

OXFORDSHIRE HEALTH AND WELLBEING BOARD
4th December 2025

Healthy Housing Priority reporting approach

Report by Director of Public Health and Communities RECOMMENDATION

The Health and Wellbeing Board is RECOMMENDED to:

- a. Note and approve the approach set out in this report for the monitoring and delivery of the Healthy Homes priority of the Health and Wellbeing Strategy.**
- b. Provide the leadership, governance and accountability across all four of the Healthy Homes ambitions.**

Executive Summary

Purpose & Recommendations

Sets out a framework for monitoring and delivering the Healthy Homes priority in Oxfordshire's Health and Wellbeing Strategy.

Four ambitions underpin the Healthy Homes priority:

- More healthy, safe, and secure homes
- More affordable homes
- More suitable homes for specific groups
- Reducing homelessness

Strategic Context

Housing is a key determinant of health, affecting both physical and mental wellbeing. Poor housing conditions (damp, cold, overcrowding, unaffordability) are strongly linked to negative health outcomes, including respiratory and cardiovascular diseases and mental health issues. Significant inequalities exist in housing experiences, especially by tenure, ethnicity, income, and disability.

Approach to measurement

A working group with city, district, and county council officers developed practical metrics and methods for tracking progress against the ambitions of the Healthy Homes priority. The Housing Health Needs Assessment (HHNA) informed metric choice, highlighting opportunities to improve governance, data sharing, and policy impact.

Key Findings & Issues

Housing and health data limitations include inconsistent collection, national-only datasets, and resource constraints for local reporting. New requirements (e.g., reporting on damp/mould hazards) may improve data quality over time.

Recommended Metrics

The metrics are designed to be relevant, valid, timely, and actionable:

- **Safe, healthy homes:** % of properties with EPC Band C or higher; number of residents using Better Housing Better Health (BHBH) service.
- **Affordable homes:** 1-bed median rent as % of gross annual pay; number of new affordable homes built.
- **Suitable homes:** % of people with long-term disability in unsuitable accommodation; % and number of Disabled Facilities Grants (DFGs) completed.
- **Homelessness:** Number of households owed a prevention/relief duty under the Homelessness Reduction Act; numbers in temporary accommodation.

Deep Dive Programme

Themed deep dives will support the high-level metric drive improvements.

Housing Ambition	Themed Deep Dive
More healthy, safe, secure homes	<ul style="list-style-type: none">• Housing Condition and household survey.• Role and capacity of housing standards enforcement• Housing quality in social homes.• Climate readiness of homes• Secure, stable homes for everyone• Hoarding support.
More Affordable homes	<ul style="list-style-type: none">• An Oxfordshire definition of “affordable” housing• Ensuring growth provides healthy, affordable and suitable homes.• Increasing availability of existing homes.• Plannings role in healthy homes
Increase availability of housing to meet the needs of specific groups	<ul style="list-style-type: none">• Role and capacity of Home Improvement agencies• Supporting community led housing.• Innovative homes for complex health needs.
Prevention and reduction of rough sleeping and homelessness	Already reported on by Homelessness Directors group

Next Steps

- Review and formalize the working group's Terms of Reference
- Secure wider engagement with a health lens with a broader range partners and stakeholders.
- Continue expanding partner engagement and refine governance/data systems.
- Health and Wellbeing Board to agree up to two priority deep dives annually.

