



CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE

North Wales population assessment

1 April 2017



Introduction

Contents

Introduction.....	2
1.1 About the report.....	3
Area plan	4
The Social Services and Wellbeing (Wales) Act 2014	4
What do we mean by the terms population assessment and needs assessment?	5
1.2 Research methods	6
Consultation and engagement.....	6
1.3 Preventative services	7
Advocacy.....	8
1.4 Governance.....	8
Project governance.....	8
North Wales Regional Commissioning Board.....	9
1.5 North Wales population overview	10
Welsh language.....	11
Poverty and deprivation.....	12
Health.....	14
1.6 Limitations, lessons learned and next steps	14
1.7 Further information	16
References	18

1.1 About the report

This report is an assessment of the care and support needs of the population in North Wales, including the support needs of carers. It has been produced by the six North Wales councils and Betsi Cadwaladr University Health Board (BCUHB) supported by Public Health Wales, to meet the requirements of the Social Services and Wellbeing Act (Wales) 2014 (the act).

The report aims to improve our understanding of our population and how it might change over the coming years to help us provide better public services in North Wales. To prepare the report we looked at statistics, spoke with our communities and made use of a wide range of information collected by local councils, health services, charities and other organisations that provide services.

The report is split into chapters based around the following themes as set out in the Welsh Government guidance.

- Children and young people
- Older people
- Health, physical disabilities and sensory impairment
- Learning disabilities and autism
- Mental health
- Carers
- Violence against women, domestic abuse and sexual violence
- Secure estate
- Veterans
- Homelessness

For information about substance misuse see the Area Planning Board Substance Misuse Needs Assessment.

Each chapter includes information about:

- How many people we are talking about, their experiences and how this compares to other areas.
- How things are likely to change in the future.
- What people are telling us about their need for support.
- What organisations are telling us about the need for support.

The report also aims to support the integration of services (joint working between health and social care). Current Welsh Government priorities for integration are:

- Older people with complex needs and long term conditions, including dementia.
- People with learning disabilities.
- Carers, including young carers.
- Integrated Family Support Services.
- Children with complex needs due to disability or illness.

Area plan

The report will be used to inform the area plan which has to be prepared jointly between the health board and local councils overseen by the Regional Partnership Board. The draft guidance on the area plan says we must include the specific services planned in response to each core theme identified in the population assessment including:

- the actions partners will take in relation to the priority areas of integration for Regional Partnership Boards;
- the instances and details of pooled funds to be established in response to the population assessment;
- how services will be procured or arranged to be delivered, including by alternative delivery models;
- details of the preventative services that will be provided or arranged;
- actions being taken in relation to the provision of information, advice and assistance services; and,
- actions required to deliver services through the medium of Welsh.

The first North Wales area plan must be published by 1 April 2018 (Welsh Government, 2016c).

The Social Services and Wellbeing (Wales) Act 2014

Local councils and health boards in Wales have produced population assessments under a new law introduced in April 2016 by Welsh Government called the Social Services and Wellbeing (Wales) Act 2014 (the act).

This is the new law for improving the well-being of people who need care and support, and carers who need support. The act changes the way people's needs are assessed and the way services are delivered - people will have more of a say in the care and support they receive. The new law also promotes a

range of help available within the community to reduce the need for formal, planned support. Each chapter includes information about the main changes likely to have an impact on the population group.

The population assessment was based on the [Welsh Government guidance](#) and the [toolkit](#) produced by the Social Services Improvement Agency (SSIA). Additional advice and support were received through the national population assessment leads network coordinated by the SSIA.

What do we mean by the terms population assessment and needs assessment?

We want to understand the care and support needs of all people living in North Wales (the population) so that we can effectively plan services to meet those needs. Deciding what is needed can be based on what people feel or say they need, what a professional assessment says they need or by comparing different groups to each other (Bradshaw, 1972). Another definition of need is where the population would benefit from health and social care involvement.

