

# Doncaster's Affordable Warmth Strategy 2018-2021



# Contents

Foreword2
Executive Summary
Introduction
What is Fuel Poverty?
Definition5
Cause & Effect
In a cold snap in a mild winter6
Energy Inefficient Homes
Those most at risk7
Excess Winter Deaths7
Where are we now?
Figure 18
Figure 1
-
Local Evidence9
Local Evidence
Local Evidence9Figure 29Respiratory diseases caused most excess winter deaths9Figure 310Warm and Well Families Research10Affordable Warmth12Winter Warmth Toolkit12

# Foreword

Cold homes harm health. There is a growing knowledge and evidence base related to the direct negative impacts on morbidity and mortality of living in cold housing. We know for example that children, cold homes are associated with poor infant weight gain, slower development, worse asthma, and more hospital admissions. Adolescents are five times more likely to suffer multiple mental health problems. Adults particularly those who are vulnerable, suffer more heart disease, stroke and respiratory disease, their general health is worse and existing conditions are exacerbated by living in cold properties. Older people suffer worse mental health and higher mortality rates.

Living in cold housing can indirectly harm health. It affects children's educational attainment, emotional wellbeing and resilience, limits the dietary opportunities and choices people make and the impact of cold on dexterity leads to a higher risk of accidents and injuries.

Dr Rupert Suckling Director of Public Health, Doncaster Metropolitan Borough Council

Rupert.suckling@doncaster.gov.uk

# **Executive Summary**

This Strategy sets out a partnership approach in Doncaster to achieving affordable warmth, setting specified actions to be taken by all partners. The purpose of this paper is to present a better understanding of fuel poverty within Doncaster including the consideration and recommendations from the "Fuel Poverty: how to improve Health and Wellbeing through action on affordable warmth report 2014" and the "Kings Fund". The paper raises the issues about fuel poverty within Doncaster, covering the definition, the cause and effect and incorporates both direct and indirect impact that fuel poverty has on an individual's health and the wider context, such as cold housing.

#### Our vision

"We want less people year on year to suffer from living in a cold home"

#### Introduction

"Affordable Warmth" means a household is able to afford to heat their home to the level required for their comfort and health. The lack of "Affordable Warmth" is known as "Fuel Poverty". A household is in fuel poverty if they cannot keep warm and healthy in their own home at a price they can afford. Fuel poverty has been identified as a key priority for Doncaster, one which partners can have a significant impact on by working more effectively together i.e. reducing the number of our vulnerable residents whose lives are negatively impacted by fuel poverty. Statistics suggest there are an estimated 14,835 households in fuel poverty in Doncaster (Department for Energy & Climate Change, 2014) and this figure is rising (Public Health England, 2017). This has significant negative effects on these residents' health and well-being. For example, fuel poverty is a clear contributory factor in health issues such as excess winter deaths, respiratory diseases, falls and poor mental health (Butcher, 2014). Moreover, it has a significant impact on a range of other factors, such as the ability of young people to undertake homework effectively and individual's ability to manage their finances/debt effectively.

Cold homes, high health care costs, cold-related illnesses, excess winter deaths and housing in poor repair are the visible signs of fuel poverty and are impacting on many households in Doncaster, affecting the most vulnerable in our society. Families on low incomes are living in cold, damp homes and the elderly are struggling to heat just one room in winter. With fuel prices continuing to rise, the issues are set to continue. In addition according to Marmot, there is a clear social gradient in fuel poverty: the lower your income the more likely you are to be at risk of fuel poverty, fuel poverty is avoidable and it contributes to social and health inequalities (Marmot Review Team, 2011).



# What is Fuel Poverty?

Fuel poverty is a term used to describe the inability of households to afford fuel consumption sufficient for domestic purposes, including the maintenance of comfortable heating standards and reasonable use of hot water, lighting and appliances.

# Definition

The Low Income High Cost indicator (introduced in 2013), is the official fuel poverty indicator and classes a household as being in fuel poverty if its energy costs are above the average (median) for its household type and this expenditure pushes it below the poverty line (Hills, 2013). Using this definition 11.3% of the Doncaster population are classified as being in fuel poverty and Doncaster is ranked 13th out of 21 in Yorkshire and the Humber region.