1. Background and context

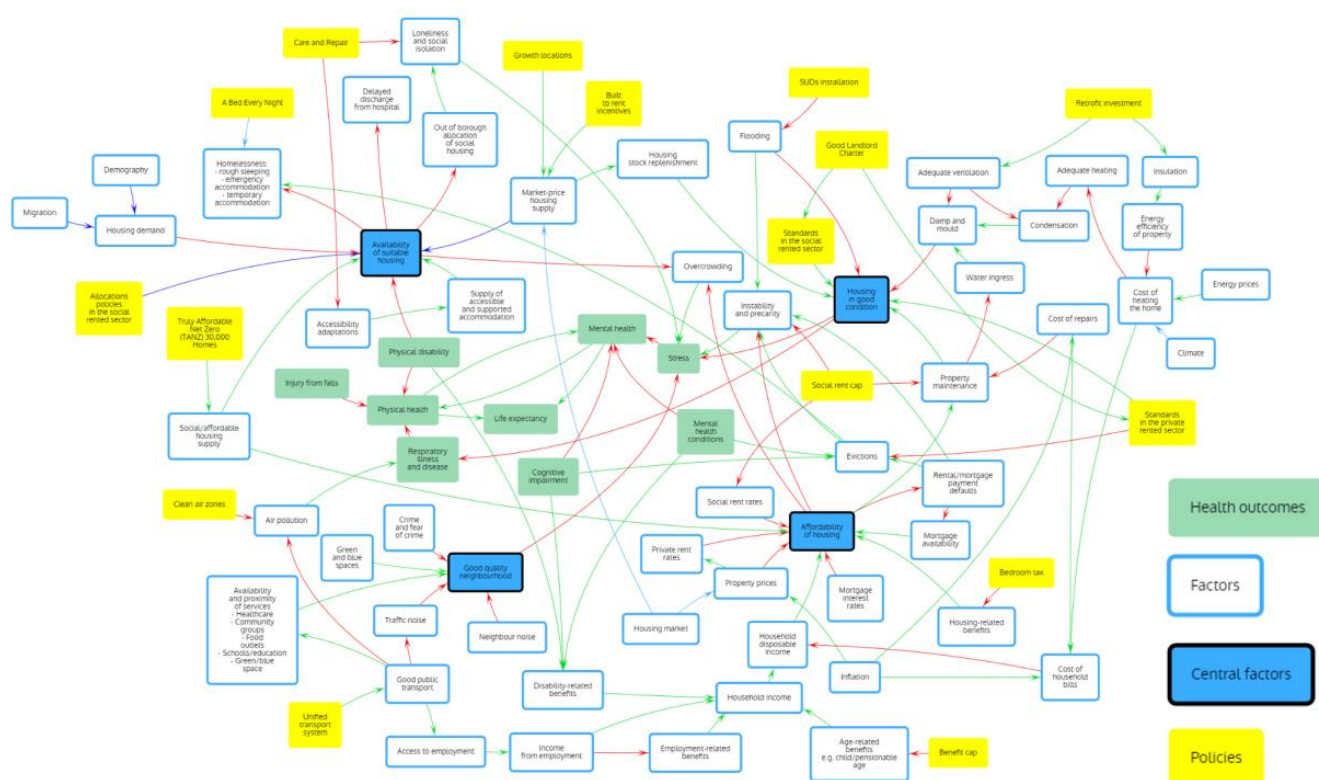
a. Housing and Health

Housing is key building block to good health. The Marmot Review 10 Years On¹ found that.

“Poor-quality housing harms health and evidence shows that exposure to poor housing conditions (including damp, cold, mould, noise) is strongly associated with poor health, both physical and mental. The longer the exposure to poor conditions, including cold, the greater the impact on mental and physical health. Specific physical effects are morbidity including respiratory conditions, cardiovascular disease and communicable disease transmission, and increased mortality. In terms of mental health impacts, living in non-decent, cold or overcrowded housing and in unaffordable housing has been associated with increased stress and a reduction in a sense of empowerment and control over one’s life and with depression and anxiety. Children living in overcrowded homes are more likely to be stressed, anxious and depressed, have poorer physical health, attain less well at school and have a greater risk of behavioural problems than those in uncrowded homes.”

b. A whole systems approach to housing

Taking a whole systems approach to homes means considering other building blocks of health such as income, education, food and our surroundings. The systems map² below captures the various outcomes, factors and policies related to healthy homes.



