

Regional Public Health Group Fact Sheet

HEALTH AND WINTER WARMTH

Reducing Health Inequalities

Produced by the Regional Public Health Group in the South East

(Comments to simon.church@eaga.co.uk and Jo.Nurse@dh.gsi.gov.uk)

Audience:

This factsheet is designed to provide information to people concerned with health and fuel poverty issues; Regional and Local Partnerships within Public Health, Environmental Health and Local Authorities, Community and other front line Health Staff who can refer vulnerable households for help, as well as Housing and Energy Officers. The factsheet brings together the latest information and best practice, to enable health professionals to take a much more active role.

Vision:

To help reduce health inequalities within vulnerable households, reduce excess winter deaths, and increase energy efficiency, in order to enhance health and sustainability.

Why it is important:

- There were 25,700 excess winter deaths in England and Wales in 2005/6
- Affordable warmth;
 - increases life expectancy and reduces inequalities in health
 - improves householders' mental health and well being
 - improves children's educational achievements and school attendance, and reduces the incidence of childhood asthma
 - promotes social well-being and independent living, with older people able to use the whole house following central heating installation. This potentially reduces/delays admission to hospitals and care homes.
- Only 2-3% of all Warm Front referrals come from directly health related sources; opportunities to make a difference are being missed. Across England, Warm Front has £350m available annually in grants to improve winter warmth for individual homes.
- Those most at health risk from living in a cold, damp home (the elderly, especially those aged over 85), are also more likely to have poorer levels of heating and insulation.
- Excess winter mortality is potentially preventable, with much higher levels in Britain than in most other European countries, including ones with much colder winters such as Norway and Russia.

Current Situation: Fuel Poverty and its Impact on Health:

Definition of fuel poverty

A household that needs to spend more than 10% of its income to provide an adequate standard of warmth defined by the World Health Organisation to be 21°C in the living rooms and 18°C in other occupied rooms.

Fact Sheet Contents:

- Fuel Poverty and its Impact on Health
- Excess Winter Mortality
- Reducing Fuel Poverty – What Works
- Working in Partnership
 - The role of health in referral networks
 - Strategic level and integration
- National Drivers
- References and resources

PROTOCOL

How the cold affects health

In older people, a 1°C lowering of living room temperature is associated with a rise of 1.3 mmHg blood pressure, due to cold extremities and lowered core body temperature[†]. Increases in blood pressure, along with increased blood viscosity, (caused by mild skin surface cooling), increases the risk of strokes and heart attacks.

Cold air affects the normal protective function of the respiratory tract, with increased broncho-constriction, mucus production and reduced mucus clearance. Cold, damp houses also promote mould growth, which increases the risk of respiratory infections.

The following table illustrates the health effects experienced by those living in temperatures below the recommended 16-21°C (18°C and over in living areas):

Table 1: Effect of temperature on health

Indoor Temperature	Effect
21° C	Recommended living room temperature
18° C	Minimum temperature with no health risk, though may feel cold
Under 16° C	Resistance to respiratory diseases may be diminished
9-12° C	Increases blood pressure and risk of cardiovascular disease
5° C	High risk of hypothermia

Table 2: The health effects of fuel poverty

Cardio-vascular disease

- Circulatory diseases are responsible for around 40% of excess winter deaths (therefore approximately 13,000 individuals in 2005-6)
- The cold increases blood pressure – one study showed a 1°C lowering of living room temperature is associated with a rise of 1.3mmHg blood pressure[†].
- A rise in blood pressure during the cold increases the risk of heart attacks and strokes.

Respiratory Illness:

- Cause of around 1/3 of excess winter deaths (approximately 10,500 individuals in 2005-6)
- The cold lowers resistance to respiratory infections.
- Coldness impairs lung function and can trigger broncho-constriction in asthma and COPD.
- Dampness is associated with cold houses; damp increases mould growths, which can cause asthma and respiratory infections.
- Home energy improvements have decreased school sickness by 80% in children with asthma or recurrent respiratory infections.[‡]

Cold houses affect mobility and increase falls and non-intentional injuries:

- Symptoms of arthritis become worse in cold damp houses.
- Strength and dexterity decrease as temperatures drop, increasing the risk of non-intentional injuries.
- A cold house increases the risk of falls in the elderly.

Mental and social health

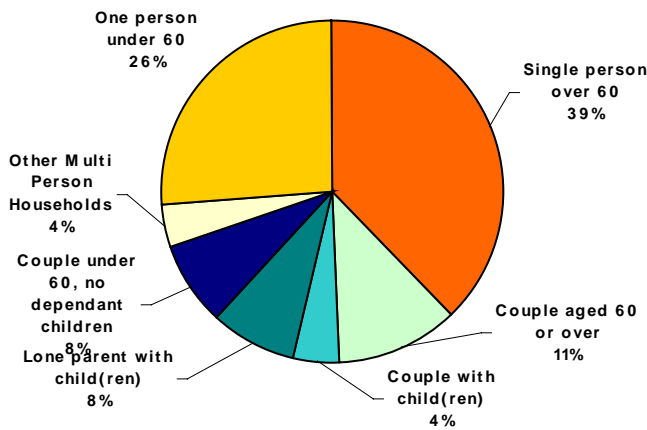
- Damp, cold housing is associated with an increase in mental health problems.
- Some people become socially isolated as they are reluctant to invite friends round to a cold house.
- In cold homes where only one room is heated, it is difficult for children to do homework, affecting educational and long-term work and health opportunities.

[†]Woodhouse et al. [‡]Somerville et al.

Patterns of Fuel Poverty

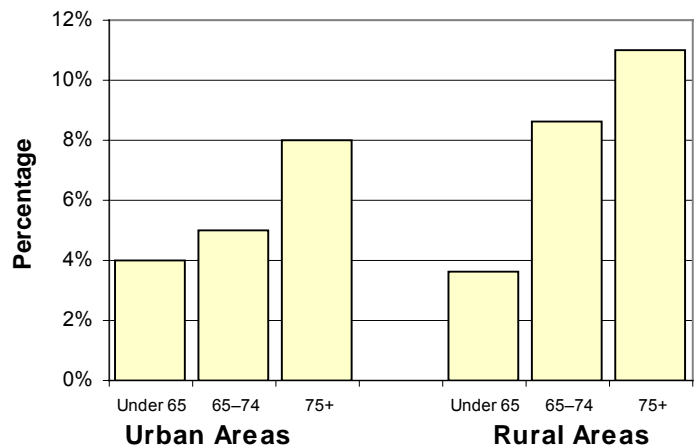
- Approximately 3 million households in the UK are suffering from fuel poverty, although this figure can vary significantly due to fuel price rises.
- Over 50% of people living in fuel poverty in the UK are over 60 years old, the majority of whom live on their own.
- Over two thirds of households in fuel poverty either live in private rented accommodation or own their home.
- Damp and cold houses are also a risk for fuel poverty.

