### Fuel Poverty and Health Programme

Leicester Energy Action

Funded by LLR Integrated Care Board

Delivered by NEA and Leicester City Council - Public Health Division







## What is Fuel Poverty?

- Caused by a complex interaction between low incomes, poor energy efficiency and energy prices
- Different definitions<sup>1</sup>:
  - UK legislation: a person living in fuel poverty "a member of a household living on a lower income in a home which cannot be kept warm at reasonable cost".
  - England definition: low income low energy efficiency (LILEE): households with an income below the
    poverty line and are living in a home with an EPC (energy performance certificate) of worse than C are
    considered Fuel Poor.
  - Scotland and Wales definition: more than 10% (20% for extreme fuel poverty) of net income is required to pay for their reasonable fuel needs after housing costs have been deducted.
- While the England definition captures the progress of energy efficiency installations, the Scotland and Wales measure takes energy prices into account (currently poignant).
- Common view is that the England definition (in the current climate of high energy prices) underestimates the number of people experiencing fuel poverty. Therefore, charities such as National Energy Action generally use the Scotland and Wales definition.

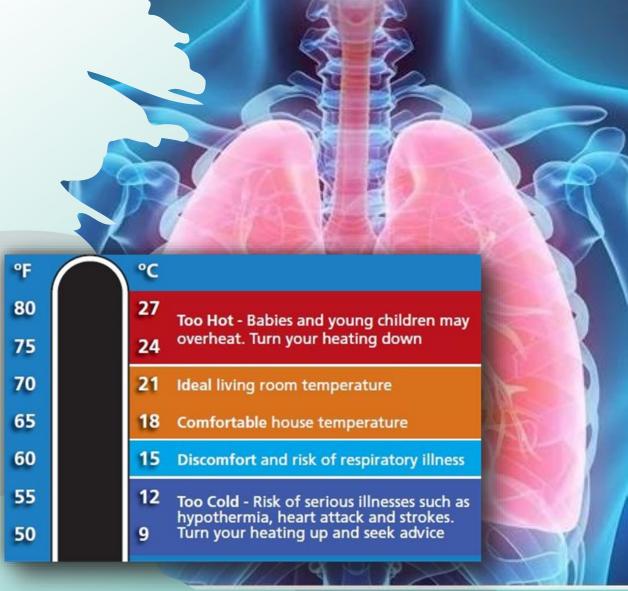
Healthy home temperatures





Source: Sutton Bonington (Nottinghamshire) UK climate averages - Met Office

- Heating and home insulation are crucial to maintaining healthy living temperatures, particularly in colder months
- Ideal room temperature is between 18 21 degrees





### Damp and mould

- Caused by inadequate ventilation, excess moisture, inadequate insulation, inadequate heating
- Respiratory impacts particularly for children: asthma, skin problems, coughing/sneezing, sinusitis, rhinitis, headaches and migraines, watery, itchy eyes
- Key issue in Leicester and more broadly in England

# Not coping strategies



Going to bed early to stay warm



Using unsafe, unserviced heating appliances or inappropriate devices like ovens to stay warm



"Marking" the bath to reduce the amount of water used each time



Only heating one room, or avoiding using central heating at all



Cutting back on electricity and using candles instead of lights



Showering away from the home in workplaces or leisure centres



Spending the day in heated spaces such as a library, café or even A&E



Leaving curtains closed all day or putting newspaper over windows



Cutting back on personal hygiene products



Cooking using alternative sources such as a barbeque or portable stove



Cutting back on buying essential personal items, food, eating only cold meals or reliance on food banks



Bathing less often, or resorting to a "sink wash"



Not inviting friends or family in to the home



Formal borrowing (credit cards and loans) or informal borrowing from friends and family



Deciding not to pay the water bill in order to pay a higher priority bill (such as energy or council tax)

#### Health Impacts of Cold Weather and Homes

#### Direct impacts:

- Causes and/or worsens cardiovascular illness
- Causes and/or worsens respiratory disease
- Increases incidence of heart attacks and heart disease
- Increases incidence of stroke
- Causes and/or worsens asthma
- Worsens pre- existing chronic medical conditions including COPD
- Lowers immune system, increasing risk of contracting colds/ flu – viruses which thrive in cold environments
- Increases likelihood of falls and injuries
- Hypothermia

#### Indirect impacts:

- Mental health problems, such as depression known risk factor for suicide
- Poor mental wellbeing, which impacts directly and indirectly on social and wider determinants of health including education, nutrition (the choice between eating and heating), and social isolation
- Increased risk of carbon monoxide poisoning if boilers, cooking and heating appliances are poorly maintained or poorly ventilated
- Those with Alzheimer's Disease/ dementia see competence worsen in independently managing basic needs (i.e. shelter and food) and experience disturbances in thermoregulation difficulty in maintaining the homes heating and energy routines
- Increased plasma fibrinogen levels and factor VII clotting during over winter account for a 15% and 9% rise in coronary heart disease, respectively. Systolic and diastolic blood pressure increase as an effect of cold temperatures and poor housing.
- Strongest link is between respiratory deaths and the cold however, as more people die from cardiovascular disease, cardiovascular illnesses and deaths account for a greater number of health problems.
- Estimates suggest 10% of excess winter deaths are directly attributable to fuel poverty and 21.5% are attributable to cold homes.

