

Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill and Fuel Poverty Strategy

Health Impact Assessment

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Scottish Government
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FUEL POVERTY (TARGET, DEFINITION AND STRATEGY) (SCOTLAND) BILL FUEL POVERTY STRATEGY

HEALTH IMPACT ASSESSMENT

1. Background

Following the recommendations of the [Scottish Fuel Poverty Strategic Working Group](#) and the [Scottish Rural Fuel Poverty Task Force](#) in late 2016, Ministers appointed an independent panel of academic experts to review the existing fuel poverty definition. The [report](#) produced by the Fuel Poverty Definition Review Panel at the end of last year made several recommendations, the main components of which we will implement.

We launched a public consultation on “A Fuel Poverty Strategy for Scotland” in November 2017 (this closed in February 2018) and sought views on a new approach, including a new statutory target and the proposed new definition of fuel poverty. Responses were analysed and considered along with other available evidence to help inform the development of the Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill, which is scheduled to be introduced to Parliament in summer 2018. A draft fuel poverty strategy will be published in summer 2018.

The Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill, sets a new long-term target, that by the year 2040 no more than 5% of households in Scotland are in fuel poverty. The Bill will be fundamentally based on the Scottish Government’s principles of fairness and equality for all, and as such will be set within the overarching agenda set out by the Fairer Scotland Action Plan.

The overarching ambition the Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill is to see more households in Scotland living in well-insulated warm homes, accessing affordable, low carbon energy; and having an increased understanding of how to best use energy efficiently in their homes.

The draft fuel poverty strategy will demonstrate links with wider policy and delivery mechanisms, including current and future energy efficiency programmes, health strategies and welfare reform. This also links to wider priorities including reducing health inequalities, empowering communities, growing a sustainable economy, including in rural areas and reducing carbon emissions.

It will also set out how delivery of the long term fuel poverty target will be achieved and, set out a monitoring framework to oversee progress in meeting the target.

In addition, both the Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill and the draft fuel poverty strategy will be aligned with the Child Poverty Bill and the Tackling Child Poverty Delivery Plan 2018-2022 published in March 2018 and the overarching agenda of the Fairer Scotland Action Plan to ensure that actions taken to tackle fuel poverty will have a positive impact on people, no matter where they live in Scotland.

2. New definition of fuel poverty and who it will affect

The latest Scottish House Condition Survey (SHCS) statistics (December 2017) indicate that around 649,000 households (26.5%) of Scottish households were in fuel poverty in 2016 based on the current definition of fuel poverty. Of the 26.5% of households living in fuel poverty 10% of these were families.

The Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill:

- Sets a new long term target that by the year 2040, no more than 5% of households are in fuel
- Sets a new fuel poverty definition which is:

Households in Scotland are in fuel poverty if:

A household is in fuel poverty if

- a) The fuel costs necessary for the home in which members of the household live to meet the conditions set out in subsection (2) of the Bill (heating homes to specified temperatures and meeting other reasonable fuel needs) are more than 10% of the household's adjusted net income (i.e. post-housing costs), and
 - b) After deducting such fuel costs, the household's childcare costs (if any), the household's remaining adjusted net income is insufficient to maintain an acceptable standard of living for members of the household.
- Requires Scottish Ministers to publish a fuel poverty strategy and then publish a report every 5 years to update on progress towards the long term target and the plans for the next 5 years, and to report at the end of the target date.

Our aim is to ensure support from Scottish Government programmes is targeted at those who need it most no matter where in Scotland they live. By using the Minimum Income Standard we can ensure those poorest households receive the support they require.

This new definition will:

- focus in on low income households by introducing a new income threshold to our definition of fuel poverty which will be 90% of the UK MIS after housing and childcare costs are deducted; and
- help us to better target our resources at those who are most in need of support, no matter where they live in Scotland.

In order to identify an acceptable standard of living the new definition is using the UK Minimum Income Standard which is produced by the Centre for Research in Social Policy (CRSP) at Loughborough University, supported by the Joseph Rowntree Foundation. This attempts to define the income that different household types need in order to reach a minimum socially acceptable standard of living, drawing on the experience and opinions of ordinary people.

The independent academic review recommended that, for the purposes of fuel poverty, the definition be based on 90% of the MIS total for each household type.

They also recommended excluding council tax, rent, water rates, fuel costs and childcare costs from the calculation of the MIS total for each household.

This new income threshold is considerably higher, for most household types, than the standard 60% of median income used to define relative income poverty¹. This ensures that households only marginally above the income poverty line that are struggling with their fuel bills, will be captured in the new definition. It also removes higher income households from the definition, even if they would need to spend 10% or more of net household income after housing costs on required fuel costs. This addresses a drawback, highlighted by the independent review panel, of the 2001 definition where households with quite high incomes could be classified as fuel poor.

This ensures that households above the income poverty line that are struggling with their bills will be captured in the new definition.

