A good place to grow older
Discussion Paper

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Preliminary remarks

Scope of this discussion paper

This Peer Review is concerned with strategies for building 'good places to grow older' focusing on the local level (village, town, or city) as the central arena of old age and ageing. The host country report describes a commitment of the UK government with national organisations to encourage local departments, agencies, and other representative organisations to develop their geographical areas as good places to grow older. In order to become good places to grow older, communities should support and develop the independence, well-being and participation of older people. Organisations which were mentioned to be part of this policy were UK Government Departments, umbrella organisations representing local government, organisations delivering health care and social care, police and rescue services, charitable and voluntary organisations, and independent bodies set up to monitor service delivery from statutory organisations. The UK is particularly interested in how governmental and non-governmental organisations can collaborate to meet the issue of demographic change.

However, the host country report has a broader view, describing not only interventions at the local level and the collaboration of governmental and non-governmental organisations to support the local level, but also more general issues which might be tackled at the national level (e.g. combating age discrimination and changing attitudes towards old age and ageing, extending working life, initiating a national dementia strategy, and developing end of life care strategies; see page 1 of the host country report:

- Strategic reforms of public services (including pensions, benefits, health and care);
- Development of 'good places to grow older' locally;
- Changing attitudes and behaviours of individuals to promote equality of opportunity for older people.

In this discussion paper we will concentrate on the UK strategy for supporting local communities to become good places to grow older.

'A good place to grow older': General considerations

Most European countries are organised in different layers: national, regional, local. The national level very often is concerned with nation-wide issues, e.g. foreign affairs, defence, health and pension systems. The regional level, e.g. the nine regions of England, quite often has responsibility for regional thematic areas like industrial and employment strategies, education,

agriculture, transport and the environment. The local level is governed in Scotland, Wales, Northern Ireland and a large part of England by unitary authorities. These local authorities are responsible for physical environment services, e.g. land use planning and transport, and personal services, e.g. social services, health and housing. When growing older, the home and the neighbourhood with its contacts and services are getting more important. Hence, the local level of villages, towns, and cities are the main arena of ageing and old age. However, only a third of local councils in England are well prepared for an ageing population (Audit Commission, 2008). Hence, two questions can be raised concerning the goal to develop 'good places to grow older':

1. *Stimulating ageing well on the local level*: What are the main characteristics of villages, towns, and (neighbourhoods within) cities that stimulate ageing well? Which functions and responsibilities should local government have in order to support ageing well?

2. *Developing good places for ageing well*: Which support needs local government to develop the local arena into a good place to grow old? What do we know about the effects of shared responsibilities between national government and civil society?

These two questions will be discussed at the European level (part A of this discussion paper) and at the national level of the UK (part B of this discussion paper). Finally, some questions for the discussion will be posed (part C of this discussion paper).

Part A: The policy debate at European level

Although the demographic developments are different across Europe, in Member States citizens are living longer and birth rates are dropping. This phenomenon of ageing societies has been identified by policy makers on the European level as a challenge. Consequently, a diversity of political actions and initiatives tackling this problem have been named.

A.1 The policy framework at European level

On the European level the issues around ageing societies and the preparation of the Member States to cope with the demographic change and social inclusion are discussed in several different policy areas, and are strongly related to public spending. The long-term goals of the European Commission were identified as expanding working lives and reforming public services such as pension, health and long-term care systems to limit public spending (European Commission, 2004; Gothenburg European Council, 2001; Lisbon European Council, 2000). These goals will be further discussed in Part A.2. In 2004 the Member States adopted three common objectives to reform and develop their health and long-term care systems (European Commission, 2004, p. 13). These objectives are:

- Ensuring access to high-quality care based on the principles of universal access, fairness and solidarity;

- Promoting high-quality care in order to improve people's state of health and quality of life;

- Ensuring the long-term financial sustainability of high-quality care accessible to all.

Furthermore, the integration of health and long-term care and shaping systems of social protection that meet the challenges of demographic ageing, strengthen social cohesion and

prevent individual poverty were formulated as important aims. In 2006 the European Commission published the document 'The demographic future of Europe – from challenge to opportunity' which named five key policy responses to manage demographic change (European Commission, 2006, p. 14):

- Supporting demographic renewal through better conditions for families and improved reconciliation of working and family life;
- Boosting employment – more jobs and longer working lives of better quality;
- Raising productivity and economic performance through investing in education and research;
- Receiving and integrating migrants into Europe;
- Ensuring sustainable public finances to guarantee adequate pensions, health care and long-term care.

This document set the scene for future initiatives and other strategic documents to come (e.g. European Commission, 2008a, 2009a). Even though the power of the European institutions concerning social policies is limited, two important instruments to tackle the challenges of an ageing population have been the Open Method of Coordination (European Commission, 2004) and the Peer Reviews in Social Inclusion and Social Protection as a sub-programme of PROGRESS – the Community Programme for Employment and Social Solidarity (European Parliament & European Council, 2006) which were established in 2006 to eradicate poverty and social exclusion and to foster mutual learning in five policy areas (employment, social protection and inclusion, working conditions, antidiscrimination and diversity, gender equality). Part A.4 of this discussion paper will point to Peer Reviews that already dealt with the topic of the ageing society.

The 'Renewed Social Agenda' makes it clear that the challenges posed by an ageing society need to be addressed by a variety of actors and institutions (European Commission, 2008b). It names besides the governments of Member States other stakeholders such as regional and local authorities, social partners and civil society that need to work together to find and implement solutions. One broader approach to the ageing society that emphasises not only economical aspects is the coming 'Year of Active Ageing 2012'. The European Council has just recently described active ageing as 'creating opportunities for staying longer on the labour market, for contributing to society through unpaid work in the community as volunteers or passing on their skills to younger people, and in their extended families, and for living autonomously and in dignity for as much and as long as possible' (Council of the European Union, 2010). The local and regional levels have been especially invited to participate in the activities (Fundecyt, Junta de Extremadura, Ministry for Health Equalities Care and Ageing in North Rhine-Westphalia, Silver Economy Network of European Regions, European Commission – DG Employment Social Affairs and Equal Opportunities, & Committee of the Regions, 2010, p. 11).