There is a difference between need, demand and supply although they overlap. Demand for health and social care services is the services that people ask for. It can change based on people's behaviour (which is influenced by age, gender, education, socioeconomic class); knowledge of services; and the influence of the media. Demand is also influenced by the supply of services, which changes based on guidelines and evidence of clinical and cost-effectiveness. Demand for health and social care increases with supply or accessibility so it often does not reflect the need for services.

A needs assessment is a way to review the health and social care issues in a population. It can help agree priorities and the way resources are allocated to improve health and social care and reduce inequalities. A needs assessment must balance the clinical, ethical and economic – what should be done, what can be done, and what can be afforded.

Different approaches to carrying out a needs assessment are:

- Epidemiological: what we know about the population, current service provision, and the effectiveness and cost-effectiveness of interventions and services.
- Comparative: comparing services between different populations although there may be other reasons for differences, not just difference in need.
- Corporate: what people tell us is needed including staff, service user and community engagement (Stevens *et al.*)

When compiling this report we tried to use as many different approaches as possible to assess what support is needed and achieve a balanced a view. We have also tried to focus on assets as well as needs, including individual strengths and local community assets.

1.2 Research methods

The population assessment was ‘engagement led’. By this we mean that we used what people were telling us about care and support needs to form our research questions. We then gathered data from many different sources to answer the questions and challenge our initial findings.

Population assessment in figures

- We reviewed over 100 existing policies, strategies and plans from across the six local councils and health board.
- We received 134 responses from organisations to our survey about people’s need for care and support.
- We used the findings from over 300 consultation and research reports.
- We and our partners held 20 events and circulated four questionnaires that reached around 310 people who use services.
- The Citizen’s Panel carried out interviews with 34 members of the public.
- Local councils arranged around 20 workshops for staff and councillors.

Consultation and engagement

Consultation and engagement methods

Local councils in North Wales have a regional citizen engagement policy (Isle of Anglesey County Council *et al.*, 2016) This is based on the national principles for public engagement in Wales and principles of co-production which informed our consultation plan. The population assessment engagement was planned by a group of staff from each local council, the health board and Public Health Wales. They began by listing the different groups of people who may be affected by the population assessment and planning for how they would involve them. This list was reviewed part-way through the project with additional opportunities to get involved planned to fill the gaps. More information is available in appendix 1.

The engagement plan included:

- A questionnaire for organisations that asked for their views and any supporting evidence they had, such as performance measures or consultation reports.

- Discussion groups with service users, supported by a facilitator's guide. Some counties also circulated self-completion questionnaires.
- A questionnaire for the public (people who do not use care and support services) available on the Citizen's Panel website along with interviews with Citizen's Panel members. One county also circulated an additional questionnaire for people who do not use care and support services.
- Workshops with staff and councillors arranged by each local council.
- A review of relevant research and consultation including legislation, strategies, commissioning plans, needs assessments and consultation reports.

The consultation was publicised widely through the county voluntary councils in North Wales and various other regional networks. The local councils and health board promoted it through their websites, Facebook and Twitter pages. Press releases were sent to the Leader newspaper, Wrexham.com, Daily Post, BBC Wales as well as both Capital and Heart Radio. Specific groups, including people with protected characteristics, were contacted through existing groups and networks (see Equalities Impact Assessment). A quarterly newsletter was produced giving updates about the project for staff and partner organisations which also helped identify groups to contact about the consultation and engagement. There are still people we were not able to reach in the timescale who will be our priority for the next phase of the project.

Running in parallel with this population assessment was the production of well-being assessments for Well-being of Future Generations (Wales) Act 2015. North Wales has four Public Service Boards who were preparing for this. Where possible, any engagement taking place was planned to meet the needs for both assessments. In some areas this involved sending out joint questionnaires while others held joint workshops and discussion groups.

1.3 Preventative services

A North Wales project took place in 2015 to look at early intervention and prevention services in readiness for the act supported by the North Wales Social Care and Well-being Improvement Collaborative (NWSCWIC). The aim was to develop a framework of targeted interventions; contribute to the population assessment; provide a baseline for integrated commissioning and procurement; and to support consistent eligibility thresholds. The group assessed evidence and local needs assessments to identify 'root causes' or trigger factors that lead people to contact services and which in many cases lead to people receiving managed care and support services. They looked at interventions that could address the trigger factors and linked them to the well-being outcomes from the act. The group then developed a risk assessment tool to look at the accessibility, funding and organisation risks relating to the

availability of each intervention in each county. This information was used to generate priorities for future work.

