



r e p o r t

Scottish Public Health Network

Addressing Fuel Poverty, Guidance for Directors of Public Health on taking action in support of: *A Scotland without fuel poverty is a fairer Scotland: Four steps to achieving sustainable, affordable and attainable warmth and energy use for all (Report of the Scottish Fuel Poverty Strategic Working Group to the Cabinet Secretary for Communities, Social Security and Equalities, October 2016)*

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24 October 2016

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Preface

Over recent months colleagues in NHS Health Scotland have been helping in the work of the Scottish Government's independent Scottish Fuel Poverty Strategic Working Group. This group, chaired by Prof. David Sigsworth, was charged with developing the vision for the eradication of fuel poverty and making recommendations to set the future direction of the Scottish Government's long term fuel poverty policy. In addition, the Scottish Government established the Rural Fuel Poverty Task Force to help understand the issues within rural communities. These major pieces of work are now complete and their reports have been published. On the back of this, we can expect that there will be a new fuel poverty strategy for Scotland, one in which the potential to reduce health inequalities by eradicating fuel poverty will be more visible.

In parallel to this work colleagues have been working under the leadership of ScotPHN to develop a response for the Scottish Directors of Public Health to become more engaged with the agenda around fuel poverty. Many local Public Health and Health Promotion Directorates have been undertaking excellent work in this area already, but this document is designed to help all public health colleagues quickly assimilate the key messages of *A Scotland without fuel poverty is a fairer Scotland* and to help start orienting work towards tackling it.

Fuel poverty is one key determinant of health. Heating our homes adequately, or worry that we can afford to do so, affects health and wellbeing. Fuel poverty particularly affects people and households on low incomes, on welfare benefits, in poor housing, draughty or poorly insulated houses, or those exposed to cold and windy weather such as rural areas. These characteristics result in inequalities in health.

Throughout the text there are suggestions (boxed) for lines of public health action, in collaboration with others, to tackle fuel poverty.

I am grateful to all who have been involved in these endeavours and commend these documents to you.



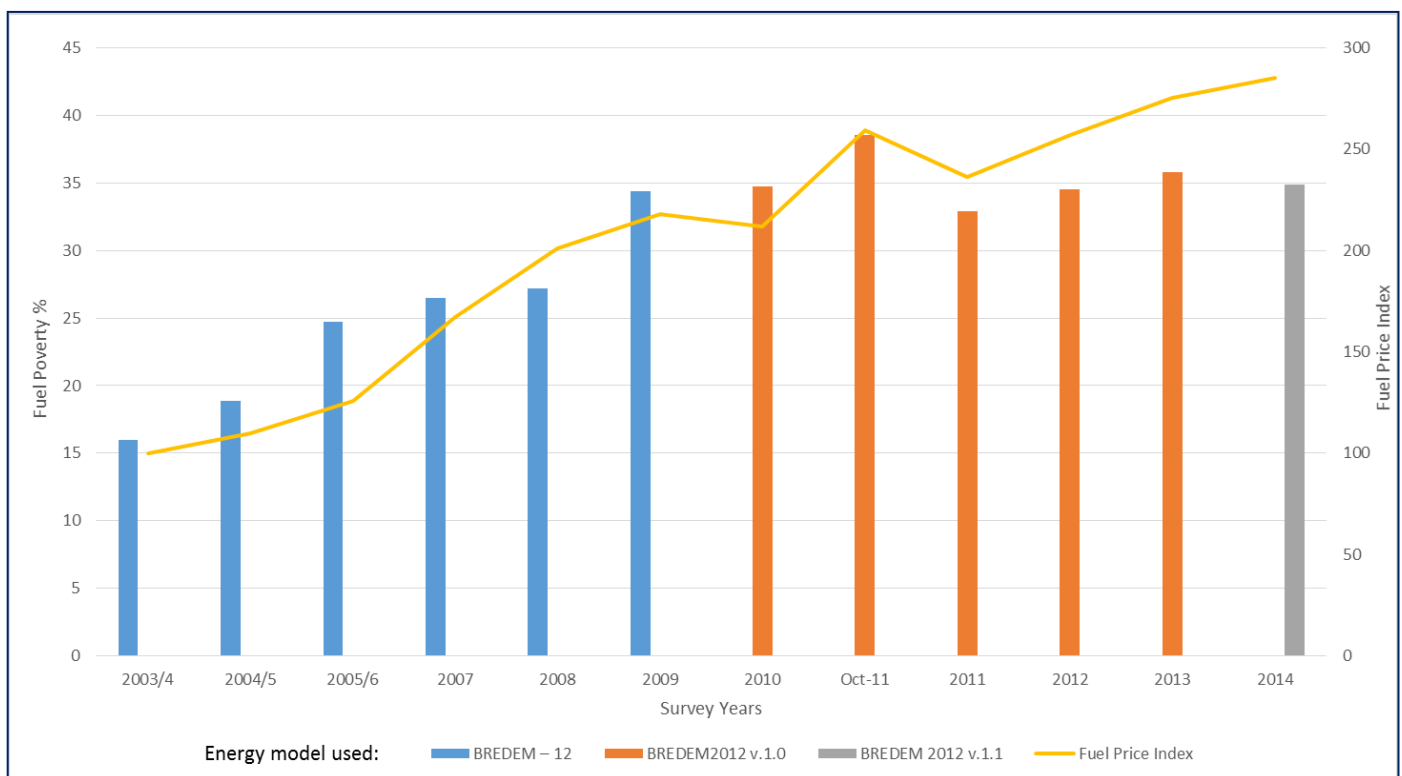
Andrew Fraser
Chair, Scottish Directors of Public Health

