



Sustainable planning for housing in an ageing population:

A guide for regional-level strategies

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Who is this publication for?

This publication is a starting point for anyone engaged in regional-level strategy formulation. It is designed to be a point of departure for those working towards sustainable communities, helping users to 'future proof' plans for housing, the built environment and the wider community. This guide will be of use to:

- **Regional and local planners** in reviewing Spatial Strategies, Local Development Frameworks, Local Area Agreements and other supporting plans that impact on housing.
- **Social care and health care providers** in considering how the built environment is linked to health, wellbeing and demand for services, and considering how to improve cross-sectoral engagement in planning and commissioning (e.g. via Joint Strategic Needs Assessments.)
- **The private sector** in considering how the services and or built environment they offer represent best-value in the long-term.
- **NGOs, advocacy groups and other organisations** in undertaking campaign work and submitting to local and regional strategy consultations

This guide provides:

- Evidence that population ageing is a fundamental consideration in sustainable planning.
- Recommendations on how housing strategies can help to prepare for population ageing.
- Key regional-specific data and sources of further information.

Acknowledgements

This guide has been authored by Ed Harding at the International Longevity Centre UK. Considerable thanks and recognition are due to the Older People's Housing and Regional Strategy Steering Group for invaluable guidance and input.

This project has been made possible by partnership with Communities and Local Government, The Care Services Improvement Partnership Housing Learning Improvement Network and the Retirement Housing Group.

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Foreword

We are all used to the concept of environmental sustainability taking a deservedly high priority in our spatial, economic and development strategies for the coming decades. The purpose of this guide is to place social sustainability at the heart of sustainable planning, to help those charged with developing regional and local strategies to understand and plan for demographic change and our ageing society. Older people contribute significantly to our economy, and to the social and civic well-being of our society. Age-proofed communities benefit us at all ages, in helping older people to play their part, and in creating pleasant, accessible and inclusive communities for everyone.

This guide is published alongside *Lifetime homes, lifetime neighbourhoods: A national strategy for housing in an ageing society*. It is the result of a cross-sectoral collaboration between the ILC-UK, Communities and Local Government, the Housing Learning Improvement Network at the Care Services Improvement Partnership (CSIP), and the Retirement Housing Group. The challenges we face in integrating planning for housing, health, social care and community will demand many more such partnerships.



**Baroness Andrews OBE,
Communities and Local Government**



**Baroness Greengross OBE,
Chief Executive, ILC-UK**

1 | Key points



We must plan for population ageing...

...older households will represent half of all household growth to 2026.

Population ageing is an opportunity, not a threat...

...older wellbeing will boost the social, civic and economic capital of our communities.

Housing is central to health, wellbeing and social inclusion...

...but inappropriate housing currently risks failing millions of older people.

We can plan for population ageing more effectively...

...better use of data and more cross-sectoral cooperation are essential to planning sustainable, 'future-proofed' communities.

Meeting the housing needs of an ageing population is a clear policy goal...

...Government performance targets (PSAs) now include older people's satisfaction with their home and neighbourhood, as well as with services to help them remain independent at home.

'Regional stewardship' on population ageing is vital to sustainability...

...regional strategies should set an effective framework for planning for an ageing society.

2 | Population ageing: a major policy challenge

'Sustainable development is the core principle underpinning planning. At the heart of sustainable development is the simple idea of ensuring a better quality of life for everyone, now and for future generations.'

Planning and Policy Statement 1: Delivering Sustainable Development Communities and Local Government (2005).

