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| Conwy Joint Localities Board |
| Needs Assessment |
| Outcome 4 – People in Conwy are healthy and independent |

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| Jenny Hughes25/9/2014 |

Contents

[Introduction 4](#_Toc402951605)

[Headlines 5](#_Toc402951606)

[Healthy and active living 5](#_Toc402951607)

[Older people 5](#_Toc402951608)

[Disabilities and chronic conditions 5](#_Toc402951609)

[Mental health and well-being 5](#_Toc402951610)

[Access to services 6](#_Toc402951611)

[End of life care 6](#_Toc402951612)

[Carers 6](#_Toc402951613)

[Population overview 7](#_Toc402951614)

[4.2 Prevent ill heath and encourage healthy and active living 8](#_Toc402951615)

[1. Headlines 8](#_Toc402951616)

[2. Definition 8](#_Toc402951617)

[3. Drivers and key policies 8](#_Toc402951618)

[4. Main messages from research and consultation 9](#_Toc402951619)

[5. Data development agenda 23](#_Toc402951620)

[4.3 Older people are safe and independent 24](#_Toc402951621)

[1. Headlines 24](#_Toc402951622)

[2. Definition 24](#_Toc402951623)

[3. Drivers and key policies 24](#_Toc402951624)

[4. Main messages from research and consultation 25](#_Toc402951625)

[5. Data development agenda 29](#_Toc402951626)

[4.4 People with disabilities and chronic conditions, have the best quality of life possible 31](#_Toc402951627)

[1. Headlines 31](#_Toc402951628)

[2. Definition 32](#_Toc402951629)

[3. Drivers and key policies 32](#_Toc402951630)

[4. Main messages from research and consultation 33](#_Toc402951631)

[5. Data development agenda 41](#_Toc402951632)

[4.5 Improve positive emotional well-being and good mental health 42](#_Toc402951633)

[1. Headlines 42](#_Toc402951634)

[2. Definition 42](#_Toc402951635)

[3. Drivers and key policies 43](#_Toc402951636)

[4. Main messages from research and consultation 43](#_Toc402951637)

[5. Data development agenda 49](#_Toc402951638)

[4.6 Improve access to health and well-being services close to where people live 50](#_Toc402951639)

[1. Headlines 50](#_Toc402951640)

[2. Definition 50](#_Toc402951641)

[3. Drivers and key policies 50](#_Toc402951642)

[4. Main messages from research and consultation 51](#_Toc402951643)

[5. Data development agenda 54](#_Toc402951644)

[4.7 More people, who are at their final stages of life, receive care in their preferred place of care 55](#_Toc402951645)

[1. Headlines 55](#_Toc402951646)

[2. Definition 55](#_Toc402951647)

[3. Drivers and key policies 56](#_Toc402951648)

[4. Main messages from research and consultation 56](#_Toc402951649)

[5. Data development agenda 63](#_Toc402951650)

[4.8 Carers live full and active lives 64](#_Toc402951651)

[1. Headlines 64](#_Toc402951652)

[2. Definition 64](#_Toc402951653)

[3. Drivers and key policies 65](#_Toc402951654)

[4. Main messages from research and consultation 65](#_Toc402951655)

[5. Data development agenda 73](#_Toc402951656)

[Bibliography 74](#_Toc402951657)

[4.2 Prevent ill heath and encourage healthy and active living 74](#_Toc402951658)

[4.3 Older people are safe and independent 77](#_Toc402951659)

[4.4 People with disabilities and chronic conditions, have the best quality of life possible 78](#_Toc402951660)

[4.5 Improve positive emotional well-being and good mental health 80](#_Toc402951661)

[4.6 Improve access to health and well-being services close to where people live 81](#_Toc402951662)

[4.7 More people, who are at their final stages of life, receive care in their preferred place of care 83](#_Toc402951663)

[4.8 Carers live full and active lives 84](#_Toc402951664)

# Introduction

The aim of the needs assessment is to support the development of priorities for partnership working and to provide a basis for the commissioning of services.

This report will make reference to the outcomes under Outcome 4 of the One Conwy Single Integrated Plan (with the exception of 4.1; see note below[[1]](#footnote-1)):

4.1 Children have a flying start in life

4.2 Prevent ill heath and encourage healthy and active living

4.3 Older people are safe and independent

4.4 People with disabilities and chronic conditions, have the best quality of life possible

4.5 Improve positive emotional well-being and good mental health

4.6 Improve access to health and well-being services close to where people live

4.7 More people, who are at their final stages of life, receive care in their preferred place of care

4.8 Carers live full and active lives

Outcomes 4.2 – 4.8 are managed by the 7 Priority Outcome Groups that feed into the Conwy Joint Localities Board. The needs assessment has been compiled based on feedback from each Priority Outcome Group (POG) and they have been leading on their individual sections. These sections are detailed in the pages that follow and a separate Appendices document accompanies this paper

The Priority Outcome Groups and Conwy Joint Localities Board (CJLB) include representation from the Local Authority, Third Sector and Health, including members of the Locality Leadership Teams (East and West). Strong links are established between these groups and their priorities. One of the roles and responsibilities of the CJLB is to ensure developments are joined up with other Partnership aims and priorities to avoid duplication. The Board is committed to improving the health and well being of the people of Conwy by:

* Working in partnership to develop high quality, innovative and responsive services
* Encouraging exchange of good practice
* Supporting the delivery of services in the best location
* Providing information to enable individuals and communities to take responsibility for their own health and well being

*Chair, Conwy Joint Localities Board*

Members also participate and contribute to the priorities identified by the Local Service Board as set out in One Conwy and other key Partnership Plans.

# Headlines

## Healthy and active living

* According to indicators in the Welsh Health Survey, the general health of the local population appears to be good and in most cases above the Wales average
* Although, the number of smokers in Conwy is higher than the Wales average and just over two-fifths say they drink more than the recommended guidelines each week. Conwy has the highest alcohol-attributable hospital admission rate in the region.
* The number of residents overweight or obese also appears to be rising.
* Immunisation and screening rates tend to be in line with the Betsi Cadwaladr University Health Board (BCUHB) region, although rates are lower than the target figures
* A range of initiatives are happening across the County to encourage healthy eating and physical activity

## Older people

* A quarter of Conwy’s population is aged 65 or over and numbers are expected to increase significantly over the next 10 years as a result of increased life expectancy and the baby boom generation entering retirement. In 20 years those aged 65 and over are expected to account for a third of Conwy’s population.
* Dementia, Falls and Social Isolation have been identified as key priorities locally, as well as regionally and nationally.
* Independence is important for the well-being of older people and feelings of isolation and loneliness can often precede mental health problems.
* Conwy has the highest percentage of people living alone who are aged 65 or over across the North Wales region and also Wales as a whole.

## Disabilities and chronic conditions

* Incidences of treatment for high blood pressure, heart disease, respiratory illness, arthritis and diabetes are high, and approximately a third of adults may have their daily activities limited by illness or disability
* In recent years Conwy has had the highest circulatory disease mortality rate in the BCUHB region.
* According to the 2011 Census, over 13,600 people in Conwy provide unpaid care, looking after or supporting family members, friends, neighbours or others because of long-term physical or mental ill-health or disability or problems related to old age. The high proportion of elderly residents has lead to the county having one of the highest dependency ratios in Wales
* Additionally, the increased longevity of people with disabilities may lead to care crises where elderly parents have been the primary carers for their now middle aged disabled children but find themselves no longer fit enough to do so due to their own failing health

## Mental health and well-being

* According to the latest information from the Welsh Health Survey 10% of adults in Conwy report that they are currently being treated for a mental illness
* Suicide rates in Conwy are statistically higher than the Wales average. Suicide is more prevalent amongst males, accounting for over 75% of the instances of suicide in 2012 across the whole of Wales, and particularly amongst younger to middle-aged men with over half being aged 25 – 49 years.
* The Together for Mental Health Strategy was published later in 2012, becoming the first mental health strategy for Wales to cover all ages, with a central theme being to provide a seamless approach to meeting the emotional and mental health needs of the population
* A learning exchange regarding “Five Ways to Well-being” has taken place; the next step is to develop the “5 ways” concept in Conwy County

## Access to services

* The narrow coastal belt contains over 85% of the County Borough’s population, with Llandudno and Colwyn Bay as the two main settlements. The population of rural Conwy is more widely dispersed.
* Geographical access to key services forms part of the Welsh Index of Multiple Deprivation 2011, which is the official measure of deprivation in Wales. Six areas in Conwy County feature in the 10% most deprived in Wales for access to services
* The number of elderly people in the county is projected to increase significantly over the next 10 years and there will be a likely impact on the use of a range of services as needs intensify or new needs emerge.
* How resources are used to meet the needs of different groups within the local population can impact on people’s experiences regarding the access and availability of services. For instance, those living in rural or deprived areas, older people and those with chronic conditions may have more difficulty accessing services
* The Social Services and Well-being (Wales) Act 2014 contains new duties regarding the provision of information and advice including changes to eligibility criteria for access to services
* A single point of access for social services and community health care is currently being developed to transform access to key services as part of a joint project between the North Wales local authorities and BCUHB

## End of life care

* There are more deaths than births in the area every year. Just fewer than 1,500 residents of Conwy County Borough died in 2012, this was around 50 more deaths than in 2011. The majority of these people were aged 65 and over.
* The overall death rate in Conwy County Borough has fallen in the last 10 years, although the rate is still high when compared to Wales, and England & Wales averages. This is due to the older age structure of our population.
* The extension of ‘Dying Matters’ to Wales was announced at a national event in May 2014 and is part of a three-year plan for improving end of life care in the country. It aims to encourage people to talk about death and plan for the end of life wishes of family and friends.
* Although many people reaching the end of life would choose to remain at home or in the home of a family member, a significant number would choose a hospice as their preferred place of death, with this number increasing in their last few weeks or days alive.

## Carers

* According to the 2011 Census, over 13,600 people in Conwy provide unpaid care by looking after or supporting family members, friends, neighbours or others because of long-term physical or mental ill-health or disability or problems related to old age. Almost 30% of these carers (nearly 4,000 people) provide 50 or more hours of care a week.
* The number of elderly people in the county is projected to increase significantly over the next 10 years, the high proportion of elderly residents has lead to the county having one of the highest dependency ratios in Wales
* Services should be working hard to identify and recognise carers as well as offer Carers Needs Assessments. A wealth of local work is currently taking place to support carers, although more could be done regarding encouraging carers to accept the offer of an assessment.
* The Social Services and Well-Being (Wales) Act will be implemented in April 2016, the Act will repeal the majority of existing Community Care legislation as well as repeal and consolidate all existing carers’ legislation
* The greatest concentrations of people providing care are in the areas along the coast. The coastal areas of Abergele, Rhos-on-Sea, Llandudno and Deganwy are the areas where the greatest concentrations of people aged 65 and over are living.

# Population overview

* The size of the resident population in Conwy County Borough at 30 June 2012 was estimated to be 115,500 people. Between mid-2011 and mid-2012 the total number of people living in the County Borough is estimated to have increased by about 200 or 0.2%.
* Between mid-2011 and mid-2012 the change in population in Conwy County Borough was a result of:
	+ negative natural change of -350 people (1,150 births and 1,500 deaths);
	+ net migration gain of 550 people (about 5,250 people came to Conwy County Borough to live and about 4,700 people left).
* Fertility rates are rising. Death rates are falling.
* However, without migration, the population of Conwy County Borough would decrease as there are more deaths than births in the area every year.
* Over a ten year period, there is average net out-migration of about -300 in the 15-24 age group every year.
* There is average net in-migration of about +400 in the 50-64 age group every year.
* The median age of Conwy County Borough’s population is 47 years (Wales = 41; England and Wales = 38). The median age has increased from 44 to 47 years over the last decade.
* Conwy County Borough’s 25.2% of the population aged 65 and over compares to 19.1% in Wales as a whole and 17% across England and Wales.
* By 2032 it is predicted that Conwy County Borough will have a population of 116,300 – an increase of 800 (0.7%) from 2012 mid-year estimate levels.
	+ net increases in the population total will come from in-migration, as natural change alone (births and deaths) would lead to a fall in total.
	+ population growth will be in the 65+ age group. The number of people of working age and the population aged under 18 will decline.
* Population density is low, at 1.0 persons per hectare across the County Borough as a whole, but rises to over 20 persons per hectare in some urban areas on the coast.
* The greatest concentrations of people aged 65 and over are in the coastal settlements of Abergele, Rhos on Sea, Llandudno (Craig-y-Don and Penrhyn wards) and Deganwy. Llandrillo yn Rhos electoral division has the highest proportion of people aged over 65 in its population (35.9%).
* By far the youngest age profile in the County Borough is to be found in the Llysfaen electoral division / community council area, with only 11.3% of the population aged 65+, and 25% aged under 16.
* Conwy County Borough’s 3.8% of the population aged 85 and over (approximately 4,400 people) compares to 2.5% in Wales as a whole and 2.3% across England and Wales
* Males: females ratio for Conwy County Borough is 100:107. The Wales ratio is 100:104 (England & Wales ratio is 100:103)

Source: CCBC Corporate Research and Information Unit, Population Profile, August 2013.

# 4.2 Prevent ill heath and encourage healthy and active living

## Headlines

Population trends suggest that the aims of preventing ill health and encouraging healthy and active lifestyles will become increasingly challenging based on the changing structure and dynamics of the population.

Compared to other unitary authorities in Wales, the citizens of Conwy County Borough are statistically healthier than citizens in other counties, but significant improvement is still needed[[2]](#footnote-2):

* Around 56% of our adults (aged 16 and over) are overweight or obese – slightly less than Wales at 58%
* 24% of the population are smokers compared to 23% in Wales
* 30% of the adult population meet the recommended physical activity guidelines of five 30 minute exercise sessions a week, just above the Wales average of 29%
* 36% of the adult population report eating the recommended 5 a day fruit or vegetable portions, which is the higher than the Welsh average of 33%.
* 43% of Conwy residents reported drinking above the recommended guidelines at least once each week and 26% reported binge drinking at least once in the last week
* Despite being below the all-Wales level, the proportion of adults who are overweight is still high, and is rising. 50% of adults were overweight or obese in 2003-04, but this had risen to 56% by 2011-12. Similarly the proportion of adults who were classified as obese has risen – from 16% in 2004-06 to 18% in 2011-12.
* During 2012/13 the influenza immunisation uptake in Conwy was 69.9% for those aged over 65yrs and 50% for those younger than 65 but classed as ‘at risk’. This is compared with the figures for Wales: 67.7% for those aged 65+ and 49.7% for those younger and at risk. These are both short of the required 75% target[[3]](#footnote-3).
* Regarding the four adult screening programmes: Breast Test Wales, Cervical Screening Wales, Bowel Screening Wales and the Wales Abdominal Aortic Aneurysm Screening Conwy uptake figures tend to be in line with the Betsi Cadwaladr University Health Board (BCUHB) region, although are lower than the target figures (more details in section 4.2.5)

## Definition

Active Living is defined as any form of physical activity, which is performed as part of everyday life. The [Physical Activity Network for Wales](http://www.physicalactivityandnutritionwales.org.uk/page.cfm?orgid=740&pid=29576) website provides further information.

The World Health Organisation defines health as ‘A complete state of mental, physical and social well-being not merely the absence of disease’[[4]](#footnote-4).

## Drivers and key policies

* One Conwy Delivery Plan 2012-15
* Conwy & Denbighshire Local Service Board (priorities currently being developed)
* North Wales Substance Misuse Area Planning Board (priorities currently being developed)
* Social Services and Well-being (Wales) Act 2014
* The Equality Act 2010
* Welsh Government: Climbing Higher Strategy (2005)
* Welsh Government: 'Statement on Policy and Practice for Adults with a Learning Disability (2007)
* Welsh Government: A Bowel Cancer Framework for Wales (2008)
* Welsh Government: Appetite for Life (2008)
* Welsh Government: Working Together To Reduce Harm - The Substance Misuse Strategy For Wales 2008-2018 (2008)
* Welsh Government: Creating an Active Wales (2009)
* Welsh Government: Our Healthy Future – Technical Working Paper 1 (2009)
* Learning Disability Observatory – Improving Health and Lives: Health Checks for People with Learning Difficulties (2010)
* Welsh Government: Rural Health Plan – Improving Integrated Service Delivery Across Wales (2009)
* Welsh Government: All Wales Obesity Pathway (2010)
* Welsh Government: Sexual health and wellbeing action plan for Wales, 2010-2015 (2010)
* Conwy County Borough Council: ‘Conwy Active for Life’ 2011 – 2014 (2011)
* Welsh Government: A Strategic Vision for Maternity Services in Wales (2011)
* Welsh Government: Fairer Health Outcomes For All - Reducing Inequities in Health Strategic Action Plan [Our Healthy Future – Technical Working Paper 2] (2011)
* Welsh Government: Sustainable Social Services for Wales: A Framework for Action (2011)
* Welsh Government: Together for Health - A Five Year Vision for the NHS in Wales (2011)
* Betsi Cadwaladr University Health Board - Local Public Health Strategic Framework (2012)
* Chief Medical Officer for Wales, Annual Report 2011 – Our Healthy Future (2012)
* [Executive Director of Public Health Annual Report 2012: Health and fulfilment in the later years](http://www2.nphs.wales.nhs.uk:8080/LPHTeamsDocs.nsf/85c50756737f79ac80256f2700534ea3/8b918579fd59273b80257a86003b39df/%24FILE/FINAL%20PHW%20Older%20People%20Annual%20Report%20-%20English.pdf)
* Welsh Government: Tobacco Control Action Plan for Wales (2012)
* Welsh Government: Achieving Excellence – The Quality Delivery Plan for the NHS in Wales 2012 – 2016 (2012)
* Welsh Government: [Together for Mental Health - A Strategy for Mental Health and Wellbeing in Wales](http://wales.gov.uk/topics/health/nhswales/healthservice/mental-health-services/strategy/?view=Standard&lang=en) (2012)
* Welsh Government: Building Resilient Communities – Taking Forward the Tackling Poverty Action Plan (2013)
* Welsh Government: Delivering Local Health Care (2013)
* Welsh Government: Together for Health – A Diabetes Delivery Plan (2013)
* Welsh Government: Together for Health: Eye Health Care Delivery Plan for Wales, 2013–2018
* Welsh Government: Together for Health: A National Oral Health Plan for Wales 2013-18 (2013)
* Welsh Government: Together for Health – A Respiratory Health Delivery Plan (2014)
* Welsh Government: Consultation regarding the Public Health White Paper – ‘Listening to you – Your Health Matters’ (2014 – consultation ended 24 June 2014)

## Main messages from research and consultation

4.1 The Welsh Health Survey is one of the main surveys to ask adults about their health and lifestyle choices. The survey is conducted annually and approximately 15,000 residents are invited to take part. It includes several questions about the health-related lifestyles of adults and the information gives a national picture in relation to the health of the population[[5]](#footnote-5):

* 21% of adults reported that they currently smoke
* 42% of adults reported drinking above the guidelines on at least one day in the past week, including 26% who reported drinking more than twice the daily guidelines (sometimes termed binge drinking). However, people do not necessarily drink at these levels regularly.
* 33% of adults reported eating five or more portions of fruit and vegetables the previous day.
* 29% of adults reported being physically active on five or more days in the past week.
* 58% of adults were classified as overweight or obese, including 22% obese.
* There has been a decrease in smoking rates since the survey started in 2003/04. Obesity levels have increased during this time, although there was a slight (but not statistically significant) drop for the most recent year. There has been little change in physical activity during this time. Compared with guidelines, there has been a small decline in levels of drinking and in fruit and vegetable consumption since 2008 (when the current questions were introduced)

Although, the initial headline results for 2013 have recently been published, the more detailed report and breakdown of local data will not be available until September 2014. The latest local information is included in Section 1.

4.2 ‘Prevent ill health and encourage healthy and active living’ is a large agenda and for the purpose of this research has been split into the following main headings, which link with the actions under this priority:

* Smoking
* Alcohol,
* Obesity
1. Healthy Eating
2. Physical Activity
* Sexual health
* Screening
* Immunisation

Alongside key areas identified through the research, under each heading there will be a breakdown of the local initiatives taking place in Conwy and how they are helping to meet the aims and objectives of the key drivers and policies listed in section 3. External web-links have been used to provide links to further information where appropriate.

* + 1. **Smoking**

Lowering smoking prevalence is a key action in the Welsh Government’s Tobacco Control Action Plan. The aim is to drive down adult smoking prevalence rates in Wales to 20% by 2016 and 16% by 2020.[[6]](#footnote-6) To support achievement of the target, the NHS Wales delivery framework 2013/4 included a smoking cessation Tier 1 target for Health Boards. This means increasing footfall through smoking cessation services has now become a higher level priority for the NHS and partner organisations; this will be measured by 5% of smokers making a quit attempt via smoking cessation services, with at least 40% carbon monoxide validated quit rate at 4 weeks[[7]](#footnote-7).

According to the latest figures available, currently24% of the adult population in Conwy report to be smokers, which is higher than the Wales average of 23%[[8]](#footnote-8). Based on this rate it is estimated that there are 23,200 smokers within Conwy, with the minimum number of smokers in Conwy needing to be treated to achieve the target of 5% being 1,200 per year or 300 per quarter[[9]](#footnote-9).

All local authorities have their own local tobacco action plan that reflects the Welsh Government priorities. Key achievements of the Conwy Tobacco Control Plan 2013-4 include[[10]](#footnote-10):

* Flying Start, Families First, Communities First receive tobacco control and alcohol resource boxes to support their delivery of brief intervention training with service users/community members, funded by the Well being Activity grant.
* Programme of test purchasing led by Trading standards of traditional and online retailers for age-restricted products including tobacco
* Undertaking inspections based on local intelligence on illicit tobacco selling
* Implementation of the voluntary ban on smoking in playgrounds ; Children & Young People’s Partnership led the organisation of a competition within schools to design the logo for signage.
* Training for secondary school teachers (February 2014) across Conwy & Denbighshire on aspects of smoking prevention and cessation including the social media programme led by ASH Cymru entitled ‘The Filter’.
* Review and adoption of primary school Substance Misuse policy (including tobacco)
* As part of the Social Marketing work sponsored by the North Wales Tobacco Control Alliance, funded by the Well Being Activity grant ; all schools in Conwy were invited to participate in a year 7 prevalence survey.  The response rate of Conwy schools to the social marketing tobacco questionnaire was 37.5%.
* Youth Services provide extensive tobacco themed informal education sessions for young people aged 11-25 years in addition to supporting No Smoking day and smoking issues under the harm reduction banner from basic introductions to more detailed progressive sessions. The Well being activity grant provided a financial contribution to the age progression software as part of the Healthy Image Project. Youth Services work closely with Ash Wales’s Filter website to deliver sessions to young people in and develop content / video for that social media forum.
* Brief intervention training offered to departments and programmes in the county eg Communities First, Flying Start, Rural Families First.
* Funding allocated from the Well Being Activity grant to purchase resources for local dissemination to support No Smoking Day campaign, March 2014.
* Public Health Wales led the implementation of the ‘Stoptober’ campaign across North Wales. Information disseminated widely within CCBC.
	+ 1. **Alcohol**

According to the latest figures available, 43% of Conwy residents reported drinking above the recommended guidelines at least once each week and 26% reported binge drinking at least once in the last week[[11]](#footnote-11).

An updated North Wales Health Profile by Public Health Wales finds that[[12]](#footnote-12):

* Alcohol-attributable hospital admissions in BCUHB have increased between 2002/03-2004/05 to 2008/09-2010/11. The alcohol attributable hospital admission rate in BCUHB (1,549 per 100,000 population) is just below the average for Wales (1,598 per 100,000 population; Conwy has the highest admission rate in the region (1,658 per 100,000 population).
* During 2008-10, the alcohol related mortality rate in BCUHB (15 per 100,000 population) was equal to the Wales rate. In North Wales, Conwy (16.5 per 100,000 population) and Denbighshire (17.1 per 100,000 population) have rates higher than the average for BCUHB and Wales.