1 The Epidemiology of Fuel Poverty in Scotland

The Scottish Housing Condition Survey (SHCS) publishes the official figures for fuel poverty in Scotland. The figures for 2014 estimate that 34.9% of all households in Scotland were fuel poor. This equates to 845,000 households, and is slightly lower than that for 2013 (35.8%, 860,000 households), when a revised estimation process was introduced.¹

As Figure 1 shows, the proportion of Scottish households experiencing fuel poverty has risen exponentially since 2002. Much of this is associated with increases in the price of fuel.

Figure 1 – Fuel Poverty and Fuel Price Index Increases since 2003/04



(Source SHCS 2014¹)

Predisposing factors for fuel poverty, as reflected in the SHCS¹, include: being a pensioner; being economically inactive; or on a low income. Single pensioners are estimated to have the highest levels of fuel poverty of any household type (58%). Fuel poverty rates are high amongst rural communities (50%) when compared to urban communities (32%), which is considered to be a consequence of a relatively poor access to the mains gas supply (the “gas grid”) and the nature of rural housing, which tends to be large, detached and more exposed to the wind and external cold weather. Generally, across Scotland some 43% of all households who do not have

access to the gas grid are fuel poor, having to rely on more expensive fuel sources. Households in the top 15% of deprived areas in Scotland, are slightly more likely to be amongst the fuel poor (38%, 149,000 Households) compared with the remaining 85% of areas in Scotland (34%, 696,000 Households). An estimated 47% of outright home owners were thought to be fuel poor, many of whom are pensioners on lower incomes, whilst mortgage holders are least likely to suffer fuel poverty (17%). Routine statistics are not disaggregated by gender, but it should be noted that of the 58% of single pensioner households in fuel poverty, we can estimate from the 2011 Census that some 70% of these may be women.² In a similar way, at the time of the last census, of the 33% of lone parent households in fuel poverty, some 87% of the parents would be female.²

The impact of changes to UK welfare provision and entitlement on household financial resilience is being monitored in Scotland. Whilst the most recent sweep of Tracking Survey in Scotland highlights that there is still a lack of clarity on the how the impacts are affecting individual and families³, there remain concerns – notably within the third sector – that welfare reform is likely to increase fuel poverty.⁴ That these benefits changes may also affect women disproportionately only serves to highlight the potential for gender inequalities.