The Scottish Government is adopting, with some minor adjustments, the proposed definition set out by the independent academic review panel, including measuring income after housing costs and introducing an income threshold based on the UK Minimum Income Standard (MIS). However, some of the recommendations proposed by the academic review will not be adopted:

- the MIS thresholds will not be adjusted upward for households living in remote rural areas or where at least one member of the household suffers long-term sick or disability; and
- the enhanced heating regime will not be applied for households with children under 5. However, although this is the current policy position, any final decision on this will be a matter for regulations made under the Bill defining households for which enhanced heating is appropriate as a measurement. If substantial new evidence is brought forward on this issue in the future which indicates the proposed approach disproportionately disadvantages those households with children under 5, the Scottish Government can consider reflecting this in the regulations.

The additional costs borne by rural and remote households are already taken into account in the modelling used to estimate fuel poverty. Regional variations in temperatures and exposure to the wind as well as types of stock and information about occupants are used. These can lead to greater energy usage estimates to maintain either standard or enhanced heating regimes in rural and remote rural areas. In addition, regionalised (North and South Scotland) energy prices are used to reflect the different consumer prices paid in different parts of Scotland.

Finally, by deducting housing and childcare costs from both household income and the MIS, regional variations are further taken into account. The proposed use of 90% of MIS therefore gives a consistent and simple standard, which accounts for regional variation, and set a minimum income level well above, for most household types, the standard 60% of median income used to define income poverty.

¹ For example, the relative income poverty threshold for a couple with no children is £255 a week or £13,300 a year after housing costs in 2016/17. 90% MIS (after council tax, water rates, rent, fuel and childcare) for a working age couple with no children is £285.22 per week or £14,831 per year in 2016.

This therefore ensures households above the income poverty line that are struggling with their bills will be captured in the definition.

For the first time, we are introducing a new income threshold to our definition of fuel poverty which will be 90% of the UK Minimum Income Standard (MIS) after the costs for fuel, housing, council tax; water rates and childcare are deducted. This approach was broadly welcomed in the responses to our consultation because it removes higher income households from the fuel poverty definition. This threshold is also considerably higher, for most household types, than the standard definition of absolute income poverty after housing costs which ensures households above the income poverty line that are struggling with their fuel bills will be captured under the new definition.

National measurement of fuel poverty will continue to be through the annual Scottish House Condition Survey (SHCS). Although we use a state of the art commercial model to estimate a household's required energy consumption when we measure fuel poverty, we will further review the model to determine whether this adequately reflects the requirements of rural households.

These proposed changes to the definition are ultimately expected to reduce inequalities of outcome, caused by socio-economic disadvantage.

Households requiring an enhanced heating regime

In the Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill we have set out the temperature regimes that will be applied under the new definition to contribute to a healthy, indoor living environment which is free from condensation, mould growth and damp. They are relevant throughout the whole year although the required energy to meet them will vary, including according to monthly average external temperatures for the region in which the household lives.

The new heating regime represents an enhancement from the current definition of fuel poverty for households that we anticipate to be most affected by the adverse outcomes of living in a colder home. For these households, the other rooms' temperature in the heating regime for the new definition increases from 18°C to 20°C compared to the 10% definition while the living room temperature is maintained at 23°C. This removes the potentially harmful impact of a 5°C temperature difference between different rooms in the home.

We will define in regulations to the Bill, the households to which the enhanced heating regime will apply. This is likely to cover those households where:

- a) at least one member has self-reported as having a physical or mental health condition or illness lasting or expected to last 12 months or more;
- b) or, in the absence of the above, at least one member is aged 75 or over.

Part a) is the same criteria as used in the original 10% definition. Using self-reported information gathered through the Scottish House Condition Survey (SHCS) we are identifying households where members themselves report that they have a condition which may impact on their needs in the home, although we do not ask them to tell us how their condition affects them.

It would be very challenging to define a list of long-term illnesses or disabilities that would indicate a person requires an enhanced heating regime. The impact of a specific medical condition or disabilities can vary significantly, as can their vulnerability to the effect of inadequately heated homes. However, we do propose to undertake additional work to determine whether it is possible to refine part a) of the definition above further, in order to better capture those who are likely to be most affected by the adverse outcomes of living in a colder home.

Part b) also represents a change from the original 10% definition. More older people than ever before are living healthy, active independent lives, well into their retirement. Therefore, we believe that an enhanced heating regime for all older people once they reach 60 years of age is no longer appropriate and, as we set out in our consultation, we will increase the age thresholds at which older households are considered to require an enhanced heating regime, based on age alone. The independent panel that reviewed the fuel poverty definition suggested that a threshold around 75 – 80 years of age may be more appropriate. We have decided to use the lower age of this range so that, for older households, where a person does not suffer from any long-term ill health or disability, we will not consider them as requiring this enhanced heating regime until they reach 75 years of age.

This age threshold is also consistent with our approach to our Warmer Homes Scotland fuel poverty scheme. Eligibility criteria for that scheme was agreed with input from key stakeholders, including Age Scotland and Citizens Advice Scotland, to ensure support is focussed on those with low incomes, including the working poor, fuel poor families, and those aged over 75.

