The Competitive Advantage of Age Friendly Cities

Can a city-region create a competitive advantage for itself by embedding age friendliness into its policies and strategies to encourage and support active ageing? On 8th June 2011, 33 delegates from a range of disciplines came together in Newcastle-upon-Tyne to explore the possibilities. Co-hosted by KT-EQUAL, ActiveAge and Inclusive Design for Getting Outdoors (I'DGO), the workshop began with presentations from cities that are part of the World Health Organization's Age Friendly City network, and those implementing age friendliness through other strategies. Together with four break-out sessions, they demonstrated how partnership working is crucial to achieving the principles of age friendliness and vibrant, sustainable places that support lifelong active citizenship.

The context

Ageing populations are often seen as a socio-economic challenge, placing a particular burden on social and health care systems. The World Health Organization argues that this need not necessarily be the case, stating that *"countries CAN afford to get old if governments, international organizations and civil society enact 'active ageing' policies and programmes that enhance the health, participation and security of older citizens"[1].* Indeed, it may be possible to *improve* the competitive advantage of a city-region through supporting the needs of its older citizens and capitalising on their knowledge and skills. This is increasingly recognised by leading thinkers in politics, academia and business, who are pointing to *"a new dynamic in the relationship between ageing and regional competitiveness"[2]*.

[1] World Health Organization, Executive Board, 11 session, Agenda item 2, 2003. Statement by the Director General to the Executive Board

[2] J. Coughlin, Disruptive Demographics: Global Aging, Technology and Innovation, http://www.disruptivedemographics.com/ accessed March 2011

The context (continued…)

It has been estimated that *"people over 65 own 80% of private wealth in the UK, controlling £460 billion in un-mortgaged equity alone – enough money to fund the NHS for 10 years"[3]* . This is an attractive market for any city-region that is able to attract and retain 'boomers' who have money to spend in their retirement years, as well as those who wish to remain in the workplace. What needs to be understood is that these benefits require a co-ordinated and proactive approach to ageing across all beneficiaries, focused on meeting the needs of older people as part of an overall commitment to inclusiveness. As the presentations at **The Competitive Advantage of Age Friendly Cities** demonstrated, it requires the embedding of ageing policies into the strategic framework of a city-region and a break away from 'silo working' across the public, private and third sectors towards collaboration, co-operation and mutualism; underpinned by sound academic research.

The presentations

The KT-EQUAL workshop on **The Competitive Advantage of Age Friendly Cities** was convened by Gregor Rae, who, as Chairman and CEO of the strategic consultancy, BusinessLab, established the ActiveAge programme in 2005. ActiveAge is a collaborative action research programme involving partners from the public, private and third sectors who collectively explore the market opportunities created by the ageing demographic, specifically at technological innovations in the areas of wellbeing, mobility, community and the working environment. The concept of a city or region gaining a competitive advantage by focusing on age friendly policies and practices was originally an idea which ActiveAge presented to the Scottish Government. However, the concept resonated with Newcastle City Council and Newcastle Science City and the latter is now leading an initiative called AdvantageNewcastle, which has set out to answer a simple question:

In the same way that other major cities develop clusters of expertise and know-how in sectors such as medicine, technology, oil and gas and aeronautics, can Newcastle and The North East develop ageing as a competitive advantage?

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[3] P7, Deloitte, 2009. Innovation that Matters: How innovation is currently supported in an ageing society

The presentations (continued...)

A group of organisations in Newcastle has now formed around the 'competitive advantage of ageing' proposition, looking at the policy and step changes required to realise it. Delegates at **The Competitive Advantage of Age Friendly Cities** heard from one of the key participants, Colin Williams. Colin is Director of Transformation at the Adult and Cultural Services Directorate of Newcastle City Council. His presentation focused on a 'needs assessment' model which is being used by Newcastle City Council to establish an age friendly strategy.

Colin began by addressing the question, "why bother with needs assessment?". His answer was based on two key points: that decision making is always better when underpinned by strong evidence; and that the process is a statutory requirement of the Health and Social Care Bill. Colin talked about a 'life course approach' to needs assessment, covering four areas: preparation for retirement; an active old age; vulnerable elderly people; and dependent elderly people. He underlined the need for a 'health improvement ladder' within Newcastle, encompassing:

- A city for all citizens that supports health and wellbeing
- Promoting health lifestyles
- Early diagnosis and case finding
- Crisis intervention and reablement
- Supporting people with long term illnesses
- A dignified end of life

Newcastle City Council has been using the 'needs assessment' model to create a focus on 'real world' outcomes. For example: people having economic wellbeing; people being healthy; and people being safe and free from discrimination. It is easy to see how this is also a means of tackling inequalities, such as communities of geography, socio-economic status, gender etc. Colin ended his presentation by identifying three action domains:

- Addressing the social determinants of health and wellbeing
- Building the capacity of individuals
- Making sure people get the high quality services they need
  (customer experience and outcomes)

The presentations (continued...)

