PLEA 2017 EDINBURGH
Design to Thrive

Living with dementia condition in modern cities. Does urban renewal help vulnerable ageing population today?

Eleni Tracada[1]

[1] Department of Mechanical Engineering and the Built Environment, College of Engineering & Technology, University of Derby, Derby, United Kingdom, email E.Tracada@derby.ac.uk

Abstract: Current debate on ageing in urban environments focuses on how designers and planners develop age-friendly cities or communities. Since 2007, World Health Organisation has been supporting "active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age"; a global network of age-friendly cities has been launched and city councils are now engaging with local communities to transform urban areas into healthier and fully inclusive places. In 2014, the National Health Service (NHS), UK published their Five Year Forward View for three health, care and financial gaps to be closed. The NHS is currently running a new pilot long-term partnership with five cities' areas to develop healthier neighbourhoods by modernising services and integrating health and social care with welfare, education and affordable housing. The author of this paper and her colleagues formed a special cluster at their University to review recent national and international initiatives, such as the ones mentioned above. Their intention is to evaluate case studies and proposals related to ageing population with special needs and conditions, such as dementia, and apply innovative ideas of integration of arts not only in health places, but also in deprived neighbourhoods.

Keywords: Active ageing, urban renewal, dementia condition, health and social care, inclusive neighbourhood plan

Introduction

A year ago the author was invited by academics/colleagues from the College of Health and Social Care at her University to take part in initial discussions and presentations of ideas to be eventually developed as near future research projects. After two-three initial monthly two hour sessions, a cluster of researchers from a various disciplines was formed with interest in arts, architecture, social care and health (gerontology). Some participants were related to external organisations and/or attracted and brought in the cluster other people working or being involved with charity and arts' organisations, such as dementia carers' organisations or special theatrical groups often performing at the University dedicated theatre or other performance spaces run by local organisations, such as Déda (See further below). At the moment the cluster is known as an interdisciplinary group of people with the provisional title *Arts in Health: Arts in Dementia/Arts and Social Gerontology Research Cluster*. During the monthly sessions, the cluster coordinator and other members engaged in individual presentations of own research and experiences in previous years; these activities offered to all members of the cluster the opportunity to identify themselves in some particular research directions; a subdivision into four groups/work packs occurred with specific areas of interest. All four work packs are going to seek funding and develop project ideas related mainly to Arts and Health/ Dementia life condition. The four work packs have got provisional names:

Carers/Places and Spaces, Giving Voice, Intergenerational Aspects & Integrated Care and Participatory Arts as a Public Health Provision.

The author is co-Leader of the work pack called *Carers/Places and Spaces* with area of interest mostly on the following:

- Making the lives of carers better;
- Families for those cared for;
- What would self-help look like in relation to people with dementia;
- Performance & Spatiality (happening in space);
- Interactive/creative neighbourhoods.

Before starting writing specific bids, the cluster decided to spend more time and get involved in some initial activities and investigation on Dementia and Arts impact on people living with this condition. Last year, for example, the author and her colleagues had the opportunity to participate to a taster and consultation event on Arts and Dementia organised by Déda. They were invited by the Head of Dance Development & Learning of *Déda*, initially named as *Derby Dance* in 1991 and established as a local dance development agency based at Derby Playhouse. They became one of the first national lottery funded capital projects to move to new premises in 1997. The name of the organisation changed to *Déda* in 2008. This is the only dedicated dance house in the East Midlands region, acting as a local, regional and national resource for dance artists and the wider arts community. In their mission statement we find that:

> Déda's mission is to deliver an exceptional programme of dance, contemporary circus and outdoor work to as wide an audience as possible and be recognised for our outstanding contribution in the field of Dance Development and Learning.
> (Déda, www.deda.uk.com, on 13/04/2017)

The author and her colleagues had participated in indoors and outdoors activities in which they tasted dance with people living with Dementia and their carers; they had the opportunity to get the feel of the project and understand the importance of participatory arts as public health provision for older people in the community and their carers, too. This particular experience led to decisions of integrating arts in the ordinary lives of both carers and people with Dementia condition in *Carers/Places and Spaces* work pack. The author's experience gained during this event also reinforced her belief that providing the conditions for free human flows in spatiality (happening in space) is more important than just designing spaces or places according to regulations only or being enclosed by rigid borders which are highly restrictive for people with special needs and conditions. Codes or signs of directions in urban spaces should be based mainly upon the principles established by the living conditions of the people rather than rigid grids and geometries. The author's experiences in urbanism and ongoing cooperation with experts in this discipline has affected her recent research projects and proposals enormously.

