



FUEL POVERTY TACKLING COLD HOMES AND ILL-HEALTH

A GUIDE FOR PRIMARY CARE

Authors:

Dr Alan Maryon-Davis FFPH FRCP FRCGP (Hon), Honorary Professor of
Public Health, Kings College London

Dr Tim Ballard FRCGP, Vice Chair, Royal College of General Practitioners

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UK Health Forum
Fleetbank House
2-6 Salisbury Square
London EC4Y 8JX

www.ukhealthforum.org.uk

The UK Health Forum is a charitable alliance of professional and public interest organisations working to reduce the risk of avoidable non-communicable diseases by developing evidence-based public health policy and supporting its implementation through advocacy and information provision.

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ABOUT THIS GUIDE

Fuel poverty contributes to ill-health – mental and physical. It is strongly linked to lower perceived wellbeing and higher rates of preventable hospital admissions and excess winter deaths. Addressing the health effects of cold homes and fuel poverty involves many individuals and organisations working together.

This brief guide is aimed at GPs, practice nurses and colleagues based in primary care who are often well placed to recognise those at risk or suffering from health problems associated with living in a cold home.

For more detailed information, visit the Healthy Places website – at www.healthyplaces.org.uk – and see the UK Health Forum publication [Fuel Poverty: How to Improve Health and Wellbeing Through Action on Affordable Warmth – A Guide to Delivering Action on Fuel Poverty for Public Health Professionals, Health and Wellbeing Boards and Local Authorities in England.](#)

1. COLD HOMES, ILL-HEALTH AND FUEL POVERTY

Too many people, young and old, live in accommodation that for much of the year is too cold for their health and wellbeing.

- More than one in five (21.5%) excess winter deaths in England and Wales are attributable to cold housing.¹
- Around 80% of excess winter deaths are in the over-75s.²
- Around 40% of excess winter deaths are due to cardiovascular disease (mainly heart attacks and strokes) and about one-third are due to respiratory disease.³
- An indoor temperature of 12°C or less can lead to raised blood pressure in older people.⁴
- A cold, damp home increases the risk of asthma, bronchitis and pneumonia.⁵
- Respiratory problems are more than twice as likely in children living in cold homes, compared with similar children living in energy-efficient homes.⁶
- Adolescents living in cold housing are five times as likely to develop mental health problems as those in warm housing.⁷
- Adults with a common mental disorder, such as anxiety or depression, are around three times more likely to report being unable to keep their home warm enough.⁸
- The annual cost to the NHS of treating disease due to cold private housing has been estimated at over £850 million (at 2009 costs). This does not include additional spending by social services, or economic losses through absences from work.⁹

Fuel poverty contributes to ill-health – physical and mental – resulting in excess winter deaths, preventable hospital admissions and a decrease in perceived wellbeing.

Action is required at all levels of the system – from national to local. For the individual patient at risk (or their carer), much of the drive should come from primary care. Helping people in cold households improves health, saves lives, and reduces the burden on the health and social care system.

WHAT IS FUEL POVERTY?

- ‘Fuel poverty’ refers to a household that cannot afford to heat its home to an adequate standard of warmth and meet its other energy needs, in order to maintain health and wellbeing.
- Fuel poverty is largely determined by the interplay of three main factors:
 - the energy efficiency of the property
 - energy costs
 - household income.
- Other factors include:
 - the outside temperature
 - attitudes and habits in relation to heating, use of rooms, indoor clothing, etc
 - specific health needs which may be related to warmth.
- The **Low Income High Cost (LIHC) indicator** is the government formula to assess fuel poverty in England. LIHC classes a household as being in fuel poverty if its energy costs are above the average (median) for its household type and this expenditure pushes it below the official poverty line.

- According to the Low Income High Cost indicator, there were 2.4 million households in fuel poverty in England in 2011 – just over one in 10 households. The proportion of households in fuel poverty is higher in Scotland, twice as high in Wales and nearly three times as high in Northern Ireland.¹⁰
- Fuel poverty is one of the key elements that can lead to health inequality. Professionals working in primary care therefore have a responsibility – and the opportunities – to help redress such inequality.