A.2 European and international comparative aspects

In 2009, the European Commission published the Ageing Report 2009 to quantify and evaluate the progress made to meet the long-term goals and objectives to tackle the challenge of demographic ageing in the European Union (European Commission (DG ECFIN) & Economic Policy Committee (AWG), 2009). These long-term goals will be discussed in more detail, and developments presented for the countries participating in the Peer Review 'A Good Place to Grow Older', if available.

A.2.1 Elderly population

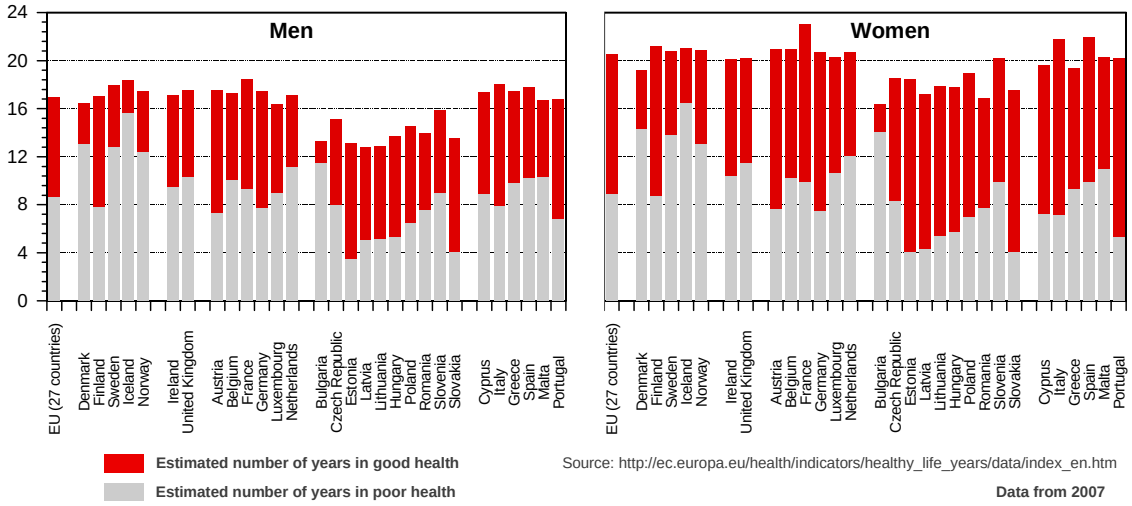
Demographic ageing can be characterised by three facets: (a) dropping birth rates, (b) raising life expectancy and (c) migration. Especially the first two aspects lead to an increase of the elderly population in comparison to the rest of a population. Table A.1 below shows that 16.4% of the population in the UK today is 65 and over and this is expected to go up to 24.7% in 2060. The increase will be even more extreme for the population of 80 years and older. It is expected double in the course of fifty years. An interesting case is the Czech Republic and Romania: Until now the demographic ageing has shown itself in a moderate way (CZ: 15.4% over 65; RO: 14.9), but it is expected to increase to 33.4% in the Czech Republic and 35.0% in Romania in the year 2060.

Table A.1: Population over 65 and 80 years of age (as % of total population), 2010 and projections for 2060 (European Commission, 2009b, p. 13-14)

	2010		2060	
	over 65	*over 80*	*over 65*	*over 80*
United Kingdom	16.4	4.6	24.7	9.0
Cyprus	12.7	2.8	26.2	8.6
Czech Republic	15.4	3.6	33.4	13.4
Denmark	16.4	4.1	25.0	10.0
Finland	17.1	4.6	26.6	10.8
Germany	20.6	5.1	32.5	13.2
Hungary	16.6	3.9	31.9	12.6
Malta	14.8	3.3	32.4	11.8
Romania	14.9	3.0	35.0	13.1
Spain	16.7	4.8	32.3	14.5
EU-27	17.4	4.7	30.0	12.1

The estimated number of years in good (and poor health) over the life span is a rough indicator of the quality of life in old age – and the need for support and services. Figure A.2 shows life expectancies at age 65 in different European countries, divided into estimated years in good health and years in poor health. Years in good health are shown in (light) grey, years in poor health are shown in (dark) red. Years in good health (or healthy life years) specify an indicator which combines information on mortality and morbidity. This indicator is also called disability-free life expectancy (DFLE; the data required are the age-specific prevalence of the population in healthy and unhealthy conditions and age-specific mortality information). A healthy condition is defined by the absence of limitations in functioning/disability.

Figure A.2: Estimated number of years in good and poor health at age 65



Quite clearly, there are gender differences in total life expectancy between men (left side) and women (right side), and differences between transformation societies in Eastern Europe and other countries (especially for men). Most striking, however, is the insight that poor health belongs to life – and that the number of years varies widely. There are differences between men and women (women in general having a longer period of poor health and frailty) and there are differences between countries. In some countries, old age is characterised by better health than in other countries. In the UK, life expectancy at 65 is about 17 years for men and 19 years for women. This is quite similar to Denmark and Germany. However, there are differences between these three countries: The number of healthy years is highest in Denmark and lowest in Germany. Although there might be measurement issues which might lead to cross-country differences, this difference points to societal characteristics influencing health in old age.

A.2.2 Age-related public spending

The projections discussed above (Table A.1) show that spending on health and health care, but also on pensions might increase in the future, because these expenditures correlate with the average age of the population, although they are not completely dependent on it (European Commission (DG ECFIN) & Economic Policy Committee (AWG), 2009, p. 110). On average the Member States (EU-27) spend about 23% of their GDP on age-related public services (European Commission, 2009a, p.13). As table A.3 shows total age related spending varies between the participating peer countries: Romania spends about 13.1% and Denmark about 24.8% of their GDP on age-related public services. The proportion of spending on health care varies in the peer countries (lower spending in Cyprus and Romania, higher spending in Germany and Denmark). The proportion of spending on long-term care also varies in the participating peer countries (lower spending in Cyprus and Romania, higher spending in Denmark and Finland).