Fuel Poor Households by Type of Occupant



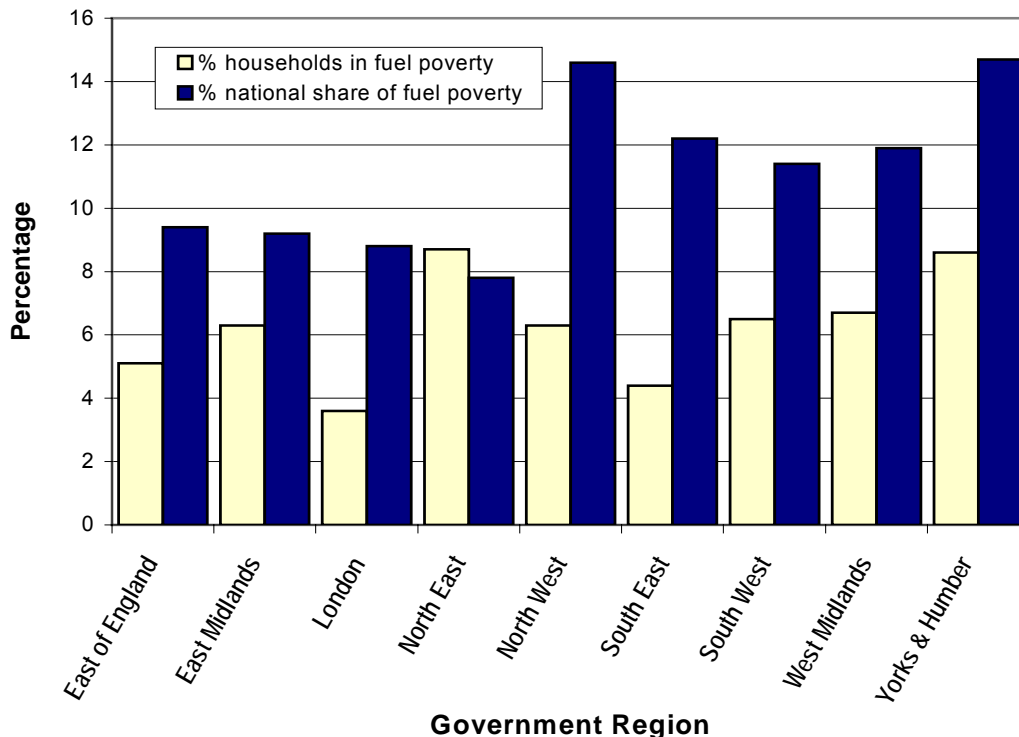
Source: DTI and Defra based on EHCS2004 (DCLG)

Fuel Poverty in Urban and Rural areas by age of oldest person in a household



Source: Office of National Statistics

Fuel Poverty by Government Office Region 2003

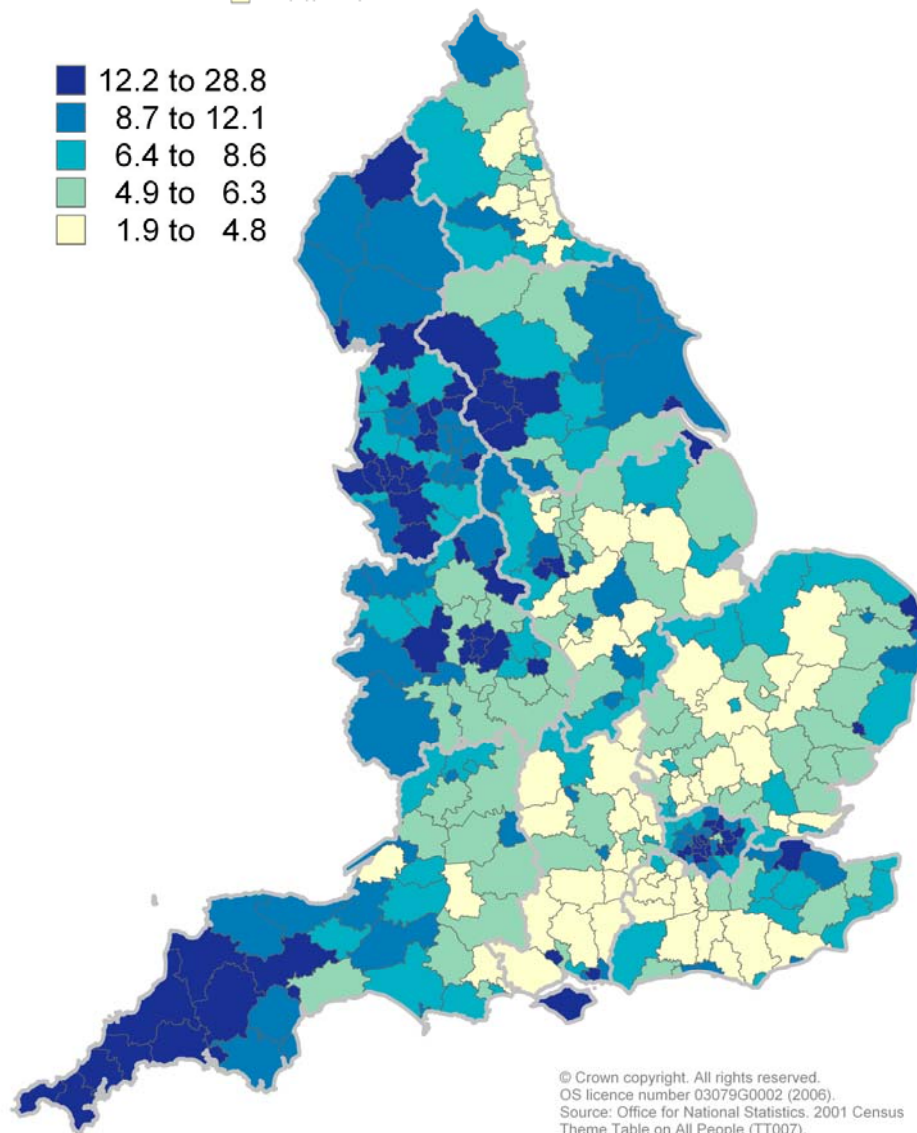


Source: DTI and Defra Detailed Breakdowns of Fuel Poverty in England 2003

Fuel Poverty is likely to be significantly higher than the latest available figures from 2003. This is due to fuel price rises, although the regional share is likely to be very similar. As can be seen, although London and the South East have the lowest rates of fuel poverty, relatively high numbers of households mean they still have a higher national share than other regions.

Central heating, especially gas central heating, is the most efficient form of space and water heating for households. Modern, fully controllable systems, are the cheapest method, and allow for much more control over achieving appropriate and affordable warmth.

Percentage of persons aged 65 and over living in accommodation with no central heating by Local Authority, 2001



Causes of Fuel Poverty

Although the whole issue of fuel poverty is a complex one, four of the most significant causes of fuel poverty are:

- **Energy efficiency** - The energy efficiency of the home is a major factor that can result in fuel poverty. In the private sector, 38% of lofts have less than 100mm of loft insulation (current regulations call for 270mm), and 77% of houses with cavity walls have not had them filled with insulation. There are still 1.75m households in England without central heating.
- **Income** - The costs of heating a property form a greater proportion of total income for those on low incomes.
- **Fuel costs** - Higher fuel prices reduce the affordability of fuel. Prices of different types of fuels can vary considerably, and the availability of different fuels in different areas, and of different types of heating systems, can affect the ability of consumers to exercise choice. After years of falling and relatively low energy prices, the cost of fuel is rising steadily, prices are predicted to remain higher than previously, and potentially continue increasing.

PROTOCOL

This is pushing more households into fuel poverty, with the average cost of gas and electricity for a household now £1,000 a year. For every 1% rise in fuel costs, it is estimated that 40,000 extra houses are pushed into fuel poverty.

- **Under occupation** – This is where a person or people are living in a home that is too large for their needs, and too large for them to be able to afford to heat adequately. Commonly this occurs where an older person continues to reside in the family home, once their children have left.