Working Together to Reduce Harm sets out the Welsh Government‘s 10 year strategy for tackling the harm associated with the misuse of alcohol, drugs and other substances in Wales. Work is taking place at both a local and regional basis across North Wales to progress the Strategy’s four priority areas[[13]](#footnote-13):

1. Preventing harm
2. Supporting substance mis-users, aiding and maintaining recovery
3. Supporting and protecting families; and
4. Tackling availability and protecting individuals and communities via enforcement activity

In the ‘Working Together to Reduce Harm’ Substance Misuse Delivery Plan 2013 – 2015 actions are outlined for each of the key aims in the Welsh Government Strategy. One such action is expanding the brief intervention programme and Public Health Wales are currently offering Alcohol Brief Intervention (ABI) training for a wide range of professionals both inside and outside the NHS including healthcare, social care and the criminal justice sectors.

In Conwy, Substance Misuse Services are provided via the Community Drugs and Alcohol Team (CDAT) who provide a variety of interventions and support for individuals and their families affected by substance misuse.

The Community Drug and Alcohol Service aims to reduce the risks and damage caused by drugs or alcohol to individuals, families and the local community. They work in partnership with other agencies to improve the health and social welfare of service users by offering treatment and care. The service is available for over 18s who are concerned about their drug and/or alcohol use. There is an open referral system and all service users who are referred are offered an initial assessment by an experience member of staff[[14]](#footnote-14).

A range of preventative services are also run by Conwy, funded by the Substance Misuse Action Team (SMAT), which constantly monitors local trends and identifies local needs. The SMAT is ran in partnership by Conwy and Denbighshire.

Other current local initiatives include[[15]](#footnote-15):

* Healthy School Scheme includes drug and alcohol policy through school settings.
* Alcohol resources boxes are available for school nurses to use in every secondary school
* CVSC, Flying Start and Communities First also have resource boxes available for the local community
* Barnardos Cymru Children and Young Peoples Substance Misuse Service during 2012-13 have held drug and alcohol education sessions/health theme days and events / drop ins and assembly presentations were delivered to pupil of all ages in the following schools in Conwy, Ysgol John Brights, Ysgol y Creuddyn, Ysgol Dyffryn Conwy, Ysgol Bryn Elian and Llandrillo College.

Conwy Youth Service delivers session with young people highlighting the issues related to alcohol misuse. The Service has several resources which enables it to deliver interesting and challenging sessions with young people. The Service also ensures that additional training in this area is offered to both its part time and full time staff members as part of their CPD.

From 1st April 2014 the existing Substance Misuse Action Team (SMAT) structure transferred to the Regional Area Planning Board (APB). The North Wales Substance Misuse APB is chaired by Andrew Jones, the Executive Director of Public Health for BCUHB. A substance misuse needs assessment has been compiled by the APB with the intention of describing the current population, identifying any gaps and providing an evidence base to work from jointly with stakeholders. The needs assessment assesses the needs of the population of North Wales with regard to substance misuse, and is intended to underpin a strategy for the commissioning of substance misuse services from 2013-2018[[16]](#footnote-16). A workshop has recently taken place, this was to:

* to provide an update on the current situation,
* discuss key themes
* opportunity to contribute to commissioning priorities
* ensure APB priorities support and complement existing local plans/strategies
* Consider the impact of any new and emerging data and trends

Alcohol has also recently been agreed as a priority by the Conwy and Denbighshire Local Service Board.

* + 1. **Obesity**

The latest figures from the Welsh Health Survey (2013) show that[[17]](#footnote-17):

* 58% of adults were classified as overweight or obese, including 22% obese; this figure has steadily increased since 2003 (54% and 18% respectively). Obesity can make you feel unfit and lead to serious conditions such as heart disease, cancer and diabetes.
* Since the survey started in 2003/04, there has been a slight increase in adults reporting being treated for diabetes, mental illness and high blood pressure, and a slight decrease for heart conditions and arthritis.
* 33% of adults reported eating five or more portions of fruit and vegetables the previous day. Compared with guidelines, there has been a small decline in fruit and vegetable consumption since 2008

Although the figures for Conwy for 2013 are not yet available, the latest figures show that around 56% of our adults (aged 16 and over) are overweight or obese – slightly less than Wales at 58% and 36% of the adult population report eating the recommended 5 a day fruit or vegetable portions, which is the higher than the Welsh average of 33%[[18]](#footnote-18).

However, despite being below the all-Wales level, the proportion of adults who are overweight is still high, and is rising. 50% of adults were overweight or obese in 2003-04, but this had risen to 56% by 2011-12. Similarly the proportion of adults who were classified as obese has risen – from 16% in 2004-06 to 18% in 2011-12[[19]](#footnote-19).

The table below shows relevant health indicators from the Welsh Health Survey, 2011 – 12:

|  |  |  |
| --- | --- | --- |
| **General Health (2011-2012)****Adults who reported key illnesses or health status (age-standardised)** | **Conwy** | **Wales** |
| % of adults who reported being treated for high blood pressure  | 19 | 20 |
| % of adults who reported being treated for a heart condition  | 9 | 9 |
| % of adults who reported being treated for a respiratory illness  | 14 | 14 |
| % of adults who reported currently being treated for a mental illness  | 10 | 11 |
| % of adults who reported currently being treated for diabetes  | 6 | 7 |
| % of adults who reported currently being treated for arthritis | 11 | 12 |

The best way to prevent becoming overweight, or obese, is by eating healthily and exercising regularly.

1. *Healthy Eating:*
* **Change4Life Wales** was launched in 2010 as part of the Welsh Government’s broader response to help people to achieve and maintain a healthy body weight, to eat well and be physically active. It is promoted in the community by Local Supporters such as local authorities, schools and childcare providers, or simply those keen to help people in their community become healthier.

The target audience for Change4Life Wales for the first 18 months was families with children, in particular those with children of primary school age. In mid October 2011 the Adult Change4Life Wales campaign was launched, aimed particularly at men and women between the ages of 45 and 65. In March 2011 the adult campaign was broadened to communicate the health harms of drinking alcohol at levels above the guidelines and to provide a range of hints, tips and tools to encourage people to drink within the lower-risk guidelines. To date over 64,000 people have signed up to the programme.

Change4life Wales aims to help people make small, incremental changes to their lifestyle to improve their health and well-being. More information is available here: [*http://change4lifewales.org.uk/?lang=en*](http://change4lifewales.org.uk/?lang=en)

* **‘Appetite for Life’ 2008** – an action plan which sets out the strategic direction and actions required to improve the nutritional standards of food and drink served in schools across Wales. School meals can make an important contribution to the diets of children and young people.  Consuming a more nutritious diet during the school day and developing the skills necessary to support healthy eating in the wider environment are critical in helping to reduce diet related health problems like heart disease, diabetes and obesity.
* **‘All Wales Obesity Pathway’ 2010** is a tool for Health Boards, working jointly with Local Authorities and other key stakeholders, to map local policies, services and activity for both children and adults against four tiers of intervention and to identify any gaps. The Obesity Pathway has four tiers and describes minimum service requirements and best practice. The four tiers are:
* Level 1: Community based prevention and early intervention (self care)
* Level 2: Community and primary care weight management services
* Level 3: Specialist multi disciplinary team weight management services
* Level 4: Specialist medical and surgical services
* **‘Eatwell plate’** – Eating a healthy, balanced diet is essential for good health and wellbeing as a whole. The Welsh Government has launched the ‘eatwell’ plate which represents their recommendations for healthy eating. It shows how much of what you eat should come from each food group. The ‘eatwell’ plate is appropriate advice for most people including people of all ethnic origins, vegetarians and people who are of a healthy weight or overweight.  Useful resources regarding the ‘eatwell plate’ are available here:[*http://wales.gov.uk/topics/health/improvement/index/eatwell/?lang=en*](http://wales.gov.uk/topics/health/improvement/index/eatwell/?lang=en)
* **Community Food Co-operative Programme** – helps improve people's access to, and consumption of, fruit and vegetables. A food co-op directly links the community to local suppliers who provide fresh fruit and vegetables at more affordable prices.  As well as fruit and vegetables, many food co-ops also offer additional produce such as eggs, meat, fish or bread. There are over 300 food co-ops in Wales, for more information visit the [*Food Co-ops Wales website*](http://www.foodcoopswales.org.uk/)
* **Dietetic Capacity (Welsh Government, “Nutrition Skills for Life**”) – the Nutrition Skills for Life is the WG brand for the training offered through Public Health Dietetic Teams (formally Dietetic Capacity Grant) across Wales. At a local level, Agored Cymru training courses are offered; a general Level 2 Community Food & Nutrition Skills Course and a Level 2 Community Food & Nutrition for the Early Years.

The general course enables partner agencies to be able to pass on accurate and current nutrition health messages, and can also go on to deliver “Come and Cook / Dewch I Goginio” 8 week course, which combines nutrition education with practical cookery in a highly user friendly style of teaching, or “Foodwise” an 8 week scripted weight management programme. Alternatively, partnering agencies such as youth services offer a suite of cookery education courses which are tailored to the needs of young people.

* + **Come and Cook:** this course has been delivered by Communities First in Conwy (7 courses in 2013-14, with 6 projected for 2014-15), Rural Families First in Llanrwst (1 delivered in 2013-14, with informal education also embedded in parenting programmes), Families First in Penllan (4 courses projected for 2014-15 – first one commenced with 5 participants) Flying Start in Colwyn Bay (1 course delivered in 2013-14 , with informal cookery and education embedded in parenting programmes in The Pod, Eirias Park). Nutrition is also being delivered at a one-to-one level by the Youth Offending Team in Conwy, and CCBC Parent Support have also delivered courses in 2013 – 14. The project has a Facebook page (Come and Cook) and work is being planned to extend this.
	+ **Foodwise**: this has been delivered by the NERS staff across Conwy in the first year of delivery (2013-14). One course has been delivered in Conwy, with a further three expected**.**
	+ **Early Years:** course targets early years settings; 16 out of 24 nursery settings have achieved Best Practice status in nutritional standards by 2013 ; 7 further settings are likely to achieve Best Practice in 2014-15.As of September 2014, there are 18 Playgroups (made up of 11 English Medium Playgroups and 7 Cylch Meithrin) and 2 Child-minders involved in Conwy’s Healthy Pre-School Scheme. The Early Years training supports and complements the HSPSS (as detailed further in report).Plans for 2014-15 agenda include a mapping exercise with health visitors and parents / carers to develop community and parental engagement.

Other community based prevention activities to encourage healthy eating and exercise include: **planning policy** to support physical activity and healthy eating - including active travel planning, consideration of green spaces and availability of land for growing food and number and location of fast food outlets, **community based cookery clubs** in disadvantaged communities and **school nurses** measuring and monitoring the weight and height of school children[[20]](#footnote-20).

For example, in Conwy’s Communities First areas the following initiatives have recently been taking place (between October 2013 – April 2014)[[21]](#footnote-21):

* *‘Healthy Lifestyles’ - different projects including:*
* Well Being Groups ~ 1 well being group supported throughout the year and several other groups supported on an occasional basis
* Weight Management ~ 6 courses were run across the cluster (target was 2)
* Cook & Eats ~8 courses were run across the cluster  (target was 3)
* *Family & Community Fitness*
* Cycling 2 x 6 week courses/ 1x shorter course/ 2 x half term skill skills training days (specifically for young people)
* Fitness tasters =5 tasters were completed (Outdoor gym/ Circuits/ easy line/ circuits/ aerobics)
* Ongoing Fitness sessions = 6 sets of 7-10 weeks were delivered (low level aerobics)
* *Health Trainers/Champions – Training completed:*
* Motivational interview training for partners & staff
* Over 50`s health check / Add to your Life campaign ~ 18 partner & staff members trained
* Walk leader training completed for residents in Conwy East
* *Events and campaigns:*
* Over 50`s health check / Add to your Life campaign ~ 100 health check completed across the cluster by CF staff and in partnership with Gwrp Llandrillo Menai
* 4 x mini Feel Good Friday events were held (in addition to helping with many community events across the cluster.
* 7 health champions were recruited and supported. The health champions have supported a number of projects and covered specific areas
* A number of campaigns were completed across the cluster area (over 15) including, for example screening services/ stoptober/ help to quit smoking/ change for life/ heart disease/ stroke prevention.
* **Communities First** is the Welsh Government’s Community Focussed Tackling Poverty Programme. Recently re-focussed the programme is being used to help pull together interventions and make them work together in support of local communities, as detailed in *Building Resilient Communities:*[[22]](#footnote-22)
	+ Communities First has fifty two “Clusters” which between them include all of the 10 per cent most deprived areas in Wales (as defined by the Welsh Index of Multiple Deprivation 2011). The Communities First Clusters will each focus on supporting the most vulnerable people in those areas working to make the communities wealthier, healthier, more skilled and better informed, under three main objectives:
* Prosperous communities
* Learning communities
* Healthier communities
* Each Cluster has a detailed Delivery Plan which clearly shows the outcomes they are working towards. Conwy’s Cluster covers specific areas in Llandudno, Colwyn Bay, Old Colwyn, Llysfaen, Pensarn and Kinmel Bay and projects detailed in the Delivery Plan in relation to the outcome ‘Healthier communities’ include[[23]](#footnote-23):
* Healthy Lifestyles project
* Health Trainers and Champions project
* Family and Community Fitness project

Note: initiatives happening as part of these projects are included in the section above

* **Conwy Youth Service** is currently reviewing its own Healthy Eating /Youth Club Guidelines based on the Welsh Government Guidance

Other local initiatives happening in the county include[[24]](#footnote-24):

* One further setting (playgroup) has become involved in Conwy’s Healthy and Sustainable Pre-School Scheme (HSPSS). The setting is jointly supported by Conwy and Denbighshire HSPSS (setting located within Conwy but is affiliated to a nursery based in Denbighshire). This brings the total number of settings actively engaged in Conwy’s HSPSS to 35. A further 3 settings (3 x playgroups) have successfully achieved Healthy Pre-School status for Phase 1 – Preliminary and Nutrition and Oral Health Phase and are now focusing on Phase 2 of the scheme – Physical Activity / Active Play and the Environment.
* Settings have gained access to 3 practical workshops on board the Health Challenge Wales, ‘Cooking Bus’ (October 2013 and March 2014) with courses becoming over-subscribed because of such high demand. To enable settings to put learning into practice, settings have been given access to practical cookery resources e.g. induction hobs, mini-ovens and smoothie makers. These were purchased with additional funding from the Conwy Wellbeing Activity Grant. Photographic evidence presented in assessment files demonstrates that resources are valued within settings, and that resources have facilitated settings to implement learning from ‘Cooking Bus’ training.
* A further 3 ‘Busy Feet’ workshops have been delivered for staff directly involved in the day to day delivery of activities (managers were encouraged to send ‘grass roots’ staff). A total of between 70-80 staff members have received training on the ‘Busy Feet’ resource (in February and March 2014). This will ensure effective implementation of the resource within settings.
* 5 Healthy Pre-School mentors actively supporting 7 settings. Mentors visit settings once every half term to provide support, advice and to share good practice.
1. *Physical Activity:*
* ‘**Conwy Active for Life’ 2011 – 2014**’ is a local action plan seeking to ensure that physical activity is at the heart of the community, and that the activity levels of both children and adults increase by 2020. The planfully supports the Welsh Government’s vision for Wales, as expressed in Climbing Higher (2005) and Creating an Active Wales (2009), where everybody plays their part to enable people to be more physically active and organisations work closely in creating appropriate strategies and environments to create positive behavioural change. The action plan will seek to address the challenging aims and targets illustrated in Creating an Active Wales, which are[[25]](#footnote-25):
	+ - Increase the activity levels of adults from 2.4 to 3.4 days by 2020
		- Increase the activity levels of children aged 11 – 16 from 3.9 to 4.9 days by 2020

As part of Conwy’s Play Sufficiency Action Plan 2013 – 2016, the following updates are relevant to this section (and are included under the action 4.2.6 Implement Conwy “Active for Life” 2011-2014 which includes play, equality in sports participation, sports clubs, coaching, volunteering, performance sport, 5x60, Dragon Sport and Physical Education and School Sport in ‘One Conwy’) [[26]](#footnote-26):

* Matter A – Population – Accurate mapping and population data relating to children and potential play spaces: Information gathered is held by the corporate research unit. This information has recently been used by parks to support with planning of a new play area in Dwygyfylchi.
* Matter B – Providing for Diverse needs - progress is being made to increase the quality or quantity of play provision for children with diverse needs: Work has begun on the conducting of access audits to all play areas in Conwy, working with Parks. Play Development are represented on the planning group for summer activities with the CWD Team of Social Services. Money from the PSA under-spend is being spent to improve the accessibility of 3 play areas in Conwy.
* Matter C – Space available – progress is being made to increase the quality or quantity of space available for children to play: Planning are in the process of drafting their open space assessment that categorises open space under specific typologies mentioned within the PSA guidance. Following the allocation of the PSA underspend from Welsh Government, new work is being undertaken with parks to improve play spaces.
* Matter D – Supervised provision - progress is being made to increase the quality or quantity of supervised provision: Training is being co-ordinated with the EYDCP/ CAG1 to ensure the availability of playwork qualifications and training to staff working in out of school childcare. 7 staff are currently attending level 2 playwork training. Play Development is continuing to work with the ACL department to support the delivery of their Playing Out holiday provision.
* Matter E – Charges for play provision – Information on free or affordable play provision is available: FIS holds this information. There are no other priorities for 13/14.
* Matter F – Access to space provision - There are initiatives and programmes that enable children to access play spaces and information on provision in their community: Street Life conference held jointly with other N Wales authorities. 60 delegates attended and identified priorities in relation to increasing children’s presence in their communities through street play. Underspend from WG has been allocated for road safety programmes aimed at scooter-use and also road safety for under 5’s.
* Matter G – Securing and developing the play workforce – There is information relating to training needs and sufficient training available for the play workforce: As part of the Underspend for play sufficiency corporate research as supporting with with an audit of the workforce in Conwy and their training needs in relation to play sufficiency. This will be the first audit of it’s kind in Conwy.
* Matter H – Community engagement and participation – Communities are involved in the planning, delivery and safeguarding of play provision: Play Development is currently being inspected by the Young Inspectors in relation to participation, protection and provision. The appointment of a play development worker starting in April 2014 will increase capacity to work with communities.
* Matter I – Play within all relevant policy and implementation agendas - Ensure there are mechanisms in place to influence policy and implementation agendas that influence securing sufficient play: Performance measure relating to play sufficiency has been incorporated in ‘One Conwy The Leader of the Council has been identified as the representative on the LSB who ensures play sufficiency is represented. (play champion) Reporting procedures for CAG4L have been amended to take account of monitoring play sufficiency. A process is being developed to ensure that matters relating to play are considered as a compulsory element of the political scrutiny process – this is currently stalled due to concerns over it’s relevance as part of the equalities impact assessment.

In addition, elements of the Conwy Active for Life Action Plan 2011 – 14 are reported on under Core Aim Group 4L of the Children and Young People’s Partnership, with the latest updates being as follows[[27]](#footnote-27):

* The Physical Education and School Sport Programme is being delivered through utilisation of new outstanding teacher model.  Delivery strategy emphasis has changed in seeking sustainable exit strategies upon completion of the PESS programme.
* 53% of Conwy's schools are ActiveMarc accredited, as opposed to the national average of 20%. Conwy continues to be the benchmark LA for ActiveMarc.
* Transformational change within school swimming provision ongoing. Additional intensive sessions have been held at selected schools (high levels of FSM). Progress being made with regards to the % of pupils able to swim at end of KS2.
* Current data for schools stands at 71% for 2013-14 Academic Year, 6% increase on last year. This should increase again by end of Academic Year.
* Conwy successfully received a full school sport survey report.  Over 5000 children completed the questionnaire.  The results will be analysed to inform future strategies and planning for relevant services. School Sport survey analysis shared with all schools. Survey findings are being used to inform planning for 2013-14 and beyond. Schools are being encouraged to plan their PE curriculum and extracurricular programmes based on the survey findings.
* 42% of pupils aged 11-16 participated in programme during Autumn Term alone. Programme is on track to meet its targets for 2013-14.
* Girls’ participation in sport is prioritised within Conwy: Back to Netball sessions at Dyffryn Conwy Leisure Centre, average attendance of 30 per week. 0-5k 10 week running programme in rural and coastal areas, 40 attended, some have gone onto join local running clubs.
* Community clubs and organisations: year end total of 90 courses run with 610 attendees. Junior Triathlon club now a fully constituted voluntary club.  Many of the parents involved have undertaken coach education courses. Rural squash programme funding ceased in March 2014, under the programme 25 rural schools received coached taster sessions.  Three level 2 coaches upskilled.  Fully constituted club set up at DCLC running junior and adult sessions.  Squash league in place and a Junior & Senior Open competition, supported by Squash Wales taking place.
* 88 Clubs supported through the Community Chest fund, with an investment of £76,962. 6 Development Grants awarded to Conwy clubs to the value of £112k.
* Volunteering/coaching within primary schools and the wider community: Young Ambassadors have been recruited and are actively being developed. This is now part of the service delivery.
* Continued participation in sporting activities through the medium of Welsh: 924 boys and 692 girls have participated in Urdd sporting events. A total of 1616 between October and March which gives a total of 4055 during the whole year. 168 of these were Secondary age.  Sports included Swimming, Gymnasteg, football, netball, rugby tag and small schools football.
* CCBC now has partnership arrangements in place with WRU, Welsh Athletics for use of facilities in Conwy. Work also taking place with FAW, Welsh Rugby league and Hockey Wales
* Sport Conwy provides a forum for all sporting groups within Conwy to receive information regarding decision making processes.
* The **Active and Creative Lifestyles** (ACL) section within Conwy’s Community Development Service is responsible for delivering a range of services and programmes which contribute towards all Conwy residents enjoying a healthy and independent lifestyle. ACL endeavours to ensure that People in Conwy will[[28]](#footnote-28):
* Be well informed as to the range of physical activity opportunities available to them.
* Have a wide variety of choices, suitable for all ages and ability levels.
* Have the knowledge, skills and confidence to enjoy, and to support others to enjoy, lifelong participation in physical activity.
* Have safe, supportive and accessible environments within which to participate.
* Make well informed lifestyle choices that lead to better physical and mental well being

ACL works with a range of partners, including Betsi Cadwaladr University Health Board (BCUHB), Public Health Wales, Play Wales, Education Department, Age Cymru and others to develop and deliver health enhancing physical activity programmes.

