

*NOTTINGHAM
HEALTH
ACTION
GROUP*

**Energy Efficiency, Health and
Environment**

27th November 1998

Conference Report

Compiled by Tim Gray for

Change Works, 16 Villa Street, Beeston, Nottingham, NG9 2NY

Email hermes@change-works.com Web www.change-works.com

with Helen Thompson, Health Action Group Officer, Nottingham Health Authority

Executive Summary

A seminar on Energy, Health and Environment took place on 27th November 1998 at the Sandfield Centre, Lenton, Nottingham. It was one of a series organised by cross-sectoral groups supported by Nottingham Health Action Group (NHAG) under the heading "FEAT" - Food, Energy, Asthma, and Transport - to explore some important issues where health and environment come together.

The Energy seminar took place during Warm Homes Week. It was attended by ??? people from a wide range of backgrounds. In the morning they heard from a wide range of authoritative **speakers**:

- Dr Peter Barrett, Chairman of Nottingham Health Authority, who introduced and chaired the day;
- Dr Peter Marks, currently working with Southern Derbyshire Health Authority, who explored the relevance of energy efficiency to health authorities, giving some striking statistics about ill health related to cold and damp homes;
- Alan Simpson, MP for Nottingham South [?] and Chair of the Parliamentary Warm Homes Group, who gave his perspective on the policy behind energy efficiency in housing and the kind of goals we should be setting;
- David Pickles OBE, Director of Newark and Sherwood Energy Agency, who explained their substantial improvements to housing and the health benefits this has brought;
- Professor Peter Ambrose, from the University of Brighton's Health and Social Policy Research Centre, who outlined a research project on the health effects of bad housing conditions.

In the afternoon delegates divided into six **discussion groups**. Each began with a short presentation, then developed into discussion which generated a number of action points aimed at improving the local situation. Three of these points were selected for feeding back to the whole conference at the end of the day. The discussion groups were:

- Best Practice;
- Energy advice awareness - signposting, basic information and grants for improving homes;
- Benefits to people's health of energy efficiency improvements and what can Health do to improve energy efficiency;
- Improving private sector housing 9 energy saving and healthy living initiatives;
- Energy efficiency and vulnerable groups - general;
- Energy efficiency and vulnerable groups - older people.

Outcomes

All the action ideas from the groups are captured in the report. There were many of these, but some themes were raised by a number of groups. The most popular were:

- Awareness raising and training to emphasise links between health and energy among health workers, e.g. through Primary Care Groups;
- Inter-agency framework to ensure coordinated action and training - including the voluntary/community sector, local authorities, Primary Care Groups, emergency services;
- Cold and damp related illness to trigger action for energy efficiency improvements to patients' homes - tackling the problem at source through inter-agency cooperation;
- Health sector (NHS) to play a role in funding energy efficiency initiatives, e.g. capital improvements to housing, and in influencing external programmes toward such measures;
- NHAG, Health Authority and partners to lobby for appropriate legislation, e.g. Warm Homes Bill;
- Use waiting rooms to promote energy efficiency and provide information, e.g. GPs' surgeries, hospitals.
- Existing resources should be targetted to those in greatest need.

***Dr Peter Barrett, Chair,
Nottingham Health Authority
Introduction***

Dr Peter Marks

What has energy efficiency got to do with Health Authorities?

On the face of it perhaps the Health Authority is not the most relevant agency to be involved with energy efficiency. However, I hope I will show why this should be an important issue for us. I want to spend a few minutes looking at the implications of energy efficiency for health and what the implications of improving energy efficiency might be. I will then briefly outline a couple of local projects which link health and energy efficiency and then look at the role the Health Authority could play.

The benefits of increased energy efficiency on health can be viewed at different levels. At the individual level, if you take a broad definition of health and include well-being, or if you take a more traditional disease-based view, there are health benefits as we will see in a minute. There can also be benefits if you take a local population view, with reductions in morbidity and mortality, taking pressure off health services and perhaps saving resources. In addition there are benefits from a national and even global perspective with a decrease in use of fossil fuels and consequent benefits in terms of reduced pollution and effects on global warming.

If we have a look at the messages coming from Government in "Our Healthier Nation" it is good to see a recognition of the issue along with the emphasis on tackling a number of determinants of health.

