Cardiff –
An Age Friendly Baseline Assessment

UCHELGAIS PRIFDDINAS CAPITAL AMBITION

CARDIFF CAERDYDD

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg.

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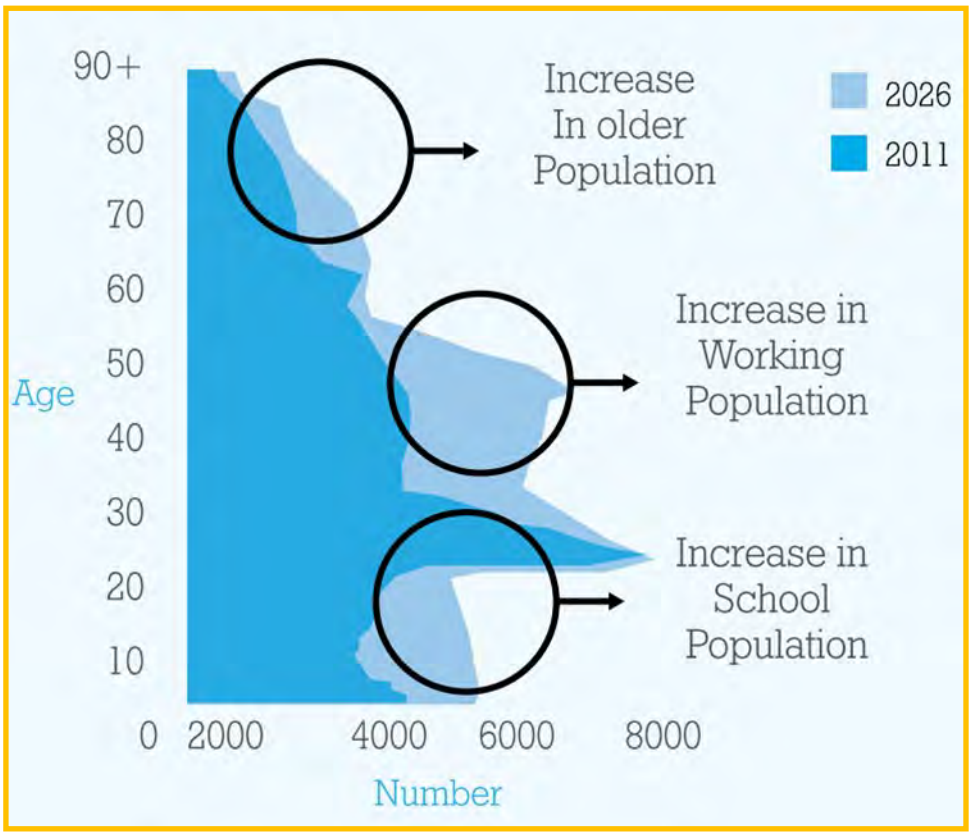
Cardiff's Local Well-being Assessment

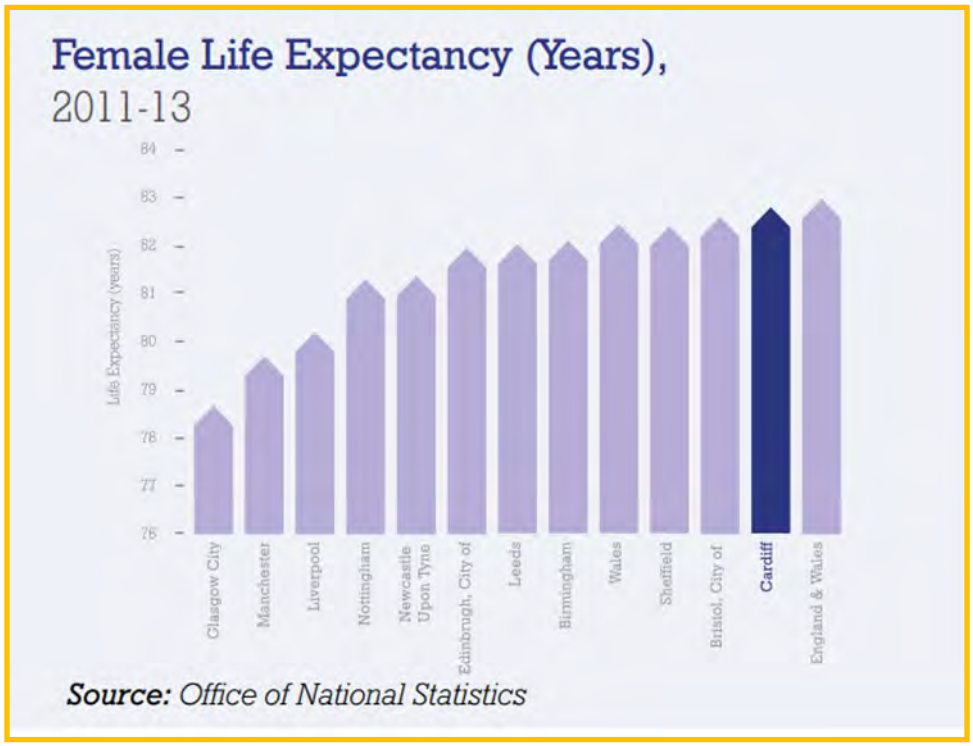
Published in March 2017, Cardiff's Local Well-being Assessment provides an analysis of Cardiff's social, economic, environmental and cultural well-being and identified the key opportunities and challenges facing Cardiff as the city grows.

Between 2005 and 2015 Cardiff's population grew by 11.1%. This is a bigger percentage increase in population than any of the 'Core Cities' apart from Manchester and Nottingham. This growth is set to continue with projected growth of over 20% by 2035, making Cardiff the fastest growing core city in percentage terms.

Cardiff's rapid growth won't be evenly spread across age-groups. There will be significantly more people between the age of 30 and 50, more school children and more people over 65 years old. These changes in the make-up of Cardiff's population will put pressure on services because we know that certain age-groups are more likely to rely on public services. Older people – particularly those over 85 years old whose numbers are expected to nearly double over the next 10 years - are far more likely to need health and care services to help them live independent lives. So, whilst population growth is a sign of success, there are challenges to be managed.

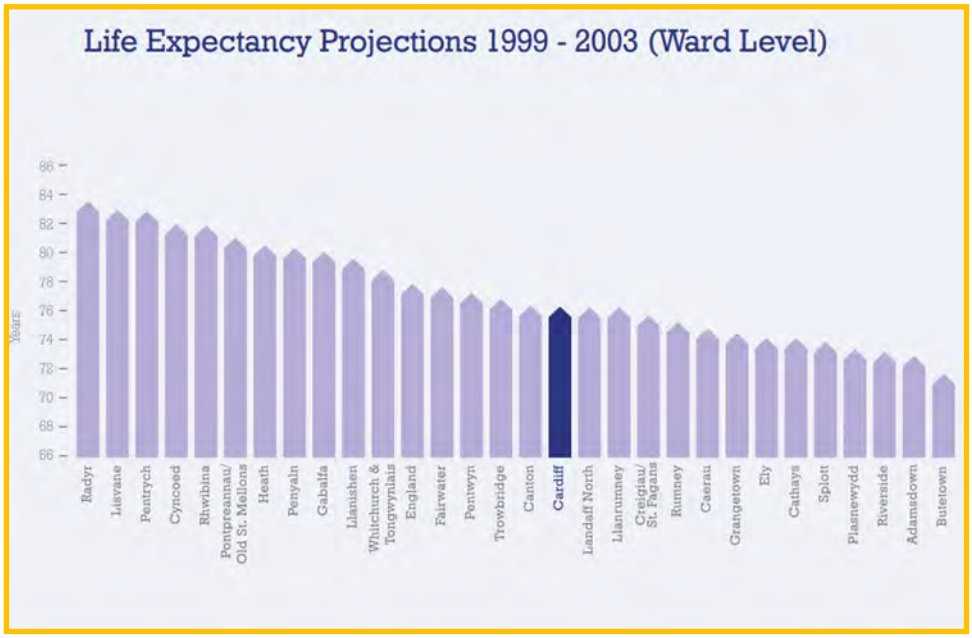


Life expectancy, for both men and women, has increased steadily over the last twenty years and is higher in Cardiff than in many of the UK core cities. In fact, women in Cardiff are projected to live longer than in any other major British city.



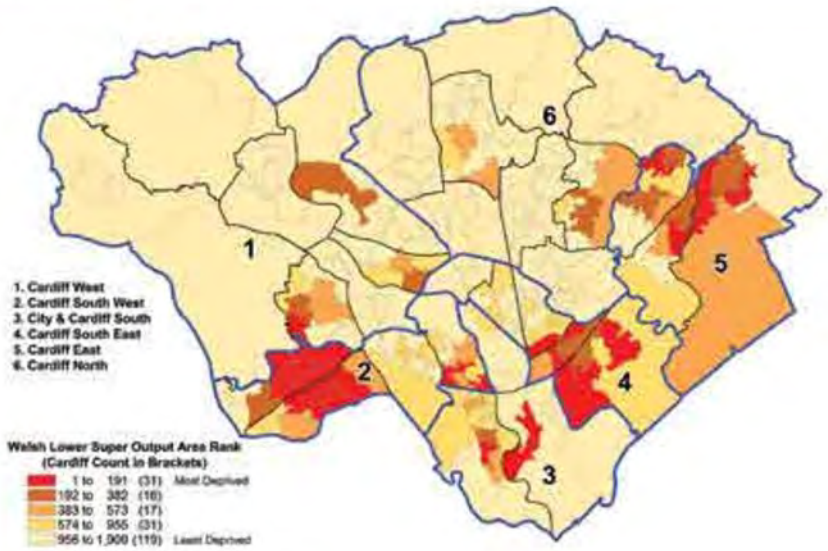
City Inequality: Health

The difference in life expectancy across different wards in Cardiff is significant. The graph below displays the extent of this gap.



In Cardiff, health inequality also follows the same geographical pattern as many other forms of deprivation with the map below showing where poor health is more prevalent in the city based on a number of factors, such as death rate and cancer incidence.

The 2014 WMD Health Domain Ranks in Cardiff



A Health Inequality Gap

Whilst health trends at the city level are encouraging this hides some stark differences between areas of the city. Many issues relating to health are concentrated in the same areas of Cardiff where several other issues are also more widespread.