ACL is responsible for the management of all leisure centres and swimming pools within Conwy. ACL staff also deliver a very wide range of programmes and activities to encourage and sustain involvement in physical activity, these include:

* Swimming Lessons (Schools and Private)
* Fitness classes
* Paddling Pools
* Leisure Development
* National Exercise Referral Scheme (NERS) *(see below)*
* Bike Safety Courses
* Administer Community Chest Grants
* Supporting “Sport Conwy”
* Ffit Conwy membership scheme
* Play Rangers
* Junior Triathlons
* Over 60s Exercise and Activity sessions
* a-side football leagues
* Sports Awards
* Rural Sports development
* Gymnastics
* Tennis development activities
* Walking programmes
* Llandudno and EIRIAS Triathlons
* **Disability Sport Wales**

The Disability Sport Wales (DSW) Development Officer for Conwy is based within the Active and Creative Lifestyles section of Conwy County Borough Council. Disability Sport Wales was established for the sole purpose of benefitting disabled people through the pursuit of sports and physical activity, with the vision ‘Transforming Lives through the Power of Sport’[[29]](#footnote-29). A wide range of disability inclusive sports and physical activity opportunities are delivered across Wales through DSW, some of the opportunities available in Conwy include:

* Archery
* Climbing
* Visually Impaired Football
* Bowls
* Hockey
* Wheelchair Basketball
* Tennis
* Disability Ffit Card
* Rebound Therapy
* Supertots
* **Health Disability Sport Pathway** is a new initiative between Disability Sport Wales and BCUHB that will help disabled people in North Wales improve their general level of physical activity, and involvement in sport; with the intention of doubling the number of physically active disabled people in the region[[30]](#footnote-30). The pathway will allow clinicians to signpost disabled people to a range of opportunities through the sport development teams in the local authorities across North Wales, who will be able provide appropriate information about activities that meet the needs and interests of individuals as well as support them to get involved and be more active. Disability and Inclusive Sport Directories for each local authority are available on the BCUHB website: <http://www.wales.nhs.uk/sitesplus/861/page/73447>
* The **National Exercise Referral Scheme[[31]](#footnote-31)** is a Welsh Government funded scheme which has been developed to standardise exercise referral opportunities across all Local Authorities and Local health Boards in Wales. The Scheme targets clients who have a chronic disease or are at risk of developing chronic disease. Referrals to the scheme are through registered health professionals only (not self-referrals). The purpose of the Scheme is to promote long term physical activity. Conwy’s National Exercise Referral (NER) Scheme has been working closely with BCUHB to provide further community based interventions for certain groups; in 2013 proposed pathways to be introduced were[[32]](#footnote-32):
* Weight Management - Working closely with Dieticians, to provide eight educational sessions prior to accessing NERS exercise classes.
* Maternal Obesity - It has been identified that maternal obesity is a major issue across North Wales. Working alongside BCUHB and various other teams within CCBC, it was proposed that maintenance classes would be delivered after a specific intervention. Through the NERS model, exercise adherence can be monitored for 12 months after the original intervention.
* Cancer - One Exercise Referral Professional has successfully completed the CanRehab course, enabling referrals for this specialist pathway to be received.
* Llandudno Swim Centre – running NERS from within Llandudno would improve the accessibility for residents in this heavily populated town. This would also reduce the number of Level 3 NERS clients that attend Llandudno Junction Leisure Centre; allowing us to concentrate more on the specialist pathways.

By continuing to work collaboratively with BCUHB, Conwy NERS will be able to develop further specific pathways for the residents of Conwy. The total number of clients accessing Conwy Leisure Centres via the National Exercise Referral Scheme in 2013/14 was 1156.

* **Conwy Connect:** Healthy Living is being looked at as part of their Health Improvement Co-ordinator’s current/future work, following concerns raised by parent carers, support workers and members of the Learning Disability Team in Conwy; this work includes[[33]](#footnote-33):
* Promoting physical activity
* Encouraging healthy eating
* Discouraging smoking
* Therefore promoting mental wellbeing

The promotion of physical activity in general has been partially addressed by Conwy Connect through the ongoing organisation of:

* Outdoor activities groups
* Bowling group
* Walks for fun
* Fortnightly disco
* Zumba class
* Working with leisure services to support adults with learning disabilities to access sports activities at local leisure facilities

More details can be found in the ‘Moving On Solutions’ bulletins, which include information regarding current and future activities. The Moving On Solutions Group was set up to look at supporting the development of new opportunities for social and leisure activities in the community[[34]](#footnote-34). See <http://www.conwy-connect.org.uk/> for the latest bulletin.

* For the past 2 years **Conwy Youth Service** has successfully delivered the Healthy Image Project. This initiative has been funded through the WG Youth Work Grant. It has successfully encouraged young people who do not normally engage in physical activities to become involved. It also uses peer mentors to promote the message of maintain healthy lifestyles
	+ 1. **Sexual Health**

Key objectives in the Welsh Assembly Government’s Sexual Health and Well-being Action Plan in relation to this outcome are to[[35]](#footnote-35):

* Improve access to good quality sexual health services
* Reduce the number of unintended pregnancies, particularly among teenage girls
* Reduce the rates of new Sexually Transmitted Infections (STI) and HIV

A multi-agency Sexual Health Task and Finish Group was established in Conwy in July 2013 as a sub-group of Core Aim Group 3 after sexual health for young people was agreed to be a priority by Conwy’s Children and Young People’s Partnership (CYPP) Board. Recent work conducted by the group and related local initiatives are as follows[[36]](#footnote-36):

* Mapping sexual health services in Conwy including contraceptive services and C-Card registration points and distribution areas completed. The mapping includes information from questionnaires sent to all GP’s in Conwy requesting information. A report has recently been produced and the document provides an overview of:
	+ conceptions in young women under 18
	+ current guidance to reduce teenage pregnancy
	+ existing service provision and support available to young people in Conwy
	+ recommendations for future action (for the locality groups, health board and local authority)
* Conwy Youth Council has chosen sexual health as a priority area, the group have discussed with the Youth Participation Officer and options / ideas have been put forward to the Youth Council to choose from, work package with the Youth council to be finalised in April 2014.
* C-Cards ordered and delivered jointly with Denbighshire and Wrexham local authorities. 7,500 cards for Conwy County Borough.
* Discussions taken place in developing C-Cards scheme in PRU’s, Alternative Education and Special Schools
* The group has started to develop a sexual health strategy for young people and looking at developing an ‘app’ of sexual health services across North Wales, based on the Flintshire model developed by young people in conjunction with Fixers.
* All School Nurses are now able to administer Emergency Contraception and condoms. All but 2 high schools in Conwy have agreed to this. The remaining 2 schools have agreed to the governors discussing this during the next term.
* School Nurses have all attended the Sexual Health and C card update training which will be held annually.
* The Well Being Activity grant has enabled School Nurses to purchase pregnancy testing kits for their clients. Training has been given to all School Nurses to use the tests.
* A Pregnancy Testing Pathway is currently being written.
* Contraception is discussed within the PHSE curriculum with Year 9 pupils as part of the School Nurse Core Service.
* HPV immunisation will be changing from September whereby there will be 2 doses of Gardasil for year 8 girls unless they are over 15 then they will require 3 doses.
* The Minor Injuries Unit staff have been trained to administer emergency contraception. A Sexual Health clinic is open on Thursday afternoons at Llandudno Hospital.

Conwy Youth Service continues to deliver sessions addressing sexual health issues amongst young people. A number of staff are trained to deliver sexual health sessions and the Service maintains a library of resources and equipment to deliver interesting and challenging sessions.

* + 1. **Screening**

The Screening Division of Public Health Wales has launched a series of factsheets this year providing key messages on its four adult screening programmes: Breast Test Wales, Cervical Screening Wales, Bowel Screening Wales and the Wales Abdominal Aortic Aneurysm Screening. The factsheets are available online for members of the public to access[[37]](#footnote-37). Uptake of screening programmes tends to be lowest in more deprived areas and the Screening Engagement Team of Public Health Wales is working with organisations who work with people in deprived communities to ask for their help in disseminating the key messages.

Betsi Cadwaladr University Health Board (BCUHB) works in partnership with Public Health Wales to provide screening services for the North Wales population. An annual report of information is provided to update the Health Board on population based national screening programmes run in the region by the Screening Division, Public Health Wales. Progress within the screening programmes is as follows[[38]](#footnote-38):

* *Breast screening*: during the period 1 April 2012 – 31 March 2013, uptake in Conwy was 64.5% with 505 eligible women tested. For the population of BCUHB uptake was 70.4% which met the minimum uptake standard of 70% (although the target is 80%) and was slightly lower than the previous year (73.9%). The all-Wales figure for the same period was similar at 71.5%.
* *Cervical screening*: during the period 1 April 2012 – 31 March 2013, uptake in Conwy was 77.1% with 22,970 eligible women tested. For the population of BCUHB uptake was 76.8% which did not meet the target of 80% and was only slightly different to the previous year (76.6%). The all-Wales figure for the same period was 76.2%.

(Please note: Previous to September 2013 women aged 20-64 year were invited every 3 years and the data presented covers this period. From the 1st September 2013 women aged 25-50 years are invited every three years and those aged 50-64 are invited every five years.)

* *Bowel screening*: during the period 1 April 2012 – 31 March 2013, uptake in Conwy was 48.2% with 5,649 eligible adults tested. The uptake for April 2012-March 2013 was lower than the target of 60% for BCUHB (48.2%) and for all individual Local Authorities. The uptake has also decreased slightly from the previous year for all individual authorities and for BCUHB as a whole. This trend reflects that seen for Wales as a whole: 48.2% this year and 51.1% in the previous year. A project team has been established to develop, implement and evaluate strategies to improve uptake.
* The Wales Abdominal Aortic Aneurysm Screening programme was launched on 1 May 2013; from May to December 2013 the number of 65 year old men screened was 11,248 and the monthly uptake rate was consistently between 70% and 72%. The target for AAA screening uptake is 80%. Annual figures and details by area are not yet available.

The following local promotional activities have recently taken place in Conwy to encourage take up of the screening programmes that are available[[39]](#footnote-39):

* Screening information stand at Venue Cymru North Wales Deaf Association Big Information Day
* Screening information talk at the Rhos on Sea Memory Café.
* Breast and Bowel Screening information talk at RAF Training Centre, Llanrwst.
* Breast screening in Llandudno – 4 x GP E Packs, 4 x GP follow up hard packs and 31 community packs were sent to local organisations in the Llandudno area.
* AAA screening electronic mail out to all GP surgeries across Conwy.
* Screening Information stand at Llandrillo College.
* A presentation at the Leading, Listening, Changing Equality Workshop at Venue Cymru about a project the Screening Engagement Team has undertaken with transgender service users

4.2.6 **Immunisation**

In Wales and the UK, a vaccine (the 'flu jab') is routinely offered to people through their GP who are considered to be more at risk of developing complications from contracting flu. These include those:

* aged 65 and over
* living in long-term residential or nursing homes
* with chronic heart or chest complaint, including asthma
* with chronic kidney or liver disease
* with diabetes
* with cerbrovascular disease (principally stroke and transient ischaemic attacks (TIAs))
* with multiple sclerosis and related conditions
* with a hereditary and degenerative disease of the central nervous system
* with lowered immunity due to disease or treatment such as steroid medication or cancer treatment
* those who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill
* who are pregnant

Additionally, arrangements are made to offer vaccination to health and social care workers. A new vaccine is developed for each flu season and offers protection against the flu strains predicted to be in circulation. The vaccine are 70-80% effective in healthy adults in years when there is a good match between the vaccine and the strains of flu in circulation. People who catch flu despite being vaccinated will usually have a milder illness. Reports on the rate of uptake of flu vaccination in Wales can be found through the website link below.

Source: <http://www.wales.nhs.uk/sites3/page.cfm?orgId=457&pid=27522>

* During 2012/13 the influenza immunisation uptake in Conwy was 69.9% for those aged over 65yrs and 50% for those younger than 65 but classed as ‘at risk’. This is compared with the figures for Wales: 67.7% for those aged 65+ and 49.7% for those younger[[40]](#footnote-40).
* Uptake in those aged 65 years and over has remained unchanged since the 2011/12 season. This is below the Welsh Government target of 75%. Uptake varies by Health Board and although none reached this target, the highest take up rate in 2012/13 was in BCUHB with 70%.
* Uptake in those aged 6 months to 64 years and in an ‘at risk’ group was 49.7%. This is a decrease of 0.3% from the uptake in 2011/12 (50.0%). As above, this is below the Welsh Government target of 75%. Similarly, although no Health Board reached this target, the highest update was in BCUHB with 52.1%
* According to the data submitted, the proportion of all patients aged under 65 years recorded in one or more clinical risk categories was 12.9% (an increase of 0.3% from the percentage recorded in 2011/12) (The full report available at the web-link above gives more detail on the take up rates for each ‘at risk’ category)

## Data development agenda

As mentioned in the above, ‘Prevent ill health and encourage healthy and active living’ is a large agenda. Including information from specific recent local consultations on the key themes outlined would be useful to include, if available. A limited list of consultations obtained so far is provided in the Appendices document that is associated with this needs assessment.

Once priorities for joint working are agreed more detailed service profiles (mapping of existing services) could be undertaken that includes consultation and a review of the evidence of effective interventions and best practice.

# 4.3 Older people are safe and independent

## Headlines

There are currently estimated to be 115,500 people living in Conwy County Borough, with some of the key population profile headlines in relation to this outcome being as follows[[41]](#footnote-41):

* Conwy County Borough’s 25.2% of the population aged 65 and over (approximately 29,200 people) is a higher proportion than in neighbouring authorities, and compares to 19.1% in Wales as a whole and 17% across England and Wales

The greatest concentrations of people aged 65 and over are in the coastal settlements of Abergele, Rhos on Sea, Llandudno (Craig-y-Don and Penrhyn wards) and Deganwy. Llandrillo yn Rhos electoral division has the highest proportion of people aged over 65 in its population (35.9%)

The number of people aged 65 and over in Conwy County Borough’s population is expected to be about 39,100 by 2032 (33.7% of the total county population). This is an increase of 9,950 (34.1%) on 2012 figures.

Conwy County Borough’s 3.8% of the population aged 85 and over (approximately 4,400 people) compares to 2.5% in Wales as a whole and 2.3% across England and Wales

The number of people aged 85 and over in Conwy County Borough’s population is expected to be about 8,300 by 2032 (7.2% of the total population). This is an increase of 3,900 (88.1%) on 2012 figures.

The number of elderly people in the county is projected to increase significantly over the next 10 years as a result of increased life expectancy and the baby boom generation entering retirement. This will increase the number of people over the age of 65 by 20% and the number of people over the age of 85 by 40% by 2025[[42]](#footnote-42). There will be a likely impact on the use of a range of services as needs intensify or new needs emerge.

## Definition

Older People are not a single homogenous group and therefore have a wide range of needs but for practical purposes they can be broadly split into three groups[[43]](#footnote-43):

Those entering old age – of retirement age who are active and independent and remain so late into old age. (Those aged 55 – 74 years)

Those in the transitional phase – in transition between healthy active life and frailty. This phase often occurs in the seventh or eighth decade. (Those aged 75 – 84 years)

Frail Older People - This group of older people are vulnerable as a result of health problems such as stroke, dementia, social care needs or a combination of both (Those aged 85+)

Also termed ‘the very elderly’ those aged over 85 years are the group most likely to need support[[44]](#footnote-44).

## Drivers and key policies

* One Conwy Delivery Plan 2012-15
* Social Services and Well-being (Wales) Act 2014
* The Equality Act 2010
* Welsh Government: The Strategy for Older People in Wales 2013-2023
* Welsh Government: A Framework for Delivering Integrated Health and Social Care For Older People with Complex Needs 2014
* North Wales Statement of Intent (between the North Wales Local Authorities and Betsi Cadwaladr University Health Board) March 2014
* Welsh Government: Integrated Assessment, Planning And Review Arrangements For Older People 2013
* Welsh Government: Together for Mental Health 2012 – A Strategy for Mental Health and Wellbeing in Wales (and the associated Delivery Plan 2012-16)
* Welsh Government: Carers Strategy for Wales 2013
* The Dublin Declaration 2011 – Age Friendly Cities and Communities
* The Ageing Well in Wales programme is a major collaborative partnership that aims to ensure that older people live healthier, happier and more independent lives. The five main themes that the programme is focused on are:
* Age-friendly cities and communities
* Dementia-supportive communities
* Falls prevention
* Opportunities for employment and new skills for people aged 50+
* Loneliness and isolation

## Main messages from research and consultation

* 1. The following areas have previously been identified by POG 3 as priorities:
* **Dementia**
* **Falls**
* **Social Isolation**
* Stroke / life after stroke
* Personalised services
* Response services
* Benchmark of the resources available to support communities teams
* Telecare / Tele Health weekend availability
* Governance and administration to administer medicine in client’s home

This needs assessment will focus on the **first three priorities** in this list.

4.1.1 Further evidence of the importance of these priorities can be found in the Executive Director of Public Health annual report for North Wales (2012). Three of the key recommendations were to[[45]](#footnote-45):

* Promote mental wellbeing using the ‘Five ways to wellbeing’ and in particular prevent social isolation
* Promote healthy lifestyles to help prevent dementia, and identify and intervene early when cases arise
* Prevent falls and fractures

4.1.2 Furthermore, now the National Service Framework (NSF) for Older People is no longer running, the regional group has been looking at how to support the Ageing Well in Wales programme. The Ageing Well in North Wales Network meetings (previously the NSF Regional Meetings) have been discussing an “Ageing Well Driver Diagram” in their recent meetings. A copy of this draft diagram is included in the appendices document that is associated with this needs assessment; the primary drivers being based on the five key areas of the Ageing Well programme (which include dementia, falls and social isolation). The actions on this diagram may also provide useful examples of how to improve support for older people in relation to key priorities identified.

* 1. **Mental health in older people**

Better information and advice about mental illnesses in older age is important. As people get older, the incidence of many illnesses increases, including depression and anxiety.

4.2.1 Service development priorities (in relation to older people) in the Together for Mental Health Strategy include[[46]](#footnote-46):

* Ensuring older people with mental health problems have timely access to an equitable range of evidence-based services.
* Ensuring that there is no automatic transfer to a specialist older people’s service of people with mental illnesses, such as depression or psychosis, as they age. Transfer will be based upon their clinical needs and not purely on their chronological age.
* Responding to the increasing numbers of older people experiencing common mental health problems, such as anxiety or depression, for the first time.
* Ensuring that all those providing Primary Care mental health services are trained and supported to improve early identification and recognition of depression, other functional illnesses and dementia.
* Recognising the importance of the support that can be provided by older age liaison psychiatry teams to general health provision in assisting them to better manage acute disorders such as delirium. These specialist teams can also offer advice, support and training to the wider workforce on the needs of older people with mental health problems or dementia.
* Preparing for the anticipated rise in the number of people with a dementia due to an ageing population. This will include provision and support for people with a young onset dementia.
* Improving care and support for dementia sufferers and their families through implementation of the *National Dementia Vision for Wales,* the 1000 Lives+ and the *Intelligent Targets for Dementia*.
* Developing the role that assistive technologies can play in delivering care to older people, those with a dementia and people living in rural and isolated settings.

4.2.2 Through the consultation for the development of the Strategy for Older People, dementia was highlighted as an important concern. Issues raised included the importance of early diagnosis, access to appropriate care, the need to create synergy with the Welsh Government’s National Dementia Vision, and the creation of dementia supportive communities in Wales underneath that vision that will constitute a major contribution towards achieving communities which support everyone within them[[47]](#footnote-47).

There are around 800,000 people in the UK with dementia. It mainly affects people over the age of 65 (one in 14 people in this age group have dementia), and the likelihood of developing dementia increases significantly with age[[48]](#footnote-48).

With access to appropriate information, support and care, it can be possible to live well with dementia. The delivery of the *National Dementia Vision for Wales* will seek to ensure that there is early diagnosis of the condition and that people, at whatever stage of the condition, have the best chance to live well and be involved in family and community life[[49]](#footnote-49).

4.2.3 The latest health profile of the North Wales region finds[[50]](#footnote-50):

* Older people are at risk of social exclusion, reduced income, age related degeneration and poor physical health, which are all risk factors for poor mental health.
* During the period 2010/11 to 2012/13, there were 1,194 old age psychiatry admissions (elective and emergency) across BCUHB. The highest percentage of these admissions was to Colwyn Bay Hospital (25%).
* Dementia is an important mental health condition of old age, as it is a significant cause of morbidity, mortality and health care use. As people live longer, the prevalence of dementia is likely to increase.
* It is estimated that there are currently 9,800 aged 65 and over in BCUHB with dementia and the prevalence of dementia is expected to almost double by 2030.
	+ 1. In Conwy, dementia information sessions have been held for both Conwy East and Conwy West Localities (these were open to Health, Social Care, Voluntary Sector, Care Homes and Primary Care).The sessions covered: Basic Information about dementia statistics, short-term and progressive memory loss, early detection of dementia in specific groups, decoding behavioural and psychological symptoms of dementia, and not using anti- psychotics. The sessions were well attended and the feedback evaluations indicate attendees found them extremely useful for their place of work and have developed their knowledge in the field[[51]](#footnote-51).
		2. In respect of dementia care, early detection is important along with appropriate medication that is initiated and subsequently reviewed on a three monthly basis. A shared care agreement is in place between a specialist team and GPs to support patients. One of BCUHB’s lead pharmacists has been involved with producing a management checklist for Behavioural Symptoms of Dementia – this should ensure that there is patient centred treatment with regular review[[52]](#footnote-52)

This is part of the 1000 Lives+ programme: Improving Medicines Management; more information is available here: <http://www.1000livesplus.wales.nhs.uk/medicines>. One of the aspects of this work is ‘Reducing harm from antipsychotics in the elderly with dementia’.

* + 1. A dementia summit and the opportunity of bringing together a number of people involved in all aspects of dementia is currently being discussed in Conwy.
	1. **Falls**

Ageing Well in Wales has identified the importance of reducing the impact and number of falls as a national issue that requires a coherent response.[[53]](#footnote-53) The Strategy for Older People in Wales states that alongside poverty and social isolation (both linked) the fear of falling is reported as a key concern for older people and a major contributing factor to their isolation.

4.3.1 In 2010, there were just over 3,800 hospital admissions as a result of unintentional falls in people aged 65 years and over in North Wales (a rate of around 2,250 per 100,000 population aged 65 years and over). The rate of admission for falls in North Wales is significantly higher than the rate for all Wales (2,055) and Conwy has one of the highest rates in the region[[54]](#footnote-54).

In his 2012 Annual Report, the Executive Director of Public Health for BCUHB makes the following recommendations:[[55]](#footnote-55)

* Implement the recommendations made in the National Audit of Falls and Bone Health in Older People (Royal College of Physicians, 2011)
* Develop and implement a routine annual individual ‘falls screening’ programme in primary care for people over 60
* Implement community level interventions to help people maintain good core stability, strength and balance and improve gait (e.g.National Exercise on Referral Scheme)
* Collaborate across organisations to enable matching of appropriate co-located staff resources (NHS, local authority and others) with the population’s identified needs. Share use of buildings and facilities wherever possible
* Take a ‘one day sooner’ approach to fallers admitted to hospital, with action to reduce the lengths of stay in hospital after a fall/fracture

Public Health Wales and Betsi Cadwaladr University Health Board are working with other professionals and partners to develop a consistent and equitable service across North Wales focused on prevention and early intervention.

4.3.2 In Conwy, the following initiatives are currently in place regarding the prevention of, or reducing the impact of, falls[[56]](#footnote-56):

* Evidence Based Falls Prevention Intervention programme now available at Colwyn Leisure Centre, Abergele Leisure Centre, Llandudno Leisure Centre and Canolfan Crwst Joint working site. This is evaluated used a Welsh Government template
* Conwy Localities have a high level group set up to address how both Conwy East and Conwy West Locality can deliver what is identified within the North Wales Falls Service model on a local basis. A mapping exercise has been carried out and an action plan is in place. In Conwy we would be looking at the competences necessary to provide falls prevention and intervention services as part of core services but will initially start on a small scale. Currently a North Wales Multifactorial Risk Assessment (MRA) Tool for Falls has been drawn up as a working document and 3 month trial of this document are going to be undertaken in conjunction with using the Falls Risk Assessment Tool (FRAT) in one District Nursing Team in each of the Conwy Localities, Intermediate Care Service and within Therapies .There is a feedback mechanism on a regional basis for the MRA
* WAST continue to send referrals through to Intermediate for those individuals who they have been called out to who have had a fall but are not conveyed to hospital
* There is access via referral process to the Falls Clinics run by Consultant in Older Age
* Telehealth and Telecare are available across the Locality to support falls prevention and management.

