



London

London: Fuel poverty briefing

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This document will continue to be reviewed and re-released to reflect new and emerging evidence. Please email england.londoncaqsupport@nhs.net to request the most recent version.

This London guide is designed to complement and not replace local guidance and professional judgement. It will be updated to align with other national and regional guidance once published.

GLA warmer homes PROGRAMME

The Warmer Homes Programme aims to support fuel poor household in London

Fuel poverty is a widespread issue that negatively impacts people's physical and mental health, creates and exacerbates health and social inequalities and places additional demands on NHS and social care providers. Latest data (from 2020) shows there are 404,000 fuel poor households in London, equating to 11.5% of households. Helping households become more energy efficient not only reduces energy bills, but also supports net zero emissions targets that have been set by both the NHS and the Mayor of London.

What support is available through the programme?

The Warmer Home Programme is led by the Greater London Authority and supported by NHS England / Improvement. It is a **pan-London programme** offering advice and financial support for fuel poor households. **Services are free** and include:

- Telephone advice on saving energy and keeping warm at home
- Home energy visits with installation of small measures such as draught excluders
- Advice and support with energy bill debt and billing disputes with suppliers
- Grants of **up to £25,000 per household** to improve heating and insulation

Support with applications for energy bill discounts

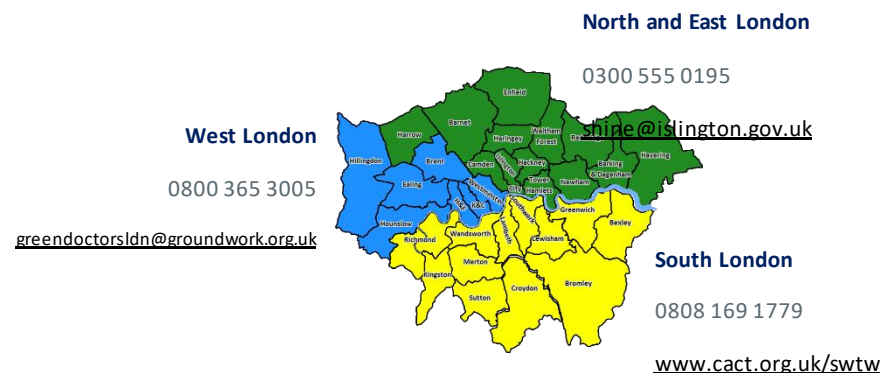
Who is eligible?

Eligibility is defined by being on means-tested/disability benefits or through a vulnerability assessment by the Warmer Homes Advice Service providers.

How can residents access support?

- **Clients can self-refer** directly to the Warmer Homes Advice Service providers (see details in the opposite graphic).
- **Professionals can refer clients** directly via a single point of contact: www.london.gov.uk/warmer-homes-referral

-----Warmer Homes Service Providers-----



About the GLA Fuel Poverty Partnership

The London Fuel Poverty Partnershipⁱ is a cross-sectoral group assisting the Mayor to deliver fuel poverty support across London, and identify households living in fuel poverty. Ongoing activities highlighted in the latest FPP meeting include the Warmer Homes programme, Warmer Homes Advice Service, pilot benefit check service and cost of living hub.

What is fuel poverty?

In 2000, UK-wide legislation first defined a person living in fuel poverty as “a member of a household living on a lower income in a home which cannot be kept warm at reasonable cost”. Whilst our understanding of fuel poverty is still broadly consistent across the four nations of the UK, it is now measured in different ways in some UK nations. An inability to heat a home is however still driven by three common factors across the nations:

1. a household’s income,
2. their fuel costs and
3. their energy consumption.

In England, FP is measured using the Low-Income Low Energy Efficiency (LILEE) indicatorⁱⁱ. Under this indicator, a household is considered to be fuel poor if:

- they are living in a property with a FP energy efficiency rating of band D or below, **and**
- when they spend the required amount to heat their home, they are left with a residual income below the official poverty line.

This definition can sometimes be a factor in qualifying for support. But eligibility is often not limited to this metric only.

How does fuel poverty affect health?

Households which have been forced to live in colder indoor temperatures, either due to affordability or energy efficiency issues, can be at risk of experiencing significant ill-health.

Cold housing and FP are linked to a significant proportion of excess winter deaths; in 2014, studies estimated 10% of excess winter deaths as being attributable to fuel poverty, and 21% of excess winter deaths as being attributable to cold housingⁱⁱⁱ. FP also causes and worsens morbidity, particularly in chronic respiratory, cardiovascular and mental health conditions.

What are the risk factors that make households vulnerable to living in fuel poverty?