### Risks to Babies and Children

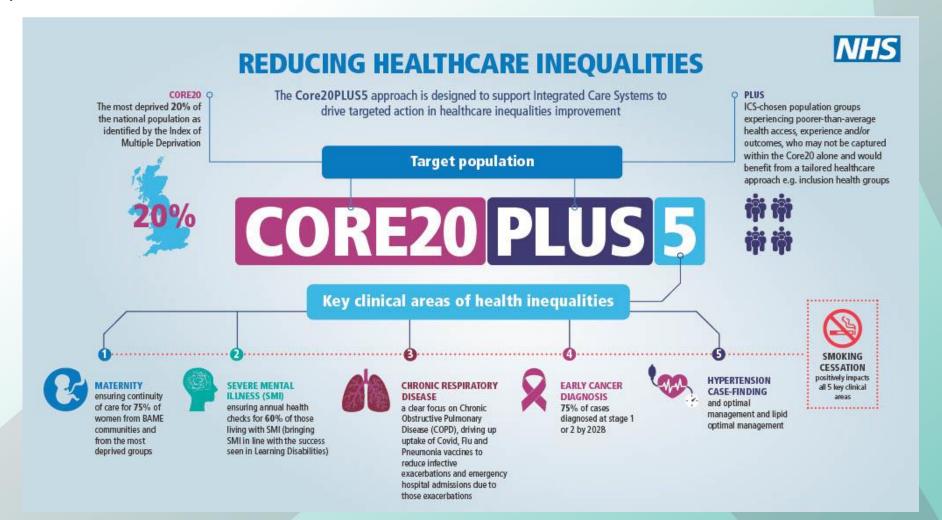
- Babies and children need a comfortable temperature 18-21 degrees
- Living in a cold and damp home causes babies to use up more calories to keep warm resulting in:
  - low weight gain
  - slower growth
  - slower development
  - higher levels of hospital admissions for young children
- Tempting to wrap babies up to keep them warm while they sleep. However overheating increases risk of Sudden Infant Death Syndrome (SIDS), contributing to higher levels of infant mortality in poorer households.
- Cold and damp also increases the risk of breathing problems in children.
- Children in poor housing have less task persistence and suffer from more psychological symptoms than those in adequate housing.
- Energy insecurity at home can increase the likelihood of a child experiencing food insecurity, hospitalisation since birth, developmental risks and poor health more generally.



### CORE20 PLUS 5

The deaths and ill health associated with cold homes contributes a huge burden on an already stretched health and social care system.

It is those on the lowest incomes (the Core20), the most vulnerable groups such as homeless people, ethnic minority communities; inclusion health groups (the Plus groups); and those with existing poor health (COPD, mental health, CVD, and young babies (most of the 5 clinical areas) who suffer disproportionately from the health impacts of fuel poverty.



### Leicester prevalence

- Households in Leicester were already facing an increased risk of fuel poverty pre-covid-19 pandemic and pre-cost-of-living-crisis.
- Over a third of the population are resident in the most deprived 20% areas nationally. In 2022/23 an estimated 38% of Leicester's children aged under 16 years are classified as living in low-income household compared to 30% in England.<sup>1</sup>
- In 2020, 19% of Leicester households were in fuel poverty based on the England's definition, higher than the England average of 13%, and the highest rate of all upper tier local authorities in the East Midlands, and the 8<sup>th</sup> highest of all 296 districts and unitary authorities in England. This is based on the LILEE definition which by many is considered an underestimation, and also does not take into account the huge impact cost of living is having on Leicester residents. <sup>2</sup>
- Energy efficiency of properties in the Leicester is generally poor 21% of houses had an EPC rating from E to G in 2021 (where A is the highest possible rating and G the lowest)<sup>3</sup>.
- In 2019/2020, there were 140 excess winter deaths in Leicester, representing 17.7% excess winter mortality rate, higher than the England average of 17.1%<sup>4</sup>.
- Leicester residents can expect to live more of their life not in good health. Latest healthy life expectancy data (pre-pandemic) shows Leicester males could expect to have 17 years not in good health and Leicester females 25 years not in good health<sup>5</sup>.
- Leicester performs significantly worse than the England average on: under 75 mortality rate from cardiovascular disease, under 75 mortality rate from respiratory disease and hip fractures in people aged 65 and over. The city also has significantly higher rates of premature mortality in people with severe mental ill health, and significantly higher prevalence of people with common mental health disorders compared to the England rate. The infant mortality rate is also significantly higher than the England rate (5.8 per 1000 live births compared to 3.9 England). All these conditions are exacerbated by cold homes<sup>6</sup>.