2a | Population ageing is a significant and irreversible factor in both housing markets and regional economies

- Some 1 in 3 households are already headed by somebody over 60.¹
- Older people will represent 48% of all of growth in households from 2004 to 2026.²
- The over 65s will grow from 8.3m in 2008 to 11.4m by 2025.³
- The 80+ will grow by 1 million from 2008 and 2025, an increase of almost 50%.⁴
- Population ageing has major implications for a wide range of public services, including health and social care expenditure.
- Greater need for unpaid care (sometimes called 'informal care') is likely to lower workforce participation.⁵

1 Office of National Statistics 2007

2 Communities and Local Government 2008

3 Government Actuaries Department 2007

4 Government Actuaries Department 2007

5 Carers UK 2005



2b | Older people provide an enormous economic and civic contribution to society

- Retirement is rarely equivalent to economic, social or civic inactivity.
- Approximately five million people over 50 take part in unpaid voluntary work,⁶ described by Government as ‘the glue that binds society together’.⁷
- The 50+ account for almost half of all consumer spending, or £175 billion a year.⁸
- Around 500,000 people over 65 remain in the UK work force. Furthermore, the over-50s are estimated to currently create 25% of the UK’s economic wealth. Studies have estimated that 1 million more older people who are not currently in paid work could be, adding up to £30 billion to annual economic output.⁹
- Older people support younger parents to participate in the labour market.¹⁰
- The 50+ are the source of over half of unpaid care. Unpaid care is worth £87bn per year in the UK – more than the total budget of the NHS.¹¹
- Wider demographic changes at all ages point to the growing importance of productivity in later life for ongoing economic development.

KEY POINT

Given demographic pressures, the wellbeing of older people is essential to economic development and social cohesion.

6 Age Concern England 2004

7 Hansard 2001

8 Verdict 2001

9 Meadows P, Cook W, 2004

10 Dench & Ogg 2002

11 Carers UK 2007

3 | Suitable housing is central to the challenge of population ageing

‘Decent housing makes a fundamental difference to mental and physical health and well-being and has a critical contribution to make to the value and effectiveness of the health and care systems’

Communities and Local Government, DH and DWP (2008).

3a | Population ageing will lead to a greater demand for unpaid care, healthcare, social care and housing-related services

- The majority of older people live in good health, free from disability. But dependency is highly likely to rise as older populations grow.
- If prevalence rates in England remain the same from 2008 to 2025, the Department of Health estimates that:
 - Falls-related A&E admissions of older people will rise from 515,000 to 735,000 per year, *an increase of 220,000.*
 - The number of people with dementia will rise from 623,000 to 898,000, *an increase of 277,000.*
 - The numbers of older people registered blind or partially-sighted will rise from 798,000 to 1,178,000, *an increase of 380,000.*
 - The numbers of older people providing unpaid care will increase by 314,000 by 2025.¹²

KEY POINT

This is an estimate, not a forecast. Appropriate housing markets and well designed communities will lessen the impact of ill-health and disability associated with ageing on health and social care provision.

For projections of key health and dependency indicators by region, please see the tables at the end of the guide in **Section 10**.



3b | Poor housing exacerbates the burden of ill-health and disability

- Older people spend between 70-90% of their time in their homes, much more than any other age group.¹³
- Older people have been identified by Government research as the main group needing adaptations to their homes in order to live independently.¹⁴
- Mainstream housing often presents a challenging environment in which to age, exacerbating otherwise manageable illnesses and disability. For example, older people may be at increased risk of home accidents where homes have poor lighting.¹⁵
- Unsuitable housing has direct and proven linkages with ill health, including pneumonia, asthma, mental health, and falls and hip fractures.¹⁶
 - For example, falls amongst older people have been estimated to cost the state well in excess of £1 billion per year.¹⁷ Some 1 in 4 falls are from stairs,¹⁸ and the majority take place in the home.¹⁹
 - The UK's large 'winter excess' of around 30,000 pensioner deaths has been linked to the thermally inefficient, ageing housing stock.
- There is good evidence that cost-effective housing-based interventions can reduce accidents, falls, hospital admissions and promote independence (see Section 6).
- Loneliness and social isolation in later life are linked to depression and poor health. Approximately 1 in 10 older people report loneliness, although levels are much worse in communities with high multiple deprivation. Living alone may exacerbate the likelihood of social isolation.²⁰

KEY POINT

Appropriate housing offers the potential to reduce expenditure on public services and promote older people's independence and wellbeing.

