

## Overview

2.28 million households in the United Kingdom are thought to be in fuel poverty. In Kingston this equates to 6,020 households (9.4% of the total housing in Kingston). Through its effects on residents and the people around them fuel poverty can lead to poor health and a decreased quality of life. Nationally it has been highlighted as an area of importance with several key documents including, "Building Better Lives", "The Marmot Review", and "The Cold Weather Plan" highlighting aspects of fuel poverty. Unlike many other diseases and problems, those suffering from fuel poverty are often not the most deprived. In fact, those in social housing in Kingston are less likely to be a household suffering from fuel poverty. Fuel poverty affects unique niches such as older people living in large private homes or individuals that privately rent.

Despite the impact fuel poverty can have on both individuals and communities, it is often difficult to address due to its multifaceted causes. This can create problems in targeting interventions at both the local and national level. Fuel poverty requires a combination of both national strategy and policy (in terms of legal levers and direct action) and local tailored approaches. For any local or national action to succeed however there must be multiagency support and collaboration. To achieve cost-effective interventions across a range of departments and organisations, collaboration is essential for interventions to succeed.

The fuel poverty charity, [National Energy Action \(NEA\)](#) warns that health services could continue to waste well over a billion pounds a year on treating preventable cold-related illness. The charity estimates that every Health and Wellbeing Board in England is spending, on average, over £27,000 each day, or £10 million per year, on treating patients with health conditions caused or worsened by living in cold, damp housing. Nationally, it is estimated that cold homes cost the NHS £3.6 million per day, whilst many thousands of people have died needlessly due to the cold.

The [Excess Winter Deaths and Illness and the Health Risks associated with Cold Homes Guideline](#) by National Institute of Health and Care Excellence (NICE) makes recommendations on how to reduce the risk of death and ill health associated with living in a cold home. The aim is to help:

- Reduce preventable excess winter death rates
- Improve health and wellbeing among vulnerable groups
- Reduce pressure on health and social care services
- Reduce 'fuel poverty' and the risk of fuel debt or being disconnected from gas and electricity supplies
- Improve the energy efficiency of homes.

# Introduction

Under the [2013 Low Income High Cost \(LIHC\) definition](#) a household is considered to suffer from fuel poverty "if its energy costs are above the average (median) for its household type and this expenditure pushes it below the poverty line." Prior to 2013, the definition was "a need to spend more than 10% of household income to fulfil reasonable heating and cooking fuel requirements". When looking at historical data, this change of definition must be kept in mind if comparing pre and post 2013 values. The issue of fuel poverty has previously been highlighted in successive Kingston Council Annual Public Health Reports including [Older People in Kingston Living Well in Later Life \(2013\)](#) and [Mental health and Wellbeing in Kingston \(2014\)](#). It is determined by the interaction of three key elements or causal factors:

- Low income
- High fuel prices
- Poor home energy efficiency.

Data shows up to 2.28 million households are in fuel poverty in England. Multiple publications and [toolkits](#) have been produced to enable local government and health providers to combat this in their local areas. Whilst poverty is often thought of as something that affects those out of work, it has been recently highlighted that of all fuel poor households, nearly half (49%) are in work (1.1 million households). Those in the UK who are deprived and living in social housing are often in homes that are more energy efficient, as such there is no direct link between deprivation and excess winter deaths. There is however an increased risk of fuel poverty if privately renting a home (19% vs 10% for England as a whole<sup>1</sup>) and studies have shown that some factors can increase chances of being in fuel poverty such as a lone parent, or families with a number of debts<sup>2</sup>.

Fuel poverty is linked to many health outcomes and the Marmot review has led to the development of indicators for local authorities<sup>3</sup>.

The cold weather plan for England recommends a minimum indoor temperature of 18 degrees. The ideal temperature will vary by age, activity levels and overall health. There is a large body of evidence that highlights the link of being too cold in the home to health consequences, some of which (but by no means all) are highlighted in table 1<sup>4</sup>. These were highlighted in the Marmot review where it was also noted that fuel poverty in itself is detrimental to health through its mental health impacts and other effects on health. These mental health impacts, like fuel poverty itself, are multifaceted factors and the presence of one tends to lead to the next with a continued worsening of overall condition over time. <sup>5</sup>

**Table 1: Fuel Poverty, Direct and Indirect influences<sup>4</sup>**

Direct	Indirect
Respiratory disease	Social Isolation
Mental Health	May need increased care due to cold related disease
Thermoregulation leading to hypothermia	Decreased educational attainment
Decreased infants weight gain	Negative Dietary impact
Increased childhood asthma exacerbations	Decreased emotional wellbeing and resilience

The interaction of income, prices and energy efficiency mean that to combat fuel poverty a multi agency approach is required so as to address all aspects of a person’s life requiring close relationships between local government, health service and wider stakeholders in the activities undertaken.

The national audit commissions report “Building better Lives”<sup>6</sup> noted the financial benefits of targeted spending on the current housing stock. For example, every £1 spent on housing support for vulnerable elderly can lead to nearly £2 in reduced costs of health services, residential care, crime and tenancy failure. These benefits can be felt in all aspects of life due to the interconnected nature of housing with health, wellbeing and hazards to the individual and society. Further information can be found in the [Chartered institute of Environmental Health’s document “Good Housing Leads to Good Health: A toolkit for environmental health practitioners”](#). The fuel poverty charity, [National Energy Action \(NEA\)](#) warns that health services could continue to waste well over a billion pounds a year on treating preventable cold-related illness. The charity estimates that every Health and Wellbeing Board in England is spending, on average, over £27,000 each day, or £10 million per year, on treating patients with health conditions caused or worsened by living in cold, damp housing. Nationally, it is estimated that cold homes cost the NHS £3.6 million per day, whilst many thousands of people have died needlessly due to the cold.

