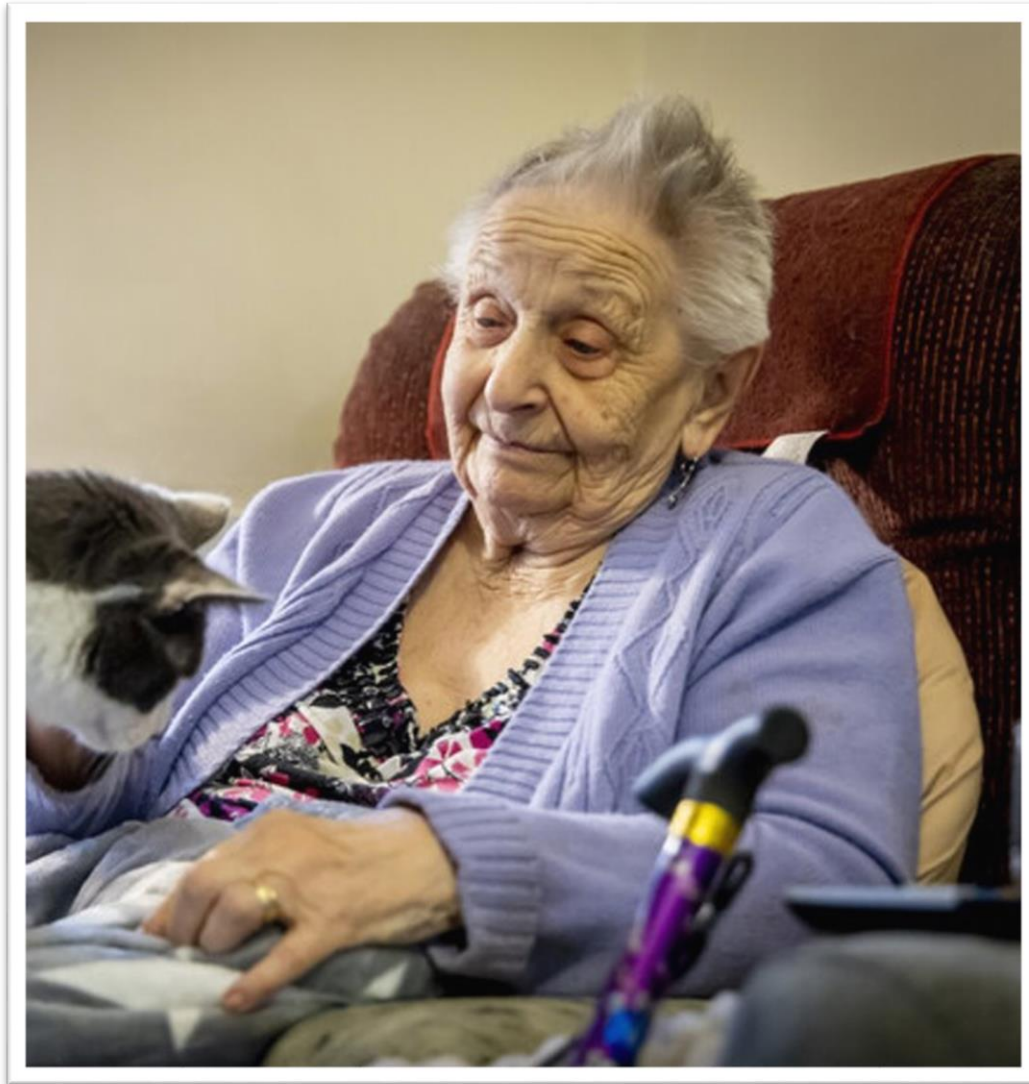**Yorkshire and Humber Healthy Places and Healthy Ageing Communities of Improvement**

Principles: Homes and Healthy Ageing

April 2024

Introduction

Most older adults live independently in the community, but too many homes do not meet the needs of people in later life. Some homes are not safe or warm, some contain hazards, or lack accessibility for people with disabilities which reduces independence, wellbeing, and happiness. Decisions and actions taken across a range of disciplines and organisations have the potential to have a positive impact on health and wellbeing, it is therefore important to collaborate with a wide range of colleagues and partners to make a real difference. This work aims to be a catalyst for this in Yorkshire and Humber for healthy ageing and homes.

In 2023, members of the Yorkshire and Humber Healthy Ageing and Planning Healthy Places Communities of Improvement collaborated on a project to support regional partners to promote healthy ageing through the home. The aim was to bring together resources on healthy ageing and housing and develop a develop a set of guiding principles for partners in the region. This report presents the principles and some accompanying resources to support their application. In addition to this, we have developed a resource pack with further links to guidance, evidence and organisations that will support action in this area.