Table A.3: Age-related government expenditure, 2007, percentage point GDP (European Commission, 2009a, p. 13)

	Pension	*Health Care*	*Long-Term Care*	*Unemployment*	*Education*	*Total*
United Kingdom	11.7	5.0	1.4	0.3	3.7	22.1
Cyprus	6.3	2.7	0.0	0.3	6.1	15.4
Czech Republic	7.8	6.2	0.2	0.1	3.5	17.9
Denmark	9.1	5.9	1.7	1.0	7.1	24.8
Finland	10.0	5.5	1.8	1.2	5.7	24.2
Germany	10.4	7.4	0.9	0.9	3.9	23.6
Hungary	10.9	5.8	0.3	0.3	4.4	21.6
Malta	7.2	4.7	1.0	0.4	5.0	18.2
Romania	6.6	3.5	0.0	0.2	2.8	13.1
Spain	8.4	5.5	0.5	1.3	3.5	19.3
EU-27	*10.2*	*6.7*	*1.2*	*0.8*	*4.3*	*23.1*

Spending on health care is expected to go up, because of the increase of the elderly population, but also because of newly developed methods for early diagnosis and treatments. Promotion of healthier living and prevention are two ways of trying to limit the costs. Expenditure on health, long-term care and pension is expected to increase until 2060, but cost for education and unemployment benefits are expected to drop (European Commission, 2009a).

To limit the public spending in the future, Member States are currently reforming their social protection systems. Especially the pension systems are in the centre of attention, because spending on old-age pension is high. Countries have chosen different pathways to lower expenditure on pensions, especially by raising the retirement age and/or restricting access to early retirement schemes (European Commission, 2009a). Keeping older workers for a longer time in their job has two consequences: (a) Higher pension and tax payments and (b) lower pension expenditures. In addition it could also mean that older persons have a better opportunity to live an independent and active life. The Lisbon strategy set the goal to increase the employment rate of older workers of 50% by 2010 (Council of the European Union, 2010, p. 4). This goal has nearly been reached, as on average 48.9% of the age group 55-64 year olds are currently in employment in the European Union (European Commission, 2009b). Table A.4 shows, however, that there is some variance between Member States (resp. participating peer countries). This is especially true for women.

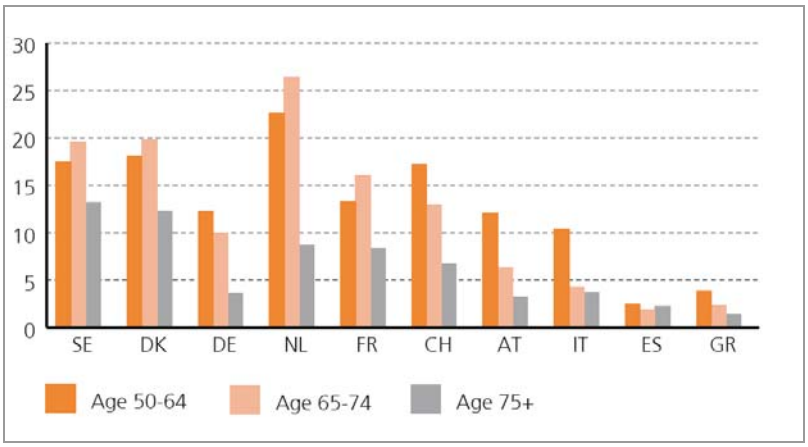
Table A.4: Labour participation rate, 55-64 years, in percent (European Commission, 2009b, p. 26-27)

		Men			*Women*	
	2007	2010	2060	2007	2010	2060
United Kingdom	69.4	67.8	73.4	50.4	49.9	68.9
Cyprus	74.8	75.0	74.7	41.5	43.6	55.3
Czech Republic	63.3	63.9	71.9	35.7	42.8	63.2
Denmark	67.5	66.4	71.4	55.1	54.4	67.2
Finland	59.5	59.1	66.5	59.4	56.8	68.9
Germany	66.0	70.8	76.1	48.8	50.1	71.6
Hungary	42.9	46.5	52.0	26.9	38.4	46.8
Malta	50.4	45.8	72.7	13.3	10.0	27.4
Romania	52.1	55.3	52.6	33.8	35.2	38.4
Spain	63.3	63.7	75.3	32.7	39.6	72.6
EU-27	57.3	58.4	67.0	38.2	39.9	58.1

A.2.3 Volunteering

The discussion about the growing 'burden of ageing' and the expenditure related to old age must not neglect the substantial productive potential of the elderly population outside the workforce. A substantial proportion of the ageing population is active in diverse forms of civic engagement and social participation. Empirical research has shown that retirement does not necessarily result in higher participation rates (Naumann & Romeu Gordo, 2010). Nevertheless, when it comes to hours of volunteering the impact of older people is comparable or even higher than that of younger people. Civic engagement is embedded into the organisation of societies and is dependent on opportunity structures and social norms. There are large differences between European Member States (Hank & Erlinghagen, 2007). Southern countries are characterised by rather low participation rates. For instance, among people 50 years and older, only 7% of the Italian and only 2-3% of the Greek and Spanish are engaged in volunteer work. Germany, France, Switzerland, and Austria exhibit medium activity levels, with 9-14% volunteers in this population. Sweden, Denmark and the Netherlands have rather high rates of civic engagement (about 17-20% volunteers in the older population). Figure A.5 shows the distribution in civic engagement of older people in several European countries. The variance between countries shows that more could be done in some countries for stimulating societal participation and civic engagement of older people.

Figure A.5: Volunteering in European countries among the population 50 years and older (Hank & Erlinghagen, 2007, p. 262)



A.3 The European policy debate: The relevance of the local level

Although similar in its basic trend, demographic ageing is different across the Member States of the European Union. At the regional and local level the variability within Member States is even stronger. For the UK, it has been shown that the challenges and opportunities of demographic change differ between geographical areas. However, not all local councils in the UK seem to be successful in creating 'good places to grow older' – many councils could do more to create an environment in which people thrive as they age (Audit Commission, 2008). Similarly, a German analysis of regions and local towns identified different processes concerning the demographic composition (Menning, Nowossadeck, & Maretzke, 2010). The authors identified four types of counties: 'Ageing pioneers' (shrinking and fast ageing population), 'solid growth counties' (growing and fairly young population), 'long-range ageing counties' (slowly shrinking and ageing population), 'average counties' (slightly growing and moderately ageing population). Some regions and local areas have already prepared themselves well and have already become good places to grow old; others have not done so at all, but the analysis shows that there is not one solution to fit all.