"About a million homes in the United Kingdom have inadequate standards of energy efficiency, putting the health of those who live in them at risk when it's cold"

We all know that winter effects the health of the population, and we currently invest to pick up the pieces when people become ill. Most winters we see the crisis over hospital beds. In England and Wales there are typically 40,000 extra deaths in January, February and March than the average for the rest of the year - the rate is

5-15% higher in winter than in summer. In 1997 in England and Wales there were about 10,000 deaths per week in summer, but in the first week in January there were almost 19,000. This difference is greater than in almost any other Northern European country. In places like Scandinavia and Russia, where houses are much better insulated, the increased mortality doesn't occur. In Russia there are often communal or district heating systems which occupants can't turn off.

For every one degree that the temperature drops from 18C to 0C you get an increase in mortality of one death per million population. To put that into local terms (if my mathematics is correct, and that can't be guaranteed!) you will have 11 extra deaths per day in Nottingham Health District when the temperature is 0C rather than 18C.

What diseases are involved? Accidents caused by falls on ice or snow probably can't be influenced by energy efficiency but other effects of cold can. Hypothermia is obvious but will actually account for far fewer deaths than cardiovascular and cerebrovascular disease. There is less of an increase in respiratory deaths if you exclude influenza, but improved energy efficiency may have significant effects on reducing the burden of asthma.

I would like to mention a couple of projects which are happening in Nottingham, partly funded by the Health Authority.

Improving Health Through Affordable Warmth is a project located in Broxtowe, coordinated by Kevin Cardall at Broxtowe Borough Council. They are currently producing a video on health and energy efficiency and planning to organise affordable warmth advice sessions in GPs' surgeries. They also intend to update GPs and other health professionals to consider housing issues. With my GP hat on I think we often don't explicitly consider housing and energy issues, although we probably know a lot about our patients' housing situation. We are also often unaware of the help that is currently available, for example the Home Energy Efficiency Scheme which has insulated 2.5 million homes in the past 7 years.

Nottingham Energy Awareness

Project is coordinated by Rob Howard at NEA Nottingham. This is looking at 7 homes but is going to do extensive evaluation of environmental and health factors before and after improvements have been made. Monitoring will include humidity, temperature, house dust mites, air pressure, energy audit, SF 36, PFR monitoring and a symptom/medication diary for residents. As well as central heating and insulation, heat recovery and ventilation systems will be used. These draw humid air from inside the house and replace it with dry air which is warmed as it enters the house. This reduces condensation and controls humidity to a level where house dust mites can't survive, reducing the number of mites and mould spores and hopefully improving asthma. The burden of asthma in Nottingham is enormous. We currently spend £6.8m on drugs, and even a small percentage saving on this bill would be significant sum of money. The costs to individuals and the economy are also high in terms of time lost from work or school.

From the local I want to move on to briefly mention wider health effects which could be associated with improved energy efficiency. The health effects of climate change could be many and various, from effects of drought or flooding to changes in patterns of a number of infectious diseases.

So, what can Health Authorities do? Alone, a small amount, but working with other agencies I believe they can have a major impact. They have a key role in identifying needs and assessing the potential impact of schemes. There is a role for HA's in funding projects or helping to secure funding. At present we tend to invest in picking up the pieces in hospital rather than tackling the cause of the problem. I think there is plenty of evidence that we could prevent a lot of winter problems. The down side is that in the short term we have to invest in both areas. Support for projects and contributing their skills in evaluation are crucial. We must know how effective the interventions we make are. Finally, awareness raising with health professionals is crucial so that they can identify issues and direct people to sources of help that could tackle a fundamental cause of their ill health.

So, what has energy efficiency got to do with Health Authorities? Everything! In

Nottingham the process is starting but there is clearly a long way to go. However, there is great potential to make a significant impact on health, and I hope the seminar today will set us on the right track.

Alan Simpson MP, Chair of Parliamentary Warm Homes Group Warm Homes and Energy Conservation

I'm very pleased to be here today among people who share an interest in what will be one of the central political issues of the next few years, if not longer.

This seminar couldn't be better timed. It's taking place in Warm Homes Week, and the Aitchison Committee report on poverty that's just come out has major implications for energy - it goes far wider than any political agenda in the last twenty years.

It's quite scandalous that we have to note the figures Peter just presented about winter deaths. Part of the reason is that Britain does not have the sort of minimum energy efficiency standards that Scandinavia set for itself in 1945.

