



Policy Briefing – January 2010

The impact of cold on public health: implications for the health service and fuel poverty policy

1. Introduction

Rights to Warmth is a joint initiative supported by Attend and Age Concern – Help the Aged to address the persistent problem of excess winter deaths by promoting understanding of the importance of staying warm to maintaining health and independence.

The Rights to Warmth project has been developed over the last two years through:

- Market research into the attitudes and behaviours of older people towards the cold;
- A series of social marketing initiatives; and
- Ongoing public policy appraisal in conjunction with Age Concern - Help the Aged.

This briefing sets out the learning from this work and the policy implications.

2. The policy context

Policy in this area has been developed around the concept of 'fuel poverty' – a household being considered to be fuel poor if it would have to spend more than 10% of its income on fuel to keep the home at an adequate level of comfort, as well as provide for cooking and lighting. Current estimates are that 4.5 – 5 million homes fall under this definition. In addition, it is recognised that there are around 25,000 excess winter deaths each year. Small scale studies suggest that as many as 400,000 emergency admissions could be the result of living in inadequately heated homes.

There are three drivers of fuel poverty:

- The level of energy prices
- Income levels
- The energy efficiency of the home – this is captured by its Standard Assessment Procedure (SAP) rating, where a SAP of 100 represents a high level of energy efficiency and a rating of 10 to 20 represents an extremely low level of efficiency.

Energy prices are projected to rise significantly over the medium term, increasing the seriousness of the issue such that as many as 10 million homes could fall under the definition by 2020.



All 'over 60' households receive Winter Fuel Payments of, currently £250, (or £400 for those over 80), paid before Christmas. Cold Weather Payments are also paid to those on benefits when the weather is exceptionally cold.

Government policy has been to support investment in home energy efficiency, as improving the energy efficiency of homes through better insulation and heating systems reduces fuel bills. This is preferable to providing a subsidy towards home heating, which would be a recurring expenditure.,

For social housing, this is being achieved through Decent Homes, by which social landlords are required to bring homes up to a good standard by 2010.

For private housing, as well as promoting energy efficiency through the Energy Savings Trust, grants for the installation of energy efficiency measures have been available through the Warm Front scheme.

The Warm Front eligibility criteria have changed since the scheme was introduced in 2000, Although currently households are eligible if they are in receipt of benefits the targeting of the programme has remained problematical (see Appendix 2). New or replacement central heating systems, loft or cavity wall installation, draft exclusion and tank insulation can all be provided, subject to a cap of £3,500, unless oil, low carbon or renewable technologies are recommended, when the cap is £6,000.

The focus of delivery is through local authorities as lead bodies to build local agency partnerships.

However, gas and electricity suppliers also have licence obligations to provide energy efficiency advice and will collect £3.8bn from customers between 2008 and 2011 to invest in energy efficiency measures, specifically if one household member is over 70. Around half of this money must be spent helping vulnerable households. The suppliers often work in partnership with the local authorities. In addition, suppliers anticipate spending £375 million over the same period on voluntary initiatives such as social tariffs and trust funds and the Government has proposed mandatory social price support from 2011.

3. The shortcomings of the current system

Rights to Warmth has undertaken research into the behaviour and attitudes of older people towards heating in the home, which showed that:

- Nearly a quarter of older people felt cold all or most of the time the previous winter;
- 35% of older people turned their heating down or off, or failed to use heating appliances, when it was cold outside;
- Overall, older people were unlikely to accept advice from energy suppliers and were ambivalent about advice from local authorities - their preferred sources of advice were from their GP, practice nurses, or trusted charities such as CAB or Age Concern Help the Aged;
- They also generally believe they are doing all they can to stay warm; and
- Although older people with long term conditions were likely to say that the cold made their symptoms worse, there did not appear to be a recognition that the cold was likely to undermine their health in a more permanent way.

The prevailing attitude is that being cold is just a temporary discomfort or inconvenience that it is possible to endure. The consequences of these attitudes and behaviours are:

- A.** Older people's quality of life is impaired significantly;
- B.** A very substantial avoidable call on NHS resources arising from emergency admissions;



- C.** The impact of installed energy efficiency measures is compromised and the take-up of energy efficiency programmes is diminished

This perspective highlights a number of problems with the current system:

- The current approach to fuel poverty assumes that inadequate heating is a function of a lack of means and does not recognise the contribution from insufficient understanding or misplaced attitudes and beliefs;
- Assistance is not well targeted to those who need it most, as clearly illustrated by the National Audit Office report on Warm Front.
- Most older people are at least sceptical of energy suppliers and do not engage with energy cost-saving and energy efficiency messages;
- There is a high awareness of being cold, but very little awareness of the damage being cold can bring; and
- There is little NHS involvement, despite the fact that it incurs significant costs in terms of treatment for long term conditions and emergency admissions because of people living in too cold a home.