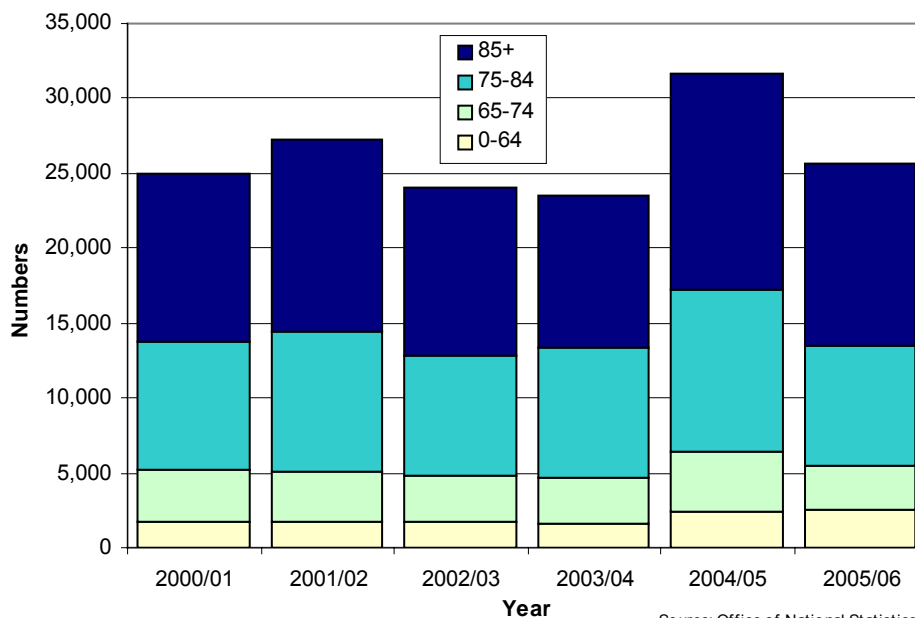
In addition, many of the most vulnerable members of society spend longer in the home than most, and therefore require the heating on all day, and not just in the morning and evening. The difficulty is that the most vulnerable people often live in the least energy efficient households, and have to make a tough choice between adequate warmth and other essentials. This has been described as the choice between heating and eating, and usually leads to the home being left too cold and damp through the winter months.

There are straightforward and simple things that are available to every household that can improve their situation, and reduce inequalities. The aim is to find an effective and robust way to signpost those in need and encourage them to take up the help available.

Excess winter deaths

In the UK, there are around 25–30,000 excess winter deaths each year, which are related to the colder weather between December and March. Around 40% of these excess deaths are from cardiovascular disease and around a third from respiratory disease. It is possible to predict when excess deaths occur after a cold day: heart attacks after 2 days, strokes after 5 days and respiratory disease after 12 days.

Excess Winter Mortality by Age in England and Wales

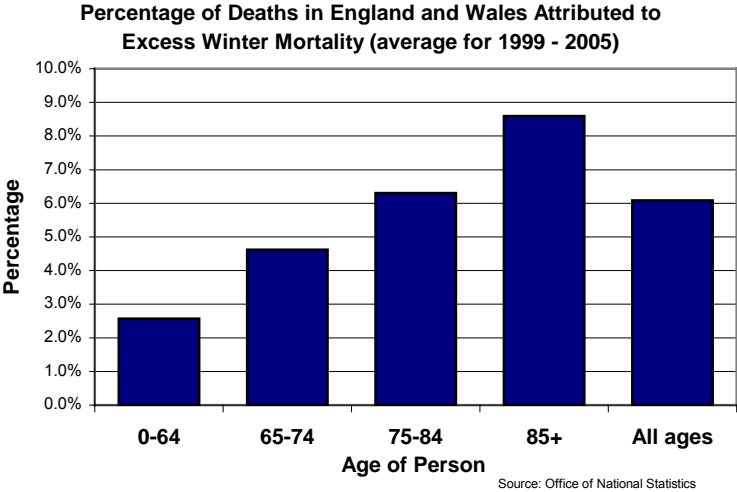


The graph to the left shows the total numbers of excess winter deaths (between December and March) for the last few years. There is annual variation, which is related to a number of factors, including the average winter temperature.

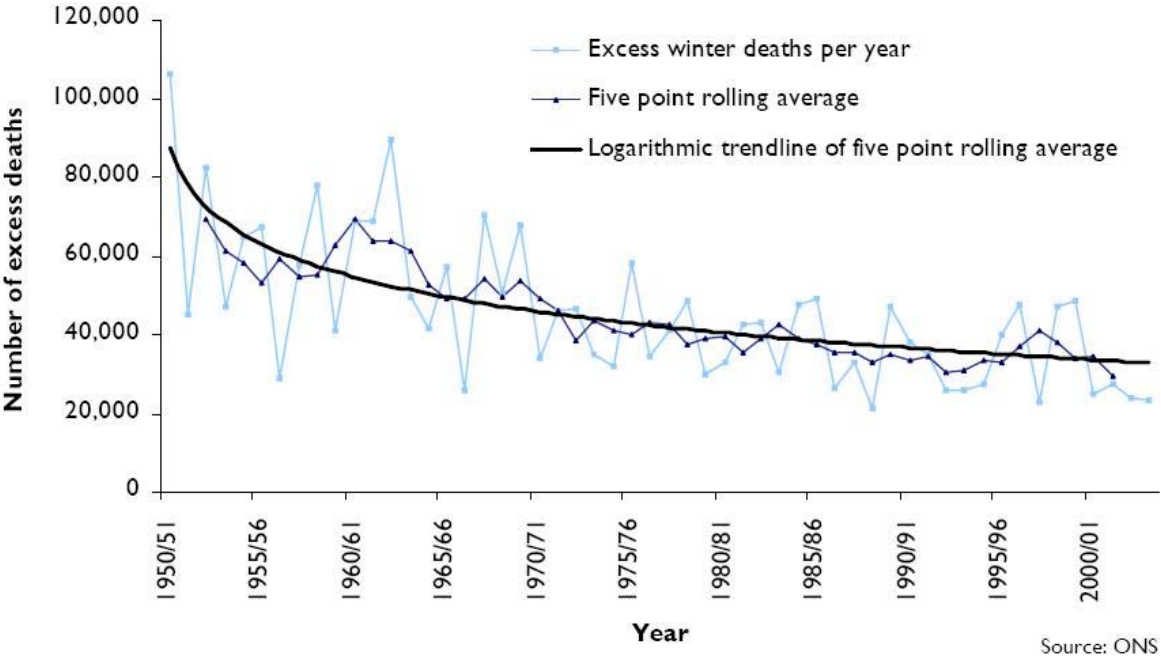
Although cold weather is clearly a factor in excess deaths, Scandinavian countries for example do not have the same pattern of excess winter deaths, giving a strong indication that this is a preventable situation. A good proportion of the excess winter deaths in the UK are related to factors which affect how warm a house is, for example, energy efficiency and insulation, central heating and household income. Homes predicted to be in the lowest quarter of indoor temperatures ('cold homes') had around 20 per cent greater risk of excess winter death than homes in the top quarter of indoor temperatures ('warm homes').

As can be seen from the graph to the right, excess winter mortality becomes a more significant factor as a cause of death as you get older, due to the nature of the seasonal causes of death. These figures are averages over the last few years. In the colder winters of 1999/2000 and 2000/1, excess winter mortality accounted for over 12% of all deaths for the over 85s in those years.

