*Envis*AGE

Towards an age friendly Wales

age Cymru
Creating an age friendly Wales

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Featured articles

Introduction

Ian Thomas, Chief Executive, Age Cymru

Wales should aspire to be an age friendly country, in which all older people have the same respect, rights, opportunities and access to services as the rest of the population. This is vital at a time when the number of older people in Wales is growing and we are, on average, expected to live longer.

Many older people are currently marginalised by a number of factors including poverty, isolation, physical barriers in communities and a lack of opportunity. Becoming age friendly is a social and cultural change programme that will need to permeate all aspects of our society. Devolved government, the traditional values of Welsh society and the size of the nation provide us with an opportunity to raise the aspirations of what being 'age friendly' means in Wales.

In 2015 we launched our 'Creating an age friendly Wales' report which sets out eight areas of life in which change needs to be brought about to deliver an age friendly Wales.

These include work, social inclusion, health and social care, financial inclusion, housing, communities and transport – all of which currently present a range of barriers that can inhibit and challenge older people in their daily lives.

In this edition of EnvisAGE we explore some of these areas and highlight good practice and examples of how improvements might be made. It shines a light on transport, housing and the built environment in communities across Wales.

The features that make a place desirable to live in can change as people get older. It is essential that the built environment around us is designed and adapted to be age friendly, so that it is sustainable and suitable for people of all ages. An age friendly community is one that has the capacity to support older people to enjoy the best possible quality of life. It includes facilities, services and amenities that are accessible and that accommodate the needs of older people to help them enjoy health and wellbeing and to fully participate in society.

In 2015 we launched our 'Creating an age friendly Wales' report which sets out eight areas of life in which change needs to be brought about to deliver an age friendly Wales.

The concept of age friendly is not a new one, and in our opening article Dr Alan Hatton-Yeo, of Volunteering Matters Cymru, sets the scene with an overview of the age friendly movement and the development of age friendly work in Europe, the UK and Wales to date. The article features the World Health Organisation's Global Network of Age-friendly Cities and Communities, and the Ageing Well in Wales programme.

Prof Judith Phillips, Deputy Principal and Professor of Gerontology at Stirling University, draws on research studies that have sought the views of older people on accessible and inclusive age friendly environments. Her article illustrates the features of the environment that have acted as barriers to older people's mobility and participation in the urban environment and explores what could make for better inclusive features.

Dr Charles Musselwhite, of the Centre for Innovative Ageing at Swansea University, draws on a wealth of research studies and emphasises how any development of age friendly communities must have age friendly transport at its heart. The article highlights that transport is more important to older people than ever before, as we live in a 'hypermobile' society, where high levels of mobility are needed in order to stay connected to communities, friends and family and to access shops and services.

Catherine Boswell and Janet Beauchamp of Cardiff Metropolitan University explore various housing options for older people. The article highlights potential issues around loneliness and isolation among older people, and features Intentional Communities (ICs) - a small yet growing model of housing that is still, in the UK, regarded as a niche and somewhat alternative choice. The authors describe how ICs offer a model that combines housing with community support, and the potential to offer a positive vision of active ageing.

The final article is a spotlight on Greater Manchester. Paul McGarry describes the commitment by the Greater Manchester Combined Authority, which brings together ten local authorities, to set up the Greater Manchester Ageing Hub, taking forward a significant step in its approach to population ageing. Manchester was the first UK city to become a member of the Global Network of Age-friendly Cities and Communities.

Our thanks to all the authors who have contributed their expertise on age friendly communities, shared good practice, and suggested some of the things that could and should be done towards creating an age friendly Wales.

EnvisAGE is a discussion journal edited by Age Cymru. It aims to explore issues affecting older people, stimulate discussion and share good practice. Our next edition of EnvisAGE will continue the age friendly theme with a focus on health and social care in the context of an age friendly Wales.

For more information on our vision for an age friendly Wales or any of the topics covered in this document please contact us on:
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Age-friendly cities and communities

Dr Alan Hatton-Yeo MBE, Strategic Development Manager, Volunteering Matters Cymru

The age-friendly movement was rooted in the emerging concerns over the potential impact of demographic change at the end of the 1980s. This led to a recognition of the need to move from a medical deficit model of ageing to a social model that promoted older people as community assets and stressed the importance of preventative approaches to optimise people's health and wellbeing.

In 1991 the UN Member States adopted the 'The United Nations Principles for Older Persons', based on the International Plan of Action on Ageing. This encouraged Governments to incorporate the principles of Independence, Participation, Care, Self-fulfilment and Dignity into their national ageing programmes wherever possible. These principles are the foundation of the age-friendly cities approach.

Building on this in 2002 'Active Ageing: A Policy Framework' was developed by the World Health Organisation's (WHO) Ageing and Life Course Programme as their contribution to the Second United Nations World Assembly on Ageing, held in Madrid in April 2002. The Policy Framework aimed to inform the discussion and formulation of action plans to promote healthy and active ageing, in light of the rapid growth of the global population over age 60, especially in developing countries.

The suggestions for policy proposals highlighted in the Policy Framework were intended to guide the development of further, more specific actions at the regional, national and local levels.

The age-friendly cities concept is a means to develop a local response to encouraging active ageing by optimising opportunities for health, participation and security in order to enhance quality of life as people age.

The 'Madrid International Plan of Action on Ageing' was adopted at the Second World Assembly on Ageing in April 2002 to address the global challenge of 'building a society for all ages'. The plan focused on three priority areas: older persons and development; advancing health and wellbeing into old age; and ensuring enabling and supportive environments.

The 'WHO Global Age-friendly Cities Guide' was published in 2007 and identified core characteristics of an age-friendly city in eight areas of urban life. It was based on the findings from focus groups with older people, caregivers and service providers in 33 cities in

22 countries around the world. The focus group sessions highlighted older people's concerns and the daily issues they faced, leading to the development of age-friendly city checklists listed in the guide.
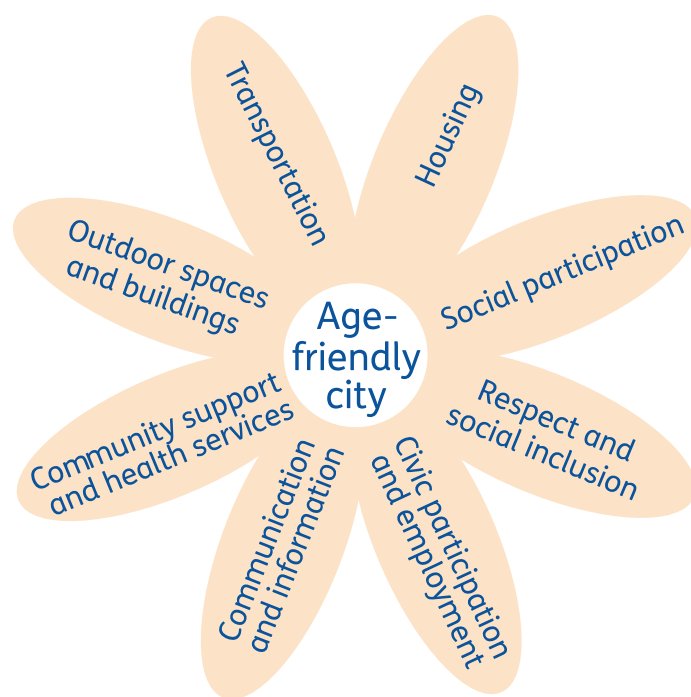
The WHO Age-friendly Cities framework developed in the Global Age-friendly Cities Guide proposes eight interconnected domains that can help to identify and address barriers to the wellbeing and participation of older people. These domains are: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community support and health services.

These domains overlap and interact with each other. For example, respect is reflected in the accessibility of public buildings and spaces and in the range of opportunities that the city offers to older people for social participation, entertainment, volunteering or employment.