4.3.3 Also, in relation to providing support for older people to manage their medicines and identify if any contribute to falls or confusion, the following activities are happening in Conwy[[57]](#footnote-57):

* A pharmacist is based with the Conwy Intermediate Care in Colwyn Bay Leisure Centre, Eirias Park and undertakes a Home Medication Review for any patient who has a medication problem within the community setting (e.g. compliance issues, polypharmacy, and confusion with medication). Referrals are accepted from both health and social services staff for patients within Conwy.
* Referrals are received from a wide range of staff including GP practices, community nurses, family members, care home staff, social workers and therapies. The focus of the pharmacist home visit is to optimise medication use and reduce waste.
* The historic Prescribing Team of Practice Pharmacists and Technicians are also supporting this work by undertaking a clinical review of medication and home medication reviews.
* Between October 2013 and March 2014, 187patients were referred to the Home Medication Review Service and a total of 235 home visits were undertaken. An estimated annual saving of £9176 was made from medication stopped/changed. There have been 272 interventions recorded.
* Targeted medication reviews of patients who attend the Conwy falls exercise prevention programme are also carried out by the intermediate care pharmacist.

4.3.4 During 2014/15 a Community Pharmacy Medicines Management Domiciliary Care Enhanced Service pilot is being developed as part of the home medication review.

* This service will require the community pharmacist to contribute to an individual patient multidisciplinary pharmaceutical needs assessment for patients, identified by social services, as being suitable for inclusion in the scheme. They will support the development of a pharmaceutical care plan, then dispense and supply medication in the agreed manner for the patient.
* The service aims to improve patient safety for vulnerable patients with a particular focus on how medicines are ordered and supplied, simplify the medication regimen of service users and will enable patients to be cared for in their home environment who would otherwise have been admitted to residential or nursing care because of problems associated with their medication regimen.
	1. **Social isolation**

Older people, particularly those living alone or with long-term conditions, need strong caring relationships, and to be able to make and sustain relationships to avoid isolation. The social engagement and inclusion of older people is a fundamental aim of the *Strategy for Older People in Wales.* Local Authorities are encouraged to work with the Third Sector to facilitate structures to support engagement such as local forums for older people and older people champions[[58]](#footnote-58)

4.4.1 In the consultation responses for the development of the strategy there was general agreement that being part of a community and able to contribute and participate is an important factor of well-being, and can help to reduce feelings of loneliness. Combating loneliness was considered extremely important by a large number of respondents who highlighted a range of associated issues, including that feeling lonely or isolated can exacerbate physical and mental health issues[[59]](#footnote-59). Furthermore, research by tDepartment of Health published in January 2014 finds the influence of social relationships on the risk of death to be comparable to other established mortality risk factors such as smoking and alcohol consumption, and can actually exceed the influence of physical activity and obesity[[60]](#footnote-60).

4.4.2 According to 2011 Census figures, there are 51,177 households in Conwy County, with approximately a third of these being one-person households (17,297); breaking this down further shows that 17.1% of these households are people living alone who are aged 65 and over[[61]](#footnote-61). This percentage is the highest across the North Wales region and also higher than Wales as a whole (13.7%)

4.4.3 Day care services for older people in Conwy are provided by Social Services in partnership with private and voluntary organisations. These services aim to support older people to keep their independence, to have regular contact with other people and be involved in community life. A survey in 2005 with service users of existing day care services found that almost two thirds (61%) stated the reason they attended was for companionship and 20% answered ‘respite’[[62]](#footnote-62).

4.4.4 Consultation with older people took place in 2012 as part of the development of Conwy’s Older People’s Housing Strategy to gain views on housing options and the related support available. Some of the findings in relation to this theme are[[63]](#footnote-63):

* The majority of people wish to stay in their own homes and be supported there if they need to be
* Older people need advice about sheltered housing now and in the future
* One issue that came up consistently as a problem was that people do not know how to access services due to a lack of information and signposting.

## Data development agenda

There is some overlap between the three themes prioritised here, for instance, independence is important for the wellbeing of older people and feelings of isolation and loneliness can often precede mental health problems[[64]](#footnote-64), and it is important to remember that other issues will also have an impact on older people and their independence. The provision of unpaid care is one example: according to the 2011 Census, over 13,600 people in Conwy provide unpaid care by looking after or supporting family members, friends, neighbours or others because of long-term physical or mental ill-health or disability or problems related to old age and almost 30% of these carers (nearly 4,000 people) provide 50 or more hours of care a week. Such high levels of unpaid care provision will have a huge impact on the economic and social well-being of the carers as well as those being cared for[[65]](#footnote-65). As the population continues to age, support for these carers will be become increasingly important, as they too may reach an age when they need care themselves.

Priorities in relation to this outcome therefore need to link with those associated with the outcomes concerning emotional and mental well-being, disabilities and chronic conditions, encouraging healthy and active living, and end of life care.

It is also important that priorities take into account the national and regional action plans regarding the Ageing Well in Wales programme, The Strategy for Older People in Wales and the North Wales Statement of Intent for Delivering Integrated Health and Social Care for Older People with Complex Needs.

Limited local consultation is available regarding the specific themes looked at in this first draft (a list is included in the Appendices document that is associated with this needs assessment). Once priorities for joint working are agreed more detailed service profiles (mapping of existing services) can be undertaken that includes the consultation and a review of the evidence of effective interventions and best practice.

# 4.4 People with disabilities and chronic conditions, have the best quality of life possible

## Headlines

The outcome ‘people with disabilities and chronic conditions, have the best quality of life possible’ includes the following population groups:

* Adults with physical disabilities including sensory impairment
* Adults with learning disabilities
* Adults with chronic conditions such as heart disease, stroke, chronic respiratory diseases and diabetes

There are currently estimated to be 115,500 people living in Conwy County Borough with the age breakdown being as follows[[66]](#footnote-66):

**Table 1.1: Conwy County Borough population breakdown and estimates by age (2002-32)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2002**  | **2012** | **2022** | **2032** |
| **Number** |
| **Total population** | 110,600 | 115,500 | 116,800 | 116,200 |
| **Aged 0-15** | 20,200 | 19,100 | 19,600 | 17,700 |
| **Aged 16-64** | 64,800 | 67,300 | 63,700 | 59,400 |
| **Aged 65+** | 25,600 | 29,200 | 33,500 | 39,100 |
| **Aged 85+** | 3,600 | 4,400 | 5,800 | 8,300 |

Sources: mid-year estimates of population, ONS; 2011-based sub national population projections

Welsh Government

Some of the key headlines relating to this outcome include:

* Conwy’s population includes a relatively high number of older people, meaning the number of incidences of chronic illness and disability is high, although the age standardised rate is low (see explanation in the point below).
* Age standardisation of data from the Welsh Health Survey shows that Conwy County Borough has lower than average rates of treatment for many key health issues, which, points to the population being generally healthier than the Welsh average when taking into account the age structure of our population. However, when looking at the raw data the actual incidences of treatment are higher than average for high blood pressure, heart disease, respiratory illnesses, arthritis and diabetes – a result of the high proportion of older people in our population and their greater propensity to suffer from these illnesses. Treatment rates for high blood pressure, respiratory illnesses, mental illness and diabetes are on a generally upward trend[[67]](#footnote-67).
* General health is also poorer than the Welsh average, with 35% of the adults surveyed having their activities limited by illness or disability and approximately half reporting being treated for an illness such as high blood pressure, a heart condition, arthritis, respiratory illness, mental illness or diabetes[[68]](#footnote-68).
* There are approximately 9,000\* people with disabilities in Conwy that are known to Social Services and 28,000 who report a limiting long-term illness[[69]](#footnote-69).

\*(This is an undercount of people with disabilities – see section 4)

* If current trends continue the number of people living with chronic conditions will continue to increase in the future, with people living longer and developing more than one chronic condition.
* There are good existing structures for consulting adults with learning disabilities about services in Conwy.
* The Welsh Government published its Framework for Action on Independent Living in September 2013 and launched new guidance to improve care for people with a learning disability in General Hospitals in January 2014, alongside guidance from Public Health Wales to support GPs in reviewing the management of patients with learning disabilities. The Welsh Audit Office released an update on the management of chronic conditions by the NHS in Wales in March 2014.

## Definition

"A person has a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities." Disability Discrimination Act, 1995.

“Chronic conditions are those that in most cases cannot be cured, but can be controlled and are life-long in nature. These conditions can impact directly on the individual’s ability to carry out day to day activities, affect quality of life and require ongoing care and self management.” Welsh Assembly Government, 2005.

“They [chronic conditions] include for example diabetes, asthma, arthritis, heart failure, chronic obstructive pulmonary disease, dementia and a range of disabling neurological conditions. The incidence of such diseases increases with age.” Department of Health, 2006.

## Drivers and key policies

* One Conwy Delivery Plan 2012-15
* The Equality Act 2010
* Welsh Government: Social Services and Well-being (Wales) Act 2014
* Wales Audit Office: The Management of Chronic Conditionsin Wales – Update (2014)
* Welsh Government White Paper – The Future of Regulation and Inspection of Care and Support In Wales – (2014)
* **Welsh Government Public Health White Paper** ['Listening to you: your health matters'](http://wales.gov.uk/consultations/healthsocialcare/white-paper/?lang=en) (2014)
* Welsh Government (1000 Lives Improvement Service) Guidance - Improving General Hospital Care of Patients who have a Learning Disability (2014)
* Public Health Wales (1000 Lives Improvement Service) – Learning Disabilities Annual Health Check Programme: Rapid Improvement Guide (2014)
* Welsh Government: Building Resilient Communities: Taking Forward the Tackling Poverty Action Plan (2013)
* Welsh Government: Framework for Action on Independent Living (2013)
* Welsh Government Consultation - Tackling Hate Crimes and Incidents; A Framework for Action (2013)
* Welsh Assembly Government: Setting the Direction: Primary and Community Services Strategic Delivery Programme (2010)
* Welsh Government Circular – Statutory Guidance: Fulfilled Lives Supportive Communities Commissioning Framework and Guidance (2010)
* Welsh Assembly Government: A Community Nursing Strategy for Wales (2009)
* Wales Audit Office: The Management of Chronic Conditions By NHS Wales (2008)
* Welsh Government: Designed to Improve Health and the Management of Chronic Conditions in Wales – An integrated model and framework for action (2007)
* Welsh Government 'Statement on Policy Practice for Adults with a Learning Disability' (2007)
* Welsh Government: Designed for Life (2005)

## Main messages from research and consultation

1. Demographic analysis
2. Unitary authorities in Wales keep a register of social service clients with learning, physical or sensory disabilities. However as the registers only contain people who have accessed services, they are an undercount of people with disabilities. The table below shows the latest published data for Conwy County Borough[[70]](#footnote-70).

**Table 4.1: persons with learning, sensory and / or physical disabilities in Conwy County Borough (2012/13)** Sources: register of physically / sensory disabled persons; register of persons with learning disabilities, personal social services, Welsh Government

|  |  |  |
| --- | --- | --- |
|  | **Conwy County Borough** | **Wales** |
|   | **Number** | **%** | **%** |
| All people (2012) | 115,500 |  | 3,074,100 |
| Sight impaired and / or deaf, and / or physically disabled | 377 | 0.3 | 0.5 |
| Physical disability only | 7,915 | 6.9 | 1.5 |
| Deaf and hard of hearing only | 71 | 0.1 | 0.4 |
| Total placements of persons with learning disability | 625 | 0.5 | 0.5 |
| Total with any disability | 8,988 | 8.0 | 3.0 |

**Note:** these figures are an undercount of people with disabilities.

* **Register of persons with learning disabilities:** The register of people with learning disabilities data may be an underestimate of the total number of people with learning disabilities as registration is voluntary. Local authorities submit numbers of all persons identified as having a learning disability currently known to the authority and included in a register of records for the purpose of planning or providing services[[71]](#footnote-71). The ‘total placements’ is broken down further and is available here: <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/Social-Services/Disability-Registers/PersonsWithLearningDisabilities-by-LocalAuthority-Service-AgeRange>
* **Register of physically / sensory disabled persons:** The registers of people with physical or sensory disabilities include all persons registered under Section 29 of the National Assistance Act 1948. However, registration is voluntary and figures may therefore be an underestimate of the numbers of people with physical or sensory disabilities. Registration of severe sight impairment is, however, a pre-condition for the receipt of certain financial benefits and the numbers of people in this category may therefore be more reliable than those for partial sight impairment or other disabilities. These factors alongside the uncertainties about the regularity with which councils review and update their records, mean that the reliability of this information is difficult to determine and so it cannot be thought of as a definitive number of people with disabilities[[72]](#footnote-72)
1. Limiting long term illness data from the 2011 Census is widely used to give an estimate of disability. The term ‘limiting long-term illness’ covers a self assessment of whether or not a person has a limiting long-term illness, health problem or disability which limits their daily activities or the work they can do, including problems that are due to old age. There are limitations when using this data set: it is self-defining and so some people may be missing from the count[[73]](#footnote-73).

The proportion of all residents in Conwy CB reporting a limiting long-term illness is comparable to the Welsh figure. In the 65+ age group, there is a lower percentage than for Wales as a whole[[74]](#footnote-74).

**Table 4.2: limiting long-term illness and age (2011)**

Source: Census 2011 table KS301EW

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Conwy CB** | **Wales** | **England****& Wales** |
|   | **Number** | **%** | **%** | **%** |
| All people | 115,228 |  | 3,063,456  | 56,075,912 |
| Day-to-day activities limited a lot | 13,896 | 12.1 | 11.9 | 8.5  |
| Day-to-day activities limited a little | 14,019 | 12.2 | 10.8 | 9.4  |
| Day-to-day activities not limited | 87,313 | 75.8% | 77.3% | 82.1%  |
| Aged 16-64 | 67,940  |  |  |  |
| Day-to-day activities limited a lot | 5,209 | 7.7 | 8.3 | 5.8  |
| Day-to-day activities limited a little | 5,982 | 8.8 | 8.6 | 7.2  |
| Day-to-day activities not limited | 56,749 | 83.5 | 83.1 | 87.0  |

The latest local authority figures from the Welsh Health Survey (2011-12) show different results with 35% of the population of Conwy County reporting to have their activities limited by illness or disability. Although, as with the Census data, there are limitations to using and interpreting these figures as the survey is compiled based on self-completed questionnaires reflecting respondents own understanding of their health rather than a clinical assessment[[75]](#footnote-75).

1. The following conditions have high numbers of emergency admissions across Wales:
* chronic obstructive pulmonary disease (COPD), asthma, chest infections;
* angina, heart failure, hypertension;
* epilepsy, convulsions; and
* diabetes with complications

The latest GP Cluster Profiles published by Public Health Wales Observatory provide a modified data set of the above conditions based on data quality and availability[[76]](#footnote-76):

**Table 4.3: Chronic conditions (age-standardised)**

Source: Produced by Public Health Wales Observatory, using the chronic conditions register

|  |  |  |  |
| --- | --- | --- | --- |
| **GP Cluster** | **Conwy East** | **Conwy West** | **Wales** |
| **Percentage of GP cluster patients on register** | **%** | **%** | **%** |
| Asthma | 6.5 | 6.0 | 6.4 |
| Hypertension | 10.1 | 9.9 | 11.1 |
| Coronary Heart Disease | 2.6 | 2.3 | 2.6 |
| COPD | 1.3 | 1.3 | 1.4 |
| Diabetes | 3.6 | 3.1 | 3.9 |
| Epilepsy | 0.7 | 0.6 | 0.7 |
| Heart failure | 0.4 | 0.5 | 0.6 |

Data have been rounded

**Note:** The figures are taken from the chronic condition register, see the PHW report for full limitations. The figures are more likely to underestimate than overestimate prevelance and high numbers may reflect greater efforts by GPs to identify people with the condition.

The table shows the age-standardised percentage of chronic conditions in each of the two GP clusters in Conwy. This allows comparison to be made between clusters once the age profile of the population is taken into account.

1. Also, when looking at figures for disability and limiting long term illness, it is useful to look at the provision of unpaid care. The best source of data for this is the 2011 Census. It defines ‘unpaid care’ as any unpaid help, looking after or supporting family members, friends, neighbours or others because of long-term physical or mental ill-health or disability or problems related to old age[[77]](#footnote-77). According to the 2011 Census, over 13,600 people in Conwy provide unpaid care.
* Almost 30% of these carers (nearly 4,000 people) provide 50 or more hours of care a week. Such high levels of unpaid care provision will have a huge impact on the economic and social well-being of the carers as well as those being cared for[[78]](#footnote-78).
* The ageing of our population structure is going to undermine this community care provision in the next couple of decades – there will be fewer younger, fitter people available to provide care, and many of our current unpaid carers (mostly middle aged women) will become infirm themselves. Additionally, the increased longevity of people with disabilities may lead to care crises where elderly parents have been the primary carers for their now middle aged disabled children but find themselves no longer fit enough to do so due to their own failing health[[79]](#footnote-79).
	1. The major causes of death in the population of North Wales are circulatory diseases, cancers and respiratory diseases[[80]](#footnote-80). The following headlines are from the latest North Wales Health Profile, compiled by Public Health Wales[[81]](#footnote-81):
* Mortality for all cancers (excluding non-melanoma skin cancer) during 2004-08 in BCUHB was just above the average for Wales, 187 compared to 186 per 100,000
* Mortality from circulatory disease in BCUHB during 2008-10 is equal to the average for Wales, 185 per 100,000. Trend data show that mortality rates for circulatory disease in BCUHB have been below the average for Wales; however, in recent years the BCUHB rate has come closer to the Welsh average. Conwy has the highest circulatory disease mortality rate (193 per 100,000 population) during 2008-10
* The mortality rate from coronary heart disease (CHD) in BCUHB during 2004-08, is just below the average for Wales, 106 compared with 108 per 100,000
* Mortality from respiratory disease in BCUHB during 2004-08, is lower than the all Wales rate, 74 compared to 77 per 100,000. The lowest rates are recorded in Conwy, with 63 per 100,000.

4.3 New analysis on the impact of inequalities in health was published by the Public Health Wales Observatory in 2011. The chart below (Chart 4.3.1) presents analysis of the difference between the most deprived and least deprived in Conwy County and shows three measures of life expectancy in males and females for two separate time periods. The following descriptions are used for these measures[[82]](#footnote-82):

* Life expectancy at birth is a statistical measure of the average expected years of life for a newborn based on currently observed mortality rates and is a measure of mortality across all ages.
* Healthy life expectancy at birth (HLE) represents the number of years a person can expect to live in good health.
* Disability-free life expectancy at birth (DFLE) estimates the number of years of life expected to be free from a limiting long-term illness or disability.

**Chart 4.3.1: Comparison of life expectancy, healthy life expectancy and disability-free life expectancy at birth, Conwy 2001-05 and 2005-09**

Source: Produced by Public Health Wales Observatory, using ADDE/MYE (ONS), WIMD/WHS (WG)



* 1. As outlined in section 1 this outcome includes three population groups, each will now be looked at in turn. There are however, links between and some common themes, across the groups. Current local initiatives may be referred to, although more details regarding the current arrangements for people with disabilities and chronic conditions in Conwy are included in the appendices document that is associated with this needs assessment.
		1. **Adults with physical disabilities including sensory impairment**
1. Social model of disability

According to the social model, disability is viewed as the disadvantage or restriction of activity and participation caused by aspects of society which take little or no account of the needs of people with impairment[[83]](#footnote-83). The Life Opportunities Survey is a large-scale longitudinal survey of disability in Great Britain and it is the first major national social survey which explores disability in terms of the barriers to participation that people experience; more information is available here: <http://www.ons.gov.uk/ons/dcp171776_358917.pdf>

1. As part of the Disability Wales campaign ‘Independent Living NOW!’ in 2010-11, a series of discussions with groups and individuals took place and a Manifesto on Independent Living was developed[[84]](#footnote-84). This was used to support the development of the Welsh Government Framework for Action on Independent Living. Seven key priorities for enabling independent living were identified[[85]](#footnote-85):
2. Information, advice, advocacy and peer support
3. Accessible and supported housing
4. Personalised care and support
5. Person centred technology
6. A barrier-free transport system
7. Accessible and inclusive places
8. Employment, including self employment

The framework outlines a strategic approach to disability to ensure disabled people have the same access to opportunities and services as the rest of society, by examining the barriers to equality and inclusion and recommending actions to address them.

1. Conwy’s Physical Disabilities and Sensory Impairment (PDSI) team currently have 350 customers (as of July 2014) in Conwy who are receiving assessments or who are in receipt of services. They have a diverse range of disabilities, chronic and long term conditions and impairments that impact on their lives in the community. There are 27 people placed in residential or nursing care homes who are currently unable to live independently. The number of people open to the team at a point in time is not static and wherever possible the team works to support people to move on with support of re-ablement services or Conwy Intermediate Care Services (CICS) to regain their independence. However, there are a number of customers who will always require long term support to remain living independently in the community. This includes those currently funded by the Independent Living Fund. The PDSI team also support customers by promoting and encouraging the use of Direct Payments. Further information regarding the work of Conwy’s PDSI team is included in the appendices document associated with this needs assessment.
2. Many of the people that PDSI support have neurological conditions. A Neurological condition can affect someone from birth, for example Cerebral palsy, or can develop later in life such as Parkinson’s disease, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy and a range of other conditions. The NHS spent over £4.4 billion on treating neurological conditions in 2012/13. This is almost as much as expenditure on respiratory conditions for the same year and represents the seventh biggest Department of Health category spend at 4% of its total expenditure[[86]](#footnote-86).
3. An indication of the nationwide increase in numbers of people who are registered as being Deaf Blind is indicated below and there is a growth in the numbers associated with a rising elderly population[[87]](#footnote-87).
* There are 356,000 deaf blind people in the UK (572 per 100,000 people)
* 222,000 of these people are aged over 70 (62%)
* 113,000 are adults aged between 20-69 and 21,000 are children
* There are 2,900 deaf blind people in an average area (250,000 population).
* Future explosion in numbers by 2030: There will be 569,000 deaf blind people (806 per 100,000 people), a 60% increase. 418,000 of those people will be aged over 70

This information is part of a report written by the charity ‘Sense’ that summarises the findings from the Centre for Disability Research's 2010 report and includes their recommendations. Sense provides specialist information, advice and services to deafblind people, their families, carers and the professionals who work with them. People who have sensory impairments with additional disabilities are also supported. Sense Cymru provide a Communicator Guide service to people in Conwy who have received assessment by a qualified worker as per Section 7 Guidance of the Welsh Government Circular.

* + 1. **Adults with learning disabilities**

a) The Welsh Government vision is based on the belief that[[88]](#footnote-88): “All people with a Learning Disability are full citizens, equal in status and value to other citizens of the same age. They have the same rights to:

* live healthy, productive and independent lives with appropriate and responsive treatment and support to develop their maximum potential
* be individuals and decide everyday issues and life-defining matters for themselves joining in all decision-making which affects their lives, with appropriate and responsive advice and support where necessary
* live their lives within their community, maintaining social and family ties and connections which are important to them
* have the support of the communities of which they are a part and access to general and specialist services that are responsive to their individual needs, circumstances and preferences.”

The North Wales Social Services Improvement Collaborative (NWSSIC), which brings together the six North Wales local authorities, identified the need for a regional approach to the improvement of service outcomes for adults with Learning Disabilities in ways which are ‘citizen centred’ and ‘sustainable’[[89]](#footnote-89). They have adopted the above beliefs and developed the following vision statement.

*“In North Wales our vision for the future is that people with Learning Disabilities will have a better quality of life; living locally where they feel ‘safe and well’, where they are valued and included in their communities and have access to effective personal support that promotes independence, choice and control”*

The national and regional ‘vision’ is rooted in the belief that people with a Learning Disability should be supported to lead their lives as full citizens in their local community.

b) In Conwy, the Learning Disabilities Management and Policy Group is now the Learning Disability Priority Group (LDPG). The group has recently been discussing issues and priorities in relation to health:

* Presentations and feedback from the Learning Disability Health Team have been given regarding what is working, what isn’t and any gaps. Some examples of issues highlight were the need for more preventative work, supporting people with the basics such as personal care and communication with families
* Multi-disciplinary teams were recognised as being important
* Presentations have also been received from the Health Improvement Co-ordinator (employed by Conwy Connect for Learning Disabilities) and the Community Nurse (see the appendices document for more information about current activities).
* Health Liaison Nurse presented to the group in relation to her role, this also involved looking at the numbers of people taking up health checks which is currently quite low. How to increase numbers was discussed by the group and some feedback has also been received from the Connect Forum.