WHAT ARE THE RISKS TO HEALTH?

People of all ages can find their health and wellbeing harmed by living in a cold home environment. However, the following groups are at increased risk:

Babies and young children: Living in a cold home is significantly linked to failure to thrive and poor weight gain, delay with developmental milestones, more frequent and severe asthma symptoms, and higher rates of hospital admission.¹¹ Children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems as children living in a warm home.¹²

Adolescents: More than one in four adolescents living in cold homes are at risk of multiple mental health problems compared to one in 20 adolescents who have always lived in warm homes.¹³

Adults: Cold housing increases the level of minor illnesses such as colds and flu and exacerbates existing conditions such as arthritis and rheumatism.¹⁴ There is a strong link between cold temperatures and cardiovascular diseases (such as heart attack and stroke) and respiratory diseases (such as asthma and chronic obstructive pulmonary disease).¹⁵

Frail older people: Cold housing is linked to poorer physical and mental health and higher risk of mortality. Excess winter deaths are almost three times higher among patients from the coldest 25% of homes than the warmest 25%.¹⁶

All ages: Mental health and wellbeing are negatively affected by fuel poverty and cold housing at all ages,¹⁷ particularly in the form of increased stress and anxiety.¹⁸

LIVING ROOM TEMPERATURES AND HEALTH

The Cold Weather Plan for England 2013 recommends a minimum indoor temperature of 21°C in living areas in the daytime and a minimum 18°C night-time temperature for bedrooms.¹⁹

Indoor temperature	Effect
21°C	Comfortable temperature for all, including older people, in living rooms during the day.
18°C	Minimum recommended night-time temperature for those with no health risk, although older and sedentary people may feel cold.
Under 16°C	Resistance to respiratory diseases may be diminished.
9-12°C	Exposure to temperatures between 9°C and 12°C for more than two hours causes core body temperature to drop, blood pressure to rise and increased risk of cardiovascular disease.
5°C	Significant increase in the risk of hypothermia.

Fuel poverty is one of the key elements that can lead to health inequality. Professionals working in primary care therefore have a responsibility – and the opportunities – to help redress such inequality.

2. IDENTIFYING PATIENTS AT RISK

GPs, practice staff and their community colleagues are familiar with the communities they serve. GPs and the wider healthcare team are well placed to identify individuals and families in fuel poverty by being alert to their social circumstances and patterns of illness.

According to draft National Institute for Health and Care Excellence (NICE) guidance,²⁰ primary care staff should use existing patient records and professional contacts and knowledge to pinpoint people living in a cold or hard to heat home, or who are particularly vulnerable due to their medical or social circumstances. This information should be included in the patient's record and used to assess their risk and take action where necessary.

Those most vulnerable to fuel poverty and cold homes include:

- frail older people
- lone parents with dependent children
- families who are unemployed or on low incomes
- single unemployed people on benefits
- people with a long-term condition that could be exacerbated by a cold home
- disabled people with a disability that limits their mobility
- people with a common mental disorder or dementia.

People living in private rented accommodation are often faced with the combined challenges of an energy inefficient home together with high rent and high fuel prices.

People living in rural areas may also be vulnerable to fuel poverty for a variety of reasons:

- there are 'pockets of deprivation' with a high proportion of people on lower incomes
- there may be a lack of affordable good quality housing²¹
- they may not be linked to the mains gas network and therefore have to use more expensive forms of energy such as bottled gas, oil or electricity
- they may live in an older 'hard to treat' property, such as one with solid walls (making cavity wall insulation impossible) or a detached house (with greater heat loss).

3. ASSESSING NEEDS AND PLANNING CARE

The GP contract introduced in April 2014 has a requirement for practices to focus on the most frail and vulnerable patients on their list. There is a requirement for an individual care plan to be developed for these patients. This provides an opportunity to consider whether fuel poverty or a cold, damp home may be triggering or aggravating their ill-health.