The lack of affordable public transport for example isolates older people who no longer drive in their homes and make participation in community life difficult, increasing the risk of isolation and loneliness. When transport is available and adapted to the needs of seniors, both in terms of scheduling and destinations, it enhances mobility and facilitates social participation and a sense of belonging in one's community.

It is equally important that older people continue to have a good reason to go out and participate. Cultural offers and entertainment that cater to the interests of older people, opportunities for volunteering or civic engagement contribute to a fulfilling and enjoyable older age.

Although there was a great deal of interest the initial take up was relatively slow as policy makers familiarised themselves with

Age-friendly city: Transportation; Housing; Social participation; Respect and social inclusion; Civic participation and employment; Communication and information; Community support and health services; Outdoor spaces and buildings.

(World Health Organisation http://www.who.int/ageing/age_friendly_cities_guide/en/).

the model. The WHO Global Network of Age-friendly Cities and Communities (GNAFCC) was established in 2010 to connect cities, communities and organisations worldwide with the common vision of making their community a great place to grow old in. As a response to global population ageing, it focuses on action at the local level that fosters the full participation of older people in community life and promotes healthy and active ageing. Cities and communities join the Network with a commitment to becoming more age-friendly and to share their experience, achievements and lessons learnt with others.

The Global Network of Age-friendly Cities and Communities provides a global platform for information exchange, mutual learning and support. Membership is not a certification of age-friendliness. Rather, it reflects cities' commitment to listen to the needs of their ageing population, assess and monitor their age-friendliness and work collaboratively with older people and across sectors to create

accessible physical environments, inclusive social environments, and an enabling service infrastructure. Manchester was the first UK city to become a member of the GNAFCC and has continued to be a leader in the field since.

The movement began to grow rapidly from this point as people increasingly perceived the value of an integrated model that engaged with all of the stakeholders in an area to promote active ageing. The 1st international Conference on Age-friendly Cities was held in Dublin in September 2011, to strengthen the WHO Global Network of Age-friendly Cities and Communities. The conference brought together over 400 attendees from a wide variety of backgrounds including municipal authorities, academics, gerontologists, and leaders from the private sector to generate ideas, share knowledge and consider fresh approaches on making cities and communities more age-friendly.

2012 was a pivotal year for the development of age-friendly work in Europe, the UK and Wales. AGE-Platform Europe launched the Campaign 'Towards an Age-Friendly EU by 2020' with the aim to shape a fair and sustainable society for all ages. The implementation of the Campaign was driven by three programmes that made it possible to strongly influence the political agenda at the European level. These were the European Innovation Partnership on Active and Health Ageing (EIP AHA), the European Year for Active Ageing and Solidarity between Generations 2012 (EY 2012) and the AFE-INNOVNET Thematic Network on age-friendly environments. The Thematic Network subsequently gained two years European funding to work on the development of age-friendly practice across Europe.

In the UK the growing interest in age-friendly cities and concern at the lack of policy direction from the UK Government encouraged a partnership between Manchester City

Council, The Beth Johnson Foundation and the University of Keele to establish the UK Urban Ageing Consortium (UKUAC) with the membership of 12 of the most significant cities in the UK including Cardiff, Edinburgh and Belfast. In 2013 Manchester University became the fourth partner in leading the consortium that has gone on to produce a number of resources and interventions that have helped to drive the ageing agenda in the UK. The UKUAC is one of eleven national networks from across the world recognised by the World Health Organisation.

The third key development in 2012 was that Wales took on an increasing leadership role in the UK's involvement in the European Year of Active Ageing and Intergenerational Solidarity. This included hosting the final UK celebration event, becoming a 3 star Reference Site to the EIP AHA, becoming a core partner in the AFE-INNOVNET network and the development of the concept that would lead to the establishment of the Ageing Well in Wales network.

At the same time Generations Together Cymru (the partnership between The Beth Johnson Foundation and Volunteering Matters Cymru [then CSV-RSVP Wales]) had identified that it was essential to embed intergenerational approaches as part of a systemic approach to enabling everyone to have the opportunity to age well. From this they agreed their three-year work plan with the Welsh Government to focus on promoting the development of age-friendly communities across Wales. As the thematic model for the Ageing Well programme evolved it became obvious that the age-friendly approach was a core strand of this work and Generations Together Cymru aligned itself to support the Ageing Well in Wales programme.

2013 saw the continuing development of the global ageing well movement. The 2nd International Conference on Age-friendly Cities, held in Quebec City in September 2013, saw 700 participants from 46 countries come together to reflect, discuss population ageing issues and identify strategies to implement age-friendly cities around the world. The conference sessions focused on four thematic tracks: age-friendly cities as social innovation; the role of various stakeholders; the interface between built and social environments; and an evaluation of age-friendly city initiatives.

The age-friendly cities and communities concept was also refreshed in 2013, under the Irish Presidency of the European Union, when the Dublin Declaration on Age-friendly Cities and Communities was re-launched. The Dublin Declaration demonstrates a city or community's pledge to become 'age-friendly' using the eight WHO domains as a framework for development. Each city or community will have to demonstrate a process of consultation with older people (and other age groups), planning, implementation and evaluation to become part of the WHO Global Network of Age-friendly Cities and Communities.

The Ageing Well in Wales programme was officially launched in October 2014 by the Welsh Government Health and Social Services Minister and included the aspiration for Wales to become an age-friendly nation. As part of the process for Wales to be recognised as an age-friendly nation, all 22 of Wales' local authorities have signed up to the Dublin Declaration; a true achievement for Wales, showing real commitment at local levels to creating communities that are inclusive and supportive for all, regardless of their age.

The focus over the last two years has been on promoting the understanding and practical application of the age-friendly model across Wales. In particular we have been looking at the application of the approach in rural areas, as opposed to the urban model that has been the main focus to date.

Key achievements have included Fishguard and Goodwick being one of the 15 global pilots to test and refine 'Measuring the age-friendliness of cities: A guide to using the core indicators'. Wales has also been an active partner in the AFE-INNOVNET network that led up to the launch in December 2015 of the European Covenant for Demographic Change to take forward the plans to create an age-friendly Europe by 2020. As part of this programme the Cymru Older People's Alliance (COPA) developed the 'Introduction to co-producing age-friendly communities with older people in Wales'.

Nationally a programme of seminars and workshops has promoted the importance of age-friendly approaches across Wales. Every local authority, in its Ageing Well Plan, has set out how it intends to become more age-friendly. A guide and training programme on becoming age-friendly has been developed and is currently being piloted and tested with a number of local authorities and it is proposed to develop training for planners later this year.

Being age-friendly is about a commitment to improvement. It is about engaging with local people to identify the priorities for their area to become more age-friendly. The eight domains provide a template to consider the needs in a local area but what matters is the development of a considered action plan, with measurable outcomes, to make a difference to people's lives in that community as they age.

Greater detail on this improvement process and the role of WHO in supporting this can be found at http://www.who.int/ageing/Brochure-EnglishAFC9.pdf

At the end of 2015 the World Health Organisation launched their new website 'Age-Friendly World' to bring together the global development of the age-friendly movement. On the site the WHO describes an age-friendly world as:

'A place that enables people of all ages to actively participate in community activities. It is a place that treats everyone with respect, regardless of their age. It is a place that makes it easy to stay connected to those around you and those you love. It is a place that helps people stay healthy and active even at the oldest ages. And it is a place that helps those who can no longer look after themselves to live with dignity and enjoyment'.

If Wales is to be a place where people can thrive as they age we need to build better connected communities for all. Communities that intentionally promote people's engagement, remove barriers to participation and ensure that everyone can have a voice. The age-friendly approach provides a mechanism for making the best use of resources, bringing together all the different actors who impact on people's lives and making decisions on what will have the greatest impact. It is an integral part of the Ageing Well in Wales programme helping to ensure Wales will continue to strive to be a good nation to grow old in.

