Kent Housing Group

*The Voice of Housing in Kent*

# Delivering Affordable Warmth

## A FUEL POVERTY STRATEGY FOR KENT

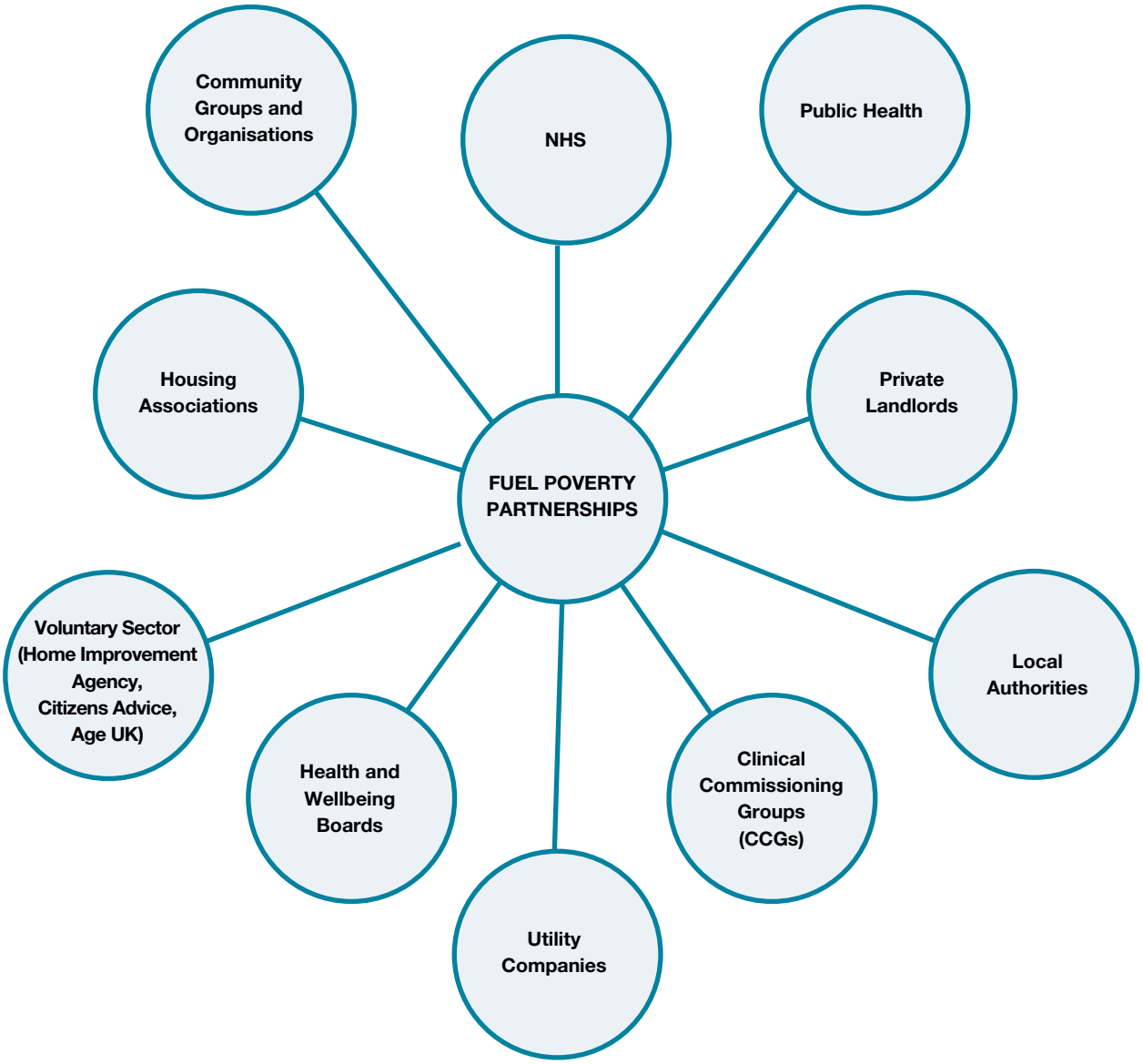
Developed by the

**Kent Energy Efficiency Partnership (KEEP)**

For and on behalf of Kent Private Sector Housing Group and Kent and Medway Sustainable Energy Partnership

# "Alone we can do so little: Together we can do so much"

**Helen Keller**



# Contents

# Foreword

The need to take effective action to reduce fuel poverty has never been more important. Fuel poverty and cold home-related health problems have been a long standing concern for national and local government. Fuel poverty is not just about poverty, but about the impact it has on health and the living environment.

Health inequalities have considerable detrimental effects on health and wellbeing, especially in those households that are most vulnerable. These include forced choices between heating or eating and not having a warm place to live, work and study.

Fuel poor households are more likely to live in energy inefficient homes and this is not tenure specific, it's a problem across all tenures that include social housing, private rented and owner occupied properties.

In 2013, just over 64,000 households in Kent/Medway were affected by fuel poverty. A fuel poverty strategy can offer a number of benefits to Kent residents with positive outcomes including better living standards and conditions for those people on low incomes; improved and more energy efficient housing stock; fewer winter deaths and reduced costs for the NHS.

All statutory organisations and partner agencies in Kent are committed to reduce the negative impact of fuel poverty and cold homes upon the health and well-being of the County's residents. By focusing targets based on evidence, a partnership working and effective interventions between all the relevant organisations, we will adopt clear policies from national and local fuel poverty frameworks and indicators. The actions that flow from these policies will ensure that unscheduled admissions and re-admissions to hospitals can be reduced and improve the lives of the County's residents.

This Strategy has been developed in line with Kent's first adopted strategy, Kent Health and Affordable Warmth Strategy in 2001, which was followed several years later by the 2nd edition of the strategy covering the period 2005 – 2008.

We would like to thank the Kent Energy Efficiency Partnership members in the development of this Strategy and to all those partner agencies who have contributed during the consultation and completion stage. We would like to thank National Energy Action for supporting the consultation on this document via a small amount of funding.

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# Executive Summary

Living in fuel poverty is defined as being on a lower income and living in a home which cannot be kept warm at reasonable cost. The number of households suffering from fuel poverty is rising and with the average fuel expenditure having increased from £694 to £1,338 (between 2003 and 2010), an increase of 90%, government targets to reduce the number of households living in fuel poverty are being challenged. At its worst fuel poverty means households are faced with a decision of whether to 'heat or eat'.

There are approximately 64,596 households in Kent and Medway (DECC Fuel Poverty Statistics, 2013) currently affected by fuel poverty. The average fuel poverty level in Kent is 8.6% and in Medway is 9.8%. These values compare favourably with the national average and with northern regions, but are high in comparison to the South East average. There are also a significant number of pockets of high levels of deprivation and high fuel poverty in Kent.

Living in a cold home has significant negative impacts on the health of the occupants and increases demand on the National Health Service (NHS). Fuel poverty can lead to social isolation of vulnerable groups and may reduce children's educational attainment. Tackling fuel poverty and cold home-related health problems is important for improving health outcomes and reducing inequalities in health in Kent.

The Home Energy Conservation Act (1995) (HECA), Warm Home Energy Conservation Act (2000) (WHECA and 'Cutting the cost of keeping warm; A fuel poverty strategy for England' (published in March 2015) place both a statutory duty upon Local Authorities and the expectation that they will act to reduce fuel poverty levels.

Kent Energy Efficiency Partnership (KEEP) was tasked by the Kent Housing Group (via the Private Sector Housing sub-group) with developing a fuel poverty strategy for Kent. This strategy outlines the key issues and sets out a series of objectives with the aim of helping people in Kent out of fuel poverty and into affordable warmth. With input from a wide range of organisations it demonstrates a commitment to work in partnership to alleviate fuel poverty across Kent.

The Strategy highlights national targets and identifies local targets as set out in the revised Kent Environment Strategy and Climate Local Kent, which partners will work towards achieving. The Strategy and Action Plan aim to build on and increase partnership working across Kent, to broaden the evidence base and increase current levels of understanding of fuel poverty in Kent and to prioritise interventions, monitor and evaluate the effect of the strategy.

The Strategy demonstrates Kent is serious about its ambition to address fuel poverty which in itself will strengthen funding bids and make the county more attractive for future energy efficiency programmes/ funding.

The Strategy has identified four key priorities for Kent:

| | |
|---|---|
| Priority 1: | **Information gathering and sharing** |
| Priority 2: | **Improving energy efficiency** |
| Priority 3: | **Reducing fuel costs** |
| Priority 4: | **Increase income – support vulnerable households to maximise income** |

The associated Action Plan outlines the activities we will deliver to start to address these priorities.

# 1. Introduction to Fuel Poverty

Every year, millions of households throughout England will struggle to keep warm at home. This situation, known as 'fuel poverty', damages people's quality of life and imposes wider costs on the community.

This strategy outlines the key issues and sets out a series of objectives with the aim of helping people in Kent out of fuel poverty and into affordable warmth. With input from a wide range of organisations it demonstrates a commitment to work in partnership to alleviate fuel poverty across Kent.

### New Definition of Fuel Poverty

In 2013, the government introduced a new definition of fuel poverty following recommendations made by John Hills in the Hills Fuel Poverty Review[1].

### Fuel Poverty Definition

The 2012 Hills Report provided a new definition of fuel poverty. This model considers a household to be in fuel poverty if:

- They have required fuel costs that are above average (the national median level).
- Were they to spend that amount they would be left with a residual income below the official poverty line.

This is known as the Low Income High Cost (LIHC) model and is referred to as fuel poverty (LIHC) in many documents.

Fuel poverty had previously been defined as when a household needed to spend 10% of their household income to heat their home adequately. This is now referred to fuel poverty (10%) in many documents.

A key feature of the LIHC definition of fuel poverty is that it focuses on energy requirements, rather than actual energy spending. This is important because many low income households do not spend what is needed to provide adequate lighting, heating, hot water and household appliance use. Utilising this model enables us to ensure these vulnerable households are still considered to be in fuel poverty and are eligible for support.

The Hills Report definition of fuel poverty (LIHC) is less responsive to changes in fuel prices affecting the number of households in fuel poverty. Where fuel prices have a significant influence on fuel poverty there is a danger of it overshadowing the positive effect of energy efficiency programmes. The LIHC model allows government to assess how much money must be spent on the problem. It also enables government to work out how much lower a household's fuel bill would need to be or how much higher their income would need to be to no longer be fuel poor, this is known as the fuel poverty gap.

Household composition has an impact on the likelihood of a household being in fuel poverty. The Hills Fuel Poverty Review provides useful figures that show the likely composition of a fuel poor household under this definition:

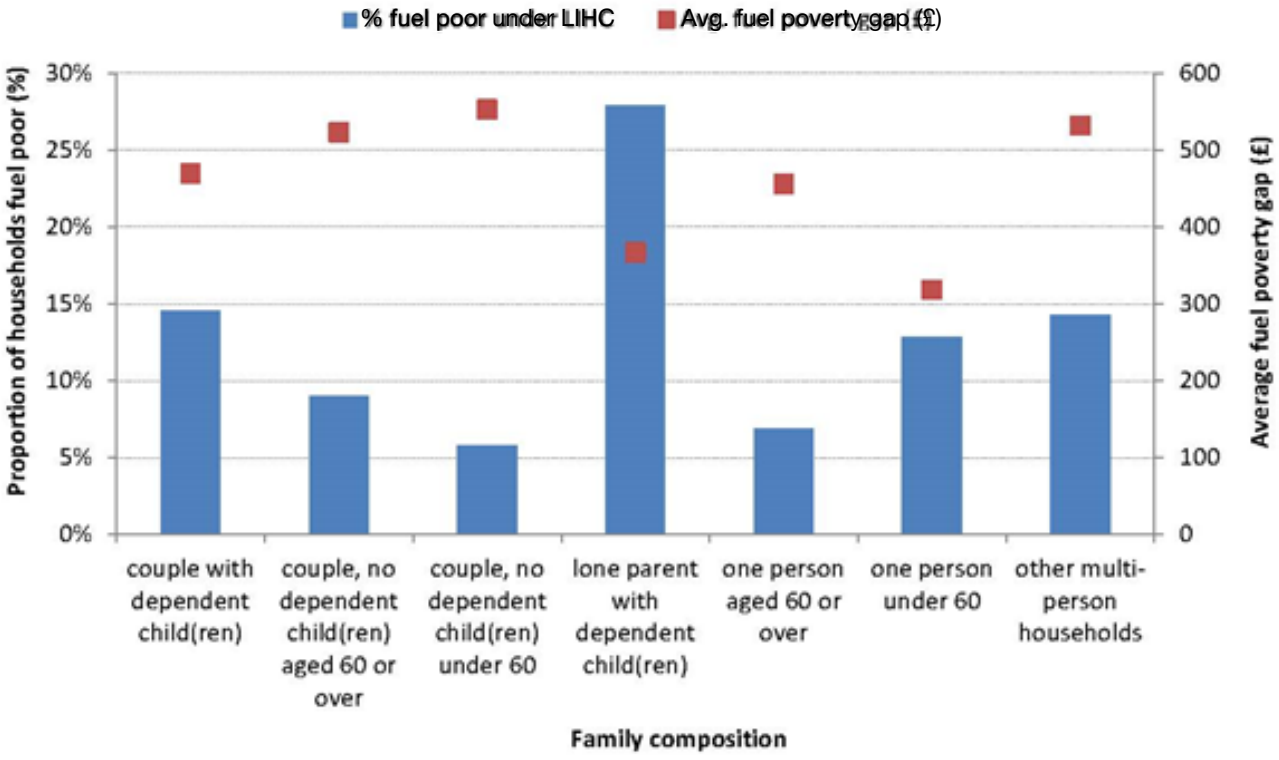
- 76% of fuel poor households live in a home which is not energy efficient and has an Energy Performance Certificate (EPC) rating of E to G (see Glossary for explanation).
- 20% of fuel poor households live in rural areas.
- 82% of fuel poor households live in houses not flats or bungalows.
- A third of fuel poor households are found in a fifth of the most deprived households.
- Fuel poverty is spread fairly evenly between regions including London.
- 34% of fuel poor households contain a person with a long term illness or disability.
- 10% of fuel poor households contain a person over the age of 75.
- 20% of fuel poor households contain a person under the age of five.

*Source: Hills Fuel Poverty Review – Getting the measure of fuel poverty, 2012 (various pages), available at: https://www.gov.uk/government/publications/final-report-of-the-fuel-poverty-review*

The national average percentage of households in fuel poverty for England is 10.4%. But as we see from the figures above, some households are at a higher risk of being in fuel poverty than others. Figures 1.1, 1.2 and 1.3 below shows how percentage of households in fuel poverty (and the fuel poverty gap) changes for different household compositions, tenure and age groups.

