



**Partneriaeth**  
Ranbarthol  
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West  
Glamorgan  
Regional  
**Partnership**



POPULATION NEEDS ASSESSMENT  
2022 - 2027

HEALTH &  
PHYSICAL DISABILITY

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# 1. HEALTH AND PHYSICAL DISABILITY

The [World Health Organisation Constitution](#) of 1948 defines 'health' as: *"A state of complete physical, mental, social well-being and not merely the absence of disease or infirmity"*.

In 1984, this was revised to:

*"The extent to which an individual or group is able to realise aspirations and satisfy needs and to change or cope with the environment"*.

In terms of disability, the [Equality Act 2010](#) indicates that you are disabled *"if you have a physical or mental impairment that has a substantial and long term negative effect on your ability to do normal daily activities"*.

It is also important to highlight the [Medical and Social Models of Disability](#), and how the 'problem vs. solution' distinction recognises that barriers are created by society.

## **Population profile**

Population projections for the general population show that the number of people living in West Glamorgan will rise to 413,872 by 2040. The effect of this rise in terms of the needs that the population will require heading towards 2040 is difficult to quantify, as the range of services that we all generally use are varied and needed at different stages of our lives.

For physically disabled people, this can be challenging as they would like to be as independent as possible until such times as they require help from statutory bodies.

A recent survey conducted by the Office for National Statistics says, "23.0% of disabled people aged 21 to 64 years in the UK had a degree as their highest qualification compared with 39.7% of non-disabled people; 15.1% of disabled people had no qualifications compared with 5.4% of non-disabled people (year ending June 2020).

Around half of disabled people aged 16 to 64 years (52.1%) in the UK were in employment compared with around 8 in 10 (81.3%) for non-disabled people (July to September 2020); disabled people with autism were among those disabled people with the lowest employment rate. A higher proportion of disabled people aged 16 years and over in England were involved in civic participation (41.5%), such as signing a petition or attending a public rally, than non-disabled people (35.1%) (year ending March 2019).

Disabled people aged 16 to 64 years in the UK were less likely to own their own home (40.9%) than non-disabled people (53.4%), and more likely to have rented social housing (at 24.9% compared with 7.8%) (year ending June 2020).

Disabled people's (aged 16 to 64 years) average well-being ratings in the UK were poorer than those for non-disabled people for happiness, worthwhile and life satisfaction measures; average anxiety levels were higher for disabled people at 4.47 out of 10, compared with 2.91 out of 10 for non-disabled people (year ending June 2020).

The proportion of disabled people (13.9%) aged 16 years and over in England, who reported feeling lonely "often or always" was almost four times that of non-disabled people (3.8%) (year ending March 2019). Around 1 in 7 (14.3%) disabled people aged 16 to 59 years in England and Wales experienced domestic abuse in the last 12 months, compared with about 1 in 20 (5.1%) non-disabled people; disabled women (17.5%) were more than twice as likely to experience domestic abuse in the last year than non-disabled women (6.7%) (year ending March 2020)."

Source: [Outcomes for disabled people in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

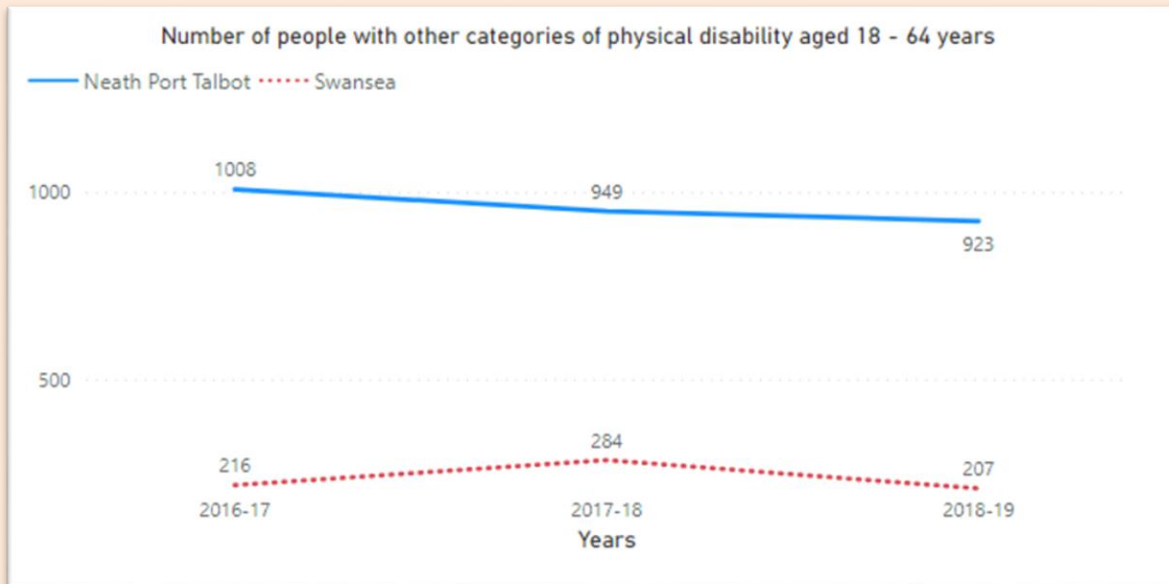
### **Physical disability**

The impact of a physical disability on a person's life experience varies greatly. Some disabilities are visible, requiring a high level of support on a daily basis, while others are hidden.

Experiences of degenerative conditions, or those where symptoms may fluctuate throughout the day are all unique to that one individual.

Source: [Physical Disability – pdnet](#)

In West Glamorgan, the number of people between the ages of 18-64 who have other categories (not sensory impairment) of a physical disability at 2018/19 is 1130.



The number of people aged 65+ within the region who have other categories (not sensory impairment) of a physical disability at 2018/19 is 2415.

**Number of people with other categories of physical disability aged 65+ years**

Years	Neath Port Talbot	Swansea	West Glamorgan
2016-17	2150	262	2412
2017-18	2135	432	2567
2018-19	2115	300	2415

Source: SocialCareWales

From the information published by Social Care Wales, the numbers are more concentrated between the age group of the over 65+ when compared to those between 18 and 64 years old.

The statistics included in the [Social Care Wales data catalogue](#) cover a range protected characteristic groups. Unfortunately, data is not available at present to identify specific areas of concern for these groups on a regional footprint. We will need to analyse the Census 2021 data to be able to produce some meaningful trends for specific categories of the population.

Some of the challenging factors concerning Learning Disability and Autism are highlighted and evidenced in their own dedicated chapters. You will find information on other influences on the population in the other core themes.

## 2. LIFESTYLE FACTORS

Reflecting on the lifestyle factors affecting disabled people or those with health issues, the following themes are significant:

### **Employment**

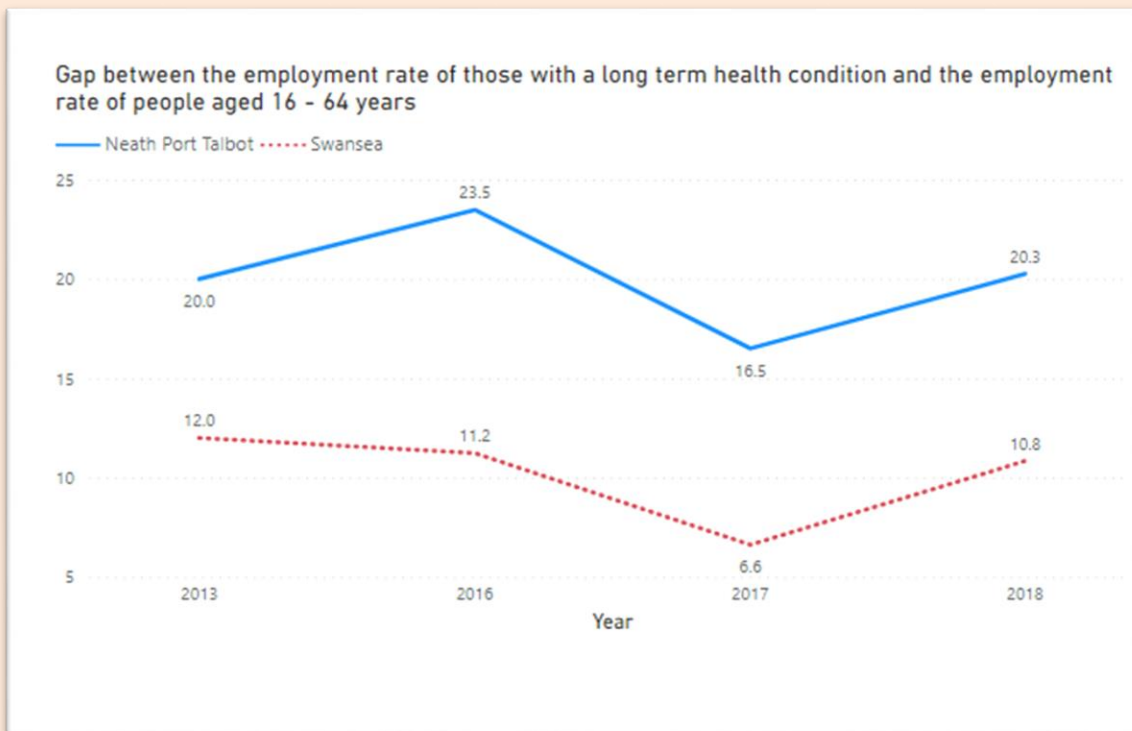
Disabled people in work were significantly less likely to be employed as managers, directors or senior officials, or to be employed in professional occupations (27.2% for these two occupation groups combined) than non-disabled people (34.5% for both occupations combined). Disabled people in work were significantly more likely to hold elementary occupations, 12.1% compared with 9.6% of working non-disabled people. Disabled people in work were also significantly more likely to be employed in caring, leisure or other service occupations (12.3%), or sales or customer service occupations (9.1%) than non-disabled people (8.7% and 6.8% respectively).

Over one-third (34.6%) of disabled people in work (16 to 64 years), worked part-time compared with under one-quarter (22.9%) of non-disabled people, a significant difference. Similar proportions of disabled people in work were self-employed compared with non-disabled people (15.0% for disabled people, 14.0% for non-disabled people). However,

disabled men were significantly more likely to be self-employed (20.2%) than non-disabled men (17.3%).

Source: [Outcomes for disabled people in the UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

Information recorded on Stats Wales shows that the gap between the employment rate of those with a long term health condition and those employed aged 16-64 differs between Swansea and Neath Port Talbot (NPT). The gap is nearly double in NPT compared with Swansea, which could be linked to other socioeconomic factors such as household in material deprivation.