Presenting symptoms and signs are likely to be only part of the story and it may be necessary to probe a little to find out how individuals are managing at home and whether they are warm enough when it's cold outside. Some patients may not want to admit they are having difficulties paying the bills and may try to hide their discomfort.

There are two broad approaches to identifying and intervening in cases where a cold home environment might be an issue during the winter months:

- *opportunistically*: for example, as patients attend for an appointment
- *proactively*: using existing disease registers; for example, chronic obstructive pulmonary disease, diabetes, heart disease, stroke, etc.

Fuel poverty or a cold home as a precipitating or aggravating factor should be considered, especially if the patient has:

- multiple morbidities or frailty
- a long-term condition such as asthma, chronic obstructive pulmonary disease, hypertension, type 2 diabetes, angina, peripheral vascular disease, heart failure, chronic kidney disease, thyroid dysfunction, etc
- a physical disability that impedes movement
- a common mental disorder such as anxiety or depression
- dementia.

Probing questions on the patient's home circumstances, particularly during the winter months, might reveal clues about coldness as a factor. For example they may say:

- my home is often too cold, draughty or damp
- my fuel/energy bills are too high
- I often have to borrow money for fuel/electricity/gas
- I use a pre-payment meter to avoid running up debt
- I often stay in bed to keep warm
- I often sit with a hot water bottle
- I try to keep warm elsewhere
- I want to stay in hospital because it is more comfortable.²²

'Fuel poverty' refers to a household that cannot afford to heat its home to an adequate standard of warmth and meet its other energy needs, in order to maintain health and wellbeing.

4. ADVISING AND SUPPORTING

Similarly, clues that might be picked up if they are visited at home by practice staff, community-based colleagues or voluntary sector workers include:

- the home feels cold or draughty
- the home smells of damp
- there is no visible form of heating
- the only heating comes from electric fires, fan heaters, oil-filled radiators or bottled gas
- only one room is heated
- draught-proofing is inadequate
- ventilators have been blocked up or covered
- the person wears lots of clothes indoors
- curtains are closed in the day to keep the heat in
- there are signs of damp such as:
 - pools on window sills
 - mouldy patches around windows, outer walls, ceilings or upper corners of upstairs rooms.²³

Other factors that also help to identify those most at risk of ill-health from a cold home include eligibility for benefits such as free prescriptions, private rented accommodation, short-term housing tenure and single occupancy.

Once you have identified someone in need of support:

- Explain that keeping warm is not just a matter of comfort, but is important for their health and wellbeing.
- Suggest having hot meals and drinks regularly throughout the day and emphasise the importance of keeping active in the home if they can.
- Encourage flu vaccination and, if appropriate, pneumonia vaccination. It is important to remember to offer flu vaccination to carers too.
- Offer some basic advice:
 - lots of thin layers of clothing are better
 - the ideal room temperature is 18–21°C/65–70°F
 - draught exclusion is really important
 - financial assistance may be available to help with the costs of insulation or replacement boilers.

For more information, see [section 5](#).

- During cold spells it is useful to refer to the government's *Keep Warm Keep Well* booklet.²⁴
- Signpost to local and national sources of further advice and support.

For more information, see [section 8](#).

- Where appropriate, and with consent, offer referral or self-referral to a local healthy housing support scheme or warm home service.

For more information, see [section 5](#).

- Referral for support will not affect eligibility to state benefits.
- Record all actions in the patient's notes and make this information available to other professionals as appropriate, respecting confidentiality.

5. SIGNPOSTING AND REFERRING

Patients, carers and family members often need further advice and support, particularly on the following issues:

- energy efficiency grants and programmes
- maximising energy efficiency improvements
- getting cheaper energy
- getting welfare benefits and support.

For more information, see the UK Health Forum publication [Fuel Poverty: How to Improve Health and Wellbeing Through Action on Affordable Warmth](#). Appendix F gives further details about energy efficiency including the government's Energy Company Obligation which includes support for certain vulnerable households and 'hard to treat' homes and the Warm Home Discount which provides direct energy bill support to eligible households.