[1] The final report of the Hills Review available at: https://www.gov.uk/government/publications/final-report-of-the-fuel-poverty-review

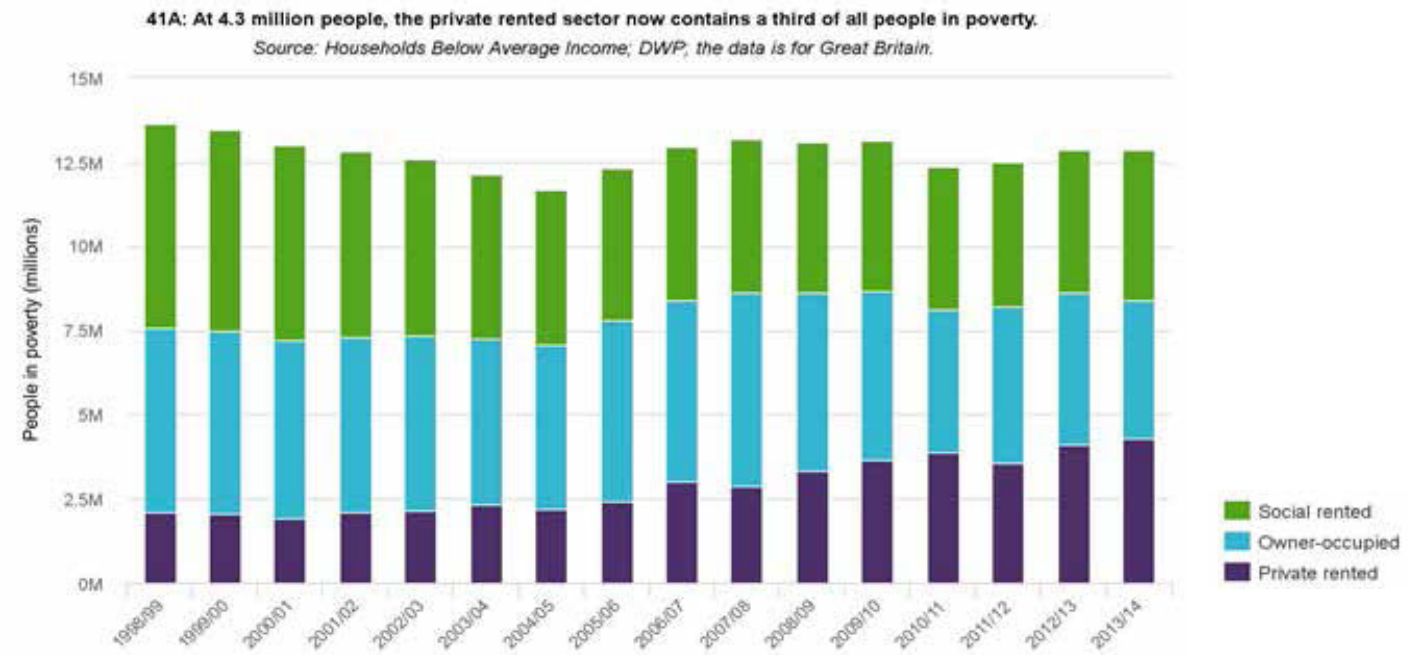
Figure 1.1 - **Fuel poverty and associated average fuel poverty gap by household composition, 2011.**




*Source: Fuel poverty report 2013, DECC (p, 48) available at: https://www.gov.uk/government/collections/fuelpoverty-statistics#2013-statistics*

The figure above shows that quarter of all lone parent households are in fuel poverty under the LIHC measure, 2011. The average fuel poverty gap for lone parent households is however one of the lowest (£367), and is slightly above that for young, single person households who generally tend to occupy smaller, more energy efficient properties.

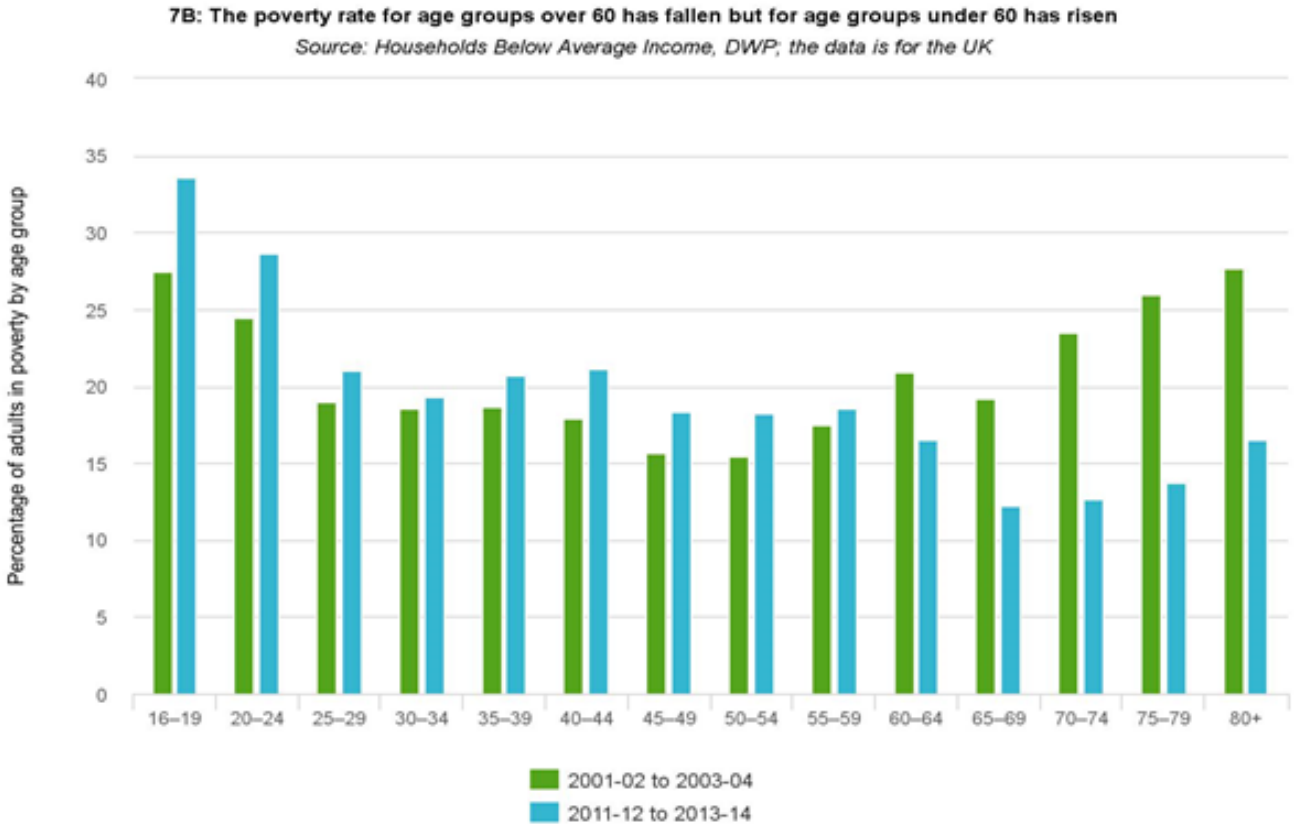
Figure 1.2 – **Number of people in poverty by tenure from 1998 to 2014.**




*Source: Joseph Rowntree Foundation available at: http://www.jrf.org.uk/data/people-poverty-tenure*

The level of poverty in the private rented sector has increased while it has decreased in the socially rented sector.

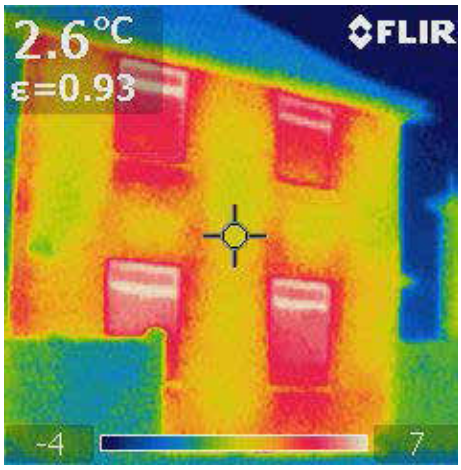
Figure 1.3 – **Percentage of adult population in poverty by age group in 2001-2004 compared with 2011-2014.**




*Source: Joseph Rowntree Foundation available at: http://www.jrf.org.uk/data*
*The green bars show that young adults and people over 70 were more likely to be in poverty between 2001-02 and 2003-04. However, the blue bars show that by 2013-14 the level of poverty has increased significantly in young adults and decreased significantly in adults aged 60 or more.*

## Principle Causes of Fuel Poverty

Fuel poverty is linked to general poverty but has further characteristics and causes.




**Main causes of fuel poverty are:**

- Poor energy efficiency of dwellings.
- Low household incomes.
- High cost of fuel.

**Fuel poverty is also influenced by factors such as:**

- Households in special circumstances (e.g. households with young children, elderly/retired may need heating for longer periods).
- Occupancy levels related to the size of property.
- Housing tenure.
- Attitudes to heating related expenditure.
- Cold related behaviours in the home.
- Access to mains gas.
- The external environment.

As poor housing is a major contributing factor to fuel poverty, energy efficiency has a clear role to play in assisting these households, insulating them from the cold as well helping to offset the effects of rising energy prices.

### Energy Inefficient Dwellings

The energy efficiency of the home is based on its original construction and, any measures to increase the insulation and the heating systems and its controls. Modern homes are built to be energy efficient but a large number of older homes are significantly less energy efficient. The UK has notoriously poor housing in terms of state of repair and energy efficiency. The Association for the Conservation of Energy's (ACE) briefing report, The Cold Man of Europe[2] compares the state of the UK housing stock and fuel poverty levels with 15 other European countries. It concludes that no other country of the 16 assessed performed as poorly overall as the UK across the range of indicators. Despite the fact that the UK is amongst the lowest for energy prices, it has among the highest rates of fuel poverty and one of the most energy inefficient housing stocks in Europe.

Thermal regulations were only introduced in the UK in 1965 and were only really effective from 1974. According to the English Housing Survey Headline report (2013 – 2014) 56.2% of English homes were built prior to the introduction of the first thermal regulations in 1965, with a fifth of the total English housing stock having been built before 1919. Kent has a high proportion of older properties.

Table 1.1: **Age of Kent housing stock by district.**

| | Pre 1900-1918 | 1919-1939 | 1945-1972 | 1973-1999 | 2000-2014 | Age unknown | Total |
|---|---|---|---|---|---|---|---|
| Ashford | 9340 | 4120 | 13720 | 14790 | 8670 | 710 | 51350 |
| Canterbury | 13030 | 9890 | 19590 | 14600 | 8190 | 500 | 65800 |
| Dartford | 6830 | 8510 | 12470 | 8060 | 5840 | 120 | 41830 |
| Dover | 16160 | 7490 | 13600 | 9520 | 2990 | 910 | 50670 |
| Gravesham | 8500 | 7310 | 16210 | 6520 | 3430 | 190 | 42160 |
| Maidstone | 12850 | 7910 | 20880 | 15460 | 9150 | 690 | 66940 |
| Sevenoaks | 9540 | 6770 | 16220 | 12330 | 3700 | 340 | 48900 |
| Shepway | 14560 | 6950 | 12900 | 10360 | 4110 | 650 | 49530 |
| Swale | 13040 | 6370 | 18880 | 13710 | 7880 | 800 | 60680 |
| Thanet | 22180 | 10420 | 17520 | 10630 | 4650 | 520 | 65920 |
| Tonbridge and Malling | 9510 | 4160 | 16820 | 12730 | 7300 | 410 | 50930 |
| Tunbridge Wells | 17340 | 4090 | 13080 | 9280 | 3450 | 600 | 47840 |
| Kent | 152880 | 83990 | 191890 | 137990 | 69360 | 6440 | 642550 |
| | | | | | | | |
| Medway UA | 23470 | 16280 | 37810 | 24700 | 9780 | 470 | 112510 |
| South East | 686730 | 490490 | 1163460 | 986980 | 390470 | 38970 | 3757100 |
| England | 5070910 | 3822090 | 6603640 | 5321660 | 2336430 | 232950 | 23387680 |

*Source: Available at: http://www.kent.gov.uk/__data/assets/pdf_file/0018/7353/Housing-stock-by-age-of-property.pdf*

[2] The ACE report The Cold Man of Europe available at: http://www.ukace.org/wp-content/uploads/2013/03/ACE-and-EBR-fact-file-2013-03-Cold-man-of-Europe.pdf

Many older homes can be altered to become much more energy efficient by adding insulation to the structure and fitting more efficient heating systems. These alterations can significantly reduce the amount of energy needed to heat the home and so improve the energy rating of the home. The energy efficiency of a home is assessed through an Energy Performance Certificate (EPC) which provides an energy rating from A (most efficient) to G (least efficient). A minimum EPC rating of Band C is required to bring the majority (95%) of households out of fuel poverty and is the government's target for all fuel poor homes by 2030.

The ACE Cold Man of Europe report states that there are 26 million households in the UK and 21 million with a poor level of energy efficiency (Band D, E, F and G on an Energy Performance Certificate). The South East has a higher number of Band F or G properties than any other region. The average energy efficiency of a UK home is Band D which is not high enough to protect households from fuel poverty. The Fuel Poverty Strategy for England[3] shows that the average fuel poverty gap in a G rated home is £1,700, compared to £450 for an E rated home.

## Low Income

Low income households are less likely to have access to enough income to pay for adequate heating or capital to improve the energy efficiency. They include:

- Those relying on benefits.
- Those on low wages.
- Pensioner households.

Furthermore, evidence suggests that low income householders tend to occupy the least efficient dwellings, which cost more to heat. Residents on low income who rent in the private sector are increasingly at risk of being in fuel poverty. While residents in social housing may be on a low income, in general social housing stock is in a better state of repair as it must meet the Decent Homes Standard.

## High Cost of Fuel

Currently mains gas is the cheapest household fuel followed by oil, off peak electricity, LPG and on peak electricity[4]. Households using expensive fuels for heating, such as on oil or peak electricity, for heating find it harder to achieve affordable warmth. Fuel purchased through a pre-payment meter is usually more expensive than fuel bought on credit especially where a direct debit budget payment system is used. This can exacerbate incidents of fuel poverty as residents in fuel debt are often compulsorily transferred to a pre-payment meter by their energy supplier or landlord which means that those on the lowest income are often forced to pay the highest prices per unit of energy.

Fuel prices can also vary widely between different providers. The government estimates that residents who have not switched their supplier for more than three years may be able to save up to £200 on their total energy bill if they switch to a cheaper provider.

Approximately 90% of residents have not switched suppliers/or tariff with their existing supplier in the last three years and so may be paying more than they need for their energy. Again those in fuel debt, and not using pre-payment meters, are often penalised by being unable to switch suppliers until their existing debt is repaid meaning they remain trapped on high tariffs.

According to recent government figures, the average fuel expenditure has increased from £694 to £1,338, an increase of 90% (between 2003 and 2010) (see Table 10.1 in Appendix 1 for more information on average fuel prices changes). With average income only rising by 24% in the same time period this means that households have needed to spend more on their fuel bills to achieve the same levels of thermal comfort.

### Households in Special Circumstances

In some households there may be specific reasons for energy bills to be higher, for example the heating may need to be on for longer because residents are at home longer, or be maintained at a higher temperature because residents are more susceptible to the cold.