In addition, as part of the population assessment the Public Health Wales Evidence Service carried out a literature search to identify the evidence base for each of the interventions described.

This work forms part of the overall North Wales population assessment and is available here: [evidence base](#).

Advocacy

'Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain services they need.

Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice (Action for Advocacy, 2002)'

Advocacy is part of the portfolio of preventative services available and was included in the early intervention and prevention risk assessment exercise. In addition, NWSCWIC commissioned research into citizen voice and control in North Wales (Wavehill, 2016). This research includes a summary of the independent advocacy services across North Wales for children, young people and adults which forms part of the population assessment.

In the next phase of the project, preparing plans and strategies in response to the population assessment, we need to look at council and local health board commissioning arrangements for advocacy services to recognise and respond to any potential overlap in arrangements. This will involve working closely with the Age Cymru Golden Thread Programme funded by Welsh Government. This programme aims to improve the well-being of individuals through advocacy and to give them a stronger voice; improve the understanding of advocacy, and; work with local councils and service providers to support the development and commissioning of services.

1.4 Governance

Project governance

The North Wales Social Care and Wellbeing Services Improvement Collaborative set up a regional steering group to lead the population assessment work with technical, engagement and theme-based groups to lead on specific tasks. The steering group was chaired by Jenny Williams, Director of Social Services, Conwy County Borough Council and Andrew Jones, Executive Director of Public Health, BCUHB. Each group included members from each

North Wales local council, BCUHB and Public Health Wales. A governance structure is attached in appendix i.

An interim report on the project plan was produced in July along with regular highlight reports which were shared with regional boards through Partnership Friday, Public Service Boards and local councils. Project newsletters were produced quarterly (in March, June and September 2016) and circulated widely through representatives from each council and health board.

North Wales Regional Commissioning Board

Local councils and the health board in North Wales have a responsibility to make sure that they have arrangements in place to enable effective strategic planning, delivery and purchasing of services to deliver their statutory responsibilities. This planning activity needs to take into account the Social Services and Well-Being (Wales) Act 2014, Well-being of Future Generations (Wales) Act 2015 and the Regulation of Social Care (Wales) Act 2016.

In order to do this, North Wales has a Regional Commissioning Board which is co-chaired by a Director of Social Services from one of the councils and an Area Director from BCUHB.

The Regional Commissioning Board reports to the Partnership Board, which has powers and responsibilities as defined under Part 9 of the Social Services and Well-Being (Wales) Act 2014.

The Regional Commissioning Board oversees strategic social care and health developments across adults and children's services, ensuring services are based on best practice, are sustainable and provide value for money.

Local councils and health boards are required to work with citizens, third sector services and other service providers to develop local plans in response to the population needs assessment. These can include a:

- **Market Position Statement:** aims to give a clear statement about the strategy and approach to the development of services in a particular area; this should provide information to the 'market' (service providers) to help them make good business judgements.
- **Commissioning Plan / Strategy:** takes account of what services are in place already and how well they respond to what people need now and in the future, what policy and/or legislation says. The plan or strategy should then detail how the commissioning authorities (councils and /or health board) are going to use their resources (including money, people and buildings) to best meet those needs. This may mean stopping delivering services that do not provide evidence that they meet needs or delivery quality or value for money and detailing how else those needs will be met in the future.

1.5 North Wales population overview

North Wales has a resident population in the region of 690,000 people living across an area of around 2,500 square miles. Gwynedd in the west is the least densely populated area with 49 people for each square kilometre and Flintshire in the east is the most densely populated area, 350 people for each square kilometre.

The population of North Wales is expected to increase to 720,000 by 2039. The increasing population of North Wales can be explained by an increasing birth rate and a decreasing mortality rate, which has led to extended life expectancy (Welsh Government, 2016a).