Our analysis of 2015 data indicates that 60% of households with any adults aged between 60 and 74 inclusive will still be classed as requiring this enhanced heating regime because of health issues or because they also contain another adult aged 75 or over. Overall, around 80% of households classified as requiring an enhanced heating regime under the existing definition will remain so under the new definition.

If any additional evidence is brought forward in the future that indicates a different age threshold is more appropriate then we will review this aspect of the definition, and will be able to bring forward changes to the regulations, without requiring primary legislation.

Children under 5 years of age

Respondents to the consultation suggested that although the fuel poverty strategy consultation noted there is a lack of evidence on the need for a higher temperature for bedrooms of children under the age of 5, no allowance is made for households needing to heat their home for longer periods of time, as they might spend more time at home.

However, although the Scottish Government has decided not to adopt the recommendations of the independent review panel, any final decision on this will be a matter for regulations made under the Bill defining households for which enhanced heating is appropriate as a measurement.

If substantial new evidence is brought forward on this issue in the future which indicates the proposed approach disproportionately disadvantages those households

with children under 5, the Scottish Government can consider reflecting this in the regulations.

Based on 2015 data, the fuel poverty rate for families with children would increase from 16% (current definition) to 23% under the new definition. The households in these groups who are brought into fuel poverty by the new definition have high fuel costs relative to their after housing costs income, as well as low residual incomes. These households will become more likely to be eligible to apply for help from Scottish Government fuel poverty programmes.

These proposed changes to the definition are ultimately expected to reduce inequalities of outcome, caused by socio-economic disadvantage. This is because, in comparison to the existing definition, the proposed definition has a stronger focus on households with low incomes. This means that the definition will be more aligned with existing programme delivery but will also result in an increased focus on those needing most assistance from fuel poverty programmes than under the current definition.

In addition, there is a clear link between child poverty and fuel poverty and we will ensure that our plans to tackle both of these issues remain aligned.

Through the Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill we are committed to tackling fuel poverty and targeting fuel poverty and energy efficiency measures on those most in need, including low income families with children. As set out in the Tackling Child Poverty Delivery Plan we will take sustained action to boost applications from low income families to Warmer Homes Scotland, our national fuel poverty scheme. This will be achieved by targeted advertising and by partnering with key stakeholder organisations with a specific remit to represent the rights of children and young adults.

3. Purpose of the Health Impact assessment

Fuel poverty exists in both urban and rural areas and the Scottish Government recognises that, no matter where the location, living in cold, damp homes may impact on both physical and mental wellbeing, as well as the occupant's quality of life.

Mental wellbeing is measured by the Scottish Government with the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), which assesses positive affect (optimism, cheerfulness, relaxation); satisfying interpersonal relationships and positive functioning (energy, clear thinking, self-acceptance, personal development, mastery and autonomy).

The impact of living in a cold, damp home has no age restrictions and can affect all age groups. This fuel poverty health impact assessment explores those population groups most likely to be identified as living in cold homes and likely to be experiencing fuel poverty, presents evidence on impacts to health and wellbeing and finally how the Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill and the fuel poverty strategy intends to address these impacts.

4. Health Impact Scoping Workshop

A member of the Scottish Health and Inequalities Impact Assessment Network facilitated a scoping workshop on 30th November 2017, delivering an overview on the

Health Impact assessment process as an introduction to the workshop and guided participants through the equality and health issues. Discussions included actions that could be taken to promote positive impacts of the draft fuel poverty strategy and Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill and remove or mitigate any negative impacts.

Representatives from Scottish Government, Energy Action Scotland, Age Scotland, NHS Health Scotland and Citizens Advice Scotland participated in the workshop.

The group identified the population groups that would be particularly affected by the draft fuel poverty strategy and the Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill. These include groups of people that are at highest risk of fuel poverty and/or are at risk to its effects, and groups that may find it difficult to access advice and support.

The table below provides some examples of the types of impacts and questions (to fill gaps in knowledge) that were identified in the scoping workshop.

	Area of impact	Potential impact or question
General well being	Which disabilities increase vulnerability to fuel poverty	What are the health impacts of fuel poverty? Which populations are most at risk to the effects of fuel poverty and why?
What is the best way to engage with Health and Social Care Partnerships	People receiving healthcare and other services People who have barriers to accessing advice and support	What is the overall impact of reduced fuel poverty on the use of health and social care? Which populations find it hard to engage with advice and support services? What are the best models to reach them?
Stigma	What evidence is there that reduced fuel poverty leads to increased social interaction and support	What is the common understanding of fuel poverty? How will the Fuel Poverty Strategy and Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill be framed? What characteristics of service increase or reduce stigma? Does the impact of stigma affect different populations differently?

5. The effects of living in a cold home on health and wellbeing

The links between long term health conditions, poor health and wellbeing, and living in a cold, damp home are well recognised. Cold homes are more likely to be damp

and this encourages the growth of mould which can cause and aggravate respiratory illnesses.