Accessible and inclusive age friendly environments

Judith Phillips OBE, Deputy Principal and Professor of Gerontology, Stirling University

The environmental and social context in which people age is increasingly recognised as important for active and healthy ageing. Accessible, inclusive, barrier free and enabling environments are influential in the maintenance of the quality of life of older people, their independence and participation in society (Wahl and Oswald, 2010).

With growing emphasis on age friendly cities and dementia supportive communities the importance of considering both the natural environment (with green spaces, gardens for wellbeing and quality of life) and the built environment (its walkability, social and cultural spaces for participation) has increased. Accessibility is not only about physical access but incorporates perception of the environment, its safety and usability. The World Health Organisation (WHO) Age friendly cities initiative focuses on tangible aspects of the physical fabric of the urban environment (outdoor spaces and the built environment) as well as community support and health services, civic participation and employment, communication and information, respect and social inclusion (WHO, 2007). Walkable neighbourhoods and urban environments associated with promoting walking and healthier ageing (King *et al.*, 2011; Wang and Lee, 2010) should incorporate all of these features.

To understand what an age friendly environment looks like it is important to ask the residents / older people who live,

work, participate in and navigate their urban environment. Drawing on a range of studies (Phillips *et al.*, 2010-OPUS; Nyman *et al.*, 2013-I'DGO) that have sought older peoples' views this article illustrates the features of the environment which have acted as barriers to older people's mobility and participation in the urban environment and explores what could make for better inclusive features.

The aim of the OPUS study (Older People's Use of Unfamiliar Space) was to examine the extent to which environments curtailed autonomy and independence, and led to social (and environmental) exclusion. It also identified the environmental triggers that older people responded to, for example to determine the

characteristics of places that make them threatening or worrisome. To undertake this, forty-four healthy older volunteers explored both familiar and unfamiliar urban environments as pedestrians. Data were collected through a variety of methods - questionnaires and interviews with older people while they were navigating through a 2D image of two towns in a 'reality cave'; observations, notes and dialogue during a site visit (of 10 participants) to one unfamiliar town and focus groups with planners and older people. Measures of the 'walkability' of urban environments including condition and ambience, recorded information about such physical characteristics as pavement width, kerb height and the presence of controlled crossing facilities, the quality of urban spaces including such items as the range of building uses, the presence of amenity areas and planting.

The I'DGO collection of studies (Go-FAR; DIY Streets www.idgo.ac.uk) employed similar methodologies. Interviews with older people, on site measurement of street features, observations, laboratory analysis of variations in walking on different surfaces.The Go-Far study (Nyman *et al.*, 2013), drawn on below, conducted nine focus groups across the UK (England, Wales, and Scotland) in urban and rural settings and different environmental landscapes. Participants were aged 65+ and had at least one outdoor fall in the past year. Forty-four adults aged 65 – 92 took part and reported their experience of 88 outdoor falls.

A number of barriers were identified from these studies in relation to the physical environment which posed safety concerns for older people; these included poor signage, badly maintained streets, confusing spaces, poor paving and 'sensory overload' i.e. noise, traffic busyness, smell and complexity of the environment.

1. Clear signage to navigate environments is important particularly if they are unfamiliar. Signage was often too high, difficult to read and gave no indication of the distance to the feature (e.g. toilets) they were signposting.

Landmarks and distinctive buildings were more important to participants than signage in navigating unfamiliar areas yet broken and uneven pavements, clutter, street furniture and bollards meant a limited time could be spent looking upward on the walk. Swinging street furniture and 'wheelie bins' were often seen as a barrier or nuisance for those who were partially sighted. OPUS participants mentioned their dislike of 'clutter' and rubbish harboured on the pavement around such obstacles.

2. Poorly lit areas, derelict, dirty and run down, dark streets, alleyways, underpasses and crowded areas, particularly where there were numbers of young people, led to anxiety and avoidance. Poorly maintained streets and roads often led to falls amongst older people (Go-FAR) leading to a lack of confidence and decline in mobility, particularly in unfamiliar areas but even in familiar and frequently visited areas with local shops and around the home environment. Outdoor falls also occurred when participants were in or crossing a road, stepping

up or down a kerb, or getting out of a car. This may reflect both environmental and individual factors such as the inability to perceive an obstacle such as a dropped kerb due to either low vision, an inability to multi task (stepping out of the car and looking at the pavement) or exacerbated by fatigue from the increased cognitive effort of going into outdoor spaces (e.g. due to unfamiliar noise).

3. Confusing spaces: a further physical barrier was related to the issue of shared space; such 'shared space' is often not segregated between car and pedestrian and for the visitor to an unfamiliar area is seen as negotiated space. Barriers in the environment extended beyond just the physical. The lack of information of whether buses or pedestrians have priority confused pedestrians.

4. Poor paving: specific features of the environment explored in the I'DGO research included the use of tactile paving at kerb crossings with many older people preferring a plain dropped kerb without tactile paving on it for the maintenance of balance and comfort. However the research showed that: it can be uncomfortable for some pedestrians, particularly 'blistered' paving; the seven different types of tactile paving are confusing for everyone; certain health conditions affect how safe we feel walking across tactile paving – arthritis in lower limbs, reduced mobility, fear of falling, balance problems; and there is poor colour contrast with the surrounding paving. Some paving was found to be more slippery than others.

5. Sensory overload, particularly in an unfamiliar area, was difficult for many older people. Sensory overload goes beyond just sight, noise and colour; it extends to ambience perception and smell. Such sensory and informational overload can provoke negative appreciation of the physical setting and lead to falling.

Pam: 'When you come out of the station it was quite noisy and walk up past all the buses and all that way, it was very busy. It looked on the film a quiet town but when you actually come into that area and there are buses coming from everywhere...buses seem to have priority'. (Phillips, 2011).

Measures to overcome environmental barriers to support older people and to create safe and inclusive spaces that can make a difference to older peoples' lives can be achieved by small changes to the environment. In addition to the five points above the two studies found there were preferences for supportive wood seating with good lumbar support along the journey, bus stops with shelters and seating with open vistas, open well maintained public toilets with a good level of public safety.

Changes to the environment can lead to an increase in activity levels as well as competitive advantage of age friendly cities (such as demonstrated in Manchester). Adaptations and adjustments focusing on the feedback from a range of older people, using smart technology (e.g. to enhance transport information systems, and better navigation) and drawing on a range of research into age friendly urban environments can lead to accessible and inclusive environments that benefit older people, stimulate economic development and regeneration and achieve both the WHO policy objective of 'optimizing opportunities for health, participation and security in order to enhance the quality of life as people age' (WHO, 2007) and the Ageing Well in Wales objectives of age friendly and dementia supportive environments.

Vision for an age friendly transport system in Wales

Dr Charles Musselwhite, Reader, Centre for Innovative Ageing, Swansea University

Introduction – the 'hypermobile world'

Transport is more important to older people than ever before. We live in, what is termed by academics in the transport field, a 'hypermobile' society. One where high levels of mobility are needed in order to stay connected to communities, friends and family and to access shops and services. The car has been central to this hyper-connectivity. It has afforded us the ability to have more choice over where we work and live. Indeed, society has become so geared around the car, that access to all parts of the community is significantly improved for those who have access to a car and especially for those who drive (National Survey for Wales, 2012).

