Getting Research into Practice (GRIP)

A resource for local authorities in planning healthier places

Resource Example 3: Guide to creating a Technical Research Paper on Ageing Well for Worcestershire

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What is the purpose of this resource?

This resource is a supplement to *Getting Research into Practice (GRIP) – a resource for local authorities in planning healthier places.* It is a guide for creating a technical research paper on planning for ageing well and provides a template that can be used by planners in England to create their own. This paper draws on a workshop held in Worcestershire: information relevant to Worcestershire is outlined in purple. The national data cited below is relevant for any planning authority and can be reproduced in technical papers on ageing. The local data used here is from Worcestershire – other areas should replace this with their own data, which will inform their own local priorities for healthy ageing.

What is a technical research paper?

Technical research papers are not policy documents themselves but can be used to inform future policymaking including SPDs, strategies, development briefs, and development controls.

National policy drivers

The following information could be used as part of the background evidence for the research paper:

Across the country people are living much longer than they used to, which is to be welcomed. Nationally, there are almost 12 million people aged 65 and over and this will increase by 40%, to almost 17 million, within 20 years. The number of households where the oldest person is 85 and over is increasing faster than any other age group (1). However, if people are going to be able to make the most of these extra years, and live them independently and in reasonable health, the way we plan and design our homes and neighbourhoods must change. If we do not create places that enable older people to live healthy independent lives, it is likely that an increasing number of people will spend years – if not decades – living with poor health and requiring significant care and support. Not only will it diminish the quality of life of many people, it will create an unaffordable cost to society.

The aim of this paper is to support the creation of planning policies that will result in places that help older people stay healthy and independent – rather than policies concerned with planning health-care facilities, although that is also important.

Although on average people are living far longer and healthier lives, there are huge inequalities. How long people will live, and how many of those years will be spent in good health, varies significantly across the country and between the richest and poorest in the population. Better off people tend to live around eight years longer than the worst off and inequalities in life expectancy are growing. Furthermore, the worst off are likely to spend around 19 more years living with multiple illnesses than the most well off, limiting what they are able to do and increase the amount of support they need. People in the most deprived areas spend around a third of their lives in poor health (2).

Evidence shows that in order to create places that help people age well, the design and quality of both homes and neighbourhoods is important and cannot be considered in isolation **Error! Reference source not found.**. The quality of homes is particularly important to older people as they typically spend more time at home than younger adults. Increasingly, health-care will be delivered to people in their homes (for instance, through wearable monitors and on-line consultations) which means that a good data connectivity will be important if older people are to be able to access health-care services **Error! Reference source not found.**. Opportunities to meet and socialise close to home are also vitally important to support the mental health of older people and reduce social isolation.

Given the rapidly increasing proportion of older people in society, planning for an ageing population cannot be restricted to a few neighbourhoods, or just to specialist old people's homes or facilities. Almost all people grow old in their own homes and neighbourhoods: just 3 per cent of people over 65 live in old people's homes (5). Consequently, all new homes should be designed to support people's needs as they age, as should all neighbourhoods. Creating places for older people must become an integral part of mainstream planning practice, and not perceived to be a 'niche' topic to meet the needs of a small minority.

At a national level, Table 1 below identifies key relevant national policy documents which can be used to justify creating a technical research paper on ageing well.