# Cause & Effect

Fuel poverty is associated with a range of additional adverse health outcomes; there are measurable effects of cold housing on adults' physical health, well-being and self-assessed general health, in particular for vulnerable adults and those with existing health conditions. With evidence that living in a damp cold home can have a 30% greater risk of admission to hospital or attendance at primary care facilities (National Institute for Health and Care Excellence, 2013). Marmot (Marmot Review Team, 2011) states that children that live in cold homes are more at risk of respiratory illness, low self-esteem and confidence and contributes to mental health

problems(Department of Health, 2016). Risk of suffering from a mental health issues quadruples in young people living in a cold home to those living in a home that has always been warm (Butcher, 2014). The effects of cold housing for children is varied and can contribute to low educational attainment, difficulties with emotional wellbeing and can decrease their food choices(Public Health England, 2012). It is also shown to contribute to low weight gain in infants under 3 years old, the physical health impacts most commonly experienced by those living in cold homes are circulatory diseases and respiratory illnesses.

#### In a cold snap in a mild winter...

- Two days later there is a sudden rise in heart attacks
- Five days later there is a big rise in strokes
- Twelve days later there is a big rise in respiratory illness (DoH, 2008).

However there are a number of causes of fuel poverty which result in households not being able to afford sufficient warmth for health and comfort.

- Low household income and debt
- Inefficient heating systems
- Heating systems with high running costs
- Poor quality housing
- Access to affordable tariff and payment options
- Ill health / disability resulting in an increased demand for a warm home.

# Energy Inefficient Homes

Fuel poverty often results in increased household maintenance and repair costs sending householders deeper

into fuel poverty.

The associated negative impacts on the home will be increased condensation, dampness and mould growth as well as increased levels of dust mites which can exacerbate health problems.

#### Those most at risk

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
- Lone parents with dependent children
- · Families who are unemployed or on low incomes
- Children and young people
- Disabled people
- People with existing illnesses and long-term conditions (physical and mental)
- Single unemployed people.

#### **Excess Winter Deaths**

Excess Winter Deaths are calculated by comparing the number of deaths in winter with a non-winter period:

#### EWM = winter deaths - average non-winter deaths

Currently a standard method for the calculation of EWM is used each year for England and Wales. This is referred to in the article as the 'ONS method'. This defines the winter period as December to March and compares it with the average of deaths occurring in the preceding August to November and the following April to July (Office for National Statistics, 2016).

Doncaster has a higher than national and regional average for excess winter deaths (EWD) which are calculated as the difference between the number of deaths during the four winter months (December to March) and the average number of deaths during the preceding autumn (August to November) and the following summer (April to July). Evidence suggests a strong link between EWD and cold homes. The UK as a whole has one of the highest EWD rates in Europe with thousands of people dying needlessly every year because of excessive cold temperatures in their homes. Countries which have lower EWD have more energy efficient housing. EWD are significantly more likely in private rented and owner-occupied homes, houses built before 1850 and damp houses.

Over the last five years there have been on average 26,000 EWD in the UK, locally within Doncaster in 2015/16 there was 230 EWD's. However not all EWD can be attributed to cold housing or low indoor temperatures: according to the World Health Organisation, between 30% and 50% of EWD can be attributable to cold indoor temperatures. People living in the coldest quarter of homes have a 20 per cent greater risk of dying than those in warm homes (Marmot Review 2011). Older people living on their own with existing illnesses and chronic conditions, poor mobility and in poor quality, harder to heat housing are most vulnerable to dying in winter (Roche

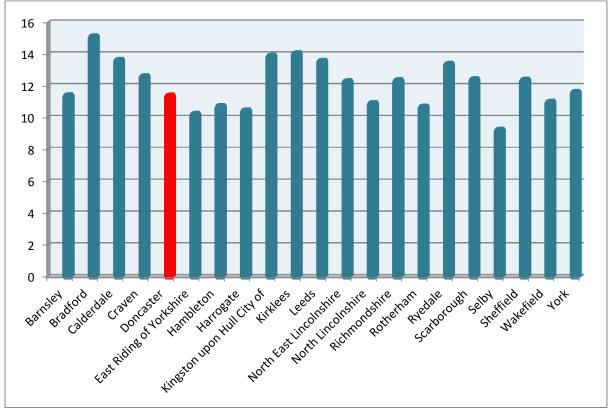
2010). The majority of EWDs occur amongst people aged 75 and over (Roche, (2010).