This hyper-connectivity has seen a sharp rise in the number of drivers. In particular, older people's increase in the use of vehicles has been unprecedented. In 1975 only 15% of people aged over 70 years held a driving licence in Great Britain. This has risen to 62% nowadays (DfT, 2014; see Figure 1). Across all ages, miles travelled by car has fallen over the past 20 years, by around 8%, however for those aged 60-69 and those aged 70+ miles driven have increased (37% and 77% respectively; DfT, 2014), though they drive fewer miles than middle aged individuals.
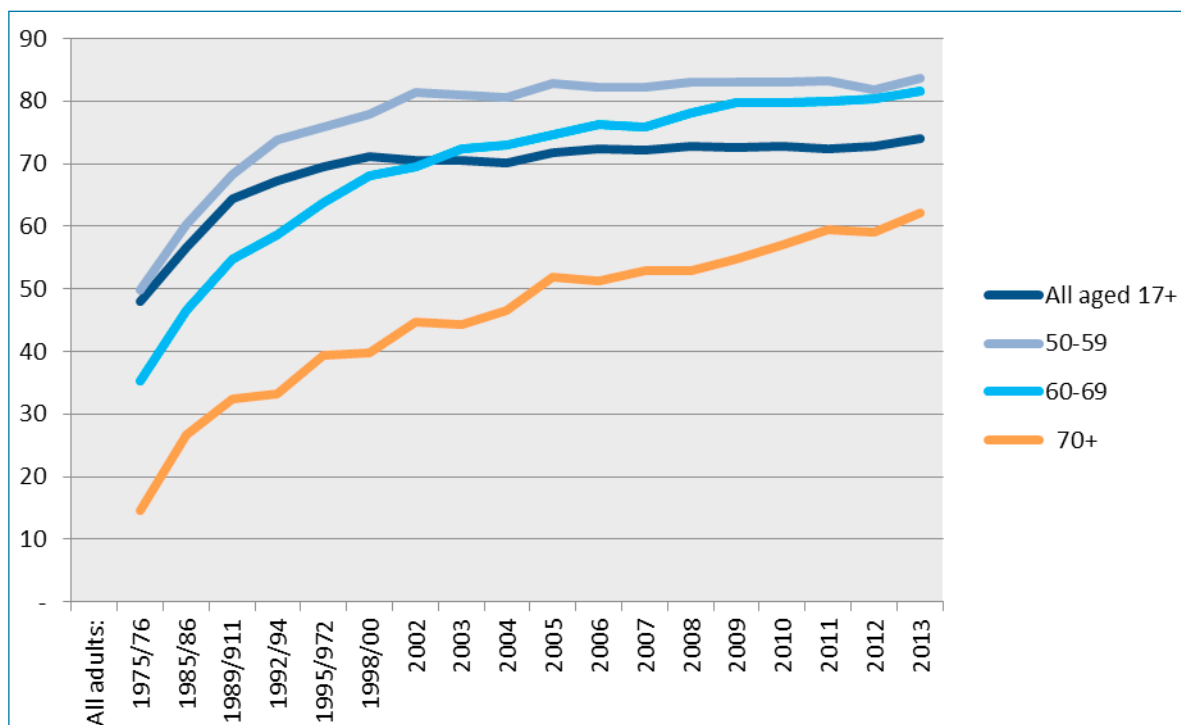

Figure 1: Percentage of driver licence holders by age categories in Great Britain between 1975 and 2013 (drawn from DfT, 2014).
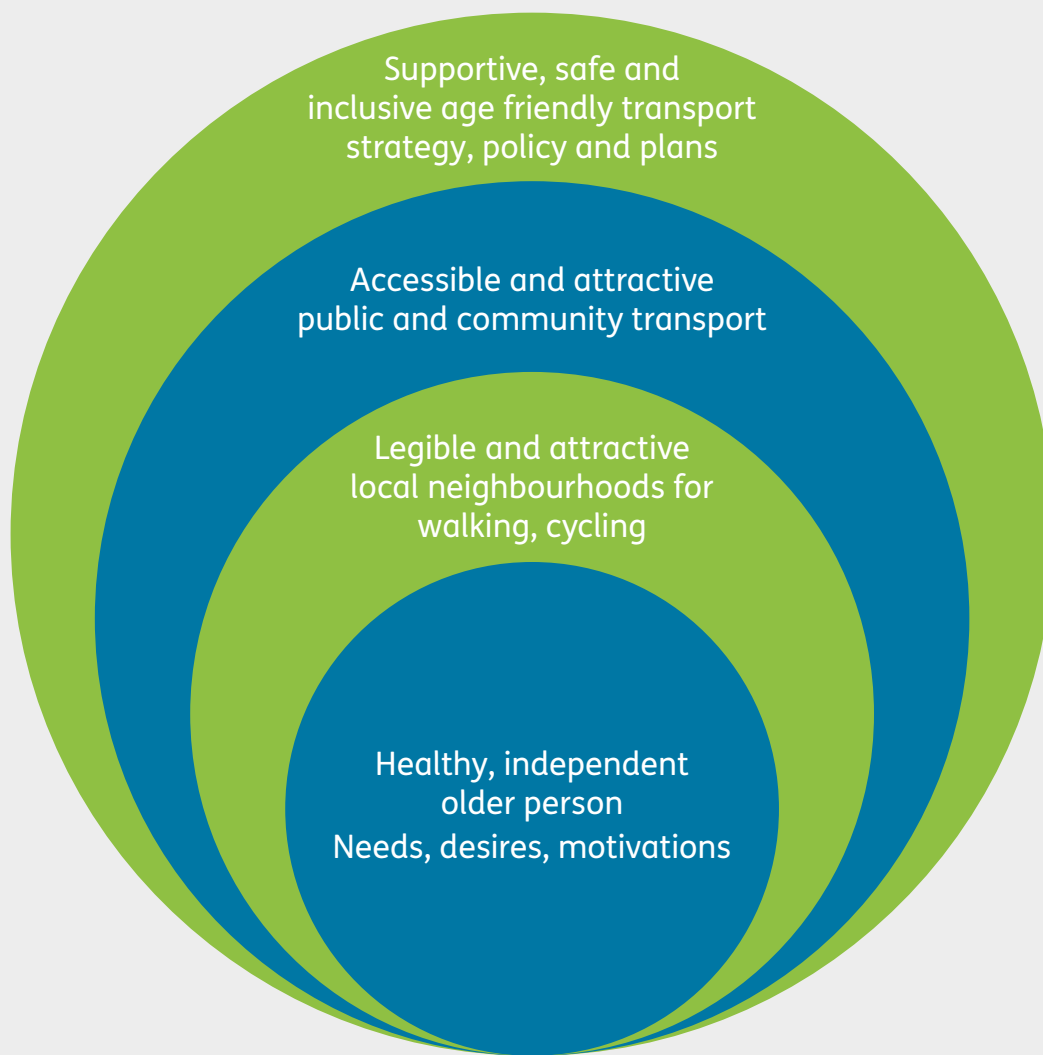
Figure 2. Domains of an age friendly transport system.

Being mobile is linked to quality of life (Schlag *et al*.,1996). In particular, giving up driving in later life has repeatedly been shown to be related to a decrease in wellbeing and an increase in depression and related health problems, including feelings of stress and isolation and also increased mortality (Edwards *et al*., 2009; Fonda *et al*., 2001; Ling and Mannion,1995; Marottoli *et al*., 2000; Marottoli *et al*., 1997; Mezuk and Rebok, 2008; Musselwhite and Haddad, 2010; Musselwhite and Shergold, 2013; Peel *et al*., 2002; Ragland *et al*., 2005; Windsor *et al*., 2007; Zieglar and Schwannen, 2011). Recent figures from Great Britain suggest around 342,000 over 75 year olds 'feel trapped' in their own homes through lack of suitable transport after giving up driving (WRVS, 2013).

It is imperative we create an age friendly transport system in order to keep people independent, healthy and engaged with their communities without having to use the car. Here, I outline four key areas towards this built around an ecological model of human behaviour (Bronfenbrenner, 1979, 1989, 2005), starting with the person in the centre and working out to laws, policy and plans at the outside, connected at the neighbourhood and public and community transport provision between (Figure 2; see also Ormerod *et al*., 2015).