Table 1: National Policy Drivers

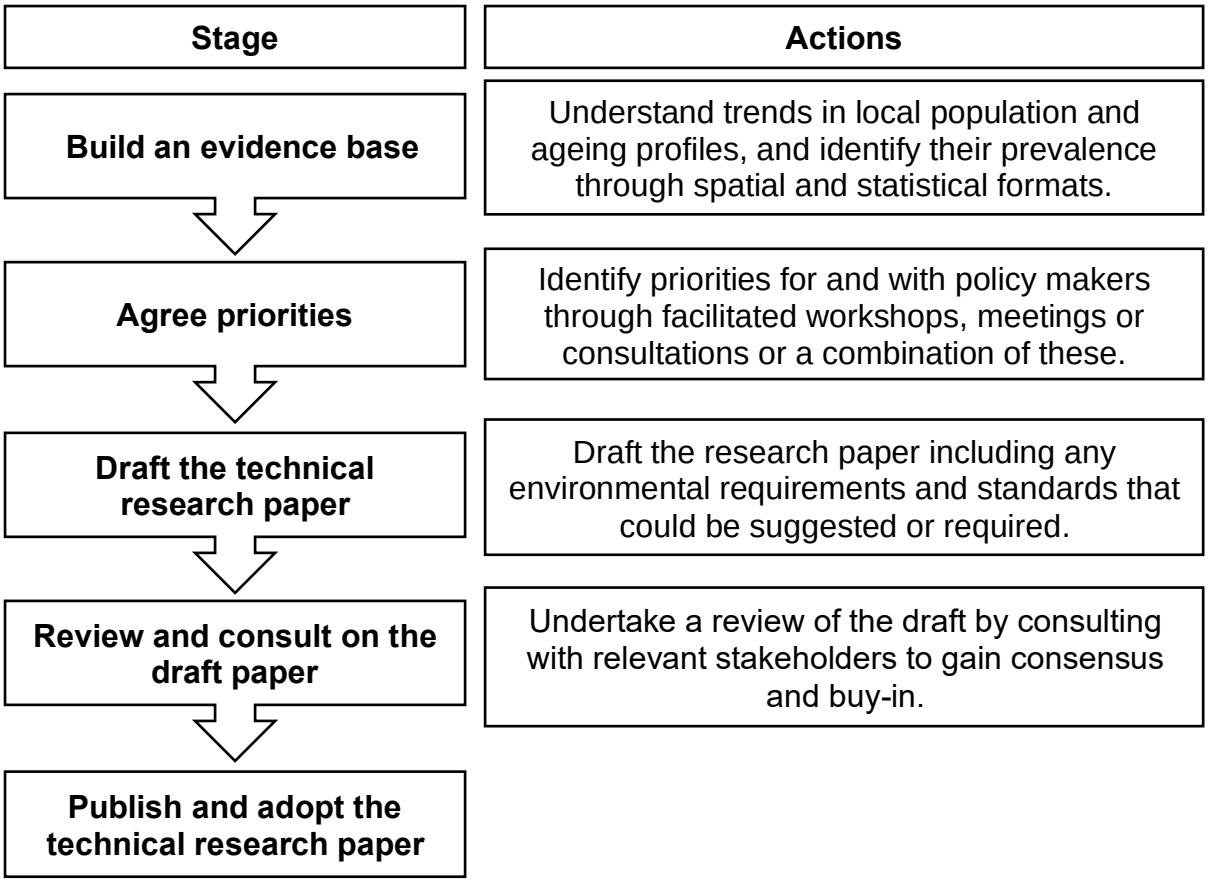
National Policy Driver	**Chapter/Section**	**Guidance**
National Planning Policy Framework	5. Delivering a sufficient supply of homes	Paragraph 61 includes reference to delivering housing which reflects the needs of older and disabled people.
National Planning Practice Guidance	Housing for older and disabled people	The whole section is relevant to guide councils in preparing planning policies on housing for older and disabled people.
National Design Guide	Uses – mixed and integrated	Paragraphs 115 to 117 highlight how well-designed neighbourhoods should provide a variety and choice of homes to suit all needs and ages.
Neighbourhood Planning Act (2017)	Section 8, Part 2	The Secretary of State must issue guidance for local planning authorities on how their local development documents (taken as a whole) should address housing needs

		that result from old age or disability' **Error! Reference source not found.**
UK Industrial Strategy (2017)	Grand Challenges – Ageing Society	The UK's Industrial Strategy sets out a Grand Challenge to ensure that people can enjoy at least five extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and the poorest **Error! Reference source not found.**.

The 'how to' process

This next section provides a step by step guide on creating a technical research paper on ageing. Figure 1 below illustrates the process.