Cold, damp housing can also exacerbate existing health conditions (e.g. diabetes and musculoskeletal pain), cause and exacerbate symptoms of others (e.g. asthma) and even delay discharge from hospital. There are also links between living in a cold, damp home and poor mental health. Cold indoor temperatures can also affect and worsen other conditions such as the common cold, flu pneumonia, arthritis, rheumatism, and chronic and/or long-term conditions, and can also delay recovery from illness.

In addition there is also evidence on the mental health and wellbeing impacts of living in cold homes and experiencing fuel poverty and the benefits to mental wellbeing which can be delivered from tackling fuel poverty, across the age range.

6. Impacts on individuals

- **Children** –Children from families living in cold homes can have an increased risk of respiratory conditions which will in turn make daily life more difficult. Days off school will increase for these children and participation in some sports may become affected. These factors, along with having no-where warm to undertake their studies can also have a detrimental impact on educational attainment. The stigma associated with living in a cold home may also cause them to become isolated from friends and this can be detrimental during their developmental years.
- **Teenagers** – Living in a cold home may cause stigma in teenagers. They may not feel comfortable inviting friends around to their home and this may affect friendships, peer groups and relationships. In the long term this can have an effect on a teenager's confidence and potentially lower their socioeconomic opportunities. Like children, teenagers are also at a higher risk of developing respiratory diseases such as asthma and poor health days can also affect their attendance at school and training and affect their educational attainment.
- **Adults** –Living in cold homes are more likely to suffer from minor illnesses such as colds and flus and have increased risk of mortality from cardiovascular and respiratory diseases. Minor illness can impact on their daily tasks from taking children to school or going to work. The adult population are the most productive in society and reduced productivity from this cohort can trickle down into the economy as a whole due to lost days from work. Adults with pre-existing conditions such as cardiovascular or circulatory disease, COPD or forms of arthritis are more likely to suffer during the cold weather and this may reduce their ability to maintain their daily lives and negatively damage their physical and mental wellbeing.
- **Older people** – Living in a cold home can be detrimental to many older people. With reduced muscle mass and poorer circulation they are not physiologically able to keep warm during cold periods. This can affect their immune systems, amplifies pre-existing health conditions and can have an

effect on their mental health. There is a strong relationship between cold homes and cardiovascular and respiratory disease.

Cold homes can also reduce dexterity with older people, who may already be compromised due to age or existing conditions such as rheumatoid arthritis and can lead to frailty and falls.

7. Evidence of the impacts on health and wellbeing of living in a cold home

Cold and damp housing has been associated with poor physical health, such as asthma, and poor mental health and wellbeing.

<http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

<http://www.gov.scot/Topics/Built-Environment/Housing/supply-demand/chma/marketcontextmaterials/housingandhealth>

http://www.euro.who.int/_data/assets/pdf_file/0003/142077/e95004.pdf

([Liddell, 2012](#); [McCartney et al, 2013](#), [Peters, 2014](#); [ScotPHN 2016](#)).

Evidence has linked damp and mouldy homes with direct adverse effects on the physical and mental health and wellbeing of both adults and children.

Platt S et al (1989) Damp housing, mould growth and symptomatic health state. British Medical Journal, 298:

pp.1673–8.

https://www.researchgate.net/publication/20653316_Damp_housing_mould_growth_and_symptomatic_health_state

The focus on Getting It Right for Every Child (GIRFEC) is providing every child with the best start in life: ready to succeed. The Good Places Better Health process identified “appropriately ventilated, well insulated and affordably heated” homes as important for childhood health and wellbeing outcomes.

<http://www.scotland.gov.uk/Topics/Health/Healthy-Living/Good-Places-Better-Health/Findings-Recommendations/HCCR>

Addressing the Educational Attainment Gap highlighted that children’s education can be marred by living in a cold, damp house when health problems keep them off school, or a cold home means there is no warm, separate room to do their homework.

<http://www.gov.scot/Topics/Education/Schools/Raisingeducationalattainment>

The cold also reduces lung function which is a risk factor in triggering asthma attacks and chronic obstructive pulmonary disease (COPD), such as emphysema and chronic bronchitis.

Geddes I et al (2011) The Health Impacts of Cold Homes and Fuel Poverty. London: Friends of the Earth and The Marmot Review Team.

https://friendsoftheearth.uk/sites/default/files/downloads/cold_homes_health.pdf

Individuals in cold homes may also be more at risk to accidental injury in the home as a result of reduced strength and dexterity and an increased risk of falls or injury. An indirect impact may include social isolation.

Geddes I et al (2011) The Health Impacts of Cold Homes and Fuel Poverty. London: Friends of the Earth and The Marmot Review Team.

https://friendsoftheearth.uk/sites/default/files/downloads/cold_homes_health.pdf

8. Savings to the NHS of addressing fuel poverty

In 2014 it was estimated that fuel poverty cost the NHS up to £80m per annum in Scotland due to the health impacts of cold, damp housing.

Economic Impact of Improving the energy efficiency of fuel poor households in Scotland, 2014 – Consumer Futures Scotland.