A.3.1 International initiatives to strengthen ageing-friendly environments

A number of international organisations and institutions have seen the necessity to support local places to adjust to their differing demographic situation. Especially the World Health Organization (WHO) started the Global Age-friendly City Project and the Age-friendly Environment Program to address the environmental and social factors that contribute to active and healthy ageing in societies (WHO (World Health Organization), 2007). In the United Kingdom the city of Manchester is participating in this programme (see host country report). In the United States the Centre of Long-term Care Policy & Research started the project AdvantageAge Initiative and developed a survey with thirty-one indicators of an elder-friendly community (AdvantAge Initiative; Feldman, Oberlink, Simantov, & Gursen, 2004). The survey was carried out in over twenty-five communities and the results can be used to compare communities to each other or against their own ideals and goals (Stafford, 2009).

In Europe, the Council of European Municipalities and Regions (CEMR) and the Ministry for Intergenerational Affairs, Family, Women and Integration of the state of North-Rhine Westphalia (Germany), in partnership with the Committee of the Regions and under the patronage of the European Parliament called into life the project 'Active Ageing of Migrant Elders Across Europe' (2007-2009), where local governments and NGOs were encouraged to send in good practice examples that focused on the promotion of active ageing and social, cultural and economic integration of migrant and minority ethnic elders, emphasising volunteer activities and the emergence of new culturally sensitive products and services in the fields of, for instance, housing, care, education, leisure, culture and marketing (Ministry for Intergenerational Affairs Family Women and Integration of the state of North-Rhine Westphalia, 2010).

A.3.2 Main characteristics of ageing-friendly environments

The heterogeneous situation of counties and regions makes it difficult to name general characteristics of ageing-friendly environments, but a number of international studies have identified aspects of villages, towns and cities that stimulate ageing well. In particular, the diversity of the population (e.g. in respect to migration, demographic composition and social inequality) and the differentiation of rural and urban communities have to be considered when creating ageing-friendly environments and communities (Council of the European Union, 2010; Eales, Keefe, & Keating, 2008; Ministry for Intergenerational Affairs Family Women and Integration of the state of North-Rhine Westphalia, 2010; Scharf, Phillipson, & Smith, 2005). The over-arching goals of ageing-friendly environments are to enable older persons to live a self-determined and independent life and to enhance well-being (Gabriel & Bowling, 2004; Kreuzer, 2006; WHO (World Health Organization), 2007). Four domains of an ageing-friendly community are identified by the AdvantageAge Initiative (AdvantAge Initiative; Feldman, Oberlink, Simantov, & Gursen, 2004), which will be used here to group the characteristics of ageing-friendly environments summarised from international literature on the topic (Gabriel & Bowling, 2004; Kreuzer, 2006; Scharlach, 2010; Stafford, 2009; WHO (World Health Organization), 2007). These four domains of an ageing-friendly community are shown in figure A.6.

An ageing-friendly community addresses older person's basic needs:

- Appropriate and affordable housing;
- Promotion of safety at home, in neighbourhood, outdoor spaces and public buildings;
- Assures that no one goes hungry;
- Provision of information about available services;
- Promotion of respect and inclusion.

An ageing-friendly community optimises physical and mental health and well-being:

- Promotion of healthy behaviour;
- Support of community activities that enhance well-being;
- Provision of and access to preventive services;
- Provision of and access to medical, social, and palliative services.

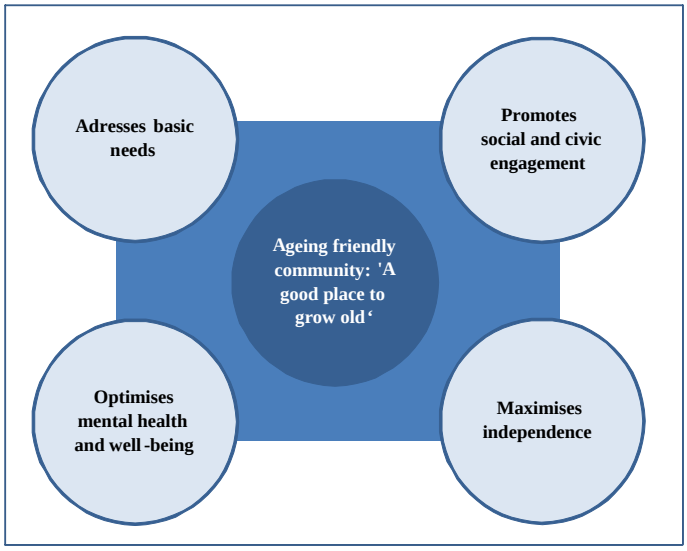
An ageing-friendly community maximises independence for frail and those with disability:

- Mobilisation of resources to facilitate living at home;
- Provision of accessible transportation;
- Support for family and caregivers.

An ageing-friendly community promotes social and civic engagement:

- Promotion of meaningful connections with family, neighbours and friends;
- Promotion of active engagement in community life, cultural and religious involvement;
- Provision of opportunities for meaningful paid and voluntary work and education;
- Provision of leisure activities;
- Ageing issues are community-wide priority.

Figure A.6: Domains of an ageing-friendly community



A.4 Related previous Peer Reviews

In the past, several Peer Reviews dealt with questions of an ageing society, service provision, and the relevance of regional and local contexts for quality of life in old age.

The Romanian Peer Review 'Achieving excellence in social service provision' (Maas & Rodrigues, 2010) and the Danish Peer Review 'Combining choice, quality and equity in social services' (Glendinning, 2009) had social services as their topic. In Romania the emphasis lay on increasing the availability of services and insuring a certain measure of quality through an accreditation system, because services are provided by profit and non-profit organisations. The Danish government presented their initiative to create a local free-choice market of service especially concerning elderly persons (e.g. home help, meals on wheels etc.). Denmark adapted as one of the first European countries a policy that emphasised home care instead of institutional care and that has a very diverse choice of services free of charge to support older persons to stay at their own homes as long as possible.

