



# Replacement Local Development Plan 2018-2033

## Background Paper

June 2023

BP 66: RLDP and Social Care

**Mae'r ddogfen hon ar gael yn Gymraeg hefyd.**

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**Sir Conwy, yr amgylchedd iawn i fyw, gweithio  
a darganfod**

**Conwy County, the right environment to live,  
work and discover**

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# 1 Introduction

1.1 This is one of a series of Background Papers accompanying the Replacement Local Development Plan (RLDP). When the Council publishes its Deposit Plan, it must also explain how the policy has been formulated based on the evidence base available to the Council at the time.

1.2 The purpose of this background paper is to:

- Assess the social care needs of the area during the plan period,
- Update the policy approach for care home provision to reflect findings; and,
- Make recommendations for linked policy areas to meet the future social care needs.

## 2 National planning policy, guidance and legislation

2.1 Planning Policy Wales (PPW) identifies the following key issue in the Active and Social Places section: “assisting in the delivery of cohesive communities which will meet the needs and are accessible to all members of society, including older people”.

2.2 Para 3.6 of PPW adds to this:

“Development proposals must address the issues of inclusivity and accessibility for all. This includes making provision to meet the needs of people with sensory, memory, learning and mobility impairments, older people and people with young children. There will often be wider benefits to be gained through the sensitive consideration of such provision”

2.3 Meeting the housing needs of older people and people with disabilities is specifically raised in para 4.2.5 of PPW:

“Planning authorities should plan for a mix of market and affordable housing types to meet the requirement and specifically consider the differing needs of their communities; this should include the housing requirements of older people and people with disabilities”.

2.4 It is also covered in para 4.2.12

“There must be sufficient sites suitable for the full range of housing types to address the identified needs of communities, including the needs of older people and people with disabilities. In this respect, planning authorities should promote sustainable residential mixed tenure communities with ‘barrier free’ housing, for example built to Lifetime Homes standards to enable people to live independently and safely in their own homes for longer”

- 2.5 Para 6.7.19 provides guidance on the location of housing and uses such as care homes:

“It will not be appropriate to locate sensitive uses, such as hospitals, schools, care homes and housing adjacent to busy roads or other transport routes, where there are no connectivity benefits to be gained and where health and amenity impacts associated with increased exposure of people to pollution will be unacceptable”

- 2.6 Para 5.4.2 is relevant to the employment led growth projection as the preferred option for the Replacement LDP in relation to the care sector:

“The Welsh Government seeks to maximise opportunities to strengthen the foundational economy, particularly the food, retail, tourism and care sectors which play such a prominent role throughout Wales; the planning system should be supportive of this aim.”

- 2.7 Technical Advice Note (TAN) 12 Design provides additional guidance regarding design and sustainability. Para 5.3.2 states: “In every area of development earlier and greater attention should be given to the needs of all sectors of society, including older people, children and disabled people”.

- 2.8 Para 5.11.7 states that “the needs of disabled people to park near their dwellings should be acknowledged”.

- 2.9 [Future Wales the National Plan 2040](#) is a national development plan, which sets a strategy for addressing key national priorities. Policy 2 – Shaping Urban Growth and Regeneration – Strategic Placemaking states that new growth: “should positively contribute towards building sustainable places that support active and healthy lives, with urban neighbourhoods that are compact and walkable, organised around



mixed-use centres and public transport, and integrated with green infrastructure”. This includes providing a variety of housing types and tenures.

### 3 Other national legislation, guidance and strategies

3.1 Ageing Well in Wales is a partnership including government agencies and third sector organisations, hosted and chaired by the Older People’s Commissioner for Wales. Each local authority in North Wales has developed a plan for the actions they will undertake based on the priorities which includes:

- To make Wales a nation of age-friendly communities
- To make Wales a nation of dementia supportive communities
- To reduce the number of falls
- To reduce loneliness and unwanted isolation
- To increase learning and employment opportunities

3.2 The Welsh Government has published its strategy for an ageing society in October 2021, Age Friendly Wales, which has four aims:

- Enhancing wellbeing
- Improving local services and environments
- Building and retaining people’s own capability
- Tackling age related poverty

3.3 The town planning system plays a pivotal role in the delivery of housing for older people. The Royal Town Planning Institute (RTPI) has prepared various practice guidance. These do not hold the same weight as national planning policy documents, but do provide clear information and case studies on specific topics.

3.4 The RTPI practice guidance [Housing for older people](#) is based on England’s planning and building control systems, however, still provides useful guidance to Wales. The guidance notes:

“Older people are not a homogenous group with the same housing requirements. Their needs and aspirations are diverse and therefore, the solutions must be equally diverse. Common assumptions are made that most older people want to downsize or enter specialist accommodation as they age, but older people are motivated by the

same reasons as other age groups when it comes to housing choices—such as having space for guests, moving to a nicer area, or better access to greenspace. All housing must be accessible and easily adaptable to meet individual/household needs, giving the opportunity to age in place”

3.5 The following principles developed by the Housing for Older People Panel for Innovation are relevant:

- **“Space and flexibility** - generous internal space standards, with potential for three habitable rooms and designed to accommodate flexible layouts,
- **Daylight** - care is taken with the placement, size and detail of windows to ensure plenty of natural light, and to allow daylight into circulation spaces,
- **Outdoor space** - building layouts maximise natural light and ventilation by avoiding internal corridors and single aspect flats. Apartments have balconies, patios, or terraces with enough space for tables and chairs as well as plants,
- **Adaptability** – homes are adaptable and designed to be ‘care ready’ so that new and emerging technologies, such as telecare and community equipment, can be readily installed,
- **Circulation space** – building layouts promote circulation areas as shared spaces, encouraging interaction, supporting interdependence and avoiding an ‘institutional feel’, including the imaginative use of shared balcony access to front doors and thresholds, promoting natural surveillance and providing for ‘defensible space,
- **Shared facilities** – in all but the smallest developments (or those very close to existing community facilities), multi-purpose space is available for residents to meet, with facilities designed to support an appropriate range of activities – perhaps serving the wider neighbourhood as a community ‘hub’, as well as guest rooms for visiting friends and families,
- **Natural environment** – public realm design measures ensure that homes engage positively with the street. New trees and hedges are planted, and mature planting is preserved to provide wildlife habitats, as well as colour, shade and shelter,
- **Sustainable design** – homes are energy-efficient and well insulated, but also well ventilated and able to avoid overheating by, for example, passive solar design, the use of native deciduous planting supplemented by external blinds

or shutters, easily operated awnings over balconies, green roofs and cooling chimneys,

- **Storage** – adequate storage is available outside the home together with provision for cycles and mobility aids, and storage inside the home meets the needs of the occupier,
- **External shared surfaces and ‘home zones’** - shared external surfaces, such as ‘home zones’ give priority to pedestrians rather than cars, with due regard to the kinds of navigation difficulties that some visually impaired people may experience”.

3.6 The Centre for Ageing Better describes an Age friendly community as:

“a place where people of all ages are able to live healthy and active later lives. These places make it possible for people to continue to stay living in their homes, participate in the activities that they value, and contribute to their communities, for as long as possible”.

3.7 It links with the Age-friendly communities framework, which was developed by the World Health Organisation. Age UK describes them as: “essential for our ageing population”. Their [guide](#) provides further details. Cardiff is currently the only Age-friendly community in Wales.

3.8 The RTPi has also produced practice guidance on [Dementia and town planning](#), which gives advice on how town planning can work with other professionals to create better environments for people living with dementia. It has been endorsed by the Alzheimer's Society. The majority of people with dementia in the UK and Ireland live at home in the community, with some living alone. In order to be able to live alone the appropriate practical and emotional support and housing choices are vital to enable people with dementia to live well and safely. People with dementia may go into residential care homes earlier than they want to because their own homes are not designed to enable them to live independently and can be expensive to adapt to meet their needs. This is despite 85% of people saying they would choose to live at home for as long as possible if diagnosed with dementia. Staying in familiar surroundings with the right support can help people living with dementia continue to lead an active and independent life for longer.