The population of most local council areas in Wales is projected to increase between 2014 and 2039. Wrexham is projected to have the second largest increase in Wales (10%); the populations of Gwynedd and Wrexham are projected to increase steadily; the Isle of Anglesey's population is projected to decrease steadily; and the populations of Conwy, Denbighshire and Flintshire are projected to increase then decrease, but remain higher in 2039 than in 2014.

Isle of Anglesey

The 2.6% decrease in the Isle of Anglesey's population (almost 2,000 people) is due to natural changes. While there will be fewer children and young people, the number of people aged 75 years and over is projected to increase by around 5,500.

Gwynedd

Between 2014 and 2039, the population of Gwynedd is projected to grow by 8.4% (just over 10,000 people). Nearly all of the increase is anticipated to be in the population aged 75 and over, with the population aged 85 and over projected to increase by 122% (4,700 people). About 75% of the projected increase will be due to net migration (7,800).

Conwy

The population of Conwy is projected to increase by 1.7% (almost 2,000 people) between 2014 and 2039. The county's younger population is projected to fall, while the population aged 75 years and over is projected to increase by around 10,000. Net migration will account for an increase of 12,600 in the population, which will be driven by internal migration; natural change will be down 4,100.

Denbighshire

Denbighshire's population is projected to increase by 2.7% (around 2,500 people) between 2014 and 2039. The population aged 75 years and over is projected to increase by 7,500, while the population aged 18 to 74 years is projected to decrease by 4,800. Net migration will account for an increase of 6,600 in the population, driven by migration; natural change will be down by 4,100.

Flintshire

The population of Flintshire is projected to increase by 1.3% (around 2,100 people). Females aged under 59 years and males aged under 64 years are projected to decline; the population aged 75 years and over is projected to increase by 13,300. Net migration will account for a decrease of 1,000 in the population between 2014 and 2039 (driven by internal migration); national change will account for a further 3,000 increase.

Wrexham

Between 2014 and 2039, the population of Wrexham is predicted to increase by 9.7% (around 13,300 people). The numbers of the youngest members of the population, aged 0-4 years and 5-10 years are projected to fall, with the largest increases in the older age groups. Net migration will account for an increase of 8,600 in the population, which will be driven by international migration; natural change will account for a further increase of 4,700.

Welsh language

'One of the key principles of *More than just words*... is the Active offer. An Active Offer simply means providing a service in Welsh without someone having to ask for it. It means creating a change of culture that takes the responsibility away from the individual and places the responsibility on service providers and not making the assumption that all Welsh speakers speak English anyway.' (Welsh Government, 2016b)

Each chapter of the report includes a section on the need for Welsh language provision to support the population and meet the principles of *More than just words*. In particular, groups where the Welsh language is an even more critical or fundamental element of service provision are:

- children and young people;
- older people;
- people with learning disabilities;
- people with mental health issues;
- people with dementia;
- people who have had a stroke; and,
- people who need support from speech and language therapy services.

In North Wales, Gwynedd has the highest proportion of Welsh speakers, 65%, although this can be higher in some areas of the county. Elsewhere in North Wales, 57% of residents on the Isle of Anglesey speak Welsh, 27% in Conwy and 25% in Denbighshire. The proportion of Welsh speakers in Flintshire (13.2%) and Wrexham (12.9%) is lower than the average for Wales. All local council areas across North Wales have experienced a decline in the proportion of Welsh speakers between the 2001 and 2011 Census, with the largest decline occurring in Gwynedd (-3.6%). Just over half (53%) of Welsh speakers in North Wales are fluent in the language and 63% speak Welsh on a daily basis; in Gwynedd, 78% of Welsh speaking residents are fluent and 85% speak Welsh every day.

