



The Draft Care and Support Population Assessment for Powys



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1. Welcome to the draft care and support population assessment for Powys

The Social Services and Well-being (Wales) Act has been in force since April 2016. The Act imposes duties on local authorities, health boards and Welsh Ministers that require them to work to promote the well-being of those who need care and support, or carers who need support. There is a requirement on local authorities and Local Health Boards to undertake an assessment of the extent to which there are people who need care and support and carers who need support. This assessment brings together information from Powys County Council, Powys Teaching Health Board and Public Health Wales for Powys. Together with partners we have analysed our data and assessed the current state of care and support for our population.

The act requires us to assess and report our findings against eight core themes:

- Children and Young People
- Older People
- Health and Physical Disabilities
- Learning disabilities and Autism
- Mental Health
- Sensory Impairment
- Carers
- Violence against Women, Domestic Abuse and Sexual Violence.

Our assessment looks at each theme and assesses the issues impacting on people's daily lives and well-being. This means looking at things like people's health, access to services and education/training opportunities, condition of housing and access to transport. It aims to capture the strengths and assets of our communities as well as to identify issues that people or communities are facing.

The evidence in this assessment will allow us to identify and prioritise the issues that are most important locally and begin to examine how they can be addressed. It will be used to make decisions about the services we need to provide in Powys to meet peoples care and support needs and the support needs of carers. We will use our findings to set objectives which will be published in our local area plan which is due for publication in 2018.

This assessment was undertaken at the same time as the Well-being Assessment required under the Well-being of Future Generations (Wales) Act, and although the definition of well-being is slightly different in each Act, we recognise that both assessments need to be fully aligned, to ensure our responses meet the needs of our residents.

Chair of Powys Regional Partnership Board

2. Powys Population

The population of Powys was **132,642** in 2015.

This consists of:

- 33,972 people aged 0-24,
- 64,512 people aged 25-64,
- 29,611 people aged 65-84,
- 4,547 people aged 85 and over.



Created by Marie Van den Broeck
from Noun Project

98.4% of the population of Powys are white (Wales: 95.6%)



Created by Marie Van den Broeck
from Noun Project



Powys covers **5180 km²**, covering a quarter of the area of Wales with just **26** persons per square kilometre, making Powys the sparsest and **most rural county** in Wales and among the sparsest in the UK.

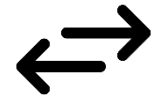
In Powys, there are total of **59,138** households, of which **18,948** are single person households.

In the 2011 Census, **19%** of the population said they could speak Welsh.



In 2015, **5,900** people **migrated into** Powys and **5,500 migrated out**. Migrants flowing in and out are usually aged 15-29, whilst only 12% of inward migrants are elderly.

Created by Marie Van den Broeck
from Noun Project



Some areas of Ystradgynlais, Newtown and Welshpool are very **deprived** when compared with the rest of Wales, according to the Welsh Index of Multiple Deprivation

3. Our Main Findings

The section describes the findings of our assessment, broken down into each of the eight core themes. In addition to the 8 core themes identified in the Act, Regional Partnership Boards can also review additional themes relevant to their area. In addition to the core themes (summarised in Sections A to H), the development of our Care and Support Population Assessment has identified 'Advocacy Services' as an important local theme. Our findings are summarised in Section I. Each of the following sections provides an overview of our findings. They summarise:

- "What do we know?" from available data such as social services information, the ONS census, public health data, etc.
- "How do we compare with other local authorities?"
- "What do citizens say?" based on our surveys and engagement across the county
- "What do staff say?" using feedback from teams across the partners in the Regional Partnership Board
- "What do regulators say?" drawing on sights from Health Inspectorate Wales, ESTYN, CCSIW and other regulators
- "What we don't know?" making clear where we know we have gaps in this assessment
- "Are there differences between localities" identifying any variations between different parts of the county
- "Are there any preventative measures associated with this data?" highlighting work already underway to improve care and support for the people of Powys
- "What might the future impacts be?" identifying changes we are forecasting for the future

Most themes are presented as a single assessment. Given the particular importance and complexity of the Children & Young People theme for the future of Powys, this is presented as six sub-themes: Educational Attainment; Attainment of Children Eligible for Free School Meals; Exclusions; Childcare Sufficiency; Vulnerable Children; and, Childhood Obesity."

A. Children and Young People



Created by Future First Ltd
from Neust Project

33,972

0-24 year olds living in Powys

Projections

27,897

(18% drop by 2036)

This section assesses the younger population in Powys. Currently there are 33,972 0-24 year olds living in Powys, yet this is projected to drop by 18% by 2036 (to 27,897 people). As the younger population reduces, this will have a knock on effect on many of the services we provide. We are going to be looking in further depth at the

potential effects of a smaller child population, and the educational attainment in Powys, in terms of exclusions and the attainment gap between those who receive free school meals and those who don't. We will be analysing the sufficiency of childcare in the county, and the numbers of vulnerable children. Lastly, we will be focusing on the growing issue of childhood obesity.

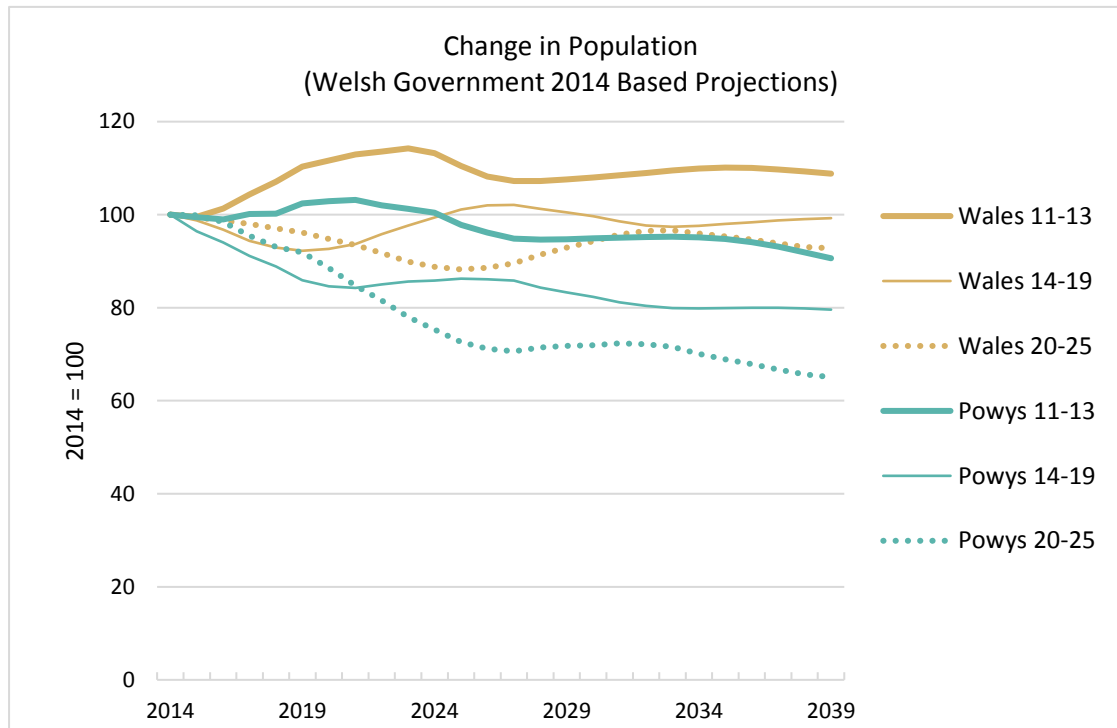
We asked young people in the county for their views on wellbeing, as part of the Powys Public Service Board's response to the Wellbeing of Future Generations Act (Wales) 2015. The majority of respondents felt that 'Family relationships' was the most important and Welsh language the least. The issue with the largest gap between its importance and its performance was Future Employment



What do we know about Children and Young People in Powys and how we support them?

The population of children and young people in Powys is predicted to decrease in the future, mainly due to an on-going trend for young people to leave the county in favour of more urban areas, as well as the reduced birth rate across Powys. The effects of this are already becoming apparent, with the average age of the population increasing rapidly. While some services, such as schools, have begun preparations to mitigate the impact of this changing demographic, there is a high likelihood of other knock on effects of a reduced child population. In particular, the cost of commissioned services is likely to increase and staff recruitment may become more difficult as

the available workforce shrinks. The child population is predicted to begin to shrink by marginal amounts by 2018, with a decrease in the early year's population. This will slowly spread to all early years and young adults' age groups, with the initial severe effects being felt by 2025 (Powys County Council, 2015). There are 17,244 children in Powys schools, 9,486 of those in Primary Schools, 7,466 in Secondary Schools and 292 in Special Schools.



How do we compare with other local authorities?

The effects and scale of a reduced child population are expected to be less serious across Wales as a whole. While Powys is expected to experience a drop of up to 30% by 2035, Wales as a whole is only expected to see a reduction of 5% at worst (PCC, 2015).

What do citizens say?

Most citizen feedback from the Facebook engagement mentioned long journeys to get to schools, and a lack of local services and encouragement for businesses to generate jobs. Potential solutions offered were relaxing planning rules for new builds, and providing leisure opportunities to attract and retain younger people.

What do staff say?

In Powys, delivering services to a widely dispersed population remains difficult and if the number of children and young people declines, this could be interpreted as services becoming cheaper to deliver - this isn't necessarily the case as a reducing population means less critical mass for service delivery. This can result in increased costs for delivering the service, less productivity due to travel time and cost, and increased training costs due to transport issues.

As we commission more services, a lower population of children and young people could affect how attractive it is for providers to deliver services, as it becomes more expensive for them to do so. This would lead to less competition within the market and therefore a higher cost for the public services - similarly, delivering the service in-house could remain costly due to transport costs, unless there are other innovative methods of service delivery.

What we don't know.

We are not able to estimate the level of complexity in some cases and show demand across the different tiers of need.

Are there differences in localities?

All partners are committed to delivering services via a locality-based model, ensuring that we design services to best fit the local population. The highest level of deprivation are found in specific areas such as Ystradgynlais, Newtown and Welshpool.

Are there any preventative measures associated with this data?

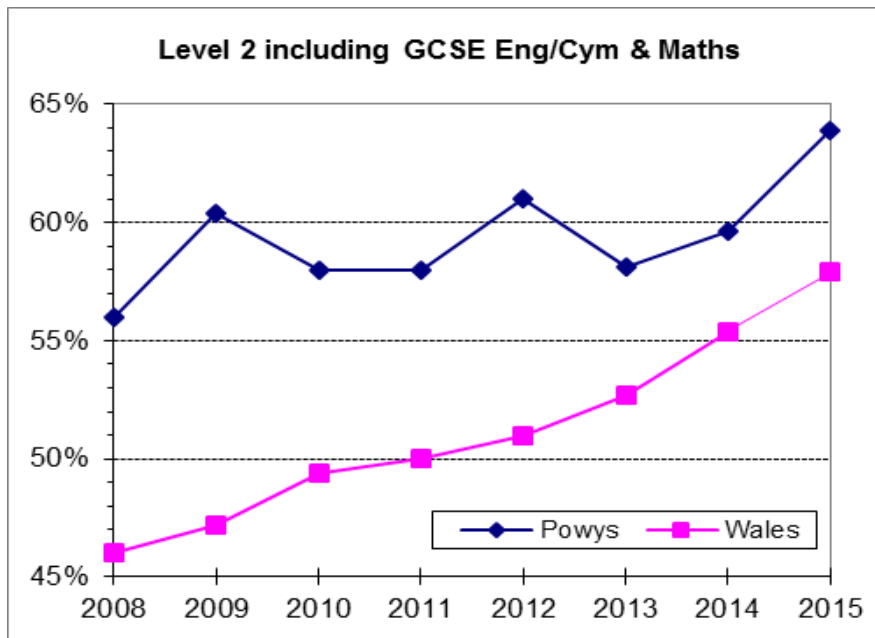
Services in the county are already commissioned to deliver in response to identified need whilst ensuring economies of scale. For example, the CYPP commissioned an internet-based counselling service to ensure that young people, wherever they are in Powys, are able to access support. We were then able to integrate the online service with a face-to-face service so that young people can request an appointment to see a local counsellor in their area.

Educational attainment



What do we know about educational attainment?

Standards in Powys are generally good. There has been good evidence of improvement in standards in Powys schools in recent years. However there is too much variation. Recent Estyn inspections (since September 2010) have placed 25% of Powys High Schools in Special Measures, one in need of significant improvement and a further 25% (3 schools) in Estyn Monitoring (PCC, 2016).



Recruitment and retention of head teachers and senior leaders is often difficult. There has been significant changes in head teachers in Powys in the past three years. Current head teachers in 6 out of 12 Powys High Schools (50%) have been in post for 1 year or less and 4 out of 12 schools (33%) have had at least 3 Heads or Acting Heads in post during the last 5 years.

52% of pupils continued from year 11 to sixth form in Powys schools in 2016. Retention of pupils to Powys school 6th forms is under increasing competition from tertiary college provision both locally and in neighboring counties of both England and Wales (Careers Wales, 2015). Furthermore, the rapidity of the school transformation process designed to alleviate these issues is heavily influenced by the political process, public opinion and recent reductions in the purchasing power of schools.

How do we compare with other local authorities?

Some Powys High Schools are not performing as well as they should be when compared to other Local Authorities in Wales given the local context. However there are positive upward trajectories in some key indicators even in some schools which are causing concern.

What do citizens say?

The Powys Residents Survey carried out in both 2013 and 2015 showed a significant decline in satisfaction with the Secondary Education system from 68% to 59%.

What do staff say?

In the last School Perception Survey carried out in 2014 Head teachers were asked to rate the appropriateness of the provision for 14-19 education planned by the council and its partners. Of the 27 responses received only 19% rated the service as 'Good' or better, 56% rated it as 'Satisfactory' and 26% rated it as either 'Poor' or 'Very Poor'.

What do our regulators say?

Estyn: The School and local authority inspection service in Wales (Estyn) have previously recommended that Powys maintains the momentum of the School Transformation process and uses its powers of intervention to accelerate school improvement where deficiencies have been identified.

What we don't know.

We did not identify any gaps in our data.

Are there differences in localities?

Powys High Schools by and large serve their local communities hence any inconsistencies in performance will impact significantly on the locality. The three schools in Special Measures may have had an adverse impact on the local communities.

Are there any preventative measures associated with this data?

The Powys/ERW School Improvement Team works closely with schools to mitigate the impact of local deficiencies where possible. The whole Schools Service aims to identify and implement long-term solutions through the School Transformation process.

What might the future impacts be?

Current High School transformation projects aim to resolve many of the issues hindering the progress of schools which are in difficulty. More significant progress should be visible in the future providing the current momentum is maintained. The benefits of current projects to transform High School provision should fully materialise in the long-term.

Attainment of children eligible for Free School Meals



What do we know about the attainment of children eligible for free school meals and how do we support them?

Powys has the lowest percentage of children entitled to free school meals in Wales (10.4%, Wales: 16.8%). Current data shows an attainment gap between students who do receive free school meals and those who don't.

How do we compare with other local authorities?

Whereas there is a gap between the attainment of pupils eligible for free school meals and those not eligible, pupils eligible for free School meals in Powys generally do as well or better than Welsh averages.

What do citizens say?

We have not identified any information will now look to strengthen the evidence base on this topic

What do staff say?

School leaders including governors are required to carefully monitor the progress of vulnerable pupils. All schools are required to evaluate the impact of the Pupil Deprivation Grant (PDG) on the attainment of pupils eligible for free school meals and to publish how they use the grant on their school website. Nearly all schools state that they make good use of this grant.

What do our regulators say?

We have not identified any information and are pursuing this as a data gap.

What we don't know

There is no shortage of data on all aspects of school performance, most of which is in the public domain.