3.9 The built and natural environment also has an important role to play in maintaining health, wellbeing and independence. The built environment:



“is a fundamental factor contributing to the quality of life of older people, it can either be enabling or disabling. Having access to amenities like local shops, doctors, post offices and banks within easy, safe and comfortable walking distances contributes to people with dementia being able to live independent and fulfilling lives for longer”.

- 3.10 Consistency and familiarity places a key role with this, and can include simple measure such as: “the purpose of a building being obvious or having clear lines of sight through a development”. The guidelines recommend that housing for local people be located in community hubs, a 5-10 minute walk from local shops and services, to maintain independence for longer. This will also mean that they are well located by a range of transport options for families and friends (who could be providing unpaid care) to visit easily.
- 3.11 Access to greenspace is beneficial to all, however, it is promoted as part of a dementia friendly environment by dementia professionals. It also provides an opportunity for social interaction, which is also key for people living with dementia.
- 3.12 The design of housing, extra care and care homes for people living with dementia can also mean that they can live more independently:
- **Safety** – avoid trip hazards; or changes in depth; provide contrasting handrails and good lighting;
  - **Visual clues** – clear signage, sightlines and routes around the building;
  - **Clearly defined rooms** – activities that take place in each room can be easily understood;
  - **Interior design** – avoid reflective surfaces and confusing patterns. Use age and culturally appropriate designs;
  - **Noise** – reduce noise through location of activities and soundproofing. Provide quiet areas;
  - **Natural light or stronger artificial light** – many people with dementia have visual and perceptual difficulties, sight loss impairment or problems interpreting what they see;
  - **Outside space** – access to safe outside space, with good views from inside the building as daily exposure to daylight improves health and circadian rhythm.

- **Distinctive** – a variety of landmarks, with architectural features in a variety of styles and materials to distinguish them from one another. There is a variety of practical features, e.g. trees and street furniture; but these are not cluttered;
- **Accessible** – land uses are mixed with shops and services within a 5-10 minute walk from housing. Entrances to places are obvious and easy to use and conform to disabled access regulations;
- **Comfortable** – open space is well-defined, with toilets, seating, shelter and good lighting. Background and traffic noise should be minimised through planting and fencing. Street clutter is minimal to aid walking and focus attention;
- **Safe** - footpaths are wide, flat and non-slip, development is orientated to avoid creating dark shadows or bright glare, use of shared spaces is avoided”.

3.13 Key characteristics of dementia friendly outdoor environments are:

- **Familiar** - functions of places and buildings are obvious, any changes are small scale and incremental;
- **Legible** - a hierarchy of street types, which are short and fairly narrow. Clear signs at decision points”.

3.14 The Alzheimer’s Society have developed a [dementia-friendly communities](#) programme, which is: “where people with dementia are understood, respected and supported”. They are vital in helping people live well with dementia and remain a part of their community.

3.15 Where a person lives can have an impact on their mental health. The quality of the built environment and housing, with factors such as noise, pollution, quality of green spaces, access to services can also impact it. The UK the RTPI have prepared practice guidance on [mental health and town planning](#). It states that:

“Creating an accessible, inclusive built environment that enables everyone to play an equal role in society is important in protecting and enhancing everyone’s well-being and mental health”.

3.16 The guidance recommends four key principles for designing healthy places:

- **Green:** access to natural areas in neighbourhoods that are part of people's daily routines, including gardens, liveable streets, accessible and adaptable public spaces.
- **Active:** embedding opportunities for exercise and social interactions into day-to-day lives. Ensuring active travel and public transport options.
- **Pro-social:** providing involvement in design that facilitates positive, safe and natural interactions to promote a sense of community.
- **Safe:** ensuring a sense of safety and security, e.g. appropriate lighting, surveillance, legibility, high environmental quality and measures to reduce pollution, traffic and crime.

3.17 The guidance also recommends that health facilities are designed with having regard to therapeutic benefits.

3.18 In March 2021, the Minister for Housing and Local Government wrote to all local authority Leaders and Chief Executives to announce that means testing would be removed for small and medium Disabled Facilities Grants (DFGs). Local authorities are under statutory duties to provide DFGs to eligible disabled people. The letter states that:

“DFGs are the main source of help for disabled people in the great majority of households in Wales, those which are owner occupied or in the private rented sector. This is the main way in which those disabled people get help with the most common types of adaptations, such as stair lifts, ramps and downstairs toilet and washing facilities. We must do everything we can to remove barriers so disabled people can maintain their independence, safety and good health. This not only allows them to continue to live at home with dignity, it reduces pressures on our health and social care services.”

3.19 The Housing Grants, Construction and Regeneration Act 1996 is the legal framework governing the delivery of Disabled Facilities Grants (DFG). Local Authorities have a statutory duty to provide grant aid to assist qualifying homeowners and tenants with adaptations to enable them to live in their home safely and as independently as possible.

3.20 In 2002, the introduction of the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 made significant changes to the grants regime, and provided

flexibility to Local Authorities to develop forms of assistance which would best meet local priorities and need.

## 4 Regional guidance and strategies

4.1 The Well-being of Future Generations (Wales) Act 2015 places a statutory requirement on each Public Services Board to produce a Local Well-being Plan for their area. The objective of the [Conwy and Denbighshire Well-being Plan \(2023-2028\)](#) is to make Conwy and Denbighshire a more equal place with less deprivation. The Plan has identified four key themes to support this:

- Well-being – Communities are happier, healthier and more resilient in the face of challenges, such as the Climate Change and Nature Emergency, or the rising cost of living.
- Economy – There is a flourishing economy, supported by a skilled workforce fit for the future.
- Equality – Those with protected characteristics face fewer barriers.
- Housing – There is improved access to good quality housing.

4.2 The following steps identified in the plan are relevant:

- Stimulate and support community groups to help people remain resilient; for example, supporting healthy lifestyles, or providing help with cost of living pressures.
- Give support to sustainable and green transport plans that improve overall air quality, including active and healthy travel schemes that encourage walking and cycling.
- Decrease carbon emissions and energy consumption, and increase renewable energy capacity.
- Encourage and support communities to mitigate and cope with the impacts of Climate Change.
- Addressing the Nature Emergency and the well-being needs of communities, protect, restore and enhance biodiversity and natural habitats, whilst increasing and encouraging equal access to our natural environment. This includes access to green countryside spaces, and blue coastal spaces.

- Ensuring fair and equal access to good quality, affordable, energy efficient housing, where people can live independently and healthily, helps to reduce inequalities and remove barriers.

4.3 The Social Services and Well-being (Wales) Act 2014 introduced a new duty on local authorities and health boards to develop a joint assessment for the care and support needs of regional populations. The [Population Needs Assessment](#) is the foundation for the future provision of our services across the regions Health and Social Care Sector ensuring that our peoples' needs are met sufficiently.

4.4 The population needs assessment identifies:

- The care and support needs in the North Wales region.
- The services that are available to meet those needs.
- Gaps (unmet needs) and actions required.

4.5 The assessment outlines general information around the population needs under each heading. Relevant ones have been included below.

#### **Children and young people**

4.6 There is an estimated 11,500 children and young people with any limiting long-term illness in North Wales. This is estimated using a survey. It includes those aged under 16 or those aged 16 and 17 who are dependents. There may be an increasing impact on parents and carers as children get older and larger in terms of manual handling, behaviour management and safety, which can mean a requirement for additional support for parent carers. The table below shows the change in predicted disabled children in Conwy County Borough. The decrease reflects the overall predicted fall in that age group over the 20 year period. It should be noted that these projections are different to those used in the Replacement LDP.

**Table 1: Predicted number of children (0-17) with a limiting long-term illness in Conwy County Borough, 2020 and 2040**

Source: Daffodil

Year	Number
2020	1,800
2025	1,800
2030	1,700
2035	1,650
2040	1,650

Year	Number
<b>Change</b>	-110

Numbers have been rounded so may not sum.