There is a clear link between several health conditions and living in a cold home. Households vulnerable to living in a cold home include:^{iv}

- people with cardiovascular conditions
- people with respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)
- people with mental health conditions
- people with disabilities
- older people (65 and older)
- households with young children (from new-born to school age)
- pregnant women

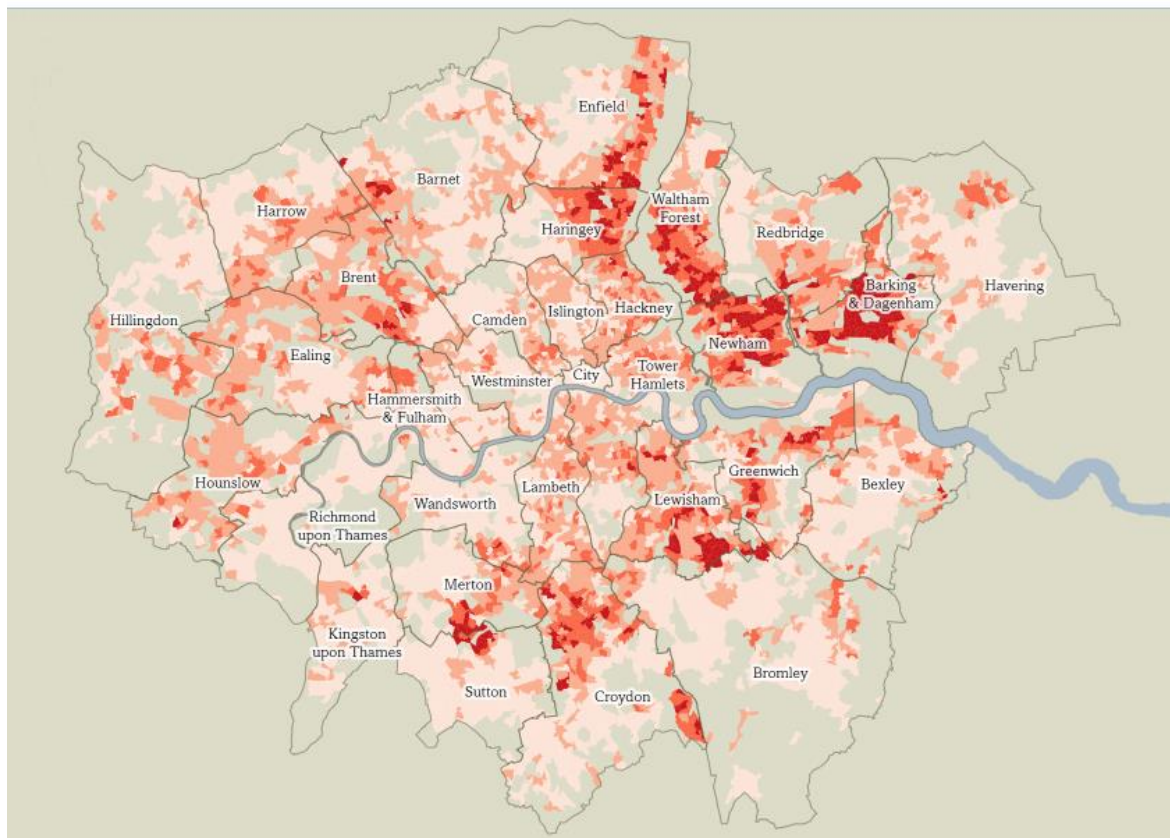
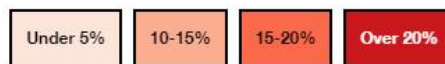
- people on a low income.

It is also known that those suffering from **sickle cell disease** also benefit from living in a warmer home. More detail on the impacts on health of living in a cold home can be found in Appendix 1.

Improving the ability of fuel poor households to heat their homes, is therefore vital from a public health perspective. Reducing levels of fuel poverty can save the NHS millions every year.

In London, the most recent data (2020) indicates fuel stress prior to these rising pressures (see figure 2), which are likely to grow and spread throughout the city. **Areas facing relatively high rates of FP in 2020 include Newham, Waltham Forest and Barking and Dagenham**. However, **changes to the official definition of FP may hide the extent of FP in the capital**, particularly low-income families living in energy efficient social housing.

Proportion of households in fuel poverty (LILEE metric)



How can health practitioners help fuel poor households?

Be alert to households who are at higher risk (outlined above), particularly those in higher risk areas.

There are currently three main ways that health practitioners can help fuel poor households:

1. Give advice on the support that is available for fuel poor households to be warmer at home
2. Refer to a local agency that can help with more detailed advice

3. Directly refer into fuel poverty schemes, such as the Energy Company Obligation, to upgrade the energy efficiency of their home at no cost.

Giving Advice

Advice is available in many formats, and two main sources of advice exist to give patients quick and easy advice on what actions to take in the immediate term.