The general trend for excess winter mortality, has continued to improve generally in the last 50 years or so (see below), which is probably related to improvements in housing conditions, central heating and rising incomes. There is still, however, a comparable number of people who die in this manner, as die each year from lung cancer. The average numbers of excess winter deaths over the past 5 years is 26,400 in England and Wales, and the average numbers of annual lung cancer deaths for 2001-4 was 28,600.



Number of excess winter deaths in England and Wales from 1950/51 to present

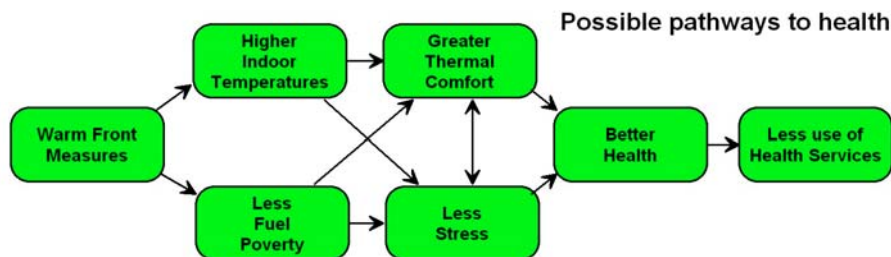


Reducing Fuel Poverty - What Works

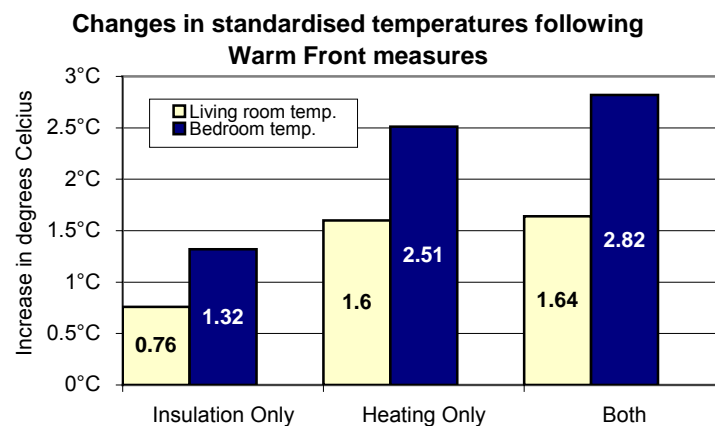
Summary of the key points from the Health Impact Evaluation of Warm Front[†]

A study of the health of people, before and after receiving insulation and heating measures under the Government's Warm Front scheme, showed some important relationships between improving the affordable warmth of households and individual householder's health:

- Links between poor quality housing, fuel poverty and health are widely recognised, as shown below:



- Warm Front insulation and heating improvements are associated with a significant increase in both living room and bedroom temperatures. These increases often lift temperatures above the level that poses a risk to health.



- In the short and medium term, receiving a Warm Front is associated with significantly better mental health. The study showed that as average bedroom temperature rose, the chances of occupants avoiding depression increased. Residents with bedroom temperatures at 21°C are 50% less likely to suffer depression and anxiety than those with temperatures of 15°C
- Warm Front improvements are associated with reductions in relative humidity and risk of mould, reducing the risks of asthma and respiratory disease.
- Predicted significant reductions in heart and respiratory disease, with significantly fewer people dying from cold related living conditions.

Example of good practice: 1

West Sussex PCT - one of the ways of helping to encourage referrals to national or local schemes, is to tie into an existing health campaign project, and provide fuel poverty information on the back of it. Those qualifying under the Warm Front scheme receive grants for heating and insulation. In West Sussex the co-ordination of Warm Front promotion within the annual flu jab campaign, by providing information about the scheme with the letter sent to flu jab recipients, has proved very successful. It was even possible to obtain some financial contribution from Warm Front towards the cost of the mailing, thus reducing the overall cost to the PCT of doing the mailshot in the first place.

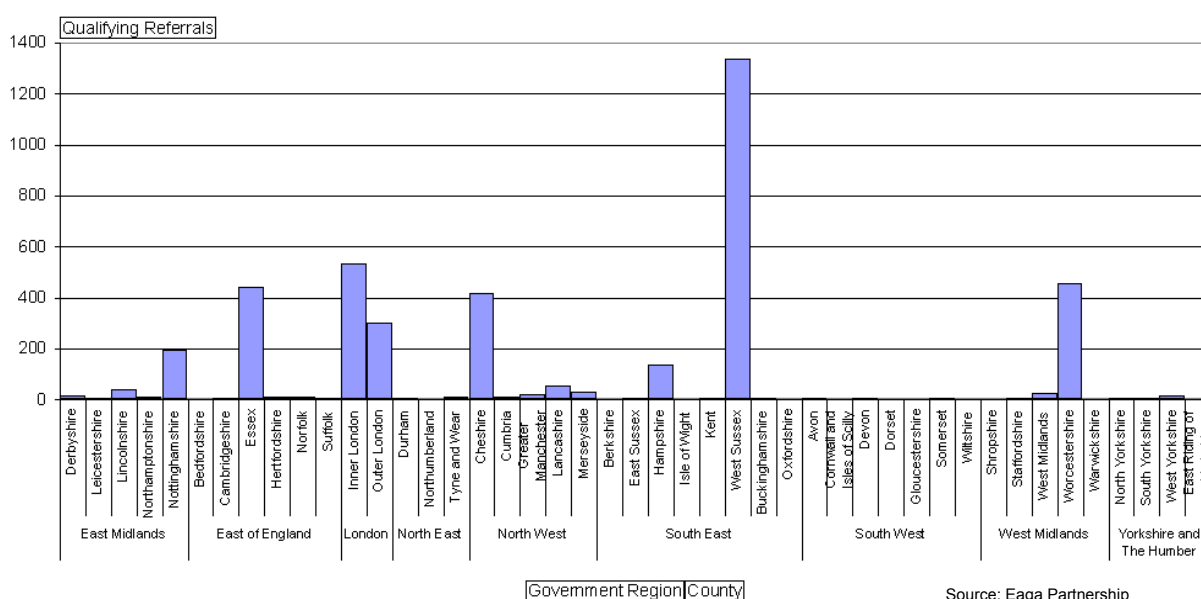
[†] Source: Health Impact Evaluation of Warm Front, Warm Front Study Group (2006)

Unlike most areas of the country where responsibility has been passed down to surgery level, the flu jab process is still co-ordinated by the PCT, so is replicated across the county.

It is very clear from the recorded referrals as to where the limited number of such promotions were undertaken, with 90% of Warm Front health referrals over the last winter coming from just 7 counties, and a third coming from the county of West Sussex alone. Currently, directly attributable health-related referrals account for just 2-3% of all Warm Front eligible referrals.

If all areas in England were able to undertake a similarly successful co-ordination as West Sussex, it would result in an estimated 51,000 households annually receiving a Warm Front grant, with insulation and heating works worth an estimated £71m. This would help ensure that Warm Front grants were directed at households with the most need from a health perspective.

Warm Front qualifying referrals from health by region and county between Sept 05 to Mar 06



Source: Eaga Partnership

Example of Good Practice 2

Dudley Health Through Warmth – npower’s Health Through Warmth (HTW) operates through 14 area partnerships, which seek to help vulnerable people whose health is adversely affected by cold and damp living conditions. This is achieved by facilitating the installation of appropriate energy efficiency and heating measures, along with provision of related advice and information.