12 POPPI, Department of Health, 2006

13 Centre for Policy on Ageing & The Housing Corporation, 2002

14 Communities and Local Government, 2005 b

15 National Patient Safety Agency, 2007

16 Blackman T, 2005

17 British Geriatrics Society, 2007

18 Hanson J, 2001

19 Palmer G, MacInns T, Kenway P, 2006

20 Communities and Local Government, 2006

4 | Planning for population ageing must begin now

'Mainstream housing policy needs to reflect the issues that an ageing population raises.'

Opportunity Age, Department of Work and Pensions (2005).

4a | The mainstream housing stock is likely to be inappropriate for millions of older people

- 4.8 million properties in the UK are classified as 'non-decent', of which around 35% (1.7m) are estimated to be inhabited by older households.²¹
- Almost 1 million older people will still be living in houses over 90 years old by 2016.²² Studies have estimated that the vast majority of the UK's 20 million homes would fail lifetime homes standards.²³
- There is a recognised lack of choice of appropriate housing for older people. For example:
 - New-build housing is often dominated by flats and small properties. These may be less appealing to older homeowners who might otherwise be interested in downsizing.
 - Relatively few new houses are built to Lifetime Homes standards, despite the Audit Commission recommending the standard as representing best long-term value in 1998.²⁴
 - There is a significant shortage of leasehold retirement housing options, which have a valuable role to play alongside specialist, social stock.

KEY POINT

Housing is central to the challenge of population ageing, but inappropriate housing currently risks failing millions of older people.

21 Foundations 2007

22 The Anchor Trust, 1996

23 EHCS 1998 from Hanson J, 2001

24 Hanson J, 2001

25 Hanson J, 2001

26 Care and Repair, 2007

27 Communities and Local Government, DH and DWP (2008)

28 Age Concern Research Services, 2005



4b | Regional-level strategies must tackle both mainstream housing stock and new build allocations

- Both regional and local planning must take account of the large numbers of older people in mainstream housing – some 89% of the over 65s.²⁵
- Planners and housing professionals must ensure strategies encompass issues of home improvements, adaptations and maintenance. For example, ‘handyperson’ schemes providing low-level assistance have been identified by older people as a high priority for remaining independent in their own homes.²⁶
- Planners and housing professionals should work with advice agencies and community groups to help ensure reliable and impartial information gets to users. Poor consumer awareness will reduce the effectiveness of well-planned markets.
- Homeownership is the dominant tenure of later life and is projected to grow in future, from 68% of the 65+ in 2001 to 75% by 2026.²⁷ As homeowners have sole responsibility for upkeep, ‘outreach’ services will play a valuable role in providing impartial information on their options and how to source work.
- ‘Cash poor, equity rich’ older people (e.g. ‘Right to Buy’ homeowners) may be particularly likely to need grants, information and ‘kite-marked’ financial products to fund maintenance and adaptations. Equity release is likely to become increasingly important as a means to unlock capital. High-quality, reliable schemes will be necessary to build consumer confidence.
- Under-occupancy of property is common to all ages, but older people may be open to ‘downsizing’ where it suits their circumstances. Some 20% of the 50+ report plans to move in future, and a further 20% are unsure.²⁸ Access to advice and information is crucial, as are a range of alternative housing options that meet the aspirations of older homeowners.

KEY POINT

An ageing population suggests a reconsideration of housing strategies: the existing stock warrants equal attention alongside new build allocations.

4c | Residential, Extra Care and specialist retirement housing have a vital role to play in housing markets

- Although the majority of older people will live in mainstream housing, ensuring adequate specialist housing options for a substantial minority of older people is an important component of future-proofing. Some 6% of people 65+ live in specialist retirement housing (approximately 500,000 households) and 5% live in residential care or nursing care accommodation (around 400,000 units).²⁹
- Few housing strategies recognise that demand for all specialist older people's housing is projected to rise in future as older cohorts grow. For example, one major study estimated an increase of 92,000 older people in nursing and residential care in England from 2000 to 2020.³⁰
- Spatial plans must recognize the benefits offered by specialist retirement housing for those that require it. Not only can moves into specialist housing 'release' mainstream homes back into the market, they may also provide secure, live-in communities for those that desire them, facilitating social contact. In addition, where well-designed sites feature in-built assistive and adaptive measures, evidence suggests residents may find disability more manageable and experience a lower rate of falls, accidents and ill health (see Section 6).
- Demand is likely to increase in line with demographic trends. New build in this sector is currently estimated at 4,000 units per year.³¹ In the context of the proposed government targets of 240,000 new homes a year, it is worth considering the important role of existing and new models of specialist housing in providing market choice for older people.