To find out more about our Communities of Improvement please visit:

The principles

These principles will help decisions about housing take account of the needs of older adults and enable suitable homes throughout a person's life. There are nine principles, which cover a range of themes from housing quality and design, to collaborating with people and across professions.

- **Everybody has the right to live in a home that is safe and supports/promotes their health and wellbeing, but too many homes do not meet decent homes standards.**

  New homes should meet quality standards to ensure older adults have a stable, safe, and high standard place to live. The Government's consumer standards for social housing include the Home Standard (quality of accommodation, repairs and maintenance), the Tenancy Standard (how properties are allocated/exchanged and terms around tenure) and the Tenant Satisfaction Measures Standard (covering areas including repairs, safety checks and complaints). The Housing Health and Safety Rating System, and NICE guidance on Indoor Air Quality and Cold Homes provide useful guidance about housing-related health risks for a range of professionals.

- **Homes should be part of wider healthy communities which include people of all ages. Housing for older people should sit within, and be connected to, well designed and managed communities that promote wellbeing.**

  Healthy environments are inclusive, are designed to support active travel and movement, and play and recreation. There should be access to green open spaces, a healthy food environment, and social and retail opportunities. Older adults should

feel safe and connected, be able to participate in community life and access the facilities, people, and services they need.

Take account of guidance on community design including the eight domains of WHO's Age-friendly communities framework (outdoor space and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and enjoyment, communication and information, and community support and health services). Build this into new developments and community regeneration programmes from the very beginning. For active environments, Sport England's Active Design provides guidance for planning active, healthy communities. Providing a diversity of housing types in different locations so places have suitable homes throughout the life course can enable people to 'age in place' (staying in your community as you grow older).

Neighbourhoods with public transport and active travel connections, and that are compact and complete, will best meet older people's needs without the requirement for unnecessary travel or car ownership, and are key to healthy, mixed communities for all.

- **Working collaboratively with older adults (and their families and carers) will help us understand their diverse needs and requirements, and to learn from their valuable experience and perspective.**

  The Yorkshire and Humber OHID team have developed principles for working with Experts by Experience (please see Appendix 1). In addition to this, NHS England provides 10 Principles for working with People and Communities, aimed at health and care organisations, and the National Development Team for Inclusion has a guide to co-production with older people. OHID's community centred approaches resource page links models and guidance for engaging people and communities. Housing LIN have collated a number of case studies that demonstrate engagement and co-production in older people's housing.

- **Work with a wide range of partners, including Public Health, from the earliest stages when planning housing related policy and services.**

  Working across the 'system' with a broad range of professionals, organisations, and experts (including Public Health and the Voluntary and Community Sector) will enable your policy or intervention to benefit from diverse perspectives, experience, and expertise. Develop shared values and a joint narrative whilst respecting and utilising different expertise and knowledge. The King's Fund has created a reflective learning framework for partnering based on their Healthy Communities Together programme.

- **Using evidence-based design principles such as [Housing LIN's HAPPI principles](#) can ensure that housing schemes for older adults meet standards for space, light, layout, efficiency, accessibility and adaptability, supporting health and wellbeing in later life.**

  Other standards include [Part M of Building Regulations](#) for accessible homes. The [Town and Country Planning Association's Healthy Homes Principles](#) provide a good overall view of what a healthy home should be.

- **All new homes should be designed to adapt to suit the needs of diverse family groups, throughout their life course. It is important to build homes that have good accessibility built into their design or are pre-fitted for future adaptation as needs and uses change.**

  Advocate for accessible and age-friendly homes through the planning system. More information can be found from [Housing LIN](#) and [Habinteg's Planning for Accessible Homes.](#) When planning all new developments or developing local planning policies plan for as many [M4 Building Regulations](#) Category 2: accessible and adaptable dwellings as possible and a sufficient amount of Category 3: wheelchair user dwellings to ensure the development meets future needs.

- **A healthy home is one that is affordable to live in, run and maintain. There should be a range of housing options with secure tenure available for older adults including homes to own, to rent through social housing providers and private landlords, and in shared ownership schemes, providing choice for people whatever their income level.**

  The range of housing options should be available in different types of location: urban centres, suburban fringes, and village locations to maximise the opportunities for people to age in the place they choose and where they may have lived for many years. Local partnership working is essential to ensure that planning, development, and regeneration programmes actively preserve and create affordable housing. Consider the role of Home Improvement Agencies to support people to keep their homes to a decent, safe standard.