<sup>2.</sup> Living In Leicester Adults: joint strategic needs assessment. <u>LIVING IN LEICESTER</u>, adult joint strategic needs assessment

<sup>3.</sup> CENSUS: Energy efficiency of housing in England and Wales: 2022 Energy efficiency of housing in England and Wales - Office for National Statistics (ons.gov.uk)

<sup>4.</sup> Excess Winter Mortality Data, England and Wales. Excel Sheet

<sup>5.</sup> ONS Life Expectancy Data 2018-20.

<sup>6.</sup> Office for Health Improvement and Disparities Public Health Profiles: https://fingertips.phe.org.uk/

### NICE Guidance & Recommendations

National Institute for Health Care and Excellence (NICE) Guidance for 'Excess winter deaths and illness and the health risks associated with cold homes' covers reducing the health risks (including preventable deaths) associated with living in a cold home.

#### It recommends to:

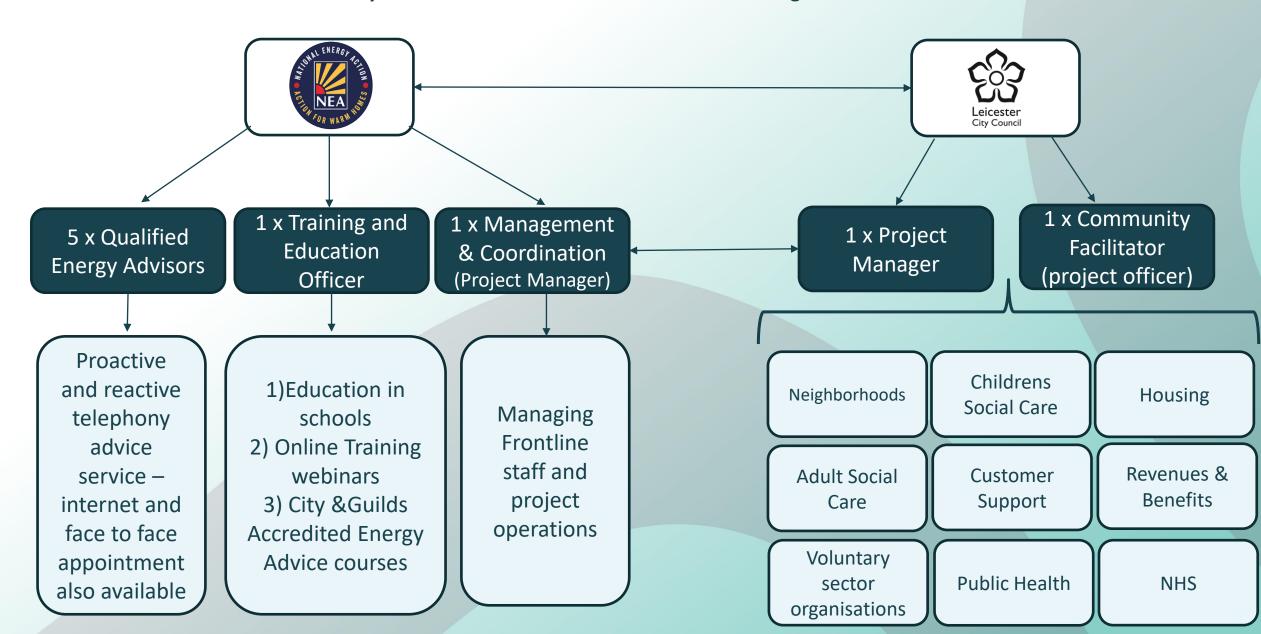
- 1. Develop a strategy
- 2. Ensure there is a single-point-of-contact health and housing referral service for people living in cold homes
- 3. Provide tailored solutions via the single-point-of-contact health and housing referral service for people living in cold homes
- 4. Identify people at risk of ill health from living in a cold home
- 5. Make every contact count by assessing the heating needs of people who use primary health and home care services
- 6. Non-health and social care workers who visit people at home should assess their heating needs
- 7. Discharge vulnerable people from health or social care settings to a warm home
- 8. Train health and social care practitioners to help people whose homes may be too cold
- 9. Train housing professionals and faith and voluntary sector workers to help people whose homes may be too cold for their health and wellbeing
- 10. Train heating engineers, meter installers and those providing building insulation to help vulnerable people at home
- 11. Raise awareness among practitioners and the public about how to keep warm at home
- 12. Ensure buildings meet ventilation and other building and trading standards

Leicester is working towards all of these recommendations, the majority through the newly developed Fuel Poverty Service, funded by the NHS ICB.