Are there differences in localities?

The highest level of deprivation are found in specific areas such as Newtown, Welshpool and Ystradgynlais.

Are there any preventative measures associated with this data?

The Schools Service and commissioned services such as early year's intervention in Flying Start, Incredible Years, and anti-bullying programmes play an important role in preventing the behaviours that require response.

Exclusions



What do we know about exclusions?

Over a number of years there has been a consistent rate of permanent exclusions in schools with fixed term exclusions also of significance, however there is variation between schools and exclusions are a complex issue.

Procedures are in place which ensure the schools take responsibility for the exclusions and the pupils and parents have their rights protected in terms of appeal. There is a clear expectation that due to the excellent work of two high schools in particular over recent months that the figures will reduce as an accurate reflection of pupils having their needs met in the school.

There are specific schools that historically have had high numbers of exclusions but they have invested in provision to increase the support for those vulnerable learners. There has been a significant investment in schools to increase the skill and knowledge base of staff in working with those who may be liable to challenge schools with their behavior.

How do we compare with other local authorities?

We have not identified any information will now look to strengthen the evidence base on this topic

What do citizens say?

We have not identified any information will now look to strengthen the evidence base on this topic

What do staff say?

Staff have undergone appropriate training in Thrive and/or attachment awareness, and report very favourably on the impact of these interventions.

What do our regulators say?

We have not identified any information and are pursuing this as a data gap.

What we don't know.

The context of exclusions needs to include the numbers in Pupil Referral Unit (PRU), managed moves, and those in receipt of elective home education.

Are there differences in localities?

The highest level of deprivation are found in specific areas such as Newtown, Welshpool and Ystradgynlais.

Are there any preventative measures associated with this data?

Local Challenge Advisors provides monitoring, support, and challenge for schools and head teachers to improve the performance of vulnerable pupils. Schools are also provided with a comprehensive resource of best practice in terms of effective use of the PDG.

Challenge Advisors make a judgement of the effectiveness of PDG in all schools.

What might the future impacts be?

Expectation is that exclusions will reduce to a level that reflects what may happen, for example, where a permanent exclusion is appropriate.

Childcare Sufficiency



What do we know about childcare sufficiency?

There are a total of 267 registered childcare settings (Children and Young People's Partnership, 2015). These are made up of a mixture of privately operated, volunteer based, and school run organisations. In addition to this, the Welsh Government operates two national schemes in Powys. The first, Flying Start, operates in Powys' five major towns. This scheme provides for a total of 12.5 hours of care per week beginning in the term after their second birthday and ending at the start of the term following their third birthday (CYPP, 2013). In addition to Flying Start, the Welsh government also provides the Three Year Old funded education scheme, which provides ten hours of childcare per week beginning after a child become ineligible for Flying Start, and ending at the start of the term before their fourth birthday. Following the Council's decision to raise the age of primary school admission, a gap in provision is expected to appear with no full time day care for those over three years old. The Welsh government is developing a proposal for a program providing 30 hours per week of childcare to support working parents. However, this proposal has not yet been confirmed.

How do we compare with other local authorities?

We have not identified any information will now look to strengthen the evidence base on this topic

What do citizens say?

Currently consulting parents as part of the Childcare Sufficiency Assessment.

What do staff say?

We have not identified any information will now look to strengthen the evidence base on this topic

What do our regulators say?

We have not identified any information will now look to strengthen the evidence base on this topic.

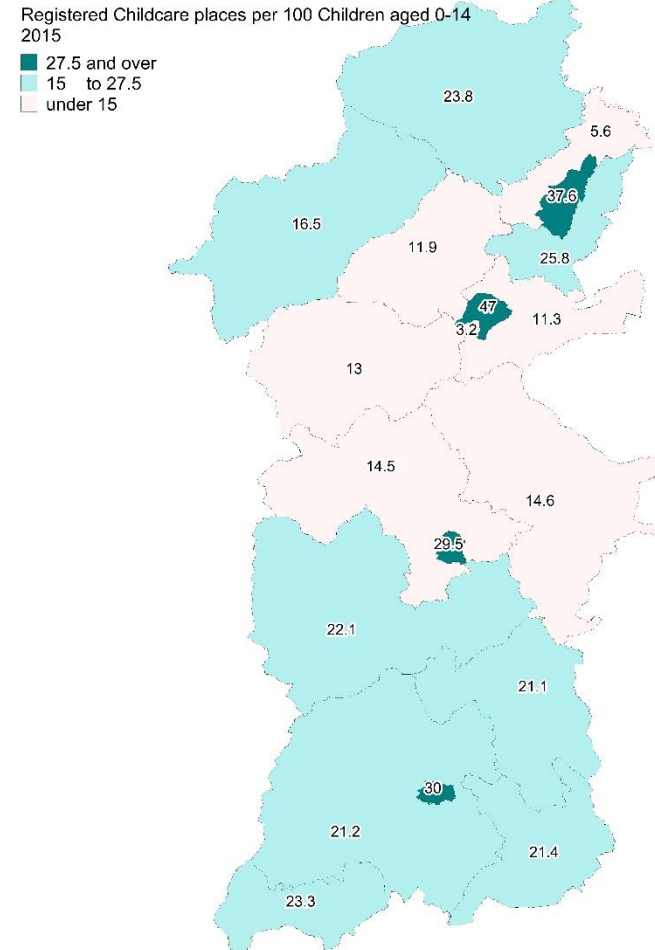
What we don't know.

We have not identified any information will now look to strengthen the evidence base on this topic

Are there differences in localities?

The number of childcare places available per 100 children varies from 13 places in Guilsfield Brook to 86 places per 100 children in Newtown North-East (PCC, 2016). When looking at these figures, we should bear in mind that parents may choose childcare in an area outside of where they live (e.g. closer to where they work) and this may account for the wide variation seen in the number of places in a particular area compared with the estimated population of that area. The childcare market is ultimately subject to demand and supply forces and the Council will support childcare settings which have temporary sustainability issues and it will also support new childcare settings to establish in areas where there is demand for new provision.

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Are there any preventative measures associated with this data?

We have not identified any information will now look to strengthen the evidence base on this topic

Vulnerable Children



What do we know about vulnerable children?

Over the last five years in Wales, the number of looked after children has increased by 5% (PCC, 2015). In Powys however, this has not been the case, with figures remaining largely static for the past five years at around 150 looked after children, representing one of the lowest rates in Wales (PCC, 2015). However, the needs of these children have steadily become more and more complex, result in more frequent placement breakdowns, at great expense to the local authority. Powys has 103 approved foster parents on the local authority register (Welsh Government, March 2016). There is a strong need for more foster parents, with better training and ability to cope with these more complex needs (Welsh Government, 2015). While the number of looked after children is low, the number placed on the child protection register has been steadily increasing, with neglect being the most common reason (PCC, 2015). The number of new entrants to the Youth Justice Service has fallen since 2010. The number of children in need has recently began to drop following improvements to the service, which allowed more cases to be closed.

The importance of early childhood experiences has been demonstrated in recent research by Public Health Wales, which examines the long-term effects of adverse childhood experiences (ACEs), such as domestic or sexual abuse, and violence (Public Health Wales, 2016).

How do we compare with other local authorities?

Powys has one of the lowest rates of looked after children in the whole of Wales, and while the numbers of looked after children has increased by 5% in the rest of Wales, we have remained static.

What do citizens say?

We have not identified any information will now look to strengthen the evidence base on this topic

What do staff say?

We have not identified any information will now look to strengthen the evidence base on this topic

What do our regulators say?

We have not identified any information and are pursuing this as a data gap.

What we don't know.

We need to undertake greater analysis around where children are known to services, in order to understand if there is anything that can be done differently to prevent escalation of need.

Are there differences in localities?

Over the past 6 years Newtown has consistently been the locality with the highest levels of registrations, and these are significantly higher than many of the other similar localities.

Are there any preventative measures associated with this data?

Service is currently investing in training to support foster carers and is actively recruiting foster cares for specific children with complex needs. The service is also in the process of reviewing its Corporate Parenting Action Plan. Educational outcomes for our looked after children remains one of the key priority areas for both Children's Services & Schools Service.

What might the future impacts be?

We may see increased pressures being placed on local authority budgets as a result of increased cost to accommodate children with complex needs. The ability for our complex looked after children to fully achieve educational outcomes may be impacted as research shows that looked after children do not attain as well as non-looked after peers. This may lead to reduced employment opportunities and long term reliance on local authority support.

Childhood obesity

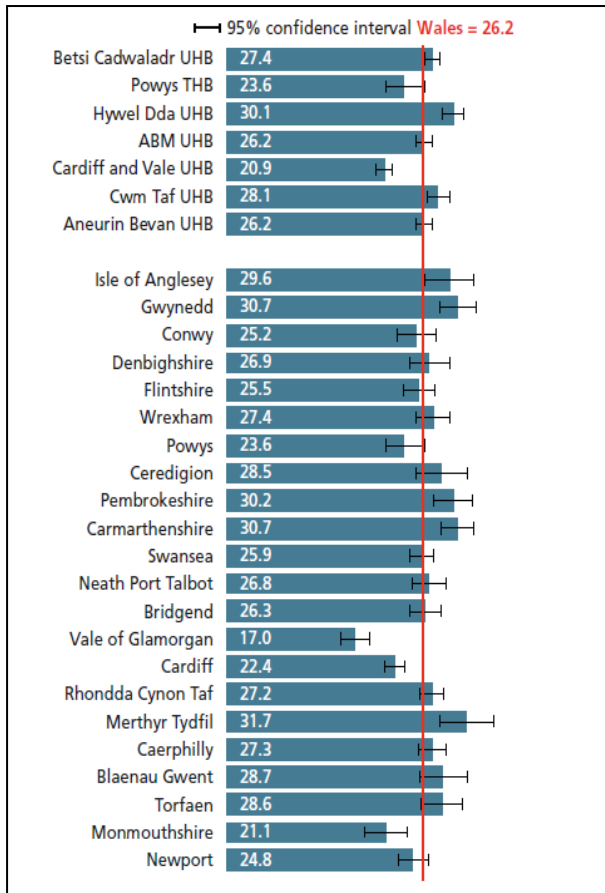


What do we know about childhood obesity?

The issue of childhood obesity is becoming one of increasing concern in Wales. While rates are low in Powys compared to other local authorities in Wales, in Powys just under 1 in 10 children will still start school obese, with just under a quarter either overweight or obese (Public Health Wales Observatory, 2014). Overweight and obesity are of public health concern across age groups, however they are of particular concern in children and young people as they have detrimental effects on health and well-being during childhood and the longer term implications for future ill health.

How do we compare with other local authorities?

Rates of overweight or obesity in children are not significantly different to the Wales average. Powys does have significantly lower rates than some local authorities, however the following figures show some national and local differences.



Percentage of children aged 4 to 5 years who are overweight or obese, Wales, health boards and local authorities, Child Measurement Programme for Wales, 2014/15
 Source: Public Health Wales

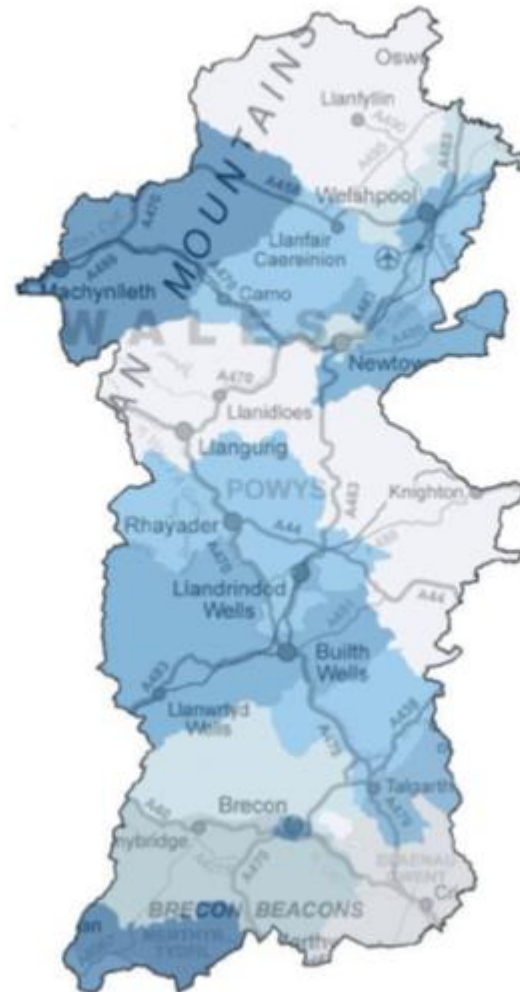
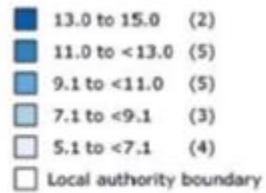
Percentage of children aged 4 to 5 years who are obese, Powys THB MSOAs, Child Measurement Programme for Wales, 2012/13-2014/15

Due to smaller sample sizes at MSOA level, caution should be taken when making comparisons between areas.

Produced by Public Health Wales Observatory, using CMP data (NWIS) © Crown copyright and database right 2016. Ordnance Survey 1000044810

Obesity at 4-5yrs, Powys MSOAs, 2012/13-2014/15.

Source: Public Health Wales



What do citizens say?

We have not identified any information will now look to strengthen the evidence base on this topic

What do staff say?

We have not identified any information will now look to strengthen the evidence base on this topic

What do our regulators say?

We have not identified any information and are pursuing this as a data gap.

What we don't know.

The Child Measurement Programme (CMP) is a large-scale annual survey and provides robust data on weight in reception age children (4-5yrs) across Wales including at Health Board and Local Authority level.

There is no equivalent survey for children or young people of other ages or for adults although self-reported data on overweight and obesity is available for adults.

Are there differences in localities?

We have not identified any information will now look to strengthen the evidence base on this topic.

Are there any preventative measures associated with this data?

Powys Healthy Weights Steering Group chaired by the Director of Public Health coordinates a range of work which aims to promote healthy weight across the life-course. Sub-groups have been established to coordinate aspects of PHWSG's overall action plan. These include sub-groups which focus on health weight in pregnancy and pre-school aged children and in school-aged children and young people. A wide range of the services provided or commissioned by local authorities have the potential to influence child obesity through opportunities for physical activity and the promotion of healthy eating.

What might the future impacts be?

The assessments for children and young people who are carers, those with mental health issues sensory impairment, disabilities or learning difficulties have been analysed according to the themes below and can be accessed by clicking on the links.

- [Carers](#)
- [Mental health](#)
- [Sensory impairment](#)
- [Health and physical disabilities](#)
- [Learning disabilities and autism](#)



Created by Thomas Helbig
www.helbig.com

34,158 people aged 65 and over
(26% of population)

3% aged over 85

15,571 people aged 50+ are
predicted to be living alone

Projections

The **65 plus** population is
projected to increase by
38% by 2036.

The **85 plus** population is
expected to increase by
159% by 2036.