In December 2016 the Arts in Health: Arts in Dementia/Arts and Social Gerontology Research Cluster held a meeting during which a special workshop took place: a *Dementia Friends Information Session*. The session was delivered by one trained volunteer or Dementia Friends Champion and, at the end of it, all participating members of the cluster, including the author, became Dementia Friends (an Alzheimer's Society initiative) and created an account by registering at www.dementiafriends.org.uk; all members filled the *action mailer* and pledged an action. The author and her work group *Carers/Places and Spaces* pledged to campaign for change through teaching and research activities related to innovations not only in housing and services, but also in urban places; the aim is to improve the lives of people

with dementia as well as the lives of the people caring and assisting them. This pledge was prompted by the Dementia Friends Information Session during which all cluster members learnt that *"dementia is not a natural part of ageing … it can affect thinking, communicating and doing everyday tasks; it is possible to live well with dementia; there is more to a person than the dementia"*(Leaflet: *Welcome to Dementia Friends*)

Case studies investigated to date - Discussion

The Carers/Places and Spaces group had also separate meetings to discuss details on research viewpoints and opportunities for funding. In August 2016 the author was asked by the cluster to present some inspiring case from the past; she created a presentation on *Historical past of hospices in Florence*; the presentation showed a historical route/path through the hospices/hospitals of Florence which is still working through the Santa Maria Nuova Hospital as urban connection and walk through. This particular communication path was once meandering unobstructed along piazza porticos, internal courtyards, through buildings and along corridors in order to connect ordinary people and their daily routine activities, such as markets and arts production, with healing places, such as the Santa Maria Nuova Hospital; the author revealed how art from the *Academia del Disegno* has been incorporated inside one of the oldest hospitals in Europe (founded by religious orders during 12th century) and how this integrations of arts has been contributing to carers and patients wellbeing.

Then, the author and her group carried out research on available literature and relevant publications and especially on latest developments on ideas and proposals for inclusive designs of entire neighbourhoods and inner-city or suburban areas as national and international projects. Thus, a first important document of great significance appeared; this is document published by the National Health Service (NHS) in England in July 2015: the *Forward View into Action*: Registering interest to join the healthy new towns programme. It is stated: *"The ambition of this programme is to go beyond existing good practice, developing new and creative approaches that offer the potential to make a substantial contribution to closing the three gaps* [health gap, care gap and financial gap]*"* (NHS, www.england.nhs.uk, on 14/04/2017, p2).

In this document mentioned above, we find that: *"Many areas already promote health and wellbeing through "place-shaping", including through better housing and urban design, and access to well-designed public spaces and facilities"* (NHS, www.england.nhs.uk, on 14/04/2017, p2). However, according to earlier discussions between local authorities and the NHS in 2014, these considerations were found not sufficient to tackle some important issues.

Thus, the *Forward View into Action* document in 2015 defines clearly the three core objectives as follows:

a. To develop **new and more effective ways** of **shaping new towns, neighbourhoods and strong communities** that promote health and wellbeing, prevent illness and **keep people independent**;

b. To show what is possible when we radically rethink how **health and care services** could be delivered, **freed from the legacy constraints** (i.e. existing services) that operate in other areas. This will support the **New Models of Care programme** by adding to the learning about how health and care services could be integrated to provide **better outcomes** at the same **or lower cost**;

c. **To accomplish the first two objectives in a way that can be replicated elsewhere**, making learning available to other national programmes as well as other local areas. (NHS, www.england.nhs.uk, on 14/04/2017, p2)

We have highlighted the most important points in the objectives above in bold fonts, because in our work pack we need to focus mainly on new radical models of care which will be integrated in new ways of designing and modelling not only new towns, but also renovating, or better, revitalising existing often rundown neighbourhoods in order to create strong communities of people of all ages and, especially keeping ageing population independent, without unnecessary constraints and barriers. All people should be cared to keep active whatever their conditions are, because, as Dementia Friends, we are fully aware that dementia is not a natural part of ageing; ageing population is mainly concerned about urban and housing designs that they may not offer them independence first and low costs of living.

