

The Centre for Ageing Better, 1 Plough Place, London EC4 1DE



Wednesday 9<sup>th</sup> April 2014

Dear Colleagues,

### **Centre for Ageing Better: Consultation Paper**

In 2013 the BIG Lottery Fund approved the investment of £50 million to develop the Centre for Ageing Better. BIG intends the Centre to be a world-leading hub to apply and promote evidence of what makes for a better quality of life in older age and so help empower people to stay active, healthier and happier for longer.

Whilst the Centre has been promoted by Government and BIG it will be established as an entirely independent charity that will work actively with a wide range of stakeholders to shape its work and make change happen.

This investment presents a unique opportunity to help make a step improvement in the lives of older people and maximise the benefits of our ageing society.

The Centre has now appointed a strong Board of Directors, a development grant has been awarded by BIG, and an interim team is in place. We will recruit our permanent Chief Executive to commence in post by September when we expect to receive the endowment. The Centre will be operational in 2015.

The attached consultation paper is the product of early Board discussions about the mission, vision, role and priorities for the Centre.

**We would welcome your feedback to the questions raised at the end of this early consultation paper on no more than 2 sides of A4.**

**Please respond to [sara.coakley@agebetter.org.uk](mailto:sara.coakley@agebetter.org.uk) by 30<sup>th</sup> April 2014.**

This is part of a wider process in which we will consult with a wide range of individuals and organisations across England about the need for evidence and action and how the Centre might work with others to improve the wellbeing of older people.

In the light of these discussions the Board plans to form an initial view of the Centre's role and priorities for further consultation by early summer.

This is the first of two consultations we are sending out today. You will also receive a research review paper on which we'd be grateful for your feedback.

We look forward to a continuing dialogue as we develop our plans.

Yours Sincerely,

Geoffrey Filkin

Chair of the Centre for Ageing Better

## Centre for Ageing Better Consultation Paper

### **The opportunities and challenges of our ageing society**

One of the major successes of our society is that we are living much longer; many of us will live into our nineties and beyond. There will be many more older people too: 25% more people aged 65 plus and 39% more 85 plus in the present decade, and these increases will continue over the next decade.

An ageing society affects all of us; it is not something that happens to other people. It offers great opportunities for each of us and for society. The challenge is to make the best of these extra years. The risks in not achieving this come from poor preparation and adaptation by each of us and by the communities, organisations and institutions that support us at national and local level.

### **What this paper is about**

This initial consultation paper sets out the early thinking of the Board of the Centre about its vision, mission, values, goals and role and how we wish to explore these with the public and key stakeholders.

It then sets out how we might put these into practice, and how we will define our priorities, working with the public, stakeholders and potential partners to do so.

### **What is our vision?**

We want our vision statement to represent a positive view of ageing as well as acknowledging the challenges of ageing, for example:

*'A society in which we all have a better later life'*

### **What is our mission?**

We believe that this should be based on two key elements: building the evidence base and improving older people's well-being, for example:

*"Improving later life through evidence of what works".*

### **What are our values?**

We will need to articulate core values that will drive our work, for example:

**Positive:** *We will highlight the benefits of longer lives, encourage planning and preparation for later life, and be solution focussed in tackling the challenges of ageing.*

**Person centred:** *We will listen to current and future generations of older people, take into account the diversity of needs and aspirations, and the range of factors that impact on well being in later life.*

**Rigorous:** We will ensure robust processes for building the evidence on ageing better, identify the levers for change and invest in activities which will have lasting impact.

**Accessible:** We will tailor our communication to meet the needs of diverse audiences and ensure that evidence is readily available, and easy to understand and apply.

**Distinctive:** We will focus on evidence of what works, neither duplicating nor competing with existing organisations and increasing our impact through collaboration;

**Independent:** We will work in the best interests of older people, free from external influence or control, telling the truth and challenging the status quo where necessary.

### **What are our goals?**

We will need to define strategic goals which describe the difference we want to make, for example:

- *Individuals who are empowered and enabled to maintain their well being in later life;*
- *Communities that support and are enriched by older people;*
- *Services and products that better meet the needs and aspirations of older people;*
- *Public attitudes and policies that support and improve the well being of older people.*

### **What is our role?**

The Centre's distinctive focus is on *evidence* and what works in improving well-being in later life. BIG neatly captured a potential hierarchy of roles for the Centre:

- *Synthesising: We will evaluate and draw together evidence on separate but interconnected issues that impact on well being in later life, and identify and seek to address evidence gaps;*
- *Sharing: We will lead the debate about what works in enabling a better later life, and promote and disseminate evidence to a range of stakeholders who need this information;*
- *Seeding: We will invest in promising innovation and ensure it is supported by evaluation;*
- *Scaling: We will use evidence to bring about change, encourage wider replication of effective practice, and develop partnerships to increase our leverage and impact.*

These all need to be brought together coherently to achieve impact for the Centre's task is to help bring about change and evidence alone will not do so.

