



Action for Warm Homes



# Leicestershire Warm Homes, Healthy Homes: Health Needs Assessment

## Briefing Note

### INTRODUCTION

Addressing cold homes and tackling fuel poverty as a means of contributing to the health and wellbeing of citizens has recently been acknowledged by the National Institute for Health and Care Excellence (NICE) who recently issued guidelines on how to address the problem. The guidelines call for coordinated action to signpost people who live in cold homes to a single point-of-contact for help in making their homes warmer. Leicestershire County Council's Public Health Team responded to this call and commissioned NEA and the Papworth Trust to jointly develop and deliver the new *'Warm Homes, Healthy Homes'* service. The service is a county-wide referral service that will be integrated into Leicestershire's First Contact service (multi-agency referral network).

Simultaneously, NEA undertook a Health Needs Assessment (HNA) among residents in the county to explore the incidence of cold-related ill-health (physical and mental health), the extent to which households may be considered at risk of fuel poverty and the relationship between the two.

The HNA involved three stages of research. Firstly, a desk-based exercise was undertaken to profile the county in relation to fuel poverty, excess winter mortality and health. The profile revealed that Leicestershire has a lower rate of fuel poverty (8.9%) than England (10.4%) but that there is some variation between districts with the highest level found in Charnwood (9.7%) and the lowest in Harborough (7.9%). Similarly, child poverty rates across the county ranged from 19% in Charnwood to 13% in Harborough – the rate across the East Midlands is 21% and across the UK is 28%. Over the last five years (2010 - 15) the East Midlands region is shown, on average, to have the highest rate of excess winter mortality of all English regions, with winter deaths exceeding non-winter deaths by 19.06% (the rate in England was 18.2%). During the winter of 2013/14 winter deaths in Oadby and Wigston exceeded non-winter deaths by 25% compared to just 7.7% in Charnwood, while in Harborough winter deaths that year did not exceed non-winter deaths.

### RECOMMENDATIONS

- While it is important that fuel poverty and cold-homes related services should be targeted at the most vulnerable, where health conditions play a role in determining eligibility or priority access then this research suggests that asthma and depression, and other mental health conditions, should be included alongside conditions traditionally associated with cold homes, such as heart attack, stroke and COPD.
- Fuel poverty risk is multi-faceted and difficulties achieving affordable warmth can manifest themselves in many ways, including coping strategies that might be difficult to detect or observe. As this research reveals, under-heating and the rationing of other essentials, stress and worry around paying for energy and managing other household bills can be signs that a household is in or at risk of fuel poverty. Health and social care professionals along with their partners seeking to implement the NICE guidance should seek, where possible, to include these risk flags in their processes and systems.

The second stage of the research involved a review of initiatives and partnerships in the county currently responding to the issue of cold homes and health. This scoping exercise was used to find groups to whom the new *Warm Homes, Healthy Homes* service could be promoted, but also to identify key third parties through whom residents could be reached and invited to take part in the HNA survey. The HNA survey of residents from across Leicestershire, with which this report is principally concerned, was the final and third stage of the research. Administered by questionnaire, the survey sought to examine fuel poverty risk, including factors such as energy affordability, coping strategies of those struggling to achieve affordable warmth and self-reported incidence of a range of health conditions. Working with over twenty third party agencies, questionnaires were delivered to service users between October 2015 and January 2016 and 134 valid responses were received.

This research aimed to provide useful data and insights to help inform Leicestershire County Council's cold homes and health programmes; but in particular the development of the new *Warm Homes, Healthy Homes* service.

## KEY FINDINGS

- Achieving affordable warmth was a considerable challenge for many respondents to the HNA survey. While levels of satisfaction with aspects of home heating and insulation were fairly high, almost a third (31.8%) could not normally keep their whole house comfortably warm during winter or when it was cold outside – this is referred to as subjective fuel poverty.
- The coping practices observed among those concerned about their energy bills, those unable to afford the heat required and/or those with poor levels of energy efficiency included energy rationing (under-heating) and it was commonplace - 71.5% said they frequently had their heating on lower or less often than they would really like, so that their energy bill was not too high. Almost half (45.9%) said that paying for energy meant they had to cut back on other things that were really essentials, such as food or clothing, and among prepayment users self-disconnection was a reality for more than a quarter.

## RECOMMENDATIONS

- Given the breadth of health conditions known to be associated with cold homes and fuel poverty, health and social care professionals implementing the NICE guidance should consider a wide range of agencies to include within their referral network. In particular, this research would recommend ensuring adequate representation of and links to mental health services.
- When considering the health needs of households it is important to consider the needs of all occupants and not just the head of household/applicant.
- Leicestershire County Council's Public Health Team should ideally, and where resources permit, seek to evaluate service-user profiles and outcomes of the new Warm Homes, Healthy Homes Service. Such intelligence could potentially serve to provide examples of good practice and of how the NICE guidance could be implemented by other Public Health teams. In addition, the information could be used to formatively shape and direct the service as it develops.

- Financial stress was a considerable burden for many respondents. Worry about money generally, paying bills on time and ability to afford energy bills were the cause of stress to around a one in four of respondents. In addition, 23.7% of respondents said that being unable to keep their home warm during winter meant that they felt downhearted and low.
- Cold homes and fuel poverty directly and indirectly impact on the health and wellbeing of citizens. Cold-related diseases include respiratory diseases, circulatory diseases and more recently evidence from ONS suggests dementia and Alzheimer's disease. Previous research, including that reviewed by NICE, has found it difficult to detect a direct statistical relationship between cold homes, fuel poverty and excess winter mortality, although the World Health Organisation estimates that around 30% of excess winter deaths can be attributed to cold homes. Other studies have found relationships between cold homes, physical morbidity and mental health. This study found that for a majority of respondents (63.1%) there was at least one person in their household with at least one cold-related illness/condition.
- This research found that fuel poverty risk is associated with the presence of at least one cold-related illness and in particular, with depression and asthma (breathing difficulties). Using the Quality and Outcomes Framework, eleven cold-related diseases were selected, of which five were found to be significantly more prevalent across the county than England. These were arterial fibrillation; cancer; depression; cardio vascular disease (primary prevention) and asthma.
- Those considered to have higher levels of fuel poverty risk (using a composite risk indicator) and those in subjective fuel poverty were statistically more likely to have someone in their home that suffers from depression, asthma or to have someone in their home with at least one of seven of cold-related illnesses (inclusive of asthma and depression).

## RECOMMENDATIONS

- NEA has long advocated that energy efficiency is the most sustainable and rational means of addressing fuel poverty and the problem of cold homes. Efficient heating systems and improvements to the thermal envelope of dwellings through improved insulation are essential to achieving this. However, there are also gains to be had for households struggling to keep their home warm through smaller measures, such as energy efficiency advice (use of controls, switching and energy management) and draught proofing to help manage energy use and to maximise comfort. NEA would recommend that cold homes and health related services should seek where possible, to integrate these measures.



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