



Public Health
England



Protecting and improving the nation's health

A consensus on healthy ageing

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing and reduce health inequalities. We do this through world-leading science, research, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England

Wellington House

133-155 Waterloo Road

London SE1 8UG

Tel: 020 7654 8000

www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk)

Facebook: www.facebook.com/PublicHealthEngland

Prepared in partnership by Public Health England's Life Course Team and the Centre for Ageing Better.

With thanks to the Task and Finish Group for their active participation in the development of this document.



© Crown copyright 2019

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogil.io). Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

Published October 2019

PHE publications

gateway number: GW-824

NHS Publishing Approval Ref: 000976

PHE supports the UN

Sustainable Development Goals



Joint foreword



Duncan Selbie
Chief Executive
Public Health England



Anna Dixon
Chief Executive
Centre for Ageing Better

Longer lives are one of society's greatest achievements. We should take pride in the developments in public health and medical treatment that mean we are living longer. With over half of adults expected to be 50 or over by 2035, we must seize the opportunity to enable more people in later life to be happy, healthy and active, and to use their skills, knowledge and experience to benefit the wider community.

Currently, too many people spend a significant proportion of their later life in poor health, or managing a disability which could have been prevented, and there are huge inequalities in healthy and disability-free life expectancy across the country. These years spent in ill health are not inevitable, and many of the factors that cause people to age differently can be prevented or the impact mitigated through public health interventions.

Public Health England, together with the Centre for Ageing Better and partner organisations across the country, has developed this consensus statement on healthy ageing. It sets out our vision for making England the best place in the world to grow old. Delivering this vision is everyone's responsibility and over 60 organisations have already shown leadership and signed up to this statement. Significant actions are now required across society to make this vision a reality. This is an active document and we will continue to encourage organisations to sign up.

This consensus statement contributes towards the government's ambition for everyone to have 5 extra years of healthy, independent life by 2035 and to narrow the gap between the richest and poorest. With the commitment to the Ageing Society Grand Challenge in the Industrial Strategy and the launch of the NHS Long Term Plan, along with the World Health Organization announcing a Decade of Healthy Ageing, there has never been a better time to challenge ageism and realise the potential of people in later life.



Duncan Selbie



Anna Dixon

Contents

About Public Health England	2
Joint foreword	3
Consensus statement	5
List of signatories	8

Consensus statement

This is an initiative created and supported by a range of organisations across national and local government, charity and voluntary organisations, public health, academics and the NHS, and has been facilitated by Public Health England and the Centre for Ageing Better. Its purpose is to set out our shared commitments on healthy ageing and to demonstrate our leadership as we enter the World Health Organization's Decade of Healthy Ageing 2020-2030.

Improved living standards, medical advances and public health initiatives have given many of us longer lives. Someone 65 years old today can expect to live to 85, nearly 10 years longer than their parents' generation. By 2041, one in 4 people living in the UK, around 20.7 million individuals, will be aged 65 and over. These additional years of life offer great opportunities for us as individuals, for communities, for society, and for the economy.

However, not everyone benefits equally from longer lifespans. An accumulation of disadvantages in education, employment and living conditions and variations in social care and health services mean that people in the most deprived circumstances can expect to spend 20 fewer years in good health than those who are better off and live in the least deprived areas of the country. And many of us, wherever we live and whatever our income, may have mental or physical health conditions and functional limitations as we age that we need to manage well to enjoy a high quality of life in later years.

Our vision is for England to be the best place in the world to grow older, giving everyone the opportunities and support they need to have a healthy and good quality later life and making the best use of the strengths, skills and experience of older people.

As signatories to this statement, we pledge to uphold the commitments set out here, to challenge and support others to do the same, and to promote collaborative action to achieve our vision.

We commit to:

- 1. Putting prevention first and ensuring timely access to services and support when needed.** Everyone should have the opportunity to live, work and age in the conditions that support good health – good quality work, financial security, safe and secure housing and flourishing communities. Evidence-based interventions targeted at an individual level like strength and balance classes, smoking cessation support, and treatment for alcohol dependence need to be complemented by population-level policies across government, for example food

marketing and reformulation. As well as this, people should from an early age be encouraged through education, awareness-raising and empowerment to have control of their own health. If people experience a decline in their health and functional ability, we want to ensure they have timely access to high quality health, care and rehabilitation services and to personalised support and adaptations that will help them remain independent. A person's changing needs should not be a barrier to maintaining or improving health and being able to continue to do the things that they value.

