments in terms of personal caring responsibilities/other employment arrangements, therefore a mix of both day and evening sessions will be made available. Wherever possible the sessions will be arranged on Thursdays/Fridays, avoiding the first Thursday afternoon each month (in order to avoid clashes with Member briefing sessions).

The programme is intended as an “evolving” programme taking into account changing priorities e.g. the Authority/External Stakeholders etc. whilst also taking into account Member’s own personal training needs. Member Personal Development Reviews is considered to play an essential element of the development process, ensuring that additional training needs are identified and addressed on an ongoing basis.

Understanding the needs of Members so that they may be better supported in their roles through the provision of appropriate development is essential and with regular monitoring, evaluation and reviewing of the provision will ensure that it is both “fit for purpose” and of the right quality.

The Democratic Services Committee will have a key role in monitoring progress on a regular basis including further review/updating based on Members and organisational needs. In addition, reports will also be submitted to the Standards Committee, as appropriate.

RECOMMENDATION:

To adopt the enclosed Induction Training Plan as a framework for Member development following Council elections in May 2017 and authority given to the Head of Democratic Services to make any further modifications as deemed appropriate.

Miriam Williams
Human Resources Training and Development Manager
20.02.2017

IOACC Elected Member year long induction programme (based on the WLGA model), which includes mandatory training and availability of training resources 2017/18.

Wherever possible, it is intended to arrange the training on Thursday/Friday avoiding the first Thursday afternoon each month because of Member briefing sessions.

What	Audience	Delivery Method/Responsible Officer	Training materials available/needed?	When
Orientation (Council offices and Member support arrangements)	Newly Elected Members	JHJ	Information/ maps on layout of building etc. as part of introductory package produced in each authority. WLGA councillors guide to be available (hard copy).	Week 1 commencing 08/05/2017
Introduction to the Council, its role and introduction to Corporate Governance and Strategic Work programme.	All Elected Members	Chief Executive	To be developed in-house	Week 1 commencing 08/05/2017
ICT induction and equipment including Social Media awareness	All Elected Members (M)	ICT officers, individual sessions.	Session and guidance to be developed by staff locally	Week 1 commencing 08/05/2017
Introduction to service areas	All Elected Members	Senior Officers (2 x 1 hour sessions)	Basic information to be included in introductory package, who's who etc.	Week 2 commencing 15/05/2017
Code of Conduct and Ethics	All Elected Members (M)	Monitoring Officer. Ombudsman video now on YouTube, data sticks also.	Three volunteers from Lawyers in Local Government now working with WLGA to produce materials. e learning to be updated	Week 2 commencing 15/05/2017

What	Audience	Delivery Method/Responsible Officer	Training materials available/needed?	When
Constitutional matters including meeting participation	All Elected Members (M)	Monitoring Officer	In house course	Week 2 Commencing 15/05/2017
Finance including budgeting and treasury management	All Elected Members (M)	Finance Directors e- learning	In-house courses available. E learning required	Week 3 commencing 22/05/2017
Planning committee new arrangements from Planning Act	Planning Committee (M)	Planning Officer	National materials now being commissioned by WLGA through	Week 4 Commencing 29/05/2017
Planning for non-planning members - protocols	All Elected Members (M)	Planning officers/experienced member	Materials to be commissioned by Positive Planning advisory group (WG funding, planning officers involved)	Week 4 commencing 29/05/2017
Policy, services and legislative requirements updates	Relevant committees	Heads of Service	By local staff as and when necessary WG briefings?	Monthly briefing sessions commencing June
The Role of Scrutiny Committees	All Elected Members (M)	HODS/Scrutiny officers	In House Course Delivery. E-learning in development by WLGA and Scrutiny managers	Week 5 commencing 05/06/2017
Scrutiny chairing (committee and meeting management)	All Scrutiny chairs	External facilitators	Materials from external facilitators	Week 5 commencing 05/06/2017
Audit	Audit Committee (M)	Finance Officers	In House Course Delivery	Week 5 commencing 05/06/2017