Perhaps the most startling statistic is that between Butetown and Radyr, separated by a distance of less than 5 miles, there is a life expectancy gap of 11.5 years. Other figures reflecting inequality include:

- Mortality, from all causes, is three times higher in Plasnewydd than in Thornhill.
- The mortality rate from respiratory disease is seven times higher in Splott than in parts of Llanishen.
- Premature mortality from circulatory disease is seven times higher in Riverside than in Thornhill.
- Mortality from coronary heart disease is three times higher in Cardiff Bay than in Lakeside.

Older People's Housing and Accommodation Assessment

An Assessment of Older Person's Housing and Accommodation was carried out on behalf of Cardiff and the Vale's Regional Partnership Board. The Housing LIN Report was published in 2018.

Existing provision of older people's housing and accommodation
Cardiff has the following provision of older people's housing and accommodation:

	Age designated housing (units)	Sheltered housing (units)	Private retirement housing (units)	Extra care housing for rent & for sale (units)	Residential care (beds)	Nursing care (beds)
Total	1423	1847	1022	267	711	1051

NB. There are 1,423 units of 'age designated' housing, i.e. typically flats or bungalows whereby all tenants are over a certain age (generally age 50 or 55 for flats and 60 for bungalows).

In summary:

- Overall there is a mix of social rent and private retirement housing offers for older people in the city.
- There is limited extra care housing/housing with care provision compared with the prevalence of residential care beds.
- The most prevalent type of older people's housing is sheltered housing (and other age-designated housing) in the social rented sector.
- The current private retirement housing does provide a mix of housing choices for different equity and income groups.

The future suitability of this provision to meet the needs of a significantly increasing older population will be constrained by the following factors:

- Over 90% of older people's housing schemes have level and/or ramped access; however, the available data indicates that no more than approximately 20% of units are identified as wheelchair accessible. The profile of an ageing population with increased prevalence of mobility and care related needs indicates that there is likely to be increased need for wheelchair adapted housing or, as a minimum, housing that has been built to HAPPI design principles.
- Approximately 50% of older people's housing schemes have a lift. Older people's housing schemes without a lift are likely to present a challenge with an anticipated ageing resident profile.
- Providers of existing older people's housing can expect the proportion of their existing residents who will have care and support needs to increase in the future. As the prevalence of care needs increases, the suitability (for this cohort of older people) of the most prevalent types of older people's housing, i.e. sheltered housing and private retirement housing, is likely to decrease over time.
- It can be anticipated that there will be an increasing proportion of older people with care needs including dementia related needs living in all types of housing.

To secure greater cost effectiveness from the supply of housing and accommodation for older people it is likely to be necessary to consider:

- Increasing the provisions of extra care housing, as a direct alternative to he use of general resident care beds.
- Increasing the supply of HAPPI inspired 'care ready' contemporary sheltered/retirement housing for older people, i.e. housing that is suitable for ageing in place, (as per extra care housing), i.e. accessible living space, bathroom, kitchen and able to be used by wheelchair users which allows domiciliary care to be provided as required by an individual without necessitating a move to residential care.

In addition, there will be increasing demand for adaptations and/or technology enabled care to support older people to continue to live in mainstream housing, both in the rented and owner-occupied sectors.

Future need for housing and accommodation for older people

Demographic change is significant: the 75+ population is expected to increase by 62% in Cardiff by 2035.

Estimated need for older people's housing and accommodation to 2035 is based on the following assumptions:

- Estimate of the future need for different housing and accommodation types based on demographic change.
- Increased need for older people's housing (contemporary sheltered housing for rent and/or shared ownership and market retirement housing for rent and/or leasehold) based on projected older people's population growth.
- Reduced use of residential care by not increasing provision to 2035 beyond current levels of provision.
- Increased need for housing with care (extra care housing and assisted living) over time in direct proportion to the assumed decrease in the use of residential care to 2035.
- Estimated increased need for nursing care based on projected older people's population growth.

Future need for housing and accommodation for older people

Cardiff: estimated overall future need for older people's housing and accommodation to 2035.

Type	Current Provision	2035
Older people's housing[2] (units)	2869	4656
Housing with care[3] (units)	267	876
Residential care (beds)	711	711
Nursing care (beds)	1051	1706

This indicates estimated overall net additional need by 2035 of:

Older people's housing (units): 1787
Housing with care (units): 609
Residential care (beds): 0
Nursing care (beds): 655

Need for older people's housing, contemporary sheltered housing/private retirement housing, is estimated to increase significantly to 2035 for Cardiff due to the projected growth in the older people's population. This aligns with the strategic objective of the Authority to increase the availability of housing options for older people for rent and for sale.

There is significant estimated need for housing with care (extra care housing and assisted living services) for Cardiff and the Vale. This aligns with the policy objectives of reducing the inappropriate use of longer term and more intensive care and providing a range of housing and accommodation options that enable people to remain living in their own homes.

These estimated increases in housing need reflect the requirement for 'downsizer' housing options of all tenures to meet the needs of older people who are owner occupiers as well as older people who wish to rent or part-buy.

The estimated increased need for nursing care provision reflects the increasing older people's population and the evidence of a projected increase in the personal care needs amongst the older population for example, the increasing prevalence of older people living with dementia and/or chronic conditions.

Older people's views and perspectives

The following key messages are based on a survey and a series of focus groups and interviews with older people across Cardiff and the Vale.

For those wishing to 'stay put' in their existing homes, the most popular adaptations, either already made or that older people are planning to make, are:

- Adaptations to bathrooms.
- Grab rails.
- Improved access such as ramps.
- Installation of stair lifts/lifts.

28% of older people are planning to move in the next 5 years; **37%** within the next 10 years.
The primary reasons for considering a move are:

- To live in a smaller home.
- To live in a more accessible home.
- To move nearer to family or friends.
- To have access to care services.

The most popular types of locations for a move are either near to a town/neighbourhood centre or on the outskirts of a town with good transport links.

The most popular localities that older people wish to move to are:

- Cardiff North
- Cardiff West

The most popular types of housing that older people are seeking to move to are bungalows, followed by houses, followed by flats.

60% of older people want at least 2 bedrooms in a property they would consider 'downsizing' (or in some cases, 'upsizing') to.

The most important aspects of the housing/accommodation a person may be considering 'downsizing' to are:

- Safety/security.
- Having a private garden.
- Adequate storage.
- Having a garage or parking.
- Moving to an area with cafes/shops.

46% of older people indicated that they would not consider a move to housing designated for older people; Although nearly a third (29%) of older people would consider such a move.

Interestingly, for those older people considering a move to older people's designated housing, a significant minority are seeking a visiting or on-site staff presence.

Overall, the majority of older people considering a move are seeking to buy their home.

Recommendations

Based on the evidence from this research the following recommendations are proposed:

- To meet older people's needs and aspirations develop a **mix of** purpose-built **housing types and tenures** that will facilitate **'downsizing'/'rightsizing',** creating a climate where moving in later life becomes a realistic and positive choice, including:
- **Contemporary 'care ready' sheltered/retirement housing**, for rent and for sale, that is HAPPI compliant i.e. without care on-site, but designed to enable people to age in place, to allow for decreased mobility and permit individuals to be cared for easily in their own homes should that be required. This offer can vary in size and scale making it suitable for urban and rural settings.
- Mainstream housing developments that include well designed units to appeal to older people, i.e. that offer the features of 'care ready' housing but is part of an **inter-generational housing** offer to appeal to older people who don't want to move to age-designated housing.
- Increase the delivery of housing with care options including **extra care housing, for rent and for sale;** however, it needs to remain a vibrant community and the benefits need to be effectively marketed to older people.
- For Cardiff, estimated future need for older people's housing and housing with care to 2035 by locality and tenure.

Type	City		East		North		South east		South west		West		Total	
	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need	Current provision	Estimated need
Older people's housing[7] (units)	247	269 132	213	232 114	778	417 846	520	422 422	479	521 256	632	339 687	2869	2200 2456
Total	247	401	213	346	778	1263	520	844	479	777	632	1026	2869	4656
Housing with care[8] (units)	0	39 19	15	70 34	212	115 234	0	36 36	0	63 31	40	66 133	267	389 487
Total	0	58	15	104	212	349	0	72	0	94	40	199	267	876

NB. In the column showing estimated need (for older people's housing and extra care housing), the upper figures show estimated need for rental units, the lower figures show estimated need for ownership units.

Recommendations

- Develop models of **extra care housing 'lite'12** which may include smaller scale new build development and redesigning some appropriate sheltered housing schemes to include on-site care provision or a care 'hub' that can support people living the neighbouring community. This is an opportunity to bring a housing with care offer to a greater number of locations including rural areas.
- Consider the development of a **retirement village** serving Cardiff and the Vale with a large number of housing units of mixed tenure with a wide range of facilities including on-site care.
- Support and nurture novel housing approaches; for example, developing **cooperative or community-led housing** and the feasibility of supporting **cohousing** initiatives for older people.
- Extend the range of information, advice and assistance available to homeowners to make adaptations and/or assistive technology as necessary to support enable ageing in place for older people wish to **remain living in their existing housing**.
- Develop a comprehensive **information and advice service in relation to housing options for older people** that enables older people and their families to be well informed in relation to planning future moves.
- As part of an asset review, identify existing **sheltered housing** schemes that can be improved, remodelled or adapted to better support ageing in place for an anticipated older population with increasing care and support needs, including the potential for remodelling to extra care housing as a short term action.
- Consider decommissioning existing sheltered housing schemes and replace with **extra care housing** where the site can accommodate a larger footprint.
- Proactively consider the housing and accommodation requirements of the increasing number of **people living with dementia**. This will require service providers to tailor their offer to be dementia friendly but also the potential development of hybrid **housing and nursing care models** that can cater for people living with dementia with a wide range of care needs.
- Scale up the development of **'step-down' housing-based models of care** as part of existing reablement strategies to support timely discharge from hospital and/or prevent unnecessary readmissions.
- The Regional Partnership Board to discuss with Welsh Government current targets for affordable housing and the potential for guidance and/or targets in relation to housing better suited for older people.
- There is a need to collect, in relation to waiting list applicants aged 50+, further information about the types of housing they want/need.
- There is a need to review the approach to holding waiting lists for extra care housing schemes to provide more extensive and accurate data about the requirements of people seeking extra care housing.
- In relation to residential care services, consider alternative service models including provision of nursing care services.
- To facilitate the provision of additional nursing care capacity.
- The Regional Partnership Board to undertake a mapping exercise to identify all available capital resources across the partnership, e.g. ICF, Housing, Regeneration, Health in order to identify and align potential capital funding streams. It is likely that the development of mixed tenure older people's housing schemes may be required to cross subsidise the affordable housing components of new developments.
- Extend the use of technology, including **care enabled technology,** in older people's housing schemes to enhance the health and independence of individuals.