<sup>1</sup> Richard Howard. Policy Exchange 2015: Warmer Homes: Improving Fuel poverty and energy efficiency policy in the UK

<sup>2</sup> Barnes M, Butt S, and Tomaszewski W (2008) The Dynamics of Bad Housing: The Impact of Bad Housing on the Living Standards of Children. London: National Centre for Social Research.

<sup>3</sup> Marmot Indicators 2014: A preliminary Summary with graphs, available from <http://www.instituteofhealththequity.org/projects/marmot-indicators-2014>

<sup>4</sup> The Marmot review Team for Friends of the Earth 2011: The health impacts of Cold homes and Fuel Poverty, Available from [http://www.foe.co.uk/sites/default/files/downloads/cold\\_homes\\_health.pdf](http://www.foe.co.uk/sites/default/files/downloads/cold_homes_health.pdf)

<sup>5</sup> UK Health Forum 2014, 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. Available at <http://nhfshare.heartforum.org.uk/RMAssets/HealthyPlaces/FuelPoverty/ToolkitJan2015.pdf>  
<sup>6</sup> Building Better Lives, Getting the best from strategic housing, Audit Commission, September 2009.

## Local Picture

Fuel poverty has been estimated <sup>1</sup> to affect 9.4% of total housing in Kingston, this compares with previous figures from 2010 (9.9%) and 2012 (8.9%). In comparison, London had a rate of 8.9% and England 10.4% in 2012.

Using population mapping techniques it was estimated that Kingston’s vulnerable individuals in fuel poverty were as follows<sup>1</sup>:

- Over 75s: 869
- Under 5s: 1,314
- Limiting long term illness: 1,917.

The local Kingston housing stock is primarily private (88%) with the majority owner occupied (74.2%). Social housing comprises 12% of the total Kingston housing stock (compared with London at 24.3% and England at 18.3%)<sup>1</sup>

**Table 1 Kingston housing stock and Fuel Poverty estimates**

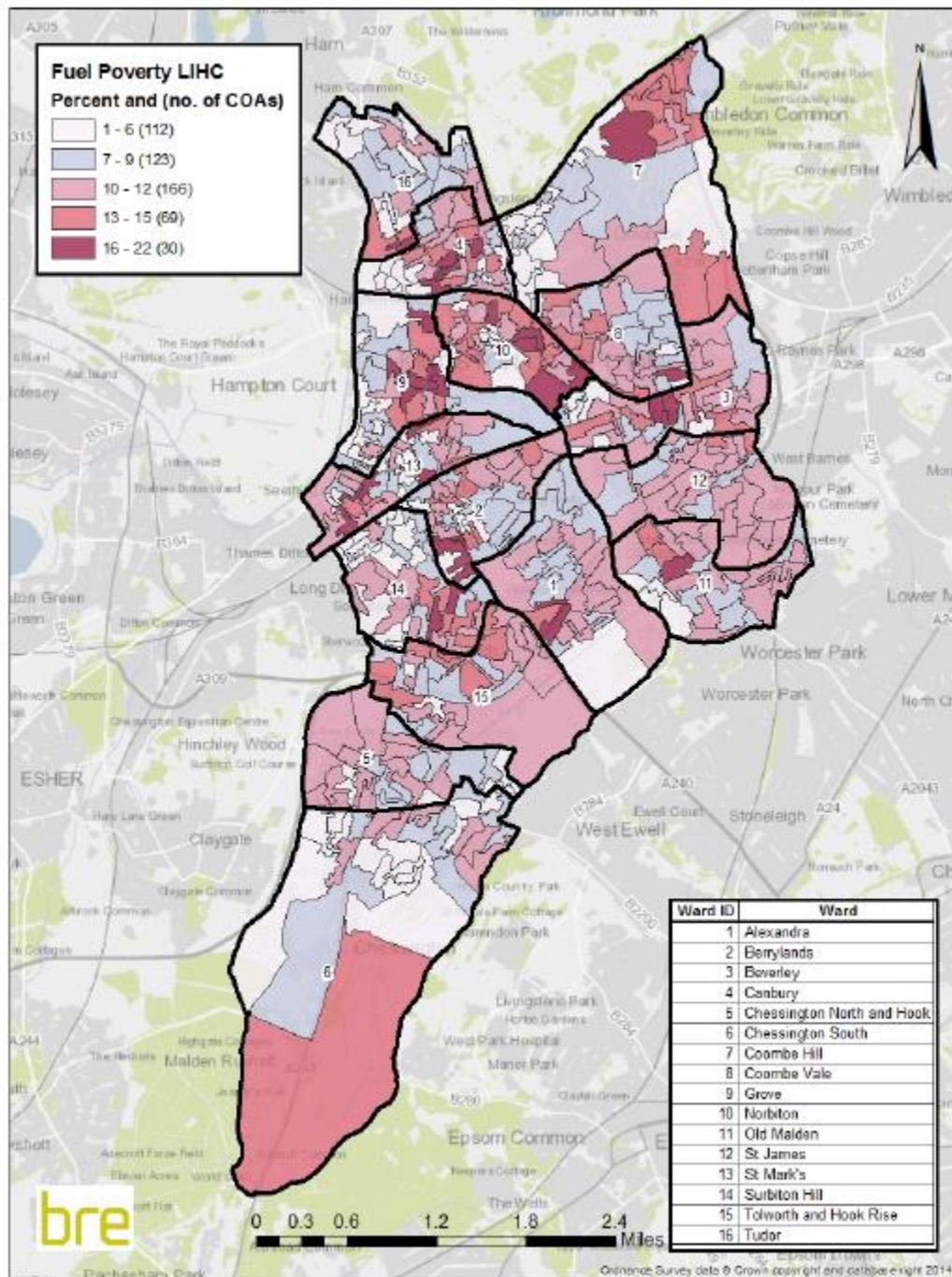
	Total Numbers	Low Income Households	Percentage with Low Income	Low Income High Cost (LIHC)	Proportion of Stock in Fuel Poverty
<b>All Stock</b>	63,814	14,096	22.1%	6,020	9.4%
<b>Private Stock</b>	56,162	8,926	15.9%	5,413	9.6%
Owner Occupied	41,678	5,179	12.4%	3,191	7.7%
Private Rented	14,484	3,747	26.6%	2,222	15.3%
<b>Social</b>	7,652	5,170	36.7%	607	7.9%

