

Assessment of Local Well-being for Flintshire

April 2017



FLINTSHIRE PUBLIC SERVICES BOARD
BWRDD GWASANAETHAU CYHOEDDUS SIR Y FFLINT

Assessment of local well-being (February 2017)

Flintshire Public Services Board

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1 Introduction

1.1 The Well-being of Future Generations (Wales) Act 2015

Background to the assessment

- 1.1.1 Wales faces a number of challenges now and in the future, such as climate change, poverty, health inequalities and jobs and growth. To tackle these we need to work together. To give current and future generations a good quality of life we need to think about the long term impact of the decisions we make.
- 1.1.2 The Well-being of Future Generations (Wales) Act 2015 gives a legally-binding common purpose – the seven well-being goals – for national government, local government, local health boards and other specified public bodies. It details the ways in which specified public bodies must work, and work together to improve the well-being of Wales.
- 1.1.3 The Act states that an Assessment of Local Wellbeing must be produced to support these public bodies in the setting of wellbeing objectives and in the production of any plans set in motion to improve the wellbeing of the people who live in their area. This report is the first part in producing that Wellbeing Assessment.

How has this assessment been produced?

- 1.1.4 To describe all aspects of wellbeing would be an enormous task, so this Assessment aims to provide only an outline of the more strategic issues affecting the county of Flintshire. In producing the Assessment we have taken an 'engagement led' approach. The journey has not started with pre-conceived ideas or abstract data analysis, but with extensive engagement both with local communities and the staff who work in the different public sector organisations. People were encouraged to talk about the strengths and weaknesses of living in Flintshire or providing public services to the people of Flintshire.
- 1.1.5 We have grouped what people were saying into strategic topics and looked into the data and available supporting research papers to see where there is sound evidence to support the perceptions and feelings. In particular we have tried to consider the implications of each topic on the wellbeing of the individual and how it contributes to the 7 wellbeing goals set out in the Act.
- 1.1.6 As well as providing an analysis of the current situation, as much as possible data has been collected to track progress over time and consider how the future may look if current trends continue.

Limitations of this assessment and next stages

- 1.1.7 We know that this Assessment will only provide a strategic outline or framework for public services to produce their wellbeing objectives. It gives a broad but quite shallow analysis of each of the topic areas it covers. It is intended only as the first step in the process.
- 1.1.8 To move on from this Assessment we recommend that the public services consider prioritising a number of the topic areas, and then commission more in

depth analysis on each of these. This will keep the Assessment manageable and more likely to have an impact. This next stage of the Assessment process should look to provide a clear bridge between the strategic topics discussed and the response that is needed by the public and volunteer services working in partnership with the communities.

1.2 The seven well-being goals for Wales

- 1.2.1 The Well-being of Future Generations (Wales) Act 2015 outlines seven well-being goals which need to be considered when drawing up local objectives. A description of each well-being goal and the issues identified within that theme is provided below. All of the issues identified in this needs analysis are cross-cutting and impact on more than one of these spheres of well-being.

Prosperous (1)	An innovative, productive and low carbon society which recognises the limits of the global environment and therefore uses resources efficiently and proportionately (including acting on climate change); and which develops a skilled and well-educated population in an economy which generates wealth and provides employment opportunities, allowing people to take advantage of the wealth generated through securing decent work.
Resilient (2)	A nation which maintains and enhances a biodiverse natural environment with healthy functioning ecosystems that support social, economic and ecological resilience and the capacity to adapt to change (for example climate change).
Healthier (3)	A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood.
More equal (4)	A society that enables people to fulfil their potential no matter what their background or circumstances (including their socio economic background and circumstances).
Cohesive communities (5)	Attractive, viable, safe and well-connected communities.
Vibrant culture and thriving Welsh language (6)	A society that promotes and protects culture, heritage and the Welsh language, and which encourages people to participate in the arts, and sports and recreation.
Globally responsible (7)	A nation which, when doing anything to improve the economic, social, environmental and cultural well-being of Wales, takes account of whether doing such a thing may make a positive contribution to global well-being.

1.3 Consultation and engagement

- 1.3.1 Consultation and engagement has taken place at various levels to both contribute and support this assessment. Members of the public, community groups and our public sector workforce have all contributed their experiences of living in, working in and visiting the county of Flintshire. They discussed the future and importance of public services and working across sectors, and supported the seven geographical areas chosen by the Public Services Board.
- 1.3.2 Some of the engagement that has informed this assessment includes:
- The county budget conversation with the public in each of the seven geographical areas in Flintshire engaged almost 170 people personally and virtually with 1,370 visits to unique web page views and over 3,000 Tweet engagements. A commissioned film on life in Flintshire was presented during these engagement events and was attached as part of the social media campaign. This film interviewed various people involved in delivering services in Flintshire (Citizens Advice, Schools, local businesses, former apprentice, college etc.) about life in Flintshire and the issues facing the area.
 - Engagement commissioned with harder to reach groups through the North Wales Race and Equality Network and through Wrexham council including: Physical disability Group, Carer's Group, Alzheimer's society, BAWSO, Portuguese community representatives, Polish Community representatives, Visually Impaired Support Group, LGBT Group, and the Deaf Association.
 - The engagement work under the Social Care and Wellbeing Act 2014 included responses from over 120 third sector organisations and workshops with Social Care and Health staff across North Wales.
 - Representatives from all internal Council Services and all partner organisations listed as part of the PSB below have had the opportunity to contribute to this assessment. These include:
 - Flintshire County Council
 - Betsi Cadwaladr University Health Board
 - North Wales Fire & Rescue Service
 - Natural Resources Wales
 - Flintshire Local Voluntary Council
 - Wales Community Rehabilitation Company
 - North Wales Police
 - Police and Crime Commissioner's Office
 - Welsh Government
 - Public Health Wales
 - Coleg Cambria
 - Glyndŵr University
- 1.3.3 A North Wales stakeholder event is being planned for 17 February to ensure that everyone has an opportunity to shape the assessment, form a deeper understanding of what well-being means to North Wales, and develop future involvement opportunities. The feedback from the event, facilitated by Cynnal Cymru will be incorporated in the final well-being assessment.

1.4 Matrix showing cross-cutting across themes

- 1.4.1 All of the issues identified in this needs analysis are cross-cutting and impact on more than one of these spheres of well-being. The grids below give an interpretation of how each issue might fit within the list of well-being goals.

(1) Prosperous	(2) Resilient	(3) Healthier	(4) More equal	(5) Cohesive	(6) Culture	(7) Global	1	2	3	4	5	6	7
1 Giving every child 'a best start'					1								
2 Retaining young people in the population (young people as assets)					1	1							1
3 Ageing well									1	1			
4 Supporting carers								1	1	1			
5 Living in isolation & access to services									1	1			
6 Volunteering							1	1	1	1			1
7 Tackling poverty and deprivation					1				1	1			
8 Healthy life expectancy for all									1	1			
9 People make healthy lifestyle choices									1	1			
10 Tackling obesity (including childhood obesity)									1	1			
11 Supporting those with poor mental health									1	1			1
12 Increasing pressures on the health and social care sector						1		1	1	1			
13 Emerging threats to health and well-being							1	1					1
14 Tackling domestic abuse								1	1	1			
15 Local employment opportunities					1			1	1	1			
16 School achievements and wider social development					1			1	1	1			
17 Improving skills for employment					1			1	1	1			
18 Supporting small businesses					1				1	1			
19 Supporting tourism					1	1			1	1			1
20 Supporting the rural economy					1	1	1		1	1			1
21 Key economic asset – Deeside					1	1			1	1			1
22 Key asset – protecting the natural environment and biodiversity					1	1	1						1
23 Climate change and reducing carbon emissions					1	1	1						1
24 Protection from flooding (including coastal defence)					1	1	1						1
25 Promoting recycling and reducing waste					1	1	1						1
26 Providing for housing need, including affordable housing					1			1	1	1			
27 Ability to support those in housing need					1			1	1	1			
28 Increasing reliance on renting in the private sector					1			1	1	1			
29 Tackling fuel poverty								1	1	1			
30 Transport and road safety						1	1	1	1	1			1
31 Growth of new technology (inc. internet access and social challenges)						1	1		1	1			1
32 Equality and diversity / community cohesion									1	1			1
33 Promoting the Welsh language										1			1
34 Thriving culture						1				1			1
35 What the community thinks of public services						1			1	1			

2 Well-being analysis

"The future is already here — it's just not very evenly distributed." William Gibson, sci-fi author

2.1 Giving every child 'a best start'

Resilient **Healthier** **More equal** **Cohesive**

What is happening now

- 2.1.1 Giving children the best start in life, protecting them and preventing Adverse Childhood Experiences (ACE) as much as possible is a key plank of the Well-being of Future Generations (Wales) Act. Adverse Childhood Experiences in particular can damage a child's chances for living a good life. A tough start can affect physical and mental health, resilience and well-being. This in turn affects educational achievement, employability, risks of getting into the criminal justice system, use of health and social care services and risk of early parenthood and continuing the intergenerational cycle of disadvantage.
- 2.1.2 In its public health strategy document 'Our Health Future', Welsh Government states that:
- "(t)he foundations of good health are laid during pregnancy and infancy and built upon in the school-age years. A range of risk factors, such as maternal smoking and poor nutrition in pregnancy, poverty in childhood, poor educational attainment, and neglect and rejection by families, have been associated with negative health and well-being outcomes both in the short term and over the lifespan. Conversely, positive outcomes have been linked to a number of protective factors, such as a supportive family environment. Tackling risk factors for lifelong health and well-being in the early years and building children's resilience to adversity will therefore be central in taking this agenda forward."
- 2.1.3 As well as physical health, social, economic and environmental differences have a wider impact on life chances for parents, children and families. These include quality of housing, access to services, family income / poverty / deprivation and family behaviours such as having a routine, being read to and the mental health of family members and themselves. As well as the issues covered in this section of the well-being assessment, by the very nature of the report all other sections have an impact on our children and future generations. In particular the following sections need to be considered when assessing how to give children 'a best start':
- Supporting carers
 - Living in isolation and access to services
 - Tackling poverty and deprivation
 - Supporting those with poor mental health
 - Tackling domestic abuse
 - School achievements and wider social developments

- Providing housing
- 2.1.4 The first 1,000 days of a child's life are considered to be particularly important as this period of development can significantly influence the outcomes for children throughout the life course and from generation to generation. During this time the brain develops rapidly and the essential social, behavioural and cognitive skills and emotional intelligence a child will need in later life are developed. The first 1,000 days describe the time from conception to a child's second birthday, and is the primary focus of this section of the well-being assessment. The shift in recent years has been to a joined up approach between all public services that help with children and families, starting from first contact with the mid-wife.

Key health stage – conception to birth (day 1 to day 280)

- 2.1.5 It is vital for women to be healthy at the start of pregnancy. This will significantly impact on the outcome of the pregnancy for both mother and baby. Many health factors in pregnancy are difficult to address once a pregnancy has started it is more effective for advice and behaviour change to occur before conception. Issues include:
- advice on vitamin D and folic acid supplements prior to conception and for the first 12 weeks of pregnancy to prevent neural tube defects.
 - importance of abstaining from smoking, alcohol and substance misuse whilst trying to conceive and during pregnancy. Smoking in pregnancy exhibits a strong social class gradient, with mothers from lower socio economic groups being five times more likely to smoke throughout their pregnancy; this contributes to health inequalities among mothers and children. The risks of smoking in pregnancy include miscarriage, perinatal death, prematurity, low birth weight and congenital anomalies in the baby particularly of the heart, face and limbs¹.
 - being a healthy weight before starting a pregnancy. Women who are obese are more than twice as likely to have a stillborn baby, and the risk increases with increasing maternal body mass index. Babies born to obese mothers are less likely to be breastfed, more likely to have congenital anomalies, especially neural tube defects, and to require admission to neonatal units. The prevalence of obesity can be intergenerational, as women who are obese during pregnancy are more likely to have obese children.
 - checking rubella immunisation status.
 - advice about individual health and genetic conditions ; and general advice about when and how to get help as soon as pregnancy starts.
- 2.1.6 Teenage conceptions in Flintshire are slightly above the national average, but tend to fluctuate from year-to-year due to relatively small numbers. The rates for teen conceptions in 2014 were 26.1 per 1,000 females aged 15-17. This compares to the all-Wales rate of 25.4.
- 2.1.7 In 2014 there were 70 conceptions for young women aged under 18, and 20 births to mothers in the same age group.

- 2.1.8 Pregnancy can be a positive life choice for many teenagers, however for many it is unplanned and can be associated with negative health outcomes for both mother and baby. Young mothers are more likely to suffer postnatal depression and less likely to complete their education. Children born to teenage parents are less likely to be breastfed, more likely to live in poverty and are twice as likely to become teenage parents themselves.
- 2.1.9 The provision of sex and relationships education in schools (SRE) can have a beneficial effect in terms of sexual health behaviour, including delaying sexual activity, reducing the numbers of partners and increasing knowledge about methods and availability of contraception².
- 2.1.10 Babies who weigh less than 2.5 kg at birth are classed as being of low birth weight. These babies are more at risk of suffering from health problems in childhood and, in particular, the development of cognitive skills. It is also related to illness in adult life, such as diabetes, stroke and lung disease. However, the health and social impacts on low birthweight babies also depend on the reason for low birthweight and the other life chances a baby experiences. The biggest risk factor for low birth weights is exposure to tobacco smoke during pregnancy (both maternal smoking and second hand smoke). Other risks are maternal substance misuse, diet, sexual health and low body mass index (BMI)³.
- The percent of newborn babies who are underweight is slightly lower in Flintshire than for the local health authority and Wales as a whole.
 - In 2014, there were 103 low weight births in Flintshire, 6.4% of all live births (Wales = 6.7%).
- 2.1.11 Babies born in disadvantaged families are more likely to be born early and be born underweight and low birthweight is sometimes used as a general measure of poverty in a community. The reduction of low birth weights was one of the objectives set by Welsh Government to measure local progress against child poverty targets.

Key health stage – the first two years of life (day 281 to day 1,000)

- 2.1.12 Major health concerns for the first two years of life are breast feeding, immunisation and maternal mental health.
- 2.1.13 Breastfeeding protects the health of mothers and babies. Breastfed babies are less likely to have to go to hospital with infections, and are more likely to grow up with a healthy weight and without allergies. Low maternal age, low educational attainment and low socioeconomic position all have a strong impact on patterns of infant feeding⁴. The World Health Organisation recommends babies should be exclusively breastfed until 6 months old, but many women do not breastfeed out of choice or because they experience problems with it. Many mothers start breastfeeding but do not continue.
- 2.1.14 The 2012 Infant feeding survey⁵ found 36% of all mothers in Wales were breastfeeding exclusively at one week, while 17% were doing so at six weeks. At six months the proportion of mothers who were breastfeeding exclusively in all UK countries was negligible, as was the case in 2005.

- 2.1.15 Immunisation – a proven tool for controlling and eliminating life threatening infectious diseases – is one of the most cost effective health interventions. It is a primary health consideration for the first 1,000 days of a child’s life. Immunisation rates are slightly low in the area compared to the all-Wales figure, but are above the 95% target (the level at which immunisation provides an effective barrier to disease).
- Uptake rates for the 5 in 1 primary immunisation (by age 1) is 96.8% in Flintshire. The Wales figure is 96.8%
 - Uptake rates for the pneumococcal (PVC) primary immunisation by age 1 is 96.7%. The Wales figure is 96.6%⁶.
- 2.1.16 The mental health of the mother has an impact on the child during and after pregnancy. If the mother is stressed or anxious while she is pregnant, the child is more likely to be anxious⁷. Mental ill health impacts on the ability to provide positive parenting and this is particularly important in the first two years of life when attachments are forming and brain development is most rapid⁸.
- 2.1.17 The parenting ability of teenage parents can be affected by factors such as conflict within family or with a partner, social exclusion, low self-confidence and self-esteem. These factors can affect the mental wellbeing of the young person. The impact of being a teenage parent can be felt by both the mother and father.

Key health stage – growing up (1,000 and beyond)

- 2.1.18 Emergency admissions for injury are used as a general indicator of health and health inequality. Injuries are a key cause of death and disability among children and place significant burden on individuals, families, health services and wider society. The 0-4 age group are exceptionally vulnerable to injuries within the home environment.
- The number of emergency hospital admissions for injuries that occur in children aged 0-4 years in Flintshire is 126 per 10,000. The Wales average is 177 per 10,000.⁹
- 2.1.19 Despite the fact that it is largely preventable, dental caries (tooth decay) is the main oral disease in early childhood. Dental decay in young children is strongly linked to deprivation and frequently leads to pain and infection necessitating hospitalisations for dental extractions under general anaesthesia as well as the discomfort of pain and infection. Flintshire has seen a reduction in the average number of decayed, missing or filled teeth amongst 5 year olds from 1.6 in 2007/08 to 1.0 in 2011/12. The Welsh average for 2011/12 is 1.6 teeth.¹⁰
- 2.1.20 At age four, 91% of all children are up to date with their immunisations in Flintshire. This is better than the Wales average of 86%, but well below the target rate of 95%.
- 2.1.21 Flying Start – a Welsh Government programme targeted at reducing child poverty - has had great success in ensuring children between the ages of 0 to 4 years living in deprived areas are school ready by supporting parents through intensive health visitor service, child care and parenting programmes. In 2015/16 over 1,350 children benefitted from Flying Start services in Flintshire¹¹.

Key issue – adverse childhood experiences (ACE)

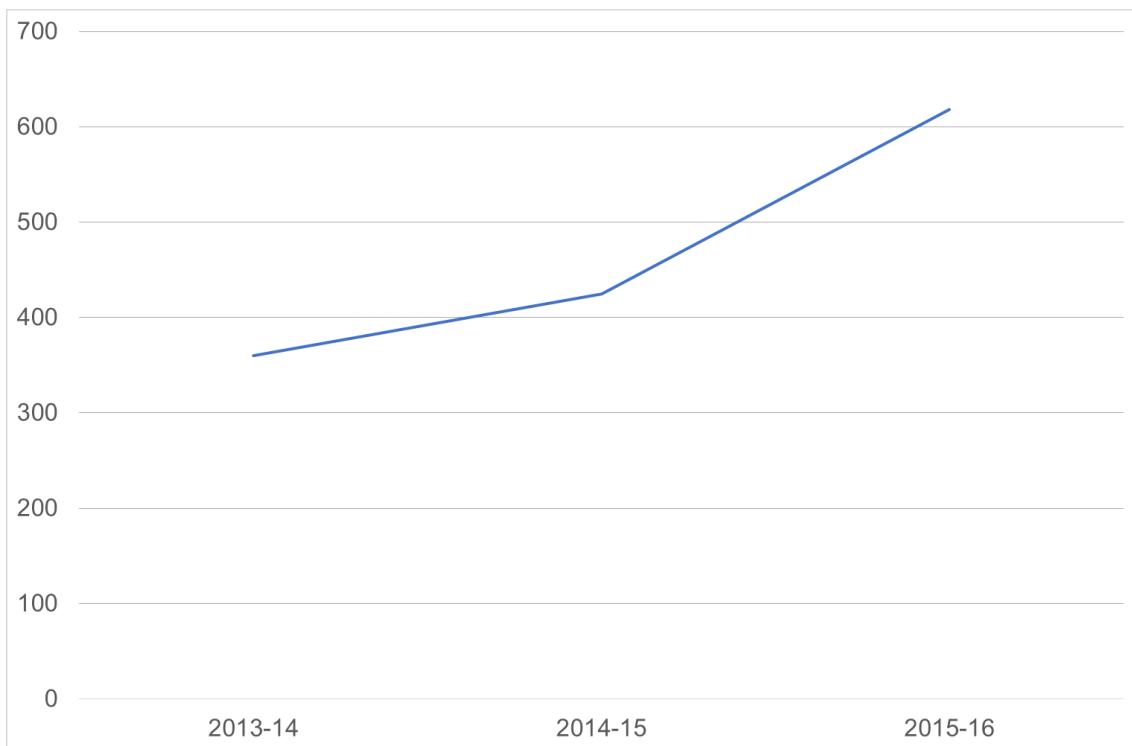
- 2.1.22 Globally, there is an increasing body of evidence examining how experiences during childhood have long term impacts on health. Chronic stressful experiences in childhood, termed adverse childhood experiences (ACEs) can happen directly to the child or child can be witness to them within the family. They include:
- verbal abuse
 - physical abuse
 - sexual abuse
 - parental separation
 - domestic violence
 - mental illness
 - alcohol abuse
 - drug use
 - incarceration.
- 2.1.23 Exposure to these can set individuals on a health-harming life course; increasing their risks of smoking, problem drinking, poor diet, low levels of exercise and risky sexual behaviour. Such behaviours can lead to premature ill health through increasing risks of non-communicable diseases such as diabetes, heart disease and cancers. The same chronic stressors in early childhood can also lead to individuals developing anti-social behaviours, including a propensity for aggressive and violent behaviour and ultimately problems with criminal justice services.
- 2.1.24 Public Health Wales have undertaken the Welsh Adverse Childhood Experiences (ACE) study¹²; suggesting for every 100 adults in Wales; 47 have suffered at least one ACE during their childhood and 14 have suffered 4 or more.
- 2.1.25 The strong association between exposure to ACE's and vulnerability mean the children of those affected by ACE's are at increased risk of exposing their own children to ACE's. This is often referred to as the 'cycle of violence'. Consequently, preventing ACE's in a single generation or reducing their impact on children can benefit not only those individuals but also future generations across Flintshire.
- 2.1.26 Parental separation has been shown to be a risk factor of poor outcomes for children. The rate of divorce has decreased over the last few years, but this may be due to more couples cohabiting which will impact on the number divorcing. Though there are no local statistics about parental separation, and we have to be cautious about implications that single parenting is in itself a contributor to ACE, we know that there were 4,500 lone parent families with dependent children in Flintshire in 2011.
- 2.1.27 Children's exposure to conflict between their parents – whether parents are together or separated – can put children's mental health and long-term life chances at risk. Specifically, unresolved inter-parental conflict can affect children's long-term mental health and wellbeing while also adversely affecting wider aspects of family functioning, including parenting quality. An Early Intervention Foundation study¹³ into parental separation found that:
- parents embroiled in hostile and distressed relationships are typically more hostile and aggressive toward their children and are less responsive to their children's needs.

- children who witness severe, ongoing and unresolved inter-parental conflict can be aggressive, hostile and violent. Others can develop low self-esteem, anxiety, depression and, in extreme cases, be suicidal. It also reduces their academic performance and limits the development of their social and emotional skills and ability to form positive relationships themselves, all of which will affect the long term life chances of children.
- inter-parental conflict can adversely affect both the mother-child and father-child relationships, with evidence suggesting that the association between inter-parental conflict and negative parenting practices may be stronger for the father-child relationship compared to the mother-child relationship.
- interventions which seek to improve parenting skills in the presence of frequent, severe and unresolved inter-parental conflict – without addressing that conflict – are unlikely to be successful in improving child outcomes.

2.1.28 Information about domestic abuse is available in [section 2.14 'Tackling domestic abuse'](#).

Chart 2.1.1: number of victims of crime aged 17 and under in Flintshire

Source: Vital Statistics, ONS



2.1.29 Being a victim of crime is an adverse childhood experience for any young person that can have longer term effect. The number of children and young people reported as falling victim of crime has steadily increased year on year across all North Wales local authorities. This could be due to a number of reasons including increased ability/ willingness to report; increased number of crimes committed; increase in particular types of crime such as cyber-crime.

- 2.1.30 Information about childhood exposure to alcohol and substance misuse is available in [section 2.9 'People make healthy lifestyle choices'](#) (in particular points 2.9.8 & 2.9.9).

Key issue – providing high-quality early years and primary education

- 2.1.31 Two of the key themes of Welsh Government's early years strategy is the provision of high-quality early education and childcare, and providing effective primary education¹⁴.
- 2.1.32 The early years is defined by Welsh Government as the period of life from pre-birth to the end of Foundation Phase or 0 to 7 years of age. These years are a crucial time for children. Children grow rapidly and both their physical and mental development are affected by the environment in which they find themselves in. The first three years of life are particularly important for healthy development due to the fast rate of neurological growth that occurs during this period.
- 2.1.33 The provision of appropriate childcare plays a major part in achieving these aims, particularly in the pre-school years. It also helps parents, both through providing advice and guidance by demonstrating practical child care skills and through offering the child care support needed to allow parents to take up work opportunities.
- 2.1.34 School attainment levels for children who have suffered ACE tends to be significantly lower than the population average. Data at the local level is not statistically robust due to small numbers involved, but at an all-Wales level:
- about 54% of children in need in Wales achieve the foundation phase indicator compared to 87% of all children.
 - about 55% of children in need in Wales achieve the core subject indicator at key stage 2 (age 11) compared to 88% of all children.
 - about 13% of children in need in Wales achieve the core subject indicator at key stage 4 (age 15/16) compared to 55% of all children.
- 2.1.35 More information about school attainment levels is available in [section 2.16 'School achievements and wider social development'](#).

Key issue – improving parenting skills

- 2.1.36 Parenting skills are normally learnt skills from our own experiences growing up as children. If these experiences lack some of the core elements of bringing up children in a safe and nurturing environment it can have a detrimental effect on the child as they grow and so the cycle of inappropriate parenting continues. Those who provide parenting includes mothers, fathers, foster carers, adopted parents, step parents and grandparents.
- 2.1.37 Provision of parenting support is needed to break cycles of inappropriate parenting and raise parents' confidence in their skills to raise their children in a positive and nurturing environment. The provision of services and support can also improve parent-child relationships; improve parents' understanding, attitudes and behaviour and increase parents' confidence in order to promote the social, physical and emotional well-being of children.

- 2.1.38 Over the last few years Welsh Government have implemented parenting skills initiatives under the child poverty agenda such as Families First, Flying Start and Communities First. While Flying Start and Communities First have focused on the more deprived areas and have other restrictions such as age for Flying Start, Families First has been open to any family who needed early support to prevent escalation of need to statutory services.
- 2.1.39 Flying Start provides parenting courses to families who live within the post code areas deemed to be the most deprived in Wales. The table below shows how many places were available in the last three years and the percentage of those places that were taken up.

Table 2.1.1: Flying Start formal structured parenting courses offered by local authority

Source: Flying Start summary statistics, Welsh Government

	2013/14		2014/15		2015/16	
	No. of places	% of places taken up	No. of places	% of places taken up	No. of places	% of places taken up
Flintshire	223	78%	252	82%	229	68%

Key issue – child sexual exploitation

- 2.1.40 Child sexual exploitation is defined as ‘forcing or enticing a child or young person to take part in sexual activities. They may not necessarily involve a high level of violence and the child may or may not be aware of what is happening. The activities may include physical contact, such as assault by penetration or non-penetrative acts. They may also include non-contact activities, for example:
- involving children in looking at, or in the production of, sexual images
 - involving children watching sexual activities
 - encouraging children to behave in sexually inappropriate ways
 - grooming a child in preparation for abuse (including via the internet)
- 2.1.41 It is a complex and largely hidden crime. Perpetrators most commonly operate alone, or if in groups remain tightly bonded, and the victims do not necessarily see themselves as such at the time of the offence. Sexual abuse is not solely perpetrated by adult men. Women may also commit acts of sexual abuse, as can other children.
- 2.1.42 Victims are in the majority female aged 14-17 years. A large proportion of known victims have witnessed prolonged domestic abuse and many have been a victim of domestic violence themselves. Child sexual exploitation is known to be significantly underreported and therefore incidences are likely to be considerably higher than recorded crime figures suggest. Over half of known victims have been subjected to at least one sexual offence previously. There is a correlation between financial hardship and becoming a victim of sexual exploitation. Complex social and demographic factors are known to coalesce and increase vulnerability. Child sexual abuse is relatively unique in that the offending

behaviour has always existed but may not have been recognised as such. This recognition has coincided with a number of enabling factors which have greatly increased the capability of offenders to commit crimes.

- 2.1.43 All agencies involved in child protection agreed that there has been an increase in online and offline CSE over the past two years. This is partly driven by heightened awareness but it is assessed as highly likely that there is a genuine increase in offending.
- 2.1.44 The continued growth in availability and affordability of internet enabled technologies such as smart phones and tablets are a critical enablers, as is increasing access to social media. The national rise in self-generated indecent images demonstrates the blurred line between what might previously have been considered sexually harmful behaviour and child sexual abuse. The boundaries between social interaction and communication are blurred in the online space and activities such as grooming are increased in scope and scale through online access to victims. The Office of the Children's Commissioner identified in 2012 that the "...use of mobile technology and messaging systems is significant in the facilitation, instigation, sustaining of and perpetrators' engagement in abuse."¹⁵ Based on local analysis we know that this judgement is accurate for North Wales.
- 2.1.45 It is the perception of safeguarding practitioners that the demographic of children with access to smart devices is getting younger, meaning a younger cohort of children may be active and accessible online.
- 2.1.46 Police analysis of offline offences (those occurring in a physical location) indicate half are associated with public places, such as on the street, pubs, hotels, schools, in cars and in parks. A significant proportion of the remaining offences occur within a dwelling. There is no evidence of a child sexual exploitation street gang culture in North Wales, although risky sub-cultures within schools and other organised youth activities do pose a risk. The majority of offenders are lone males who exhibit no evidence of organisation or the involvement of others.
- 2.1.47 The harm caused to children by sexual exploitation is extremely broad, from the physical and psychological impact to the less recognised effects of alcohol and substance dependency following abuse. The vulnerability of victims is increased significantly when mental health issues are present.
- 2.1.48 Victims of child sexual exploitation often have a pre-existing vulnerability that in many cases has already been identified by one or more agencies. The current body of literature consistently cites children in care as being particularly vulnerable (Pearce and Pitts, 2011, Pearce 2009, Creegan 2005, Scott and Skidmore 2006, Coy 2008, Brodie et al, 2011). National estimations of victims who are also children in care ranges between 20% and 35%. From submissions to the Child Sexual Exploitation in Gangs and Groups Inquiry – which specifically provided data on individual children's care status – 21% of children identified as being sexually exploited were in the care system.

Key issue – rising numbers of children with disabilities

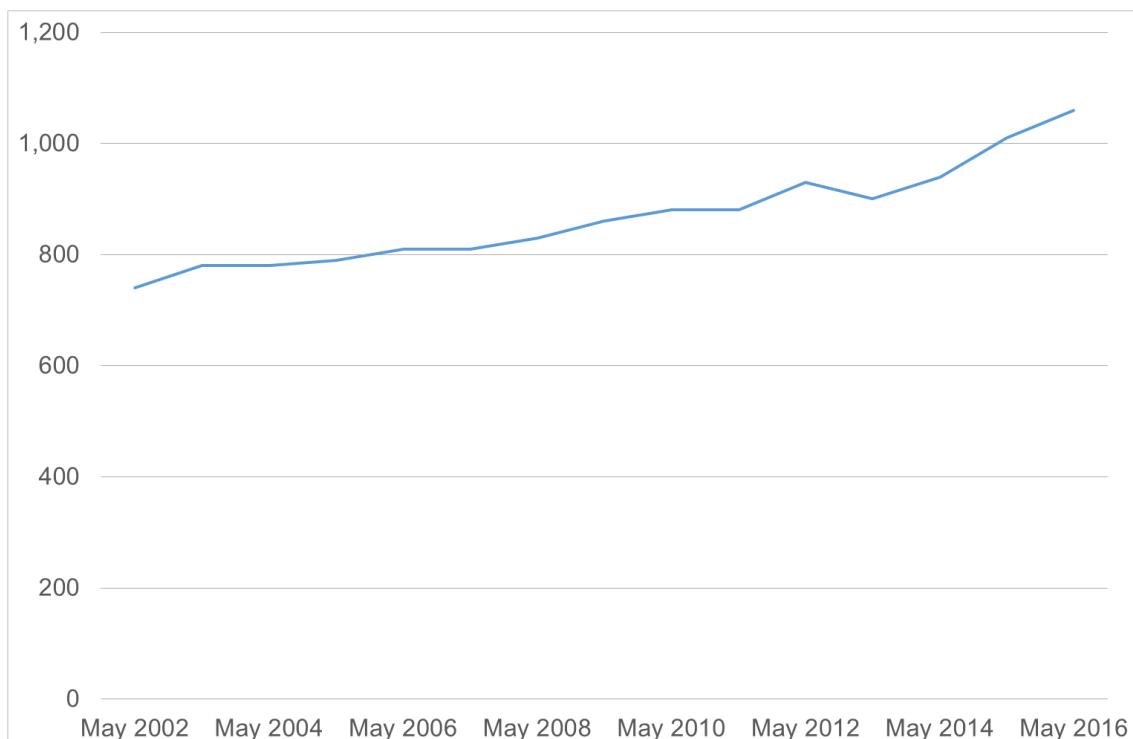
- 2.1.49 The Flintshire area has seen an increase in the number of children claiming Disability Living Allowance (DLA) from 740 children in 2002 to 1,060 in 2016.

This is a percentage rise of over 40% and is reflected also at the regional (North Wales) and national level (Wales). Some caution is needed when looking at long term trends in benefit data because it is affected by changes to eligibility criteria and in particular the transition over to universal credit, however this trend is thought to be real at both the local and national level. Health professionals reported that they believe the increase is due to improved survival rates, multiple births and older mothers.

- 2.1.50 Raising a disabled child has a significant impact on the wellbeing of the parents or guardians in addition to the public and volunteer service that provide them with support. This is covered in more detail in [section 2.4 'Supporting carers'](#).

Chart 2.1.2: number of children under 16 claiming Disability Living Allowance

Source: benefit claimants - disability living allowance, NOMIS

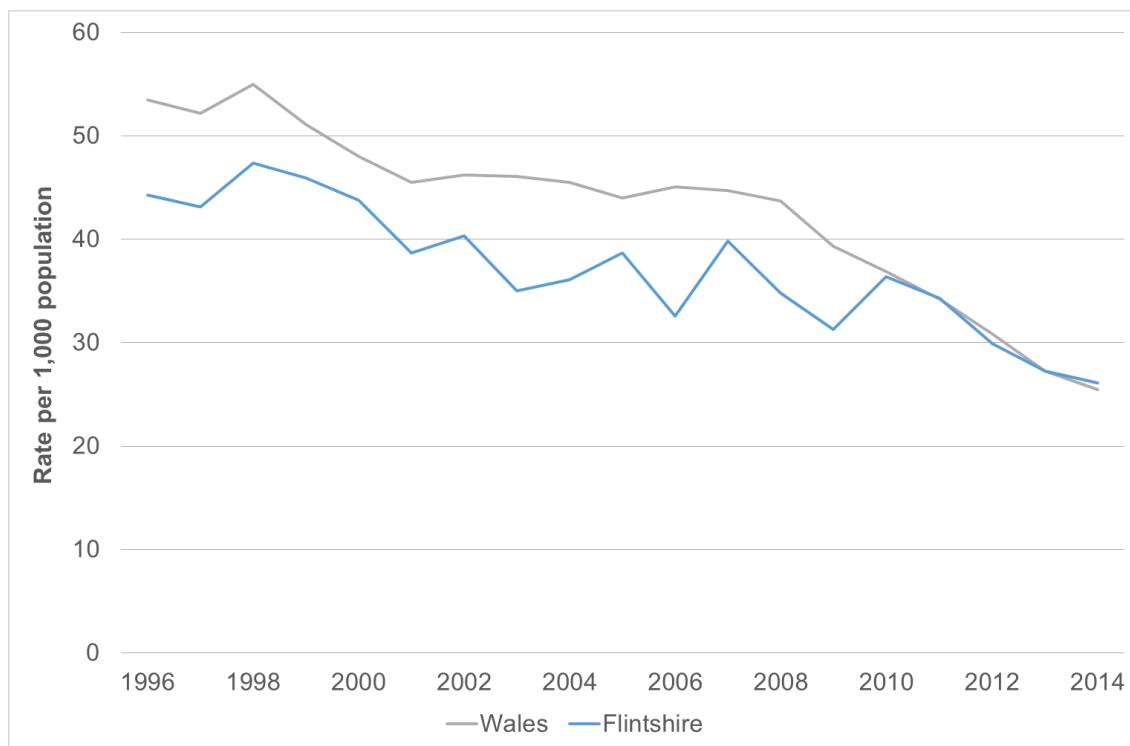


How this compares with the past

- 2.1.51 Teenage conception rates have seen a downward trend in the last 20 years, and are generally below the Welsh average.

Chart 2.1.3: teenage conception rates

Source: Vital Statistics, ONS



2.1.52 The number and percentage of low birth rates has not fluctuated much in the last ten years for Flintshire, but suggest a trend towards improvement.

Table 2.1.2: live births with low birth weight*

Source: Vital Statistics, ONS

	Flintshire		Betsi Cadwaladr ULHB	Wales
	Number	%	%	%
2014	103	6.4	7.0	6.7
2013	102	6.2	6.8	7.1
2012	107	6.3	6.9	7.3
2011	109	6.4	6.5	6.8
2010	132	7.3	8.8	7.0
2004 - ten years	118	6.8	7.0	7.2

*low birth weight is defined as less than 2,500 grams or 5 pounds 8 ounces

2.1.53 Immunisation rates, which had seen a long term upward trend have seen a dip in recent years. Rates for the 5 in 1 primary immunisation (by age 1) have fallen slightly since 2013/14 (from 98.2% to 96.8%).

What we know or predict about the future

- 2.1.54 There is a strong body of evidence of the importance of the first 1,000 days of a child's life; addressing inequalities and intervening early to prevent health problems can help people make the best health choices for themselves now and for their children in the future.
- 2.1.55 There is also a strong economic case for investing in the early years of life. The rate of economic return on investment is significantly higher in the pre-school stage than at any other stage of the education system. (See Figure 2.1.1) Despite this, investment in services for children and young people is often at its lowest in the very early years which are the most crucial in the development of the brain. Investment only increases at the point when development slows. (See Figure 2.1.2).
- 2.1.56 Research from Public Health Wales shows the potential health and societal gains if childhood experiences are improved. In population terms, if there were no adverse childhood experiences, there could be 125,000 fewer smokers across Wales and some 55,000 fewer people who have ever used heroin and crack cocaine. This is cost-effective; the evidence shows that just over £100 invested in prevention of ACEs will result in over £6000 of savings when measured across all public services over the next five years.

Figure 2.1.1: rates of return to investment in human capital as function of age when the investment was initiated

Source: Knudsen E I et al. PNAS 2006; 103:10155–10162

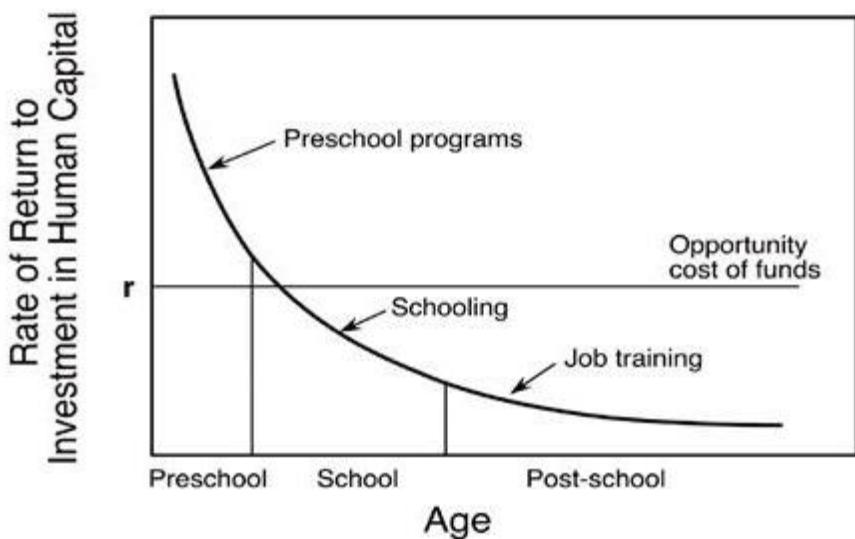
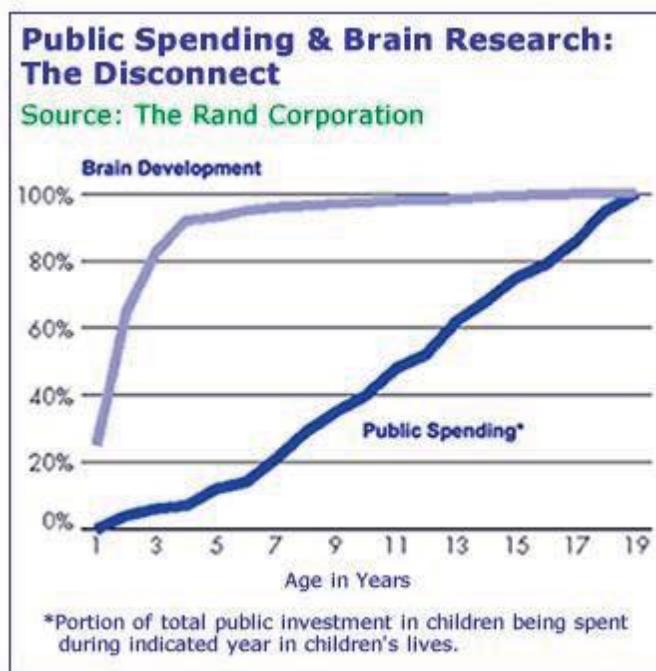


Figure 2.1.2: public spending and brain research – the disconnect
Source: The Rand Corporation



- 2.1.57 There are a number of ways in which ACEs can be prevented or their impact lessened, including raising awareness of their importance, providing appropriate services for all families and reliable access to additional support for those who need it most. The benefits from this work points to the value of joint investments and partnerships between the NHS, local authorities and other services and agencies to effectively prevent ACEs in the future.