## Cost of Living

Prior to COVID-19, [almost a quarter of people in Wales](#) were living in poverty with disabled people more likely to experience relative income poverty and live in more economically deprived areas in Wales than non-disabled people. A [Welsh Government report](#) about the impact of COVID-19 on disabled people evidences that they have 'disproportionately fallen behind with household bills during the

pandemic, because of their disadvantaged position in the labour market, poor housing and increased costs associated with being disabled’.

The cost of living crisis has, and will continue to put households under significant financial pressure, particularly those in low-income households as detailed in a recent report by the [Bevan Foundation](#).

From 1<sup>st</sup> April 2022, the [energy price cap](#) rise of 54% will increase costs to the customer by £693. Prices have risen sharply and the [Bank of England](#) forecasts that the rate of inflation will reach around 8% in spring of this year. These spiralling costs are disproportionately impacting disabled people as set out in new research from the disability equality charity [Scope](#).

### **Neurological conditions**

In Wales, around 2,500 people per year are diagnosed with Parkinson’s disease, epilepsy, multiple sclerosis or motor neurone disease. The latest prevalence data from Public Health Wales (2014-15) indicates out of the 100,000 over 41,000 people in Wales are estimated to suffer from one of the following neurological conditions; Parkinson’s disease, epilepsy, multiple sclerosis, muscular dystrophy, motor neurone disease and cerebral palsy. In addition, a further 10,000 people each year were admitted to hospital for an acquired brain injury. It has been estimated between 2% and 3% of children will have some level of disability leading to additional health and educational needs. The vast majority of childhood disabilities are neurological in origin, with paediatric epilepsy the most common neurological disorder affecting about 0.7% of all children.

Source: [neurological-conditions-delivery-plan-july-2017.pdf \(gov.wales\)](#)

*“There are more than 250 recognised neurological conditions. In Wales, approximately 100,000 people are living with a neurological condition that has a significant impact on their lives. Many neurological conditions are life threatening and the majority significantly affect quality of life. Too often, people with neurological conditions in Wales report substantial barriers to accessing the treatment, services and support that they need from health and care services.”*



Source: <https://www.walesneurologicalalliance.org.uk/2021/wp-content/uploads/2021/10/Building-the-Foundations-for-Change-FINAL-ENG-1-1.pdf>

## **Technology**

Disabled people with a range of different impairments have reported increased social exclusion and/or social inclusion depending the type and variety of technologies encountered, the quality of the interaction and the attitudes of other users. A key determinant of whether experiences with technology have been positive or negative is the extent to which they have been appropriate, accessible and fit for purpose.

Technology does not obviate the need for information to be provided in different formats and for some people its use in some contexts can never replace direct human contact. There has been an assumption during the pandemic that technology is available and accessible to all, which needs to be challenged. Digital exclusion has been reported by Deaf BSL-users and older Deaf people unfamiliar with technology. Several reports have noted that Deaf people in rural areas and young Deaf adults were unable to communicate with anyone during periods of lockdown (Redfern and Baker, 2020; Wright et al, 2020).

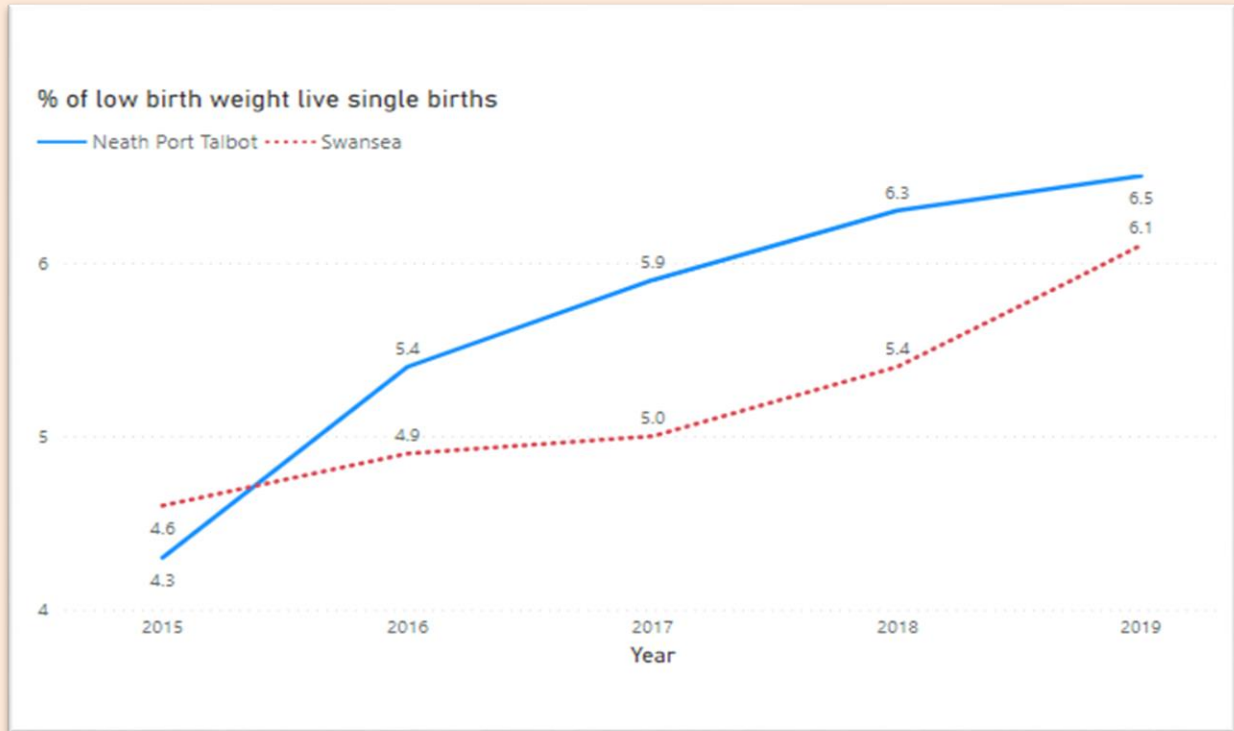
Evidence suggests that some groups of disabled people have found new opportunities for working, socialising, connectivity and learning through the increased use of remote platforms during the pandemic (Hale et al, 2020; Foster and Hirst, 2020, Warner, 2020). Organisations representing people with learning disabilities for example, have highlighted how new opportunities to learn skills previously not available to this group have emerged, which it was previously wrongly assumed would be beyond their capabilities (Warner, Learning Disability Wales, 2020).

Source: [Locked out: liberating disabled people's lives and rights in Wales beyond COVID-19 \[HTML\] | GOV.WALES](#)



## Low Birth Weight

The percentage of low birth weight live single births is increasing in both Swansea and Neath Port Talbot. Reasons for this need to be understood and prevented where evidence proves that there is an established cause.



Latest figures from Public Health Wales show that in 2020, the low birth weight as a percentage of live single births were 6.4% for the region. Swansea recorded 5.9% (just below the Welsh average) and NPT recorded 7.2%, which is above the Welsh average.

The following table includes details the percentages for all Health Boards across Wales.

## Percentage of singleton live births with a low birth weight (less than 2500g) by Health Board, 2020

Health Board	%	95% Confidence Interval	Count
Betsi Cadwaladr UHB	6.2	(5.6 to 6.9)	378
Powys THB	5.3	(4.1 to 6.9)	53
Hywel Dda UHB	5.0	(4.2 to 5.8)	154
Swansea Bay UHB	6.4	(5.6 to 7.3)	207
Cwm Taf Morgannwg UHB	7.1	(6.3 to 7.9)	295
Cardiff and Vale UHB	5.8	(5.2 to 6.5)	278
Aneurin Bevan UHB	5.9	(5.3 to 6.5)	330
<b>Wales</b>	<b>6.1</b>	<b>(5.8 to 6.3)</b>	<b>1,702</b>

Produced by Public Health Wales Observatory, using NCCHD (DHCW)

\*Numbers and percentages only include singleton live births where the birthweight and local authority of residence were known

### Stroke

Each year, around 7,400 people will have a stroke in Wales and the Stroke Association estimates that there are almost 66,001 stroke survivors living in Wales. A stroke can have a very serious and lasting impact on the lives of individuals and their families. It is estimated that up to 70% of all strokes could be avoided if the risk factors were treated and people adopted healthier lifestyles. People need to make every possible effort to avoid stroke as, despite improvements in stroke services, there will always be some strokes which are too severe to treat, resulting in lives being shortened or a long term severe disability.

Childhood stroke is a neglected area, with both professionals and the general public lacking awareness of the problem and its potential consequences. Stroke affects several hundred children in the UK each year, many children who have a stroke have another medical condition (such as a cardiac disorder). Ethnic minority children are subject to a higher risk of conditions such as sickle cell disease and vasculitis, the impact of this means that years of healthy life can be lost which makes stroke in children and young people a significant condition even with small numbers. The burden of childhood stroke on the health services is, numerically, smaller than stroke in the elderly. However, the long-lasting

physical, emotional and social effects of stroke on an individual near the beginning of their life affects not only the individual themselves, but also their family and society as a whole.

Source: [stroke-delivery-plan-2017-to-2020.pdf \(gov.wales\)](#)

The following table illustrates the prevalence of stroke and Transient ischaemic attack (TIA) across the Swansea Bay UHB Cluster Areas for 2018. During this time, the Upper Valleys and Neath Clusters were slightly above the Wales average.