I have a slight disagreement with the figures in *Health of the Nation*. We shouldn't start by looking at the resources available, but by measuring the size of the problem.

We shouldn't play the "deserving" and "undeserving" poor off against each other - we can pursue a different "virtuous circle". I've been involved in trying to define what that might be, with projects like NEA here in Nottingham. I've visited people in their homes after improvements have been carried out, and there's a tangible improvement not just to energy efficiency but to their self-esteem and the way they feel they fit into society. It also transforms the position of the young people who do the work. Youngsters who stand on street corners and make you worry they'll burgle your house can be given such jobs. They then become the people who improve your house rather than threaten it.

We've attempted to turn these ideas into the Warm Homes 15 Year Improvement Bill. This aimed to upgrade 500,000 houses nationally for each of the next 15 years. Today's skills gap prevents us from doing

more - there just aren't enough trained people. This would generate 30,000 jobs per year as well as reducing carbon emissions. As for the health gains, Newark and Sherwood have calculated that if they were involved in this the health budget for their area could be reduced by over £4m.

This would be great - but not enough. We also have to find ways of breaking through cultures of insufficiency and low self-esteem. Money alone won't get the changes made.

There are still lots of CFC/HFC fridges in the UK, and we could feel terribly virtuous if we replaced them all with up-to-date ones over the next ten years. But in India over the same ten-year period there will be 200 million middle class households looking to get fridges. We have to help them do this on the same standards of virtue we aspire to. The technologies we develop for our own energy conservation plans are also the ones we must share to make these global as well as local solutions.

We need practical local plans for achieving all this. These can then be put on the table to inform national government policies.

We're still playing catch-up. For instance, we're predicting water shortages that will mean flooding large parts of Oxfordshire to meet demand. Yet in New York they decided to give each household a more efficient water system - it's a more cost-effective solution which their tax system makes possible, and it creates lots of jobs. In Birmingham GP practices you can get home insulation on prescription. Why not? It tackles the problem at source - the best form of preventive health care. We need to think imaginatively, and to make the resources follow the most imaginative solutions.

It seems likely that the future will raise similar issues in relation to food health. Experts are predicting further health crises after BSE. There will be demands for much more information about where food's come from. In some countries when you buy meat there's a whole lot of information about the animal it came from, where it was reared and so on. It seems likely that we will see this here soon. Environmental health will be as important in safe foods as in warm

homes.

This is a very exciting time in my life, with lots of change going on. It's a wonderful time to unleash the imaginative power in this city to see how we'd like things to be improved. Financial implications are also important. It costs a lot to do something well - but it costs a lot more to do it badly. Now's the time to find the courage to say, "This is what we want", and then find the courage to make it work.

Questions

David Garlovsky, Schools and Homes Energy Project in Sheffield

There are skills problems in trying to do a good job at the end of the day. Everyone's trying to do things on the cheap. How can the Government put money into getting the home-owner and the builder to look at the running costs of a new home and spend a bit more at the start?

Alan Simpson

We've made a big mistake in thinking that value for money means getting things cheaper. 90% of Housing Benefit increases have gone into the private sector, and 90% of those have gone into rent increases, not better housing. Why not use it to improve the poorest homes? Give private landlords a year's notice to meet current Scandinavian housing standards, and powers for national and local government to make sure the work gets done. There will be screams of protest, but I'd be quite happy to go down that route. We have to change the culture from one of acceptance to one of expectation. We have to see direct, short lines of accountability which simply deliver better housing.

Alan Allsopp, Nottinghamshire County Council

What do you perceive as the timescale for

the Warm Homes bill to become an Act, and how will the various agencies work together to deliver it?

Alan Simpson

There is a huge tension in the Government at the moment between the Department of Environment, Transport and the Regions and the Treasury. This is over making funds available for initiatives. If there's a public momentum for a national Warm Homes programme then the Government will be forced down that path. Don't wait for a lead from the Government. We must push this from local plans, to national campaigns and into Government legislation. That is how it will happen.

David Pickles OBE, Newark and Sherwood Energy Agency Health Benefits of Energy Efficiency Measures - Examples of Good Practice

I work for Newark and Sherwood District Council, but our European funding insisted on an autonomous energy agency - hence the title.