¹ <https://www.health.org.uk/reports-and-analysis/reports/health-equity-in-england-the-marmot-review-10-years-on-0>

² https://www.gla.ac.uk/media/Media_1029943_smxx.pdf#:~:text=Participatory%20systems%20mapping%20is%20a%20method%20used,%2D%20in%20this%20case%2C%20the%20housing%20system.

c. Housing and health Inequalities

There are significant inequalities in housing experiences, especially by tenure and ethnicity. Households led by minority ethnic individuals, younger adults, or those with illness or disability are more likely to face housing problems³. In 2023/24, the Health Foundation found 28% of households on the lowest incomes spent over a third of their income on housing, compared with just 2% in the top income quintile⁴. Even before Covid-19, the UK saw notable disparities in housing space and amenities by income, tenure, ethnicity, and region. Low-income, young, and minoritised groups are more likely to live in poor-quality homes, both in the private and social sectors, and face greater barriers to accessing better housing⁵. Households on low incomes, young people and minoritised populations are disproportionately more likely to live in poor-quality homes, particularly in the private sector but also within social housing and often have fewer options and face a range of barriers to accessing healthier alternative accommodation.⁶

d. Strategic case for healthy housing

Provision of healthy, affordable and suitable homes is particularly important considering the governments mission to build 1.5 million homes over the next ten years. Understanding how homes in Oxfordshire support residents' health will make the most of the governments housing ambition and the Ten-year Health plan⁷ which recognises the greater role of neighbourhoods and prevention in health. Locally, as a Marmot Place, housing can support at least two of the Marmot principles, addressing inequalities.

Good quality housing supports the County councils Healthier, Greener and Fairer strategic ambitions.

e. Background and Context

In 2023 a new Health and Wellbeing Strategy was adopted and the role of housing in health was fully recognised. It moved from a single reference to "Fuel poverty" to one of the ten priorities, "Healthy Homes".

The overarching aim is "Everyone should have access to quality, affordable and energy efficient homes which support their health and wellbeing. Social, private rented and new build homes should be of good material standard and maintained to prevent health issues". It is broken down into four ambitions.

- More healthy, safe and secure homes
- More affordable homes
- More suitable homes for specific groups
- Reducing homelessness

The original outcomes framework had proposed some metrics to track progress; however, it was not possible to report on these for various reasons and are discussed later. In January 2024 the Health

³ <https://www.health.org.uk/evidence-hub/housing/multiple-housing-problems/inequalities-in-households-experiencing-housing>

⁴ [https://www.health.org.uk/evidence-hub/housing/housing-affordability/inequalities-in-housing-affordability#:~:text=28%25%20of%20people%20in%20households,top%20%25%20of%20incomes\).](https://www.health.org.uk/evidence-hub/housing/housing-affordability/inequalities-in-housing-affordability#:~:text=28%25%20of%20people%20in%20households,top%20%25%20of%20incomes).)

⁵ <https://www.tandfonline.com/doi/full/10.1080/09649069.2025.2569179?src=>

⁶ <https://www.fph.org.uk/media/p5rdhsu5/fph-poverty-housing-and-health-briefing.pdf>

⁷ <https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

and Wellbeing Board asked that partners should develop appropriate metrics and methods for measuring progress towards the aim.

This report will focus on the first three ambitions, as homelessness is by comparison well measured and reported on elsewhere, including to the Health and Wellbeing Board.