Many health conditions are aggravated by the cold, and often people with disabilities are unable to keep active during the winter months. People with disabilities have on average a 25% higher cost of living due to additional needs such as mobility, aids and care. For many, moving to a more energy efficient home is not an option as it will need to be adapted for their needs (Energy Bill Revolution, ND).

Fuel poverty can worsen people's health conditions, which in turn impacts on the demand for health and social care services. It is also likely to lengthen recovery times of people with certain conditions and make existing problems worse. There are the mental health effects of living in a cold home too, from stress and anxiety through to more severe mental health issues.

# Where are we now?

11.3% of the Doncaster population are classified as being in fuel poverty and Doncaster is ranked 13th out of 21 in Yorkshire and the Humber. The following chart use sub-regional fuel poverty statistics from the Department of Energy and Climate Change.



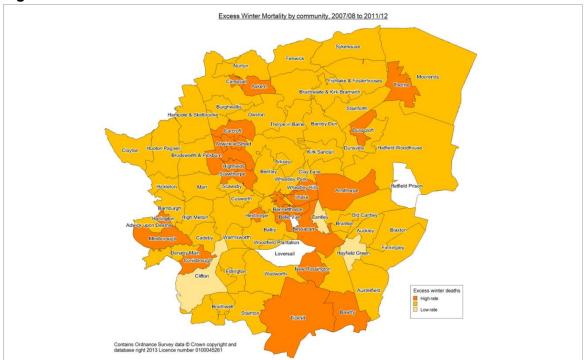
#### Figure 1

# Local Evidence

There were an estimated 24,300 excess winter deaths (EWDs) in England and Wales in the 2015/16 winter period. This represents an excess winter mortality index of 15%; that is 15% more deaths occurred in winter compared to the non-winter months In 2015/16 Doncaster had 230 excess winter deaths, therefore on each day during the winter months, about two Doncaster people die of conditions made worse by cold. The most affected communities within the Doncaster borough were;

- Town Centre
- Hyde Park
- Lower Wheatley
- Hexthorpe
- Highfields

The map below highlights most affected communities within Doncaster.

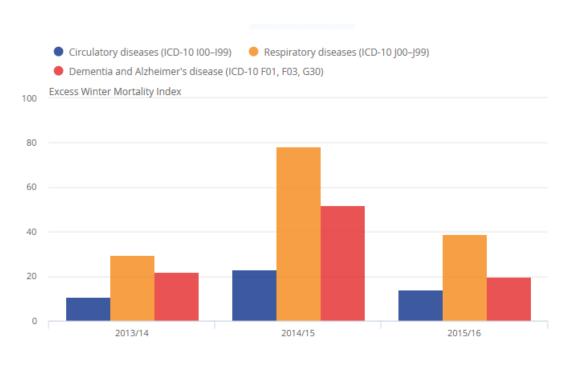


#### Figure 2

# Respiratory diseases caused most excess winter deaths

As shown in Figure 3, respiratory diseases remained the most prominent underlying cause of excess winter deaths, this cause of death category had a EWD index of 41% in 2015/16. This means that there were 41% more deaths from respiratory deaths in the winter months than there were in the non-winter months. Although this is a decrease from the 2014/15 period this is still greater than the 30% reported in

the 2013/14 period. The 8,600 excess winter deaths from respiratory diseases accounted for over a third of all winter excess winter deaths (35%, 8,600 of 24,300 deaths). Pneumonia accounted for the largest proportion of these deaths but the prominence of this cause category is also likely related to the relationship between EWM and a range of bacterial and viral respiratory pathogens including influenza.



#### Figure 3



Traditionally interventions to reduce fuel poverty have focused on older people and people with ill health; however this conflicts with recent studies which have identified equally vulnerable groups that would benefit from interventions. These vulnerable groups include: people with conditions affected by living in cold damp homes: respiratory, cardiovascular, mobility and mental health. The Warm and Well Family Research undertaken in Doncaster in 2012 highlighted that families with young children are at risk. Moreover, Hills review 2013 highlighted that one of the groups at high risk of fuel poverty are those on low income who are single-person households of working age, due to lack of targeted interventions with this at risk group in the past.