2.2 Retaining young people in the population (young people as assets)

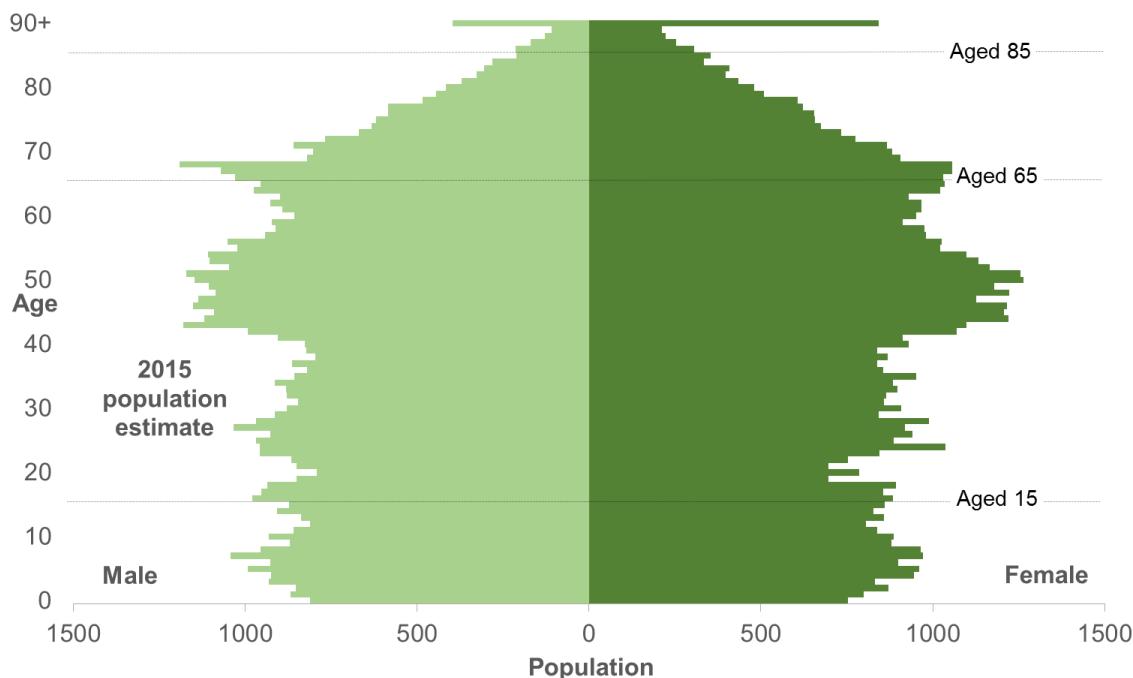
Prosperous Resilient More equal Cohesive Culture

What is happening now

- 2.2.1 Retaining young people within Flintshire is an important issue. Though the proportion of young people in the area is not as significant a concern for the area as it is for its North Wales neighbours in Denbighshire, Conwy CB and Anglesey, changes in population dynamics mean the overall population structure is set to age considerably in the next 20 years. The western world in general is seeing a decline in the number and proportion of young people in the population generally due to lower birth rates. The move of the 'baby-boom' generation into post retirement ages and improving life expectancies are also major factors leading to an ageing population structure.. This is undermining the traditional pyramid shape of the population structure, where a wide base of children supports a sharp peak of the older age group.

Chart 2.2.1: population pyramid for Flintshire

Source: Registrar General's mid-year population estimates, 2015



- 2.2.2 The age structure of Flintshire is relatively evenly spread up to around the age of 40, when there is a significant bulge in the population in their 40s to mid-50s. There is an obvious 'bite' out of the middle of the 16-29 age group, when many young people have to leave the area for higher education. Though it appears that, post-higher education, young peoples are still attracted to the area, this is not in numbers significant enough to replace the 40s-mid 50s bulge as it ages through the workforce. This age group is mostly likely to be economically and socially mobile, seeking work, education and other social opportunities outside the area.
- 2.2.3 This undercutting of the population pyramid may be due to the age structure of the workforce, which demands specific experience and skills more likely to be found in older workers. There may also be some 'push' factors which reduce the population balance in the under 40s age groups. The availability of suitable employment opportunities is one of the key issues – the predominance of skilled manual work in the area may not attract a generation which has been more university oriented than previously (see [section 2.17 'Improving skills for employment'](#) for more information). Lack of suitable and affordable housing can also be a major push-factor. And when deciding where to settle, young people are usually looking for more than just a job; they want to live in a place that also matches their lifestyle and family aspirations.

How this compares with the past

- 2.2.4 Though the proportion of young people in the area's population is currently relatively robust when compared to UK averages, recent trends in migration are likely to have an impact on the number and proportion of young people who live and work in Flintshire. In the past, the net out-migration from Flintshire of UK residents in the 16-29 age group has been partly mitigated by relatively high levels of international migration. There is now evidence that this international

flow is weakening, partly in the wake of the 2008 global economic downturn, and partly due to uncertainties around the Brexit vote.

- 2.2.5 Without international migration, there would have been a greater net decrease in the 16-29 population in the past 10 years. Average annual net migration since 2005:

- has been about -200 a year for those who are already resident of the UK. About 1,900 people in the 15-29 age groups leave the area each year, and only about 1,700 move in.
- has been about +100 a year for those who have moved from outside the UK. About 200 people in the 15-29 age groups move to Flintshire from outside the leave the UK each year, and about 100 leave the UK.

What we know or predict about the future

- 2.2.6 If past trends continue, it is predicted that by 2039 those aged 65 and over will make up 29% of the population, increasing from only 20% in 2015. In the same period those aged under 25 will reduce as a proportion from 29% to 26%.
- 2.2.7 A reduction in the proportion of young adults in the population has a knock-on effect on the whole population structure. As well as being the basis of the working age population that drives our economy, they are also the people who will become parents. Fewer babies being born because of an 'absent' parental cohort means even fewer young adults in the next generation, which then becomes a compound effect on the age imbalance in the population.
- 2.2.8 Retaining an age balanced population has benefits for the whole of society. The interchange of shared information, knowledge, and culture between generations helps form a vibrant, innovative and integrated resilient community – both 'moving with the times' and 'passing on wisdom' are essential in building social resilience. Community support and caring roles are also fostered through intergenerational integration, not just within families but with neighbours, friends and through volunteering. This can be a two way process, with older residents helping with child care and development as well as younger people providing formal and informal care for older residents.
- 2.2.9 For employers and the economy in general, recruiting, retaining and developing young people within the workforce and the wider population helps tackle issues such as an ageing workforce, skills gaps and shortages, talent development, succession planning and customer insight into emerging markets and trends.

2.3 Ageing well

Healthier

More equal

Cohesive

What is happening now

- 2.3.1 Advances in health and living conditions are helping people live longer. There are now more people over state pension age in the UK than children. By 2050, a 65-year-old man in Britain can expect to live to 91. In 1950, his life expectancy was 76.

- 2.3.2 There are advantages to increases in longevity that improve not just the quality of life of the individual but also of the wider community.
- Though the overall size of the older population will increase pressures on social and health care services, the current generation of pensioners are healthier than previous generations. Individually they are likely to make fewer demands on services than their parents' generation, until they reach very old age.
 - Retiring whilst still fit, healthy, and active leads many people to become more involved in their local communities. Older people make up the majority of volunteers, and account for a disproportionate amount of club and society membership.
 - Older people tend to play a key role in supporting and maintaining informal social networks, which in turn bind communities and families together. They provide childcare, financial, practical and emotional assistance to family members, and to friends and neighbours.
 - Not all older people will choose to retire, and healthier life expectancy may mean people remain in the workforce longer. An older workforce tends to be better educated and have higher skill levels, leading to increased productivity overall.
 - Societies with older age structures tend to be safer places overall – crime rates are likely to fall, as most crimes against people and property are committed by younger males.
- 2.3.3 However, a rise in the elderly population, particularly if not matched by health and social improvements, will place ever-greater pressure on the public finances, as a relatively smaller working-age population supports growing spending on health, social care and pensions.
- Across the UK around 55% of welfare spending is paid to pensioners.
 - The prevalence of long-term health conditions increases with age, and such conditions account for about 70% of health and social care spending.
 - A growth in older population groups usually means a decline in the working age population relative to the number of pensioners. A lower proportion of people in work means lower tax revenues overall, and can put strain on the local economy and on the resources needed to provide social care¹⁶.
 - Pressures on residential and nursing home accommodation are increasing, and there is an identified gap in provision (see [section 2.12 'Increasing pressures on the health and social care sector'](#) for more information).
 - Reliance on public transport is likely to increase with older age, as people are no longer able to drive themselves.
- 2.3.4 In order to ensure we live in good places to grow old, the public sector has to consider the provision of good housing, an environment where older people are valued and respected, and a place where people are not isolated or lonely and have the support they need to enhance their health and well-being.
- 2.3.5 The median age (the age at which half the population is older and half is younger) is 43 for residents of Flintshire. The current median age for Wales is 42 and 40 for the UK. This means that, on average, the population is older than for

the UK, though the County has a younger age structure than its North West Wales neighbours.

- 20.1% of the population is aged 65+ (Wales = 20.1%, UK = 17.8%).
- 61.5% of the population is aged 16-64 (roughly equivalent to working age) compares to 61.9% in Wales as a whole and 63.3% across the UK.
- The dependency ratio of older people per 100 people of working age is currently 32.7, which is high compared to the UK average.

Table 2.3.1: median age and dependency ratios, 2015

Source: mid-year estimates of population, ONS

	Flintshire	Wales	UK
Median age	43	42	40
Dependency ratio	32.7	32.6	28.2

Definitions

Median age – the age at which half the population is older and half is younger.

Dependency ratio – number of people within the population who are not of working age for each 100 people of working age. Working age population is defined as those aged 16 to 64.

Key issue – increase in the number of people living with dementia

- 2.3.6 Dementia is much more common in older people – one in 14 people over 65, one in 6 people aged over 80 and one in three people aged over 95 have some form of dementia¹⁷. Dementia and Alzheimer disease became the leading cause of death in England and Wales in 2015 accounting for 11.6% of all deaths registered – primarily due to better life expectancies and medical advances in the treatment of many other diseases and illnesses¹⁸. (Though dementia related illnesses are most common in older people, it can affect younger people too – in the UK over 40,000 people under 65 have dementia.)
- 2.3.7 Dementia is not a disease in itself, but is a description of a group of symptoms that occur when brain cells stop working properly. Alzheimer's disease is the most common cause of dementia, but other diseases, which can occur concurrently, include vascular dementia and dementia with Lewy bodies. These diseases affect the brain and have an impact on how people communicate, think and remember.
- 2.3.8 The charity Alzheimer's Research UK identify some of the challenges dementia sufferers may face, including:
- finding that their ability to remember, think and make decisions worsens.
 - communication and language becoming more difficult.
 - having difficulty recognising household objects or familiar faces.
 - day-to-day tasks becoming harder, for example using a TV remote control, phone or kitchen appliance. People may also have difficulty locating objects in front of them.
 - changes in sleep patterns.

- some people becoming sad, depressed or frustrated about the challenges they face. Anxieties are also common and people may seek extra reassurance or become fearful or suspicious.
 - people may experience hallucinations, where they may see things or people that aren't there.
 - people may become increasingly unsteady on their feet and are at greater risk of falling.
 - daily activities like dressing, toileting and eating becoming more difficult, and people gradually requiring more help.
- 2.3.9 The rising numbers of people with dementia in Wales is a trend which is common across the world. There are some challenges that are specific to Wales, including the need to address the impact on rural communities, as well as the Welsh Language which is especially important for those who may only understand or be able to communicate in their first language as their illness progresses.
- 2.3.10 Dementia has a bigger impact on women than on men, mainly because it is a disease of older ages and women tend to live longer than men. Women are also more likely to take on unpaid caring roles for other people with dementia and are more than twice as likely as men to provide intensive, 24-hour care¹⁹.
- 2.3.11 GP register data for 2016 shows 750 patients with dementia registered with GP surgeries in Flintshire. This is 0.5% of all patients registered with GPs in Flintshire.

Key issue – reducing fire incident casualties amongst people aged 80 and over

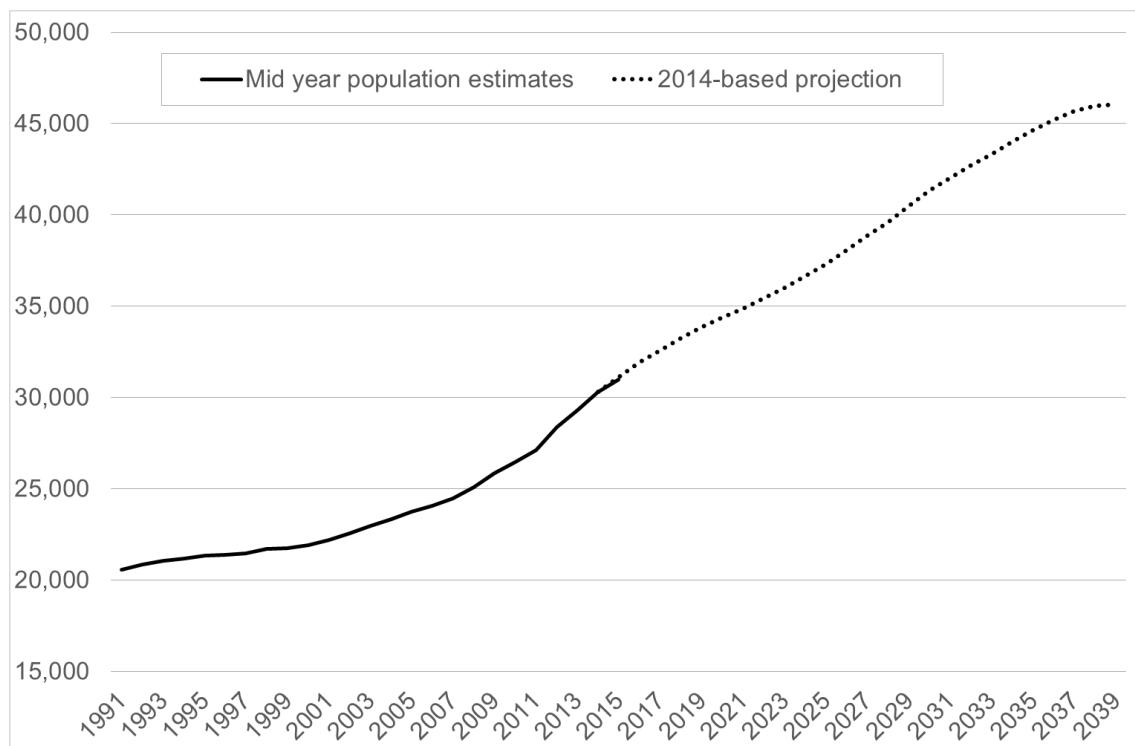
- 2.3.12 For the year 2015/16, fire incident statistics for North Wales show that 12% of all casualties were in the 80+ age group, though they make up only 6% of the population. This was a rate of 8.4 per 10,000 people compared to a rate of 3.2 for the whole population.
- 2.3.13 The likelihood of falling victim to an accidental fire in the home increases according to the combined effects of known contributory factors. A significant number are started by people cooking, discarding smoking materials carelessly or misusing domestic appliances. So although age of itself would not necessarily increase a person's risk, a frail older person who lives alone, has no working smoke detector and smokes indoors would be at greater risk. Fire prevention work undertaken by the North Wales Fire and Rescue Service includes targeting people with known contributory factors to equip them with the knowledge to keep themselves safe.

How this compares with the past

- 2.3.13 The increase in the number of people aged over 65 is mainly due to two factors; firstly improvements in mortality rates mean people are living longer; and secondly the ageing of the large 'baby boom' cohort born after the Second World War.
- 2.3.14 The median age of Flintshire's population has increased from 40 to 43 years over the last decade. Dependency ratios were only 100:24.6 in 2005 (now 100:32.7).

Chart 2.3.1: population aged 65 and over in Flintshire, 1991-2039

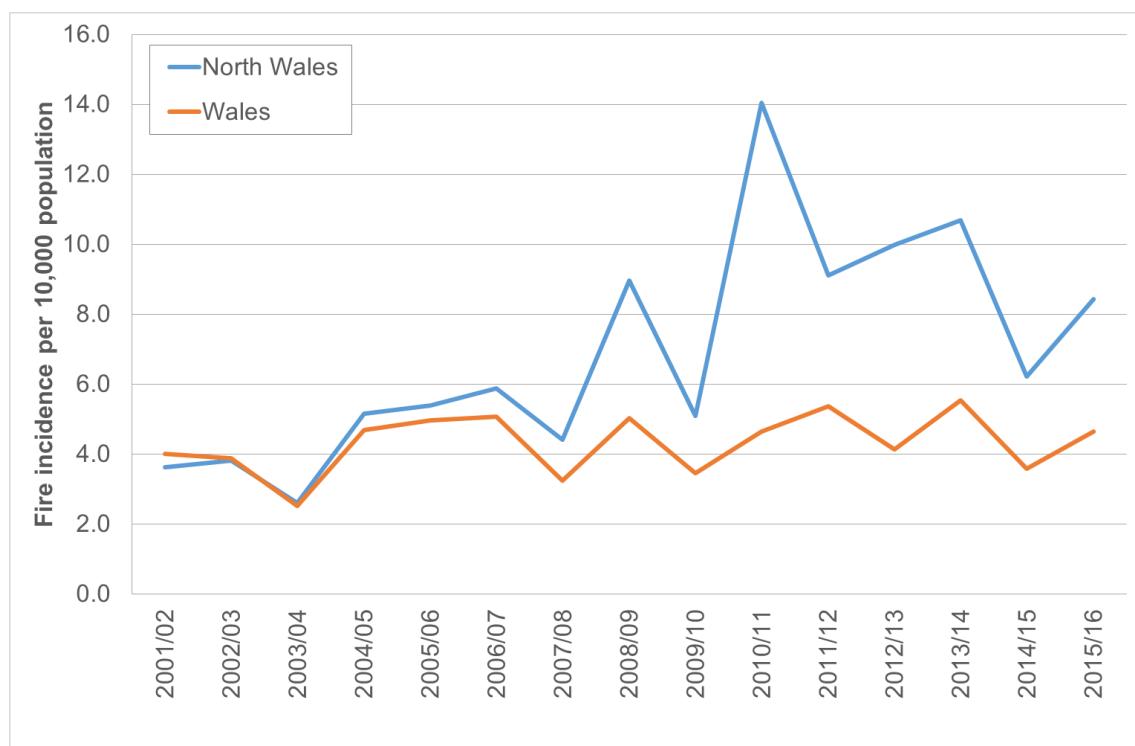
Sources: mid-year estimates of population, ONS; population projections (2014-based principal projection), Welsh Government



2.3.15 Dementia figures have risen since 2011 (first year of available data), when there were 500 patients with dementia in Flintshire.

Chart 2.3.2: rate of reported fire incidences with victims aged 80 and over

Source: Fire incident recording system, Home Office



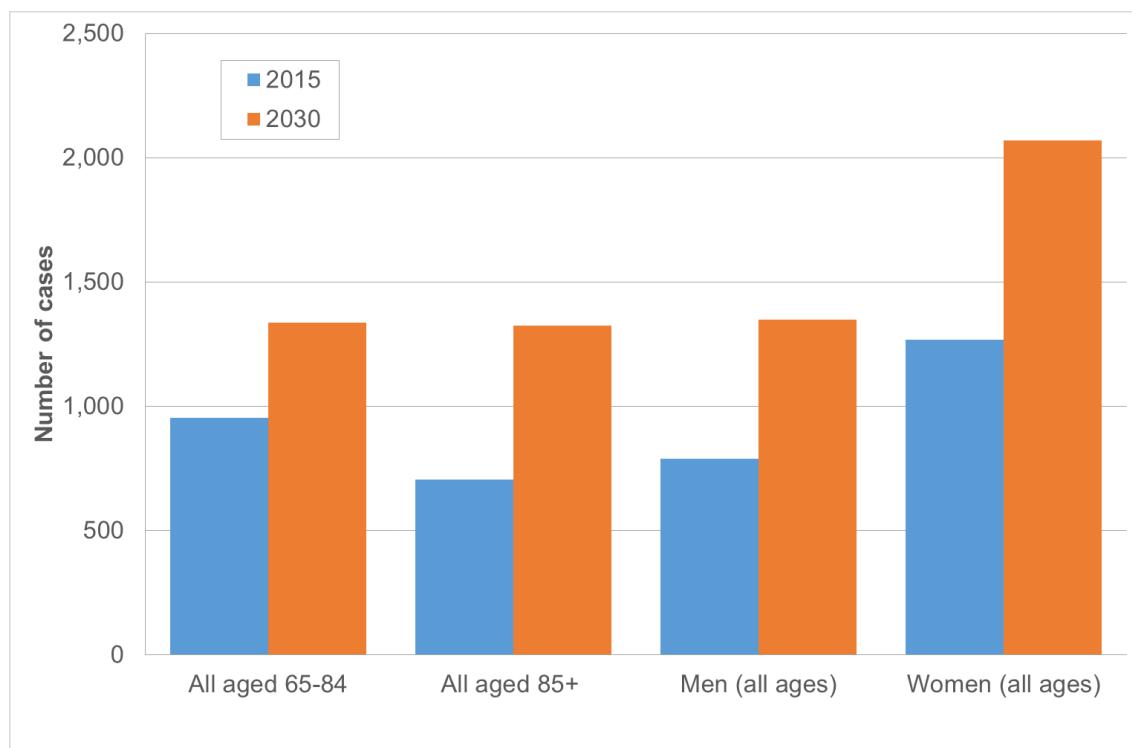
2.3.16 The rate of fire incidences amongst people aged 80+ has been on a generally upward trend in recent years, rising from only 3.6 incidences per 10,000 population aged 80+ in 2001/2 to a peak of 14 incidences per 10,000 population in 2010/11.

What we know or predict about the future

- 2.3.17 The number of older people in the county is projected to increase significantly over the next 20 years as a result of increased life expectancy, and the people born during the second UK baby boom of the late 1950s/early 1960s entering the retirement age groups alongside the post-WW2 baby boomers. In particular there will be a large increase in the number of people aged 85 and over, as the baby boomers start to move into that age group.
- By 2039 the number of people aged 65 and over will increase by 35% to 46,050 in Flintshire and will make up 29.2% of the population. Overall population will have increased by 2.2%. Dependency ratios will have risen to 100:42.7
 - By 2039 the number of people aged 85 and over will increase by 205% to 10,450 and will make up 6.6% of the population²⁰.
- 2.3.18 Currently it is estimated that 14.0% of households in Flintshire are occupied by lone pensioners aged 65+. By 2039 this is expected to rise to 18.8%, an increase of 3,900²¹.
- 2.3.19 The impact of the baby boomer generations on the population structure will start to diminish from the mid-2040s onward.

Chart 2.3.3: predicted prevalence of dementia cases in the population, Flintshire

Sources: 2011-based population projections, Welsh Government, Daffodil database, Institute for Public Care



- 2.3.20 Forecasts based on Welsh Government's 2011-based population projections and UK dementia prevalence rates²² predict that between 2015 and 2030;
- the number of people with dementia in Flintshire will rise by about 1,350. This is an increase of about 66%.
 - most of the increase will be due to the growing number of older people in the population. Dementia is more common in older people – one in 14 people over 65, one in 6 people aged over 80 and one in three people aged over 95 have some form of dementia
 - in the older age groups the prevalence of dementia is slightly higher in women than in men – perhaps due to longer life expectancies. However, the number of older men with dementia is expected to increase faster than for women due to predicted improvements in male life expectancies.
 - cases of early onset dementia (in people under the age of 65) will remain relatively stable. The causes of early onset dementias include Alzheimer's Disease, dementias relating to alcohol misuse and conditions such as Parkinson's Disease.
- 2.3.21 Though it is primarily a disease of older age, it is not inevitable that all older people will be susceptible to dementia and it is not a normal part of getting older. Prevalences only top 10% after age 80, and current research suggests that these rates are decreasing, perhaps in relation to other improvements in general health and lifestyle behaviours such as reductions in smoking rates²³.
- 2.3.22 Welsh Government's public consultation on its dementia action plan identified priority areas for improvement²⁴.
- Improved service provision through better joint working across health, social care, the third sector and other agencies;
 - Improved early diagnosis and timely interventions;
 - Improved access to better information and support for people with the illness and their carers, including a greater awareness of the need for advocacy;
 - Improved training for those delivering care, including research
- 2.3.23 Much of the costs of old age have arisen because growth in total life expectancy has outpaced growth in healthy life expectancy (i.e. the number of years we can expect to live in good health). Policies that improve preventative healthcare, and help people to remain active and healthy in later life, could help increase the proportion of life spent in good health and reduce costs. A healthier old-age population would also allow greater numbers to remain in the labour market for longer, thereby mitigating the impact of an ageing population on the dependency ratio.
- 2.3.24 The Welsh Government's Ageing Well in Wales programme and the Local Government Association's 'Ageing well' agenda have identified what needs to be done to develop good places to grow old, ensure a healthy and socially inclusive old age. It highlights the following areas for the public sector to focus on²⁵.
- tackling loneliness and isolation
 - promoting age equality
 - involving older people

- increasing community capacity
- good housing
- enhancing health and well-being
- encouraging employment and economic activity
- developing intergenerational work
- creating dementia-friendly communities

2.4 Supporting carers

Resilient **Healthier** **More equal** **Cohesive**

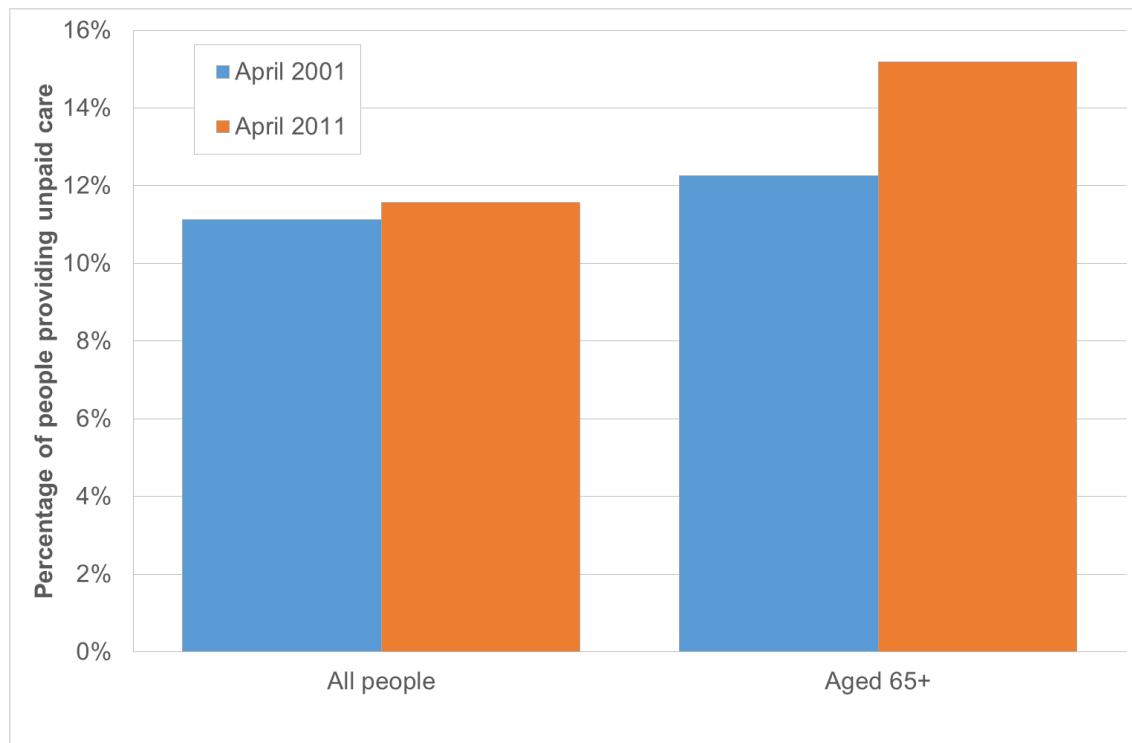
What is happening now

- 2.4.1 Unpaid carers are the single largest provider of care to people with support needs in our communities, and they save the NHS and social services millions of pounds a year. One estimate puts the value of unpaid care in the UK at £132 billion per year – almost twice what it was in 2001, and close to the annual UK health spend of £134.1 billion²⁶.
- 2.4.2 In recent decades the number and proportion of people born with disabilities and surviving into adulthood and later life has increased significantly. Improvements in health care and general health also mean more people are surviving serious illnesses like cancer or stroke. The increase in the number of people living with long-term conditions creates new and more complex demands on our health and social care services which are already under pressure from already stretched NHS and social care budgets. Unpaid care provided by family, friends and neighbours is increasingly helping to meet growing demand and plugging gaps in services.
- 2.4.3 However, the UK's rapidly ageing population structure and longer life expectancies mean that the numbers of those in need of care and support is beginning to exceed the numbers of working age family members able to provide it.
- 2.4.4 Caring for someone else can be demanding, and can lead to physical health problems for carers themselves (from physical exertion such as lifting or carrying, and from general fatigue). Carers can also be faced with pressures on their mental health such as dealing with stress and worry about the person being cared for and the impact of their illness; social isolation and lack time to focus on themselves; money worries due to reduced household income and/or increasing care costs; and feelings of frustration and anger with the person they are caring for and with the situation they find themselves in.
- 2.4.5 According to the 2011 Census, nearly 17,650 people in Flintshire provide unpaid care. Over 25% of these carers (nearly 4,500 people) provide 50 or more hours of care a week. Such high levels of unpaid care provision will have a huge impact on the economic and social well-being of the carers as well as those being cared for.
- 2.4.6 About two thirds of all unpaid carers are aged 50 or over – over 24% are aged 65+.

How this compares with the past

Chart 2.4.1: provision of unpaid care 2001 and 2011

Source: 2001 & 2011 census of population, Office for National Statistics



- 2.4.7 The number and proportion of people providing unpaid care has increased since the 2001 Census – an increase of about 1,200. Over half of that increase has been in people providing 50+ hours of unpaid care a week.
- 2.4.8 The increase has been mainly in the number of people aged 65+ who provide unpaid care, which increased by over 1,450 in Flintshire. This was an increase from 12.3% to 15.2% of all people aged 65+ in Flintshire between 2001 and 2011.

What we know or predict about the future

- 2.4.9 It is difficult to make a reasonable prediction about future provision of unpaid care, as it is influenced by a complex interaction of factors such as changes in social care provision, long term trends in health and well-being, housing policy, and friendship and family networks. However, a straightforward application of current rates to predicted future populations suggest that by 2035 the numbers of people providing 50+ hours of unpaid care could increase to about 5,150 – a percentage increase since 2011 of about 15.2%.
- 2.4.10 The number of people aged 65+ providing unpaid care is expected to rise by about 2,150 – a percentage increase since 2011 of about 55.2%. An increasing reliance on older carers – who may have age related well-being needs of their own – could be precarious²⁷.
- 2.4.11 The number of children with a disability appears to be rising steadily across all of Wales. This will increase the number of parents or guardians who need to provide unpaid care. There are also implications as these disabled children get

older and the carers get older, perhaps changing the nature of support that is needed.

- 2.4.12 These predictions have significant implications for the public sector in Flintshire. Supporting carers by providing respite care and other services is a key priority for helping people maintain their independence in their own home and reducing the longer term burden on the NHS and council services.

2.5 Living in isolation & access to services

Healthier

More equal

Cohesive

What is happening now

- 2.5.1 The most vulnerable groups are often the ones least able to access services. These are also the groups most likely to be suffering from social isolation and loneliness.
- 2.5.2 Access to services is influenced by both structural service characteristics (the structure, organisation and delivery of services; service characteristics such as location and opening times) and the characteristics of the population being served (demographic characteristics, for example being an asylum seeker, being homeless, having a learning difficulty, or living in a rural area; cultural characteristics, for example if the person does not speak English as their first language or lives in a Gypsy or Traveller community; behavioural characteristics, for example illicit drug use or commercial sex work, that people may want to actively conceal; attitudinal characteristics, for example being suspicious of the services offered or being unaware of the health benefits that might be gained; lifestyle characteristics, for example being a carer). People who do not routinely access standard health and social care services in particular are at increased risk of poor health, which can accumulate through life and lead to increased demand on services and increased health and social care costs.
- 2.5.3 Loneliness can affect anyone – regardless of the individual's age. However, as we age, the risk factors that can lead to feelings of loneliness increase and converge. These factors include²⁸:

Personal	Broader society
Poor health	Lack of public transport
Sensory loss	Physical environment, for example, lack of public toilets
Poor mobility	Accommodation
Low income	Concerns about crime
Bereavement	Demography
Retirement	Advances in technology
Caring	High population turnover
Other changes (such as giving up driving)	

2.5.4 Research identified in the current North Wales Population Assessment (required under the Social Services and Well-being (Wales) Act) suggests that:

- higher loneliness and isolation barriers for men, people who live by themselves, recently bereaved individuals, and the most elderly people in our communities.
- disability or illness can trigger loneliness, as this changes how people access their social networks
- people aged 50 and over socialise less due to the economic situation, with almost a third (32%) of people aged 50 and over and a quarter of people aged 65 and over cutting back on going out to socialise.
- a high number of men have experienced loneliness after losing their partner (62%) or losing friends of the same age as them (54%). Men were also less likely to admit their feelings to family or friends (11% of men and 24% of women). In a Women's Royal Voluntary Service survey it was found that men were less likely to keep in contact over the phone with family or relatives who live away (71% of women compared to 29% of men).
- there is a greater risk that people who have received care and assistance know how it feels to feel social isolation as they usually only have 1 or 2 close friends.

2.5.5 There are different types of loneliness; emotional loneliness and social loneliness. Emotional loneliness is the feeling of losing the companionship of one specific person; very often a partner, sibling or best friend. Social loneliness derives from a lack of broader social network or group of friends. Loneliness can be a feeling which comes and goes, and individuals can suffer from loneliness at specific times of the year, for example at Christmas. Loneliness can be chronic where a person can feel alone most of the time. Feeling lonely is subjective; if a person feels lonely then they are lonely.

2.5.6 Social isolation and loneliness have been identified as risk factors for poor health (especially poor mental health) and lower well-being, including morbidity and mortality, depression and cognitive decline. Research identified in the North Wales Population Assessment suggests that:

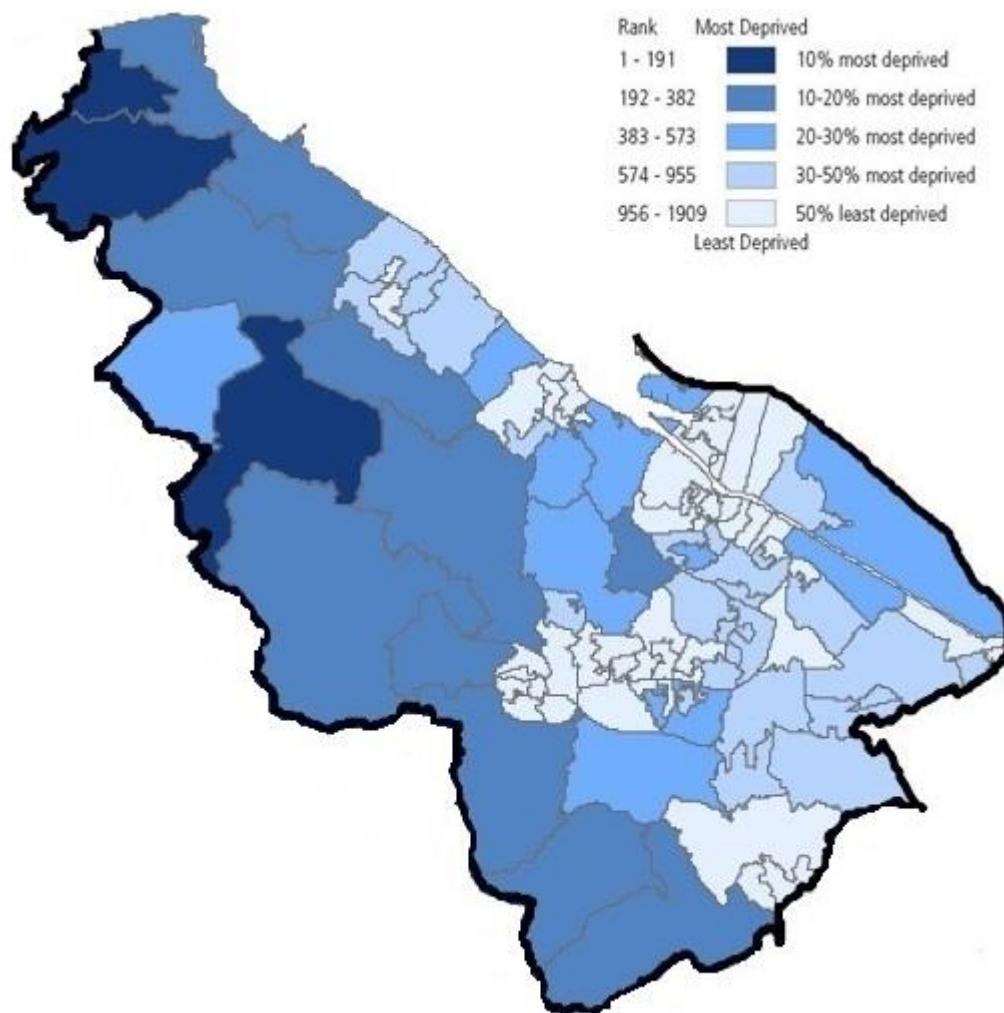
- loneliness has an impact on death rates equal to smoking 15 cigarettes per day.
- loneliness increases the risk of high blood pressure
- individuals are also at risk of physical deterioration
- loneliness places individuals at more risk of cognitive decline
- one study concluded that lonely individuals were 64% more likely to develop clinical dementia
- lonely individuals are more likely to suffer from depression
- loneliness and lack of social networks are predictors of suicide in older age groups

2.5.7 People are more likely to be injured or killed by fire if they are home alone. Anyone living alone has an increased risk, but just being on your own increases the risk of a fire starting or spreading unnoticed, and also reduces the person's chances of escaping unharmed.

- 2.5.8 Older people who are socially isolated are also more vulnerable to the complicating effects of unforeseen events such as falls. Because older people who are isolated have smaller networks of relatives, neighbours and friends, they have less unpaid or informal support to fall back on to help meet their social care or other needs; and they may not access the appropriate formal health and social care services, which in turn could have harmful longer-term consequences²⁹.
- 2.5.9 The North Wales Population Assessment identifies the importance of preventing or mitigating loneliness to enable older people to remain as independent as possible. In terms of the impact of loneliness on public services, lonely individuals are more likely to:
- visit their GP, use more medication, at more risk of falls and an increase in the risk factors of being in need of long-term care
 - gain early access to residential or nursing care
 - use accident and emergency services independently of chronic illness
 - According to the WRVS, lonely individuals are less likely to use preventative services (specifically health services).
- 2.5.10 Social isolation is also a problem for both children and adults who are carers. The time commitment given to the cared for often means that the social and emotional needs of carer are set aside. Figures show that the number of carers in the community is increasing and therefore the number of socially isolated people in our communities will increase as well.
- 2.5.11 Isolation within the rural community is a particular issue for those who are older, younger or on lower incomes, and can contribute to other health and well-being problems. Isolation for the elderly is, of course, not limited to rural communities with one in six households in Flintshire occupied by a single pensioner.
- 2.5.12 Geographical access to key services forms part of the Welsh Index of Multiple Deprivation 2014 (WIMD 2014), which is the official measure of deprivation in Wales. This domain of the WIMD considers the average travelling time to access a range of services considered necessary for day-to-day living. These include:
- | | |
|--------------------------|-------------------|
| -- pharmacy & GP surgery | -- food shop |
| -- post office | -- public library |
| -- primary school | -- leisure centre |
- 2.5.13 Three lower super output areas (LSOAs) in Flintshire feature in the 10% most deprived in Wales for access to services, as shown in the map below (those coloured in dark blue) – LSOA Trelawnyd and Gwaenysgor, LSOA Caerwys1 and LSOA Gronant. These areas cover a population of about 4,650 people³⁰.