As a result of these discussions, the group is looking at which issues to prioritise and highlight as areas to work on both to the Priority Outcome Group and Conwy Joint Localities Board[[90]](#footnote-90).

In 2012 a wide ranging consultation was undertaken in Conwy called ‘Shaping the Future’ which is available at the web-link below: <http://www.conwy.gov.uk/upload/public/attachments/544/microsoft_word__shaping_the_future_version_5_final__for_translation.pdf>

1. Other consultations with people who have learning disabilities and their families have also taken place, both nationally and locally (list included in the appendices document). These have identified important issues and key messages such as:
* Improved or more information about support and choices available
* The location of housing, work, health facilities and other support is important, particularly to enable people to be independent and access desired services or opportunities
* Services need to work together to meet the needs of individuals in way that enables them to plan for their future and feel like their views are important and that they are listened to
* More affordable housing, easier access and better support both when choosing housing and with issues, such as maintenance are needed
* Many individuals want to find work although barriers, such as a lack of opportunities, can make this difficult. Schools, colleges and employers should work together to be creative and move services forward.
* Simple and safe ways of getting money/benefits and managing budgets would enable individuals to be more independent and more in control of their futures
* Friends and family are key in helping individuals feel supported to make their own choices and plans should be made with family members to ensure contact is not lost but individuals are also able to have social lives of their own
* Support within and from the local community – for example, support workers who have knowledge of local communities and how they can involve the person they support. Links with leisure services and ways to encourage healthy lifestyles are also important.
* Community services should be encouraged to promote opportunities for people with learning disabilities, including access to ordinary activities. Local businesses could be worked with to develop more accessible information and support.
* Regular and consistent reviews, assessments and plans help individuals to move on with their lives. These also need to flexible and tailored to the individual’s needs.
1. As part of the development of the Families First programme in Conwy, qualitative research was undertaken with a range of vulnerable families to gain their experiences of services. A high proportion of families who took part in the study had children with disabilities, including children with physical disabilities and learning disabilities. Despite the wide range of circumstances described by these families, there were some clear common themes: experiences of diagnosis and provision; respite; impact on money, finances and employment; impact on siblings; parents’ fears; and stigma (experienced both internally and externally) associated with disability[[91]](#footnote-91).
	* 1. **Chronic Conditions**
2. Many chronic conditions are preventable; therefore research, for example by the World Health Organisation, recommends a shift from an acute to a chronic model of healthcare. Ways to do this include: integrated health care, care centred on the patient and family, supporting patients in the community and emphasising prevention[[92]](#footnote-92). The Welsh Chronic Conditions Model[[93]](#footnote-93) identifies four levels of care appropriate to the complexity of a person’s condition. Patients move through the levels as their condition changes, with care intensifying as they move up the model.
3. The Welsh Audit Office update report on the management of chronic conditions in Wales carried out local audit work with all health boards to see how improvements were being made in relation to chronic conditions as well as unscheduled care[[94]](#footnote-94). Some key points from the report include:
* The impact of chronic conditions is growing and the prevalence increases with age; approximately one-third of the adult population report to have at least one chronic condition, with this rising to two-thirds amongst those aged over 65. The burden of this is likely to increase as people live longer:
	+ The burden within Conwy County Borough is already much greater than the national average as the proportion of those aged 65+ within the population is particularly high – Conwy County Borough’s 25.2% of the population aged 65 and over compares to 19.1% in Wales as a whole and 17% across the UK. Also, Conwy’s 3.8% of the population aged 85+ (the age group most likely to need support) compares to 2.5% in Wales as a whole and 2.3% across the UK[[95]](#footnote-95).
	+ The number of elderly people in the county is projected to increase significantly over the next 10 years as a result of increased life expectancy and the baby boom generation entering retirement. This will increase the number of people over the age of 65 by 20% and the number of people over the age of 85 by 40% by 2025[[96]](#footnote-96)
* The Welsh Government publication ‘Setting the Direction’ in 2010 provided the framework for a shift from hospital to primary care and community based services with an approach that is more preventative, to allow people to be cared for nearer to, or in, their own home. Previous reports had found that too many patients with chronic conditions were treated in an unplanned way in acute hospitals, often accounting for at least one in six emergency medical admissions.
* Positive progress has been made and hospital admissions for some conditions have reduced. Although more work is still to be done, particularly with regard to shifting resources to the community sector and expanding access to community-based services for chronic conditions
* Health boards have a clear vision for transforming services, although they are not always supported by a clear plan setting out the resources to deliver it. Recent additional planning guidance has been issued by the Welsh Government however, and three-year integrated plans are been developed.
* Groups to oversee the implementation of the chronic conditions model have been established by health boards but the interrelationship with other strategic priorities is not always joined up. The health boards are also trying, with mixed success, to work in partnership with key stakeholders to redesign services.
* Local enhanced services are now more common with one or more of these services in place across all health boards. Although, there is scope to improve the range of support or information available to GPs to manage patients more effectively in the community and to avoid unnecessary hospital referrals or admissions.
* Support for patient education and self-care has improved but the uptake and completion of programmes is still too low
* Community-based services for chronic conditions are less fragmented and more timely but most services are still available weekdays only
* Health boards have made some positive steps in developing community-based services for the most vulnerable patients but there is scope for better coordination
* Progress in developing a national community information data set has been slow. To deliver integrated care services the integration of information systems across organisations is required, although little progress has been made to improve existing information about chronic conditions and community services.
* Despite evidence of significant increases in budgets for community services, performance information presented to NHS boards is largely focused on hospital activity with limited information available to monitor the shift in balance of care towards community provision

The report suggests improvements are to be made in the key areas of planning, identifying patients at risk of unplanned admissions, support for self-care and education programmes, co-ordinating services and information; it gives recommendations in relation to each of these. An appendix of the Welsh Government strategies and delivery plans related to chronic conditions management is also provided.

1. The Wales Audit Office conducted work with Betsi Cadwaladr University Health Board (BCUHB) in 2012, which looked at the interrelated areas of unscheduled care services and chronic condition services with regard to how they were being transformed to implement an improved model of care. Specifically in relation to chronic conditions, the review found that services were “still fragmented and underdeveloped” and recommended using the Welsh Government’s Chronic Conditions Management model, and consultation to ensure that[[97]](#footnote-97):
* All patients who may benefit have access to and complete education and rehabilitation programmes.
* Community pharmacy contracts are effectively utilised to support patients with chronic conditions\*
* All CPGs co-operate with proposed new enhanced community services to allow them to operate as intended; the community resource team model is embedded across all localities; and work with locality teams and primary care to identify and understand why acute admission is the default pathway for many patients. Then use this information within localities to develop alternative patient pathways.
* Telehealth is used effectively to support primary care management of appropriate patients.
* Single points of access must be implemented.

\* The community pharmacy contract is fixed nationally. However, a local enhanced service is being scoped to support patients with chronic disease to have additional support to have appropriate clinical review and support from community pharmacy to improve medication adherence.

1. The consultation ‘Healthcare in North Wales is Changing’ was conducted by the health board following the review. Some of key findings in relation to implementing a new service model[[98]](#footnote-98):
* Targeted prevention and enhanced care at home\* were popular priorities and a significant number of respondents were in favour of moving care from acute hospitals to the community
* There were concerns about GP capacity to provide an increased amount of care at home, the transitional arrangements / effect on services and the ability to recruit staff to support people in the rural areas
* Support for local services was high and strong responses from communities where changes were proposed were received. There was particular opposition to reductions in services at a local level.
* Concerns over whether adequate consideration had been given to the growing number of older people in the population were also raised.

\*The Enhanced Care at Home (ECH) service is being implemented in the 14 localities in North Wales, with a service that covers the whole emergency admissions catchment population for Ysbyty Glan Clwyd being available in Conwy East and Conwy West.

## Data development agenda

The desired outcome for this priority area is that ‘people with disabilities and chronic conditions, have the best quality of life possible’. The following indicators can help assess the progress against this outcome as well as highlight areas to prioritise:

* The number of emergency admissions for chronic conditions (One Conwy)
* The number of people using the expert patient programme (One Conwy Indicator)

A list of current initiatives taking place in Conwy in relation to this outcome is provided in the appendices document that is associated with this needs assessment\*. There is potential for more joined-up working practices to cover all three groups and this should be taken into account as priorities for this outcome are being developed.

There has been much consultation around services for people with learning disabilities in Conwy (see list included in the appendices document), although there is less local consultation about the needs of people with physical disabilities and those with chronic conditions, particularly with those who are not known to Social Services.

Once priorities for joint working are agreed more detailed service profiles (mapping of existing services) can be undertaken that includes the consultation and a review of the evidence of effective interventions and best practice.

\*Note: list of current initiatives is correct as of July 2014, although may not be exhaustive.

# 4.5 Improve positive emotional well-being and good mental health

## Headlines

Some of the national headlines regarding mental health include:

* One in four adults will experience a mental health problem at some point in their lives[[99]](#footnote-99). This means it is likely that a significant number of people will either have a problem affecting their mental well-being or will be close to someone who does
* Approximately 300 people die by suicide each year in Wales[[100]](#footnote-100)
* 70% of people affected by mental illness say they have experienced discrimination at some time because of it[[101]](#footnote-101)
* Most people say they would not want anyone to know if they developed a mental illness[[102]](#footnote-102)
* 1 in 5 children have a mental health problem in any one year, and about half of all mental health problems are rooted in childhood[[103]](#footnote-103)

Local information:

* According to the latest information from the Welsh Health Survey 10% of adults in Conwy report that they are currently being treated for a mental illness[[104]](#footnote-104)
* Factors such as unemployment, social isolation, accommodation and poverty are interrelated and are associated with mental ill health amongst adults of working age. People living in areas of Conwy with higher levels of deprivation such as Tudno, Abergele Pensarn, Glyn and Mostyn wards therefore may be expected to have higher levels of depression and anxiety than those living in less deprived areas of the County[[105]](#footnote-105)
* People in BCUHB report lower rates of mental illness requiring treatment compared to Wales as a whole, although the number of adults reporting current treatment for a mental health problem is predicted to increase from just under 19,500 in 2011 to 21,500 by 2030[[106]](#footnote-106).
* Suicide rates in Conwy are statistically significantly higher than the Wales average[[107]](#footnote-107).
* A result of a piloted discreet service, now mainstream, people have been identified within the local population, without definitive diagnosis, who experience poor wellbeing and may make unwise choices and, subsequently live chaotic unhealthy lifestyles[[108]](#footnote-108)

## Definition

““Well-being”, in relation to a person, means well-being in relation to any of the following:

* 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;
* suitability of living accommodation

In relation to an adult, “well-being” also includes

* control over day to day life;
* participation in work”

Social Services and Well-being (Wales) Act 2014, which received Royal Assent on 1 May 2014.

The World Health Organisation defines mental health as: “a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”[[109]](#footnote-109)

*nef* explain that: “Well-being can be understood as how people **feel** and how they **function**, both on a personal and a social level, and how they **evaluate** their lives as a whole. To break this down, how people **feel** refers to emotions such as *happiness* or *anxiety*. How people **function** refers to things such as their *sense of competence* or their *sense of being connected to those around them*. How people **evaluate** their life as a whole is captured in their satisfaction with their lives, or how they rate their lives in comparison with the best possible life[[110]](#footnote-110).

## Drivers and key policies

* One Conwy Delivery Plan 2012-15
* Social Services and Well-being (Wales) Act 2014
* Carers Strategy (Wales) Measure 2010
* Mental Health (Wales) Measure 2010
* Welsh Government: National Service Model for local Primary Care Mental Health (2011)
* Welsh Government: Talk to Me – The National Action Plan to Reduce Suicide and Self Harm in Wales 2009 – 2014
* Welsh Government: Together for Mental Health 2012 – A Strategy for Mental Health and Wellbeing in Wales (and the associated Delivery Plan 2012-16)
* Welsh Government: Carers Strategy for Wales 2013
* Welsh Government: Building Resilient Communities: Taking Forward the Tackling Poverty Action Plan (2013)

## Main messages from research and consultation

4.1 The Mental Health (Wales) Measure 2010 placed new legal duties on Local Authorities and Local Health Boards regarding the assessment and treatment of mental health problems.

The Measure has four main Parts:

* ensuring more mental health services are available within primary care
* making sure all patients in secondary services have a Care and Treatment Plan
* enabling all adults discharged from secondary services to refer themselves back to those services.
* supporting every in-patient to have help from an independent mental health advocate if wanted.

Source: Welsh Government online at - <http://wales.gov.uk/topics/health/nhswales/healthservice/mental-health-services/measure/?lang=en>

4.2 Subsequently, the Welsh Government launched *Together for Mental Health* for public consultation in 2012. A series of consultation events were held across Wales, including additional events with young people and the wide distribution of questionnaires. The responses were broadly supportive of the strategy and a number of principal themes emerged, including[[111]](#footnote-111):

* Marked enthusiasm for the cross-government approach and decision to further embed the Mental Health (Wales) Measure 2010
* Strong support for a focus on recovery and reablement
* Focus on the need for effectively managed transitions in care – between children and adult services, and between adult and older age
* The need for improved and meaningful partnership working between departments of the Welsh Government, statutory bodies and the third sector.
* The importance of safe, secure and appropriate housing and education and training in tackling socio-economic disadvantage
* Reservations regarding the level of available finance and a desire to see maximum impact from available resources
* The need for a concerted drive to tackle stigma and discrimination within the workforce and the wider public
* Concerns about the impact of UK Government plans relating to welfare reform

The Strategy was published later in 2012, becoming the first mental health strategy for Wales to cover all ages, with a central theme being to provide a seamless approach to meeting the emotional and mental health needs of the population[[112]](#footnote-112).

4.3 Each of the Local Health Boards produces an annual report outlining progress of the implementation of Together for Mental Health. The report from Betsi Cadwaladr University Health Board (BCUHB) stated that better mental wellbeing (for adults) is being supported by[[113]](#footnote-113):

* improving working lives: promoting the Corporate Health Standard, the Small Workplace Award and back-to-work schemes
* promoting the \***‘Five Ways to Wellbeing’** in communities and services, alongside healthy lifestyle messages regarding eating well, being active, not smoking and staying within recommended guideline amounts of alcohol consumption
* supporting communities to strengthen ‘inclusion’ and deliver environmental improvements
* exploring the role of ‘Arts in Health’ work with community groups to promote wellbeing
* supporting the Book Prescription Wales scheme across all Counties including the scheme for children and children and families
* encouraging uptake of Mental Health First Aid training amongst staff groups and community members
* appointing a ‘Time to Change’ champion at Board / Senior Director level in the Health Board and Local Authorities
* disseminating information about recognising poor mental health / mental illness, together with how to access support, self-help options and other treatment that might be appropriate
* increasing access to counselling provision for adults and older people
* promoting ‘healthy ageing’
* linking mental wellbeing impact assessment approaches to equality impact assessments

\*The **Five Ways to Well-being** are a set of evidence-based actions which promote people’s wellbeing. They are: **Connect, Be Active, Take Notice, Keep Learning** and **Give**. These activities are simple things individuals can do in their everyday lives. They were developed by the New Economics Foundation (NEF) from evidence gathered in the UK government’s Foresight Project on Mental Capital and Wellbeing. The Project, published in 2008, drew on state-of-the-art research about mental capital and mental wellbeing through life. It asked NEF to develop the Five Ways to Wellbeing to communicate its key findings. More information is available here: <http://www.neweconomics.org/projects/entry/five-ways-to-well-being>

In Conwy, a focused Learning Exchange around the “Five ways” for those working with children, young people and families took place on 4 June 2014 to raise awareness and share ideas for introducing the “5 ways to well being” concept into everyday practice. A factsheet from the event with useful links in relation to well-being is included in the appendices document that is associated with this needs assessment.

* 1. A fifth of the NHS expenditure for Wales is on mental health services, with many services being involved in treating patients with mental health problems; for instance, a large proportion of attendances to A&E and general admissions to hospital are related to mental health problems[[114]](#footnote-114). BCUHB has several units and facilities for people with mental health needs. The table below shows that the total number of inpatient admissions (elective and emergency) to mental health units in BCUHB decreased during the period 2010/11 to 2012/13. The highest numbers of admissions during this period were to Wrexham Maelor hospital (1,932), followed by Ysbyty Gwynedd – psychiatric (1,872) and the Ablett Unit (1,562)[[115]](#footnote-115):

**Table 4.4.1:**



4.5 As part of its strategic aim to improve the mental health and wellbeing of the population of Wales, the Welsh Government has produced Talk to Me – The National Action Plan to Reduce Suicide and Self Harm in Wales 2009 – 2014. This has seven key objectives[[116]](#footnote-116):

* Promote mental health and wellbeing
* Deliver early intervention
* Response to personal crisis
* Manage the consequences of suicide and self harm
* Promote learning and research and improve information on suicide and suicide prevention
* Work with the media to ensure appropriate reporting on mental health and suicide
* Restrict access to the means of suicide

There are a number of key initiatives being rolled out in Wales linked to this plan. They include:

* Mind Cymru delivering Mental Health First Aid
* Mind Cymru delivering Applied Suicide Intervention Skills Training (ASIST)
* CALL Helpline operating a 24-7 service
* The Welsh Mental Health Promotion Network hosted by Public Health Wales. Bringing together, informing and equipping a broad range of stakeholders to participate in improving the mental health and wellbeing of the people of Wales
* The School-based Counselling Strategy in Wales
* Implementation of Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008-2018.

4.6 The latest figures available in relation to suicide rates regionally and locally are shown in the tables detailed below. Although, it is important to note that when comparing statistics in relation to suicide caution should be given regarding how deaths are registered and recorded as suicide. More information is available through the Office for National Statistics at the web-link included with table 4.6.1.

**Table 4.6.1: Number of deaths from suicide by sex and five-year age group, 2012, Wales**

This shows suicide is more prevalent amongst males, accounting for over 75% of the instances of suicide in 2012, and particularly amongst younger to middle-aged men with over half being aged 25 – 49 years. Source: Office for National Statistics from Table 9: Age-specific suicide rates (with 95 per cent confidence limits): by sex and five-year age group, Wales, 1981 to 2012 Registrations 1,2,3,4,5,6,7

<http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-332358>

|  |  |  |  |
| --- | --- | --- | --- |
| **Age** | **Number** | **Males** | **Females** |
| 15-19 | 8 | 6 | 2 |
| 20-24 | 20 | 15 | 5 |
| 25-29 | 21 | 19 | 2 |
| 30-34 | 43 | 34 | 9 |
| 35-39 | 31 | 27 | 4 |
| 40-44 | 35 | 30 | 5 |
| 45-49 | 38 | 29 | 9 |
| 50-54 | 25 | 18 | 7 |
| 55-59 | 25 | 17 | 8 |
| 60-64 | 28 | 19 | 9 |
| 65-69 | 18 | 13 | 5 |
| 70-74 | 10 | 8 | 2 |
| 75-79 | 14 | 9 | 5 |
| 80-84 | 7 | 5 | 2 |
| 85 and over | 11 | 8 | 3 |
| Total | 334 | 257 | 77 |

**Note**: Suicide is also a leading form of death amongst children and young people – sixty of the 260 (23%) children and young people aged 12-17 who died due to external causes in Wales between 2002 and 2011, did so either through intentional self harm, or an event where the intent could not be determined[[117]](#footnote-117). The Child Death Review Team published a thematic review of the deaths of children and young people through probable suicide in March 2014 and more information is available on the Public Health Wales website: <http://www.wales.nhs.uk/sitesplus/888/page/65108>

**Table 4.6.2: Mortality from suicide, all persons, all ages, North Wales, 2006-2010**

This shows that European age-standardised rate (EASR) for mortality from suicide in BCUHB (10.3 per 100,000 population) is above the average for Wales (9.2 per 100,000 population). In BCUHB, Conwy has the highest mortality rate from suicide, 14.4 per 100,000 population[[118]](#footnote-118).



4.7 Conwy’s Talk to Me Board was established in 2012 to ensure the delivery of the action plan. The Board requested a gap analysis of services providing support to families and friends coping with suicide and attempted suicide. This service profile looked at provision and gaps via consultation with key services in order to inform future strategies and commissioning. Suicide support services in Conwy were grouped into categories such as Counselling; Self help/private/social groups; Administrative and training; Information/advice; Residential. Different examples were given under these headings. In addition, linkages and pathways between services and agencies were discussed where they are working together to provide support[[119]](#footnote-119). (*This board is no longer meeting and currently awaiting new guidance regarding ‘Talk to Me’)*

4.8 Carers of all ages have a vital role in supporting people with mental health problems. The *Carers Strategy (Wales) Measure 2010* places specific statutory obligations on Local Health Boards to ensure carers receive support, care, information and advice. The updated *Carers Strategy for Wales 2013* outlines the key actions to support carers to be delivered over the next three years. It provides a framework within which agencies across Wales can work together to deliver services and support to carers, promote and share good practice, and find innovative and sustainable ways of supporting carers more effectively. It recognises the impact of caring on physical, emotional and mental health[[120]](#footnote-120).

The high proportion of elderly residents in Conwy has led to the county having one of the highest dependency ratios in Wales. According to the 2011 Census, over 13,600 people in Conwy provide unpaid care and almost 30% of these carers (nearly 4,000 people) provide 50 or more hours of care a week. Such high levels of unpaid care provision will have a huge impact on the economic and social well-being of the carers as well as those being cared for[[121]](#footnote-121).

4.9 Local consultation with carers was conducted by Unllais in 2009 after being commissioned to set up an independent carers’ forum the previous year. This involved asking carers in Conwy and Denbighshire about their views on flexible respite, specialised respite, waiting lists and the impact on carers' physical and mental health. The carers identified the following forms of flexible respite that they would like to support them[[122]](#footnote-122):

* Employ respite workers, whereby a carer could book in advance some respite if for example they have a hospital appointment or are going to a wedding.
* A type of fostering service, whereby the cared for could stay in a family setting when their carer was ill or needed a rest.
* Extend the Vale of Clwyd Mind Social Opportunities Denbighshire project into both counties. The cared for asks to be referred to this scheme via their key worker, it enables the cared for to do something they enjoy e.g. walking, shopping but also gives the carer some respite.
* Respite cover to enable carers to take part in all levels of the Partnership e.g. on recruitment and selection panels for staff, developing and planning services, training partnership staff.
* A scheme whereby ‘someone’ could pop in to see if their relative or friend was ‘ok’ while they were at work and or give them a telephone call to make sure they are alright.

4.10 The Families First research produced by Conwy’s Children and Young People’s Partnership focuses on the lived experiences of families in Conwy – their perceptions of their experiences and needs (and, in some cases, the professionals working with them). This included listening to their stories, their experiences of services, and their perspectives on what might have prevented or helped their situation. Mental and emotional health features strongly, ranging from parents’ own needs, to the mental health of their children. A number of examples demonstrate the barriers to seeking and gaining support for mental and emotional health issues, including lack of engagement with services, the stigma attached to seeking help, and the availability of services. The families also demonstrate the causes of mental and emotional health problems; for example, family circumstances, family breakdown, bereavement, domestic abuse, and caring for children with disabilities[[123]](#footnote-123).