Source: Overview | Excess winter deaths and illness and the health risks associated with cold homes | Guidance | NICE

#### Leicester Fuel Poverty and Health Programme - 'Leicester Energy Action'

Funded by Leicester Leicestershire and Rutland NHS Integrated Care Board



Core workstreams

Advice Service

 Outreach and Engagement

Training

Education

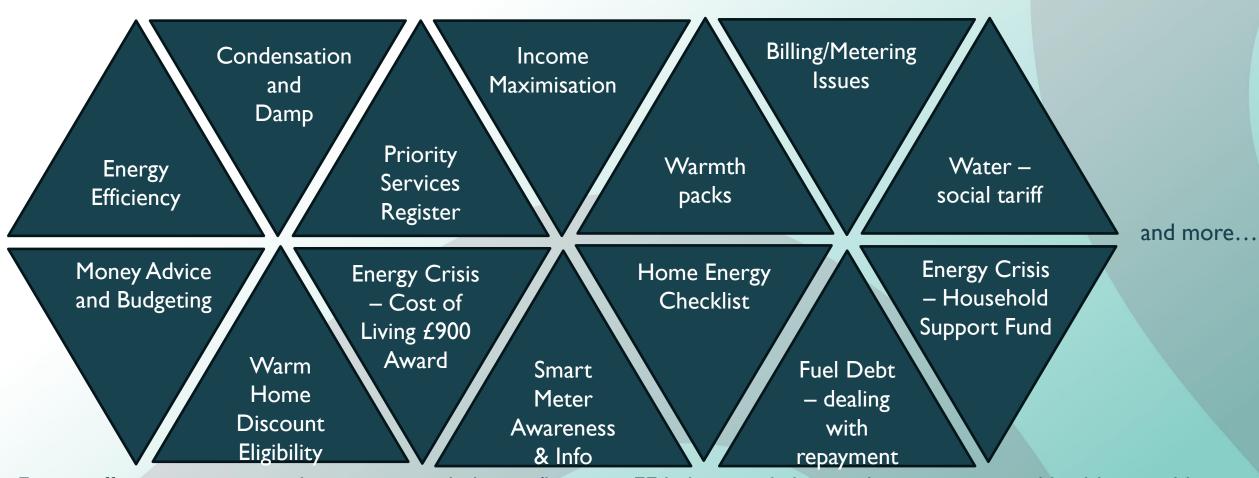


### Advice Service

- Predominately offering telephony advice, although face-to-face visits are arranged as and when required.
- 5 energy advisors/call handlers, who have been recruited locally, and have received mental health first aid training.
- Customers preferred language is used—an NEA language line is used when an officer with the required language is not available.
- All clients receive breadth of advice and support covering energy use and energy efficiency alongside support related to their specific needs.
- Advice categories include but are not limited to:
  - Energy efficiency/ health impacts
  - Damp and mould in properties LA escalation process in place
  - Managing energy debt and negotiating with suppliers
  - Referrals and signposting to government support
  - Tackling barriers such as digital exclusion via advocacy work
  - Linking to existing retrofit schemes
  - Onward referral and signposting to Leicester based services, including mental health, counselling, benefits, foodbanks – working to a single point of contact model
- High numbers of clients experiencing inability to afford/fuel debt issues.
- Higher levels of complex cases than initially anticipated when commissioning the service above 90%



# Advice & Support provided



Energy efficiency is a grouped category – including no/low cost EE behavioural changes, keeping warm and healthy in colder weather, heating options/alternatives, heating and hot water controls, healthy room temperatures and efficient use of appliances.

#### Case Study: Claire's Story



Claire is 69, living in threebedroom house.

Language barrier and a visual impairment.

Unable to read fuel bills and other correspondence.

Had an unsuccessful knee replacement - cannot walk without assistance.

Long term illness and fear of not been able to afford to keep her family warm.

Claire's health conditions leave her isolated, suffering with severe depression and anxiety.

And she had a debt of £680.10 with British Gas.

Also struggling with food - not accessed local food banks as anxious about facing stigma.

#### How did we help Claire?



Conducted a home visit and a conference call with Claire and supplier - uncovered that the client was in credit.



Worked with British gas to reduce the Claire's monthly payments from £92.82 to £69.01 for the next 12 months.



Put Claire on the priority services register, and so now she will be sent bills monthly in large print.



Referred Claire to We Care UK for a food parcel - tailored to the clients' needs and delivered to her home.



Signposted Claire to Zinthiya Trust for benefits advice, Age Concern for befriending, Vista Blind for assessment and support, and applied for the Severn Trent Water Big Difference Scheme.



Worked with Claire around efficient use of appliances, healthy room temperatures, heating and hot water controls, keeping warm and healthy in colder weather, and low-cost energy efficiency behavioural changes.

### Case Study: Alex's Story



Alex is a single parent with a young child living in social housing.