The German Peer Review 'Ensuring a functioning healthcare system in regions with declining and ageing population' (Maynard, 2009) highlighted the need for regional solutions. The federal state Brandenburg has a declining and ageing population and primary health care through general practitioners is scares in some parts of the state. To combat this problem a series of measures were implemented (e.g. qualified community nurses and incentives for young general practitioner taking over practises in the region).
The Swedish Peer Review 'Freedom of choice and dignity for the elderly' (Tesch-Römer, 2007) emphasises the local level as well, because the framework for long-term care in Sweden is

decided on the national level, but the concrete design of the services are defined in the different regions. Furthermore, this review drew attention to the perspective of the user and the recognition of human rights in long-term care. The importance of individual provision in the long-term care system was the topic of the Dutch Peer Review 'Long-term Care: How to organise affordable, sustainable long-term care given the constraints of collective versus individual arrangements and responsibilities' (Rothgang & Engelke, 2009). One of the solutions proposed by the Dutch government is the introduction of a 'personal budgets' scheme, in which individuals receive a specific allowance that they can spend on the services they choose and need.

Although some aspects of the problem in focus have been discussed in some of the Peer Reviews mentioned here, it can be seen that the present Peer Review 'A good place to grow older' has a unique perspective, using a multi-dimensional approach.

Part B: Description of the main elements of the policy

This section deals with background, goals, objectives and target groups, evaluation of the results and achievements of the policies. The discussion will be mainly based on the host country report and other documents provided by the UK. The wide selection of policies, programmes and projects presented in the host country report will be treated as the British policy framework to create good places to grow older, but only a limited number of policies will be discussed in detail. Namely, projects that have a focus on the local level and have been implemented long enough to have generated some evaluation results will stand in the centre of observation.

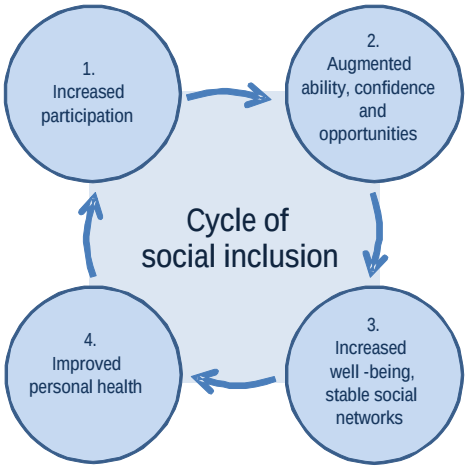
B.1 Background of the policy framework 'A good place to grow older'

The UK has a rapidly ageing society. Average life expectancy in the UK has increased by thirty years over the last century. The number of people over 65 years of age will nearly double over the next fifty years. Public expenditure on people over 65 years of age is projected to increase by nearly 5% of Gross Domestic Product (GDP) by 2059 – equivalent to £70 billion a year in today's terms (p. 1 of the host country report). The background considerations of the policy framework are threefold:

(a) *Maintaining financial sustainability*: For the demographic shift to be affordable, working lives need to be longer (reducing expenditure for pensions) and ageing needs to be as healthy and active as possible (reducing expenditure for health care and social care).

(b) *Improving health*: Active participation and good health influence each other in a 'virtuous cycle': Active participation leads to augmented ability, confidence and opportunities of the persons involved. These in turn stimulate increased well-being and stabilised social networks, which result in better personal health – and more active participation (see figure B.1: Cycle of social inclusion). The consequence of better health is less need for social care services.

Figure B.1: Cycle of social inclusion



(c) *Stimulating local contexts*: Local contexts get more important in old age ('ageing in place'). Hence, villages, towns, and cities play a major role in establishing the preconditions for this 'virtuous cycle'. The present policy attempts to spell out the actors and instruments for developing good places to grow older. The host country report states, that actors of civil society ('Big Society') and among them especially older people themselves (should) play a major role in developing municipalities in this direction. The policy framework attempts to shift the emphasis from 'providing care' to 'stimulating ageing well'.

These background considerations can be linked together: If local contexts are stimulated and supported to link services together and to offer opportunities for participation of the (older) population, this would initiate the 'virtuous cycle of social inclusion' – leading to better health, enabling longer working life and preventing use of health and social care, and finally, improving sustainability of the social security systems. This is clearly an innovative approach to cope with the challenges of the ageing society and to improve individual quality of life at the same time. Recent evidence points to the benefits of active societal participation and volunteering for health in later life (Pillemer, Fuller-Rowell, Reid, & Wells, 2010).

It should be mentioned, however, that this chain of stimuli and consequences is not an automatism. Hence, preconditions, consequences, and the potential side effects for initiating the 'virtuous cycle of social inclusion' have to be monitored closely and maybe adjusted. An example may illustrate these precautions. The transition into retirement is accompanied by gains and losses: There is a gain in free time and a loss in participation opportunities created by gainful employment. Moreover, highly educated persons seem to volunteer more often than less educated persons. Hence, it is highly relevant to create 'low threshold' opportunities for pensioners to stay or become active. When offering opportunities and services on the local level, this should be taken into consideration. It has been shown that organisational support, i.e. choice of volunteer activity, training, and ongoing supervision, has more positive effects (higher number of hours committed, stronger perception of personal benefits) for older volunteers with low socio-economic status compared to volunteers with higher socio-economic status (Tang, Choi, & Morrow-Howell, 2010).

B.2 Goals and objectives of the policy framework 'A good place to grow older'

There are three major sets of multiple goals in the policy framework 'A good place to grow older'. The first goal set concerns the conditions for ageing well (focus: the older person), the second goal set concerns the development of villages, towns, and cities into 'good places' for ageing well (focus: the local arena), the third goal set concerns financial costs (focus: financial expenditures). These (multiple) goals are mentioned in different sections of the host country report (e.g. in the section on 'social exclusion' and in Annex A: 'Ageing Well – Supporting Local Authorities to Develop Good Places to Grow Older').

B.2.1 Encouraging ageing well

What constitutes ageing well? There has been a long tradition in European gerontology, prominently lead by researchers in the UK, to describe and analyse 'quality of life in old age'. Ageing well – or quality of life in old age – is a multifaceted phenomenon encompassing subjective well-being, personal control and mastery, good health and functional status, trusting and dependable social relations and support, sufficient financial means, good environmental conditions and opportunities for leisure activities (Mollenkopf & Walker, 2007). Another approach is based on emphasising social inclusion and considers dignity of older people, adequacy of pensions and minimum pension schemes, access to quality health and long-term care services and technologies for independent living, labour activation for older workers, adequate housing and heating, accessible education and lifelong learning, and good transport and communication services (AGE Platform, 2009).