**Prevalence of Stroke and TIA across Swansea Bay UHB Primary Care Clusters (2018)**

Indicator	Wales	Afan	Neath	Upper Valleys	Bay Health	City Health	Cwmtawe	Llwchwr	Penderi
Prevalence of Stroke and TIA %	2.1	2.2	2.3	2.3	2.0	2.1	2.2	2.1	2.1

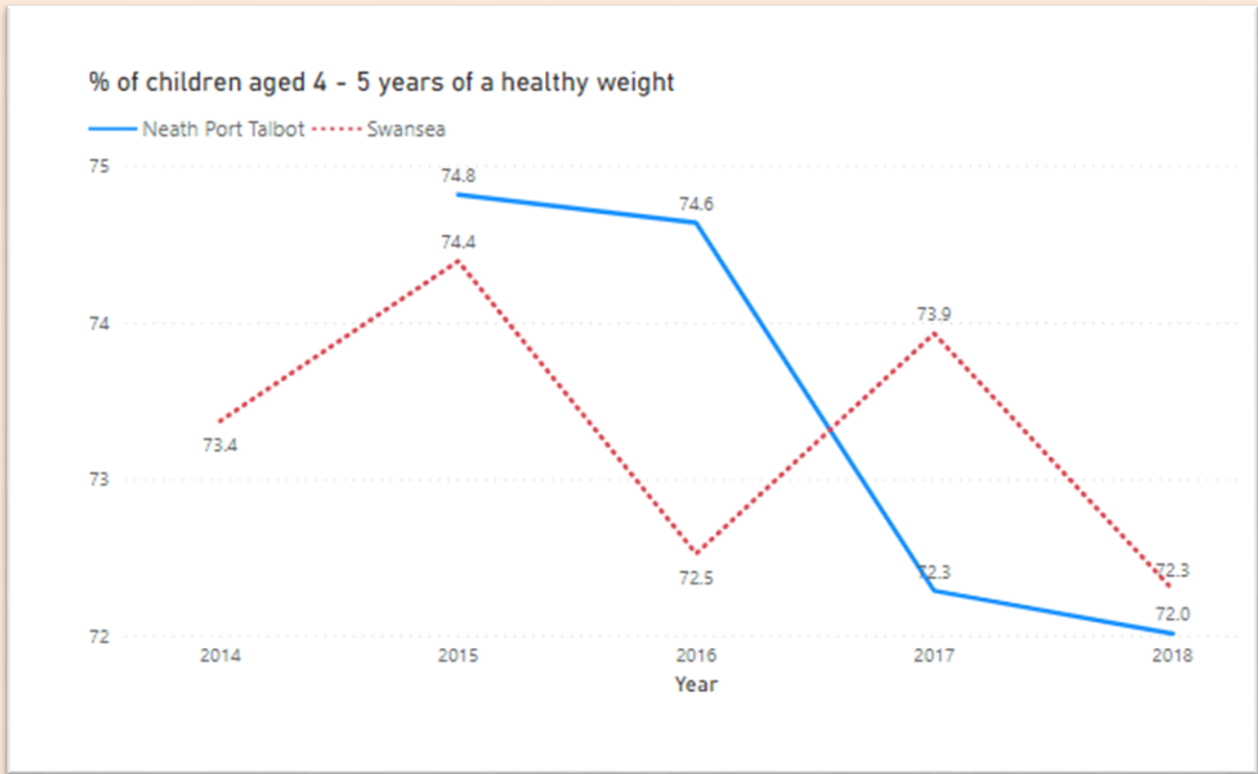
**Source:** The Primary Care Compendium; Primary & Community Care Development and Innovation Hub

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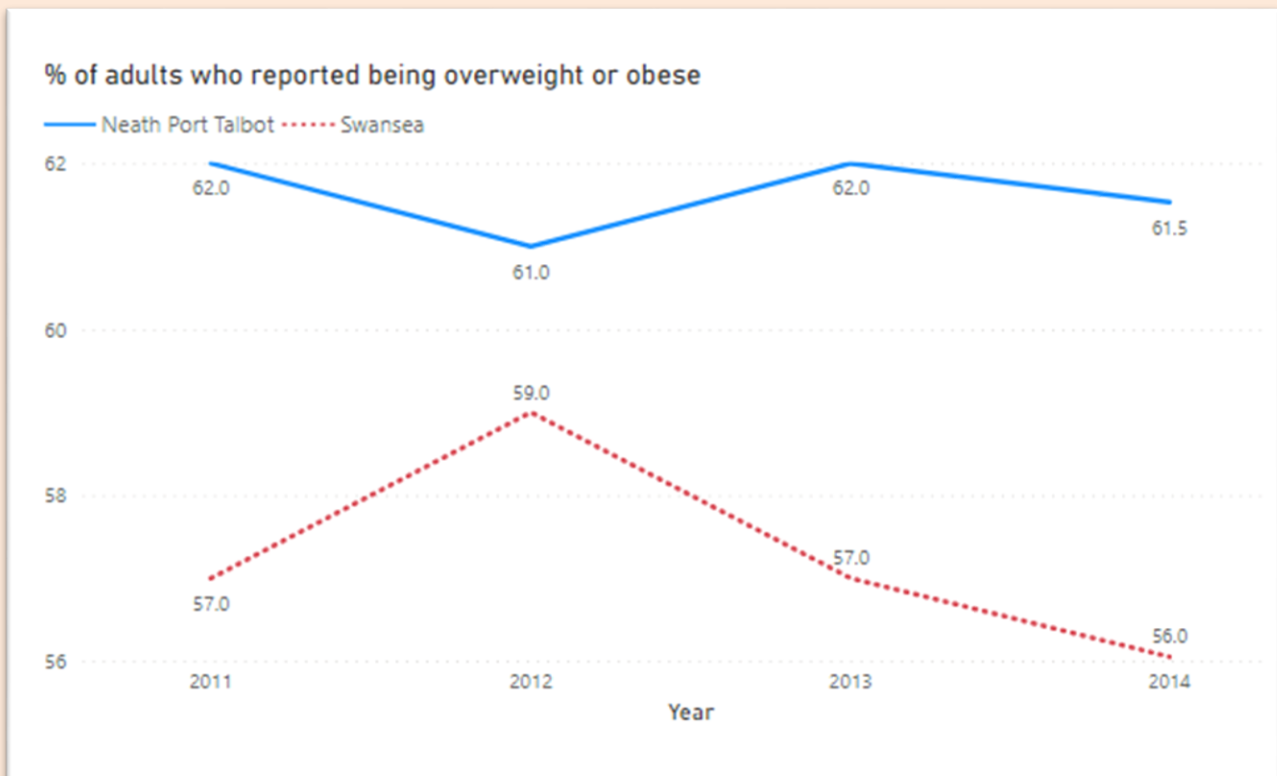
### **Healthy Eating/Weight Management/Obesity**

The latest figures from Stats Wales shows that the percentage of children aged 4-5 years that are of a healthy weight has fluctuated over the last few years, but the overall trend is declining which is something that needs to be noted and prevention measures adopted.

The following chart shows the percentage of children aged 4-5 who are of a healthy weight within NPT and Swansea.



The latest figures from Stats Wales for the adult population shows that when asked about their weight, approximately 61.5% in NPT reported being overweight or obese, while it was 56% in Swansea.



The table below (recorded in Stats Wales) shows that Hypertension and Obesity are amongst the most prevalent conditions within the region.

Swansea Bay University Health Board		
Measure	Condition	2019-20
Prevalence Rate %	Hypertension	14.96
Prevalence Rate %	Obesity (patients aged 16+)	9.92
Prevalence Rate %	Asthma	7.68
Prevalence Rate %	Diabetes mellitus (patients aged 17+)	7.65
Prevalence Rate %	Secondary prevention of coronary heart disease	3.56
Prevalence Rate %	Cancer	3.09
Prevalence Rate %	Atrial fibrillation	2.41
Prevalence Rate %	Chronic obstructive pulmonary disease	2.27
Prevalence Rate %	Stroke and transient ischaemic attack	2.23
Prevalence Rate %	Mental health	1.25
Prevalence Rate %	Heart failure	1.19
Prevalence Rate %	Epilepsy (patients aged 18+)	1.03
Prevalence Rate %	Rheumatoid Arthritis (patients aged 16+)	0.82
Prevalence Rate %	Dementia	0.73
Prevalence Rate %	Osteoporosis (patients aged 50+)	0.73
Prevalence Rate %	Learning disability	0.50
Prevalence Rate %	Palliative care	0.19

This [StatsWales](#) cube provides data on the number of patients on active disease registers, the overall number of patients registered at a GP practice and disease prevalence rates, using disease register data obtained through [QAIF](#). These are lists of patients registered with GP practices who have been diagnosed with the medical condition as defined by the [QAIF](#) register indicator.

The data therefore includes the registered population aged 65 or more and the registered population aged under 65 with one or more of the qualifying conditions defined in [QAIF](#) (COPD, diabetes, CHD or stroke). There are no influenza prevalence rates for 2019-20, as the associated numerator and denominator data was not provided.

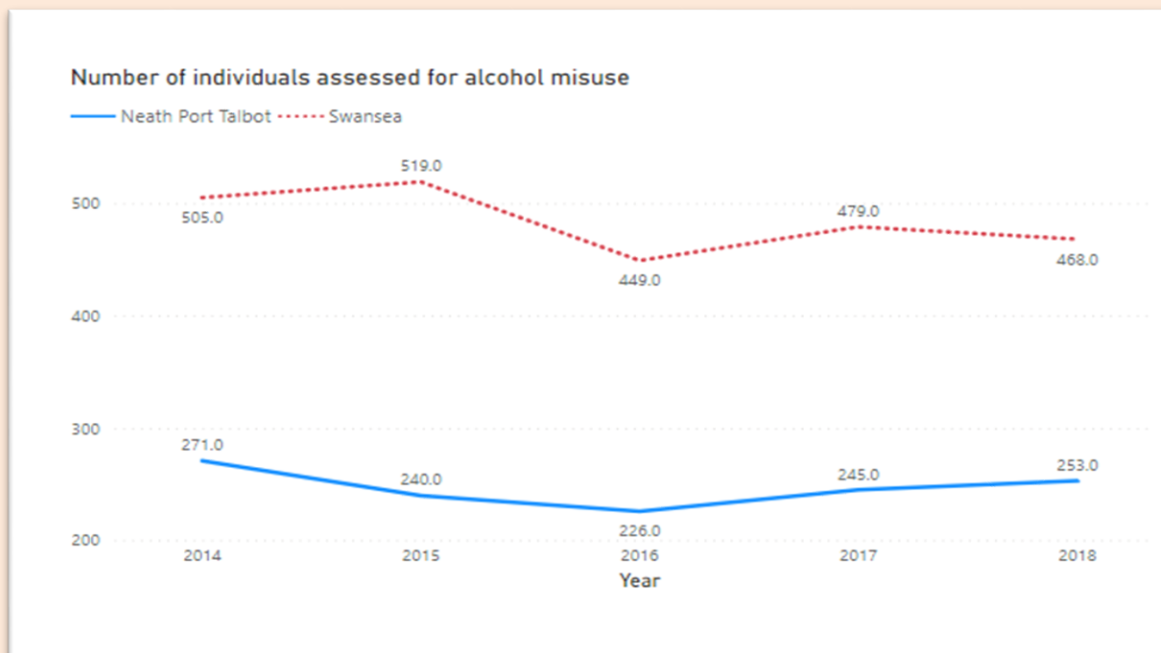
## Alcohol

Latest figures from Stats Wales show a different pattern in the percentage of adults who consume more than 14 units of alcohol per week. However, we are drinking less as a region compared with previous years.