<https://www.cas.org.uk/system/files/publications/economic-impact-of-energy-efficiency-investment-in-scotland.pdf>

A cost-benefit analysis by Professor Christine Liddell identified that investing £1 in improving affordable warmth delivered a 42 pence saving in health costs for the NHS.

Liddell C (2008) The Impact of Fuel Poverty on Children. Policy Briefing. Belfast: Save the Children.

http://uir.ulster.ac.uk/14646/1/The_Impact_of_Fuel_Poverty_on_Children_Feb_09%5B1%5D.pdf

Savings beyond those directly related to the NHS are also relevant, particularly to the public health service, such as those arising from improved mental wellbeing, increased mobility within the home, healthier lifestyles such as improved nutrition or physical activity, and greater social connection.

9. Effects on health and wellbeing of energy efficiency interventions

The relationship between housing quality and health outcomes is a complex one, and poor housing conditions often co-exist with other socioeconomic circumstances which are independently associated with poor health. Nonetheless, there is some evidence to suggest that making housing warm, dry and energy efficient can have a beneficial effect on people's health and wellbeing, especially for those most at risk to the adverse impacts of cold and damp homes. It should be noted however, that there is also some evidence that highlights the negative impacts of improvements to the energy efficiency of housing.

Mental Wellbeing

Living in cold and damp housing contributes to a variety of different mental health stressors, including persistent worry about debt and affordability, thermal discomfort, and worry about the consequences of cold and damp for health.

Improvements to energy efficiency are often associated with improvements in mental well-being and the impacts affect both physical and mental health.

Some studies (e.g. of Warm Front) find that the effects are more prominent on mental health than physical health.

In their review of evidence on fuel poverty and health, Liddell & Morris (2010) find that mental health effects on adults emerge as significant in most studies. Mental health outcomes relate to the experience of anxiety, depression and stress.

Reductions in chronic stress, anxiety and depression have been attributed to reduced perceived financial strain and reduction in self-reported difficulty in paying fuel bills (e.g. Warm Front). However, in other studies participants reported anxiety or worry about increased fuel bills (for those who previously did not have a functioning heating system) or about the fuel bills themselves i.e. not understanding the bills (Curl & Kearns, 2016).

Green G and Gilbertson J. (2008) *Warm Front, Better Health: Health impact evaluation of the Warm Front scheme*. Sheffield: Sheffield Hallam University.

www.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/warm-front-health-impact-eval.pdf

Liddell, C., & Morris, C. (2010). Fuel poverty and human health: A review of recent evidence. *Energy Policy*. <https://doi.org/10.1016/j.enpol.2010.01.037>

Curl, A., & Kearns, A. (2016). Housing improvements, fuel payment difficulties and mental health in deprived communities. *International Journal of Housing Policy*.

<https://doi.org/10.1080/14616718.2016.1248526>

Wellbeing and psychosocial outcomes

Wellbeing outcomes are understood to be intermediary in that they provide a pathway for improved mental health (Grey et al, 2017; Willand et al, 2015).

- Increased satisfaction with home
- Reduced social isolation and enhanced social status (increased satisfaction with home means occupant more likely to socialise in the home)
- Reduced spatial shrink (using more rooms in the home due to increased warmth/comfort)
- Increased subjective wellbeing (likely to be linked to above outcomes)
- Reduced work/school absence due to illness

Physical health

Reported benefits include:

- Better mobility and activity, related to arthritis/rheumatism relief
- Fewer colds/flu
- Reduction in wheezing
- Increased life expectancy
- Higher weight - under 3 year olds in low income households

Physical health benefits are likely to result from an improvement in housing condition i.e. greater thermal comfort, reduced dampness and mould, lowered relative humidity, better ventilation.

There is however, also a risk for individuals living in low energy buildings of adverse health impacts from overheating, due to a combination of poor design, effective heat retention and occupant behaviour (Aether, 2017).

Aether (2017). *Evidence Review of the Potential Wider Impacts of Climate Change Mitigation Options: Built Environment Sector*. Report to the Scottish Government.

In addition, air quality is a key health issue affecting people, homes and energy efficiency. While improvements in energy efficiency can lead to improvements in health outcomes, particularly for older people and those with respiratory and other chronic diseases, there is the potential for unintended consequences adversely affecting air quality in a home.

In February 2004, the Global Initiative for Asthma (GINA) 5 reported that 18.4% of Scots suffer from asthma. This compares with 15.3% in England, 10.9% in the United States, 6% in Belgium, 4.5% in Italy and 2.3% in Switzerland. Over the past 25 years, the incidence of asthma episodes has increased by a factor of three to four in adults and six in children. Although allergic disease is on the increase across the developed world, what factors are unique to Scotland and the UK that can be identified as key causal mechanisms driving these differentials?

This could be due to a number of factors however poor ventilation can lead to poor indoor air quality, and in some cases problems can be exacerbated by:

- modern design (e.g. more airtightness; reduced air movement due to fire doors; chemical components in modern construction);
- insulation (by increasing air-tightness or creating cold spots); and
- the behaviour of occupiers (e.g. closing vents to reduce heat loss, closing windows due to security concerns, low recognition of health impacts of air quality).