Evidently, the constructs of 'quality of life' and 'social inclusion' are very broad umbrella constructs. Some of the facets might be more amenable to interventions on the local level (e.g. societal participation), other facets might be more amenable to interventions at the national level (e.g. financial security). Hence, an emphasis on certain aspects of quality of life might be helpful in implementing and evaluating the policy framework. For instance, in the evaluation of the Partnership for Older People Projects (POPP) health related aspects were chosen as outcome criteria (health related quality of life, perceived overall quality of life, as well as preventing or delaying the need for higher intensity or institutional care (Windle et al., 2009, p. 137).

Moreover, one could ask if ageing well is the *prevention of social exclusion* (e.g. a low probability of limiting long standing illness, poor self-rated health, absence of physical exercise, low subjective well-being, limited income, poor infrastructure of housing and neighbourhood, see page 3-4 of the host country report) or if ageing well is the *stimulation of social inclusion* (e.g. high probability of good health, societal participation, good income and housing)? Depending on the definition chosen, more or less attention might be paid to different subgroups of the ageing population when implementing the policy. Policies with the aim to reduce social exclusion in later life should acknowledge the life course dimension, in particular the impacts of age-related changes, the accumulation of disadvantages throughout individuals' lives, and community characteristics. Such age-related changes are for example the transition to widowhood, the adjustment to living alone and the loss of close family members, friends and neighbours, the onset of chronic health conditions, withdrawal from the labour market, and the experience of crime (Scharf, Phillipson, & Smith, 2005, p. 30).

B.2.2 Creating 'good places' to grow older

What constitutes 'good places' to grow older? Apparently, the local level is characterised by a large variability: There are differences between rural and urban areas, between municipalities with a diverse ethnic population and municipalities with a more uniform ethnic population, between demographically 'younger' and 'older' communities. Hence, the policy framework suggests 'to help local authorities find their own innovative solutions to improve local services and to enhance the quality of later life for older people and future generations by continuing to improve the provision of joined up services for older people' (section 6.3 'Ageing well' of the host country report). In preventing social exclusion, communities, families, voluntary and community organisations and particularly older people themselves, can play a key role (section 5 'Prevention of the host country report):

- identifying and supporting at-risk individuals;
- helping overcome behavioural barriers for that group;
- designing and delivering information and low level interventions;
- signposting to public services, and helping shape those services.

This means, however, that despite geographical variability there are some general characteristics of 'good places to grow older', namely local contexts which offer rich employment and volunteering opportunities, various leisure and social activities, a choice of learning opportunities, and a good transport infrastructure (see also section A.3.2 of this paper). The Ageing Well programme has three components which support local authorities diagnosing what areas of work need to be prioritised, using different improvement tools and sharing a wide range of information on good practice. Similarly, the United Nations provide a conceptual guide for diagnosing the 'liveability' of age-friendly cities (referring to outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community support and health services; (WHO (World Health Organization), 2007). Manchester is currently starting its way to become an age-friendly city.

One indicator of a 'good place to grow older' may be also the shift from emphasising the duty to deliver social care to envisioning a broader role of the local authority. Relevant tasks of the local authority are understanding the needs of and mobilise the potentials in their community to maximise opportunities for the (older) population, ensuring that services are accessible to as many of the older population as possible, and delivering services aimed at promoting independence and well-being in later life (Audit Commission, 2008, p. 33).

B.2.3 Maintaining financial sustainability

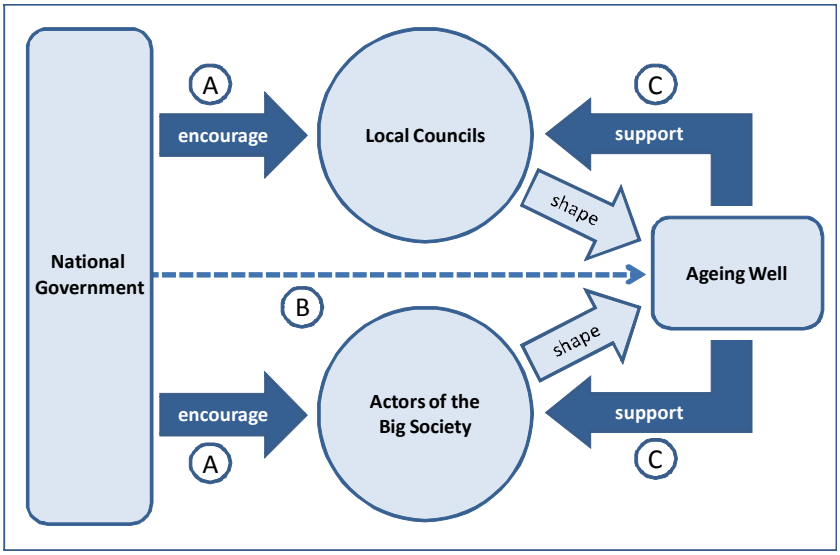
Quite often, services for older people focus on improving individual quality of life, rather than taking a cross-cutting, value-for-money approach. It seems to be necessary to evaluate the financial sustainability of services. At the time being social care dominates the debate. As has been described by the Audit Commission – a public corporation with the objective to improve economy, efficiency and effectiveness in local government, housing and the health service – local councils see growing social care costs as biggest financial implications of an ageing population, yet these costs result from services for a minority of the older population (Audit Commission,

2009). There are other domains of local spending which could be acknowledged (and which serve a broader range of citizens): Besides funding for social care, there is funding for housing, transport, the built environment and opportunities for learning and leisure activities. Hence, funding services which trigger the potentials of the older people (leading to better health and more volunteering) might be cost saving in the long run.