So we will:

- Explore a limited number of priorities for the Centre;

- For each review the evidence of why it matters and to whom;
- Assess if there is evidence that could contribute;
- Identify a theory of change, how evidence, with other actions might bring change;
- Commit with powerful partners to work over several years to bring about the change.

### **What is the scope of our work?**

Whilst the Centre will seek to identify and synthesise the best evidence from across the UK and the world, and to build linkages across the devolved administrations and internationally, our ageing policy and development activities will be England focussed.

### **What is our operating model?**

We will need to determine the Centre for Ageing's operating model i.e. where these activities will be undertaken directly by the Centre and our staff, and/or via commissioning, grant making and/or loans to other organisations, and/or through strategic alignment with key partners and/or consortia.

Our initial thinking is that we will express our role through four approaches:

- Focus the debate on how we can maximise the benefits of ageing
- Bring evidence into practice, using others to do our research syntheses.
- Use our strategic position to catalyse others to focus on issues that matter, to work together to synthesise and generate evidence and apply it and to commit to bring about change.
- Partner with researchers, funders and organisations to achieve change.

### **Who are our key stakeholders?**

The Centre for Ageing Better has a very wide range of stakeholders with whom we might engage:

- The public including older people, their families and carers;
- Communities;
- Service commissioners and providers;
- The voluntary sector & social entrepreneurs;
- The private sector;
- Policy makers;
- Funders;
- Other organisations working with and for older people.

We will need to develop an effective communication and engagement strategy to ensure that we take their needs into account as we develop our plans.

In particular we want to ensure that the views, values and voices of current and future generations of older people, inform and influence the development of the Centre and are embedded into our accountability and governance.

### **What resources do we have?**

The Centre expects to receive a £50m endowment from BIG in September, to be expended over ten years. While this is a significant investment, the Centre will need to leverage other resources, assets and capabilities to maximise its long term impact and to bring their power and resources to bring change. Attracting more resources may in time be important but the bigger prize is changing how other organisations with much greater resources think and work.

### **How will we establish our priorities?**

The Centre for Ageing Better has a very broad mission, and may have to engage with a very wide field of evidence from multiple research disciplines and sources including older people themselves and the range of organisations working in the field of ageing.

It will be essential to be realistic about what is possible, and to have clear priorities and focus. The following sections set out our early thoughts about how we will go about establishing our priorities.

### **Understanding universal needs**

Because improved well-being in later life is our goal, we first need to understand what is known about well-being, how older people define it and what factors influence it.

To inform our development planning we have commissioned a synthesis of the research evidence of how older people define well being, and in April will circulate this to key stakeholders for information and to ask for any additional evidence to be submitted for consideration.

### **Identifying those most at risk**

Some experiences of later life are universal such as coping with increasing frailty. We are mindful that it is often a combination of issues impacting simultaneously on older people that creates a tipping point. Central to the role of the Centre is an emphasis on prevention and preparedness. We will need to understand the evidence on policies and practices that help build general resilience and well-being.

However, there are significant variations in peoples' experience of later life by gender, income, class, age, ethnicity, culture, sexuality, disability etc. and these must also be understood and summarised. We will therefore commission research to identify those people most at risk of not having a good later life to inform our development planning. This gap analysis will help us to assess where evidence and action is needed, which gaps matter most and the evidence relevant to closing them.

## **Understanding the contribution of other organisations**

We will need to ‘map’ the ageing sector and understand the scope and nature of current activities to address the gaps in evidence and effective practice to improve older people’s wellbeing, and be informed by our consultation and engagement activities over this year.

## **Understanding key stakeholders’ needs**

Five groups need evidence of what works to improve well-being in later life:

- Individuals, families, friends and carers
- Communities and civil society
- Commissioners, and product and service providers
- The private sector
- Policy makers.<sup>1</sup>

Through our consultation process, we will seek to identify what issues each of these groups thinks is important, where better evidence is needed, and what support is required to enable improved translation of available evidence into practice.

In the next section of this paper we explore how we might seek to support and engage each of these key stakeholders as the Centre develops.