However, a draughty home is not necessarily a well-ventilated home and may be harder to heat and have higher carbon emissions.

<https://www.questia.com/read/1P3-3486073001/are-our-homes-making-us-ill-the-impact-of-energy>

The study of the Welsh Government NEST intervention targeted at those in fuel poverty found that compared to the control group, for those for whom a respiratory event was recorded in the winter prior to the intervention, there was a statistically significant decrease (3.9%) in the average number of respiratory GP Events in the winter after the intervention. Asthma GP events also decreased (6.5%). Other findings e.g. in relation to infections and emergency hospital admissions were inconclusive (Welsh Government, 2017).

<http://gov.wales/statistics-and-research/fuel-poverty-data-linking-project/?skip=1&lang=en>

A study of the 'Heatfest' intervention in the Easterhouse area of Glasgow to supply measures (insulation, double glazing, central heating) to flats experiencing significant problems with cold, damp and mould found that statistically significant falls in systolic and diastolic blood pressure were identified for the intervention versus control group, with self-reported general health improvements, reduced heating costs, medication use and hospital admissions.

Lloyd E, McCormack C, McKeever M and Syme M. *The effect of improving the thermal quality of cold housing on blood pressure and general health: a research note*. Journal of Epidemiology and Community Health. 2008;62:793-797.

A subsequent randomised controlled trial of mainly elderly COPD patients in Aberdeen found that many study participants would not take up energy efficiency measures (insulation, central heating) when offered amid concerns about costs, loans and disruption. However, significant respiratory health improvements were identified for recipients of the intervention outwith original randomisation although this was thought not to be associated with increased indoor warmth but with psychosocial benefits from reduced fuel costs impacting on health.

Osman L M, Ayres J G, Garden C, Reglitz K, Lyon J and Douglas J G. *A randomised trial of home energy efficiency improvement in the homes of elderly COPD patients*. Eur Respir J. 2010;35(2):303-9.

Home Energy Efficiency Programmes: Area Based Schemes Wall Insulation Evaluation, South and East Ayrshire – Retrospective Report June 2017

The purpose of this evaluation project was to evaluate the impacts of external and internal wall insulation upgrades in relation to improvements in energy efficiency, the health of occupants and any other significant benefits. There was some anecdotal evidence of improved health outcomes in relation to respiratory conditions, mobility issues and mental wellbeing.

http://new.theclaymoreproject.com/uploads/entities/988/files/Retrospective%20Study%20Report_2017_for%20website.pdf

10. How can we reach more people living in cold homes?

The new fuel poverty strategy recognises that partnership engagement both at a national and local level has a critical role to play in identifying people who are living in cold homes and may be experiencing fuel poverty.

However, many individuals in fuel poverty are “hidden” and unaware, reluctant or unable to seek the support and help that is available to them. This can be for a number of reasons including difficulties with digital engagement, reluctance to seek help as they don’t want friends and families to know they are struggling to heat their homes, in smaller communities individuals may be unwilling to identify themselves as they don’t want their neighbours to know, and there may be language and/or cultural barriers preventing help being sought.

However, these individuals may present themselves to and be identified in a number of settings in health, social care and community sectors.

- community based child health staff (midwives, health visitors, school nurses);
- district nurses;
- GP services and hospital services;
- family nurse practitioners;
- non- GP services such as community pharmacies;
- Food banks;
- Carer’s support groups;
- Support groups linked to specific medical conditions
- Local energy advice providers
- Local authority fuel poverty advisors

Through close working with partners and stakeholders, we can create more opportunities to raise awareness of the impacts of living in a cold home and take further action to increase uptake of the support available by effective signposting and referral mechanisms. We also recognise the importance of flexibility to enable partnership approaches to respond to local needs.

The Scottish Government funded Home Energy Scotland (HES) advice network provides free, impartial, tailored advice and support to all Scottish households, including specific support for fuel poor households to help them reduce their fuel bills, make their homes warmer and more comfortable and increase their income.

HES already works at both a strategic level, with Scottish Government and NHS Health Scotland, and at a local level, with GP practices and NHS Boards as well as other local partners, to enable patients and NHS staff to access support from Home Energy Scotland. The arrangements between HES and health sector partners involve data sharing agreements to allow individual patient/householder data to be shared with the householder's consent. A key tool is the HES online referral portal, which is available for use by all organisations who work with fuel poor households and provides a fast, secure route to referring households and patients to HES for advice and support. In addition, the portal allows the referral to be tracked from initial contact to the end of the customer journey and the resulting outcome.

Examples of HES partnership work with the NHS

NHS Greater Glasgow and Clyde

HES have had a partnership agreement in place with NHS Greater Glasgow and Clyde since mid-2015. The initial focus of the partnership was on HES providing energy advice directly within the Victoria, Queen Elizabeth and University Hospitals through their patient information centres. HES have been attending one of these three patient information centres every fortnight to deliver energy advice directly to patients. In addition, this activity has resulted in growing numbers of referrals of patients to HES from NHS staff working in these hospitals.