Dementia Health Needs Assessment

There are over 35.6 million people living with dementia worldwide, this number will double by 2030 and more than triple by 2050..... the overwhelming number of people whose lives are altered by dementia combined with the staggering economic burden on families and nations makes dementia a Public Health priority." (World Health Organisation 2012)

Cardiff and Vale University Health Board carried out a health based assessment focusing on dementia. The assessment was carried out through a series of focus groups, interviews and steering groups and included people living with dementia and their carers, plus service providers and numerous third sector organisations.

The assessment aimed to systematically review the needs of people with dementia (PWD) and their carers and to inform a refreshed Dementia Strategy for Cardiff and the Vale. It included the epidemiology of dementia, a summary of the evidence base, examples of best practice, a summary of existing local services, and qualitative evaluation which explored in detail the views of PWD, carers, and professionals.

The purpose of undertaking a refresh of the needs of dementia in Cardiff and Vale was to inform a Dementia Strategy for Cardiff and Vale, using the views of PWD, carers and those who work in this field.

A number of recommendations were subsequently made, based on the evidence base and comments from PWD, carers and professionals for how services could be improved. Most of the recommendations did not require further investment but redistribution of resources, and a commitment from partner organisations to work collaboratively to meet the needs of PWD and their carers.

Key Themes

Nine key themes were identified from the qualitative evaluation:

1**) Isolation and Loneliness:-** Isolation and loneliness were identified by PWD as a major issue. Loneliness puts individuals at greater risk of further cognitive decline. Transport was a big factor in this isolation, with most PWD that were interviewed, now unable to drive.

2) **Kindness and Compassion :-** There was a consensus from the different groups that all PWD should be treated with kindness and compassion by all, in the context of paid care staff need to be trained not just in the basics but to the level where they feel confident and can enjoy caring for PWD.

3) Co-ordination of services :- Whilst much work has been undertaken to improve the co-ordination of services there is still room for improvement. This was recognised by staff, carers and PWD.

Key Themes

4) Caring for Carers:- The literature and those involved in the interviews all recognised the value of caring for the carers of PWD. The well-being of the carers has a direct impact on the quality of life for people with dementia who have a carer.

5) What to do in a Crisis:- The need for much more information about what to do in a crisis was highlighted by carers and staff. In addition, timeliness of services was seen as important. Carers often only ask for help when crisis occurs, and they therefore need support quickly.

6) Moving Support to Primary Care:- All participant groups (PWD, carers, and professionals) thought that primary care was where support should lie. This will require further training, support and development to ensure that primary care feel supported to deliver the services that are required.

7) Inequality in Access to Services:- All respondents thought that there was inequality in access to services which is unwarranted. Carers described having to "fight for services." There was widespread concern that without the family requesting services that PWD would not have access to all the services that they need.

8) Dementia is Everyone's Business:- All of the groups that were interviewed thought that dementia was everyone's business. There was acknowledgement that as with any illness, the society that we live in can adapt to make life easier for PWD. The dementia friendly communities and dementia friend's schemes were seen as a large part of this solution, with recognition that dementia friendly environments also play a part.

9) Prevention is Essential :- All groups thought that the key messages around prevention of dementia need strengthening and further campaigning. There is limited public knowledge of the six steps that people can take to reduce the risk of dementia: be physically active; maintain a healthy weight; be socially and mentally active; avoid drinking too much alcohol; stop smoking; and commit to review your health.

Conclusion

In summary, there was agreement from all groups that the focus should be on providing services earlier to PWD to prevent both crises, and the use of more intensive, invasive and expensive services "the right support at the right time in the right place" (WHO, 2012). This means: refocusing action on prevention; increasing diagnosis levels to ensure people are offered the medication, support and care they need; and where diagnosis is made ensuring that the trajectory for the dementia is understood

Much work has already been undertaken to shift services to the community, this should continue. Further efforts should be made to engage PWD and carers in the design of services. The interviews showed that there was a large amount of expertise from carers and PWD that should be harnessed and that services should be co produced with these groups to meet their needs.

The passion and enthusiasm from third sector organisations was evident when conducting the interviews and this should be effectively utilised in a co-ordinated way to maximise the benefit for PWD and their carers locally.

Several participants referenced the need to integrate actions into existing plans to aid delivery, rather than having a separate framework, strategy and plan that sits outside the standard delivery mechanisms. When developing the next strategy and action plan this needs to be thought through.

"I could see a situation where shops, premises, buildings, roads, parking, community facilities and other things were absolutely geared up (in the way that disability has been tackled) to understand what could be done to help people who have got memory problems. I don't think it's impossible to have a high street area that is absolutely geared up for PWD. It would not only help PWD but all of us."

(Professional)

Cardiff and the Vale of Glamorgan Population needs assessment

The Social Services and Wellbeing (Wales) Act 2014 introduced a duty on local authorities and Local Health Boards to prepare and publish an assessment of the care and support needs of the population, including carers who need support. This assessment was carried out between February 2016 and January 2017.

Information was collated from a number of sources; public surveys, focus group interviews with citizens, a survey of local professionals and organisations providing care or support, including the third sector; service and population data.

The report detailed findings from eleven population groups. A number of the findings cut across one or more of the demographic groups. **The cross cutting findings are:**

Care and support changes

- **Improving information and access to services** including access to information about support and services available; timely access to mental health and primary care services; accessibility of services; improving awareness, signposting and access to different forms of advocacy
- **Tackling social isolation and loneliness** across our populations, but especially older people
- **Support for carers** including support for young and adult carers, and respite for young and adult carers
- **Improving transitions** between children's and adult services
- **Links with education** including improving involvement and engagement with schools; and vocational educational opportunities, apprenticeships and adult learning
- **Appropriate housing** to meet individuals' varied needs, and to enable people to remain independent as they age
- **Community involvement** including increasing engagement with individual care and support plans; engagement with service planning and design; and supporting volunteers and volunteering
- **Dementia** meeting the needs of people with dementia and their carers
- **Joining up/integrating services** across the statutory sector and working with the third sector, including improved communication between services
- **Substance misuse** including responding to changing patterns of misuse

Prevention issues

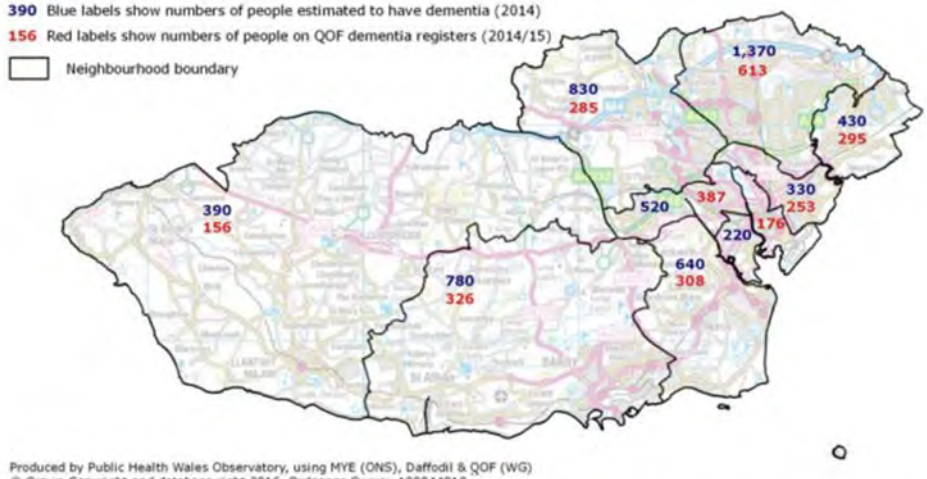
- **Building healthy relationships** including emotional and mental health, sexual health, prevention of child sexual exploitation (CSE); support for children and young people affected by parental relationship breakdown
- **Practical life skills** including financial skills (for all ages)
- **Healthy behaviours** including tobacco use, alcohol, diet and physical activity
- **Healthy environment and accessible built environment i**ncluding tackling air pollution, and making it easier for people, particularly older people and those with disabilities or sensory impairment to get around.

Dementia

The number of people living with dementia is also projected to rise significantly. There is evident that the risk of developing dementia at any given age is actually starting to fall, but this decline does not sufficiently offset the rise in the population size. Similarly to diabetes, there are thought to be many people currently living with dementia whose condition has not yet been diagnosed.

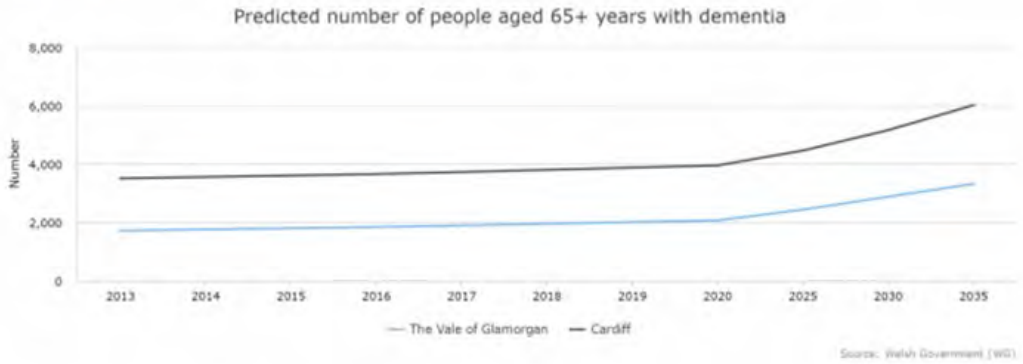
At the time of the assessment there were approximately 5,000 people living with dementia within Cardiff and the Vale with only 6 in 10 having an official diagnosis.

Figure. Estimated number of people with dementia in Cardiff and the Vale of Glamorgan (2016)



Due to a growing and ageing population this number is expected to increase to nearly 7,000 by 2025.

Figure. Predicted number of older people aged 65 and over with dementia in Cardiff and the Vale of Glamorgan



Multi-Morbidity and risk factors for disease

Health and physical disabilities, the number of people with 2 or more chronic illnesses is increasing, and as people age they are more likely to experience multiple conditions at the same time (multi-morbidity). Unhealthy behaviours are common in older people too, just as with the rest of the population. In particular, significant numbers of older people drink excessive alcohol.