Clients are referred by health and other key community workers (e.g. Occupational Therapists, Nurses, Social Services staff, Firemen) who have attended short, locally based training sessions offered by HTW. Visiting people in their homes they are in the best position to identify people most in need. All cases are assessed individually by a HTW Area Co-ordinator who accesses national and local grant schemes. If clients aren’t eligible for grants, other funds are sought, from e.g. charitable organisations and npower HTW also holds a crisis fund for use in exceptional cases. Benefit entitlement checks are initiated where appropriate. The progress of each case is tracked until completion and referrers receive feedback on the outcome of all referrals, maintaining dialogue and encouraging the community workers to continue referring.

HTW in Dudley has an active local partnership which promotes the scheme, generates and implements ideas to increase referrals and attracts external funding to ensure sustainability. Dudley is the only HTW area to attract NRF funding to support a dedicated health professional to work exclusively on the scheme. Part of their work involved a project with two GP surgeries where clients with Chronic Obstructive Pulmonary Disease (COPD) were proactively contacted to see if assistance from HTW was required.

Over the 5 years to the end of Oct 06, HTW in Dudley had trained 866 key workers and received 1,589 referrals. 1013 completed referrals have received energy efficiency measures totalling over £1m, and benefit entitlement checks initiated have realised over £221,283 in additional state benefits per annum. Vulnerable people are often the least likely to access assistance but the strong links HTW has created with health and community workers has meant they are more easily identified and can be supported through application processes.

Ways Forward: Working in Partnership

The role health professionals can play in addressing fuel poverty

There are three main ways that the health sector can help to ensure that fuel poor households, with specific health needs, that are eligible for assistance, receive help:

- **Advice** - Tie in advice on fuel poverty assistance with existing information provision, e.g. promotion of the NHS Keep Warm Keep Well booklets, additional information included in flu jab mailings.
- **Awareness** - Ensure that front line staff are up to date with the problems facing householders and the help available to them, through training, which can be cascaded down to them in team meetings. This helps them identify the simplest way of ensuring a referral to the agencies that can help.
- **Referral Pathways** - Identify additional processes and opportunities which can be used to reduce health inequalities amongst vulnerable households, e.g. using the Single Assessment Process to pass details of vulnerable patients to agencies, who can identify what help may be available to them.

Many health professionals are in a unique position to make a difference for people experiencing fuel poverty. Not only do health professionals visit patients in their homes, (especially older people who are at greater risk of fuel poverty), and are aware of which are the colder homes, but they are held in a position of trust by their patients, which means that any advice offered is more likely to be accepted.

There are hundreds of millions of pounds of grant aid available to private households each year, to tackle fuel poverty. The health sector needs to significantly increase its targeting and co-ordination to ensure people who need the help for health reasons, take up the opportunities available. Without this, there is a real danger of increasing health inequalities, as those with lesser health needs take advantage of energy efficiency grants.

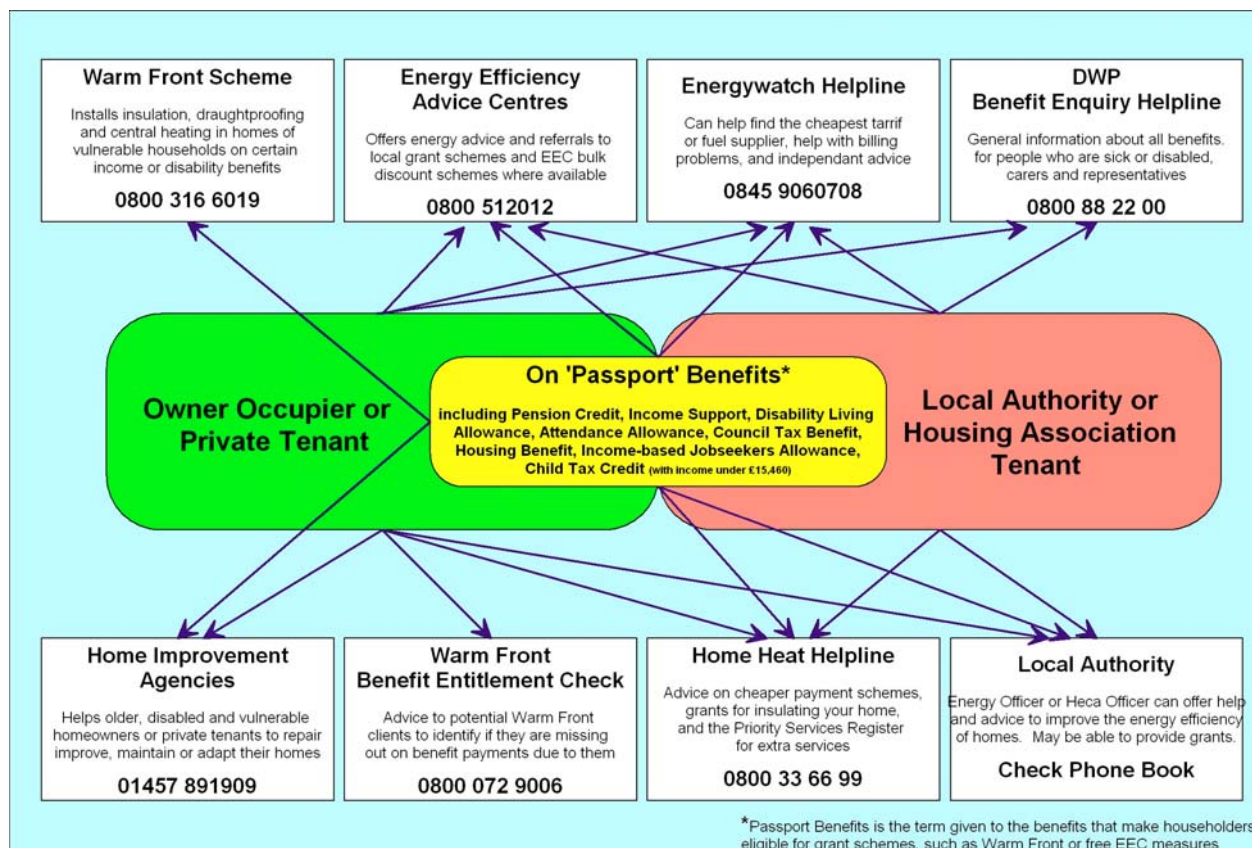
There are four areas of help available that health professionals can refer to, that can have an impact on fuel poverty:

- Advice on keeping warm as an individual, e.g. clothing, hot meals, keeping active, maintaining recommended internal temperatures.
- Reducing fuel bills
- Tackling low household incomes
- Programmes and grants for improving warmth in the home via energy efficiency improvements

PROTOCOL

Addressing fuel poverty is a national priority, of which there are a number of grants for home improvements (including central heating, insulation), which are available locally. There are local referral agencies, which provide advice on making the home warmer and on how to reduce fuel bills. Additionally, local support and benefit entitlement advice for those on low incomes can be sought from many agencies.

