Foreword

One in three children born in the UK today can expect to live to 100. The ‘baby boomers’ are starting to retire, and medical advances mean more people with disabilities are living into old age. Without urgent action these changing demographics will put increasing pressure on individuals, communities, health and care systems. To ensure that more people enjoy a good later life, changes need to be made.

Our longer lives are a reason to innovate, not just to celebrate. We need to shift our thinking around housing, health and care to ensure that people can live healthy and happy lives for longer and reduce the health inequality that exists across the UK.

We must co-create solutions to the design of our houses, services and communities. This means well-designed furniture, equipment and home adaptations that aren’t clinical and stigmatising. We need homes, products and services that enable the lifestyles we want in later life, rather than managing the lifestyles we fear. We need central and local government, developers, planners, designer and retailers to think differently.

We brought together leading organisations from across housing, care and ageing for a day-long workshop to consider some of the biggest challenges to good health and wellbeing in later life. The aim was to provide some space to collectively think and apply design principles to unlock new ideas to age-proof our society and communities.

This paper outlines the conclusions we came to under four key areas: integrating services; making finance more flexible; creating age-friendly communities – including homes and the built environment; and engaging with older people in designing new products from kitchens and bathrooms to transport.

None of these ideas seem particularly radical or onerous to implement. But collectively they would certainly help to ease the strain on our NHS and care systems. Most importantly, they would help to ensure that everyone can live their later lives happy, healthy and independent for longer – a common cause that we all should share.

The Rt Hon Paul Burstow
Chair, Social Care Institute for Excellence
Why this matters – the facts

The population of the UK is ageing, and homes that meet the needs of our ageing population will be increasingly in demand. While many people will stay healthy and fit for much of their later years, the likelihood of having one or more long-term condition, physical or mental, that make day-to-day life at home more difficult does increase with age.

Studies show:

By 2025, 8.2 million households will be headed by someone who is 65 or over – an increase of 23 per cent from 2015 (DCLG, 2016).

Homes headed by someone aged 85 and over are the fastest growing household (DCLG, 2016).

More than 90% of people in later life live in mainstream housing (ONS, 2014).

Current UK homes are largely in poor condition, and non-decent homes are disproportionately lived in by older people (DCLG, 2014).

Installing minor home adaptations and making improvements to housing can lead to overall savings of at least £500 million each year to the NHS and social care services in the UK through a 26 per cent reduction in falls, which account for over four million hospital bed days each year in England alone (The Lancet, 2015).

Our current housing stock is not accessible or adaptable for people across the lifecourse – only 7% of homes meet basic accessibility features (DCLG, 2016).

Of all homes lived in by older people, 20% failed the Decent Homes Standard in 2014, and poor housing for people over 55 costs the NHS £634 million every year (DCLG, 2016).

By people’s late 80s, more than one in three people have difficulty doing five or more daily activities without help (basic routine activities like eating, bathing and dressing) (Marmot et al 2016).
The opportunity
Recent policy developments provide the opportunity and impetus to respond more strategically to demographic change that is happening across the UK.

The Government recently committed, under its 'Grand Challenge on Ageing' 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 poorest.

The Prime Minister outlined the need to help people remain independent for longer, ensure they can continue to participate through work and within their communities, and that they stay connected with others to counter the epidemic of loneliness.

In March 2018, Jeremy Hunt, the Secretary of State for Health and Social Care, said that the 2018 Green Paper on Care for Older People will look at how the Government can prime innovation in the market. This includes examining the role of housing and 'how we can replicate the very best models that combine a home environment with quality care and how we can better support people through well-designed aids and adaptations. We must also recognise the potentially transformative role of new technology'.

A chance for fresh thinking
To support this critical period in policy development, the Social Care Institute for Excellence (SCIE), Design Council and the Centre for Ageing Better brought together a range of partners across policy, housing and ageing for a day-long workshop to consider some of the biggest challenges that affect housing – and therefore people’s health and wellbeing in later life – and to unlock new ideas and insight.

We focused on three areas for change where improvements could make a significant difference and where our collective thinking could support current policy development:
- supporting independent living in existing homes
- housing models for people in later life
- creating a built environment that supports and enhances ageing.

