



FUEL POVERTY

HOW TO IMPROVE HEALTH AND WELLBEING THROUGH ACTION ON AFFORDABLE WARMTH

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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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EXECUTIVE SUMMARY

A PUBLIC HEALTH AND ENERGY BILL CRISIS

Cold, damp homes continue to be at the centre of a public health and energy bill crisis in the UK. Fuel poverty – when a household cannot afford to heat its home to an adequate standard of warmth – affects millions of UK households.

In 2013, the government introduced a new definition for measuring fuel poverty in England (the Low Income High Cost indicator), which finds 2.4 million households to be fuel poor using the latest official statistics. Using the previous fuel poverty measure (the 10% indicator), the latest statistics indicate that there are 4.5 million households in fuel poverty in the UK of which around 3 million are in England.¹

Daily life for people living in a cold home can be distressing. The UK has one of the highest excess winter death rates in Europe – based on a conservative estimate by the World Health Organization, around 30% of excess winter deaths can be attributed to excessively cold temperatures in the home during the winter months.² Based on statistics for England and Wales in 2011–12, this means that around 7,200 people died because of cold housing, with this figure jumping by 29% to 9,330 in 2012–13.³ Many more people will become ill as a result of living in cold homes and because of fuel poverty. The costs to the NHS of treating the illnesses caused and aggravated by cold homes are estimated to be about £1.36 billion per year,⁴ with additional social care costs likely to increase this even further.

IMPACTS ON HEALTH AND WELLBEING

The government's review of fuel poverty in 2012, led by Professor Sir John Hills, reasserted that fuel poverty is a distinct and serious problem.⁵ While there are links to wider poverty issues that have an impact on health and wellbeing, fuel poverty requires a special focus because 1) not everyone who is on a low income is fuel poor; 2) not everyone living in a cold home is fuel poor; and 3) approaches to fuel poverty are not just income-related. In addition, fuel poverty is associated with specific illnesses which have a more immediate impact on health outcomes than outcomes associated more generally with poverty.⁶ Capital expenditure on improving homes, such as energy efficiency improvements, can have a significant impact on reducing fuel poverty.⁷

There is a substantial and growing body of evidence on the negative impacts of fuel poverty and cold homes on physical and mental health and wellbeing across the lifespan.⁸ The physical health impacts most commonly experienced by those living in cold homes are respiratory and circulatory illnesses.⁹ There is strong evidence on the negative mental health and wellbeing impacts of living in fuel poverty and cold homes, and the benefits to mental health from alleviating fuel poverty, particularly in adults.¹⁰ Emerging analysis has identified a cycle of risk that establishes a causal pathway linking fuel poverty and human health. This shows, for example, the cumulative impact on people's health and wellbeing of fuel poverty stressors, such as worrying about bills.¹¹

Fuel poverty – when a household cannot afford to heat its home to an adequate standard of warmth – affects millions of UK households.

The indirect impacts on quality of life also have considerable detrimental effects on health and wellbeing: these include tough 'heat or eat' choices and not having a warm place to work or study.¹²

TACKLING INEQUALITIES AND VULNERABILITY

Those most vulnerable to fuel poverty and cold homes include older people, lone parents with dependent children, families who are unemployed or on low incomes, children and young people, disabled people, people with existing illnesses and long-term conditions, and single unemployed people.¹³ Fuel poor households are more likely to live in energy inefficient homes across all tenures (social housing, private rented and owner occupier) compared to non-fuel poor households. However, private tenants are at a far greater risk of severe fuel poverty than owner occupiers and social housing tenants because they generally have lower than average incomes compared to owner occupiers and tend to live in the least energy efficient properties compared to social housing tenants.¹⁴

Local public health teams and health and wellbeing boards play a critical role in championing and leading the development and delivery of affordable warmth and fuel poverty strategies. They are helping to embed a preventative and social determinants approach to improving health within the culture and working practices of the local authority, NHS, and social care commissioners and providers. Working with housing, environmental health and energy services, the voluntary

and community sector, and local residents to tackle fuel poverty and cold homes, the health and care service can improve health and wellbeing, reduce health inequalities, save lives, deliver on indicators in the public health, NHS and social care national outcome frameworks, reduce pressure on the health system, and support climate change mitigation and adaptation.