What	Audience	Delivery Method/Responsible Officer	Training materials available/needed?	When
Safeguarding	All Elected Members(M)	Directors of Education/Statutory Director of Social Services workshop and E- learning	Available now on e-learning (AWA) (Employee section) workshop materials are available in each authority	Week 6 commencing 12/06/2017
Corporate Parenting	All Elected Members(M)	Statutory Director of Social Services	In-house courses delivered. SSIA councillor workbook available.	Week 6 commencing 12/06/2017
Housing Act	All Elected Members (M)	Head of Service - Housing	In-house	Week 9 commencing 03/07/2017
Social Services and Well-being (Wales) Act	All Elected Members(M)	Statutory Director of Social Services	E learning module (employee section of All Wales Academy E-Learning site) also information available via Care Council for Wales Website. In house overview session to be arranged.	Week 9 commencing 03/07/2017
Decisions for Future Generations (Wellbeing of Future Generations Act)	All Elected Members(M)	Workshop - Appropriate senior officers and experienced members. And e learning	Available now on e-learning via Care Council for Wales Website. In addition in-house sessions to be arranged SSIA councillor workbook available.	Week 9 commencing 03/07/2017
Data Management and FOI/ICO	All Elected Members(M)	Workshop and E-learning	2 modules available now on AWA employees section - Data Protection Awareness and Freedom of Information. In-house sessions also available.	Week 10 commencing 10/07/2017
Introduction to Equalities	All Elected Members(M)	Equalities Officers workshop and e- learning	Available now on AWA e- learning (Governors module) in addition in-house workshops will be arranged.	Week 11 commencing 17/07/2017

What	Audience	Delivery Method/Responsible Officer	Training materials available/needed?	When
Community Leadership and Casework	All Elected Members	Senior member with HODS; E- learning	The effective ward councillor e learning module in production for AWA.	September 2017 onwards
New Executive Development	Executive	External facilitators	Materials from external facilitators	September 2017 onwards
New Councillors New Challenges	All Elected Members	WLGA 5 regional workshops	Key behaviours for successful councillors. Digital Councillors. Managing the money. Meet the members (WG, WAO, NAFW, WLGA)	November 2017
Personal Development Reviews & Annual Reports	All Elected Members	WLGA/Senior Officers	Combination of In-house and external training	November 2017
Chairing Skills (meeting management)	All Chairs	External facilitators E learning	E learning available now on AWA	2nd 6 Months
Education Consortia	All Elected Members (M)	Consortia staff	2hr session for 5 authorities from Central South – details to be confirmed	2nd 6 months
Appointments, appeals and interview skills	Panel members (M)	Head of Profession Human Resources	In House Course Delivery	Prior to participating
Standards	Standards Committee (M)	Monitoring Officer	In House Course Delivery	Prior to first meeting being held
Licensing	Licensing Committee (M)	Licensing Officer	In House Course Delivery	Prior to first meeting being held

(M) = Mandatory

Further training in both knowledge and skills to be determined from PDRs when induction complete

WG - Welsh Government

WLGA – Welsh Local Government Association

AWA – All Wales Academy

SSIA – Social Services Improvement Agency

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ISLE OF ANGLESEY COUNTY COUNCIL	
MEETING:	COUNTY COUNCIL
DATE:	28 FEBRUARY 2017
TITLE OF REPORT:	POLITICAL BALANCE ARRANGEMENTS WITHIN THE COUNCIL
REPORT BY:	HEAD OF DEMOCRATIC SERVICES
PURPOSE OF REPORT:	TO REVIEW POLITICAL BALANCE ON COMMITTEES

1.0 Following the resignation of Councillor Derlwyn R. Hughes, as a Member of the Council there is now a requirement to review political balance arrangements on Committees. Since the vacancy has occurred within 6 months of Council elections, the seat will not be filled until May 2017.