In the 2015 *Forward View into Action*, NHS states that they cannot accomplish their three objectives above alone. Therefore they have invited areas with imminent population growth and housing needs to work with them to develop few *"radical new approaches to shaping the built environment"* (NHS, www.england.nhs.uk, on 14/04/2017, p3). We are citing here the first, third and fourth points on conceivable approaches, as stated in the same document, as we think that those should be also points of consideration to be encompassed into our own ideas and proposals:

- Building healthier homes and environments that support independence at all stages of life. We would like to explore new ways of integrating housing, care and communities to keep people independent and in their own homes. For those who do need support, more innovative residential care facilities may be combined with flexible housing options and step-up or respite care.
- Implementing a new 'operating system' for health and care that achieves "triple integration" between primary and secondary care, mental and physical health, and health and social care. This means developing a flexible health and care infrastructure that is linked to specialist care when needed, but provides many more services in the home, in primary care and alongside other public services. This infrastructure would also provide a strong platform for people to manage their own health and care, together with their peers and the voluntary sector, by making the most of mobile and digital channels.
- Creating connected neighbourhoods, strong communities and inclusive public spaces that enable people of all ages and abilities from all backgrounds to mix. Examples include 'dementia-friendly' design or ensuring that public spaces include features such as public toilets or benches that can make the difference between people being able to get out and about and being confined to their homes.

  (NHS, www.england.nhs.uk, on 14/04/2017, p3)

At the time of this call in 2015, the NHS was seeking to establish some ambitious partnerships with local areas through which to develop healthier neighbourhoods and towns. Thus, they have invited expressions of interest from sites across England which are going to consider developments at different scales (from neighbourhood schemes as small as 250 homes to sites of 10,000 homes or more). The expression of interest had to be through a two pages long form; a lead partner had to be identified for the proposal, as well as other key stakeholders, including the Local Planning Authority. Where lead partners are not local authorities or statutory planning bodies, then, they may be housing associations, NHS Trusts and Foundation Trusts, private developers and land owners. In the *Registration of interest for healthy new towns programme* form, amongst the four questions, we can find that Question 3 asks how the proposed scheme is going to promote health and wellbeing through

the built environment and how the NHS could support the partnership to deliver their ambition. Conversely Question 4 asks if there are any opportunities to redesign how health and social care is delivered in the proposed development and, again how the NHS could support the partnership to deliver this (NHS, www.england.nhs.uk, on 14/04/2017, p7).

In a recent article Urban Design magazine by Daniel McDonnell, Strategy Programme Manager, NHS England, at first we find out that *Forward View into Action* was also announced in a publication of Town and Country Planning Association & Public Health England in 2014 (www.tcpa.org.uk, on 14/04/2017). The same author (McDonnell, 2017) affirms that the built environment is not a routine territory for the NHS, but, because of increasing numbers of ageing population living longer and often in poorer health, the NHS recognises *"an opportunity to ensure that homes and neighbourhoods promote wellbeing and enable independence. Planning and urban design can play a crucial role in achieving this"* (McDonnell, 2017, p22). He also affirms that, across England, local authorities, providers and commissioners of health and social care are currently planning how they will deliver services jointly for the future; it is also noted that this kind of partnerships are also putting together Sustainability and Transformation Plans (STPs) and that, NHS Healthy New Towns programme has now selected ten demonstrator sites from 114 expressions of interest, as it was announced in March 2016 (McDonnell, 2017).

Although in most sites we see that a lot of effort was made, for example, for "walkable and cycleable community" developments, such as for Bicester Healthy New Town (McDonnell, 2017, p23), very limited information is provided about health and social care. Bicester Healthy New Town is also promoted as an Eco-Town (Figure 1.). It is noted that in some Healthy New Towns programmes, such as Barton Healthy New Town, Oxford, for example, some demonstrators of new, joined-up models of care are being developed as form of health and wellbeing centres, where several services will be co-located. However, as Strategy Programme Manager at NHS England, Daniel McDonnell discloses that the NHS has major programmes in progress *"to make healthcare provision more efficient and to improve the experience of patients by redesigning and joining up healthcare services, such as through Multi-Speciality Community Providers (MCPs) and Primary and Acute Care Systems (PACS) models"* (McDonnell, 2017, p23).