We came up with the following recommendations.
Recommendations

1. Align housing, health and social care plans

There are fundamental connections between housing, health and care. However, despite their obvious interdependencies, these connections are not fully recognised or reflected in policy, institutional incentives or practice. Failure to genuinely connect these systems will have significant implications – such as delays in transfers of care of older people from hospital due to poor housing conditions and lack of joined-up services. This is already putting pressure on local health and social care services: in 2015, 1.15 million bed days were lost due to delayed transfers of care, which are costing the NHS an estimated £820 million per year (National Audit Office, 2016). There needs to be more effective cross-sector working between housing, health, and care to identify housing solutions that will work.

The forthcoming Green Paper on Care for Older People provides the perfect opportunity to bring together the health, housing and care systems around a shared goal of helping people to live independently, with the choice of living at home as they age and providing a long-term funding settlement to support this.

How?

Align health, housing and care

Government should ensure that the Green Paper on Care for Older People highlights a common goal to align health, housing and care systems around a shared objective of helping people to live independently, with the choice of living at home as they age and providing a long-term funding settlement to support this.

This should include turning the commitments in the recent Memorandum of Understanding: Improving health and care through the home (Public Health England, 2018) to support joint action on improving health through the home (across government, health, social care and housing sectors) into harder-edged real alignment of goals and budgets at the frontline.

Create shared objectives at a local level

Local leaders – including local public services, local authorities, housing authorities, the NHS and those responsible for social care – should work together to have a shared objective and a single plan and budget for housing, health and social care. This should be embedded within planning policy frameworks, sustainability and transformation partnerships, integrated care systems, joint strategy needs assessments and NHS plans. It should be supported by cost-benefit analyses on the health and social care savings of adapted and accessible housing. A long-term (20 year) funding settlement could support this goal and provide market confidence for new financing and development models.

Case study: The Greater Manchester Ageing Hub

Earlier this year, Greater Manchester was recognised as the first age-friendly city region by the World Health Organisation. The Greater Manchester Ageing Hub aims to coordinate a strategic response to the opportunities and challenges of an ageing population in the city region, linking up actions around health, housing, care and the built environment, and improve the quality of later life through co-design with older people. One objective is to increase housing choice to promote social connections and wellbeing in later life.
2. Increase finance options
Currently, people in later life find it challenging to borrow money – regardless of their financial position. New financing solutions for home adaptations and improvements in later life could enable people to support themselves, live independently for longer, and encourage innovation in the marketplace. From properly advised and structured equity release and loans, to healthcare budgets and the Disabled Facilities Grant, the market requires new thinking to take advantage of the opportunities available.

How?

Lend flexibly to people in later life
National Government should work directly with the financial services and regulators to ensure that age is not a barrier to borrowing in later life, by setting regulations for increases in age limits to lending.

Despite many older people owning homes that are mortgage-free, there are still challenges to people in later life borrowing against their property to fund much-needed improvements. Borrowers should be able to take out a home loan well beyond retirement, as long as they can prove they are able to afford the monthly repayments. However, some lenders still have age limits on borrowing.

Extend personal health care budgets
The Department of Health and Social Care should extend personal health care budgets to allow for the cost of housing adaptations and home improvements. These budgets offer the opportunity to work with the NHS to meet health and wellbeing needs.

Use the Disabled Facilities Grant innovatively to drive new ideas to market
The Ministry for Housing, Communities and Local Government (MHCLG) should explore how to use the Disabled Facilities Grant (DFG) more innovatively to ensure speedy access to home adaptations, for example by getting rid of the means test for low-cost adaptations, repairs and improvements providing adequate information, advice and practical help.

Local housing authorities should make better use of the Regulatory Reform Order that allows the use of DFG funding for wider purposes.

Extend the terms of equity release
Lenders – in combination with supporting regulatory action from government – should increase the age limits for taking out a mortgage or remortgaging, and for paying them back in later life.

Self-funding through new financial products that allow home owners to release equity should be encouraged and supported. This should have a focus on low-income home owners, for home improvements and related support services e.g. repairs, adaptations, decluttering, moving, renovating. While we know some banks are already increasing their age limit for lending, age bias does still exist. The private sector should also learn from those who are already trialling different financial products (e.g. Legal and General) to ensure more private lenders are supporting people to use the much-needed equity in their homes to make improvements and repairs where needed.
Case study: London Rebuilding Society and Legal and General: Home Improvement Scheme

With access to loans and grants for improvements from local authorities ever more restricted in many areas, cash-poor homeowners face difficulty funding improvements themselves.