4. A new direction

Older people are much more likely to engage with the issue of staying warm if they are provided with information about why it is important to their health and independence to keep the temperature of the home at an adequate level. They are more likely to take notice of advice from their GP practice than many other sources.

The evidence from Rights to Warmth's research and social marketing programmes has demonstrated that if the problem of excess winter deaths is to be addressed four key factors need to be brought together:

- challenging prevailing attitudes in the UK towards the cold that it is something that can, if necessary be endured with out damage to health and well being;
- enabling people to be aware of actual home and external temperatures and to adjust their responses accordingly
- targeting support programmes on the premise that being enabled to stay properly warm is an essential pre-requisite to maintaining health, well being and independence
- marketing energy efficiency programmes on the premise that maximising of fuel efficiency at home is the responsible response to reducing the risk of loss of independence through damage to health, mitigating rises in long term fuel bills, and also to tackling climate change.

We propose the following specific changes should be made to government policy:

- The focus should be a health-related marketing programme to encourage people to ensure that their homes are properly warm;
- There should be a strategic engagement from the NHS to identify those who are putting their health at risk through living in cold conditions, and referring them to the appropriate agencies;
- The existence of long-term health conditions in a household is a priority indicator that complements receipt of benefits so that resources are directed to where they can have a significant effect on improving health and well-being.
- More direct targeting mechanisms are needed, such as a trusted party asking whether a person felt cold in their home all or most of the previous winter. Targeting homes with a poor SAP rating, where these can be identified effectively would be another more direct approach.



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The views expressed in this paper are those solely of the authors

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Appendix 1

Rights to Warmth

Rights to Warmth is a joint initiative supported by Attend and Age Concern – Help the Aged to address the persistent problem of excess winter deaths by promoting understanding of the importance of staying warm to maintaining health and independence. Backed by primary research, the initiative is developing a range of social marketing programmes which when applied are tailored to the characteristics of local areas and populations

1. Research

The Prevalence and Consequences of Mild Hypothermia

The initiative undertook a literature search to identify any research on the prevalence of mild hypothermia and poor health associated with living in cold conditions. Although the studies found were small scale, the work suggested that as many as 2m people could be undermining their health through living in inadequately heated homes, resulting in up to 400,000 emergency admissions. The literature search was supported by the Kings Fund, the Wolfson Research Institute at the University of Durham and the Royal Society of Medicine.

Changing Attitudes Towards the Cold

267 older people in County Durham were interviewed to explore their behaviour and attitudes towards heating in the home. The results showed that:

- Nearly a quarter of older people felt cold all or most of the time the previous winter;
- 35% of older people turned their heating down or off, or failed to use heating appliances, when it was cold outside;
- Older people were unlikely to accept advice from energy suppliers and were ambivalent to advice from local authorities. Their preferred sources of advice were from their GP, practice nurse, or trusted charities such as CAB or Age Concern Help the Aged;
- Although older people with long term conditions were likely to say that the cold made their symptoms worse, there did not appear to be a recognition that the cold was likely to undermine their health in a more permanent way.

Changing these attitudes has the potential to improve older people's quality of life, to address an avoidable call on NHS resources and to increase the impact and take-up of energy efficiency programmes. Therefore the report makes recommendations around two key themes;

- A.** That reinforcing messages through trusted relationships, such as those with their GPs and charitable organisations in the community such as Age Concern-Help the Aged, CAB's, and Hospital / Community Friends are critical to getting the message across and changing behaviour; and
- B.** That the criteria for support from energy efficiency schemes should be refocused to those at particular risk because of their vulnerable health.

2. Social Marketing

A social marketing programme has been funded by County Durham PCT as part of the County Durham Rights to Warmth Partnership to encourage older people to keep their homes properly warm and to take up support being made available through the Partnership. The programme included:



- Focus groups to determine how best to design the campaign (and also the survey);
- a leafleting programme targeting the over 60's carried out with the support of community shops and supermarkets, post offices, social clubs, cafes, libraries, hairdressers, pharmacies and other outlets through all towns and villages in two districts of the county;
- A programme of community presentations to estate and residents groups on the health case for keeping the home warm;
- A pilot programme through GPs' surgeries encouraging people to be aware of cold and to actively manage heating at home to safe levels for their health.

Three themes emerged from this social marketing work:

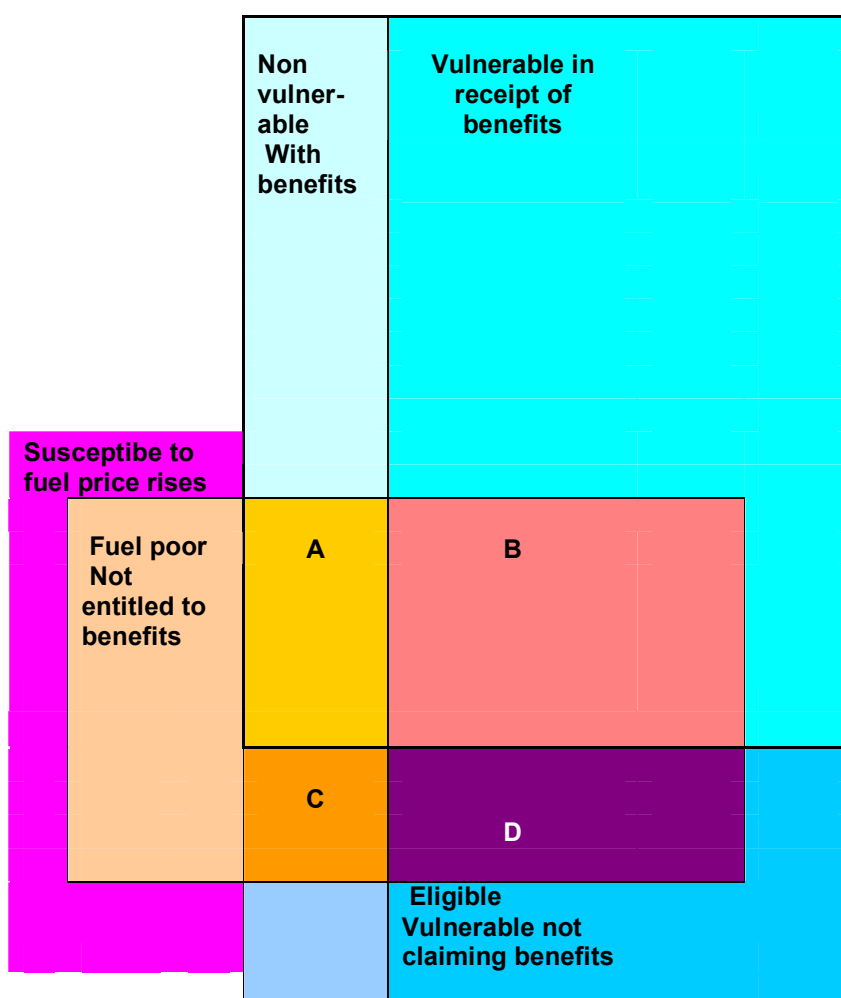
1. Recognition that too many people failed to keep their homes properly warm, and not necessarily through lack of means. Many of the people we spoke to asked for leaflets for friends and family – nearly everyone seemed to know an older person who they worried did not keep themselves warm enough;
2. Lack of understanding of the specific risk of cold for health;
3. Combination of distrust of and confusion about the range of support programmes available, particularly when associated with the energy suppliers

Appendix 2

The Targeting of Warm Front

Because it is difficult to determine whether a household is fuel poor, a proxy is used – the receipt of benefits. But, as can be seen from the bullet points, this is a poor proxy. The effect is shown in the diagram below (although note that it is not to scale). The vertical box represents all those who are entitled to benefits, the horizontal to those defined as living in fuel poverty

Diagram 1



A = non-vulnerable, in receipt of benefits, fuel poor

B = vulnerable, in receipt of benefits, fuel poor

C = non-vulnerable, would be entitled to benefits, but not claiming them, fuel poor

D = vulnerable, would be entitled to benefits but not claiming them, fuel poor

(Note here, the definition of a vulnerable household is one which contains someone over 60, a child, or someone registered disabled, and eligible for benefits)



This demonstrates that only a relatively small proportion of the fuel poor would be eligible for a Warm Front grant. It also shows that increasing the take-up of benefits is the most important way of reducing fuel poverty.

The following table uses information from both the English House Condition Survey 2006 and the 2008 Annual Fuel Poverty Report to show a number of the characteristics of the fuel poor in 2006. The intent is to provide a framework for better targeting of the fuel poor.

Table 1

	number	%	Comments
Total Households	21.2m		
Total households in social housing	3.7m	17.4%	
Total private households	17.5m	82.6%	
Fuel poverty			
Total Households in Fuel Poverty	2.4m	11%	
No. 'vulnerable' Households in Fuel Poverty	1.9m		
No. vulnerable households in fuel poverty not claiming benefits but eligible	1.1m	57%	of vulnerable households in fuel poverty
Who are the fuel poor?			
No gas	552k	23%	of fuel poor households have no gas
		21%	of households with no gas are fuel poor
Type of household			
1 person > 60	850k	35%	of fuel poor households
2 people > 60	330k	14%	of fuel poor households
1 person < 60	450k	19%	of fuel poor households
Income			
< £8,900	1.5m	70%	of those in lowest income decile are fuel poor
SAP rating			
< 20	437k	51.5%	of homes with SAP < 20 are fuel poor

Thus the key characteristics of fuel poor households are:

- **no gas** (although this does not necessarily mean that there is no access to the gas mains);
- **very low income;**
- **very low SAP rating.**

This suggests that a very high proportion of the fuel poor will be in rural areas, and have homes which have low SAP ratings. These are hard and expensive to target using a traditional area-based scheme, but could be reached more effectively using local GP practices.