Frailty

Whether someone is frail is affected by many factors, especially the presence or absence of long term illness. A detailed modelling exercise has been undertaken across Cardiff and the Vale of Glamorgan which suggests that overall, the number of frail older people is estimated to be higher in Cardiff North and West compared with Cardiff South and East. However this represents a far higher proportion of older people in Cardiff South and East, because more have long term illness. The model projects that based on frailty, demand for services will increase by 255 in Cardiff North and West and 18% in Cardiff South and East over the next 10 years. The number of older people with both frailty and dementia is estimated as 1,271, with the proportion of older people in this cohort increasing with age.

Information from local residents and service users

Just over a quarter (26.7%) of responses to the public survey were from people aged 65 or over. In focus groups, older people highlighted the benefits to well-being of social interaction with others. The benefits of physical activity and green spaces were also highlighted by participants. In terms of independence, access to the bus network and free bus pass helped, as did living near amenities. Volunteering also had a positive impact on well-being.

A number of statutory and third sector services were also mentioned by older people in the focus groups as services which help maintain their well-being. Services which help with home adaptions are welcomed, increasing confidence and personal safety.

In the public survey, better transport was the most cited support or service which could be made available to help with people's independence and well-being now or in the future. A quarter of respondents mentioned relying more heavily on transport as one ages.

Information from professionals working with this group

Respondents to the professional survey were keen to highlight the importance of local libraries, Hubs, community centres and cafes as these are the places that for many enable regular social interaction and combat isolation. A full, varied and accessible range of activities based in these locations was viewed as crucial to improving individual well-being, with dancing, singing, exercise, cooking and crafts all suggested as suitable classes.

Adult Carers

At the 2011 Census, 50,580 carers were recorded in Cardiff and the Vale. This represents a 12% rise over the number in the previous Census 10 years earlier. A survey of adult carers in Cardiff was undertaken in 2011. Three quarters of the respondents (77%) were aged 40 or over, including a quarter (24%) who were 75 or over.

Physical activity and access to outdoor space was mentioned by participants as providing a mental release for carers.

Social media was used as a source of information for example to identify potential support options.

In terms of needs, focus group participants described a lack of independence and guilt associated with having time to themselves, and the need for respite. One potential solution offered was if carers were offered more help in organising their own face-to-face support groups.

Of individuals who responded in the public survey saying they had insufficient control over their lives. A quarter (25.8%) identified responsibilities such as caring for another person, as a factor in this. A lack of emergency respite was also highlighted as an area of anxiety for carers in a Cardiff consultation with adult carers.

Carers highlighted that delays in accessing specialist services on behalf of the person they care for become a worry and concern for them as the carer too, as they were having to do the chasing up, thus affecting their well-being. Similarly, regular changes in staff and a lack of continuity of care meant that carers had to repeat their story often and felt rapport was lost.

It was felt that often it could be difficult to find information on relevant services and eligibility, for example for the disability living allowance, and this often came through word of mouth.

In the Cardiff carers' consultation, many carers did not know about carers' assessments or had been unsuccessful in accessing them. Similarly, there was a lack of knowledge around direct payments, and feeling that the system was too complicated. There was also a view that the health service, especially GPs, should be more involved with supporting carers. Carers would value a "one-stop shop" where they can get information on support and service for them from one phone number.

In a 2014 survey of carers undertaken across Wales found for Cardiff and the Vale nearly 8 in 10 did not receive the carers allowance and 83% had not received a carers assessment. 61% of respondents reported caring having a negative impact on their own health and well-being.

Ask Cardiff 2020

Ask Cardiff is an annual survey that gives people living and working in Cardiff and those visiting the city the chance to share their experiences of public services.

The survey which took place in October 2020 also included questions on how citizens think Cardiff should recover from the impact of COVID-19. This has been viewed as a once-in-a-lifetime opportunity to reshape the future following the disruption caused by the pandemic.

4627 citizens participated in Ask Cardiff 2020 and gave their input on various aspects of living within Cardiff.

This included:

- Public Services
- Your Neighbourhood
- Jobs & Economy
- Health & Well-being
- Community & Social Activity
- Travel

1273 of these respondents were aged 55+

Older People's Responses Key Findings:-

- Over 82.2% of respondents aged 55+ were satisfied with their local community as a place to live—5.9% higher than that of overall respondents.
- Just over one in three (34.2%) of all respondents are satisfied with pavement maintenance in their neighbourhood, this figure drops to 27.6% when viewed by respondents aged 55+.
- 28.8% of respondents were satisfied with road maintenance—this figure drops to 23.0% when viewed by respondents aged 55+.
- 32.8% of all respondents agreed they are able to have a say on local issues or how council services are run in their community. This figure rises to 36.0% when viewed by respondents aged 55+.
- 73.5% of all respondents agree that they have access to good quality housing, and rises by 9.6 percentage points when viewed by those 55+ (83.1%).
- Respondents aged 55 and over, and those living in the least deprived areas of the city all scored above average when asked how they felt about themselves in relation to life satisfaction, happiness and anxiety levels.

The findings of the survey have been utilised by Cardiff to make changes and improvements to the public services within the city.

Cardiff Replacement Local Development Plan (2021– 2036)

Cardiff began preparation of the Replacement Local Development Plan (LDP) in May 2021. The new Replacement LDP will help shape Cardiff for the next 15 years to 2036, ensuring the right development happens in the right place at the right time, benefitting communities and the economy and setting out which areas need to be protected.

There are many stages in the preparation of the replacement LDP with opportunities for engagement and consultation. Consultation has already taken place at several of these stages.

In relation to older people the Plan aims to:

- Ensure effective engagement with older people during preparation of the plan so their needs are fully considered as part of its development.
- Ensure that development proposals assist in the delivery of cohesive communities and address the issues of inclusivity and accessibility and make provision for the needs of older people. Measures include:

  - Promoting navigable environments with safe walking routes and open space which encourage people to meet and interact with each other, helping to address issues surrounding loneliness.

  - Provision of public transport to help to reduce the inequality of access to shops and essential services for those without access to a car.

  - Promoting safe and age friendly design of buildings and spaces.
- Provide a mix of market and affordable housing types to meet the housing requirement set out in the plan and specifically consider the housing requirements of older people.
- Provide sufficient sites suitable to address the identified needs of older people and promote sustainable residential mixed tenure communities with 'barrier free' housing. For example, building to Lifetime Homes standards to enable people to live independently and safely in their own homes for longer.

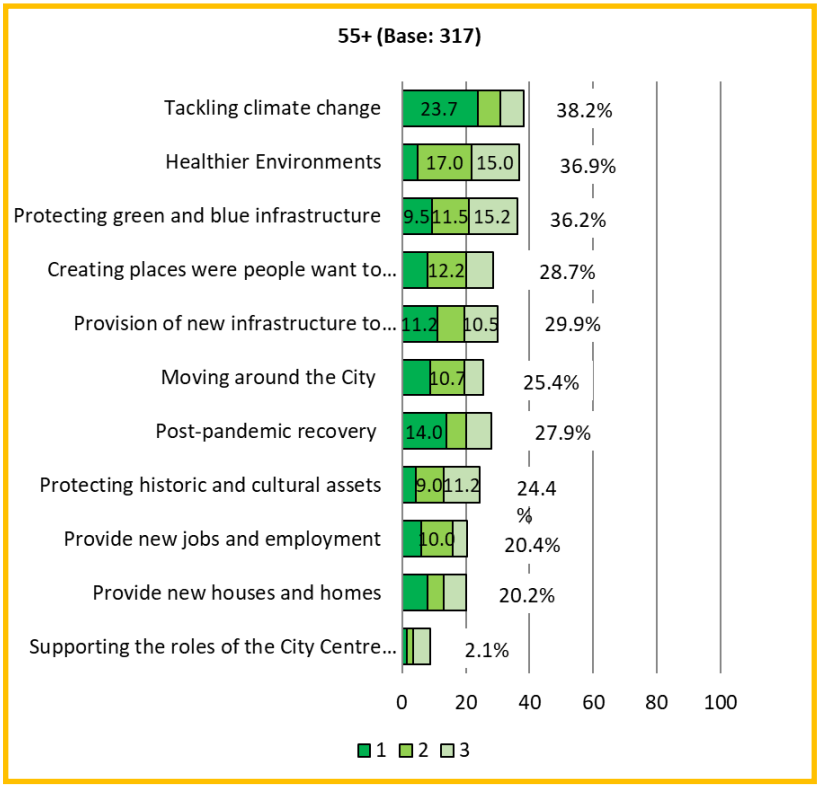
It is therefore important to get the views of all those who are affected by the plan. The latest consultation on the replacement LDP was on a draft Vision, Issues and Objectives for the plan. This was undertaken between 28th May and 23rd July 2021.

A total of 1215 responses were received for the survey overall and of those who supplied age data (883) 49.7% were within the 55 plus age category.

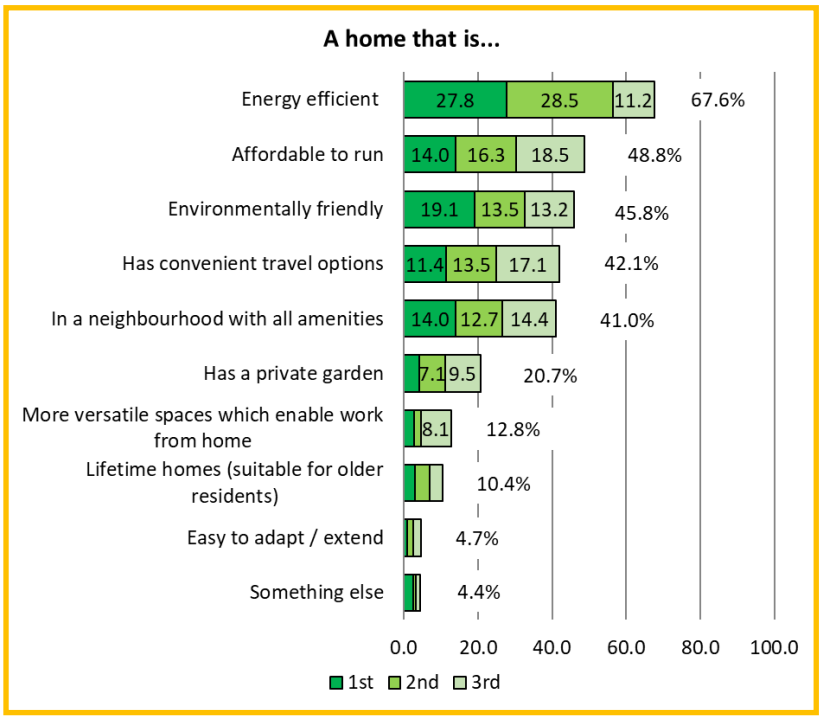
What was your age on your last birthday?