Figure 1: Developing a technical research paper



Step 1: Building an evidence base

A range of different types of evidence is necessary to inform a technical paper on planning for healthy ageing.

a) quantitative evidence and demographic change

Firstly, information about the likely changes in the number of older people in the area should be sourced. The Planning Practice Guidance section on 'Housing for Older and Disabled People' suggests how this can be gathered. Sources of evidence about local demographics can be found in the Census and the local JSNA. It recommends toolkits for assessing the need for specialist housing.

In addition to understanding the growth in the older population across the whole of the area, the JSNA or other data available to public health teams can be used to map health and demographics spatially. For instance: which wards currently have older communities with poor health? This type of evidence can be used to justify prioritising housing for older people, or public realm improvements for older people, in particular locations.

b) qualitative evidence, experience and aspirations

In addition to desk-top research into statistical data it is also important to consult with and involve a wide range of people and organisations with professional or personal expertise and evidence. Local public health teams have access to many sources of relevant evidence. In unitary authorities the planners and the public health teams will work for the same council and the health and wellbeing board will cover that council area. In two-tier areas the planners will be working in the district council, whereas the public health team will work for the county council, and the health and wellbeing board will be county wide.

The following people and organisations should be involved (this list is not exhaustive). They are likely to have access to both quantitative data; and qualitative evidence about the way in which older people experience the local environment and their aspirations and needs for the future:

- Public health
- The local health and wellbeing board
- Councillors
- Adult services / social care
- Housing providers
- Organisations that represent or work on behalf of older people
- Representatives or spokespeople from the older population.

Where possible, local evidence at a small scale e.g. ward or super output area, should be found, to shape and justify policies. This is for two reasons. Firstly, data that sets out national or borough-wide averages is often deceptive. For instance, in many places there are small areas of acute deprivation in which people live with far

worse health than the average. In order to reduce health inequalities, it is vital that these areas are identified and that, wherever possible, policies focus on improving the physical environment in these places to support those in the most need.

Secondly, robust and locally specific evidence can be used to support policies that require higher standards from developers. For instance, if a policy requires that all new homes in an area must be built to Lifetime Homes standards, developers could argue that they cannot afford the additional cost. However, policies that meet local priorities and are supported by robust local evidence can be more easily defended.

c) thematic evidence relating to policy areas

The following documents provide useful evidence about what types of homes and places support healthy ageing:

- 'Spatial planning for health – an evidence resource' PHE (2017)
- 'Putting health into place – Design, deliver, manage' NHS England (2019)
- Housing our Ageing Population: Learning from councils meeting the housing need of our ageing population' LGA (2017)
- Age-Friendly Housing – future design for older people, Jeremy Porteous and Julia Park RIBA Publishing (2018)
- Designing Dementia-friendly Outdoor Environments, Oxford Brookes University
- 'Dementia and Town Planning' RTPI (2017)
- 'Health inequalities in ageing in rural and coastal areas' PHE (2019)

d) standards relevant to planning for healthy ageing

The following standards are all relevant to healthy ageing and could be included in local policies to help make them specific and measurable:

- Lifetime Homes standard;
- HAPPI design standards;
- Building for Life 12

It is important to note that if a condition to build to a specific standard is not supported by an adopted Local plan policy with a supporting robust evidence base, it may be challenged by the Planning Inspectorate or by developers. Planning authorities must ensure that their requirements for standards are clearly outlined with the local plan.

Step 2: Agreeing priorities

The evidence above, including both quantitative data about the increase in local older populations, and qualitative data about older people's priorities and aspirations for the built environment locally, can be used to identify priorities for policy makers. This could be done through facilitated workshops, or meetings, or consultations, or a combination of the above. It should include all the people listed under 'b)' above, along with policy planners, development management planners, transport planners. The priorities might be thematic (e.g. planning enough suitable new homes to meet

demand from the older population across the borough) or spatial (suitable new homes and improved public realm in a particular ward or wider location).

Step 3: Drafting the technical research paper

The next step is to draft the content of the research paper, based on the thematic priorities identified above and the evidence for each theme, including any standards that could be suggested or required. The draft paper should then be reviewed by all those involved in creating it, if not wider audiences, then amended and published.

Technical Research Paper on Ageing Well – a template

What is healthy ageing?