Improving Winter Warmth: basic flowchart of main national agencies offering fuel poverty assistance



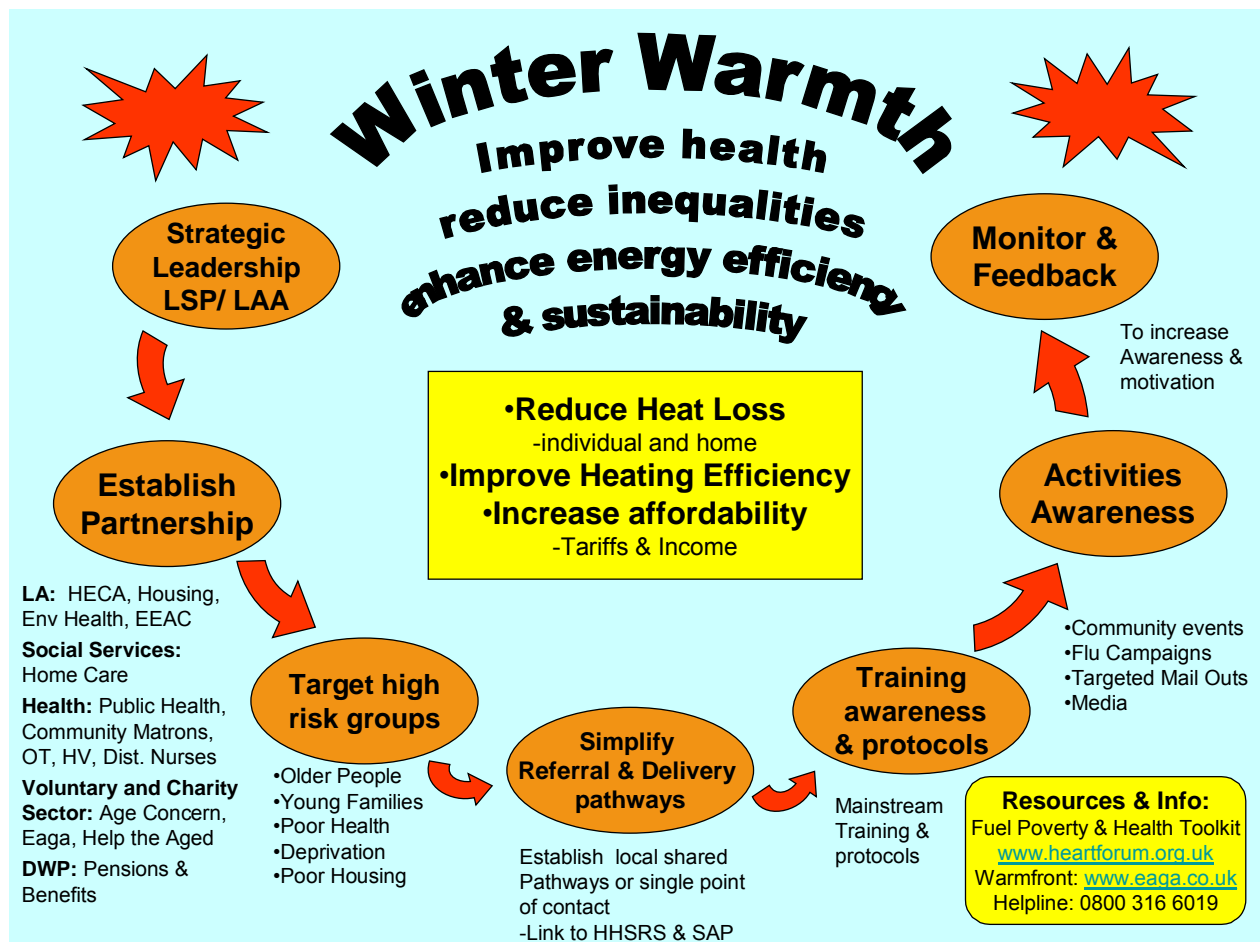
The role of health and social care sector in referrals:

There are many potential opportunities, within the health and social care sector, to identify individuals who could benefit from the help available, to assist in fuel poverty. It is not expected that health professionals should become experts on fuel poverty, just act as a means to signpost potentially vulnerable individuals. Often, something as simple as providing awareness that help is available, and that it could benefit the householder or tenant, is all that is needed. There are plenty of opportunities to tie into local and national schemes, which will undertake the necessary work to identify how best to assist the person. Individuals and projects within the health sector that could do this include, but are not limited to:

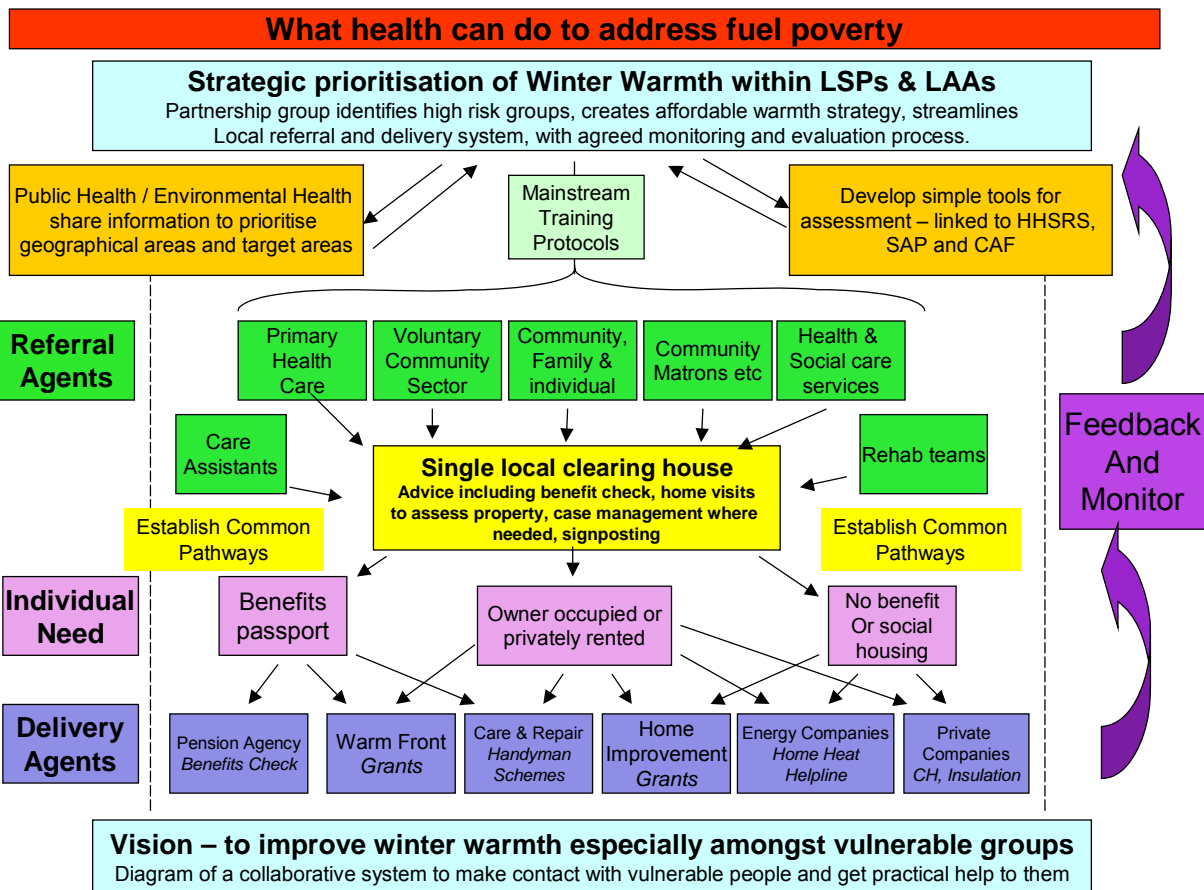
- Front line Staff - GPs, District Nurses, Home Visitors, Community Matrons, Occupational Therapists, Rehabilitation Teams, Falls Clinics, Community Teams and Social Care
- SAP - Single Assessment Process
- Flu jab campaigns
- Mental Health Trusts - Housing condition re Care Programme Approach
- Environmental Health Practitioners via the Housing Health and Safety Rating System

However, experience has shown that although it is easy to explain the health benefits of reducing fuel poverty to staff, and to develop a simple way of signposting householders to help, in reality this results in very few referrals to the schemes available. Experience has shown that referrals from front line staff are more likely to come from those who, through the nature of their role, have a more comprehensive holistic approach, such as community matrons or occupational therapists.