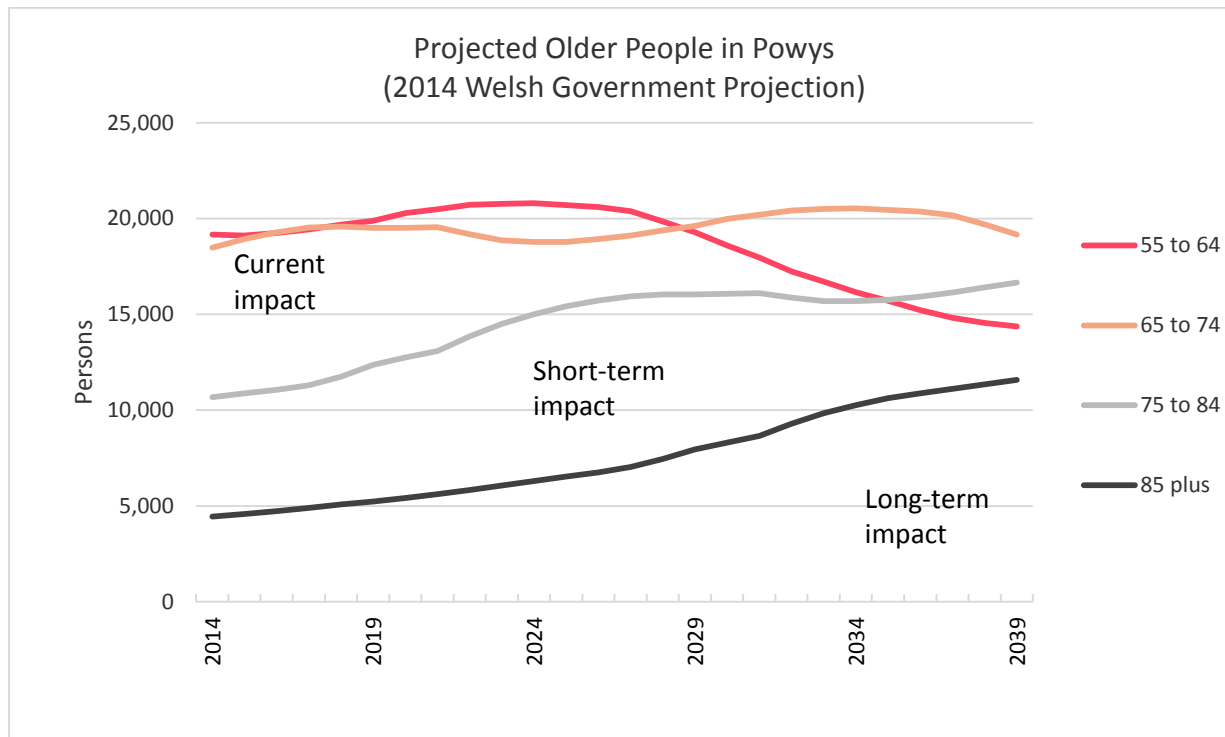
We want to support older people to live independent lives. This includes supporting people to live at home or providing suitable accommodation options. As the elderly population increases (including the number of people with dementia), there will be more demand on the services that we provide to support older people.

A proportion of elderly residents currently live in social housing and many wish to stay in their own home for as long as possible. When people are placed in a care home they are sometimes placed somewhere that is not close to their home. The number of people that we support through domiciliary

care is increasing. There are challenges for independent living, especially isolation and loneliness which can increase as people get older. Rural areas can face extra challenges in terms of supporting people to live at home for example the number of people that we support through domiciliary care varies across the county.

This section assesses the older population in Powys, with particular reference to people aged 65 and those aged 85 plus. The “65 plus” population (currently 34,158) is projected to increase by 38% by 2036 (to 47,165). The “85 plus” population is expected to increase by 159% by 2036 (4,547 to 10,879 (ONS, 2015)).

There are estimated to be 15,571 people over 50 living alone in Powys in 2015 (ONS, 2015). Age UK (2010) states that research shows the figure of those often or always lonely is between 6% and 13%. 6% in Powys would equate to approximately 1,697 people suffering from loneliness and social isolation; 13% would equate to 4261 (Age UK, 2010). The Institute for Research and Innovation in Social Services (IRISS) found that loneliness and isolation are common problems amongst older people and that tackling loneliness and isolation is inherently preventative in terms of delaying or avoiding the need for more intensive support.



What do we know about older people and how we support them?



We support people to live at home through services that include Domiciliary Care and assistive technology. There are currently 2,823 people over 65 receiving a service (from PCC) (2,494 for sensory disability, 120 for mental health, 102 for learning disability, 4 for substance misuse, 103 for other reasons). 83% of adult clients

aged 65 plus are supported in the community. In 2015/16 we provided 354 housing adaptations for older people and 11,773 hours of Domiciliary Care per week to 859 clients around Powys (August 2016). Between 1st April 2015 and 31st December 2015 there were 5,555 referrals into Reablement (including Primary and Secondary referrals, of which 2,155 were accepted into Reablement).

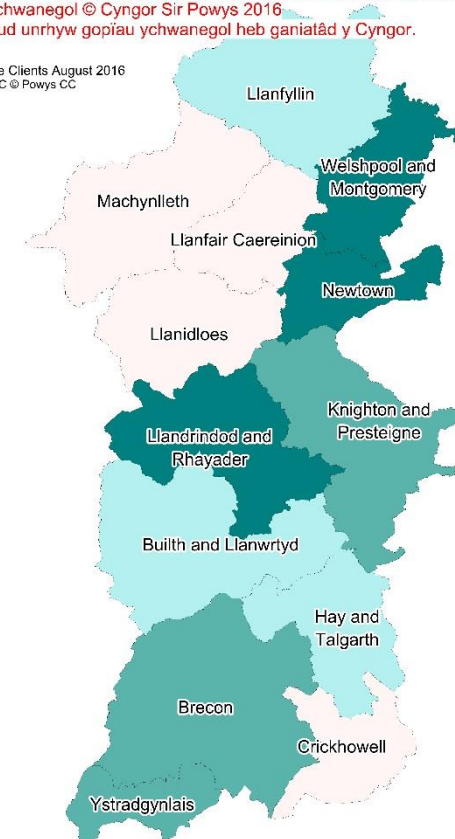
Day time activities for older people are provided at 11 centres: 6 PCC owned or leased centres with 306 clients registered, 5 non-PCC sites with 114 clients registered. Of the day time activity service users, 52% live alone, 45% have mobility issues, and 15% are wheelchair users. 76% are women and 24% men. The average age of daytime activity service users is 83 years.

Housing plays an important part in any individuals' well-being, but for older people, suitable accommodation can be even more important, helping them to stay independent and live fulfilled lives. In Powys, we currently have three main accommodation types: people own homes, sheltered housing and care homes (residential or nursing). There are 31 care homes in Powys, 12 of which are council owned homes run by Bupa and 19 privately run homes. We provide 406 Residential care beds, 276 Residential EMI care beds, 246 nursing care beds and 187 EMI Nursing care beds. There are 58 extra care units, currently one 10 unit Extra Care Housing facility attached to a Sheltered Housing scheme (Blodlondeb) in Llanidloes and 48 unit Extra Care Housing scheme at Llys Glan yr Afon in Newtown. These schemes are currently only available to rent. Over the period September 2015 to August 2016, 717 Elderly or Frail people resided

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Domiciliary Care Clients August 2016
Source: Powys CC © Powys CC

■ 115 to 142
■ 72 to 115
■ 51 to 72
■ 36 to 51



Cyngor Sir **Powys** County Council

Domiciliary Care Hours
August 2016 by Locality

Printed by: gdmorgan Date: 13/08/2016

in a Powys care home, including 228 new admissions in that 12 month period. 254 Older/Frail clients received a respite placement with the same period. There were an additional 131 placements made in care homes located outside Powys. 69% of residents are female, 31% male and the average age of people at admission is 84.

There are 2,005 sheltered housing units in Powys – 1,420 receive a regular visit by mobile warden or home support, 167 includes some form of shared facilities (e.g. a residents' lounge and possibly laundry and garden), and all have a Careline Alarm connection.

The proportion of adult care clients supported with electronic assistive technology as part of a care package is increasing (69 and 106 per 1,000 clients respectively of that period)

Our Integrated Care Teams for Older People aim to support older people to lead fulfilled lives within their communities (One Plan, 2014) by bringing together health with social care through shared processes, information systems and co-location, these teams help maximise opportunities for individuals to be supported at home. (PCC/PtHB Statement of Intent, 2015). We are in the early stages of this project with a pilot underway in Ystradgynlais and a plan for the roll out of Integrated Care Teams for Older People across Powys in 2017.

How do we compare with other local authorities?

In 2015/16 we supported 67 people aged 65 plus (per 1,000 population), slightly higher than the Wales figure of 64. We supported 19 people aged 65 plus (per 1,000 population in a care home (Wales 19).

What do citizens say?

Many people say that they want to stay in their own home and stay connected with their community rather than move as personal needs change. Other things that people said were important to them were feeling safe and secure, being able to socialise and meet the challenge of chores and upkeep.

Many older people reported being happy with the service that they currently receive in terms of day time activities and there is strong support for the existing provision from service users and their families and carers. Citizens have stressed the Importance of this service to carers/family members in terms of the respite that centres provide. Service users enjoy the companionship, meals and the independence that they provide. In addition, the overarching issue that came out during the Listen and Learn process was the companionship that people valued most in terms of attending the Day Centre. Loneliness and isolation was remarked upon by a number of citizens, including in reference to the socialisation opportunities available through day centres. When Powys Residents were asked which services are missing from their local community, the sixth most common answer was “places to go during the daytime for older people”

In terms of Domiciliary Care, concern was expressed about the time allowed for individual visits, missed appointments, changes to routines and continuity of carers visiting clients. 40% of those we asked said they felt that the service in Powys was Very Good or Good. Concern was expressed about the perceived lack of skills and professionalism of carers although there was also a lot of praise for the dedication and caring nature of the staff. Some older people say that they would use more assistive technology if they knew what was available and how it operates: (Joint Older Peoples Commissioning Strategy Consultation / Listening and Learning). Direct payments are popular with some citizens, although some felt that service users often needed a family member to support them in managing the process and some expressed concern from some about potential safeguarding issues.

Similarly to day centres, residential accommodation provides opportunities for older people to socialise. Respondents have called for more ‘bespoke’ and flexible provision within residential homes with greater opportunities for interaction outside the care home and for more specialist dementia care and nursing provision in parts of the county. Whilst the majority of people in a care home chose to be in one, others were moved there due to a decline in their health, and an inability of family or carers to adequately provide for them.

What do staff say?

Regarding older people, there is support to continue to support people to live in their current accommodation. It has been suggested that a community approach needs to be taken, and community support / public services responses could be managed or targeted at communities by grouping residences together via hub and spoke models.

Dependency levels increase upon admission into a residential home, and staff vary at each home in terms of promotion of independence. Staff identified that transport links and rurality can provide challenges to service provision.

The suggestion of a retirement village was put forward by staff members. Staff feel that clients worry about isolation and loneliness if they live alone. Staff expressed the need to develop existing facilities for day time activities and the important respite that they provide for carers.

For providers the ability recruit high quality staff was considered the most important consideration to enable them to remain as independent for as long as possible

What do our regulators say?

Care and Social Service Inspectorate Wales (CSSIW) report March/May2015:

The council continues to align itself for the implementation of the Social Services and Wellbeing (Wales) Act in 2016, with elected member development days to ensure that members are kept fully abreast of the new legislation and how the council seeks to enable the independence of people. In February 2015, the cabinet approved a change in adult social care's eligibility criteria to 'substantial' to bring them in line with the majority of other Welsh authorities and to prepare for the eight forthcoming national eligibility criteria. The council has also achieved the commissioning and retendering of its supported living services during the year, which led to a major redesign of services, moving to a more outcome focussed and meaningful service, which not only achieved significant financial savings but clearly has improved outcomes for people.

CSSIW reviewed the new integrated intermediate care facility in Builth Wells which is registered as a care home. This facility has already been able to evidence positive outcomes for people who are benefiting from the integrated approach to early intervention and prevention. The ability of people to access a range of health and care services on one site has already proved valuable. There is now a need to evaluate its performance in order to ascertain whether this service is meeting its original goals and to ensure that social care support is regularly maintained.

Continuing to commission and work with all local providers within the domiciliary care market has remained a high priority for Adult Social Care following challenges met in implementing the outcome of previous procurement measures undertaken in early 2014. In meeting the challenges encountered, the service re-established its in-house domiciliary care service following three successful tendering organisations subsequently leaving the Powys market.

The need to stabilise and shape the domiciliary care market and culture of provision was acknowledged by staff and stakeholders as being necessary for service development. The launch of a single point of access, together with the restructure of adult services in a relatively short timescale, with its inherent anxieties and challenges, has caused additional pressure on care management teams and their ability to embed these changes effectively. This agenda, whilst necessary for the successful implementation of the Social Services and Wellbeing (Wales) Act 2014, is both demanding and ambitious in the context of budget restrictions and capacity. Therefore prospects going forward are uncertain. However, CSSIW recognises there are signs of improvement as the council follows through its internal action plans with regard to carers work, review performance and engagement with the provider sector. The positive delivery of care to people and the effectiveness of the reablement service is evidenced by the percentage of clients age 65 and over who are supported in the community having improved from 81% last year to 86% this year. The rate of older people aged 65 and over helped to live at home per 1,000 population has improved from 71% last year to 73% this year. The percentage of clients receiving no ongoing support following reablement has increased from 64% last year to 69% this year, and the percentage of reablement clients where outcomes have been achieved at 84% at year end is above the 80% target.

Areas for improvement include the implementation and realisation of the role of assistive technology in supporting people at home.

What we don't know.

- Causes of hospital admissions (currently it is the ailment that is recorded rather than the cause).
- People who are admitted and then as a result need a change in accommodation on hospital discharge

The advantage of obtaining this data is to help understand whether there are hospital admissions due to people living in hazardous accommodation. Understanding whether there could have been alternative accommodation types for people leaving hospital is key in terms of the modelling being undertaken preventing residential care admissions.

A tracking and mapping of outcomes for people accessing early intervention and prevention services - we need to ensure that WCCIS (Welsh Community Care Information System) is linked to any early intervention and prevention model so that we can provide robust evidence of interventions taken and potential costs saved.

We are lacking data on trips and falls.

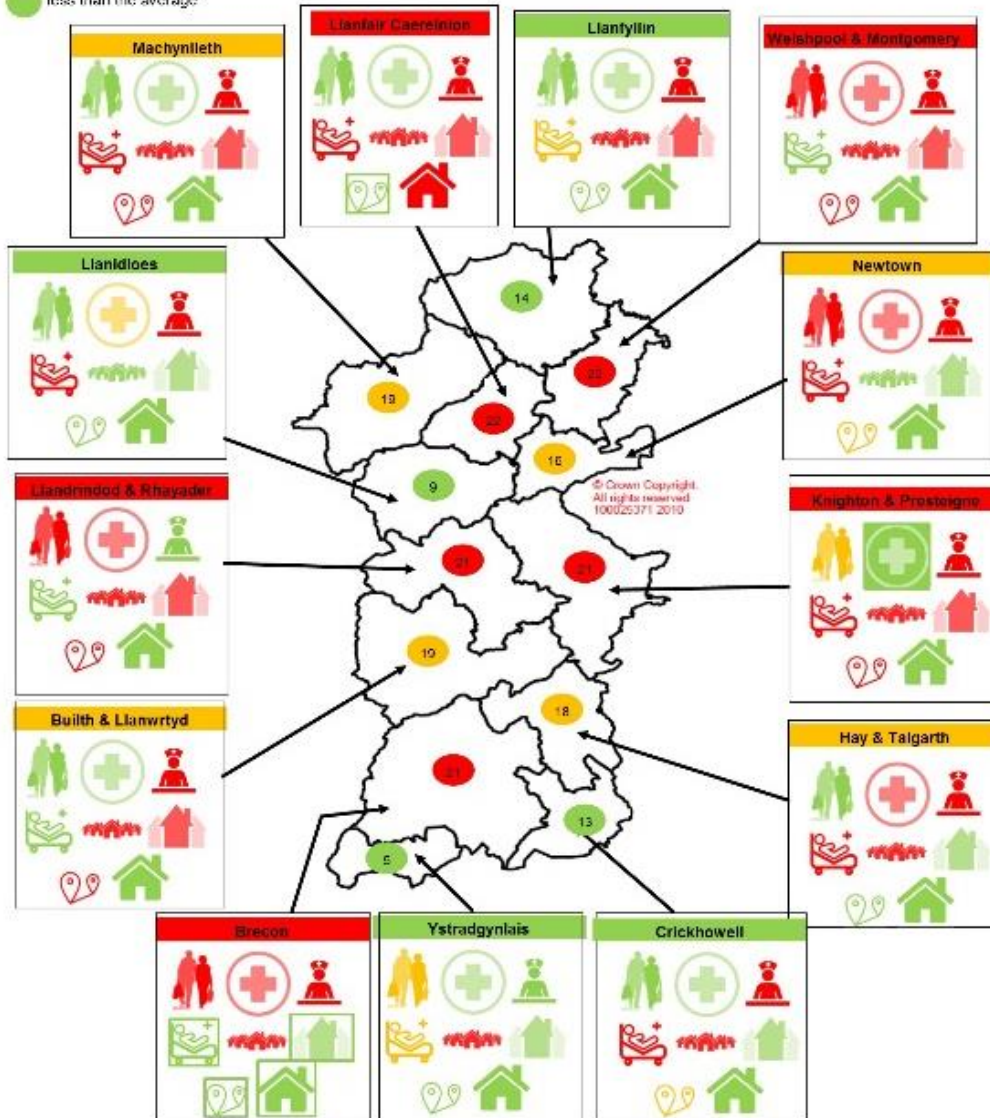
Are there differences in localities?