2. Key Issues

a. Metric development approach

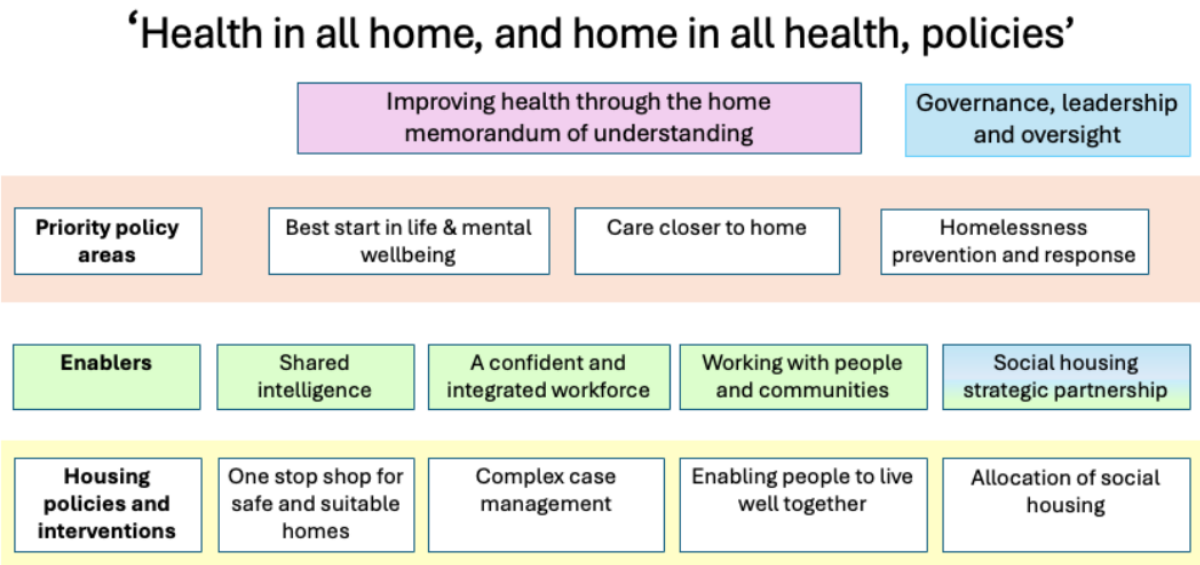
A working group was set up, with officers from District and City councils and the County Council (listed in Annex 1), with representation across the various portfolios within Housing. To support the identification of appropriate measures a housing Health Needs Assessment (HHNA) was commissioned⁸. This involved a review of all available local and national data related to the Healthy Homes priority. In addition, interviews were carried out with over 20 partners and a programme of themed discussion groups based on those interviews, with a wider group of stakeholders.

The key findings of the HHNA found that whilst there was good practice, there is opportunity to improve

- the accountability, governance and oversight between the four ambitions within housing,
- the availability and sharing of local data and insight to inform policy and practice, in particular its impact on health outcomes.

The recommendations of the HHNA include

- Governance, leadership and insight, and the development of a Memorandum of Understanding
- Priority Policy Areas - Best Start in Life, Care at or closer to home and homelessness.
- Enablers – shared intelligence, Strategic partnership with social housing providers, working with people and communities, a confident and integrated workforce.
- Housing Policies and interventions – one stop shop, complex case management, allocation of social housing and enabling people to live together well.



⁸ <https://data.oxfordshire.gov.uk/jsna/bitesizes-and-health-needs-assessments/>

The report also includes a detailed list of evidence-based suggestions which could inform an action plan or cross cutting housing strategy. Some of these recommendations have informed the proposed themed deep dives, discussed later.

b. Housing and Health Stakeholders

Housing provision is a complex system, made up of those providing housing, housing and support services, in addition to those providing support services to residents. The organisations involved include housing associations and other social housing providers, local government in particular planners, the NHS as well as the VCSE sector. There is also opportunity to work with other organisations, such as energy companies and national bodies such as Homes England and the Social Housing Regulator.

Social Housing providers

One key area of interest from the perspective of health inequalities is working with Housing Associations and other social housing providers, where it is known that self-rated health is lowest in social housing, compared to other housing tenure. There are over 70 social housing providers with homes in Oxfordshire with a total of nearly 53,000 homes. There are five main social housing providers, which provide over 90% of social homes in Oxfordshire. The remaining social housing providers include alms houses as well as homes for those with specific needs.

Table 1 – Five largest private and local authority registered providers in Oxfordshire 2025 (Social Housing Regulator⁹)

Social Housing Provider	Number of homes in Oxfordshire
Sovereign Network Group	8936
Oxford City Council	8062
Soha Housing Limited	7367
Sanctuary Housing Association	5601
Cottsway Housing Association	4390

Whilst there are relationships with social housing providers, especially in the fields of housing applications and building of affordable homes, this is not mirrored in other areas, especially in relation to health. There is scope to build on the existing community connectors within social providers, but this will need to be complimented with strategic connections across other areas such as tenancy management and estates, with a health lens.

c. Affordable Housing – a definition

Affordable housing affects people's income - especially among those with the lowest earnings and this could play a critical role in reducing health inequalities¹⁰.