Map 2.5.1: areas of Flintshire in the 10% most deprived in Wales for access to key services (coloured in dark blue)

Source: Welsh Government 2014



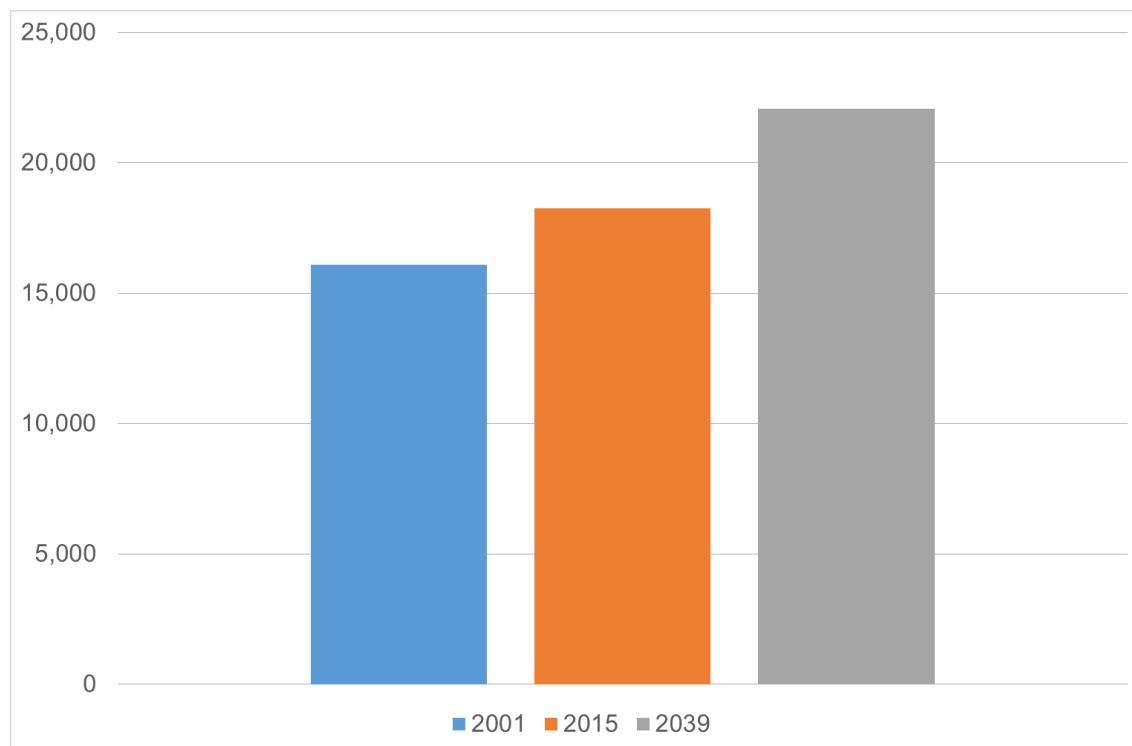
How this compares with the past

2.5.14 Some of the groups which are recognised as being most at risk of social isolation have grown significantly in recent years. Though this is not direct evidence of increasing social isolation the number of single person households (particularly lone pensioner households); carers, and people with chronic illnesses have all risen in recent years.

- Between 2001 and 2015 the number of single person households in Flintshire increased by 2,150
- Between 2001 and 2011 the number of carers increased by 1,200

Chart 2.5.1: change in the number of single person households

Source: mid-year household estimates; Welsh Government

**What we know or predict about the future**

- 2.5.15 Projections show that some groups that are particularly vulnerable to social isolation are likely to increase in the next two decades.
- The number of lone pensioner households in Flintshire will increase by 3,900 between 2015 and 2039.
 - The number of people suffering with poor mental health is predicted to increase by about 1,000 across the area between 2015 and 2035
 - The number of carers providing 50+ hours of care a week will increase by 700 between 2011 and 2035.
- 2.5.16 Reducing loneliness and isolation is one of the main challenges identified in consultation and engagement work undertaken for the North Wales Population Assessment and is a priority for Welsh Government's Ageing Well in Wales Programme. Having strong social networks of family and friends and having a sense of belonging to the local community is important in order to reduce social isolation and loneliness for people who need care and support and carers who need support.
- 2.5.17 Improving access to services for the local population can help local authorities work towards achieving the aim of Welsh Government's public health strategy 'Our Healthy Future' of reducing differences in life expectancy and healthy life expectancy between communities, by improving those of people in more disadvantaged communities.
- 2.5.18 Whilst hard cost-benefit analysis of loneliness interventions is still scarce, existing data indicates good returns on investment. Given the high cost of the health, social care and other services required by lonely individuals if their

circumstances are not addressed, there is a strong case for shifting investment in this area, particularly given the relatively low cost of many effective interventions. In one study identified by the Local Government Association, a cost saving of £300 per person per year was estimated to result from befriending costing £80 per person³¹, and savings of £900 per person from a £480 intervention through community navigators who work with individual older people to link them into local services³².

2.6 Volunteering

Prosperous Resilient Healthier More equal Cohesive Culture Global

What is happening now

- 2.6.1 Volunteering can be described as giving your time and energy freely and by choice without concern for financial gain. It can describe hundreds of different activities that people choose to do to benefit or support others in the community. The word volunteering is used for a range of activities such as community service, self-help, charity, neighbourliness, citizenship, public service, community action, community involvement, trustee, member, helper.
- 2.6.2 There are volunteering opportunities in many different avenues such as health; social care; arts and culture; trusteeship; practical and DIY; management and in the environment. Volunteers save lives (Samaritans, RNLI); help run sports and social events (stewards, fundraisers, St John's Ambulance); look after our wildlife and natural environment, fundraise, support vulnerable people,
- 2.6.3 Volunteering increases community social capital and individual well-being for the volunteers themselves and for the people they support. It can help increase community capacity and build social resilience.
- 2.6.4 The voluntary sector plays an important role delivering public services across the UK. In 2012/13 the sector received £13.3bn from government bodies, 83% of that was earned through contracts or fees. The majority of this income, £6.8bn, comes from relationships with local government³³. Charities are able to fill gaps in service delivery that the public or private sectors are not able or willing to. By being close to their users, charities have a unique perspective on their needs and how to improve services. There are also high levels of public trust in charities – they are the third most trusted group in society after doctors and the police. Many charities also engage in campaigning or advocacy around the same issue they deliver services on.
- 2.6.5 Benefits for the volunteer:
 - People who engage in altruistic activities (e.g. volunteering), report a greater sense of purpose and meaning in their lives. Many of the ten key ingredients for a happy and fulfilling life that are identified by the 'Action for Happiness' movement³⁴ are found in volunteering activities: giving, relating, exercising, awareness, trying out, direction, resilience, emotions, acceptance and meaning.
 - A number of health benefits relating to volunteering have been identified. These including improved quality of life, improved self-esteem, improved opportunities for socialisation and improved ability to cope with ill health³⁵.
 - Volunteering can help people to overcome mental ill-health and addiction.

- Volunteering is an opportunity to learn new practical and social skills, and can improve employment prospects.
- 2.6.6 Benefits for the beneficiaries and society:
- Volunteering enables people to play an active role in their society and contribute to positive social change.
 - Volunteering helps to break down social barriers and offer people an opportunity to socialise with people from different social and cultural backgrounds.
 - Volunteers support vulnerable people in society and enable them to live a healthy and rewarding life. This could mean support with things we take for granted, such as practical help at home for disabled or older people, mentoring a care leaver and helping them to find their feet as an adult, or supporting a young mother struggling to provide for her children.
 - Volunteer organisations can help with continuing support for people in need when they leave official support services but are not ready to manage on their own, helping to bridge gaps in service provision and possibly preventing the relapse and re-referral that can occur with some vulnerable people.
 - Medical research has shown that support from volunteers can: decrease anxiety for patients facing medical procedures; increase survival times for hospice patients; increase breastfeeding and childhood immunisation rates; improve clinical attendance and taking of medicines; increase self-esteem in patients with long term conditions
 - Volunteers are essential to helping reduce the burden on carers and helping them to carry on effectively with their caring duties.
 - Volunteers can act as intermediaries between formal service providers and service users – they can be seen as peers rather than authority figures, and are also likely to have more time to listen and chat to the people they are supporting.
 - The 2016 World Happiness Report identified social support and generosity are key determinants of national (and community) well-being.
- 2.6.7 The umbrella organisation for the voluntary sector in Flintshire is Flintshire Local Voluntary Council (FLVC). They help to promote, support, enable and develop a sustainable voluntary sector in the area, through the provision of advice on fundraising, best practice in volunteering, good governance, training and by representing the views of third sector organisations to statutory bodies. Though there are currently no detailed statistics available about local levels of volunteering, in 2014/15 FLVC:
- placed 777 volunteers and provided training courses for 350 participants.
 - received and responded to over 10,000 general enquiries; received and responded to 365 funding advice enquiries.
 - helped local voluntary groups obtain almost £1m of funding; provided nearly £7,500 of funding through grants and loan schemes.
- 2.6.8 More than 22 million people volunteer in the UK at least once a year. This is about two out of every five aged 16 or over. About 14 million people volunteer at least once a month for an average of 11-12 hours a month³⁶.

2.6.9 In 2012/13, the Office for National Statistics estimated that volunteering contributes about £24bn to the UK economy every year.

How this compares with the past

2.6.10 Since 2001, the rates of adults formally volunteering at least once in the last year continue to be within five percentage points of each other. This suggests that rates of volunteering remain relatively stable.

2.6.11 Though levels of interest in volunteering are currently as high as they've ever been, funding for volunteering is facing austere times in much the same ways as the public sector. Reductions in public sector services have also increased reliance on the voluntary sector to help support people, communities and infrastructure. In many cases, demand for volunteer support has never been higher. New technology is opening up new access routes and opportunities for people to participate, but the value of face-to-face volunteering has never been more apparent.

What we know or predict about the future

2.6.12 The following challenges to the future of volunteering have been identified by National Council for Voluntary Organisations³⁷.

- How can we build and strengthen the volunteering infrastructure which underpins much of the social action which takes place in our communities?
- How can we develop meaningful partnerships between the volunteering movement and the statutory and business sectors, based on the principle of co-production?
- What role is there for volunteering in the delivery of public services? What are the opportunities and dangers? How can we reform the commissioning environment so that it takes appropriate account of the contribution that volunteers can make?
- What contribution can volunteering make to aiding employability? How can we safeguard the integrity of volunteering as an act freely given?
- How can we increase the value, impact and recognition of volunteer management?
- How can we re-shape the voluntary sector to take account of young people's aspirations and ambitions?
- How can we harness the benefits of digital technology and get a better blend of online and face-to-face social action?

2.6.13 Westminster government wants to see a move away from the presumption that the state is the default provider of services. So it is likely the voluntary sector will continue to expand. The government wants to see:

- greater levels of service delivery by both the private sector and the voluntary sector.
- new mixed models of delivery – including 'spin outs' from the public sector and social enterprises.

2.6.14 However, the voluntary sector is not immune from the austerity measures UK government has been following for the last six years – about a third of all

voluntary and community sector income comes from the state. NCVO has noted that the scale, speed and implementation of the cuts is hitting voluntary organisations hard³⁸. There is evidence that the cuts are not being applied consistently, proportionately or strategically. They also feel the cuts could cost the economy more in the long run because the sector plays an essential role in preventative services.

2.7 Tackling poverty and deprivation

Prosperous **Healthier** **More equal** **Cohesive**

What is happening now

- 2.7.1 Living with poverty and deprivation can be defined as being in a situation where a person or household's resources are well below their minimum needs. These needs include food, clothes and shelter, but also what is needed in order to have the opportunities and choices necessary to participate in society. As well as considering levels of income and access to employment opportunities, which are key to measuring poverty, other considerations might include education levels, health, community safety and access to services.
- 2.7.2 Social and economic disadvantages in early life in particular increase the risk of having lower earnings, lower standards of health and lower skills in adulthood. This in turn can perpetuate disadvantage across generations. Childhood experiences have a profound effect not only on children's current lives, but also on their future opportunities and prospects.
- 2.7.3 Overall household income levels in Flintshire are below the GB national average for a range of measures. In 2015 it was estimated that median household income for the area was only 95% of the GB average.

Table 2.7.1: annual household income (2015)

Source: CACI

	Flintshire	Wales	Great Britain
Median income	£27,300	£24,250	£28,700
Lower quartile income	£15,000	£13,600	£15,450
% households with income below 60% of GB median	30.1%	34.5%	28.8%

Measures of household income include wages, welfare support, investments, pensions and other income for all household members

- 2.7.4 A household is taken to be in poverty if the total annual household income (including any benefits received) is below 60% of the average for Great Britain, which puts the official poverty line around £17,200. A greater proportion of households in Flintshire are estimated to have income below this level than the GB average – about 30.1% of all households or around 19,550 households in total.

- 2.7.5 Direct measures of child poverty are hard to collect, so we have to look at proxy data to help us understand this issue at the local level.

Table 2.7.2: children living in poverty (proxy measures), August 2014

Source: children in low-income families local measure; child and working tax credit statistics, HMRC

	Flintshire	Wales	Great Britain
Children living in a household earning less than 60% of the average for GB			
Children in low income families	5,770	17.7%	22.5%
Children in families receiving tax credits			
Children in in-work families	11,975	38.0%	40.0%
Children in out-of-work families	5,575	17.7%	22.1%
Total	17,550	55.7%	58.6%

- 2.7.6 One proxy measure is household poverty. HM Revenue and Customs (HMRC) data shows that there are 5,770 children in Flintshire who are living in poverty. This is 17.7% of all children in families which are eligible for child benefit.
- 2.7.7 The Flintshire wards of Shotton Higher and Connah's Quay Golftyn both contain over over 300 children living in poverty according to this measure. In addition, Buckley Bistre West, Connah's Quay Central, Flint Oakenholt, Sealand and Saltney Stonebridge wards all have more than 200 children living in poverty.
- 2.7.8 Another useful indicator also published by the HMRC is the number of families with children who are claiming tax credits. There are about 17,550 children in Flintshire living in families that receive tax credits to help supplement their wages or benefit income. This is about 56% of all children, which is lower than the GB average. The majority of these families are in work but on low incomes³⁹.
- 2.7.9 The Welsh Index of Multiple Deprivation measures relative deprivation across a range of domains (income; employment; health; education; access to services; community safety; physical environment; housing) at the lower super output area level for the whole of Wales. An area is multiply deprived if, for more than one of these domains, the area has a concentration of people experiencing that type of deprivation. Generally speaking, the greater the number of domains for which there are high concentrations of deprivation, the greater the overall deprivation in an area. This does not necessarily mean that the same people suffer multiple types of deprivation in the area, although we would expect there to be significant overlap. LSOAs within the 10% most deprived for the overall index tend to be those which are most likely to be eligible for support under funding programmes that are targeted at combatting poverty and deprivation.

Table 2.7.3: LSOAs amongst top 10% most deprived for overall index

Source: Welsh Index of Multiple Deprivation

Flintshire	
W01000336	Shotton Higher 2
W01000304	Holywell Central

2.7.10 An 'average' level of deprivation would see 10% of LSOAs amongst the most deprived in Wales. Flintshire has a greater proportion of its LSOAs than would be expected in the top 10% most deprived for the physical environment.

Table 2.7.4: number of LSOAs in top 10% most deprived in Wales, by deprivation domain

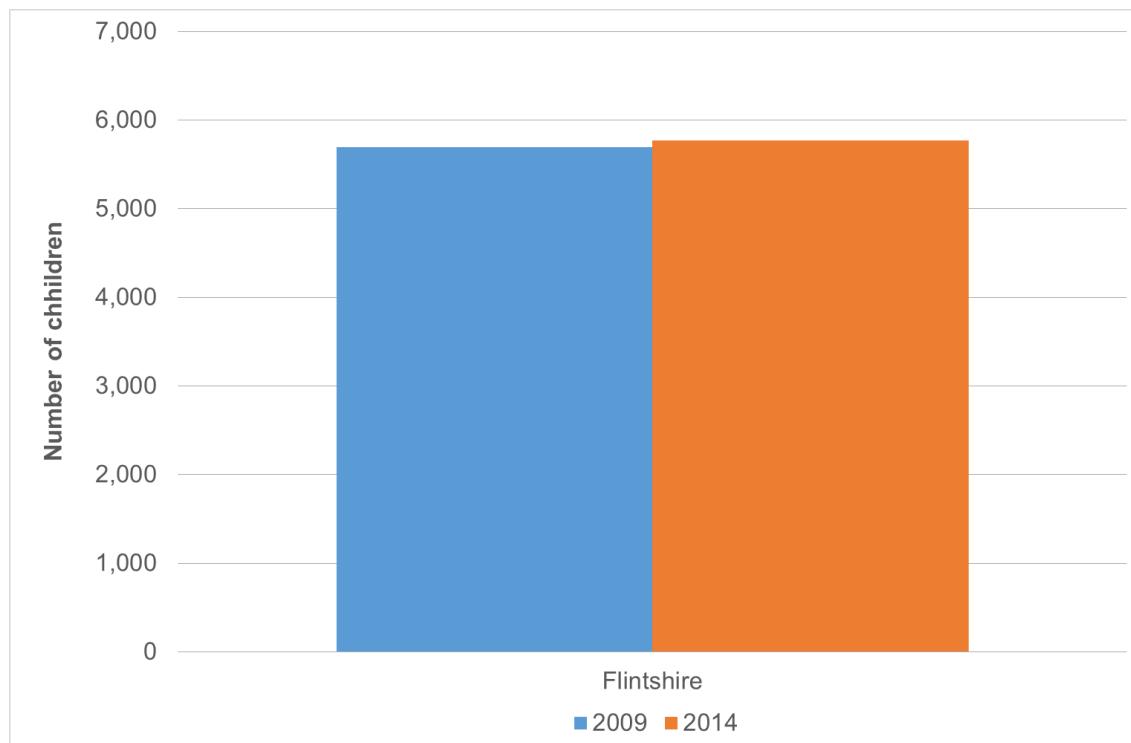
Source: Welsh Index of Multiple Deprivation

	Flintshire	
	No.	As % all LSOAs
Overall Index	2	2.2%
Income	4	4.3%
Employment	2	2.2%
Health	2	2.2%
Education	4	4.3%
Access to services	3	3.3%
Community safety	8	8.7%
Physical environment	32	34.8%
Housing	6	6.5%

How this compares with the past

Chart 2.7.1: children living in low income households

Source: children in low-income families local measure, HMRC



- 2.7.11 Between 2009 and 2014 the number of children living in low income households increased by 80.
- 2.7.12 The annual average (median) household income fell by about £1,400 between 2011 and 2015 to £27,300. Household incomes also fell in Wales and Great Britain between 2011 and 2015 (-£900 for Wales and -£300 for GB).
- 2.7.13 In the same period the households with lowest incomes in the area also became worse off – lower quartile household income fell by £1,300 to just £15,000. The proportion of households with income falling below 60% of the median for Great Britain increased by about three percentage points.

What we know or predict about the future

- 2.7.14 Recognised links between poverty and poor health suggest that predicted increases in the prevalence of chronic health conditions may lead to increases in people living in poverty.
- 2.7.15 Changes to state welfare arrangements are disproportionately affecting those in the greatest poverty, particularly families with children. Recent reductions in the benefit caps, reductions in tax credit entitlements and the introduction of Universal Credit will all have an impact on poverty levels.
- 2.7.16 Anecdotal evidence from the Citizen's Advice Bureau reports that over the last three years they have witnessed an increase in the number of people who rely on the children's Disability Living Allowance (DLA) to be part of the essential household income, rather than to provide the extra support that a disabled child needs. There is a risk that disabled children living in poverty will be further disadvantaged where their DLA is used for food, heating or rent.
- 2.7.17 The impacts on income and poverty levels changes in the wider economy is incredibly difficult to predict, and is heavily influenced by national and international market conditions which are outside of the sphere of influence of local and, increasingly, national government.
- 2.7.18 In its child poverty strategy 2011, the Welsh Government aspires to the eradication of child poverty in Wales by 2020⁴⁰.

2.8 Healthy life expectancy for all

Healthier

More equal

What is happening now

- 2.8.1 People are living longer due to improvements in health care and a range of other life style improvements such as better nutrition, fewer people working in heavy or dirty industries, falling smoking rates, cleaner air and water and better housing conditions. However, many chronic health conditions are particularly associated with older age, so ensuring a healthier old age is an important concern.
- 2.8.2 Being in good health is, obviously, closely related to how well people retain their independence throughout their life, and particularly in old age. It will impact on how much formal and informal support and care they need, and will affect their ability to fully participate in their community and contribute to the local economy.

- 2.8.3 As well as being determined by age, ill health is also influenced by experience of deprivation. The Welsh Health Survey shows that the difference in prevalence of good health between people living in the least and most deprived areas in Wales is already apparent at age 0-15. The gap increases with age, peaking in males at age 65-74 (79% in least deprived vs 52% in most deprived) and in females at age 55-64 (84% compared to 56%).
- 2.8.4 Achieving a reduction in health inequalities and maintaining health and well-being throughout life are two of the six strategic themes within the Welsh Government's public health framework 'Our Healthy Future' and remain central to the 'more equal Wales' and 'healthier Wales' goals laid out in the 'Well-being of Future Generations (Wales) Act.'
- 2.8.5 Life expectancy in Flintshire is slightly lower than the England and Wales figures for both males and females, at birth and at age 65. The difference is most notable for females. There is a life expectancy gap between men and women of about 3.5 years at birth, though this gap narrows to 2.0 years at age 65.

Table 2.8.1: total life expectancy 2012-14

Source: period life expectancy tables, ONS

	Flintshire	Wales	England and Wales
Male - at birth	79.0	78.5	79.4
Male - at age 65	18.6	18.2	18.7
Female - at birth	82.5	82.3	83.1
Female - at age 65	20.6	20.6	21.1

Note: life expectancy at birth is for babies born in that period, and life expectancy at age 65 is the additional years of life that someone aged 65 would expect to have.

- 2.8.6 Analysis of healthy life expectancy for 2010-14 (from Public Health Wales⁴¹) show that overall, the number of years spent in good health for both males and females is comparable to the Wales average for Flintshire.
- 2.8.7 However, there is health inequality within the area. People living in the areas in the most deprived fifth of Flintshire not only have a shorter lifespan, but also spend less of it in good health compared to those living in the least deprived fifth. There is a difference of 11 years of healthy life expectancy for females in Flintshire's most deprived areas when compared to the least deprived.
- 2.8.8 Women generally spend a lower proportion of their life in good health as a result of living longer, though in fact they have more years in good health than men.

Table 2.8.2: healthy life expectancy in years, for least and most deprived areas 2010-14

Source: Public Health Wales Observatory, using PHM & MYE (ONS), WHS & WIMD 2014 (WG)

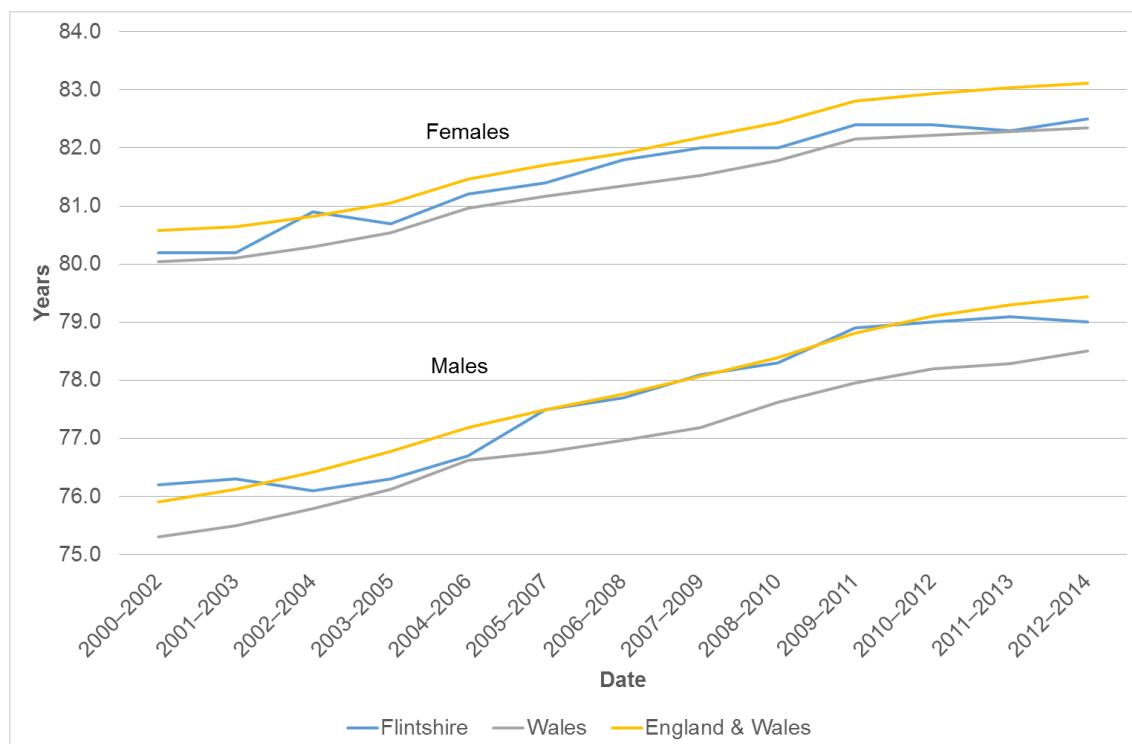
	Flintshire	Wales
Male	67.7	67.7
most deprived	61.1	56.9
least deprived	70.4	72.1
least-most difference	9.3	15.2
Female	68.9	66.7
most deprived	61.5	58.2
least deprived	72.5	73.0
least-most difference	11.0	14.9

How this compares with the past

2.8.9 Over time, life expectancy is improving for all groups in Flintshire. Male life expectancy has increased from 73.1 years in 1991-93 to 79.0 years in 2012-14 with female life expectancy rising from 78.8 to 82.3 in the same period.

Chart 2.8.1: life expectancy at birth

Source: period life expectancy tables, ONS



- 2.8.10 Despite overall increases in life expectancy, the gap between the proportion of life expected to be spent in good health in the most and least deprived areas has shown no clear sign of reducing in the last 10 years.

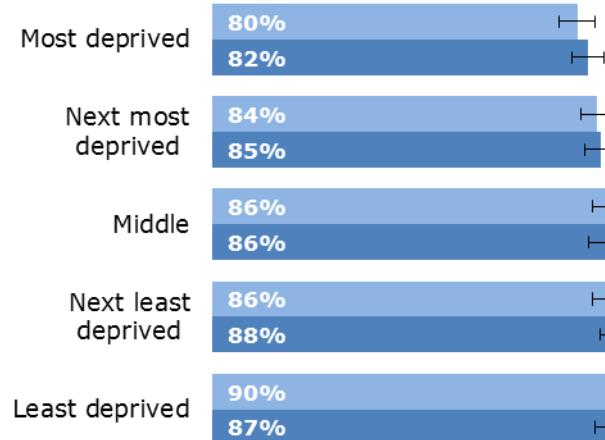
Chart 2.8.1: Percentage of life expectancy in good health by deprivation fifths, 2005-09 and 2010-14

Source: Public Health Wales Observatory, using PHM & MYE (ONS), WHS & WIMD 2014 (WG)

Flintshire

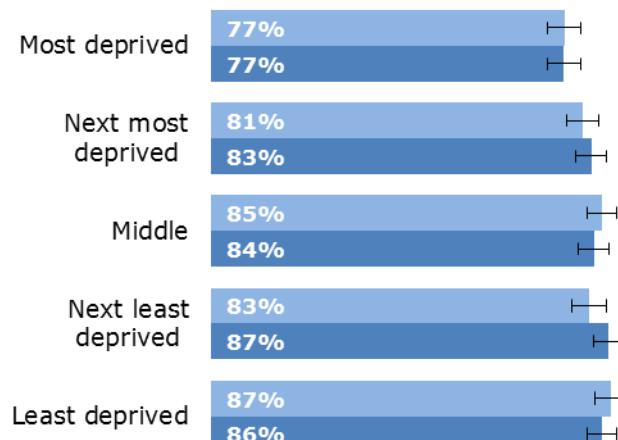
Male

■ 2005-09
■ 2010-14



Female

■ 95% confidence interval



- 2.8.11 Chronic health conditions have a big impact on healthy life expectancy. The number of people with chronic conditions who are registered with GPs in Flintshire increased in the five years between 2011 and 2016

- The number of patients registered with **hypertension** (high blood pressure) increased by 1,150
- The number of patients registered with **asthma** increased by 550
- The number of patients with **diabetes** also increased by about 1,400
- The number of patients with **coronary heart disease** fell by -150, but those with **heart failure** increased by 350
- The number of patients with **chronic obstructive pulmonary disease** (lung diseases including chronic bronchitis and emphysema) increased by about 400

What we know or predict about the future

- 2.8.12 Life expectancy is predicted to continue to improve, and the population of those aged 65 in Flintshire is expected to grow from 31,000 in 2015 to 46,100 by 2039⁴². Because most chronic health conditions are associated with older ages, we can expect the prevalence of chronic illnesses to increase in the same period. Improved life expectancies also mean that people with complex needs

are living longer than ever before, and this too could lead to increased demands on health and social care services, and on unpaid carers.

- 2.8.13 The long term upward trend in the proportion of people who are overweight or obese is also likely to cause a rise in chronic health problems, and this will impact on healthy life expectancies in the future (see [section 2.10 'Tackling obesity'](#) for more information)
- 2.8.14 Because the rate of improvement in healthy life expectancy has not increased as quickly as overall life expectancy, there is a danger that changes in state pension age will lead to a situation where instead of people retiring there will be more people on incapacity benefit as they are not well enough to remain in the workforce.

2.9 People make healthy lifestyle choices

Healthier

More equal

What is happening now

- 2.9.1 Health inequities are avoidable inequalities in health between groups of people. In its public health strategy 'Our Healthy Future' Welsh Government notes that "where such differences could be avoided, it is unfair and immoral that we tolerate them". Promoting healthy lifestyles helps to reduce health inequities, and cover four of the ten priorities identified in 'Our Healthy Future' (reducing smoking, increasing physical activity, reducing unhealthy eating, stopping the growing harm of alcohol and drugs).
- 2.9.2 Compared to other unitary authorities in Wales, the citizens of Flintshire are statistically more likely to make healthy lifestyle choices than the Welsh average, except for indicators concerning alcohol intake. However, significant improvement is still needed.
 - Around 58% of adults in Flintshire are overweight or obese – the level is Wales 58% (see [section 2.10 'Tackling obesity'](#) for more information).
 - 19% of the adults in Flintshire are smokers compared to 21% in Wales.
 - 33% of the adult population in Flintshire meet the recommended physical activity guidelines of five 30 minute exercise sessions a week, slightly above the Welsh average of 30%.
 - 35% of adults in Flintshire report eating the recommended 5 a day fruit or vegetable portions, above the Wales average of 32%.
 - 44% of adults in Flintshire reported drinking above the recommended guidelines at least once each week. 28% reported binge drinking at least once in the last week (Welsh figures = 41% and 25%)⁴³.
- 2.9.3 Referrals to health services for substance abuse (all types) in the area totalled nearly 1,550 in 2014/15. Per 100,000 population this gave a referral rate of 997 for Flintshire, compared to a Welsh average of 822. Flintshire is ranked 5th highest in Wales. We recognise that this does not reflect the many people who do not present themselves to the health service.
- 2.9.4 Drug abuse is sometimes very visible in public places and is of concern to the public, and has an impact on reported acquisitive crime. However, the number of

crimes committed and the people involved is quite small (26% of the public in the North Wales Police Force area reported high levels of perceived drug use despite an annual rate of only 2.06 crimes per thousand population⁴⁴). Of greater concern for health and wider community well-being are psychoactive substances and new novel drugs, which are not necessarily illegal). Addiction to prescription drugs is also an issue.

- 2.9.5 The biggest concerns about substance misuse are connected to alcohol. For alcohol specific hospital admissions, Flintshire has an age standardised rate of 318 admissions per 100,000 population in 2014/15⁴⁵. This ranks them as the fifteenth highest in Wales, and is below the Welsh average of 333 admissions. 44% of adults resident in Flintshire reported drinking above the recommended guidelines at least once each week, and 28% reported binge drinking at least once in the last week⁴⁶.
- 2.9.6 Internationally, alcohol is estimated to result in approximately 3.3 million deaths each year, which arise from over 200 diseases and injury related conditions that are wholly or partly caused by alcohol^{47 48}. Some studies also suggest that the likelihood of obesity can be higher in binge drinkers and heavy drinkers than in other people, but that this may be due as much to adverse behaviours including poor diet, unhealthy weight control, body dissatisfaction and sedentary lifestyles as to the calorific intake from alcohol.
- 2.9.7 Until recently, research on the burden of alcohol has focused predominantly on the harms experienced by drinkers themselves. However, there is growing recognition of the harms that an individual's alcohol consumption can place on those around them including family members, friends, co-workers and strangers⁴⁹.
 - These harms include alcohol-related violence and aggression (including domestic and nightlife violence); neglect, abuse or exploitation (including children); criminal behaviour (property damage and theft to support drinking habits); unintentional injury (e.g. road traffic crashes); and even foetal alcohol spectrum disorder.
 - People can also experience harm to their mental health and well-being, through anxiety about behaviours of drinkers', including fear of assault and sleep disturbance. Care burdens and worries about family/household finances arising from alcohol addiction.
 - Six in ten (59.7%) adults in Wales have experienced harms due to someone else's drinking in the last 12 months. Nationally, this is estimated to be equivalent to 1,460,151 people aged 18 years and older.
 - The Crime Survey for England and Wales estimated that in 2013/14 just over half (53%) of all violence was perpetrated by someone who was under the influence of alcohol
- 2.9.8 Parental substance misuse, including alcohol, can cause considerable harm. Children are at risk from emotional and physical neglect as they grow up, including basic necessities like the provision of a decent diet. Many children end up providing both practical and emotional care for their parents (and possibly siblings), often from a very young age. This includes protecting their parents from harm, and looking after the home. They also risk developing emotional and social problems later in life, including a higher than average likelihood of developing mental health and substance misuse issues themselves.
- 2.9.9 Figures produced by the Children's Commissioner for England in 2012⁵⁰ estimate that across the UK:

- between 3.3-3.5 million children – around 30% of all aged under 16 – live with at least one parent who is a binge drinker. (Binge drinking: 6 or more units on a single occasion for women; 8 for men)
 - 8% live with at least two binge drinkers (just over 950,000 children). 4% live with a lone parent who is a binge drinker (just under 460,000 children);
 - 2% live with a hazardous drinker which over 2.5 million children including about 93,500 babies aged under 1 (Hazardous drinking: a pattern that increases the risk of harmful consequences to the user or others)
 - 2.5% live with a harmful drinker - about 299,000 children including 31,000 babies) (Harmful drinking: results in consequences for physical and mental health.) 6% live with a dependent drinker (over 700,000 children)
 - 4% live with a problem drinker who has co-existing mental health problems (approximately 500,000 children)
- 2.9.10 Alcohol and drug use can be contributory factors in susceptibility to injury or death from fire in the home. Many substances affect people's ability to judge and react to danger – cooking after drinking alcohol can be a specific risk, for example. Alcohol interferes with normal response, impairs judgement, decreases perception and, in sufficient quantity, can lead to unconsciousness. Medication or illegal drugs can have similar effects, and a combination of drugs and alcohol can make people particularly vulnerable.
- 2.9.11 Substance abuse is sometimes a self-medication response to mental health issues and often goes hand in hand with depression and anxiety disorders. A lack of co-ordination between health, social care and other welfare providers (e.g. social housing) can cause compound problems for sufferers, their family, friends and the community they live in, and for the service providers.

How this compares with the past

- 2.9.12 Compared to when the Welsh Health Survey first started looking at these issues at a local authority level:
- obesity levels have risen since 2003/4 (see [section 2.10 'Tackling obesity'](#) for more information).
 - the proportion of adult smokers has fallen (since 2003/04)
 - physical activity levels are similar to those reported in 2003/04
 - the proportion of adults reporting eating the recommended 5 a day fruit or vegetable portions have fallen slightly when compared to 2008/09 (earliest period for which data is available)
 - levels of both drinking above the recommended guidelines at least once a week and binge drinking have fallen by 3 percentage points since 2008/09, though levels of binge drinking have seen no change.

What we know or predict about the future

- 2.9.13 Prevention of health harming behaviour and promotion of healthy behaviour is a priority. However, support for those with unhealthy lifestyles, in particularly obesity and alcohol misuse, also needs to be provided.

- 2.9.14 The cost of physical inactivity to Wales is estimated to be £650 million per year⁵¹. As well as helping to reduce levels of obesity, increasing levels of physical activity has beneficial consequences in terms of increasing peoples' healthy lifespans. It is widely recognised that several of the key health issues faced by Wales (and other countries) are considered to be 'preventable' (Chief Medical Officer Annual Report 2013-14 & 2014-15). These include many of the chronic conditions that insufficient physical activity contributes to, such as cardiovascular disease, Type 2 diabetes, chronic kidney disease, some cancers, osteoporosis and arthritis.
- 2.9.15 Use of the natural environment to help improve physical fitness and reduce obesity can support social resilience by providing opportunities for interaction and engagement. This helps build social cohesion, along with improving mental well-being and increased physical activity, both of which are of particular benefit in more deprived areas, where social resilience is often at a lower level.
- 2.9.16 In the model for tackling substance misuse which is presented below, every aspect is important. While we have been good at treatment and support, there is a recognised need to improve early intervention, prevention and also recovery.



- 2.9.17 Recovery is about getting people self-sufficient and no longer dependent on the public services. Continuing support through recovery and beyond – perhaps from the volunteer sector – is essential to help avoid the revolving door syndrome of treatment-recovery-relapse, and in helping people become fully functioning members of the community.

2.10 Tackling obesity (including childhood obesity)

Healthier

More equal

What is happening now

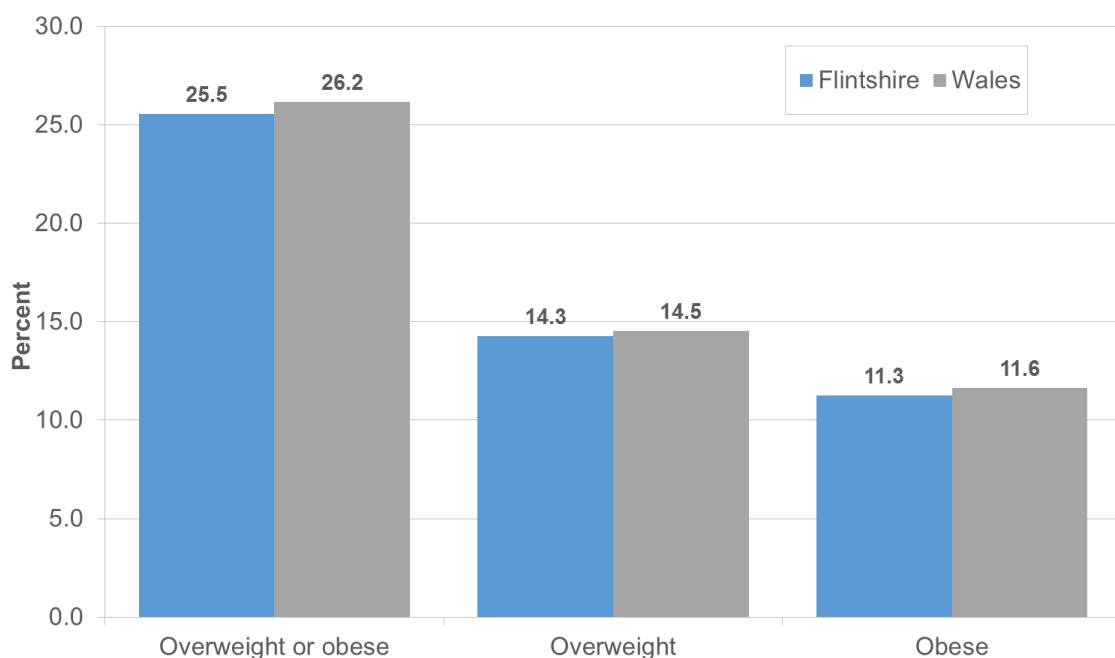
- 2.10.1 Research has suggested that being overweight or obese in childhood is linked to immediate and long-term physical and mental health risks. Mental health risks can arise from body dissatisfaction, social discrimination, low self-esteem and low quality of life⁵². Obese children rate their personal well-being low, because of

problems such as bullying at school, fatigue and difficulties in doing physical activities⁵³.

- 2.10.2 Wales has the highest level of childhood obesity in the UK. 34% of children are currently classified as overweight or obese, including 19% as obese. The evidence is clear that this problem will continue and increase unless action is taken now to address this trend. The UK Government's Foresight Programme suggested that 25% of all children under 16 could be obese by 2050⁵⁴.
- 2.10.3 We don't have local level data to see how we fare by this measure. However, in 2014/15,
- 25.5% of 4-5 year old children in Flintshire were found to be obese or overweight – a total of about 426 children. This was lower than the all-Wales percentage of 26.2% (England = 21.9%). Of these, 188 (11.3% of all children) were obese and 238 (14.3%) were overweight but not obese. (Wales = 11.6% obese, 14.5% overweight but not obese)⁵⁵.
 - Girls aged 4-5 in Flintshire are more likely to be obese or overweight than boys of the same age.

Chart 2.10.1: children aged 4-5 who are overweight or obese, 2014-15

Source: Childhood measurement programme, Public Health Wales



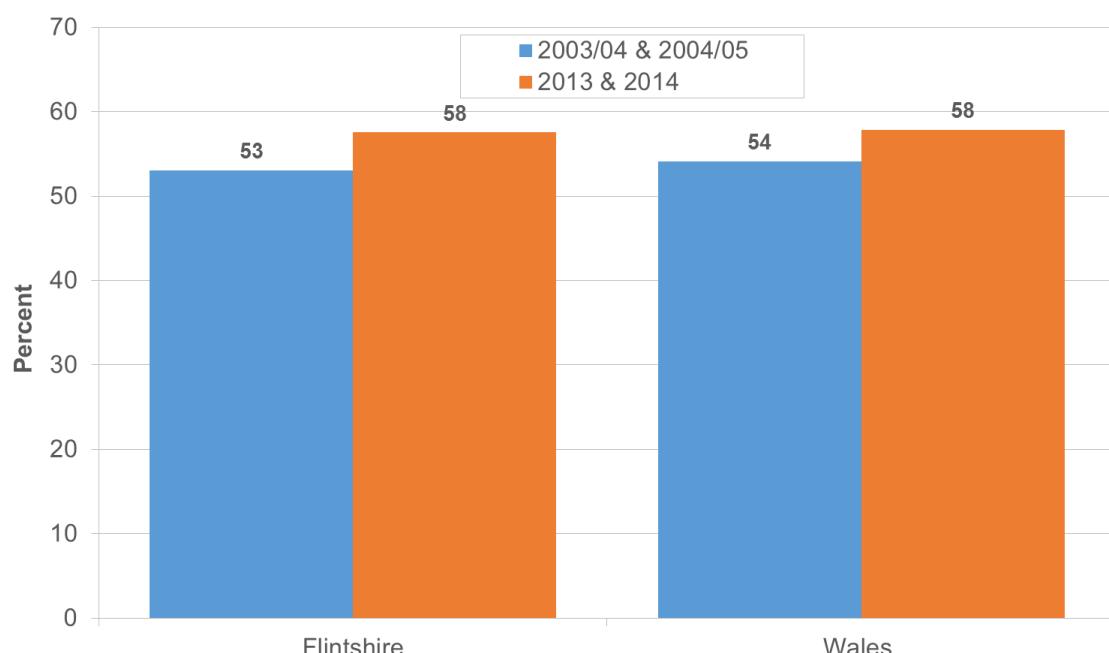
- 2.10.4 Adult obesity is also an increasingly common problem because for many people modern living involves eating excessive amounts of cheap, high-calorie food and spending a lot of time sitting down, at desks, on sofas or in cars.
- 57.5% of adults are obese or overweight in Flintshire⁵⁶. This compares to 57.8% as a Welsh average (England = 60.5%).
 - Of these, 20.1% were obese and 37.4% were overweight but not obese. (Wales = 22.3% obese, 35.5% overweight but not obese).