Source: BRE (Building research Establishment) January 2015, BRE Client Report: A quantitative Health Impact Assessment: The cost of private sector housing and prospective housing intervention in Kingston.

Although those living in social housing are most likely to have low income, they are less likely to be in fuel poverty compared with those privately renting who are most at risk in terms of the proportion of total housing stock.

To gain a better idea of the issues facing the borough, Kingston Council recently commissioned a housing stock audit and health impact assessment undertaken by the Building Research Establishment (more commonly referred to as BRE):

**Figure 1 BRE Private Housing Stock Review – Prevalence of Fuel Poverty in Kingston private housing stock**





Source: BRE January 2015, BRE Client Report: A quantitative Health Impact Assessment: The cost of private sector housing and prospective housing intervention in the Royal Borough of Kingston Upon Thames.

The recent report by BRE noted several areas where key factors converged:

- The proportion of over 75s in fuel poverty are highest in Old Malden, St James and Alexandra wards
- Long term illness in fuel poverty. There are no areas of particularly high concentration across Kingston, However numbers are greatest in the Fairfield / Hogsmill / Winery Lane and Acre Road / Elm Road / Canbury Avenue areas. Many of these localities match with those identified in the over 75 group
- Under 5s in fuel poverty: Norbiton and Canbury are the wards with highest numbers whilst high numbers are also seen in Canbury Park Road / Willoughby Road and Shortland Road / Dinton Road areas.

For all maps of the Kingston Area private housing stock please see the [Full BRE report](#).

### Ward profile by fuel poverty risk factors

[Kingston data](#) hold multiple resources for comparing the distributions of different populations compared to the estimated presence of fuel poverty. This data and its associated mapping covers other social multiple data points which can help in putting together a borough profile of areas of interest.

**Table 2 Top 5 wards and values for fuel poverty risk factors<sup>1,2</sup>**

Top Five	First	Second	Third	Fourth	Fifth
<b>Fuel Poverty</b>	<b>St James</b>	<b>Norbiton</b>	<b>Coombe Vale</b>	<b>Tolworth and Hook Rise</b>	<b>Beverley</b>
<b>Total Percentage*</b>	10.8%	10.5%	10.5%	10.3%	10.2%
<b>Excess Cold</b>	<b>St Mark's</b>	<b>Berrylands</b>	<b>Surbiton Hill</b>	<b>Grove</b>	<b>Beverley</b>
<b>Total Percentage</b>	8.8%	5.0%	4.7%	4.6%	4.6%
<b>Low Income Households</b>	<b>Norbiton</b>	<b>Berrylands</b>	<b>Chessington North</b>	<b>Grove</b>	<b>Tolworth and Hook Rise</b>
<b>Total Percentage*</b>	36.8%	26.5%	24.8%	24.2%	23.5%

Lone Parent Households	Chessington South	Norbiton	Canbury	Grove	Tolworth and Hook Rise
Total Number	326	316	275	272	249
Very Bad Health or Bad Health+	Norbiton	Chessington North and Hook	Beverley	St James	Berrylands
	4.6%	4.5%	4.2%	4.2%	4.1%
Total Number	1307	742	648	647	511
Total Percentage*	31.7%	17.5%	15.1%	13.7%	12.6%

Source: 2015 BRE Client Report

\*Of ward stock

+As reported by residents in the 2011 census when asked to rate their health

Table three notes several key aspects related to the risk of being in fuel poverty. Many of the wards in the top five for fuel poverty are also identified as key wards for other deprivation indicators. However, when looking at the proportion of a ward with the population at risk of “excess cold” this health risk does not have a strong correlation with fuel poverty risk (whereas if compared against other metrics such as the proportion of households in disrepair, there is a strong correlation). Of the top five wards for fuel poverty, Norbiton and Beverley are more likely than the Kingston average to have residents over 65 living alone highlighting the issue of under occupancy in older age. Lone parents in these top five wards are more likely than their counterparts in [other Kingston wards to be out of work](#).