- 4.7 The number of children receiving care and support with a disability supported by social services has fluctuated. There has been a decline overall for North Wales, including in Conwy County Borough.

**Table 2: Number and percent of children with a disability receiving care and support, 2017 to 2020**

Source: Children Receiving Care and Support Census. StatsWales, Welsh Government

	No. Conwy CB	% Conwy CB	No. North Wales	% North Wales	No Wales	% Wales
2017	155	22.5%	700	22.5%	3,455	21.7%
2020	130	24.6%	660	20.1%	3,600	21.7%
Change	-25	-	-35	-	145	-

Numbers have been rounded so may not sum.

- 4.8 In 2020, there were almost 2,900 children receiving care and support across North Wales. This is 2,302 children for each 100,000 children in the population, which is slightly lower than the rate for Wales as whole of 2,553 children in need for each 100,000 children in the population. The numbers vary across North Wales with no clear trend over time.

**Table 3: Number and rate per 100,000 of children (0-15) receiving care and support, 2017 to 2020**

Source: Children Receiving Care and Support Census, StatsWales, Welsh Government

	No Conwy CB	Rate Conwy CB	No North Wales	Rate North Wales	No Wales	Rate Wales
2017	575	3,063	2,665	2,156	13,785	2,474
2020	440	2,306	2,860	2,302	14,395	
Change	-140	-	195	-	615	-

Numbers have been rounded so may not sum.

- 4.9 In 2021 there were 1,470 local children and young people looked after by North Wales local authorities. North Wales has a lower number of children looked after per 100,000 population than the rest of Wales, however there are significant variations



across the region. It is important to note that the number is currently fluctuating rapidly with a significant increase in newly accommodated young people.

**Table 4: Number and rate per 100,000 of children looked after (under 18) by local authority, 2017 and 2021**

Source: Children Looked after Census. StatsWales, Welsh Government

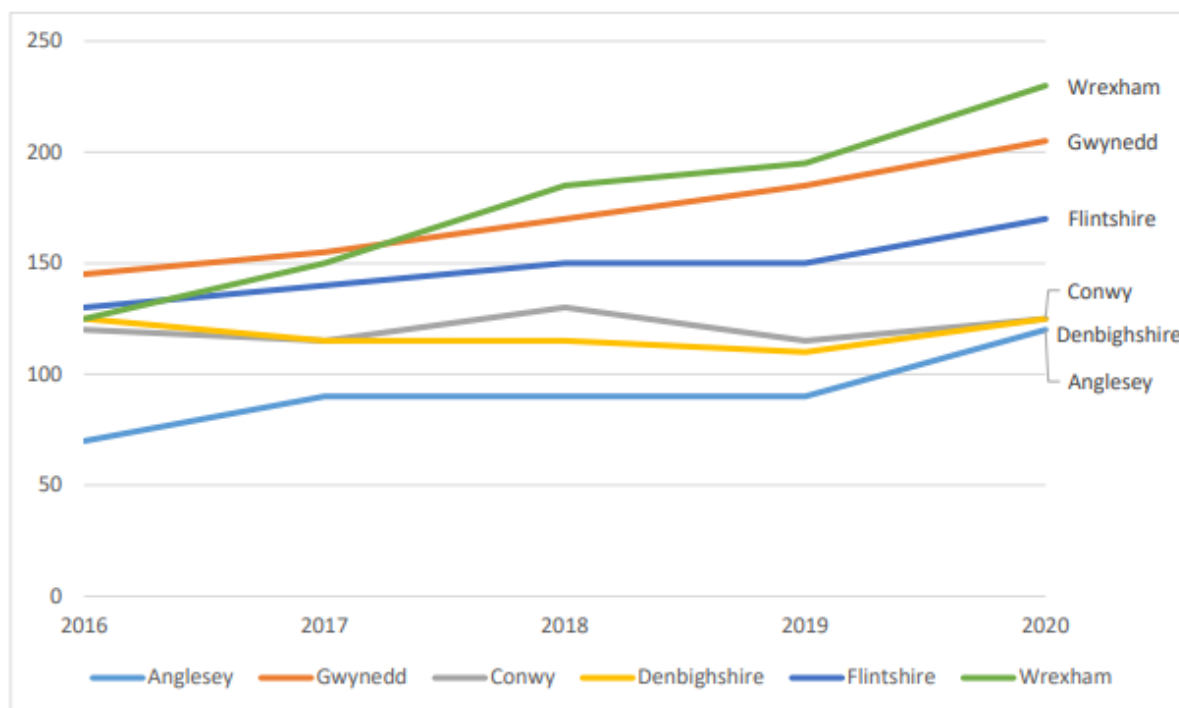
	No Conwy CB	Rate Conwy CB	No North Wales	Rate North Wales	No Wales	Rate Wales
2017	180	829	1,120	805	5,960	949
2021	215	1,015	1,470	1,063	7,265	1,153
Change	35	-	350	-	1,305	-

Numbers have been rounded so may not sum.

- 4.10 The chart below shows the number of children who are looked after in placements in North Wales between 2016 and 2020. There has been an overall increase for all North Wales local authorities.

**Chart 1: Number of children looked after in placements in North Wales**

Source: Children Looked after Census, Welsh Government, Stats Wales



- 4.11 Placement stability is an important determinant in current and long term health, educational and economic outcomes of children and young people who are in care ([NICE guideline – NG205 October 2021](#)). The table below shows how many children looked after are placed in their home county, elsewhere in Wales and outside of Wales. There are 68% of children looked after in North Wales placed in their own

county. This is slightly higher than the Wales average. Placement within county or nearby is known to be important for children and young people to maintain their established positive social networks both with family (parents, siblings and others) and school – which helps them to develop their identity and emotional maturity ([NICE guidelines NG205 October 2021](#)).

**Table 5: Location of placements in the year for children looked after (2020)**

Source: Children Looked after Census, Welsh Government, Stats Wales

	No Conwy CB	% Conwy CB	No North Wales	% North Wales	No Wales	% Wales
Inside local authority	125	63%	955	68%	4,705	66%
Elsewhere in Wales	50	25%	280	20%	1,795	25%
Outside of Wales	20	10%	130	9%	360	5%

Numbers have been rounded so may not sum.

- 4.12 Children looked after from out of county are placed in North Wales. This includes in foster care and residential units. While these placements are funded externally, these numbers of children place additional demands on local services such as health, education, police and support services, all of which are funded locally. In addition, as these children leave the care system, if they decide to settle in the local area, this can place a strain on housing departments, which are already under pressure.
- 4.13 BCUHB have found that North Wales is a net importer of children who are looked after and take a significant numbers of young people in out of area placements. During the period 1 April 2020 to 31 March 2021, they recorded a total of 514 looked after children placed from outside of North Wales into the local authorities of Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham. This is an overall 57 decrease of 1.5% from the 2019-20 total of 522. Of the 514 placed, a total of 161 ceased their placement within the same time frame, making the current total of 353.

### Older people

- 4.14 There were around 164,700 people aged 65 and over in North Wales in 2020. Population projections suggest this figure could rise to 207,600 by 2040 if the

proportion of people aged 65 and over continues to increase as shown the table below. At the same time the proportion of people aged 16 to 64, the available workforce, is expected to continue to decrease. The changes are predicted to begin levelling off by 2040. This change to the population structure provides opportunities and challenges for the delivery of care and support services. Please note that these are different projections to those used to inform the Replacement LDP.