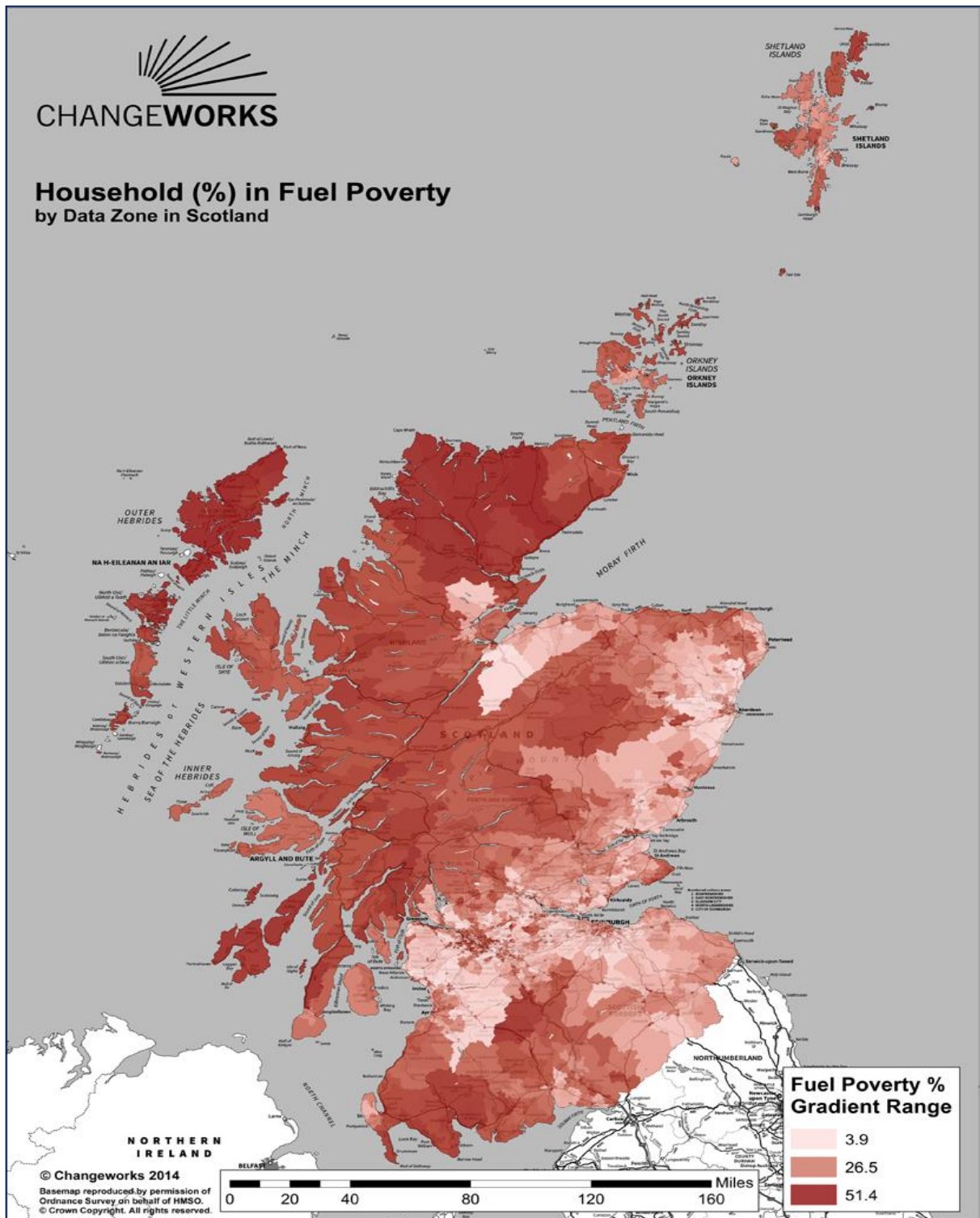
As noted above, fuel poverty in Scotland is subject to geographical variation. Figure 2 shows the proportion of households in fuel poverty by location (data zone) across Scotland (see page 7). This broadly reflects the findings of the most recent Scottish House Condition Survey regarding the rural: urban split of fuel poor households. It is also possible to recognise the general coverage of the Scottish gas grid from the mapping. However, what is possibly more important is that, on a data-zone by data-zone basis, it is possible to recognise local areas where fuel poor households are more likely to exist. This is independent of SIMD and has the potential to facilitate a more focussed response than using that methodology as a proxy. ScotPHN has worked with Changeworks to create similar maps for each Health Board area, and their Local Authority partners, in Scotland. These have been licenced for the use by Directors of Public Health in activities relating to addressing fuel poverty (see the Resources appendix below).