The level of Welsh speaking, particularly in the north west of the region, influences the number of people choosing to access services in Welsh. In Gwynedd, 37% of people attempt to use the Welsh language at all times when contacting public services. In primary care, 1.8 GPs per 100,000 population in North Wales can speak Welsh; at local council level, Gwynedd has the highest rate, 4 GPs per 100,000 population that can speak Welsh and Flintshire has the lowest, 0.5 per 100,000 population. Among other health professionals in North Wales, speech and language therapists have the highest percentage of Welsh speakers (46%), followed by paramedics (44%); just over 30% of nurses working in the region can speak Welsh (Public Health Wales, 2016c). Across North Wales, 81% of businesses have staff with Welsh language skills, with 45% of employees in Gwynedd always speaking Welsh with colleagues and 31% on the Isle of Anglesey (North Wales Economic Ambition Board, 2016).

Poverty and deprivation

In North Wales, 12% of the population live in the most deprived communities in Wales compared to 19% across Wales; however, this masks considerable pockets of deprivation across the region, some of which are among the highest levels of deprivation in Wales. Rhyl West 2 (Denbighshire) and Queensway 1 (Wrexham) are the second and third most deprived areas in Wales. Three further areas in Rhyl (Rhyl West 1, Rhyl West 3 and Rhyl South), are in the top twenty most deprived areas in Wales (Welsh Government, 2014).

People living in the most deprived areas live on average shorter lives than those living in the least deprived areas. Gwynedd has the lowest inequality gap in the whole of Wales for males (3.4 years); Denbighshire has the fourth highest in Wales (11 years). This suggests that men in the most deprived areas of Denbighshire live, on average, 11 years less than those in the least deprived areas in the same county. The difference for women is also largest in Denbighshire, where women in the most deprived areas of the county live, on average, 8.4 years less than those in the least deprived areas of Denbighshire (Public Health Wales, 2016b).

Educational outcomes have an impact on income and living standards, which in turn impact on physical and mental health. Across North Wales, the percentage of residents aged 16 to 74 years who have no academic or professional qualifications is lower than the average for Wales (25.9%), with the exception of Wrexham (26.7%). There is considerable variation at local level within counties (Office for National Statistics, 2011).

Unemployment is associated with financial problems, distress, anxiety, depression and poor health related behaviours. Just over 5% of working age residents in Wales have never worked or are long-term unemployed. Across North Wales, all six local councils are below the average for Wales; however, there is considerable variation within counties (Office for National Statistics, 2011).

Housing has an important effect on health, education, work, and the communities in which we live. Across Wales, 77% of people in owner occupied houses were very satisfied with their accommodation, compared with 52% of people in private rented accommodation and 48% of people in social housing (Welsh Government, 2015a).

The majority of people in Wales report having enough money to heat their home; however, there is a difference across tenure type with 96% of people in owner-occupied housing having enough money to heat their home compared to 89% of private rented tenants, and 87% of those in social housing (Welsh Government, 2015a).

There has been a rapid rise in homelessness in Wales, with a 16 to 25% increase between 2007 and 2012. This then presents an average in Wales of 39 households accepted as homeless per 10,000 households (Public Health Wales, 2016a).

A safe environment, free from crime, contributes significantly to community cohesion and people's sense of well-being. Anxiety over crime can impact people's mental health. Deprived neighbourhoods with empty properties, unmaintained housing, graffiti and visible signs of criminal activity are strongly related to the fear of crime, which is associated with poor self-rated health and well-being. Across North Wales, almost 81% of residents feel safe after dark, the same as the Wales average. Local council levels range from 74% in Wrexham to 89% in Gwynedd. In North Wales, 74% of residents are satisfied with the local area, which is just above the average for Wales, 71%. Local council satisfaction levels range from 70% in Wrexham to 77% on the Isle of Anglesey (Public Health Wales Observatory, 2015).

Health

Chronic conditions can have a significant impact for individuals, families and health and social care services. The Isle of Anglesey has the highest percentage of patients registered as having a chronic condition (39%) and Gwynedd has the lowest (33%). Hypertension is the condition with the highest number of patients on the register (Public Health Wales Observatory, 2016).

Heart disease, cancers and respiratory disease are the three leading causes of death and premature death in North Wales, which share common risk factors – tobacco, alcohol, physical inactivity and unhealthy diet. Health-related behaviours are strongly related to deprivation and there are variations across North Wales.