### Locally Commissioned programme data

Locally commissioned programmes provide a variety of useful activity information. In 2012-2013 300 homes were visited as part of a public health intervention. This involved visiting owner occupied properties, 71% were occupied by only one person and the majority of these homes were those with [with four or more bedrooms](#). This relates to the population of home-visited older people and as such, are some of the most at risk of fuel poverty; consequently, resources required to heat their homes to mitigate all the effects of fuel poverty are likely to be greater than those available. Warm Homes Better Health (a locally commissioned programme) also visited homes in 2013-14. Of these homes, 84% are owner occupied and their evaluation on the year’s activity notes that “under occupancy was present in the majority of households”. Of the households visited 88% of those visited received flu vaccinations and so would fall into a risk group known to be adversely affected by the cold.

### Heating and energy efficiency

Central heating in homes has become more prominent in the borough over the last ten years. However, the proportion in Kingston is behind those of London and the UK

with 3.1% of Kingston homes lacking central heating compared to 2.8% in London and 2.7% in England. Whilst a lack of central heating is likely to mean reduced fuel bills it is also likely to mean under use of certain areas of the house, increased cold and increased health risks with more time off work and school. When comparing the areas with low levels of central heating there appears to be a propensity of areas with central heating to be in fuel poverty than those without.

**Table 3 Central Heating by year and reporting region**

Reporting region	2001 Percentage Without	2011 Percentage Without
Kingston upon Thames	6.6	3.1
London	7.4	2.8
England	8.4	2.7

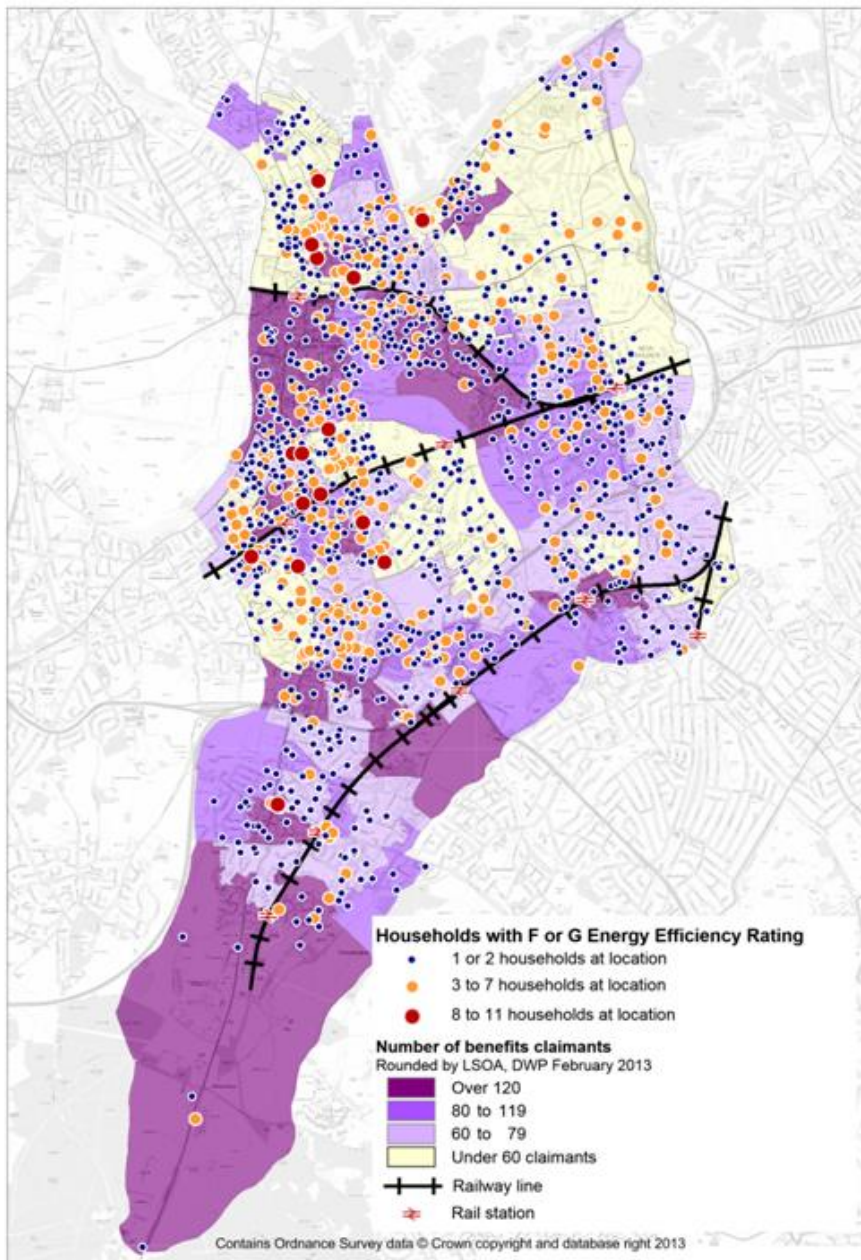
Source: [Kingston Data Observatory](#)

Analysis has taken place locally regarding the energy efficiency of homes. Those with better energy efficiency will have to pay less in fuel costs to keep their houses warm. The maps below demonstrates the energy efficiency picture of Kingston – see Table 4.

There appears to be a greater number of lower energy efficiency homes around the Berrylands / St Marks and Canbury / Norbiton areas. These areas are highlighted by the map as not being the highest areas of Department of Work and Pensions benefits claimants, further demonstrating that perceived markers of poverty do not necessarily apply easily to fuel poverty. These localities include both areas of high estimated fuel poverty areas and high excess cold.