**Table 6: Estimated number of people aged over 65 in 2020 and projected number in 2040**

Source: Mid-year 2020 population estimates, Office for National Statistics; and 2018-based population projections, Welsh Government

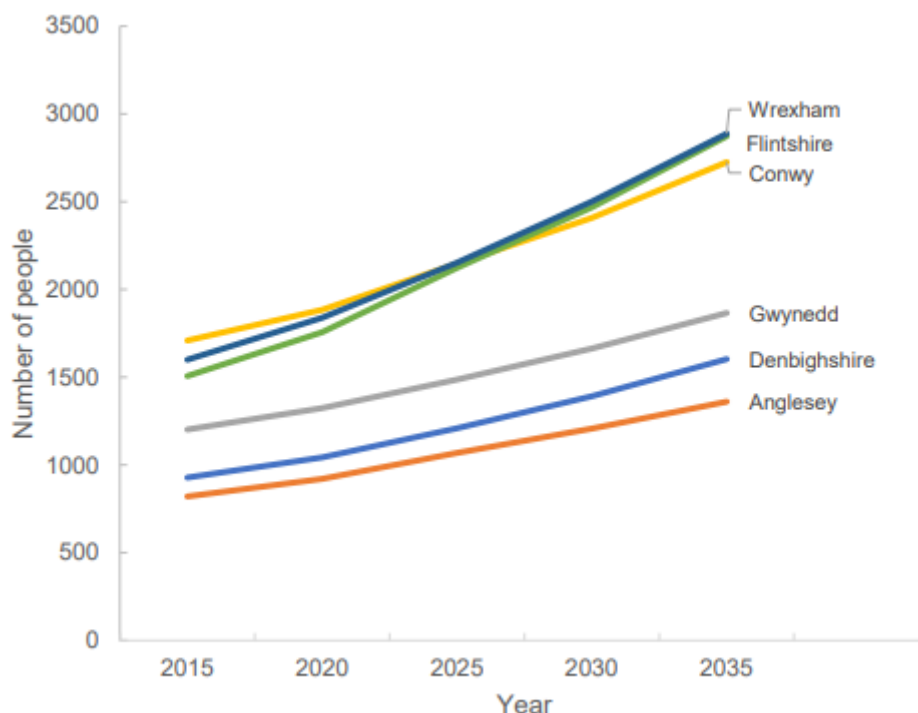
	No Conwy CB	% Conwy CB	No North Wales	% North Wales	No Wales	% Wales
2020	32,950	27.9%	164,700	23.4%	668,600	21.2%
2040	43,500	35.4%	207,600	29.0%	850,750	25.9%
Change	10,550	24.3%	42,900	20.7%	182,150	21.4%

Numbers have been rounded so may not sum.

- 4.15 The number of people aged 65 and over who receive community based services in North Wales is expected to increase from 7,800 in 2015 to 13,300 in 2035 as shown below. This is at the same time as the number of people aged 16 to 64, the available workforce, is decreasing. The number estimated to receive care in future is linked to health and not just age. Conwy has a higher proportion of older people, but as they are healthier, their care needs are lower.

**Chart 2: Predicted number of people aged 65 and over receiving community support**

Source: Daffodil



4.16 The table below shows the number of people aged over 65 who struggle with activities of daily living. This includes activities around personal care and mobility around the home that are basic to daily living, such as taking medications, eating, bathing, dressing, toileting and so on. The proportion struggling with the activities is predicted to increase slightly. The numbers increase significantly, however, due to the changes in the population structure with an increase in the amount aged 65+.

**Table 7: Predicted number of people aged 65 and over who struggle with activities of daily living**

Source: Daffodil, Mid-year population estimates, Office for National Statistics and 2018- based population projections, Welsh Government

	No Conwy CB	% Conwy CB	No North Wales	% North Wales	No Wales	% Wales
2020	9,450	29%	45,700	28%	185,300	28%
2040	13,050	30%	60,900	29%	248,900	29%
Change	3,600	27%	15,150	25%	63,600	26%

Numbers have been rounded so may not sum.

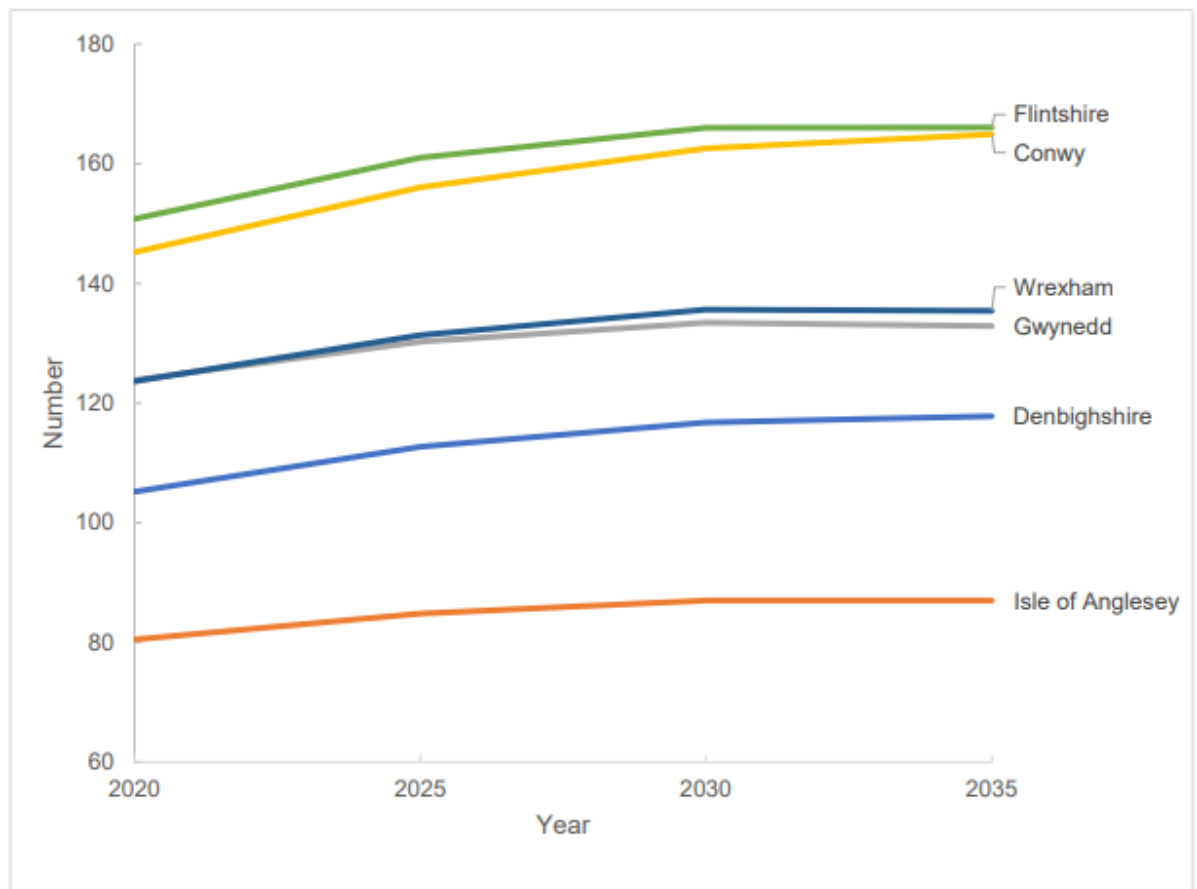
4.17 The composition of households can also affect the demand for services to support independence. Data from the 2011 Census shows that there are 44,000 people aged

65 and over living alone, which is 59% of all households aged 65 and over. Research by Gwynedd Council found a strong relationship between the number of people aged 65 and over who live alone and the number of clients receiving a domiciliary care package in an area.

- 4.18 Poor health is not inevitable as we get older. Focusing on prevention can ensure that the number of years lived in good health is maximised. Health behaviours are crucial to health in our later years, a healthy diet; regular physical activity, safe alcohol use and avoiding tobacco use all contribute to reducing the risk of ill health as we age. Continuing these positive health behaviours throughout our older years is also important. It is crucial that people are able to access a range of services that support them to adopt healthy behaviours.
- 4.19 The number of people admitted to hospital following a fall is likely to increase. Falls are a substantial risk to older people and injuries caused by falls are a particular concern, such as hip fractures. After a fall there is an increased need for services, which help the older person to regain their independence and tackle their loss of confidence and skills, particularly after periods of hospitalisation. Loss of confidence, skills and independence may contribute to issues of loneliness and isolation. The chart below shows how the number of people admitted to hospital following a fall is estimated to increase.