The local authority housing service can provide patients with advice on energy efficiency and how to get help with fuel bills, particularly for those eligible for the priority services register.

Helping patients claim the welfare benefits to which they are entitled, and providing advice on debt, including fuel debt, can make all the difference to households struggling with their energy bills.

There are two cold weather-related welfare payments: the Cold Weather Payment and the Winter Fuel Payment. Cold Weather Payments are made to eligible households when sub-zero temperatures are predicted or recorded for seven days or more. The Winter Fuel Payment is an annual payment to help with heating costs, made to households with someone of state pension age.

For more information, see the UK Health Forum publication [Fuel Poverty: How to Improve Health and Wellbeing Through Action on Affordable Warmth](#). This gives further details about the national policy framework relating to fuel poverty and cold homes, including how to apply for benefits and welfare support, and advice about debt.

Check to see if there is a local 'affordable warmth', 'seasonal health' or 'healthy housing' referral scheme or network in your area. Many local authorities have set up a 'one-stop' referral and coordination service to help vulnerable people in cold homes to access government grants and benefits and a range of national and local support.²⁵ These schemes offer packages of practical advice and support relating to energy and home improvements, benefit checks and debt advice, health checks and social support such as befriending services.²⁶ If there isn't a local service, think about raising this with your local health and wellbeing board. NICE recommends that all health and wellbeing boards should commission such a service.²⁷

For example, **Liverpool Healthy Homes Programme** offers free help and advice to residents in areas of housing need to remove or prevent hazards that can impact on their health and wellbeing. This includes advice on tackling cold homes and seeking benefits.

For more information, visit <http://liverpool.gov.uk/council/strategies-plans-and-policies/housing/healthy-homes-programme/>

6. FOLLOW-UP

Another example is the London Borough of Hackney **Seasonal Health Interventions Network (SHINE) Scheme**. SHINE is a referral system established to tackle fuel poverty and reduce seasonal deaths and hospital admissions in Hackney by working in partnership across the borough to deliver a package of interventions designed to improve seasonal health and wellbeing.

To read a case study, visit the Healthy Places website – at <http://www.healthyplaces.org.uk/case-studies/>

It is important to follow up vulnerable patients and try to identify any barriers that might prevent the uptake of advice.

If you identify issues or gaps in the advice and support available for patients affected by fuel poverty, make a note and raise them at a practice team meeting. In some instances it may be useful to bring them to the attention of your clinical commissioning group and director of public health.

It is important to have the knowledge and skills to identify and respond to the needs of those in fuel poverty and those living in cold homes.

7. TRAINING FOR PRIMARY CARE

It is important to have the knowledge and skills to identify and respond to the needs of those in fuel poverty and those living in cold homes. You don't need to be an expert in energy efficiency or welfare benefits, but you do need to be able to factor fuel poverty vulnerability into your daily assessment and care of patients so that you can spot someone who is cold in their home and know what you can do to help them keep warm.

In particular you need to be aware of local referral networks for vulnerable patients and the scope of grants available for home improvements. Access to practical resources such as temperature cards, winter wellness packs, and general information about local and national advice and support is important.

In some places, referring patients for housing or energy advice, social care and welfare benefits can be quite time-consuming, having to go through a number of different organisations. GPs are well placed to put collective pressure on their local health and wellbeing board to ensure that a simplified one-stop referral and coordination service is established and that they and their practice staff know how best to signpost vulnerable or at-risk patients to such a service.