B.3 Instruments, target groups, and results of the policy framework 'A good place to grow older'

The instruments of the policy framework 'A good place to grow older' are manifold and inter-related (see Figure B.2). Policies on the local level and interventions by actors of the 'Big Society' are intended to shape ageing well. In the focus of the policy framework are three types of interventions: The national government supports local councils and actors of the civil society (nexus A). In addition, the national government also influences the conditions of ageing well (nexus B). As outlined above, local councils and actors of the 'Big Society' initiate the cycle of social inclusion, thus shaping the conditions for ageing well. One of the intended consequences is the fact, that older people themselves support to develop their communities into good places to grow old and participate as actors of the 'Big Society' themselves (nexus C).

Figure B.2: Actors in the policy framework 'A good place to grow older'



Using the relationships depicted in figure B.2 above, it is possible to categorise the instruments listed in the host country report (see table B.3 below). It can be seen that there is a wide variety of instruments used in the UK, ranging from education services over amalgamation of personal services (local level) to direct instruments for ageing well (housing, financial security, health). Because these instruments are quite diverse, we would like to describe two major programmes, only: LinkAge Plus (LAP) and Partnership for Older Peoples Projects (POPP).

B.3.1 LinkAge Plus (LAP)

The LinkAge Plus initiatives was funded with £10m over a two years period by the Department of Work and Pensions. The programme brought local authorities together with their partners in health and the voluntary and community sector to join up services for older people. Different actors were involved in the projects: Adult social care and Primary Care Trust (PCT) services, the Pension Service, Jobcentre Plus, voluntary and community sector services and partners outside services for older people, such as Fire and Rescue and Trading Standards. Eight pilot areas were involved (Devon, Gateshead, Gloucestershire, Lancashire, Leeds, Nottinghamshire, Salford, Tower Hamlets). The evaluation report on LinkAge Plus summarises the findings: 'The evidence shows that pilots have been able to demonstrate improved access, a more integrated approach to service provision and more relevant, tailored services that are popular with local people. Preventative services are likely to lead to improved quality of life and a reduction in the need for more costly interventions in the longer term' (Davis & Ritters, 2009, p. 6). Moreover, it is stated that there is a positive cost-benefit-balance, as the net value of savings at the end of the five-year period was £1.80 for each 1£ invested (Davis & Ritters, 2009, p. 3). However, it is difficult to find hard evidence for the impact of the pilot projects, e.g. in terms of improved independence, hospital visits, delay in use of long-term care services (Daly, 2009, p. 61-65).

B.3.2 Partnerships for Old People Projects (POPP)

This initiative was funded by the Department of Health with £60m over the years 2006 to 2008. The aim of the POPP programmes was to support council-based partnerships and to devise innovative approaches for sustaining prevention for older people. Twenty nine local authorities were involved as pilot sites, working with health and voluntary sector partners to develop services. The POPP programme demonstrated that prevention and early intervention can 'work' for older people. The empirical evidence suggests that POPP services improved users' quality of life. Projects which provided services to individuals with complex needs were particularly successful. However, also low level preventive projects had an impact (Windle et al., 2009). Moreover, the cost-benefit relation was positive. For instance, there was a reduction in hospital emergency bed days which resulted in considerable savings. Hence, for 'every extra £1 spent on the POPP services there has been approximately a £1.20 additional benefit in savings on emergency bed days' (Windle et al., 2009, p. VII).

Table B.3: Overview of the instruments of the policy framework (note: HCR=host country report).

Nexus	*Actors*	*Initiatives*
A	National government supports local councils and actors of the 'Big Society'	▪ *Learning*: £20m Transformation Funds, Dedicated learning champions (HCR, p. 5), Community voices, Digital Life Skills, Get Digital (HCR, p. 5), Informal learning in care settings (HCR, p. 5), The Learning Revolution, School of Everything (HCR, p. 5). ▪ *Housing*: Lifetime Homes, Lifetime Neighbourhoods, Supporting People programme, The Housing of our Ageing Population: Panel for Innovation (HAPPI), Home Improvement Agencies (HIAs), The Handypersons benefits toolkit, FirstStop (HCR, p. 6-7). ▪ *Volunteering*: Active at 60 (national and local), Generations Together (HCR, p. 15-16). ▪ *Offering and combining services*: LinkAge Plus (HCR, p. 10-11), Partnerships for Older People Projects (HCR, p. 12-13). ▪ *Support local government*: Ageing Well (HCR, p. 9 & Annex 2), Supporting civil society: The Big Society (HCR, p. 2-3).
B	National government supports ageing well	▪ *Travel*: statutory free off peak England-wide bus travel for older and disabled people (HCR, p. 4). ▪ *Health*: Living well with Dementia – A National Dementia Strategy', End of Life Care Strategy (HCR, p. 13). ▪ *Financial Security*: 'Triple Guarantee' for the basic State Pension (HCR, p. 17), Fuel Poverty (HCR, p. 17), Commission on the Funding of Care and Support (HCR, p. 18). ▪ *Combating negative age stereotypes*: Age Discrimination – Equality Act (HCR, p. 13-14), Employment Equality (Age) Regulations (HCR, p. 14).
C	Older people support their own communities and are actors of the 'Big Society'	▪ *Advisory councils*: Rural Ageing Consultative Group (HCR, p. 18) UK Advisory Forum on Ageing (HCR, p. 8). ▪ *Volunteering initiatives*: The World Health Organization Age-Friendly City Programme – Manchester (HCR, p. 19), Beacon Council – Camden (HCR, p. 20).

The programmes LinkAge Plus (LAP) and Partnerships for Old People Projects (POPP) show the high standards of policy development, implementation and evaluation in the UK. The results of the programmes are described comprehensively; scientific reports and executive summaries have been published and are easily available through websites. Nevertheless, these projects also show how difficult it is to evaluate the impact of complex programmes. An analysis of the impact of these programmes is faced with the difficulties of quantifying preventive measures delivered at the population level. For local governments, tools have to be available which make evaluation of interventions easily possible which allow also to link expenditure for the intervention to outcomes, demonstrating value for money.

B.4 Transferability to and learning value for other Member States of the UK policy framework 'A good place to grow older'

In general, this Peer Review is intended to help Member States to learn from each others' experiences and to enhance the transferability of good practice. While sharing common objectives and targets, Member States nevertheless take different policy approaches and choices. The policy framework 'A good place to grow older' is of high relevance to all Member States. As shown in section A.2 demographic change is affecting all Members States of the European Union. Creating quality of life, prevention of dependency, and cost saving are important goals of the European policy debate.