Point 1. Transport system that is planned around the needs, desires and motivations of older people's mobility

I examined why mobility is important, in order to understand the transport modes that we use. I placed the need for mobility around three main motivational domains, utility, psychosocial and aesthetic needs in a hierarchical manner (Musselwhite and Haddad, 2010; see Figure 3). Most commonly discussed is the need for mobility to get from A to B. In this way, mobility is all about connectivity, about keeping us connected to the things we need and the things we want and desire, in a safe, accessible, comfortable way. At the next level, mobility is also important for our psychological wellbeing. Being mobile keeps us independent, feeling normal and says something important about who we are and our status and identity. At the top level, mobility is important for its own sake, to feel mobility, to sense the kinesis of movement, to see the world changing around us. Private mobility such as the car satisfies all three levels of mobility need. However, transport provision beyond the car tends to focus only on the very basic utilitarian level, while the psychosocial and aesthetic needs go unmet, making us feel unsatisfied.

Some older people do give up driving successfully; this best occurs where a great deal of planning has taken place over time, with long periods of trialling out new modes and destinations or where there are locally living very supportive family members (Musselwhite and Shergold, 2013). Bringing the need to give up driving into the consciousness of older people can be hard even when it begins with trusted family members. As Coughlin *et al*. (2004) point out the discussion with family members is not always harmonious and although almost 60% followed the advice given by family members, over half of these were

TERTIARY MOBILITY NEEDS
Aesthetic Needs
e.g. The need for the journey itself for relaxation, visit nature, use and test cognitive skills.

SECONDARY MOBILITY NEEDS
Social \ Affective Needs
e.g. The need for independence, control, to be seen as normal. Linked to status, roles, identity, self esteem. Impression management.

PRIMARY MOBILITY NEEDS
Practical \ Utilitarian Needs
e.g. Get from A to B as safely, reliably, cheaply, and comfortably as possible

Figure 3: Hierarchy of older people's mobility needs (after Musselwhite and Haddad, 2010).

coffee shops to sit or use the facilities. Again, this can stop us going out (Newton *et al*., 2010; I'DGO, 2012).

Time spent on transport is often viewed as wasted time by authorities, and as such transport strategy and policy is often set around reducing travel time. The upshot is a transport system dedicated around commuting or business travel at the expense of more community based travel. An example of this is evident when transport modes compete, where the emphasis is placed on reducing the travel time of private vehicles travelling for work. My research, for example, on older people crossing the road at a pedestrian crossing, shows that the 1.2 metres per second that the Department for Transport advises as the speed allowed for people to cross a road is not long enough and in around 89% of cases older people aren't walking at a fast enough speed to complete a crossing before returning to the green phase for traffic to proceed (Musselwhite, 2015). Previous research has found the same (e.g. Asher *et al*., 2012). This means people are put off from crossing the road as a pedestrian, and may even mean they don't go out at all (Lord *et al*., 2010; Zijlstra *et al*., 2007). See also the excellent video, Hey Mr Boris, made by Elders Voice, which illustrates nicely the need to change this https://www.youtube.com/watch?v=lpwboQxVJtg

upset by the decision. Older people, on the whole, would welcome more involvement of healthcare professionals, especially the General Practitioner (GP) and opticians in deciding whether they should or should not drive (Berry, 2011; Coughlin *et al*., 2004; Musselwhite and Shergold, 2013).

Point 2. That there are legible and attractive local neighbourhoods for walking (and cycling) in later life

Increasingly we are seeing a privatisation of the public realm (see Anna Minton's excellent report http://howtoworktogether.org/wp-content/uploads/htwt-think_tank-anna_minton-common_goods.pdf), reducing public accessibility to walking and dwelling. Modern town or city centres can prioritise commercial interests over social, which can, amongst other things, result in a lack of places to sit or a lack of public toilets, forcing us into cafés and

However, it isn't all about crossing times, seats and toilets. Older people should also have a pedestrian or travel space that is desirable, a space they feel legitimate to be in and want to be in. Care should be taken therefore to ensure that the built environment is created that welcomes and attracts people into the area. The Centre for Architecture and the Built Environment's principles of good design are a great starting point to re-develop our local areas for older people (CABE, 2011; see Table 1).

Point 3. That there is accessible and attractive public and community transport to connect neighbourhoods and communities

3.1. Concessionary bus use

There is compelling evidence that use of the bus system increases with 'free' travel for older people (Mackett, 2013). Around 60% of older people reported an increase in using the bus due to free travel (Andrews, 2011; Baker and White, 2010). Hirst and Harrop (2011) found 74% of their older respondents in Manchester saying that having a pass enabled them to engage in new pursuits and visit new places. Additionally Andrews (2011) found 74% of his respondents stated that the free bus pass improved their quality of life. Webb *et al.* (2011) found becoming eligible for a free bus pass is associated with increased use of public transport and older people who used more public transport between 2004 and 2008 had a reduced chance of being obese. Andrews (2011) also notes the importance of the social nature of buses, where regular older bus passengers swapped stories, shared photos and generally chatted on buses. The free bus pass is also beneficial to society as a whole. A recent report by Greener Travel (2014) in conjunction with KPMG LLP used Department

Character	Streets should have character and reflect local identity, history and culture. Utilising local art and architecture can help enhance distinct and unique character and identity.
Continuity and enclosure	Where public and private spaces are easily distinguished.
Quality public realm	Good quality materials, easily maintained and replaced.
Ease of movement	Movement should be enhanced for all users, along with permission to stop and dwell through benches and places to lean and creating focal points to commune at including fountains, works of art, sculptures, memorials or trees, gardens and other greenery.
Legibility	Area should be designed in a way that is easy to understand and interpret, not just with signage but with other visual and tactile cues as well to help determine legitimacy in activity and determine use.
Adaptability	The place should be built to adapt to changes in the needs of users, policy and legislation over time.
Diversity and choice	Allowing area to be used by a large variety of individuals and uses, with minimum exclusion.

Table 1: Designing attractive and desirable public spaces for older pedestrians (after CABE, 2011 and Musselwhite, 2014).

for Transport guidance on economic appraisal and found for every £1 spent on the free bus pass for older people, £2.87 is returned to the economy. Table 2 shows the impacts of the concessionary bus fares.

3.2. Public transport norms

When giving up driving, my research found older people have a lot of anxieties surrounding using alternative modes that stem from not understanding the social norms associated with it. On many occasions, it can be the first time someone has used a bus since they were a child, for example. Formal information on public transport, for example on timetables and fare structures is largely accessible (though this does vary in quality from place to place), but it is informal information older people need. Older people are anxious, for example, about knowing the norms surrounding departure time (is the

bus usually late or early at this stop, how soon do I need to go and wait at it, for example), which times of the day are the buses more or less crowded, when is an accessible bus run on this route, how much can I carry and what is the procedure for alighting? (Musselwhite and Haddad, 2008; Musselwhite, 2011). These are summarised in Table 3.

In terms of public transport the attitude of the staff towards older people is also crucial. On buses, the driver must be sympathetic to older people's needs. One of the most cited concerns among older people is that the bus driver will not wait until they have sat down. Another similar anxiety was getting off the bus and the potential of missing their stop if they don't get up and stand near the driver to alert them; a mistrust in simply pressing the bell.

Impacts for concessionary bus passengers
• Greater freedom to access services and activities.
• Frequency of services due to need to accommodate additional capacity.
• The added convenience of smart and integrated ticketing.
Impacts for other bus users and other road users
• Faster boarding times.
• Keeps services going that would otherwise cease.
• Reduction in cars driven (and associated reduction in congestion, pollution and collisions).
Wider economic benefits
• Allowing people to take part in formal and informal voluntary work.
• Ability to provide social care and child care.
Health and wellbeing benefits
• Increased physical activity.
• Social inclusion, mental health and wellbeing benefits.

Table 2: Impacts of concessionary bus travel (Greener Travel and KPMG LLP, 2014).

Formal information
• Alternative transport provided locally
• Timetable of buses
• Location of bus stops
• Walking area
• Real time information

Informal information
• Does the bus leave when it says it does?
• Ease of carrying shopping/luggage on a bus
• Ease of getting a seat on a bus
• State of the pavements for walking
• Provision of benches, formalised crossing areas, toilets etc.
• Feeling of safety using transport/walking
• Attitude of bus driver

Table 3: Travel anxieties when using a bus reported by older people who don't often use one (Musselwhite, 2011; Musselwhite and Haddad, 2008).