# Warm and Well Families Research

The Public Health Team have been working in partnership with Sheffield Hallam University and Public Health Rotherham to deliver a research study to examine the experience, knowledge, beliefs and values of adults living in households with young children in keeping warm at home. The study consists of 36 interviews with families and the measurement of indoor house hold temperatures and was performed in the winter of 2012/13. The information gained is being used to develop social marketing keeping warm interventions for winter 2014/15 this will include four pen portraits that will support professionals to deliver targeted interventions.

The different data revealed a range of themes which explain the complex world within which families operate and the barriers they encounter in relation to keeping warm. Key themes included:

- Contextual factors e.g. type of home and income
- Social factors e.g. the nature and quality of social contact and support
- Behaviours e.g. the behaviours and coping strategies of families employed to keep warm and manage household budgets
- Attitudes and beliefs, including fear of debt, priorities and beliefs regarding asthma, cold and health
- Knowledge and awareness of cold household temperatures, heating systems, getting help and trusted sources of information.

### Full report available at http://shura.shu.ac.uk/7905/1/Doncaster\_Final\_Report\_March\_2014.pdf

Doncaster currently offers a wide range of low level interventions to tackle fuel poverty issues. These include:

**DMBC Energy Team** offer a range of support to reduce energy consumption, the number of cold homes in Doncaster, fuel poverty, carbon emissions, and help households save money, by:

- Promoting the Mayoral priority "The Big Power Switch" joining local residents together to increase their buying power and negotiate a better deal on their energy
- Working with Energy Companies to deliver their government obligations to improve the energy efficiency levels of privately owned housing
- Delivering large scale thermal improvement programmes to make Council owned housing energy efficient
- Proactively targeting the most vulnerable communities to provide 'one to one' energy saving advice and grants assistance
- Continuing to improve the quality of housing and reduce the number of poor quality, energy inefficient homes
- Improve the quality and management of private rented housing and work in partnership with private landlords to make best use of the sector to meet local housing demand.

### Affordable Warmth

The affordable warmth work consists of a variety of pathways to identify and support vulnerable people during the winter period. We have identified geographic concentrations of fuel poverty, excess winter deaths and assessed those at risk using Doncaster's Joint Strategic Needs Assessment and Community Profiles intelligence.

Winter friends training is offered to frontline staff and volunteers that supports vulnerable people, the training covers spotting the signs of living in a cold, damp home, fuel poverty, energy measures and emergency planning. The Public Health Team and Energy Team offer small micro grants of £500 to the top twelve areas within fuel poor communities to able them to deliver creative community sessions which provide information, advice and guidance on keeping warm and well during the winter months.

The Public Health Team have produced winter friends information packs which leaflets with advice and tips on how to prepare for the cold weather, fuel poverty advice, contact numbers for key organisations and temperature cards to give to individuals to highlight a healthy temperature within their home.

#### Winter Warmth Toolkit

The winter warmth England Toolkit has been used to produce a variety of resources for both managers and frontline staff to provide consistent messages to encourage people to stay warm and healthy in winter. We have encouraged staff and organisations to utilise the tools by promoting the toolkit on various websites, through the Hotspots training and via our local networks. Over the past four years over 300 front line staff were trained to spot the signs of people living in a cold home and to refer on to services within Doncaster.

A six month communication action plan has been produced, delivering a variety of methods to raise awareness of fuel poverty and issues during the winter. Doncaster Public Health Team coordinates a multi-agency steering group that manages and governs all the winter warmth work.

# Where do we want to be?

Doncaster MBC is committed to tackling fuel poverty and the many health issues faced by a significant number of households. A range of aims and objectives have been developed, designed to assist with the alleviation of fuel poverty, delivering affordable warmth and ensuring that the benefits of energy efficiency measures are brought to the attention of all households. This will involve accurate targeting of the people who most need support and assistance to tackle fuel poverty and reduce health inequalities, working along with the energy team to provide energy efficient housing. Doncaster MBC will aid the implementation of the affordable warmth action plan with the support of a local partnership, this will be a is a non-statutory body that brings together the different parts of the public, private, voluntary and community sectors, to acts as steering group. They will provide governance and direction for all activities within the affordable warmth action plan and work together to identify opportunities, to share best practice and support joint initiatives.