Figure 2 – Energy Efficiency by Residence



Source: BRE January 2015, BRE Client Report: A quantitative Health Impact Assessment: The cost of private sector housing and prospective housing intervention in the Royal Borough of Kingston Upon Thames

### Costs

In the recent 2014 BRE health impact assessment the costs of problems caused or exacerbated by fuel poverty were directly addressed. The report notes that many aspects of poor housing can lead to increased costs to the resident and the NHS. The cost of mitigating these effects could potentially lead to improvement in residents' quality of life, health and wellbeing, and savings for the council. Some of

the main localities where the potential for high savings are identified are in the wards of Beverley, Canbury and St Marks.

**Table 4: The costs associated with poor housing in Kingston<sup>1</sup>**

	<b>Excess Cold</b>	<b>All Risks</b>
<b>NHS Cost</b>	£354,180	£1,191,000
<b>Societal Cost</b>	£885,450	£2,978,750

Source: BRE January 2015, BRE Client Report: A quantitative Health Impact Assessment: The cost of private sector housing and prospective housing intervention in the Royal Borough of Kingston Upon Thames

### **QALYs (Quality Adjusted Life Years)**

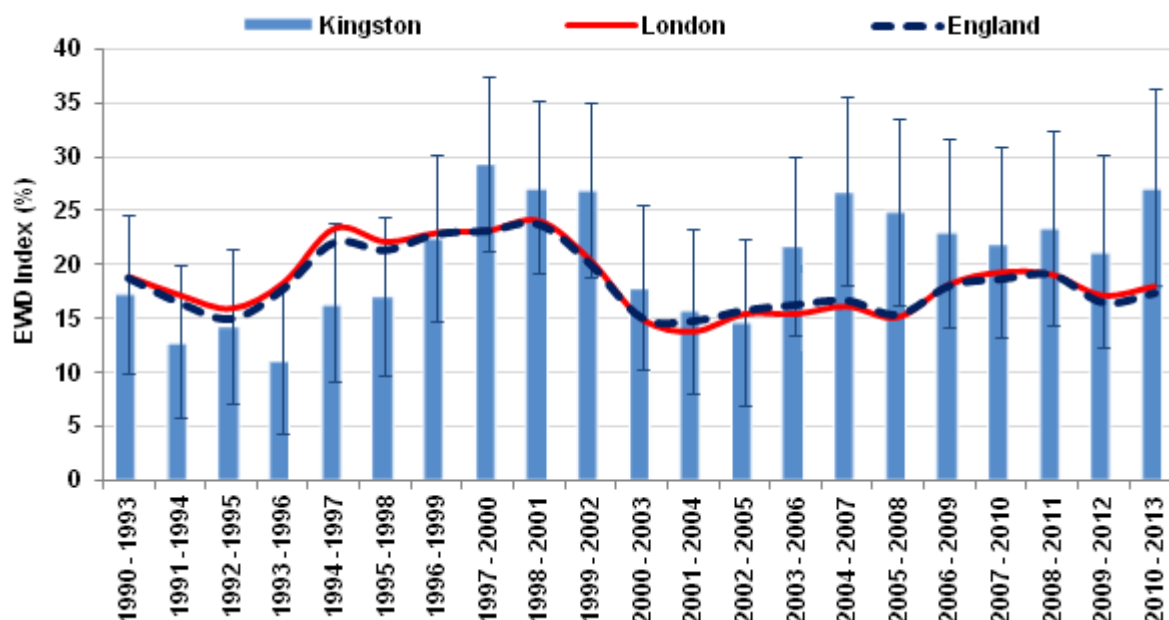
The BRE report also looked at costs and savings for taking action to tackle excess cold. The report noted that if the easiest 20% of interventions were made, the costs would be paid back within six years and three years for the NHS and society respectively. It also looks at cost per Quality Adjusted Life Year (QALY) in excess cold.

The BRE report shows an estimated cost of £264,019 per QALY with a possible saving of 53 QALYs/year, alternatively if only those QALYs that would cost less than £30,000 were to be taken into consideration then it is estimated a total of 16 QALYS could be saved at this costing.

### **Excess Winter Deaths (EWDs)**

When the excess winter deaths in Kingston are scrutinised the numbers are quite variable from year to year. However as EWD relate to such small numbers the data needs to be viewed as a three year rolling average. This provides a much more reliable measure. The excess winter death index in Kingston has recently been a higher value than that seen in London and England. Despite this, when looking at those most vulnerable in the over 85 years of age group, the difference is not significant<sup>3</sup>. Although no significant differences are shown between Kingston, London and England there is the question of why we see higher numbers in Kingston than other areas of the country.

**Figure 3 Excess Winter Death Index (%), three year rolling average, all ages, all persons Kingston, London and England 1990 - 2013**



Source: West Midlands Public Health Observatory (data for the period of 1990-1993 to 2006-2009) and Public Health England (data for the period of 2006-2009 to 2010-2013)

Note: The Excess Winter Death Index is calculated as follows:  $EWD\ Index = (EWD / \text{average non-winter deaths}) \times 100$ , where EWD is classified as the difference between deaths in the months of December to March compared to preceding August to November and the following April to July.