THE ROLE OF PUBLIC HEALTH PROFESSIONALS IN ADDRESSING FUEL POVERTY

As trusted sources of healthcare support for many thousands of individuals and families, frontline public health professionals have a vital role in identifying vulnerable people who are most at risk of morbidity and mortality due to cold homes and fuel poverty, and providing help by enabling them to access essential advice and support so they can stay warm and well. Public health and community practitioners are also well positioned to reach those most at risk of fuel poverty and cold homes because of their daily contact with people who may be affected: this enables them to spot signs and symptoms and provide timely and relevant information, advice and guidance and, where appropriate, referral.

For more information, see the UK Health Forum guidance for public health professionals – A Guide to Delivering Action on Fuel Poverty; and guidance for primary care practitioners – Tackling Cold Homes, Ill-health and Fuel Poverty via Primary Care – both on the Healthy Places website at www.healthyplaces.org.uk

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END THE MISERY OF COLD HOMES AND FUEL POVERTY

The evidence for public health service leadership and action on affordable warmth – a major health inequalities issue – is unequivocal. Championing, initiating and leading robust cross-sector partnerships can translate evidence into policy, and coordinated and well-targeted action. Partnerships require leadership from local directors of public health and their teams, and engagement of health and wellbeing boards and local authorities. Such partnerships can enable local authorities and other stakeholders to make a vital contribution to preventing the misery and suffering caused by cold homes and fuel poverty.

THE GUIDE – DELIVERING ACTION ON FUEL POVERTY AND COLD HOMES

Fuel Poverty: How to Improve Health and Wellbeing Through Action on Affordable Warmth is published by the UK Health Forum. The guide is intended to be a tool for directors of public health and their teams, health and wellbeing boards, and colleagues across local authorities who want to start, extend or improve their work on fuel poverty. It aims to support, develop and implement a comprehensive and systematic approach to address and prevent fuel poverty and cold homes in their local area. It is important that health and fuel poverty strategies are jointly owned and delivered by health and wellbeing boards and clinical commissioning groups, working in partnership with other local authority and

statutory bodies, the private sector, the voluntary sector and community groups.

The guide has five key parts that aim to provide an extensive and up-to-date overview of the issue, its impacts, approaches to tackling the problem, and the specific role of public health, and health and social care professionals in driving strategic action on fuel poverty, all underpinned by the best available evidence. There are clear signposts within each section to enable readers to access the elements of the document most helpful to them, depending on their existing knowledge, skills and experience. A regularly updated version of the guide will be available on the UK Health Forum's online resource *Healthy Places* (visit www.healthyplaces.org.uk).

Section I: Introduction to the guide

- Sets the context and scene – the rationale behind the guide, and who it is aimed at.
- Describes the UK Health Forum's free online resource [Healthy Places](http://www.healthyplaces.org.uk).

Section II: An introduction to fuel poverty

- Provides an introduction to the concept of fuel poverty with updates on the latest definition and national government policy approach.
- Describes why fuel poverty matters to the health and care system, incorporating a synthesis of the national outcome framework indicators linked to fuel poverty and cold homes.
- Describes those who are in fuel poverty and the importance of understanding and incorporating the daily experience of those struggling to meet their fuel bills into strategy and service planning.

The guide is intended to be a tool for directors of public health and their teams, health and wellbeing boards, and colleagues across local authorities who want to start, extend or improve their work on fuel poverty.

Section III: The effects of fuel poverty and cold homes on health and wellbeing

- Summarises the effects of fuel poverty and cold homes on health and wellbeing both in terms of morbidity and mortality across the lifespan.
- Explores the impacts for children and young people, which historically have been neglected in public health policy on fuel poverty.
- Summarises the indirect impacts of living in cold homes and living in fuel poverty and provides a short overview of the health economic case for investing in tackling cold homes.

