

## 1. Carers

### Key information

The number of carers across Wales is predicted to increase. This, coupled with the prioritisation of carers and expansion of carer's rights introduced by the Social Services and Wellbeing (Wales) Act 2014, means there will be an increased demand for carers' services. There is also likely to be an increased demand on carers themselves moving forward due to the greater complexity of age related conditions such as dementia.

Bridgend has around 17,000 carers but only 2,100 carers are known to the Local Authority. Compared to other Local Authorities, Bridgend has a relatively high proportion of carers in the 50+ age group. This age group will see the biggest rise in numbers of carers over the next 20 years; by 2035, it is predicted that the number of people in Bridgend aged 65+ providing care will increase by nearly 50%.

Figures suggest that the number of carers in Bridgend aged 18 to 65 will have a small decrease by 2035. However, these individuals tend to report higher levels of poor physical and mental health than the older age group so need to be protected from developing ill health and placing further demand on social services.

The number of children providing care will also see a very small decrease, however, very few young carers are known to the local authority (19 in 2015-16) which makes it difficult to ensure these children are protected from providing an inappropriate level of care.

### Priorities

- Improved identification of carers of all ages
- The mainstreaming of carers services to make it 'common practice' as opposed to a separate provision/consideration
- Increasing access to support from an early stage in the caring role, making carers aware that there is help and where to access it
- Ensuring a single point of contact for carers where they can access information, advice (including financial advice) and signposting
- Increasing the awareness and uptake of carers assessments
- Increasing the use of direct payments and being more creative with the use of direct payments
- Engaging the third sector in the provision of services for carers
- Increasing respite provision, group support and other support services for carers
- Protecting children from an inappropriate level of caring & providing them with age appropriate information, assessments and support.

## 2. Children and young people

### Key information

The population assessment of children and young people in Bridgend shows that:

- The number of referrals to children's services has remained fairly stable in Bridgend since 2008; however this number is likely to increase in the coming years due to the introduction of a single point of contact for safeguarding and early help, plus the implementation of the SSWBA and MASH
- There has been progress in reducing re-referrals but the number is still considered to be too high
- The number of children in need is slowly increasing due to positive changes in service provision (therefore this is not considered an issue at the moment)
- The number of children on the Child Protection Register in Bridgend fell between 2013-14 and 2014-15 but remains high in relation to the population This needs to be monitored to understand if it is an anomaly or a trend
- Bridgend has a high proportion of looked after children (LAC) and the rate of LAC has increased in Bridgend whilst decreasing in NPT and Swansea. This highlights the importance of the Early Help and Permanence Strategy moving forwards, building on the positive outcomes they have started to achieve through Connecting Families, IFSS etc.
- There are a lower number of approved in-house foster carers in Bridgend than the other Western Bay Local Authorities
- There has been a slight increase in the number of looked after children experiencing three or more placement breakdowns
- There will be a high number of young people leaving care across Western Bay in the next two years meaning we will need increased capacity in transitional services
- The identification of young carers is very low (covered in section 1)

### Priorities

- Continue to implement the early help and permanence strategy to reduce the number of children who are looked after/in need, and ensure permanence is being achieved at the earliest opportunity
- Undertake an analysis of re-referrals to children's services to understand how these numbers can be further reduced
- Develop services that support families to reduce the risk that a child will be placed on the Child Protection Register
- Increase move-on options and capacity for those leaving the care system
- Consider how children's therapeutic needs can be met through commissioned services
- Increase the number of in-house foster carers to reduce costs and prevent recurring break-down of placements
- Review out of county placements -consider if we can provide them in Bridgend
- Increase reactive placements for education in County
- Consider alternatives to Newbridge House and Sunnybank for those who are most vulnerable/run away/are at risk of CSE etc.
- Ensure we provide information, advice and advocacy services for all children, not just those who are looked after.

### 3. Health and physical disability

#### Key information

A growing and aging population in Bridgend means that the number of economically and care dependant people will increase, creating additional demand on social services. The greatest population increase will be in the older age groups, with the number of people aged 85 and over in Bridgend expected to double by 2036. This will create a relative increase in the number of people living with chronic conditions.