In his presentation to **The Competitive Advantage of Age Friendly Cities**, Colin Williams highlighted the importance of engaging with citizens and professionals to build a rounded picture and consensus that can underpin co-production. In Newcastle, one of the principal stakeholders is Graham Armitage, Programme Director at the Institute for Ageing and Health at Newcastle University. In *his* presentation to the KT-EQUAL delegates, Graham focused on the development of the Campus for Ageing and Vitality on the site of the old General Hospital in Newcastle. He began by explaining why the Campus was needed, highlighting the innovation required to:

- Design and adapt technology for an ageing population
- Exploit the intrinsic malleability of the ageing process
- Mainstream support for older people
- Provide real choice and information
- Tap the massive wealth creation opportunities of an ageing population

Newcastle has a reputation for world-class, multi-disciplinary research and a strong healthcare sector and Graham explained that the Campus for Ageing and Vitality will tap into this existing knowledge and skills base; stimulating further new thinking and innovation. It will also be an "environment for demographic change", addressing the city's rapidly ageing population, its steep social gradient in healthy ageing and its need for economic growth. In terms of 'competitive advantage', it will provide both a physical and operational framework for the public, private, academic and third sectors to work together, with the multi-activity site divided into four interlinked quarters (Business; Academia; Retail; and Healthcare). Working together on developing new products and solutions for an ageing society, existing stakeholders hope to attract new businesses to the city; stimulating regional growth, regeneration and social improvement.

The presentations delivered by both Colin and Graham centred around the importance of capitalising on the opportunity for Newcastle to 'stand out as a city' for its focus on, and expertise in, ageing. A similar purpose was described by Rodd Bond, Director of the Netwell Centre at the Dundalk Institute of Technology, who spoke of the drive, in Ireland, to become less Dublin-focused and develop stronger identities for regional centres; in the case of County Louth, for its age friendliness.

The presentations (continued...)

Ageing-in-place is a priority in County Louth, which has a high proportion of older people living in rural areas; particularly the 'oldest old'. Rodd began his presentation to **The Competitive Advantage of Age Friendly Cities** by acknowledging that this challenge, compounded by the current financial climate in Ireland, has actually stimulated sustainable innovation in service design & delivery, with ICT helping to achieve 'more with less'. Early work towards age friendliness recognised that it was the voice of older people, business, NGO's and grassroots service providers that mattered, with policy and strategy emerging out of the lived experience of older stakeholders. This involved a paradigm shift towards a more positive and holistic view of ageing and longer living; from burden to bounty.

Age friendliness is being addressed in Louth through alignment with the eight key areas of the WHO Age Friendly Cities programme, from transport to respect and inclusion, resulting in the launch of Ireland's first age friendly county initiative. Rodd, who manages the strategy, stressed the importance on working within existing frameworks to maximise resources, minimise duplication of effort and capitalise on early successes. Nine key agencies, including Louth County Council, the Health Services Executive and Dundalk Institute of Technology, are working together through Forums and Alliances to drive forward trans-sectoral actions and co-ordinate and share services. One particular multi-stakeholder collaboration is the Barrack Street housing development, which brokers access for residents to community and primary care services and remote telecare monitoring.

The key challenges identified by Rod in delivering Louth's age friendly strategy revolve around energizing state change and the need to embed innovations in structural financing systems to gain clear relations between investments and revenue/savings. This is particularly important for projects like Barrack Street which have been designed to inform and accelerate sustainable policy development and have stimulated new, or newly delivered, products and services. New areas for Rodd and his team therefore include developing a shared vision of a shared future across domains – including new economics – and pushing for new measures for success and growth, beyond GDP, emissions and admissions. They are also prioritising a more unified model of human action and physical resources and energy and exploring cultural and environmental attitudes and values within longitudinal studies on ageing.

The presentations (continued...)