London Rebuilding Society (LRS) partnered with Legal and General to enable equity release in the private sector specifically for homes in disrepair. The LRS works with local authorities and vulnerable owner-occupiers to help them unlock the equity in their own homes. In 2017, LRS completed its Home Improvement Scheme project in East London, which was backed with investment from Legal and General.

LRS work with local authorities and vulnerable owner-occupiers to help them unlock the equity in their own homes and improve their homes.

The financing involves the use of a lifetime mortgage, which is then used to transform properties from a state of disrepair to a safe and comfortable home. It is hoped that learning can be taken from this pilot scheme and lessons can be learned for other lenders across the UK.

Case study: Age-Friendly Leeds

In Leeds, for instance, its Age Friendly Team has established *Me and my home*, an older persons housing strategy developed in partnership with the Older People’s Forum with support from the Centre for Ageing Better. As part of this, older people are involved in shaping the design of extra care housing schemes, with the first one to open at Wharfedale View and a further potential six sites have been identified.

The new partnership between Leeds City Council, Leeds Older People’s Forum (LOPF) and the Centre for Ageing Better will build on Leeds’s existing commitment to being an Age-friendly city and the best city to grow old in. Over the next five years, the partnership will apply evidence of ‘what works’ to create a better later life for older residents, now and in the future, and help to tackle social and health inequalities experienced by people in later life across the city.

One of the priority areas of work in Leeds is housing, to help ensure Leeds can provide the best housing offer for people in later life. Ageing Better has launched an invitation to tender to examine what information and advice on housing options older people across Leeds want and need.
Case study: West of England Care & Repair

The Centre for Ageing Better commissioned Care & Repair England to conduct a call for practice to search for local innovation and good practice in delivering home adaptations and organising services in the most innovative and effective ways for people in later life.

As part of that call for practice, West of England Care & Repair (WECR) has been identified as one example of a particularly outstanding holistic approach to home adaptations for older people. Together local councils and WECR offer a wide range of solutions, from the council-managed Disabled Facilities Grants, to information, advice and practical help to do the adaptation for those not entitled to a grant.

WECR operates from a showroom style 'home independence centre' where people can see what is possible with regard to adaptations, which is a very rare provision. It has a strong link with local hospitals and outreach letting older people know about options and services.

Foundations, the umbrella body for Home Improvement Agencies, details more about the Regulatory Reform Order that allows for local authorities to use DFG funding for wider purposes, and provides some key examples of places that are doing this.

Case study: UK Network of Age-Friendly Communities

The WHO’s Age-Friendly Communities framework is an evidence-based, internationally recognised approach for places to promote collaborative action to make their community better places to grow older. There are currently 20 members of the UK Network of Age-Friendly Communities, which is supported by the Centre for Ageing Better.

An age-friendly community aims to keep people independent, active and connected in their own homes and communities as they age, both when they are doing well and if their health and abilities decline. It addresses the features and design of the built environment, such as housing, transport, and outdoor spaces, as well as the opportunities and services within the social environment such as employment, volunteering, social activities and civic engagement. A key step in becoming an age-friendly community is to bring together a wide range of people and organisations together to develop a shared vision and action plan that is relevant and suited to their own community.
Case study: Tree Top Village, Newcastle

Walker is a post-industrial community, which has been devastated by the demise of coal and heavy industry and the collapse of shipbuilding and power generation manufacturing. Numerous initiatives to regenerate the area over the last 25 years have struggled to arrest the decline. Tree Top was designed to become the centre piece of the wider Walker Regeneration Programme. Residents were fully involved in shaping the design of the scheme through research and co-production.