KEY POINT

Demand for all types of specialist housing is likely to rise, especially where changing aspirations act in concert with demographic forces.

29 Elderly Accommodation Counsel, 2007

30 Commas-Herrera A, Wittenberg R and Pickard L, 2001

31 National House-Building Council (2006). Figures are from 2005



5 | 'Regional stewardship': towards better planning for an

5a | **Local Authorities should be supported in their role as 'strategic enablers' working to achieve balanced housing markets**

'Authorities should plan for a mix of housing on the basis of the different types of households that are likely to require housing over the plan period... [with] particular regard to... the current and future demographic trends and profiles and... in particular, older and disabled people.'

Planning and Policy Statement 3 – Housing, Communities and Local Government (2006).

- **Planning and Policy Statement 1 – Delivering Sustainable Development** demands 'quality inclusive design... not just for the short term but over the lifetime of the development.'³² If 'sustainable development is the simple idea of ensuring a better quality of life for everyone, now and for future generations', planning for population ageing is clearly an implicit demand.
- **Planning and Policy Statement 3 – Housing** clearly states that 'Regional Spatial Strategies should set out the region's approach to achieving a good mix of housing' and that local authorities should plan their markets with reference to demographic change and older people's needs.³³
- **The 2004 Planning Act** demands that Local Development Frameworks (LDFs) be in general conformity with Regional Spatial Strategies. Regions should use the RSS to issue explicit demands for both in-depth analysis of population ageing and appropriate policies at the local level.
- **The 2007 Housing Green Paper – Homes for the Future, More Affordable, More Sustainable** sets a target of 240,000 new homes per year.³⁴ Regional Strategies should ensure LDFs plan these new developments effectively, insisting on high quality new homes as standard. This will be particularly important where new developments in Growth Areas and New Growth Points, as well as the proposed new 'eco-towns', are being planned from scratch.

ageing population



KEY POINT

Planning for an ageing population is already required in existing guidance. Housing and spatial strategies that ignore these demographic imperatives are unlikely to be sustainable ones.

5b | **Joined-up, cross sectoral planning is essential to strategic goals for health, social care, housing and the wider community**

‘Effective housing, allied to the right care support and wider services, such as transport and community safety, can be the springboard that enables older people to remain involved and live their lives to the full. Conversely, poor housing can be a fetter for older people, contributing to immobility and social exclusion.’

Quality and Choice for Older People’s Housing, Communities and Local Government & Department of Health (2001).

- **Lifetime homes: lifetime neighbourhoods – A national strategy for housing in an ageing society (2008)** makes it clear that bricks, mortar and Lifetime Homes are merely one part of the overall policy picture. Planning, housing and public services should work together to encompass a broad vision of community planning for ‘lifetime neighbourhoods’ incorporating the public services, amenities, space and infrastructure needed to make ‘active ageing’ a reality.