4.11 In 2013, Hafal ran a campaign across Wales to encourage everybody to work together to deliver on the Mental Health (Wales) Measure and Together for Mental Health Strategy. The ‘Lights! Camera! ACTION!’ campaign called for[[124]](#footnote-124):

* high quality Care and Treatment Plans for everyone receiving secondary mental health services
* full choice and control for service users on the content of Care and Treatment Plans
* prompt delivery of quality mental health services in response to those Plans and to the needs of people with a serious mental illness using primary care services
* further reform of services which increases service user and carer control over the choice and commissioning of services
* a longer-term move towards full equality in Welsh society for service users and carers including equal access to health and social care, housing, income, education, and employment

The campaign was service user and carer-led, many undertook their own film projects and individuals also produced film blogs to highlight good practice in mental health service delivery or draw attention to where there were shortfalls.

The main findings regarding their aims bulleted above include:

* Feedback from people during the campaign highlights how important and how valued Care and Treatment Plans are. However, the quality of these plans varies across Wales: some people have said that Care and Treatment Plans are not always focused on achieving short and long-term goals. Although many people throughout the campaign have spoken about the importance of having safe and secure accommodation, better educational/training opportunities and more employment or volunteering opportunities these are not always sufficiently reflected as outcomes or goals in people’s Care and Treatment Plans.
* People spoke during the campaign about their involvement or lack of involvement in the development of their own Care and Treatment Plan; there was a mixed response ranging from no involvement at all to people being invited to write their own plan. Some people said that they still felt that the Care and Treatment Plan was something given to them, and that they have had little or no say into the content.
* Where people have been involved in the development of their own Care and Treatment Plan they feel more empowered and more in control. People who use secondary mental health services want to have a greater say and more control over what services they receive.
* Many people spoke of the need for a greater focus on the physical health of people with a mental illness and their carers.
* Many people throughout the campaign spoke about their wish (and need) for a range of psychological therapies to be available as part of their recovery. Accessing these types of services is frequently seen by people as difficult and challenging.
* People spoke about the importance of having effective peer support, with these services seen as crucial for many people as part of their recovery.
* A large number of service users and carers spoke about the commitment and support they receive from health and social care professionals, but thought that the restricted level of services available often did not meet their needs
* Many service users and carers say that they have little real choice or control over the services they receive with the majority of service users and carers saying that they are not involved in the process of commissioning services; some reported that where there are forums for service users and carers it sometimes feels like “lip service”. Many were interested in exercising choice in selecting services and being seen more as the ‘consumer’.
* Some people raised questions about how Care and Treatment Plans will be analysed collectively to identify needs.
* Although service users and carers recognise improvements and opportunities in services there is still a marked disparity in terms of the quality of their lives with reference to training, employment, housing, etc., compared with the general population. This disparity is even more marked than for those with, for example, physical disabilities who themselves have a long way to achieve equality.
* Some people have said they feel uncomfortable or even intimidated when they try to access services, and are not treated on a equal basis with professionals.
* Carers have reported that they do not feel they are regarded or treated as equals by health and social care professionals and that their views are sometimes discounted.
* People have said they often need to access a range of services outside of the NHS and social services, but having a mental illness has caused a barrier to them being able to access these.
* Many people throughout the campaign have said that there is still a lot of stigma and discrimination against people with mental illness – even within the NHS itself.

The full report and Hafal’s recommendations can be read online at: <http://www.hafal.org/hafal/pdf/LCA%20Report%20web.pdf>

4.12 Mental Health services in Conwy are currently provided by the Community Mental Health Team (CMHT) and Social Services, co located with Health. Services consist of:

* A Primary Care Team who, following assessment, can offer advice, support and talking therapies or signpost to other relevant agencies.
* **Secondary Care** Teams located within the two Conwy Community Mental Health Teams. They comprise of Community Psychiatric Nurses, Social Workers, Psychologists, Occupational Therapists and Psychiatrists. Following an initial assessment, individuals will be offered advice or help to resolve their problems, or will be allocated to a member of the team who will agree and draw up a Care and Treatment Plan (CTP) identifying the nature of the help that is to be provided
* **Secondary Support Services – a** key worker may determine that a period of support at home is needed or in the community from a support worker to help overcome problems and enable individuals to resume their normal daily activities

 Source: CCBC Services information, available online at: <http://www.conwy.gov.uk/doc.asp?cat=9038&doc=28915>

4.13 Finally, from a pharmacy perspective in relation to mental health, it is important to:

* Promote and support the use of community pharmacists to deliver medicines use reviews and discharge medication reviews to promote compliance and concordance
* Equity of supervised consumption for patients from community pharmacy for those under the Community Drug and Alcohol Service
* Ensure community pharmacies know about support services for patients and carers and are able to signpost them or refer i.e. include them in the primary care support network.
* Promote and train community pharmacies as another point of contact for Cognitive Behavioural Therapy or to point to Parabl
* Provide support for carers around medication to improve their knowledge as well as for patients through third sector groups, training nurses etc. and supporting CMHTs and home treatment teams

## Data development agenda

Mental , physical, emotional, social and cultural health are important to the overall well-being of individuals, particularly as people with mental ill-health are less likely to have their physical health problems diagnosed and treated[[125]](#footnote-125). There is also a link with issues for older people’s mental health services and drug and alcohol misuse provision. Therefore priorities in relation to this outcome need to link with those associated with the outcomes concerning disabilities and chronic conditions, healthy and active living and support for older people.

Limited local consultation is available regarding mental health and well-being services for people in Conwy (see appendices document). Once priorities for joint working are agreed more detailed service profiles (mapping of existing services) can be undertaken that includes the consultation and a review of the evidence of effective interventions and best practice.

Lobby primary care services to address all the needs of a person in order to support their wellbeing. For example a person presenting with a mental health problem may have a chronic condition such as diabetes overlooked.

# 4.6 Improve access to health and well-being services close to where people live

## Headlines

* 1. There are currently estimated to be 115,500 people living in Conwy County Borough and some of the key population profile headlines are included at the start of this document.

The number of elderly people in the county is projected to increase significantly over the next 10 years as a result of increased life expectancy and the baby boom generation entering retirement[[126]](#footnote-126). There will be a likely impact on the use of a range of services as needs intensify or new needs emerge. There is also a greater proportion of women in the population compared to neighbouring counties and national averages. This may have an impact in relation to the number accessing certain services. For instance, according to the latest Welsh Health Survey[[127]](#footnote-127) results, for some services, use by younger women was relatively high, possibly linked to child bearing and family planning.

* 1. The narrow coastal belt contains over 85% of the County Borough’s population with Llandudno and Colwyn Bay as the two main settlements in terms of population numbers. Rural Conwy is a mainly agricultural area, it’s population is widely dispersed and is predominately Welsh speaking[[128]](#footnote-128).

Geographical access to key services forms part of the Welsh Index of Multiple Deprivation 2011, which is the official measure of deprivation in Wales. This domain considers the average travelling time by foot or public transport to access a range of services considered necessary for day-to-day living, including leisure centres, primary and secondary schools and libraries. Six areas in Conwy County feature in the 10% most deprived in Wales for access to services[[129]](#footnote-129).

## Definition

Welsh Health Standards define access as *“the extent to which people are able to receive the information, services or care they need”[[130]](#footnote-130).*

## Drivers and key policies

* One Conwy Delivery Plan 2012-15
* Social Services and Well-being (Wales) Act 2014
* The Equality Act 2010
* Mental Health (Wales) Measure 2010
* Welsh Government: A Framework for Delivering Integrated Health and Social Care - For Older People with Complex Needs (2014)
* North Wales Statement of Intent (between the North Wales Local Authorities and Betsi Cadwaladr University Health Board) March 2014
* Access to Care and Wellbeing in Wales (Report written by Social Services Improvement Agency 2013 commissioned by Welsh Government)
* Welsh Government: Delivering Local Health Care (2013)
* Welsh Government: Programme for Government (2013)
* Welsh Government: Achieving Excellence – The Quality Delivery Plan for the NHS in Wales 2012 – 2016 (2012)
* Welsh Government: ‘More than just words…- Strategic Framework for Welsh Language Services in Health, Social Services and Social Care’ (2012)
* Welsh Government: Together for Health – Five Year Vision for the NHS in Wales (2011)
* Welsh Government: Digital Inclusion Delivery Plan 2011 – 2015
* Welsh Government: Rural Health Plan (2010)
* Welsh Government: Our Healthy Future (2009)
* Welsh Government: Health And Social Care For Adults – Creating A Unified And Fair System For Assessing And Managing Care (Social Services Inspectorate for Wales 2002)
* National Institute for Health and Care Excellence (NICE) - Accessibility planning and the NHS: improving patient access to health services (2006)
* Welsh Institute for Health and Social Care (WIHSC)

## Main messages from research and consultation

* Social Services and Well-being (Wales) Act 2014 contains new duties regarding the provision of information and advice including changes to eligibility criteria for access to services
	+ 1. A proposed framework in relation to assessment and eligibility has been put forward by the Social Services Improvement Agency (SSIA) in their report, commissioned by the Welsh Government. This includes three levels of provision: better access to information and community resources for everyone; proportionate wellbeing support for those who need some help; and a guarantee of managed support for those who need it. The framework outlines that any individual or family with care or support needs will have access to a proportionate assessment and to the right services to meet that need[[131]](#footnote-131).

4.1.2 In her written statement, dated 5th November 2013, Gwenda Thomas (Deputy Minister for Social Services) explains amendments that will place duties[[132]](#footnote-132): “at the point of assessment and when determining if a person meets the eligibility criteria, to consider other ways in which the individual’s needs can be met through the provision of: information, advice or assistance; preventative services; or any other support that may be available in the community”.

4.1.3 In 2013, the North Wales Regional Leadership Board was successful in it its bid to the Welsh Government’s Regional Collaboration fund for a joint project between the North Wales local authorities and Betsi Cadwaladr University Health Board (BCUHB) to transform access to community based care by creating a single point of access for social services and community health care. As part of this regional project Conwy has undertaken a piece of research to consider access into services and identified a range of desired outcomes which will be achieved over next 12 – 18 months via a project management approach[[133]](#footnote-133). This project will help to implement the changes being brought in through the Social Services and Well-being (Wales) Act.

4.1.4 Also, a North Wales Transport to Health Group has been established which is chaired by BCUHB and involves Welsh Government, representatives of the six Local Authorities, Welsh Ambulance Services NHS Trust (WAST) and Community Transport. The aim of this group is to understand and improve access to health services and facilities in North Wales. The group is also seeking to ensure a better strategic fit between planning and delivery for all partners involved[[134]](#footnote-134).

* Integration of services across health and social care, including the improved use and delivery of community based services and existing technologies, as a way to improve accessibility to key services and support the needs of the local community

4.2.1 Meeting care and well-being needs should be the collective responsibility of all public agencies and needs to be delivered through effective joined-up services[[135]](#footnote-135). Local authorities and health should work in partnership on early intervention and preventative approaches including the development of community based support to meet local needs earlier. For instance, through pharmacy outreach services and live health information surgeries.

More creative and flexible solutions will be necessary to ensure that the needs of people living in rural areas are met in the most appropriate way, as well as strengthening existing developments such as telehealth and telecare[[136]](#footnote-136).

* + 1. Together for Health[[137]](#footnote-137) explains some of the key priorities for the NHS in Wales including the provision of better information and use of technologies. For instance, ensuring more information is available online and through mobile devices, encouraging communication through innovative ways. Increasing access to local GPs is also one of the key commitments in the Welsh Government’s Programme for Government.
		2. Delivering Local Health Care[[138]](#footnote-138) provides a framework for action for Health Boards, Local Government and Third Sector partners to work together, to provide high quality, safe and sustainable services to meet the needs of people across Wales. This details a number of outcomes for local care, including improving access, and should be looked at alongside the related Welsh Government plans to integrate health and social care services. The first focus of this work is on older people with complex needs, Welsh Government have issued a framework[[139]](#footnote-139) and in line with this the North Wales local authorities along with BCUHB have produced a Statement of Intent on integrated care.
		3. In April 2014 the Welsh Government announced a new eHealth and Care Strategy is to be developed in conjunction with local authorities, health boards and NHS trusts in Wales[[140]](#footnote-140). The strategy will focus on using technology such as video conferencing, remote monitoring and better use of health records. Technology can help to improve access to services by bringing them closer to people’s homes, for example by providing mobile services in rural areas. Consultation with both professionals and services users is expected to take place over the coming months.
* Equality of access to services and the factors associated with / affecting access

4.3.1 Access to health care and well-being services is complex and comprises a number of key elements, including[[141]](#footnote-141):

* + the adequacy of supply – whether there are sufficient services
	+ barriers to accessing services including those associated with financial, organisational, social, cultural issues
	+ the relevance and effectiveness of the services themselves (which will impact on health outcomes)
	+ whether the availability of services is acceptable to the whole population and whether there is equality of access for all groups

A consistent theme in much of the research is regarding how resources are used to meet the needs of different groups within the local population and how this can impact on people’s experiences regarding the access and availability of services. For instance, those living in rural or deprived areas, older people and those with chronic conditions may have more difficulty accessing services[[142]](#footnote-142).

1. Alongside the key elements above considerations should be given to[[143]](#footnote-143):
* sustainable and consistent services being integral
* equitable access to meet community needs – not always good for one size to fit all
* shared resources with informed and trusted partners to ensure and enable effective and appropriate referrals so that if a service is available weekly / fortnightly / monthly then partners are able to refer an individual or family for a specific service on a day that the service is actually available
1. Reliance on telephony and electronic access to services for all communities can be problematic[[144]](#footnote-144):
* illiteracy across all ages is unmeasured but commonly apparent
* mobiles and or landlines are costly
* required skills / competences of front line workers are different to those delivering face to face through one to one engagement and/or retrieving information / evidence to identify the appropriate area of need be it health or social care
* IT needs to be accessible and user friendly – effective telephony services and I.T. networks are not always available or intermittent across the county

4.3.2 The Welsh Government have recently updated their ‘Digital Inclusion Delivery Plan’, which sets out targets to ensure as many people as possible can benefit from being online. In his written statement regarding the updated plan, the Minister for Communities and Tackling Poverty, states that positive progress is being made against the targets set in 2011 and that “developments in devices like smart-phones and tablets, improvements in internet speeds and easy to use online services have enhanced the digital experience for users and 79% of people in Wales now use the internet, compared with the estimated 66% in 2010”[[145]](#footnote-145). Although, there are still high numbers of people digitally excluded, either without access or the appropriate knowledge and skills to go online. The plan has been revised to take this into account and includes actions and targets to reduce this number further. Some of the outcomes the plan aims to achieve include[[146]](#footnote-146):

* Reduced digital exclusion amongst older people, helping them to feel less isolated, save more money on cheaper online goods and services and help them stay in employment longer
* Reduced digital exclusion amongst residents of social housing
* Reduced digital exclusion amongst people with disabilities
* Better informed and more health conscious citizens
* Improved health outcomes through better access to health related information
* Organisations are more aware of the need to improve accessibility of their websites and other digital communications.

The plan suggests the key importance of Library Services in helping to improve the equality of access for a number of groups, including older people and those with disabilities, by providing free information, support and internet access to individuals and often acting as an intergenerational hub.

4.3.3 In the ‘Equality’ chapter of the Welsh Government’s Programme for Government, the following indicators are used that are relevant to this area[[147]](#footnote-147):

* Health service satisfaction rates for people with protected characteristics
* Public transport services satisfaction rates for people with protected characteristics

These indicators use the latest data from the National Survey for Wales (2012-13) to measure the overall satisfaction of people in Wales[[148]](#footnote-148):

*Regarding health services:*

* the levels varied between age groups, with those aged 16-24 and over 75yrs having the highest rates of satisfaction
* men tended to be more satisfied than women (57% reporting high levels of satisfaction as opposed to 50% for women)
* there was little difference between those with long-term illnesses, disabilities and the rest of the population

*Regarding public transport services:*

* similar to the above, those aged 16-24 and over 75yrs had the highest rates of satisfaction, those aged 45-64yrs were the least satisfied
* little difference amongst the genders
* people suffering a limiting long-standing illness, disability or infirmity were – on average – less satisfied with transport services (only 40% reported to be very satisfied, compared to 47% for the rest of the surveyed population)

4.3.4 BCHUB produces an annual Equality and Diversity report to review the progress towards their equalities objectives and outcomes. As part of the monitoring process BCUHB regularly report to the Equality Stakeholder Network, which is comprised of individuals and groups representing people with protected characteristics. Recent work by the group has focused on disability issues, and they have helped to identify some of the barriers faced by disabled people in accessing Health Care services. This work has informed a number of specific actions currently being taken forward in collaboration with group members including an identity card for deaf service users to help health staff understand their communication needs[[149]](#footnote-149).

## Data development agenda

Access to services has links across Outcome 4 of One Conwy; therefore specific areas to focus on may originate from or alongside the other priority outcome groups.

Limited local consultation is available regarding access to health and social care services in Conwy (see appendices document). Once priorities for joint working are agreed more detailed service profiles (mapping of existing services) can be undertaken that includes the consultation and a review of the evidence of effective interventions and best practice.

# 4.7 More people, who are at their final stages of life, receive care in their preferred place of care

## Headlines

1.1 There are currently estimated to be 115,500 people living in Conwy County Borough, with some of the key population profile headlines in relation to this outcome being as follows[[150]](#footnote-150):

* There are more deaths than births in the area every year. Just fewer than 1,500 residents of Conwy County Borough died in 2012. This was around 50 more deaths than in 2011.
* The overall death rate in Conwy County Borough has fallen in the last 10 years from 14.7 deaths per 1,000 population in 2001 to 12.8 deaths per 1,000 population in 2011, (a fall of 0.5 points from 2010 rates). The rate is still high when compared to Wales, and England & Wales averages. This is due to the older age structure of our population.
* The standardised mortality ratio, which takes account of differing age structures in different areas, shows that the County Borough’s death rate is low when compared to the Welsh average

The number of people aged 65 and over in Conwy County Borough’s population is expected to be about 39,100 by 2032 (33.7% of the total county population). This is an increase of 9,950 (34.1%) on 2012 figures.

The number of people aged 85 and over in Conwy County Borough’s population is expected to be about 8,300 by 2032 (7.2% of the total population). This is an increase of 3,900 (88.1%) on 2012 figures.

According to the 2011 Census, over 13,600 people in Conwy provide unpaid care by looking after or supporting family members, friends, neighbours or others because of long-term physical or mental ill-health or disability or problems related to old age and almost 30% of these carers (nearly 4,000 people) provide 50 or more hours of care a week. Such high levels of unpaid care provision will have a huge impact on the economic and social well-being of the carers as well as those being cared for[[151]](#footnote-151).

1.3 The number of elderly people in the county is projected to increase significantly over the next 10 years as a result of increased life expectancy and the baby boom generation entering retirement. This will increase the number of people over the age of 65 by 20% and the number of people over the age of 85 by 40% by 2025[[152]](#footnote-152). There will be a likely impact on the use of a range of services as needs intensify or new needs emerge.

The major causes of death in the population of North Wales are circulatory diseases, cancers and respiratory diseases[[153]](#footnote-153). Cause of death can often have a reflection on choice with regards to place of death and the support available.

The extension of ‘Dying Matters’ to Wales was announced at a national event in May 2014 and is part of a three-year plan for improving end of life care in the country. It aims to encourage people to talk about death and plan for the end of life wishes of family and friends.

## Definition

The NHS Choices website describes ‘end of life care’ as[[154]](#footnote-154):

“...support for people who are approaching death. It helps them to live as well as possible until they die, and to die with dignity. It also includes support for their family or carers. [This] includes palliative care. If you have an incurable illness, palliative care will help to make you as comfortable as possible by [relieving pain](http://www.nhs.uk/Planners/end-of-life-care/Pages/controlling-pain-and-other-symptoms.aspx) and other distressing symptoms, while providing psychological, social and spiritual support for you and your family or carers. This is called a holistic approach to care, as it deals with the ‘whole’ person rather than just one aspect of their care.”

## Drivers and key policies

* One Conwy Delivery Plan 2012-15
* Social Services and Well-being (Wales) Act 2014
* Welsh Government: Together for Health – Delivering End of Life Care (2013)
* Betsi Cadwaladr University Health Board (BCUHB) End of Life Delivery Plan 2013
* Welsh Government: Delivering Local Health Care (2013)
* Social Care Institute for Excellence: Dying well at Home: the Case for Integrated Working 2013
* Dying Well Matters – Listening to Patients and Families to Improve Care (2009)
* End of Life Care – All Wales Care Pathway for the Last Days of Life (2006)
* Welsh Government: A Framework for Delivering Integrated Health and Social Care For Older People with Complex Needs (2014)
* North Wales Statement of Intent (between the North Wales Local Authorities and Betsi Cadwaladr University Health Board) March 2014

## Main messages from research and consultation

4.1 Demographic analysis

1. There are currently estimated to be 115,500 people living in Conwy County Borough with the age breakdown being as follows[[155]](#footnote-155):

**Table 4.1: Conwy County Borough population breakdown and estimates by age (2002-32)** Sources: mid-year estimates of population, ONS; 2011-based sub national population projections, Welsh Government

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2002** | **2012** | **2022** | **2032** |
| **Age** | **Number** |
| Total population | 110,600 | 115,500 | 116,800 | 116,200 |
| Aged 0-15 | 20,200 | 19,100 | 19,600 | 17,700 |
| Aged 16-64 | 64,800 | 67,300 | 63,700 | 59,400 |
| Aged 65+ | 25,600 | 29,200 | 33,500 | 39,100 |
| Aged 85+ | 3,600 | 4,400 | 5,800 | 8,300 |

1. The tables below show the latest available statistics regarding the number of deaths in Conwy (2012) and the leading causes of death (2011).

**Table 4.1.1: Deaths (numbers): area of usual residence, by age and sex, 2012 registrations, Conwy.** Source: Mortality Statistics: Deaths registered in England and Wales by area of usual residence. This product is designated as National Statistics, from the Office for National Statistics.

|  |  |  |  |
| --- | --- | --- | --- |
| **Age** | **Number** | **Males** | **Females** |
| Under 25 | 12 | 6 | 6 |
| 25-34 | 6 | 6 | 0 |
| 35-44 | 14 | 9 | 5 |
| 45-54 | 38 | 19 | 19 |
| 55-64 | 110 | 62 | 48 |
| 65-74 | 244 | 141 | 103 |
| 75-84 | 405 | 214 | 191 |
| 85 and over | 662 | 237 | 425 |
| Total | 1491 | 694 | 797 |

Note: The deaths of those whose usual residence is outside England and Wales are included in total figures for England and Wales, but excluded from any sub-division of England and Wales. More information available at: <http://www.ons.gov.uk/ons/rel/vsob1/deaths-registered-area-usual-residence/index.html> or via vsob@ons.gsi.gov.uk

**Table 4.1.2: Leading causes of death in Conwy by age and sex, 2011**

Source: Mortality by Cause\* - 2011 Registrations To 2011 Boundaries, Office for National Statistics

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cause of death** | **Sex** | **Total****(all ages)** | **Under 25** | **25-34** | **35-44** | **45-54** | **55-64** | **65-74** | **75-84** | **85 and over** |
| All causes | M | 689 | 11 | 5 | 14 | 25 | 75 | 132 | 208 | 219 |
|   | F | 786 | 6 | 3 | 6 | 17 | 54 | 90 | 225 | 385 |
| Diseases of the circulatory system | M | 215 | 1 | 0 | 2 | 4 | 18 | 41 | 69 | 80 |
| (including heart disease) | F | 256 | 0 | 0 | 1 | 3 | 7 | 25 | 69 | 151 |
| Cancer | M | 216 | 1 | 0 | 2 | 6 | 33 | 58 | 74 | 42 |
| (all types) | F | 210 | 0 | 1 | 1 | 8 | 28 | 46 | 75 | 51 |
| Diseases of the respiratory system | M | 85 | 0 | 0 | 0 | 1 | 7 | 7 | 25 | 45 |
| (including pneumonia & COPD) | F | 109 | 0 | 0 | 0 | 0 | 7 | 8 | 36 | 58 |
| Mental and behavioural disorders | M | 36 | 0 | 0 | 0 | 1 | 1 | 4 | 10 | 20 |
| (including dementia) | F | 80 | 0 | 0 | 0 | 1 | 1 | 0 | 16 | 62 |
| Diseases of the digestive system | M | 32 | 0 | 1 | 2 | 5 | 6 | 7 | 4 | 7 |
| (Including liver disease) | F | 35 | 0 | 1 | 2 | 3 | 6 | 3 | 3 | 17 |
| External causes of morbidity and mortality (including accidents) | M | 37 | 1 | 3 | 7 | 5 | 5 | 2 | 6 | 8 |
| F | 22 | 1 | 1 | 2 | 0 | 2 | 1 | 3 | 12 |
| Diseases of the nervous system | M | 22 | 2 | 1 | 1 | 1 | 1 | 7 | 5 | 4 |
| (including motor neurone and Parkinson's) | F | 32 | 0 | 0 | 0 | 0 | 2 | 3 | 11 | 16 |

**Notes:**

\*Cause of death as given in the death register and based on the doctor's or coroner's certificate of cause of death; this is known as 'original' cause of death.