The scheme is a flagship development for Your Homes Newcastle (YHN) and Newcastle City Council, inspired by the principles of the Dutch pioneer, Dr Hans Becker, of ageing well and combining high-quality accommodation with leisure facilities for residents and local people alike to enjoy. Exclusively for people over the age of 55, whilst not an extra care scheme, Tree Top Village consists of a main building, offering 75 sheltered housing apartments, bordered by 36 one- and two-bedroom homes and eight bungalows with gardens. With a hotel-like feel, the main building is centred around an impressive glass atrium with a lobby, reminiscence library, Italian restaurant, hair and beauty salon, mobility shop, and card and gift shop. These amenities are open to the public, to support the integration of older people with the wider community, as well as bring investment to the local area. Each of the properties can also easily be adapted to respond to a range of needs and has a level access shower, a transfer area and access to an on-site scooter store.

Residents have offered some very positive feedback about their experience of living at Tree Tops. In particular they report feeling safe and settled in their new homes and enjoy the different village amenities. Since relocating into Tree Top Village, the hair and beauty salon owner has had to increase her staff to accommodate the increased clientele from residents, their family and friends and the restaurant has also recruited local people as staff. Both retailers offer a discount to residents in Tree Top Village, of which residents are taking full advantage. Overall, the development has changed the lives of the majority of residents due to the social aspects of its design and operation, and it has reduced levels of social isolation.
3. Make communities age friendly and inclusive

Homes and neighbourhoods need to become more age-friendly. This means accessible housing, age-friendly planning which draws on population data and projections, integrated health and care, and stronger community engagement.

It also means ensuring that amenities, green spaces and transport are fully accessible and support people to lead active and independent lives.

The World Health Organisation’s Age-Friendly Communities framework offers a strong basis for this, and the network of places working on this should be expanded and supported.

How?

Set space standards
The design of homes should meet the needs for the whole population as we age by providing a choice of high-quality homes. The Government should set a national mandatory requirement for 90 per cent of new homes to be built to accessibility standards M4(2) ‘accessible and adaptable dwellings’ – and ten per cent built to be M4(3), ‘wheelchair user dwellings’, (i.e. is designed to be wheelchair-accessible, or easily adaptable for residents who are wheelchair users) as is being done in London and other cities across England.

Ensure local and neighbourhood plans include design principles that create age-friendly environments
This may involve local planning authorities recommending that in order to receive planning approval, new developments must incorporate age-friendly housing and environments in their plans. Local areas should take lessons learned from the growing UK age-friendly network of communities, where representatives from across the UK are collaborating to bring about change in the way that cities respond to population ageing and promote better use of evidence and learning at the local level. Network members are working together to improve the experience of growing older in cities, and help people age better.

Invest in skills
Age-friendly community approaches need to be standard practice everywhere. This requires leadership and skills development. The Government should invest in training to support those involved in co-designing age-friendly environments to ensure a clear and shared understanding of how to deliver the right homes in the right places, and to collate and share good practice.

Apply evidence in housing development
Housing developers should work to age-friendly criteria, to apply evidence of what works to make homes adaptable and accessible as people age across the course of their life. This will also need to be embedded within an age-friendly community and a built environment that can meet people’s changing needs across the course of their life.
4. Use inclusive design and co-production

Inclusive, universal design of products, services, homes, and places requires new skills and understanding within the design, planning and development professions, as well as key business sectors such as housebuilders, tech and product developers, and home retail suppliers.

It is increasingly acknowledged across national government and in a growing number of local public services that citizens need to be much more involved in the design, commissioning and planning of public services, including housing and the built environment.

**How?**

**Be ambitious with the Industrial Society Challenge Fund**

The Government should use this opportunity to drive innovation and stimulate the mainstream market to ensure everyday products and services are designed to inclusive design principles in areas such as independent living, home adaptations, transport and mobility. This should include engaging the associated retailers, supply chains and designers to respond to meet the needs of our ageing population, supporting them to understand the requirements and market opportunities of inclusive design for an ageing population.

**Encourage more co-production**

The public and private sectors should embed the principles and practice of co-production in the design of products, services and places.

Co-production, which SCIE defines as ‘people who use services and carers working with professionals in equal partnerships towards shared goals’, can not only enhance the quality of services and experiences and outcomes for people who use services, but also help ensure that resources are better spent. We need to build the understanding and skills of policy-makers, commissioner, planners, designers and housing professionals in the practice of co-production.