Bridgend already have a higher than average number of individuals living with various health problems and chronic illnesses, and a higher than average number of working age people with a disability (24.7% compared to 20.2%). This means services as they are currently delivered may struggle to cope with the increased demand predicted.

Therefore, services will need to focus on prevention and self-management moving forward. Current data shows that some preventative services are creating positive change, for example:

- There are fewer smokers in Bridgend than the Welsh average
- Alcohol consumption has decreased to align with the Welsh average
- The gap in childhood vaccination continues to reduce.

However, other areas demonstrate further work needs to be done, for example:

- More citizens in Bridgend report their health as 'not good' than the average
- There is still a clear health divide in the more deprived areas
- The uptake of physical activity amongst adults is still very low
- The rate of healthy eating in Bridgend is well below the national average
- Illicit drug use is increasing, along with related illnesses such as HIV and Hepatitis
- The rate of STIs is significantly higher in Bridgend than the national average.

#### Priorities

Health and social care services need to focus on preventing ill health and the exacerbation of ill health as much as possible. Priorities will include:

- Supporting the provision of healthcare in the community, utilising integrated services that prevent/delay the need for long-term or acute services
- Implementing prevention strategies that support people to make informed choices about their lifestyle from a young age
- Increasing employment opportunities for disabled people
- Increasing early access to aids, adaptations, handyperson schemes and telecare
- Increasing opportunities and engagement in physical activity and other community activities that promote self-management
- Improving the accessibility of community services
- Delivering social care at home wherever possible, especially for those with long-term conditions
- Increasing the uptake of direct payments for personal care
- Implement a long-term strategy to reduce the risk of transmission between injecting drug users.

## 4. Learning disabilities and autism

### Key information

It is estimated that around 3,860 people in Bridgend have a learning disability (LD) and around 1,450 have an Autistic Spectrum Disorder (ASD). People with learning disabilities suffer poorer health than the general population and are at greater risk of developing chronic conditions also.

Overall, the data suggests that by 2035:

- The number of children/young people with LD and ASD will decrease slightly
- There will be a minimal increase in the number of adults aged 18-64 with a learning disability, in line with the predicted population growth across Wales. The percentage of these that are considered to have a moderate or severe learning disability will decrease
- The number of adults aged 18-64 with ASD is expected to decrease
- There will be a clear increase in the number of adults aged 65+ with LD, including those diagnosed with moderate to severe LD and LD with concurrent challenging behaviour
- There will be a significant increase in the number of adults aged 65+ with ASD (+47%).

Bridgend have made some very positive progress in some areas of service delivery for example: the number of people in residential/nursing care is decreasing and more people are living in supported accommodation; the number of people being supported to live at home has remained static whilst decreasing in NPT and Swansea; use of direct payments amongst adults 18-64 has increased significantly; and the use of Community Support Day Care as opposed to traditional day care has increased.

There are also some areas that could be improved:

- The number of LD carers receiving respite is decreasing in Bridgend
- Very few over 65's are accessing direct payments
- Only 16% of adults with ASD are considered to be in work (based on the national average)
- There are gaps in reporting info meaning assumptions still have to be made.

### Priorities

- Ensure easy access to LD/ASD information, advocacy, training and counselling
- Prioritise early intervention to prevent problems from escalating
- Increase the availability and uptake of short break/respite services considering alternative models that ensure flexibility of provision
- Increase volunteering and paid work opportunities for people with LD and ASD
- Increase uptake of direct payments in the over 65's
- Ensure services can meet the growing number of older people with LD who may have additional age related needs such as dementia or physical frailty
- Remodel day services: more support in communities/through social enterprise
- Explore the use of assistive technology and how it could reduce the resources needed for night time support
- Continue to implement 52 week accommodation service for children and a dedicated Transition Team.

## 5. Mental health

### Key information

Mental health disorders are very common. Around 13% of adults in Bridgend report as being treated for a mental health problem and it is assumed that more are experiencing mental illness but not currently receiving treatment.