In 2011 all the boroughs in South West London except Croydon had higher Excess Winter Deaths Indices (EWDIs) than the England average. It is considered that one cause of high excess winter mortality in Kingston and elsewhere is due to pensioners living in under-occupied private housing which is expensive to heat adequately (where individuals are 'asset rich' but 'cash poor').

The presence of this high index value has led to the creation of several local programmes and interventions targeting this population of at risk individuals. These are explained further within the [Current Services](#) section.

<sup>1</sup>BRE January 2015, BRE Client Report: A quantitative Health Impact Assessment: The cost of private sector housing and prospective housing intervention in Kingston

<sup>2</sup>Kingston Upon Thames council, Data available from: <http://data.kingston.gov.uk/dataviews/view?viewId=95>

<sup>3</sup> This can be asserted as when the index is calculated with a confidence interval (the range of values there can be certain are the true value of the measure) the range is shown to include values both above and below the index for London and England.

## What Works

Interventions into fuel poverty can lead to both improved health outcomes and savings to the NHS. In the current UK system, local authorities are well placed to lead effective planning and action on fuel poverty through public health, health and wellbeing boards and other key strategic partnership boards eg The Welfare Reform Board in Kingston.

The [Faculty of Public Health](#) has highlighted four main areas in which fuel poverty and cold homes can be tackled:

- Energy efficiency measures – increasing the energy efficiency of homes through loft and cavity insulation and efficient heating thereby improving thermal comfort and affordability of energy bills as well as future proofing homes against fuel poverty
- Energy price support and switching – to ease the burden of high energy costs, for example through the [Warm Home Discount](#), and to facilitate access to cheaper energy tariffs where possible
- Providing advice and support that help people to overcome personal and structural barriers to keeping warm in their home such as problems with using heating controls
- Maximising income – enabling access to welfare benefits to which individuals and families are entitled, such as benefits and tax credits, and providing advice on debt.

The [UK Health Forum's 2014 Guide to delivering action on fuel poverty](#) asserts that: “Strategic and delivery health professionals can support activity across all four of the above domains. As previously mentioned, because of the complex and multi-faceted nature of fuel poverty, health professionals will need to feel confident and able to support commissioning and delivery of these interventions in an integrated way and through systematic partnership working in order to meet the needs of vulnerable households effectively”.

In delivering fuel poverty interventions, the [most effective way](#) of tackling fuel poverty is to take a holistic approach that balances local small scale interventions such as improving household energy efficiencies with wider interventions to improve the health of vulnerable people and benefit uptake.

Across the country, energy efficiency programmes are undertaken with the aim of improving the energy efficiency of homes. This was previously undertaken nationally but now falls under the remit of the Local Authority. Increasing energy efficiency of constituent's homes has been shown as the best long-term and sustainable solution in eradicating fuel poverty and cold homes. This has the added benefit of providing further economic and environmental benefits for communities.

Locally the [Warm Homes Better Health programme](#) has been commissioned to provide activity around fuel poverty. This looks at several aspects of a person's home and how people think about energy efficiencies and savings. In the most recent service evaluation the programme noted that in helping residents apply for home grants they achieved potential savings of almost double the grant amount claimed for (£34,700 vs £60,250). As part of the programme small measures (eg radiator reflector) were installed in resident's homes as a way of engaging people in conversations about fuel poverty. These measures are projected to save £136,646 over the next 15 years and succeeded in getting people involved in discussions around fuel poverty. Once engaged 53% of people received one or more interventions in the home<sup>1</sup> and most significantly there was estimated to be a total lifetime saving of £291,375. Further information regarding household costs and the mitigation of costs and savings can be seen in the full report.<sup>2</sup> All of these savings will lead to residents becoming less financially pressured over the next 15 – 25 years. With reduced financial pressure, residents will be able to afford to heat their home to a greater extent through decreased fuel bills and greater fuel efficiency within the home with post-intervention feedback highlighting these benefits.

The [Excess Winter Deaths and Illness and the Health Risks associated with Cold Homes Guideline](#) by National Institute of Health and Care Excellence (NICE) is for commissioners, managers and health, social care and voluntary sector practitioners who deal with vulnerable people who may have health problems caused, or exacerbated, by living in a cold home. It will also be of interest to clinicians and others involved with at-risk groups, housing and energy suppliers. This guideline makes recommendations on how to reduce the risk of death and ill health associated with living in a cold home. The aim is to help:

- Reduce preventable excess winter death rates
- Improve health and wellbeing among vulnerable groups
- Reduce pressure on health and social care services
- Reduce 'fuel poverty' and the risk of fuel debt or being disconnected from gas and electricity supplies
- Improve the energy efficiency of homes

<sup>1</sup> Number of persons receiving interventions in the home is not noted, however 53% (158) of people received advice on heating controls whilst there were a further 320 interventions also taking place.

<sup>2</sup> BRE January 2015, BRE Client Report: A quantitative Health Impact Assessment: The cost of private sector housing and prospective housing intervention in Kingston.

# Current Services

## Warm Home Better Health

The Warm Home Better Health Scheme is funded by Kingston Public Health. The scheme offers free home visits to people over 65 and provides advice on keeping warm and well at home, referrals for income maximisation and installation of small energy efficiency devices such as radiator reflector panels and energy saving light bulbs. People are referred to the scheme from the voluntary sector, health and social care professionals and through word of mouth. Referrals are also generated through outreach at flu clinics and targeted GP mail shots. The service has been running since 2010 and is currently provided by [Thinking Works](#) who provide 300 visits each year.