Rates of smoking vary considerably by area, in line with levels of deprivation and by socio-economic gradient. Twenty two percent of adults in North Wales report being a smoker, compared to 20% across Wales. The Isle of Anglesey and Denbighshire have the highest smoking prevalence, 24% (Welsh Government, 2015b).

Over half of the population of North Wales (58%) report being overweight or obese, which is just below the average for Wales, 59%. Across North Wales, Gwynedd has the lowest percentage of overweight and obese adults, 53% and Denbighshire has the highest, 61% (Welsh Government, 2015b).

Levels of overweight and obesity in children have also increased dramatically, and are a significant cause of chronic illness in childhood. Just under 28% of children aged four and five years in North Wales are overweight, compared to just over 26% across Wales. The Isle of Anglesey has the highest percentage of overweight four and five year olds in Wales, 32% (Public Health Wales, 2014/15).

1.6 Limitations, lessons learned and next steps

Preparing a single accessible population assessment across six counties and one health board area within the timescales set has been a challenging process. There has been a tremendous amount achieved within the timescales thanks to the efforts of: the project team; the project steering group, technical group and engagement group; partner organisations who contributed information and guidance; members of staff, elected members, service users and members of the public who took part in the engagement; the chapter writing groups; and the many people who reviewed and commented on early drafts of each chapter.

Nevertheless, there is plenty that we have learnt from the process and more that needs to be done. The population assessment should be seen as the start

of a process rather than a finished product. Where there are limitations identified in the report these can be addressed in work on the area plan and in the population assessment review. The guidance states the assessment needs to be reviewed in at least two years' time, while the toolkit advises more frequent reviews.

Some of the issues identified during the process that need to be addressed are listed below.

- The report will provide an evidence base for services and strategies and underpin the integration of services and support partnership arrangements. It should be a useful tool for planners and commissioners in local authorities and health, however, there is still a need for commissioning strategies and market position statements to set out the local vision and plan for services in an area and the support available for providers.
- The report includes a summary of services available at the moment but does not describe them in detail or attempt to map out all local provision. Due to the complexity of this task it may be best to prioritise areas for this type of review.
- The report includes some high-level service performance measurement information but does not include detailed analysis of performance indicators outside of what was included in the national data catalogue or analysis of budgets or actual service spend.
- There are groups we were not able to include in the consultation and engagement which should be a priority for future work. More information is available in appendix 1.
- The report needs to be publicised widely to build on links made to date and reach people who have not had an opportunity to be involved in the first phase of the project.
- Making the links between the population assessment and the well-being assessments produced by the Public Service Boards. The population assessment includes people's care and support needs while the well-being assessment covers prosperity, health, resilience, equality, vibrant culture, global responsibility and cohesive communities. The assessments have taken place in parallel and officers involved in both have worked together on elements of the projects but more connections will emerge as they are published.
- There are people who have care and support needs whose particular needs fall outside the themes covered in the report chapters. More work needs to be done to identify their needs along with people who have multiple and complex needs.

In addition to the above there are specific issues identified at the end of each chapter for future work.

There have also been lessons learned about the process which have been recorded and will be used to inform the work on the area plan and population assessment review.

1.7 Further information

There was much more information collected to inform this report than it has been possible to include. The following background information is available [on request](#).