32 Communities and Local Government, 2005

33 Communities and Local Government, 2006 b

34 Communities and Local Government, 2007

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- **Sustainable Communities, Building for the Future** (2003) set out the Government's long-term vision for planning our towns and cities. It called for appropriate housing for older people to be delivered via 'partnerships between health, housing and the independent sector, expanding the housing choices available for older people and making best use of existing stock.'³⁵
 - Planning policy already demands cross-sectoral participation. Local **Housing Market Partnerships** are advised to include transport, social care and health sector representatives when producing or reviewing Housing Market Assessments.³⁶
 - The revised 2007 **Public Service Agreements (PSA)** feature the older person-specific PSA 17: *Tackle poverty and promote greater independence and wellbeing in later life*, with three especially relevant national indicators: older people's health life expectancy (NI 137), their satisfaction with home and neighbourhoods (NI 138) and access to support to live independently (NI 139).³⁷
 - The **Local Government White Paper, Strong and Prosperous Communities** (2006) envisages Local Strategic Partnerships (LSPs) as the key forum for agreeing a local strategic vision. The Local Development Frameworks they produce are then expected to dovetail with the Sustainable Community Strategy and the Local Area Agreement. LSPs should ensure that local planning policies reflect the strategies of other service-delivery agencies, or may be at risk of failing 'soundness' criteria.³⁸
 - Improved working arrangements within a LSP might include the better sharing of data, recognition of the interdependency of services and the setting of joint strategic goals between housing, health and social care.
 - A better exchange of information offers the potential for better services. For example, Housing Health and Safety Rating Systems could act as valuable intelligence for health and social care services.
 - Many Local Authorities may still be experiencing difficulties with 'hard to let' sheltered properties. LSPs offer commissioners of sheltered housing and social care services an opportunity to engage with planners, so redefining their future demand modelling in the context of the built environment.
 - The White Paper also proposed a 'duty of partnership' on local authorities to prepare **Joint Strategic Needs Assessments** across health, social care and other partner agencies.³⁸



- Other policies also require cross-sectoral participation. For example:
 - Several of the standards in the Department of Health’s **National Service Framework for Older People** (2001) require housing-based solutions. There is a great opportunity for PCTs and NHS managers to prevent acute episodes through planning and delivering assistive technology and adaptations, for example via Disabled Facilities Grants.
 - The **Department of Health White Paper – Our Health, Our Care, Our Say** (2006) envisages that ‘local authorities and PCTs focus on community well-being’ and ‘drive a radical realignment of the whole local system, which includes services like transport, housing and leisure.’
 - The **Department of Health’s Single Assessment Process** requires health and social care workers to collaborate in assessing the needs of older people, improving efficiency and reducing duplication. The LSP provides a potential framework to engage housing professionals, sharing information and improving outreach.
 - The 2007 ministerial concordat **Putting People First** establishes a clear direction in health and social care. It envisages a system ‘able to respond to the demographic challenges presented by an ageing society’ and which is centred around ‘prevention, early intervention, enablement, and high quality personally tailored services’. It emphasises the importance of undertaking **Joint Strategic Needs Assessments** in conjunction with housing strategies.³⁹

KEY POINT

Regional strategies have a vital role in promoting cross-sectoral participation in planning.

For more guidance on joint planning in housing, health and social care, see the CSIP **Housing Learning Improvement Network** and the **Integrated Care Network** on www.icn.csip.org.uk

35 Communities and Local Government, 2003

36 Communities and Local Government, 2007 b

37 Communities and Local Government 2007 d

38 HM Government 2007

39 Communities and Local Government, 2006 c

5c | Guiding housing strategies: mapping the household characteristics of older populations

How can we plan for different needs of older households in different communities?

- Socio-economic inequalities have major implications for demand for public services such as health, social care, and housing adaptations.
- Planners and housing professionals can map older households by inequalities in health, wealth, tenure, age distribution, and personal and community deprivation using existing data.
- These data can be used in conjunction with information on the housing stock to identify market gaps in sheltered and retirement housing, and likely tenure aspirations. They can also be used to allocate preventative investment in the housing stock and anticipate social care and housing-related adaptive interventions.
- Statutory planning decisions should reflect strategic goals in preparation for population ageing. Planners can be briefed to give precedence to development proposals for specialist and mainstream older people's housing where there is demonstrable unmet need.

For more information see:

- The supporting ILC-UK publication **Building our Futures: Meeting the Housing Needs of an Ageing Population** – www.ilcuk.org.uk
- **More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people.** CSIP Housing Learning Improvement Network and Communities and Local Government (2008). www.integratedcarenetwork.gov.uk/housing



5d | Who should be involved in planning for housing?

