Urban Design: How can IRCs be integrated with Wider Communities through Urban Design – practical examples of good urban design and how designers should look beyond the red line

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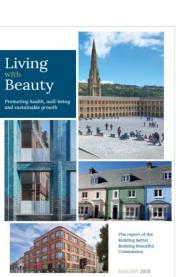


What work has been done already?









2019

NHS publishes – Putting Health into Place. How to create healthier new communities, with lessons from NHS England's Healthy New Towns programme

2020

BBBC – Living with Beauty report published

Building for Healthy life revised to include findings – BFL/BFL12 were/are the most widely read and understood design assessment tools in the UK development sector and are mentioned in NPPF.

Health, Wellbeing & IRC market dynamics



Beyond shifting regulatory standards, IRC represent opportunities for providers to better address the huge growth in the 'young-old' sector in the next 10-15 years.

- Not just for the wealthy
- Wider community benefits
- Ageing in place
- Blurring boundaries through integration

Putting Health into Place principles

Plan, Assess and Involve

- 1. Plan ahead collectively ←
- 2. Assess local health and care needs and assets
- 3. Connect, involve and empower people and communities ←

Design, Deliver and Manage

- 4. Create compact neighbourhoods ←
- 5. Maximise active travel +-----
- 6. Inspire and enable healthy eating
- 7. Foster health in homes and buildings ←
- 8. Enable healthy play and leisure ←

Develop and Provide Health Care Services

Develop health services that help people to stay well
Create integrated health and wellbeing centres



What does this mean for Designers?

The key to any successful place is the same as any IRC development.

- A place designed for older <u>people</u> will be good for all.
- Lets stop differentiating

Integrated Neighbourhoods



What's needed:

- Look beyond the red line, understand the wider context and how you can best stitch a new development into a place.
- Identify the places, facilities and services you need to connect to.
- Create well-connected street and path networks with attention to levels, transitions and thresholds.



What's needed:

- Clear definition of public and private spaces
- Active frontages to add interest at the human scale
- A memorable character to aid wayfinding, it should be easy/instinctive to find your way around, building resilience for dementia care.
- Make the most of the site context and celebrate it.

Streets for all

What's needed: Legibility is key, clearly defined routes/ segregation

- defined routes/ segregation of vehicles and pedestrians. It should be clear who goes where.
- Good consideration of bins, vehicle parking and stores for bikes, and mobility scooters.
- Design with what it is going to be like to use these spaces in mind.
- Make the sustainable/healthy journey the easy one.

Key Points



What's needed:

- A place designed for older people will be good for all.
- Renewed focus on design quality, health and well being- coupled with a burgeoning older persons demographic represents a fantastic opportunity for design focused IRC's to thrive in next 10 years.
- Early evaluation of site context is key, there are no easy retrofit solutions for these considerations.
- Demonstration of design quality through BHL assessment is a good first step to a successful place.



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