For this to be achieved, change is required at all levels of the built environment, from central and local government to developers. If we are to create inclusive places in which everyone can participate equally, confidently and independently in everyday activities we need to bring local people into the process and view them as core to creating a successful place.
Conclusion

If we are going to be successful in creating homes and places which meet both fast rising demand, and the diverse and individual needs of older people, our thinking needs to be much broader. We need to consider how we help people afford better housing and plan their finances; how we develop long-term special plans and a workforce with the right skills; and how we use existing policy levers, such as expansion of personal budgets, to best effect.

We need a whole-population, whole-place approach to planning for our future health, care, housing and support system at both the national and local levels.

Summary of recommendations

1. Align housing, health and social care plans
   - National government should ensure that the Green Paper on Care for Older People highlights a common goal to align health, housing and care systems around a shared objective of helping people to live independently in a home that is suited to their needs as they age.
   - Local leaders should work together to have a shared objective and a single plan and budget for housing, health and social care.

2. Increase finance options
   - National government should:
     - work directly with the financial services and regulators to ensure that age is not a barrier to borrowing in later life, by setting regulations for increases in age limits to lending
     - extend personal health care budgets to allow for the cost of housing adaptations and home improvements
     - explore ways that the Disabled Facilities Grant (DFG) can stimulate the market, for example by getting rid of the means test for low-cost adaptations
   - Local housing authorities should make better use of the Regulatory Reform Order that allows the use of DFG funding for wider purposes.

3. Make communities age-friendly and inclusive
   - Central government should:
     - set a national mandatory requirement for 90 per cent of new homes to be built to accessibility standards M4(2) ‘accessible and adaptable dwellings’ – and ten per cent built to be M4(3), ‘wheelchair user dwellings’
     - invest in training to support those involved in co-designing age-friendly environments
   - Local and neighbourhood plans should include design principles that create age-friendly environments.
   - Housing developers should work to age-friendly criteria, to apply evidence of what works to make homes adaptable and accessible as people age.

4. Use inclusive design and co-production
   - Government should use the Industrial Society Challenge Fund to ensure everyday products and services are designed to inclusive design principles in areas such as independent living, home adaptations, transport and mobility.
Key resources and references

References
Ageing Better calculations based on:


Key resources and websites
The 100 Year Life: the role of housing, design and planning – briefing papers, SCIE, Design Council and Centre for Ageing Better, 2018
Healthy Placemaking Report, Design Council, 2018
Co-production: what it is and how to do it, SCIE, 2015
The Housing Learning and Improvement Network (LIN)
Housing in Prevention and wellbeing, SCIE
Housing and ageing, Centre for Ageing Better
Industrial Strategy: The Grand Challenges, Department for Business, Energy & Industrial Strategy, 2018
Appendix 1: Organisations that attended the 28 March 2018 workshop

- Associated Retirement Community Operators
- Association for Dementia Studies, University of Worcester
- Bell Phillips Architects
- Berkeley Partnership
- BRE Trust
- Care & Repair England
- Carers In Hertfordshire
- Carers UK
- Centre for Accessible Environments
- Cera
- Chartered Institute of Housing
- Department of Health and Social Care
- Dot Everyone
- Evermore Wellbeing
- Housing Learning and Improvement Network
- Innovate UK
- KareInn
- Legal & General Group plc
- Lipton Rogers Developments LLP
- National Development Team for Inclusion
- NHS England
- Swansea University
- The University of Edinburgh
- Tunstall
Health, housing and care for a new age

One in three children born in the UK today can expect to live to 100. Baby boomers are reaching retirement, and more people with disabilities are living into old age.

Our ageing population also represents a huge opportunity, and a growing market for new innovations. But to make sure that we create homes and places that are fit for people’s later life, we need new thinking.

This paper, which is based on a workshop with sector leaders and carers, recommends actions that can be taken including: integrating services, making finance more flexible, creating age-friendly communities including homes and the built environment, and engaging with older people in designing new products from kitchens and bathrooms to transport.

Future of care
The Future of care series aims to stimulate discussion amongst policy-makers and planners about the future of care and support, based on analysis of developing evidence and projections for the future. This is a joint publication by SCIE, the Design Council and the Centre for Ageing Better, and is based on a workshop held in March 2018.

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