2.0 The Local Government and Housing Act 1989 sets out the main principles governing political balance, which are:

“(a) that not all the seats on the body are allocated to the same political group;

(b) that the majority of the seats on the body is allocated to a particular political group if the number of persons belonging to that group is a majority of the Authority’s membership;

(c) subject to (a) and (b) above, the number of seats on the ordinary committees of a relevant Authority which are allocated to each political group bears the same proportion to the total of all the seats on the ordinary committees of that Authority as is borne by the number of members of that group to the membership of the Authority; and

(d) subject to paragraphs (a) to (c) above, that the number of the seats on the body which are allocated to each political group bears the same proportion to the number of all the seats on that body as is borne by the number of members of that group to the membership of the Authority.”

3.0 In terms of Group Membership the current position is as follows:-

Plaid Cymru Party of Wales	-	12
Labour	-	2
Independent Group	-	10
Revolutionist Group	-	2
Unaffiliated	-	3 (includes 1 Liberal Democrat)
Vacant seat	-	1

- 4.0 The attached Matrix sets out the entitlement of seats to each group and the seats to non-affiliated members in accordance with local convention.
- 5.0 There is currently a reduction of 4 seats overall to the Independent Group as a result of the vacancy.
- 6.0 In accordance with political management protocols, political management arrangements have been discussed with Group Leaders.
- 7.0 **Recommendations:-**
- (i) to confirm the political balance arrangements and the number of seats allocated to each of the Groups under the Local Government and Housing Act 1989, as set out in the matrix;
 - (ii) that the Leader provides details to the Head of Democratic Services in relation to the Independent Group Members serving on various Committees as a result of this review.

Huw Jones
Head of Democratic Services
14/02/17

Ionawr 2017
January 2017

Balans ar y Cyngor Sir Balance on County Council	
Plaid Cymru Party of Wales	12
Llafur Labour	2
Grwp Annibynnol Independent Group	10
Grwp Chwyldroad Revolutionist Group	2
Heb Ymaelodi* Unaffiliated*	3
Sedd Wag Vacant Seat	1
	30

PWYLLGORAU CRAFFU A THROSOLWG SCRUTINY AND OVERVIEW COMMITTEES			
Pwyllgorau Committees	Partneriaeth	Corfforaethol	Cyfanswm Craffu
	Partnership	Corporate	Total Scrutiny
Aelodaeth Membership	10	10	20
	4	4	8
	4	4	8
	0.666667	0.66667	1.33333
	1	0	1
	3.333333	3.33333	6.66667
	3	4	7
	0.666667	0.66667	1.33333
	0	1	1
	1	1	2
	1	1	2
	0.333333	0.33333	0.66667
	1	0	1
	10	10	20
	10	10	20

ALLWEDD	KEY
<i>Chwith uchaf, italic = hawl ffracsiynol damcaniaeth</i>	
<i>Top left, italic, theoretical fractional entitlement</i>	
Dde isaf, arferol = awgrym rhif llawn	
Bottom right, normal = whole number suggestion	