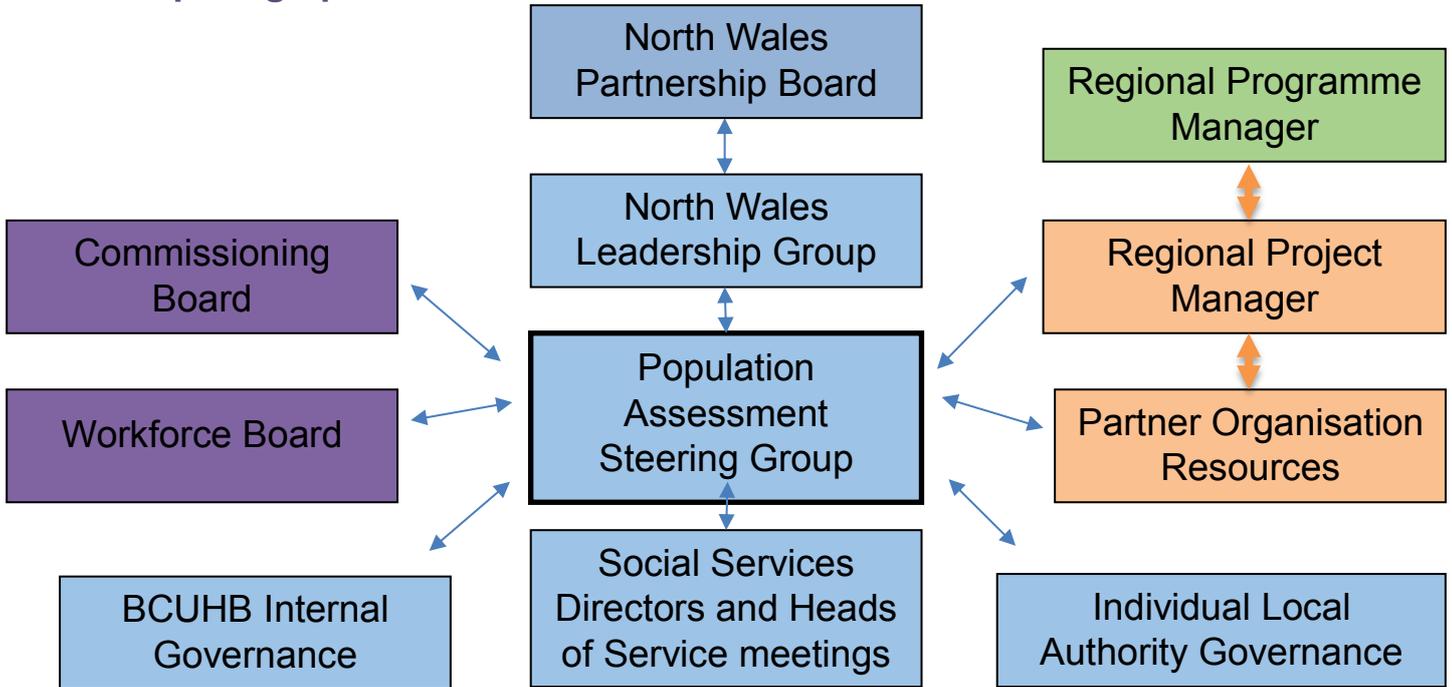
- Data catalogue listing over 300 different population indicators and performance measures recommended by Welsh Government for the population assessment.
- Downloaded data from the data catalogue for each of the six North Wales counties. Please note, this data is also available from sites including Stats Wales, Daffodil Cymru and NOMIS where it may have been updated since it was downloaded for the population assessment. The original data source is listed on the data catalogue. The total file size is too large to send by email so please specify the data you are interested in.
- Access to the reference library used for the population assessment stored in Endnote online or a copy of the full reference list or individual chapters in rich text format.

Appendix i: North Wales Population Assessment Regional Structure

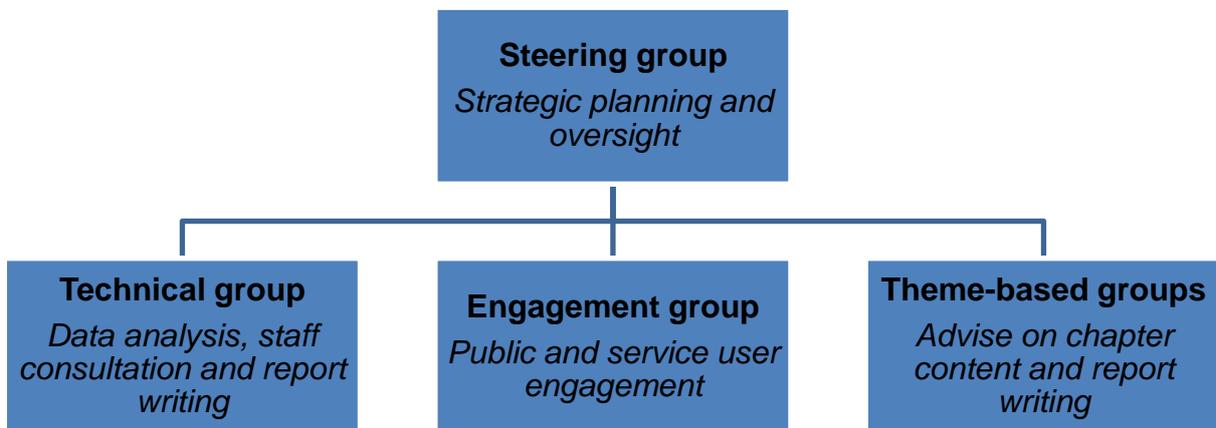
Other regional work areas requiring updates