We have had an energy strategy since 1985 and a fuel poverty strategy since 1988. If we could have all our 42,500 households invest in making their houses more energy efficient with a 5-year payback period the total saving would be £14m/yr. When we look at how much the closure of the local coal industry has cost the area, it's... £14m/yr! It's a useful coincidence, and I have hammered home at every opportunity the fact that energy efficiency is a tool for local economic regeneration.

In order to promote energy efficiency we have had to play to the different interests of decision makers on various committees.

Sustainable economic development involves balancing renewable energy and energy efficient strategies, economic development and social welfare.

We've calculated that 25.4% of our residents have difficulty heating their homes adequately. Local activists became so concerned about serious dampness problems in homes that they threatened to take the Council to court unless something was done. We did a survey in 1988 that showed 50% of households had a serious damp problem, and only 1 in 60 tenants were making the best use of fuel. It was an old building stock with significant energy design defects.

So we developed a Condensation Containment Package, consisting of full house central heating, cost-effective insulation improvements, controlled ventilation improvements and education, advice and guidance for households. As housing stock is continually wearing out, there are lots of opportunities for

improvements if resources are available. By 1992 we had eradicated all severe mould problems, through a strategy of tackling the worst first and the greatest benefit for the greatest number.

While the initial focus was health related in defending ourselves against litigation, it became clear that there was a major problem with affordable warmth, especially for the elderly. As a result the new housing we built between 1980 and 1986 was superinsulated. There were greater challenges with existing stock.

The critical temperature is 16.5C. We produced information cards with a small thermometer for people to have on their mantelpiece. These were popular with relatives of older people. They also asked for thermostats to be glued in place to stop older people turning them down even when the younger relatives were actually paying the heating bills for them.

The programme went well until the last year of the last government, when the budget was cut by 30%. It has never recovered, but because the programme was targeted at the worst cases and the greatest good for the greatest number the £8m already spent meant the problem was no longer insurmountable.

We decided that a dwelling of 2 bedrooms or less should be affordable (using no more than 10% of income) for a single pensioner to heat, and dwellings with 3 or more bedrooms should be affordable for a single parent with two children. By 2003 77% of houses will be affordable.

I'd like to end with a slogan for you to think about: "Energy Efficiency - an issue that represents insurmountable opportunities?"

**Professor Peter Ambrose,
Health and Social Policy
Research Centre, University of
Brighton
Research about the
Relationship between Energy
Efficiency, Health and
Environment**

'Assessing the cost of bad housing' is a research project aiming to show that investment in better quality housing will produce savings across a number of sectors such as health and policing. In 1994 an interdisciplinary team was brought together to do health benefit surveys before and after some major improvements to two very poor housing estates in Stepney, Tower Hamlets. For comparison we also looked at a different area in Paddington with recent housing improvements. Data was gathered through interviews with residents and service providers like GP's, emergency services and housing services.

In 107 households (525 people) in Stepney we found 47% of rooms were damp, in 69% heating did not keep everyone warm, there was widespread fear of crime and anti-social behaviour, there were an average 2.62 illness episodes per household and 37% of total person/days were illness days. In the 40 households (84 people) in Paddington cold and damp was not an issue, there were only 0.36 illness episodes per household, and there was much qualitative evidence of less fear of crime.

Both residents' and professionals' opinions strongly supported the existence of a link between housing conditions and health. Our data suggested a number of statistically significant correlations, including between dampness and coughs/colds; cold and stress/depression; repairs needed and coughs/colds. The worst housed 20 households had the worst health status.

Reflection on all the evidence identified some indirect effects of bad housing conditions:

- lowered resistance to ill-health caused by stressful and uncongenial settings (high incidence of crime, poor learning conditions, etc.);
- the adoption of unhelpful habits (smoking, drinking, drugs, etc.) in some cases as a "coping strategy";
- the progressive reduction of residents' self-organising capacity (e.g. making use of services, complying with treatment);
- the diversion of the energies of providers (e.g. GPs, health visitors, teachers) from professional service provision and preventive care to helping cope with bad housing and social conditions;
- the serious disruptive effects of "decant" programmes, for example on schools and community structure.

It's all part of an argument for investing along the way to make sure it doesn't get that bad. There's a great need for more research on these issues. There are still people who don't accept the links between bad housing and health. The annual healthcare costs per household (GP and hospital only) were £515 in the Stepney sample and £72 in the Paddington sample. The crime costs per household (police costs only) were £325 in Stepney and £78 in Paddington. Energy costs were not systematically collected, but are clearly very high in the Stepney survey area, with considerable use of "secondary heating" which is costly and increases accident risk. One household in Stepney was spending £700 on energy per quarter!