### % of adults who reported consuming more than 14 units or more of alcohol per week

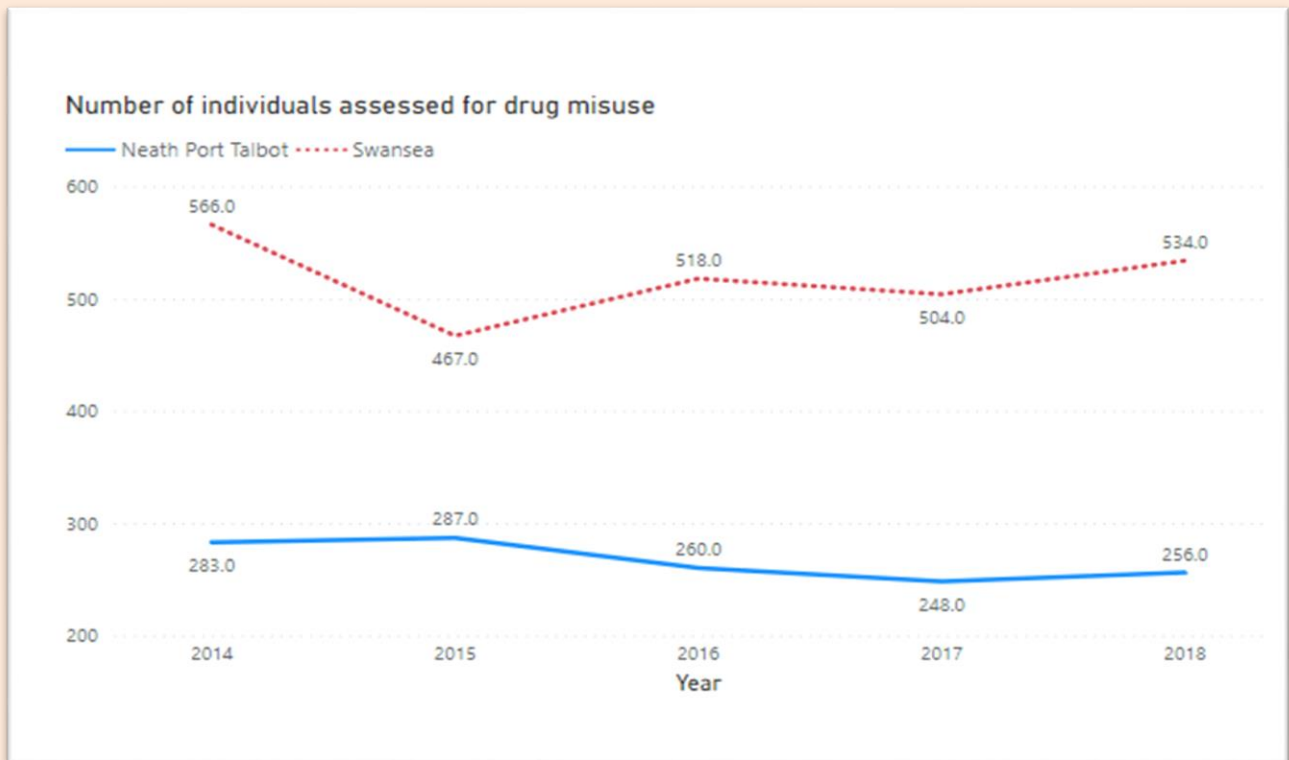
Year	Neath Port Talbot	Swansea	West Glamorgan
2016	20.9	19.1	20.0
2017	20.1	23.3	21.7
2018	16.4	22.3	19.4

The number of adults assessed for alcohol misuse doesn't follow the same pattern as the consumption, and in fact is the opposite of what is shown in the consumption figures with Neath Port Talbot showing an increase of individuals assessed for alcohol misuse, and Swansea showing a decrease.



### Substance Misuse

Latest figures from Stats Wales show a different pattern in the number of individuals assessed for drug misuse across the region, although overall fewer adults are being assessed for drug misuse within the region.



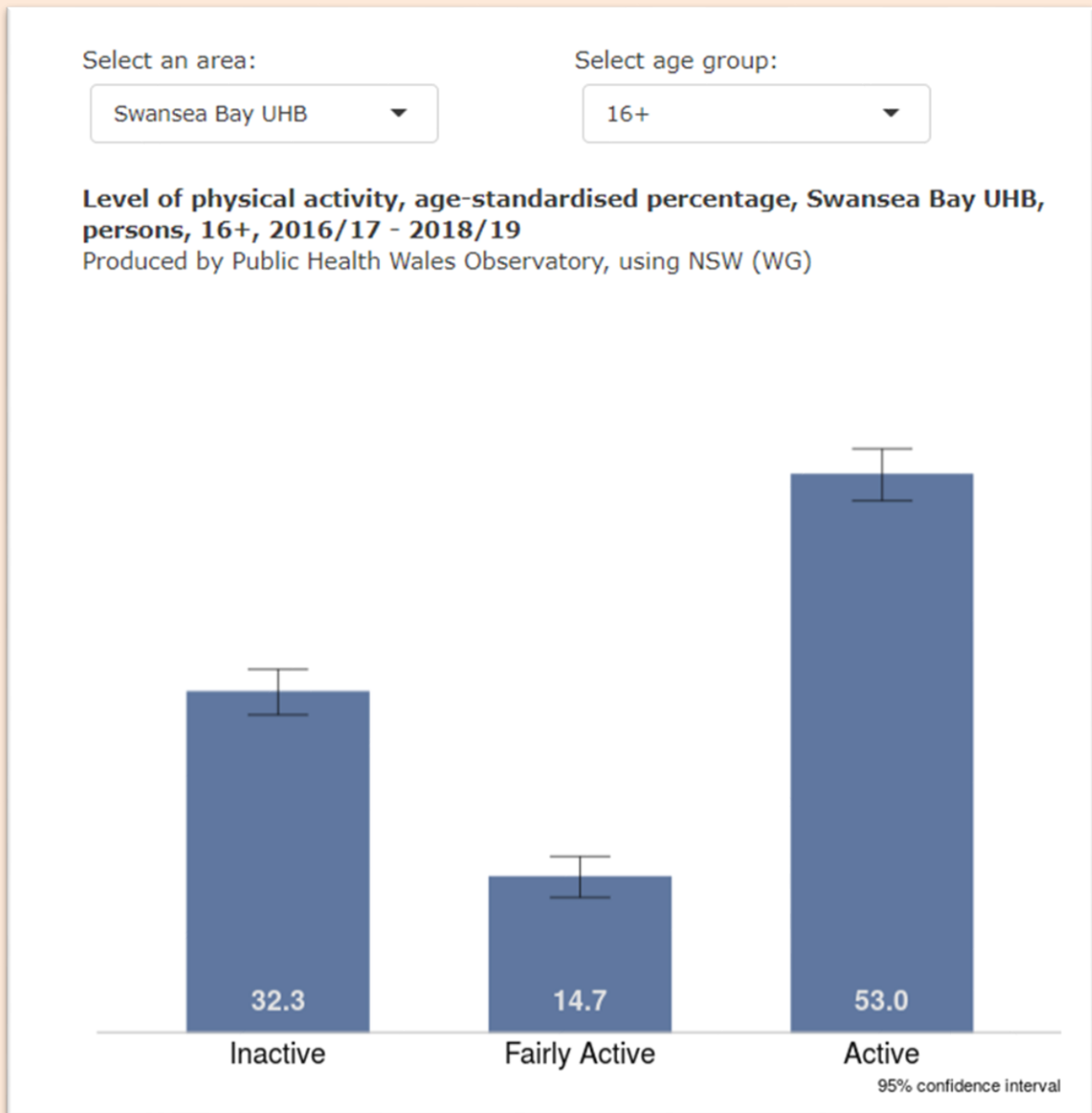
### **Physical exercise**

In Wales, 53.1 % of people aged 16+ report being physically active for 150+ minutes each week, whilst 32.8 % report being physically active for less than 30 minutes each week.

### **Swansea Bay University Health Board (SBUHB)**

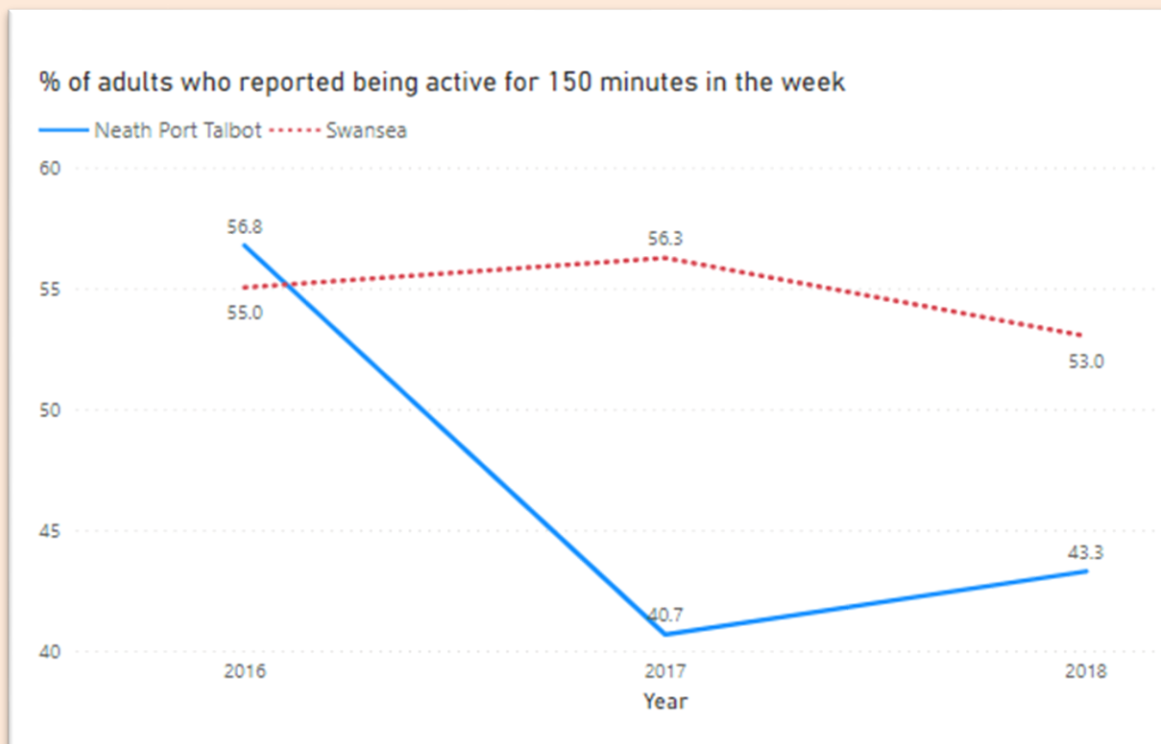
In SBUHB, 53.0 % of those aged 16+ report being physically active for 150+ minutes each week, whilst 32.3 % report being physically active for less than 30 minutes each week.