How this compares with the past

- 2.10.5 Since 2011-12, there has been no statistically significant change in overweightness and obesity levels amongst 4-5 year olds. Levels of obesity have risen slightly, but fell slightly for those who are overweight but not obese – 15.0% of 4-5 year olds were overweight in 2011-12, and 10.9% were obese (25.9% combined).
- 2.10.6 Despite active campaigning on healthy lifestyles from the public sector and its partners in Wales, the proportion of adults who are overweight or obese has increased over the past decade.

Chart 2.10.2: adults who were overweight or obese (age-standardised)

Source: Welsh Health Survey



What we know or predict about the future

- 2.10.7 Obesity reduces life expectancy by an average of 3 to 10 years, depending on how severe it is. It is estimated that obesity and being overweight contribute to at least 1 in every 13 deaths in Europe⁵⁷. Obesity tends to be a socially unequal health issue, affecting lower socio-economic groups disproportionately. If it is not challenged it will increase health inequalities.
- 2.10.8 As well as causing physical changes to the body which affect general fitness and mobility, being obese or overweight increases the likelihood of suffering from life threatening illnesses such as type 2 diabetes, coronary heart disease, some cancers (for example breast and bowel cancer), asthma, high blood pressure, high cholesterol and strokes. Obesity can also affect quality of life and lead to psychological problems, such as depression and low self-esteem. This all leads to increased pressure on health and care services.

- 2.10.9 The fact that the trend is towards increased obesity despite years of active and prominent healthy lifestyle promotion is very worrying.

2.11 Supporting those with poor mental health

Healthier

More equal

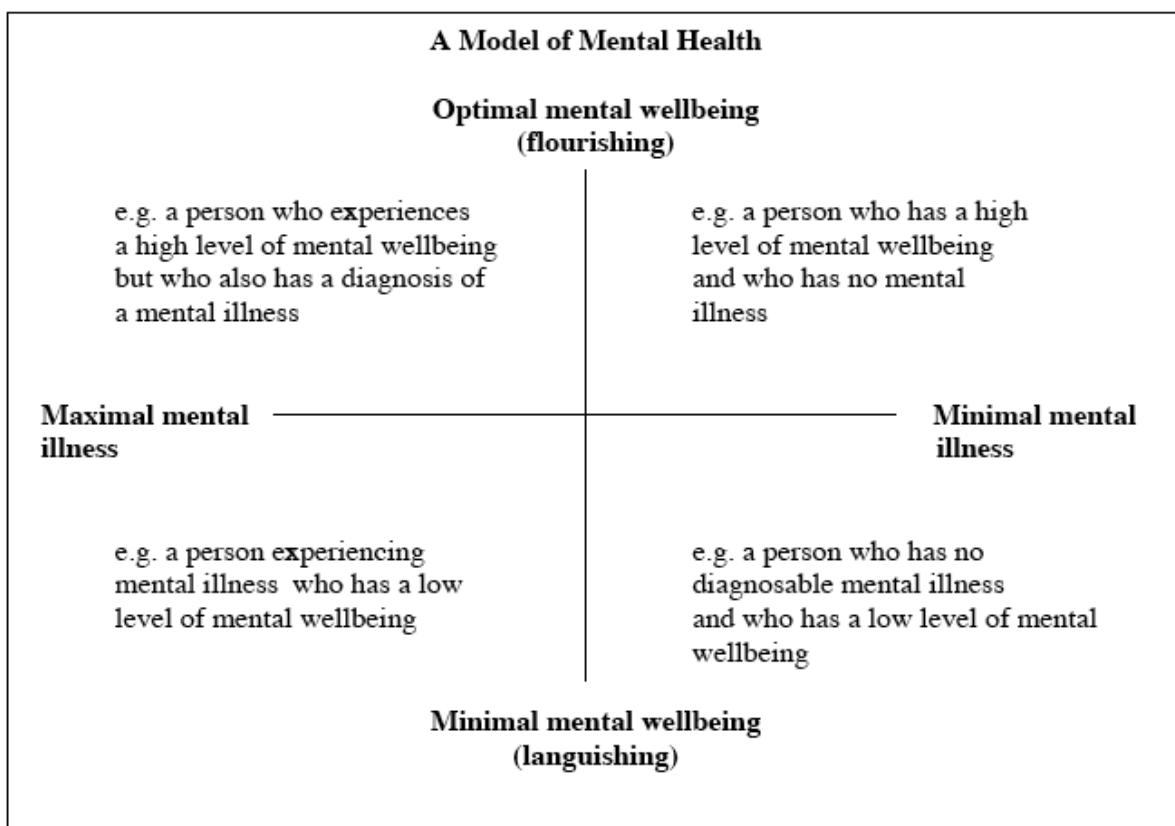
Cohesive

What is happening now

- 2.11.1 The World Health Organisation (2014) has defined mental health as:
- ‘a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community’
- 2.11.2 Feelings of well-being and life satisfaction are linked with good health. Positive feelings about one’s life (self-esteem, control, resilience and a sense of purpose) influence levels of mental well-being, which in turn impact on physical and mental health. Being in good mental health (especially early in life) can reduce inequalities, improve physical health, reduce health-risk behaviour and increase life expectancy (one study⁵⁸ found by 7.5 years), economic productivity, social functioning and quality of life⁵⁹. Positive mental health reduces the incidence and impact of mental illness. Good mental health and personal resilience protect against self-harm and suicide.
- 2.11.3 Mental health problems range from the worries we all experience as part of everyday life to serious long term conditions. They can start early in life, often as a result of deprivation including poverty, insecure attachments, trauma, loss or abuse. Risk factors for poor mental health in adulthood include unemployment; lower income; debt; violence; stressful life events; and inadequate housing.⁶⁰
- 2.11.4 Risk factors for poor mental health disproportionately affect people from higher risk and marginalised groups. Higher risk groups include looked-after children; children who experienced abuse; black and ethnic minority individuals; those with intellectual disability; homeless people; new mothers; lesbian, gay, bisexual and transgender people; refugees and asylum seekers and prisoners.⁶¹
- 2.11.5 People with mental health problems can enjoy good mental well-being, while some people without a diagnosed mental health problem may have poor mental well-being. The mental health and well-being of individuals can be improved by increasing emotional resilience through interventions designed to promote self-esteem and life coping skills across all stage of life, from infancy to old age. This is outlined in figure 2.11.1.
- 2.11.6 A person’s mental health can impact on physical well-being. For example current research suggests that smoking 20 cigarettes a day can decrease life expectancy by an average of ten years. While the prevalence of smoking in the total population is about 20 to 25 percent, the prevalence among people with schizophrenia is approximately three times as high – or almost 90%, and approximately 60% to 70% for people who have bipolar disorder. Mortality rates for people with Schizophrenia and bipolar disorder show a decrease in life expectancy of 25 years, largely because of physical health problems.⁶² Obesity, poor diet and an inactive lifestyle are also contributory factors associated with severe mental illness and poor physical health.

Figure 2.11.1: the dual continuum model of mental health

Source: adapted from K. Tudor, 'Mental Health Promotion: Paradigms and Practice', 1996



- 2.11.7 Poor mental health has been reported as an amplifying factor in a range of areas of public sector work that have been discussed whilst consulting with service providers across North Wales during the preparation of this well-being assessment. These include helping families in difficulty, homelessness presentations, incidents of domestic abuse, substance misuse cases, reports of anti-social behaviour, dealing with poor parenting skills, and supporting people into work. A lack of co-ordination between health, social care and other welfare providers (e.g. social housing) can cause compound problems for sufferers, their family, friends and the community they live in, and for the service providers.
- 2.11.8 Some types of behaviour arising from poor mental health can specifically increase the risk of fire incidents and decrease the person's ability to escape safely. Compulsive behaviours such as hoarding and or blocking up doors and windows cause fire hazards for example. The social isolation that can be associated with poor mental health increases the risk of a fire starting or spreading unnoticed, and also reduces the person's chances of escaping unharmed.

- 2.11.9 An estimated 1 in 4 people in the UK will experience a mental health problem each year⁶³. The most commonly reported mental health issues are anxiety and depression.

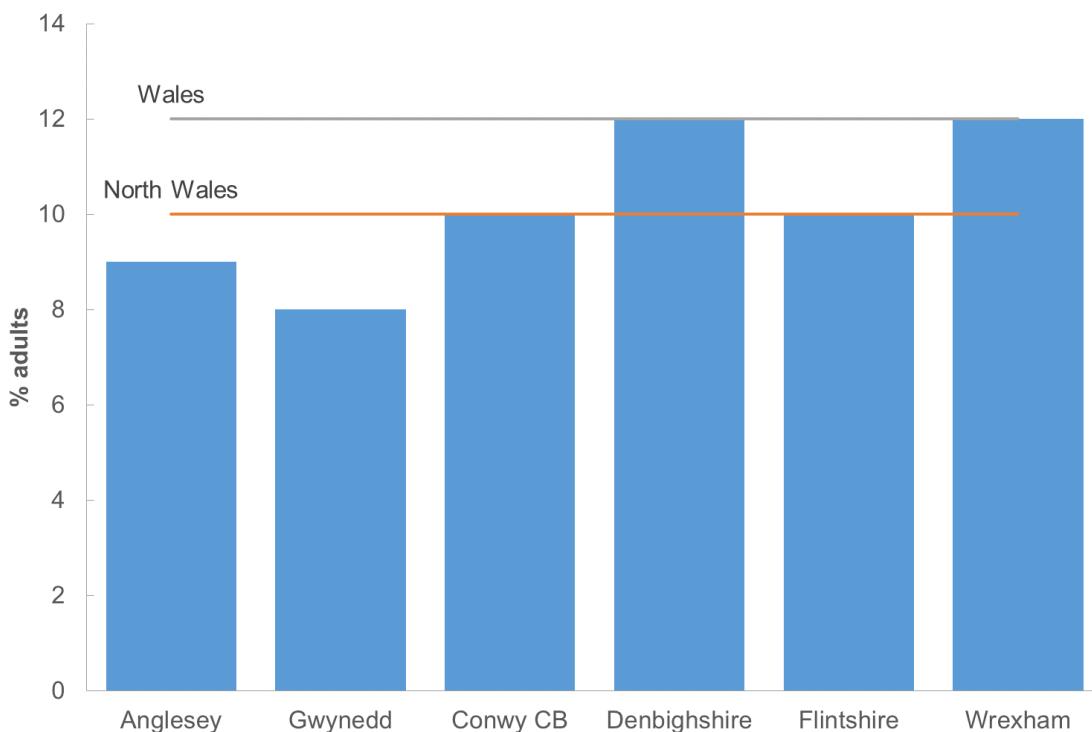
Depression	2.6 in 100 people
Anxiety	4.7 in 100 people
Mixed anxiety and depression	9.7 in 100 people
Phobias	2.6 in 100 people
OCD	1.3 in 100 people
Panic disorder	1.2 in 100 people
Post-traumatic stress disorder	3.0 in 100 people
Eating disorders	1.6 in 100 people

- 2.11.10 Severe mental illness is a term used for longstanding conditions. There are many types of mental illness but the easiest way of defining them are as either psychotic or neurotic. Most conditions fit into either of these categories. Their occurrence is measured as a lifetime likelihood.

Personality disorder	3 to 5 people in every 100
Bipolar disorder	1 to 3 people in every 100
Schizophrenia	1 to 3 people in every 100

Chart 2.11.1: percentage of adults (aged 16+) reporting being currently treated for a mental illness

Source: Welsh Health Survey 2013-14, Welsh Government



- 2.11.11 The Welsh Health Survey reports on mental health, and for 2013/14 the mental health component score for Flintshire was 50.3 – better than the Welsh average of 49.5. A higher score indicates better mental health.

- 2.11.12 About 10.3% of Flintshire's population report being treated for a mental illness. The Welsh average is about 12%.
- 2.11.13 A fifth of the NHS expenditure for Wales is on mental health services. A large proportion of attendances at Emergency Departments and general admissions to hospital are related to mental health problems. In 2013/14, there were almost 10,300 admissions to mental health facilities in BCUHB; just over 8,600 were informal admissions and around 1,690 were formal admissions (detained under a section of the Mental Health Act 1983 or other legislation).
- 2.11.14 Suicide and self-harming are usually a response to a complex series of factors that are both personal and related to wider social and community influences. The likelihood of suffering from this sort of mental illness is measured as a lifetime likelihood.

Suicidal thoughts	17 in 100 people
Self-harm	3 in 100 people

- 2.11.15 There is therefore no single reason why someone may try to take their own life. Suicide is best understood by looking at each individual, their life and circumstances. A summary of evidence on suicide prevention cited a number of factors associated with an increased risk of suicide including gender (male); age (15 to 44 year olds); socio-economic deprivation; psychiatric illness including major depression; bipolar disorder; anxiety disorders; physical illness such as cancer; a history of self-harm and family history of suicide.⁶⁴
- 2.11.16 Flintshire has a suicide rate of 9.9 per 100,000 population, compared to a Wales average of 9.2.
- 2.11.17 Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress. It is an area of growing concern, particularly amongst children and young people. The different ways people can intentionally harm themselves include cutting or burning their skin; punching or hitting themselves; poisoning themselves with tablets or toxic chemicals; misusing alcohol or drugs; deliberately starving themselves (anorexia nervosa) or binge eating (bulimia nervosa); excessively exercising.
- 2.11.18 The number of self-harming assessments for children and young people in North Wales has more than doubled between 20012/13 and 2015/16⁶⁵. Over half of people who die by suicide have a history of self-harm.

How this compares with the past

- 2.11.19 Mental health component scores appear to be on a slight downward trend, but have been consistently above the Welsh average.
- 2.11.20 MIND estimates⁶⁶ that the overall number of people with mental health problems has not changed significantly in recent years, but worries about things like money, jobs and benefits can make it harder for people to cope.

Table 2.11.1: mental component summary score

Source: Welsh Health Survey, Welsh Government

	2009/10	2010/11	2011/12	2012/13	2013/14
Flintshire	51.3	50.6	50.4	50.7	50.3
North Wales	50.8	50.7	50.6	50.4	50.5
Wales	49.9	49.8	49.7	49.6	49.5

Higher scores indicate better health

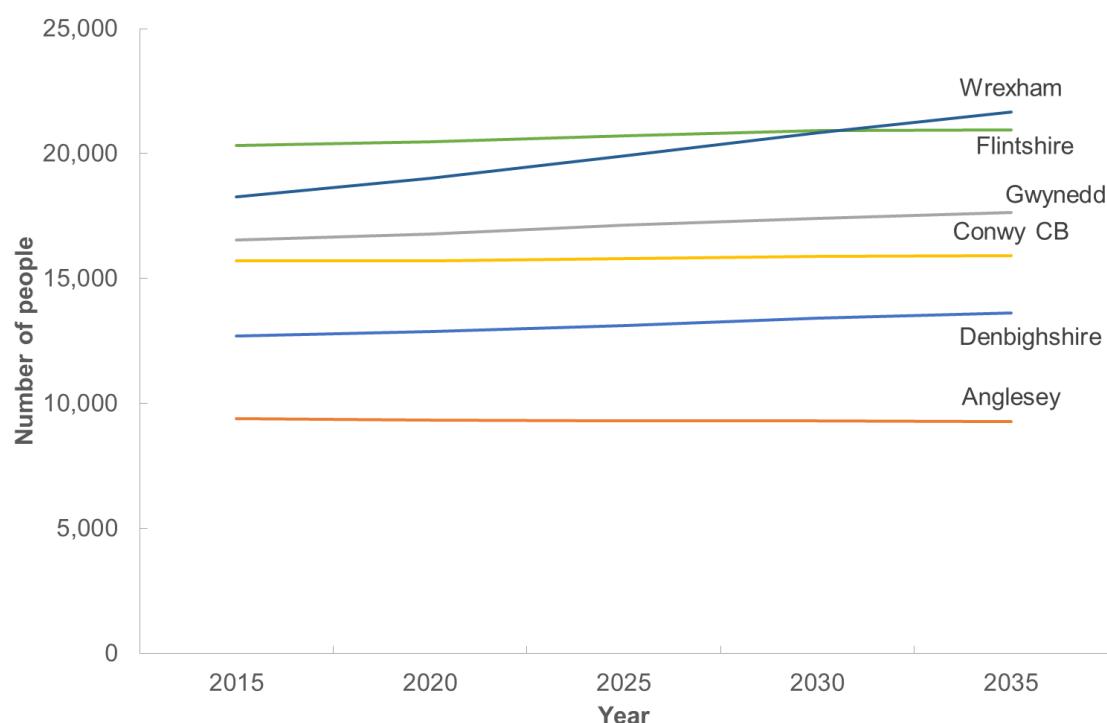
Numbers have been rounded so may not sum

What we know or predict about the future

- 2.11.21 Mental health is a fundamental element of resilience, health assets, capabilities and positive adaption to enable people to cope, to flourish and to experience good health and social outcomes.
- 2.11.22 Improved mental health brings significant benefits for health and quality of life, for individuals and for communities: these benefits are not only or necessarily the result of the absence of mental illness, but are due to aspects of positive mental health.
- 2.11.23 The number of people with mental health problems is likely to increase across North Wales in the next 20 years. Prevalences from the Welsh Health Survey can be used to predict how the total number of people with common mental health problems will change. For Flintshire the number is forecast to increase from 20,000 to 21,000 between 2015 and 2035.

Chart 2.11.2: Number of people aged 16 and over predicted to have a common mental health problem, North Wales, 2015 to 2035

Sources: 2011-based population projections, Welsh Government, Daffodil database, Institute for Public Care



- 2.11.24 The estimated prevalence of mental health problems generated by the Adult Psychiatric Morbidity Survey and the Welsh Health Survey is over twice the estimate of people who report being treated for a mental health problem. This suggests that there could be many affected people in the population who are not seeking help for various reasons.
- 2.11.25 Services report an increase in more complex issues as a consequence of deprivation, adverse childhood experiences and substance misuse. They also report an increase in people with diagnosis of personality disorder but it's not clear whether this is an increase due to social reasons or a change in the way the disorder is diagnosed.
- 2.11.26 Because poor mental health impacts across such a wide range of public service delivery, cross-agency approaches are needed to help those with poor mental health. In particular a joined-up approach would help prevent people from falling through the support gaps which can exist between the trigger points for different levels or types of support.

2.12 Increasing pressures on the health and social care sector

Resilient **Healthier** **More equal** **Cohesive**

What is happening now

- 2.12.1 Many of the issues discussed elsewhere in this assessment, such as the ageing population, increasing number of carers, social isolation and living in deprivation, are increasing the pressure on public services. Changes within the health and social care sectors in particular are being driven by demographic change (increased demand for care), social and political factors (including the push for resource efficiency), technology and innovation (advances in treatments and opportunities for patients manage their own health), and growing patient and service user expectations. These drivers are generating skills and performance challenges in all of the key health and social care occupations, as the sector responds to changing demands.

Table 2.12.1: doctors employed in general practice in North Wales, May 2016

Source: Betsi Cadwaladr University Health Board

	All GPs	Salaried GPs*		Aged 56+		Aged 51-55	
		Number	%	Number	%	Number	%
West	136	12	9%	25	18%	22	16%
Central	132	24	18%	22	17%	29	22%
East	176	26	15%	39	22%	30	17%
North Wales	444	62	14%	86	19%	81	18%

* Salaried GPs do not include locum GPs, GPs on the returner scheme, and GP retinenees.

- 2.12.2 North Wales is experiencing on-going and significant recruitment difficulties for both GPs and nurses. These problems are exacerbated by the rural nature of the

- area, but are also evident in the urban coastal towns. This has been identified as a significant short and long term risk to the provision of primary care services.
- 2.12.3 Recruitment problems become even more worrying when you consider the age profile of the current workforce. Data collected in May 2016 shows that 19% of the GPs in North Wales and 22% in BCUHB East area (Wrexham and Flintshire) are over the age of 55. The potential for these GPs to retire early has increased following changes to pension legislation, which benefits highly paid individuals to take early retirement.
 - 2.12.4 Details of the demand on the Emergency Department (formerly called Accident and Emergency) at the main hospitals, including Glan Clwyd, Gwynedd and Wrexham Maelor has been included because of the high public interest around waiting times and the potential for the public sector to work together in a different way to reduce this demand.
 - 2.12.5 Research and analysis is still ongoing to properly understand this trend, but there are concerns around whether the needs of these patients could have been met in a different way, reducing the pressure on the Emergency Departments (ED).
 - 2.12.6 Across the three main hospital sites in North Wales, 248 people were found to have attended more than 10 times in a 12 month period, with some patients attending a very large number of times. This raises questions around whether all of these attendances needed services from ED.
 - 2.12.7 This is supported by data produced by Betsi Cadwaladr University Health Board (BCUHB), looking at the proportion of attendances at Hospital Emergency Departments where it was deemed necessary that further admittance was necessary for additional treatment or investigations. Across North Wales, the number admitted was found to be under 30% between April and September 2016. While it is accepted that a proportion of attendances will be discharged, such a low proportion appears to support the premise that many of these needs could perhaps have been met in a different way.

How this compares with the past

- 2.12.8 Between 2012 and 2015 North Wales had a net loss of nearly 400 nursing home placements (taking account of some new homes built, but a large number closing down). Research has shown that around 94% of the residential care homes in the area are independent in the private sector and the majority of these homes are operated as independent single businesses with only a small number operating as a group of homes. This makes them more vulnerable to changing market conditions. In many cases they closed because they found it too difficult to recruit nurses or found it financially unsustainable to offer nursing care for the fees paid by statutory commissioners.
- 2.12.9 While the number of people attending at Wrexham Maelor Hospital emergency department has remained fairly constant, the number and proportion who have been seen within 4 hours has seen significant decline.

Chart 2.12.1: people attending Wrexham Maelor Hospital emergency department between Oct 2009 and Sep 2016 and the number who were seen within 4 hours
 Sources: performance against 4 hour waiting times target by major hospital, StatsWales

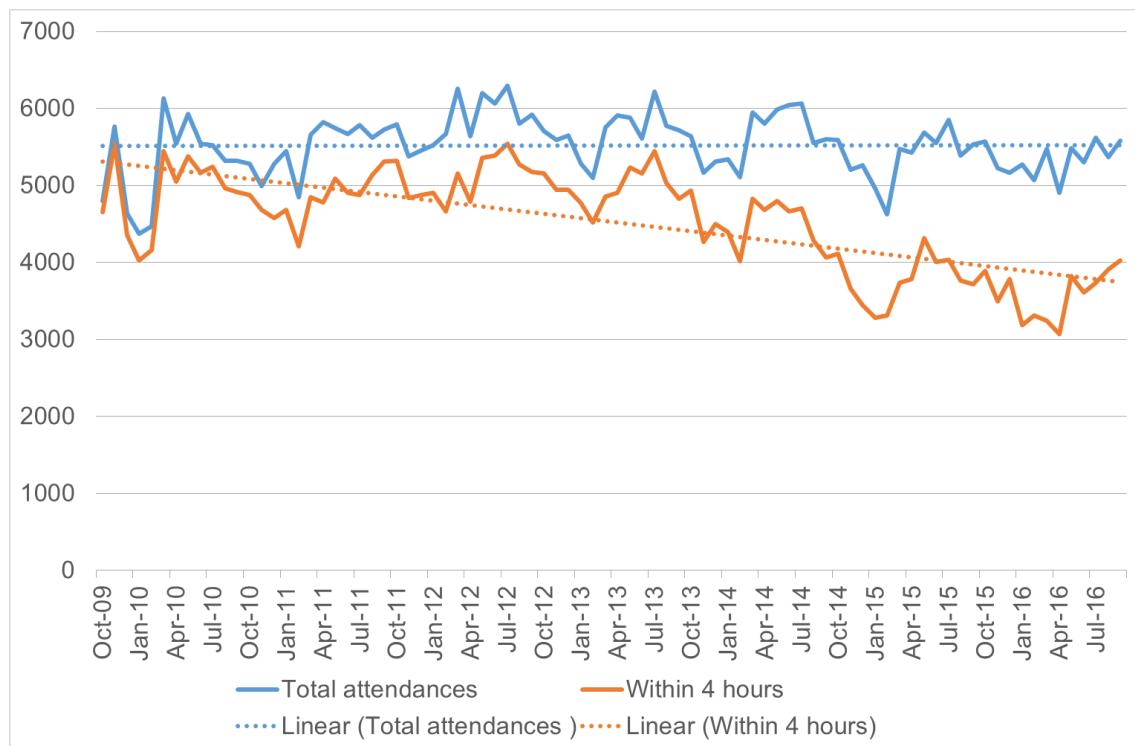
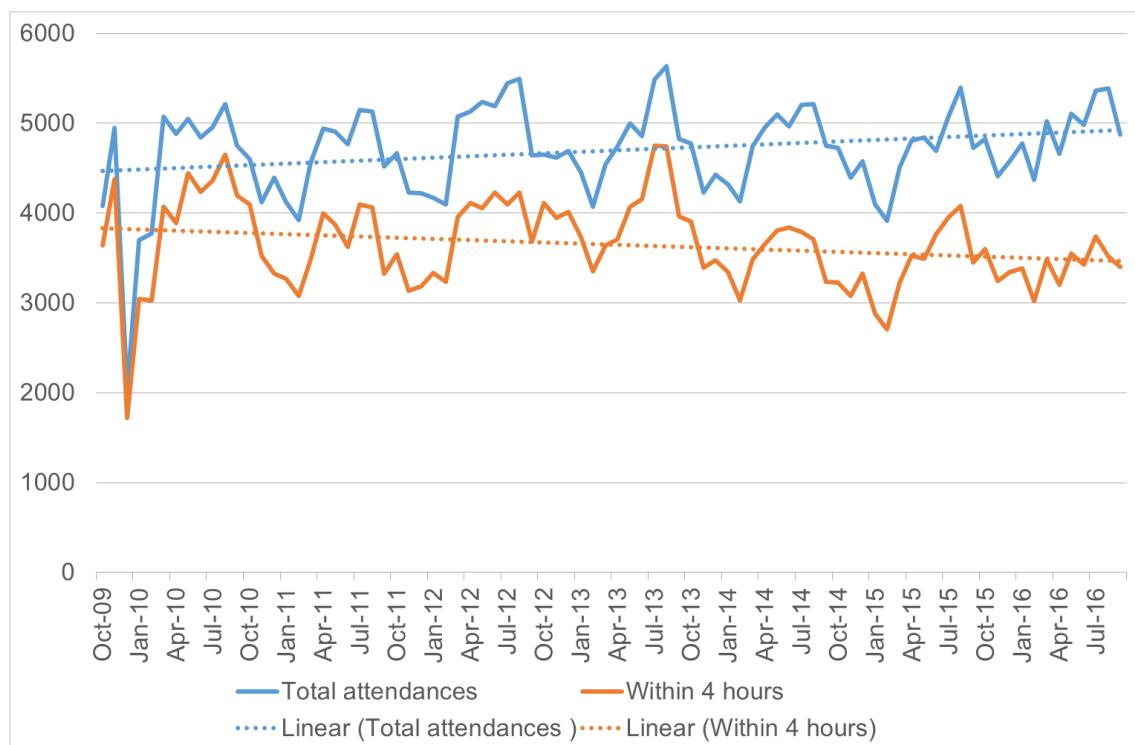


Chart 2.12.2: people attending the emergency department at Glan Clwyd Hospital between Oct 2009 and Sep 2016 and the number who were seen within 4 hours
 Sources: performance against 4 hour waiting times target by major hospital, StatsWales



- 2.12.10 While there are obvious season trends in the number of people attending at Glan Clwyd Hospital emergency department, there is a steady increase in the overall number of people using this service. The impact of this rising demand can clearly be seen in the decreasing number and proportion who have been seen within 4 hours.

What we know or predict about the future

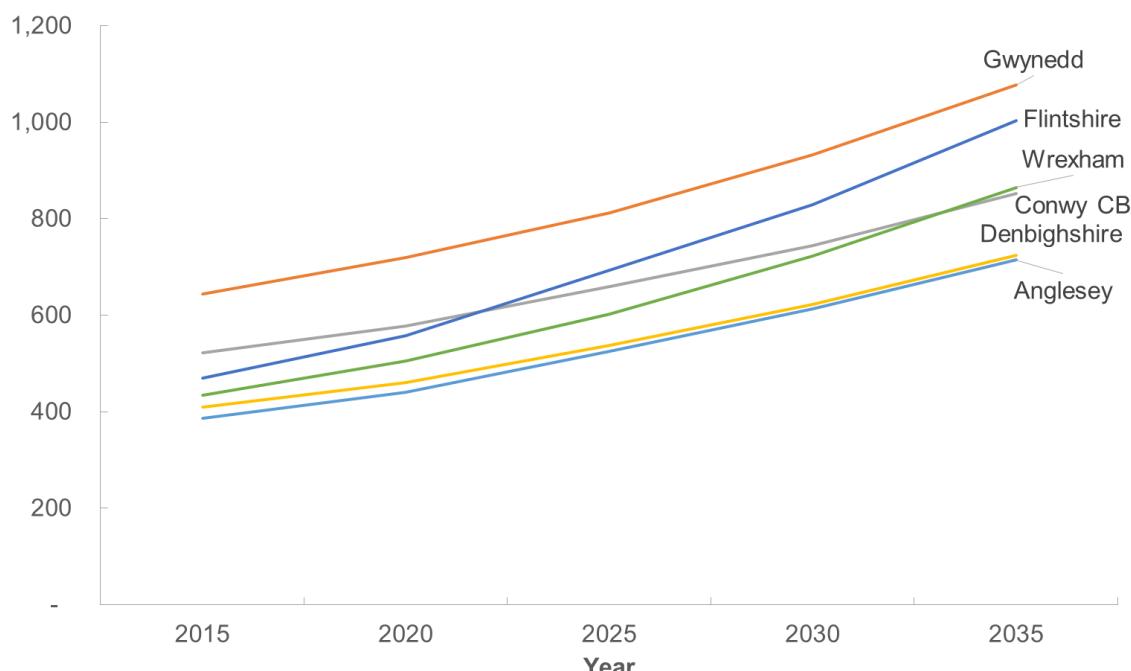
GPs and nurses

- 2.12.11 The number of places for training for GPs, nurses and allied health professionals is not sufficient to meet the requirements across the whole of the UK, as well as North Wales. The Welsh GP trainee system which sources trainees from Cardiff Medical School struggles to meet the workforce demands of the North Wales Primary Care workforce economy. Good relationships exist with the North West, both in Liverpool and Manchester Medical Schools, which could be developed further. The development of the emergent medical school in Chester may also prove beneficial.
- 2.12.12 In addition to current recruitment and retention initiatives for GPs, the Welsh Government has recently announced the introduction of financial incentives for GP trainees, which include financial support for certain assessment costs and a bursary scheme for trainees who agree to remain in the area during training and for a year of practice thereafter.

Residential and nursing care

Chart 2.12.3: predicted number of people aged 65+ receiving residential based services

Sources: 2011-based population projections, Welsh Government, Daffodil database, Institute for Public Care



2.12.13 The number of people aged 65 and over who receive residential based services is expected to almost double by 2035 as shown below. This is a result of both the ageing population and the increasing number of people with complex care needs such as dementia. The number receiving standard residential care services is expected to decrease or stay the same, but the number requiring specialist nursing care is expected to show significant increase.

Table 2.12.2: expected shortfall in residential and supported housing places by 2030

Source: SHOP@ tool

	Residential care home	Nursing care home	Sheltered housing	Housing with care
Flintshire	326	686	-352	657
North Wales	392	2,154	2,185	2,774

2.12.14 The Housing Learning and Information Network has developed a tool to support commissioners and planners to anticipate demand for different types of accommodation with support. The SHOP@ tool predicts that by 2030, there will be an oversupply in Flintshire of sheltered housing places and under supply of residential care, nursing home and housing with care across the area. This suggests there is potential for future employment growth in this sector.

2.13 Emerging threats to health and well-being

Resilient

Healthier

Global

What is happening now

2.13.1 This area of assessment is one that needs further work and is currently a knowledge gap. It has been identified as an area of concern through consultation with partners in Public Health Wales.

2.13.2 Emerging threats to health and well-being which are of specific concern are:

- developing resistance to antibiotics and other drugs and medicines.
- the potential for the rapid spread of infectious diseases in an increasingly interdependent and interconnected world (pandemics).
- the potential impact of climate change and extreme weather events on public health.

2.13.3 The World Health Organisation states that⁶⁷:

“Today’s highly mobile, interdependent and interconnected world provides myriad opportunities for the rapid spread of infectious diseases, and radio-nuclear and toxic threats ... Infectious diseases are now spreading geographically much faster than at any time in history. It is estimated that 2.1 billion airline passengers travelled in 2006; an outbreak or epidemic in any one part of the world is only a few hours away from becoming an imminent threat somewhere else ... Since the 1970s, newly emerging

diseases have been identified at the unprecedented rate of one or more per year. There are now nearly 40 diseases that were unknown a generation ago.”

- 2.13.4 Some of these diseases are prone to becoming epidemic or pandemic, and would pose a risk to future generations. In the response to infectious diseases, both old ones and new emerging ones, one crucial aspect is having effective anti-microbial treatments, such as antibiotics and anti-viral medicines. The Welsh Antimicrobial Resistance Delivery Plan (April 2016) states that⁶⁸: “Antimicrobial resistance (AMR) is one of the greatest health threats to humans and animals. The problem has been building over decades so that today many common and life-threatening infections are becoming difficult – or even impossible – to treat”
- 2.13.5 Although these threats are likely to originate elsewhere, the response to an epidemic or pandemic relies on rapid assessment and response to limit local spread. Multi agency emergency response systems are in place and regularly tested and updated by all organisations likely to be involved. However, in a serious epidemic or pandemic situation, all organisations should have plans in place for business continuity when many of their staff and service users are likely to be affected. A failure to develop and test plans could lead to a greater mortality and distress, and have a wide ranging impact on many other vital services on which people depend.

2.14 Tackling domestic abuse

Healthier

More equal

Cohesive

What is happening now

- 2.14.1 The UK Government definition of domestic violence and abuse is:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Financial
- Physical
- Emotional
- Sexual

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

- 2.14.2 Domestic abuse has a significant impact on the health and well-being of victims both in the immediate and longer term, continuing even after the relationship has

ended. The psychological consequences of violence can be as serious as the physical effects. Exposure to violence leads to poorer physical health overall compared with women who have not experienced violence, and it increases the risk of women developing a range of health problems.

- 2.14.3 Children who live in homes where there is domestic abuse grow up in an environment that is unpredictable, filled with tension and anxiety and dominated by fear. This can lead to significant emotional and psychological trauma. They are also at risk of physical harm themselves, either when caught in the middle of an assault or as direct victims of abuse themselves. Dealing with the effects of exposure to domestic abuse is a significant element of work around mitigating adverse childhood experiences (see [section 2.1 'Giving every child a 'best start'](#) for more information).
- 2.14.4 Domestic abuse is recognised as a child protection matter. The definition of 'harm' in the Children's Act includes exposure to witnessing the mistreatment of another. Around 18% of 11 to 17 year olds have been exposed to domestic abuse between adults in the home⁶⁹ and domestic abuse was identified as a risk factor in 54% of serious case reviews undertaken between 2011 and 2014 by social services in England⁷⁰.
- 2.14.5 A considerable proportion of safeguarding children and adults work relates to the abuse or neglect of people with care and support needs who are living in their own homes. Domestic abuse is most commonly thought of as violence between intimate partners, but it can take many other forms and be perpetrated by a range of people. Much safeguarding is therefore also related to domestic abuse.
- 2.14.6 An estimated 1 in 4 women experience violence in their lifetime and 1 in 6 men. About 8.5% of women and 4.5% of men report having experienced domestic abuse in the previous year⁷¹. This is equivalent to an estimated 16,000 female victims and 8,000 male victims in North Wales each year.
- 2.14.7 Domestic abuse is under-reported. The number of domestic violent crimes with injury in North Wales is much lower than the estimated number of people likely to have experienced the crime. For 2015/16 data from North Wales Police shows that there were 1,700 recorded domestic crimes with violence. In Flintshire:
- there were around 340 domestic crimes with violence recorded
 - over 50% of cases involved in some way children aged under 16. Around 30% involved children under 5.
 - there were 270 sexual offences recorded in the same period
 - women are more likely to experience domestic violence or be victims of sexual offences than men. About 80% of victims of both crimes were women.
- 2.14.8 It is estimated that the total costs of domestic abuse in North Wales is £66 million⁷². This includes the costs to health care, criminal justice, social services, housing and refuges, legal costs and lost economic output. In addition the human and emotional costs are estimated at £114 million, based on the notion that people would pay something not to suffer the human and emotional costs of being injured. The overall cost of domestic abuse fell significantly between 2001 and 2008, mostly due to the decrease in the cost of lost economic output, and a decrease in the human and emotional cost, as a result of increased utilisation of public services. The overall rate of domestic abuse also fell between 2001 and 2008, concluding that investment in public services was cost effective for the country as a whole, during that time.

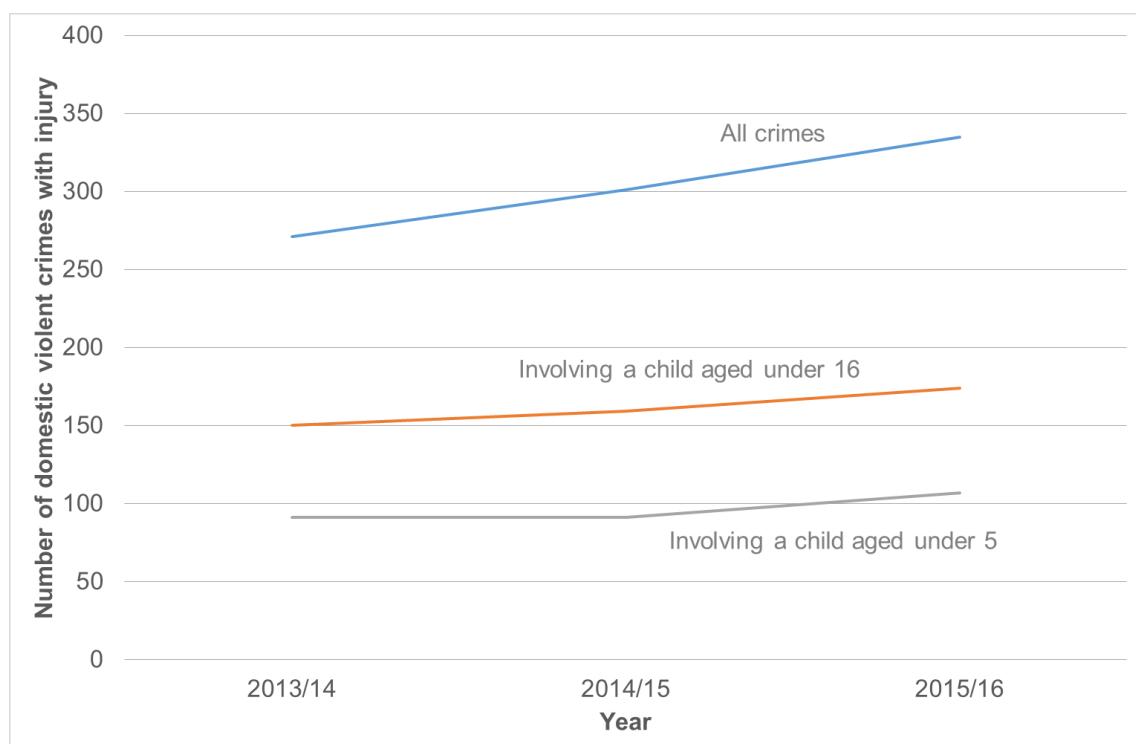
2.14.9 There are a number of risk factors that, whilst alone do not cause domestic abuse, can increase the chances that abuse may begin, increase the level of risk to a victim, or make a victim more vulnerable to abuse and less able to seek help. There are also some risk factors such as drugs and alcohol that have been shown to increase the frequency or severity of attacks. These include:

- pregnancy
- mental health conditions
- drugs and alcohol
- financial problems
- separation and child contact

How this compares with the past

Chart 2.14.1: domestic violence crimes with injury in Flintshire

Source: North Wales Police



2.14.10 Domestic abuse has long been under-reported and the increase in the number of crimes over the past three years is likely to be due to an increase in reporting rather than incidence.