### **i) Individuals, families, friends and carers**

Empowering people to have a better later life is a key goal of the Centre and the views of older people will inform our priorities. We will therefore need to listen to the diversity of views of older people about what they want and make accessible to them evidence of what actions will make for well-being in later life to inform preparations and decisions about later life.

Adopting a “life-course” approach, the Centre will also need to relate to those who will be old in the future to encourage more planning and preparation for later life and for key transitions in later life.

Families are also a critical resource and source of support as well as the potential beneficiaries of longer lives and improved well being. We will also need to explore what families need in terms of evidence and what works in supporting them.

Whilst evidence alone is not sufficient to shift people’s behaviours, it is a necessary start. Our consultation process will need to explore the most effective ways of making evidence accessible to the public, whether directly by the Centre or via

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<sup>1</sup> The Centre will have a sixth audience, research and other funding bodies in the UK and abroad. In time, it will want to contribute its understanding of evidence gaps that need to be filled by new research commissions. This has already been agreed as a goal with ESRC and other funders but the Centre will need to master the evidence and the gaps before it will be able to engage fully with them. The Centre will also want to engage with funding bodies investing in developing services for older people to explore synergies and opportunities for collaboration.

organisations with good systems for communication and consultation with the public and older people. The Centre will also need to understand how to drive behaviour change and positive life choices.

By way of example, the Education Endowment Foundation (EEF)<sup>2</sup>, built a web-site which appraises and synthesises evidence on the effectiveness of different types of educational interventions, presenting it in a clear and powerful form for teachers. This first tool was a key element in building its reputation with this audience<sup>3</sup>.

The Centre for Ageing Better might develop, with partners, a similar web based tool to empower people with the evidence of how to have a better later life (See Appendix II for an illustration of this).

## **ii) Communities and civil society**

How communities respond to the challenges of an increasing ageing population is of fundamental importance to society. Different communities have different needs. We will pay particular attention to the variety of needs and experiences of the diverse BME communities.

As local authorities and health services target funding on the most disadvantaged, voluntary and community activity is an under-utilised resource that can increase opportunities for older people to maintain and improve their own well-being, to stay active and engaged, and to maximise their contribution in their communities.

This is an area of great change and the Centre might synthesise evidence on how community action can improve the well-being of older people, and second, on what works to stimulate effective community action.

The Centre will need to consult with organisations with expertise in community engagement and with a sample of community groups about what evidence and information they need to address these issues better. It will also be important to get community organisations and civil society to be interested in the evidence of what works and to adopt practices and methods that are shown to be more effective.

## **iii) Local commissioners and service providers**

Local leaders, strategists and commissioners have to assess the growth in local demand and needs in their local population to determine how they respond and how they improve the efficacy of individual, public and community actions.

All commissioners will need to face up to the scale of the social change that is happening in their area resulting from increased longevity and increasing numbers of older people. As well as assessing the implications on the demand for services, commissioners and service providers will need to explore more effective ways of working with older people.

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<sup>2</sup> The What Works Centre for improving the educational performance of disadvantaged children.

<sup>3</sup> <http://educationendowmentfoundation.org.uk/toolkit/>

As part of our consultation process, the Centre will explore in a small number of localities what evidence might be needed by local leaders, service commissioners and deliverers in social care, public health, Health and Well-being Boards, housing and planning. The Centre will explore the evidence, tools and methodologies available to help local leaders, policy makers and service providers to integrate action across a range of issues and to help individuals and communities prepare for and address ageing. (Possible issues are listed later.)

### **i) Private sector**

From food and personal care, through to power, financial management and transport, the private sector provides most of the goods and services used by older people and increasingly provides goods and services to health and social care providers and many owe their income and pensions to private sector employment.

The private sector has made significant contributions to the increasing longevity and health of the population over many decades and the changing demographics will continue to present opportunities and challenges. How well markets, innovation and investment address these changing and growing needs of an ageing society is crucial.

The Centre, in partnership with the public, private and voluntary sectors may contribute to the acquisition and structuring of evidence relating to the impact of products and services, their production and implementation, and the associated impact of working practices, remuneration and pension provision on health through life and the maintenance of independent living. The Centre might also offer a stimulus and challenge to investors and innovators in these sectors as to what more could be done to address the opportunities and needs of an ageing society.

### **ii) Public policy**

Synthesised evidence may help people understand how to realise a better later life. But even well informed and motivated individuals will not realise a better later life if there are impediments in markets, policies and public services. So the Centre has to synthesise evidence relevant to policy makers about the wider systemic barriers that need to be addressed, and the necessary enablers that can be put in place at national level. (Possible topics are listed later.)