The number of people with mental health problems is expected to increase by 0.7% by 2035. This increase is similar across the range mental health conditions (e.g. Common Mental Disorder, Probable Psychosis etc.)

The needs of people with mental health problems are becoming increasingly more complex. Of the adults requiring mental health support in Bridgend, more than 60% have a substance misuse issue or other conditions such as physical frailty or a sensory impairment. There are also many who have a an offending history or are considered a concern to their communities.

Recent data on mental health services in Bridgend shows that:

- The numbers of people being referred to the Assisting Recovery in the Community Centre (ARC) is increasing meaning fewer referrals to our mental health team. Furthermore, an increasing number of those referred to ARC are being signposted to non-statutory community services
- Access to early intervention and prevention services has increased
- Services are achieving better outcomes for the people they support.

There is still progress to be made in other areas, for example:

- A significant proportion of the mental health budget is spent on a small number of high cost residential and nursing placements
- A high proportion people with CMD and PP are being treated with medication only as opposed to any type of therapy/counselling
- People are staying in secure settings, residential and nursing care for too long
- There is a low uptake of direct payments amongst mental health service users
- There may not be equal access to services in more rural areas.

### Priorities

- Ensure that the mental health care pathway is fully implemented and enables the achievement of individual service user outcomes & independence
- Create a single point of access for universal and specialist MH support
- Ensure services can meet increasingly complex needs
- Improve access to specialised support before a crisis occurs
- Review the use of unscheduled care and crisis provisions to inform options for increasing access to crisis support e.g. Crisis House, community rehab, making clinical crisis response a 24/7 service
- Continue to encourage up-take of direct payments
- Explore and invest in a range of step-down, move on & community services
- Increase access to education, employment and training opportunities
- Improve the transitions from children's to adult mental health services
- Consider integrated services with pooled budgets wherever appropriate
- Undertake a review of high-cost placements and explore brokerage of high-cost placements across Western Bay partners
- Review rural provision to ensure it meets local need and demand.

## 6. Older people

### Key information

The number of adults aged 65+ living in Bridgend is expected to increase by 48% by 2030. This will lead to a substantial rise in the following needs amongst the same age group at the same time: dementia (76%), people living alone (34%), fall prevalence (54.5%). There will also be a rise in age related chronic conditions, the number of older people providing unpaid care and the amount of fall related hospital admissions.

The substantial increase in the older population means that traditional models of delivery aren't sustainable in the long-term; this is a high risk area for the provision of adult social services. Support needs to move away from residential, nursing and hospital based settings and towards keeping people independent for as long as possible.

This shift will create significant additional demand on domiciliary care services. In Bridgend, this increase is likely be higher than other local authorities as we have a high proportion of older people who are owner-occupiers and there are a high number of older people registered with local GP services.

### Priorities

Services need to be based on early intervention and prevention. Wherever possible services need to be delivered within the community, promote the growth of social capital and aim to keep people independent for as long as possible. The authority needs to:

- Undertake an impact assessment of a growing, aging population on services and the impact that moving from secondary to community based services: this will inform strategic priorities
- Continue to move towards peripatetic community based support instead of traditional day care
- Develop a 'whole life pathway' so that people can have a say in how and where their care is delivered
- Consider investing in preventative physiotherapy as research suggests it could significantly reduce falls and hospital/care home admissions
- Encourage direct payments and ensure direct payment packages are proportionate to need (the recent commissioning of a new provider should assist with this)
- Increase opportunities for older people to engage with their communities and form natural social networks
- Improve access to community based services
- Develop a model that will support families living with the effects of dementia and help them to support that individual in their home
- Continue to implement and promote a single point of contact for information, advice and assistance for older people and their families/carers
- Engage in joint working initiatives with health, social care and the third sector
- Increase access to telecare and make the service more reactive.

## 7. Safeguarding and deprivation of liberty safeguards

### Key information

#### Safeguarding

The Social Services and Wellbeing (Wales) Act has introduced the term 'Adult at Risk' to support the importance of prevention in safeguarding. The 'Adult at Risk' process will now need to be integrated with the POVA process to ensure that they work alongside each other. It is likely that this will create an increase in reported incidents.