2.14.11 The number of reported sexual crimes has also seen an increase over the past few years.

2.14.12 The proportion of victims who are female has remained fairly consistent at around 80% for both categories crime.

What we know or predict about the future

2.14.13 If recent trends in reporting crimes persist, reporting of incidences of domestic abuse may increase, though it is not clear if recent upward trends are due to increase in occurrences or increase in willingness to report the crimes.

- 2.14.14 The introduction of the benefit cap and other welfare reforms may make victims more likely to stay with their abuser if they can't afford to move. Universal credit will be paid to one partner which may increase a victim's financial reliance on their abuser.
- 2.14.15 Changes to legal aid rules may mean that more victims may stay with the perpetrator because legal aid will not be routinely available in separation, divorce and child contact cases, or for non-British victims not on a spousal visa.
- 2.14.16 Through its 'Right to be safe' strategy⁷³, Welsh Government requires partners to work together to ensure, amongst other things, that with regard to domestic abuse and other violence against women, they are:
- providing support for victims and protecting children
 - providing one-stop shops for victims, so they have easy access to support services
 - providing housing and accommodation support
 - continuing implementation of the Multi Agency Risk Assessment Conference Programme
 - identifying links with substance misuse problems
 - identifying and supporting offenders
 - providing financial advice for victims
 - improving the response of criminal justice agencies
 - improving the response of health agencies and other services
- 2.14.17 The primary concern when tackling domestic abuse must be the welfare and safety of victims and any affected children. However, consideration also needs to be given to providing help for those who are abusive and violent toward their partners, in particular prevention programmes which deal with behavioural change.

2.15 Local employment opportunities

Prosperous **Healthier** **More equal** **Cohesive**

What is happening now

- 2.15.1 There is a growing body of evidence to demonstrate the links between material deprivation and poor overall well-being. Statistics for those living in deprived areas show on average a lower life expectancy, higher prevalence of poor mental health, higher unemployment, higher prevalence of crime and disorder and lower educational attainment. While the reasons for all these are complex, financial poverty, unemployment and low paid employment are common contributory factors. Good employment is the most common, and often the most effective means of providing a family with the finances needed to improve many areas of well-being⁷⁴.
- 2.15.2 It's not just about the number of jobs that are available, but also what types of employment opportunities they offer, and how well they keep up with changes in

the global economy as well as local priorities. Secure, well paid employment affects not just the economic well-being of individuals and communities, but can also help with mental well-being as it fosters a sense of purpose and a sense of belonging within society.

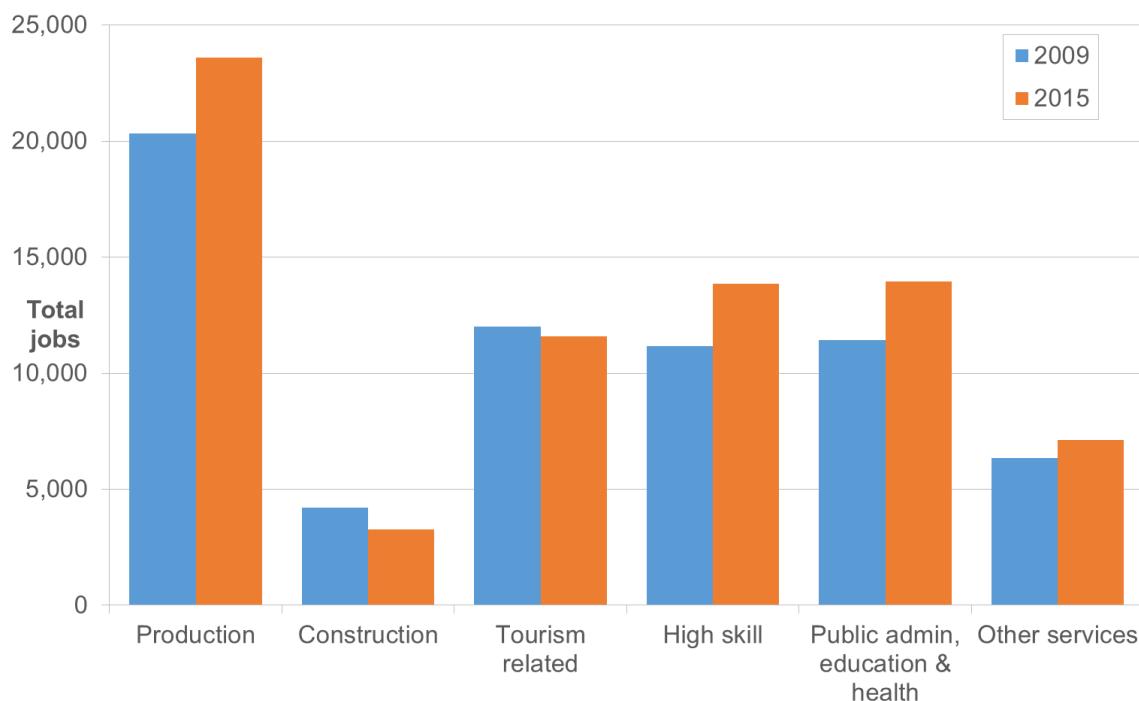
- 2.15.3 There are approximately 73,450 PAYE jobs⁷⁵ within the area and 75,800 economically active residents⁷⁶. This is a mismatch of about -2,350 jobs. Some of this imbalance between supply and demand for jobs is met by out commuting⁷⁷. However, Flintshire does not have a very self-contained jobs/residents commuting pattern – the number of residents who work outside their area of residence is very high, at over 31,000 or 43% of working residents. This is balanced by in-commuting levels which are also high. Nearly all of these commuters travel to or from neighbouring authorities in England or North Wales, and reflects the interrelatedness of the employment markets of Flintshire's partners in the Mersey Dee Economic Alliance (Wrexham, Cheshire West, Chester and Wirral)⁷⁸. In fact, sustainable travel is a key part of the work of the Mersey Dee Alliance and the North Wales Economic Ambition Board. For example, the two partnerships are working together – along with other agencies – to improve regional and cross-border rail links to support business and employment opportunities (part of the Growth Track 360 campaign).
- 2.15.4 Flintshire is an attractive place to work, offering better paid and higher status jobs than neighbouring Welsh authorities. The area has significantly higher average weekly wages for full-time jobs than the Welsh average – £552 compared to £492 for Wales as a whole. Flintshire's average wage is comparable to the GB average⁷⁹. There are also higher proportions of full time jobs on offer in the area than the national average – 72% of jobs are full time in Flintshire, compared to 68% across Great Britain and 65% in Wales⁸⁰.
- 2.15.5 The employment structure in the area differs from that of Great Britain as a whole.
- Employment in the high skills, high wage sectors of information & communication, finance & insurance, professional, scientific & technical, and business administration & support services is relatively low, totalling just 19% of all employment compared to 24% across GB as a whole. However, this is significantly higher than the Wales figure of 15%.
 - Reliance on public sector employment is relatively low at 19% across the area as a whole compared to 32% for Wales and 26% for GB.
 - In Flintshire employment in manufacturing is well above the national rate at 30% compared to 8% for GB and 11% for Wales as a whole.
 - The proportions of employment in what can be considered tourism related sectors of retail, accommodation & food services, and arts, entertainment & recreation are low – a total of about 16% of all jobs compared to 22% nationally. These sectors are the ones most likely to include low wage, part time or seasonal employment.
- 2.15.6 Flintshire has an overall strong economy with very good comparative performance in jobs growth, there are pockets of the county where employment levels have remained behind the more prosperous areas, with significant barriers to work remaining in evidence.

How this compares with the past

- 2.15.7 The total number of PAYE jobs in Flintshire increased by increase by 7,800 (11.9%) between 2009 and 2015. Across Wales the number of PAYE jobs increased by 2.4% in the same period and by 4.1% for GB.

Chart 2.15.1: change in employment sectors 2009-2015

Sources: ONS annual business inquiry & business register and employment survey, (NOMIS)



Notes

Tourism related = retail, accommodation & food services, and arts, entertainment & recreation

High skill = information & communication, finance & insurance, professional, scientific & technical, and business administration & support service

- 2.15.8 However, the increase wasn't distributed equally across employment sectors. Some sectors saw declining job numbers – the highest losses since 2009 are in the construction sector (-900 jobs), retail (-500) and mining/quarrying/utilities (-200).
- 2.15.9 The manufacturing sector saw the biggest growth (about +3,450 jobs). The biggest proportional growth was in the public administration & defence which has increased by 48% since 2009 (about 1,250 jobs). Other significant growth sectors since 2009 are business admin/support (+1,450), education (+800), professional/scientific/technical (+750), transport & storage and health (+500 each).

What we know or predict about the future

- 2.15.10 In order to ensure that Flintshire can attract business investment from emerging advanced economies with the need for a higher skilled workforce, plans are committed and underway to develop an Advanced Manufacturing Institute, a joint partnership with private sector business, Universities, FE sector.

- 2.15.11 North Wales have developed a cross border growth vision for the economy which has ambitious plans for economic and housing growth. The plan has been welcomed by Welsh and UK Governments. Governance arrangements and a prioritised programme of investments are being developed. The plan will involve regionalisation of some functions, new capital investments (mainly in infrastructure), skills programmes and devolution of powers from local and national government.
- 2.15.12 The economy is incredibly difficult to predict, and is heavily influenced by national and international market conditions which are outside of the sphere of influence of nationally and, increasingly, internationally. In the next few years a significant influence is likely to be the impact of the Brexit vote which offers both threats and opportunities for the local and national economy.
- 2.15.13 There are also current concerns regarding the possibility of national and global economic downturns, due to issues including the UK's low productivity compared to competitors, the slowdown in growth in emerging economies such as China, and the fall in global oil prices.

2.16 School achievements and wider social development / employability skills / life skills

Prosperous Healthier More equal Cohesive

What is happening now and how does this compare to the past

- 2.16.1 The most important outcome for any school is to give as many pupils as possible the knowledge and skills to flourish in the later phases of life, including providing qualifications for continuing education and employment. However, they also need to consider the other ways they need to educate and nurture the children in their care, including through personal development, and the teaching of life skills.
- 2.16.2 Academic success has a strong positive impact on children's subjective sense of how good they feel their lives are (life satisfaction) and is linked to higher levels of well-being in adulthood⁸¹.
- 2.16.3 Measurements of the personal development and well-being of children are currently limited, particularly after the foundation phase of education (aged 3-7). However, some of the markers of educational development show distinct differences between the attainment of children in the most deprived families (indicated by those in receipt of free school meals) and the rest of the school population.

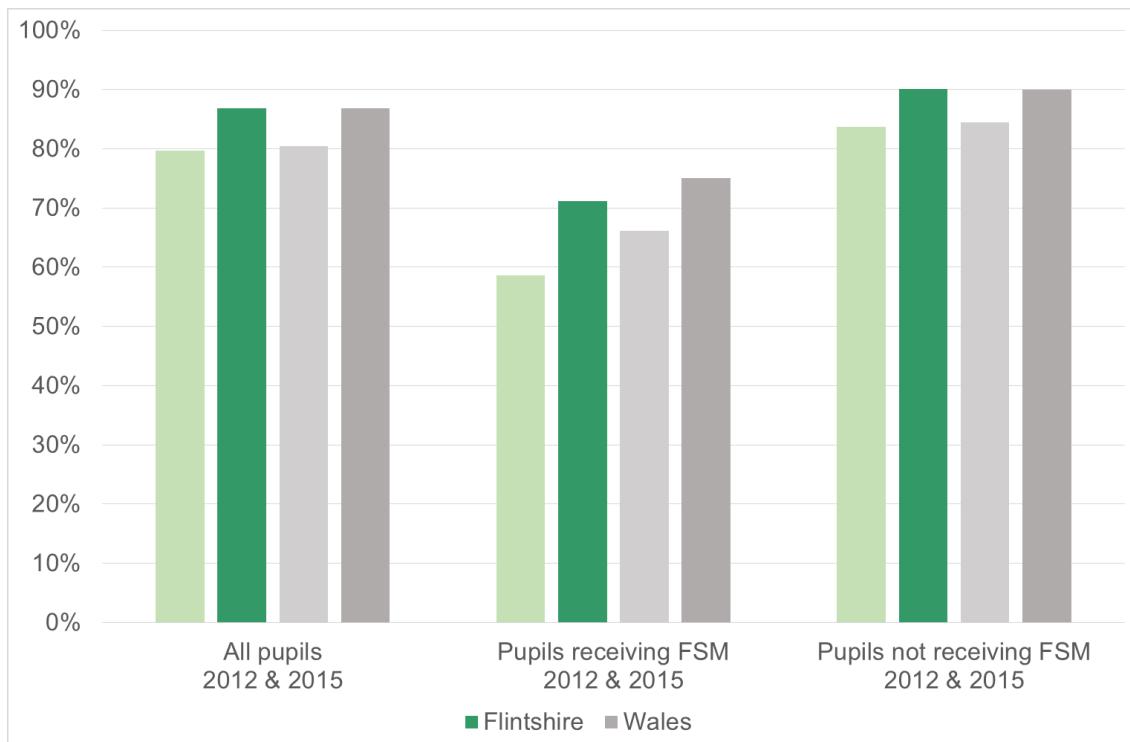
Foundation phase (aged 3-7)

- 2.16.4 Foundation phase assessment by teachers of all children aged 3-7 measures personal and social development for all children, as well as language and numeracy skills, and physical and creative development. The Foundation Stage Indicator sets a level 5 achievement threshold for all areas of development.
- In 2015 the difference between children receiving free school meals (FSM) and those not receiving FSM was about nineteen percentage points (71% compared to 90%). The attainment gap for Wales was fifteen percentage points.

- Though attainment levels for children receiving free school meals in Flintshire has improved significantly since 2012, it is still well below the Welsh average. Flintshire has performance levels around the Welsh average for children not receiving free school meals⁸².

Chart 2.16.1: percentage of children at foundation stage reaching at least level 5 outcomes (foundation stage indicator – aged 3-7)

Source: national teacher assessment data collection, Welsh Government



Definition: The Foundation Phase Indicator represents the percentage of pupils achieving at least outcome 5 in "Personal and social development, well-being and cultural diversity", "Language, literacy and communication skills - English" / "Language, literacy and communication skills - Welsh" and "Mathematical development" in combination

FSM = pupils receiving free school meals

Key stage 2 (year 6)

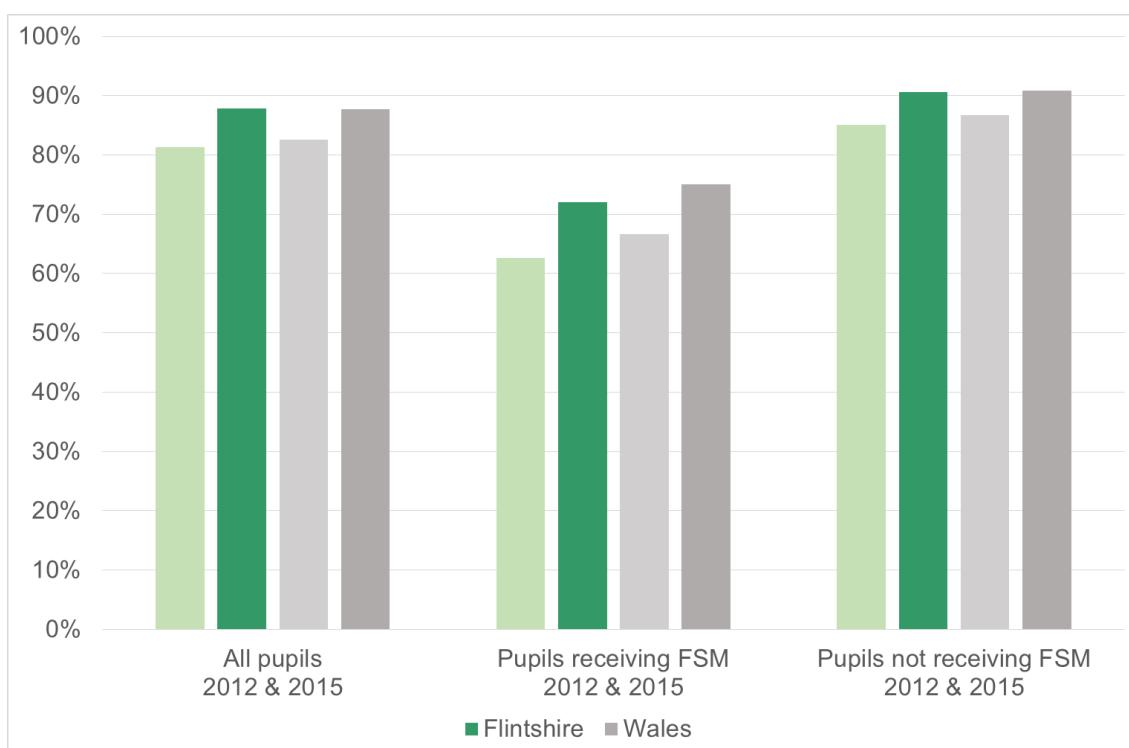
2.16.5 All learners in their final year of Key Stage 2 – the stage at which pupils leave primary school and move on to secondary education – are assessed by their teachers. The general expectation is that the majority of 11 year olds will attain level 4 in each subject. Key stage 2 core subject indicator measures the percentage of pupils achieving at least level 4 in English or Welsh (first language), mathematics and science in combination.

- Overall, attainment levels were around the Wales averages for 2015, though pupils in receipt of free school meals are about three percentage points below the national average.
- The gap in attainment between those receiving free school meals and those who don't is about the same at age 10-11 as at the foundation stage (aged 3-7) – nineteen percentage points (72% compared to 91%).

- The gap between those who received free school meals and those who don't has narrowed since 2012 by about 4 percentage points in Flintshire (average Wales reduction was 4.3 percentage points).

Chart 2.16.2: percentage of children at key stage 2 reaching at least level 4 in core subjects (aged 10-11)

Source: national teacher assessment data collection, Welsh Government



Definition: Key Stage 2 core subject indicator represents the percentage of pupils achieving at least level 4 in English or Welsh (first language), mathematics and science in combination.

FSM = pupils receiving free school meals

Key stage 4 – school leavers (year 11)

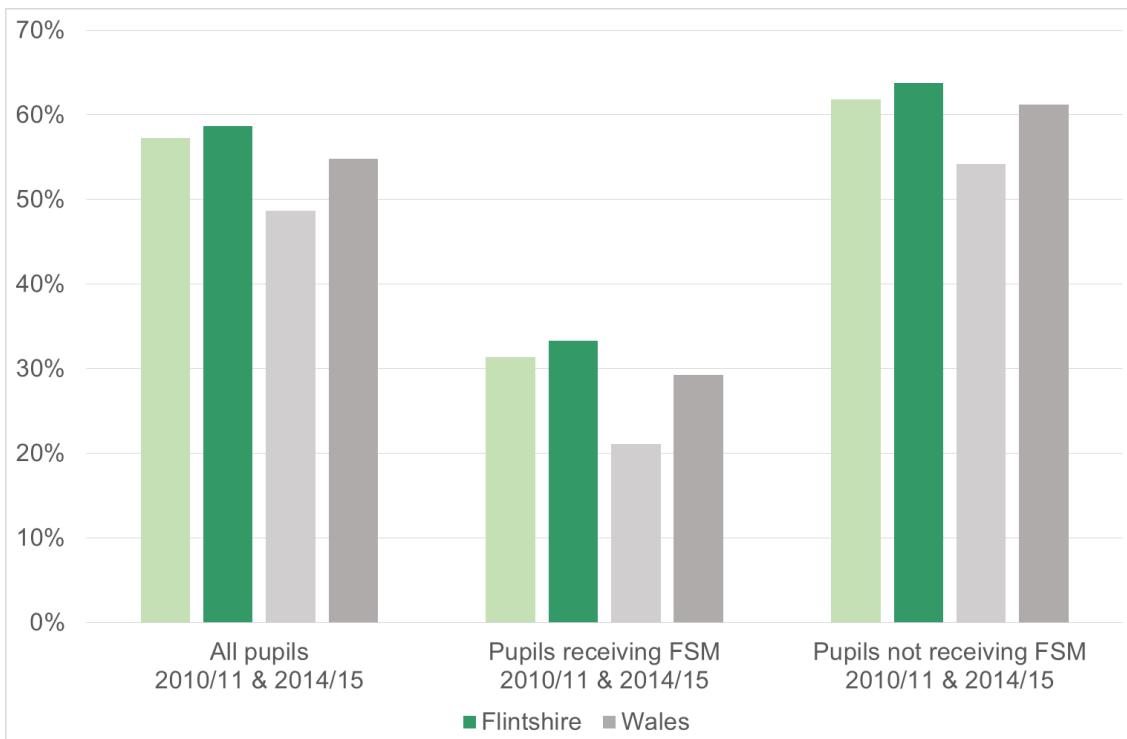
2.16.6 Exam results for all pupils who are leaving compulsory education at the end of year 11 (usually aged 15 or 16) are measured against an attainment standard called the key stage 4 level 2 threshold in core subjects indicator. This is equivalent to 5 GCSEs at grade A*-C including one in English or Welsh first language, one in mathematics and one in science. This measure has been reviewed and will be replaced from 2015/16 onward.

- Overall, Flintshire has attainment levels four percentage points above the Wales level, and has seen a one and a half percentage point improvement since 2010/11.
- The attainment gap between those receiving free school meals and those who don't is nearly 31% (33% compared to 64%). The all-Wales attainment gap is 32%.

- This is a much bigger gap than seen at the foundation phase or key stage 2, suggesting that inequalities widen as children move through the education system.
- The gap between those who received free school meals and those who don't has not narrowed compared to 2010/11.

Chart 2.16.3: percentage of school pupils achieving GCSE level 2 threshold in Core Indicator Subjects)

Source: national teacher assessment data collection, Welsh Government



Definition: Level 2 threshold in core indicator subjects is equivalent to 5 GCSEs at grade A*-C including one in English or Welsh first language, one in mathematics and one in science.

FSM = pupils receiving free school meals

2.16.7 Data on the level 3 threshold attainment (A-level or equivalent) are available, but they include only pupils in maintained schools and exclude students at further and higher education establishments. As this does not provide a full picture of qualifications at this level, the data has not been included in this assessment.

Local education authority commentary

2.16.8 In terms of early years, statutory education and progression our outcomes at all Key Stages have improved in recent years. There have been particularly positive improvements in primary school categorisation (under the national model) and in learner outcomes at Foundation Phase, Key Stage 2 and Key Stage 3. The percentage of learners leaving school without a qualification and the number of young people not in education, employment or training (NEET) are low. At 1.3%

- in 2015 the proportion of 16+ NEETs was lowest in Wales and lowest ever Flintshire figure for the second consecutive year.
- 2.16.9 School inspection outcomes throughout the current six year inspection cycle are in line with the ranking expectations for Flintshire. Public confidence in local education is high. People in Flintshire gave the second highest rating for the state of education in the 2015 National Survey for Wales (7.1 Flintshire, 7.2 Conwy). Support for additional learning needs and social inclusion is good. Safeguarding arrangements are robust and monitored carefully. Levels of unauthorised attendance in both primary and secondary schools remain significantly below the national average and with the secondary schools achieving the lowest national level of 0.4%.
- 2.16.10 However, there is a need to continue to improve in all phases of education in order to promote individual and community resilience and wellbeing, together with promoting access to high value employment. This includes improving the percentage of pupils achieving higher levels in subjects and CSI at the end of each Key Stage. There are key signs that we need to focus increased effort in renewing school improvement approaches to secure improved learner outcomes at Key Stage 4, including raising level 2 inclusive in 6 schools by raising maths and /or English outcomes. There is a need for the benchmark performance of schools to continue to improve at the end of Foundation Phase and at the end of Key Stage 4. There is a need to promote further improvement in primary and secondary school attendance by supporting a reduction in the levels of authorised absence. We also need to continue work to reduce the gap between Free School Meal (FSM) and non-FSM pupils by improving outcomes for FSM pupils. After compulsory education we also need to continue to promote access to apprenticeships, traineeships and work opportunities, with particular support for our most vulnerable families and socially deprived communities.
- 2.16.11 Wrexham Glyndwr University as the regional Higher Education Institution has a significant role to play in addressing well-being and tackling inequality and poverty regionally and wider. As a key employer and innovator with evolving regional presence the University maps all programmes across the growth and priority sectors set out in the Regional Skills Plan and the focus on the North Wales Economic Ambition Board. There is key focus on employability and ensuring students have an enriched experience that will resource them with personal resilience. As a significant number of student are from the local area this is particularly important so that local students then obtain good quality and progress careers in growth sectors within the region.

The University works in a collaborative partnership approach with the all the statutory members of the PSB from the environment, health, education and emergency services and is involved and leading significant projects including working with the 2025 movement to tackle Health Inequalities, bring academic rigour and the business/ community and public sector communities together. When people learn together they work together more effectively, improving outcomes for communities and vulnerable members of society.

Community cohesion and activity/ sport, mental health are key areas the University is developing bringing evidence base and evaluation but also project resources. The University is involved in working with community groups and charities to help ensure that community assets and the skills set needed to sustain this model of delivery are in place so that communities flourish and connect addressing loneliness and isolation in rural and urban areas.

The University is an accessible higher educational institution that is responsive to local business, education and community needs and can play a crucial role in progressing towards improving the social, economic, environment and cultural well-being of Flintshire.

What we know or predict about the future

- 2.16.11 Children's well-being is influenced by a range of factors and includes their subjective feelings as well as social, physical and psychological aspects of their lives. Consequently schools are key places for shaping general well-being. The health and well-being of children and young people contributes to their ability to benefit from good quality teaching and to achieve their full academic potential.
- 2.16.12 Research evidence shows that education and health are closely linked⁸³. So promoting the health and well-being of pupils and students within schools and colleges has the potential to improve their educational outcomes and their health and well-being outcomes.
- 2.16.13 There are currently gaps in our knowledge around these issues, as well as in the evidence that is available to measure pupils' skills other than for educational attainment. This is an area for consideration for future work.
- 2.16.14 Welsh Government has identified a need to promote the take-up and participation in STEM subjects for all school students in Wales⁸⁴, and the council has structures in place to support this work.
- 2.16.15 Evidence from international comparators suggests a need to improve significantly beyond the current Wales levels of educational performance, in order to compete globally. Nevertheless, improving educational attainment bodes well for the future development of the economy in the area⁸⁵.

2.17 Improving skills for employment

Prosperous **Healthier** **More equal**

What is happening now

Table 2.17.1: highest qualification levels held by working age population 2015

Source: Annual Population Survey, ONS

	Flintshire	Wales	UK
No qualifications	6.8	9.5	7.9
Below level 2	16.7	13.4	13.6
NQF level 2	21.3	19.6	18.8
NQF level 3	21.9	21.4	20.2
NQF levels 4-6	27.6	27.4	-
NQF levels 7-8	5.8	8.6	-
NQF level 4 or above	33.3	36.1	39.5

Definitions

Examples of highest qualifications at each level include:

Below level 2: NQF level 1, Entry Level qualifications, Basic Skills

Level 2: NQF level 2 or equivalent, 5 or more GCSE A*-C, 2 AS levels

Level 3: 2 A level passes, 4 AS level passes, NQF level 3, Advanced Welsh Baccalaureate

Levels 4-6: First degrees, Foundation degrees, NQF level 4

Levels 7-8: Postgraduate qualifications, NQF level 5.

- 2.17.1 There is an inarguable connection between skills and employment, both for the individual and for the wider workforce. Enhancing skills significantly improves the ability of the unemployed to find work. At the same time enhancing skills helps those in lower paid jobs to progress within the labour market. As the skills base of the local workforce increases, the area becomes more attractive to prospective investors looking to bring in new business⁸⁶.
- 2.17.2 A fast pace of change in the national and world economy coupled with rapidly evolving technology means that the modern workforce needs to be more skilled than ever before. These skills need to be flexible, adaptable and portable between jobs and even between employment sectors. The continuing move away from a production to a service based economy also means the workforce is increasingly having to develop its social skills, as employment becomes much more customer focussed.
- 2.17.3 The working age population in Flintshire has levels of qualification that are generally slightly lower than the Welsh average. Though figures for those with no qualification are lower than the UK figure, a smaller proportion of the population is qualified to degree level or above (NQF4+). Women are generally more qualified than men.
- 2.17.4 Included within the suite of skills for employment are a whole range of academic and work related qualifications. The route to higher education and a university degree are not suitable for all school leavers or adult learners, and apprenticeships and other work based learning opportunities form a large part of the local skills base. As well as educated graduates a resilient mixed economy will require skilled technicians, administrators, retail operatives and so on. On-the-job learning, apprenticeship schemes and formal higher education all have significant roles to play in providing skills within the employment market.

Table 2.17.2: work-based learning programmes 2014/15

Source: Learning Network analysis, Welsh Government (StatsWales)

	Flintshire		Wales
	Number	Rate*	Rate*
Apprenticeships			
All aged 16-64	2,065	21.8	24.5
Aged 16-24	1,185	76.0	69.2
All work-based learning programmes			
All aged 16-64	2,440	25.8	33.2
Aged 16-24	1,480	95.0	105.6

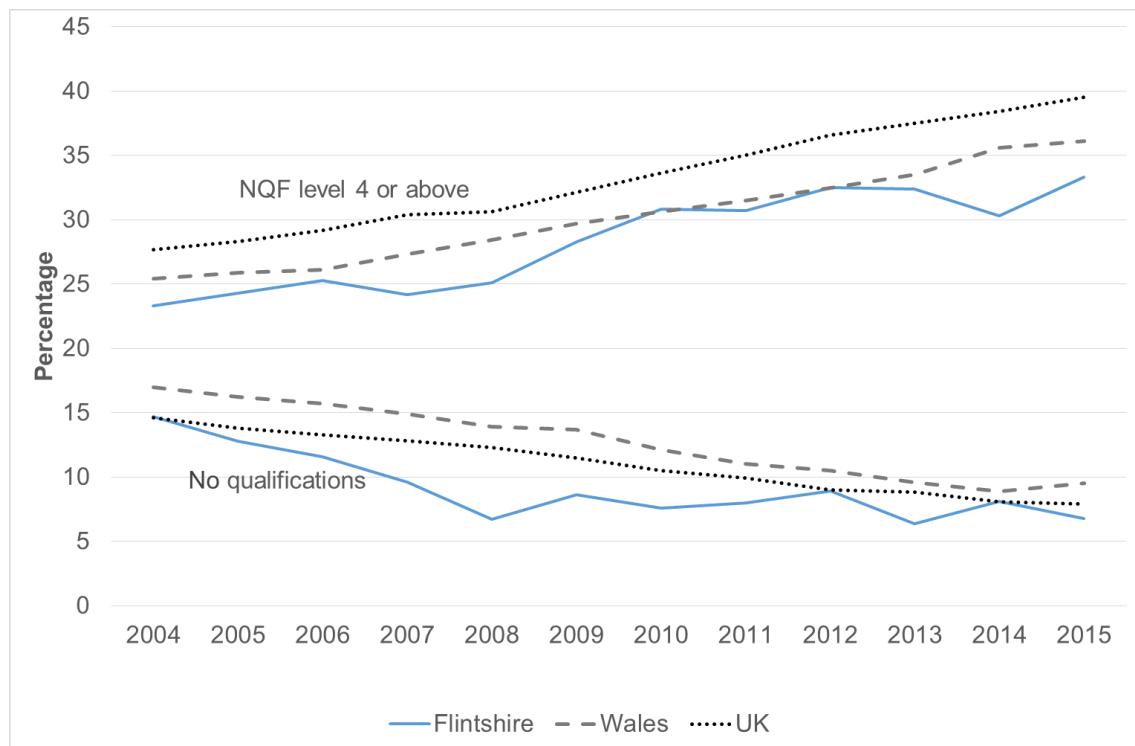
* rate is per 1,000 people in that age group

- 2.17.5 Compared to the national rate, Flintshire is better provided for apprenticeships than the national averages in the 16-24 age group, but underprovided for other measures of work-based learning provision.
- The area has a higher than average provision of programmes within the engineering sector – 17% of apprenticeships (8% for Wales) and 14% of all programmes (6% for Wales).
 - The manufacturing sector also has a higher proportion of learning programmes than the Wales average. This reflects the area's employment structures, and is also influenced by the courses available at local further education institutions.
 - Work-based learning programmes in the management & professional and healthcare & public services sectors are under-represented when compared to all-Wales figures.
- 2.17.6 There are slightly more women than men taking up both apprenticeships and other work-based learning – 52% of apprenticeships are filled by women in Flintshire compared to 57% in Wales.
- 2.17.7 As well as providing people with the skills they need for employment, apprenticeships may be an attractive alternative to university education for young people who cannot afford or are wary of taking on the debts formal higher education can place on students. This has been recognised by government, who introduced legislation that schools must promote apprenticeships as well and as much as they promote the higher education route.
- 2.17.8 As part of its push for increasing apprenticeships the government announced a new Apprenticeship Levy in late 2015, which is a new 'payroll tax' to help fund an increase in apprenticeships. Set at 0.5% of the employers wage bill and due to be collected through PAYE, the levy has already had a significant impact in the industry, with a lot of larger employers creating new apprenticeship programmes as a result.
- 2.17.9 For those young people who are less interested in going to university and keen to earn as they learn, the levy is set to create another attractive route into employment. Whilst the levy is generally well received by employers, getting the information across to other key stakeholders is more difficult. There is a stigma surrounding apprenticeships – both parents and young people see university as a measure of success.
- 2.17.10 Skills outside of the formal education system are also important in gaining and retaining employment. This includes basic life skills like time-keeping, building self-confidence, developing interpersonal skills, and personal hygiene. Schools must play a big part in equipping their pupils with these skills, particularly for those children who come from disadvantaged backgrounds which may not equip them with the social tools needed to operate successfully in the workplace and wider society. Support is also needed for many people on in-to-work training programmes. A qualification or work placement on its own is not enough to secure long term employment and enhance an individual's confidence in their ability to cope with the world of work. People and the organisations they are employed by may need 'hand holding' for some time after the official scheme or placement has ended to help avoid drop-off.

How this compares with the past

Chart 2.17.1: proportion of the working age population with NQF level 4 or above*, and with no qualifications

Source: Annual Population Survey, ONS

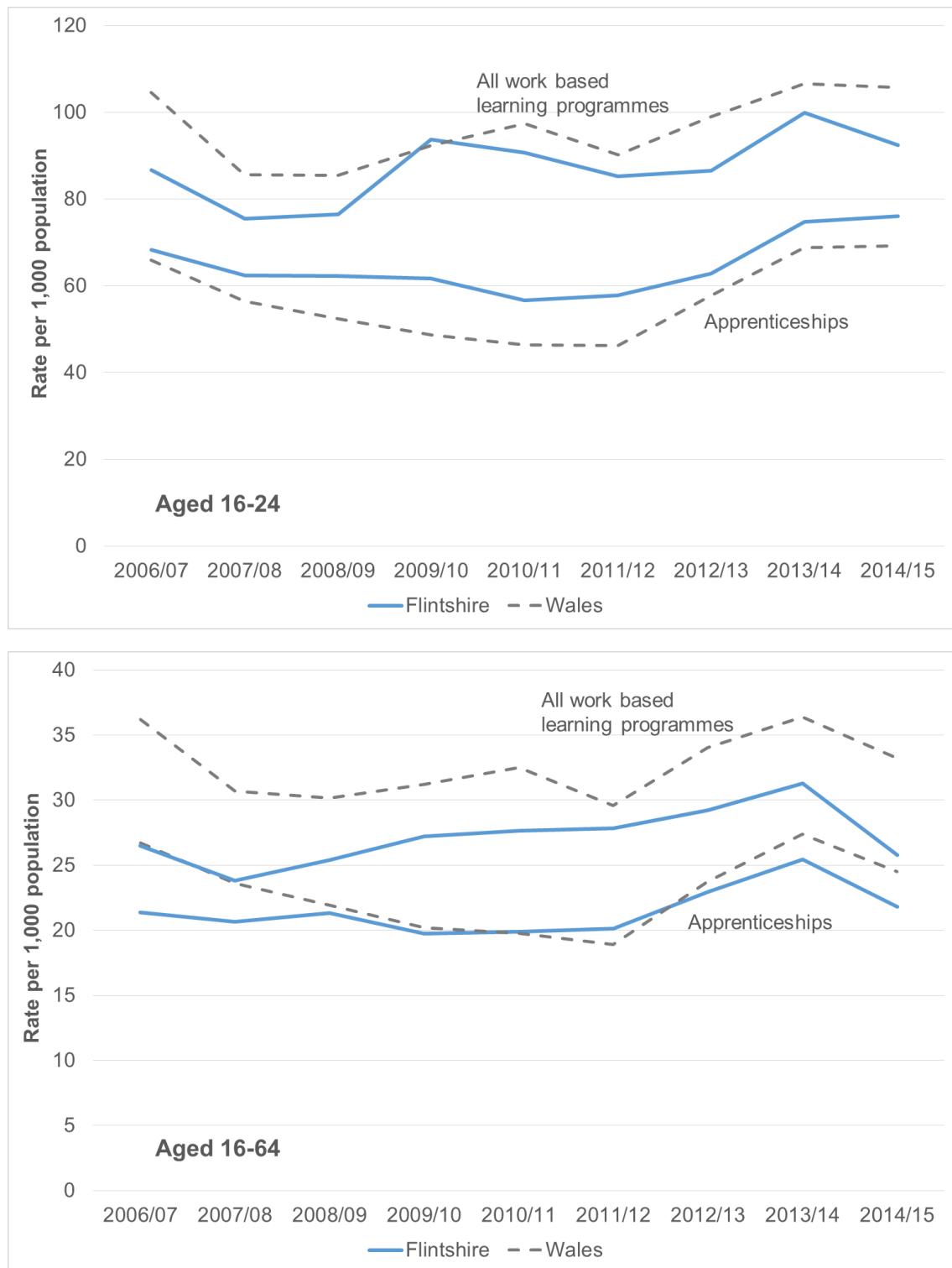


* NQF 4 equivalent and above = HND, Degree and Higher Degree level qualifications

2.17.11 Qualification levels in Flintshire have generally been improving year on year. However, figures for those with NQF4 level qualifications or above remain well below Welsh and UK averages. Figures for those with no qualifications have also shown a positive trend. The most recent data shows levels lower than the Welsh and UK averages⁸⁷.

Chart 2.17.2: work-based learning programmes, rate per 1,000 population*

Source: Learning Network analysis, Welsh Government (StatsWales)



2.17.12 There are long-standing training and skills partnerships within the Deeside Enterprise Zone between local academic institutions, the public sector and major companies including Airbus, Tata Steel, Toyota and UPM. The Zone's Advanced Composites Research, Training and Development Centre, for example, helps thousands of Airbus employees to develop their skills and was the result of a partnership between Glyndŵr University, Airbus, Coleg Cambria and the Welsh

Government. As well as providing support to thousands of Airbus employees in skills development, it also works with businesses and academia on research and development.

What we know or predict about the future

2.17.13 For the public sector, as well as contributing to the apprenticeship levy they will also be required to meet the legislative requirements contained within the Enterprise Bill. This legislation will stipulate that all public sector organisations will be required to make sure that 2.3% of their workforce are apprentices at any one time. This will potentially be a significant change to the way public sector organisations recruit and train staff.

2.17.14 UK Commission for Employment and Skills produced a series of insight reports in 2015 which highlight the challenges facing key employment sectors⁸⁸.

- **Advanced manufacturing** – Broadly described as manufacturing that is intensive in its use of capital and knowledge and requires a high level of technology utilisation and Research and Development. Although manufacturing employment as a whole is expected to decline up to 2022, recent forecasts have predicted that advanced manufacturing is expected to grow significantly in the coming years. The role of production managers is expected to see an increasing workload, and will require enhanced business skills as well as keeping pace with production technologies. An increase in the role within the industry of biochemists and biological scientists is anticipated. Production is expected to become more complex and require higher skill levels across the board. Software skills will be required to maintain machinery. Assembly line roles are expected to decrease in number but increase the skills levels – particularly in IT – that are needed by operatives. Across the UK the sector is expected to need 1.2 million new workers between 2012 and 2022, to both support growth and replace those leaving the sector.
- **Digital and creative sectors** – The greatest recruitment challenges are currently experienced by those seeking workers with digital skills. Graduate recruitment is an important source of workers for the sector, but there are concerns that many graduates leave university without up-to-date technical skills, or the softer skills required to be effective in the workplace. Rapid technological advances are leading to skills gaps amongst the existing workforce. At the same time, employers encounter fewer difficulties recruiting to some more creative roles which are extremely attractive to potential employees. However, it would be wrong to draw a simple distinction between the digital and creative sub-sectors. The boundaries between digital and creative are becoming increasingly blurred and employers increasingly seek a fusion of creative and technical skills, combined with business and softer skills. Significant technological trends will include: strong growth in demand for technology from across the economy; the growing importance of cyber security; the convergence of content across platforms; mobile and cloud computing; big data and analytics; the automation of routine tasks; new applications of social media; and new business models and collaborative platforms. The future development of the sector could also be influenced by regulatory changes.
- **Retail sector** – New technology requires workers to have up-to-date IT skills, which can be a challenge for older workers who are less likely to

have good IT skills than younger workers. The wholesale and retail sector has a comparatively low-qualified workforce, with only 22% holding a qualification at or above QCF level 4. Predictions suggest that by 2022 holding qualifications at this level will be a pre-requisite for 34% of wholesale and retail jobs and half of jobs across all industries. In order to meet the predicted skills demand retailers will need to upskill existing workers and attract appropriately skilled new entrants. The UK Commission's Employer Skills Survey 2013 show that 55% of retail establishments with skills gaps identify gaps in the customer handling skills of their existing staff. 60% of sector employers with skills shortage vacancies have difficulty recruiting employees with these.