Here are some tentative policy conclusions.

- Investment in better housing and environmental conditions will save money.
- Additional investment is better applied in a steady stream rather than in special projects and area-based improvement programmes, which create disruption costs in themselves.
- Many of the problems arise systemically from short-term thinking when housing

investment decisions are made, and insensitive management practices and attitudes.

- Healthcare technologies exist to reduce the costs of health care but they are not yet sufficiently evaluated.
- The costs generated by poor conditions are demonstrable and known to exist, but they fall on separated budgets - the full costs will be recognised and dealt with only when the effects on various budgets are considered together.

Each group was asked to choose 3 main points out of all the ideas they raised to prioritise for reporting back to the conference.

1. BEST PRACTICE

Facilitator: Kevin Cardall, Broxtowe Borough Council

Presentation:
David Pickles, Newark and Sherwood Energy Agency

David shared experiences with those present through dialogue about the different initiatives represented.

Discussion: Main points

1. NHAG to sign up to the warm homes bill and lobby for its introduction.
2. Utilise Primary Care Groups as a gateway to health workers. Provide awareness raising and training to demonstrate the benefits of energy efficiency.
3. Use treatment of cold and damp related illness as a trigger for energy efficiency improvements.

Other Points

Funding

- Problems accessing funding from the private sector.
- When funding obtained, usually requires spending within a short time scale.
- Like Alan Simpson's idea of using housing benefit to encourage improvements to rented accommodation.
- Often better to provide simple measures on many properties, rather than lots of money on one or two.
- Energy efficiency may meet the criteria laid down to qualify for Health Action

Zone funding.

Legislation

- Encourage all organisations present to sign up to the Warm Homes Bill.
- Tighten building regulations.
- Look at legislation to ensure improvements carried out as part of a new mortgage agreement.

Health workers

- Primary Care Group (PRC) provides an overview of health activities for an area. Ideal way of accessing health workers to organise events.
- Require awareness raising and training to emphasise the links between health and energy and what can be done about it.
- Possibility of using waiting rooms for publicity and marketing energy efficiency.
- Don't forget the role of social services.

Marketing

- Tends to work best in the winter time

Targeting

- If you are burgled there is an increased probability that you will be burgled again in the near future. Using this analogy with health, if you are treated for an illness caused by cold or damp housing this should act as a trigger for improvements to the person's property, using Home Energy Efficiency Scheme, Health Action Zone, LA grants etc.

Monitoring

- Difficulties in monitoring improvements, need to work with NHAG to collate figures to demonstrate performance - reductions in winter deaths, asthma cases etc.

2. ENERGY ADVICE AWARENESS signposting, basic information and grants to improve homes

Facilitator: Mike Peverill, Local Agenda
21 Officer, Nottingham City Council

Presentation:
**Tim Curtis, Head of Programmes,
Energy Saving Trust**

Discussion: Main points

1. A regional inter-agency framework is required to ensure coordinated action and training at the local level.
2. Proactive, accessible, impartial free advice and information at the local level.
3. Problem solving mechanism through channels of communication.

Other points

- It's confusing!
- Many people can't read the information.
- Ultimately, home visit service is needed.
- Need for overview of current provision.
- Internet may be helpful to provide up to date information to some GP's and local centres.
- If GP's identify poor housing as a factor in illness, is there a means of reporting back to the social landlord? Can help in targeting improvements.
- Confidentiality issue.
- Health visitors, home helps, etc. do visit many people who are in fuel poverty - possibility of referral - training needed.
- Advertising campaign on TV would reach many people.
- A need for impartial and consistent advice.
- Could DSS provide information to clients (targeting low income)?

- Conflict between warm homes agenda and carbon saving agenda.

3. BENEFITS TO PEOPLE'S HEALTH OF ENERGY EFFICIENCY IMPROVEMENTS AND WHAT CAN HEALTH DO TO IMPROVE ENERGY EFFICIENCY

we recommend a capital improvement programme, possibly as part of a longitudinal study into the links between various aspects of housing and health.

Facilitator: Rob Howard, NEA
Nottingham

Presentation: Roger Critchley, First Report

Roger gave a fascinating presentation outlining the links between health and cold homes, damp, mould and house dust mites.