This definition could be the starting point of any technical research paper for healthy ageing. According to the World Health Organization:
'Healthy ageing is about creating the environments and opportunities that enable people to be and do what they value throughout their lives. Everybody can experience healthy ageing. Being free of disease or infirmity is not a requirement for healthy ageing as many older adults have one or more health conditions that, when well controlled, have little influence on their wellbeing **Error! Reference source not found.**'.

What is the definition of 'older people' for planning purposes?

This is defined in the NPPF glossary: 'People over or approaching retirement age, including the active, newly- retired through to the very frail elderly; and whose housing needs can encompass accessible, adaptable general needs housing through to the full range of retirement and specialised housing for those with support or care needs.'

What influence does planning have on healthy ageing?

Planning shapes the environments in which people live, which in turn shapes the opportunities or barriers that people have for healthy ageing. Older people tend to spend more time in their homes and local neighbourhoods and so the way these are planned, designed and built is particularly important for their wellbeing. Planning for healthy ageing is likely to focus on these policy areas:

- Homes – location, accessibility, quality of build, provision of specialist homes such as residential homes (C2 in the planning use classes)
- Neighbourhoods – street design and connectivity, access to local services nearby, green spaces
- Transport – supporting active travel for people of all ages and physical abilities, access to public transport, transport connections.

It should be noted that as the number of older people increases rapidly across the country all new development should meet the needs of older people.

National policy drivers [see Table 1 above]

Local policy drivers [in Worcestershire]

[Insert any relevant evidence from the Census, the local Joint Strategic Needs Assessment and the local Health and Wellbeing Strategy here]

The Worcestershire Joint Strategic Needs Assessment annual summary (2019) states:
The population of Worcestershire in 2019 is estimated to be 592,057 people. The population is projected to increase by 26,443 people in the next ten years. This is an increase of 4.5%. 7. Worcestershire has an ageing population and this trend is projected to continue. In future years there is expected to be a large increase in the number of older people and in particular in the very oldest age groups.

Approximately 29,000 households in Worcestershire (11.5%) are living in fuel poverty, this is above the national rate. The issue disproportionately affects older people. Nationally, a fifth of households affected by fuel poverty have household members that are all over 60. If Worcestershire follows this pattern 5,000 households would fall into this category.

The number of people with dementia in Worcestershire is forecast to increase by 56% between 2019 and 2035 from 9,560 to 14,905.

Nearly half of older people in Worcestershire have an illness that affects their daily activities. This equates to 63,000 people currently and numbers are projected to increase by 38% in the next 15 years.

The number of people aged 65 and over living alone in Worcestershire is estimated to be 15,160 males and 28,350 females. It is expected that these numbers will rise by 36% for both genders. Whilst living alone does not always mean someone is lonely it can clearly be a contributory factor.

Local planning guidance: [insert any relevant local planning policy or guidance here]

Locally, supplementary planning guidance for South Worcestershire (8) promotes ‘age friendly environments for the elderly and those living with dementia’. It sets out a comprehensive range of policies to support the creation of places that provide the physical environments and social connectivity that are vital for healthy ageing.

Local evidence from older people

At the Worcestershire workshop, a representative of the older population made an eloquent and very useful contribution to the discussion. Her list of what older people in Worcestershire want from the built environment included:

Safe housing with no stairs
Accessibility within the home: e.g. wide doorways, no windows over the kitchen sink (too difficult to reach over to open and close)

Thermal comfort and access online
In one-bed flats, to have a pull-down bed in the living room for guests / carers
Being able to see nice things from the windows e.g. flowers etc
Security lighting, particularly at the back of the property
Conveniently located charging points for mobility scooters
Being close to other people, but not just older people
Being able to get to things, and have things to do
To be able to travel to things further afield.

In different parts of the country older people might have different views and it is important to find out what they want rather than to make assumptions. As noted above (See 'What planning can't do') some design details – such as whether there is a window over the kitchen sink – are too fine-grained to be included in planning policy, although could be included in a design code.

Local priorities for planning places for healthy ageing

These sections of the technical paper will vary, depending on the priorities agreed by local consultees, based on the national and local context and the evidence gathered. However, the following headings are likely to be relevant in every area, along with the suggestions in the bullet points.