Some groups that encounter these special circumstances are:

- Residents with a disability or long term illness may demand heating for longer hours or at a higher temperature.
- Households with pre-school age children may need heating for longer hours.
- Households where occupants are unemployed, elderly/retired and may be at home for longer may require additional heating.
- Sickness may demand higher levels of heating.

### Occupancy Levels Related to Size of Property/ Under Occupancy

Under occupancy occurs when the size of a dwelling is unnecessarily large for the inhabitants. Under occupiers are often low income single householders or couples living in a large family sized property. For

[3] A copy of Cutting the cost of keeping Warm: a new fuel poverty strategy for England available at: https://www.gov.uk/government/publications/cutting-the-cost-of-keeping-warm

[4] Fuel bill calculations available at: http://www.energysavingtrust.org.uk/content/our-calculations

example elderly couples who remain in the family home after children have left to live in homes of their own. Often the property is larger than is required and residents may only be on a small pension.

**Housing Tenure**
Householders living in social housing will be helped by specific local authority/housing association home improvement programmes. However, there are still dwellings in this sector that cannot be adequately insulated because of their construction type. Many of the fuel poor are found in private rented and owner occupied sectors where improving standards of energy measures are more difficult. Achieving the implementation of measures will need the interest, acceptance, approval and often the cash investment of the owner occupier or landlord of the property.

Lower cost insulation measures such as cavity wall insulation and loft insulation provide an excellent return on investment and have been implemented in the large majority of British housing stock where they are relevant. There are however, many unfilled cavity walls and many properties do not have current levels of loft insulation. There are solutions for solid wall properties, but these are more costly and far fewer solid wall homes have been adequately insulated.

**Attitudes to Heating Related Expenditure and Cold Related Behaviours in the Home**
Whilst making homes more energy efficient through insulation measures and more efficient heating systems is clearly a priority, significant reductions in the amount of energy a household uses can also be achieved through the behaviour change of residents. Providing residents with a greater understanding around efficient energy use can help them to save money and also to understand how to maintain a healthy environment at home.

**Access to Mains Gas**
Households not connected to mains gas are more likely to experience fuel poverty. The Department of Energy and Climate Change (DECC) fuel poverty statistics for 2013 show that rates of fuel poverty for households without a connection to the gas grid are 15% compared with 10% for houses with a connection. This can be a significant issue for households in rural areas, where connection to the grid is difficult, but can also be an issue in blocks of flats in urban areas which are not connected to a gas supply.

*Photo: courtesy of Family Mosaic*

Table 1.2: **Number of households in Kent by heating type.**

| | No central heating | Gas central heating | Electric (including storage heaters) central heating | Oil central heating | Solid fuel (for example wood, coal) central heating | Two or more types of central heating and other | Total |
|---|---|---|---|---|---|---|---|
| Ashford | 874 | 34647 | 3272 | 5401 | 493 | 3100 | 47787 |
| Canterbury | 1329 | 50083 | 4827 | 1306 | 313 | 2913 | 60771 |
| Dartford | 1010 | 33655 | 3478 | 206 | 62 | 1670 | 40081 |
| Dover | 1171 | 39670 | 3036 | 1669 | 454 | 2310 | 48310 |
| Gravesham | 1003 | 33910 | 2551 | 857 | 129 | 1981 | 40431 |
| Maidstone | 1403 | 50584 | 4874 | 3094 | 362 | 3130 | 63447 |
| Medway | 3376 | 90959 | 6219 | 648 | 236 | 4771 | 106209 |
| Sevenoaks | 852 | 36269 | 3532 | 3685 | 312 | 2370 | 47020 |
| Shepway | 1574 | 36113 | 4293 | 2641 | 313 | 2445 | 47379 |
| Swale | 1598 | 46236 | 3331 | 1445 | 343 | 2632 | 55585 |
| Thanet | 1762 | 49895 | 5266 | 203 | 94 | 2293 | 59513 |
| Tonbridge & Malling | 982 | 40254 | 2895 | 1732 | 214 | 2063 | 48140 |
| Tunbridge Wells | 1201 | 34057 | 5109 | 4088 | 286 | 2433 | 47174 |
| Kent | 18,135 | 576,332 | 52,683 | 26,975 | 3,611 | 34,111 | 711,847 |

*Source: 2011 Census (27 March) available at: http://www.ons.gov.uk/ons/guide-method/census/2011/index.html*

## The Effects of Fuel Poverty

The number of households suffering from fuel poverty is rising and with energy prices increasing at more than the rate of inflation, government targets to reduce the number of households living in fuel poverty are being challenged.

According to a report by the Marmot Review Team[5] living in fuel poverty has a negative impact on health. The risk and effects of ill health are increased by cold homes, with illnesses such as influenza, heart disease and strokes all exacerbated by the cold. Cold, badly ventilated homes, can also promote the growth of mould and numbers of house dust mites. The latter have been linked to conditions such as asthma and other allergic diseases and children are particularly prone to these conditions.

Fuel poverty and cold homes can contribute to excess winter deaths (EWD). Studies from the Marmot Review examined mortality trends that showed the frequency of death is higher in winter months than at other times of the year. Currently, cold homes can be one of the factors that contribute to 43,900 excess winter deaths in England (ONS, 2014/2015)[6]. This represented a significant increase in all age groups compared with 2013/2014 and the highest since 1999/2000. After a mild winter in 2013/2014, the winter of 2014/2015 was colder in comparison. The South East has one of the highest levels in England. It is accepted that the figures for England, are poor in comparison with European nations which experience more severe winters than those in the UK. A major factor contributing to this is the inability of our housing stock and heating systems to maintain comfortable, affordable heating levels inside homes when outside temperatures fall.

For those living in fuel poverty, the consequences can also have wider impacts on health, such as stress or social isolation and affects their quality of life. Studies indicate that cold conditions can exacerbate existing medical conditions including diabetes, certain types of ulcers and musculoskeletal pain. They have also found an association between cold homes and the increased likelihood of developing symptoms of asthma and bronchitis which can develop into long term conditions. In addition, cold homes may slow down recovery, particularly following discharge from hospital.

## Who is in Fuel Poverty?

According to a report by the UK Health Forum (2014)[7] large numbers of people in the UK are living in conditions which are very cold in winter. Those most vulnerable to fuel poverty and the impacts of cold, damp homes are:

- Older people; particularly those living on their own and/or in larger family homes. Older people may be particularly vulnerable during cold periods.
- Lone parents with dependent children.
- Families who are unemployed or on low incomes.
- Children and young people; cold homes and poor housing conditions have been linked with a range of health problems in children.
- Disabled people.
- People with existing illness and long term conditions (physical and mental).
- Single unemployed people.

[5] The report on The Health Impacts of Cold Homes and Fuel Poverty available at: http://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty

[6] ONS Excess Winter mortality (EWM) in 2014/2015 by underlying cause of death available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/excesswintermortalityinenglandandwales/201415provisionaland201314final#excess-winter-mortality-ewm-in-201415-byunderlying-cause-of-death

[7] How to improve health and wellbeing through action on affordable warmth available at: http://www.fph.org.uk/uploads/UKHF-HP_fuel%20poverty_report.pdf

# 2. The Effects of Fuel Poverty and Cold Homes on Health and Well-Being

Living in a cold home can lead to or worsen a large number of health problems including heart disease, stroke, respiratory illness, falls, asthma and mental health problems. Although these health risks apply to all people, the old, children and those who are disabled or have a long term illness are especially vulnerable. In 2010, the British Research Establishment (BRE) estimated that the cost to the NHS from addressing poor housing would save £1.4bn in the first year in treatment costs alone and further savings in years to follow (The Cost of Poor Housing to the NHS[8]).

The NHS would save an estimated £3,000 per year, through less GP and hospital visits per household by properly heating a home (BRE Housing Cost Calculator estimate).

If investments were applied to the 3.5 million poor homes in England, then the cost and benefits to the NHS from reducing Housing Health and Safety Rating System Category 1 hazards, in particular, excess cold, would pay for itself in just seven years and continue to accrue benefit into the future.

The South East region has a higher number of F and G rated properties than any other region and represents a higher cost to the NHS according to BRE figures.

Table 2.1: **Estimated number of dwellings with an energy efficiency rating of an F or G and associated health costs.**

| Region | Total number of dwellings with an EER band F or G | Estimated costs to NHS using CIEH HHSRS Calculator |
|---|---|---|
| North East | 115,027 | £6,170,700 |
| Yorkshire and The Humber | 345,871 | £18,493,700 |
| North West | 390,000 | £20,814,600 |
| East Midlands | 379,351 | £20,282,600 |
| West Midlands | 442,474 | £23,634,000 |
| South West | 509,520 | £27,190,400 |
| East of England | 437,767 | £23,358,900 |
| South East | 580,537 | £30,971,700 |
| London | 393,382 | £20,988,000 |
| Total | 3,593,929 | £191,887,600 |
| Privately rented dwellings | 655,810 | £35,028,200 |

*Source: The Health cost of Cold Dwellings available at: http://www.foe.co.uk/sites/default/files/downloads/warm_homes_nhs_costs.pdf*

Households in fuel poverty must choose between living in a cold home or spending more than they can afford to heat their home to a healthy temperature. This can result in reduced spending on other necessities such as diet, hygiene or clothing. Every occupant of the household is affected by living in a cold home.

The temperature in the home does not need to drop very far before adverse impacts on health arise. Temperatures of lower than 16°C impair breathing and a little colder than this impairs the heart and circulatory systems. Cases of hypothermia are rare in people living in a home but do create the headlines.

In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010 (The Marmot Review – Fair Society, Healthy Lives[9].) In May 2011 the same team published a report on The Health Impacts of Cold Homes and Fuel Poverty[10].

This report made associated links between cold homes and excess winter deaths from conditions such as cardio-vascular and respiratory diseases. It also linked cold homes with respiratory diseases in children and with a negative impact on mental health. It highlighted a link with cold homes and fuel poverty on indirect health impacts through children's poor educational attainment and increased risk of falls. It determines that living in a cold home can impact on infants' weight gain, the severity and frequency of asthmatic symptoms in children, the mental health of adolescents and adults, and circulatory and breathing difficulties in adults.

Levels of mortality and morbidity increase in the winter months and particularly in cold weather. The Marmot Review states that countries with more energy efficient housing have lower levels of excess winter deaths and that low indoor temperatures and low SAP (Standard Assessment Procedure) ratings are linked to higher levels of excess winter deaths. SAP is the methodology used to assess and compare the energy and environmental performance of dwellings. Its purpose is to provide accurate and reliable assessments of the energy performance of dwellings needed to underpin energy and environmental policy initiatives.

As well as the direct health impacts there are indirect impacts on the whole household from caring for a person with poor health. Children living in cold homes tend to have higher levels of absence from school and adults have more sick-leave from work. Children living in cold homes tend to have lower educational attainment which may be related to the lack of a warm room to study in. Living in a cold

[8] The Cost of Poor Housing to the NHS available at: http://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf

home can contribute to a cycle of health inequalities linked to lower educational attainment leading to lower and less reliable employment and so fewer housing choices.

Table 2.2: **The effect of living room temperatures on comfort and health:**

| 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 |

*Source: Press V (2003) Fuel Poverty and Health – a guide for primary care organisations and public health and primary care professionals. London. National Heart Forum (former name of the UK Health Forum) available at: http://www.fph.org.uk/uploads/UKHF-HP_fuel%20poverty_report.pdf*

There is a substantial and growing body of evidence of the impact of fuel poverty and cold homes on the physical, mental health and wellbeing of young and older people. The physical health impacts most commonly experienced across the age range by those living in cold homes are circulatory diseases and respiratory illnesses. Blood pressure rises in older people when they are exposed to temperatures below 120C increasing their risk of heart attacks and strokes

The cold also reduces lung function which is a risk factor in triggering asthma attacks and chronic obstructive pulmonary diseases (COPD) such as emphysema and chronic bronchitis. It was estimated in 2004 that the direct healthcare costs related to asthma were around £1billion per annum. In 2002, the costs of GP prescriptions on cold related diseases on their own were estimated to be £600 million a year (Hall J and Mindell J (2011) Health Survey for England 2010[11]).

[9] The Marmot Review report Fair Society, Health Lives available at: http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

[10] The report on The Health Impacts of Cold Homes and Fuel Poverty available at: http://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty

[11] The Health survey for England available at: http://digital.nhs.uk/pubs/hse10report

# 3. The National Context

This chapter looks at a number of key pieces of legislation and policy documents that have had a direct or indirect impact on the approach that is taken towards tackling fuel poverty at the national level.

### Home Energy Conservation Act (1995) (HECA)[12]

The Department of Energy and Climate Change (DECC) replaced existing statutory guidance on HECA 1995. All English authorities with housing responsibility are asked to prepare a report setting out "the local energy conservation measures that the authority – or group of authorities – consider practical, cost effective, and likely to significantly improve the energy efficiency of residential accommodation in its area."

The guidance asked authorities to publish their first report by 31 March 2013 on their websites and to send a copy to the Secretary of State. Authorities were then requested to prepare a report on progress against their action plan for the Secretary of State every two years.

### Warm Homes and Energy Conservation Act (2000) (WHECA)[13]

WHECA 2000 forms the current statutory basis for tackling fuel poverty at the national and local levels. It places a duty on authorities to prepare and publish a strategy for ensuring that as far as reasonably practicable persons do not live in fuel poverty.

### Decent Homes Standard

In 2001 the Decent Homes Standard was introduced. It requires that all social housing should meet the minimum fitness standards as defined by the Housing Act 1985 (as amended); must be in a reasonable state of repair, have reasonably modern facilities and services, and provide a reasonable degree of thermal comfort. The standard was subsequently extended to the private rented sector where homes contained a vulnerable household.

### Housing Health and Safety Rating System (HHSRS)

The Housing Act (2004) introduced the Housing Health and Safety Rating System (HHSRS), a risk based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings. Although tackling fuel poverty is not the primary role of HHSRS it can be used indirectly in relation for fuel poverty since 'Excess Cold' is one of the 29 hazards assessed for under the system.

Local Authorities are required to complete an annual Housing Statistics dataset which covers a wide range of housing related issues. Of particular relevance is Section F: Condition of dwelling stock which amongst other things requests: Total number of dwelling and number of private sector dwellings with category 1 HHSRS hazards. For Kent statistics, see Table 10.1 in Appendix 1.

### The Energy Efficiency (Private Rented Property) (England and Wales) Regulations 2015

From 2016 these regulations will be amended to state that a landlord will not be able to refuse reasonable energy efficiency improvements to their properties, where financial support is available, such as the Energy Company Obligation (as explained below). From April 2018, any property that is let must reach a minimum energy efficiency rating of 'E'. It will be unlawful to rent out a house that does not reach this minimum standard.