Pwyllgorau Committees	LLED-FARNWROL QUASI-JUDICIAL								PWYLLGORAU ERAILL Y CYNGOR OTHER COMMITTEES OF THE COUNCIL							Cyfanswm Eraill Total Others	CYFANSWM LLAWN GRAND TOTAL
	Cynllunio a Gorchmynion	Archwilio	Gwasanaethau Democratiaidd	Penodiadau	Ymchwilio	Disgyblu	Apeliadau	Trwyddedu	CYSAG	Anghenion Addysgol Arbenrig Special Educational Needs	Cynllunio ar y cyd	Tal a Graddio	Penodi Safonau	Is-Bwyllgor Indemnitiadau			
	Planning and Orders	Audit	Democratic Services	Appointments	Investigation	Disciplinary	Appeals	Licensing	SACRE	Joint Planning	Pay and Grading	Standards Appointing	Indemnities sub-Committee				
Aelodaeth Membership	11	8	10	10	3	3	10	11	6	7	7	6	3	5	100	120	
Plaid Cymru Party of Wales	4.4	3.2	4	4	1.2	1.2	4	4.4	2.4	2.8	2.8	2.4	1.2	2	40	48	
Llafur Labour	0.73333	0.53333	0.66667	0.66667	0.2	0.2	0.666667	0.733333	0.4	0.46667	0.46667	0.4	0.2	0.333333	6.666667	8	
Grwp Annibynnol Independent Group	3.66667	2.66667	3.33333	3.33333	1	1	3.333333	3.666667	2	2.33333	2.33333	2	1	1.666667	33.33333	40	
Grwp Chwyldroad Revolutionist Group	0.73333	0.53333	0.66667	0.66667	0.2	0.2	0.666667	0.733333	0.4	0.46667	0.46667	0.4	0.2	0.333333	6.666667	8	
Heb Ymaelodi Unaffiliated	1.1	0.8	1	1	0.3	0.3	1	1.1	0.6	0.7	0.7	0.6	0.3	0.5	10	12	
Sedd Wag Vacant Seat	0.36667	0.26667	0.33333	0.33333	0.1	0.1	0.333333	0.366667	0.2	0.23333	0.23333	0.2	0.1	0.166667	3.333333	4	
	11	8	10	10	3	3	10	11	6	7	7	6	3	5	100	120	
	11	8	10	10	3	3	10	11	6	7	7	6	3	5	100	120	

* Diffinir aelodau heb ymaelodi fel Aelodau nad yw'n rhan o grŵp gwleidyddol yn y Cyngor

*Unaffiliated Members are defined as those Members who are not Members of political groups represented on the Council

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ISLE OF ANGLESEY COUNTY COUNCIL	
Report to:	COUNTY COUNCIL
Date:	28.2.17
Subject:	ANGLESEY COUNTY COUNCIL WELLBEING AIMS AND OBJECTIVES – 17/18
Portfolio Holder(s):	Alwyn Rowlands
Head of Service:	Scott Rowley
Report Author: Tel: E-mail:	Gethin Morgan 752111 GethinMorgan@anglesey.gov.uk
Local Members:	Not applicable

A –Recommendation/s and reason/s
<p><u>Legislation for the Future Generations and Wellbeing Act 2016 requires the County Council to –</u></p> <p><u>(i) adopt and</u> <u>(ii) publish</u></p> <p><u>the aims and objectives for local wellbeing by 31st March 2017.</u></p> <p>Anglesey County Council is committed to the above act and strives to continuously improve the social, economic, environmental and cultural development of our island. As a Council, we will make decisions that think more regarding the longer-term, work better with our people and bring communities together by looking to prevent problems.</p> <p>We will adopt a more holistic and coordinated approach that will help us to build on and create the Anglesey we all want to live in, both now and in the future.</p> <p>To ensure that we are all working towards the same vision, the supplementary paper (Appendix 1) establishes purposeful wellbeing Aims and Objectives and shows how we</p>

will take all reasonable steps to ensure that we contribute to achieving the seven objectives of national wellbeing -

1. Prosperous
2. Resilient
3. Healthier
4. More Equal
5. Cohesive Communities
6. The Welsh Language and culture
7. Globally responsible

The Act also emphasizes the need to embed the principles of sustainable development and take into account the long-term perspective of our work of integrating mechanisms with external partners, inclusive of collaborating with others and focusing on preventive measures.

The aims and objectives in the appendix sets a basis for further development of our new Corporate Plan during 2017-18 which will also be using the draft Wellbeing assessment for the Public Service Board (Anglesey and Gwynedd). The result is that the County Council's new Corporate Plan 2017-2022 will include our wellbeing objectives over this period and that only temporary measures are addressed in this paper.