Discussion: Main points

The group examined the problem from their differing perspectives and began to explore some of the potential solutions.

They looked at issues around:

- advice and information
- training
- signposting
- capital investment
- partnerships to tackle cold homes

The group came up with about a dozen recommendations but managed to pick out three to take forward to the conference.

1. Need to increase awareness of links between cold, damp homes and ill health, e.g. through Primary Care Groups and events like this one.
2. Improve training and information systems (e.g. computers) for GP's, district nurses and health visitors so that:
 - They are aware of the causes of problems;
 - They can refer people for grants and energy advice;
 - Information is available to residents in GPs' surgeries, hospitals, etc.
3. The NHS has a role to play in funding capital improvements to housing, and

4. IMPROVING PRIVATE SECTOR HOUSING

Facilitator: Fiona Swann, Ashfield District Council

Presentation: **David Garlovsky, Schools and Homes Energy Education Project**

The Schools & Homes Energy Education Project in partnership with the Environmental Housing Department of Sheffield City Council and Heeley Green Surgery developed strategies to strengthen their community involvement through delivering home energy surveys and advice on energy and cost saving measures. The project was entitled The Energy Saving and Healthy Living Initiative.

The patients and staff of the Heeley Green Surgery who volunteered to take part benefited in terms of increased awareness of the issues around energy conservation and efficiency in their homes, and were given concrete information about ways to reduce energy costs and improve energy efficiency.

The project was used as a pilot study for developing a more extensive scheme focusing on patients with health problems that could be associated with inadequate heating and energy inefficient homes. This involved conducting a preliminary investigation into data collection and analysis procedures. Three main data collection exercises, concerning domestic energy use, condensation and health, were assessed. The suitability, limitations and alternatives to existing domestic energy surveys were identified. The need for epidemiological expertise with health statistics was identified. In addition to these and other essential conclusions, key recommendations were offered in terms of the possible development of the project on a national scale.

Discussion: Main points

1. **Legislation:** Health Authorities lobby,

e.g. for change in the Fitness Standard to enable local authorities to enforce energy efficiency.

2. **Finance:** for energy efficiency initiatives, funded from health budget.
3. **Information:** use **all** existing channels of communication to deliver advice - education of policy makers and staff.

Other points

Private sector landlords

- Need to create legislation that forces organisations which let properties to meet energy efficiency standards as part of general fitness regulations.
- Create legislation giving agencies which let landlords' properties (e.g. bond schemes, letting agents, estate agents) the power to put a clause in tenancy agreements to encourage landlords to access home energy and other services to improve their properties.

Private sector owner occupiers - fuel poor

- Need to target existing resources, e.g. Home Energy Efficiency Scheme.
- A large proportion of funding made available through HEES goes into public sector housing stock.
- Changes in criteria for scheme: increase the number of energy efficiency measures available; allow repeat grants; build in a mechanism to make sure more private sector fuel poor individuals benefit.

Private sector owner occupiers - fuel rich

- Need to market energy efficiency benefits more effectively:
 - Price - bring this down by bulk purchase schemes and similar initiatives;
 - Product - what measures are the fuel rich likely to buy?
 - Promotion - advertising -

endorsement of Health Authority a real benefit;

- Place - how? - e.g. through surgeries, local authorities

Finance

- Obviously still one of the main stumbling blocks.
- Revenue needed for organisations to develop energy efficiency projects, e.g. bulk purchase scheme, New Deal programmes, advice/information initiatives.
- There are lots of examples of good practice out there, e.g. SHEEP, Healthy Living Initiative, Nottingham Energy Awareness Project. Need money to duplicate these, plus the mechanisms to put them in place.
- Endorsement/recognition by the Health Authority would be a real benefit.

Information/advice

- Provision of information/advice to private sector households is essential.
- In addition to other organisations delivering this it would be of real benefit if existing channels of communication within the health service could be fully utilised, through:
 - Education of policy makers;
 - Training/education for health workers, especially those that make home visits;
 - Set up a referral mechanism from the health service to other organisations that give energy advice.