- **Energy sector** – Evolving energy policy, the emergence of new technologies and the transition to a low carbon economy are prompting radical changes in energy consumption, management and storage. The skills mix required by sector employers is expected to evolve in the future, to include soft skills, technical skills such as data analytics, as well as knowledge of new technologies as they emerge. This is a high skill sector with a limited supply of skilled and experienced workers due to strong competition for skills between sub-sectors, other sectors and countries; uptake of the most sector-relevant STEM qualifications not meeting employer demand; poor visibility of (and consequently interest in) the energy sector as a career prospect among young people and potential new entrants from other industries.
- **Health and social care** – Increased demand for care, growing patient/service user expectations, improvements in treatments and technologies and the political and social push for resource efficiency means the health and social care sector is expected to be much more flexible than in the past. This can be seen, for example, in physiotherapists' growing role in delivering reablement support in community settings, and nursing auxiliaries' increasing specialisation and growth from providing primarily a support function to increasingly taking on additional clinical duties. There are also recruitment concerns for the future. The current workforce is predominantly female, has an older age profile, and is more highly qualified than the economy as a whole. (see [section 2.12 'Increasing pressures on the health and social care sector'](#) for more information).

2.18 Supporting small businesses

Prosperous

More equal

Cohesive

What is happening now

- 2.18.1 A high proportion of the known businesses operating in the area are relatively small in size⁸⁹. Some 73% of businesses (3,550) employ fewer than 4 people and a further 14% (700) employ between five and nine people. Around 40% of small businesses operate below the VAT threshold. About 8,700 people or 7.4% of the working population are self-employed⁹⁰.
- 2.18.2 While small businesses may not generate as much income for the local economy or employ as many people as large companies and organisations, they often

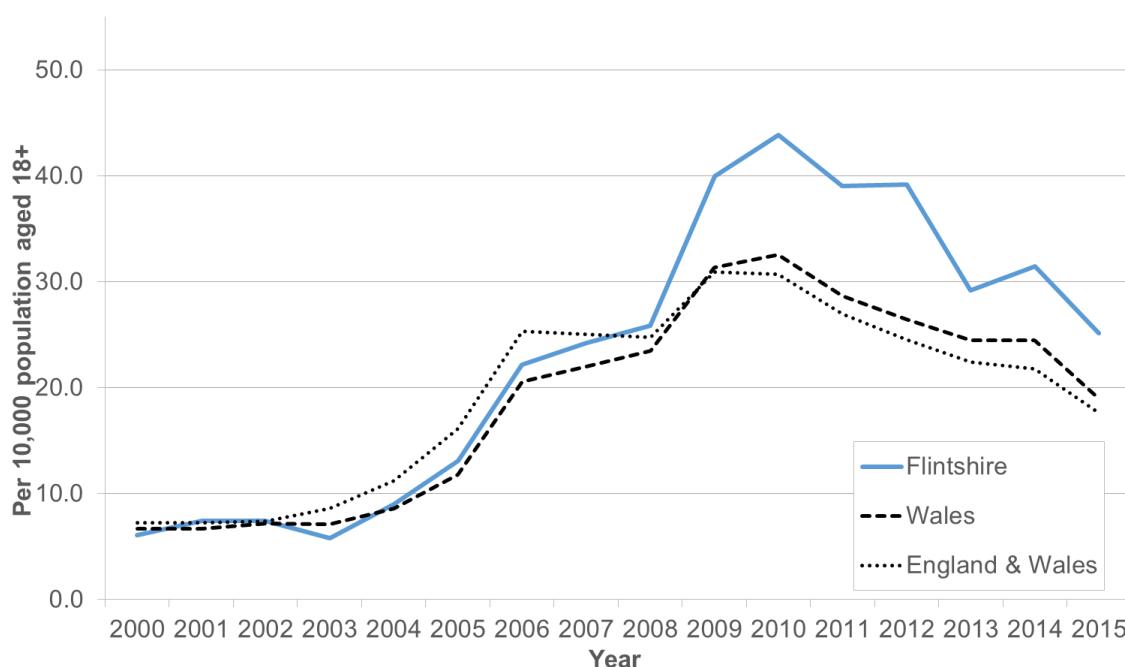
form the backbone of the local economy. They fill gaps that big business cannot operate within or are not interested in, and can also respond to limited or niche markets (for example local window cleaners or designer jewellery makers).

- 2.18.3 Small businesses are also more likely to recycle their income within the local economy than both large local businesses and national/global companies and organisations. Research on local authority spending undertaken by the Federation of Small Businesses⁹¹ showed that for every £1 spent with a small or medium-sized business (SME) 63p was re-spent in the local area compared to 40p in every £1 spent with a larger business.
- 2.18.4 Other larger employers in the area benefit from the presence of a strong small business sector, as they are often providers of goods, services, and out-sourced contract work for big companies and institutions.

How this compares with the past

Chart 2.18.1: insolvency rates per 10,000 adult population (aged 18+)

Source: the Insolvency service



- 2.18.5 The chart shows the insolvency rate for Flintshire between the years 2000 and 2015. During the recent recession insolvency rates increased in the area significantly more than they did nationally. Anecdotal evidence from the local business community suggests that at least in part, this reflects the precarious nature of small business finances in the area.
- 2.18.6 Since 2011, the number of small business has increased by about 15% – there are about 450 more businesses with fewer than four employees and 100 more who employ between five and nine people.

What we know or predict about the future

- 2.18.7 Small businesses have the potential to be better able to respond and adapt quickly to changing economic climates, as their smaller capital/revenue accumulations can make them more flexible. A decision making process which may consist of only one person and react much faster than larger organisations with more complex management structures . They are also often more customer focussed which can help them to retain a loyal customer base and stay afloat at times of economic downturn.
- 2.18.8 However, small capital/revenue reserves can also limit ability to adapt and expand, and small operations can sometimes lack skills outside of their core business areas. Support from local and national government, is often essential to help with things such as business and financial planning, improving skills and responding to new technology. Umbrella organisations for trade and commerce also have a role to play.
- 2.18.9 Small businesses do not always stay small, and small businesses that grow into large businesses often remain in the community in which the business was first established. Support for and investment in small businesses can be an investment in the future of the local – and even national or global – economy.
- 2.18.10 Succession planning for small businesses is an area which could benefit from support and improvement. Successful small businesses which have closed because of the retirement of owners/managers may have been able to continue if successors could have been found. Often these are family businesses which would traditionally have been passed on to the children. However, improving education and employment opportunities for younger generations have seen a move away from this tradition, with children making different career choices to their parents.

2.19 Supporting tourism

Prosperous **Resilient** **Cohesive** **Culture** **Global**

What is happening now

- 2.19.1 Flintshire's Destination Management Plan⁹² identifies tourism as a key element of the approach to regeneration in the area, part of which is about creating high quality places where people want to visit and spend their leisure time as well as live and work. High quality places attract investment, they are sustainable and they generate their own energy and success
- 2.19.2 With almost 5 million people living within a 60 minute drive time, the ideal catchment for day visitors, Flintshire has a huge and relatively untapped market close to hand Key attractions and leisure facilities in the area which could play a more important role in the visitor economy in the future include:
- the Clwydian Range and Dee Valley AONB and the wider high quality rural landscape of the County;
 - the coastal area and the emerging routes along it;
 - Flint Castle;
 - St. Winefride's Well, Basingwerk Abbey and Greenfield Valley and Holywell town centre itself.

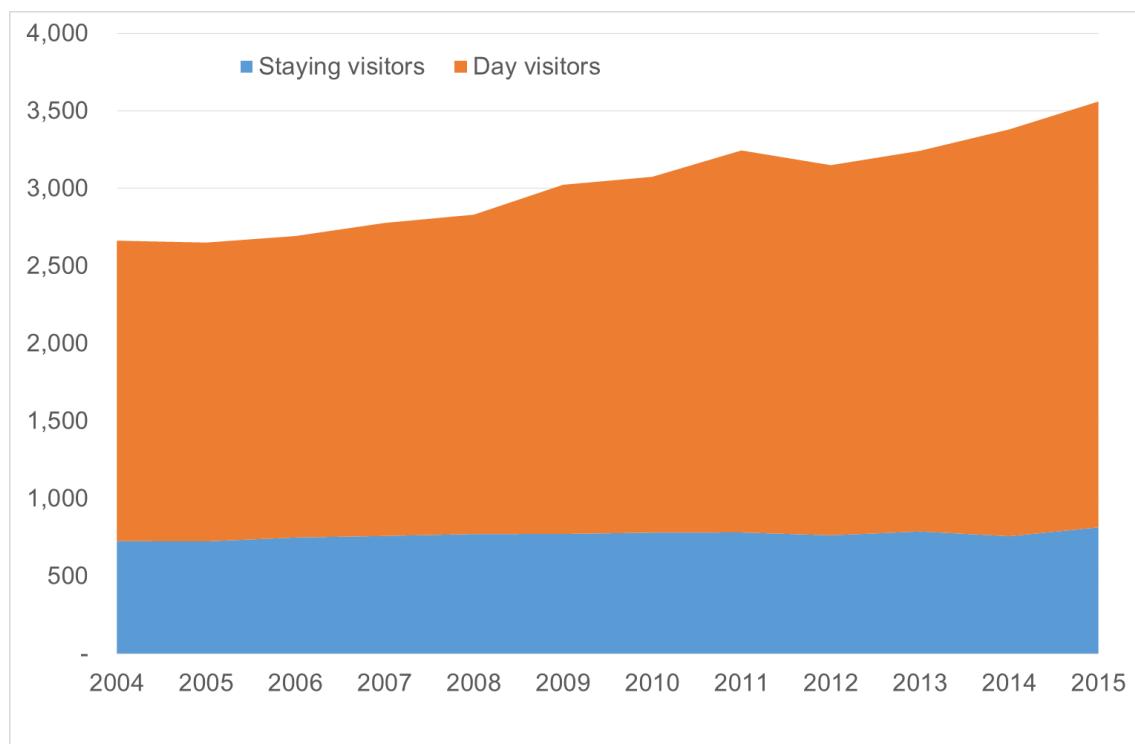
- Mold markets, town centre, Clwyd Theatr Cymru and Bailey Hill;
 - Deeside Leisure Centre; and
 - Hawarden Gladstone Library.
- 2.19.3 Tourism touches many areas that the public sector has a responsibility for and an interest in, including skills-training and employment, planning, regeneration, heritage and culture; it also benefits many other sectors of the economy including transport, retail and agriculture⁹³.
- 2.19.4 Tourism isn't just for visitors either. The health and well-being of our residents benefits from access to thriving heritage and culture sites, a well-managed natural environment, and access to adventure and activity opportunities on their doorstep.
- 2.19.5 Figures from the STEAM report for 2015⁹⁴ show that:
- In total it is estimated that tourism brought in around £238.7 million to the local economy in 2015.
 - Flintshire is estimated to have attracted over 3.6 million visitors in 2015, made up of 2.8 million day visitors and 0.8 million people who stay overnight with one of the 95 accommodation providers in the area.
 - The money spent by these visitors helps to support over 3,150 jobs in total, which is between 4-5% of all employment in the area.
- 2.19.6 Tourism businesses are mainly small operations, many of them family run, and are often deeply rooted in the community. In addition tourism supply chain links bring benefits to many small, local businesses. Income from tourism is often the difference between success and failure for many micro businesses. The employment/business sectors supported by the tourism industry in Flintshire include the visitor attraction, recreation, accommodation, retail and food sectors, as well as the large number of small local businesses such as tradespeople, wholesalers and support services who provide services and goods to those directly involved in tourism.

How this compares with the past

- 2.19.7 In recent years there has seen a steady increase in the number of visitors to the area, particularly day visitors. The number of people employed either directly or indirectly has also increased (from 2,850 full-time equivalent jobs in 2004 to 3,150 in 2015). The input to the local economy has increased from £144.7 million to £238.7 million in the same period.
- 2.19.8 The changes to the national and international economy combined with the effects of fear of terrorist activity and conflict on international travel, have had a positive impact on the local tourism market, as the 'staycation' becomes more popular.

Chart 2.19.1: number of tourism visitors to Flintshire

Source: STEAM report 2015, Global Tourism Solutions (UK) Ltd



What we know or predict about the future

2.19.9 While currently performing well, the local tourism industry is fragile. Many local attractions are weather dependent and the industry is mainly made up of a large number of small businesses, with limited resilience to economic shock. The industry could possibly cope with a poor summer season as a one-off, but successive poor summers could easily cripple this important sector. The threat of damage from flooding to infrastructure and the natural environment is also a concern.

2.19.10 Tourism is a global industry and is highly competitive. Welsh Government's 'Partnership for Growth' Tourism strategy for Wales 2013-20' identifies the focus of activity needs to be on:

- more luxury and branded hotels.
- more well-being facilities, such as spas.
- more heritage hotels that utilise historic and distinctive buildings.
- more all year round attractions, activities and cultural experiences.
- more innovative, unusual and distinctive products.

2.19.11 The Flintshire Destination Management Plan sets out aims to:

- improve the availability and coordination of visitor information that meets customers' diverse needs.
- increase the quality and range of visitor accommodation and attractions.
- increase the scale and diversity of the activity sector.
- increase the scale and economic impact of events in Flintshire.

2.19.12 The work of the Destination Management Partnership is intended to contribute towards:

- all tourism businesses in Flintshire and across the region fulfilling their potential and visitors reporting a consistently high quality experience.
- increased employment.
- increased visitor numbers.
- increased visitor spend.

2.20 Supporting the rural economy

Prosperous Resilient More equal Cohesive Culture Global

What is happening now

- 2.20.1 The agricultural economy is the corner stone of rural communities and is important when looking to improve local and national sustainability in the context of climate change, and continuing to conserve the open countryside to ensure environmental security, food security, and access to open countryside for the enjoyment of all.
- 2.20.2 There are over 1,550 people directly employed in agriculture in the area⁹⁵. Based on research in rural England, every job in farming creates another job in the local economy which could suggest the impact of farming on the local economy is much higher.
- 2.20.3 Agriculture, forestry and fishing make up over 7.2% of all VAT and PAYE registered businesses in Flintshire⁹⁶.

Table 2.20.1: people employed in agricultural work, 2013

Source: agricultural census small area statistics, Welsh Government

	Flintshire
Full time farmers	413
Part time farmers	732
Regular workers	229
Casuals	182
All agricultural workers	1,556

- 2.20.4 Farmers grow the raw ingredients that underpin the UK's food supply chain, whether providing produce for the local organic market or big supermarkets. Their crops and livestock contribute to our local and national food security, as well as providing export goods. Locally sourced produce supplies many of our food producers and restaurants which are important to the wider economy. A thriving local food economy also helps support and promote healthy eating initiatives.

- 2.20.5 Farmers also manage nearly 75% of the total land in Flintshire, with the average farmer spending two and a half weeks per year maintaining hedges and walls⁹⁷. Management of agricultural land, common land, forests, water courses and other landscapes by farmers and agricultural workers can contribute to environmental goals, and helps maintain the countryside as the lungs of the UK.
- 2.20.6 The links between farming and tourism are very strong. Many of our areas of outstanding natural beauty are maintained and managed by our farmers, and are in big part responsible for attracting over 3.5 million visitors to Flintshire each year⁹⁸.

How this compares with the past

- 2.20.7 Overall numbers working in agriculture have fallen by about 10% between 2003 and 2013 (from 1,709 to 1,556), mainly driven by a decrease in the number of full- and part-time farmers. The number of casual agricultural labourers rose, however, suggesting a significant shift in the security of employment in the agricultural sector, and a probable change in the tenancy/ownership of agricultural land.
- 2.20.8 Succession planning remains a key issue for the sector. Traditionally farms and related employment in the sector would pass from parents to children, but in recent years younger generations have tended to pursue different career choices. This is partly due to changing expectations, but also in response to the changing national economy, which makes farming less profitable than in previous generations. Family farms are no longer guaranteed to provide employment for all the farmer's children, and even where work is available the income it provides is not sufficient to keep pace with current living costs (including housing). Financial pressures in the agricultural sector also mean many farmers are having to continue working until older ages, which further reduces the opportunities for younger farmers to enter the industry.

What we know or predict about the future

- 2.20.9 Rural depopulation, particularly amongst people of working age is a concern, impacting on the viability of public and private sector services such as rural schools, public transport, village shops and community groups. In turn this can lead to reduced employment and social opportunities, which further fuels depopulation.
- 2.20.10 Young people are leaving the rural areas for education and employment, and are not taking up farming jobs. This means that the rural population as a whole and especially the agricultural workforce is ageing.
- 2.20.11 The impact of the Brexit vote on the rural economy has the potential to be very significant. Currently Flintshire's agricultural sector receives over millions of pounds each year in direct payments as part of the European Union's Common Agricultural Policy, and rural areas benefit from various other EU funding programmes and initiatives. It is not yet known how this support will be replaced.

2.21 Key economic asset – Deeside

Prosperous Resilient More equal Cohesive

What is happening now

- 2.21.1 Deeside is home to highly skilled, contemporary manufacturing across a diversity of sectors – from aerospace and automotive to electronics and pharmaceuticals to construction, food and sustainable energy. Deeside is recognised as a major economic hub for both North Wales and the North West of England and features in the growth plans for both regions.
- 2.21.2 Its key assets include:
 - Deeside Enterprise Zone, which has large areas eligible for capital investment support.
 - over 2 million people living within a 30-minute commute.
 - strong manufacturing heritage, forward-looking manufacturing skills and technology.
 - world-class advanced manufacturing skills development and research by local colleges and universities.
 - location on the TEN-22 route, 30-60 minutes to several major ports and airports and minutes from the UK motorway network.
- 2.21.3 Northern Gateway within Deeside is a strategic, 90 hectare (222 acre), ready-to-go development site understood to be the largest, private sector-led development in north Wales and the north west of England. It has the potential to create up to 7,000 new jobs and up to 1,200 new homes.
- 2.21.4 The Warren Hall development site in Broughton offers the potential for 3,000 new jobs and 300 new homes.
- 2.21.5 The Sustainable Envelope Building Centre, which focuses on developing low and zero carbon solutions for the built environment, is co-funded by Tata Steel, the Low Carbon Research Institute (LCRI) and the Welsh Government. It also works closely with other Welsh technology companies and helps develop supply chains for the installation and maintenance of any solutions that emerge.
- 2.21.6 New businesses are supported through apprenticeships and bespoke training from the partner colleges and universities. Coleg Cambria already delivers bespoke workforce training and development for companies across the Zone and has even developed a dedicated Centre for Aerospace Training in response to local employer demand.

What we know or predict about the future

- 2.21.7 The Welsh Government has recently announced the development of the Welsh Advanced Manufacturing Research Centre to lead on research and development, higher levels skills and the rapid conversion of new technologies into commercial products.
- 2.21.8 With Northern Gateway and Warren Hall moving closer to development Deeside will be able to deliver considerable growth opportunities in the future. This growth, though, in the long term will be limited by a number of constraints.

- Many of the major businesses in Deeside are branch plants only with research and HQ functions located elsewhere in the world. There is the risk, particularly in a period of increased uncertainty, that Deeside plants fail to compete for future work against plants in other countries.
 - The road and rail infrastructure around Deeside and in the wider region has not seen significant investment for many years and is already at capacity in several crucial areas. It does not permit effective travel to work within Deeside or facilitate the use of sustainable transport options. There are significant areas of congestion as a result.
 - There is a mismatch between the career aspirations of young people and the needs of employers. This means that employers often struggle to recruit a suitably skilled workforce.
 - There are still pockets of people in the area who do not share the overall economic prosperity adequately. Action is needed to address worklessness and to encourage progression in the workplace to tackle the growing problem of in-work poverty.
- 2.21.9 Overcoming these constraints are priorities within the growth visions expressed by the North Wales Economic Ambition Board and the Mersey Dee Alliance. The partners within these two regional bodies are working closely together and with the UK and Welsh Governments to secure the investment and devolved powers necessary to deliver economic growth in the future.

2.22 Key asset – protecting the natural environment and biodiversity

Prosperous **Resilient** **Healthier** **Cohesive** **Culture** **Global**

- 2.22.1 The area has a hugely diverse landscape ranging from lowland valleys to upland exposed plateaux encompassing rural and industrial areas. Flintshire contains international, national and local nature conservation designations.

Internationally designated sites in the county include:

- The Dee Estuary
- The River Dee and Bala lake
- Deeside & Buckley Newt sites
- Halkyn Mountain
- The Alyn Valley woods
- Berwyn and South Clwyd Mountains

In total the county hosts over 23 Sites of Special Scientific Interest (SSSIs) and over 300 locally designated wildlife sites. These contain sensitive habitats including coastal and floodplain grazing marsh (5% of the welsh resource), Lowland Calcareous grassland (17% of the welsh resource), Saltmarsh (12% of the welsh resource) heathland, reedbeds, calaminarian grassland, ponds and coastal sand dunes. *These habitats provide for rare species such as Sand Lizards, Natterjack toads, Bats, Dormice, Otter, Great Crested Newts and thousands of wading birds on the Dee Estuary.

Flintshire is a stronghold for the great crested newt. There are strong development pressures around key European Great Crested Newt sites in the County. The future of the species in Flintshire will be dependent on maintaining habitat connections through the developing landscape this is also vital for retaining a landscape and ecosystems which will be resilient in a changing climate.

The Dee Estuary and Liverpool Bay are internationally important marine designations. The waters' rich marine sediments and sheltered aspect provide abundant habitats for a vast number of important and protected species, reflected in several Special Protected Areas, Special Areas of Conservation and Sites of Special Scientific Interest which includes a range of water birds.

In addition there are many undesignated sites and habitats which have nature conservation value and are key elements in the County's biodiversity. These include streams and woodlands – particularly those of ancient semi natural origin.

The large industrial areas in Flintshire highlight the need of businesses to be performing sustainably and fully engaged in conservation objectives. There are many good examples of links between businesses and conservation work in Flintshire these partnerships need to be built on and promoted.

- 2.22.2** Woodlands cover 8.8% of the county – well below the Wales average of 14%. The county is largely urban/industrial compared with many areas in Wales. It is characterised by small blocks of farm woodland and some rural estates (such as Hawarden) as well as larger forest blocks, such as Nercwys and Moel Famau in the south of the county. Country parks such as Wepre Park in Connah's Quay and Greenfield Country Park near Holywell also have substantial woodland. Broadleaved woodlands consist mainly of small valley woodlands dominated by ash.

Issues relating to trees and woods include social pressures such as off-road motorcycling and anti- social behaviour; fly tipping; pressure from development and lack of available land that owners are willing to plant. Restoring, expanding and improving the condition of our woodland is the key to making them more resilient and able to deliver a wider range of social, economic and environmental benefits.

- 2.22.3** The main areas of deep peat in the county are in the Clwydian range Area of Outstanding Natural Beauty (AONB). Peatland habitats can play an important role in water management, slowing down flood waters and naturally reducing flood-risk downstream. By slowly releasing water during dry periods, peatland helps to reduce the impact of droughts on water supplies and on river and stream flows.

- 2.22.4** There is an economic value in landscapes as destinations for visitors, but also as places for communities to prosper. Welsh landscapes are worth £8 billion/year (with £4.2 billion from tourism). Forestry based industries are worth over £400 million per annum to the Welsh economy and Pollination is worth a £430 million to the UK economy with the wholesale value of honey produced in Wales in 2011 was over £2 million.

Pollinators are an essential component of the environment in Flintshire and for the whole of Wales. Honeybees and wild pollinators including bumblebees, solitary bees, parasitic wasps, hoverflies, butterflies and moths and some beetles are important pollinators across a range of crops and wild flowers and improve the productivity of pasture for livestock grazing. Declining bee and pollinator health populations have been increasingly highlighted as a cause for concern in the UK. There are currently 43 species of butterflies in Wales, 10 are in severe decline and 17 are declining. Overall 63% of Welsh butterflies are declining. There are 337 widespread macro (larger) moths recorded in Wales. 93 widespread macro moths in Wales qualify as either 'endangered' or 'vulnerable' under International Union for the Conservation of Nature criteria. Overall 28% of widespread Welsh moths are severely declining. (Welsh Government, 2013). Research indicates that honeybees showed a 23% decline in Wales between 1985 and 2005. Wild flower meadows and other semi-natural habitats that support pollinators have also decreased in area.

* figures taken from Welsh habitat targets disaggregation CCW report 2007 which was based on the Priority Habitats of Wales a Technical Guide (PHW) (Jones *et al*, 2003)

- 2.22.5 The main areas of deep peat in the county are on Halkyn Mountain and in the Clwydian range Area of Outstanding Natural Beauty (AONB). Peatland habitats can play an important role in water management, slowing down flood waters and naturally reducing flood-risk downstream. By slowly releasing water during dry periods, peatland helps to reduce the impact of droughts on water supplies and on river and stream flows.
- 2.22.6 Flintshire is a stronghold for the great crested newt which is often partially dependant on broadleaved woodland. Issues relating to trees and woods include social pressures such as off-road motorcycling and anti- social behaviour; flytipping; pressure from development and lack of available land that owners are willing to plant. Restoring, expanding and improving the condition of our woodland is the key to making them more resilient and able to deliver a wider range of social, economic and environmental benefits.
- 2.22.7 Our experience and interaction with landscape can have a positive effect on our health and well-being. Attractive landscapes, natural beauty, cultural heritage and tranquillity provide opportunities and benefits for healthy communities, recreation, tourism and economic activity.
- 2.22.8 Natural landscapes provide settings within which opportunities for access and enjoyment can be found, enticing people and contributing to healthy lifestyles and reducing stress in all age groups. Natural play improves child development and patients in hospital with a view of greenspace and nature recover more quickly. Landscapes provide places and opportunities for access and enjoyment, enticing healthy lifestyles and reducing stress in all age groups. Studies have shown that there are significant positive associations between mental and physical well-being and increased trees and greenspace in urban areas. Children living in areas with more street trees, for example, have lower prevalence of asthma.

2.23 Climate change and reducing carbon emissions

Prosperous

Resilient

Cohesive

Global

What is happening now

- 2.23.1 The UK Committee for Climate Change recently published the UK Climate Change Risk Assessment Evidence Report 2017¹ It states that

“[t]he global climate is changing, with greenhouse gas emissions from human activity the dominant cause... Global emissions will need to peak soon and then decline rapidly for the Paris Agreement goals to be feasible. Even in this scenario the uncertain sensitivity of the climate to greenhouse gases means there would remain at least a small chance of 4°C or more of warming by 2100. It is therefore prudent to prepare for further warming whilst pursuing more stringent emission reductions as part of the global effort.”

And that

“[c]hanges to the UK climate are likely to include periods of too much or too little water, increasing average and extreme temperatures, and sea level rise.””

- 2.23.2 The report concludes that the most urgent risks for the UK resulting from these changes are:

- **flooding and coastal change** risks to communities, businesses and infrastructure.
- risks to **health, well-being and productivity** from high temperatures
- risk of **shortages in the public water supply**, and water for agriculture, energy generation and industry, with impacts on freshwater ecology.
- risks to **natural capital**, including terrestrial, coastal, marine and freshwater ecosystems, soils and biodiversity.
- risks to **domestic and international food production and trade**.
- risks of **new and emerging pests and diseases**, and invasive non-native species, affecting people, plants and animals.

- 2.23.3 In addition the 2010 Climate Strategy for Wales concludes that

“without immediate, radical and sustained reductions in global greenhouse gas emissions, there will be severe consequences for human society, as well as the biodiversity and ecosystems that provide essential services for human livelihoods. Moreover, economic analysis suggests that action now will substantially reduce future costs of cutting emissions. In terms of adapting to future climate impacts too, the earlier we start to prepare, by understanding our vulnerability and building our capacity to adapt, the better equipped we will be to respond appropriately.”

- 2.23.4 The UK Government has set targets to reduce carbon emissions by 34% by 2020 and 80% by 2050 (against a 1990 baseline) as part of the Climate Change Act 2008. These are very challenging targets for reducing carbon emissions and apply to domestic, commercial and public sector bodies. As such the Welsh

¹ The Climate Change Act requires the UK Government to compile every five years its assessment of the risks and opportunities arising for the UK from climate change, known as the Climate Change Risk Assessment (CCRA). The ASC's Evidence Report published today will inform the Government's second Climate Change Risk Assessment due to be presented to Parliament in January 2017. The report is the result of more than three years of work involving hundreds of leading scientists and experts from the public and private sectors and civil society. The risk assessment has been peer reviewed by UK and international specialists.

Government set a 3% year on year reduction target with the public sector expected to lead by example⁹⁹.

- 2.23.5 Though the public sector itself has a relatively low CO₂ emissions (only about 2% of the UK total) its role is not just about reducing the carbon footprint within its organisations, but in leading by example and assisting the wider community to change its behaviour.
- Both energy production and the transport sector are each responsible for approximately a third of CO₂ emissions (or a quarter of all greenhouse gasses).
 - Although the energy generation sector (along with heavy industry) do not form part of Welsh Government's 3% target, action in this area is important and the public sector can work with energy generators and energy intensive businesses to support them in reducing emissions by supporting energy efficient development and improved supply chains through the planning process. Support can also be given to renewable energy generation schemes such as marine and wind energy.
 - There is significant potential for public sector bodies to help reduce transport emissions through local authority funded transport systems and infrastructure, and travel planning which can be undertaken by all public sector organisations.
 - The business sector (not including direct emissions from energy generation) is responsible for approximately 17% of CO₂ emissions (or 14% of all greenhouse gasses). Amongst other things the public sector can influence low carbon innovation by embedding low carbon action in procurement frameworks and ensuring their contracts with suppliers and service providers include specific clauses on low-carbon, energy efficiency and sustainability.
 - Greenhouse gas emissions from homes across Wales are responsible for approximately 16% of CO₂ emissions (or 13% of all greenhouse gasses). Through promoting energy efficiency in new and existing housing stock and through its work on meeting waste and recycling targets the public sector has many opportunities to engage with organisations in the residential sector to encourage emission reduction.
- 2.23.6 As part of the drive to reduce carbon emissions the UK government has introduced the Carbon Reduction Commitment (CRC). While this originally set out to be a carbon trading scheme, it has evolved into a type of carbon tax to be paid by all organisations over a certain size. As the cost of carbon levy increases each year so does the pressure to reduce carbon emissions.
- 2.23.7 For the twelve months leading to Q1 2016 total greenhouse gas emissions across the UK have been provisionally estimated at 483.0 million tonnes carbon dioxide equivalent (MtCO₂e)¹⁰⁰.
- 2.23.8 Renewable energy is any source of energy that occurs naturally and is not exhaustible, such as wind, solar, tidal and hydro power. Some definitions also include landfill and sewage gas. As well as reducing reliance on fossil fuels and providing cleaner power, developing renewable energy sources for electricity generation is necessary to meet EU and UK Government targets on greenhouse gas emissions and to ensure fuel security. In its 2010 Energy Policy Statement, 'A low carbon revolution', the Welsh Government set out aspirations totalling 22.5 gigawatts of installed capacity from different renewable energy technologies

in Wales by 2020/25. Currently capacity is at only 2.3 gigawatts in Wales, so there is a long way to go to hit that target¹⁰¹.

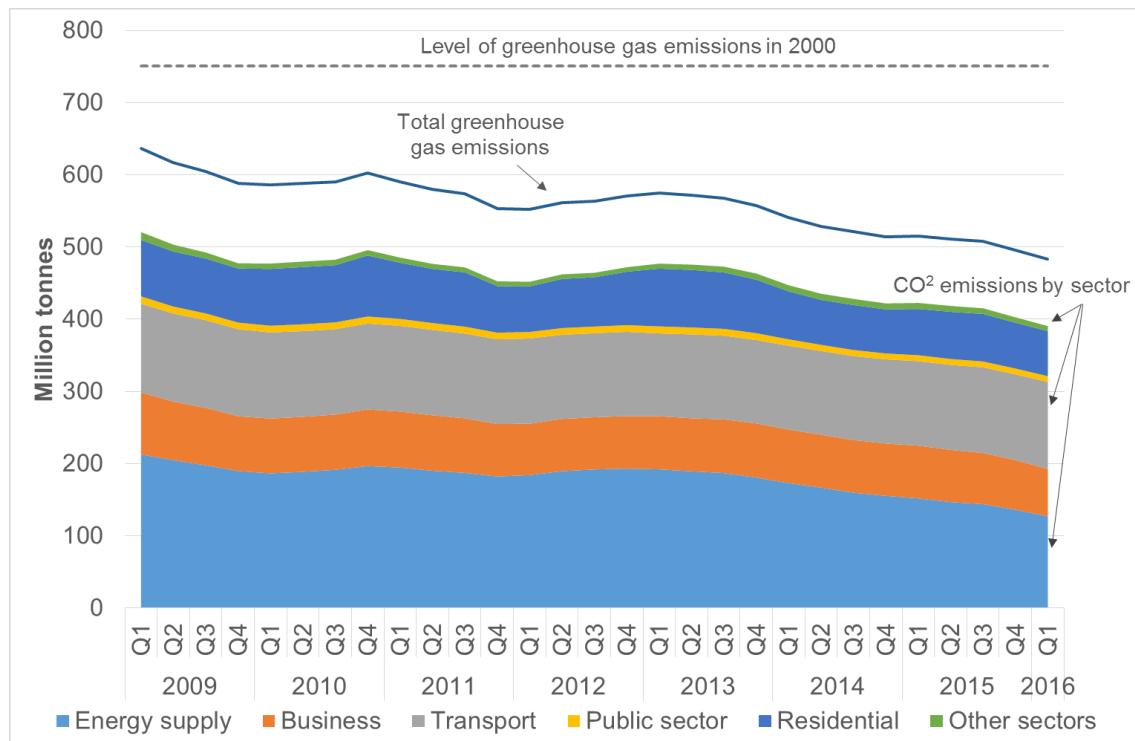
- 2.23.9 Energy production is currently responsible for about 30% of the UK's carbon emissions¹⁰².

How this compares with the past

- 2.23.10 The UK Climate Change Risk Assessment Evidence Report 2017 shows that the global increase in temperature of 0.85°C since 1880 is mirrored in the UK climate, with higher average temperatures and some evidence of more extreme weather events. Average annual UK temperatures over land and the surrounding seas have increased in line with global observations, with a trend towards milder winters and hotter summers in recent decades. Sea levels globally and around the UK have risen by 15-20 centimetres since 1900. Whilst natural variability in the climate will continue to have a considerable influence on individual weather events, the recent episodes of severe and sustained rainfall are consistent with climate change projections."
- 2.23.11 UK greenhouse gas emission has decreased since 2009. For the twelve months leading to Q1 2016, a decrease of -32.1 MtCO2e (-6%) compared to the same period in 2015. Over the seven year period since 2009 Q1 the total decrease in annual emissions has been -153.7 MtCO2e or -24%.
- 2.23.12 All sectors have seen a decrease in CO2 emissions since 2009. The largest decrease was in the energy production sector which saw a drop of about -40% or -86 MtCO2e in the seven year period from 2009 Q1. Transport saw the smallest decrease at only -2% or -2.4 MtCO2e. The public sector decreased their emissions by -21% or -2.1 MtCO2e.

Chart 2.23.1: UK greenhouse gas quarterly emissions annual totals, year to Q1 2009 to year to Q1 2016

Source: provisional UK quarterly emissions official statistics Q1 2016, Department of Energy & Climate Change



2.23.13 The UK is consuming 17% less energy than it did in 1998, and more of the energy we are consuming is coming from renewable sources. At the same time, the percentage of energy coming from renewable and waste sources (such as wind, hydro power and biomass) has risen from 1% of total UK energy consumption to 9%. However, the decline in North Sea oil and gas production has meant the UK has become increasingly dependent on imports of energy. All EU countries are currently net importers of energy.)

What we know or predict about the future

- 2.23.14 The latest set of projected changes in climate for Wales comes from the 2009 UK Climate Projections. Under a medium emissions (A1B) scenario, regional summer mean temperatures are projected to increase by between 0.9 - 4.5°C by the 2050s compared to a 1961-1990 baseline¹⁰³.
- 2.23.15 Regional winter precipitation totals are projected to vary between -2 - to +31% for the same scenario¹⁰⁴.
- 2.23.16 As well as the key challenges around climate change outlined in point 2.23.2 above the UK Climate Change Risk Assessment Evidence Report 2017 provides specific predictions of the impacts for Wales of climate change within the next two generations on infrastructure. Some of these predictions conclude that without adaptation beyond current plans there is
- greater risk to infrastructure from flooding from rivers, surface water and sea (including coastal erosion) – this would impact road and rail transport, electricity transmission and distribution, mobile phone masts, clean and waste water sites, landfill sites)
 - risk to transport, digital and energy infrastructure from extreme heat
 - risk to transport, digital and energy infrastructure from high winds

- risks to habitats and heritage along the coastal zone due to sea level rises
- risks of land management decreasing carbon stores and exacerbating flood risk

2.24 Protection from flooding (including coastal defence)

Prosperous Resilient Cohesive Global

What is happening now

- 2.24.17 Flintshire County is exposed to the combined potential risk from river, tidal and coastal flooding. Urban drainage and surface water problems have also contributed to the county's history of flooding. Natural Resources Wales (NRW) are responsible for managing flood risk from the sea and main rivers.
- 2.24.18 In Flintshire, there are 8,387 properties at risk of flooding. NRW provide a direct warning service to 7,541 properties in 14 areas within the extreme flood outline. So, not all properties within these areas are signed up to the Flood Warning Service.
- 2.24.19 NRW have 7 failing assets in Flintshire that require capital investment. A flood risk based approach has been taken, prioritising people and properties, to manage repairs and improvements. NRW are currently investigating flood improvement opportunities within three areas that are high on our communities at risk register.

How this compares with the past

- 2.24.20 Flintshire has experienced widespread flooding in the past in a number of locations including Mold, Flint, Rhydymwyn, Hendre, Pontblyddyn, and Bagillt in 2000, where some 150 residential properties were flooded including a number of commercial properties. In this incident it was apparent that the County had not experienced an isolated flooding incident but that significant areas of the country were affected simultaneously. As a result of this flooding incident significant emergency works were conducted and a number of capital works schemes were carried out in the county.

What we know or predict about the future

- 2.24.21 Climate change is expected to increase river flooding, cause sea level rise and increase the flood and coastal erosion risk. The 2004 Foresight Future Flooding report suggested that the annual economic damages in Wales will rise from £70 million in 2004 to £1,235 million in the 2080s under the most likely scenario.
- 2.24.22 There are opportunities to investigate natural flood risk management projects.

2.25 Promoting recycling and reducing waste

Prosperous Resilient Cohesive Global

What is happening now

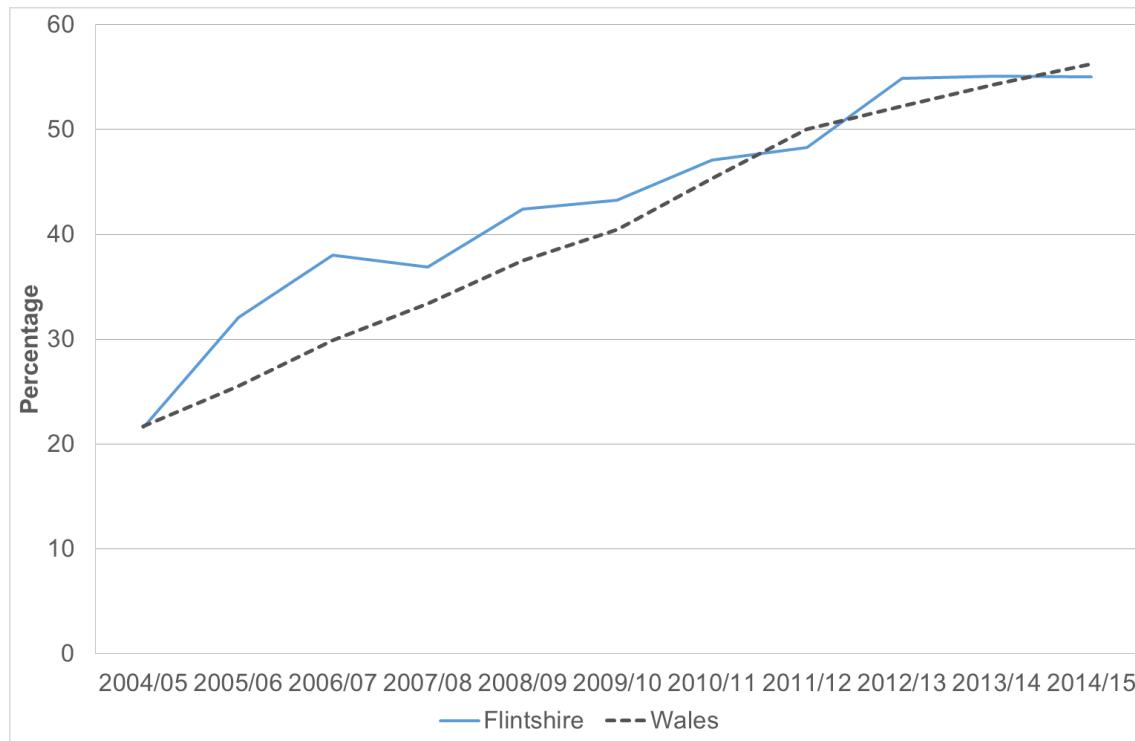
- 2.25.1 Managing waste is an important tool when trying to reduce our ecological footprint. To live in a more sustainable Wales where we have enough resources, at an affordable price, to sustain our economy and way of life we will need to reduce how much of the world's resources we consume. It is estimated that waste is responsible for about 15% of the Country's ecological footprint¹⁰⁵.
- 2.25.2 As well as helping to conserve valuable resources, recycling, reusing and in particular composting our waste helps to reduce the production of methane and other emissions from decomposing biodegradable rubbish. Waste contributes around 4.7% of direct greenhouse gas emissions in Wales, which have a major impact on climate change.
- 2.25.3 Around 85,000 tonnes of municipal waste is generated in Flintshire each year. 55.0% of waste was reused, composted or recycled in 2014/15. This rate is just below the all-Wales figure of 56.2%. Flintshire currently ranks fourteenth for recycling rates amongst the 22 Welsh authorities.
- 2.25.4 Flintshire provides kerbside recycling for all households and collects food waste, mixed plastic, waxed cartons, cardboard, paper, cans and glass every week. Garden waste is collected every two weeks except in December, January and February. Residual waste is collected every 2 weeks. The Council also provides six household recycling centres which provide recycling facilities for a range of other items including furniture, textiles, mattresses, wood, garden waste, hazardous wastes including oil and paint, electrical appliances and rubble.