**Chart 3: Predicted number of people aged 60 and over that will be admitted to hospital because of a fall**

Source: Patient Episode Database for Wales, Daffodil Cymru



- 4.20 To address the risk of falls, a whole system approach is required that addresses risk factor reduction across the life-course through case finding and risk assessment, strength and balance exercise programmes, healthy homes, reducing high-risk care environments, fracture liaison services, collaborative care for severe injury.
- 4.21 Age-friendly communities are places where people of all ages can live healthy and active lives. The wider determinants of health are often important factors that can impact on how age-friendly our communities are. Housing, environment, employment and income are all crucial factors that determine our health and wellbeing and can significantly impact on healthy ageing.
- 4.22 Housing can have a significant impact on healthy ageing. The majority of older people live in mainstream housing rather than specialist housing. Many mainstream homes are contributing to poorer health in older people due to them being cold and damp or having hazards that risk trips and falls. Older home owners are often asset rich but cash poor, in that they have value in the home they own, but low levels of income.



Upgrading and refurbishing housing, along with investing in more specialist housing for older people would significantly reduce these risks around falls (such as fewer trip hazards) and create a significant saving to the NHS and social care.

4.23 The environment helps determine how active older people can be in society. The built environment and outdoors spaces can determine the long-term health and wellbeing of those who use them regularly, reduce the risk of falls, promote physical activity and reduce social isolation. This can include access to green spaces, the design of public buildings and spaces (including our high streets) and transport. Making these accessible to older people can ensure they are able to continue to participate in society. Key changes to making the environment more age-friendly, include things such as:

- Maintaining pavements.
- Providing public benches.
- Improving traffic related safety by lowering speed limits.
- Having appropriate signal timings for pedestrians and cars.
- Signal-controlled crossings.
- Central pedestrian refuges.
- More accessible public transport by having short distances between bus stops, sheltered bus stops, good signage and seating in well-maintained areas.
- Ensuring communities are dementia friendly and incorporate dementia friendly measures into new developments.

4.24 Around 10% of over 65s report experiencing chronic loneliness at any one time<sup>1</sup>. As absolute numbers of older people grow, the number of people experiencing loneliness is also likely to increase. Particular groups of older people have also been found to be at increased risk of loneliness and isolation. Surveys suggest older lesbian and gay people also experience higher levels of loneliness. Loneliness is associated with a range of health risks, including coronary heart disease, depression,

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<sup>1</sup> Victor, C. (2011). Loneliness in old age: the UK perspective

cognitive decline and premature mortality<sup>2</sup>. Developing responses to tackle loneliness in older people are crucial for preventing the adverse impacts of loneliness.

- 4.25 It is recognised that when addressing loneliness, there are a number of key challenges. These include reaching lonely individuals, understanding the nature of the loneliness and personalising the response, and supporting the lonely person to access appropriate services. Taking an approach that considers loneliness within this framework will ensure that the interventions offered are reaching those who need the services and are personalised to their needs.

### **Dementia**

- 4.26 There are estimated to be between 10,000 and 11,000 people living with dementia in North Wales. The lower estimate is published in the [Quality Outcomes Framework Statistics](#) and the higher estimate is used in the Daffodil Cymru projections. The Daffodil Cymru projections estimated 2,400 people in Conwy County Borough are living with dementia.
- 4.27 As people live longer, it is estimated that the number of cases of dementia will increase, as age is the biggest known risk factor. There is a 64% increase between 2017 and 2035, which would mean around 7,000 more people living with dementia in North Wales.
- 4.28 A study suggests that the anticipated 'explosion' in cases of dementia has not been observed as the incidence at given ages had dropped by about 20%, mainly in men with women's rates decreasing less strongly<sup>3</sup>. This means that as the number of people aged 65 and over has increased in the UK they found the number of people developing dementia each year had remained relatively stable. This may be due to improvements to health and more years spent in education, for example, fewer men smoking, eating less salt and doing more exercise. Researchers have warned, however, that an increase in less healthy lifestyles could overturn this trend in the future.

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<sup>2</sup> Valtorta, N.K., Kanaan, M., Gilbody, S., Ronzi, S. and Hanratty, B., 2016. Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies *Quality Outcomes Framework Statistics*

<sup>3</sup> Matthews, F. E., Stephan, B. C. M., L. Robinson, L., Jagger, C., Barnes, L. E., Arthur, A. and Brayne, C. (2016) 'A two decade dementia incidence comparison from the Cognitive Function and Ageing Studies I and II', *Nature Communications*

- 4.29 Evidence suggest one-third of cases of dementia in old age could potentially be prevented, through changes in lifestyle behaviour in mid-life (40 to 64 years old). There is evidence that physical inactivity, current smoking, diabetes, hypertension in mid-life, obesity in mid-life and depression increase the risk of dementia and that mental activity can reduce the risk of dementia. Research tells us that the greatest mid-life risk factor for dementia is physical inactivity. People who are physically inactive in mid-life have more than double the risk of dementia in old age than those who are physically active.

### **General health**

- 4.30 People who have a physically active lifestyle can significantly improve their physical and mental well-being, help prevent and manage many conditions such as coronary heart disease, some cancers, and diabetes and reduce their risk of premature death<sup>4</sup>. In North Wales, 55% of adults report being physically active for at least 150 minutes in the past week, which is slightly higher than the Wales average of 53%. Across the region, 63% of adults in Conwy were physically active, which is the highest proportion.

### **Disability**

- 4.31 Scope estimated in 2019 that 8% of children are disabled; 19% of working adults are disabled and 46% of pension age adults are disabled.

### **Housing needs and homelessness**

- 4.32 People living in the most deprived areas have higher levels of hearing and visual impairment, and also long-term health problems, particularly chronic respiratory conditions, cardiovascular disease and arthritis<sup>5</sup>. People in these areas also may be living in poor conditions.
- 4.33 Housing has an important effect on health, education, work, and the communities in which we live. Poor quality housing, including issues such as mould, poor warmth and energy efficiency, infestations, second-hand smoke, overcrowding, noise, lack of green space and toxins, is linked to physical and mental ill health as well as costs to the individual, society and the NHS in terms of associated higher crime,

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<sup>4</sup> Public Health Wales (2016) 'Making a difference: Investing in sustainable health and well-being for the people of Wales'

<sup>5</sup> Public Health Wales (2016b) 'Measuring inequalities 2016'

unemployment and treatment costs<sup>6</sup>. Health problems associated with these issues include respiratory problems, depression, anxiety, neurological, cognitive, developmental, cardiovascular and behavioural conditions, cancers, poisoning and death<sup>7</sup>.

- 4.34 Dealing with hazards, such as unsafe stairs and steps, electrical hazards, damp and mould growth, excessive cold and overcrowding, costs around £67 million per year to the NHS in Wales<sup>8</sup>. The wider cost to society, such as poor educational attainment and reduced life chances were estimated at £168 million a year. It was estimated that the total costs to society could be recuperated in nine years if investment was made to address these problems<sup>9</sup>.
- 4.35 Adaptations to housing can help maintain or regain independence for people with physical disability or sensory impairment. There are a range of initiatives which can assist with housing adaptations, some provided through local councils and some through third sector support agencies. Extra care housing schemes can give a balance between living in a person's own home and having on-site dedicated care and support if needed. Residential and nursing care provides accommodation with trained staff on hand day and night to look after a person's needs. Respite services are often available in these schemes, provided in partnership with BCUHB.