Initiatives like those taking place in Newcastle and Louth, with their emphasis both on the needs of the local demographic and a desire to stimulate growth, demonstrate that age friendly strategies are at their most successful when they look both inward and outward; addressing issues such as urbanization, climate change and demographic ageing. Models for addressing age friendliness should be adaptable enough to be replicable in other cities, communities and countries, while utilising local mechanisms, or to benefit from synchronicity with external programmes, such as the European-funded BRAID (Bridging Research in Ageing and ICT Development) project, with which County Louth has connections, for example. In her presentation to **The Competitive Advantage of Age Friendly Cities**, Glenda Watt of The City of Edinburgh Council talked to delegates about how and why Scotland's capital has become A City for All Ages and, since 2006, a member of the World Health Organization's Global Age Friendly Cities programme. Again, it was a synchronicity between the city's own Plan for Older People and the aims of the international WHO initiative that strengthened the case; with terms such as 'social justice' bringing new momentum to existing workstreams and objectives.

One of the key contributions Glenda made to the KT-EQUAL workshop was to share evaluation tools and outcomes. These can be traced back to an initial review of Edinburgh's services for older people over ten years ago, appraising how they could be targeted more effectively at making the city a better place for older citizens. The resultant Plan for Older People, A City for All Ages (ACAA), mapped out mechanisms for enabling the full social and economic inclusion of older people in Edinburgh. A joint arrangement between The City of Edinburgh Council, NHS Lothian and various voluntary and commercial partners, ACAA culminated in two Action Plans – 2000-2005 and 2007-2010 − which were linked to a wider vision for the city, during the first phase, and Scotland as a whole, during the second.

Evaluation of A City for All Ages has now taken place. It looked at how the plan: engaged older people; delivered on six strategic aims through activity areas and action points; and either utilised existing mechanisms to roll out new transport, community care and lifelong learning initiatives, for example, or transferred resources into new models. An Evaluation Checkpoint Group of independent and academic members managed the process, consulting all stakeholders, including older people. Measurement against the six strategic aims drew on official progress reports, made annually to Council, partners and stakeholders, other documents and reports, statistical information and informal interviews and discussion groups.

The presentations (continued...)

An evaluation report on A City for All Ages was submitted to the City of Edinburgh Council in May 2011. It found that the plan was a significant asset to the city and its older population and that "actions had been advanced against all objectives with evidence of measurable improvement". "Pioneering progress" was said to have been made in areas including transport and accessibility, health and wellbeing and opportunities for keeping active. A key point was that "many of the strategic aims require continuing effort rather than being permanently achieved".

The inclusiveness of Edinburgh's built and natural environments is central to the progress made in allowing older people to move around the city to access services and to utilise its urban greenery for physical and social activity. As Strategy Manager, Glenda Watt has made links with, and utilised evidence from, researchers including Catharine Ward Thompson of OPENspace. Catharine is a Co-investigator of KT-EQUAL and also spoke at **The Competitive Advantage of Age Friendly Cities**. Her presentation focused on the EPSRC- funded research project, Inclusive Design for Getting Outdoors (I'DGO); evidence from which has been cited by the World Health Organization in *Global Age-Friendly Cities: A Guide* (WHO, 2007).

I'DGO was established in 2003 to explore if, and in what way, the ability to get out into one's local neighbourhood impacts on older people's quality of life and what barriers there are to achieving this day-to-day. 770 people participated in the first phase, which found that, if an older person lives in an environment that makes it easy and enjoyable for them to go out, they are more likely to be physically active and satisfied with life. They are also twice as likely to achieve the recommended levels of healthy walking (2.5 hours per week). The main reasons participants gave for going outdoors were to socialise, exercise, get fresh air and experience nature.

If an older person cannot get out locally, they are effectively 'a prisoner in their own home', with a significantly reduced chance of being able to live independently and a diminished quality of life. However, auditing by Inclusive Design for Getting Outdoors has found that a typical street contains a number of barriers to getting around as a pedestrian; findings corroborated in 200 interviews with older people. Challenges include a lack of wide, car-free paths, seating and toilets, attractive trees and waterscapes, or the poor design and maintenance of existing amenities. Crucially, these environmental shortfalls often compound personal limitations and social circumstances, as well as concerns about crime, danger from traffic and the scale, mix and layout of some higher-density neighbourhoods.

The break-out groups

The afternoon session of the KT-EQUAL workshop on **The Competitive Advantage of Age Friendly Cities** was given over to four break-out groups to allow the delegates to discuss the issues raised in the presentations, both amongst themselves and with the presenters.