The map below illustrates the current situation across the 13 localities in terms of a range of care home measures. Each locality has been given a RAG status according to how far from the Powys average each locality.



The shading assigned to each of the icons below reflects how far from the Powys average each locality is:

- more than 10% above average (or no provision)
- up to 9.9% MORE than the average
- less than the average



The table below summarises domiciliary care provision across the 7 Powys Community Areas by hours and number of clients

Community Area	Number of Carer Hours Provided per week as at 1st Aug 2016 (Data in brackets is per 1,000 population)	Number of Clients provided with Domiciliary Care as at 1st Aug 2016 (Data in brackets is per 1,000 population)
South Central	1,913 (64)	129 (4)
Mid-West	2,334 (120)	171 (9)
Mid-East	969 (100)	66 (7)
North East	2,742 (99)	199 (7)
North Central	2,442 (82)	175 (6)
North West	428 (69)	44 (7)
South West	945 (93)	75 (7)
Total	11,773	859

The average number of days it takes to commission a domiciliary care package varies across the county. In the South it takes 24.9 days, Radnor is 16.3 days and the North is 16.7 days (as at Q3 2016/17).

Are there any preventative measures associated with this data?

2,000 units of accommodation designated for Older People. Adult Social Care own 12 Residential homes and work in partnership with Powys Teaching Health Board on one integrated care facility. Adult Social Care have recently worked in partnership with Wales and West to open Extra Care in Newtown. There is currently a range of services traditionally focused on crisis management and continued care rather than addressing demand failure, early signs of crisis and Reablement/independence. It is recognised that there are opportunities to improve service alignment a co-ordination and work is under way to seize these opportunities.

What might the future impacts be?

Expenditure in this area is likely to keep rising because we will be unable to manage the front door of people flowing in to statutory services - more time will be spent assessing people's needs and public anxiety will grow because we are unable to respond. Safeguarding issues could rise because people are falling through the net because the service is unable to cope. Higher DTOC longer delays and higher expenditure for Health and other services. Provision is available but not in the right place. For example, people travelling further afield for services plus an increased cost for service provision. There may be vacant care beds in the Mid and South and insufficient capacity in the North resulting in out of county placements.

The assessments for older people who are carers, those with mental health issues sensory impairment, disabilities or learning difficulties have been analysed according to the themes below and can be accessed in these sections:

- [Carers](#)
- [Mental health](#)
- [Sensory impairment](#)
- [Health and physical disabilities](#)
- [Learning disabilities and autism](#)



The population of Powys has significantly greater **life expectancy** than
Wales

A child born in the least affluent parts of Powys can expect to live 6 years less than a child born in the most affluent areas.

6,872 people in Powys have a physical or sensory disabilities

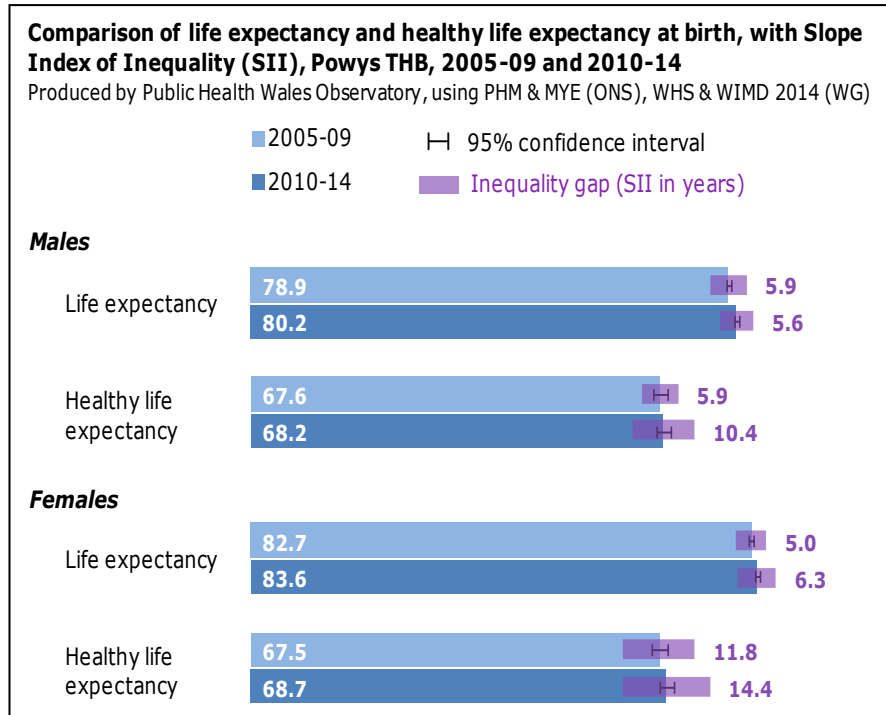
20% of working age people are Equality Act (EA) core or work-limiting disabled

0.9% of working age people claiming Disability Living Allowance, Attendance Allowance or Industrial Injuries benefits

What do we know about health and physical disability in Powys?



When you compare Powys with the rest of Wales, we experience significantly higher life expectancy for men and women. This continues to improve, yet inequalities have widened between the most and least affluent along the social gradient (The social gradient in health refers to the fact that inequalities in population health outcomes are associated with the socioeconomic status of individuals (Rebalancing healthcare, working in partnership to reduce social inequity, Welsh Government, 2015-16). Comparison of life expectancy (LE) and healthy life expectancy (HLE) at birth, with Slope Index of Inequality (SII), Powys THB, 2005-09 and 2010-14



Source: Public Health Wales

Four in 10 adults drink in excess of guideline amounts (Public Health Wales NHS Trust, 2016). Regular drinking to excess can cause cancer, stroke, heart disease, liver disease, brain damage, and damage to the nervous system. The impact of unhealthy lifestyles on individuals and wider health and social care services means that prevention is an important topic for the population assessment.

Just over one in three adults report eating five or more portions of fruit and vegetables in the previous day. In Powys, nearly four in ten adults reported being physically active on five or more days in a given week. In contrast, a quarter of the population reported that they did no physical activity.

Children living in the least affluent parts of Powys can expect to live six years less than a child living in more affluent areas (Public Health Wales NHS Trust, 2016). Also, a child brought up in the least affluent areas can expect to live 10 years less in good health if they are male, and 14 years less if they are female.

When compared with the rest of Wales, Powys adults tend to have healthier lifestyle behaviours. However, nearly 6 in 10 adults are overweight or obese and this is predicted to continue to rise (Public Health Wales NHS Trust, 2016). Several serious conditions are associated with being overweight or obese. They include type 2 diabetes, hypertension, coronary heart disease and stroke, osteoarthritis and cancer.

Just under one in five adults currently smoke (Public Health Wales NHS Trust, 2016). Smoking is the single greatest cause of preventable mortality. Smoking causes a range of cancers, it leads to cardiovascular disease and a range of respiratory conditions, e.g. COPD and emphysema.

Across Powys, nearly two in ten adults reported their health generally being as fair or poor. This is slightly lower than the Welsh average.



Healthy lifestyle behaviours, persons aged 16 and over, Wales and Powys.

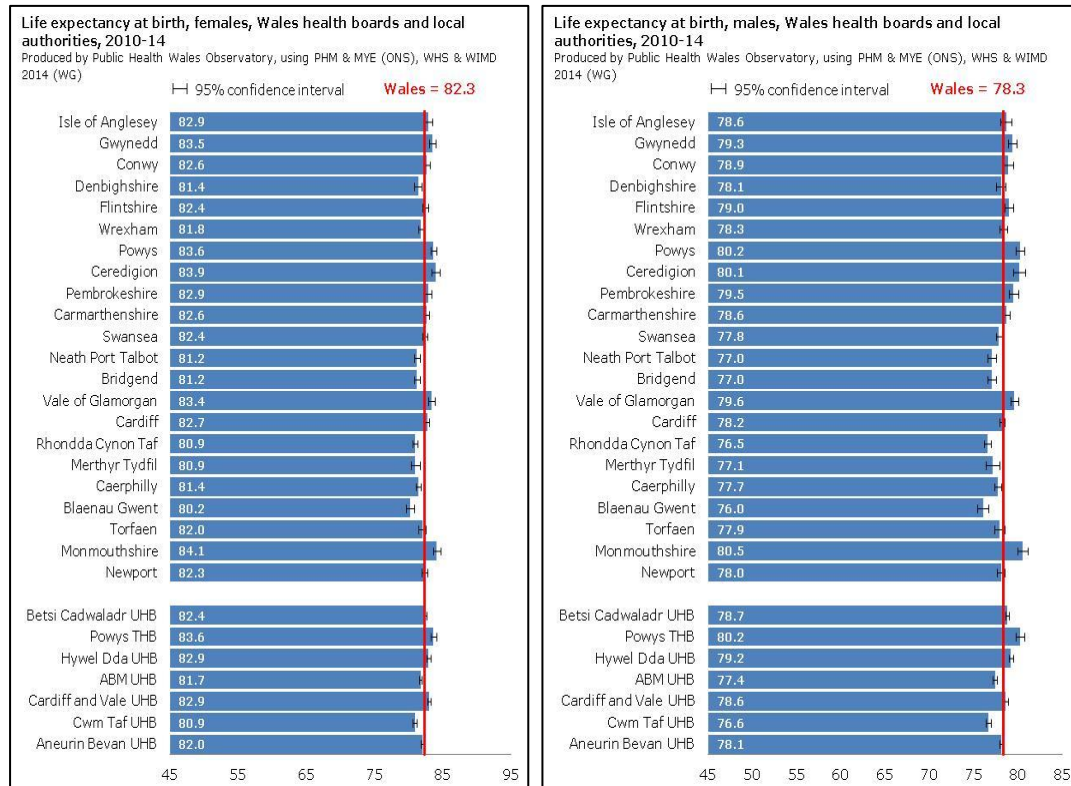
Source: Public Health Wales

There is strong evidence that investment in promoting the mental health and wellbeing of parents and children notably in the pre-school years, can avoid health and social problems later in life. The Wales Health Survey indicates that levels of emotional wellbeing are significantly higher in Powys than in Wales. The distribution of health assets at small area level are also generally higher than in Wales as a whole. Health assets enhance the ability of individuals, communities, and populations to maintain their health and wellbeing. These act as protective or supporting factors to buffer against life's stresses. They include the capacity, skills, knowledge, connections and potential in a community.

How do we compare with other local authorities?

Life expectancy in Powys is generally higher than in other local authority areas in Wales. This is especially so for males, where life expectancy is the second highest in Wales. The distribution of healthy lifestyle behaviours across health boards is very similar, although Powys has a slightly higher percentage of adult exhibiting three or more healthy behaviours.

Life expectancy at birth, females and males, Welsh health boards and local authorities, 2010-14.



Source: Public Health Wales

6,872 people in Powys have a physical or sensory disabilities (Wales 75,753; March 2016). 20% of people of working age are Equality Act (EA) core or work-limiting disabled (Wales is 23%, 2015). 5% of the working age people claiming Disability Living Allowance.

The number of referrals for alcohol misuse is falling (377 in 2013/14). Research shows variance across Powys with regard to alcohol use among the adult population. The southern and northern areas experience higher levels of binge consumption than mid Powys. This may reflect the population distribution, as well as access to cheaper alcohol in the more urban areas. In comparison to Wales, Powys' adults report in the lower to mid-ranges of binge drinking patterns compared to higher rates in south Wales in general. Hospital admissions for alcohol specific conditions have remained stable for Powys, with a modest upward trend. This remains below the Welsh national average and slightly below the comparative area of Hywel Dda University Health Board. Although Powys is among the lowest health boards for months of life lost due to alcohol, if alcohol related premature deaths were avoided, it would still add a year to male life expectancy and an additional 6 months to female life expectancy.

Whilst general rates of children in need are below the Welsh averages, those children living with parents with substance misuse related problems is closer to the national average. Across the reporting period of April 2013-March 2015, the adult Service Provider Kaleidoscope has received between 200-325 referrals per quarter, with an average of 256 referrals.

Of the 2,054 presentations (a small percentage of clients presented more than twice), 58 per cent are for drug problems, 39 per cent for alcohol problems and the remaining 2.4 per cent presented as a concerned other. The current treatment system in Powys was commissioned in 2011 and saw a radical shift in treatment provision across the county. Prior to this time, one principle service had evolved across the county, largely driven by grant allocations. In 2011, a new commissioning model was adopted that placed integrated treatment systems into the local community, governed by adjunct Welsh Government policy standards. The Kaleidoscope and CAIS partnership won the contract to deliver adult and young people's services respectively. Currently a wide range of psychosocial therapies are being offered as 'named' interventions which have proven validity with drug and alcohol users.

What do citizens say?

This indicates that citizens in Powys generally report higher levels of engagement with healthy behaviours than in Wales as a whole. Powys citizens self-report higher levels of regular fruit and vegetable consumption, they report exercising more and drinking to excess on a less frequent basis than in the rest of Wales. Levels of self-reported well-being also tend to be higher and levels of self-limiting illness tend to be lower. Although Powys citizens do not report better results to Wales on all measures, taken together, the findings

from the Welsh Health Survey suggest that the population of Powys participate in healthy behaviours to a greater extent when compared to the average across Wales. However it is important to note that results for Powys overall will mask differences which exist among different communities in Powys, and countywide findings may not be representative of all areas.

What do staff say?

The Healthy Weights Steering Group has recognised that gaps exist in the provision of weight management services in Powys. There is some evidence of whole population services and interventions being in place to provide primary prevention programmes, and services are available at the other end of the scale for people requiring surgical intervention. However, gaps do exist in the intermediate stages where one to one or group-based intensive lifestyle management services are needed to help overweight/obese individuals stabilise their weight gain. This is the case for both children and adults. It is for these specific population groups that staff are focussed on trying to establish programmes and where service need is currently greatest.

What do our regulators say?

We have not identified any information and are pursuing this as a data gap.

What we don't know

No information identified.

Are there differences in localities?

Life expectancy varies by locality, male: 74.3 - 83.2 years (Newtown South-West and Ffridd Faldwyn respectively), female: 80.1 – 88.8 (Welshpool and Guilsfield Brook respectively).

Physical activity: mid Powys has the highest rate (40%), whilst north-east Powys has the lowest rate (36%). All areas are significantly higher than Wales (2008-13 data)

Smoking: North-West and North-Central Powys have the highest rates of adult smoking (24%). Mid and South Powys have lower rates than Wales (2008-13 data).