The 2015 Spending Round will set departmental budgets for the next Parliament and the Centre will be asked to offer evidence to that process, looking at public spending on older people and preparation for later life, to help assess the efficacy of components of this spend on improving the quality of life in later age, and to inform decisions on shifting spend to areas that have a bigger impact. It is doubtful if the Centre will be ready to do so fully but it might help to define which questions are crucial and to suggest how the evidence base on these could be developed through the spending settlement.

### **iii) Funders**

A range of funders are active in commissioning research into ageing and developments to improve the lives of older people. Synthesised evidence will help to identify gaps in research evidence, opportunities to promote, build on and scale up effective practice.

The Centre will therefore seek to work with funders not only in building our evidence base and in helping to target additional investment in appropriate research and development activities, but also to explore opportunities for collaboration to align our funding activities and maximise leverage.

### **How much can be done and how fast?**

The Centre will be relatively small, with initially perhaps a dozen staff and a commissioning budget of some £5m a year. This will determine how many topics we can undertake in 2015 and subsequent years as will the role the Centre adopts on each topic.

For all of its projects the Centre will *synthesise* relevant evidence; this is its core function.

Second, we will always need to *share*, to promote the dissemination of evidence to maximise impact.

The Centre will identify the need to *seed* innovation and will work with BIG, NESTA and other funders of innovation to do so. The Centre will also identify where new research is needed and will partner with the ESRC, JRF, Calouste Gulbenkian and other research funders. But the Centre may do limited seeding or commissioning of new research itself in the early years until we have a good grasp of the gaps in evidence and innovation.

The fourth role, *scaling*, actively promoting the take up of the evidence and the wider actions needed to bring about a desired change, will, in most cases be essential. But this will be resource intensive and the Centre will rarely have the leverage to achieve results by itself. However it should develop a significant role as an advocate of the evidence, a stimulus and catalyst for the wider changes needed, and then work in partnerships with other organisations to bring them about.

The Centre will have to consider the mechanisms by which it will make things happen to achieve impact:

- How will we “empower” people, how will we work with commissioners, service providers, policy makers, investors and with a wide range of other organisations to do so?
- How will we lead the debate and catalyse change?
- When and how should we facilitate, stimulate, challenge and broker?
- How will we identify and build effective partnerships to increase leverage and impact?
- How will we define success in terms of the impact we are seeking to achieve?
- What does all this imply for the Center’s operating model and skills?

These issues will be explored more fully in a later consultation paper.

### **Possible fields of enquiry**

The Centre will explore possible fields of enquiry over the next six months. Listed below are eight potential areas of work for the Centre for discussion, more will be suggested in the consultation process:

- Valuing older people;
- Preparation and planning for a better later life;
- Sustaining activity and independence in later life;
- Increasing opportunity and extending working lives;
- Local planning and commissioning for better later life;
- Maximising community engagement to improve later life;
- Stimulating sectors, markets, investment and innovation to improve later life;
- Developing an age sensitive culture and environment.

Each field of enquiry is potentially 'cross cutting' – incorporating different aspects of later life and different perspectives. For each area it will be necessary to analyse them against the principles listed earlier, to clarify why it matters, to assess if evidence is available, who the Centre might work with, and the timescale.

There are many more possibilities but it is unlikely that more than three or four topics could be started in 2015.

### **Principles to guide initial prioritisation**

The evidence from the research we have commissioned will influence the selection of our priorities and some general principles are also relevant:

- **Availability of evidence:** Topics where evidence is available are more likely to be chosen;
- **Relevance:** Issues need to matter to many of us or to matter a lot to a disadvantaged group;
- **A focus on prevention:** Activities which improve our understanding, planning and preparation, build resilience and delay decline or disability should take priority;
- **Impact:** For each potential topic we will need to have a robust plan with committed partners that we are confident will enable us to drive change and scale it;
- **Added value:** Change would not occur without the Centre or would occur much more slowly;
- **Interconnectivity:** Where there are linkages between topics, there is an added opportunity to integrate work on related issues and possibly, extend this into a 'whole system' approach.

## **Next Steps**

This consultation paper is being circulated to a wide range of organisations with an interest and expertise in ageing and issues affecting older people.