In England, affordable housing refers to homes provided at costs below market rates, intended for those whose needs are unmet by the private sector. The National Planning Policy Framework

⁹ <https://www.gov.uk/government/statistics/registered-provider-social-housing-stock-and-rents-in-england-2024-to-2025>

¹⁰ <https://cles.org.uk/wp-content/uploads/2025/11/Affordable-infrastructure-how-strategic-authorities-can-use-housing-and-public-transport-to-tackle-health-inequalities-1.pdf>

defines it as housing for rent or sale at reduced prices—typically social rent (≈50% of market rent), affordable rent (≤80%), or discounted ownership schemes like Shared Ownership and First Homes.

Historically, affordability has been linked to income-based thresholds. In the 1960s, housing costs for low-income households averaged 9% of income, rising to 26% by 2015, before slightly falling. Possible definitions include

- housing should not exceed one-third of household income, a standard adopted by the London Living Rent scheme.
- market-based definitions, noting that homes priced at 80% of market rent are still unaffordable for many.
- The Affordable Housing Commission advocates for a definition based on actual income and living costs, ensuring enough money is left for essentials like food and heating.

There is scope therefore to develop a local definition of affordable housing, to take account of the local circumstances, to ensure housing is truly affordable.

d. Housing and health data limitations and metric choice

Many of the first metrics proposed were not efficient to collect or where easy to collect, are less meaningful and useful in tracking progress and driving change.

Data from housing and health organisations is often operational and not aligned to showing health outcomes, and combining data is challenging due to lack of standard practices and resource constraints. For example, the routine and explicit use of a Unique Property Reference Number (UPRN) when an address is used in service provision can help evaluation of an intervention or service. This is currently not a universal approach taken in service commissioning and provision.

While new data requirements, such as local authority reporting on category 1 hazards for Damp, Mould and Excess Cold, may improve consistency over time, immediate inclusion is not possible.

In line with good practice on metrics, the chosen measures needed to be available at least annually, efficient to collect and process, be uniform in what is being measured and meaningful in relation to the ambition.

When reviewing the metrics, they were tested against the following

- important and relevant,
- valid - measuring what it is claiming to measure,
- available, at the right time
- sufficient precision
- Act to drive improvement in the area intended.

The metrics in the original Outcomes Framework were reviewed against these measures and where they were met were kept and where not, new ones developed.

e. Healthy Homes metrics

The following metrics are recommended in line with the discussion above in relation to the practicality of reporting, measuring progress and activity. Annex 2 proposes the thresholds and limits alongside the current figures, some of which may require further discussion and aligning with local strategies and plans, for example Affordable Housing.

Against each of the four ambitions one performance metric was selected, alongside another which was one which reported on one possible policy response.

Table 2 – Healthy Homes metrics

Healthy Homes Priority	Progress Metric	Solution metric
9.1 More Safe, healthy homes	9.1.1 Percentage of EPCs Band C and Over	9.1.2 Number of residents using Better Housing Better Health service.
9.2 More Affordable homes	9.2.1 1 bed median rent as % of gross full time annual median pay of residents	9.2.2 Number of new affordable homes being built
9.3 More suitable homes	<p>9.3.1 People with long-term limiting disability in unsuitable accommodation (all ages) as of 31st March 2024</p> <p>The percentage of households accepted as threatened with homelessness and owed a prevention duty by a Local Authority in Oxon where the reason given for loss of last settled home is “Home no longer suitable – disability/ill health”.</p>	9.3.2 Percentage (and number) of DFGs completed in past year
9.4 Less Homelessness	9.4.1 Number of homeless households owed a relief duty or main housing duty by a Local Authority in Oxon under the Homelessness Reduction Act in temporary accommodation. (quarterly)	9.4.2 Numbers living in temporary accommodation as of 31st March

There is scope for the above metrics to be replaced during the period of the Strategy if better quality ones become available. For example, the new Renters Rights Act 2025 will introduce a new set of reporting metrics about housing conditions, which will be more standardized and easily available.