	No	%
16-24	14	*1.6*
25-34	105	*11.9*
35-44	145	*16.4*
45-54	157	*17.8*
55-64	203	*23.0*
65-74	176	*19.9*
75+	60	*6.8*
Prefer not to say	23	*2.6*
	883	*100.0*

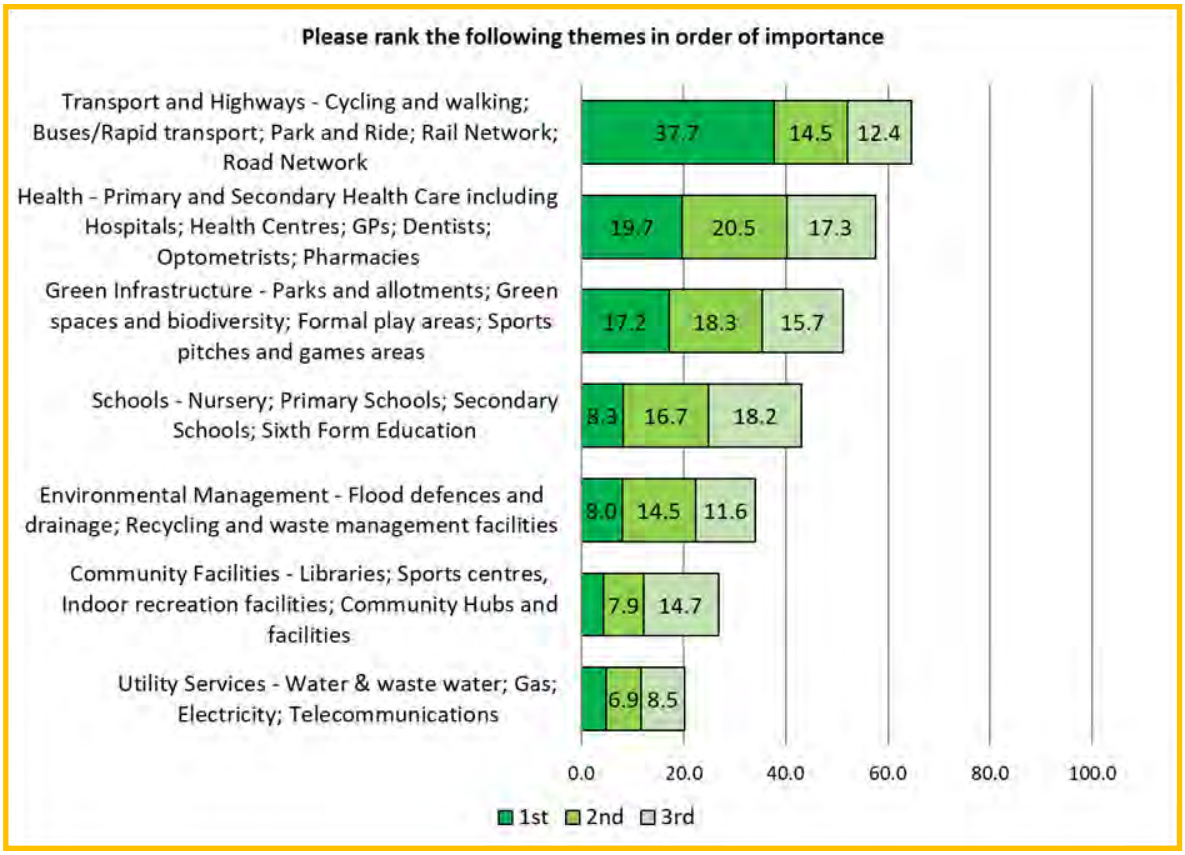
In terms of the consultation, respondents were asked to rank a draft set of plan objectives in order of importance to them. Those in the 55+ group ranked the issues as follows:

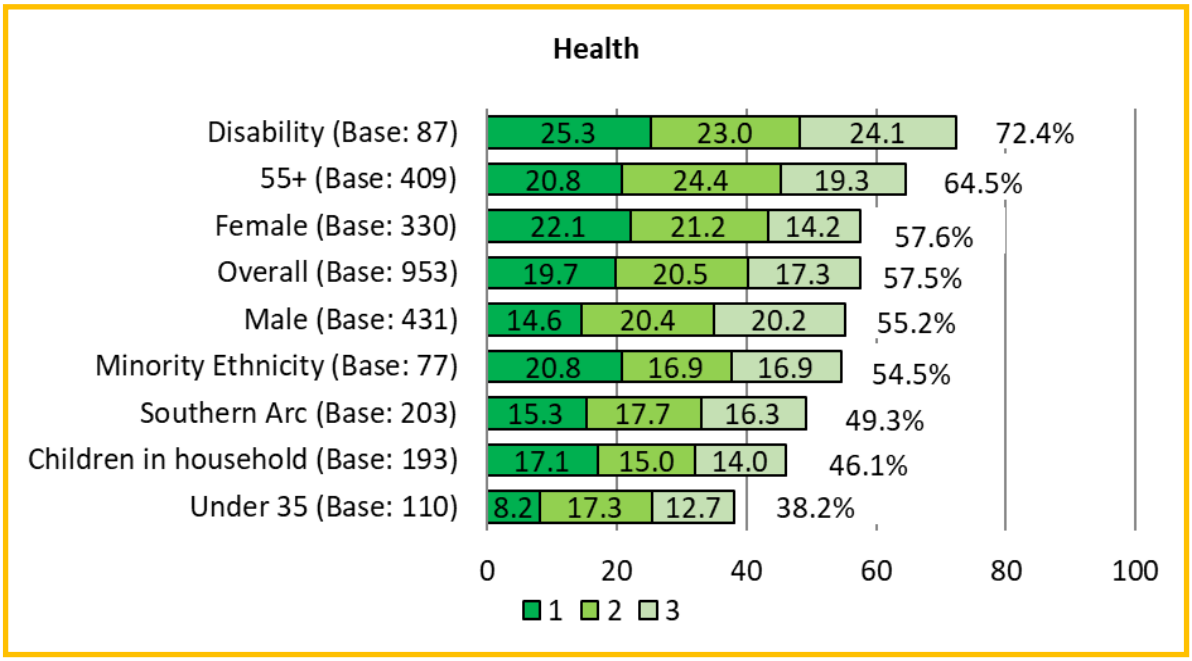


In addition to the draft objectives, respondents were asked for their views on a range of issues. In regard to the issue of homes for the future, respondents were asked to rank what they considered to be the most important options in terms of the design of new homes to address climate change and changes in lifestyle and technology. Energy efficient homes (67.6%) was considered the most important.

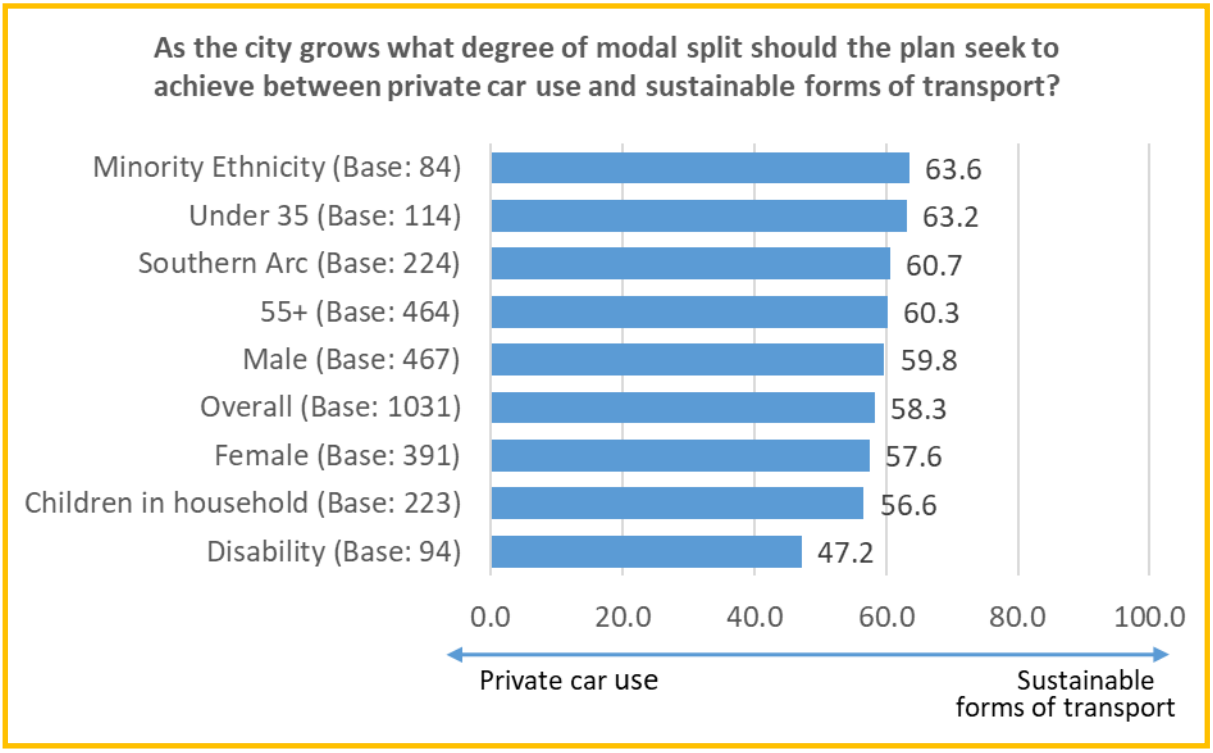


When asked to rank priorities for new infrastructure, 64.5% of 55+ respondents identified health as a priority for infrastructure resources:

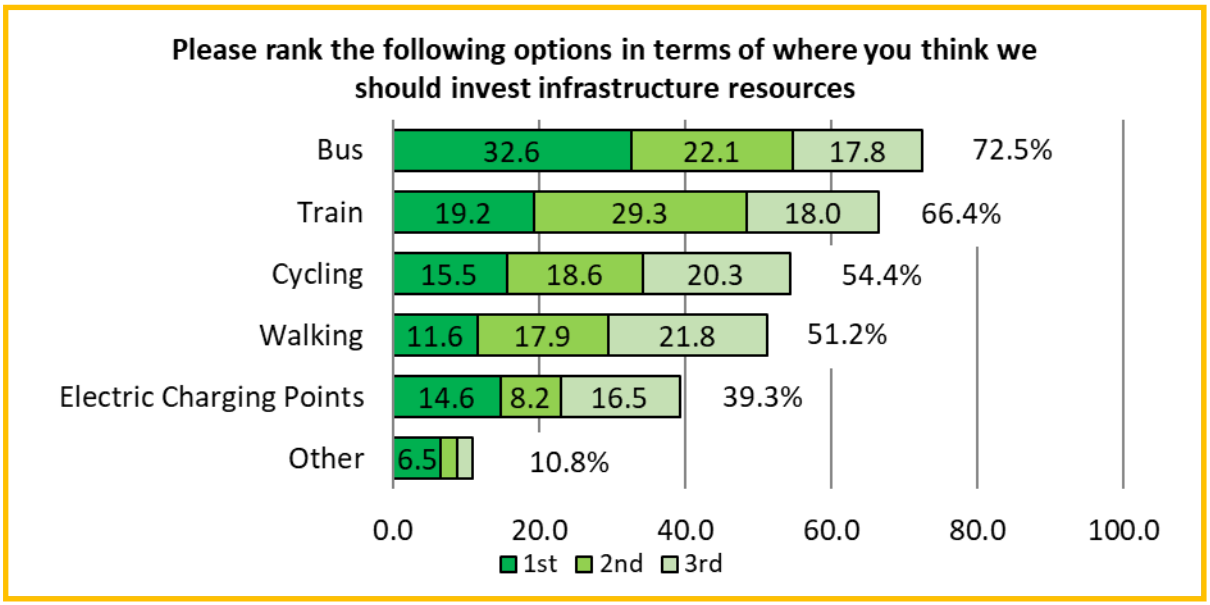




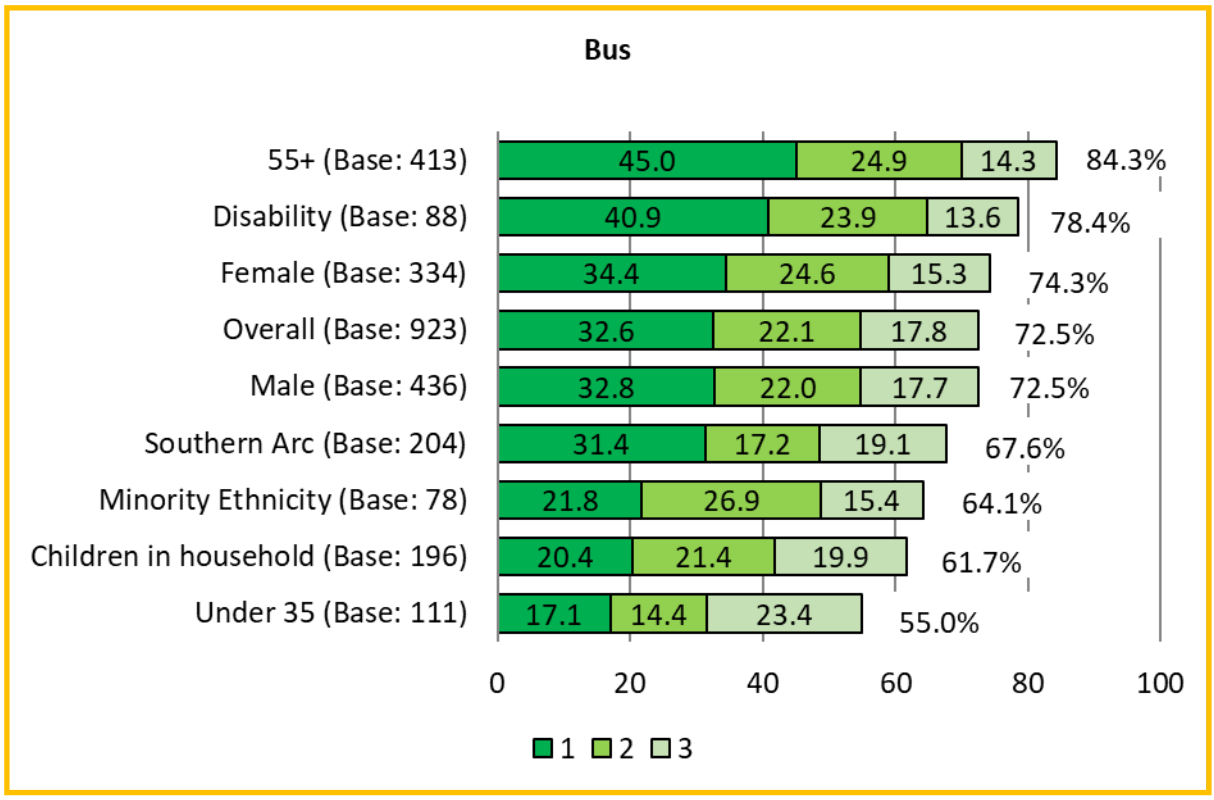
As the city grows, respondents were asked what degree of modal split should the plan seek to achieve between private car use and sustainable forms of transport. The 55+ group felt the split should be 60.3 towards sustainable forms of transport.



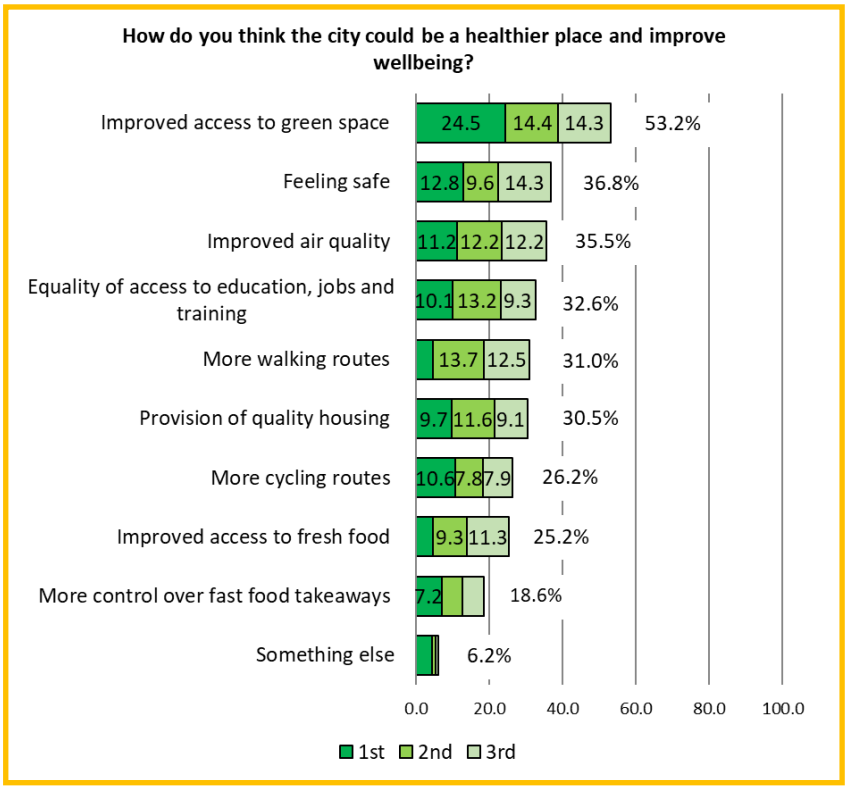
In terms of delivering sustainable transport infrastructure respondents were asked to rank options in terms of where infrastructure resources should be invested. Almost three-quarters of respondents (72.5%) rated investing in bus infrastructure within their top three priorities, with 32.6% ranking this as most important.



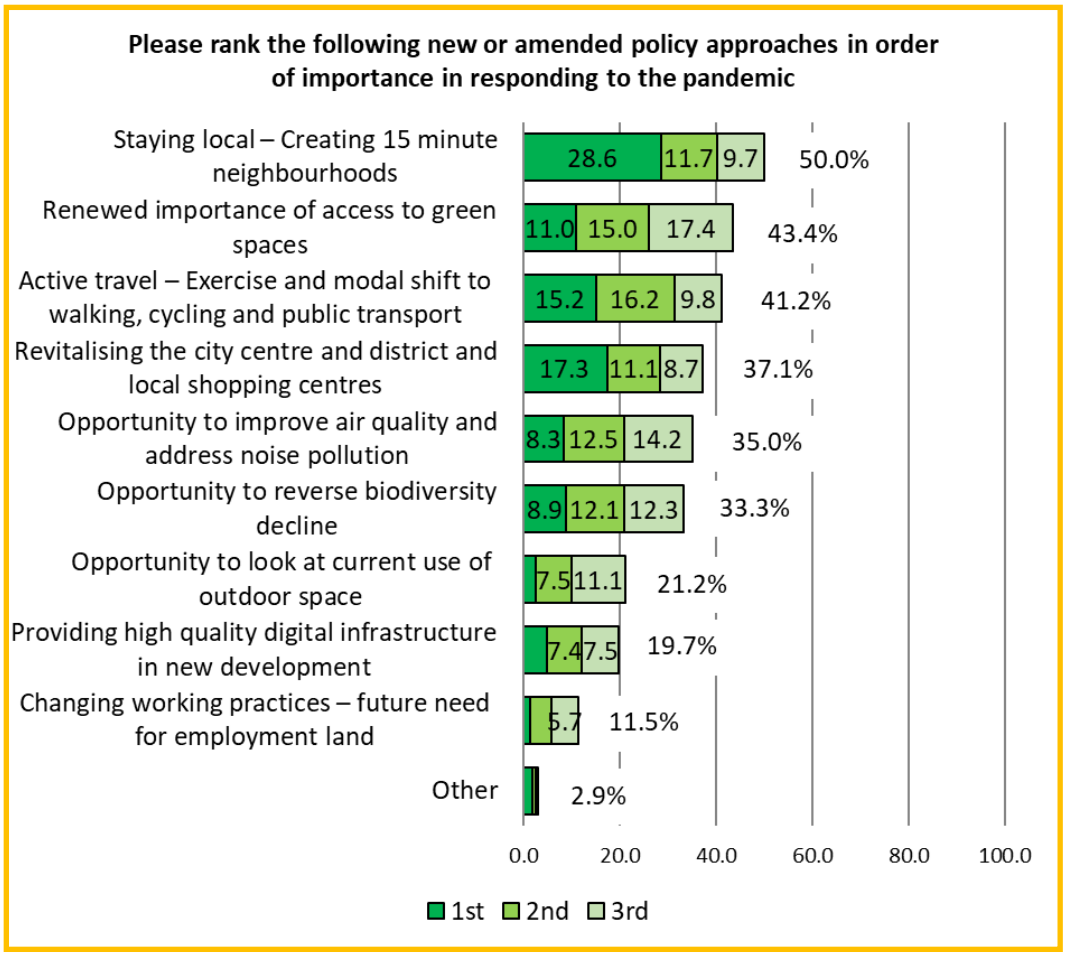
Amongst respondents aged 55 or over, 84.3% ranked investment in bus infrastructure within their top three priorities, compared with 55.0% of those under 35.