#### **Inclusive design and planning requirements**

- 4.36 Inclusive design aims to remove the barriers that create undue effort and separation. It enables everyone to participate equally, confidently and independently in everyday activities. Inclusive design is everyone's responsibility. This is an important consideration in the development or redesign of facilities and services.
- 4.37 Meeting access needs should be an integral part of what we do every day. We should use our creativity and lateral thinking to find innovative and individual solutions, designing for real people. By designing and managing our environment inclusively,

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<sup>6</sup> Public Health Wales (2015) 'The case for prevention: Housing'. Cardiff: Public Health Wales NHS Trust

<sup>7</sup> Public Health Wales (2016) 'Making a difference: Investing in sustainable health and well-being for the people of Wales'

<sup>8</sup> Public Health Wales (2015) 'The case for prevention: Housing'. Cardiff: Public Health Wales NHS Trust

<sup>9</sup> Public Health Wales (2016) 'Making a difference: Investing in sustainable health and well-being for the people of Wales'

difficulties experienced by many – including people with a disability or sensory impairment, but also older people and families with small children – can be reduced.

- 4.38 The built and natural environment is a key determinant of health and well-being. The way places are can impact on the choices made such as travel, recreational choices and how easy it is to socialise with others. The planning system is required to identify proactive and preventative measures to reduce health inequalities. For example, through providing opportunities for outdoor activity and recreation, active travel options, enabling connections to social activity, reducing air and noise pollution and exposure to it, and seeking environmental and physical improvements.
- 4.39 Planning Policy Wales sets out five key planning principals, which are vital to achieving the right development in the right place. Facilitating accessible and healthy environments is one. Land use planning and the places created should be accessible to all and support healthy lives. They should be barrier free and inclusive to all. Built and natural environments should be planned to promote mental and physical well-being. Creating and sustaining communities is another planning principal and seeks to work in an integrated way to maximize well-being.
- 4.40 This links to the national sustainable placemaking outcomes, including facilitating accessible and healthy environments, which provide equality of access and supports a diverse population. Environments should promote physical and mental health and well-being. Developments should be accessible by Active Travel. Development proposals should place people at the heart of the design process. Ensuring ease of access for all is also listed as an objective of good design. Proposals must address this, including making provision to meet the needs of people with sensory, memory, learning and mobility impairments, older people and people with young children.
- 4.41 It has been found that good quality housing and well planned developments with enabling environments can have a significant impact on the quality of life of people living with dementia. If a development is planned well for people living with dementia, it is also planned well for everyone, including older people, disabled people and children.
- 4.42 Well planned developments and communities can also impact positively on mental health, through factors such as noise, pollution, access to green space, services and the appearance of a local area. An accessible and inclusive environment, where

everyone can participate in society is important to enhancing and protecting well-being and mental health.

### Learning disability

- 4.43 The table below shows the number of people listed as having a learning disability on GP registers in North Wales. The number has increased across all local authorities in North Wales and Wales as a whole in the five years from 2015-2020. The actual number of people with a learning disability is likely to be higher. Better Health Care for All estimates that 2% of people have a learning disability. Daffodil estimates indicate that there are around 13,000 people with a learning disability in North Wales.

**Table 8: The number and rate per 100,000 with a learning disability on the GP register**

Source: General Medical Services Quality and Outcomes Framework Statistics for Wales, Welsh Government, and Mid-year population estimates, Office for National Statistics

	No Conwy CB	Rate Conwy CB	No North Wales	Rate North Wales	No Wales	Rate Wales
<b>2015</b>	530	452	3,370	485	14,180	458
<b>2020</b>	590	496	3,630	516	15,450	487
<b>Change</b>	60	-	260	-	1,270	-

Numbers have been rounded so may not sum.

- 4.44 Based on overall population trends, it is expected that the number of people with learning disabilities needing support is increasing. It is projected that the number of adults aged 18 and over with a moderate learning disability is likely to increase by around 6% by 2035 and people with a moderate or severe learning disability is projected to increase by around 3% by 2035. The increase is most noticeable in the 65 and over age group due to increased life expectancy.
- 4.45 In North Wales it is expected that those aged 65 and over will increase between 20-30% by 2035. Linked to this there is also an increase in older carers who provide support for people with learning disabilities. Children and young people projections indicate that the number of children with learning disabilities is likely to increase slightly over the next 5 to 10 years and then decrease slightly by 2035.
- 4.46 The Wales Audit Office (2018) have estimated that local authorities will need to increase investment by around £365 million in the next twenty years to address the



increase in the number of people with learning disabilities who will require housing. As part of the enquiry 'Is Wales Fairer?' 2018 the housing situation was highlighted as a key issue. It found that disabled people, including those with learning disabilities, were demoralised and were living in homes that did not meet their right to live independently.

### **Mental health**

- 4.47 Public mental health involves a population approach to addressing mental health. This includes promotion of mental well-being, prevention of mental disorder, treatment of mental disorder and prevention of associated impacts. These interventions can result in a broad range of positive impacts and associated economic savings, even in the short term.
- 4.48 Mental ill health is associated with physical ill health, reduced life expectancy and vice versa<sup>10</sup>. Poor mental health is also associated with increased risk-taking behaviour and unhealthy life-style behaviours such as smoking, hazardous alcohol consumption, drug misuse and lower levels of physical activity<sup>11</sup>. Obesity, poor diet, an inactive lifestyle and the long term use of medication are also associated with severe mental illness and poor physical health.
- 4.49 Socio-economic deprivation is linked with a number of negative impacts, which includes mental health and well-being. The Welsh Government review of evidence for socio-economic disadvantage states that “mental health is worse in the most deprived areas of Wales and deprivation is linked to increased stress, mental health problems and suicide. Living in more deprived areas can also affect mental well-being. Poorer mental well-being is linked to a range of factors including economic and work related stress, structural problems around participation and feeling part of a community, which can increase loneliness and social isolation”.
- 4.50 Mental health problems can start early in life, often as a result of deprivation, poverty, insecure attachments, trauma, loss or abuse<sup>12</sup>. Risk factors for poor mental health in adulthood include unemployment, lower income, debt, violence, stressful life events

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<sup>10</sup> Royal College of Psychiatrists (2010). No health without public mental health, the case for action.

<sup>11</sup> Welsh Government (2012) 'Together for mental health: a strategy for mental health and wellbeing in Wales'

<sup>12</sup> Welsh Government (2012) 'Together for mental health: a strategy for mental health and wellbeing in Wales'

and inadequate housing<sup>13</sup>. Having a wide support network, good housing, high standard of living, good schools, opportunities for valued social roles and a range of sport and leisure activities can protect people's mental health<sup>14</sup>.

4.51 An estimated 1 in 4 people in the UK will experience a mental health problem each year<sup>15</sup>, which could include anxiety or depression. In the National Survey for Wales, 9% of respondents living in North Wales reported being treated for a mental illness (2018-19 & 2019-20).

4.52 The number of people with mental health problems is likely to remain stable. The numbers may increase if there is a rise in risk factors for poor mental health such as unemployment; lower income; debt; violence; stressful life events; and inadequate housing.

### **Unpaid carers**

4.53 The number of carers in Conwy County Borough has been increasing. The increase in need for social care identified in the population assessment report is likely to lead to greater numbers of people providing unpaid care and providing care for longer. Changes in working patterns and the increasing retirement age may reduce the capacity of people to provide unpaid care. People moving to the area to retire may also have moved away from the family and social networks that could have provided support.

4.54 Housing is an important part of unpaid carers' wellbeing and housing services are a key partner when supporting carers. Carers may face housing issues such as fuel poverty due to a low income, for example, if they have had to give up work. Housing that is not suitable or needs adaptations can make caring more difficult and it can be more difficult for people living in rented property to make adaptations. Location is also an issue for unpaid carers living in rural communities. Carers Trust has highlighted specific needs of unpaid carers living in remote or rural communities in Wales where social isolation, poverty, deprivation, lack of transport and long distances to travel to access health and carers services mean that rural unpaid carers face additional challenges in accessing services.

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<sup>13</sup> Royal College of Psychiatrists (2010). No health without public mental health, the case for action.