Homes:

- The number of new homes required to meet the needs of older people, including homes of different tenures and specialist homes such as sheltered housing, and residential homes (C3). Given that the vast majority of people age in ordinary homes it is important that wherever possible all new homes are good places in which to age.
- The standard method for assessing local housing need (Housing Needs Assessment) identifies an overall minimum average annual housing need figure but does not break this down into the housing need of individual groups, such as older and disabled people. It is the responsibility of plan-making authorities to assess the need for housing of different groups and reflect this in local planning policies. A robust evidence base is therefore crucial if there is an identified need for older persons homes.
- The quality / standard of homes – e.g. Lifetime homes.

Neighbourhoods:

- Design of neighbourhoods to support independent living, day-to-day physical activity, maintaining social connections, and creating places where public transport is viable. Likely to include requirement for compact neighbourhoods, with good quality paths, plenty of seats in streets and public spaces, public toilets.
- Could specify / require particular design standard e.g. Lifetime neighbourhoods, locally created design code, dementia friendly neighbourhoods etc.

- Local green spaces e.g. public gardens and parks are important for mental and physical health and quality and quantity standards or aspirations could be included in policies.

Active travel:

- Physical activity in day-to-day life is important for reducing the risk of a wide range of illnesses and helps enable older people to remain independent for longer (8). However, less physically able people (or all ages) can be deterred from walking if there are not enough seats provided along routes or in public spaces; if surfaces are uneven or in disrepair; or cyclists share footpaths with pedestrians. Could include requirement for this in policy or local design codes.
- New development should provide easy local access to public transport to enable older people to remain independent. Development briefs could include this, along with requirements for travel plans etc where appropriate.

Spatially specific policies to reduce health inequalities:

- There is a strong correlation between poor health and low socio-economic status. People with less money have fewer choices, and so often live in poorer quality environments, which, in turn, have an adverse impact on their health. Planning policies can help to address health inequalities by, where possible, focussing improvements on areas with the worst health. This could be done, for instance, by using developer contributions to improve the public realm or community facilities to better support the needs of older residents in more deprived areas. Policies could identify areas of poor health for older people and specify that new development in that area is designed to help reduce these inequalities.

What planning can't do for ageing well

It is important to note that some of the things that make places and neighbourhoods good for older people can be achieved by planning policy; some can be influenced – but not controlled – by planning policy; but some important details are beyond the scope of planning policy.

For instance, local bus services can be vitally important for allowing older people to remain living independently, particularly in rural areas, but whether or not there is a local bus service is not determined by planning policy (although planning can require developers to contribute to bus services through financial contributions such as Section 106 agreements or Community Infrastructure Levy). Similarly, relatively minor design considerations can be important for older people's ability to use the built environment comfortably but are too minor to feature in planning policy e.g. the exact design of public seating.

Useful links

For a range of UK and international case-studies of homes and neighbourhoods that meet the needs of an ageing population, please see:

- Age-Friendly Housing – future design for older people, Jeremy Porteous and Julia Park. RIBA Publishing (2018)
- Housing our Ageing Population: Learning from councils meeting the housing need of our ageing population' LGA (2017)
- Cities Alive – designing for age friendly communities Arup (2019)
- 'Dementia and Town Planning' RTPI (2017)
- The State of Ageing in 2019 – adding life to our years Centre for Ageing Better (2019)
- Foresight: Future of Ageing Government Office for Science (2013)

References

(1) 'The State of Ageing in 2019 – adding life to our years'. Centre for Ageing Better (2019)
(2) What are health inequalities?', The King's Fund (2019)
(3) Foresight: Future of Ageing Government Office for Science (2013)
(4) 'Putting health into place – Design, deliver, manage' NHS England (2019)
(5) ONS: Changes in the Older Resident Care Home Population between 2001 and 2011
(6) Neighbourhood Planning Act 2017
(7) WHO: What is Healthy Ageing?
(8) 'Planning for Health in South Worcestershire – Supplementary Planning Document', Worcestershire County Council (2017)
(9) Public Health England 'Health Matters: physical activity' (2020)