Governance

Resources



Project management structure



References

Bradshaw, J. (1972) 'A taxonomy of social need', in McLachlan, G. (ed.) *Problems and progress in medical care*. Seventh series NPHT/Open University Press.

Isle of Anglesey County Council, Gwynedd Council, Conwy County Borough Council, Denbighshire County Council, Flintshire County Council and Wrexham Council (2016) 'North Wales Regional Citizen Engagement Policy'. NWASH.

North Wales Economic Ambition Board (2016) 'Regional skills and employment plan' *Appendix 2: Welsh Language*.

Office for National Statistics (2011) 'Census data'. Available at: https://www.nomisweb.co.uk/census/2011/data_finder (Accessed: 2 November 2016).

Public Health Wales (2014/15) 'Child measurement programme for Wales'. Available at: <http://www.wales.nhs.uk/sitesplus/888/page/67795>.

Public Health Wales (2016a) 'Final report of the health care needs assessment and health profile: homeless people' On behalf of North Wales / BCUHB Homeless and vulnerable groups health action plan.

Public Health Wales (2016b) 'Measuring inequalities 2016'. Available at: www.publichealthwalesobservatory.org/inequalities2016 (Accessed: 08 Aug 2016).

Public Health Wales (2016c) 'Population health profile of North Wales, to support needs assessment for Social Services and Wellbeing Act and wellbeing assessment for Future Generations Act' Team, N. W. P. H.

Public Health Wales Observatory (2015) 'Health Assets Reporting Tool'. Public Health Wales. Available at: <http://www.wales.nhs.uk/sitesplus/922/page/79374>.

Public Health Wales Observatory (2016) 'General Practice Population Profiles'. Public Health Wales. Available at: <http://www.wales.nhs.uk/sitesplus/922/page/87851>.

Stevens, A., Raferty, J. and Mant, J. 'An introduction to HCNA'. Available at: <http://www.hcna.bham.ac.uk/introduction.shtml> (Accessed: 23/05/2016).

Wavehill (2016) 'Research into Citizen Voice and Control in North Wales'. North Wales Social Care and Well-being Services Improvement Collaborative.

Welsh Government (2014) 'Welsh Index of Multiple Deprivation'. Available at: <https://stats.wales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation/WIMD-2014/wimd2014>.

Welsh Government (2015a) 'National Survey for Wales 2014-15'. Available at: <http://gov.wales/docs/statistics/2016/160608-national-survey-wales-2014-15-accommodation-energy-saving-measures-en.pdf>.

Welsh Government (2015b) *Welsh Health Survey*. Available at: <http://gov.wales/statistics-and-research/welsh-health-survey/?lang=en>.

Welsh Government (2016a) 'Local authority population projections for Wales (2014-based): Principal projection'. Available at: <http://gov.wales/docs/statistics/2016/160929-local-authority-population-projections-2014-based-en.pdf> (Accessed: 17 October 2016).

Welsh Government (2016b) 'More than just words' *Follow-on Strategic Framework for Welsh Language Services in Health, Social Services and Social Care 2016-2019*. Available at: <http://gov.wales/docs/dhss/publications/160317morethanjustwordsen.pdf> (Accessed: 26 July 2016).

Welsh Government (2016c) 'Statutory Guidance to support the implementation of the Partnership Arrangements (Amendment) (Wales) Regulations 2016 and the Care and Support (Area Planning) (Wales) Regulations 2016 DRAFT'.