**We would welcome your feedback to the questions raised at the end of this early consultation paper on no more than 2 sides of A4.**

- 1. What do you welcome in this paper?**
- 2. What value do you think the Centre could add to your work?**
- 3. Do our proposed fields of enquiry cover your areas of interest and concern?**
- 4. What information and/or support might you contribute to our development planning?**

**Please respond to [sara.coakley@agebetter.org.uk](mailto:sara.coakley@agebetter.org.uk) by 30<sup>th</sup> April 2014.**

Over the next nine months we will undertake further work to develop the Centre's operating model and test and refine our priorities.

We will undertake focus groups with older people to ensure that their needs and aspirations are embedded in our plans.

We will develop the concept of the paper together and actively explore opportunities for partnership.

Centre for Ageing Better  
April 2014

## **Appendix I: Centre for Ageing Better: Board Members**

### **Ms Michele Acton**

Michele Acton is the Chief Executive of Fight for Sight, the UK's leading eye research charity. Before joining Fight for Sight in 2006 she was the Chief Executive of the UCL Hospitals Charitable Foundation. Michele is a strong advocate of beneficiary involvement in research and research priorities and is a member of the James Lind Alliance Advisory Group. She also Co-chairs the Vision 2020 UK Eye Research Group.

Prior to joining the charitable sector Michele spent 15 years working as an investment banker in London advising companies on raising finance and mergers and acquisitions, latterly as a Director of Equity Capital Markets at HSBC Investment Bank. Michele read PPE at Trinity College, Oxford.

"I am particularly interested in bringing evidence about ageing better to the forefront and am excited about the impact the new centre can have in empowering people to experience a more active, healthier and happier older age"

### **Professor Michael Catt**

Michael brings extensive experience of the private sector contribution to ageing health and technical expertise in lifestyle intervention development and evaluation.

Michael led the Unilever Research Healthy Ageing programme from 2005 to 2009 and was Professor of Practice at the Institute for Ageing and Health, Newcastle University 2009-2011 and is now employed by Alere International Research and Development, focusing on age-related chronic disease associated with dysregulated energy metabolism.

Michael is a visiting professor of practice at Newcastle University with research interests focused on ageing health and chronic disease management and is a member of the 85+ study core team and has worked with the Netherlands Consortium for Healthy Ageing and Leiden University Medical Centre on the assessment of free-living physical activity behaviours.

"I am delighted to be invited to contribute to the work of the Centre for Ageing Better, especially in respect of developing the evidence base for effective lifestyle approaches to the preservation of lifelong health and the maintenance of independent living and am looking forward to the opportunity to facilitate the engagement of the private sector in achieving these aims".

### **Mrs Cheryl Coppel**

Cheryl has had long career in local government and has been a local authority chief executive for 20 years. Working in partnership to deliver services that fit around people has always been her priority and over the last few years, Cheryl has led a coalition of local authorities and HNS commissioners and providers seeking to

improve health and social care responses, particularly for frail elders. She has also been working to encourage community responses to overcoming isolation and loneliness.

“The Centre for Ageing Better represents a brilliant opportunity for me to be involved in creating the much needed evidence base for commissioners to understand what really works when commissioning services for and with older people. It’s a great opportunity to encourage new ways of harnessing the opportunities of our ageing society. I’m delighted to be able to bring my public service experience to the table.”

### **Lord Filkin CBE (Chair)**

Geoff has worked throughout his career to improve public services and the importance of involving and listening to the public. He brings extensive understanding of strategy, policy, innovation and improvement at local and national levels with wide contacts across central and local government, the voluntary and private sectors and in all three political parties.

He was a Chief Executive in local government, and then CEO of the Association of District Councils. He then entered the Lords and became a government Minister.

He has wide experience of strategic analysis and creating new think-tanks and charities. He founded and chaired, *2020 Public Services Trust* and its commission on *Public Services in 2020* reported in 2010. He then proposed and chaired the Lords Select Committee to investigate the implications of our ageing society. Its highly influential report, *Ready for Ageing*, was published in March 2013.

He now sits on the cross-benches in the Lords and presently works full time as the Chair of the Centre for Ageing Better to help establish it. “We want the Centre to make a real difference to the lives of older people, by working with them, harnessing the evidence of what works and through strong partnerships with other bodies to drive change.”

### **Mrs Heléna Herklots**

Heléna Herklots has been involved in issues of ageing and working with older people for about 30 years, including hands-on work with older people in need of care and support, developing and analysing public policy, setting up and running services, and contributing to the work of a number of organisations concerned with ageing and older people as a trustee. Her career includes working for the housing and care provider Anchor Trust; Age Concern England as Head of Policy then Fieldwork Director; and Services Director at Age UK.