#### Deprivation of Liberty Safeguards

The number of DoLS referrals has increased in Bridgend from 12 in 2013/14 to 443 in 2015/16. This is a result of the introduction of the 'acid test' to determine whether someone was being deprived of their liberty. DoLS referrals have increased across all age ranges, including young people, and require significant resources to undertake. There is currently a backlog of DoLS in Bridgend and although the current process is being reviewed nationally with a view to streamlining, it is unlikely that any identified improvements will come into effect for at least four years. It is difficult to predict the future demand of DoLS referrals as reforms and changes to legal guidance will affect the number submitted.

#### Population assessment

As previously mentioned, it is difficult to predict a future trend for Safeguarding and DoLS. However, it is likely that the rising demand for social services over coming years will lead to an increase in referrals. There are also emerging types of abuse that will lead to increased referrals, for example: human trafficking, radicalisation, hate and mate crime. Bridgend also need to ensure that referrals of racial abuse are recorded and reported on moving forward.

The data from previous referrals in Bridgend shows that the number of alleged victims of abuse is rising in Bridgend. There are two areas where Bridgend has a substantial number of alleged victims; significantly higher than the Welsh average. These areas are: alleged victims of domestic abuse and alleged victims of neglect that are aged 65+.

### Priorities

- Implement initiatives to achieve reductions in the number of alleged victims of domestic abuse and alleged victims of neglect that are aged 65+
- Explore how 'adult at risk' and POVA frameworks can be merged to work effectively
- Ensure personal outcomes are captured as part of the POVA process
- Continue to enhance advocacy services with support from the Golden Thread Programme
- Ensure we are capturing and reporting on racial abuse referrals
- Continue to support a multi-agency approach to Safeguarding and DoLS, including Adult Practice Reviews and Domestic Homicide Reviews
- Ensure that emerging types of abuse are recorded and reported on from an early stage.

## 8. The Secure Estate

### Key information

Since the Social Services and Wellbeing (Wales) Act came into effect, the Local Authority have taken on responsibility for meeting the care and support needs of adults and children in the secure estate.

### Adults

HMP Parc currently holds around 1700 male offenders aged 18+. Whilst there are no immediate plans to increase this number to full capacity (2000) the population is likely to increase due to the high demand on prisons across the UK. The population assessment shows that:

- Around 260 adults receive primary or secondary care for mental health conditions in HMP Parc at any one time - the number that receive mental health care at some point during their stay is much higher;
- Between 58% and 80% of inductions into the prison report using at least one substance in the last six months;
- Self-harm incidents fluctuate month to month, with incidents ranging from 2.37% to 8.29% of the prison population;
- There are currently 32 prisoners with an additional learning need;
- The Vulnerable Prisoner Unit has more older people than the general population due to reporting of historic sex offences creating additional pressure on health and social care services due to age-related conditions.

Gaps in service provision have been identified, for example, the funding for mental health in-reach provision hasn't increased at all since the service commenced, despite the prison population increasing from 800 to 1700+.

### Children

YOI Parc accommodates up to 64 males aged 15-17. Bridgend is now responsible for assessing and meeting the needs of its own children but also some of those from other local authorities' areas as they are being detained within our geographical boundaries. Between April and September 2016, 71 young people were admitted to YOI Parc from across England and Wales. All of these individuals required the development of a Sentence or Remand Plan and five required a Care and Support Plan.

### Priorities

- Following adult social care's nine month pilot, evaluate the most effective way to deliver and manage the additional service long-term
- Establish an integrated approach to support with Criminal Justice agencies
- Review gaps in current in-reach provision and consider how these can be filled
- Ensure wellbeing and preventative services are provided in the secure estate
- Consider the needs of the wider family of prisoners and ensure that arrangements are in place for family/carers to raise concerns about care and support needs
- Ensure information, advice and assistance is available to adults and children in the secure estate and on release.



## 9. Sensory impairment

### Key information

At the moment, registration of sensory impairment (SI) with social services is voluntary. As people can access benefits and concessions without registering, the data that we hold (and have used to inform the population assessment) is likely a significant underestimate of the real number.