Alex had nearly £1,000 of fuel debt was and referred to Leicester Energy Action by one of our community organisations.

They couldn't afford to make a repayment offer that the supplier would accept.

The LEA team worked with Alex around all their energy issues, including an application for fuel debt relief.

This resulted in the Alex being awarded enough to clear her arrears with a small surplus to put credit on their meter.

#### Case Study: Jo's story

Jo is living in a gas capped property and couldn't afford to put credit on the gas meter. As a result, Leicester City Council couldn't carry out the annual gas fill and test to ensure that the supply to the property was safe.

Referred by STAR – Supporting Tenants and Residents - LEA referrals are on their core checklist, and therefore a part of their process in offering support.

Our energy advisor, Shirley, arranged for credit to be added onto the meter and liaised with the council to perform a gas fill and test.



Unfortunately, Jo was admitted into hospital while the case was underway. During this time, the credit on the meter expired, and the appointment was missed.

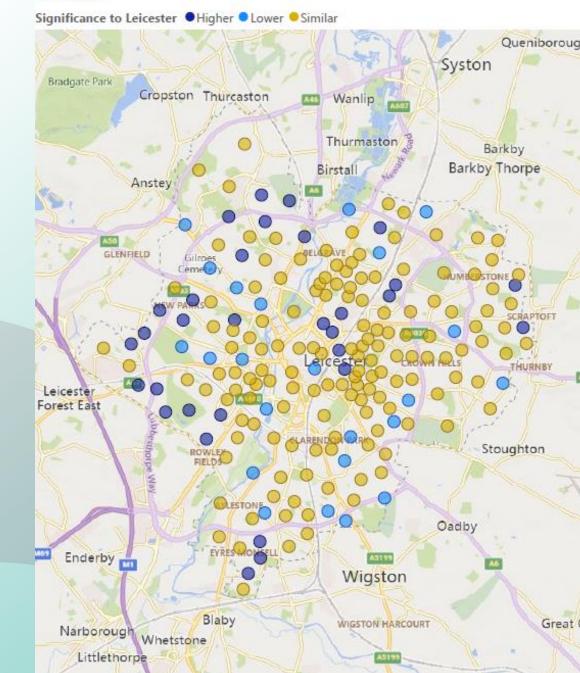
Through linked up partnership working, further credit was arranged onto the meter and Shirley worked with the council to escalate the situation ensuring that the appointment was rearranged and carried out in the client's absence. This meant that Jo returned from hospital to warm home.

Shirley also collected evidence for and completed a fuel debt relief application. This was a forced pre-payment meter case, which is now with the NEA policy team. Jo's story is an example of the short-term and long-term solutions provided by LEA.

### Referral map

- 1332 referrals up until June 2024 (where postcode is available)
- Map shows referrals into the advice service by LSOA (They comprise between 400 and 1,200 households and have a usually resident population between 1,000 and 3,000 people)
- The colours denote statistical significance compared to the Leicester average (10.5 per 1,000 households). Statistical significance is a measure of the likelihood that the observed differences or relationships are not due to chance.
- Generally, the highest rate of referrals are from West Leicester and City Centre areas
- Highest rate of referrals by MSOA's (made up of 4 o 5 LSOA's, comprise between 2,000 and 6,000 households and have a usually resident population between 5,000 and 15,000 persons) are from:
  - 1) St Matthews & Highfields North 36.6 per 1,000 hh
  - 2) New Parks & Stokeswood 36.5 per 1,000 hh
  - 3) Braunstone Park West 26.2 per 1,000 hh
  - 4) Kirby Frith 21.4 per 1,000 hh
  - 5) Eyres Monsell 20.1 per 1,000 hh

Fuel Poverty referrals by LSOA (Areas significantly higher, lower, or similar to Leicester)



### Referrers into the Advice Service

with more being onboarded each month...