Drinking above guidelines: South Powys (43.4%) has the highest rate of adult drinking above guidelines on at least one day a week. Mid-Powys (40.9%) is the lowest which is lower than Wales (2008-13 data).

Healthy eating: North-East Powys has the highest rate of adults reporting eating five or more portions of fruit and veg in the previous day (42.9%). North-East and Mid-Powys have higher rates than Wales (2008-13 data).

Adult obesity: North-West, North-Central Powys and Mid Powys are lower than Wales.

Are there any preventative measures associated with this data?

A number of efforts to address health inequalities at a strategic partnership level are captured in the Powys One Plan. This includes work to support vulnerable families, improve education for all, and provide stronger, safer communities.

What might the future impacts be?

Health inequalities are unlikely to alter very much over such a relatively short time period although over longer time-frames we could see life expectancy and healthy life expectancy gaps widening.

D. Learning disability and Autism



Created by the picture team from Project

370 people with Learning Disabilities are supported to live in the community

A high proportion of the population have a learning disability compared with the rest of Wales

753 people are known to have autism: **302** children and **421** adults.

Projections

The percentage of people with learning disabilities is predicted to **increase** by 1.7% between 2015 and 2020.

The percentage of people with a severe learning disability is predicted to slightly decrease over the same period (-0.4%).



What do we know about learning disability & autism and what we currently provide?

Powys in comparison to the Welsh average has a high percentage of the population who are 30-75 year olds with a learning disability and particularly higher than the national percentage of the population in the category 60-75 and 75+ (Daffodil).

The number of people in Powys with a learning disability is increasing, particularly in the older age categories and this has significant implications for the type and volume of support likely to be needed in the future. Powys has a number of systems and processes in place to support people to access services and support. These include assessment and care management systems, resource allocation systems, continuing health care, health checks, direct payments, transition arrangements, ongoing consultation, planning and strategy systems. Powys has a system for people to have a direct payment (a sum of money each week), so that people can arrange their own care through recruiting a personal assistant to help them reach their agreed outcomes. We currently support 65 people with a learning disability are supported to live where they want to with a direct payment.

Learning disability services in Powys are provided by the two statutory authorities and by independent sector providers. The joint learning disability services in Powys include: Consultant Psychiatrist, Psychologist, Social Workers, Speech & Language Therapist, Occupational Therapist, Community Support Officers, Health Care Assistants, Community Learning Disability Nurses, Physiotherapist, Clinical Nurse Specialist and Team Leaders.

A range of long-term and short-term accommodation services are commissioned in Powys, including residential care placements and supported living tenancies. However, there are also people that are placed out of county. These placements include small domestic settings, residential homes, residential specialist colleges, specialist behavioural facilities and larger residential communities catering for a diversity of service users with differing disabilities, care needs and behaviours which challenge services. To enable these people to return home would require an appropriate infrastructure within health and social care to sustain local placements.

As at September 30th 2016 services provided include:

- 24 people were receiving a day care service
- 108 people receiving direct payments
- 63 people receiving domiciliary care
- 8 people receiving meals
- 2 people supported receiving respite care

83% of the people we support are aged 16-64 and 51% are male, and 49% are female

Key priorities for the future are:

- Information
- Staying healthy
- Choice, control and relationships
- Flexible support
- Accommodation/housing
- Opportunities for work leisure and learning
- Staying safe
- Moving on and transition,
- Good Support
- Consultation and co-production

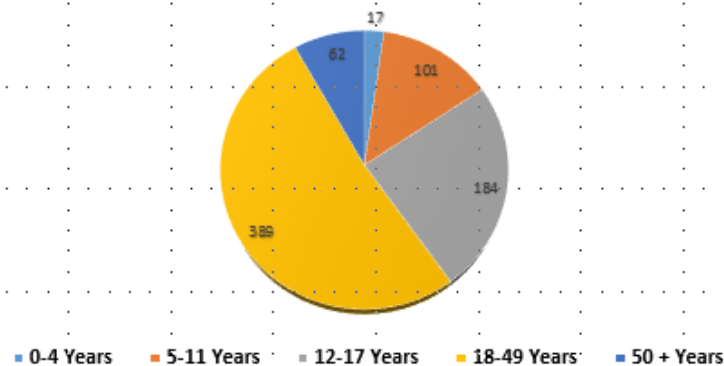
(Joint Commissioning strategy: adults with learning disabilities in Powys)



What do we know about children with learning disabilities and autism and how do we support them?

Autistic spectrum disorders (ASD) are the most common presentation of disability within children in Powys. This is followed by learning difficulties and conduct disorders.

Number of Individuals known to have an ASD in Powys – August 2016



Number of individuals with an ASD by Age Range						
Age Range	0-4	5-11	12-17	18-49	50 +	TOTAL
No of People	17	101	184	389	62	753
TOTAL	Children = 302		Adults = 451			

There were 155* open cases referred to the children with disabilities team in October 2016, the majority of these cases came from the north of the county, which is a slight decrease (25 cases) compared to 2012 (CYPP, 2015).

It is thought that this decline in number of presentations is linked to a steadily decreasing child population. If this is correct, the number of cases can be expected to continue to decline in line with the reducing child population. However, while the number of children appears to be decreasing, the complexity of their issues seems to be increasing. This may be linked to the increasing average age of mothers. According to the ONS, in 2014 there were three times as many mothers aged 25-34 than there were under 25 (ONS, 2014).

Number of individuals known to have an ASD in Powys (at August 2016), data source: Powys Health Board.

How do we compare with other local authorities?

We have not identified any information will now look to strengthen the evidence base on this topic

What do citizens say?

There are more children and young people with complex needs, such as challenging behaviour and classic autism. There are also more young people displaying mental health issues including those with disabilities. There is a need for more respite provision and specialised services such as trained foster carers and residential provision.

Service users have told us they want to have more control over their lives and disabled children and young people want to access the community activities that other children do. The transition between pathway stages needs to be smooth, having clear and meaningful outcomes and support. Parents have also told us that short breaks should be more accessible at an earlier stage, this would help to prevent escalation to specialist support.

What do staff say?

Service capacity is a problem with some services such as educational psychology, learning disabilities nursing and occupational therapists. Delivering consistency of services across the sparsely populated rural community will remain a challenge especially with decreasing resources. We deliver short breaks to help support families and provide them with respite.

What do our regulators say?

A number of commissioning strategies have been developed including learning disabilities, older people's accommodation, carers, mental health, physical disabilities and sensory loss.

The council has an integrated health and social care leadership board and has produced joint commissioning strategies in partnership with Powys Teaching Health Board, in relation to learning disability, older people and carers.

What we don't know

- Special Educational Needs statement (including statement reason).
- Educational attainment of children with disabilities.
- Distance travelled to special schools - requested from Schools Service.
- Health Data.
- Service level Data (such as Ty Hafan hospice provision usage).

Are there differences in localities?

52% of cases are in the North and 48% are in mid and south Powys. The sparsity of population is more significant in the south of the county.

Are there any preventative measures associated with this data?

Commissioning of services to deliver short break support to families.

10.4% of adult population report being on the mental register

(Wales 12.4%)

More males than females report mental health problems



Total number of social care clients (aged 18 plus) receiving services recorded as 223

Projections:

People in Powys with dementia is predicted to rise over the next five years

2,386 in 2015 to 2,771 (an increase of 16% by 2020) and to 4,399 by 2035 (84% increase)

By 2030, the number of people over 85 with dementia is predicted to overtake those aged 65-85. (2,532 for over 85's compared to 1,832 for over 65's, 532 for over 85's compared to 1,832 for over 65's)

Mental Health in adults

Improving mental health is a critical issue for people of all ages and its impact is cross cutting, affecting life chances, learning, home life, employment, safety, physical health, independence and life expectancy.



What do we know about young people's mental health and what we do to support it?

The average lost years to life for males with mental health problems is 11 years. Women with mental health problems on average lose 6 years. 1 in 4 people in the UK will experience a mental health problem each year. 25% of GP consultations are for people with mental health problems.

Depression and Anxiety

8% of the Powys population report being treated for depression or anxiety and it is one of the top three leading causes of disability. One in four patients presenting to their GP live with depression with the average GP seeing at least one patient with depression during each surgery session. 80% of people identified as having depression, are managed entirely in a primary care setting. In the UK, 25% of older adults have depression requiring an intervention and over 40% of those in their 80s are affected by depression. This is significant given Powys' demography. It is also important to note that depression is the leading cause of suicides in England and Wales each year. It has been estimated that between 10-15% women suffer from post-natal depression. In Powys there are approximately 1000 births per year, which means around 100 women may suffer post-natal depression

Dementia and Alzheimers

4,256 people in Powys aged over 65 are estimated to have dementia. At 44% Powys, along with Ceredigion, has the highest projected rise in the number of people with dementia in Wales. Dementia prevalence increases with age, roughly doubling every five years for people aged over 65 years. Dementia affects 20% of people over 80 years of age in the UK and one in 14 people over 65. In Powys it is thought that only 39.6% of the projected number of people with Dementia have a diagnosis. Up to 70% of acute hospital beds are occupied by older people, approximately 40% of whom have dementia. However, patients who have dementia experience many more complications and stay longer in hospital than those without dementia. It is also estimated that 30 per cent of people will die with dementia and many of these die in general hospital settings. The improvement in care for people with dementia in general hospitals is a component of the Powys Dementia Plan.

What do citizens say?

What do staff say?

What do our regulators say?

What we don't know

Are there differences in localities

Are there any preventative measures associated with this data?

What might the future impacts be?

Mental Health in children



What do we know about young people's mental health and what we do to support it?

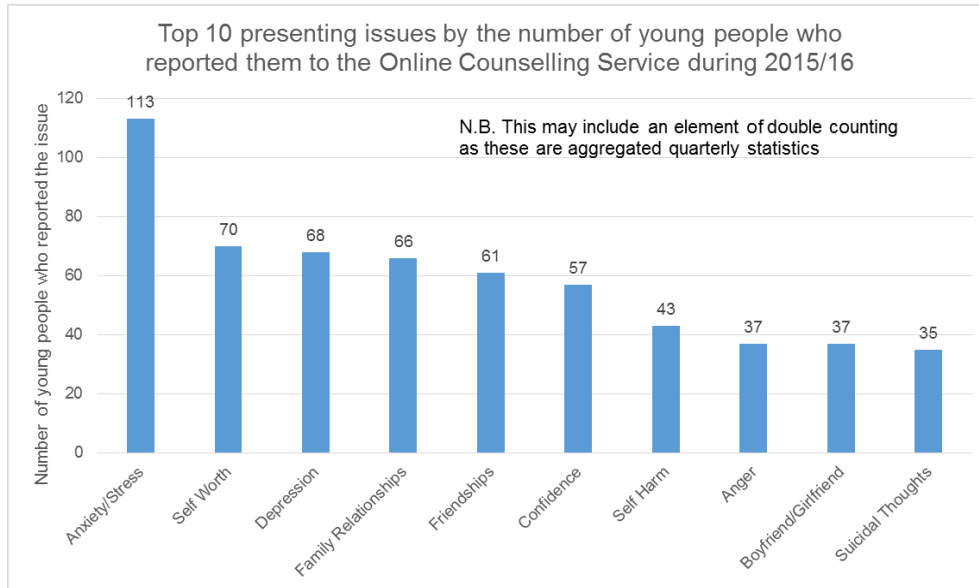
Overall, the number of assessments undertaken by Powys CAMHS (Child and Adolescent Mental Health Service) has increased between April 2014 and March 2016 and overall during this period, patients are waiting less time for an assessment.

In 2015/16, a total of 68 cases referred to "Team around the Family" highlighted emotional health and wellbeing as an area for improvement. Following the intervention, 29 cases showed an improvement in emotional health and wellbeing. During the same period, 64 cases highlighted identity, self- image and self-esteem as an area for improvement and following the TAF intervention, 35 had shown an improvement in this area.

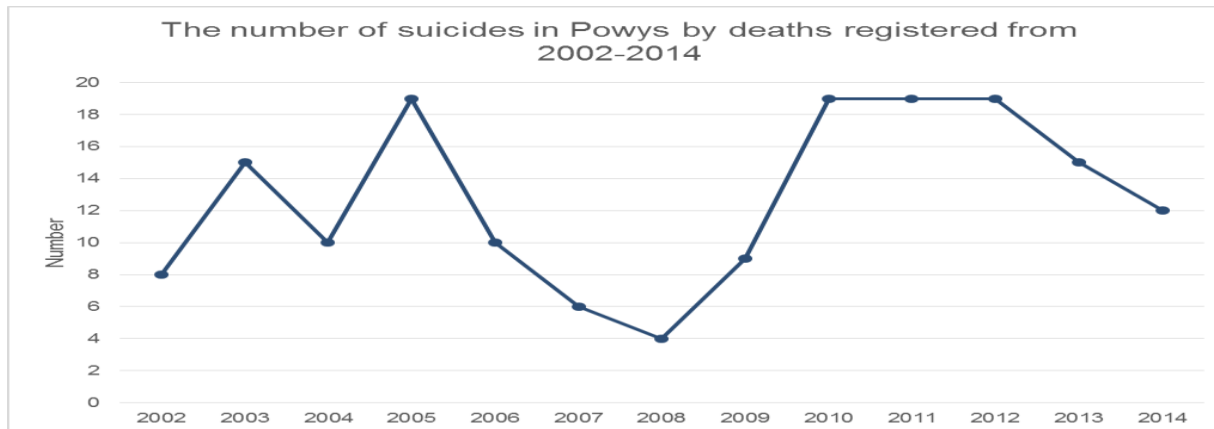
The number of new registrations to the Online Counselling Service has shown a slight increase over the period and this is despite the funding to the service having to be cut due to a cut to the Welsh Government grant which funds it.

The face-to-face service has also seen a similar increase in the number of referrals received during the period - over a third of referrals (36%) to this service are from males, which is in line with the Welsh average and is pleasing to see as males are often less likely to access counselling services (<http://www.bacp.co.uk/media/index.php?newsId=3462>).

Anxiety/stress was by far the most reported presenting issue for young people in Powys, followed by self-esteem related issues (self-worth and depression) and relationships with others (family and friends). Across Wales, males were more likely to be referred due to anger or behaviour related issues and females were more likely to be referred due to stress, self-harm or self-worth issues than their male counterparts. Both counselling services are also working with complex cases, as can be seen from the number of young people reporting suicidal thoughts and self-harm as issues for them.



We have also looked at the presenting factors when individuals have been referred to our 0-11 Family Behaviour Support Service - from April 2014-March 2016, 104 were due to low self-esteem, 48 due to mental health issues, 11 for bereavement, 11 for social isolation and 6 for bullying.



The number of suicides in Powys peaked during 2009-2012, however numbers do seem to be steadily falling.

What do citizens say?

We have not identified any information will now look to strengthen the evidence base on this topic

What do staff say?

More and more young people are becoming aware of issues and seeking help and advice from services. Recent surveys suggest that young people continue to place a much higher priority on their mental health than their predecessors, and are consequently more likely to seek help. As a result, greater demand is being placed on mental health services, and this is exacerbated by further pressure from ongoing cuts to service's budgets.

Males are also now more willing to access these services than in the past. Anxiety and stress represent the most common reported problem, along with self-worth issues and relationship difficulties.

At present, need is being managed and waiting times for assessments within CAMHS have improved. Additional funding was available to allow more young people to access counselling services, but this is no longer available due to funding reductions from Welsh Government. This impacts on the number of hours that online counsellors can support young people in Powys.