Firstly, the GLA has its own advice page that contains information on x/y/z

Secondly National Energy Action, the national fuel poverty charity, has teamed up with Energy UK to create a [Home Energy Checklist](#) to help households manage their energy bills to stay warm and safe at home.

Referring for Local Agencies

If more advanced advice is needed, it may be the case that a telephone conversation with an advice expert could be helpful. The GLA has recently set out that it will launch its own advice service.

Directly Referring into Fuel Poverty Schemes

The new Energy Company Obligation is an energy efficiency scheme that provides upgrades to the energy efficiency of homes at no cost to the householder, as long as they meet certain eligibility criteria. One aspect of the eligibility allows health practitioners to refer into the scheme, as long as certain conditions are met:

Households living in band E, F and G homes and identified by either a general medical practitioner, a Health Board in Scotland, a Local Health Board in Wales, an NHS foundation trust, or by an NHS trust as suffering from a severe and /or long-term health condition that could be severely impacted by living in a cold home. (LA route only).

These health conditions may fall under one of the umbrella conditions:

- A cardiovascular condition
- A respiratory disease
- Limited mobility
- Immunosuppression.

This route must be facilitated by the local authority.

Appendix 1 – Impacts of living in a cold home on different health conditions

Fuel Poverty can have a significant impact on ill health. Some specific aspects of this include:

- **Respiratory disease** - With each 1°C drop in temperature below 5°C, GP consultations for respiratory illness in older people increase by 19%. Hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) are four times more likely to happen over the winter. Moreover, homes which have damp or mould have been linked with a 30-50% increase in respiratory problems (with asthma sufferers two to three times more likely to live in a damp home than non-sufferers). Children living in cold homes are more than twice as likely to suffer from asthma or bronchitis as children that do not (those in damp and mouldy homes are three times more likely). They have a 32% greater risk of wheezing illness and 97% greater risk of suffering from breathing problems at night.
- **Cardiovascular disease.** It has been estimated that 9% of hypertension in Scotland could be prevented by maintaining indoor temperatures above 18°C. Increased plasma fibrinogen levels and factor VII clotting during winter account for a 15% and 9% rise in coronary heart disease, respectively. A 1°C drop in living room temperature can lead to a 1.3mm Hg rise in systolic blood pressure and a 0.6mmHg rise in diastolic blood pressure in people aged 65-74.
- **Mental ill health.** Living in cold and poor-quality housing has been linked to persistent worries about affordability, concern about physical health, higher levels of depression and worry, and chronic thermal discomfort. NATCEN found that 10% of people suffering from a Common Mental Disorder (CMD) were not able to keep their homes warm enough during the winter. Children, young people, and parents have been shown to be especially at risk. More than 1 in 4 adolescents living in cold housing are at risk of multiple mental health problems, compared to 1 in 20 adolescents who have always lived in warm housing,^{vi} and parents living in fuel poverty are between 1.5 and 1.8 times more likely to develop depression than parents who live in a warm home.^{vii} Poor quality cold housing has also been linked to several negative mental health consequences for children, such as stigmatisation, social isolation, and feelings of helplessness, which can negatively impact on educational attainment and social mobility.^{viii}
- **Sickle Cell Disease.** Comfortable temperatures for someone with SCD range from 20°C to 30°C, though those on low incomes may struggle to afford to meet the cost of maintaining a healthy temperature at home. A single hospital admission for SCD can cost £637-£11,367, and some have argued that part or fully subsidising the heating bills of SCD sufferers would be more cost effective to the NHS.
- **Issues with Nutrition.** Cutting back on food spending to meet the cost of paying for energy can lead to malnutrition, poor infant weight gain, and adverse impacts upon other health conditions such as tuberculosis (TB) and diabetes.^{ix}

ⁱ <https://www.london.gov.uk/what-we-do/environment/energy/london-fuel-poverty-partnership>

ⁱⁱ [Fuel poverty statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

ⁱⁱⁱ [Briefing7_Fuel_poverty_health_inequalities.pdf \(publishing.service.gov.uk\)](#)

^{iv} [Nice Guideline NG6](#) - Excess winter deaths and illness and the health risks associated with cold homes

^v [Sub-regional fuel poverty data 2022 - GOV.UK \(www.gov.uk\)](#)

^{vi} Marmot Review Team (2011) [The Health Impacts of Cold Homes and Fuel Poverty](#).

^{vii} Mohan, G. (2021) [The impact of household energy poverty on the mental health of parents of young children](#), *Journal of Public Health*.

^{viii} NEA (2020) [The multiple impacts of energy poverty, and the multiple benefits of addressing it](#).

^{ix} Unless otherwise cited, evidence in this section is drawn from the following reviews of the links between cold homes and health: NEA (2018) [Under One Roof](#); and NEA (2017) [Connecting Homes for Health: Phase 1 Review](#).