### The Health Impacts of Cold Homes and Fuel Poverty (published by the Marmot Review Team)

The Marmot Review Team looked at the existing evidence of the direct and indirect health impacts suffered by those living in fuel poverty and cold housing. Published in 2011, it makes a strong case for aligning the environmental and health benefits of reducing fuel poverty and improving the thermal efficiency of the existing housing stock and emphasises improving the energy efficiency of housing stock which brings multiple health and environmental gains.

### Cold Weather Plans

The Department of Health Cold Weather Plans for England published annually since 2011 raises both public and professional awareness of the effects of cold weather on health. The purpose of the plans is to enhance resilience in the event of severe cold weather. It is an important component of overall winter and emergency planning (and wider health promotion activity) and is closely linked to fuel poverty.

[12] The Home Energy Conservation Act 1995 available at: http://www.legislation.gov.uk/ukpga/1995/10/contents

[13] Warm Homes and Energy Conservation Act 2000 available at: http://www.legislation.gov.uk/ukpga/2000/31/contents

### National Institute For Health and Care Excellence (NICE).[14]

The National Institute For Health and Care Excellence (NICE) published guidelines in March 2015 "Excess Winter Deaths and Illness and the health risks associated with Cold Homes". The guidelines are aimed at those with an interest in health and housing and make recommendations on how to reduce the risk of death and ill health associated with living in a cold home. It provides detailed information and advice based around the following 12 recommendations:

1. Develop a strategy.
2. Ensure there is a single point of contact health and housing referral service for people living in cold homes.
3. Provide tailored solutions via the single point of contact health and housing referral service for people living in cold homes.
4. Identify people at risk of ill health from living in a cold home.
5. Make every contact count by assessing the heating needs of people who use primary health and home care services.
6. Non-health and social care workers who visit people at home should assess their heating needs.
7. Discharge vulnerable people from health or social care settings to a warm home.
8. Train health and social care practitioners to help people whose homes may be too cold.
9. Train housing professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing.
10. Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home.
11. Raise awareness among practitioners and the public about how to keep warm at home.
12. Ensure buildings meet ventilation and other building and trading standards.

As a thorough response to these guidelines will require a multi-agency response the Kent Joint Policy and Planning Board for Health, Housing and Social Care will explore the options for responding.

### Integrated Care

It has been recognised by central government that to fully address the health needs of the population services need to become more integrated and there needs to be better communication between different providers. Housing is a key aspect of this.

It is therefore essential that departments providing or regulating housing work with other council departments and health organisations are integrated and take full account of the needs of the individual.

### Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategies

The JSNA and joint health and wellbeing strategies allow health and wellbeing boards to analyse the health needs of their local populations and to decide how to make best use of collective resources to achieve the priorities that are formed from these.

### Public Health Outcomes Framework

The Public Health Outcomes Framework "Healthy, lives, healthy people: Improving outcomes and supporting transparency" sets out desired outcomes for public health and how they will be measured. Many of the measurements have links to housing, some of the more relevant being:

- Falls and injuries in over 65's.
- Fuel Poverty.
- Excess Winter Deaths.

### Cutting the Cost of Keeping warm: A Fuel Poverty Strategy for England

In March 2015, the government launched its new Fuel Poverty Strategy "Cutting the cost of keeping warm; a new fuel poverty strategy for England." This strategy document is a requirement of the Warm Homes and Energy Conservation Act (2000) and is the first new national strategy for 13 years. Their new Fuel Poverty Strategy outlines the challenges and actions for the next 15 years to tackle fuel poverty and get help to those who need it most. It sets out the approach that will be taken in order to meet the government's aim that all homes should be warm and comfortable and provide a healthy and welcoming environment that fosters well-being.

The strategy sets a new target for fuel poverty:

- To ensure that as many fuel poor homes as is reasonably practicable achieve a minimum standard of energy efficiency (Band C), by 2030.

[14] NICE Guidelines available at: https://www.nice.org.uk/guidance/ng6

## The Energy Company Obligation (ECO)

The Energy Company Obligation (ECO) was originally designed to sit alongside the Green Deal in situations where additional financial support was required for householders. Whilst funding for the Green Deal and the Home Improvement Fund has recently been withdrawn (July 2015), the ECO will continue to run in its current form until March 2017. ECO requires energy companies to assist in the installation of energy efficiency measures in the UK to low income and vulnerable households. Under ECO, energy companies are obliged to meet targets (from 1 January 2013 – 31 March 2015 and recently extended to March 2017). The three ECO obligations are:

- Carbon Emissions Reduction obligation (CERO).
- Carbon Saving Community Obligation (CSCO).
- Home Heating Cost Reduction Obligation (HHCRO) or Affordable Warmth.

Understanding the ECO criteria is key to building a local authority strategy for levering in finance to improve the energy efficiency of the housing stock. Of particular interest are properties with Hard To Treat (HTT) cavities and their role in the Carbon Emissions Reduction Obligation. This type of cavity is a particular focus of energy companies due to their relatively low cost to install improvements compared to solid wall insulation which is the other key criteria for CERO eligibility.

The Energy Company Obligation is the latest scheme to provide an obligation on energy suppliers to support energy efficiency schemes. It replaces previous schemes such as CERT (Carbon Emissions Reduction Target) and CESP (Community Energy Saving Programme) and sits alongside other programmes that support vulnerable residents to afford heating such as winter fuel payments and the Warm Homes Discount. ECO net spending on energy efficiency and fuel poverty schemes reduced from £4billion in 2010-11 to just under £3.2billion in 2013-14 (UK Fuel Poverty Monitor 2013/2015, NEA – further data is available in Table 10.2 in Appendix 1). This is a net drop of £865million, which raises a concern on just how successful the delivery of future programmes will be to alleviate fuel poverty. Local authorities are well placed to effectively utilise both funding and data to identify and target the most vulnerable residents, this should be remembered when delivering any programme to reduce fuel poverty.

In 2015 the government announced plans to release data in its new fuel poverty strategy. This data will show the location of homes that are not on the mains gas line and layering maps with other data sets to include:

- Index of multiple Deprivation (IMD) data at Lower Super Output Area (LSOA) level.
- Carbon saving community obligations (CSCO) at LSOA level.
- Energy efficiency measures.
- Rural urban classification census data.
- Main heating type.
- Benefit claimants.

When released, this information will enable organisations to effectively target those residents in need and to plan effective interventions. The government also plans to carry out research on the ‘drivers’ of fuel poverty for park home residents.

# 4. The Local Context in Kent

The need to take effective action to reduce fuel poverty has never been more important. This Strategy sets out the key priorities for Kent driven by national policy and also by local strategies and identification of need.

In Kent, the County Council has developed a set of commitments under Climate Local Kent, and many of the district and borough councils have adopted these commitments or developed their own ones based on localised issues. Kent County Council has reviewed the Kent Environment Strategy (KES) with the support of all local districts. Within the KES there are key priorities to reduce energy consumption and to work to alleviate fuel poverty that link directly to this Strategy.

Kent currently works in partnership through the Kent and Medway Sustainable Energy Partnership (KMSEP) and the Kent Energy Efficiency Partnership (KEEP) on a number of projects to deliver fuel poverty and carbon reduction programmes. We support the public health agenda on excess winter mortality rates, some of which can be prevented from cold/inefficient homes. By achieving affordable warmth through low/no cost measures and preventing and targeting cold homes, the aim is to create a healthier and better environment for residents.

It is important to raise an understanding of the links between fuel poverty and health outcomes, especially during cold weather. Public Health England has recently published its The Cold Weather Plan for England. Within this Plan are key positive recommendations from the NICE Guidance, associated with Excess Winter Deaths (EWD) and illnesses associated with cold homes.

This Strategy will link to outcomes and priorities in the Cold Weather Plan and will also link to the local Health and Wellbeing strategy and the refreshed Joint Strategic Needs Assessment (JSNA) chapter on Sustainability.

The Kent Housing Group's "Better Homes: localism, aspiration and choice" and the Joint Planning and Policy Board (JPPB) plan, Think Housing First, are currently under review and will link into the development of this Strategy.

Linking to our key local strategies/policies will improve partnership working across Kent, the evidence base and increase current levels of understanding, meet county wide and national targets on alleviating fuel poverty and improving health outcomes as well as lowering carbon emissions.

Kent's strong history of partnership working around this issue puts us in a good position to understand health inequalities and make a real difference to fuel poverty levels. Working with strategic partners and communities, we are able to prioritise interventions and demonstrate a commitment to monitor and evaluate the effects of the policies and our actions over time.

### Fuel Poverty Levels in Kent

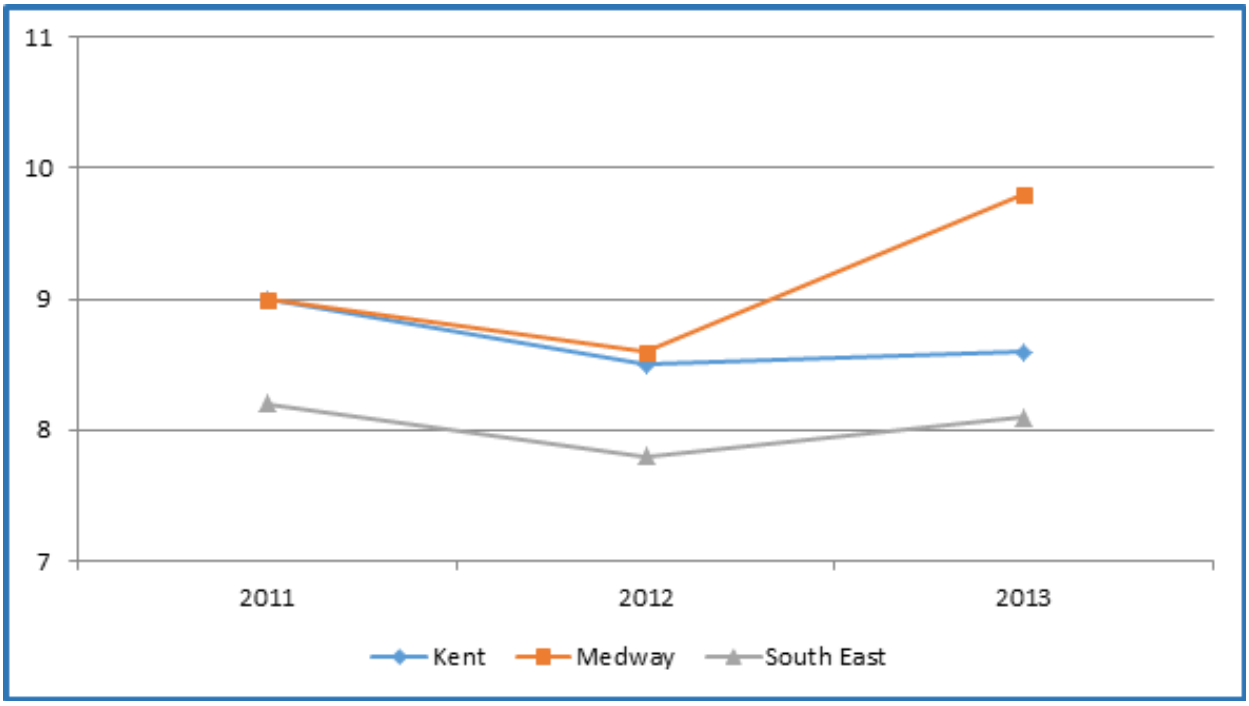
Under the LIHC definition seven million people are living in fuel poverty in England. In the South East 8.1% of households (297,153 properties) are in fuel poverty, lower than the national average of 10.4% (2.3 million households). The average fuel poverty level in Kent is 8.6% and in Medway is 9.8%. These values compare favourably with the national average and with northern regions, but are high in comparison to the South East average.

Table 4.1: **Fuel Poverty by Region in number of households and % of households.**

| Region | Number of Households | Number of households in fuel poverty | Proportion of households fuel poverty % |
|---|---|---|---|
| **East** | 2487000 | 217850 | 8.8 |
| **East Midlands** | 1933861 | 201405 | 10.4 |
| **London** | 3329846 | 326114 | 9.8 |
| **North East** | 1141717 | 134895 | 11.8 |
| **North West** | 3073362 | 334752 | 10.9 |
| **South East** | 3659355 | 297153 | 8.1 |
| **Kent** | 623097 | 53895 | 8.6 |
| **Medway** | 109312 | 10701 | 9.8 |
| **South West** | 2382480 | 274888 | 11.5 |
| **West Midlands** | 2303943 | 319997 | 13.9 |
| **Yorkshire and the Humber** | 2271181 | 239661 | 10.6 |
| | 22582745 | 2346715 | 10.4 |

*Source: DECC Fuel Poverty Statistic 2013 (Low Income High Cost model indicator) available at: https://www.gov.uk/government/collections/fuelpoverty-statistics#2013-statistics*

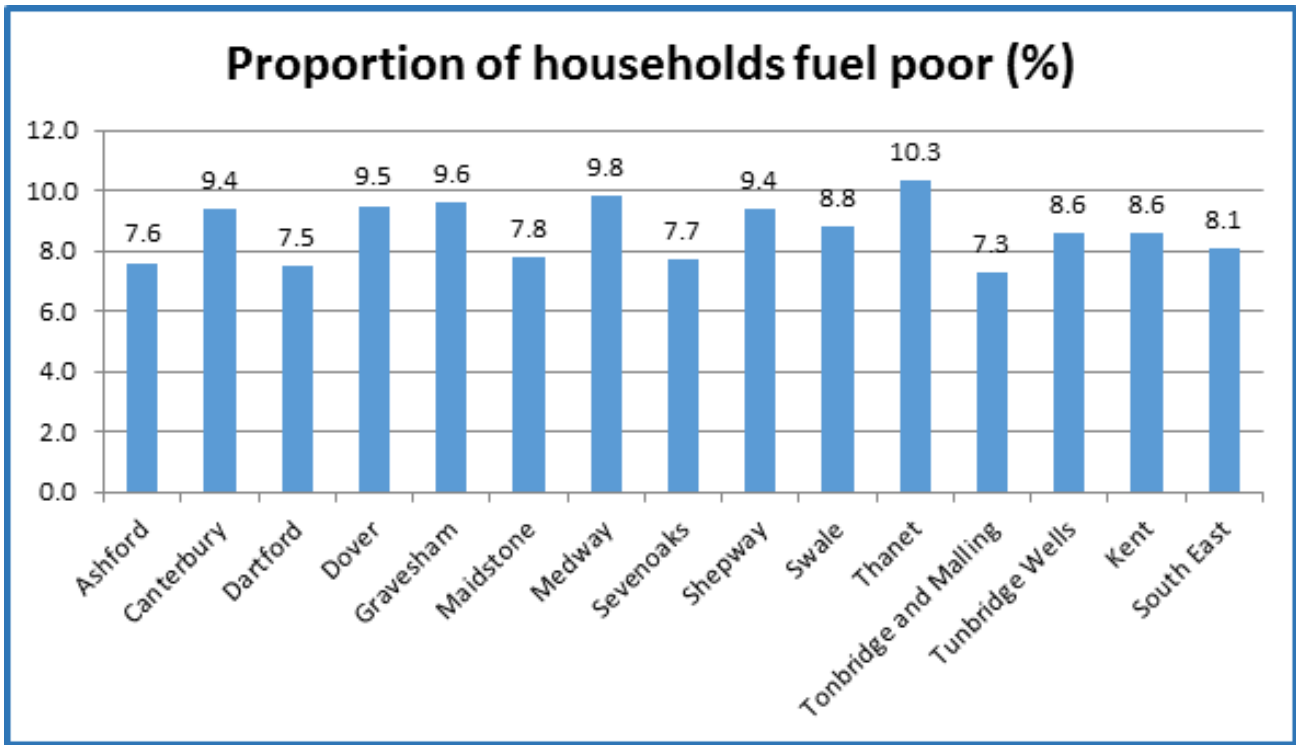
Figure 4.2: **The percentage of properties in fuel poverty in Kent, Medway and the South East from 2011 to 2013, using the LIHC model.**




*Source: DECC Fuel Poverty Statistic 2013 (Low Income High Cost model indicator) available at: https://www.gov.uk/government/collections/fuel-poverty-statistics#2013-statistics*

Although the level of households living in fuel poverty in Kent is not as high as the national average there are some pockets of high levels of deprivation and fuel poverty. Fuel poverty across the districts in Kent ranges from 7.3% to 10.3% (2013) and there are 60 local super output areas (LSOAs) with fuel poverty levels of greater than 15% (See Table 10.3 in Appendix 1) for district level data on fuel poverty). There are 64,596 households across Kent and Medway where residents are living in fuel poverty.