See below for a visual example of the processes to consider when developing a co-ordinated and sustainable referral scheme, involving health professionals with all the other groups that are working towards affordable warmth at a local level.



There are many opportunities for assistance for householders to help them improve heating and insulation, some of which will cost them nothing. The main focus of health practitioners should be to identify those people who are most at risk of fuel poverty and to encourage or assist them to apply for the help available. This help can be at either a local, regional or national level, and includes grants, discounts and advice specifically aimed at the most vulnerable households. Health practitioners should ensure that all the routes into a referral process (the green boxes), are being supported by a common referral pathway. Local or national organisations should be able to ensure that individuals were directed to the most appropriate assistance.



Importance of strategic level leadership and integration into regional plans, LAAs and the LDP by the LSP, LAs and PCT.

There are many opportunities to ensure that the joint interests of health and affordable warmth are properly considered when plans and targets are being set at a regional level. Listed below are several opportunities to ensure the health and affordable warmth agenda is included:

Local Strategic Partnerships (LSP) - organisations that bring together local public service providers, businesses and community and voluntary organisations.

Community Strategies – each LSP must produce a 'Community Strategy': a document produced after consultation with the community, with the aim of improving quality of life (economic, social and environmental well-being).

Local Delivery Plan (LDP) - a document, which spells out how the local health service will deliver the national vision and targets for the NHS encompassed in the Department of Health's priorities and Planning Framework 2003-2006.

Local Area Agreements (LAA) - an agreement between Central Government and a Local Authority, with the aim of building a more flexible and responsive way of making improvements at local level. Currently they are structured around four blocks (or policy fields): children and young people, safer and stronger communities, healthier communities and older people, and economic development and enterprise. A recent poll of NHS Primary Care Trust Chief Executives showed that only 25 per cent of respondents had processes that linked their practice based commissioners into the joint commissioning process. Also, only

about one third of the second round of LAAs included specific affordable warmth / fuel poverty indicators.

Under the recent Local Government White Paper, LAAs will become central to developing local priorities, and there will be a duty placed on PCTs to participate.

Examples of targets relating to fuel poverty set out in LAAs, where baseline and stretch targets are set, which if met can be rewarded financially, include:

- “Increase in number of households benefiting from Warm Front grants which are aimed at reducing fuel poverty “
- “Reduce fuel poverty in the private sector i.e. those people spending more than 10% of their disposable income on heating their home”
- “Take up of Warm Front grants”
- “Enabling people to live at home - Fuel poverty: the number of households lifted to a SAP rating of 60 or above” (SAP in this case being a measure of household energy efficiency)

Single Assessment Process (SAP) and Comprehensive Assessment Framework (CAF).

The Single Assessment Process (SAP) was introduced in the National Service Framework for Older People (2001), Standard 2: person centred care. SAP aims to make sure older people's needs are assessed thoroughly and accurately, but without procedures being needlessly duplicated by different agencies, and that information is shared appropriately between health and social care agencies.

The National Guidance requires that questions are asked on housing, heating, level and management of finances – all questions that relate to fuel poverty, however it is not a specific requirement on its own. Locally, opportunities exist to include a question on fuel poverty with local referral details. Local teams influence the content of their Single Assessment Process.

The Single Assessment Process is increasingly being used as a framework for delivering services to other adults requiring care, not just older people. Government policy documents are promoting SAP as a model for a national Comprehensive Assessment Framework (CAF) and to deliver the benefits of a holistic needs assessment for all adults with long-term conditions. Currently a Collaborative Group has been set up to review the content and wording (including fuel poverty) for the Common Assessment Framework that is currently being developed and due to be piloted in 2007, and takes over the SAP in 2008.

The Role of Environmental Health, Decent Homes and HHSRS for appropriate grants, benefits and improvement orders

There are other potential avenues to encourage heating and insulation improvements, or in the case of private rented properties to use legislative powers given to Environmental Health Practitioners to enforce them.

Decent Homes – the Decent Homes Standard is the current measure by which homes are rated. The regulations set out an aim to ensure that all social housing meets standards of decency by 2010, and has extended the target to include a minimum of 70% of private households also meeting the standard. A decent home is measured in four areas:

- a) It meets the current statutory minimum standard for housing (see HHSRS below)
- b) It is in a reasonable state of repair
- c) It has reasonably modern facilities and services
- d) It provides a reasonable degree of thermal comfort – both efficient heating and insulation

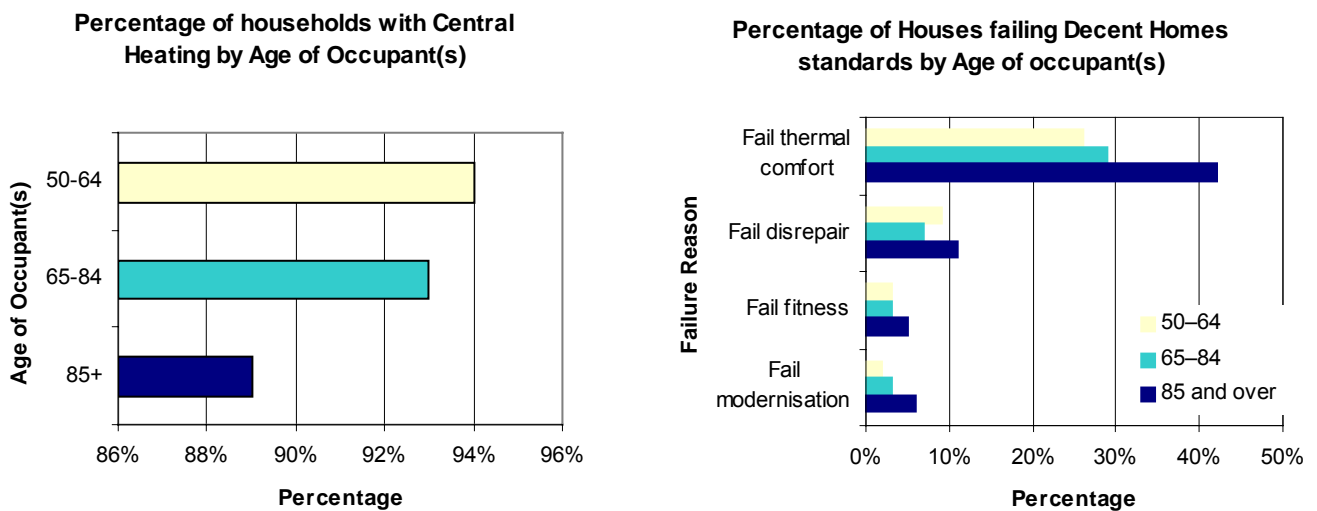
The Housing Health and Safety Rating System (HHSRS) came into effect on 6 April 2006 and replaced the fitness standard as the statutory element of the Decent Homes Standard.

PROTOCOL

However, HHSRS is a risk assessment procedure and does not set a standard. It measures the risks associated within the home against a series of hazards, which include:

- Excessive Cold Temperature: Hazards arising from consistently low indoor temperatures
- Damp and Mould Growth etc: Includes risks from house dust mites, mould and fungal spores.