Guidance for **Strategic Housing Market Assessments** and **Local Strategic Partnerships** clearly state that cross-sectoral involvement is an essential component to any strategic vision, whether for housing markets or the communities around them.^{40,41} Partnership also provides avenues for better use of data when developing plans. Planning preparation should therefore involve:

- Planning, housing, architecture and regeneration professionals
- Local Government Councillors, including planning committee members and housing portfolio holders
- Academic experts, e.g. demographers, housing and design specialists
- Regional Public Health Groups
- Adult Social Care and Supporting People commissioners
- Primary Care Trusts (especially Directors of Public Health as joint appointees working across the NHS and local authorities)
- Private sector house builders and developers, both specialist retirement and mainstream
- Registered Social Landlords
- Voluntary sector and charitable service providers, e.g. Home Improvement Agencies
- Local advocacy groups and user groups for services and housing; and
- Older people themselves

The engagement of older people is crucial to the future-proofing of strategies. older person's action groups, pensioners forums and other advocacy groups can provide invaluable advice and support about the needs and preferences of the local older population.

40 Communities and Local Government, 2007 b

41 Communities and Local Government, 2001 b

6 | Housing and older people: the evidence base

Housing and community-based care solutions can offer significant and cost-effective gains in older people's independence and wellbeing:

- Cold, damp housing is linked to rheumatism and arthritis.⁴²
- Following a major adaptation, one study found that 89% of people reported a 'major impact' on quality of life, and 65% reported a 'major impact' on independence.⁴³
- Other evidence suggests home improvements are clearly linked to improved mental health,⁴⁴ as well as reductions in symptoms and the use of health services.⁴⁵
- Repairs, such as lighting and removal of trip hazards, and improvements such as grab rails and grip mats in showers are linked to fewer falls. Adaptive equipment in the home can reduce reported falls by as much as 58 to 60%.⁴⁶
- In most cases, initial investment in adaptive and assistive technology for older people is recouped through subsequently lower care costs.⁴⁷ Postponing entry into residential care by 1 year could reduce costs by around £26,000 per person. Housing based adaptations and domiciliary care can therefore realise substantial savings.

42 Poole J, 2001

43 Watson S, Crouther L, 2005

44 Heywood F, 2006

45 Thomson P et al, 2001

46 Thompson P, 1996

47 Lansley, McCreddie & Tinker, 2004 - (not including residential care costs)



- Care and Repair England estimate that a fast-track service offering targeted low-level adaptations to older people recently discharged from hospital or at risk of readmission could be provided across England for £35m. If only 1 in 100 jobs prevented a hip fracture, this would save £70m annually. If 1 in 4 jobs resulted in one night less in hospital for the affected older person, the saving would be over £21m.⁴⁸
- Targeted therapy and exercise classes can reduce fear of falling and cut the risk of multiple falls in half.⁴⁹
- Characteristics of the home and neighbourhood have been shown to affect older people's physical activity. For example, household density, prevalence of open spaces, ease of pedestrian and cycle access and perceived safety of the neighbourhood show a positive correlation to walking.⁵⁰

KEY POINT

Assistive adaptations, low-level support, housing maintenance schemes and well designed neighbourhoods can be highly cost-effective in promoting wellbeing and reducing dependency in older people.

48 Care and Repair, 2007

49 Wolf S L et al, 1996

50 Li et al, 2005

7 | Moving forward... a checklist for planners

'The demands of an ageing society come too low on the list of strategic housing priorities.'

The 'Wanless Review', Kings Fund (2006).

Regional Spatial Strategies

- Does the Regional Spatial Strategy recognise the importance of an ageing population to the regions economic, social and civic aspirations, and include an over-arching strategy on ageing?
- Is this strategy adequately reflected in regional Housing, Economic and Health Strategies, with tangible objectives backed up by meaningful statutory guidance?

Or...