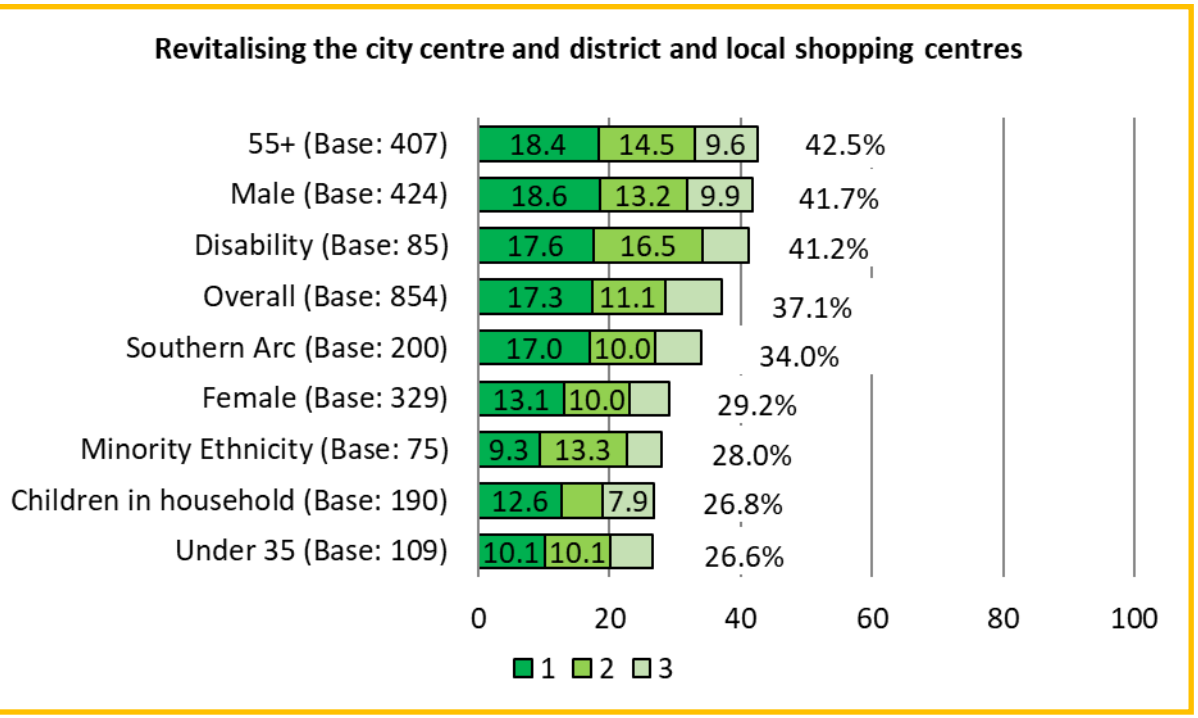


When asked how do you think the city could be a healthier place and improve well-being, respondents ranked improved access to open space (53.2%) as the top priority.

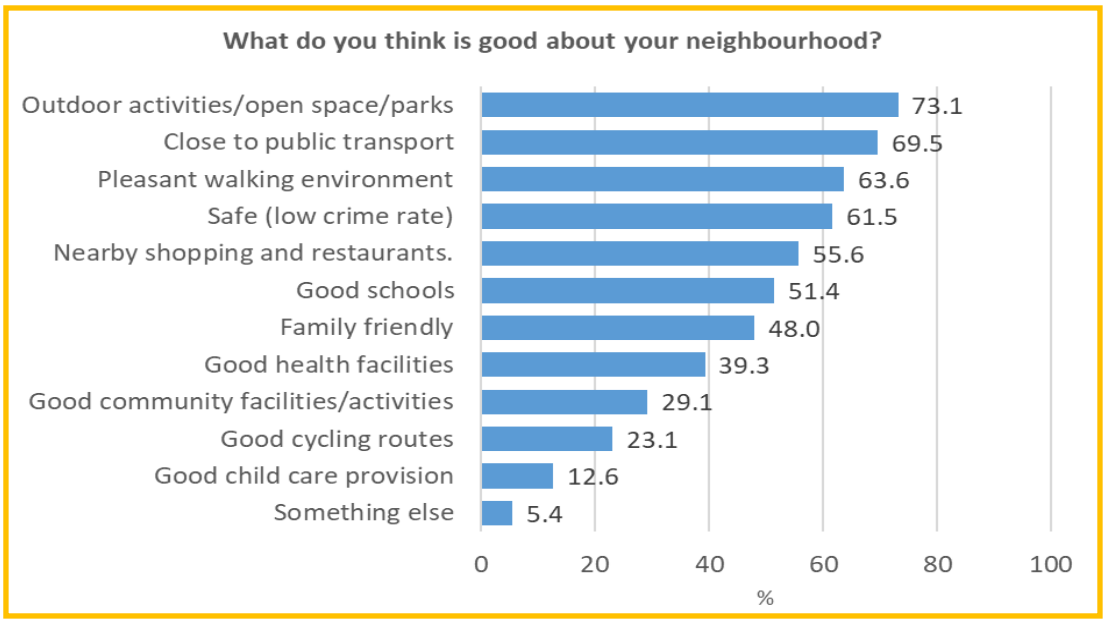


Respondents were asked to consider areas for different policy approaches post pandemic. Respondents aged 55 or over, men, and those identified as disabled placed the highest importance on "Revitalising the city centre, and district and local centres", with over 40% of each group placing this in their top three most important policy approaches.

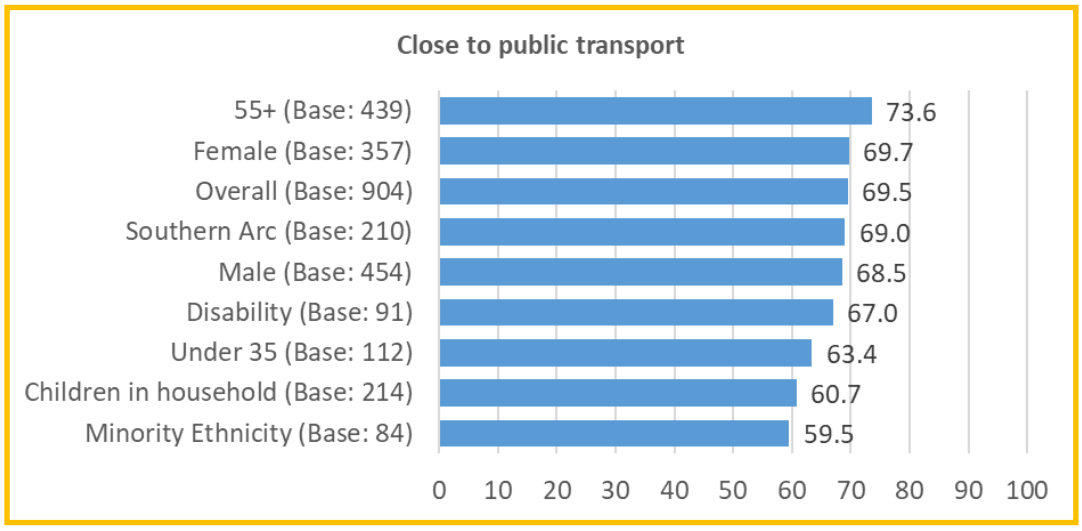




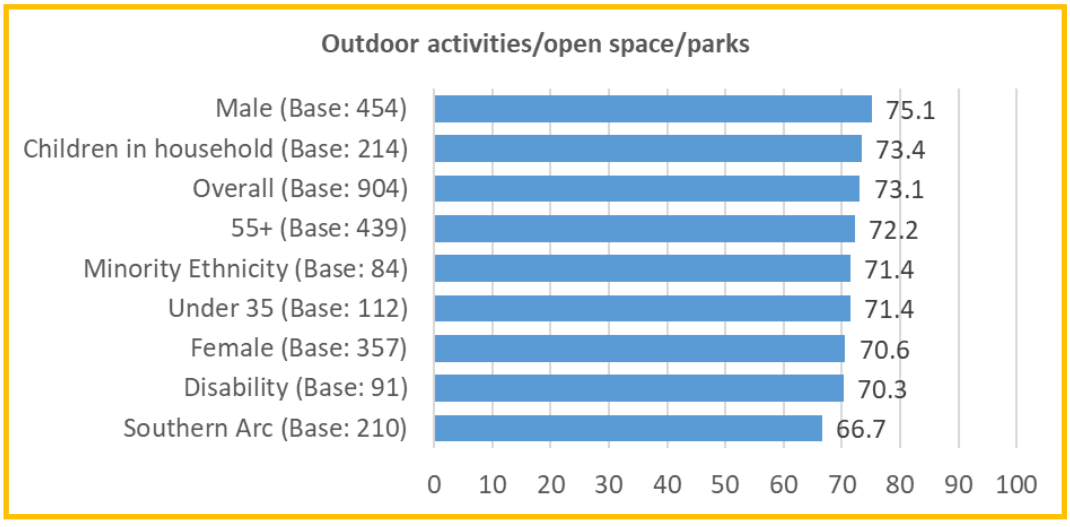
Respondents were asked to identify what they thought is good about their neighbourhood.