Many bus companies have begun to train bus drivers to be sympathetic to the needs of older people in this respect. Older people also want a driver to be friendly, knowledgeable and helpful, to provide information if needed and to be chatty; older people liked to get to know drivers they saw regularly. It is similar on trains where station and train staff attitude is crucial to successful journeys and the support needs to include practical help with luggage, direction and train times but also extend to staff having a positive attitude to performing such duties.

To help older people use public transport and get used to the norms, travel training or buddying are sometimes provided. Reflective group work would be beneficial where older people discuss giving up driving perhaps alongside others who have recently given up driving. The group could provide both emotional and practical support. Practical support could include the ability to share lifts in taxis and travel together on buses and to get together for discretionary travel for days out as a group (Musselwhite, 2010). Membership could be continuous rather than a programme or cycle of support as is found in an Australian support group (see Liddle *et al*., 2008, 2006, 2004). Travel buddying could accompany such a group where people new to a mode of transport are accompanied by an expert user. This can be popular for some and again can help overcome the anxiety of travelling alone and gain valuable understanding of the social norms. I concluded in a paper on education and training for older people that: "Meetings could physically take place perhaps on a weekly basis at a convenient place, with thematic presentation and support, with occasional guest lectures or talks from experts, for example on driving skills or from the local bus company. The group could begin with co-ordination and facilitation from a local charity and then grow to sustain a life of its own with members taking on the leadership duties. The group could also lobby for change in local transport and travel" (Musselwhite, 2010).

Point 4. That there are safe, supportive and inclusive age friendly transport strategy, policy and plans

4.1. National and local transport plans

Similar to the whole of the United Kingdom, Wales' National and Local Transport Plans are to be developed with the underlying assumption that transport provision is directly linked to economic growth and access to employment. As such, plans often centre on travel to and for work, which results in funding schemes that are inter-urban and often support a routine 9-5 job. Older people are more likely than other age groups not to fit this pattern of work and hence such plans do not always meet their needs. They are more likely to have retired, to be volunteering, when they do work then they are more likely to have part-time hours and often have caring responsibilities.

The Welsh Government's Active Travel (Wales) Act 2013, places a requirement on local authorities to improve facilities and routes for walkers and cyclists, to enable everyday journeys to be made by walking and cycling. Age is not mentioned in the Act, and it is interesting to note that the first conference held in 2014 contains presentations from charities and third sector organisations with an emphasis on children and youth and on business and commuting travel (http://gov.wales/topics/transport/walking-cycling/activetravelact/conference-2014/?lang=en). Without explicitly expressing the lifecourse perspective, again it could be that older people get missed out in terms of this vital legislation.

4.2. The promise of integrated transport

Integrated transport is very important for older people when making a journey. Reducing excess cognitive or physical strain associated with changing modes or waiting long times between services or having to remember and understand different ticketing types can be barriers to undertaking journeys. Integrated transport has been long promised but often does not deliver. Potter (2010) has attempted to classify integration around different domains (see Table 4). At present, the Welsh Government has only limited powers over major road and rail transport via links to the role of local authorities. Devolution of transport to Welsh Government or at least to major regional integrated regions in Wales could have significant benefit in integrated transport, similar to that seen in London.

4.3. Safe transport system

Older people are over represented in road casualty numbers over the age of 70 as a driver and especially as a pedestrian. Some of this is due to frailty, but also that the transport system is not designed well to meet the needs of older people, especially those as a pedestrian. Changing crossings (more time to cross), slowing speeds of vehicles and allowing

Locational Integration	Being able to easily change between transport modes (using Interchanges) this is about services connecting in space.	Over the last 20 years, the railways have developed 'Parkway' stations e.g. Luton Parkway, Bristol Parkway, Southampton Airport Parkway, East Midlands Parkway. A number of these also double as bus/coach/air and rail interchanges as well.
Timetabling Integration	Services at an interchange connect in time.	In San Francisco's Bay Area, the BART Metro links into local bus services at suburban interchange stations. Buses are scheduled to depart 5 minutes after the BART train arrives. However, a key aspect here is that both BART and the buses are state-owned and timetable integration is a result of a top-down policy decision.
Ticketing Integration	Not needing to purchase a new ticket for each leg of a journey.	London Oyster Card, Plus Bus.
Information Integration	Not needing to enquire at different places for each stage of a trip or that different independent sources are easily connected.	Main line rail stations are beginning to provide poster displays of bus services from the station, the location of bus stops and a street map of the area within about a 5 minutes walk. Real-time transport information is starting to be provided.
Service Design Integration	That the legal, administrative and governance structures permit/encouraging integration.	This can happen when transport is devolved to local areas. Transport for London. In Wales, this does not at present happen.

Table 4: Integrated transport and examples (after Potter, 2010).

more pavement space may all help. Most older drivers are very safe and as a cohort they are far safer than younger drivers, yet more could be done to support training and support needs of older drivers. Driver assessment centres in Wales and the United Kingdom are very well received by older people but still relatively few older drivers attend any course and to date there is little evidence that training makes much difference to performance and more research is required to examine benefits (Korner-Bitensky *et al.*, 2009; McNamara *et al.*, 2014). Testing is not the answer either; there is very little evidence that countries that re-test older drivers make any difference to driver safety (see Siren and Haustein, 2015 for review). We need to do more to link safety with travel behaviour and see the two as being linked. Hence, training for improving driver skills should also include travel training for using different modes to ease the process of giving up driving (Musselwhite, 2010). Overall, transport road safety policy should take more of a lifecourse approach and ensure safety is met for a variety of different ages.

Conclusion

To conclude, we can put age friendly transport around 4 core levels stemming from the individual and their needs, desires and motivations for travel and for life (see Figure 1). At the individual level, we must realise the effect mobility and transport has on the health and wellbeing of the individual (and indeed vice versa). It is also important to view transport as more than just a means for getting from A to B and to take into account its effect on wellbeing, people's identity, their independence and sense of freedom and control over their lives. Planning for mobility for older people post-driving needs to take into account these psychological needs. Immediately next to the individual is legible, accessible and attractive local neighbourhood. Older people spend more time in their local area, closer to home than

when they were younger, hence concentration on mobility issues at the neighbourhood level are important. The microscopic level needs close attention to detail, including addressing quality and safe paving for walking and cycling without forgetting the macroscopic level of how it connects communities, people and destinations together. Following this is accessible and attractive public or community transport that can underpin age friendly and dementia supportive communities and help them operate. Overall, transport needs greater consideration within age friendly and dementia supportive communities. Good work in the local community that may enable older people to age well and be part of a community could be inaccessible if transport is not considered as a key part of the offering. For example, local community events taking place should take into account mobility facilities and be offered in a location with public transport or, if not, community transport or taxis provided.

Finally, the overarching layer of a supportive and inclusive age friendly transport strategy, policy and plan can facilitate all these levels. To help this, ageing should be considered in every transport policy that is introduced, for example, each Local Transport Plan must write a response as to "how this affects people across different stages of the lifecourse" or specially "how it affects an ageing population?" and the default should be that it affects them positively or a case must be made as to why negative impact should be accepted. Transport policy must move away from almost exclusively being tied to old fashioned notions of economic growth and look at needs and motivations of different users, especially those not engaged in 9-5 work related business.

Overall, any development of age friendly communities must have at the heart of it an age friendly transport strategy and must encourage older people's mobility without having to drive.

Housing options for older people

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We often assume that older people have either paid off the mortgage and have substantial equity in their home; or are living in a well-maintained local authority or housing association property with affordable rent. However, this is increasingly not the reality for many.