## Warm Homes Healthy People Fund

The Warmer Homes Healthy People scheme involves Local authorities being invited to bid for funds to support the most vulnerable in their communities during the winter. It is funded by the Department of Health to proactively stop vulnerable people becoming unwell due to cold living conditions in the winter. The scheme commissions [Staywell](#) to offer free support to up to 100 people, provided by their [Handy Person Service](#) and [Help at Home Service](#). The programme prioritises people who need support to keep warm and safe, or respond to other practical support needs resulting from extreme weather. Support could include such activities as, assisted medical appointment visits, clearing snow or ice, providing a hot meal, arranging boiler repairs, draught proofing, supplying emergency heaters and fuel payment for their use. The programme can also provide warm packs which include a fleece blanket and water bottle.

## Big London Energy Switch

The Big London Energy Switch is a collective energy switching scheme funded by the Department of Energy and Climate Change. The project increases public awareness of the potential for reducing energy bills through collective switching, with a particular focus on engagement with vulnerable consumers and those in fuel poverty. In 2014-2015, the focus has been on families with children under five. In 2014 over 200 Kingston residents registered for the auction and were offered a customised tariff.

## Advice and Information

The council information and advice centre signposts clients requiring help with paying gas and electricity payments to [Home Heat Helpline](#).

Local voluntary sector partners offer support to their clients around fuel poverty in various ways including income maximisation and advice on discounts provided by energy companies. Organisations also raise awareness of fuel poverty through staff training, newsletter articles and social media updates. The [Kingston Information and Advice Alliance](#) raises awareness of fuel poverty through information on the [One Click](#).



Fuel poverty is part of the [Money Talks](#) programme set up by the [Advisers Working Together](#) project.

### **Electricity Meter Loan Scheme**

Kingston Libraries runs a scheme where library card holders can borrow an electricity meter for free for up to three weeks. The smart meters show how much electricity is used in real time and help people work out how to reduce energy wastage and lower electricity bills.

### **Home Improvement Grant**

The Council's Home Improvement Grant scheme provides grants up to £10,000 to make properties safe which includes works to prevent excess cold. Grants are available to home owners and private tenants in receipt of benefits for energy improvement work.

### **ECO Funding**

The [Government's Energy Company Obligation \(ECO\)](#) funds the installation of energy efficiency measures in low-income households, such as insulation. Kingston Social Housing insulated 300 properties on the Norbiton and Mount Pleasant (New Malden) estates, classified as those with hard to treat construction. The Council secured £500k of Energy Company Obligation funding from NPower to part fund this work.

### **RE:NEW**

RE:NEW is a Greater London Authority (GLA) support programme aimed at increasing the retrofitting of homes with energy saving measures. RBK has a support agreement in place with the GLA's RE:NEW Support Team to work with the team and other partners, to identify and develop suitable opportunities for retrofit.

### **Better Homes**

Better Homes is a five year programme directing investment into the quality and appearance of the Council's homes. The programme started in July 2012 and will run until April 2017. This programme will bring the councils homes up to a standard higher than that demanded by the Government's decent homes standard. The work will involve kitchens, bathrooms, electrical installations, heating, external works and environmental improvements.

## Community Voice

A recent [Participatory Assessment of Needs and Assets](#) in the Malden Manor area of Kingston noted many instances of problems around heating homes. One of the respondents was unable to afford to warm her house sufficiently. This led to her not being able to connect and interact with others as she felt unable to receive guests given the cold house. This resident was highlighted to be living with both reduced resources and high expenditure on fuel and her picture mirrored that of many other residents. With fuel poverty alongside other financial pressures, it also meant that she was unable to get involved in activities which were not provided on her doorstep due to costs involved. Highlighting the wider effects that this can have on an individual's life.

The [Lifestyle survey](#) for adults aged 18 and above was conducted by Kingston's Public Health department in 2015. The main aim of this survey is to provide a baseline for monitoring the impact of the lifestyle services and to give an idea on the views of Kingston residents that can be used to plan new services. Among other areas, the survey gives information on fuel poverty and is relevant to monitoring the health of residents and help measure the progress against specific targets. The information collected in the survey will be used as an evidence to support the delivery and enhance the locally provided lifestyle programmes.

In general, the [Malden Manor report](#) highlighted that fuel cost was one of the biggest financial pressures affecting residents, many of those involved in the report made mention of this in photo diaries and made reference to the "constant battle to heat their home adequately and cook hot food". The relationship between cold homes and the rest of a person's life was again highlighted with people reporting "feeling exhausted and frustrated" and others "inadequate" due to their inability to heat the homes. Those that had previously received funds through the better homes scheme however reported a different story with positive feedback and mention of improvements that had led to greater energy efficiency and a reduction in fuel bills. [Kingston Voluntary Action](#) held a conference regarding the impact of fuel poverty on peoples' health and wellbeing with people being invited to provide information via workshops to directly feed into "borough-wide health, housing and other key strategies<sup>1</sup>". Feedback from the event highlighted the whole spectrum of fuel poverty from those at risk, the gaps in service and provision and the people and actions that could be taken regarding fuel poverty.

One of the biggest current "on the ground" sources of data is that from the local [Thinking Works Warm Homes Better Health Home](#) visiting scheme and a full evaluation of this service and feedback from residents is published each year.