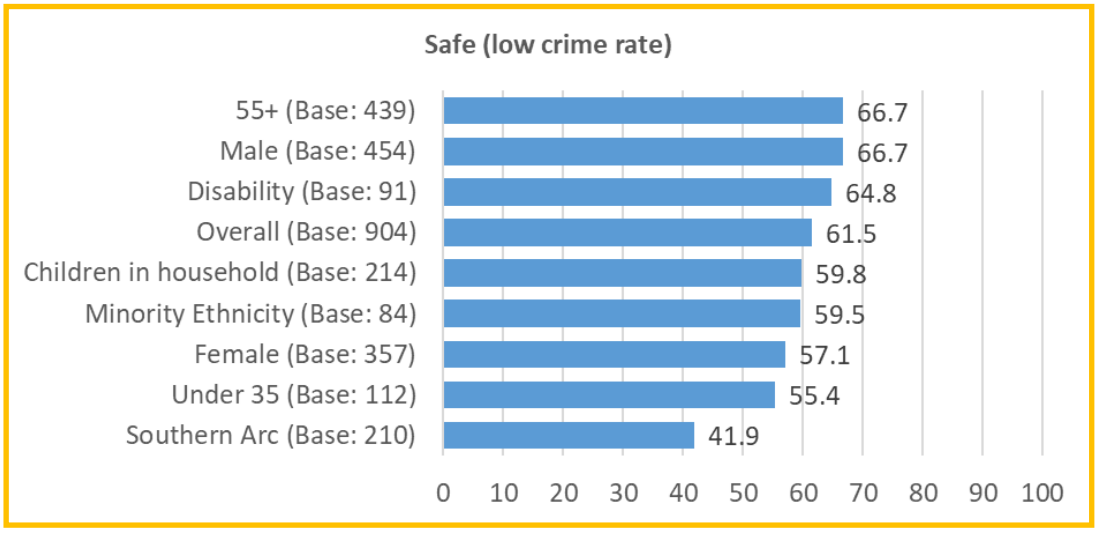
Older respondents were most likely to state “Close to public transport (73.6%);



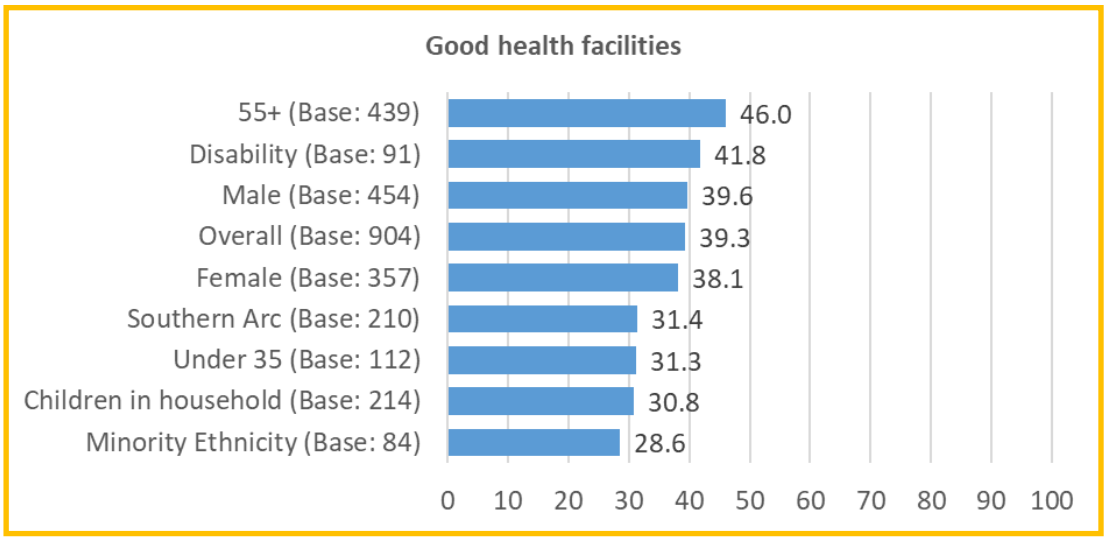
72.2% of older respondents stated “Outdoor activities/open space/parks”



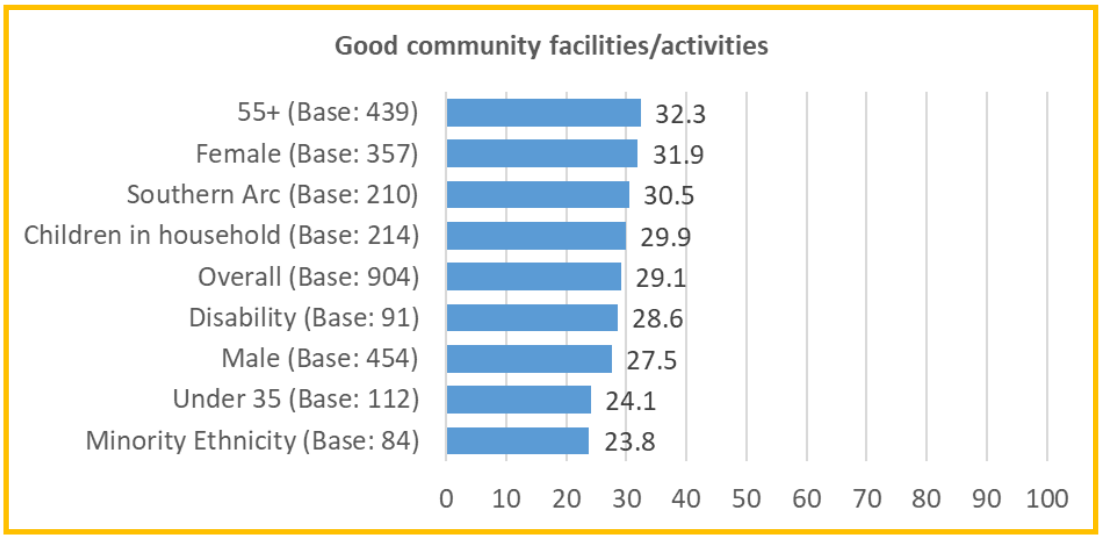
Older respondents were most likely to state “Safe (low crime levels”) (66.7%)



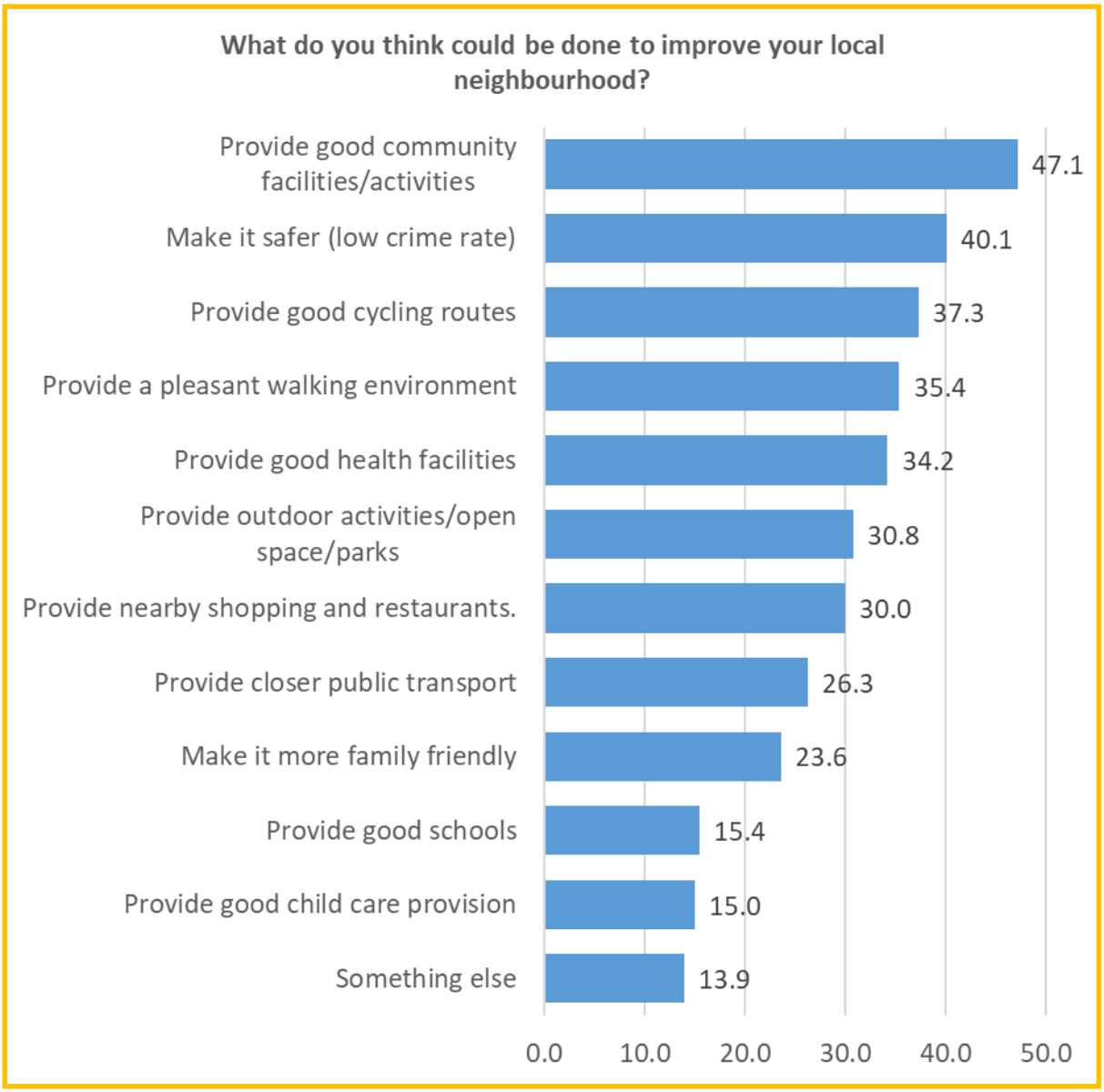
Older respondents were most likely to state “Good health facilities” (46.0%), “



Older respondents were most likely to state “Good community facilities/activities” (32.3%)



When asked what they thought could be done to improve their local neighbourhood



Older residents were most likely to want the provision of outdoor activities/open spaces/parks (39.7%) and provide closer public transport (36.2%).

As Cardiff progresses with the preparation of the replacement LDP, the views of older residents will be continually sought to inform the preparation of the plan.