In 2012 Heléna became the Chief Executive of Carers UK, a leading charity supporting the millions of people looking after an older, disabled or seriously ill family member or friend.

‘The Centre for Ageing Better has a vital role to play in equipping our society for the challenges and opportunities presented by our ageing population, and making

improvements to older people's quality of life. It is an honour to have the opportunity to contribute to its work as a Trustee.'

### **Professor Tom Kirkwood CBE**

Tom was until recently Director of the Newcastle University's Institute for Ageing and Health, which he led to become a world-leading centre on issues of ageing. An internationally renowned expert, Tom has pioneered innovative ways of connecting research with the diverse needs of older people and done much to generate the national debate on ageing. From 2004 he has directed the Newcastle 85+ Study, investigating health and wellbeing of the very old. He also led the *Mental Capital Through Life project* for the Government Office of Science, and has advised the World Health Organisation, European Union and the United Nations. He wrote the award-winning book *Time of Our Lives*, and gave the BBC Reith Lectures on *The End of Age* in 2001.

"The Centre for Ageing Better is urgently needed to develop evidence-based ways to enhance the wellbeing of the UK's older people, both now and for the future."

### **Professor Gillian Leng CBE**

Gillian trained in medicine at Leeds, and then spent several years researching the causes of vascular disease at Edinburgh University. She was involved in the Cochrane Collaboration as it first became established, and continues to contribute as an editor of the EPOC Group (Effective Practice and Organisation of Care). She specialised in public health medicine, and worked as a consultant before moving to NICE in 1991.

At NICE, the National Institute for Health and Care Excellence, Gillian is the Deputy Chief Executive. She has been responsible for the initial set up and running of the clinical guidelines programme, for establishing the NICE implementation function, and for setting up NHS Evidence. She is now responsible for NICE's new work on social care, including developing evidence based guidance and setting quality standards for care. Gillian is also a visiting professor at King's College London.

"I look forward to bringing my breadth of experience to the Centre for Ageing Better, particularly in relation to synthesizing and summarising research evidence, and encouraging its use in practice."

### **Dr Katherine Rake OBE**

Katherine Rake has worked over a number of years to influence national policy and practice, as a charity Chief Executive and an academic. She is the first Chief Executive of Healthwatch England, a new statutory body with a network of Healthwatch in every local authority in England. This independent organisation has been established to champion the needs and experiences of people who use health and social care. Her previous experience includes Chief Executive of the Family and Parenting Institute and the Fawcett Society which led her to run national campaigns to influence equalities legislation, welfare and family policy.

”My interest in ageing better extends back to my academic career, where my research tracked pensions inequalities between women and men in the UK and across Europe. I passionately believe that with the right policies, attitudes and local support, later life could present new opportunities and resources for older people and for society.”

## Appendix II: A Better Later Life

*The Centre will work in partnership with other organisations to develop and deliver its work. The following is an illustration of work the Centre might support to empower older people in planning and preparing for later life.*

Empowering people to have a better later life is a prime goal of the Centre. So the Centre has to identify and promote directly or via others, the evidence of what makes for a better quality of life in older age so that people can engage with it and with their families, friends and community. The Centre has to relate not only to older people but also to those who will be old in the future, adopting a “life-course” approach. If we are to maximise wellbeing in later life we need to address savings, pensions, healthy lifestyle choices and our employability before we retire.

The Centre has to listen to older people and what they want to inform their preparations and decisions about their later lives. The consultation process must explore the most effective ways to do so, whether by the Centre itself or via organisations with effective systems for doing so.

The Centre could synthesise the evidence of how to achieve a better longer life so people can understand their prospects and how to improve them, by exploring topics such as:

- How long might I live?
- How can I increase my length of life?
- What make for a good later life?
- How can I keep healthy and reduce risks of ill-health?
- Am I likely to need social care?
- How do I compare to others?
- How can I keep independent?
- What income may I need for my later life and how might I secure it?

The website would summarise the evidence on each topic with back-up pages with the fuller evidence, how an individual compares to others and what I can do to improve my their prospects.

This system would need to be built with care, either by the Centre or with or through intermediary organisations. It would start with a short list of topics developing later to a longer and more personalised set of evidence. The evidence would ideally be co-presented and validated with key partners, ONS, Public Health England, NICE and perhaps the ABI and would signpost individuals to practical, advice, guidance and support to enable them to act on the information provided and take steps towards improving their well-being in later life.