PREPARING FOR COLD WEATHER

Most winters mean extra pressures on GPs and practice staff. There are some simple steps that can be taken to prepare for this before the cold weather hits. The following guidelines are taken from Public Health England's Cold Weather Plan 2013 action card for GPs and practice staff.²⁸

- Be aware of emergency planning measures relevant to general practice (see www.england.nhs.uk/ourwork/gov/eprp).
- Promote flu immunisation to both staff and patients.
- Ensure all practice staff are aware of local services to improve warmth in the home, and where appropriate, how to access information on national schemes which patients may be able to benefit from.
- Consider training on seasonal weather and the identification of vulnerable individuals to help staff be more aware of the effects of cold weather on health; those groups of patients likely to be most vulnerable; and how they can signpost patients on to other services.
- Consider use of tools to aid systematic identification of vulnerable individuals.
- Consider using opportunistic approaches to signpost appropriate patients to other services when they present for other reasons. For example, flu vaccination clinics can be an opportunity to promote core public health messages with vulnerable individuals.

Most winters mean extra pressures on GPs and practice staff. There are some simple steps that can be taken to prepare for this before the cold weather hits.

- Encourage your local health and wellbeing board to ensure there is an agreed simplified referral system across all the district councils in your practice catchment area.
- Consider using a computer-based system assessment tool, to help with identification, referral and audit of patients.

Guidelines for actions prior to and during severely cold weather (Action Levels 2, 3 and 4) can be found in the Cold Weather Plan action card for GPs and practice staff.²⁹

For more information, see [section 8](#).

As winter approaches (Action Level 1):

- Staff training should include a specific session on the Cold Weather Plan and cold weather resilience where required, relevant and appropriate to local conditions.
- Consider how you can promote key public health messages in the surgery. For example, take advantage of clinical contacts to reinforce public health messages about the effects of cold weather and cold homes on health.
- Get a flu jab to help protect you and your patients.
- Consider using a cold weather scenario as a table-top exercise to test your business continuity arrangements.
- Be aware of systems to refer patients to appropriate services offered by other agencies.
- When making home visits, be aware of the room temperature in the household. If required, know how to advise on levels that are of concern and, as necessary, to signpost to other services.
- Consider using the *Keep Warm Keep Well* leaflet for up-to-date information and advice for patients.

8. FURTHER INFORMATION

Fuel Poverty: How to Improve Health and Wellbeing Through Action on Affordable Warmth

A Guide to Delivering Action on Fuel Poverty for Public Health Professionals, Health and Wellbeing Boards, and Local Authorities in England. Downloadable from the UK Health Forum website: <http://nhfshare.heartforum.org.uk/RMAssets/HealthyPlaces/FuelPovertyMay14.pdf>

Healthy Places website

The UK Health Forum's Healthy Places fuel poverty webpage provides a wealth of information, resources and case studies.

www.healthyplaces.org.uk/themes/healthy-housing/fuel-poverty/

Public Health England. Cold Weather Plan for England 2013. <https://www.gov.uk/government/publications/cold-weather-plan-for-england-2013>

Public Health England. Cold Weather Plan for England 2013. Action Cards for Cold Weather Alert Service
www.gov.uk/government/uploads/system/uploads/attachment_data/file/255262/AC_GPs_5_Nov.pdf

Keep Warm Keep Well

This government leaflet offers practical basic information for the over-60s, low-income families and people living with a disability. Published by Public Health England, 2013.

www.gov.uk/government/publications/keep-warm-keep-well-leaflet-gives-advice-on-staying-healthy-in-cold-weather

New NICE guidance on excess winter deaths and illnesses

The National Institute for Health and Care Excellence (NICE) is developing new guidance on the prevention of excess winter deaths and cold-related illnesses to be published in 2015. This guidance will be aimed primarily at commissioners and practitioners working in local authorities and health services.³⁰

Department of Energy and Climate Change website

Further information on the range of government schemes helping households to cut their energy bills can be found at the following website. This includes information on the Energy Saving Advice Service (ESAS) which signposts callers to a wide range of organisations that can help install energy-saving measures in their homes and reduce their fuel bills.

<https://www.gov.uk/government/policies/helping-households-to-cut-their-energy-bills>

Energy Saving Trust

Formed in 1992, Energy Saving Trust is a social enterprise with a charitable foundation. It offers impartial advice to communities and households on how to reduce carbon emissions, use water more sustainably and save money on energy bills.

<http://www.energysavingtrust.org.uk/>

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UK Health Forum
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