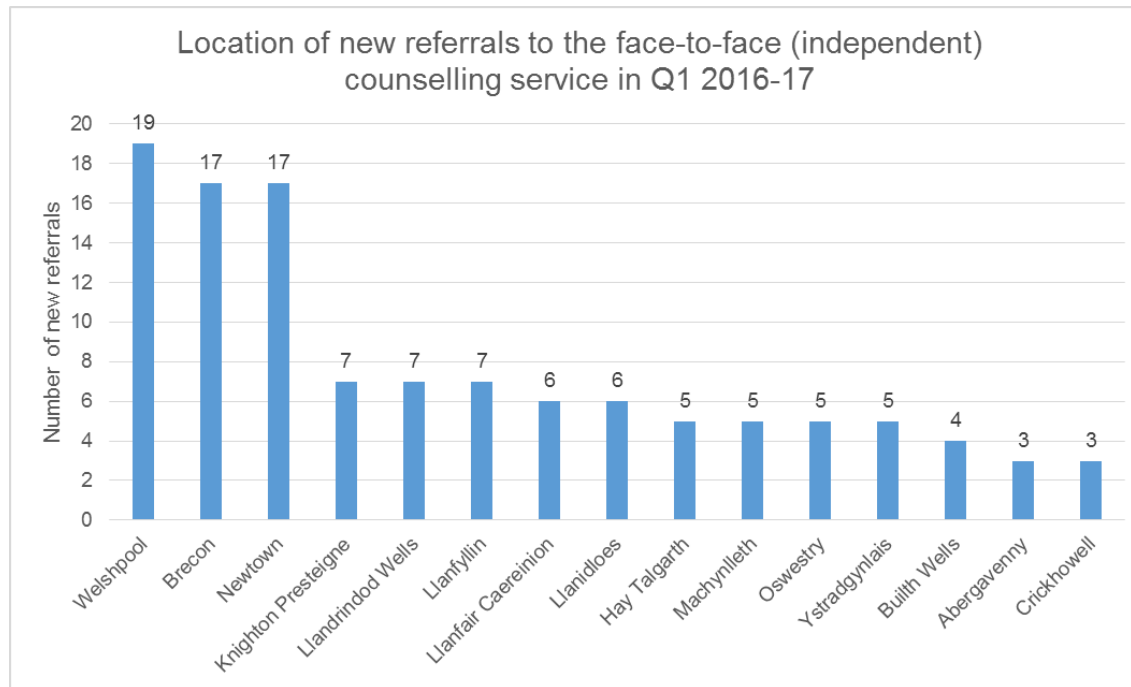
What do our regulators say?

The Care and Social Services Inspectorate Wales (CSSIW) Performance Evaluation Report 2014–15:

The council has in place an integrated health and social care leadership board, comprising representation from the council, health board and the third sector. Alongside its stakeholder partnership boards in physical disability, sensory impairment, mental health, and learning disability together with the integrated care pathway for older people, this continues to drive the integrated agenda for the council.

What we don't know

We do not have mental health data in relation to children with complex needs, some of whom are looked after children or children from other local authorities (COLA) who reside in Powys.



Are there differences in localities?

The percentage of patients on the Mental Health register varies from 0.5 in Llanidloes to 1.29 in Hay and Talgarth

More young people have accessed the face-to-face counselling service in Welshpool, Brecon and Newtown.

Are there any preventative measures associated with this data?

Young people can access online counselling 24/7 and can also request an appointment with a face-to-face counsellor via the online site. Within the online service, young people articulate goals at the start of support and the number of goals reached is measured at the end of the intervention. The face-to-face service uses the Young Persons-CORE outcome measure to track whether there is a clinical or reliable change following the intervention.

F. Sensory Impairment

To be completed by PTHB

G. Carers



Created by Creative Staff
from Noun Project

16,154 unpaid carers on census

2,203 adult carers (age 26+) are known to Credu

27% of unpaid carers are aged over 65 (4,299)

7% young carers aged 0-24 years (1,066)

80% of young carers are providing up to 19 hours of care per week

Projections

The number of unpaid carers over 65 is predicted to increase by **35%** by 2030

The number of unpaid carers under 65 is predicted to decline by

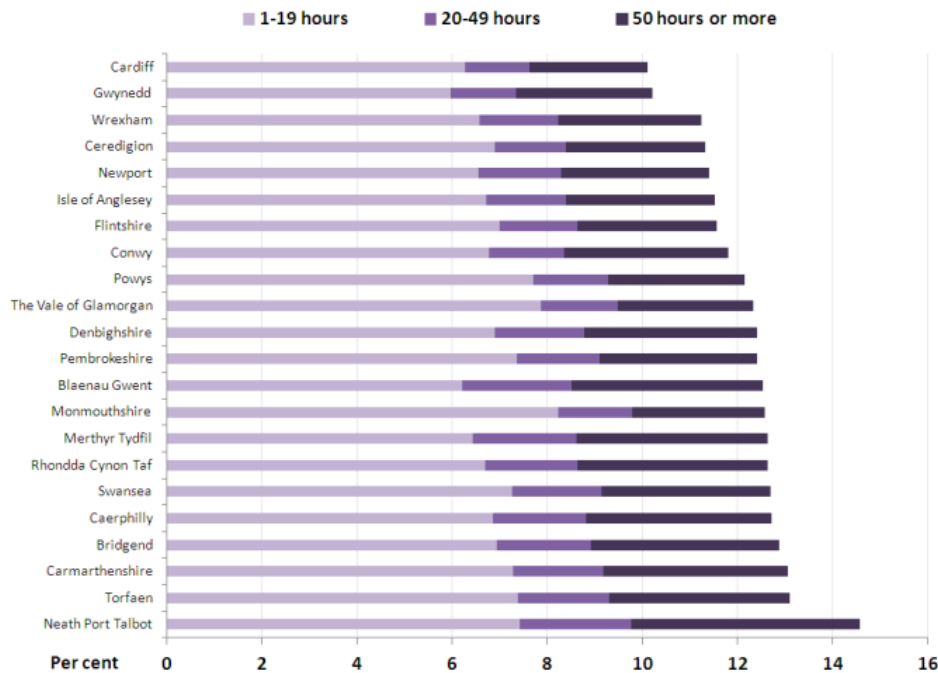
10% by 2030

Adult Carers



What do we know about adult carers and how do we support them?

According to the 2011 census, there are 16,154 unpaid adult carers in Powys, which represents 12% of the population (ONS, 2016). 27% (4,304) of unpaid carers are aged over 65 whilst 7% (4,299) are aged 24 or under (ONS, 2016). 39% of adult carers are retired, 23% are full-time carers and 12% are employed part-time. Around half of carers provide between 1-19 hours of care per week. The number of unpaid carers is expected to increase along with the county's ageing population (ONS, 2016). However, unpaid carers under the age of 65 are projected to decrease by almost 10% by 2030. Ceredu are a Carers Trust Network Partner, and they support carers via outreach through Ceredu Powys (formerly known as Powys Carers Service). 2,203 adult carers (age 26+) are known to Ceredu. During the period 1 April 2016 to 30 November 2016, Childrens Services have undertaken 19 assessments on young carers. 5 of these have led to a care and support plan.



The perceived health of these carers has been found to be significantly poorer when compared to those who are not acting as carers.

How do we compare with other local authorities?

The chart shows the percentage of the population that provide unpaid care by duration category and unitary authority. 12% of the Powys population provides unpaid care.

Source: Census - Office for National Statistics

What do citizens say?

The Powys Populations Assessment Carers survey, was conducted in 2016 as part of this assessment, and examined how carers perceived the service in Powys. Of all carers surveyed, 69% said that they lived in a home that supported their well-being. 75% said that they were always or sometimes able to do the things that are important to them, and a large majority of the respondents (87%) also felt that they were part of their local community, although it should be noted that of the responding group only 56% said this was the case all the time. In terms of support from family, friends, and neighbours, 86% said that they were happy with the level of support they had. A total of 19% of all respondents said that they only felt safe at times. Only 38% knew who to contact about support, whilst 50% said that only at times did they have access to the right information and advice. However, the majority of carers, 69%, said that they had been actively involved in all discussions regarding their support.

A large majority of respondents, 94% said that they were able to communicate in their preferred language. A further positive result was that 86% of respondents said that they were treated with dignity and respect. Over two thirds of respondents, 62%, said that they felt supported to continue in their role as a carer, and finally, 69% said that they were happy with the support they had received.

Many carers (81%) of carers surveyed agreed that the support they had received had helped improve their health and wellbeing (Powys Population Assessment Questionnaire, 2016), and many also agreed that that contact with Credu has improved the social, employment or educational areas of life (72%).

The perceived health of carers in Powys is significantly poorer than the average for all people in Wales. A survey conducted by Credu in 2011) comparing the health of carers in Powys to the Welsh Health Survey of all citizens (2009) identified that the health of carers suffered as a result of their caring responsibilities.

What do staff say?

Staff suggest that Peer Support groups can work independently but group dynamics can suffer without some Outreach Worker facilitation or support. Some staff see the need for developing capacity and resilience at community level engaging with the 3rd sector.

What do our regulators say?

The Care and Social Services Inspectorate Wales (CSSIW) Performance Evaluation Report 2014–15

<http://cssiw.org.uk/docs/cssiw/report/150810-powysen.pdf>

“The assessment documentation used by Powys County Council supported an outcome focussed approach. Carers were identified and offered an assessment but the take up appeared to be low. One of the challenges for Powys is that many of the family carers lived at some distance from the person they cared for.”

“The low uptake in carers’ assessments is also a concern in this context as it puts additional strain on family and friends in this role.”

What we don’t know

Carers who we do not know about; Ethnicity for Carers reporting (although this has improved).
Information sharing protocols. There is no agreement in place between our Service Provider and Education in respect of sharing basic contact information with the Schools Service in order that we establish the number of young carers within Schools (by flagging them on Teacher Centre). This would allow us to check attendance and attainment levels of young carers. (If implemented, there would need to be a process to continually update this information and the service provider would need to be registered as data controllers with the Information Commissioners’ Office in their own right).

Are there differences in localities?

North Central Powys area has the lowest percentage of unpaid carers. South West Powys has the highest number of unpaid carers in the county.

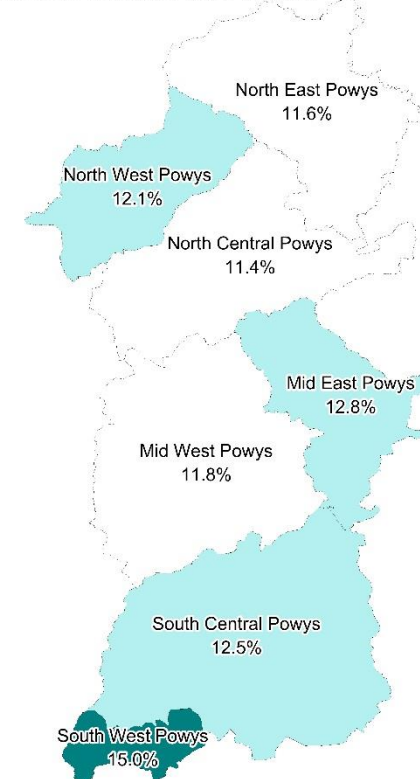
Are there any preventative measures associated with this data?

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Ni ddylid gwneud unrhyw gopïau ychwanegol heb ganiatâd y Cyngor.

Unpaid Carers all ages

Source: 2011 ONS Census of Population © Crown Copyright

- 13% and over
- 12% to 13%
- under 12%



Powys is working to achieve an Everybody's Business model which means that identifying carers and understanding their support needs is part of everybody's role.

The Powys One Plan in 2014 identified unpaid carers as a priority group for support.

A Programme of work for Adult Health and Social Care was subsequently established and an Accountability Framework to deliver on the carers' thematic area was developed and agreed.

Across Wales, Powys has seen the second largest increase in the percentage of unpaid carers between 2001 and 2011. The county has seen an overall increase of 8.7%, ranking it joint second with Ceredigion, and only slightly behind Monmouthshire, which has seen an increase of 11.2%. In total, Powys has seen an increase of 2,036 new carers during the ten year period.

What might the future impacts be?

There will be an increased demand for services. For carers there is likely to be increasing impacts on carers' health, ability to work, study, or access leisure opportunities and increased social isolation

Young Carers



What do we know about young carers and how do we support them?

- 352 young carers and 235 young adult carers registered with Credu at 30 September 2016 (CYPP, 2015).
- We have undertaken 19 assessments during the period 01/04/2016 to 30/09/2016 on young carers. 5 of these led to a care and support plan (CYPP, 2015).

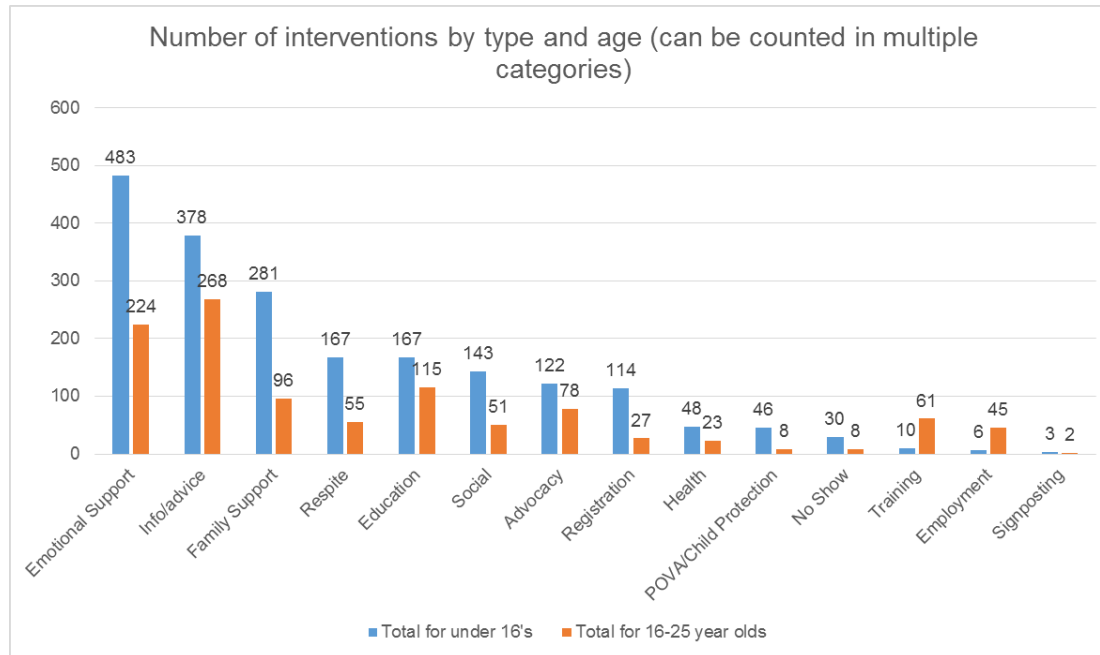
Due to the increase in Powys' elderly population, more and more young people are becoming carers.

- 80% (860) of young carers are providing up to 19 hours of care per week;
- 12% (123) provided 20-49 hours per week; and
- 8% (83) provided 50+ hours of unpaid care each week.

This has a knock on effect of some young carers missing school due to their responsibilities.

Only 576 young carers were known to Credu service in 2016 (CYPP, 2015). Around 1 in 20 young carers miss school due to their responsibilities. In turn, this affects their education and chances of long term employment. Young carers have a significantly lower attainment level at GCSE and are much more likely to be NEET, which further reduces their life chances. In spite of their need for extra support, young carers are no more likely than their peers to be in contact with Social Services or Educational Welfare Services, both of which were designed to offer them support.

The chart below shows that most young carers require emotional support and information and advice, particularly those aged 16 years and under.



Most young carers we are in contact with have responsibilities to provide physical care to their loved ones, closely followed by providing mental and emotional health support.

How do we compare with other local authorities?