Source: [Physical Activity Profile \(shinyapps.io\)](https://shinyapps.io/PhysicalActivityProfile/)

Latest results from Stats Wales show a different trend between Swansea and Neath Port Talbot in terms of being active for 150 minutes in the week.



## Oral Health

Latest figures from Stats Wales show an improvement in the average number of teeth that are missing decayed or filled in children aged 12 years, in comparison with previous years.

**Average number of decayed, missing or filled teeth in children aged 12 years**

Year	Neath Port Talbot	Swansea	West Glamorgan
2004	2.5	2.4	2.5
2008	1.8	1.8	1.8
2012	1.7	1.7	1.7
2016	0.7	0.5	0.6

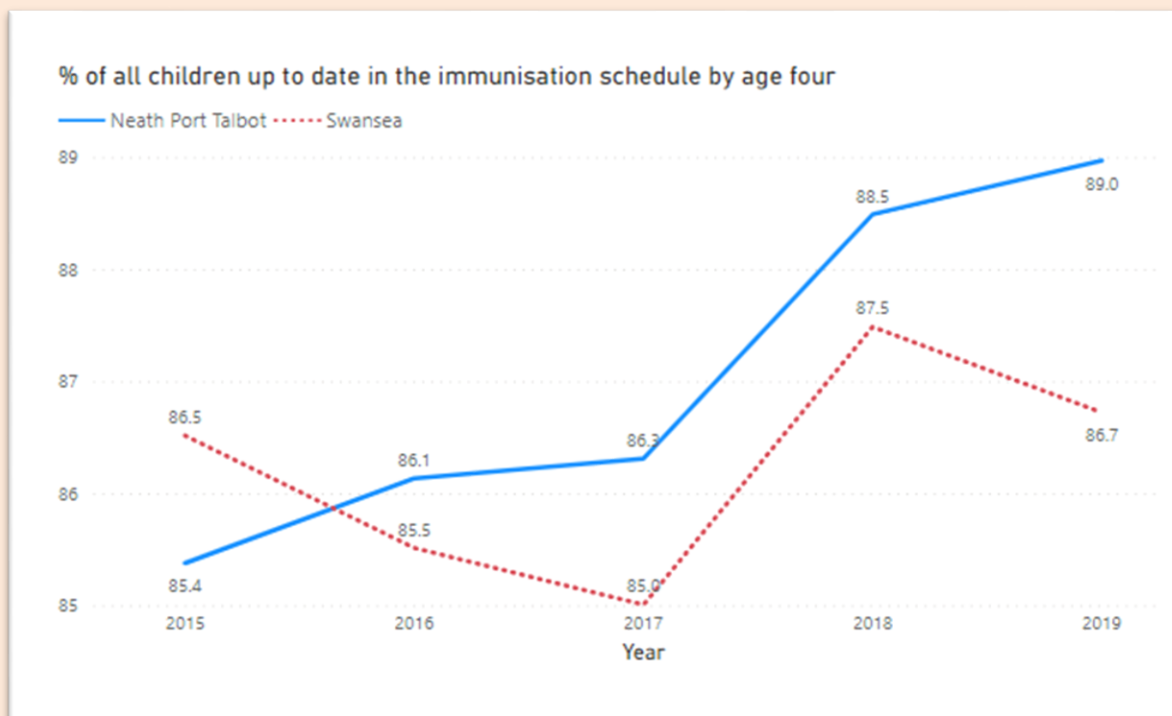
Latest figures from Stats Wales show an improvement in the average number of teeth that are missing decayed or filled in children aged 5 years, in comparison with previous years.

### Average number of decayed, missing or filled teeth in children aged 5 years

Year	Neath Port Talbot	Swansea	West Glamorgan
2007	2.1	2.2	2.2
2011	2.2	1.6	1.9
2014	1.4	1.6	1.5
2015	1.3	1.3	1.3

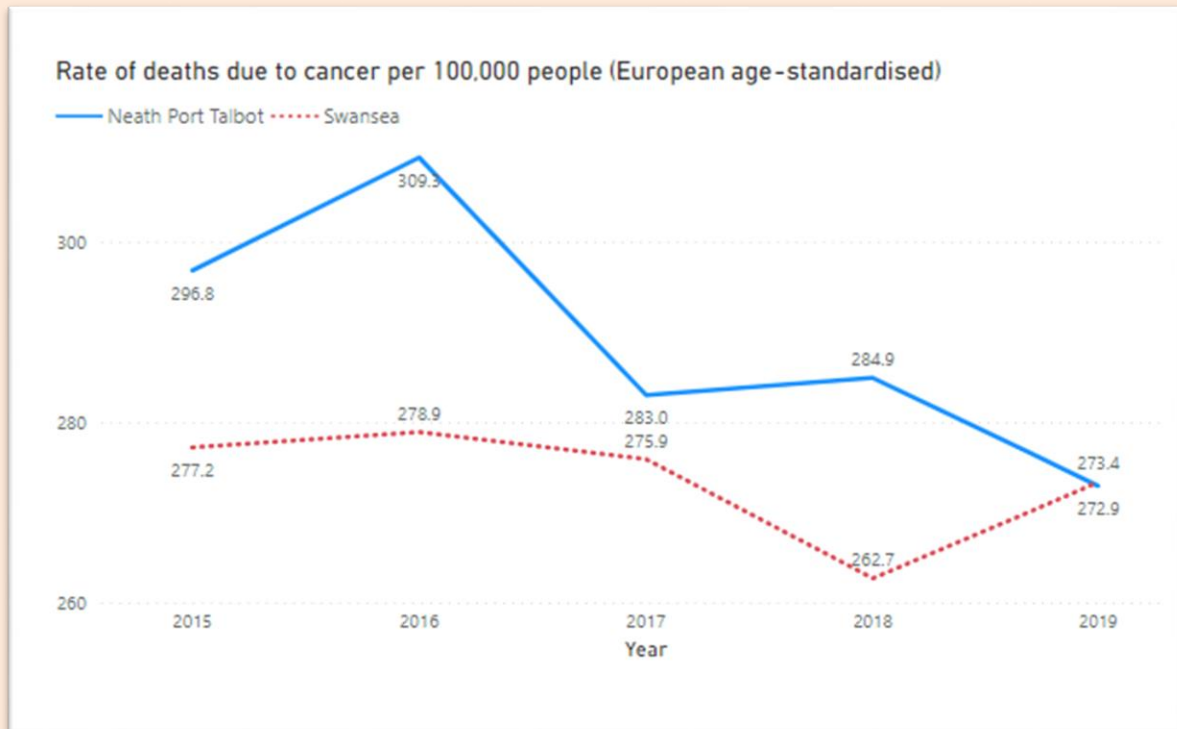
### Vaccinations

Latest figures from Stats Wales show an improvement in percentage of children that are up to date with the immunisation schedule by age 4, in comparison with previous years. Although this fluctuates between Swansea and Neath Port Talbot.



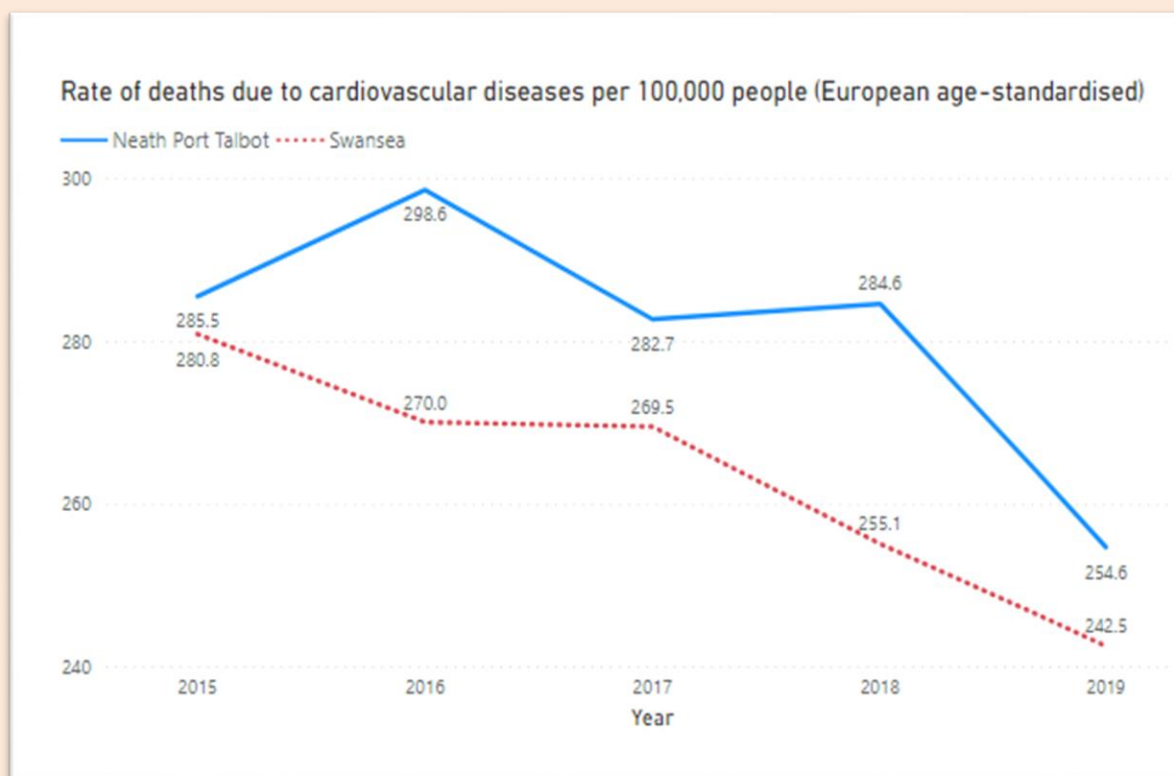
## Cancer services

Latest figures from Stats Wales show an improvement in the rate of deaths due to cancer, in comparison with previous years.



## Heart/Cardiology

Latest figures from Stats Wales show an improvement in the rate of deaths due to cardiovascular disease, in comparison with previous years.