- *Is population ageing brushed over, inadequately investigated, or 'demoted' to the level of peripheral, non-statutory strategy?*
- *Are overarching goals for planning for an ageing population undermined by poor backup in complementary regional strategies?*

Local planning and housing

- Are planners, health, housing and social care professionals using the Local Development Framework, Joint Strategic Needs Assessments and other processes as a key opportunity to work together?
- Do they recognise the inter-dependency of services and budgets? Are they building a shared evidence base, agreeing joint targets, acting together preventatively in promoting health and wellbeing, and work together to meet shared policy goals in housing?
- Is clear guidance being issued to local planning officers to take population ageing into account when evaluating development and planning proposals, where the evidence warrants?

Or...

- *Is there poor communication between sectors, lost opportunities in providing timely services, duplication and short-term planning?*
- *Are local planning officers paying little attention to the needs of an ageing population on a site-by-site basis?*



New build

- Is new housing (social rented and private sector) being built to Lifetime Homes standards?
- Have the housing needs of older people been identified? (E.g. properties to 'downsize' into and appropriate retirement housing.)
- Are suitable sites close to existing amenities and services being provided for older people's housing, so encouraging 'active ageing' and social engagement for future residents? Have health and social care been involved in planning supported housing provision?
- Are older people being involved in the planning and design of new homes?

Or...

- *Are developments still going ahead on a short-term basis, with little or no consideration of a strategic goals around planning for an ageing population?*

Existing housing stock and community

- Do Regional Spatial Strategies and Regional Housing Strategies encompass a strategic vision of the entire housing stock? Do they recognise the importance of maintenance and adaptation to older people's homes in reducing dependency, and suggest avenues to promote these services?
- Does the Housing Strategy address access to housing advice, information, and financial products and other support for older people who wish to move home, thereby contributing to a dynamic market and best use of the stock?
- Is development of the wider environment being future proofed (e.g. public transport, proximity of shops, parks, health care and services) in order to meet the needs of older people?
- Does the Housing Strategy address accessibility issues and aim to maximise efficient use of the existing, adapted stock (e.g. through Disability Housing Registers)? Are fast track home adaptation services in place across the region?

Or...

- *Do strategies focus primarily on new build allocations, with little or no meaningful reference to the majority of people in existing housing?*
- *Do strategies fail to make a link with issues of maintenance, adaptation, information and advice?*
- *Are new and existing communities tolerating poor access to the services, amenities and built-environment needed to promote 'active ageing'?*

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9 | Further reading



Lifetime homes, lifetime neighbourhoods: A national strategy for housing in an ageing society. Communities and Local Government, DH and DWP (2008).

See www.communities.gov.uk

Putting People First – A shared vision and commitment to the transformation of Adult Social Care. HM Government (2007).

See www.dh.gov.uk

Towards Lifetime Neighbourhoods – Delivering Sustainable Communities for All. ILC-UK and Communities and Local Government (2007).

See www.ilcuk.org.uk or www.communities.gov.uk

More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people. CSIP Housing Learning Improvement Network and Communities and Local Government (2008).

See www.integratedcarenetwork.gov.uk/housing

Links

For publications, best-practice examples and guidance, please visit:

- Communities and Local Government: www.communities.gov.uk
- Housing Learning Improvement Network (HLIN), CSIP: www.icn.csip.org.uk
- The Housing and Older People Development Group (HOPDEV): www.hopdev.housingcare.org
- Care and Repair (England): www.careandrepair-england.org.uk
- Centre for Policy on Ageing: www.cpa.org.uk
- Joseph Rowntree Foundation: www.jrf.org.uk/older-people

Please refer to the International Longevity Centre UK website www.ilcuk.org.uk for an expanded list of supporting literature and links to other organisations.

10 | Regional projections

Population ageing, housing circumstances, health and other dependency-related indicators, 2008 to 2025.

These regional projections have been adapted from the methodology used by the Department of Health's Projecting Older People's Population Information System (POPPI) (see www.poppi.org.uk)

The results are calculated by extrapolating current prevalence rates by age into the ONS Revised 2004-based Subnational Population Projections (see www.ons.org.uk) As such, the tables should not be interpreted as forecasts, but rather as a yardstick for anticipating future demand for housing, health and social care related services.