5. ENERGY EFFICIENCY AND VULNERABLE GROUPS (GENERAL)

Facilitator: John Rimmer, Nottingham City Council

Presentation:
Eric Laverick, Regional Officer (Midlands), Care and Repair England

Energy efficient homes are important. Cold homes cause 30-40,000 more deaths each year, causing ill health through hypothermia, dampness, fungi and dust mites. Below 16C (61°F) there is reduced resistance to respiratory infections; below 12C (54°F) blood pressure and viscosity increase; and below 9C (48°F) after two or more hours the deep body temperature falls. Condensation causes damp homes, bringing fungal spores and dust mites (which can aggravate allergies including asthma) and increased risk of accidents. Particularly vulnerable groups include the elderly, children below 5 years old, those with long-term illness, those with physical or mental disabilities, and unemployed men and women under 25 on Income Support. This covers 2.5 million households. On 1991 figures (EHCS) 7 million households suffer fuel poverty. Causes include low income, low energy efficiency and dwelling size. Poor housing costs the NHS £2.4 billion per year.

There are various Government programmes and policies targetting these issues. Personal subsidies include VAT compensation on fuel, winter fuel supplements and cold weather payments, and will amount to £3,615m over the next 3 years. The Home Energy Efficiency Scheme (HEES) is targeted at improving housing stock, and will be £375m over 3 years. General housing and regeneration activities estimated at £835m over the next 3 years include Private Sector Renewal, Capital Receipts Initiative, Local Authority Social Housing Works, New Deal and the Single Regeneration Budget. The Government's agenda includes improving health and reducing health inequalities; more emphasis on prevention; partnerships and joint

working; removing barriers, single funding pots and "joined-up thinking". There are opportunities for better targeting of vulnerable groups and the worst housing.

The work of Care and Repair England includes training, demonstration projects, an energy efficiency pack, partnerships and looking at policy and practice. A number of projects from around the country were outlined.

Discussion: Main points

1. HEES is changing. We thought that perhaps HEES grants should be targeted by Health Visitors, District Nurses and Social Care professionals.
2. Single Regeneration Budget, New Deal for Communities and Health Action Zones should be used to target improvements in housing and should include the provision of employment opportunities.
3. Targeting of those in the severest fuel poverty. We felt there was a lack of information, and a need for the collation of cross-agency information to assist in targetting, to be funded through the Primary Care Groups.

Other points

- Addressing housing/ill health problems of single parents.
- Working with families with young children through health professionals.
- Research into the causes of elderly people falling.
- Targetting children on EEE (energy efficiency education), particularly where English is not the first language.
- Overhaul and streamline energy resource and advice referral system.
- Engaging the voluntary/community sector and welfare rights.
- Close liaison between local authorities and Primary Care Groups.

6. ENERGY EFFICIENCY AND VULNERABLE GROUPS (OLDER PEOPLE)

Facilitator: Peter Strutton, Rushcliffe Borough Council

Presentation: Jan Lythgoe, Age Concern Nottinghamshire

Some statistics helped to show the scale of the problem.

- In 1901 life expectancy was 49 for men and 45 for women. By 2001 it's estimated at 75 and 80 respectively.
- In 1951 there were 300 centenarians; in 2031 there will be 36,000.
- In 1961 there were almost 4 people of working age to support each pensioner; by 2040 there will only be 2.
- 75% of people living in the worst housing and on the lowest incomes are pensioners.
- In 1995 66% of people aged 75 or over had a long standing illness, compared with 35% of people of all ages.
- 48,600 extra deaths occurred over the four months of winter in 1996/7. 94% were Older People - equivalent to the population of Kettering or Canterbury!
- A 1991 survey of 10 European countries showed that in England and Wales excess winter deaths were 19% above the average - compared to 4% for Germany and 7% for Sweden and Norway.

Age Concern Nottingham and Nottinghamshire have a project called Staying Put, which helps Older People to stay in their own homes safely and independently. It assists mainly owner occupiers aged 60 and over. The project advises on repairing, improving and adapting properties, helps to get money to do it and ensures the work is carried out.

There is also a Home Maintenance Service, which provides a handyperson for small

household jobs (like window repairs, fixing shelves and fitting smoke alarms) at subsidised rates for time, plus materials costs. There are also Approved Gardeners and Decorators who can be contacted through the scheme.

Discussion

Problems encountered by the elderly were brainstormed:

- Social isolation
- Cultural isolation
- Physical isolation*
- Fear* (of crime, of change, of getting ill, becoming a burden, becoming dependent)
- Ignorance* (of self help capability, of agency support, of advice, of grant aid)
- Poverty*
- Poor housing* (disrepair, under occupation)
- Poor health* (aging process, infirmity, susceptibility to illness)

The problems asterisked could be addressed in whole or in part by the following three actions.