## Housing

The 2020 Disability Wales Manifesto calls for Article 28 of the United Nations Convention for the Rights of Disabled People to be adopted into Welsh law to provide guidance for creating housing that is suitable for all and begin the work towards a Wales where no one has to worry about accessing appropriate housing. There are immediate and long-term issues associated with housing and COVID-19. Housing is an important social determinant of health and pandemic lockdowns raised the importance of the home environment in people's lives further, as the home was re-purposed in new ways. Disabled people as a group confront significant challenges finding suitable accessible and affordable housing (Economic and Social Research Council, Clair, 2020).

A recently published Ad hoc analysis of housing tenure by protected characteristics (year ending December 2019) shows that 46% of disabled people live in rented properties, compared to 28% of non-disabled people. Disabled people who rent are more likely to live in socially rented properties than privately rented properties, (whereas non-disabled renters are more likely to live in privately rented

properties). There are also real barriers to home ownership for many disabled people because of the way the Department for Work and Pensions treats mortgage repayments for those claiming benefits.

Source: [Locked out: liberating disabled people’s lives and rights in Wales beyond COVID-19 \[HTML\] | GOV.WALES](#)

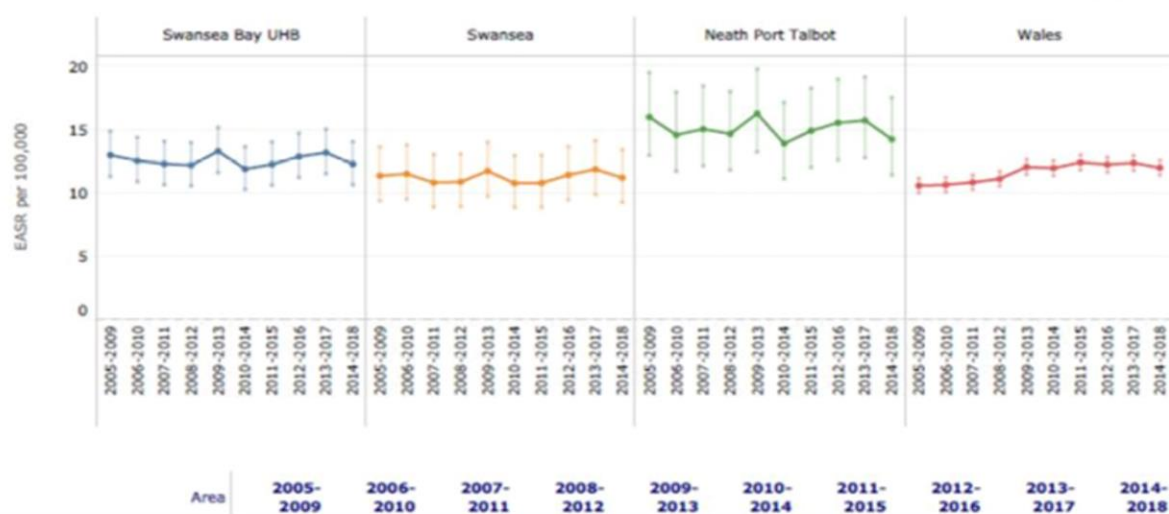
## Suicide

Between 2014 and 2018, the suicide rate for Swansea Bay UHB was 12.3 per 100,000 population, equating to 208 recorded deaths by suicide. This is in line with the Wales average at 12.3 per 100,000. However, the suicide rate for Neath Port Talbot (NPT) remains higher than the national average at 14.3 per 100,000, equating to a total of 89 recorded suicides, making NPT the fourth highest local authority in Wales. The rate in Swansea is lower at 11.2 per 100,000, equating to 119 deaths during this period. 54 Additional analysis undertaken in early 2019 showed that during 2008-17 suicide rates were higher in males than females in both Swansea and Neath Port Talbot, which is in line with the national average. Among males, the rates were highest in the 35 – 64 year age group in Neath Port Talbot, and the 25 – 54 years age group in Swansea.

Source: The Primary Care Compendium; Primary & Community Care Development and Innovation Hub

**Figure 3.5.3 Suicides, Swansea Bay UHB and Local Authorities, 2005-09 to 2014-18**

Please be aware some indicators may display outputs using old Health Board boundaries.



\*Produced by Public Health Wales Observatory. Due to improvements in suicide coding and the reduction of hard-to-code narrative verdicts since 2011, caution should be exercised when interpreting suicide rates.

### 3. SERVICES USED BY THE GENERAL POPULATION

The general population use a range of services within Health and Social Services that will contribute to the quality of life. People who have profound health issues and disabilities also use these services as part of the general population.

Swansea Bay University Health Board provides a wide range of community and primary care services, as well as specialist hospital services, which help support good health and well-being in the community and aim to support those who find themselves in need of health care. A full range of the Health Board's services can be found on [their website](#).

Where available, we have identified key areas of services and presented the demand.

#### **Primary Care Clusters (previously referred to as GP Clusters)**

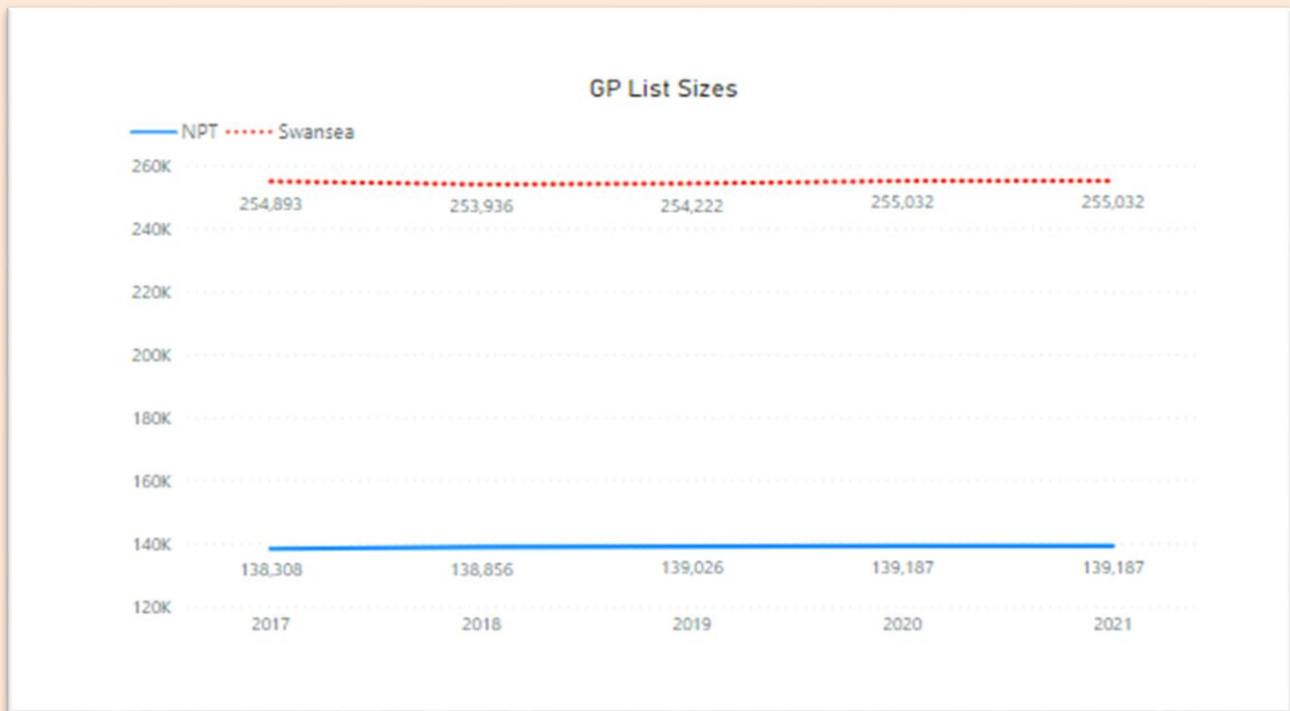
Under a previous terms of reference, a cluster was a group of GP surgeries working together to pool resources and share best practice in a bid to help people remain fit and healthy, and to improve the way care is delivered when it is needed. However, recent changes to terms of reference and the shift to Primary Care Clusters will be further explained in future iterations of the PNA, which will reflect the broader membership, role and understanding of them.

The clusters are working in partnership with the wider Health Board, dentists, opticians, community pharmacists, the voluntary sector as well as the local authority to create a new culture of health and wellbeing.

Source: [Clusters - working together for a healthier you - Swansea Bay University Health Board \(nhs.wales\)](#)

As of 2021, there are 8 primary care clusters in the West Glamorgan region, serving a population of 139,187 in Neath Port Talbot and 255,032 in Swansea.



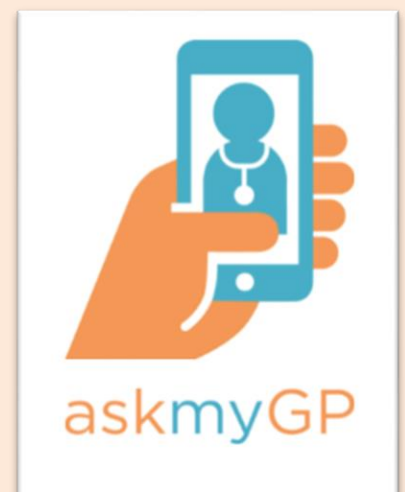


The total number of people registered at GP surgeries in West Glamorgan for the year 2021 is recorded as 394,219.

## Digital Access to General Practice Services

### ‘askmyGP’

This is an online service whereby patients, parents and carers can use their smartphone, tablet or computer to seek help from a GP or other health-care professional. People without online access will not be able to directly access ‘askmyGP’; however, patients can continue to contact their practice by telephone. Telephone requests are dealt with in exactly the same way as the online requests.



How does ‘askmyGP’ work?

Using ‘askmyGP’, patients can contact their practice on the day they require advice. Patients can choose to receive a phone call, face-to-face appointment, video call or email response. Dependent on need, patients may be offered an appointment with a GP or

healthcare professional. Many patients will however, avoid the need to make an unnecessary trip to their surgery.

At the time of writing, Swansea Bay University Health Board provided the following update:

- 🌸 32 practices are using ‘askmyGP’
- 🌸 145,000 patients have used the system to date
- 🌸 nearly 40,000 patients use the service each month
- 🌸 704,000 requests had been generated in total
- 🌸 around 17,000 requests are now being made each week.

Some of the issues highlighted included:

Access issues for some groups. Many people felt that the ‘askmyGP’ service was not accessible for some groups in the local community, including those with disabilities, older people, those who cannot get online or who are not computer literate and those who speak other languages.