The housing landscape in Wales has changed dramatically in the last decades. Large numbers of properties are now owned and rented out by private landlords, and these can be of very uneven quality and often expensive and insecure; whilst owner-occupation continues to be the main choice it can also be a problem. The right-to-buy scheme (enabling tenants to buy their home from council) led to many people becoming home-owners, who might otherwise have expected to rent for the rest of their lives. As we age, the cost of maintaining a home can become a burden which was not anticipated, and for those who have little capital to invest in their housing, home ownership can become an encumbrance rather than a blessing.

The Welsh Government recently set up an expert group to advise on the practical steps which can be taken to ensure that housing becomes a prominent element of their ambition to make Wales a great place in which to grow old. The group met for the first time in December 2015 and is aiming to finalise its advice to the Minister with responsibility for housing in December 2016. So we don't yet know what the outcomes from this may be. However, the options available to older people are unlikely to change dramatically in the next few years.

The choices we make as we age, are governed by a range of factors, the key ones, in no particular order, are:
• Money – what we can afford
• Health - what help we need
• Family – being able to visit and obtain their support
• Friends and community networks – our social circle.

Most people who can afford to own their own homes are likely to choose to do so, and different options are available:
• To stay in the family home
• To move to an easier to manage property or with the objective of releasing some capital
• To purchase a purpose-built retirement property.

In England, there is a move to developing shared-ownership models for older people, allowing some equity release, but some element of rent would then become payable. This is likely to become more common over the next few years, as are straightforward equity release schemes to enable property-rich income-poor people to enjoy a more comfortable old age.

Where health care is an issue, there are extra-care or assisted living schemes, mainly developed by housing associations though there are a small number of schemes with flats available to purchase.

Sheltered housing was traditionally a model where residents would be able to call on the services of a warden and where there was the assurance that somebody was keeping an eye open. Schemes often had some communal facilities and there would be regular organised social events. This model has largely been superseded by one where 'floating' support is provided on an individual basis, and increasingly technology is being used to offer 'monitoring' so that the alarm can be raised if a tenant fails to follow their normal daytime routine.

If your landlord is a housing association or local authority (collectively referred to as social landlords), you can be reasonably assured that you will be able to continue to live in your home for as long as you want to or are able to. Social landlords have been required to modernise and improve their stock of homes to meet the Welsh Housing Quality Standards, so your home should be of a good standard.

The Welsh Government recently consulted on new compulsory quality standards for all social landlord homes. Over 200,000 council or housing association homes across Wales and all new homes built with government grant will have to meet the standards. These cover room sizes, accessibility, energy efficiency and security. The aim is that all homes should be of good quality and meet the needs of tenants. The consultation includes a target for all new homes meeting the Lifetime Homes standard. This concept was developed by Habinteg Housing Association with the aim of homes making 'life as easy as possible for as long as possible because they are thoughtfully designed.' http://www.lifetimehomes.org.uk. Lifetime Homes are ordinary homes incorporating 16 design criteria that can be applied to new homes with simple features that make most difference such as level access, wider doorways and showers on the ground floor. But it should be stressed, that this will only be applied to homes developed by social landlords. Building companies can be encouraged to raise their standards, but it is unlikely that they will be compelled to do so.

The Renting Homes (Wales) Act 2016 overhauls the law for renting from either a private or social landlord in Wales. More than one million people rent their home and tenants now have one clear legal framework. If you are renting your home, tenancy agreements are often difficult to understand. In place of the myriad of contracts currently in place such as Assured Shorthold, Secure, Assured, Rent Act tenancies, there will be just two types of contract – one for the private rented sector and one for social housing. All landlords operating in Wales must now become registered and have until November 2016 to comply with this new obligation. This means that if you are a private landlord or you are renting privately, the person who lets or manages your rental property must now apply for a licence and must have

undertaken training. Rent Smart Wales is a new service which makes the process simple and transparent for landlords, managing agents and tenants https://www.rentsmart.gov.wales/en/.

Whilst the policy approach by Welsh Government is a recognition that public investment in housing has a vital pivotal role in supporting wellbeing and the provision of health and social services, their main focus is inevitably on the social rented sector, as this is where they have the most influence. For owner-occupiers or people living in privately rented housing, life can be a lot more complex. Organisations such as Care and Repair can help older homeowners and private tenants to repair, adapt and maintain their homes.

The increased longevity that we are experiencing, particularly in the more developed Western countries, means that although we are in the main, living both longer and healthier lives, people are often experiencing extended periods of loneliness and isolation. There is evidence that good social relationships are associated with positive health benefits for the individual. There are many reasons why any of us might find that life is more solitary than we anticipated, and as more people have either not had children or do not have extended family living in close proximity, where we find help and support can become a concern.

Some of the main housing options for older people have already been explored, but there is a small yet growing model of housing that is still, in the UK, regarded as a niche and somewhat alternative choice – Intentional Communities (ICs). These are to be found in all areas of the country, sometimes in large houses that have been subdivided to create apartments, or increasingly, as purpose-built

developments. An IC offers a model that combines housing with community support and the opportunity to live in close proximity to like-minded people. Some are rural and may have land that they manage, others are in more urban settings, but all offer a positive vision of active ageing. It's noticeable that over the last few years, whereas most ICs were multi-generational, there are more groups of older people coming together and deciding that they want to take control of how and where they live.

In 2009 a report was published by HAPPI (Housing our Ageing Population: Panel for Innovation) a group of predominantly older people with significant expertise in health, housing and architecture. They concluded that:

• Most of us want our housing to help us maintain our chosen lifestyles as we grow older

• Because we are likely to spend more time in our homes, we will need more space and light, comfort and convenience to live our lives to the full

• As we grow older we will look for safe and secure, healthy, attractive environments, close to the shops and amenities we need, and to our social networks

• We will want homes that are easy to maintain, that can be adapted to our changing needs, and that do not force us to move to an institutional setting if we require more care and support

• We will wish to feel in control of our destiny, able to take our own decisions about our homes

• While we believe strongly in greater accessibility – using Lifetime Homes standards (even with modifications) for all new homes – solutions to our housing needs will very often be found in purpose-built new homes that are specially designed and planned with older people in mind.

In the course of their work, the panel visited a range of housing projects throughout Europe, some, but not all of which, provided a degree of care. Several of those that appear in the report (which can be accessed at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/378171/happi_final_report_-_031209.pdf) are co-housing projects, a form of intentional community that is gaining ground in the UK. They can consist of anything from 6 to 40 properties, often purpose built and all self-contained. Additionally there will normally be some communal space where people can meet together, and groups may choose to share some meals, activities, outdoor areas, tools etc. The social aspect of eating together is an important one in building and maintaining links, but sharing meals also leads to better diet and nutrition in comparison to eating alone which is associated with poor diet

Most developments have high levels of environmental sustainability, the Passivhaus model which uses very little energy for heating or cooling, not only has 'green' credentials, but ensures that running costs are kept to a minimum. Other ways of reducing day to day living costs can, for example, be a common heating system, bulk food purchases, car pooling, or shared laundry facilities.

A Danish co-housing scheme for older people.

Co-housing built to high environmental standards.

There is no one model; it is up to the group of residents to decide how they want their community to work. The critical difference between an Intentional Community (IC) (of which a co-housing project is just one form); and a retirement village, is that co-housing is about a supportive community of like-minded neighbours who you choose to live close to, and with whom you share similar values and interests. The residents share the responsibility for managing the project, ensuring that communal land or buildings are maintained, and if a property becomes vacant, they can exercise some control over who moves in. The first project designed specifically by and for older people is expected to be completed in May 2016 and is a purpose-built block of flats for women over 50. Their website http://www.owch.org.uk/ sums up what co-housing is about:

• We see cohousing as a way of living as co-operative, friendly neighbours.

• Our community will be actively managed by us, its residents. Everyone will have opportunities to share in the life of the group and contribute in whatever way she can.