Doncaster MBC is committed to reducing fuel poverty and increase the energy efficiency of housing across Doncaster as part of Doncaster's Corporate Plan. With aims to target Doncaster's most vulnerable households by gather an agreed set of data to identify who is at most at risk of cold related illness and therefore establishing what support is required.

We will incorporate the considerations and recommendations from the recent "fuel poverty: how to improve health and wellbeing through action on affordable warmth report 2014 by collectively working with all partners on the affordable warmth action plan. This strategy has been developed in partnership with a number of key agencies that work closely with the Council St Leger Homes, DMBC Strategic Housing, Professional Buildings Maintenance (PBM), Doncaster West Development Trust (DWDT), Department of Work and Pensions (DWP) DMBC and Community Libraries.

All partners are committed to improving access to affordable warmth solutions for all Doncaster residents. We have involved representatives from different community groups so that there is a greater first hand understanding of what fuel poverty means and what residents want the council and partners to do. We consulted on this strategy by undertaking a fuel poverty workshop with all key partners.

# **Action Plan**

This Affordable Warmth plan sets out our joint approach to tackling Doncaster's' fuel poverty, with clear aims and objectives.

Priorities	Action
Improve awareness and understanding of fuel poverty for residents, in all tenures.	To define fuel poverty locally and within a national context
	To have an annual Affordable Warmth programme of public events
	To develop awareness of Affordable Warmth through social media and traditional methods
	Develop and implement an Affordable Warmth behavioural change programme
	To offer a co-ordinated delivery approach to reduce the number of people living in a cold home
	"Winter Friends" training for front line staff, enabling then to identify and signpost where necessary
Develop a shared understanding of the	Mapping of Partnership activities
problem and local need through a robust Joint	Investigate the role of winter friends
Strategic Needs Assessment (JSNA)	Gather evidence (Case Studies etc.) from partners relating to positive outcomes and achievements
Increase the energy efficiency of Doncaster's private housing stock.	To address Doncaster's "hard to treat" private sector properties
	Affordable Warmth programme to link with DMBC's Housing Strategy 2014-2024 Affordable warmth programme to link with both private sector and social housing

Identify current up to date data relevant to
AW in Doncaster
Continue to deliver and develop
Doncaster Winter Friends AW referral
system
Annual summary of training conducted and
its impact on referrals
To reduce the number of people that are
fuel poor by incorporate income
maximisation, health and energy advice
Communication with organisations where
conflicting information exist
To continue to promoting financial
inclusion, by maximise opportunities and
improve quality of life
during difficult times
Work with DWP around training for
frontline staff on Universal Credit.
Challenge Fuel suppliers on pre-payment
meters
Develop monitoring and evaluation
systems for the strategy and action plan

# References

Butcher, J. (2014) 'Fuel Poverty: How To Improve Health and Wellbeing Through Action on Affordable Warmth. A guide to delivering action on fuel poverty for public health professionals, health and wellbeing boards, and local authorities in England'

Department for Energy & Climate Change (2014) Sub-regional fuel poverty 2014 data

Department of Health (2016) 'The Cold Weather Plan for England Protecting health and reducing harm from cold weather'

Hills, J. (2013) 'Getting the measure of fuel poverty Final Report of the Fuel Poverty Review of fuel poverty Fuel Poverty Review'

Marmot Review Team (2011) 'Health Impacts of Cold Homes and Fuel Poverty'

National Institute for Health and Care Excellence (2013) 'Excess winter deaths and morbidity and the health risks associated with cold homes'

Office for National Statistics (2016) *Excess winter mortality in England and Wales: 2015/16 (provisional) and 2014/15 (final)* [Online]. Available at

https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulleti ns/excesswintermortalityinenglandandwales/2015to2016provisionaland2014to2015final (Accessed 19 June 2016)

Public Health England (2012) *Keep Warm Keep Well*, [Online]. Available at https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/254859/Keep\_Wa rm\_Keep\_Well\_2013\_WEB\_FINAL.pdf Accessed 16/06/2016

Public Health England (2017) 'Public Health Outcomes Framework Summary for Doncaster'

Roche, T. (2010) How to reduce the risk of seasonal excess deaths systematically in vulnerable older people to impact at population level.