	Population ageing, 2008 to 2025				Age ratios: 2003 and 2025*		Household (hh) growth 2001 to 2026		
	Growth in 65+ 2008 to 2025		Growth in 80+ 2008 to 2025		People aged 20-64 per person 65+, 2003	People aged 20-64 per person 65+, 2025	Increase in all hhs 2001-'26 (000's)	Increase in 65+ hhs 2001-'26 (000's)	65+ hh growth as % of all hh growth
	Increase (000's)	% growth '08-'25	Increase (000's)	% growth '08-'25					
North East	147.7	34%	49.9	43%	3.5	2.4	185	117	63%
North West	381.2	34%	135.4	45%	3.6	2.7	628	313	50%
Yorks & the Humber	318.1	38%	106.5	46%	3.6	2.7	578	257	44%
East Midlands	345.9	47%	117.2	58%	3.6	2.5	514	277	54%
West Midlands	298.9	33%	122.8	50%	3.6	2.7	462	251	54%
East of England	429.6	44%	153.2	55%	3.5	2.5	653	356	55%
London	190.3	22%	54.3	22%	5.3	4.9	943	128	14%
South East	538.1	39%	192.1	47%	3.6	2.6	831	443	53%
South West	433.2	44%	149.5	50%	3.1	2.2	659	353	54%
England	3083	37%	1080.9	46%	3.7	2.8	5,452	2,495	46%

Source: ONS Regional Summaries (2004 based), DH Projecting Older People's Population System (POPPI) Information system (2007) and Communities and Local Government, DH and DWP (2008).

* Age ratios give the numbers of people aged 20-64 to each person aged 65+.

Projected increase in 65+ from 2008 to 2025:	Living alone		Living in institutional care		Unable to manage at least one self-care activity*		Visiting A&E following a fall (per year)	
	Increase (000's)	% growth '08-'25	Increase (000's)	% growth '08-'25	Increase (000's)	% growth 08-'25	Increase (000's)	% growth '08-'25
North East	52	33%	8	50%	51	36%	10	36%
North West	137	34%	19	48%	137	38%	27	39%
Yorks & The Humber	113	38%	15	50%	112	41%	22	42%
East Midlands	125	48%	16	61%	122	51%	24	53%
West Midlands	111	35%	16	51%	110	38%	22	40%
East	157	46%	21	59%	154	48%	31	51%
London	62	20%	9	27%	63	22%	11	20%
South East	194	39%	27	50%	192	42%	38	44%
South West	156	44%	21	54%	154	47%	31	49%
England	1105	37%	152	50%	942	35%	216	42%

*Activities include: bathe, shower or wash all over, dress and undress, wash face and hands, feed oneself, cut toenails.

Projected increase in 65+ from 2008 to 2025:	Any long-term limiting illness		Dementia		Visual Impairment		Severe depression*		Health condition caused by stroke	
	Increase (000's)	% growth '08-'25	Increase (000's)	% growth '08-'25	Increase (000's)	% growth 08-'25	Increase (000's)	% growth '08-'25	Increase (000's)	% growth '08-'25
North East	71.9	35%	13.2	42%	17.2	42%	5.9	34%	4.5	40%
North West	187.8	35%	34.2	42%	48.3	46%	15.2	34%	12.2	42%
Yorks & The Humber	155.4	39%	27.6	44%	38.5	48%	12.7	38%	9.9	46%
East Midlands	169.0	49%	29.9	55%	42.1	60%	13.8	47%	10.7	56%
West Midlands	149.4	35%	29.6	45%	40.6	48%	12.0	33%	9.8	43%
East	211.3	46%	39.0	53%	53.8	57%	17.2	44%	13.4	53%
London	90.4	22%	14.6	22%	19.0	22%	7.6	22%	5.6	24%
South East	264.6	40%	48.4	44%	67.3	49%	21.5	39%	17.0	46%
South West	212.3	45%	37.9	49%	53.4	54%	17.3	44%	13.5	52%
England	1512.1	39%	274.4	44%	380.1	48%	123.3	37%	96.6	45%

* This table assumes a mid-range estimate of 4% of all aged 65+. This is halfway between the low range estimate of 3% and the high range estimate if 5%.

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