While Powys has seen a reduction since 2014/15 in the number of young carers identified by Social Services, the overall trend reveals an increase since 2009/10 in the number of young people acting as carers.

What do citizens say?

Carers Advisory Support Service Youth Group ('CASSY' Group): the group are concentrating on raising awareness in schools. Many young carers are helped to explore options and prioritise goals in terms of educational aspirations and employment opportunities. One young carer had put in order of priority her mother's need for her support to care for her sister, her desire to continue to learn to drive, her desire to complete the NVQ hair level 3 and the Welsh baccalaureate and her desire to work part time to bring in additional money. However, with the help of outreach workers

"B's previous aspirations were to stay at home and care for her mother, she now wants to develop those skills and take them elsewhere into a career." (Outreach worker)

After school groups for both younger and older young carers are thriving and have been enjoyed by 126 Young Carers. Each group has its own character and programme because they respond to the needs and wishes of its particular cohort. Young Carers are really able to relax and be themselves. They are supportive and accepting of everyone and new members quickly feel part of the group.

"We had a fun food challenge night with the YAC group that involved being creative, letting go of inhibitions and being playful as a group." (One member of the group)

"The YACs have enjoyed a relaxed atmosphere at clubs with continuation of relaxation and meditation workshops. Feelings of tiredness have been expressed by many this term during exam times and controlled assessments in schools for the younger YACs." (Llandrindod Group)

Feedback from Young Carers on Outreach Workers coaching support;

"Martine will always ask me what I want to talk about and take the time to listen. She always smiles and is very approachable and helps me to think of options to overcome certain situations"

What do staff say?

Credu assist carers to feel recognised and feel valued, making the most of their lives, and providing them with a strong voice. In particular, they help young carers to have a positive sense of identity, have aspirations and success in learning, plus a positive childhood experience.

Some carers have said they would like to help other carers to help support them. Our Young carer's forum is thriving, however we need to support them to enable them to become leaders in their own areas.

The work with numerous stakeholders and our listening campaign with Young Carers, identified three key themes in our work. These were for our Young Carers and Young Adult Carers to be;

- Valued, taken seriously and have a positive sense of identity.
- Population Assessment Staff Questionnaire: "Some survey respondents identified the need for continued independence, self-sufficiency, and control over one's own life as the key outcomes desired by service users. This was most prominent in areas dealing with Powys' ageing population"
- The service users want to be able to remain in their own homes with adequate support. With this support the service user would like to be treated like a human being and not just a job. So a certain level of social interaction is required.' – Contracts and Commissioning"
- "Local provision within the community – i.e. good residential and nursing care. Safe from risks in the home. Medication management. Nutrition Hygiene'. – Adult Services"
- "There are an ever increasing numbers in people requiring home support and with the new legislation there will be more emphasis on people staying at home. This will in turn have an increase in home care request as families do not live close together any more. The population are also working longer hours so they are unable to support their family members in day to day activities."
- "Complexity of health conditions. Increased demand due to people retiring into Powys. Continued strategic direction from institutional to home setting. Technology advances will change the need for the way in which services are delivered. More specialist Community support model with develop."
- "The aging population require more support and to know that as they grow older they will be looked after."
- "There is a lack of care providers within the area, so people are unable to get the care packages they request."
- Around half of carers provide between 1-19 hours of care per week. The majority of these identified caring as being a major contributing factor to their poorer health.
- "Unable to recruit: paid carers, volunteers, skilled professionals e.g. social workers Market capacity – e.g. domiciliary care providers Access to specialist and complex provision Critical mass to locate services Transport Supporting more people to remain in their own home."

- "Increased gatekeeping around financial spend. Increased signposting to other therapeutic interventions services. Specialist domiciliary care e.g. Mental Health DToC due to availability of home of choice, waiting for housing adaptations"
- Able to grow up with positive childhood experiences, broad horizons and emotional resilience.

The young carers are planning and shaping the services we offer them. Their voices are the loudest ones we want to hear. The regular groups are shaped by the Young Carers wishes, with regular opportunities to discuss activity and trip ideas. Young Carers are also given opportunities in planning and organising the trips where they wish to be involved.

It can be the first time in many of their lives that Young Carers 16+, have choices and big decisions to make and they can be overwhelmed, especially with the complication of their caring responsibilities to consider. Support varies with each individual. As well as face to face work in various settings, Outreach Workers use Text and Facebook as a way of keeping in touch and supporting this age group with things they want to achieve. The focus of support is always to encourage and develop Young Carers own self-belief, independence, confidence and resourcefulness.

Outreach Workers in Schools use their skills as trained Advocates to help our Young Carers voice their thoughts and feelings in a variety of settings.

"A Yr 11 Young Carer was struggling with emotions and had been relying on a school teacher for ongoing emotional support. The school teacher, Young Carer and I met to form a plan of support over her exams." - Outreach Worker

What do our regulators say?

The Care and Social Services Inspectorate Wales (CSSIW) Performance Evaluation Report 2014–15/

<http://cssiw.org.uk/docs/cssiw/report/150810-powysen.pdf>

The assessment documentation used by Powys County Council supported an outcome focussed approach. Carers were identified and offered an assessment but the take up appeared to be low. One of the challenges for Powys is that many of the family carers lived at some distance from the person they cared for."

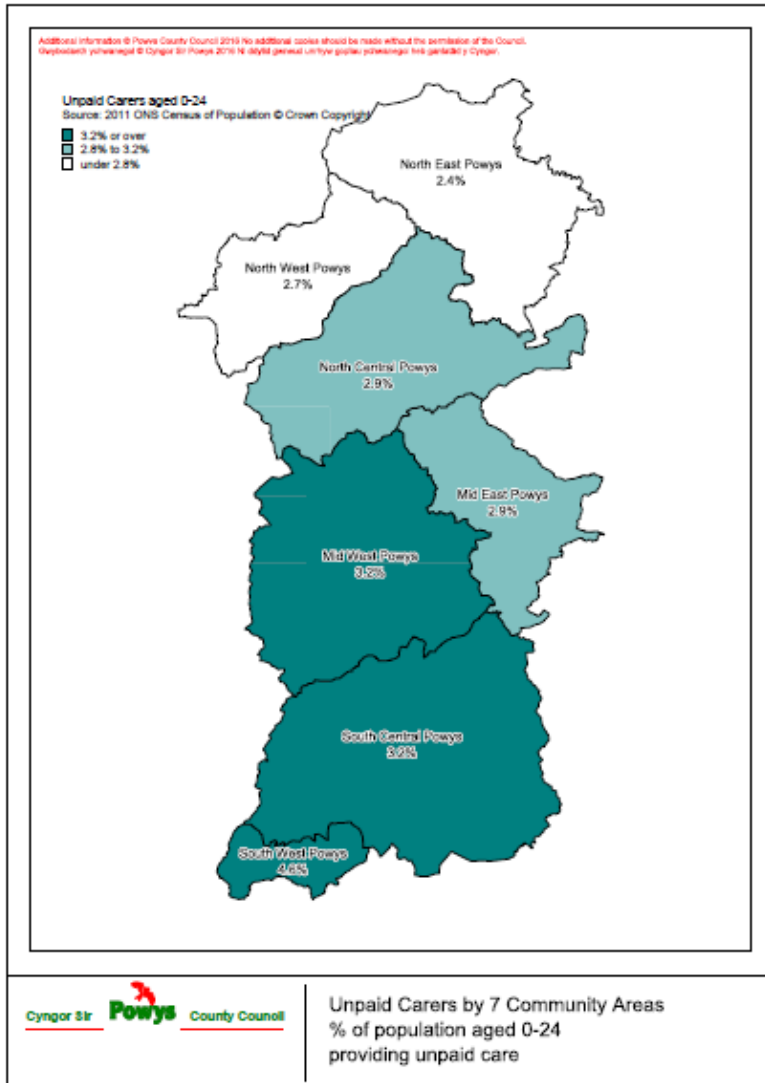
"The low uptake in carers' assessments is also a concern in this context as it puts additional strain on family and friends in this role."

Care and Social Service Inspectorate Wales (CSSIW) report March/May 2015:

What we don't know

The number of young carers in each schools and whether schools are aware of the number of young carers within their school (A survey by The (Former) Princess Royal Trust for Carers (2010), found that for over 39% of young carers, school staff were not aware that they were young carers and 68% said they had been bullied in school) - we're working with colleagues in Schools Service about this.

Are there differences in localities?



Are there any preventative measures associated with this data?

Powys is working to achieve an Everybody's Business model which means that identifying carers and understanding their support needs is part of everybody's role.

Team around the Carer approach once a Wellbeing Assessment has been completed.

What might the future impacts be?

There will be an increased demand for services. For carers there is likely to be increasing impacts on carers' health, ability to work, study, or access leisure opportunities and increased social isolation

964

**Reports of Domestic Violence reported
from January 2016 to August 2016.**

1/3

**Of all Child Protection cases refer to
Domestic Violence for the reason for
opening the case.**

What do we know about violence against women, domestic violence, and sexual violence?

January 2016 to August 2016, a total of 964 incidents of domestic violence have been reported to the police (Dyfed Powys Police Service, 2016). It should be noted that this figure may not reflect the true number of incidents as many occurrences of domestic violence continue to go unreported. During the same period there were 533 domestic violence crimes reported to the police (Dyfed Powys Police, 2016), a 9% rise on the previous year. The long-term trend is a continual rise of some 75% since 2010

MARAC (Multi Agency Risk Assessment Conference), which handles those domestic violence cases where the victim is believed to be at the highest level of risk, also suggests a sharp rise in the number of domestic violence

incidents when compared with neighbouring local authorities. While this may well be attributed to a lack of pre-screening of cases referred to MARAC, this has not been researched and cannot be verified. MARAC data shows an increase rate of between 28-36% (PCC, 2016). It is not yet clear why this ongoing trend has occurred, and further research, in greater detail would be required.

The figures below are reported by Dyfed Powys Police (2015/16)

- Number of people aged 18-64 who were alleged victims of physical abuse: 816
- Number of people aged 65 or over who were alleged victims of physical abuse: 32
- Number of people aged 18-64 who were alleged victims of sexual abuse: 63
- Number of people aged 65 or over who were alleged victims of sexual abuse: 2
- Number of people aged 18-64 years who were alleged victims of emotional psychological abuse: 219
- Number of people aged 65 or over who were alleged victims of emotional psychological abuse: 5

- Number of people aged 18-64 years who were alleged victims of financial abuse: 162
- Number of people aged 65 or over who were alleged victims of financial abuse: 72
- Number of people aged 18-64 years who were alleged victims of racial abuse: 28
- Number of people aged 65 or over who were alleged victims of racial abuse: 5
- Number of people aged 18-64 years who were alleged victims of domestic abuse: 639
- Number of people aged 65 or over who were alleged victims of domestic abuse: 27
- Incidence of domestic abuse: 909
- Incidence of sexual crime: 278
- Predicted number of people aged 18-64 who will be survivors of childhood sexual abuse – unable to quantify.

Caveat: There may be a number of crime reports that do not document the victim's age and therefore the figure above may be slightly under estimated.

Funding from supporting people, and from children's services main budget, funds domestic abuse services in the North and South of Powys. Currently these services are being re-commissioned against a new Domestic Abuse strategy. The Council has 15 refuge bed spaces in total. Funding is also given for the IDVA service provided by Hafan Cymru, though this particular funding stream is matched with Home Office funding which will be end in April. By comparison with other Councils, Powys has a reasonable network of refuges and provision for domestic abuse. However the rurality of Powys means that some victims will find themselves a long way from providers.

Powys does not have provision of wider VAWDASV services to respond to issues such as forced marriage, FGM or sexual harassment and stalking. The extent of the provision needed and the best means of meeting this service will be considered as part of the work being undertaken to develop a local VAWDASV strategy.

The existing domestic abuse services are operating at capacity and there is a high-risk that if wider publicity of this issue, and the services available, is given they would be quickly over-whelmed. Part of the strategy for responding to this is to build better capacity and resilience within local communities through the Ask Me project currently being piloted with Women's Aid.

Powys does not have any funding to enable referrals to be made to an accredited perpetrator programme and this is a very significant impediment to the prevention of VAWDASV. The Council is required to produce a training plan by March 2017 identifying which employee falls within the six designated groupings of staff in the National Training Framework. Group 1 of this framework includes every single employee and the statutory requirement is that 50% must be trained by March 2017 and the remainder by March 2018. Group 2 is "Ask and Act" training for professionals who work with persons affected by abuse, the Group 3 are the champions who will provide the training for group 2 and lead within each team. Group 6 is the senior management team within the authority.

How do we compare with other local authorities?

Women's aid collected data from all providers of support services across Wales.

An analysis of this data for the 17 Councils who provided it in Quarters one and two of 2016/17, expressed as a population rate:

- Powys has the fourth highest level of supported units.
- Powys has 6th and 7th highest rate of referrals
- Powys has the 6th and 8th highest rate of supported persons

What do citizens say?

As the vast majority of abuse is unreported we have no local data on the views of citizens.

The latest national crime surveys show that 30% of women and 16% of men report having been the victims of domestic abuse, the methodology used in this survey restricts the number of incidents a person can report and it is argued that this lead to an under-representation of domestic violence to women.

What do staff say?

Staff from Children and Adult Social Services and Housing are aware of the data for the first quarter of this year shows that 49.5% of cases registered had DA as a significant parental factor making it the largest of all the parental factors.

What do our regulators say?

Voluntary providers like Calan, Hafan Cymru and MFCC feel they are at capacity coping with the current level of referrals, they are concerned about their ability to cope with an increase in demand as more victims feel able to come forward during the implementation of the VAWDASV (Violence against Women Domestic and Sexual Violence Act 2015) Act.

What we don't know

- Understanding our high rate of MARAC referrals and understanding unmet needs for all VAWDASV issues.
- There is some evidence form Women's Aid that referral rates for domestic abuse may be higher in rural areas.
- Number of people aged 18-64 who were alleged victims of abuse

- Number of people aged 65 or over who were alleged victims of abuse
- Number of people aged 18-64 years who were alleged victims of neglect
- Number of people aged 65 or over who were alleged victims of neglect

Are there differences in localities?

Powys MARAC data is split North and South. In the North there appears to be a higher than expected incidence of referrals involving BME (Black and Minority Ethnic) and LGBT (Lesbian, Gay, Bisexual and Transgender) communities but the numbers are small and this could be a statistical anomaly, more research into the data is needed.

Are there any preventative measures associated with this data?

We have not identified any information will now look to strengthen the evidence base on this topic

What might the future impacts be?

It is highly likely that reported domestic violence incidents and crimes will continue to rise in accordance with long term trends. As population changes continue we can also expect to see an increase in the risk of FGM and other such issues in Powys. Prospects will depend on the extent to which Powys establishes effective arrangements for VAWDASV. If good progress is not made then there is a very high risk that services to victims and survivors will be overwhelmed and costs to the Council's Childrens and Adult services teams escalate. Looking longer term, if progress has not been achieved in reducing VAWDASV then the health and economic impact on the community of Powys will be very considerable.

I. Advocacy services

Advocacy is about speaking up for people, empowering them to make sure their rights are respected and their views, wishes and feelings are heard at all times, representing their views, wishes and feelings to decision-makers, and helping them to navigate the system.