**Health and Wellbeing for Staff Experience** 

**Heart Failure Specialist Nurse Team** 

Vaccination
Van Drive

**GPs** 

**Senior Team for Complex Care** 

NHS

Frailty Teams

**Social Prescribing** 

COPD Team

Mental Health

**Community Services Matron - District Nurses** 

Forensic Mental Health team

**Best Start for Life Teams** 

**Community Midwifery team** 

**Education & Practice Development Nursing Associate** 

**Income Management Team** 

**Private Sector Housing** 

**Tenancy** 

**Tourism; Culture & Inward Investment** 

**Support Officers** 



**Care Navigators** 

**Supporting Tenants and Residents (STAR)** 

**Revenues and Benefits** 

**Contact and Response** 

**Adult Social Care & Commissioning** 

**Energy Projects** 

**Neighbourhood & Environmental Services** 

**Early Help - Children's Centres** 

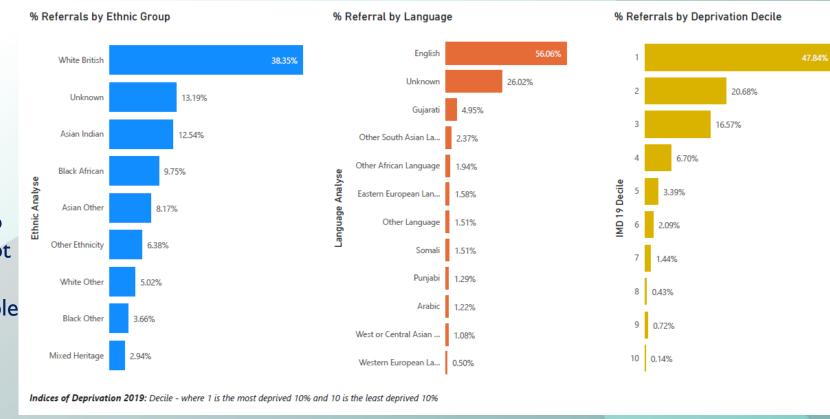
**C19** 

**Enablement Team** 

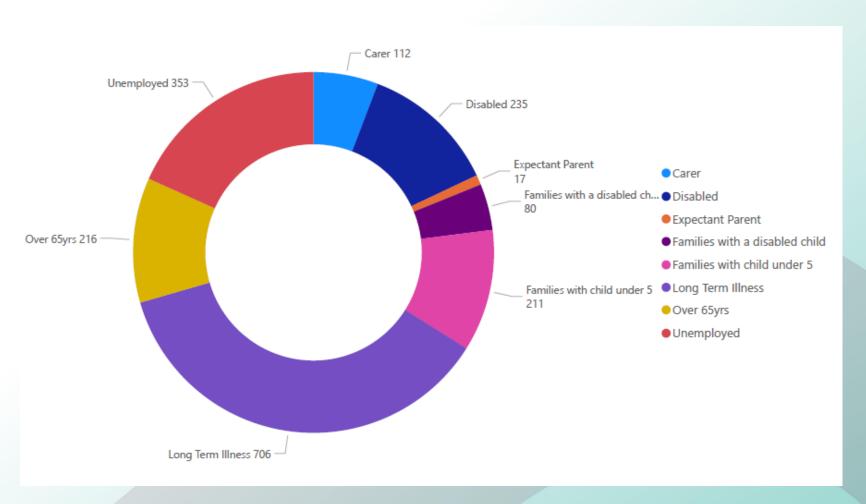
**Support** 

# Referrals by Demographics

- 1354 referrals into the advice service up until June 2024
- A range of ethnicities presented, the most common being White British accounting for 38.35% of referrals.
   Work is underway to boost referrals from underrepresented groups based on Leicester demographics.
- 56% of referrals came from those who spoke English. Approximately ¼ did not speak English. Translation options are available so that the service is accessible for non-English speaking residents
- Almost half (48%) of referrals were from the most deprived areas in Leicester (IMD deprivation decile 1)

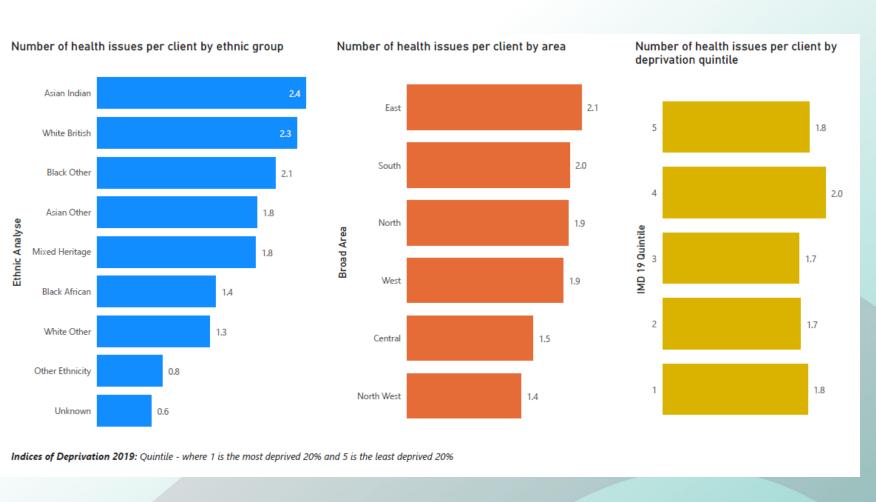


# Referrals by Priority Groups



- 86% of referrals fell into at least I priority group
- 40% of referrals fell into multiple priority groups (2 or more)
- The most common priority group was those with a long term illness accounting for 52% of clients.
- This is followed by over 1/4 (26%) being unemployed (it is possible that some people who were unemployed also had a long term illness and/or other priority)

### Health conditions



- Providing information about health conditions is not mandatory. These elements are recorded when the client's health condition is uncovered as part of support casework. Therefore, this is likely to be underestimated in these statistics
- There were 2,504 health conditions listed by 1,354 clients up until June 2024, showing many clients had more than one health condition.
- The top 3 most common health conditions were mental health, musculoskeletal health and respiratory illness.