- 2. Removing barriers and creating more opportunities for older adults to contribute to society.** We want to provide workplaces that support health at work, create flexibility in roles if needed, and recruit, develop, promote and retain staff of every age. We want to implement policies and practices that support unpaid carers. And we want an inclusive approach to supporting older adults to volunteer, including opportunities for older people to provide mentoring and peer support. There should be a focus on extending opportunities to remain engaged with creative, learning and cultural activities as we age. We want to remove barriers to participation by providing more flexible opportunities for engagement and access to affordable transport, and by ensuring people's contributions are valued and that they are supported to develop new skills.
- 3. Ensuring good homes and communities** to help people remain healthy, active and independent in later life. Poor housing can contribute to and exacerbate many long-term health conditions. We want to improve the quality of our existing mainstream housing stock and future-proof new homes, ensuring they are built to be accessible and adaptable. We also want more diverse housing options that meet the needs of older adults across all tenures – home ownership, social housing and the private rented sector. With a growing proportion of older private renters, we want to improve conditions in the poorest quality private rented accommodation and identify ways of supporting low income owner-occupiers to access funds to repair and improve their homes. To support people to remain connected as they age, we want to ensure the provision of accessible transport links and good quality green spaces, maintain services and facilities as close to people's homes as possible, and adopt a range of community-centred approaches that support and encourage community participation among people of all ages.
- 4. Narrowing inequalities** in years of life lived in good health between richer and poorer people, between different population groups and between different areas of the country – focussing efforts on those most at risk. Ageing is inevitable but how we age is not. Collectively, we need to act across the lifecourse to ensure that everybody has the same opportunities to achieve a good education, good

work, financial security, a decent home, and to develop and maintain connections to family, friends and a supportive wider community. These are the protective factors that underpin good mental and physical health and that help people develop and maintain resilience throughout their lives. Those who have not built up this resilience are more disabled by their environments – such as poor housing – in later life. Alongside this, we want to ensure that health and social care services are timely, appropriate and accessible to the whole population, irrespective of wealth or geographical location.

- 5. Challenging ageist and negative language, culture and practices** wherever they occur, in both policy and practice. Language and imagery that stereotypes people in later life as feeble, not fit for work, lonely and incapable, or not deserving of health treatment ignores the huge diversity of backgrounds, experience and ambition of the millions of people who are older. We should see a reflection of that diversity and a more realistic and representative picture of later life that values ageing and older people. We want to shift the conversation to one which celebrates and recognises the successes and benefits of an ageing population.

These 5 commitments together, when fully realised, will go a long way towards achieving our vision: for England to be the best place in the world to grow older. Action by people, communities, national government (for example via the Industrial Strategy Ageing Society Grand Challenge), local authorities, the NHS, the research community, businesses, employers and voluntary and community organisations can help provide everyone with the opportunities and support they need to have a healthy and fulfilling later life. Join us in helping make this happen.

List of signatories

Age UK
Agile
Allied Health Professionals Federation
Alzheimer's Research UK
Alzheimer's Society
Arthritis and Musculoskeletal Alliance
Association of Ambulance Chief Executives
Association of Directors of Public Health
Association of Directors of Adult Social Services
British Association for Counselling and Psychotherapy
British Dental Association
British Geriatrics Society
British Society of Gerodontology
Campaign to End Loneliness
Canal and River Trust
Care and Repair England
Carers UK
Centre for Ageing Better
Centre for Mental Health
Chartered Society of Physiotherapy
Council for Work and Health
Dental Professionals Alliance
Department of Health and Social Care
Design Council
EngAgeNet
Faculty of Dental Surgery, Royal College of Surgeons of England
Faculty of General Dental Practice (UK)
Faculty of Public Health
Housing LIN
Independent Age
Institute for Employment Studies
International Longevity Centre UK
James Nazroo, Professor of Sociology, University of Manchester and co-Director of Manchester Institute for Collaborative Research on Ageing
John Deanfield, Professor of Cardiology, University College London
Living Streets
Mental Health Foundation
National Fire Chief's Council
National Housing Federation

National Oral Health Promotion Group
National Police Chief's Council
Natural England
Newcastle University Institute for Ageing
NHS England and Improvement
Oxford Institute of Population Ageing
Physiological Society
Professor Carol Brayne CBE, Professor of Public Health Medicine, University of
Cambridge and Director of Cambridge Institute of Public Health
Professor George Peat, Professor of Clinical Epidemiology, Keele University
Public Health England
Royal College of Psychiatrists
Royal Institute of Chartered Surveyors
Royal Osteoporosis Society
Royal Pharmaceutical Society
Royal Town Planning Institute
Social Care Institute for Excellence
Society of British Dental Nurses
Society of Occupational Medicine
Sport England
St John Ambulance
The Age of No Retirement
The British Association for the Study of Community Dentistry
The Health Foundation
The Race Equality Foundation
Turning Point
UK Active
UK Public Health Register
University of Northumbria
University of the Third Age
Urban Design Group
Versus Arthritis

If your organisation is interested in becoming a signatory, please email:
ageingwell@phe.gov.uk