How this compares with the past

- 2.25.5 Reuse/recycling/composting rates have improved since 2004/05, when they were at about 22% in Flintshire. Significant investment is still needed to meet the European target of 70% by 2025.
- 2.25.6 Between 2004/05 and 2014/15 the annual volume of municipal waste has reduced by about 5,000 tonnes in Flintshire (-6%). The average for Wales as a whole was -20% in the same period.

Chart 2.25.1: Percentage of municipal waste reused/recycled/composted (LART definition)

Source: reuse/recycling/composting rates by local authority and year, StatsWales



What we know or predict about the future

- 2.25.7 The environmental charity, WRAP (Waste and Resources Action Programme) has identified four major barriers that need to be overcome in order to improve recycling rates and reducing residual waste¹⁰⁶. Though some of this is about improving the services that the public sector provide, the major challenges are around behavioural and attitudinal changes in our communities.
- Situational barriers, including inadequate containers, lack of space, unreliable collections, no access to bring sites.
 - Behavioural barriers, including household disorganisation, too busy with other things, no established household routine and forgetting to sort waste or put it out.
 - Knowledge barriers, such as not knowing what to put in each container, and understanding the basic mechanics of how the scheme works.
 - Attitude barriers, such as not believing there is an environmental benefit, viewing it as the council's job not theirs, and not getting personal reward or recognition for their efforts.
- 2.25.8 Waste reduction is a key political driver from the Welsh Government who published their 'Zero Waste' strategy in June 2010 with aims to increase recycling to 70% by 2025, and ambitiously aims for Wales to be a 'zero waste' nation by 2050. 'Zero waste' will be achieved by eliminating residual waste and reusing or recycling all the waste that is produced.

2.26 Providing for housing need, including affordable housing

Prosperous **Healthier** **More equal** **Cohesive**

What is happening now

2.26.1 Good housing provides shelter, security, space for family life and activities, privacy, personal identity and development. It is a keystone of individual and community well-being. In its 2015 report 'A Future for Scotland' the Housing and Well-being Commission recognised that good housing is:

- an essential part of a successful neighbourhood and local community. Good design can help to create a positive appearance and make provision for or help to ensure - accessible links to shops, schools, other local facilities, open space and the countryside and employment opportunities.
- essential to allow employees to move to areas where jobs exist. Investment in housing also generates substantial employment.
- critical to household income; housing which is 'affordable' – that which does not present an excessive burden on household income – reduces the risk of poverty and financial hardship.

2.26.2 It further notes that

"Housing which is secure, adequately heated and free of serious condensation and dampness and which provides adequate space and supports independent living is important for good physical and psychological health and positive educational outcomes."

And that

"Housing with a high standard of insulation and efficient heating systems will reduce energy use and result in lower greenhouse gas emissions. New building on brownfield sites and on sites close to centres of employment will reduce land take and will help to minimise car-based commuting. New building and some major renovation projects may provide opportunities for using natural processes for drainage, the use of sustainable building materials, improved waste management, improved biodiversity and maximising the use of passive energy."

2.26.3 The Office for National Statistics' (ONS) report 'Measuring National Well-being: Where We Live' identifies a strong link between life satisfaction and housing satisfaction across the UK. Of those reporting low satisfaction with their accommodation nearly half reported low satisfaction with their life.

2.26.4 Flintshire contains around 67,550 dwellings to support a population of 154,100¹⁰⁷.

2.26.5 In the year ending March 2016, 662 new homes were built in the area¹⁰⁸, compared to Welsh Government's 2011-based projections predicting a new dwelling requirement of around 350 each year in order to keep pace with population growth. (See the 'How this compares with the past' section for more discussion of this).

2.26.6 As part of their planning duties, Local Authorities also have a specific requirement to provide affordable housing, and the total provision of new dwellings and there is a risk that this duty is not being met. Flintshire's 2014 Local Housing Market Assessment¹⁰⁹ identified an annual figure of 246 additional

households falling into affordable housing need. This estimate – whilst not solely about new build requirement² – is equal to about two fifths of the total provision of all new dwellings in the last year. Ideally, given thresholds outlined in Local Development Plans from other Welsh unitary authorities, the affordable requirement would be about 20-30% of the new build total. A level as high as it is in Flintshire (40% for 2015/16) is not deliverable.

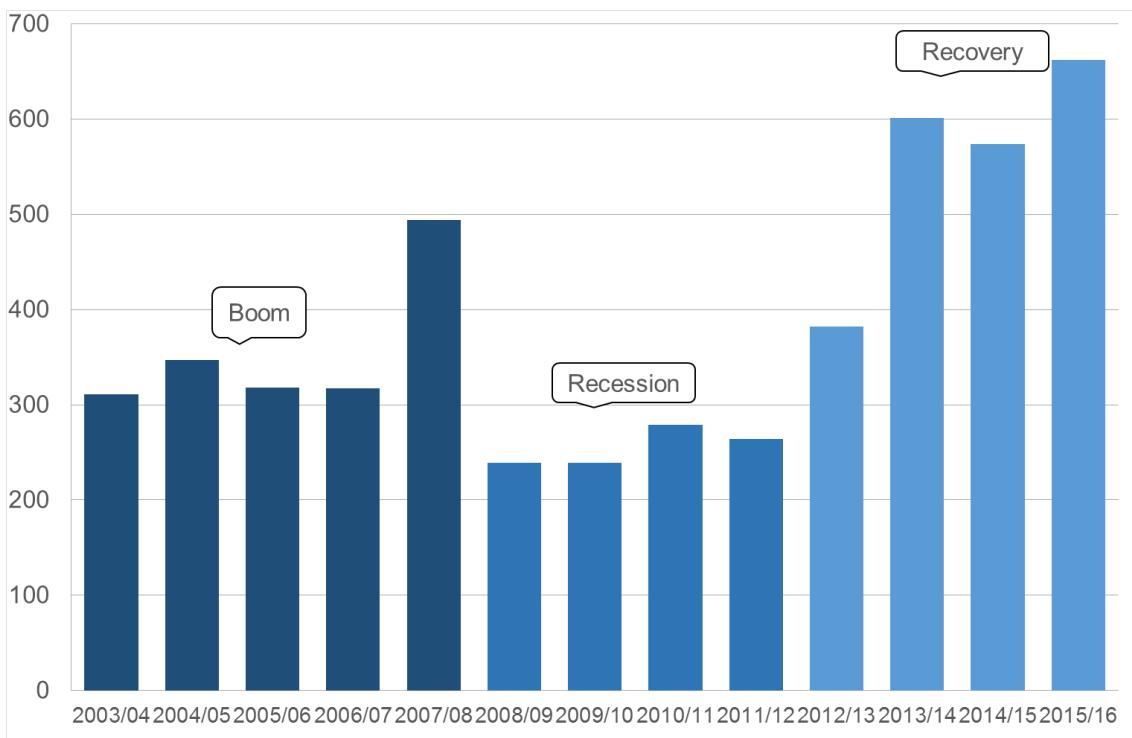
- 2.26.7 At April 2016 the average house price for a property in Flintshire was £152,250¹¹⁰. The average house price is currently 5.6 times the average household income of £27,300 and 10.1 times the lower quartile household income of £15,000. This suggests that entering the housing market as a home owner is well out of the reach of the average household.

How this compares with the past

- 2.26.8 Between April 2006 and March 2016 the average completion rate for new dwellings and conversions has been around 405 units per year. The economic downturn in 2007/08 saw a depression in the construction industry, which reduced housebuilding rates.

Chart 2.26.1: new home building in Flintshire

Source: housing land availability studies, Flintshire Council/WG/Planning Inspectorate



- 2.26.9 This reduction in housing completions continues across most of the country, but in Flintshire the past few years have seen exceptional completion rates fuelled by large Unitary Development Plan sites originally identified back in the 1990s being developed. They present a finite land resource for new house building, and

² For example through placement within existing social housing stock; the provision of supported purchase schemes such as the Home Buy initiative; and through financial support to rent within the private sector (housing benefit)

once the allocations are built on they are gone. These sites could potentially lose their housing development status as the imminent production of a new Flintshire County Council Local Development Plan (LDP) reviews land allocations, and so there is an incentive to develop sooner rather than later.

- 2.26.10 Arguably, the recent high build rates could also be due to developers 'managing' the market and local supply, particularly given Flintshire's current position 'between plans' and an inability to demonstrate a 5 year land supply, which opens up the possibility of speculative housing sites being promoted. Flintshire's proximity to areas on the English border which see high housing demand but have restricted land supply also makes the area attractive to the large housing developers, particularly in the absence of an LDP. The neighbouring Welsh local authority of Wrexham also has limited housing land availability, which adds to the pressure on Flintshire. Once Flintshire's new LDP is produced this speculative development will be curtailed.
- 2.26.11 The rate of new housebuilding seen in the last three or four years is not thought to be sustainable as there is doubt about long term capacity of developers, particularly when neighbouring local authorities produce their own Local Development Plans (including Chester and Wrexham) and release land for up to 40,000 homes within similar time periods over the next year or two.
- 2.26.12 Based on the past building rates method over a 5 year and 10 year period the land supply amounts to 6.6 and 8.1 years respectively. The Council is of the view that past building rates method clearly show the actual level of supply, compared with what the development industry is currently achieving on the ground, and is more reflective of recent economic conditions and reduced levels of house building.

Table 2.26.1: house price index, April 2016

Source: Land Registry house price index

	Flintshire	Wales	England & Wales
Average price (£)	152,250	139,400	219,650
Monthly change (%)	0.7	-2.0	0.6
Annual change (%)	3.9	1.7	8.8
Index*			
Apr 2000=100	264.1	260.7	281.1
Apr 2006=100	130.5	129.8	151.5

* An index is a way of measuring relative change over time. If the average house price at April 2000 is taken to be 100, the index shows how prices have changed since that date. For example, an index of 150 means the current price is one and a half times what it was at the start of the index period.

- 2.26.13 House prices have risen considerably since 2000, even taking into account the slowdown in the housing market that was seen after the 2007/08 recession. In April 2016 house prices were about a third higher than they were in 2006 (wages increased by about a fifth or 22% in the same period). April 2016 houseprices were over two and a half times higher than they were in 2000 (about 264% higher) though wages only increased by about 50%.

2.26.14 In 2000 the ratio of average wage to house price in the area was about 3.0. This compares to 5.2 in 2016.

What we know or predict about the future

- 2.26.15 As the population increases in size and the average household size continues to decrease, demand for housing is expected to grow. By far the biggest factor affecting the number of households and average household size in the future is the expected growth in the number of single person households.
- Almost half of all single person households are pensioners living alone. In 2014 there were 8,950 lone pensioner households³ in Flintshire – this was 16.8% of all households, and 49% of all single person households. As life expectancy increases and the large post-World War II baby-boomer generation reaches pension age we can expect to see the number of lone pensioner households increase.
 - Other factors which have led to smaller average household sizes over past decades have been the trends towards smaller family size and the increase in the number of family break-downs. These trends are expected to continue.
- 2.26.16 The trend towards smaller households may also be an indicator of the type of housing that needs to be built. In particular the provision of housing that will be suitable to meet the needs of older age groups needs to be considered.
- 2.26.17 If the need for additional housing continues to outstrip the rate at which extra provision is provided, then there will be an ever increasing back-log of unmet need which will have to be provided for at some stage, as well as all newly arising need. This is likely to put additional pressure on an already overpriced housing market.
- 2.26.18 Issues around affordability may in part be addressed by simple supply-demand economics. If more houses, of the right type, are built then the upward pressure on house prices caused by a demand that outstrips supply will be relieved.

2.27 Ability to support those in housing need

Prosperous Healthier More equal Cohesive

What is happening now

- 2.27.1 Social housing plays a key role in providing affordable housing for vulnerable and low income households. Most social housing properties are let on lifetime tenancies and at rents set below market rent levels (the rent that private landlords charge). The allocation of housing is through a waiting list system, and is made available to those who are most in need – usually those who are homeless, severely overcrowded or whose current home is unsuitable for health reasons.
- 2.27.2 Increasingly, as pressures on the general availability of affordable homes within the housing market have increased any social housing that becomes available tends to be allocated to the most vulnerable in our society – people with health

³ People aged 65 and over living alone

problems, complex social needs and on low incomes. Under current legislation, being unable to afford to buy a house or rent within the private market is not, on its own, sufficient indicator of housing need and does not mean social housing will be available.

- 2.27.3 Welfare Reforms have meant that for many unemployed or low income families, whether in the social and private housing sectors, access to many state benefits has been reduced or removed completely. Where they are still awarded, benefit levels are frozen, whilst housing costs rise. As well as overall squeezes on household finances, the Welfare Reforms and moves to Universal Credit mean that the housing element of benefits payments are paid directly to the claimant, where previously they were paid to the landlord. This could lead to an increase in people falling into rent arrears, and ultimately a rise in homelessness.
- 2.27.4 The impact of Welfare Reforms and the new Housing (Wales) Act 2014 are particularly felt by young, single people under the age of 35 who are unemployed or in low wage employment. Housing benefit is restricted to the single room rate which is not sufficient to cover renting homes of their own and the only affordable option is shared housing. However, there is no availability of shared housing within the social housing sector, and work to improve the standard of houses in multiple occupation (HMOs) across the area has reduced the availability of shared housing in the private sector. Improvements to private housing stock often result in an increase in market rents.
- 2.27.5 In February 2016, the spare room subsidy/bedroom tax reduced housing benefit payments by an average of £13.50 a week for 1,135 recipients in Flintshire. This was 18.2% of all housing benefit recipients within the social rented sector. The reduction isn't applicable to tenants in the private rented sector.
- 2.27.6 At 31st March 2015, there were 10,279 dwellings within the social housing sector in the area. This was 158 for every 1,000 households, which was below the all-Wales level of 175 for every 1,000 households.
- 2.27.7 Most of the area's general needs⁴ social housing stock has at least three-bedrooms (65%). This is higher than the all-Wales figure (48%). Overall less than 8% of stock is in one-bedroomed accommodation, which limits the opportunities for tenants to downsize if they are affected by caps on housing benefits due to under occupation in their existing accommodation (the so-called 'bedroom tax').

Table 2.27.1: social housing stock by number of bedrooms, March 2015

Source: social landlord stock and rents data collection, Welsh Government

	Flintshire		Wales
	Number	%	%
All general needs dwellings	6,696		
One bedroom	529	7.9%	17.1%
Two bedrooms	1,818	27.2%	35.2%
Three bedrooms	4,172	62.3%	45.2%
Four bedrooms	167	2.5%	2.3%
Five bedrooms or more	10	0.1%	0.2%

⁴ Does not include sheltered housing, hostels or Extra Care provision

- 2.27.8 The undersupply of one bedrooomed accommodation in the housing stock makes it difficult to find adequate social housing for some of the most vulnerable people in housing need, including those who have mental health issues, recovering addicts, veterans and ex-offenders. Single men in particular are disadvantaged by the lack of one bedroom properties.
- 2.27.9 The main social housing provider in the area is Flintshire Council, which provides 72% of all social housing. Other major providers are Clwyd Alyn Housing Association (18%) and Wales and West Housing (8%).

How this compares with the past

- 2.27.10 Social housing stock has increased by only 3% – fewer than 300 dwellings – in the 25 since 1991. Housing stock in the private sector (rented and owner occupied) increased by 32% or about 13,700 dwellings in the same period. This has lead to a proportional decrease in the amount of social housing available within the overall housing stock, and has meant that social provision has had to focus on those in the very greatest need, and affordability alone is no longer a criteria for acceptance to local housing waiting lists. As the route to social housing has closed down for those who a generation ago would have been eligible for council housing, finding a suitable home they can afford has become increasingly difficult for a growing number of people.
- 2.27.11 Homeless presentations have become more complex as other services which previously helped support vulnerable residents have reduced in size and scope. There has been an increase in the proportion of households that require assistance from the local authority that contain people with mental health or other health problems; people with alcohol or drug dependency problems; those with chaotic lifestyles.
- 2.27.12 Since 1996 over 1,600 social housing properties have been sold in Flintshire under right-to-buy schemes. Though some of this stock has been replaced this has fallen short of a direct one-for-one replacement. Over all this has depleted the stock available to meet social housing need.

What we know or predict about the future

- 2.27.13 In the new Housing (Wales) Act 2014, which came into force 1st April 2015, new responsibilities regarding homelessness prevention were given to local authorities and their partners. It places a duty on local authorities to work with people who are at risk of losing their home within 56 days to help find a solution to their problems and hopes to prevent 3 out of 4 people at risk of homelessness from losing their home. This duty is towards all seeking help, not just those with a local connection.
- 2.27.14 Demand for help with homelessness under the terms of the new Act has increased slightly whilst the overall amount of casework involved in preventative work has increased more significantly.
- 2.27.15 Because the provision of social housing is now focussed on the most vulnerable individuals and families, it can often concentrate these groups in the same area. This can create neighbourhoods which are isolated from the community at large, increasing levels of social exclusion and the risk of antisocial behaviour. Research by Shelter draws a link between deprived neighbourhoods and

reduced life chances, meaning that children who grow up in such areas can lack the resources, reasons, skills and confidence to move on¹¹¹.

2.28 Increasing reliance on renting in the private sector

Prosperous **Healthier** **More equal** **Cohesive**

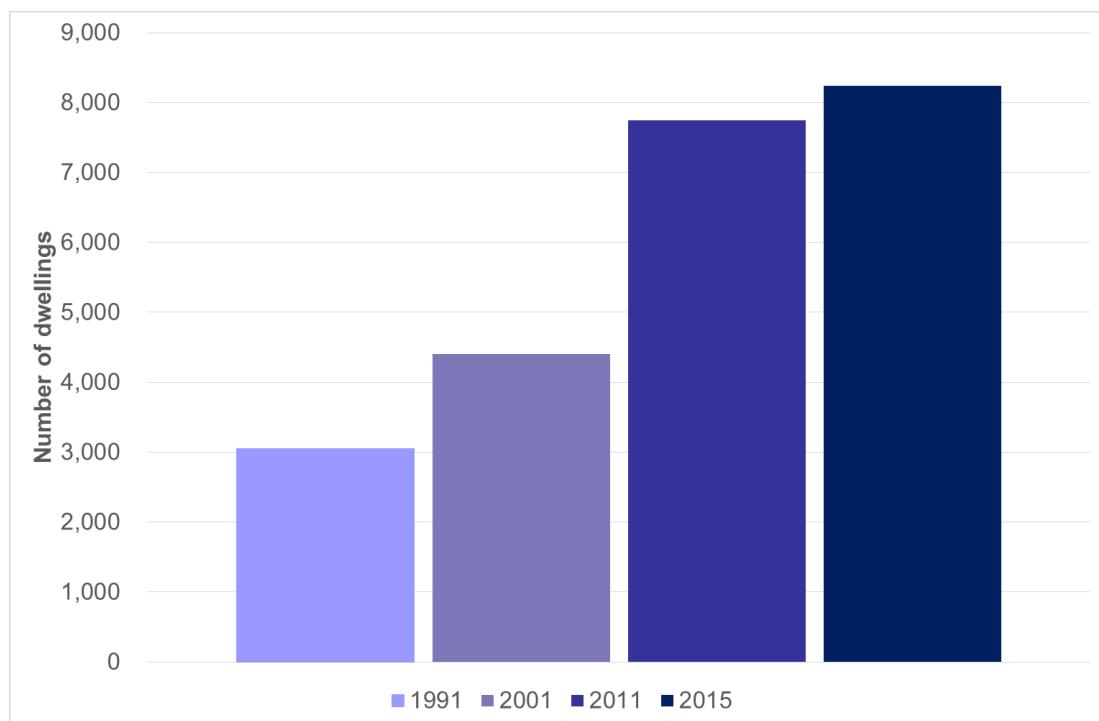
What is happening now

- 2.28.1 The private rented sector houses a diverse range of households, with a wide range of needs from their housing. It can provide flexibility for people with changing accommodation needs or who need to move house frequently for work reasons or such like. However, it can also lead to insecurity of tenure and has additional up-front costs as well as rents, which may be problematic for tenants at the lower end of the market (for example finding money for deposits/bonds, providing several weeks' rent in advance to secure a tenancy, or paying agency fees which may need to be paid each time a tenancy is renewed).
- 2.28.2 Privately rented housing is the fastest growing sector in the housing market. As well as being the only housing option available for those who cannot afford to buy their own home but are not in need of social housing assistance, it is now possible for local authorities in Wales to discharge their homelessness duties within the private sector.
- 2.28.3 The private rented sector accounts for about 12% of the housing stock across Flintshire – about 7,300 dwellings in total¹¹². This is below the Welsh average of 15%.

How this compares with the past

Chart 2.28.1: growth in private rented sector, 1991-2015

Source: census of population, ONS



- 2.28.4 The private rented sector has grown significantly over the last 25 years, growing from a total of about 2,900 dwellings in 1991 to an estimated 7,300 by 2015 – an increase of 175%.
- 2.28.5 The owner occupied housing sector has seen proportionately much slower growth (21%) in the same period. Social housing growth was more or less stagnant in the area, and has reduced nationally. News reports in August 2016 reported that home ownership is, nationally, at its lowest level for 30 years.

What we know or predict about the future

- 2.28.6 The private rented sector houses a diverse range of households, with a wide range of needs from their housing. It can provide flexibility for people with changing accommodation needs or who need to move house frequently for work reasons or such like. However, it can also lead to insecurity of tenure and has additional up-front costs as well as rents, which may be problematic for tenants at the lower end of the market (for example finding money for deposits/bond, providing several weeks' rent in advance to secure a tenancy, or paying agency fees which may need to be paid each time a tenancy is renewed).
- 2.28.7 There are a number of reasons for the rapid growth of private renting, and a number of reasons for expecting it to continue: social change as people co-habit later in life and renting and house-sharing become ever more socially acceptable; high house prices and lack of availability of mortgage credit; the promotion and use of the sector by local authorities to house those in housing need or who are homeless; and, restricted access and long waiting lists for social housing. The pressure on the private rented sector as the housing market has slowed and house building rates have dropped has been particularly noticeable.
- 2.28.8 Alongside this the supply of private rented homes has been buoyed by the growth of the small scale buy-to-let landlord, with many using rental properties as an alternative to a pension fund.
- 2.28.9 Privately rented housing can be difficult to regulate, both in terms of compliance with housing standards and health and safety, and in terms of security of tenure and managing rent levels. The Housing (Wales) Act 2014 hopes to improve this situation by requiring all landlords with property in Wales to register with Rent Smart Wales and to either be licensed themselves if they're 'self-managing' or use a licensed agent.

2.29 Tackling fuel poverty

Healthier

More equal

Cohesive

What is happening now

- 2.29.1 There is a social gradient in fuel poverty: the lower your income the more likely you are to be at risk of fuel poverty and has a significant impact on the health, social and economic well-being of people living in cold homes. Those most vulnerable to fuel poverty and cold homes include older people, lone parents with dependent children, families who are unemployed or on low incomes, children and young people, disabled people, people with existing illnesses and long-term conditions, and single unemployed people¹¹³. Respiratory diseases are worse for people living in cold homes, and other chronic health conditions are

aggravated, alongside a greater risk of strokes and heart attacks. Cold homes also has a negative impact on the emotional and mental well-being of all members of the household (including worrying about bills and health) and can have an effect on children's performance at school.

- 2.29.2 Health and well-being inequalities caused by living in fuel poverty potentially lead to a greater reliance on public services for health and other well-being support. By reducing the risk of people living in fuel poverty in Wales we can help reduce the negative impact on people's lives and the pressure on public services.
- 2.29.3 Households are considered to be in fuel poverty if they have to spend more than 10% of their household income on fuel to keep their home in a 'satisfactory' condition⁵. The Welsh Government estimated that in 2012 there were 364,000 households in Wales living in fuel poverty, which is 29% of all households¹¹⁴. Although fuel costs have generally continued to rise and are well above 2012 levels, the number of households in fuel poverty is expected to have decreased due to the national and local energy efficiency schemes, such as NEST and ARBED, which have targeted households in fuel poverty over the past few years – an estimated decrease across Wales of about -80,000 households¹¹⁵.
- 2.29.4 National research by the Department of Energy & Climate Change (DECC) has shown that those most affected by fuel poverty are lone pensioners and single parents¹¹⁶. Lone pensioners make up 13.8% of households in Flintshire. Single parent households account for 6.3%.¹¹⁷.
- 2.29.5 Fuel poverty can be a particular problem in rural areas, which may not be attached to gas mains and may have to rely on solid fuel or gas/oil supplies which frequently costs more than electricity and gas and can only be bought in large quantities, resulting in sizeable upfront costs.
- 2.29.6 Older housing can also be more difficult to make energy efficient as it was constructed using building methods and materials which are not easily adaptable to 21st century standards for insulation or heating system installation. Stone built properties are a particular problem.
- 2.29.7 The average electricity bill across all payment types decreased by £8 (1.4 per cent) between 2015 and 2014, giving an average total bill of £584. The average 2015 gas bill fell by £38 (5.1 per cent), to £714¹¹⁸.

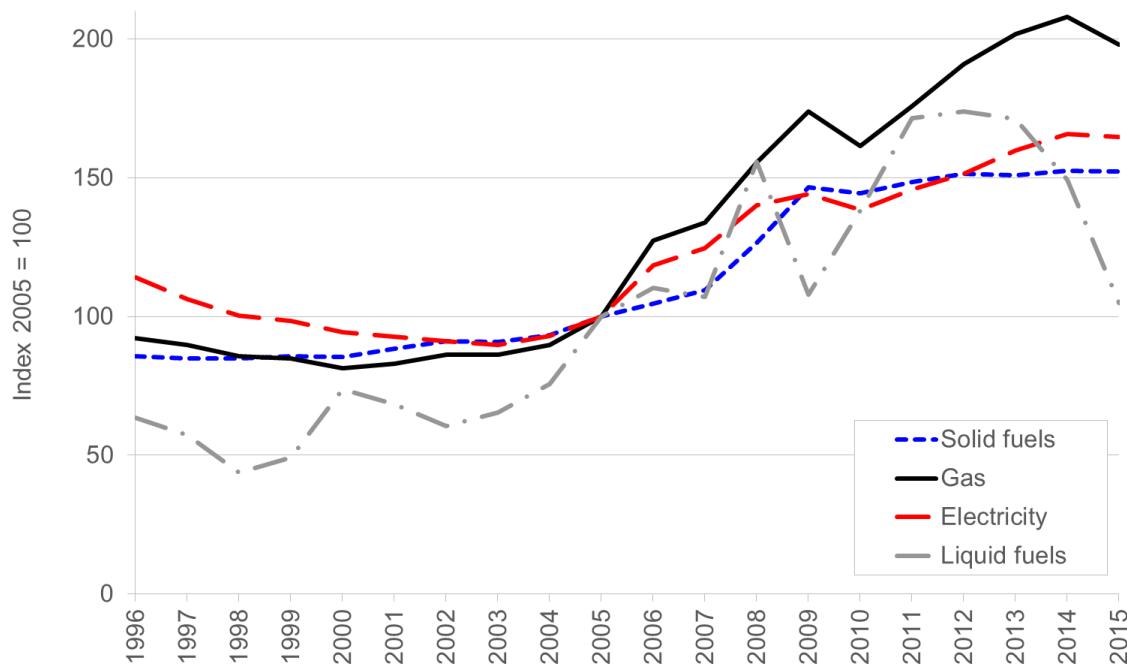
How this compares with the past

- 2.29.8 Though prices in 2015 started to fall after a long period of high fuel-price inflation, for most fuel types they have not fallen as much as might be expected from the continuing decline in the international price of oil. By the end of 2015, average electricity prices have increased by 65% and average gas prices by over 98% compared to 2005. Overall CPI inflation over the same period was only 28%.

⁵ The definition of a 'satisfactory heating regime' recommended by the World Health Organisation is 23°C in the living room and 18°C in other rooms, to be achieved for 16 hours in every 24 for households with older people or people with disabilities or chronic illness and 21°C in the living room and 18°C in other rooms for a period of nine hours in every 24 (or 16 in 24 over the weekend) for other households.

Chart 2.29.1: fuel price indices in the domestic sector in real terms (taking account of inflation)

Source: DECC quarterly energy price bulletin



What we know or predict about the future

- 2.29.9 Tackling fuel poverty is a key sustainable development priority for Welsh Government because it focuses on a key social issue by targeting those who are most in need; stimulates economic activity through generating opportunities for local businesses as well as employment and training opportunities; and makes homes more energy efficient and reduces greenhouse gas emissions and contributes to reducing Wales' ecological footprint.

2.30 Transport and road safety

Prosperous Resilient More equal Cohesive Global

- 2.30.1 This area of assessment is one that needs further work, as it is currently a knowledge gap. It has been identified as an area of concern through consultation, but there is currently little local research and evidence available on the subject.
- 2.30.2 Access to efficient, affordable transport options is a key issue underpinning well-being and improves social inclusion and connectivity. Good transport links facilitate existing relationships and can help develop new ones – both in an economic context for businesses, service providers and their workforce, but also for people and communities, as transport connectivity effects social interaction, access to retail and essential services, and the opportunities to participate in cultural and leisure activities.

- 2.30.3 In particular people at risk of being socially excluded often experience real difficulties in getting to places. Regular and reliable public transport services are not always available in every community, are sometimes unaffordable for people on low incomes or simply do not take people where they need to go. Walking and cycling may not be suitable options for accessing services which are distant or in environments where traffic levels and accident rates are high.
- 2.30.4 Within the economy, transport affects the ability of businesses to undertake trade with customers and suppliers and to recruit a workforce. The availability of good transportation routes in an area can influence the location of business and encourage new investment. Shifts within the wider UK economy from industries based on transporting primary/secondary sectors to the service sector means that many of our existing transport routes may not fit new ways of working.
- 2.30.5 Despite increasing traffic volumes overall figures suggest road traffic accidents and casualties are generally both reducing over time. The rise in accidents caused by driver distraction due to mobile phone usage are a concern however.
- 2.30.6 Transport is currently responsible for about 30% of the UK's carbon emissions¹¹⁹. There is significant potential for public sector bodies to help reduce transport emissions through local authority funded transport systems and infrastructure, and travel planning which can be undertaken by all public sector organisations. Promoting cleaner vehicles within our own transport fleets and facilitating the provision of alternative fuel points (for example electric car charging points) is also within the remit of public sector organisations.
- 2.30.7 The principal means of access to, from and within the area are
- road – A55 T (Euroroute 22), A494(T) and A548, which provide access to the M53 and M56 motorways, and onward to the M6 and M62. There is currently a major Welsh Government consultation on improvements to the A494T/A55T/A548 corridor.
 - rail – mainline Manchester and London to Holyhead routes, and to Wrexham, the borders and south Wales via Chester. There is also a branch line between Bidston on Merseyside and Wrexham that passes through Shotton.

Flintshire's A and B roads are the best maintained in Wales (and have been for the past 3 years). This is key to reducing congestion and disruption from on-going road repairs and provides a reliable infrastructure to support growth and prosperity.

- 2.30.8 Some of the issues around transport that we need to understand better are:
- road capacity – including traffic flows, constraints on expansion, and increases in traffic volumes following road improvements.
 - impact of lack of integrated public transport provision particularly for peripheral communities. Particular concerns were raised about evening travel (whether for participation in social event or for employment which requires shift or unsociable hours working) and about travel difficulties associated with attending Job Centre appointments.
 - promoting active travel (safe walking and cycling routes).
 - provision of safe school transport routes – including subsidised bus services (particularly in areas where population is dispersed) but also traffic flow round schools, walking to school, drop off zones.

- the environmental impacts of transport, including air quality, impact of flooding events on transport infrastructure and carbon emissions.
- the impact of tourism on local transport.

What we know or predict about the future

- 2.30.9 There are possible future funding risks from the withdrawal of Welsh Government capital support for highway maintenance across Wales resulting in capital funding having to be found from council funds. If the network is not maintained to a high standard the number of claims will rise and there will be disruption on the network.
- 2.30.10 To support and sustain public transport availability, Flintshire is developing a local community transport service. The launch of 4 new public transport hubs will enhance and give local choice and ensure sustainability of the service for the future.
- 2.30.11 The future strategic approach for transport is being developed to integrate with the infrastructure requirements of the local development plan (LDP) and regional growth bids. A sustainable and integrated transport plan for the whole of Deeside area is integral to future growth in this area.
- 2.30.12 In 2017 a key decision is due to be made on the A55 route into Wales from England. This will impact on growth across the region and needs to work for both local and regional transport networks and ambitions.
- 2.30.13 In developing an integrated transport solution between the rail, road and bus network there are key decisions to be made around rail infrastructure improvements in the current year on franchise and future capital improvements that will influence future opportunities.
- 2.30.14 An active travel network is being developed to ensure good links for cyclists and walkers to key destinations.

2.31 Growth of new technology, including internet access and social challenges such as cyberbullying

Prosperous **Resilient** **More equal** **Cohesive** **Culture** **Global**

What is happening now

- 2.31.1 The importance of having access to the internet and the world wide web has grown exponentially in the last decade or so. Whereas in its earliest incarnation the internet was used mainly for information exchange or online communications, nowadays computers, smart phones, smart TVs and other digital appliances access the web, internet connected apps, streaming media and cloud storage as a part of all daily activities.
- 2.31.2 For many people, the use of social media such as Facebook, Twitter, Whatsapp and Snapchat has become a daily necessity. As well as providing a means of social interaction it is also increasingly used as a means of accessing news and information, and as an aid to decision making.

- 2.31.3 New technologies also have a wider role in leisure & cultural activities. Increasingly, broadcast media is accessed through internet-ready TVs and digital boxes, and streaming media allows instant access to music and TV/films interactive gaming, live-broadcast sports and even facilitates participation in international cultural events from your own front room.
- 2.31.4 Commercial and business access to the internet is also essential. In addition to providing online marketing and sales opportunities the internet offers a means of remote working, long distance co-operation, access to online work tools and data storage, access to knowledge sharing and research work, and international connectivity through instant communications technology – all of which can be much more productive and cost-effective than their offline equivalents.
- 2.31.5 The cyber world and communications technology also offer potential for employment and economic growth, as it is an expanding high-wage sector. It can require limited investment in more traditional infrastructure, building and land provision than many other industries, as it is portable, flexible, and has aspects that support flexible/home working and small scale start-ups as well as large business developments.
- 2.31.6 The public and third sectors also increasingly rely on new technology to help deliver their services, either through online transaction or as an information tool. Some examples include the NHS Direct Wales website, online DWP benefits applications, requests for new recycling bins, circulating school newsletters, or reporting minor incidents to the police.
- 2.31.7 Compared to national figures, the Flintshire and Wrexham NUTS³⁶ area has a lower internet take-up rate than the national average. By the start of 2016, about 16% of all residents aged 16+ had either never used the internet or had not used it for over three months. For Wales as a whole this figure was 14%, and the average was only 12% across the UK¹²⁰.
- 2.31.8 There are geographical ‘not-spots’ throughout the area (those places where internet access is restricted, slow or non-existent). Traditionally rural areas are expected to suffer from poor broadband service and 3G/4G reception compared to the more urban areas, but it is worth noting that these internet not-spots are not confined to the more remote and inaccessible areas. There are also many low income families who are unable to afford subscriptions to broadband services. Mobile data can be a more affordable and flexible option compared to fixed broadband packages as it can be accessed without installation costs, line rental, or long term contracts. Without access to all providers of 4G mobile data, many customers will not benefit from the same offers or deals that others receive throughout the UK.
- 2.31.9 87% of premises in Flintshire can receive reliable 3G from all of the four main mobile phone operators⁷ (overall UK coverage is 88%). Only 3% of premises within Flintshire receive reliable 4G coverage for all operators (UK level coverage is 46%).
- 2.31.10 It is estimated that 5% of households in Flintshire do not receive broadband speeds of at least 10 megabits per second (Mbps). The government believes that it should be everyone's legal right to request a 10 Mbps connection. Superfast broadband is available to 78% of premises in Flintshire (UK coverage is 83%)¹²¹.

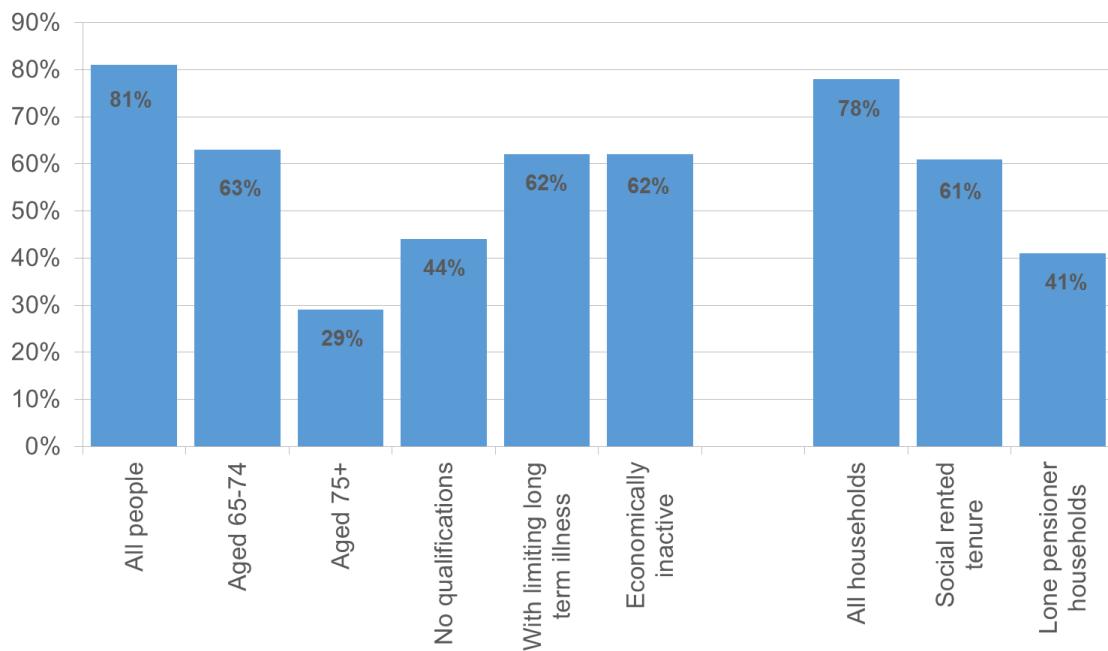
⁶ The NUTS classification (Nomenclature of territorial units for statistics) is a hierarchical system for dividing up the economic territory of the EU.

⁷ EE, O2, Three, Vodafone

2.31.11 Tackling digital exclusion involves looking at the range of barriers to accessing the internet. Those who are socially and economically excluded – poorer households, the disabled, and the elderly, for example – are much less likely to be internet users than the population as a whole.

Chart 2.31.1: internet usage in Wales 2015

Source: National Survey for Wales, Welsh Government



2.31.12 Overall, OfCom's report 'Connected Nation 2015' estimates the likelihood of digital exclusion in Flintshire as 'extremely high' for digital indicators and 'high' for social indicators.

2.31.13 As well as the social and economic opportunities offered by digital technologies, there are some negative aspects around online safety which are increasingly causing concern, and which public authorities, providers of technology and society as a whole are still developing means of dealing with. These include controlling access to inappropriate content for children and young people, on-line grooming (including radicalisation), cyberbullying and online fraud/identity theft.

2.31.14 Cyberbullying is when someone bullies others over the internet or on a mobile phone by sending abusive emails or texts directly to the victim, or by posting or sharing nasty comments or humiliating images where other people can see them. Cyberbullying can have negative effect on mental well-being, and is a particular problem for young people.

- One of the biggest differences between cyberbullying and face-to-face bullying is that it can be hard to get away from. Victims could be bullied anywhere, anytime – even when they're at home.
- Cyberbullying can have a large audience too. Posts on social networks, emails or group chats can be seen by lots of people very quickly.

- Cyberbullies can also remain anonymous, by using fake profiles on social networks or blocking their phone numbers. This can make it harder to identify the bullies.
- Sexting – a type of cyberbullying that involves the sharing of intimate information and images – can be particularly distressing, and includes unsolicited images sent to victims as well as the use of their own images/comments to blackmail, bully or harm.

2.31.15 Online fraud and identity theft are also particular areas of concern. Though these are new twists on longstanding criminal activity, as with cyberbullying the growth on new technology means that these forms of abuse are now potentially everywhere, all the time. Threats include viruses, which can infect your computer and damage it, and online scams. Online scams are when criminals use the internet to try to con people into giving them money or their personal information, and include fake websites, targeted emails and even grooming of victims through online forums. Anyone can become a victim of scams but older people may be particularly targeted, often because it is assumed that they have more money than younger people. Age UK is particularly concerned that recent changes to private pensions allowing people aged 55+ to take all their pension savings in cash will encourage the scammers to target this age group even more¹²².