Figure 4.3: **Proportion of fuel poor households (%)**



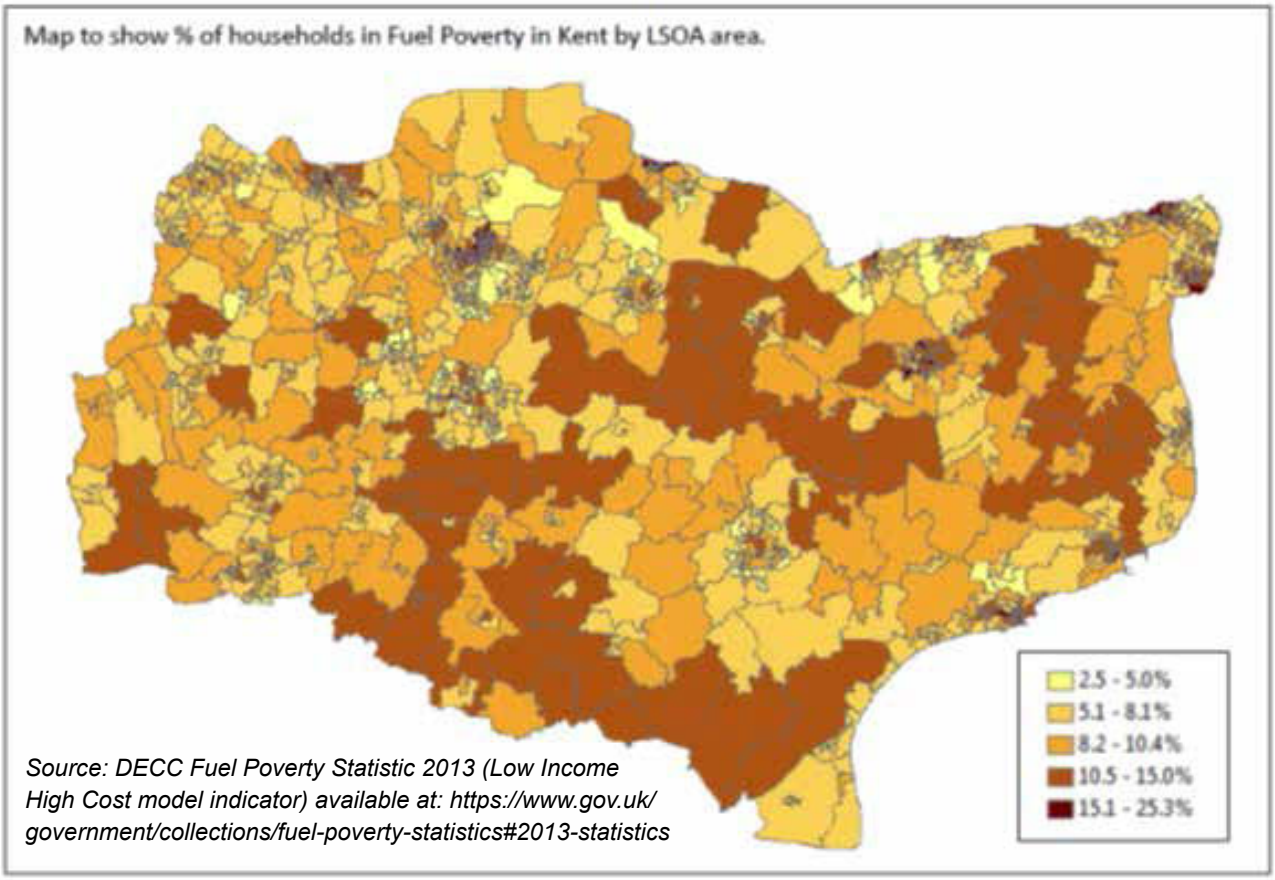

*Source: DECC Fuel Poverty Statistic 2013 (Low Income High Cost model indicator) available at: https://www.gov.uk/government/statistics/2013-sub-regional-fuel-poverty-data-low-income-high-costs-indicator*

The level of fuel poverty varies between districts for a number of different reasons. In some areas with high fuel poverty, such as Thanet, Medway, Gravesham and Dover, there is a link with areas of high deprivation and low income. In other areas the link with income and deprivation may not be as obvious and high rates of fuel poverty could be due a high proportion of older housing or more homes off the mains gas network. Rural properties may be older and more difficult to insulate and so have a lower EPC rating. For example Canterbury and Tunbridge Wells are generally more affluent areas than some of the other districts with high fuel poverty, but an analysis of SAP ratings shows they have a relatively high proportion of energy inefficient homes with EPC ratings of D-G.

The English Indices of Multiple Deprivation (IMD) measures relative levels of deprivation in small areas of England called Lower Super Output Areas (LSOAs). This data is widely used by central government to focus programmes on the most deprived areas. An example of this is through the Energy Company Obligation (ECO). The Carbon Savings Community Obligation (CSCO) part of ECO focuses on the LSOA with the highest levels of deprivation. Locally, it could be used as evidence to develop strategies, to target interventions and in bids for funding, including ECO.

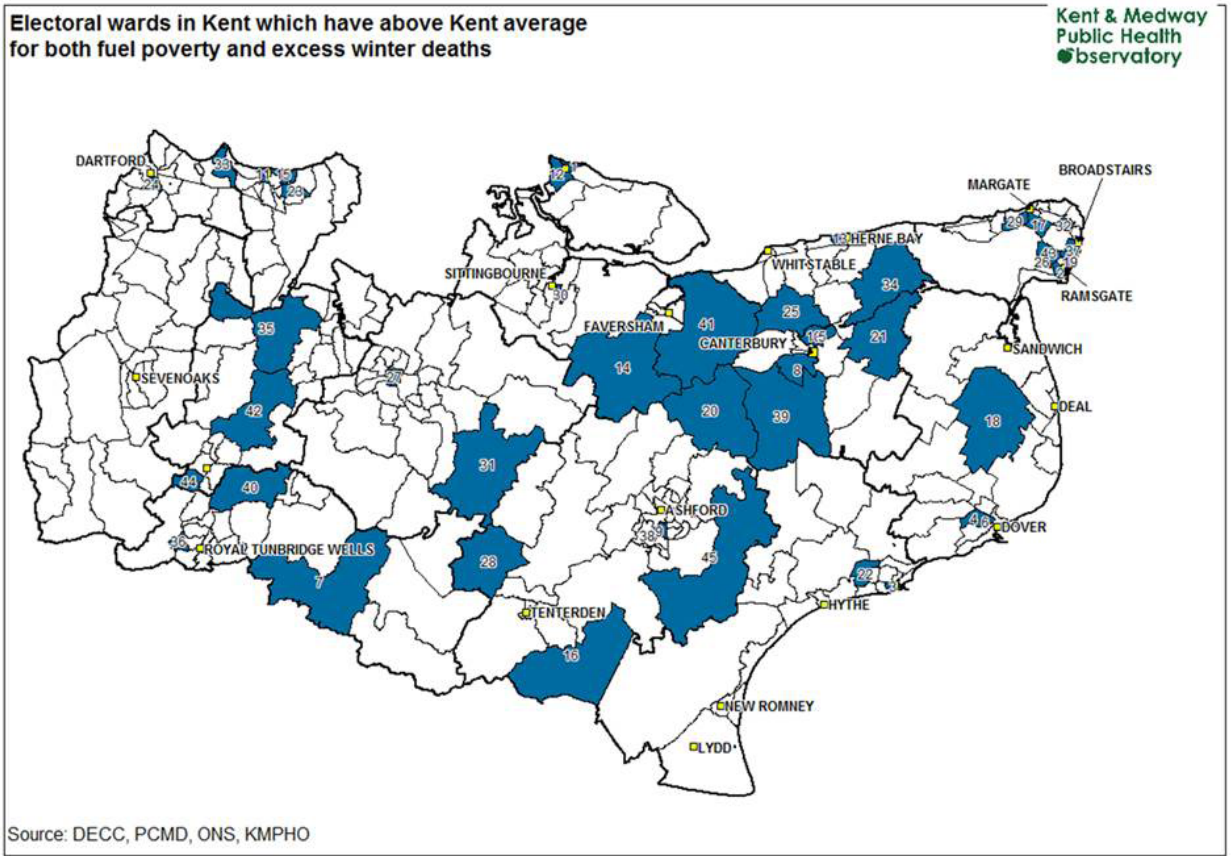
There are 283 electoral wards within Kent. Those ranked in positions 1 to 57 are based in the 20% most deprived wards and those ranked in positions 227 to 283 are based in the 20% least deprived wards. Within these wards there are 1065 LSOA areas. See Figure 4.4 overleaf.

Figure 4.4: **Percentage of households in fuel poor by LSOA areas.**




*Source: DECC Fuel Poverty Statistic 2013 (Low Income High Cost model indicator) available at: https://www.gov.uk/government/collections/fuel-poverty-statistics#2013-statistics*

We will monitor health and fuel poverty trends and work with colleagues in health to ascertain whether links between these can be established. See illustration below.



Figures 4.5 and 4.6 below demonstrate the emergency admission rates due to circulatory and respiratory disease at LSOA level.

Figure 4.5: **Emergency admission rates due to circulatory disease.**

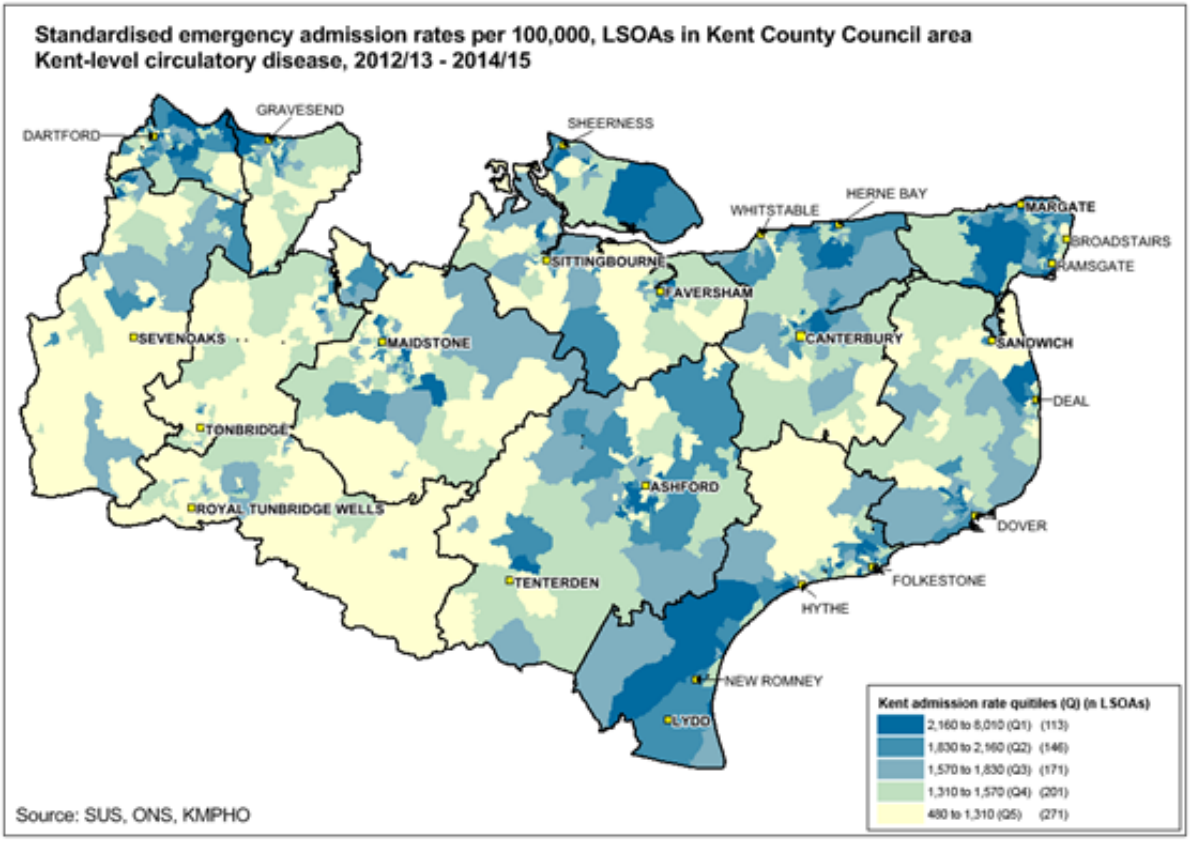
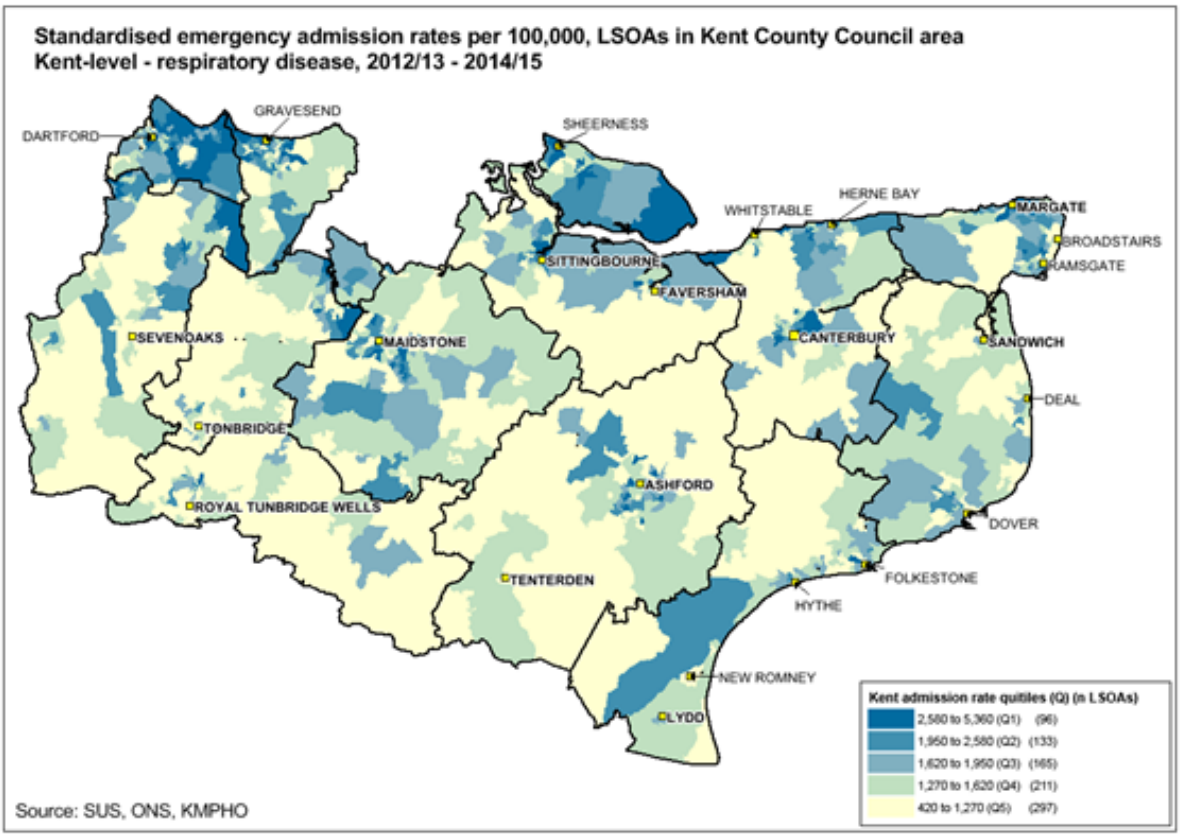



