

Health Improvement Board

28 November 2013

Briefing on Fuel Poverty and Excess Winter Deaths

Background

The Health Improvement Board has agreed to tackle fuel poverty as part of the priority to tackle the broader determinants of health through better housing and preventing homelessness (Joint H&WB Strategy priority 10). No outcome measure has yet been agreed for this measure. This paper sets out information to enable the Board to define clear aims and areas of work on this topic.

There are 2 current definitions of fuel poverty:

1. **“10% definition”**: A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel to maintain an adequate level of warmth (usually defined as 21 degrees for the main living area, and 18 degrees for other occupied rooms)
2. **“Low Income High Cost” (LIHC) definition** –A household is fuel poor if:
 - Their income is below the poverty line (taking into account energy costs); and
 - Their energy costs are higher than is typical for their household type.

This measure will not fluctuate with fuel costs to the same extent as the 10% definition. Local data is not yet available on this measure.

There are 3 variables which affect fuel poverty:

1. Household income
2. The price of fuel
3. The energy efficiency of the home.

Efforts to reduce levels of fuel poverty have largely focussed on energy efficiency of homes, though there are also some local schemes for bulk buying fuel or switching to cheaper providers.

Current work in Oxfordshire

This issue is multi-faceted and is being tackled by a range of organisations. The reasons an organisation may give for their involvement can be expressed differently, but all result in similar outcomes. Aims may be expressed as:

- Improving energy efficiency of buildings
- Reducing carbon emissions
- Reducing excess winter deaths (this is a health perspective which comes from the link between a cold environment and susceptibility to illness, especially for vulnerable people)

Current work to deliver this includes:

1. **Oxfordshire Affordable Warmth Network (AWN)**. Four out of five district councils (excluding the City) pay an agency to provide information to residents through a helpline, website and events. In West, Vale, South and Cherwell this information is given through, for example, flu clinics and community events, raising the profile of keeping warm and well and the energy efficiency schemes available. It provides an advice line to refer those residents on to relevant services as well as provide some basic advice.

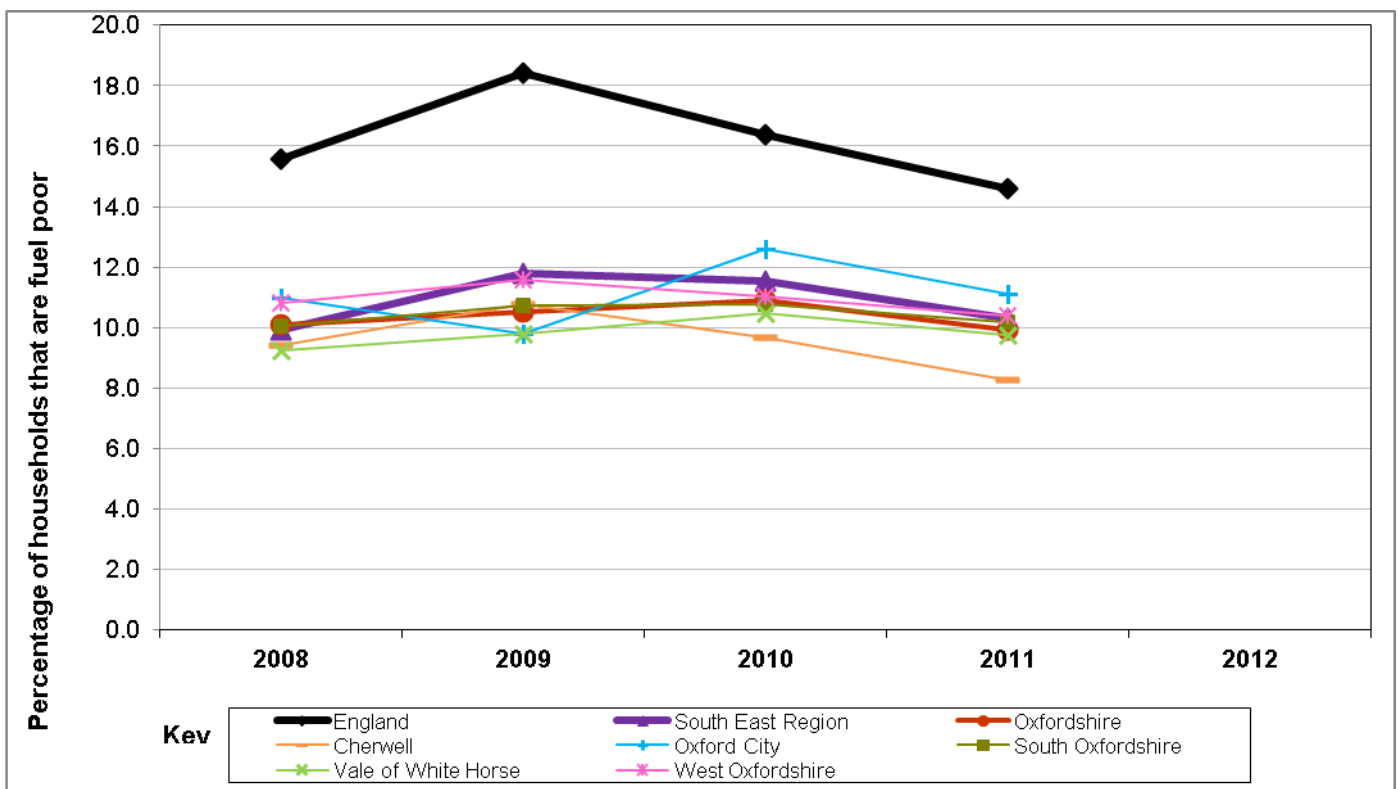
2. Green Deal and Energy Commitment Obligation (ECO).

Energy companies are obliged to invest in energy saving measures and this funding is accessed through partnerships. Four of the Oxfordshire District Councils have chosen to join the USEA Community Interest Company (CIC) to access and deliver the available funds. Oxford City Council are working with Low Carbon Hub and Insulation NE. The money is available to carry out energy surveys and subsequent retrofitting of energy efficiency measures, if residents are eligible.

3. Public Health England Cold Weather Plan has been updated this year at a national level. It calls for local efforts to ensure a local, joined up programme is in place to support improved housing, heating and insulation, including uptake of low carbon solutions. It also outlines the importance of signposting vulnerable clients to that help.

The current situation in Oxfordshire

1. Percentage of households that are fuel poor (i.e. spending more than 10% of income on fuel) - 2008 to 2011 (calendar years)



2. Excess Winter deaths

Excess Winter Deaths (EWD) Index measures the excess of deaths in winter compared with an expected number of deaths based on non-winter months

expressed as a percentage. Data for the year runs from August to July. Winter months are December to March. Non-winter months are August to November and April to July.

- In the winter of 2010/2011 there were 24,442 excess winter deaths (EWD) in England.
- In Oxfordshire there were 351 Excess Winter Deaths.
- In addition there is the increased incidence of heart attacks, stroke, respiratory disease, influenza and falls during the colder months.

Discussion:

Members of the Health Improvement Board are asked to consider what additional action they would like to take to improve fuel poverty rates and reduce excess winter deaths in the county.

The diagram in Appendix 1 suggests which Oxfordshire organisations and partnerships could be involved and the various activities they can / could carry out to achieve this aim.