<sup>14</sup> Department of Education (2016) 'Mental health and behaviour in schools: Departmental advice for school staff'

<sup>15</sup> Mind (2016) How common are mental health problems?

## Recommendations

4.55 The Populations Needs Assessment also makes a series of recommendations by each theme. Those which are relevant to the RLDP are included below. The children and young people priorities were agreed following further consideration and were part of a separate workstream progressed through the Regional Partnership Board: Children's Sub-Group.

### Children and young people

- **Supporting people at home:** Availability of domiciliary care (home care) for disabled children.

### Older people

- **Workforce:** There are critical pressures faced by older people's social services. This has been exacerbated by the pandemic. There is an urgent priority around ensuring a sufficient workforce is in place to meet the needs of the older population of North Wales, particularly those with more complex needs. Further exploration of this priority will be included within the Market Stability Report.
- **Supporting people at home:** Delivering care closer to home will focus on improving the health and wellbeing of people in North Wales. People will be able to better access care and support in their own communities. This means people can stay in their own homes for longer. The integration of health and social care, such as the work ongoing with Community Resource Teams will support this, along with improved partnership working with third sector organisations.
- **Supporting people in mid and later life to be more active:** Ensuring that new developments incorporate Active Travel routes into and through development, and provide walking and cycling infrastructure contributes towards achieving this. Providing more inclusive services from the fitness and leisure sector, including strength and balance programmes will also assist.
- **Housing and accommodation:** Ensuring developments for new homes are accessible to all, through for example incorporating dementia friendly measures and accessible homes and developments. Continuing to fund new

accessible social housing for older people, as well as funding to adapt existing homes to make them more suitable for changing health needs.

#### **General health needs, physical impairment and sensory loss**

- **Prevention and early intervention:** unhealthy behaviours increase the risk of poorer general health. A focus on prevention and early intervention to increase healthy behaviours, such as smoking cessation, active transport, physical activity, accessible outdoor spaces and environment, reduction in poverty and socio-economic inequality, will have long term impacts on the general health and well-being of residents within North Wales. These factors are further explored in the well-being assessments across the region.
- **Accessibility of public services / spaces:** responders flagged issues with access to public spaces, including issues with transport and access to facilities such as toilets. Transport links were especially an issue in more rural areas, where social isolation can be more profound due to lack of public transport infrastructure. As a region, service providers should be mindful of accessibility for those with a physical impairment or sensory loss. This has been made more profound during the Covid-19 pandemic. Work streams for care closer to home and in the community will assist in underpinning this recommendation.
- **Social model of disability:** continue with the way in which health and social care services across North Wales reflect this model within their service planning and delivery reaffirming their commitment to its principles.

#### **Learning disabilities**

- **Housing and accommodation:** ensuring there is a supply of appropriate accommodation for people with learning disabilities in North Wales. A focus on housing for complex needs is also recommended.
- **Workforce:** a focus on recruitment and retention of the workforce supporting people with learning disabilities. Also encompassing the training and upskilling of the existing workforce to enable them to manage more complex needs in a community setting.

#### **Mental health (adults)**

- **Addressing inequalities:** mental health and adverse well-being is more common in areas with higher levels of deprivation. In North Wales, 12% of the population live in the most deprived lower super output areas. Unemployment,

lower educational attainment, housing insecurity and financial insecurity contributes to mental health issues. Tackling socio-economic disadvantage needs to be a significant part of mental health service planning.

#### **Unpaid carers**

- **Workforce:** issues within wider social care workforce recruitment and retention is leading to additional demands on unpaid carers. Specifically, this is impacting the complexity of care with unpaid carers dealing with caring responsibilities with higher needs of care.

4.56 The [Market Stability Report](#) helps us to understand the social care market in North Wales so that we can effectively commission and support providers of health and social care services to meet the needs of the population effectively. The assessment was undertaken as a joint exercise by the six North Wales local councils, Betsi Cadwaladr University Health Board (BCUHB) and Public Health Wales.

4.57 The market stability report will assess:

- The sufficiency of care and support in meeting the needs and demand for social care, as set out in the population needs assessment
- stability of the market for regulated services

#### **Residential care homes (adults)**

4.58 Demand for care home placements is likely to increase, due to the projected increase in the elderly population. The increasing population of older people is not the only factor affecting demand. There are also changes in expectations and policy which mean demand may not increase at the same rate as the total population. For example, demand can change as people are supported to live in their own homes for longer or take up extra care accommodation to retain independence with the option of receiving support as needed. People are tending to move into residential care at a later age and when their needs are more complex, for example, due to dementia.

**Table 9: number of adult care homes and placements (age 18 and over) by type**  
 Source: Local authority data collection.

	Number of care homes	Number of permanent care home placements
Residential	43	671
Residential with mental health	12	226
Nursing	13	441
Nursing with mental health	5	144
<b>Total</b>	<b>73</b>	<b>1,482</b>

- 4.59 Average care home vacancy levels are normally around 10%, which is thought to be sustainable for the sector<sup>16</sup>. In March 2021, 8% of places were unoccupied.
- 4.60 Most placements in Conwy are commissioned from private care home providers who provide 98% of the bed spaces in the county. Provision across the coast is reasonable, but there is a shortage of spaces to the south / rural parts of the county and concerns about the provision available in the Welsh language. The county is well serviced with residential and nursing places, but has a shortage of specialist mental health provision for both residential and nursing needs, in particular for those who need very specialist care. The majority of buildings utilised as Care Homes are older and often converted residential dwellings. On the whole they are well maintained by the providers, but repairs and maintenance can be costly.
- 4.61 In the last year two homes have closed in the county. One was a smaller provider and the building maintenance costs of the older converted building exceeded the potential income from residents. The second home that closed was larger and successful. There were no issues with vacant beds or quality of service, but having made enquiries for a lengthy period of time there were no buyers for the business.
- 4.62 The largest challenge facing the sector has been the recruitment and retention of staff at all levels. Almost all care homes have reported vacancies for health care assistants, senior health care assistants, nurses and domestic staff which they report has impacted on their ability to take on new placements. This has meant a significant reliance on staffing agencies who in some cases have been providing 20% to 50% of the staffing for some providers.

<sup>16</sup> Laing, W (2020) 'Care Cost Benchmarks, Financial year 2019/20 and projections for year 20/21'



### **Extra care, supported living and sheltered housing**

- 4.63 Extra care housing includes specially designed self-contained properties for older adults with care and support available at a sufficient level to allow people to remain at home despite frailty, periods of ill-health or disabilities and often without the need to move to residential care. In supported living or community living people usually live as tenants in a shared house, with formal paid support provided by a registered domiciliary care agency. Sheltered housing also includes self-contained properties for older adults and usually includes help from a scheme manager (warden) or support staff.
- 4.64 There are four extra care housing schemes in Conwy County, providing a total of 185 flats. Hafan Gwydir in Llanrwst, Hafod y Parc in Abergele, Llys y Coed in Llanfairfechan and Tan y Fron in Llandudno. In April 2022, there were 62 people on the waiting list of which 10 were from out of county (two from Denbighshire and eight from elsewhere in the UK but with family links to the area).
- 4.65 There are 46 supported living projects run by various private companies, housing associations and the council. The majority of supported living projects only cater for several people within each project so even though there are 46 projects there are only spaces for 136 people. Which is not a high proportion especially when the population of Conwy is taken into account. There are around only 8 vacancies at present and a high demand for vacant spaces. There are no supported living projects in the south of the county. Supported living premises are in very short supply and the council struggles to find enough accommodation for clients.
- 4.66 North Wales commissioners from the six local councils and health board worked together to develop a Supported Living Framework which went live on 1 April 2020. Multiple service providers have already been admitted to the framework agreement following the requisite due diligence and quality checks. This enables commissioners to commission services adopting the framework agreement which can streamline processes while remaining in accordance with relevant legislation and the local authority Contract Procedure Rules.