How this compares with the past

- 2.31.16 The way people access information has changed significantly in recent years with internet usage in Wales increasing from 42% of households in 2004 to 78% of households in 2015. It is estimated that 99% of homes in Wales potentially have access to broadband which has increased from just 12% in 2004. This coupled with the recent rapid increase in the use of smart phones and their associated apps has made a wide range of information and digital services far more accessible than at any point in history¹²³.
- 2.31.17 Individual internet usage for those aged 16+ in the Flintshire and Flintshire NUTS 3 area increased from 82% in 2011 to 84% by 2016

What we know or predict about the future

- 2.31.18 If the current rate of growth continues it is predicted that almost all households in Wales will have access to the internet inside the next 10 years.
- 2.31.19 In December 2010 the Welsh Government published “Delivering a Digital Wales”, a strategy for all stakeholders and partners in Wales to realise the benefits of digital communications, recognising the central place digital communications now have in the growth of our economy and quality of life. In particular for the public sector, the Welsh Government want to see more public and government services delivered digitally so they are easier to access and become more efficient and convenient.

2.32 Equality and diversity / community cohesion

More equal

Cohesive

Culture

Global

What is happening now

- 2.32.1 The National Survey for Wales¹²⁴ gives the following measures of community cohesion for Flintshire. Community cohesion in the area is generally weaker than the Welsh average.
- The percentage of people who agree that they have a 'feeling of belonging to the local area' is 82% compared to an all-Wales figure of 82%.
 - The percentage of people who agree that 'people in the local area from different backgrounds get on well together' is 71% compared to an all-Wales figure of 79%.
 - The percentage of 'people who agree that people in the local area treat each other with respect and consideration' is 71% compared to an all-Wales figure of 79%.
- 2.32.2 Public bodies in Wales have a statutory duty to consider how they can positively contribute to a fairer society in their day-to-day activities through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations.
- 2.32.3 Exposure to inequality can happen very early in life and it can become a barrier which prevents children from reaching their potential from the outset, and potentially remain a persistent presence which hangs over them as they progress through life.
- 2.32.4 All figures are pointing to growing diversity in our population. We need to ensure that we recognise the diverse characteristics of our population when delivering our services, to ensure equality of access and opportunity for all. We also need to recognise this diversity when involving people in decision making for our communities and our public services, and ensure representation from all our people.
- 2.32.5 Ethnicity
- The White British ethnic group made up 95.9% of the population in Flintshire according to the 2011 Census (Wales = 93.2%, England & Wales = 80.5%). In 2001 this group made up 97.7% of the population.
 - The 'other white' ethnic group – including Irish, other white Europeans, white Australians, and white people from the Americas – was 2.6% of the population or 4,000 people in 2011. This compares to 1.5% in 2001. The 2011 figure for Wales was 2.4% and 5.5% for England & Wales.
 - People with mixed ethnicity accounted for 0.6% of the population in 2011 compared to 0.4% in 2001. This is about 850 people in 2011, and compares to a percentage of 1.0% in Wales and 2.2% in England & Wales as a whole.

Table 2.32.1: population characteristics in Flintshire

Equality group	Description	Flintshire		Wales	Reference population	Source & date
		No.	%			
Ethnicity	White British	146,185	95.9%	93.2%	All people	Census 2011
	Other white	3,976	2.6%	2.4%		
	Mixed ethnic group	851	0.6%	1.0%		
	Other ethnic group	1,494	1.0%	3.4%		
National identity	Born in Wales	76,243	50.0%	72.7%	All people	Census 2011
	Born in rest of UK	69,835	45.8%	21.9%		
	Born outside UK	6,428	4.2%	5.5%		
	Welsh / English / Scottish / Northern Irish / British identities only	148,027	97.1%	96.1%		
	Mixed identity - English / Welsh / Scottish / Northern Irish / British and other	383	0.3%	0.4%		
	Other national identities only	4,096	2.7%	3.4%		
	All with Welsh identity	65,129	42.7%	65.9%		
Age	0-15	28,351	18.4%	17.9%	All people	Mid year population estimates, Office for National Statistics 2015
	16-24	15,585	10.1%	11.8%		
	25-44	36,973	24.0%	23.8%		
	45-64	42,170	27.4%	26.3%		
	65+	30,995	20.1%	20.2%		
	85+	3,421	2.2%	2.6%		

Table 2.32.1: population characteristics in Flintshire (continued)

Equality group	Description	Flintshire		Wales	Reference population	Source & date
		No.	%			
Gender	Males	75,926	49.3%	49.2%	All people	
	Females	78,148	50.7%	50.8%		
Disability	Limiting long term illness	29,663	19.5%	23.7%	All people	Census 2011
	Work-limiting disabled	17,800	18.7%	22.8%	Working age	Annual Population Survey 2015/16
Religion / belief	Christian	101,298	66.4%	57.6%	All people	Census 2011
	No religion	38,726	25.4%	32.1%		
	Other religion	1,445	0.9%	2.7%		
	No response	11,037	7.2%	7.6%		
Sexual orientation	Heterosexual			95.0%	All people aged 16+	Annual Population Survey 2015
	Gay or lesbian			1.0%		
	Bisexual			0.6%		
	Other			0.5%		
Welsh language	Welsh speakers	19,343	13.2%	19.0%	All people aged 3+	Census 2011
	No knowledge of Welsh	116,736	79.4%	73.3%		
	Welsh speakers	32,600	21.7%	27.3%	All people aged 3+	Annual Population Survey 2015/16

- All other ethnicities together were 1.0% of the population or about 1,500 people. This has increased from 650 people or 0.4% of the population in 2001, and compares to 2011 Census results of 3.4% across Wales and 11.8% for England & Wales. The largest ethnic group within this total is Chinese with 0.2% of the population or about 300 people.

2.32.6 National identity

- About 97.1% of people in Flintshire identified as having a national identity which was solely attached to UK nations (Welsh / English / Scottish / Northern Irish / British) according to the 2011 Census
- 2.7% of the population had national identit(ies) other than Welsh / English / Scottish / Northern Irish / British. A further 0.3% had mixed UK and other national identities. There is no historical data to compare how this has changed over time. However, in 2001 2.6% of the resident population of Flintshire was born outside the UK, compared to 4.2% in 2011 (all-Wales figure in 2011 = 5.5%; England & Wales = 13.4%).

2.32.7 Age

- Flintshire's age structure is similar to the UK average.
- There is more information about the population of young people in [section 2.2 'Retaining young people in the population'](#).
- There is more information about older people in section [2.3 'Ageing well'](#).

2.32.8 Gender

- There are more females than males in the population, due mainly to the fact women live longer than men. The male:female ratio in 2015 was 100:103 (Wales & UK = 100:103).
- Males:females ratio for children in Flintshire is 100:97. This is slightly higher than the ratios for Wales and the UK (100:95). This ratio is not quite equal, as more baby boys are born than baby girls.
- Males:females ratio for the working age group is 100:101, which is the same as for Wales as a whole and the UK (100:101).
- Males:females ratio for the 65+ age group is 100:115. This is lower than the figure for Wales as a whole, which is 100:119 (UK ratio is 100:121).

2.32.9 Disability

- The number of people with limiting long term illness has grown from 28,500 in 2001 to 29,650 in 2011. Those with limiting long term illness make up 19.5% of the population, compared to a Wales figure of 23.7%.
- The number of people with limiting long term illnesses in Flintshire is predicted to rise by about 4,450 between 2015 and 2035.
- There is no reliable data on the number of people who live with disability, so this is a proxy measure.

2.32.10 Religion

- Despite falling numbers since 2001, Christianity remained the largest religion with 66.4% of the population identifying themselves as Christian. Between 2001 and 2011 there has been a decrease in the proportion of people who identify as Christian and an increase in those reporting to have no religion.
- Overall, the number of people with a religion other than Christian nearly doubled between 2001 and 2011 from 800 to 1,450 or 0.9% of the population. Within this number Muslims made up the largest religious group with 0.3% of the population.
- The religion question is the only voluntary question on the census and 7.2% per cent of people did not answer the question in 2011 (similar to non-response rates in 2001).

2.32.11 Sexual orientation

- There is no reliable data about the size of the gay, lesbian or bisexual population in the UK. Estimates from various sources range from 0.3% to 10%, but they do not allow for non-reporting or misreporting and so the Equality and Human Rights Commission believe that none of these provide an adequate basis for an estimate. The only statistics we have at Wales level are from the Annual Population Survey/Integrated Household Survey and give an estimate of only about 2% of the population being gay / lesbian / bisexual or other.
- This is a sensitive issue. Some people will not be happy to share information about their sexual identity and the inclusion of questions about this can put people off answering surveys or participating in consultations, so it is very difficult to measure.
- The Department of Trade and Industry gives an official estimate that 5-7% of the British population are gay, lesbian or bisexual.

2.32.12 Welsh language

- The 2011 Census estimates that there are 19,343 people aged 3 or over who are able to speak Welsh in Flintshire.
- This is 13.2% of the population. For Wales as a whole 19% of the population are able to speak Welsh.
- There is more information in [section 2.33 'Promoting the Welsh language'](#).

2.32.13 Data gaps

- There is no data available about people who are transgender at either unitary authority or national level.
- There is no comprehensive source of data about disability. The 2011 Census provides information on limiting long term illness and unpaid carers at unitary authority level. There is a register of physical and / or sensory impaired people and people with learning disabilities who use

social services, but this only captures information about those people who use the Council's services.

- The only source of data about religious affiliation at unitary authority level is the 2011 Census.
- The most reliable data for ethnicity figures for all the population at unitary authority level is the 2011 Census. More up-to-date figures are available at an all-Wales level. The School Census provides more recent ethnicity data for school pupils only.
- National identity figures are only available for unitary authorities from the 2011 Census.
- The 2011 Census has detailed data on the Welsh language. It provides data about Welsh language skills, and a breakdown of Welsh speakers by age, nationality and geographically. The School Census also provides data about pupils in who attend Welsh medium schools and about pupils in all schools who speak Welsh.
- The Annual Population Survey produces figures for unitary authorities, but because of the limited sample size, they are not considered a robust source of data at this level. They are therefore not recommended for use at UA level and are not included in the above table. Wales figures have been included as they are considered robust

2.33 Promoting the Welsh language

More equal **Cohesive** **Culture** **Global**

What is happening now

- 2.33.1 The Welsh language is one of Europe's most robust minority languages, having survived despite its close proximity to the most dominant world language of the past two centuries (English). The Welsh language is a key part of the region's culture and identity, being the primary language spoken in some of our communities, as well as having a significant presence in many workplaces, learning institutions, and around our town and village streets. Welsh skills are increasingly seen as key employment skills in a number of emerging sectors, such as the media, food and tourism sectors, and the production of digital content.
- 2.33.2 The 2011 Census estimates that there are 19,343 people aged 3 or over who are able to speak Welsh in Flintshire. This is 13.2% of the population. For Wales as a whole 19% of the population are able to speak Welsh.
- 2.33.3 The highest proportion of Welsh speakers is found in the electoral division (ward) of Mold South, with 30.6%. Saltney Stonebridge, which abuts the English border, is the ward with the lowest proportion of Welsh speakers at 6.1%. In general, the incidence of Welsh speakers is higher in rural areas.¹²⁵.
- 2.33.4 Data from the Welsh language use survey 2013-15¹²⁶ show that
 - fluency levels amongst Welsh speakers aged 3+ are around the Welsh average at 25% Flintshire (Wales = 47%). Levels of spoken fluency are strongly linked to other Welsh language skills.

- most Welsh speakers in Flintshire learned to speak Welsh at school (71%), and 23% learned at home as a small child. About 5% learned through Welsh for adults courses. (Wales = 43% at home, 50% at school, 5% at Welsh for adults course).
 - only 6% of Welsh speakers in Flintshire reported always or usually use Welsh when dealing with public organisation (Wales = 29%). 69% reported never using Welsh with public organisations, which was significantly higher than the Welsh figure of 49%.
 - no Welsh speakers reported being able to always or usually speak Welsh at work in Flintshire – the Welsh average is 32%. 61% reported never using Welsh at work, which was significantly higher than the Welsh figure of 42%.
 - Across Wales, Welsh speaking public sector employees are more likely to always/usually speak Welsh at work (35%) than in the private (30%) or third/voluntary sector (24%).
- 2.33.5 In the 2015/16 school year, five out of 67 primary schools in the area were first language Welsh or bilingual schools. There were 900 pupils at these schools, which was 6% of all primary school pupils (Wales = 26%).
- 2.33.6 Only one of the nine secondary schools provide Welsh medium or bilingual education. There were 500 pupils at this school, which was 5% of all secondary school pupils. (Wales = 33%)¹²⁷.

How this compares with the past

- 2.33.7 Though the number of Welsh speakers in the area increased between 1981 and 2001 they have decreased in number in more recent years. The proportion of Welsh speakers within the population has been in slow decline for several generations in Flintshire.

Chart 2.33.1: Welsh speakers

Source: Census of Population, ONS

	Flintshire		Wales
	No.	%	%
2011	19,343	13.2%	19.0%
2001	20,227	14.1%	20.5%
1991	18,399	13.5%	18.7%
1981	16,632	12.7%	19.0%

Percentage is of those aged 3 or over

- 2.33.8 The encouraging increase in the number of young people speaking Welsh after the Welsh Language Act's introduction of Welsh as a compulsory subject in schools needs to be treated with caution. Most of these young people were learning Welsh as a second language, and their exposure to the language and their level of fluency is likely to be limited compared to children who receive Welsh-medium education. Latest figures from the Census suggest that Welsh

language abilities learned as children are not necessarily sustained into adulthood.

- 2.33.9 Nationally, fluency levels fell slightly between the 2004-6 and 2013-15 Welsh language use surveys.

What we know or predict about the future

- 2.33.10 In order to survive, the Welsh language needs to be a language of communication. The introduction of Welsh as a compulsory subject in schools halted or at least slowed) a 1901-1981 trend which would have been heading towards a predicted ‘zero Welsh speakers’ by 2041, but more needs to be done.
- 2.33.11 Evidence gathered for Welsh Government’s Welsh language strategy¹²⁸ suggests that
- continual exposure through the lifespan to any language may be necessary for the individual to maintain that language.
 - the population most at risk of abandoning the Welsh language is families with only one Welsh-speaking parent/carer and that the perceived status of the language in the community affects parents’/carers’ attitudes towards using the language.
 - the language of a child’s ‘community’ of speakers which includes parents/carers, grandparents, siblings, teachers and school, influences the language spoken by the child. The language of interaction with friends correlates highly with the language the child speaks, and is influential in children’s attitudes towards either or both languages.
 - the literature suggests that there could be an enhanced role for Early Years providers in providing parents/carers with more practical and intensive support to create a stimulating home learning environment which promotes and facilitates the use of Welsh.
 - early and teenage years are seen as a crucial period in developing a positive behaviour towards a minority language and in determining whether the language is maintained and transferred.
 - however, learning and speaking Welsh at school is not enough on its own; the language needs to be used and supported in the home (if possible) and through wider social and cultural activities.
 - lack of confidence was found to be one of the main obstacles preventing staff from using their Welsh language skills at work. Language-awareness training appears to be a successful means of increasing positive attitudes towards Welsh among staff.
 - there is little explicit evidence that the provision of services in minority languages increases language status or use. However there is a body of evidence that shows that languages will thrive only if there are opportunities for use in all spheres of life.
 - support by the population in Wales for Welsh-language service provision is well evidenced. Over nine out of ten Welsh speakers (with a range of fluency levels) take the view that Welsh-language service provision is important to keep the language alive.

- since the Welsh Language Act, evidence shows that barriers to accessing services in Welsh remain. Main barriers include a lack of supply of services in Welsh, a lack of demand for services due to lack of confidence among non-fluent Welsh speakers and a lack of awareness that services are provided in Welsh. Evidence on the effectiveness of specific ways of addressing these barriers is lacking, although there is some evidence to suggest that marketing of the availability of Welsh-language services can lead to increased uptake.
- research suggests focusing Welsh language marketing and promotional approaches on younger age groups; improving the accessibility to and relevance of available Welsh-language media and resources; and maximising the potential of technology such as the internet and new social media.

2.34 Thriving culture

Prosperous Cohesive Culture Global

What is happening now

- 2.34.1 This area of assessment is one that needs further work, as it is currently a knowledge gap. This is particularly exacerbated by a lack of clarity about what we mean by culture. Furthermore the inherent value of culture is, in part, a philosophical assertion that can't be measured in numbers. This is very much an area of well-being assessment that presents some challenges to understanding and quantifying the topic.
- 2.34.2 There is a paucity of hard evidence about the value and impact of culture on well-being, particularly at the local level. In order to understand the importance of a thriving culture for the well-being of the area and gauge how well we are doing we need to know a number of things for which we have limited (or even absent) information as they are not currently measured or monitored. Amongst other things we need to know:
- what do we ascribe as culture / cultural activity
 - what cultural assets or provision do we currently have?
 - where is it, what is it, who is it experienced by or delivered to, who is providing it?
 - are these the right places / people / types of provision?
 - what counts as a 'good' standard of provision?
 - how do we measure the impact of culture?
- 2.34.3 There has been some secondary research on the subject, however. In a 2014 report¹²⁹ the Arts Council for England states that:
- “..art and culture make life better, help to build diverse communities and improve our quality of life. Great art and culture can inspire our education system, boost our economy and give our nation international standing.”
- 2.34.4 The report lays out some of the positive impacts that access to and participation in arts and cultural events can have on:

Individual well-being

- Those who had attended a cultural place or event in the previous 12 months were almost 60 per cent more likely to report good health, compared to those who had not, and theatre-goers were almost 25 per cent more likely to report good health.
- Research has evidenced that a higher frequency of engagement with arts and culture is generally associated with a higher level of subjective well-being.
- Engagement in structured arts and culture improves the cognitive abilities of children and young people.
- A number of studies have reported findings of applied arts and cultural interventions and measured their positive impact on specific health conditions which include dementia, depression and Parkinson's disease.
- The use of art, when delivered effectively, has the power to facilitate social interaction as well as enabling those in receipt of social care to pursue creative interests. The review highlights the benefits of dance for reducing loneliness and alleviating depression and anxiety among people in social care environments.

Community well-being

- There is strong evidence that participation in the arts can contribute to community cohesion, reduce social exclusion and isolation, and/or make communities feel safer and stronger.
- Culture and sport volunteers are more likely than average to be involved and influential in their local communities.
- High-school students who engage in the arts at school are twice as likely to volunteer as those who don't engage in the arts and are 20 per cent more likely to vote as young adults.
- Employability of students who study arts subjects is higher and they are more likely to stay in employment.

Education

- Taking part in drama and library activities improves attainment in literacy.
- Taking part in structured music activities improves attainment in maths, early language acquisition and early literacy.
- Schools that integrate arts across the curriculum in the US have shown consistently higher average reading and mathematics scores compared to similar schools that do not.

The economy

- Arts and culture can boost local economies through attracting visitors; creating jobs and developing skills; attracting and retaining businesses; revitalising places; and developing talent.
- Businesses in the UK arts and culture industry generated an aggregate turnover of £12.4 billion in 2011.
- For every £1 of salary paid by the arts and culture industry, an additional £2.01 is generated in the wider economy through indirect and induced multiplier impacts.

- 2.34.5 The arts, entertainment, recreation sector employs about 2,000 people in Flintshire. This represents about 3% of all employment in the area.
- 2.34.6 The impact of culture on well-being is highlighted by the Chief Medical Examiner for Wales' 2016 annual report. Social prescribing is a non-medical health and well-being based approach that expands the range of options available to primary care clinicians and patients to improve healthy life behaviours, for example services such as choirs, gardening and walking clubs, debt advice, volunteering networks and befriending. The social prescribing approach can improve self-esteem, mood and self-efficacy, social contact and the development of transferable skills to help the management of chronic conditions. Demand for health services can be decreased where the medical model of care is not the most effective solution.

Sport and leisure

- 2.34.7 Flintshire is well-placed, in terms of built facilities and the natural environment, to impact positively upon physical activity and well-being across the County. The Council currently manages an ice rink at Deeside Leisure Centre (National Centre for Ice Sports), together with four swimming pool sites in Buckley, Flint, Holywell and Mold. Leisure Services also manages the 'dry only' community sports provision at four sports centres linked to secondary schools.
- 2.34.8 The National Strategic Indicator LCS/002 records the number of visits to local authority sport and leisure centres during the year where the visitor will be participating in physical activity, per 1,000 population. In 2015/16, Flintshire recorded 1,492,826 physical activity visits, which gives an NSI score of 9,744 per 1,000 population. This places Flintshire as 5th highest in Wales, against a national average of 8,409 per 1,000 population.
- 2.34.9 Nearly half of all children aged 7-16 in Flintshire (49%) participate in at least 3 occasions of sport per week. Flintshire was ranked 5th overall in Wales. This measure, from the 'Hooked on Sport' programme has increased from 42% in 2013.
- 2.34.10 The County Council also manages 160 children's play areas, 13 multi-use games areas, 10 wheeled play areas and 7 artificial turf pitches. In 2016, the summer play scheme programme was held in 60 communities in partnership with 30 Town & Community Councils, Urdd Gobaith Cymru and Action for Children. The schemes recorded a total of 19,297 visits and included provision for 31 children with disabilities.

Libraries

- 2.34.11 Flintshire has seven libraries and meets the national access standard for having locations within 2.5 miles of a library. The National Strategic Indicator LCL/001 records the number of visits to public libraries during the year, per 1,000 population. In 2015/16, Flintshire produced an NSI score of 4,535 per 1,000 population. With an all Wales average NSI score of 5,374. This places Flintshire as 14th highest in Wales Library membership was 76,488 in 2015/16, an increase of 5% from 2014/15, whilst overall UK membership fell by 4% (CIPFA). 99% library users rated Flintshire libraries as 'good' or 'very good', the best scores obtained by surveying authorities in 2014-15. Participation in the Summer Reading Challenge 2015 was ranked 4th in Wales.

Arts and culture

- 2.34.12 Within Flintshire County Council many services have an important role to play in terms of contributing to the arts scene. The Arts, Culture and Events Section supports services across the authority to ensure arts provision and experiences of the highest standard for Flintshire's schools and communities.
- 2.34.13 The principal provider of arts experience within Flintshire, other than the Arts, Culture & Events team, is Theatr Clwyd, an internationally known theatre and production company that regularly attracts audiences and visitors in excess of 200,000 each year.
- 2.34.14 Within the Flintshire community, arts has a wealth of provision. Regional arts organisations such as the Flintshire Visual Arts & Craft Network, Clwyd Community Theatre Association, Flintshire Writers and North East Wales Dance contribute highly to participation.
- 2.34.15 Accessibility and availability of community arts venues, is currently limited within Flintshire, this is particularly evident within the provision of gallery and performance spaces.
- 2.34.16 Through the introduction and programming of family arts and site specific festivals, such as Basingwerk Abbey Festival of Light, Arts in Libraries, Daniel Owen Festival, GWANWYN and Helfa Gelf, participation and audiences continue to grow healthy.
- 2.34.17 The ADUK Revenue Funding report acknowledges that Flintshire's arts budget for 2015/16 was £1.1m.
- 2.34.18 Arts in Education, is currently a featured priority within Wales. With the implementation of the All Wales Creative Learning Plan, Regional Arts & Education Networks and the new proposed expressive arts area of learning, young people will be immersed within a creative cultured community.

Museums and archives

- 2.34.19 Flintshire is well provided in terms of a records office at Hawarden and access to archive material. Museum provision is relatively small with museums (Mold) either being located in libraries or in parks (Greenfield Valley).

2.35 What the community thinks of public services

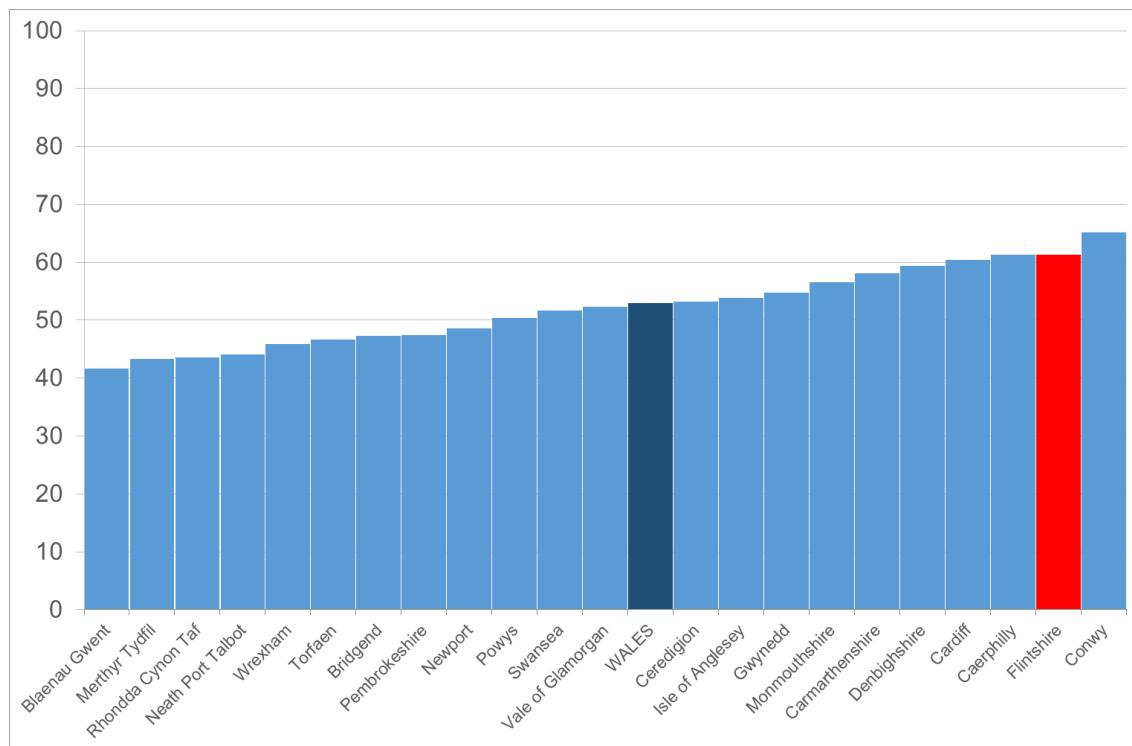
Prosperous Healthier More equal Cohesive Culture

What is happening now

- 2.35.1 The latest National Survey for Wales¹³⁰ shows that 61.3% of residents agreed or strongly agreed that Flintshire Council provides quality services. This was the second highest level of satisfaction of all 22 Local Authorities in Wales. Individual Council services also regularly undertake customer satisfaction surveys, and we are improving analysis of complaints so that we can continue to make the services we provide better and more responsive.

Chart 2.36.1: percentage of respondents who feel their local authority provides high quality services, 2015

Source: National Survey for Wales, Welsh Government



2.35.2 The National Survey suggests that the Council needs to improve its communications and engagement strategies, as:

- only 36.5% of respondents in Flintshire thought their Council was good at letting people know how it is performing (Welsh average = 37.2%)
- only 22.1% of respondents felt they could influence decisions affecting their local area (Welsh average = 21.0%)
- 45.8% of respondents would like more information on their Council's performance (Welsh average = 52.0%)¹³¹
- 45.2% of respondents would like to be more involved in decisions affecting the local area (Welsh average = 49.3%)

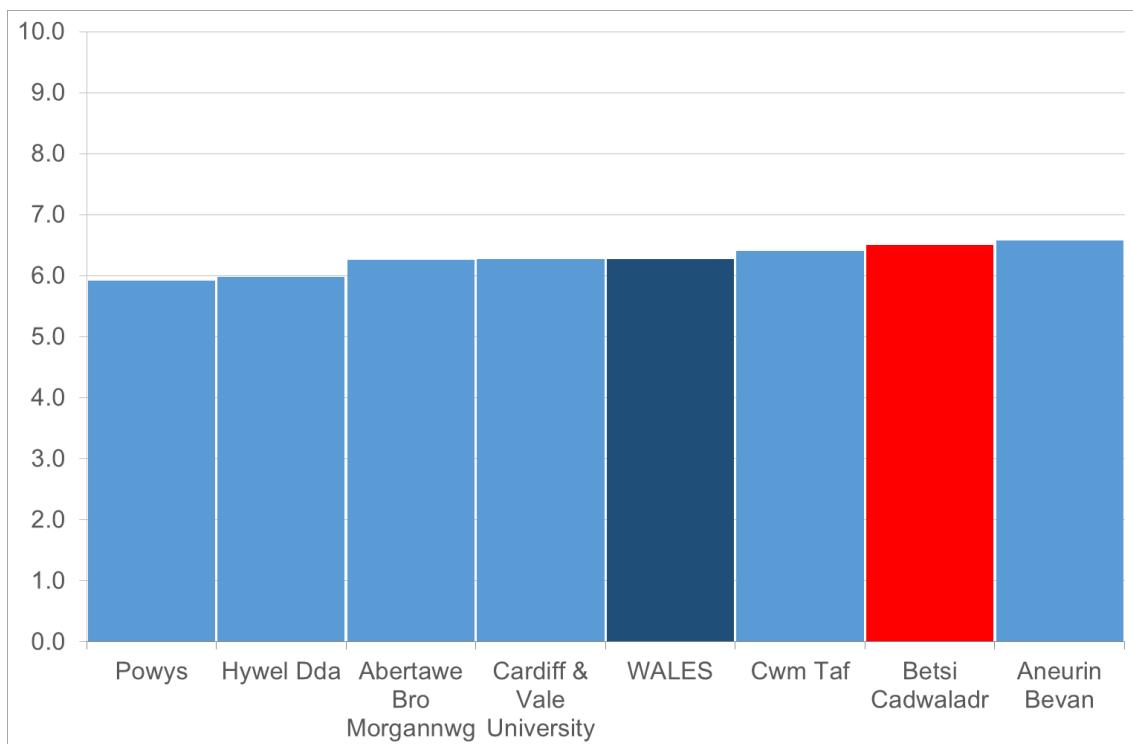
2.35.3 With a score of 6.5 out of 10, Betsi Cadwaladr University Health Board has a slightly higher than average satisfaction with the health service than the Wales average (6.3). However the National Survey also shows:

- only 39.4% of respondents feel they are kept informed about the local health services' performance (Welsh average = 40.0%)
- only 12.6% of respondents felt they could influence decisions affecting their local health services (Welsh average = 13.8%)
- 51.4% of respondents would like more information on local health services' performance (Welsh average = 48.5%)

- 42.1% of respondents would like to be more involved in decisions made by local health services (Welsh average = 39.6%)

Chart 2.36.2: overall satisfaction with state of health services in Wales by health board, 2015

Source: National Survey for Wales, Welsh Government



How this compares with the past

2.35.4 Since 2012/13, the latest figures for local authorities show

- an improvement for Flintshire in those who agree that the local authority provides high quality services of over 3 percentage points (Welsh change – decrease of nearly 4 percentage points).
- a decrease in those who agree that the local authority is good at letting people know how it is performing of nearly 13 percentage points. (Welsh change – decrease of nearly 4 percentage points)
- a decline of about 6 percentage points in those who felt they influence decisions affecting their local area. (Welsh change – fall of almost 4 percentage points)

2.35.5 Since 2012/13, the latest figures for Betsi Cadwaladr University Health Board show:

- no change in the overall satisfaction score (Welsh change – decrease of 0.1 point out of ten in the same period).
- an increase of nearly 14 percentage points in the proportion of respondents who felt they are kept informed about the local health

- services' performance (Welsh change – increase of about 18 percentage points).
- a decrease of over two percentage points in the proportion of respondents who felt they could influence decisions affecting their local health services (Welsh figure stayed about the same)
- 2.35.6 Generally there has been an improvement in satisfaction with public services, despite a period of reduction in public sector funding.

What we know or predict about the future

- 2.35.7 Expectations of and demands on public services continue to rise and are expected to increase in coming years. Population continues to grow, people are living longer, and key services are expected to deliver continually improving outcomes
- Healthcare is expected to improve so that medical advances don't just keep us alive longer, but also enable us to lead healthier lives.
 - Schools are expected to deliver better education so that our children have the best possible start in life.
 - Social care demand is rising for older people, both for residential and community based care. Demand is also rising amongst 16-64 age group, particularly for people with learning difficulties and mental health needs.
 - People want access to services at times that suit work patterns and family/social lives that are increasingly fluid.
 - Expectations of quality across all public services are rising
- 2.35.8 At the same time, public services in Wales face unprecedented financial and resource pressures. Spending cuts in the past have tended to be short term. Austerity measures have now been in place since 2010. The most recent spending projections¹³² show that government austerity policies are set to continue into the 2020s, which will mean a period of over ten years of public spending cuts. Beyond that, the position is uncertain and depends on the state of the economy and the tax and spending policies of future UK Governments, and the impacts of Brexit on national finances.
- 2.35.9 These pressures will influence people's opinions of public service, and will need to be mitigated for. This could be done through measures such as promoting self-reliance and independence amongst residents; improving co-production and joined-up delivery of services and support; changing future delivery models, particularly through involving the public in decision making.

3 Assessments, strategies and plans to be taken into account

The Well-being of Future Generations (Wales) Act 2015 specifies a number of statutory reviews and assessments which must be taken into account when producing this Well-being Assessment:

Assessment of the risks for the United Kingdom of the current and predicted impact of climate change sent to the Welsh Ministers under section 56(6) of the Climate Change Act 2008.

Climate Change Risk Assessment for Wales.

These have been used to specifically inform the 'Climate change and reducing carbon emissions' section of this assessment.

Review of the sufficiency of nursery education provision for the local authority area carried out under section 119(5)(a) of the School Standards and Frameworks Act 1998

The key findings from this review have been used to inform the section 'Giving every child a best start'.

Assessment of the sufficiency of the provision of childcare in the local authority area carried out in accordance with regulations made under section 26(1) of the Childcare Act 2006

The key findings from this assessment has been used to inform the section 'Giving every child a best start'. They have also been used to inform the Population Assessment under the Social Services and Wellbeing (Wales) Act 2014, which in turn has been used to inform this assessment.

Assessment carried out by the local authority in conjunction with a Local Health Board under section 14 of the Social Services and Well-being (Wales) Act 2014

The key findings from the population assessment produced under the Social Services and Well-being (Wales) Act 2014 have been used to inform many of the sections within this assessment. The sections from the Population Assessment which covered carers, loneliness and isolation, domestic abuse and people with disabilities have been particularly useful.

The Population Assessment and the Well-being Assessment were produced in tandem across North Wales and a single coordinated engagement exercise has been used to inform both.

Strategic assessment prepared in accordance with regulations under section 6 of the Crime and Disorder Act 1998

This assessment has informed the sections on 'Tackling domestic abuse, Key issue – adverse childhood experiences', 'Key issues – child sexual exploitation' and the information about substance misuse in the 'People make healthy lifestyle choices' section. North Wales is a safe place to live and work and many of the risks identified in the assessment are being addressed effectively by the organisations who form our local Crime and Disorder Partnership.

Strategic assessment prepared in accordance with regulations under that section relating to combating substance misuse in the local authority area

This has informed the sections 'Supporting those with poor mental health' and 'People make healthy lifestyle choices' which consider the problems around substance misuse.

Each area statement under section 11 of the Environment (Wales) Bill 2016

Natural Resources Wales have provided informative maps and profiles of each Local Authority area in Wales. These have been used to prepare the sections on the Key asset – protecting the natural environment’ and ‘Protection from flooding’ and have informed other sections around the health, economic and well-being benefits that come from our natural environment and biodiversity.

Strategic assessment prepared in accordance with regulations under that section relating to the reduction of reoffending in the local authority area

This forms part of the strategic assessment in accordance with the Crime and Disorder Act 1998. In particular it has informed the sections on ‘Tackling domestic abuse’ and ‘People make healthy lifestyle choices’ (specifically with regard to substance misuse).

4 National indicators of well-being

The Well-being of Future Generations (Wales) Act 2015 requires that the local well-being assessments take into account the national indicators that were laid before the Welsh Assembly in May 2016. The table below shows how this assessment has considered these indicators.

National indicator	Included in assessment	Notes
1. Percentage of live single births with a birth weight of under 2,500g.	Yes	
2. Healthy life expectancy at birth including the gap between the least and most deprived.	Yes	
3. Percentage of adults who have fewer than two healthy lifestyle behaviours (not smoking, healthy weight, eat five fruit or vegetables a day, not drinking above guidelines and meet the physical activity guidelines).	Partly	Only able to look at healthy lifestyle behaviours individually at present. Composite measure expected from new National Survey.
4. Levels of nitrogen dioxide (NO ₂) pollution in the air.	No	Other measures of environmental quality included in assessment.
5. Percentage of children who have fewer than two healthy lifestyle behaviours (not smoking, eat fruit/vegetables daily, never/rarely drink and meet the physical activity guidelines).	No	Measure not available at local level.
6. Measurement of development of young children.	Yes	
7. Percentage of pupils who have achieved the "Level 2 threshold" including English or Welsh first language and Mathematics, including the gap between those who are eligible or are not eligible for free school meals. (To be replaced from 2017 by the average capped points score of pupils).	Yes	
8. Percentage of adults with qualifications at the different levels of the National Qualifications Framework.	Yes	

National indicator	Included in assessment	Notes
9. Gross Value Added (GVA) per hour worked (relative to UK average).	No	Other measures of local economic performance included in assessment.
10. Gross Disposable Household Income per head.	No	Other measures of prosperity included in assessment.
11. Percentage of businesses which are innovation-active.	No	Measure not available at local level.
12. Capacity (in MW) of renewable energy equipment installed.	No	Measure not available at local level.
13. Concentration of carbon and organic matter in soil.	No	Measure not available at local level.
14. The Ecological Footprint of Wales.	No	Measure not available at local level. Other measures of ecological footprint included in assessment.
15. Amount of waste generated that is not recycled, per person.	No	Measure not available at local level. Other measures of recycling/waste production included in assessment.
16. Percentage of people in employment, who are on permanent contracts (or on temporary contracts, and not seeking permanent employment) and who earn more than 2/3 of the UK median wage.	No	Measure not available at local level.
17. Gender pay difference.	No	Data which is available at local level is not reliable enough to allow gender analysis (ASHE - Annual Survey of Hours and Earnings)
18. Percentage of people living in households in income poverty relative to the UK median: measured for children, working age and those of pension age.	Partly	Measure not available at local level for all age groups. Other measures of income poverty included in assessment.
19. Percentage of people living in households in material deprivation.	No	Other measures of deprivation and poverty included in assessment.
20. Percentage of people moderately or very satisfied with their jobs.	No	Measure not available at local level.
21. Percentage of people in employment.	Yes	
22. Percentage of people in education, employment or training, measured for different age groups.	No	Measure not available at local level.

National indicator	Included in assessment	Notes
23. Percentage who feel able to influence decisions affecting their local area.	Yes	
24. Percentage of people satisfied with their ability to get to/ access the facilities and services they need.	No	Measure expected from new National Survey, not currently available at local level.
25. Percentage of people feeling safe at home, walking in the local area, and when travelling.	No	Measure expected from new National Survey, not currently available at local level.
26. Percentage of people satisfied with local area as a place to live.	No	Measure expected from new National Survey, not currently available at local level. Other measures of satisfaction with local area included in assessment.
27. Percentage of people agreeing that they belong to the area; that people from different backgrounds get on well together; and that people treat each other with respect.	Yes	
28. Percentage of people who volunteer.	No	Measure not available at local level. Other measures of local volunteering included in assessment.
29. Mean mental well-being score for people.	Yes	
30. Percentage of people who are lonely.	No	Measure expected from new National Survey, not currently available at local level. Other measures of loneliness and isolation included in assessment.
31. Percentage of dwellings which are free from hazards.	No	Measure not available at local level.
32. Number of properties (homes and businesses) at medium or high risk of flooding from rivers and the sea.	Yes	
33. Percentage of dwellings with adequate energy performance.	No	Measure not available at local level.
34. Number of households successfully prevented from becoming homeless per 10,000 households.	No	Other measures of those in housing need included in assessment.
35. Percentage of people attending or participating in arts, culture or heritage activities at least three times a year.	No	Measure expected from new National Survey, not currently available at local level.

National indicator	Included in assessment	Notes
36. Percentage of people who speak Welsh daily and can speak more than just a few words of Welsh.	Yes	
37. Percentage of people who can speak Welsh.	Yes	
38. Percentage of people participating in sporting activities three or more times a week.	No	Measure expected from new National Survey, not currently available at local level.
39. Percentage of museums and archives holding archival/heritage collections meeting UK accreditation standards.	No	Measure expected from new National Survey, not currently available at local level.
40. Percentage of designated historic environment assets that are in stable or improved conditions.	No	Measure expected from new National Survey, not currently available at local level.
41. Emissions of greenhouse gases within Wales.	Yes	Only national level data considered. Measure not available at local level.
42. Emissions of greenhouse gases attributed to the consumption of global goods and services in Wales.	Yes	Only national level data considered. Measure not available at local level.
43. Areas of healthy ecosystems in Wales.	No	Measure not available at local level. Other measures of local ecosystems included in assessment.
44. Status of biological diversity in Wales.	No	Measure not available at local level.
45. Percentage of surface water bodies, and groundwater bodies, achieving good or high overall status.	No	Measure not available at local level.
46. The social return on investment of Welsh partnerships within Wales and outside of the UK that are working towards the United Nations Sustainable Development Goals.	No	Measure not available at local level.

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