NHS Grampian

Since September 2015, HES has been providing advice within Aberdeen Community Health and Care Village. The Community Health and Care Village is run by NHS Grampian and is an urban community hospital (without inpatient beds) delivering diagnostic and treatment services for the people of Aberdeen and Grampian.

HES joint staffs the stand with the local financial support referral service Cash in Your Pocket (CIYP) – so that patients benefit from HES's energy and income maximisation advice as well as referral to local and national energy efficiency schemes, whilst at the same time receiving financial support through CIYP.

Supporting young families in fuel poverty

HES has provided content to NHS Health Scotland for health visitor training developed in support of the Universal Health Visiting Pathway, which identifies fuel poverty as an issue that health visitors should identify and be offering families routes to support on. The information includes how to identify people who could benefit from fuel poverty advice services, how to make a referral through the Home Energy Scotland portal and case studies. This information has been included in the NHS financial inclusion toolkit and e-learning module on child poverty.

NHS Greater Glasgow and Clyde (NHSGGC) is linking fuel poverty with [financial inclusion work](#), asking patients if they have money worries and offering a direct referral to advice services.

NHSGGC has service level agreements with money advice services and partners with Home Energy Scotland (HES), to provide energy advice and access to support to help deliver affordable warmth.

NHSGGC-HES's Action Plan supports patients, carers and staff and includes:

- Primary Care - staff referring to money advice who refer on to HES
- Acute - Direct online referral mechanisms to HES introduced within hospital Family/Support and Information Services and proactive linking with NHS

11. Taking partnership engagement forward.

We know that many of our existing partnerships are working well, in particular in terms of the number and range of households already accessing the HES service.

However, there is real potential to maximise efficiency through partnership working, and more flexible use of the existing workforce i.e. less people going into homes to do different things and more piggy-backing of tasks and different services. This approach does not imply extra people and services are required, but collaborative working between of existing resources that are in a position to identify individuals living in cold homes and experiencing fuel poverty.

The partnership approach needs to go beyond the operational level and be matched by cross-departmental working at all levels in order to put individual and community needs at the centre of policy and practice. It will operate within the framework of the new fuel poverty strategy to ensure there is an adequate level of support in all parts of Scotland. It will improve health outcomes and help address inequalities, and reduce the burden on public services caused by poor health.

In practice, this means:

- Connecting with individuals and families from a more holistic perspective.
- Analysing the data routinely collected across a range of sectors to identify indicators of fuel poverty.
- Being more radical and innovative about sharing information and data, that when connected, might highlight concerns regarding fuel poverty.
- Checking wherever the risk of fuel poverty seems likely.

We appreciate that partnership approaches will vary across Scotland and should be tailored to the specific needs of the area.

However, each should be able to provide a complete and co-ordinated service addressing all four causes of fuel poverty as part of efforts to secure wellbeing and tackle inequalities.

Responses to the consultation on the fuel poverty strategy highlighted the benefits of working with local partners and at a community-level. We will encourage closer working with local partners and community-level organisations, to build from their knowledge of local circumstances and how this can support engagement with households who may be less able or willing to access national partners' services.

This approach may help to extend the range of and quality of services available to HES customers, enabling more effective referrals from HES from local services, including those working within the health and social care sector.

We will also explore the potential of more use of outreach and in-person approaches, including use of local organisations that households at risk from the adverse health outcomes of fuel poverty are more likely to engage with as a means of identifying needs and providing fuel poverty advice and referring on for support from the most appropriate organisation.

HES Homecare Pilot

Is a locally based and delivered scheme to provide targeted in home support to households most at risk to the adverse health outcomes of fuel poverty in two rural areas. HES Homecare delivers housing improvements alongside energy efficiency improvements, including advice on tariffs and switching and is delivered through partnerships with housing, health and social care and care and repair services. The pilot will be evaluated and will feed into the development of the advice and support provision required to effectively deliver Energy Efficient Scotland (formerly SEEP).

The Scotland Act 2016 devolved new social security powers to Scotland and we are committed to establishing an agency within the Scottish Government family to deliver the devolved benefits. Locally based agency staff will provide people with one-to-one support and help them understand what devolved benefits they are entitled to, help complete applications, support people through the process and any follow up actions relating to their case.

A partnership with HES is already being formed to ensure those locally based agencies will be able to refer individuals who are having difficulty paying for their energy bills for appropriate support. Training of local advisors is also being planned, so that this referral route is embedded from the outset.

At a national level we will undertake further engagement with NHS Health Scotland to establish links to the most appropriate contacts within the NHS to take forward the fuel poverty agenda within the wider health and social care sector to help us identify and sign post individuals that are vulnerable to the effects of living in a cold home and experiencing fuel poverty.

Local Authorities and Community Planning Partnerships also have an important role to play in how we identify those most in need and we will actively encourage engagement and collaborative working with signposting to HES for advice and support.