We provide:

Self-advocacy (where individuals represent and speak up for themselves),

Informal advocacy (where family, friends or neighbours support an individual in having their wishes and feelings heard, which may include speaking on their behalf)

Collective advocacy (involves groups of individuals with common experiences)

Peer advocacy (where one individual acts as an advocate for another who shares a common experience or background)

Citizen advocacy (a one-to-one long-term partnership between a trained or supported volunteer citizen advocate and an individual)

Independent volunteer advocacy (involving an independent and unpaid advocate who works on a short term, or issue led basis, with one or more individuals)

Formal advocacy (may refer to the advocacy role of staff in health, social care and other settings where professionals are required as part of their role to consider the wishes and feelings of the individual and to help ensure that they are addressed properly)

Independent professional advocacy (a one-to-one partnership between an independent professional advocate who is trained and paid to undertake their professional role as an advocate)

Advocacy and mental capacity - The Mental Capacity Act 2005 introduced Independent Mental Capacity Advocates (IMCAs). An IMCA supports people who can't make or understand decisions by stating their views and wishes or securing their rights. This is a statutory advocacy service, which means in certain situations people who lack capacity must be referred to an advocate. An IMCA is not the decision-maker (such as the person's doctor or care manager), but the decision-maker has a duty to take into account the information given by the IMCA

Children and young people

Powys commissions its advocacy services as part of the Mid and West Wales region alongside Powys Teaching Health Board, Hywel Dda Health Board and Carmarthenshire, Ceredigion, and Pembrokeshire local authorities. Powys County Council plan to support 100 children with an advocacy service. Powys teaching Health Board also purchase an additional 25 places as part of the contract. Powys Children's Services have recently led and completed a re-commissioning exercise in respect of advocacy, with the award of a new contract being awarded to Tros Gynnal Plant to provide Independent Professional Advocacy to all children and young people 0-25 years accessing service from Children's Service.

Independent Advocacy Services available in Powys, provide independent professional advocacy support for Children and Young People that is person centred, issues based and outcome focused. The service is provided to Looked After Children (LAC) and Former LAC,

children on the child protection register and children with a care and support plan. We also provide support to children 11+ making a complaint in respect of schools exclusions.

Mental Health

Statutory Independent Mental Health Advocacy (IMHA) is commissioned on an all Wales basis. Access to an IMHA is a statutory right for people detained under most sections of the Mental Health Act, subject to Guardianship or on a community treatment order (CTO). IMHAs are independent of mental health services and can help people get their opinions heard and make sure they know their rights under the law. IMHA can make a significant difference to people's experience of detention and are highly valued by people who use services. People eligible for IMHA support include, inpatients in hospital and being assessed or receiving treatment for a mental health problem, those detained in hospital under the Mental Health Act, informal patients, those being considered for neurosurgery for mental disorder or ECT for under eighteen years, people subject to a Community Treatment Order and those conditionally discharged or subject to guardianship.

Older People:

Age Cymru provide general and crisis advocacy.

Carers

Information, Advice and Support services for carers of all ages provided by Credu. Credu supports carers and their families in Powys.

Learning Disability

In north Powys 'A voice for you' provides a service specialising in the support of people with learning disabilities. They recruit, train and support volunteers to act as Advocates and Crisis Advocates for people with Learning Disabilities in Brecknockshire and Radnorshire and ensure the voice of the person with Learning Disabilities is heard. In south Powys, Brecon Citizen Advocacy provides a service specialising in the support of people with learning disabilities. They recruit, train and support volunteers to act as Advocates and Crisis Advocates for people with Learning Disabilities in Brecknockshire and Radnorshire and ensure the voice of the person with Learning Disabilities is heard. Across the county Powys People First support people to advocate for themselves.

Other adults

Citizen Advice Bureau are commissioned by Adult Social Care to support people in maintaining and/or recovering their independence by enabling them to understand their rights and to help themselves in dealing with their civil legal, financial and other problems by advising them of their legal rights and responsibilities.

4. Assessment of Welsh Language

New Welsh Language Standards have been introduced, under the Welsh Language (Wales) Measure 2011, and issued by the Welsh Language Commissioner, which list ways in which the Council is expected to provide services through the medium of Welsh and provide opportunities to use the language, to assess the impact of policies and decisions on the Welsh language, and state how it will promote the Welsh language in order to increase the number of Welsh speakers and its use within the county. The Council must also operate according to the requirements of 'More Than Just Words', the Welsh Government's Strategic Framework for providing Welsh language services in health and social care.

According to the 2011 census, 19% of citizens (23,990 people) said they could speak Welsh. Promotion of the Welsh language has continued, with an increase in the number of young Welsh speakers since 1991. There is a large difference in the percentage of Welsh speakers within the different localities in Powys, ranging from 53.8% in the Machynlleth locality and 39% in the Ystradgynlais locality to 8.6% and 9.8% in the Knighton and Presteigne, and Hay and Talgarth localities respectively. But it is also important to recognise that there are Welsh speakers and that the language is used within every community and locality in Powys. According to our Population assessment questionnaire (2016), 84% of users feel that they can communicate in their preferred language. Other consultation exercises have highlighted that some people are not being communicated with in a language of their choice.

The Council contributes towards the work of two language initiatives (Mentrau Iaith) in north and south Powys, which promote and provide opportunities to use the language socially, and work with other Welsh language organisations working within the area. Our recent well-being survey with young people was available in English and Welsh so that young people can respond in their preferred language. Service provision, including quality Welsh medium education, opportunities to use the Welsh language, both with the Council and in a social capacity, for them and their families, and opportunities to develop careers through the medium of Welsh are key to keeping Welsh speaking staff within the area. This is essential for the authority, and partner organisations, to be able to provide services according to the requirements of the Welsh Language Standards and More Than Just Words, the Welsh Government's Strategic Framework for providing Welsh language services in health and social care, and according to the expectations of the Welsh speaking public. Day time activities consultation was carried out in the language of Welsh if that was the preferred language. 95% of those we spoke to identified that their main language was English with 5% as Welsh speaking. The Council's Public website and the Information, Advice and Support Service provider for Carers provides information through the medium of Welsh and English.








What are the gaps in Welsh language provision?

There are gaps in the provision across many services. The Council currently does not hold data for the Welsh language skills of all its staff (it currently holds data for 56.45% of the workforce). This data is required to measure the ability of service areas to provide services according to the requirement of the Welsh Language Standards, and therefore according to the needs of the community.

5. What are the challenges for Powys and how does this impact on the population?

Drawing together the information that we have used to analyse across the 8 core themes of the assessment (see section 2) we are currently identifying whether the current situation in Powys was having a negative or positive impact on each of the Social Services National Outcomes Framework under the Social Services Well-being Act. The tables below illustrate the results of discussions so far regarding how different areas currently impact on the outcomes of an individual's life.

National Outcomes Framework: <http://gov.wales/docs/dhss/publications/160610frameworken.pdf>

Key	
	Negative – Critical
	Negative - Substantial
	Negative - Moderate
	No current impact on well-being
	Positive - Moderate
	Positive - Substantial
	Positive - Critical

Situations	8 Wellbeing Outcomes							
	Physical and Mental Health and Emotional wellbeing	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 wellbeing	Suitability of living accommodation
Children and Young People								
Older People	Light Red	Light Red	Grey	Light Red	Light Green	Light Red	Light Green	Red
Health and Physical Disabilities	Light Green	Grey	Light Green	Light Green	Light Red	Light Red	Light Green	Light Green
Learning disability & Autism								
Mental Health								
Sensory Impairment								
Violence against women, domestic abuse and sexual violence	Red	Red	Light Red	Dark Red	Light Red	Dark Red	Light Red	Red
Carers	Red	Grey	Light Red	Light Red	Light Green	Red	Light Red	Light Green

The population of Powys is changing. People are living longer, the older population is increasing and the child population is in decline. Whilst the elderly population in Powys is predicted to increase significantly over the next 20 years, more young people are likely to become carers. This number is steadily increasing, in spite of the decreasing child population. This can have impacts on their education and long term employment prospects. In addition young carers can find their role impacting on their own health and social well-being. There is also an increasing number of young people identified as having mental health problems in Powys, including anxiety, stress and self-harm, and mental health is known to impact on many aspects of young people's lives and well-being.

People have told us that they want to live independently in their own homes and communities for as long as possible. As the elderly population increases, it is likely that greater pressure will be placed on supporting people in this way. This will need to include increasing the resilience of communities to enable them to support people, increasing the use of assistive technology (including the opportunities provided by new technologies) and ensuring that suitable accommodation options are available, particularly for older people in the county.

Whilst life expectancy in Powys is good there is a widening gap between genders and socio-economic circumstances. Our assessment of adults with learning disabilities has not allowed us to form a conclusion about the outcomes for clients now or in the future and our findings were therefore not scored against the 8 outcomes. Although incidents of violence against women, domestic abuse and sexual violence affect a relatively small proportion of the population, there are negative impacts on many aspects of wellbeing and on all population assessment outcomes and we know that the issue is under-reported.

Across multiple areas of the population, people want to be able to access the right service in the right place at the right time. This will need to be addressed within the challenging context of austerity, the affordability and sustainability of current services and the need to recruit a skilled workforce which is currently in decline.

6. How have we produced our population assessment?

In order to develop this assessment we began by collating and analysing relevant data sets from a variety of sources, including:

- Current service user data
- External/ secondary data sets (e.g. Office for National Statistics census data (ONS))
- National indicators and national trends report
- Qualitative data from service user surveys and consultation/engagement work e.g. Residents Satisfaction Survey, consultation feedback
- National Surveys e.g. Welsh Health Survey and indicators

To assess the population at a lower geographical area than the whole of Powys, we divided the county into seven community areas in order to better understand the populations at a local level. These reflect the ONS super-output areas used to analyse data drawn from the census and other national sources. Although the 13 localities do not necessarily match the boundaries or terminology of all partner

organisations or service area borders, they are a best-fit for the purposes of analysis.



In order to engage broader stakeholders in the process and to get their views on the findings that had been identified, two challenge events were held in November 2016, one with internal staff and another with partner organisations and community representatives. Below is a full list of stakeholders and partners invited to the challenge events.

- Action for Children
- Age Cymru
- All Wales Forum
- Care Forum Wales
- Community Councillors
- Credu
- Disability Powys
- Dyfed Powys Police
- Neath Port Talbot College
- Powys Association of Voluntary Organisations
- Powys County Councillors
- Powys Community Health Council
- Powys Teaching Health Board
- Public Health Wales
- Visual Impairment Breconshire
- Welsh Government

7. How have we engaged with our communities?

Before publishing this assessment, the Regional Partnership Board (made up of Powys County Council, Powys Teaching Health Board, Public Health Wales, Powys Association of Voluntary Organisations, voluntary sector body (Action on Hearing Loss), Care Forum Wales and citizens representing people with needs for care and support and carers) has consulted with a number of groups including:

- Current service users
- Partner organisations
- Relevant voluntary sector organisations
- Staff members

Alongside analysing key data sets held by all the partner organisations, the process of producing the population assessment has involved collating and analysing resident/stakeholder insights gathered by and from a multitude of different consultation and engagement exercises conducted over the past 18 months – primarily by Powys County Council but not solely so.

These consultations covered a diverse range of issues and sought views from interested and affected residents, service users, professionals and other stakeholders. All of the views received have fed into the process and have provided both a mix of quantitative and qualitative insights into why and how residents have responded in the way they have.

Powys County Council incorporated some very specific questions based on some known data gaps around well-being in both its Residents Attitude Survey and its Residents Satisfaction Survey. The two pieces of work provided robust and representative views on data gaps around fuel poverty, the Powys pound and how people spend their disposal income, what resident's priorities are currently and would be in ten years' time.

Members of the Powys Youth Forum as future custodians of the county have also played a key role in providing the organisations with their views about current and future services. The forum also created an exercise for all schools, youth clubs and Young Farmers to take part in and this will inform the response analysis phase of the work going forward.

In order to gather the views of the public, including those not necessarily reached through the methods described above we have published regular posts on social media (Facebook and Twitter), asking for people to comment on some of the findings that have emerged from our analysis.

8. Equalities

To help us determine whether this population assessment and resulting plan will assist or inhibit our ability to eliminate discrimination; advance equality; and foster good relations an Equality Impact Assessment (EIA) was carried out. The outcome is to ensure that Powys County Council and Powys Teaching Health Board services are delivered equitably.

Carrying out an EIA involves systematically assessing the likely (or actual) effects of a policy or practice on people in respect of the 9 protected characteristics: Disability, Gender, Gender Identity, Race, Age, Religion and Belief, Sexual Orientation and Marriage/Civil Partnership. Also when assessing impact we have tried to look at diversity within, as well as between the groups e.g. disabled people with different impairments.

For each of the 8 core themes we have summarised how we have:-

- Engaged with the 9 protected characteristics and any gaps
- Made sure we've taken these groups into account in the population assessment itself
- Reflected their needs in the data collected.
- Identified if there any groups of people we don't know enough about and set an action to resolve.

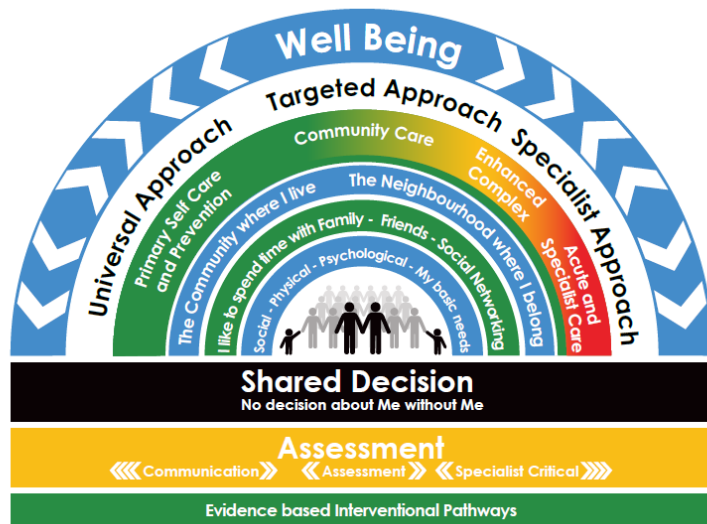
Please see [Powys Population Assessment – Protected Characteristics Impact Assessment](#) for our results of this assessment.

A full EIA will be carried out on our local area plans.

9. Next Steps

The evidence in this assessment will allow us to identify and prioritise the issues that are most important locally and begin to examine how they can be addressed. We will use the information and insight this assessment provides to plan our care and support and ensure we focus to make a positive impact on the outcomes for the population of Powys. The assessment will ensure that Powys County Council and Powys Teaching Health Board have a joint, clear and specific evidence base in relation to care and support needs and carers' needs to underpin the delivery of our statutory functions and to inform planning and operational decisions. This will ensure services are planned and developed in an efficient and effective way to promote the well-being of people with care and support needs. The assessment will be a source of information that will contribute to the development of a wide range of strategic plans relating to health and social services and will inform various planning and operational decisions to help develop services and ensure that services are appropriately procured to meet identified need.

The population assessment will be used to inform our area plans going forward. Our local area plans are due to be produced by March 2018 and our next steps include looking at how we can respond by working through an integrated approach between Council and Health Board Services to have a maximum positive impact. An example of this is shown in the diagram below which shows Health and Adult Social Care future integrated approach to promote independence.



Our local area plans will be developed in line with the four principles of the Social Services and Well-being (Wales) Act 2014 which are:

- Voice and control (putting the individual and their needs at the centre of their care, and giving them a voice in, and control over reaching the outcomes that help them achieve well-being)
- Prevention and early intervention (increasing preventative services within the community to minimise the escalation of critical need)
- Well-being (supporting people to achieve their own well-being and measuring the success of care and support)
- Co-production (encouraging individuals to become more involved in the design and delivery of services)

These plans will consider social enterprise, co-operative organisations, co-operative arrangements, user led and third sector options as part of any decision to plan, promote and deliver care and support and preventative services.

Find out more and stay involved

If you would like any further information or have any questions about this population assessment, there are many ways you can get in touch with us:



By phone: 01597 826 000



By email: business_intelligence@powys.gov.uk



By post: Powys Regional Partnership Board, Powys County Council, County Hall, Llandrindod Wells, Powys, LD1 5LG

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