Section IV: The role of public health professionals in addressing fuel poverty and cold homes

- Focuses on the role of public health professionals, health and wellbeing boards, and local authorities in addressing fuel poverty and cold homes. This chapter has three sub-sections:

Sub-section A sets out the local policy framework to tackle and prevent fuel poverty and cold homes, summarising the most relevant policy, planning and regulatory levers for local authorities, health and wellbeing boards, and public health teams.

Sub-section B offers a short overview of the main interventions to promote affordable warmth.

Sub-section C provides specific guidance for directors of public health, public health teams, and health and wellbeing boards, outlining a five-step action plan:

- 1 Encourage effective strategic leadership underpinned by cross-sector partnerships.
- 2 Develop a shared understanding of local need through a robust Joint Strategic Needs Assessment, and translate this into a deliverable health and wellbeing strategy with clear aims and objectives. Local areas may decide to have a dedicated affordable warmth strategy as part of their overall health and wellbeing strategy.
- 3 Identify and prioritise those most at risk in the local population.
- 4 Integrate fuel poverty within wider health improvement programme planning, and evaluate effectively.
- 5 Enable frontline staff to integrate affordable warmth within their everyday practice.

Section V: Resources

- Summarises national sources of information on public health and cold homes including energy efficiency, energy price and income maximisation support. Visit the *Healthy Places* website – at www.healthyplaces.org.uk – where we regularly update the Resources section.

Appendices

- **Appendix A** – National outcome indicators linked to action on fuel poverty and cold homes across the entire health and care system
- **Appendix B** – A short history of fuel poverty – its existence and as a concept
- **Appendix C** – Household composition in England
- **Appendix D** – The national policy framework relating to fuel poverty and cold homes
- **Appendix E** – Statistical and data sources
- **Appendix F** – Energy efficiency – the mainstay of affordable warmth strategies

The guide provides an extensive and up-to-date overview of the issue, its impacts, and the specific role of public health, and health and social care professionals in driving strategic action on fuel poverty.

- 1 Department of Energy and Climate Change (2013) *Annual Report on Fuel Poverty Statistics 2013*. London: Crown Copyright.
- 2 Braubach M et al (2011) *Environmental Burden of Disease Associated with Inadequate Housing*. Copenhagen: World Health Organization Europe. p.82.
- 3 Office for National Statistics (2012) *Excess Winter Mortality in England and Wales, 2012/13 (Provisional) and 2011/12 (Final)*. London: Crown Copyright.
- 4 Age UK (2012) *The Cost of Cold: Why We Need to Protect the Health of Older People in Winter*. London: Age UK.
- 5 Hills J (2012) *Getting the Measure of Fuel Poverty: Final Report of the Fuel Poverty Review*. Case Report 72. London: Crown Copyright.
- 6 Geddes I et al (2011) *The Health Impacts of Cold Homes and Fuel Poverty*. London: Friends of the Earth and The Marmot Review Team.
- 7 Washan P (2012) *Energy Bill Revolution Campaign Report*. London: Camco Advisory Services Ltd.
- 8 Geddes. Op. cit.
- 9 Ibid.
- 10 Liddell C and Guiney C (2013) *Improvements in Household Heating and Insulation and their Associations with Adult Mental Health and Well-being*. School of Psychology, University of Ulster. Unpublished.
- 11 Ibid.
- 12 Geddes. Op. cit.
- 13 Centre for Sustainable Energy (2013) *Tackling Fuel Poverty*. Available at: www.cse.org.uk/work/tackling-fuel-poverty (Accessed: 24 February 2013).
- 14 Joseph Rowntree Foundation (2011) *Time to Reconsider UK Energy and Fuel Poverty Policies?* York: Joseph Rowntree Foundation.

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