Source: <https://swanseabaychc.nhs.wales/what-we-have-to-say/report-library/sb-chc-thematic-reports-2021/askmygp-report-may-2021-pdf/>

Not all practices have adopted ‘askmyGP’ in West Glamorgan, however, a number of other digital systems that provide similar functions are being offered. These will be explored in more detail in future iterations of the PNA.

As part of the move to more online digital access, it is worth noting that GP contract reform will include a digital access requirement going forward.

### **Accident and Emergency Services**

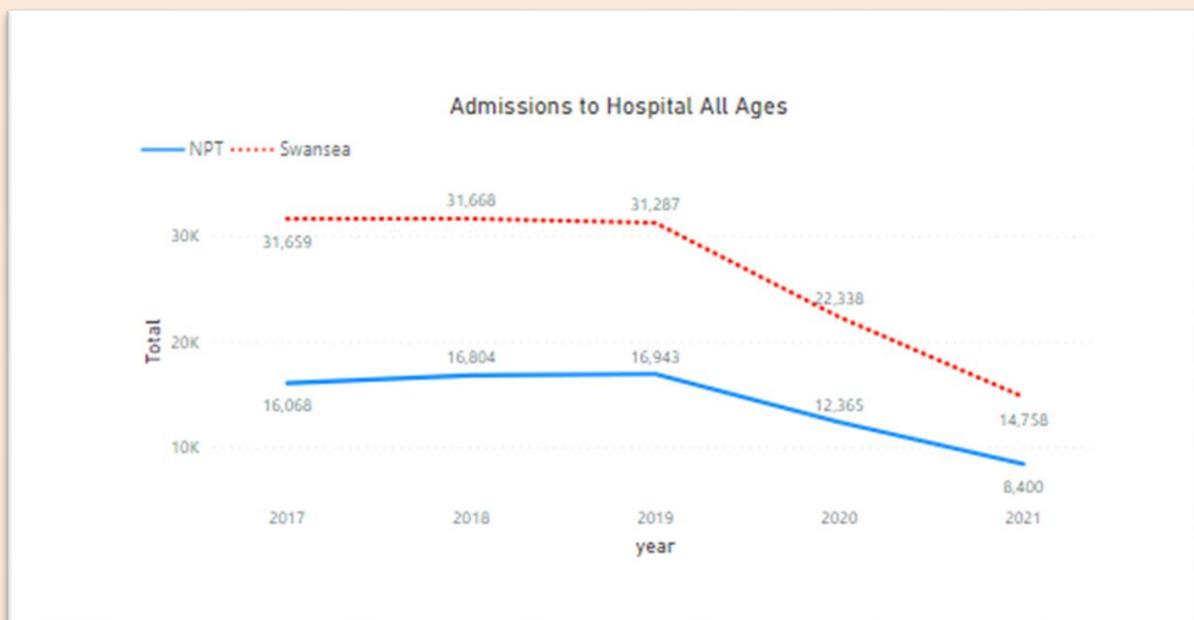
SBUHB’s ‘Changing for the Future’ engagement report states that:

*“We know that patients often spend too long waiting to be seen in A&E. And once they have been treated, they often wait too long before being discharged. This might be because they are waiting for a prescription, for help from an occupational therapist or simply for an ambulance to take them home again. Delays at A&E can mean that ambulance crews queue while waiting to hand patients over for care by hospital staff. This*

*is lost time during which ambulance crews cannot attend other calls. We must find ways to deal with bottlenecks like these so we can cope with increased demand and provide better services in the future.”*

Source: [https://s3-eu-west-1.amazonaws.com/ehq-production-europe/006232c179d6cb5d162cf3ceaef23d70528e14fa/original/1628682778/acc05516cec2a868cc7df46104ac8f92\\_Swansea\\_Bay\\_University\\_Health\\_Board\\_Document\\_English\\_V2.pdf?1628682778](https://s3-eu-west-1.amazonaws.com/ehq-production-europe/006232c179d6cb5d162cf3ceaef23d70528e14fa/original/1628682778/acc05516cec2a868cc7df46104ac8f92_Swansea_Bay_University_Health_Board_Document_English_V2.pdf?1628682778)

Information from Swansea Bay University Health Board data shows that admissions to hospital in the West Glamorgan region have decreased due to the COVID-19 pandemic.

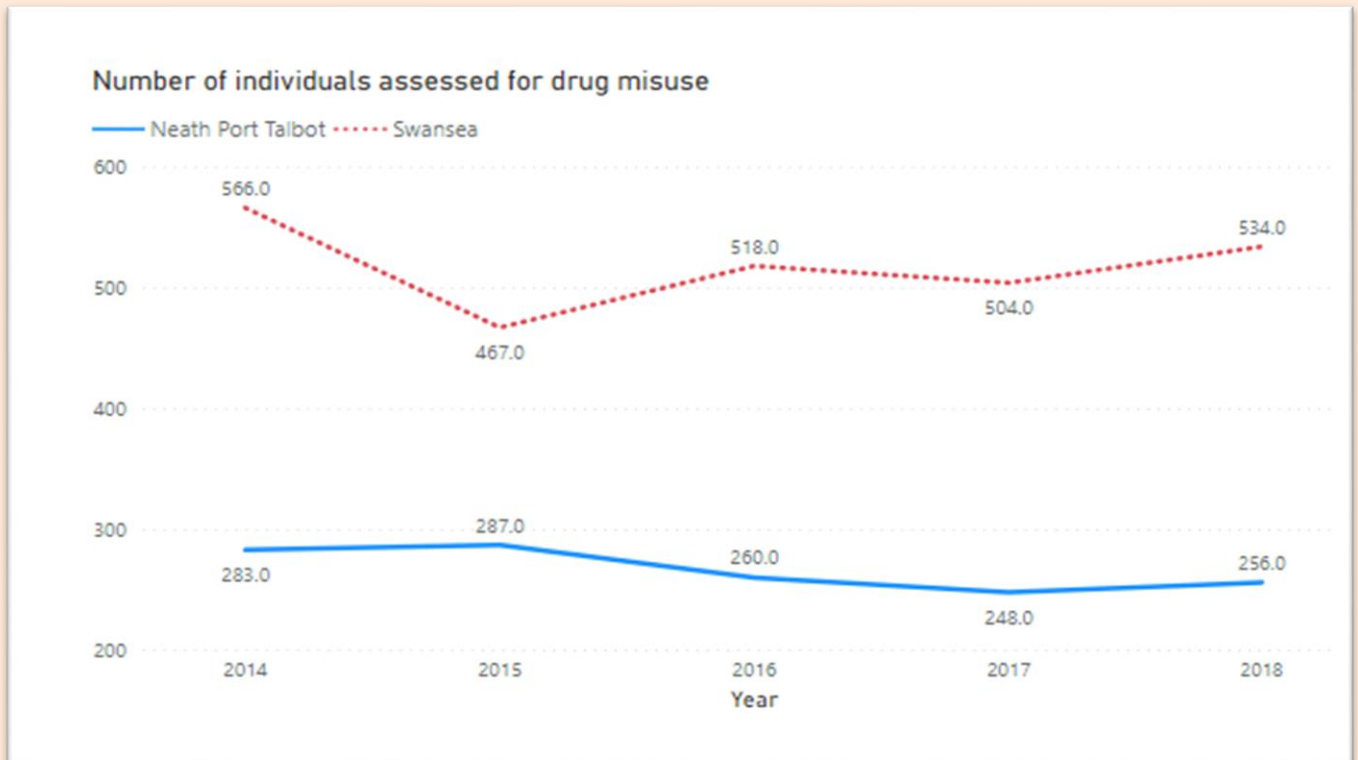


The impact on waiting lists for hospital treatment has been stark and there is a concerted effort by the Health Board to address this issue and re-organise the way services are delivered.

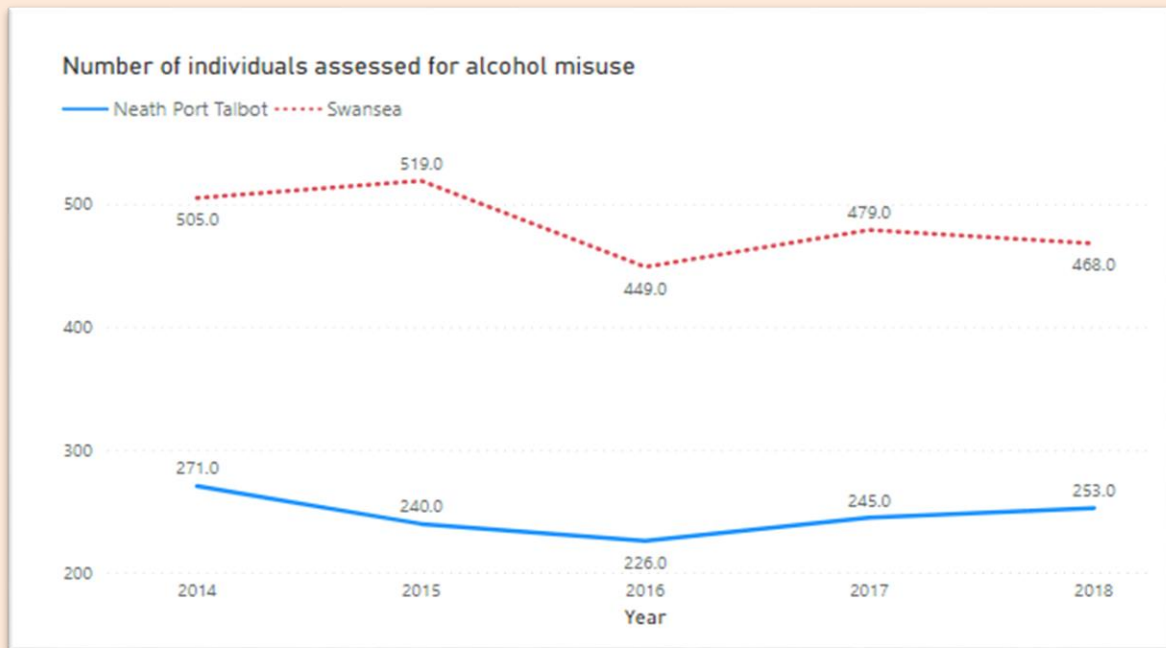
### **Substance Misuse**

Community drug and alcohol teams (CDATs) provide support and treatment in communities, or from clinics and hospitals. Help is available to access needle exchange services, the home detoxification programme and support from Ward F, Neath Port Talbot Hospital. A range of psychological and psychosocial interventions are also offered.

The latest data available from Stats Wales on the number of people in West Glamorgan being assessed for drug misuse appears to be quite a static figure.