### **Domiciliary care services (care in people's own homes)**

- 4.67 It is predicted that the number of people aged 65 and over who struggle with activities of daily living will increase by 25% increase by 2040. The composition of households can also affect the demand for services to support independence. Data from the 2011

Census shows that there are 44,000 people aged 65 and over living alone in North Wales, which is 59% of all households aged 65 and over. Research by Gwynedd Council found a strong relationship between the number of people aged 65 and over who live alone and the number of clients receiving a domiciliary care package in an area.

- 4.68 Around 28% of people in Wales have such low incomes that they do not contribute to the cost of their domiciliary care<sup>17</sup>.
- 4.69 There are three providers operating in Conwy County Borough only, with an additional 52 regional providers, who cover more than one county in North Wales. In terms of the balance of the market, on average more than 70% of the North Wales domiciliary care market is comprised of independent sector providers, compared with 92% in Conwy. The remainder is provided through a mixture local authority and third sector providers.
- 4.70 The numbers of people who receive domiciliary care packages in Conwy has declined over the past four years. During the May to November 2021 period approximately 950 hours of domiciliary care packages have been handed back due to private sector agencies unable to meet demand.
- 4.71 Domiciliary care is a priority market identified by commissioners, with current private sector providers unable to fulfil the demand for a significant amount of time now, due to staffing challenges. As such, growth and development of services including general and specialist domiciliary care (includes homecare, re-ablement; community living and recovery) have been identified as opportunities for the future.

#### **Provision of service in the Welsh language**

- 4.72 Many care homes and domiciliary care providers find it difficult to follow through with the provision of a Welsh speaker. More needs to be done to attract Welsh speakers to the profession and to support staff to improve their Welsh.

#### **Residential services (children)**

- 4.73 Residential services include:

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<sup>17</sup> Care & Social Services Inspectorate Wales (2016) ‘ “ Above and Beyond”: National review of domiciliary care in Wales’

- Care Homes (Children) – care in a home with paid staff
- Secure Accommodation – a secure safe place
- Residential Family Services – accommodation where parents and children stay together to be assessed / receive care

4.74 The number of children is projected to fall in North Wales by 7% over the next 15 years. The number of children receiving care and support has increased. Although the overall figures for all looked after children have shown a steady increase year-on-year to date, this is not expected to continue in the future (see Population Needs Assessment above for more details).

4.75 In March 2021, there were 37 young people in residential placements in Conwy County Borough. Due to the limited residential in house provision in the region, authorities have to pay external providers.

4.76 Placement within county or nearby is known to be important for children and young people to maintain their established positive social networks both with family (parents, siblings and others) and school – which helps them to develop their identity and emotional maturity<sup>18</sup>. A large proportion of Conwy’s placements are out of County. This is a key priority for CCBC Social Services at this time.

4.77 There is a shortage of emergency accommodation. Social services across the UK are facing increased pressures to find placements in emergencies. Locally, we do have situations where no placement can be sourced for a child. This necessitates the development of a holding position to provide accommodation and support until a placement can be found.

4.78 There is a shortage of specialist placements for young people with significant emotional and behavioural needs in North Wales. Children are often placed in England, away from their families.

4.79 There is no secure accommodation provision in North Wales. There is a national purpose built secure children’s home in South Wales. The children placed in secure accommodation are done so by order of a court and numbers are very low (between 0 and 2 per authority each year), with no clear trend. There are no plans to extend this provision in North Wales.

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<sup>18</sup> NICE (2021) Looked-after children and young people NICE guideline [NG205]

- 4.80 The [North Wales Regional Plan 2023 to 2028](#) is in the process of being prepared and was out to public consultation in February-March 2023. It is the joint area plan required by the Social Services and Well-being (Wales) 2014 Act and the Care and Support (Area Planning) (Wales) Regulations 2017. The main themes are an increasing need for care and support, particularly an increase in complex needs and the support needs of carers. While commissioners and providers are working hard to provide excellent care in many areas, challenges around recruitment and retention of health and social care staff are seriously affecting the ability of the sector to meet people's needs. The Plan sets out how the priorities identified in the Population Needs assessment (see above) will be delivered.

## 5 Local guidance and strategies

- 5.1 In order to help address the concerns highlighted above regarding the shortage of placements for children and young people in the County Borough, a Placement Commissioning Strategy (2022-27) for children and young people has been agreed. The aspirational aim of Conwy's Placement and Commissioning strategy is to provide sufficient placements to meet the individual and diverse needs of children who are looked after. Over the next five years we aim to reduce our dependency on commissioning independent placements, and instead invest a percentage of the money saved in increasing the number of in-house and local resources. This will not only reduce our expenditure on both fostering and residential placements with the independent sector, but will also benefit the children by keeping them within their local area.
- 5.2 A Placement Commissioning Strategy for older people is currently being prepared.
- 5.3 CCBC is currently progressing a new Adaptations Policy. A suitable, well-adapted home can make the difference to someone's ability to live safely and independently. An adaptation is an alteration or piece of equipment which makes it easier and safer for a person with a disability to stay in their home. These can vary from a grab rail, assistance with getting into or out of a bath, or in appropriate cases, small extensions.

## 6 Policy approaches

### Care homes

6.1 The adopted LDP policy approach for care homes is below:

#### Policy HOU/11 – RESIDENTIAL CARE HOMES AND EXTRA CARE HOUSING

Within the Plan Area proposals for residential care homes or extra care homes will only be permitted where all the following criteria are satisfied:

- a. The new care accommodation is located either within the settlement boundaries identified in the Urban Development Strategy Area or a Tier 1 Main Village;
- b. On the advice of the Council's Social Service and/or Housing Strategy and taking into account the extent of existing private and local health authority establishments the proposal will not result in the over provision of care accommodation compared to the needs of the locality;
- c. The new care accommodation can be adequately serviced;
- d. It is located within reasonable walking distance of a town or village centre.

6.2 As highlighted in paras 4.58-62 above, care home provision is required in the rural areas. The current policy approach does not support this, as it prevents new provision outside of the adopted LDP Tier 1 Main Villages. Cerrigydrudion, for example, is a Tier 2 Main Village.

6.3 The level of out of county placements has been identified as a priority issue to address. Currently LDP policies do not require care homes to prioritise residents of Conwy County Borough or those with a local link. Conwy residents in need are therefore placed out of county, which brings well-being issues for the resident and a cost to the Council. To address this, it is proposed to include a priority cascade for occupation, similar to the affordable housing approach.

6.4 There is currently no policy approach in the adopted LDP for applications for a change of use from a care homes. This could cause an issue in future where more placements may be required to meet the potential increase in needs. A criteria based policy approach to guide changes of use from a care home will be included in the Replacement LDP. Criteria will include a marketing exercise and consultation with CCBC Social Care.

### **Extra care, supported living, sheltered housing and other housing needs**

- 6.5 Extra care, supported living and sheltered housing fall into a separate use class to care homes. Replacement LDP policies guiding these proposals will be included as part of the overall housing strategy and policies. Please see Background Paper 11 Affordable Housing for more details.
- 6.6 The importance of ensuring a supply of appropriate one bedroom properties in the local area for care leavers has also been highlighted. This work will also be progressed through Background Paper 11 Affordable Housing.

### **Community facilities**

- 6.7 CCBC Social Care has identified a need for a family centre in the West of the county borough. This falls under the community facilities policies of the Replacement LDP. A criteria led policy will be included to guide development such as a family centre, but also other community uses. These criteria will include:
- For the proposal to be appropriate in scale / nature of location.
  - Ensure compatibility between the proposal and neighbouring uses.
  - The site is sustainably accessible to the local community, for example, it is well served by public transport and Active Travel options.
  - A sequential approach to site selection has taken place (town centres first).

### **Placemaking**

- 6.8 Accessible homes, communities, recreational and children's play spaces, age friendly communities and dementia friendly communities will be progressed through the placemaking policies and approach to sites. Please see Background Paper 11 Affordable Housing for more details.