Figure 4.6: **Emergency admission rates due to respiratory disease.**



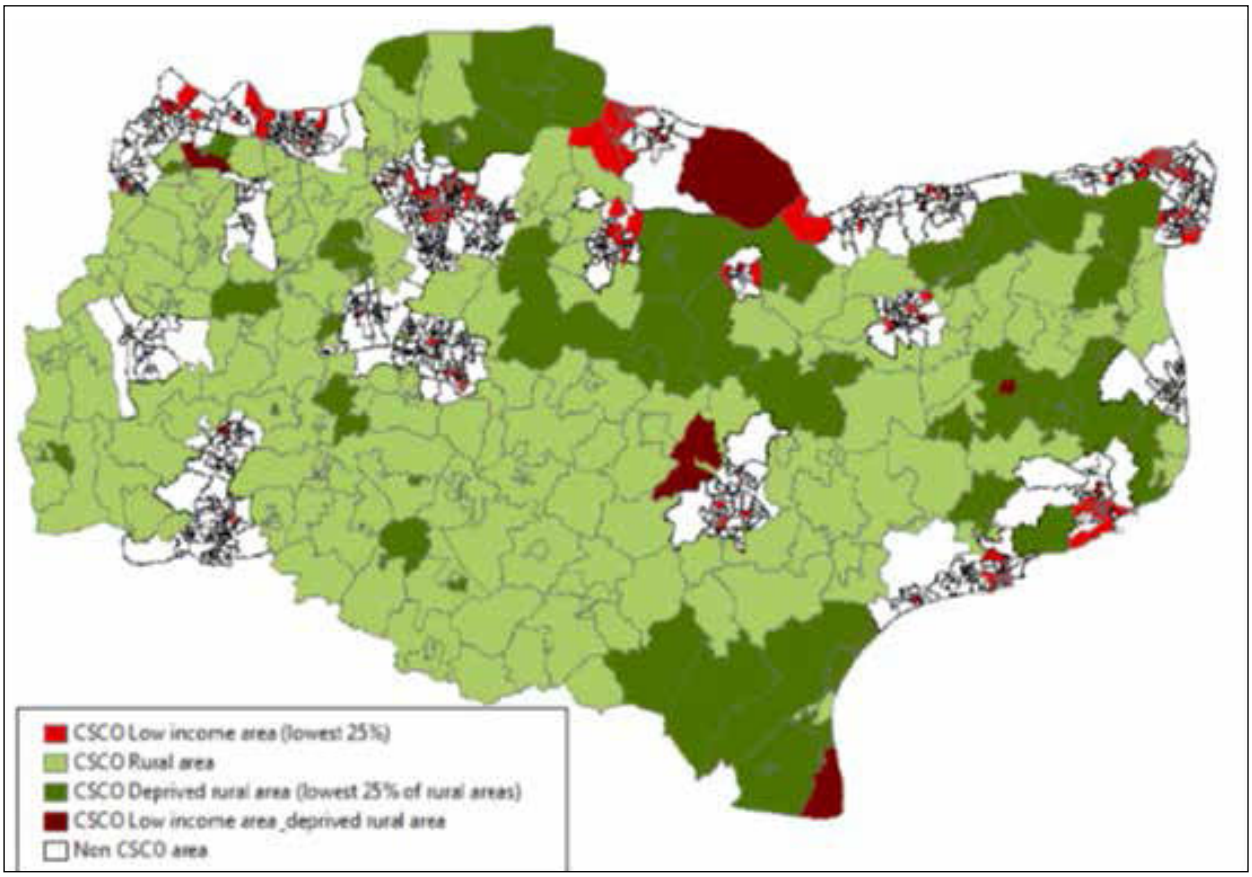

*Source: NHS Secondary uses system (SUS), Office for National Statistics (ONS) and Kent and Medway Public Health Observatory (KMPHO).*

Whilst there is no comparable data analysis to link hospital admission rates with cold related illnesses and fuel poverty, there is for example, evidence of high emergency admissions in older people who live in areas of deprivation, where life expectancy is relatively low. It is important that Kent partners recognise areas of work to prevent such admissions and to help those vulnerable residents in the community. The proportion of people living with long term conditions is expected to increase as the population ages. The focus long term, for both partners and the residents, is to ensure the indoor environment is healthy and to reduce the financial burden on the health service.

People living in rural areas can often struggle to heat their homes because their properties tend to be more exposed to weather and are more expensive to heat. Often they are solid walled properties with a poorer thermal efficiency than cavity walls, are more expensive to insulate and are unlikely to be connected to the mains gas supplies. To ensure that rural areas of fuel poverty are able to benefit, we are committed to making sure that everyone has access to affordable warmth.

Rural initiatives could include actions for oil or non mains gas. They may include oil clubs and the Southern Gas Network scheme to heat homes. Public Health and the Health and Wellbeing Boards will need to play a key role in policy and delivery mechanisms. The map in Figure 4.7 below shows areas of Kent which are Carbon Saving Communities Obligation (CSCO) and CSCO rural areas. CSCOs are areas of Kent which are in the most deprived 15% of areas nationally when ranked by index of multiple deprivation (IMD). A high proportion of residents will be on low income or unemployed and so these areas are eligible for the Energy Company Obligation funding stream CSCO, which provides funding towards energy efficiency measures. CSCO rural areas have a population of less than 10,000 and CSCO rural deprived areas are areas classed as rural and deprived (in the top 15% of most deprived rural areas) and are also eligible for funding. Understanding where deprived areas are and where rural deprived areas are can support targeting rural specific programmes or ECO funded schemes.

Figure 4.7: **Map to show CSCO and CSCO Rural eligible LSOAs in Kent**




*Source: DECC Fuel Poverty Statistic 2013 (Low Income High Cost model indicator) available at: https://www.gov.uk/government/collections/fuel-poverty-statistics#2013-statistics*

# 5. Partners in Affordable Warmth and Fuel Poverty

Fuel poverty is a problem for all in society and a multi-agency approach is needed to address this issue. Helping those on low incomes who face the highest energy bills and live in the hardest to heat homes will require a more focused approach at local level by local authorities, housing and public health professionals.

Community groups also play a key role to effective partnership working to reach those vulnerable households who are hard to reach. Key partners and community groups that we will engage with:

- Government bodies/departments
- Local authority departments (Housing, Environmental Health)
- NHS, Public Health and CCGs
- Health and Wellbeing Boards (local authority and NHS)
- Clinical Commissioning Groups
- Housing Associations
- Voluntary sector (Home Improvement Agency, Citizen Advice, Age UK)
- Community groups/organisations
- Community energy champions
- Utility companies
- Businesses (contractors who install energy measures)
- Private Landlord Associations/Letting Agents
- Credit Unions/other regulated financial bodies

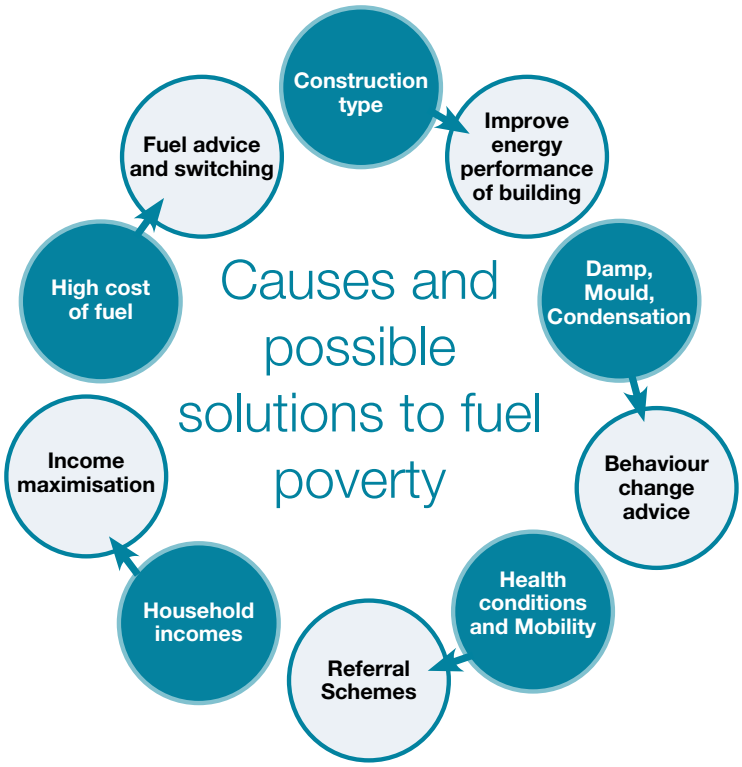
Kent authorities recognise that much can be achieved through resident participation to eliminate an unhealthy home environment. We already provide advice to residents on how they can reduce moisture within the home, thus lowering the risk of condensation, damp and mould occurrences. Behaviour change plays a key role to most interventions in energy efficiency. We will seek to increase opportunities for communities to get more involved in delivery of energy efficiency and will work with health professionals and other frontline staff to raise awareness of fuel poverty and how they can support the client groups they work with.

The rising cost of energy is a concern for all; the government is working with the energy regulator Ofgem on a range of measures to give householders simpler choices, clearer information and fair treatment. Advice on securing the most appropriate fuel tariff and billing system is high on its agenda. Kent authorities and other voluntary and public sector organisations are helping residents through switching schemes. One scheme – "collective switching" works by getting as many residents as possible to register their interest in taking part. The more households that register, the stronger our bargaining power with the energy suppliers and the more competitive our 'energy auction' will be.

In addition to information and advice, long term sustainable improvements can be made by developing interventions to improve the fabric of buildings and to maximise the income of residents.

We will work with our network of partners across different public and private sector organisations and particularly within health professions to identify resources to enable us to develop a range of effective interventions and create opportunities to improve health outcomes. Closer working with health and other partners to develop effective data sets along with a data sharing protocol is essential and will enable us to improve targeting and engagement of the most vulnerable.

Across all districts in Kent we have already jointly procured a Warm Homes call centre to provide a single point of contact for all Warm Homes referrals and for residents seeking energy efficiency advice. We will work in partnership to ensure this principle is expanded into a single-point-of-contact health and housing referral service for people living in cold homes (Cold Weather Plan/NICE guidance).



# 6. Priorities for Kent – Aims and Objectives

The overall aims and objectives will be to provide warmer homes, lower energy bills, reducing fuel poverty across Kent. We accept that this is a considerable task, but by working in a broad partnership to achieve a number of key aims and objects achievements can be made.

Our priorities are outlined below and are based on a need to fully understand who vulnerable residents in fuel poverty are and to effectively target them with meaningful interventions that address the three main causes of fuel poverty:

### Priority 1: Information gathering and sharing

- To understand who and where our vulnerable residents are and how best to help them.
- To collate, map and share relevant data sets to enable us to clearly identify the most vulnerable residents who are at risk of fuel poverty and monitor progress.
- To work in partnership to identify resources to help us deliver programmes that tackle fuel poverty, starting with the most vulnerable residents (Resources include partners, staff time, funding etc.)
- To promote a better understanding of fuel poverty across partners and residents and the links to wider health outcomes.

### Priority 2: Improving energy efficiency

- To work towards achieving the national target of ensuring that as many fuel poor homes as is reasonably practicable achieve a minimum energy efficiency rating of band C, by 2030.
- To maximise the uptake of current energy efficiency programmes in all sectors of the community.
- To investigate additional resources to support energy efficiency programmes.

### Priority 3: Reducing fuel costs

- To develop and roll out existing collective switching schemes to maximise take up and the support they can offer to Kent residents.
- To promote the use of oil clubs to reduce costs for those residents that rely on tis source of fuel.
- To work with Southern Gas Network to help people get onto mains gas where practical
- To provide a programme of advice and guidance to enable residents to understand and implement effective energy management solutions in the home.

### Priority 4: Increase income

- To support vulnerable households to maximise income by signposting to relevant services.
- To work with partners supporting people into employment.

# 7. Local Action Plan – Monitoring and Review

The successful implementation of this Strategy must rely on the efforts of a wide range of organisations and community groups outside the local authorities themselves. If these essential groups are present throughout the development process they will not only bring a wide range of expertise and experience to the process but also assist with partnership development.

The Action Plan has been developed by KEEP members (see Annex 1) and consists of key aims with their own objectives and tasks. This will be reviewed annually.

We will work in partnership, to identify where to target our fuel poverty activities by data analysis of existing poverty and health data, address matching and through developing pilot energy efficiency schemes.

Where feasible, we will adopt a whole-house approach to deliver a better outcome to those vulnerable households. Where possible, we will monitor a cross section of measures and household types to verify the actual outcomes.

An important area of work will involve monitoring and evaluation. We need to consider at a very early stage how projects and programmes will be monitored and evaluated and to gather the correct evidence in terms of energy measures, health well-being and interventions, including those which are more complex. We will need to find better ways to obtain household information and improved reporting. Only then will we be able to evaluate fully and address the most vulnerable who are hard to reach.

Recognising health and well-being is forefront to indicators relating to fuel poor households. We will work with health partners and the health and well-being boards to identify and deliver better health outcomes for Kent residents.