Consideration will be given to the potential for data sharing between stakeholders (subject to new General Data Protection Regulation introduced in May 2018) to provide and support opportunities for local partnerships to identify people living in cold homes and assist in targeting activity where health benefits can also be achieved.

The following data sources could provide opportunities for the local partnerships to identify the fuel poor and trigger a fuel poverty assessment:

- Council tax rebate data includes details of income, housing costs and council tax band. This could be linked to EPC data for a more complete picture of the household and property;
- Housing benefit data (soon to be housing element of Universal Credit);
- Scottish Welfare Fund grants, free school meals take up, clothing grants and discretionary housing payment claims;
- Energy use data held by the supplier which can highlight unusual patterns of bills. This information could be used to trigger a fuel poverty assessment. Smart meters may play a useful part in identifying those likely to be experiencing fuel poverty;
- Department of Work and Pensions (and in the future, the new Scottish Social Security Agency) hold data on households dependent on benefits; and
- Health data could be used to target those frequently using health services for conditions that could be aggravated by living in a cold home e.g. respiratory problem), allergies and asthma.

Training and support available to partners

We appreciate that there may be a challenge for front line staff to be in a position to identify the risk of fuel poverty and feel confident in “asking the question” to enable signposting the individual or making a direct referral to a source of support.

HES have developed a partnership engagement training tool that offers advice on how to identify individuals in fuel poverty and the advice and support that is available, including referrals to Scottish Government energy efficiency schemes. HES have also developed and provide training on their online secure referral portal that allows seamless and instant referrals to HES. The stakeholder can also track the referral to the actual outcome for the client.

Energy Action Scotland also provide free “Stay Warm and Stay Well” training courses for front line staff who look after the health, wellbeing and social welfare of clients who may be at risk to the adverse health outcomes of fuel poverty.

This course raises awareness of the impact of fuel poverty and cold homes on people's health and enables those working directly with households to provide practical and effective support and how to sign post to appropriate organisations and agencies for support.

Training materials has also been developed for the Shelter Scotland Healthy Homes project which helps health and social care workers spot signs of fuel poverty and know how and where to refer patients for help.

All of these training mediums explain how to identify people living in cold homes and make referrals to the most appropriate organisations who can offer help and support in a sensitive manner that does not create any additional pressure on the householder.

12. Stigma associated with living in a cold home

There are three possible ways in which stigma might operate. Personal stigma is the person's own feelings that seeking assistance is shameful. Social stigma is the feeling that other people judge seeking assistance to be shameful and institutional stigma is that which arises from the process of accessing assistance.

Stigma can be used to exclude or marginalise people and the prejudice and fear caused by stigma may prevent people coming forward and seeking assistance they need and are entitled to. This can create a sense of social isolation and can impact on their health and well-being.

Individuals living in cold homes or who may be struggling to pay their energy bills may not necessarily identify with the term fuel poverty. They may struggle to pay their energy bills and heat their homes effectively but may not necessarily consider themselves in actual poverty. The actual term "fuel poverty" may create a stigma and sense of social isolation in individuals that was not there before.

In taking forward the Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill and the draft fuel poverty strategy we will ensure that we do not create any form of stigma that will prevent those in need of help and support, from seeking or accepting this.

Our collaborate partnerships, in particular with those in the health and social care sector who have routine access to homes, will be critical in identifying and sensitively referring people who need help and support to the most appropriate organisation.. We will ensure that help and support is offered in an inclusive and sensitive manner respecting the dignity and rights of individuals in need of help and support.

However, most importantly, we will seek to reverse the stigma associated with accessing support and assistance and will support and encourage people living in cold homes to exercise their entitlement to live in a warm home that they can afford to heat wherever they live in Scotland.

13. Conclusion

The draft fuel poverty strategy will reference the health impacts of living in a cold home and the benefits to both physical and mental wellbeing from making homes warmer and more affordable to heat through the installation of energy efficiency measures.

The draft strategy will also reference the importance of collaborative and partnership working to help us identify people living in cold homes that need help and support.

A cross Ministerial meeting was held in December 2017, where Ministers across a range of portfolios, including the Minister for Public Health and Sport, agreed to continue to seek opportunities to enhance joint working to resolve the issue of people living in fuel poverty.

In addition, the Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill will set a new statutory long term target that by the year 2040, no more than 5% of households are in fuel poverty.

The Bill will also include a requirement for Scottish Ministers to publish a report every 5 years to update on progress towards the long term target and the plans for the next 5 years, and to report at the end of the target date.

We will ensure that every aspect of the Fuel Poverty (Target, Definition and Strategy) (Scotland) Bill and the fuel poverty strategy is informed by expert policy advice and first-hand experience of fuel poverty. We will achieve this by continuing to work in close partnership with stakeholders, the Scottish Fuel Poverty Advisory Panel and, the Scottish Fuel Poverty Partnership Forum. These groups will also have responsibility for monitoring progress on meeting the statutory long term target.



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