There are other third-age co-housing projects in the pipeline, including a couple in Wales, and a number throughout the country that are multi-generational. More information can be found on the UK's co-housing website: http://cohousing.org.uk

Most of us hope for a long and active retirement, being surrounded by friends and supportive neighbours, and most critically, being in control of our living environment; co-housing and other forms of ICs offer just that. The Welsh Government have made clear their support for new ideas linking housing and community, and The Housing (Wales) Act 2014 contains provisions designed to assist in the establishment of Co-operative Housing Associations, so we can hope that more of us will take the opportunity to shape our own futures.

For more information about Intentional Communities go to:

http://www.cardiffmet.ac.uk/health/intentionalcommunities/Pages/default.aspx

A spotlight on the Greater Manchester Ageing Programme

Paul McGarry, Strategic Lead, Greater Manchester Ageing Hub and Age-friendly Manchester

Introduction

At its March 2016 meeting, the Greater Manchester Combined Authority (GMCA), which brings together the ten Greater Manchester (GM) local authorities with a population close to three million people, agreed to take forward a significant step in its approach to population ageing.

GMCA's agreement to establish a GM Ageing Hub and its new vision for ageing signalled the recognition that a narrative that addresses opportunities of population ageing, alongside its challenges, is central to the city-region's plans for economic growth and public service reform in a way which builds on the contribution which older people make.

This new GM commitment comes in the context of key international reports by the Organisation for Economic Co-operation and Development (OECD) and the World Health Organisation (WHO), who have both called for coordinated action at city and sub-regional levels to plan for ageing populations and to take advantage of social and economic opportunities that population ageing represents.

GM Context

The March 2016 agreement was as ambitious as the other elements of the GM devolution package, and with good cause. The establishment of GM priorities on ageing responds to the significant demographic changes which are forecast in the medium to long term. Estimates suggest that within GM, by 2036, 14% of the total population will be 75 and over, an increase of 75% from 2011 (from 221,000 to 387,000). With an anticipated increase in the number of older people living alone, the numbers of those at risk of social isolation and loneliness is also expected to increase. There are obvious impacts on physical and mental health related to this, with people aged 75 and over at greatest risk. By 2036 one in three men aged 75 will be living alone. GM will see an 85% increase in the number of people diagnosed with some form of dementia by 2036 (to 61,000 people).

Evidence from the English Longitudinal Study of Ageing (ELSA) suggests worsening health outcomes for younger-old cohorts in the poorest 20% of the population, with increased levels of inequalities between the richest and poorest.

So, we know that people who experience social detachment in mid to later life are more likely to place higher demands on health, social care and housing services, be less productive and have worse quality of life. Emerging evidence also shows the extent of social inequalities on local economies: so, if the GM 50-64 employment rate matched the UK average, Gross Value Added could grow by as much as £813.6million; and if the GM 50-64 employment rate was at the all-age GM average, GVA could grow by as much as £901.6million.

Working with the Centre for Ageing Better

Alongside the establishment of a GM Ageing Hub to lead the work, a new five-year agreement was made with the Centre for Ageing Better (Ageing Better), which has an endowment of £50million from the Big Lottery Fund to invest in bridging the gap between research, evidence and practice on what works for a better later life.

Ageing Better has set out an ambition to develop strategic partnerships with a small number of places, and Greater Manchester is the first to make such a Memorandum of Understanding. This will support the implementation of the priorities outlined below, in particular; Economy and Work and Planning, Transport and Housing.

The GM Ageing Hub

The GM Ageing Hub has been charged with developing an oversight of a GM strategy on ageing and as a point of coordination for workstreams delivered by GM partners.

The work of the GM Ageing Hub has been supported over the last year by a shadow steering group, bringing together Public Health England, New Economy (the GM Economic think-tank), GM Public Service Reform, Age-friendly Manchester (Manchester City Council), Manchester Institute for Collaborative Research on Ageing (MICRA) at the University of Manchester and the GM Centre for Voluntary Organisations (linked to the delivery of GM's Big Lottery Ambition for Ageing programme).

A formal steering group had its first meeting in June 2016, chaired by Steven Pleasant, Chief Executive of Tameside Council.

The Vision for the GM Ageing Hub

The GM vision sets out three key priorities as follows:

1. GM will become the first age-friendly city region in the UK

These will be supported by actions including the following;

- **Age-friendly design** – to understand how urban environments can work with and for older people; investment in planning to prepare for future patterns of demographic change; and age-friendly homes and communities.

- **Changing the narrative** - building a positive discourse around ageing, demonstrating the valuable contribution that older people can make as entrepreneurs, volunteers, workers and consumers to support growth and resilience.

- **Age-friendly neighbourhoods** - build on the age-friendly neighbourhoods approach to develop age-friendly districts, town centres and the regional centre.

- **Consider ageing in all policy areas** – to identify the needs of older people in policy areas such as employment and skills, business support, transport, housing, health and spatial planning.

- **Social connectedness** – to address social isolation and loneliness among older people and facilitate community asset building.

2. GM will be a global centre of excellence for ageing, pioneering new research, technology and solutions across the whole range of ageing issues

- **Evidence and innovation** – to build on existing evidence base and pilot new and innovative solutions to the challenges and opportunities that ageing societies bring.

- **Delivery at scale** - gather best practice and share learning across GM districts, and deliver at a GM level those interventions that will only work at scale.

- **Public engagement** – to test innovative forms of engagement and co-production with older people.

- **National and international partnerships** – to play a leading role in national networks of expertise on ageing. This includes the next steps for the UK Age-friendly City Network.

3. GM will increase economic participation amongst the over 50s

- **Tackling inequalities** - to understand and address inequalities that Greater Manchester residents face in later life.

- **Older consumers** - consider the culture and retail offer for older people across GM and help individuals and organisations in GM capitalise on the new and emerging markets for products and services being created by the older consumer.

- **Extended healthy working years** - increasing employment rates among older residents across GM, wider engagement in the labour market, and engagement with employers ensuring there are opportunities for older workers.

The GM Ageing Hub will have a small core team, which coordinates this work, forms strategic partnerships, identifies funding opportunities, and communicates the work of the Hub. The Hub will work alongside leads in a series of thematic areas:

• Economy and Work
• Healthy Ageing and Lifestyles
• Age-friendly Neighbourhoods
• Planning, Transport and Housing
• Technology, Design and innovation
• Culture and Leisure.

Next steps

The next twelve months represent an exciting time for the GM Ageing Hub. Immediate priorities include: the development of an ageing foresight report, to map out the scale and nature of ageing over the next 20 years; workshops to kick-start a new project to address worklessness and social exclusion amongst people in mid-life, jointly with Ageing Better; a bid to become an EU Reference site for healthy and active ageing, and; creating regional platforms for collaboration and innovation.

References and further information

Age-friendly cities and communities

Further information

The World Health Organisation Guide to Age-Friendly Cities:
http://www.who.int/ageing/age_friendly_cities_guide/en/

The European Innovation Partnership on Active and Healthy Ageing:
http://ec.europa.eu/eip/ageing/

Age-Friendly World: http://agefriendlyworld.org/en/

The European Covenant on Demographic Change: http://afeinnovnet.eu

Ageing Well in Wales: http://www.ageingwellinwales.com/en/home

Ageing Well in Wales Age-Friendly Resources:
http://www.ageingwellinwales.com/en/resource-hub/afc-resources

Future of ageing: Ageing in Wales – a European perspective (UK Govt) https://www.gov.uk/government/publications/future-of-ageing-ageing-in-wales-a-european-perspective

Ageing Well in Wales: a national movement (Working with Older People Journal):
http://www.emeraldinsight.com/doi/pdfplus/10.1108/WWOP-07-2015-0013

Ageing Well in Wales: a national movement (EIP AHA):
http://ec.europa.eu/eip/ageing/news/ageing-well-wales-national-movement_en

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Accessible and inclusive age friendly environments

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Vision for an age friendly transport system in Wales

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