Note: client referrals could have multiple health issues, the above analysis shows groups by the number of health issues per client

#### Onward referrals from advice service



- Local Authority and Health Service feedback often indicates that people have to approach multiple teams and organisations for support. LEA was designed to be as holistic as possible, with the understanding that supporting people with Fuel Poverty in isolation will not improve their health, without simultaneous support on other determinants of health.
- Therefore, advisors in Leicester have been trained to do onward referrals and signposting to other agencies for additional support aside from Fuel Poverty.
- There is ongoing work to increase the number of organisations who are set up for signposting/onward referral

# Financial benefits following referral

February 2023 to March 2024

Financial benefits emerge from work the advice team undertake with clients using existing NEA processes. These financial gains are not extracted from programme funding.

Energy vouchers: £69,000+

Financial gains from crisis funds: £15,000+

Financial gains from fuel debt relief: £16,000+

Energy advice: £80,000+

• Financial awards: £23,000+

• Warmth packs: £21,000+

• Fuel debt management: £12,000+

Water tariff savings/debt management: £11,000+

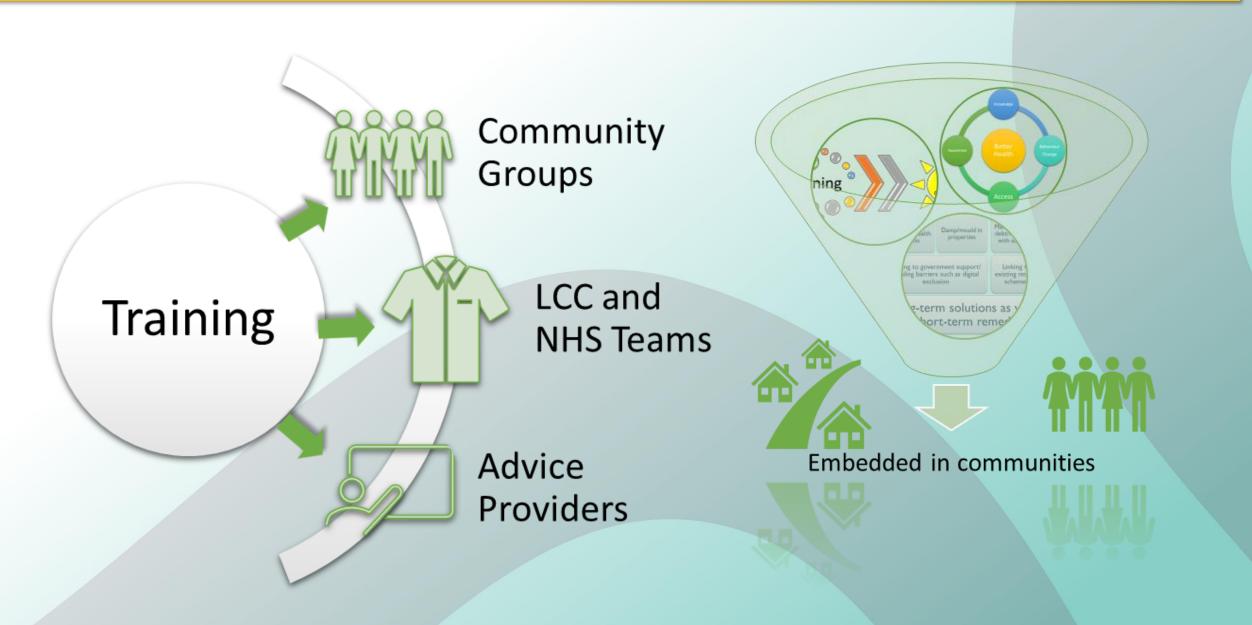
Property improvement measures: £4,500+

• Billing or meter reading errors resolved: £4,100+

Miscellaneous support: £1,500+

Total: £181,000+

The training offer includes tow strands – a series of webinars including subjects such as how fuel poverty impacts vulnerable people, impacts on mental health, and managing energy in the home. These webinars fill up fast and are popular with front line teams,. The second strand is delivery of the City and Guilds level three award in Energy Awareness. This is a much more in-depth course which grants a qualification in delivering front line energy advice.



# Embedding Advice and Support

Atifa works with a group that supports people in Leicester communities with an array of issues. She attended the City and Guilds Level 3 Award in Energy Awareness training with Leicester Energy Action.