For full details of the diseases included in each category please see the full spreadsheet: Deaths by age and cause 2011, source: CCBC Corporate Research and Information Unit

Further information in relation to mortality rates, statistics and procdedures in relation to coding and registering deaths is available from the Office for National Statistics at the web-link below.

<http://www.ons.gov.uk/ons/rel/vsob1/death-reg-sum-tables/2013/sb-deaths-first-release--2013.html#tab-Further-Information->

1. The major causes of death in the population of North Wales are circulatory diseases, cancers and respiratory diseases[[156]](#footnote-156). The following headlines are from the latest North Wales Health Profile, compiled by Public Health Wales[[157]](#footnote-157):
* Mortality for all cancers (excluding non-melanoma skin cancer) during 2004-08 in BCUHB was just above the average for Wales, 187 compared to 186 per 100,000
* Mortality from circulatory disease in BCUHB during 2008-10 is equal to the average for Wales, 185 per 100,000. Trend data show that mortality rates for circulatory disease in BCUHB have been below the average for Wales; however, in recent years the BCUHB rate has come closer to the Welsh average. Conwy has the highest circulatory disease mortality rate (193 per 100,000 population) during 2008-10
* The mortality rate from coronary heart disease (CHD) in BCUHB during 2004-08, is just below the average for Wales, 106 compared with 108 per 100,000
* Mortality from respiratory disease in BCUHB during 2004-08, is lower than the all Wales rate, 74 compared to 77 per 100,000. The lowest rates are recorded in Conwy, with 63 per 100,000

4.2 Together for Health – Delivering End of Life Care provides a framework for action by Local Health Boards, NHS Trusts and Third Sector partners. The action plan builds on the progress made carrying out the recommendations set out in the Sugar Report, ‘Palliative Care Planning’ published by the Welsh Government in 2008, which had set out recommendations and actions for palliative care provision in Wales up to 2011.

Delivering End of Life Care sets out the Welsh Government’s expectations of the NHS in Wales, working collaboratively with local government and the third sector, in delivering high quality end of life care, regardless of diagnosis, circumstances or place of residence in Wales. The framework, or plan, is split into six themes[[158]](#footnote-158):

1. Supporting Living and Dying Well
2. Detecting and Identifying Patients Early
3. Delivering Fast and Effective Care
4. Reducing the Distress of Terminal Illness for Patients and their Families
5. Improving Information
6. Targeting Research

In response to this End of Life Care Delivery Plan, Local Health Boards are required, together with their partners, to produce and publish a detailed local end of life care delivery plan to identify, monitor and evaluate action needed by when and by whom. The plan for Betsi Cadwaladr University Health Board (BCUHB) includes actions against each of the Welsh Government milestones listed above. A summary of the plan and details of priorities for 2013 – 2016 is available here: <http://www.wales.nhs.uk/sitesplus/861/opendoc/240628>

A summary of the progress BCUHB has made is available in the annual report; key areas where significant progress has been made include[[159]](#footnote-159):

* Partnership working with Primary Care colleagues to further improves the use of Palliative Care GP Registers to improve clinical care for patients and their carers.
* Working with cancer and chronic condition teams to identify and care for those in the last year of life, supported through developed ‘toolkits’ and ‘needs based coding’ to guide and support health care professionals.
* Considerable work has been undertaken in Paediatric, Transitional and Adult palliative care services at both a regional and national level. There is an excellent working relationship between these services which are developing pathways and processes to improve patient experience.
* Good progress in the implementation of CaNISC System in line with All Wales and North Wales PCIT objectives including a successful bid to Welsh government to enable improved IT connectivity for staff in both the statutory and our partners in the third sector.
* Ongoing work with to improve IT links for third sector hospices.
* Good use of Welsh Integrated Care Priorities tool, as evidenced by the Health Boards high variance returns.
* Active research portfolio for palliative care.
* Palliative Care audit & education activities and close links with the Universities to promote high quality Palliative Care.
* Advance Care Planning Tool revised in light of feedback. Education package being developed to support it’s rollout into hospice day care settings in the autumn. Work is ongoing with chronic disease groups to look at the feasibility of rolling it out for other patients.
* Work with IT to develop increasingly sophisticated metrics to evidence impact of progress of BCUHB End of Life Delivery Plan in addition to the current CaNISC data.

4.3 In his 2012 Annual Report, the Executive Director of Public Health for North Wales makes the following recommendations that are relevant to this outcome area[[160]](#footnote-160):

* To target inequalities in healthy life expectancy, to reduce avoidable deaths and reduce the need for healthcare services of older people
* To respond to the knowledge that people prefer to remain independent and wish to receive care closer to home with more control over their care
* To continue to shift care services away from hospital centric and residential care models to integrated models centred on the person and their carers
* To promote self-management and proactive care for older people with chronic conditions in order to improve quality of life and reduce the need for services
* To improve end of life care and enable more people to choose their preferred place of death

The Executive Director also refers to the ‘Dying for Change’ report (Leadbeater and Garber, 2010), which recorded that only 7% of 2,127 members of the public in a YouGov survey said that they would prefer to die in hospital. Currently about 58% of deaths take place in hospital, and this is expected to rise to 65% by 2030 based on more people dying in older age. Most people die in hospitals and care homes, often feeling cut off from friends and family, dependent on systems and procedures that feel impersonal, and over which they have little control. Leadbeater and Garber state that a conservative estimate of 20% NHS spending is on end of life care costs (£20 billion today, set to rise to £25 billion by 2030), but that about 40% of people dying in hospital do not have conditions that medicine can influence. They state that half of all complaints to the NHS involve a criticism of the circumstances in which someone died[[161]](#footnote-161).

4.4 The North Wales Regional Leadership Board, which is made up of representatives from each of the six North Wales local authorities, Betsi Cadwaladr University Health Board (BCUHB), the Police and the Fire and Rescue Services, has recently released its Statement of Intent in relation to the Welsh Government Framework For Delivering Integrated Health And Social Care For Older People With Complex Needs. The Statement is split into sections to provide a baseline of current “integration” together with the intent and aspiration for the future in North Wales[[162]](#footnote-162).

* In Conwy, the Local Authority currently provides professional input into Intermediate Care services and has Service Level Agreements in place to provide support for Intermediate Care Services and End of Life services.
* It is proposed that Enhanced Care, Intermediate Care and End of Life Care will be jointly delivered through a Memorandum of Understanding

4.5 One example of the benefits of integrated working between local government, the health service and third sector organisations is Marie Curie’s rapid response service. The people of Conwy, Denbighshire, Flintshire and Wrexham have access to a 24-hour palliative care service, where Marie Curie nurses provide urgent symptom control and psychological and social support to people needing end of life care at home or in care homes. This service is embedded into the out-of-hours service; calls to the out-of-hours service are assessed and, if they feel the issue is one linked to end-of-life care, they are forwarded to the Marie Curie Rapid Response Team. A recent report from Marie Curie estimates that over 600 hospital admissions have been avoided so far, saving an estimated £1.4 million[[163]](#footnote-163).

4.6 Community pharmacy enhanced services are commissioned by health boards based on the needs of the local population; the following schemes are commissioned by BCUHB:

* Provision of palliative care emergency medicine packs via Just In Case Boxes (JICB)[[164]](#footnote-164)
* Packs are provided, when clinically appropriate, to patients for whom it is anticipated that their medical condition may deteriorate into the terminal phase of illness
* The service aims to improve access to palliative care medicines for those who require them
* Palliative care medicines are provided by pharmacies in Just in Case Boxes in accordance with a prescription issued by a practitioner
* In Hours Availability of Palliative Care Specialist Medicines[[165]](#footnote-165)
* The aim of this service is to ensure the supply of palliative care specialist medicines, the demand for which may be urgent and/or unpredictable.
* Pharmacies stock the BCUHB agreed list of specialist medicines and make a commitment to ensure that users of this service have prompt access to these medicines during the pharmacy opening hours as declared to the LHB.
* The service aims to improve access for service users to palliative care specialist medicines when they are required by ensuring prompt access and supply and also to support people, carers and clinicians by providing them with information and advice regarding these medicines including safe storage, use and disposal.

Full details of providers in Conwy and the list of palliative care medications is available on request.

4.7 St. David’s Hospice is a local charity providing end of life care free of charge to adult patients from Conwy, Anglesey and Gwynedd, as well as support to their families and carers. Patient services provide specialist physical, spiritual and practical support for adults who have been diagnosed with a terminal or life-limiting illness. A counselling service is also provided to families and carers. Day care and inpatient wards have approximately 250 admissions a year.

* The hospice’s day unit admits 10 people per day Tuesday - Friday with Mondays available for appointments and bereavement counselling. A course of approximately 8 weeks is offered and support is tailored to each individual’s needs. Patients attend Day Care services for a number of reasons:
* Specialist medical and nursing care from a professional team
* A chance to meet others in a similar situations
* To allow their carer respite for 1 day a week
* St David’s has a 14 bed inpatient care centre giving 24 hour professional care. Patients are referred to inpatients because:
* They have stopped treatment attempting to find a cure for their illness, but still need help with their general symptoms e.g. pain and nausea in order to keep them comfortable.
* Patients have chosen to spend their last days of life at St David’s.
* Patients who require specialist respite and assessment (these stays are of limited duration)

All referrals must be made by a health care professional e.g. Hospital Teams, General Practitioner or community Nurse using the designated Hospice form.

Information from St. David’s Hospice online at: <http://stdavidshospice.org.uk/>

During the period 01/04/2013 – 31/03/2014 there were a total of 188 patients provided with specialist palliative inpatient services and 130 receiving day therapy\*; during this period[[166]](#footnote-166):

* Almost three-quarters of inpatients and two-thirds of day care patients were aged 65 and over
* Those diagnosed with cancer made up the majority both for inpatients (89%) and day care patients (84%)
* Of the non-cancer diagnoses, these were more evenly spread across inpatients, although in the day care unit just over a third of patients had motor neurone disease
* There were 1950 day places available and 2212 actual day care attendances by patients, including inpatients
* There were 104 patients registered for day care services who died or who were discharged during the period and 66 continuing patients at the end of the period.

\*Note: these figures are made up of the numbers of new patients, continuing patients and re-referred patients during the period, the number of new patients may include both inpatient and day care patients.

The table below provides information in relation to patient location before and at the end of their stay at the inpatients care unit. This is based on the total number of admissions during the above period (237) and the total number of discharges and deaths (237).

**Table 4.7.1: Patient location before and at end of stay, St. David’s Hospice, 2013-14** Source: Minimum Date Set Project – Section 1 Specialist Palliative Inpatient Services (St. David’s Hospice)

|  |  |  |  |
| --- | --- | --- | --- |
| **Location before admission** | **Num. of patients** | **Location at end of stay** | **Num. of patients** |
| Patient / relative / carers’ home | 186 | Died | 127 |
| Care home | 1 | Patient / relative / carers’ home | 99 |
| Hospital (acute) | 50 | Care home | 6 |
| Hospital (community) | 0 | Hospital (acute) | 2 |
| Hospice/specialist palliative care unit | 0 | Hospital (community) | 0 |
| Other | 0 | Hospice /specialist palliative care unit | 0 |
| Not recorded | 0 | Other | 0 |
|  |  | Not recorded | 2 |

The average length of stay for all inpatients during the same period was 13.8 days, for cancer patients 14.6 days and non-cancer patients 8.8 days. The average length of care for day care patients was 107.2 days[[167]](#footnote-167).

* 1. Further details of the current initiatives taking place in Conwy in relation to end of life care and the actions under Outcome 4.7 of One Conwy can be found in the Partnership Position Statement[[168]](#footnote-168):
* A 12 month Continuing Health Care End of Life Care Domiciliary Support Worker pilot is underway in conjunction with social services.
* The Palliative Care project in North Denbighshire is to be extended to Conwy
* Local Enhanced Service for GP assessment of patients in nursing homes, end of life planning discussed if appropriate with patient as part of assessment. End of life planning is a priority for GP practices and they are to review deaths in calendar year with emphasis of end of life care to identify service improvements for the future
* GPs also regularly meet with Macmillan Nurses to discuss shared care patient management
* Preferred place of care and death are now considered as per routine in Adult Palliative Care Services, this is something that the North Wales Palliative Care regional Audit Group intend to measure in the coming year.
* Community Palliative Care Services (for adults), are very much involved with the Gold Standard Framework, Macmillan have a specified post holder who is working with GP’s across North Wales to set up the Gold Standards protocols. All adult palliative care teams, both statutory and independent, by legislation, are now using the Welsh Integrated Care Priorities tool. Variance benchmarking occurs across Wales on a quarterly basis. All teams are subject to the Welsh Palliative Care standards, and are currently undergoing a peer review process.
* Welsh Integrated Care Priority tool being reviewed at a national level for introduction later in year
* Specialist Community Palliative Care steering group set up to co-ordinate service development for end of life care in the community
* Pilot project to set up telephone advice line for nursing homes to use for advice & support with the care of patients at end of life
* Independent Hospices now have representation on the North Wales Palliative Care Strategy Group, North Wales Hospices also have a joint meeting, and representation on the All Wales Hospices Group meeting with AM’s. Adult hospices have been facilitating the “Short Palliative Care Course for GP’s” for Cardiff University. Hospices have representation on BCUHB’s Expert Clinical Group. Hospices attend BCUHB palliative care MDT’s in both Central and West.
* **T**here are two training projects underway to train nominated Health Care Support Workers from local Nursing Homes (as link nurses) – one is the “six steps to success” course and the other is via Bangor University who have had a one off grant to provide the training. St David’s Hospice and local Palliative Care Teams are working on a long term solution to this provision.
* Transitional care from children’s to adult hospices is gaining momentum, and St David’s Hospice and Ty Gobaith/Hope House are working closely together to ensure a smooth hand over of appropriate patients. Hope House have now appointed a Transitional Care Specialist Nurse.

Also: syringe driver project in nursing homes within Conwy, which was undertaken to support patients to remain in the nursing homes.

* 1. A recent report by Sue Ryder and think-tank Demos explores the reasons behind people’s preferred choice of where they would like to die by examining: what outcomes people prioritise at the end of life, how they associate these with different places of death (hospice, hospital, care home and their own home) and whether first-hand experience of these locations changes peoples’ perceptions of what care they can offer[[169]](#footnote-169). Some of the key findings are as follows:
* People’s first priority for the end of life is to be free from pain and discomfort (78% of respondents said this would be important to them), followed by being surrounded by their loved ones (71%), having privacy and dignity (53%), and being in familiar surroundings and being in a calm and peaceful atmosphere (both 45%)
* Many of the medical aspects of care (pain relief, trained carers, emergency medical support) are associated with hospital and to a lesser extent care home settings, while dying at home is closely associated with the personal aspects of care (e.g. having relatives around you, being surrounded by your things and being in familiar surroundings)
* However – crucially – while dying without pain and discomfort is a top priority for 78% of those surveyed, only 27% felt that home was a place where they would be free from pain during their final days. Dying at home is most closely associated with the next three of people’s priorities for end of life – suggesting that people are willing to sacrifice their first preference (pain relief), in order to satisfy more of their preferences overall by opting to die at home.
* Many professionals consulted during this research assumed that the public were ill-informed about the lack of pain relief when dying at home, and if they knew of the problems commonly encountered in accessing medication at home then fewer would opt for a home death. Although, findings suggest this is not the case. In fact, the popularity regarding dying at home is not from a lack of understanding – rather a trade-off where people choose to make compromises and sacrifice some aspects of good quality care.
* Many respondents initially felt hospices balanced medical and personal concerns but lacked the advantages of either. However, when asked to score locations based on attributes they valued most hospices outscored hospitals, and came a close second to dying at home.
* People’s preferences also tend to change over time: more people want to die in a hospice the closer they get to death – rising from 4% to 17% to 28% in the final year, months and days before death respectively. At the same time, fewer people want to die at home – from 91% to 75% to 63% over the same period.
	+ However, this shift is most dramatic for those with experience of hospice care – 11% of people with experience of hospice care say they would like their last year there, while 30% would want to spend their last weeks there. Most importantly, at the very end (last days) of life, hospice becomes the preferred place to be for those with experience of hospices: 44% say they want their last days at home, and 55% in a hospice.
	1. In March this year, the Minister for Health and Social Services agreed to hold two ‘Improving End of Life Care’ conferences in 2014. The first took place on 13 May at the SWALEC Stadium Cardiff, and the second took place on 29 May at Venue Cymru, Llandudno. The aim of the conference was to encourage people to talk about a range of end of life issues and to provide information for how to have conversations about planning for death. Feedback from interactive surveys held at the conference showed that while a number of people may have spoken about death they may not necessarily have put the talk into action e.g. may not have written a will.
	2. ‘Dying Matters’ is a coalition of 30,000 members across England and Wales which aims tohelp people talk more openly about dying, death and bereavement, and to make plans for the end of life[[170]](#footnote-170). The extension of Dying Matters to Wales was announced at the national event held in Cardiff on Tuesday 13 May (see 4.6 above) and is part of a three-year plan for improving end of life care in the country. Research commissioned for Dying Matters Awareness Week, which ran from 12-18 May, revealed people in Wales are the least likely in Britain to have written down preferences for their future care should there come a time when they are unable to make decisions for themselves. Meanwhile, 85% of the Welsh public believe that people in Britain are uncomfortable discussing dying and death[[171]](#footnote-171). The Coalition was set up in 2009 by the National Council for Palliative Care (NCPC) to promote public awareness of death, dying and bereavement, and is made up of members from a wide range of organisations including the NHS, voluntary and independent health and social care providers, community organisations, social care housing, schools and colleges, the legal professional and the funeral sector. It aims to encourage people to talk about death and plan for the end of life wishes of family and friends. The Chief Executive of the NCPC is to chair a review of choice in end of life care, which will be undertaken by an independently-led programme board. The board will present its findings to the UK government in February 2015. A presentation developed by Dying Matters to help spread the word regarding talking and planning for death is provided in the appendices document that is associated with this needs assessment.

## Data development agenda

Some of the issues mentioned here link with those associated with the outcomes concerning emotional and mental well-being, disabilities and chronic conditions, encouraging healthy and active living, and support for older people. Therefore the development of priorities may need to take into account the areas being focused on across the priority outcome groups.

Limited local consultation is available regarding end of life care services in Conwy (see appendices document) Once priorities for joint working are agreed more detailed service profiles (mapping of existing services) can be undertaken that includes the consultation and a review of the evidence of effective interventions and best practice. A list of current organisations able to offer advice and support in relation to end of life care is included in the appendices document that is associated with this needs assessment.

BCUHB is currently using a number of outcomes indicators to measure and track how well palliative care services are doing over time; these include[[172]](#footnote-172):

* Residence at time of death
* The numbers of emergency admissions for amongst our population.
* The number of people recorded on primary care palliative care register prior to death
* The number of people receiving specialist palliative care

Local indicators will need to be agreed to measure performance against approved actions in the One Conwy Delivery Plan.

# 4.8 Carers live full and active lives

## Headlines

The outcome ‘carers live full and active lives’ includes the following population groups\*:

* Carers of people with physical or learning disabilities
* Carers of people with chronic conditions
* Carers of people with mental illness
* Carers of the elderly
* Carers of people with a substance misuse
* Carers of someone who is ill

\*Note: This needs assessment will be specifically focusing on adult carers, although the transition of Young Adult Carers is included within the scope of this document – agreed by Priority Outcome Group members 16.07.2014. Core Aim Group 3 acts as a monitoring role for the Young Carers Project.

There are currently estimated to be 115,500 people living in Conwy County Borough[[173]](#footnote-173), with some of the key headlines relating to this outcome being as follows:

* According to the 2011 Census, over 13,600 people in Conwy provide unpaid care by looking after or supporting family members, friends, neighbours or others because of long-term physical or mental ill-health or disability or problems related to old age
* Almost 30% of these carers (nearly 4,000 people) provide 50 or more hours of care a week (see Table 4.1). Such high levels of unpaid care provision will have a huge impact on the economic and social well-being of the carers as well as those being cared for[[174]](#footnote-174).
* The number of elderly people in the county is projected to increase significantly over the next 10 years as a result of increased life expectancy and the baby boom generation entering retirement. This will increase the number of people over the age of 65 by 20% and the number of people over the age of 85 by 40% by 2025. The high proportion of elderly residents has lead to the county having one of the highest dependency ratios in Wales[[175]](#footnote-175)

As the population continues to age, support for carers will be become increasingly important, as they too may reach an age when they need care themselves.

## Definition

The Carers Strategies (Wales) Measure 2010 defines a “carer” as[[176]](#footnote-176):

“An individual, whether an adult or a child, who provides or intends to provide a substantial amount of care on a regular basis for—

(a) a child who is disabled within the meaning of Part 3 of the Children Act 1989**,** or

(b) an individual aged 18 or over

“Carer” does not include an individual who provides or intends to provide that care—

(c) by virtue of a contract of employment or other contract with any person, or

(d) as a volunteer for any body (whether or not incorporated)

The support a Carer provides may include but is not limited to:

* safe lifting, moving and handling;
* help with eating and drinking;
* personal hygiene;
* administering medication;
* emotional support;
* assistance with life-skills;
* acting as an advocate or guardian for the cared-for person;
* helping someone manage their finances, or to access other services of benefit, e.g. housing, leisure, recreation, or financial and legal advice;
* use of aids and adaptations

## Drivers and key policies

* One Conwy Delivery Plan 2012-15
* Conwy Carers Strategy 2013 – 16
* Social Services and Well-being (Wales) Act 2014
* Carers Strategies (Wales) Measure 2010
* Carers (Equal Opportunities) Act 2004
* Welsh Government: The Carers Strategy for Wales (2013)
* Welsh Government: Together for Health (2011)
* North Wales Carers Information and Consultation Strategy (2012 – 2015)
* Review of International Evidence on Interventions to Support Carers (2010), University of York

It is important to note that the Social Services and Well-Being (Wales) Act will be implemented in April 2016. Carers Wales released a policy briefing in June 2014 which outlined the following[[177]](#footnote-177):

* The Act repeals the majority of existing Community Care legislation and repeals and consolidates all existing carers’ legislation:

· 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

* Carers Wales welcomes the new definition of a carer in the Act; “a person who provides or intends to provide care for an adult or disabled child (but excludes paid carers etc)” which removes the requirement that carers must be providing “a substantial amount of care on a regular basis”. Disability will have the same meaning as in the Equality Act 2010

For more information please visit: <http://www.carersuk.org/wales/policy/policy-library/the-social-services-well-being-wales-act-2014> or <http://www.lukeclements.co.uk/wpcontent/uploads/2014/06/Social-Services-Well-being-Wales-Act-2014-briefing.pdf>

## Main messages from research and consultation

4.1 Demographic analysis

According to the 2011 Census, over 13,600 people in Conwy provide unpaid care by looking after or supporting family members, friends, neighbours or others because of long-term physical or mental ill-health or disability or problems related to old age

**Table 4.1 Provision of unpaid care for Conwy County Borough, Wales and England & Wales** Produced by the Corporate Research and Information Unit, Conwy County Borough Council

 Source: 2011 Census data for Conwy County Borough, Office for National Statistics

|  |  |  |  |
| --- | --- | --- | --- |
| **Provision of unpaid care** | **Conwy County Borough** | **Wales** | **England & Wales** |
| Provides no unpaid care | 101,623 | 88.2% | 2,693,226 | 87.9% | 50,275,666 | 89.7% |
| Provides 1 to 19 hours unpaid care a week | 7,813 | 6.8% | 212,436 | 6.9% | 3,665,072 | 6.5% |
| Provides 20 to 49 hours unpaid care a week | 1,814 | 1.6% | 54,046 | 1.8% | 775,189 | 1.4% |
| Provides 50 or more hours unpaid care a week | 3,978 | 3.5% | 103,748 | 3.4% | 1,359,985 | 2.4% |
| Total providing care | 13,605 |  |  |  |  |  |

The map below uses information from Table 4.1 along with the breakdown by ward (Source: Census 2011) to show where in the county carers are living\*.