Annex 3 is an illustration of the data which will be ready for public reporting from Spring 2026 onwards.

f. Healthy Homes Themed Deep Dive Reports

The following deep dive topic areas support the high-level monitoring of progress, alongside the ability to deliver improvements through more nuanced data driven evidence and insight.

The reports will

- help find opportunities where the Health and Wellbeing Board can influence.
- allow time for the governance and data systems to function more effectively to drive change.
- respond to the opportunities of Local Government Reform which will offer more opportunities to bring a broader range of services together as a housing authority, as well as the opportunities linked to the Ten-Year Health Plan and Neighbourhood Health.

Table 3 Healthy Homes Deep Drive Themed Reports

Housing Ambition	Themed Report
More healthy, safe, secure homes	<ul style="list-style-type: none"> • Role and capacity of Environmental Health, Housing and Trading Standards in keeping healthy and safe homes, with a focus on the private rented sector. • Report on Housing Conditions and household survey across, all tenures. • Climate readiness - improving energy efficiency, eg addressing fuel poverty and managing excess heat from rising temperatures across all three tenures. • Benchmarking and recommendations of the prevention offer across, tenancy support (private and social renting) and housing related advice, including the VCSE sector. • Review and recommendations on addressing hoarding, linked to mental health and overcrowding.
More Affordable homes	<ul style="list-style-type: none"> • Agree an Oxfordshire definition of “affordable” housing, with reference to provision of housing for key workers. • Review and recommendations of policies to make more homes available, e.g. Empty Homes and short lets enforcement • Review and recommendations of planning policies to support affordable and healthy homes, e.g. Health Impact Assessments, Permitted Development Rights¹¹. • Audit and recommendations of growth strategies in their support of health and inequalities in the provision of affordable homes.
Increase availability of housing to meet	<ul style="list-style-type: none"> • Role and capacity of Home Improvement agencies and key partners, such as Occupational Therapy to support accessible homes. Focus on provision for children and those in social rented homes.

¹¹ [Campaign release: These are homes photobook - Town and Country Planning Association](#)

the needs of specific groups	<ul style="list-style-type: none"> • Role and capacity of community led housing projects, especially those designed to help specific inclusion health groups, including those with long term health conditions. • Role and capacity of schemes outside of traditional housing provision for older people, those with learning disabilities and/or autistic people, those with mental health conditions who need support from OCC or the NHS, to support a range housing and health needs, including Supported Living, Shared Lives and technological solutions. • Progress against recommendations of Specialist and Supported Housing Needs Assessment.
Prevention and reduction of rough sleeping and homelessness	See existing reports on Homelessness

The Board is invited to agree up to two themed deep dives a year which can be reported to the Board.

3. Financial Implications:

There are no financial implications that the Health and Wellbeing Board is asked to note in relation to this report. Existing budgets from across the system are being utilised to deliver against the above priorities. Comments checked by:

Comments checked by: Emma Percival, Assistant Finance Business Partner, emma.percival@oxfordshire.gov.uk

4. Legal Implications:

Any integrated working to achieve the housing ambitions covered by this report would fall under the Health and Wellbeing Board's duty under section 195 of the Health and Social Care Act 2012 ("the Act") to encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner. Such services include services that impact health determinants, such as housing.

In addition section 196 of the Act permits the Council to arrange for the Health and Wellbeing Board to exercise any functions that are exercisable by it. This would include the Council's generally statutory duty under section 12 of the Health and Social Care Act 2012 to take such steps as it considers appropriate for improving the health of the people in its area.

Comments checked by: Jonathan Pool, Solicitor (contracts) Jonathan.pool@oxfordshire.gov.uk

5. Engagement

The proposed metrics and deep dives have been developed with representatives from the City, Districts and County Council.