Kent partners will continue to seek funding for Kent residents, to support work to reduce fuel poverty in Kent. Various schemes that have already been delivered have resulted from Kent wide bids to government and other funding sources, including the Department for Energy and Climate Change, National Energy Action, Southern Gas Network and energy companies.

### CASE STUDIES

Please see Appendix 2 on the following examples delivered in Kent:
**Keep Warm, Keep Well** (Kent)
**Winter Warmth** (Dartford)

# Annex 1 – Action plan

## Priority 1 Information gathering and sharing

| Aim | Action | Milestones/ Timescale | Resources | Organisations involved | Outputs |
|---|---|---|---|---|---|
| **1** | Identify, collate and map existing non household identifiable data sets on fuel poverty and investigate where to provide the links on a website accessible to all. Fuel poverty information to include:<br>• Levels of fuel poverty<br>• % of LSOA off and on mains gas<br>• Indices Multiple Deprivation data<br>• average property SAP data | By October 2016 | | Local Authorities<br>Kent County Council<br>Public Health | Data provided by KEEP to LAs. LAs to provide link on their website<br><br>Link to the data to be posted on the Public Health Bulletin (to help get it to a wider audience) |
| **2** | Identify, collate and map health information where people are vulnerable to the cold and investigate where to post the data. Information to include:<br>• HHSRS Category 1 hazard – excess cold<br>• Emergency admissions<br>• Falls<br>• Number of children claiming free school meals | By October 2016 | | Public Health<br>Kent County Council | Data provided by KEEP to LAs. LAs to provide link on their website<br><br>Link to the data to be posted on the Public Health Bulletin (to help get it to a wider audience) |
| 3 | To work with relevant partners to identify and explore new schemes, funding and any other opportunities that will tackle fuel poverty. This will target vulnerable households and other inefficient properties wherever possible | As opportunities arise | | LAs, KEEP, KMSEP | Bids and shared bids for relevant funds. |
| 4. | Develop promotional and training materials that all partners can utilise to promote a better understanding of fuel poverty to front line staff, voluntary groups, councillors and home improvement agencies etc., This should include easy to read versions | October 2016 | A presentation, a briefing note for Cllrs, etc | KEEP | The presentation, the briefing note, universal leaflet |
| 5 | Encourage use of local media, relevant newsletters and social media to promote Warm Homes, Community Switching etc., via the development of a communication plan to aid relevant partner agencies | Messages to be updated and shared at least once a year. Development of Communication Plan June to November 2016 | A pack of draft press releases, tweets and facebook messages that partners can adapt and use | LAs, Health<br>KEEP | Communications pack produced |
| 6. | Map social prescribing activities being developed across Kent via the CCG's to ensure health and housing issues are considered at early stages of activity development. | As opportunity arises | | LAs, Health, KEEP | |
| 7. | Consider joint activities with Local Pharmacies | As opportunity arises | | LA, Health, Local Pharmaceutical Committees | |

# Annex 1 – Action plan

## Priority 2 Improving Energy Efficiency

| Aim Action | Milestones/ Timescale | Resources | Organisations involved | Outputs |
|---|---|---|---|---|
| **1** Utilise datasets to identify vulnerable groups and key target areas for improvement. | | | LA, KMSEP, KEEP, Health | |
| **2.** Continue to develop the Warm Homes scheme and promote it by including it on websites, social media, mailshots, leaflets in receptions etc., | Now to March 2017 when it may be updated in line with governments new ECO plan | Call centre, leaflets, banners | LAs KMSEP, KEEP | Data on number of referrals received at the Warm Homes Call Centre. Number of measures installed |
| **3.** Encourage each organisation to signpost to national schemes and initiatives on websites etc., | October 2016 | A template of data and links that organisations can adapt to their website | LAs | Presence of useful signposting on each LAs website |
| **4.** Develop and maintain a database of local initiatives and services to support vulnerable residents | October 2016 | Database with links to relevant organisations | KEEP, CCGs, Health, Kent Private Sector Housing Group | Database presence of useful signposting on each LA website |
| **5.** Maintain the funding for the Warm Homes Call Centre and keep the centre up to date with current initiatives across Kent | April 2016 | | LAs with possible contributions from referral fees from installers | Warm Homes Call Centre is Maintained |
| 6. Councils to continue to investigate and take suitable action around excess cold category 1 and low EPCS rated properties | Ongoing | Private Sector Housing Teams | LAs | Provide information on Kent Homechoice website |
| 7 Target F and G rated properties in the `private rented sector that will become illegal to let from 2018 | By March 2018 | Letter for Landlord, private rented sector energy efficiency measure offer, topic at Landlord Forums, Presentations Providers to be contacted about paying for postal costs. | Private Sector Housing Group, KEEP, KCC, Landlord Forums, Landlords | Reduction in F and G Rated properties. Number of measures installed. Monitor number of landlords taking up scheme. Change letter and process until take up occurs |
| 8 Produce one common information source for able to pay residents including information around suitable top tips, myth busters, heating controls etc., building on the Energy Saving Pack currently available | To update yearly | | KEEP, KCC | Information posted on each LAs website |
| 9 Investigate other agencies to link with to promote schemes ie energy champions and transition towns | Ongoing | | | |
| 10 Continue to Use Winter Warmth funding when available and investigate the use of the health cost calculator | April 2016 | Funding from Public Health. Referral management from HIA | KMSEP, Private Sector Housing | Grant moneys are used by target audience |
| 11 Explore the use of the Better Care Fund to improve health particularly to target cold homes | As opportunity arises | | Project Group, KEEP | Improvement of health of residents |
| 12 Develop links with the Making Every Contact Count | As opportunity arises | | Health commissioning groups, KCC Public Health, LA's | Data of number of referrals made |

# Annex 1 – Action plan

## Priority 3 Reducing Fuel Costs

| Aim | Action | Milestones/ Timescale | Resources | Organisations involved | Outputs |
|---|---|---|---|---|---|
| **1** | To offer support to other Local Authorities wishing to participate in the Collective Switching or Switch and Save schemes | review prior to contracts being renewed | | LAs but could also be Housing Associations | Invite any organisations interested in considering a scheme to contact those with one. Share key documents to help new organisations re-use rather than re-invent |
| 2 | Encourage Local Authorities to promote the use of fuel clubs for example oil clubs and encourage people to consider using regulated debt advice services | Ongoing and updated yearly | | LAs<br>Credit Unions<br>Local Oil Clubs<br>Citizens Advice<br>Parish Councils | All LAs providing useful info online |
| 3 | Encourage Local Authorities to promote the SGN Help to Heat Scheme on their website and mailshot relevant Parish Council with details of the scheme | Current scheme available the lifetime of this action plan | | LAs<br>Parish Councils | LAs providing useful info and signposting online |
| 4 | Provide information or sign posting around energy efficiency initiatives on Council websites | | KEEP provide draft info for LAs to amend to their needs | KEEP<br>LAs | LAs providing useful info and signposting online |
| 5 | Provide information regarding reducing fuel costs by being on the right meter and right tariff | Ongoing and updated yearly | KEEP provide draft info for LAs to amend | KEEP LAs | LAs providing useful info and signposting online |

## Priority 4 Increasing household income

| Aim | Action | Milestones/ Timescale | Resources | Organisations involved | Outputs |
|---|---|---|---|---|---|
| 1 | Signpost people towards information providing websites and benefit maximisation organisations | Ongoing as part of affordability advice and with discretionary housing payments | Well trained staff | Citizens Advice | Link to helpful websites on LA websites |
| 2 | Signpost people to Warm Homes Discount, Cold Weather Payment, Winter Warmth Payments and Priority Services Register etc., using LA websites and social media | Social media posts throughout year but clustered in October to December when info most relevant | A draft template LAs can use for website and social media messages to be adapted | LAs for all messages. Health may choose to signpost to some too | Information provided on the LAs websites |

# Appendix 1 – Additional Data

Table 10.1: **Local Authority Housing Statistics data on HHSRS – Category 1 Hazards.**

**Local Authority Housing Statistics dataset, England 2013-14**

| DCLG code | Current ONS code | Authority Data | Total number of dwellings with category 1 hazards (HHSRS) owned by your Local Authority | Estimated cost (£ thousands) of removing category 1 hazards from all dwellings | Total number of dwellings in f5a, which are in your local authority area | Total number of ALL dwellings with category 1 hazards (HHSRS) in your Local Authority Area | Of which, owned by the private sector? | Estimated cost (£ thousands) of removing all category 1 hazards from the private sector dwellings | Total number of private sector dwellings in your Local Authority Area with Category 1 hazards which were made free from those hazards as a direct result of action by your Local Authority during 2013-14 |
|---|---|---|---|---|---|---|---|---|---|
| **England** | | | **8,039** | **23,502** | **8,141** | **2,382,634** | **2,511,049** | **9,245,181** | **32,202** |
| **Unitary Authorities** | | | **1,572** | **4,103** | **1,572** | **528,806** | **598,931** | **2,340,605** | **6,881** |
| A2280 | E06000035 | Medway UA | 0 | 0 | 0 | **0** | **0** | **0** | 285 |
| **Shire Districts** | | | **3,099** | **4,081** | **3,201** | **979,842** | **1,042,525** | **3,620,076** | **12,941** |
| **Kent** | **E10000016** | | **56** | **260** | **56** | **86,420** | **94,045** | **211,870** | **598** |
| E2205 | E07000105 | Ashford | 0 | 0 | 0 | 4,496 | 4,496 | 7,000 | 7 |
| J2210 | E07000106 | Canterbury | 0 | 0 | 0 | 9,424 | 9,424 | **0** | 3 |
| T2215 | E07000107 | Dartford | 56 | 260 | 56 | 1,274 | **1,292** | 13,783 | 66 |
| X2220 | E07000108 | Dover | **0** | **0** | **0** | **0** | **10,500** | **37,000** | **142** |
| K2230 | E07000109 | Gravesham | 0 | 0 | 0 | 7,123 | 5,067 | 9,994 | 38 |
| U2235 | E07000110 | Maidstone | 0 | 0 | 0 | 8,642 | 8,642 | 20,498 | 20 |
| G2245 | E07000111 | Sevenoaks | 0 | 0 | 0 | 8,527 | 8,527 | 67,376 | 32 |
| L2250 | E07000112 | Shepway | 0 | 0 | 0 | 0 | 0 | 7,492 | 0 |
| V2255 | E07000113 | Swale | 0 | 0 | 0 | 9,739 | 9,739 | 20,410 | 48 |
| Z2260 | E07000114 | Thanet | 0 | 0 | 0 | 16,150 | 16,150 | 8,741 | 110 |
| H2265 | E07000115 | Tonbridge and Malling | 0 | 0 | 0 | 7,434 | 6,597 | 18,076 | 33 |
| M2270 | E07000116 | Tunbridge Wells | 0 | 0 | 0 | 13,611 | 13,611 | 1,500 | 99 |

These cells contain imputed data - this data should not be seen as an estimate for the individual authority but is given on an authority basis to allow custom totals to be constructed

These cells contain unfinalised data - local authorities have not signed off the figures, however they are the best estimate we have available.

*Reference: Department for Communities and Local Government*
*https://www.gov.uk/government/statistical-data-sets/local-authority-housing-statistics-data-returns-for-2013-to-2014*

Table 10.2: **Spending on fuel poverty and energy efficiency programmes in 2010/11 and 2013/14.**

| **Programme** | **2010-11** | **2013-14** |
|---|---|---|
| Community Energy Savings Programme | £117 million | |
| Carbon Emissions Reduction Target – Priority Group | £654 million | |
| Energy Company Obligation – Affordable Warmth | | £350 million |
| Energy Company Obligation – Carbon Saving Communities Obligation | | £190 million |
| Winter Fuel Payments | £2.7 billion | £2.1 billion |
| Cold Weather Payments | £431 million | £265 million |
| Supplier voluntary agreement – Energy company | £150 million | |
| Warm Homes Discount | | £282 million |
| **TOTAL Expenditure** | **£4,052,000,000** | **£3,187,000,000** |
| **£865 million deficiency funding for this period** | | |

*Source: UK Fuel Poverty Monitor 2013 by NEA*
*http://www.nea.org.uk/wp-content/uploads/2015/07/Fuel-Poverty-Monitor-2013-FINAL.pdf*

Table 10.3: **Fuel Poverty by Kent District in number of households and % of households.**

| **Region** | **Number of Households** | **Number of households in fuel poverty** | **Proportion of households fuel poverty %** |
|---|---|---|---|
| Ashford | 49197 | 3730 | 7.6 |
| Canterbury | 62533 | 5878 | 9.4 |
| Dartford | 41256 | 3111 | 7.5 |
| Dover | 49641 | 4702 | 9.5 |
| Gravesham | 41623 | 3984 | 9.6 |
| Maidstone | 65267 | 5109 | 7.8 |
| Medway | 109312 | 10701 | 9.8 |
| Sevenoaks | 48390 | 3705 | 7.7 |
| Shepway | 48711 | 4589 | 9.4 |
| Swale | 57215 | 5022 | 8.8 |
| Thanet | 61219 | 6279 | 10.3 |
| Tonbridge and Malling | 49542 | 3629 | 7.3 |
| Tunbridge Wells | 48503 | 4157 | 8.6 |

*Source: DECC Fuel Poverty Statistic 2013 (Low Income High Cost model indicator) (https://www.gov.uk/government/collections/fuel-poverty-statistics#2013-statistics)*

# Appendix 2 – Case Studies

## KEEP WARM, KEEP WELL (KENT)

**Lead organisation:** Kent County Council
**Scheme start date:** Dec-13
**Geographic scope:** Local authority area
**Locality:** Part urban / part rural
**Estimated annual target reach:** 1000-4999 households
**Proportion of annual target reach estimated to be households with health problems:** 100 per cent

**Services provided**

| Medium to high-cost energy efficiency | Low-cost energy efficiency measures | Energy- related advice | Referral to energy-related grants, support and advice | Referral to other services |
|---|---|---|---|---|
| ✔ | ✔ | ✔ | ✔ | ✘ |

Other additional services provided: warm clothes, blankets, salt, etc.