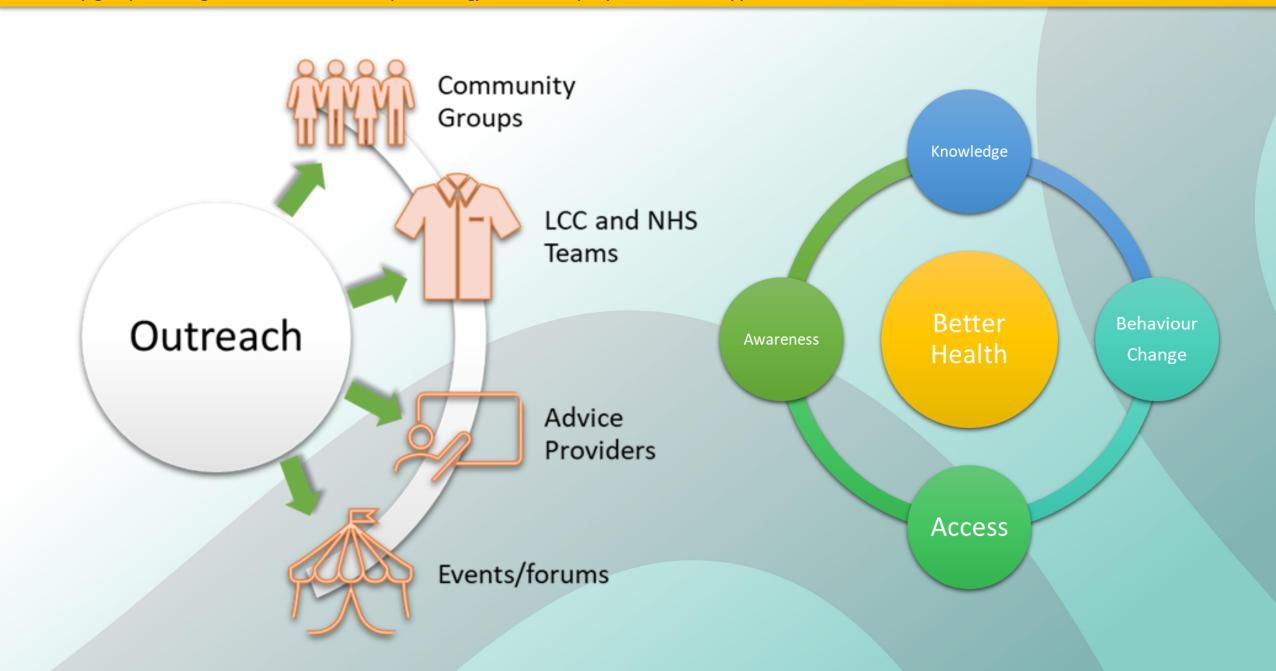
Since getting her qualification, she's started to run drop-in and appointment-based sessions in places like Wesley Hall, Belgrave Neighbourhood Housing Association, Angels and Monsters, Belgrave Library, Highfields Library, and Freedom Refugee Youth Club - all focusing on energy advice.

This is a great example of how we're working to embed advice and support in communities

"I really enjoyed the course, honestly – it was great. I thought three days was going to feel long, but it didn't! I really did enjoy it. I was quite proud when the examiner emailed me. I was in the office. I ran downstairs to tell everyone I'd passed the exam! I was screaming because everyone knew I was waiting for the results."

"One of my first cases came into a library to see me. They felt their energy bills were too high. I went through their bills with them, and we looked at other providers, and we had a conversation about behaviour change, about what habits they could change around the house. Everyone's worried about their bills, the prices of cost of living are just affecting everyone."

Outreach includes stakeholder engagement – raising awareness of the service and on-boarding groups - and community outreach which allows us to work with community groups and organisations to deliver bespoke energy sessions to people who need support.





EICESTER CITY

**HOCKEY CLUB** 

Alice

Community Projects

















#### AFRO INNOVATION GROUP

**Empowering Local Communities** 

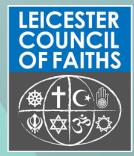




Supporting the people of Leicester, Leicestershire and Rutland since 1981









health group

Energy Ombudsman

> citizens advice









Leicester
City of Sanctuary



























mosaic | 1898











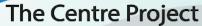




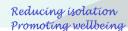








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Leicester **Community Links** 

CIC



Macular Society





Club of Leicester



**DearAlbert** 







Leicester









Centre







The education workstream has focused on getting into primary schools, working with school networks to generate engagement. After summer 2024 we are targeting specific schools based on Low Income Family Tracker and deprivation data, ensuring we're reaching the areas of most need. So far we've reached 1070 children who take resources and learning home to their parents – helping us to generate long-term behaviour change.



### Leicester Energy Action

February 2023 to March 2024

Outreach Events: 41 with 542 attendees\*

Community Engagement Events: 31 with 938 attendees\*

City and Guilds trained delegates: 20

Webinar trained delegates: 200

Children attending school sessions: 1070

Clients referred to the advice service: 1132