1. Resurrect Prevention

- a) It was felt that resources are all too often put into "fire-fighting" and not avoiding crises. The home visitor role should be re-examined and seen not as a response to a crisis but as an early warning system to prevent a crisis.
- b) The home visitor should have a generic role - not a single-minded purpose (e.g. setting the coal fire for an elderly person) but a wider referral role (e.g. recommending that if central heating was installed it would pay for itself in terms of reduced need for visits and reduced risks to general health).
- c) Much research has been done on this, where prevention is shown to be more cost effective than cure, but it still needs some one to bite the bullet and redirect resources with faith.

2. Energy Advice for the new Health Line

- a) The new telephone enquiry line should be expanded to offer advice on a wider

health related basis, i.e. referral to HEES, Energy Advice Centres etc.

- b) The line should be coordinated with local support agencies so that, again, causes can be addressed instead of symptoms.

3. **Support Self-help**

- a) The Health Authority should recognise clients who may be in a position to improve their own environment. Either through loans direct from the Health Authority, equity release schemes (such as the Age Concern HIT scheme), or negotiated schemes with selected lenders, aspects of the home environment which may cause serious or repeated risks could be rectified, thus eliminating the risk and its long-term costs.

**Dr Peter Barrett, Chair,
Nottingham Health Authority
*Conclusions***

We've heard a lot of good ideas that fit together very well. The challenge now is to put them into action. We need to be imaginative. We also need to recognise that we are not starting from a blank sheet of paper, and that difficult decisions about priorities still have to be made. Shifting resources to put action into practice, for example, will mean making choices about how we spend our money. The choice may be between extra funding for new high-tech drugs and putting more money into energy efficiency. It is vital, therefore, that we are able to involve the whole community in making these choices and that local people can see the process behind the priorities for the Nottingham area.

We've been talking about "joined-up thinking". We're all looking at joined-up action, because we're all here today. What we're moving towards is joined-up resources. It's important that we see resources not just as money to spend, but as the whole range of people, skills and influence which we can all bring to improving health.

Joined-up action means getting people to work together as a group. How many people do we each know? Don't keep information to yourself. We each have our own "territory" and from an early age have been taught to defend it. Give yourselves a pat on the back for coming here today to share.

As to what will happen next, a report of the day will be sent to everyone here, but you can also contact myself, Helen Thompson (the Health Action Group Officer) or the rest of the team at the Health Authority. We will continue to work with you on these important issues and to ensure that these are part of our major strategic plans for the Health Improvement Programme and the Health Action Zone in future years.

Recommendations

From consideration of the common themes that arose in the discussion groups a set of threads emerge to take forward this work on Energy Efficiency, Health and Environment. These seem to be the most popular ideas, in rough order of priority. Although a lot of the initial work involves networking and information gathering, its goal is definitely to facilitate action.

- Identify training and awareness programmes currently operating in the health sector;
- Evaluate the potential for including energy awareness in this existing provision;
- Recommend next steps and appropriate contacts for setting up an ongoing programme of awareness raising on energy and health issues for health sector staff.

- Investigate existing forums that consider energy and health issues;
- Recommend a process for establishing an inter-agency coordinating framework, preferably through an appropriate existing body or forum;
- Work towards using this structure to link cold and damp related illness with targeting of housing improvements.

- Identify funding programmes in the health sector which can be used for energy efficiency projects, and encourage such use.

- Investigate existing channels for health information/advice materials;
- Investigate other possible channels, including the media (TV, Internet, etc.);
- Explore the possibilities for endorsement by Nottingham Health Authority;
- Make recommendations for an energy and health promotion strategy.

- NHAG to consider the best ways for it to promote appropriate legislation.

Given the imminent onset of the Health Improvement Programme, Health Action Zone and Healthy Living Centres/Networks, it's vital to plan now how and when this work will be taken forward, in order to ensure that the issues have a place in these major initiatives as indicated by Peter Barrett.

The commitment to set these processes in motion and receive reports on them should be made by Nottingham Health Action Group, working with its partners in various sectors. Tasks could be carried out by:

- Student or volunteer placements based with the Health Authority or another organisation;
- Secondees;
- Employees of the Health Authority as part of their work;
- The Health Action Group Officer;
- Consultants from the private or voluntary sectors.