  Support initiatives that address affordability relating to energy efficiency: older adults are more likely to have long term conditions and disabilities that may lead to higher energy consumption to run medical equipment. Ensuring homes are kept

warm in winter and cool in the summer reduces the risk of exacerbation of ill-health and unplanned hospital admission. Promote support available from the [Government](#) and from organisations such as the [Energy Saving Trust](#) and [National Energy Action](#). Raise awareness of sites such as [Money Helper](#) that can help individuals and households who need advice and support with household budgets and income maximisation.

- **Older adults should be supported in making '[rightsizing](#)' decisions about their home, as an active and positive choice to improve their quality of life, including their physical, social and emotional needs. This may mean moving home, but it can also mean making adaptations to their existing home in anticipation of future needs and enable them to age in place.**

  This is about understanding and respecting what people need and want for a fulfilled life and enhances their physical, mental, and emotional wellbeing. Avoid talking about 'downsizing' or making blanket assumptions about older people's future housing needs. Instead focus on 'rightsizing': a more appropriate home might be larger, providing an opportunity for multi-generational living with other members of the family. Older adults want to choose where they live for the same reasons as younger people – in the community where they have their social networks, in homes that enable them to have pets and guests to stay and that can adapt as they age. Specific retirement homes are not for everybody.

- **Digital connectivity and smart homes can support care needs and enable people to live independently for longer, but should take account of digital access and skills. Many older adults have no online access; those living in rural areas may not have fast broadband and the cost-of-living crisis means many people are cutting back on the cost of digital connectivity.**

  Where technology is being built into housing the [TAPPI](#) principles outline how this can improve life for the ageing population and the report makes recommendations on what is needed to live well and safely in a digital society. It is important that ambitions for a digital-first society include alternative provision that does not discriminate against those who do not have online access. Ensure that access to housing, information, guidance, and services are accessible to those that are digitally excluded.

Appendix 1

The principles below are adapted from OHID North East and Yorkshire (NEY) *Approach to working with Experts by Experience*. 2023

Principles for working in partnership with people with lived experience in OHID, NEY

1. A commitment to embed our approach to working in partnership with people with lived experience within our portfolios.

2. Not to assume we know what the needs and experiences are of the population we are concerned with, and we actively make sure that we work in partnership with them whether that be indirectly through partners or directly with them.

3. Whilst our roles mean that we don't always necessarily work directly with people with lived experience, we should be ambassadors for supporting a partnership approach when working with other stakeholders (e.g., ICBs, LAs, DHSC, DLUHC etc.).

4. Whatever approach is used, we should consider and acknowledge any power imbalance and take steps to redress this. We should be honest, transparent and manage expectations, our approach should be inclusive, e.g., venues should be accessible, reasonable adjustments should be made to ensure people with disabilities can participate and consideration should be given to health literacy, language spoken and use of jargon. It may not always be appropriate to invite people with lived experience to meetings and webinars, it might be better to work with them in a setting where they feel more comfortable and at ease.

5. Always ask those with lived experience how they would like to be referred to in meetings/documents etc. Some may be happy being introduced as someone with lived experience, others may not.

6. Make sure people are supported before, during and after their participation and that they are informed of the impact their input may/has made. Its important people feel their work has been worthwhile.

7. Our approach should be trauma informed and we should ensure those with lived experience are supported appropriately through the VCSE and/or ourselves, particularly if they are sharing their direct experiences.

8. We should proactively seek participation from people who experience health inequalities and poorer health outcomes such as inclusion health groups.

9. For your portfolio area, make use of existing mechanisms and community assets. VCSEs are often trusted and skilled at engagement and have established relationships with different groups, especially those who experience health inequalities. Local authorities have mechanisms in place to engage with communities, some have an 'infrastructure organisation' who act as the point of contact for VCSEs at Place (see appendix 1 for list). ICBs are progressing work around VCSE Alliances and have established partnerships structures around this (see West Yorkshire, South Yorkshire, Humber and North Yorkshire and North East and North Cumbria).

10. A commitment to working with different organisations. Working with organisations that have a partnership approach (e.g., people with lived experience may lead the organisation or be trustees) is different to having an organisation speak on behalf of a group.

11. Maximise the positive benefits and social value created by any participatory work, for example, by ensuring that opportunities for development are provided, that participants are compensated for their contribution, and the learning benefits as many people as possible. As well as considering the resources required to take part, such as travel and payment, it's also important that we recognise their time and expertise through other means such as receiving an acknowledgement in writing and support to develop skills and experience. Ask people what form of recognition they would value and would support them to take part.

12. Share insights within the team and collaboratively review our work to improve our approach.