All Member States are similar in having established different layers of governance at the national, regional and local level. The local level is highly important for the lives and well-being of citizens. As a reaction to that, several initiatives are giving voice to local issues at the European level. For instance, the Council of European Municipalities works to promote a united Europe that is based on local and regional self government and democracy (www.ccre.org). Although not mentioned explicitly, the concerns of an older population are of high relevance in this Council (cf. working group on social affairs). The Committee of the Regions (www.cor.europa.eu) has the mission to involve regional and local authorities in the European decision-making process on key policy areas of regional concern.

Part C: Key issues for debate at the Peer Review meeting

We suggest to discuss a range of questions in four thematic areas: (1) General considerations, (2) Goals: What is a good place to grow older?, (3) Means: How can communities be supported to become good places to grow older?, and (4) Diversity: How to take into account and to make use of local diversity?

C.1 General considerations

Priorities within the policy framework: The host country report describes not only interventions at the local level, but also more general issues which might be tackled at the national level (e.g. combating age discrimination and changing attitudes towards old age and ageing, extending working life, initiating a national dementia strategy, and developing end of life care strategies). What is the priority of the current policy framework 'A good place to grow older'? What are the priorities in respect to ageing and demographic change in the peer countries?

Sustainability of pilot projects: The policy framework 'A good place to grow older' relies on some extent to pilot projects. What are the plans for transferring the results of the pilot projects to other communities? In general, how is it possible to widen out a policy after having finished pilot projects successfully?

C.2 Goals: What is a good place to grow older?

Multiple goals and potential goal conflicts: The policy framework 'A good place to grow older' has three distinct, but interrelated goals of (encouraging ageing well, creating good places, maintaining financial sustainability). Some of the instruments described in the host country report

are concerned with stimulating ageing well directly, others with creating good places for ageing well (and, hence, stimulating ageing well indirectly). Do the multiple goals of the policy framework fit well together (or might there be a conflict)?

Linkages between instruments: The instruments described in the host country report have been initiated by different departments of the National Government. How are the different instruments linked to each other? How do the peer countries coordinate instruments of different departments and/or at different levels of responsibility? A holistic approach on the ageing dimension is essential as it concerns a very large number of socio-economic and clinical factors (physical activity, food habits, intensity of social life, educational level, cultural background). Fighting loneliness and improving (or creating) social life and social networks to the benefit of elderly people has been identified as key factors for a good ageing process.

Value for money: In order to prove that interventions are efficient (i.e. as least as effective as an alternative intervention, and less costly) a careful economic analysis is necessary. It was not always clear if the instruments described in the host country report are equipped with an economic analysis tool, allowing for cost-analyses (calculating direct and indirect costs), cost-effectiveness-analyses (comparing costs and outcomes), and for cost-benefit analyses (summarising the overall value for money of a project in order to know whether the benefits of a project outweigh its costs). However, a cost/benefit approach may be difficult to implement, as the concept of 'benefit' refers to complex concepts (quality of life, social life, etc.). To what extent are cost-effectiveness-analyses and cost-benefit analyses used in the peer countries? In this context, the diversity of the concept 'financial sustainability' could be explored: What is meant by 'sustainability'? Who is spending, who is saving money?

Long-term development: There is the tacit assumption that improvement in health in middle adulthood (about 45-65 years of age) and the 'third age' (about 65-85 years of age) will lead to a compression of morbidity (more years in health, less years in illness and dependency). In many countries, however, one can see a historical trend of improvement in functional health and continuity in diagnosed illnesses (not leading to reduced health expenses). Moreover, a good health in middle adulthood can lead to an extension of the life span with frailty in later years (leading to a delay in social care spending).

C.3 Means: How can communities be supported to become good places to grow older?

Shared and distinct responsibilities: At the local level, accessible public transport, an urban environment adapted to older people needs, health and long-term care services, and broader social inclusion activities need to be created. There might be differences, however, in the size, experience and radius of action of different actors. However, which actor at national, regional, and local level is responsible for which tasks? What are the genuine tasks and (financial) responsibilities of local governments to influence those aspects named above?

Stimulating the 'Big Society': Apparently, the basic idea of the 'Big Society' assumes, that actors of civil society take over responsibilities of the government. Does the withdrawal of governmental support automatically lead to reinvigorating civil society? How do the peer countries involve actors of civil society?

Indicators and measurement: Specifying conceptually sound, valid, and reliable indicators for ageing well are indispensable for evaluating the success of a policy framework, i.e. comparing the

actual with the intended outcomes of the policy. Which indicators should be used to evaluate the success of policies in the fields of ageing and quality of life?

Involving research for evaluating programmes: Unfortunately, sometimes evaluation teams start work after a programme is already underway. Nevertheless, to ensure the eventual evidence is optimally robust, it is necessary that the design of the research protocol and research questions are agreed between the national evaluators, the commissioners and the local project management teams at the very start of the programme. This means involving the national evaluation team at an earlier stage than has been recent custom, perhaps at the point of the development of the policy initiative itself. It is unclear, if the evaluation of the policy framework follows this line of argument. How is it possible to involve researchers early in the evaluation of programmes? What are positive, what are negative aspects of early involvement of researchers?

C.4 Diversity: How to take into account and to make use of local diversity?

Demographic composition: Local communities differ widely in their demographic composition, e.g. percentage of people 65 years and older. How can diversity due to demographic composition be acknowledged in local initiatives for ageing well?

Gender: Living situations of men and women still differ widely, especially in old age. One major difference concerns the household composition: While men quite often live with a spouse or partner, many women live alone. How can the diversity due to gender differences be acknowledged in local initiatives for ageing well? To what extent is equal access to services addressed from the gender perspective?

Migration background: Local communities vary in terms of ethnic composition. How can the diversity due to ethnic differences and migration background be acknowledged in local initiatives for ageing well?

Social inequality: The situation in old age is very much dependent on the life course, i.e. level of education, work experience, current income, accumulated wealth, and intensity of social life. How can the diversity due to social inequality be acknowledged in local initiatives for ageing well? To what extent can these inequalities be reduced, including in the field of intensity of social life?

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