COLD HOMES AND ILL HEALTH: TRANSFERABLE LEARNING FOR THE DELIVERY OF INTEGRATED, PREVENTION-ORIENTED SUPPORT

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THE REALITY OF FUEL POVERTY
• More than 50,000 excess winter deaths across England and Wales last year

• Cold homes kill on average over 10,000 people each year

• Poor housing costs NHS in England at least £1.4bn a year

• People living in the coldest quarter of homes are a fifth more likely to die in winter than those in the warmest quarter

• GP consultations for respiratory illness increase by 19% for each 1°C drop in temperature below 5°C, GP

• Children living in cold homes are more than twice as likely to suffer from asthma or bronchitis as children that do not

• Living in a cold home can lead to social isolation, stress and worry

For more information visit: www.nea.org.uk.
THE VALUE OF HEALTH-RELATED FUEL POVERTY SCHEMES

- **Warm Front evaluation** - the mortality risk for households that did not increase indoor temperatures following an intervention increased by 2.2% with every 1°C fall in outdoor temperatures. For those who did increase temperatures to WHO-recommended levels, there was no increase in mortality risk.

- **Warm at Home Programme evaluation** – every £1 of funding produced £4 in health-related benefits

- **Savings to NHS in Liverpool area from affordable warmth interventions** could reach £55million over 10 years
EXISTING NATIONAL FRAMEWORKS FOR ACTION IN ENGLAND

- Fuel Poverty (England) Regulations 2014 and fuel poverty strategy (currently being updated)
- Clean Growth Strategy
- Minimum Energy Efficiency Standards (Private Rented Sector) (MEES)
- Public Health Outcomes Framework (PHOF)
- Cold Weather Plan for England
- NICE NG6 guideline on excess winter deaths and illness and the health risks of living in a cold home
- NHS Long Term Plan
EXISTING LOCAL FRAMEWORKS FOR ACTION IN ENGLAND

- Home Energy Conservation Act (HECA)
- Housing Health and Safety Rating System (HHSRS) – excess cold is a category 1 hazard
- Challenges of implementing in practice
CURRENT GOOD PRACTICE IN DELIVERING HEALTH-BASED AFFORDABLE WARMTH INTERVENTIONS
CASE STUDY 1: WARM HOMES OLDHAM

- Partnership service from Oldham Council, NHS Oldham Clinical Commissioning Group (CCG) and Oldham Housing Investment Partnership (OHIP)
- Range of interventions through home visits
- Jointly funded by NHS Oldham CCG and Oldham Council through a Disabled Facilities Grant
- Service commissioned on an invest-to-save basis
- Utilises ECO funding for heating and insulation measures

For more information visit: https://www.oldham.gov.uk/warm_homes_oldham.
CASE STUDY 2: DERBYSHIRE HEALTHY HOMES

- Heating, fuel management and wellbeing service
- Provides one-to-one support in the home
- Future plans to provide a fuel bank service
- Clients referred into service via frontline workers and trusted partners such as Fire & rescue Service, Welfare Rights advisors and third sector organisations
- Funded by Adult Social Care, NEA, Western Power Distribution, CCG, District and County Council (through the Better Care Fund), energy suppliers, Warm Homes Fund and smaller charities
THE FUNDING GAP AND ITS IMPACT

- No centrally-funded fuel poverty projects in England
- Only national funding mechanism in England is the Energy Company Obligation (ECO)
- Leaves a policy gap in England for addressing fuel poverty and improving energy efficiency
- Better Care Fund aims to reduce hospital pressures including emergency admissions and readmissions, as well as reducing delayed transfers of care
- Has faced challenges due to financial pressures faced by health service
CURRENT DELIVERY LANDSCAPE

https://www.nea.org.uk/research/under-one-roof/
RECOMMENDATIONS FOR ENABLING INTEGRATED, PREVENTION-ORIENTED SUPPORT

- Re-establishment of relevant departmental capital spending
- Inclusion and strengthening of health perspective in updated fuel poverty strategy
- Opportunities within Better Care Fund review
THANK YOU!