It has been identified that the majority of failures on both HHSRS and Decent Homes relate to the inadequate thermal comfort aspect of the regulations. The current situation is made worse by the fact that those most at risk of ill health from living in a cold, damp home are the same people who are most likely to live in cold and damp houses that fail the Decent Homes Standard.



Source: English House Condition Survey, 2001

As these graphs above demonstrate, the older the occupant, the less likely they are to have central heating. Additionally, as the age of the occupant increases, the more likely the home will not meet current standards with regard to insulation levels. Typically 1 in 5 homes would currently fail the decent homes thermal comfort criteria. This increases to over 4 in 10 for people over 85.

National Drivers:

Addressing fuel poverty links in with a number of national strategies which are important drivers for a PCT's activities, including:

- **The NHS Plan:** under the 9th priority of reducing health inequalities.
- **Tackling Health Inequalities- A programme for Action, 2003:** Fuel poverty is associated with excess winter deaths. Over £1billion in grants will be spent on reducing fuel poverty amongst vulnerable people over the next few years. People in Fuel Poverty eligible for this help include individuals with and without significant health risks. Health inequalities are likely to increase, without the active co-operation of the health sector in ensuring that those most at need of assistance for health reasons, take advantage of the help available.

As schemes such as Warm Front and Energy Efficiency Commitment (EEC) have progressed over the last 6 years, there has been a natural tendency for the easier to reach customers to come forward. As this 'lower hanging fruit' is assisted, it becomes more difficult to identify and ensure the harder to reach, eligible householders come forward. This problem is most evident amongst the elderly, who are most likely to

resist applying for the help available, or turn down measures such as central heating or insulation. Direct contact and reassurance from a trusted person, such as a health worker, becomes more vital to overcome these self-imposed barriers.

- **National Service Framework for Older People, 2001:** As mentioned throughout the factsheet, fuel poverty has a very more pronounced effect on health problems in the elderly. 93% of excess winter deaths are in the over 65 age group. Addressing fuel poverty will have an impact on:
 - Standard 3, on developing intermediate care;
 - Standard 6, on falls prevention;
 - Standard 7, Mental Health;
 - Standard 8, the promotion of health and active life in old age.
- **National Service Framework for Coronary Heart Disease, 2000:** 34% of excess winter deaths are caused by circulatory disease.
- **Our Health, Our Say, Our Care 2006:** promoting independent living of vulnerable groups
- **Choosing Health, making healthy choices easier 2004:** The white paper identified the importance of addressing health inequalities within local communities, and ensuring that the health sector identified ways to highlight the benefits available to vulnerable individuals, including:
 - Making the most of the millions of encounters that the NHS has with people every week and ensuring that all NHS staff have training and support to embed health improvement in their day to day work with patients.
 - Offering practical support and good connections into the advice and support available locally.
 - Improving mental health, because mental wellbeing is crucial to good physical health and making healthy choices; because stress is the commonest reported cause of sickness absence and a major cause of incapacity.
- **Department of Health PSA 2:** Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth. The PSA target is underpinned by two more detailed objectives:
 - Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between routine and manual groups and the population as a whole
 - Starting with local authorities, by 2010 to reduce by at least 10% the gap between the fifth of areas with the lowest life expectancy at birth and the population as a whole.
- **Department of Environment Food and Rural Affairs & Department for Trade and Industry PSA:** To eliminate fuel poverty in vulnerable households in England by 2010, in line with the Government's Fuel Poverty Strategy objective.
- **Department for Communities and Local Government PSA 7:** Bring all social housing into decent condition with most of this improvement taking place in deprived areas, and for vulnerable households in the private sector, including families with children, increase the proportion who live in homes that are in decent condition.

References and Resources:

Fuel Poverty and Health Toolkit

Nationally, the 'Fuel Poverty and Health Toolkit' was developed by a partnership between the National Heart Forum, The Eaga Partnership Charitable Trust, the Faculty of Public Health,

PROTOCOL

Help the Aged and the Met Office. It also takes into account supportive documentation by the national energy efficiency charity (NEA) (endorsed by the Faculty of Public Health): 'Guidance Note for Primary Care Trusts: PCT Local Plans and Fuel Poverty, 2003-2006'. The toolkit can be found on the www.warmerhealthyhomes.org.uk website

Keep Warm Keep Well

The Department of Health's Keep Warm Keep Well campaign offers older people, the disabled and those on low incomes advice on keeping warm and staying healthy during the colder months. A free winter guide gives plenty of practical tips as well as information on financial support that might be available, such as grants for home improvements to help make houses warmer or help to meet the cost of heating bills. A form for ordering copies of the Keep Warm Keep Well booklet is available on the DH website at www.dh.gov.uk. The book is published in a range of languages and in an easy read format. For the hard of hearing, an audio version of the leaflet is also available.

Details of agencies which provide advice, grants for home improvements, and support agencies for those on low incomes

Local Authorities

Private Sector Housing

The Private Sector Housing team provides a range of services aimed at improving the private sector housing stock within the Local Authority. These include both enforcement action to tackle unfit and disrepair as well as home maintenance advice and the provision of home renovation grants.

Housing Advice

The Housing Advice team provides a specialist housing advice service for people with housing related problems. The emphasis of the work of the team is on the prevention of homelessness, the promotion of good tenancy relations, and the enforcement of legislation to prevent harassment and illegal eviction.

Environmental Health

As from April 2006, referrals can be made to the Environmental Health team based within the Local Authority who will be carrying out the Health and Housing Safety Rating System (HHSRS). A component of the HHSRS includes assessment of an individual's risk of fuel poverty upon their health, and can make orders and referrals for further home improvements.

Warm Front - 0800 316 6019

Provides grants for heating and insulation measures to those who are disabled, elderly or have children under 16, and are on qualifying benefits. Scheme is funded nationally by the government and managed by the EAGA Partnership.

Energy Efficiency Advice Centres (EEACs) - 0800 512 012

EEACs provide free and impartial advice on a range of energy related issues. Can advise on energy efficiency grants and provide referrals to relevant schemes.

Energy Efficiency Commitment (EEC) and the Home Heat Helpline - 0800 33 66 99

The Energy Efficiency Commitment (EEC) is Government legislation that sets targets on gas and electricity energy suppliers to achieve improvements in energy efficiency by providing energy efficiency measures to households across the UK. Householders generally receive insulation measures, usually cavity wall insulation and loft insulation, at a discounted price (often free to priority group customers). Schemes are run by the utilities (e.g. British Gas, Southern Electric), and vary geographically and over time, and the Home Heat Helpline can advise on what is available and who to contact.

Energywatch - 08459 06 07 08

Energywatch is the consumer organisation for gas and electricity customers. They provide help and information on a wide range of issues related to energy consumption, including advice on how to change supplier, how to compare prices being offered by different suppliers, and how to use gas and electricity safely.

Welfare Rights

Welfare Rights Units are small specialist teams, which may exist in Housing and Welfare Advice Services. Their primary objective is to contribute to the Local Authority's Anti-poverty Strategy by maximising the take-up of Social Security benefits, and by stabilising the financial circumstances of residents who live on low incomes. The work of the unit is split into 4 main areas; benefits advice, money advice, awareness and take up campaigns, and welfare rights training.

Local Pension Service

Their aim is to combat poverty and promote security and independence for today's and future pensioners by: delivering a holistic community-based service to customers and working in partnership with other organisations in the statutory and voluntary sector. They provide personal advice and assists in identifying benefits which older people are eligible for.

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