Use of this data is subject to terms and conditions. You are granted a non-exclusive, royalty free, revocable licence solely to view the Licensed Data for non-commercial purposes for the period during which Conwy County Borough Council makes it available; You are not permitted to copy, sub-license, distribute, sell or otherwise make available the Licensed Data to third parties in any form; and Third party rights to enforce the terms of this licence shall be reserved to Ordnance Survey.

Mae telerau ac amodau’n gysylltiedig â defnyddio’r data hwn. Rhoddir trwydded ddirymiadwy nad yw’n gyfyngedig, heb freindal, i chi weld y Data Trwyddedig ar gyfer defnydd anfasnachol yn unig, o’r cyfnod y bydd ar gael gan Gyngor Bwrdeistref Sirol Conwy; Ni chewch gopïo, is-drwyddedu, dosbarthu, gwerthu neu fel arall drefnu bod y Data Trwyddedig ar gael mewn unrhyw ffurf i drydydd partïon; a Neilltuir hawliau trydydd parti  i orfodi telerau’r drwydded hon i’r Arolwg Ordnans.

\*Note: the statistics used in the table and map above are gathered based on the question:

*Do you look after, or give any help or support to family members, friends, neighbours or others because of either: • long-term physical or mental ill-health / disability?*

 *• problems related to old age?*

The Census is currently the most reliable way of quantifying carers although it is important to be aware that some people providing care to family members or friends may not define themselves as a ‘carer’ or may be reluctant to admit that the person they care for needs help because of fear of social services involvement.

4.2 Using information from the 2011 Census, the latest research from Carers UK finds that[[178]](#footnote-178):

* There are 6.5 million carers in the UK (1 in every 8 adults)
* Although caring can be rewarding, it often impacts on the lives of carers in a negative way
* Over half of carers struggle to balance their time between their job and their caring role
* The number of families taking on caring responsibilities for older relatives, friends/family with disabilities or chronic conditions continues to grow
* Over half of carers struggle financially e.g. paying household bills

There are approximately 370,000 carers in Wales with 345 people taking on a new caring role every day[[179]](#footnote-179). There is growing evidence that caring can have a detrimental impact on the physical, emotional and mental health of carers and that their health is increasingly at risk as their caring responsibilities increase. Carers in Wales providing high levels of care are a third more likely to suffer ill health than non-carers: 23.7% of carers in Wales reported their health wasn’t good in the 2001 Census[[180]](#footnote-180).

4.3 The refreshed Carers Strategy for Wales 2013 sets the strategic direction for carers’ policy up to 2015, and contains key actions the Welsh Government intends to take to achieve positive outcomes for carers. It is arranged around five key priority areas:

* health and social care
* information, identification and consultation
* young carers and young adult carers
* support and a life beyond caring
* carers and employment

4.4 In response to the new requirements of the Carers Measure, Betsi Cadwaladr University Local Health Board (BCUHB) have worked in partnership with the six North Wales authorities to develop a Carers Information and Consultation Strategy. The vision set out in the strategy is to develop a culture that understands and respects the experience and knowledge of carers. The needs of carers will be mainstreamed into everyday practice to ensure that carers are supported in their caring role, and are able to maintain their own independence whilst protecting their health and wellbeing. The five key aims of the strategy are to ensure:

* Carers’ issues are mainstreamed into everyday working practices of NHS and other staff
* Carers are allowed to make a choice about the level of care they wish to provide
* Core information for carers is available and accessible regardless of where the carer lives
* Carers are recognised and listened to; ensuring they are true partners in care
* Staff training and development will enable staff at all levels to support carers appropriately

4.5 Following on from the above, the BCUHB Carers Measure Action Plan for 2014-15 has four priorities each associated with expected outcomes as detailed below[[181]](#footnote-181):

* **Primary Care Engagement** -Primary care staff are aware of their obligations to meet the Carers Measure legislation and are engaged in the implementation of the strategy.
* **Appropriate Information and Advice** - Carers have sufficient information and advice to enable them to feel supported and able to carry out their caring role safely.
* **Training** - All BCUHB staff are carer aware and have the appropriate knowledge to identify and signpost carers; Carers are enabled to cope with the caring role through the delivery of appropriate training
* **Mainstreaming Carer Issues into Everyday Working Practices in NHS** - Carers will be involved in decision making and choices at all levels and all stages in the caring role, in a positive, timely and proactive way

BCUHB is looking to explore the issues of consent and information sharing in relation to carers within the advanced carer awareness training that is currently being developed. In addition an action within the final priority listed above is to pilot the “Triangle of Care” approach within targeted areas of mental health and dementia services. This model will include developing good practice to overcome the barriers to patient confidentiality.

4.6 Conwy Carers Strategy aims to recognise carers of all ages in Conwy and to bring about a better understanding of their role and needs. The vision is to acknowledge, value and support carers and to provide high quality responsive services that we will constantly strive to improve[[182]](#footnote-182).

* The Carers Team in Conwy supports Carers over the age of 18 who are supporting someone over the age of 18. The Carers Team consists of a Senior Carers Officer and two Carers Officers. Over 250 Carers are currently actively being supported by the Carers Team with over 600 Carers assessment and reviews completed yearly.
* The draft action plan for the Strategy includes the following objectives:
* All carers should be identified, recognised and provided with relevant, timely information
* All carers to be offered support
* Increase awareness of Carers issues
* Improve the health and well being of Carers
* Consult and engage with Carers

The listed considerations and possible actions in the Strategy should be taken into account regarding the development of priorities for joint working.

Services should be working hard to identify and recognise carers as well as offer Carers Needs Assessments. A wealth of local work is currently taking place to support carers (with details included the appendices document associated with this needs assessment), although more could be done regarding encouraging carers to accept the offer of an assessment. A training session on recognising and identifying carers that will be open to both social services and health professionals is due to take place in September 2014.

* 1. Through the research for this needs assessment **three key areas** have been identified:
		1. **The impact of a caring role on people’s lives**

Much of the research and consultations around carers reflects on the impact of having a caring role on people’s lives. This can be broken down to examine the impact on carers’ health, their employment and finances, and their personal life or family relationships.

*Impact on health*

* Carers who provide high levels of care for sick or disabled relatives/friends are more than twice as likely to suffer poor health[[183]](#footnote-183) compared to people without caring responsibilities.
* The Carers Week 2013 survey ‘In Sickness and in Health’ cited the main issues affecting carers health as anxiety or stress (91%), depression (53%), injury such as back pain (36%), high blood pressure (22%) and the deterioration of an existing condition (26%)[[184]](#footnote-184).
* Carers UK carries out an annual survey of carers to collect evidence on a whole range of issues affecting carers’ lives. In their most recent report[[185]](#footnote-185) they find that over 80% of carers report that caring has a negative impact on their health. The report finds that the both the physical and mental health and well-being of carers is affected in a number of ways:
	+ Over two-thirds report difficulty in getting a good night’s sleep
	+ 58% have reduced the amount of exercise they do
	+ 45% struggle to maintain a balanced diet
	+ Almost three-quarters report increased anxiety and over half of respondents said they had been affected by depression since taking on their caring role

*Impact on employment and finances*

* Lack of support can lead to carers cutting down the number of hours they work, giving up work completely or retiring early, likely having a negative impact on their financial situation
* Almost half of the carers surveyed during Carers Week 2013[[186]](#footnote-186) said they had to give up work **to care** for elderly parents, disabled or seriously ill loved ones, resulting in additional financial implications.
* **In recent analysis of the financial situation of carers, Carers UK found that over half of carers are struggling to pay household bills and over a third are cutting back on essentials, such as food and heating**[[187]](#footnote-187)
* **When asked why they had left work or retired early, 62% of respondents to the 2014 survey answered that it was due to the stress of balancing work and caring, over a third said the reason was because care services they needed were either unsuitable or too expensive**[[188]](#footnote-188)

*Impact on family relationships and personal life*

* Of the carers surveyed during Carers Week 2013[[189]](#footnote-189), 62% have experienced difficulties in their relationship with their partner, and 76% have found it difficult to maintain friendships.
* In the Carers UK survey: two in five carers responding (39%) said they had found it hard to maintain social networks because they did not have anyone to talk to about caring and three quarters of carers (75%) said that it was because people do not understand the impact that caring has on their lives[[190]](#footnote-190).
* The Centre for the Modern Family’s third annual report, *Families that Care*, looks at how caring responsibilities affect family life and also builds on previous research regarding family resilience and the state of the modern family. The key findings from the report are[[191]](#footnote-191):
	+ Official statistics on carers underestimate their number in the UK – 27% of people who provide care are ‘hidden carers’, who do not consider themselves carers
	+ Individuals who need care are hugely reliant on the unpaid support of their families and friends – a third of carers provide between 30-50 hours of care a week, with a further third providing between 10-29 hours
	+ In turn, family plays a crucial role in supporting people with their caring responsibilities – 68% of carers in turn feel supported by their family
	+ Providing care and support has significant financial implications – 44% of carers said that their financial well-being had been affected, and a quarter of carers are spending their savings and cutting down on essentials
	+ Carers’ physical, mental and social well-being are affected – 22% state that their physical health is negatively impacted, 25% their mental well-being and 34% their social life
	+ Carers do feel rewarded by their responsibilities – 38-45% of carers state that their relationship with the person they cared for has been positively affected, and around a quarter said that their sense of wellbeing has improved
	+ People are ignoring their own possible care needs in the future – 63% of the general population do not want to think about needing care
	+ People are generally pessimistic about the current state of care and support in the UK – 87% believe that society is less caring than 5 years ago
	+ The majority of people believe that the state should play a greater role in care – 83% and 87% respectively believe that the state should pay for day to day support for disabling and age-related conditions
		1. **Increase the availability of evidence of the effectiveness of interventions to support carers**
1. A comprehensive review has been undertaken of the research literature on interventions for carers by the Social Policy Research Unit at the University of York in 2010. This provides an overview of the evidence base relating to the outcomes and cost-effectiveness of support and some of the key findings of the review are as follows[[192]](#footnote-192):
	* The review concludes that there is either no evidence or weak evidence of the positive impact of interventions in relation to carers. This was the consistent message coming across in all of the literature reviewed to evaluate various interventions. The only area which seems to have been more effective, with “slightly stronger evidence” is the provision of information and interventions to support coping abilities and skills. For example it was suggested that *“educating or training carers or intervening with ‘active’ information strategies did improve mental health outcomes”.* These could take the form of support groups.
	* The research warns against basing conclusions completely around the effectiveness of interventions through user satisfaction surveys. There was evidence of satisfaction with a range of different interventions, however it is difficult to know if this simply reflects being “*grateful for receiving ‘something’ rather than ‘nothing’.”*
	* The study also suggests that there is a gap in research in terms of the cost-effectiveness of interventions for carers.
2. A report produced by ADASS and the Princess Royal Trust for Carers also in 2010 was part of a series of reviews designed to encourage debate and improve the support for carers. The paper focuses on how early intervention and support for carers can lead to better outcomes both for carers and for the person being supported. These interventions also tend to lead to better value for money. The review contains five key messages[[193]](#footnote-193):
* Early intervention is integral to personalisation.
* Applying early intervention thinking to the support of carers can lead to better value for money and better outcomes.
* There is an evidence base to support the claim that carer support can create savings for adult services.
* Considering carer support in the context of major care pathways such as hospital discharge, falls, dementia and stroke could generate systems-wide efficiencies.
* Systematic information collection from service users and carers would improve the evidence base and improve the investment of limited resources in both health and social care

These messages highlight the good evidence that does exist, but also point to a need for a much stronger evidence base around which service users, carers, commissioners and providers can better judge how well they are doing. Although much of the report is concerned with support for older people, the evidence is relevant for carers of all ages, particularly as many carers are older people themselves or working age people who are caring for older relatives, friends or neighbours.

1. Qualitative research is a useful way to collect evidence in this area. A study published in the BioMed Central Geriatrics journal in 2013 looked at the experiences and perceptions of carers offered respite at home. Recorded, semi-structured interviews were undertaken with twelve carers receiving weekly four-hourly respite. Some of the report’s conclusions were: for many carers, respite was a way of maintaining normality in often difficult, restricted lives. Respite allowed continuation of what most people take for granted. Carers frequently viewed respite as intended to improve their cared for’s quality of life, rather than their own. This centrality of the cared for means that carers can only really benefit from respite if the cared for is happy and also seen to benefit[[194]](#footnote-194). Although the report does have its limitations, such as a limited sample, and recommends further research regarding what outcomes might be expected for carers and the person they support.
2. Carers Trust on behalf of Crossroads Care Services, have developed a Social Return on Investment (SROI) tool, which will help to demonstrate the difference that respite breaks make both emotionally and in monetary terms. For example, in Greater Manchester they have been able to evidence that for every £1 spent on providing carers with breaks £4.56 is returned in real value to the organisation commissioning and funding the service, and for every £1 spent, £3.80 is created in social value[[195]](#footnote-195). The tool will help to prove the real value of a break for carers, especially when the numbers of unpaid carers are so high, providing an invaluable service in many communities across the UK. Supporting carers with breaks can improve their health and that of the person they care for, along with helping to reduce hospital and residential care admissions and demands on local GPs.
3. An evaluation of a pilot scheme with Crossroads Care North Wales regarding a support service for Elderly Mental Health (EMH) service users and their carers in Denbighshire shows the cost effectiveness respite breaks can have and the impact on Carers health & well being. The pilot ran from May 2011 – May 2012 and the evaluation is based on quantitative information as recorded by Crossroads North Wales and on qualitative information provided by service users and Carers, Crossroads North Wales and Denbighshire Adult Social Care officers. The evaluation found that[[196]](#footnote-196):
* there was reduced demand on Social Services, resulting in a cost saving to the department of over £100,000
* stress placed on carers reduced as a result of the intervention
* inappropriate residential care placements were avoided due to the regular respite and practical support offered to carers
* reduced numbers of those being cared for needing additional day care support
* The Outcome Star was used to measure the benefits of the service to both the carer and the cared for person. The greater benefits found were in relation to emotional needs, physical health and social networks, and although benefits were found for both, these were greater for the carers as opposed to the cared for person
	+ 1. **The importance of information for carers about the support and services available**
* A consistent theme in much of the research and consultation is the importance of information for carers. The vast majority of those surveyed during Carers Week 2013[[197]](#footnote-197) said that they were unprepared for all aspects of caring (81%), were not aware of the support available (80%), and some believed they were given the wrong advice about the support on offer (39%).
* Qualitative interviews[[198]](#footnote-198) with carers also highlight some information issues, such as the difficult terminology used by doctors which confused carers in terms of the severity and needs of the patient. Carers were often left out of the diagnosis process which made it difficult to come to terms with, in particular terminal prognosis. Most people interviewed knew little or nothing about the illness or what would be needed in terms of caring.
1. Hafal is one of the leading organisations in Wales for people with serious mental illnesses and their carers. Through feedback received from carers and carer groups they have found the found the following in relation to specialist support available[[199]](#footnote-199):
* Both people living with a serious mental illness and their carers or families need specialist care, support and treatment due to the nature of the illness and the potential legal consequences
* Many carers of people living with a serious mental illness are a ‘nearest relative’, and as such have certain rights and powers under the Mental Health Act 1983
* Many carers of people living with a serious mental illness are not given information regarding the care and treatment of their loved one with professionals citing ‘confidentiality’ as the reason. However, the Code of Practice to Parts 2 and 3 of the Mental Health (Wales) Measure allows professionals to consult with a carer where it is considered to be in the patient’s best interest. Advance directives and a persons lack of capacity and/or insight are issues that sometimes need to be considered
* Many carers of people living with a serious mental illness would prefer to receive services that directly engage with the person they are caring for, and some do not draw such a distinction between the needs of carers and the needs of people being cared for. This is a different perspective to much that is found in carers’ needs literature which tends to emphasise that carers and service users have very different needs
* Carers of people with mental illness often find that professionals will only contact carers/families if a crisis develops. Many carers and families want to have better information on a particular type of mental illness, and to have further learning opportunities to develop skills for dealing with a persons’ symptoms and not just be contacted when a crisis develops.
* There is often a lack of discussion or communication with a carer or family when a person is going to be discharged from hospital. This includes no communication/discussion on the discharge process itself and any potential consequences or risks involving the discharge from hospital.
1. At the end of 2013 an event was held by Conwy County Borough Council and Carers Outreach to raise awareness of support available to carers living in the county. Before the event took place a survey was included on the staff intranet to gain staff comments and experiences regarding caring for family and friends. A summary of the survey results is included below[[200]](#footnote-200):
* Over ¾ of the respondents were female, with the majority (88%) aged over 40 years
* ⅓ said that they provide unpaid care
* Around 50% were aware of the event
* 12% said yes they would be attending, 51% said no and 37% were unsure
* Whilst many welcomed and supported the event, a number said they would be unable to attend due to caring, work or other family commitments
* The unpredictable nature of caring was also highlighted

Evaluation forms from those who attended the event were positive, including the responses: “better informed”, “supported” and “more positive” when asked how they felt. Further comments included:

* “Interesting event, I’m glad I came”
* “a very useful evening – very relaxed atmosphere and staff were extremely helpful and interested in people’s individual circumstances”
* “It was beneficial and nice to meet other carers”
* “very informative, friendly, relaxed”
* “a very useful and interesting way to gain information and support”

A second event was held this year on June 11th during Carers Week 2014

1. A recent survey by Conwy Carers Team was produced regarding the support available for carers from GPs. Some of the results being as follows:
* Less than half of respondents were registered with their GP as a carer
* Two-thirds said they were unable to have a flexible appointment
* 57% said they were able to gain information on the person they care for from the GP
1. Also, in recent consultation undertaken by Carers Outreach in partnership with Conwy County Borough Council, DWP and BCUHB, similar issues were raised, such as[[201]](#footnote-201):
* Carers information not displayed at GP surgeries – don’t try to identify carers nor enquire about carers situation
* Online appointments at GP surgery – no one knew of this to help their caring role
* Raise awareness of carers role and identify hidden carers
* Problems with respite with accessing the right support, often too many people involved and carers may not be aware who is providing support
* Lot of interest in benefit changes, especially DLA – PIP. Very little knowledge of carers allowance/and underlying entitlement – also effects this could have on additional entitlement to other benefits
* Carers feel lack of respite servicing – Health staff not carer aware – carers want more involvement in care planning
1. In January 2014 Opinion Research Services (ORS) were commissioned by Carers Wales, along with all seven health boards in Wales, Velindre, Wales Ambulance Trust, and Public Health Wales, to undertake a survey of unpaid carers across Wales to monitor two key indicators of the Carers Strategies (Wales) Measure and assess the degree to which each is being met, as well as identify any shortfalls and consider differences between areas[[202]](#footnote-202):
* The % of carers receiving appropriate information (primarily from LHBs and local authorities);
* The % of carers involved in decisions affecting them/the person they care for/in care planning.

Although the profile of all carers in Wales is not known and therefore data presented cannot be representative of all the carers in Wales, it does give a likely indication of the current situation. The report also makes some interesting comparisons with the data available from other sources, such as the 2011 Census and the State of Caring survey from 2013[[203]](#footnote-203):

* Both data from 2011 Census and the ORS survey suggest that unpaid carers are more likely to be female and aged 45 years or over and that unpaid carers are more likely to be wholly retired from work and less likely to be employed in a full-time job
* This reinforces data presented in the ‘State of Caring’ survey 2013, which found that *56% of carers who gave up work to care spent or have spent over five years out of work as a result*.
* The State of Caring survey 2013 also found that *84% of carers surveyed said that caring has a negative impact on health*, while the ORS survey suggests that unpaid carers are slightly more likely to have a long-term illness or disability.
* However, while the census data reports almost three fifths (57%) of those who provide unpaid care spend less than 20 hours per week caring, the ORS survey found only 35% to be in this group with 40% providing 50 hours or more per week (28% census data). This further suggests that those who provide lesser amounts of care perhaps do not see themselves as ‘carers’, or felt eligible to be able to complete the survey in this case.

The report outlines some key findings including areas of good performance, although does highlight some areas for consideration:

* Just over a fifth (22%) of all respondents have not had information that they need. The information most needed is regarding financial advice and support.
* Almost a third (30%) of those who have not received information do not know how or where to get the information from; and 12% not aware that there was information or support available to them.
* Around a fifth (21%) are dissatisfied with how much they have been involved in the discharge plan of the person they care for.
* Around two fifths (39%) feel that some decisions had been made that they were not involved in as much as they would like to be.

## Data development agenda

There are links with the themes discussed here and research conducted in relation to the other priority areas; actions may therefore need to link with those associated with the outcomes concerning emotional and mental well-being, disabilities and chronic conditions, encouraging healthy and active living, support for older people and end of life care.

Limited local consultation with carers in Conwy is available (see appendices document). Once priorities for joint working are agreed more detailed service profiles (mapping of existing services) can be undertaken that includes the consultation. An initial mapping exercise has been started as part of this needs assessment and is included in draft form in the appendices document.

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1. **Note:** 4.1 ‘Children have a flying start in life’

The Children and Young People’s Partnership (CYPP) team produced a needs assessment in 2011 as part of the Children and Young People’s Plan 2011-14. In 2014 the CYP plan was incorporated into One Conwy Single Integrated Plan which is supported by a unified needs assessment. In addition the CYPP regularly collect information about the needs of children and young people in the Conwy County Borough through the following processes:

	* Performance measurement
	* Consultation and participation work with children, young people and parents around specific themes
	* The poverty bulletin produced for the partnership by the Corporate Research Unit
	* Additional data produced by the Corporate Research Unit about the population, economy and so on.
	* Childcare Sufficiency Audit
	* Service profiles (finding out what services are available and what needs improving)
	* Regional Needs AssessmentThe partnership will also be undertaking a survey of children and young people in the county to gather additional information that is not available from the sources listed above. [↑](#footnote-ref-1)
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 **Note:** Welsh Index of Multiple Deprivation

**The WIMD has been used to identify Communities First areas by Welsh Government and to understand deprivation in these areas. The areas under each of the types of deprivation (domains) differ based on indicators used to quantify the concept of deprivation in that domain. For access to services, the domain is based on indicators regarding** the average travelling time by foot or public transport to access a range of services considered necessary for day-to-day living**, such as schools, shops, leisure centres, dentists or GPs.** Areas in Conwy which fall within the top 10% most deprived in Wales for access to services are:Llansannan; Uwchaled; Uwch Conwy; Llangernyw; Betws yn Rhos; Eglwysbach. [↑](#footnote-ref-129)
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