The Housing Health Needs Assessment used data from wider partners and a previous survey of residents, as well as the interviews and thematic discussions.

6. Equality & Inclusion Implications

The deep dives recommended provide the opportunity to understand better how housing supports equality and inclusion ambitions. Reference has been made earlier in the report to how housing and inequalities intersect.

7. Sustainability Implications

Improving the energy efficiency of homes and managing the implications of climate change supports the Councils ambitions in relation to tackling climate change and response to climate adaptation.

8. Risk Management

Risks associated with the approach include, a lack of buy-in from partners who can influence these ambitions and associated metrics and Deep Dives. To mitigate for this, the metrics have been developed in conjunction with City and Districts Councils. Another risk is that some of the metrics may be influenced by circumstances outside of the control of the Health and Wellbeing Board. To manage this risk, the use of themed deep dives can identify those circumstances and allow for greater nuance and understanding to explore other opportunities.

Opportunities include the increasing scope of new partners and stakeholders to discuss how housing and health can be improved and broaden the influence of the board and its ambitions.

9. Next Steps

- a. The composition of the working group needs to be reviewed and a Terms of Reference agreed to enable the collation, agreement and review of the metrics as well as organise. In addition, it will need to be able to produce the deep dive reports as requested by the Health and Wellbeing Board.
- b. Further work is needed expand the breadth of partners who have yet to be included in this work. For example planning authorities about affordable housing or Housing Associations regarding standards and opportunities in socially rented homes. The deep dives reports will support this approach.
- c. The Health and Welbeing Board is invited to agree up to two themed deep dive reports a year, from Table 2.

Ansaf Azhar Director of Public Health and Communities

Annex: 1 – Metrics Steering Group Members

Annex: 2 – Healthy Homes Metrics – proposed thresholds

Annex: 3 – Healthy Homes Metrics – illustrative reporting

Contact Officers: Kate Eveleigh, Public Health Principal, kate.eveleigh@oxfordshire.gov.uk
And Richard Smith, Head of Housing, Richard.Smith@cherwell-dc.gov.uk

Annex 1 - Working Group members.

Tom Porter Senior Strategy and Service Development Officer, Oxford City Council
Richard Smith Head of Housing, Housing Services, Cherwell District Council
Clare Keen, Policy and Partnerships Officer, Oxford City Council
Murry Burnett strategic housing and development officer at WODC
Phil Ealey Housing Needs Manager South Oxfordshire and Vale of White Horse District Councils
Paul Lankester Principal Environmental Health Officer, Private Sector Housing, WODC
Phil Measures, Service Leader Environmental and Regulatory Services West Oxfordshire District Council
Margaret Melling, Senior Data Analyst, Oxfordshire County Council
Laura Brennan, Health Improvement Practitioner, Oxfordshire County Council

Annex 2 – Proposed targets for Healthy Homes Metrics

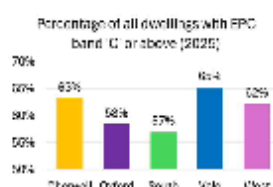
Progress Metric	What's good	RAG	Rationale
9.1.1 Percentage of EPCs Band C and Over	Higher percentage better	Percentage increase, from previous year - Red - less than 1%, Amber 1.1% to 3%, Green 3.1% and above	Higher energy efficiency supports reduced fuel bills to address fuel poverty. Likely less likely for homes to be damp if warmer, which means homes are healthier.
9.2.1 1 bed median rent as % of gross full time annual median pay of residents	Lower percentage better	Less than 25% - Green, 26% to 30%, Amber, more than 31% Red	A measure to consider how affordable it is to rent amongst single people or couples with no children.
9.3.1 People with long-term limiting disability in unsuitable accommodation (all ages) as of 31st March 2024 Based on the percentage of households accepted as threatened with homelessness and owed a prevention duty by a Local Authority in Oxon where the reason	Lower number better	Less than 2% - Green, 2% to 4% Amber, more than 4% - Red	In relation to those with a prevention of homelessness, what percentage are experiencing poor living conditions due to health or disability.