Group 1 (Joanna Rae): Why age friendliness should be a strategic priority

This group started by discussing what was meant by 'age' and 'ageing' and how we view these terms. The group emphasised that not all older people are the same and felt that ageing occurred throughout the lifespan, not at a certain age. They therefore felt that we should move towards a more holistic approach, 'life planning', rather than just addressing age friendliness for older people. The key reasons why this should be a strategic priority, as discussed by the group, were:

- The number of older people in society and the speed at which society is ageing.

- The workplace. More people will be working longer and we need to make this easier for employee and employer.

- Everyone will get older. We are all just at different stages in the process but we need to be more prepared earlier.

- We should therefore be looking further ahead, much further than the next 5 years, looking at how different generational expectations will change.

- 80% of private wealth owned by the over 55's and therefore they have more buying power – important for business to keep older people active and in the community spending money.

- Accessibility – lifetime homes – and neighbourhoods should be accessible. Even if you don't need this at your stage of life your granny might or someone else close to you.

- We should focus more on 'people friendly' – dealing with physical decline is different from cognitive decline.

The break-out groups (continued...)

Group 2 (Glenda Watt): The importance of being able to measure and compare age friendliness

Points raised were in the context of the Edinburgh experience and focused on evaluating action areas, such as the environment and landscape design, transport and libraries, and campaigns. It was felt that all evaluation should involve:

- Being clear about what is to be measured.

- Engaging older people at the outset, for example with writing the brief.

- Asking older people – is this working for you, if not why not? – bearing in mind that some may have experienced too much consultation and no feedback.

- Being aware that measuring change of attitude is difficult and that a number of variables can impinge on responses and perceptions.

- Considering a small geographical area first.

- Considering intergenerational activity, as issues can be the same for all ages.

- Gathering and cross-referencing different levels of data to build the picture, including statistics, interviews, group discussions and reports.

- Being realistic about action following consultation and the implications of the evaluation for all stakeholders.

Group 3 (Gregor Rae): Partnership and collaboration to deliver shared strategic goals

Points raised were in the context of the Newcastle experience…

- There are good examples of how public-private sector collaboration has worked in the transport sector to improve customers' travel experience. Collaboration per se is the means to the end – which is improved customer service.

- Innovative intervention by public sector agencies, designed to stimulate and support collaboration between SMEs, has proven to be effective. There are examples of large scale contracts that have been won by collaborative consortia od SMEs, supported by economic development agencies in the UK.

The break-out groups (continued...)

- The current blend of economic and financial constraint and public sector procurement policies are combining to make collaboration essential for the third sector. Yet public sector procurement does not encourage collaborative solutions and business models.

- There is considerable inertia and resistance to change on the part NHS commissioners – which makes new, innovative collaborative models appear risky and unattractive.

- There is still a perception that the welfare state should and will provide. This results in a centralist culture, which runs counter to the concept of creative facilitation and collaborative solutions involving many external players.

- The rise of multi stakeholder community projects and interventions over the past 10 years has created a demand for more effective collaboration between public, private and third sector players.

- Social care, NHS and public health commissioning should be designed around integrated outcomes and should encourage collaboration between service providers.

- Historically, public private sector collaboration has been stimulated by an opportunity or a crisis. We have an economic crisis demands collaboration and innovation.

- Collaboration can be a means of building local capacity within local SMEs.

- An effective collaborative model has to be ambiguous enough for everyone to feel a sense of ownership, and robust enough to hold everyone together.

- Often there has to be a total failure of the traditional approach for organisations to feel that they have nothing to lose in collaborating and they can afford to put their trust others.

The break-out groups (continued...)

Group 4 (Máire Cox): How age friendly research can be of practical value to the community

This group's discussion focused on the mechanisms for using what is learned through sound academic research to implement real change on the ground. The facilitator, Máire Cox, spoke about her role as a Communicator for the Inclusive Design for Getting Outdoors research consortium; a post that is funded specifically to disseminate I'DGO findings among non-academic audiences.

The group flagged up the importance of partners to the process (I'DGO has almost 40 drawn from industry, government and the not-for-profit sector) and discussed how liaison with professional institutions and associations could embed age friendly principles and ideas into accreditation processes and the development and assessment of standards. Discussion on where research could go in the future – namely in exploring the importance of outdoor space and soft/green/vertical landscaping for people with dementia – led to thinking about how the views and experience of participants with dementia could be captured and validated.