On the other hand, McDonnell refers to Barton Healthy New Town as a housing development which is being used as a driver to regenerate and connect with the existing neighbourhood; he also refers to Barton's proposals to convert an existing neighbourhood centre into a Healthy Living Centre, whilst the Oxford's John Radcliffe Hospital will bring services from the hospital to be embedded within the community. However Layla Mc Cay's article in the same issue of *Urban Design* makes more connections with what we are interested as research group inside our Arts and Dementia cluster, although the author explains a more holistic view on Designing Mental Health into Cities. (McCay, 2017).

The same author affirms that often urban living is related to mental distress; she also insists that: *"There are four main factors in urban living which can contribute to mental health problems: pre-existing risk factors, disparities, overload, and loss of protective factors"* (Mc Cay, 2017, p25).

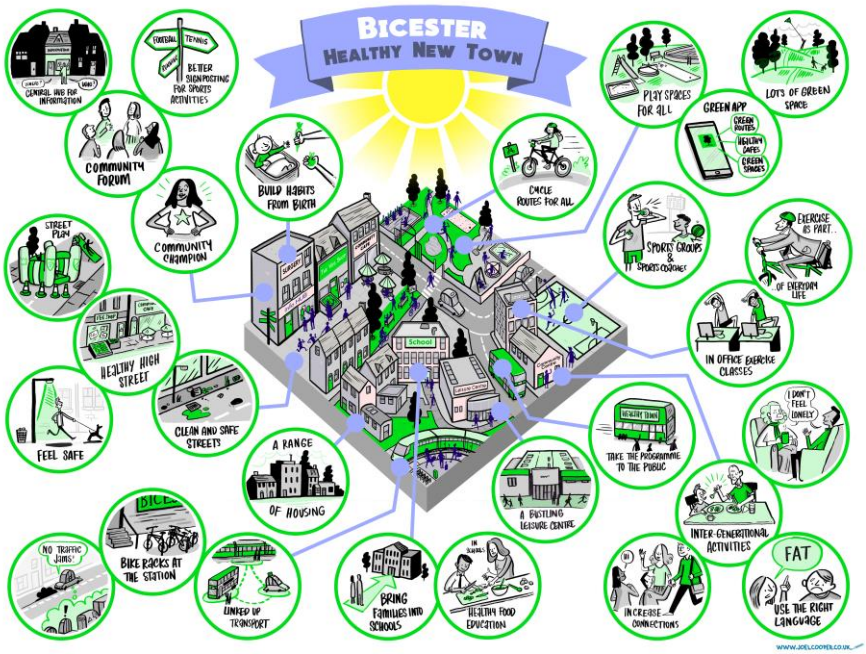

Figure 1. Stakeholders' visualisation of the programme for Bicester Healthy New Town (Source: http://www.oxfordshireccg.nhs.uk/your-local-area/localities/north-east/bicesters-new-healthy-town-programme/)

Layla McCay also refers to activity in daily routines which is one of the most important urban design opportunities for mental health. According to this author, exercise can *"reduce stress and anxiety, and help to alleviate some of the symptoms associated with ADHD, dementia, and even schizophrenia"* (Mc Cay, 2017, p27). By referring to creating pro-social places, McCay is convinced that urban strategies should *"facilitate positive, safe, natural interactions amongst people and foster a sense of community, integration and belonging"* (Mc Cay, 2017, p27).

Figure 2. New York City: An outdoor public garden courtyard hidden within the Noguchi Museum (Source: https://www1.nyc.gov/assets/ddc/downloads/DDC-Guiding-Principles-2016.pdf, p102)

Layla McCay is the Director of the Centre for Urban Design and Mental Health which was founded in 2015; this is a global think tank with main intend to explore opportunities to design better mental health into cities. This means that experts' and designers' main concerns should be towards better integration of urban design and mental health promotion, although this happens rarely in city policy making and planning. McCay praises only New York

City's *Design and Construction Excellence 2.0 Guiding Principles*, as one example, addressing mental health meaningfully. For example, on page 102 of the Guiding Principles (www1.nyc.gov/assets/, on 14/04/2017), we can see an outdoor public garden courtyard hidden within the Noguchi Museum in Astoria with the purpose to promote a design for Therapeutic Environments (Figure 2.)