We will give further consideration to this development following the local government election in May 2017

The County Council is therefore requested to –

- a. adopt the attached Wellbeing aims and objectives and also
- b. agree to publish the aims and objectives before the end of March 2017

B – What other options did you consider and why did you reject them and/or opt for this option?

No other options were be considered, as this is part of the policy framework that sets out the need for such a document to be adopted by the full Council and published in accordance with the legislative expectations.

C – Why is this a decision for the Executive?

N/A

CH – Is this decision consistent with policy approved by the full Council?

Yes

D – Is this decision within the budget approved by the Council?
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Yes

DD – Who did you consult?	What did they say?
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1	Chief Executive / Senior Leadership Team (SLT) (mandatory)	Agree with the operational direction for 17/18 on the understanding that it will develop further as the new corporate plan is drawn up.
2	Finance / Section 151 (mandatory)	No further comments
3	Legal / Monitoring Officer (mandatory)	Agree the way forward. Comments reflected in document
4	Human Resources (HR)	
5	Property	
6	Information Communication Technology (ICT)	
7	Procurement	
8	Scrutiny	
9	Local Members	
10	Any external bodies / other/s	

E – Risks and any mitigation (if relevant)

1	Economic	
2	Anti-poverty	
3	Crime and Disorder	
4	Environmental	
5	Equalities	
6	Outcome Agreements	
7	Other	

F - Appendices:

Wellbeing Aims and Objectives Anglesey county council 2017/18

FF - Background papers (please contact the author of the Report for any further information):

ANGLESEY COUNTY COUNCIL WELL-BEING STATEMENT & OBJECTIVES

The Isle of Anglesey County Council is committed to the Well-being of Future Generations (Wales) Act and strives to continue to improve the social, economic, environmental and cultural well-being of our island. As a Council, we will think more about the long-term, work better with people, communities and each other, look to prevent problems and take a more joined-up and holistic approach to present any future issues which may arise. This will help us to build on and create an Anglesey that we all want to live in, now and in the future.

Introduction

To ensure we are all working towards the same vision, this paper puts in place a local well-being statement and objectives and demonstrates how we will be taking all reasonable steps to ensure their realisation in order to contribute to achieving the seven national well-being goals. The Act also emphasises the need to embrace the principle of sustainable development and consider long-term solutions, integrating approaches with external partners, involving and collaborating with others and focusing on preventative measures.

The following well-being statement and objectives for 2017-18 will be linked to the present and developing Corporate Plan priorities and draws on the Public Services Board's draft well-being assessment. They will be given further consideration following the Local Government election in May 2017.

Well-being Statement

- As a Council, we will continue to aspire towards an island which develops and nurtures
 - independent individuals within
 - strong families living in
 - healthy communities which are
 - thriving
 - prosperous
 - vibrant and
 - resilient.

Well-being Objectives

The Council's Well-being Objectives for 2017-18 are based on the 'draft' assessment undertaken by the Public Services Board.

1. Create sustainable communities by developing a thriving and prosperous economy that offers the opportunity for every resident, irrespective of background, to succeed.
2. Improve families' and children's long term prospects by ensuring that every child has the best start in life, are safe and healthy and that all pupils, irrespective of background or age, reach their potential.
3. Protect and enhance the natural and built environment by securing good quality modern infrastructure to suit individual and business needs alike
4. Ensure the supply of affordable, high quality housing and manage supply in order to develop resilient bilingual communities that promote the language and culture to ensure the long-term future of the Welsh language as an asset for the island.

The above well-being objectives are linked to the Council's legacy document 20205 and the developing Corporate Plan 2017-2022; this will detail the actions to be taken by Council services

in collaboration with others to achieve the above objectives. They have also been mapped to the national **seven** well-being goals and **five** ways of working.