given for loss of last settled home is "Home no longer suitable – disability/ill health".			
9.4.1 Number of households owed a prevention or relief duty under the Homelessness Reduction Act (quarterly) per 1000	Lower number better	Green - less than 12.3/1000, Amber 12.4 to 14.4/1000 Red More than 14.4/1000	The number of people who do not have a secure home and are or at risk of homelessness.
Solution metric			
9.1.2 Number of residents using Better Housing Better Health service.	Higher number better	Less than 850 - Red, Amber 851 to 899 Green, 900 or more	The number of people getting help to keep their home warm.
9.2.2 Number of new affordable homes being built	Higher number better	As reported and referenced in Local Plans	Building more affordable homes can help increase affordability.
9.3.2 Percentage (and number) of DFGs completed in past year	Higher number better	Green - more than 90%, Amber 75% to 89% and Red 88% or less	Adapting homes can help ensure they are suitable for living in.
9.4.2 Number of homeless households owed a homeless relief or main housing duty by a Local Authority in Oxfordshire living in temporary accommodation as of 31st March	Lower percentage better	Green - 5% or less percentage change from year before. Amber 6% to 20% percentage change. Red more than 20% change	People being diverted from rough sleeping or other types of homelessness including loss of current home as no longer suitable

Annex 3 – Illustrative data for the “Healthy Homes” metrics

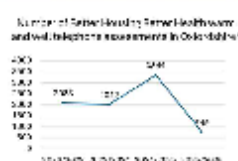
The data below is illustrative of the metrics to support the recommendations and final figures will be reportable by the Spring of 2026.

9.1.1 Percentage of households living in a home with a higher energy efficiency rating of A to C



Source: Energy Commission, Carbon Reduction Commitment, Energy Demand and Energy Efficiency Programme

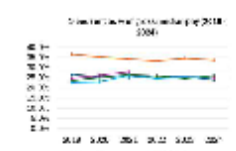
9.1.2 Number of Better Housing/Better Health “warm and well” telephone assessments



Telephone assessments in reporting periods were completed by a team of health and social care professionals, who provided advice and support to residents. The data shows a steady increase in the number of assessments completed over the period, with a slight dip in the most recent period.

Source: Better Housing/Better Health Programme

9.2.1 1 bed median rent as % of gross full time annual med net pay of residents



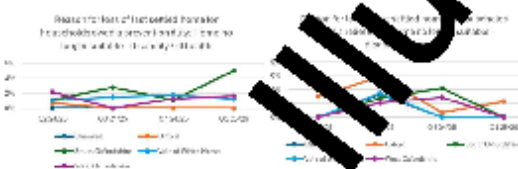
Source: Office for National Statistics, Annual Survey of Hours and Earnings, Annual Survey of Hours and Earnings, Annual Survey of Hours and Earnings

9.2.2 Number of additional affordable housing units built



Source: Local Housing Market, Annual Survey of Hours and Earnings, Annual Survey of Hours and Earnings

9.3.1 People with long-term limiting disability in unsuitable accommodation (all ages)



Source: Office for National Statistics, Annual Survey of Hours and Earnings, Annual Survey of Hours and Earnings

9.3.2 Number of Disabled Facilities Grants completed

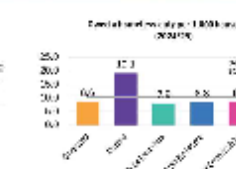


Source: Local Housing Market, Annual Survey of Hours and Earnings, Annual Survey of Hours and Earnings

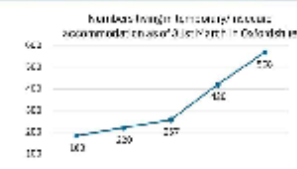
9.4.1 Number of households used a provision or relief duty under the Homelessness Reduction Act



Source: Tables on homelessness - GOV.UK (gov.uk)



9.4.2 Number of long-term temporary housing accommodation



Source: Tables on homelessness - GOV.UK (gov.uk)