The situation appears to be similar for individuals assessed for alcohol misuse, as highlighted in the following chart.



## Advance and Future Care Planning

In Wales, Advance Care Planning now falls under the wider umbrella term of “Advance and Future Care Planning” encompassing decision making for those with capacity and best interest decisions for those patients with diminished decisional/mental capacity and their loved ones being involved in deciding and planning for future care, especially in relation to end of life. Older people often struggle with certain elements of planning towards the end of life whether that be about making decisions around their own hopes and desires for their final weeks and days or planning in relation to their financial wishes. They may also struggle as carers supporting a dying relative or friend, and also struggle with bereavement after a loved one has died.

There are a number of strategic approaches that partners should consider when developing and innovating services and other offers around Advance and Future Care Planning in the West Glamorgan region. No one solution will meet the needs of all people due to the disparate and unique nature of everyone’s circumstances. NICE quality standards on End of Life Care do however, outline that people approaching the end of life should feel satisfied that they have been able to discuss, record and review their needs and preferences if desired. Guidance also highlights that healthcare providers should record individualised care plan discussions and decisions in a person’s record

of care, and this plan should be shared with their loved ones and the wider health and social care teams supporting them.

Fundamental to good planning for end of life care is sensitive and clear communication. Sometimes even the best communicators can find these conversations challenging, therefore it is vital that these take place in a timely and sensitive manner by someone who is confident in talking about these challenging issues. This way, people who are dying and their loved ones will be given time and space to make decisions and will ultimately benefit through experiencing a better quality death.

Colleagues across West Glamorgan should be actively engaging in initiatives and upskilling the generalist workforce.

Marie Curie operates across the UK and offers support in regard to all aspects of dying, death and bereavement. The following report (issued for 2019/20) highlights its services within our region: [swansea-bay-data-pack\\_bilingual.pdf \(mariecurie.org.uk\)](#)

It states:

*“For Health inequalities, we know that there is huge unmet need for palliative care in Wales. In the Swansea Bay area, an estimated 3,170 would benefit from end of life care each year (based on average mortality data from 2018 to 2020). Despite this, one in four people are still unable to access the care and support they require at the end of their life. Some groups are far less likely than others to access the palliative care that they need, including black and minority ethnic communities, those over 80, the LGBTQ+ community, and those with conditions other than cancer. In order to ensure that end of life care policy and practice is socially inclusive in the Swansea Bay locality, we must seek to better understand the barriers facing some groups and not others.”*

Source: [swansea-bay-data-pack\\_bilingual.pdf \(mariecurie.org.uk\)](#)

Welsh Government have also highlight that *“Reports published during the term of the first End of Life Care Delivery Plan also highlighted areas where improvement is required. Living and Dying with Dementia in Wales: Barriers to Access’*

Source: [palliative-and-end-of-life-care-delivery-plan-2017\\_0.pdf \(gov.wales\)](#)

## **Dying Well in Wales and in West Glamorgan**

*“Of the 34,000 people who die in Wales each year, at least 75% would benefit from some form of palliative or end of life care. But for many reasons, 25% of these people will not have access to the care and support that they need.”*

Source: [Dying Well in Wales - Institute of Welsh Affairs \(iwa.wales\)](https://www.iwa.wales/)

*“Dying, death and bereavement are inevitabilities that every individual will have to face at some point in their life. It is everyone’s business. Coronavirus has highlighted and exacerbated many challenges faced by patients and loved ones who use palliative care services, and those who work within the sector – in Swansea Bay UHB area and across Wales as a whole. To improve the experience of those living within the Swansea Bay area, it is imperative that end of life care is prioritised alongside other major conditions.”*

Source: [swansea-bay-data-pack\\_bilingual.pdf \(mariecurie.org.uk\)](https://www.mariecurie.org.uk/swansea-bay-data-pack_bilingual.pdf)

## **4. SUPPORTING THE POPULATION TO ACHIEVE A GOOD QUALITY OF LIFE**

There are intrinsic links between the PNA and the local authority Well-being Plans. Further work will be undertaken to strengthen connections in order to establish the most thorough picture of the health and social care of the general population.

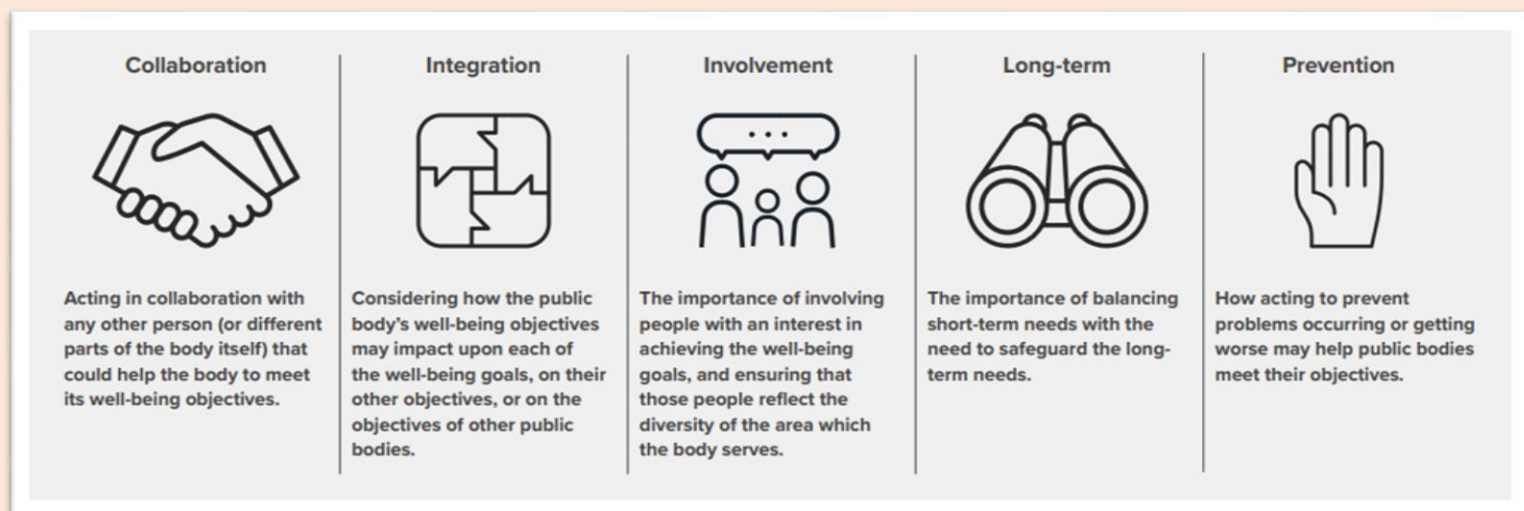
This approach is encapsulated in the Wellbeing of Future Generations Act 2015, whereby listed bodies are required to work together to improve the economic, social, environmental, and cultural well-being of Wales.

The Act offers the potential to improve services and support for disabled people in Wales. It also includes a requirement to consider the long-term impact of decisions, and how we can work better with people, communities, and professionals

The Act requires us to work in a sustainable way to work towards the prevention of persistent challenges such as poverty, health inequalities and climate change.



There are five things that public bodies need to think about to show that they have applied the Act's 'sustainable development principle'. Following these ways of working will help us work together better, avoid repeating past mistakes and tackle some of the long-term challenges we are facing.



Some of the prevention schemes adopted in the West Glamorgan region are evidenced the other themed chapters.

The Swansea University Health Boards "Changing for the Future" programme (engagement report embedded above) has six main goals. They all play a crucial part in shaping the Health Board's objectives and our proposals for changes to hospital services in the Swansea Bay area. These six goals are to:

1. Continue to respond to COVID-19 while maintaining essential services
2. Improve quality of care and outcomes for our patients
3. Reduce waiting times for emergency and planned care
4. Do more to prevent ill health and reduce the differences in health across our communities
5. Improve the experience of staff
6. Improve use of Health Board resources and reduce waste.

To meet these goals, changes to hospital services cannot be considered alone. The Changing for the Future programme and the subsequent Clinical Services Plan were always about shaping the future of community services, in partnership with local authorities, the voluntary sector and patient and community groups, and about achieving a greater level of integration between the delivery of health and social care services.

The report states:

*“The ideas we are now putting forward aim to build on that strong foundation. We need to ensure that we have the right services in the right place, so that people can get the best possible access to care, exactly when they need it. We need to create effective care pathways, which deliver the care and support people need, from initial diagnosis through to final treatment, as well as creating an environment that helps to reduce health inequality and prevent ill health in the first place.”*

## **5. CONCLUSION AND GAPS IDENTIFIED**

Disabled people are particularly vulnerable to deficiencies in health and social care services. Depending on group and setting, disabled people may be more likely to experience secondary conditions, co-morbid conditions, age-related conditions and premature death.

There is a clear gap in the information held on physical disability. To ensure people are accessing the services and support they require, more work is needed to bring about improvements.

Evidence suggests that there is a need to focus on employment opportunities for disabled people through personalised, specialist and flexible support.

To support independent living, future planned housing and accommodation should be built to [Lifetime Homes Standards](#) building regulations. Housing should support healthy ageing and promote independence through homes that are well designed, good value, appropriately located and energy efficient. Early support

through aids and adaptations, handyperson schemes and telecare are fundamental.




Health services are largely organised around hospitals, yet healthcare can and should be provided in the community through primary and community care services.

The COVID-19 pandemic has been a tremendously worrying time for those affected by physical disability and chronic health conditions. Disruption to services and limited access to support networks has exacerbated mental and physical health and well-being to an unprecedented degree. Significant challenges face our region as a result, including increased waiting times, delays in adaptations and limited availability of key support services previously offered within the community.

So that we can meet the potential demands of an increasing older population, the statutory services and the voluntary sector need to work more closely and collaboratively, adopting smarter and more innovative ways of working.

Further expansion and use of digital services such as assistive technology will need to be explored in future iterations of the PNA.

### **Key gaps identified include:**

-  Data – Data needs to be captured consistently and standardised across all partners so that intelligence is shared regularly to inform planning, decision making and direction of travel.
-  Engagement – regular insights into regional information and groups are required to help co-produce services that sufficiently meet the demand and needs of the population.
-  Communications – between partner organisations and people needs strengthening. Information needs to be shared in the correct formats for the intended audiences in a timely manner. This will

help in terms of assisting people in receiving the services they need at the point they need them.

It is important to acknowledge the multiple interdependencies between different population cohorts and the various elements of health and social care. The learning from this assessment will need to be applied to planning and delivery of services across the region.