Link with national well-being goals

Every one of our well-being objectives contributes towards one or more of the seven National well-being goals. The following outlines the relevant linkages -

Goal	How the Council’s Well-being Objectives will meet the National well-being goals?
1. Prosperous	Two objectives refer to the importance of housing, the environment, business support and education in contributing to a prosperous Anglesey.
2. Resilient	Two objectives refer to the importance of our natural environment and sustainable communities.
3. Healthier	One objective refers specifically to health, another notes the importance of the best start in life whilst another notes the importance of good quality housing.
4. More equal	One objective refers to the importance of creating the conditions for all residents to achieve their potential.
5. Cohesive communities	The statement and objectives refer to the importance of personal and community resilience where the Welsh language and bilingualism is protected and developed.
6. Welsh language / culture	Welsh language and culture is a key feature of our well-being objectives.
7. Globally responsible	The wellbeing objectives taken collectively, ensure that global responsibility and sustainability underpins the Council’s priorities and way of working.

Well-being Objectives & Link to National Goals	Prosperous	Resilient	Healthier	More equal	Cohesive	Welsh	Globally
1. Create sustainable communities by developing a thriving and prosperous economy that offers the opportunity for every resident, irrespective of background, to succeed.	X			X	X		X
2. Improve families’ and children’s long term prospects by ensuring that every child has the best start in life, are safe and healthy and that all pupils, irrespective of background, reach their potential.		X	X	X	X	X	
3. Protect and enhance the natural and built environment by securing good quality modern infrastructure	X		X	X	X		X
4. Ensure the supply of affordable, high quality housing and manage supply in order to develop resilient bilingual communities that promote the language and culture and ensure the long-term future of the Welsh language on the island.		X		X	X	X	

5 ways of working	The well-being objectives are:
Long term	Developed to address the longer term needs of its citizens and respond directly to the long term issues identified by citizens as part of the consultation.

Integrated	Relevant to all services and external partners and as such will promote integrated working internally and externally.
Involvement	Based on the information gleaned through the involvement of residents as part of the consultation process. They have also been subject to internal and external consultation.
Collaborative	Relevant to external partners and as such will promote collaborative approaches and ways of working.
Prevention	Designed to prevent problems from occurring or getting worse.

Background to the well-being objectives

Objective 1: *Create sustainable communities by developing a thriving and prosperous economy that offers the opportunity for every resident, irrespective of background, to succeed.*

Reasons for choice

Anglesey has long suffered from a fragile, peripheral and declining economy, with significant pockets of socio-economic deprivation, which has led to declining levels of GVA (53.5% of the national UK average); low levels of GVA per head (£13,162 compared to UK's £24,616); high levels of youth unemployment (17.7% of 16-24 year olds – 31/12/2015); high levels of economic inactivity (20.7% of the working age population); high levels of youth out-migration and an ageing local population and an over reliance on public sector employment opportunities.

Link to national well-being goals and ways of working.

Goals

Prosperous	X	Resilient		Healthier	
More Equal	X	Cohesive / Culture	X	Globally Responsible	X

Ways of working

Integrate	X	Prevention	X	Collaborate	X	Involve	X	Long term	X
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Activities may include -

- Attracting major developers to invest in Anglesey to facilitate the island's transformation.
- Developing a new Education Strategy and Employment, Skills and Training Programme to ensure the island's young people and adults are equipped with the skills to capitalise upon future opportunities
- Improving the island's employment sites and premises to attract and facilitate economic investment
- Improve infrastructure capacity and resilience to meet the needs of communities, businesses and visitors
- Work in partnership working with the North Wales Economic Ambition Board to deliver sustainable economic and employment growth
- Developing an anti-poverty programme.

Objective 2: *Improve families' and children's long term prospects by ensuring that every child has the best start in life, are safe and healthy and that all pupils, irrespective of background or age, reach their educational potential.*

Reasons for choice

A more prosperous economy will act as a catalyst enabling residents to enhance their economic and life ambitions. Enabling residents to achieve their full potential is inevitably a combination of numerous factors such as employment, skills and training; the availability of quality and affordable housing and having access to a high-quality natural and built environment. Enabling residents to achieve their full potential and thrive requires that the right conditions are available for them to improve their quality of life and well-being.