**Household profile**
**Types of households scheme targets are:** health condition / disability, older person.
**Health conditions scheme targets are:** Circulatory disease: cardiovascular disease, heart disease, stroke, other Mental health conditions
**Disability:** limited mobility, other Long-term illnesses
**Respiratory disease:** asthma, bronchitis, chronic obstructive pulmonary disease (COPD), pneumonia, other

**Health sector involvement**

| HEALTHCARE BODY / PROFESSIONAL | NATURE OF THEIR INVOLVEMENT |
|---|---|
| • Healthcare professional - pharmacist | • Identifying/referring/contacting target households |
| • Healthcare professional - practice nurse | • Identifying/referring/contacting target households |
| • Healthcare professional - district nurse | • Identifying/referring/contacting target households |
| • Healthcare professional - other | • Identifying/referring/contacting target households |
| • Clinical Commissioning Group (CCG) | • Contributing funding |
| • Other (social care professionals and multidisciplinary teams) | • Identifying/referring/contacting target households |

**Health referrals**
Scheme does not have a specific system to identify and target households with health problems

**Other partners**

| ORGANISATION TYPE | NATURE OF THEIR INVOLVEMENT |
|---|---|
| • Service provider - local council | • Installing measures / Also tries to find match funding |

**Funding**

| ECO | Green Deal | ECO and Green Deal | Neither |
|---|---|---|---|
| ✔ | ✘ | ✘ | ✘ |

| FUNDING SOURCE | FUNDING CONTRIBUTION |
|---|---|
| • Local authority - public health | • Principal funder |
| • Health and/or social care body - Clinical Commissioning Group | • Contributor funder |

**Data sharing**
Data sharing to identify, target and/or refer households? Have tried to share data but failed

Data sharing difficulties: NHS numbers and Social Care numbers do not match; NHS reluctant to share data; risk stratification groups not yet consistent across a very large county

**Challenges and successes**
Challenges to implementing scheme: inconsistent / changing ECO funding. In addition ECO funding targets deprivation but not necessarily health conditions.
Key successes of scheme: partnership working and joint commissioning.

**Evaluation**
Evaluated scheme? Yes
Outcomes measured and reported against:
Household: personal satisfaction (including with property, physical health and general wellbeing)
Details: would like to be able to evaluate impact on GP visits and hospital admissions but data sharing barriers makes this impossible.

# Appendix 2 – Case Studies

## WINTER WARMTH (DARTFORD)

**Lead organisation:** Dartford Borough Council
**Scheme start date:** Dec-13
**Geographic scope:** Local authority area
**Locality:** Part urban / part rural
**Estimated annual target reach:** Fewer than 100 households
**Proportion of annual target reach estimated to be households with health problems:** Unsure

**Services provided**

| Medium to high-cost energy efficiency | Low-cost energy efficiency measures | Energy- related advice | Referral to energy-related grants, support and advice | Referral to other services |
|---|---|---|---|---|
| ✔ | ✘ | ✘ | ✔ | ✘ |

**Household profile**
Types of households scheme targets are: health condition / disability, older person.
Health conditions scheme targets are:
**Circulatory disease:** cardiovascular disease, heart disease
**Respiratory disease:** asthma, bronchitis, chronic obstructive pulmonary disease (COPD),

**Health sector involvement**

| HEALTHCARE BODY / PROFESSIONAL | NATURE OF THEIR INVOLVEMENT |
|---|---|
| • Healthcare professional - GP | • Identifying/referring/contacting target households |
| • Healthcare professional - pharmacist | • Identifying/referring/contacting target households |
| • Healthcare professional - practice nurse | • Identifying/referring/contacting target households |
| • Healthcare professional - district nurse | • Identifying/referring/contacting target households |
| • Public Health England | • Contributing funding |

**Health referrals**
Scheme does not have a specific system to identify and target households with health problems

**Other partners**

| ORGANISATION TYPE | NATURE OF THEIR INVOLVEMENT |
|---|---|
| • For-profit company - energy supplier | • Contributing funding |
| • For-profit company - installer | • Installing measures |
| • Service provider - local council | • Identifying/referring/contacting target households |

**Funding**

| ECO | Green Deal | ECO and Green Deal | Neither |
|---|---|---|---|
| ✔ | ✘ | ✘ | ✘ |

| FUNDING SOURCE | FUNDING CONTRIBUTION |
|---|---|
| • For-profit company - energy company | • Principal funder |
| • Local authority - public health | • Principal funder |

**Data sharing**
Data sharing to identify, target and/or refer households? Have not tried to share data
Data sharing difficulties: specific data was removed by scheme partner; making monitoring progress difficult.

**Challenges and successes**
Challenges to implementing scheme: funding issues including withdrawal, long approval times and inadequate monitoring of usage; limited information sharing regarding progress on individual referrals.

Key successes of scheme: agreement for Public Health funding to be held by local authority; streamlining process for referrals so households don't get lost in system.

**Evaluation**

Evaluated scheme? No

# Glossary of Terms and Abbreviations

| | |
|---|---|
| **ACE** | Association for the Conservation of Energy – ACE aims to reduce overall energy demand and to ensure a safe and sustainable energy future. |
| **Affordable Warmth** | The ability to heat your home to an adequate level for household comfort and health, without developing a debt as a result. |
| **BRE** | British Research Establishment - BRE is a world leading multi-disciplinary building science centre with a mission to improve the built environment through research and knowledge generation. |
| **Carbon Emission Reduction Target (CERT)** | A five year obligation on gas and electricity suppliers to reduce carbon emissions in the household sector through energy efficiency improvements (April 2008 - December 2012). |
| **Carbon Emissions Reduction Obligation (CERO)** | One of the obligations under ECO. Under the Carbon Emissions Reduction Obligation, obligated suppliers must promote 'primary measures', including roof and wall insulation and connections to district heating systems. Other 'secondary measures', which improve the insulation of properties, can also be installed at the same premises as primary measures. |
| **Carbon Saving Community Obligation (CSCO)** | One of the obligations under ECO. Under the Carbon Saving Community Obligation, obligated suppliers must promote insulation measures and connections to district heating systems in areas of low income. The CSCO target has a sub-obligation, which requires that at least 15% of a supplier's CSCO must be achieved by promoting measures to low income and vulnerable households in rural areas or deprived rural areas. |
| **Clinical Commissioning Groups (CCGs)** | These are NHS organisations that deliver on health and social care and include General Practitioners. |
| **Community Energy Savings Programme (CESP)** | An obligation on large UK energy companies to deliver energy saving measures to low income households. The obligation came into force on 1 September 2009 and ran until 31 December 2012. CESP was designed as a pilot for an area based obligation. |
| **Cold Weather Plan (CWP)** | This document is focused around the impact of cold weather on health by Public Health England. The aim of the plan is to reduce excess winter deaths and address fuel poverty. |
| **Department of Energy and Climate Change (DECC)** | A government department that works to make sure the UK has secure, clean, affordable energy supplies and promote international action to mitigate climate change. |
| **Energy Company Obligation (ECO)** | A government scheme to obligate larger suppliers to deliver energy efficiency measures to domestic premises in Britain. Suppliers achieve their obligations by delivering through three obligations. |
| **Energy Efficiency** | Means using less energy to provide the same output of energy. |
| **Energy Performance Certificate (EPC)** | Provides a rating on the energy efficiency of households from A (most efficient) to G (least efficient) based on information about a property's energy use and typical energy costs. It also provides recommendations about how to reduce energy use and save money. |
| **English Housing Survey (EHC)** | The English housing survey is a national survey of people's housing circumstances and the condition and energy efficiency of housing in England. |
| **Excess Winter Deaths (EWD)** | The difference between the number of deaths which occurred in winter (December to March) and the average number of deaths during the preceding four months (August to November) and the subsequent four months (April to July). The data source is the General Registrar Office. |
| **Fuel Debt** | Residents who are unable to pay their fuel bills due to the high cost of energy, energy inefficient housing and reductions in household income, are classed as in fuel debt. More and more people are struggling to afford to keep their home warm and cannot pay their energy bills, therefore owe their energy suppliers money. |
| **Fuel Poverty** | The Warm Homes and Energy Conservation Act (2000) characterises fuel poverty as the problem of someone on a "lower income [living] in a home which cannot be kept warm at reasonable cost." |
| **Fuel Poverty (LIHC)** | The current model for assessing who is in fuel poverty based on household income and estimated energy costs for that dwelling type (Low Income, High Cost). |

| | |
|---|---|
| **Fuel Poverty (10%)** | A previous model for assessing who is in fuel poverty based on those spending more than 10% of their income to adequately heat and power their home. |
| **Fuel Poverty Gap** | A measure of how much lower a household's fuel bill would need to be or how much higher their income would need to be to no longer be fuel poor. |
| **Home Heat Cost Reduction Obligation (HHCRO)** | One of the obligations under ECO. Under the Home Heating Cost Reduction Obligation (also known as Affordable Warmth), obligated suppliers must promote measures which improve the ability of low income and vulnerable households (the 'affordable warmth group') to heat their homes. This includes actions that result in heating savings, such as the replacement or repair of a boiler. |
| **Housing Health and Safety Rating System (HHSRS) - Category 1 Hazard** | A risk-based evaluation tool to help local authorities identify and protect against potential risks and hazards to health and safety from any deficiencies identified in dwellings. Excess cold, mould and damp are amongst the 29 Category 1 Hazards. |
| **Joint Strategic Needs Assessment (JSNA)** | Local authorities and health authorities produce a strategic assessment document of the health and wellbeing of the local community. |
| **Joseph Rowntree Foundation (JRF)** | An independent organisation working to inspire social change through research, policy and practice which includes poverty and social exclusion. |
| **Kent Energy Efficiency Partnership (KEEP)** | A group of local authority officers whose work has relevance to fuel poverty and carbon reduction. Local Authorities with housing stock have a statutory duty to report on the Home Energy Conservation Act and have regard to other energy and climate change legislation. |
| **Lower Super Output Areas (LSOA)** | Postcode specific areas of deprivation. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. It is important to note that not every person in a highly deprived area will themselves be deprived. |
| **Mains Gas** | The supply of gas to a property through the main gas network (as opposed to a bottled gas supply). |
| **Mortality** | The condition of one day having to die. |
| **Morbidity** | Refers to the unhealthy state of an individual, while mortality refers to the state of being mortal. |
| **National Institute for Health and Care Excellence (NICE)** | An organisation that provides national guidance and advice to improve health and social care. |
| **Office of National Statistics (ONS)** | An independent national institution responsible for collating, producing and publishing official statistics related to economy, population and society at national, regional and local levels. The work also includes conducting census every ten years. |
| **Owner Occupier** | A householder that owns/ is in the process of buying the property they live in. |
| **Pre-payment Meter** | Payment made for energy use in advance and topped up when necessary dependent on use. It requires the presence of a specific meter within the property that can be topped up with payment directly with cash or via phone/website. |
| **Private Rented Sector (PRS)** | Refers to the property market where homes are owned by private landlords and rented privately to domestic tenants. |
| **Standard Assessment Procedure (SAP)** | The energy efficiency of a property is measured using a Standard Assessment Procedure (SAP) rating with a scale from 1 to 100 (the higher the rating, the more energy efficient a property). SAP values translate into band letters A – G on the Energy Performance Certificate. The most energy efficient homes are represented in band A (high SAP rating) and the least energy efficient in band G (low SAP rating). The energy efficiency of a home is a key driver of the likelihood of a household being in fuel poor, as it strongly determines amount of fuel needed to heat the home and the consequential costs incurred by the household. According to data published by DECC, 2013, less than 5% of fuel poor households in England have an energy efficiency rating of band C and above. This compares to around 18% across all households (4 million households in England). 14% of fuel poor homes are currently at very low energy efficiency rating band F or G. Nearly half of fuel poor homes are E-rated and 36% are D-rated. |
| **Tenure** | The financial arrangements under which someone has the right to live in a house or apartment. The most frequent forms are tenancy, tenant in which rent is paid to a landlord (social housing or private), and owner-occupancy. |

# Reference Library

**Association for the Conservation of Energy report - The Cold Man of Europe.**
http://www.ukace.org/wp-content/uploads/2013/03/ACE-and-EBR-fact-file-2013-03-Cold-man-of-Europe.pdf

**British Research Establishment. The cost of poor housing to the NHS.**
http://www.bre.co.uk/filelibrary/pdf/87741-Cost-of-Poor-Housing-Briefing-Paper-v3.pdf

**British Research Establishment. The Health cost of Cold Dwellings**.
http://www.foe.co.uk/sites/default/files/downloads/warm_homes_nhs_costs.pdf

**Climate Local Kent**
http://www.kent.gov.uk/__data/assets/pdf_file/0005/22676/Climate-Local-Kent-report-2014.pdf

**Cutting the cost of keeping warm – A fuel poverty strategy for England.**
https://www.gov.uk/government/publications/cutting-the-cost-of-keeping-warm

**Department for Energy and Climate Change - Fuel poverty report 2013.**
https://www.gov.uk/government/collections/fuelpoverty-statistics#2013-statistics
https://www.gov.uk/government/statistics/2013-sub-regional-fuel-poverty-data-low-income-high-costs-indicator

**Energy Saving Trust - Fuel bill calculation.**
http://www.energysavingtrust.org.uk/content/our-calculations

**Fuel Poverty and Health, London Heart Forum.**
http://www.fph.org.uk/uploads/UKHF-HP_fuel%20poverty_report.pdf

**Hall J and Mindell J (2011) Health Survey for England 2010Respiratory Health Chapter 2 Respiratory Symptoms and Diseases in Adult. Leeds: The Health and Social Care Information Centre.**
*http://www.fph.org.uk/uploads/UKHF-HP_fuel%20poverty_report.pdf*

**Joint Strategic Needs Assessment.**
http://www.kpho.org.uk/joint-strategic-needs-assessment

**Joseph Rowntree Foundation.**
http://www.jrf.org.uk/data/people-poverty-tenure

**Kent Environment Strategy.**
http://www.kent.gov.uk/about-the-council/strategies-and-policies/environment-waste-and-planning-policies/environmental-policies/kent-environment-strategy

**NICE Guidance.**
https://www.nice.org.uk/guidance/ng6

**Office of National Statistics 2011Census.**
http://www.ons.gov.uk/ons/guide-method/census/2011/index.html

**Office of National Statistics - Excess Winter Mortality in 2014/2015 by underlying cause of death.**
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/excesswintermortalityinenglandandwales/201415provisionaland201314final#excess-winter-mortality-ewm-in-201415-by-underlying-cause-of-death

**Statistical Digest of Rural England (2015) by Department for Environment, Food and Rural Affairs.**
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/479506/Statistical_Digest_of_Rural_England_2015_November_edition.pdf

**The Closer to Home (2015) by ACE**
http://www.ukace.org/wp-content/uploads/2015/06/150528-Closer-to-home-final-report.pdf

**The Hills Report 2012**
https://www.gov.uk/government/publications/final-report-of-the-fuel-poverty-review

**The Home Energy Conservation Act 1995**
http://www.legislation.gov.uk/ukpga/1995/10/contents

**The Marmot Review Team. Report on Fair Society, Health Lives**
http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

**The Marmot Review Team. Report on The Health Impacts of Cold Homes and Fuel Poverty**
http://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty

**Think Housing First**
http://www.kentjppbhousing.org/uploads/ThinkHousingFirstNov13.pdf

**UK Health Forum. How to improve health and wellbeing through action on affordable warmth**
http://www.fph.org.uk/uploads/UKHF-HP_fuel%20poverty_report.pdf

**Warm Homes and Energy Conservation Act 2000**
http://www.legislation.gov.uk/ukpga/2000/31/contents

Kent Housing Group
*The Voice of Housing in Kent*

All data contained in this strategy is up-to-date as at 31 March 2016.



Developed by the

# Kent Energy Efficiency Partnership (KEEP)

For and on behalf of Kent Private Sector Housing Group and Kent and Medway Sustainable Energy Partnership

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*The Voice of Housing in Kent*