Developing age-friendly cities is one of the main concerns of World Health Organisation (WHO) since 2002; three important publications/reports from 2002 to 2007 were produced and disseminated around the globe. In WHO *Global Age-Friendly Cities: A Guide* in 2007, we see that three issues require particular attention:

- First, recognising the diversity of cities and the implementations for the 'age-friendly approach.
- Second, developing new forms of 'urban citizenship' which recognize and support changing needs across the life course.
- Third, creating opportunities to involve ageing populations more effectively in the planning and regeneration of neighbourhoods.

(Buffel et al, 2012, p606)

Several authors (Buffel et al, 2012) believe that making cities more *age-friendly* will require radical interventions for involving older people as key actors in setting the agenda for future urban development; they should not be invisible in the implementation of urban regeneration, for example. It is also noted that there is need to develop strategies with awareness of contrasting issues faced by different ethnic groups, people with particular physical or mental health needs, etc.

Conclusion

The author and her colleagues in Carers/Spaces and Places group are currently considering and studying documents and reports produced for the Australian Housing and Urban Research Institute (AHURI) at University of Tasmania and University of Adelaide in June 2015 (AHURI Final Report No. 242). The main reason is that the author is currently engaging with and also working in a partnership action group with local authorities, housing associations for social and private housing, social workers, health services and other relevant NGOs in order to investigate on a rundown urban area in which issues related to all ages inhabitants have been identified. In particular, this area will be a pilot scheme for research and proposed solutions for intensive neighbourhood regeneration; an increasing ageing population with health and other problems, such as extreme poverty, has been identified in that area and mainly supported by youths often unemployed.

The author found out that Designing for Older People in the AHURI report (www.ahuri.edu.au, on 13/04/2017) and relevant attachments show that a variety of scenarios needs more inclusive interventions in housing and re-organisation of deprived areas. In the scheme to be piloted by researchers of the author's team and the local authority, there is a lot to be done as initial investigation at first, as many elderly people are still to be diagnosed for any mental health issues and other conditions, such as dementia. Whatever the condition, all people deserve to live well for the rest of their lives, including carers. Therefore, all our team has pledged for change starting from a small area and with intention to promote ideas at regional and national level in the next couple of years. This is not an ambition only; it is a professional challenge that we have duly pledged, as we are also planning to carry out extensive consultation with people with dementia and family carers by following the example of section 4 in the AHURI report mentioned above.

References

Buffel, T., Phillipson, C., & Scharf, T. (2012). Ageing in urban environments: Developing 'age-friendly' cities. *Critical Social Policy*, 32(4), pp. 597-617.

Déda. *Vision & Values*. Available at http://www.deda.uk.com/about-us/vision-values/, accessed on 13/04/2017.

Gabriel, M., Faulkner, D. & Stirling, C. (2015). *Housing priorities of people with dementia: security, continuity and support*. AHURI (Australian Housing and Urban Research Institute). Available at https://www.ahuri.edu.au/__data/assets/pdf_file/0011/2117/AHURI_Final_Report_No242_Housing-priorities-of-people-with-dementia-security,-continuity-and-support.pdf, accessed on 13/04/2017).

Leaflet: *Welcome to Dementia Friends-Changing the way people think, act and talk about dementia.* Alzheimer's Society.

McCay, L. (2017). Designing Mental Health into Cities. *Urban Design*, Spring 2017 (142), pp. 25-27.

McDonnell, D. (2017). What is a Healthy New Town? *Urban Design*, Spring 2017 (142), pp. 22-24.

NHS. (2015). *The Forward view into Action: Registering interest to join the healthy new towns programme*. Available at https://www.england.nhs.uk/wp-content/uploads/2015/07/healthy-new-towns-prospectus.pdf, accessed on 14/04/2017.

NYC DDC. (2016). *Design and Construction Excellence 2.0 Guiding Principles.* Available at https://www1.nyc.gov/assets/ddc/downloads/DDC-Guiding-Principles-2016.pdf, accessed on 14/04/2017.

Town and Country Planning Association & Public Health England. (2014). *Planning healthy-weight environments.* Available at https://www.tcpa.org.uk/healthyplanning, accessed on 14/04/2017.

World Health Organisation. (2002). *Active Aging: A Policy Framework*. Geneva: WHO.

World Health Organisation. (2007). *Global Age-Friendly Cities: A Guide*. Geneva: WHO Press.

World Health Organisation. (2007). *Checklist of Essential Features of Age-Friendly Cities*. Geneva: WHO Press.

UN-HABITAT. (2010). *State of World's Cities 2010/2011.* London: Earthscan.