Health Improvement Board
Proposed Basket of Indicators for Housing and Health

Introduction
The link between poor or insecure housing and poor health is well documented, but the detail of mechanisms that have a direct effect on improving or worsening health is more difficult to define. There are no diseases or health outcomes that can be said to be a direct result of poor housing conditions. People who experience homelessness usually have complex health needs, but the fraction of this attributable to their lack of housing cannot be defined.

The Health Improvement Board has 3 major priorities which cover the strategic approach to housing related support for vulnerable people, preventing homelessness and reducing fuel poverty. It is proposed that a basket of indicators be collated to enable the Board to keep an overview of related issues in Oxfordshire. The proposed list of indicators below has been selected because the data is available regularly and is deemed to link to health issues. Outcomes to measure progress in improving health and housing will be drawn from this basket of indicators and included in the Joint Health and Wellbeing Strategy.

The Basket of Indicators

a. Taking into account the key priority areas for the health and housing issues across the County as set out in the accompanying report on homelessness prevention activity, it is proposed that the following suite of indicators that are already being collected by the local housing authorities on a quarterly basis should be reported to the Health Improvement Board as a way of monitoring trends and activity,

This information can be shown by local authority area and previously collated data is available for the purposes of establishing a trend over the last 2 years.

1	Total number of applicant households who were homeless as defined by the Housing Act 1996, comprising the following categories
1a	Eligible, unintentionally homeless and in priority need
1b	Eligible, homeless and in priority need but intentionally so
1c	Eligible, homeless and not in priority need

2	The number of applicant households who were homeless, unintentionally homeless and in priority need
2a	who were aged 16 or 17yrs old.
2b	who were aged 18 to 24 yrs old
2c	who were vulnerable because of a physical disability

2d	who were vulnerable as a result of mental illness or disability
2e	whose main reason for loss of accommodation was rent arrears

3	Number of applicant households accommodated in temporary accommodation at the end of the quarter

4	Total number of cases where positive action was successful in preventing homelessness of which
4a	homelessness was prevented by debt advice, resolving housing benefit problems or resolving rent arrears

5	Number of persons sleeping rough at the last count or estimate

b. In order to provide a context to the action being taken to prevent homelessness as a result of welfare reform measures, it would be possible to provide details of the

6a	Number of social housing tenant households whose housing benefit is reduced because they are deemed to have more bedrooms than they need for the size of the household
6b	Number of households whose overall welfare benefits entitlement (including housing benefit) is capped so that it is no more than £500 per week for couples and lone parent families and £350 per week for single people.

c. In addition, it is proposed that we also keep surveillance of Fuel Poverty data including the Excess Winter Deaths Index which is, in part, a proxy indicator for the impact of fuel poverty, especially on older people

7	The percentage of households in a geographical area that were fuel poor. A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel
8	Excess Winter Deaths (EWD) Index - the excess of deaths in winter compared with an expected number of deaths based on non-winter months expressed as a percentage.

Recommendation: The Health Improvement Board is asked to accept this list of indicators for surveillance of housing and health issues.

Next steps: The current data for each of these indicators will be collated for discussion at the next meeting and to enable selection of outcome measures for inclusion in the revised Joint Health and Wellbeing Strategy, giving outcomes expected in 2013-14.

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