The data indicates that, by 2030:

- There will be a very low increase in the number of children with a hearing impairment or visual loss
- The number of adults aged 18-64 with a hearing impairment or visual loss is likely to remain static or show a small decrease
- The number of people aged 65+ with visual impairment will increase by 41%
- The number of people aged 65+ with moderate, severe or profound hearing loss will increase by 37%.

The data also indicates that the number of people with dual sensory impairment is decreasing; however, we only record this data for people with severe sight loss, not with partial sight loss. It is likely that the increase in the 65+ age group will increase the overall number of people with dual sensory impairment.

As the majority of people with SI are over 65, it is likely that the needs of people with SI will be increasingly complex and be long-term. For example, people with sensory impairment and dementia require different service access, which will need to be considered as this demographic grows.

### Priorities

- Support publication and implementation of the Western Bay 'sensory plan'
- Develop services that aim to prevent people from losing sight/hearing
- Encourage registration of SI in adults and children to improve data
- Ensure all adults & children have access to information, advice and assistance
- Engage specialist SI organisations in the design of public services
- Implement services that reduce falls and emergency admissions in the older population with sight problems
- Explore the wider use of new/emerging technology to support communication
- Develop a plan for achieving outcomes for older people with SI
- Develop a plan for achieving outcomes for people of working age with SI
- Increase awareness of mental health issues in relation to SI
- Ensure everyone going through re-ablement has a lighting assessment
- Increase community services that support people with age related sensory loss and other health conditions to reduce the risk of isolation and loneliness
- Train all staff working with older people on SI
- Develop pathways between education and social services to prepare young people with SI for the transition to adulthood and working life
- Employ a dedicated social worker for children with SI
- Consider expanding rehab function for people with vision loss
- Collate information on Welsh Language and SI
- Consider needs specific to the BME community and how these can be met.

## 10. Violence against women, domestic abuse and sexual violence

### Key information

The need for specialist services addressing violence against women, domestic abuse and sexual violence (VAWDASV) is going to increase significantly in the future. This is due to a number of factors including:

- The introduction of 'Ask and Act' under the VAWDASV (Wales) Act which will lead to a marked increase in incident reporting
- The duty placed on Local Authorities by the act to be the main referral pathway for victims who disclose abuse
- The implementation of a national training framework which will up-skill staff in identifying abuse
- The change in classification from 'vulnerable adults' to 'adults at risk' under the Social Services and Wellbeing (Wales) Act
- Increased reporting of historic incidents of sexual abuse
- Changes to Universal Credit which may lead to increased financial abuse
- The introduction of new laws that criminalise additional behaviours and encourage victim's confidence in the system
- An increase in the older population leading to an increase of domestic abuse amongst older people.

There is a great deal of uncertainty around the future funding of VAWDASV services in Bridgend, some of which is only secured for a year at a time making future planning difficult. There is also a marked shortage of perpetrator programmes locally, all of which are linked to the Criminal Justice System.

The number of MARAC cases in Bridgend (where high-risk abuse cases are discussed at a multi-agency conference) has reduced from 2014/15 – 2015/16, as has the number of repeat cases being considered at MARAC. This should continue to be monitored to see if a trend is emerging. The number of children in the households discussed at MARAC is also reducing, however, the percentage of 'children in need' subjected to domestic abuse in Bridgend is substantially higher than the Welsh average (32% compared with a 23% average in 2015).

### Priorities

- Review current provision and remodel if necessary to ensure they can meet a significant increase in demand and the requirements of new legislation
- Ensure commissioning of VAWDASV services is aligned across the Local Authority to prevent gaps and duplication of service
- Continue to increase preventative service provision, especially amongst children and young people and people aged 65+
- Increase access to perpetrator programmes
- Improve awareness of VAWDASV, including awareness of male victims
- Undertake a review of victims in Bridgend who did not access Refuge and the reasons why to inform future service development planning
- Increase community provision for victims such as peer support networks
- Increase certainty around funding continuation as much as possible
- Explore how Counselling can be funded/increased moving forward
- Continue to consider regionalisation of VAWDASV services.