## Recommendations

1. Pursue the programme to bring all council homes up to the Decent Homes Standard by 2016, with the associated improvements to energy efficiency, heating, ventilation and the environment
2. Improve the advice and assistance available to private owners in the Borough about improving energy efficiency in their home
3. Tackle fuel poverty through support from the **RE:NEW** scheme targeting specific areas of the Borough
4. Work with RE:NEW to develop and implement a retrofitting scheme, targeting vulnerable or marginalised groups e.g. families with children under five living in fuel poverty, those with long term conditions or those over 75s
5. Work to identify champions in different areas and have a designated officer working on implementing fuel poverty interventions
6. Explore the establishment of a grant scheme for people struggling with paying with fuel bills
7. Seek to develop a tailored programme aimed at families with children under five as per the '[Thinking Works: Big London Energy Switch and Families in Fuel Poverty pilot Project, March 2015](#)'
8. Through joint working with Kingston Clinical Commissioning Group (CCG), explore opportunities for funding fuel poverty interventions for vulnerable households e.g. Boilers on Prescription scheme operating in Sunderland
9. Work with Kingston CCG to raise the profile of fuel poverty in the borough with particular focus during the flu season and vaccination schedule
10. Working in partnership with Kingston Hospital and borough healthcare providers to ensure that when residents are discharged from hospital that they are referred to fuel poverty initiatives
11. Explore further work around the interplay between fuel poverty and food poverty within Kingston
12. Create a pilot referral system with a single point of contact in discussion with local community partners
13. Promote the importance of fuel poverty in order to increase the uptake of benefits by residents

14. Prioritise the use of resources to:

- provide Disabled Facilities Grants;
- Support enforcement work in the private sector;
- Bring empty homes back into use;
- Tackle fuel poverty and improve energy efficiency, and Review the cost effectiveness and value for money of renewal grants and loans

15. Continue to use the Private Sector Housing Consultative Committee to continue to increase landlord and tenant involvement in the development of services

16. Promote and encourage good standards of management in the private rented sector by encouraging landlord accreditation, backed by specialist advice, training and support for landlords

17. Further develop the partnership between RBK and the University to use their combined influence in the private rented sector to improve accommodation standards

18. In collaboration with partners in the South West London Housing Partnership, continue to improve our knowledge of the condition of private sector homes in the Borough

19. Ensure the recommendations around fuel poverty in Malden Manor are implemented as per the Participatory Assessment of Needs and Assets

20. Ensure residents are protected from extreme weather to minimise harm to health

21. Ensure that smart metering is included in the development of fuel poverty initiatives

22. Develop data sharing protocols between the council and partner.

23. Support the Kingston voluntary and community sector to continue to provide tailored information and advice to tackle fuel poverty e.g. support to switch energy suppliers as appropriate.

# Glossary

BRE: Building Research Establishment

LIHC: Low Income High Cost

BRE: Building Research Establishment (more commonly referred to as BRE), This company is an independent, research-based consultancy, testing and training organisation, offering expertise in the built environment and associated industries.

Excess Cold: Excess cold is the most common hazard found in rented properties and is a particular issue for older properties that may not be well insulated or lack modern heating systems. A household is said to suffer from excess cold if they are unable economically heat the main living area to 21 degree centigrade and the other areas to 18 degrees centigrade. A house with F or G energy efficiency is unable to achieve this.

Excess Winter Deaths: The excess winter deaths (EWD) Index is the excess of deaths in winter, compared with non-winter deaths, expressed as a percentage. It indicates whether there are higher than expected deaths in winter compared with the rest of the year. Small geographical areas do not generally have sufficient deaths in a single year to produce reliable estimates of excess winter mortality. Therefore, several years worth of data are combined to allow a better estimate of the excess deaths.

Fuel Poverty: Whereby a family or household falls into the criteria as set out by the Low income High Costs methodology.

Households with F or G Energy Efficiency Rating: Please see excess cold. Energy efficiency otherwise indicated by a homes 'Energy Performance Certificate', or EPC, is graded A – G with A being the top level. It provides information about the property's energy use and typical energy costs. An EPC is valid for ten years and must be applied for whenever a house is built, sold or rented.

Low Income High Cost: A household is considered to suffer from fuel poverty "if its energy costs are above the average (median) for its household type and this expenditure pushes it below the poverty line.

Marmot review: an independent *review* to propose the most effective evidence-based strategies for reducing health inequalities in England

Older People in Kingston Living Well in Later Life: The Kingston Annual Public Health Report published in 2013.

The Cold Weather Plan: A framework intended to protect the population from harm to health from cold weather

Private stock: Housing which is owned by the occupier (Owner Occupied) or is rented from a private owner (Private Rented).

QALYS: The QALY is a measure of burden of disease. It takes into account both quantity and quality of life generated by an intervention. This creates a measure

which can be used to compare measures which would not usually be able to be compared. In the QALY system, each year of perfect health would be 1 QALY, whilst death is equivalent to 0. Given this it follows that for every year of perfect health a person gains as a result of an intervention they gain one QALY.

Societal Cost: The expense to an entire society resulting from an action, activity or situation. This includes private expenses, as well as any indirect expenses or damages borne by others, such as cost to the NHS due to a chest infection as a result of a cold home.

### **Useful Links**

- [Cold Weather Plan for England 2015](#)
- [Institute of Health Equity](#)
- [Excess Winter Deaths Public Health England](#)
- [BRE Client Report](#)

### **Help and Information**

- ['Thinking Works'](#)