Link to national well-being goals and ways of working.

Goals

Prosperous		Resilient	X	Healthier	X
More Equal	X	Cohesive / Culture	X	Globally Responsible	

Ways of working

Integrate	X	Prevention	X	Collaborate	X	Involve	X	Long term	X
-----------	---	------------	---	-------------	---	---------	---	-----------	---

Activities may include -

- Continue with the school modernisation programme
- Reshape Welsh teaching in our schools to enable young people to utilise their Welsh language skills in wider society
- Ensure that young people have the necessary the skills to capitalise upon future opportunities
- Enhanced apprenticeship opportunities to provide young people and adults with appropriate skills and competencies
- Invest in information technology infrastructure to improve digital connectivity
- Bring empty homes back into use and increase the supply of affordable and good quality social housing
- Support families and parents to reduce adverse childhood experiences that can have lifelong effects
- Community Learning Centres providing extended services with childcare, parenting support, family learning and community access to facilities built around the school day

Objective 3: Protect and enhance the natural and built environment by securing good quality modern infrastructure

Reasons for choice

Anglesey has an international reputation as a result of its unique and high quality natural and built environments. It is imperative that these distinctive features are protected and enhanced when possible, as well as capitalising upon their value as socio-economic resources. The island's natural and built environments are of critical importance to the tourism sector, supporting and sustaining the local and regional economy. The need to balance the potential impacts of the proposed major projects into the future on the quality of the local environment will be challenging for developers, the County Council and other stakeholders.

Link to national well-being goals and ways of working.

Goals

Prosperous	X	Resilient		Healthier	X
More Equal	X	Cohesive / Culture	X	Globally Responsible	X

Ways of working

Integrate	X	Prevention	X	Collaborate	X	Involve	X	Long term	X
-----------	---	------------	---	-------------	---	---------	---	-----------	---

Activities may include -

- Mitigate impacts (including cumulative) of major projects on the natural and built environment.
- Tackle the causes and effects of climate change to safeguard the long-term wellbeing of the island's environment, economy and communities
- Support activities to reduce energy consumption and fuel poverty and improve energy efficiency.
- Work with others to promote environmental management and education to improve the sustainability resilience of the natural and built environment
- Capitalising on the potential of the island's coastline to deliver socio-economic benefits

- Further our lead over other nations in recycling and minimising landfill by improving our waste recycling rates
- Continue to invest in flood defence work and take further action to better manage water in our environment

Objective 4: *Ensure the supply of affordable, high quality housing and manage supply in order to develop resilient bilingual communities that promote the language and culture and ensure the long-term future of the Welsh language on the island*

Reasons for choice

Enabling communities to thrive requires that the right conditions are available for residents to improve their quality of life and well-being, with the availability of quality and affordable housing and having access to a high-quality built environment essential to meet this objective. Only two-thirds of the Island’s population can read, write or speak Welsh. The protection and development of the Welsh language is integral to the cultural identity and heritage of the island, and the clear ambition is to encourage and support more of the island’s communities and residents to use the language as part of their day to day lives.

Link to national well-being goals and ways of working.

Goals

Prosperous		Resilient	X	Healthier	
More Equal	X	Cohesive / Culture	X	Globally Responsible	

Ways of working

Integrate	X	Prevention	X	Collaborate	X	Involve	X	Long term	X
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Activities may include -

- Bring empty homes back into use and increase the supply of affordable and good quality social housing
- Provision of new housing and extra care facilities
- Implement, monitor and review the IACC’s Welsh Language Strategy and the Welsh Education Plan
- Provide appropriate support and advice to Developers to promote bilingualism.
- Supporting the development of ‘project specific’ Welsh language schemes and acclimatisation activities
- Developing appropriate measures to mitigate against any negative impacts from the major projects
- Compliance with the Welsh Language Standards to promote and facilitate the use of the Welsh language within communities

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