2 Fuel Poverty and Health

Breaking the links between fuel poverty, cold and damp homes and ill-health has been a Public Health concern since the 19th century. The evidence base for the current situation has been well rehearsed in a number of recent documents.^{5, 6, 7} These have been summarised in sections of the literature review commissioned to support this guidance (see the Resources appendix below). This summary work highlights that:

- The WHO estimate that 30% of excess winter deaths (EWD) are due to cold indoor temperatures: this would equate to 1,218 of the 4,060 EWD in 2014-15 in Scotland;
- For the youngest age groups cold homes have been linked to asthma, chest, breathing and mental health problems, slowed physical growth and cognitive development;
- In older people they are directly linked to an increased risk of circulatory and respiratory diseases, exacerbation of arthritis, increased risk of falls and injury. Indirect impacts may include social isolation.
- Cold homes are linked to poor mental health, with an increase in temperature associated with reduced risk of anxiety and depression.

Figure 2: Proportion (%) of Households in Fuel Poverty by Location (Data zone) in Scotland 2014



(Source: Changeworks. Image © 2014 Changeworks, Reproduced with permission.)

3 The Causes of Fuel Poverty

Following a careful review of why fuel poverty remains an issue in Scotland, despite the many years of activity and resources which has been dedicated towards its eradication, the Scottish Fuel Poverty Strategic Working Group is of the clear view that fuel poverty is a manifestation of social injustice:

“It is unfair that some people have to pay a ‘poverty premium’ for fuel simply because of where they live, or the standard of housing available to them or because they are unable to achieve secure or sufficient income. Affordable energy use is a basic need that must be met in order for individuals and families to thrive and enjoy well-being.”⁸

This view stems from the evidence that fuel poverty is a product of a range of factors including:

- household income and (high) fuel prices;
- the energy efficiency of the property and the efficiency of its heating system;
- the number of people who live in the household and the way in which they use fuel; and
- whether – due to some form of vulnerability - they spend more time at home than others (e.g. pensioners, people with disabilities).

In the light of this of *A Scotland without fuel poverty is a fairer Scotland* (SWFPFS) has developed a conceptual model of the major drivers which interact to create and sustain fuel poverty. These are:

- income;
- energy costs;
- energy performance (of the physical fabric of the house and the heating system); and
- how energy is used in the home.

This last point – how energy is used – relates to the behaviours of those who are resident in the house and is an essential component in recognising the role of the individual in sustaining thermal wellbeing, as well as being a mediating factor in the transition from cold households to ill-health.

The report is clear in stating that the new fuel poverty strategy for Scotland must address all four drivers. Programmes to improve the energy performance of homes are important and have had some success in mitigating fuel poverty. However, these gains have been outstripped by fuel price rises and insufficient increases in income;

indeed many vulnerable consumers and wage-earners have seen real time decreases in income.

Possible Public Health Actions

SDsPH need to explore what potential means public health can use to engage with and support local stakeholders on issues relating to fuel poverty. For example, data and intelligence sharing, mapping, monitoring, etc

4 Scottish Policy and Fuel Poverty

The literature review produced to accompany this guidance sets out the existing Scottish policy landscape relating to fuel poverty. The major elements of these are:

The Housing (Scotland) Act 2001 placed a statutory duty on Scottish Ministers to prepare a strategy to ensure that ‘as far as reasonably practical no person should live in fuel poverty’. The Scottish Fuel Poverty Statement (2002) set out the ambition to tackle fuel poverty by November 2016. The targets set for November 2016 have not been met, as confirmed by Scottish Ministers in June 2016. The Scottish Fuel Poverty Strategic Working Group was tasked with looking at the target and progress towards it.

In addition to the duty set out in the 2001 Act, the Scottish Government has also made commitments to ensure that by 2030 there will be a “step change” in the provision of energy efficient homes. This commitment, set out in Low Carbon Scotland: Meeting our Emission Reduction Targets 2013-2027, was made as part of the Government’s response to the Climate Change (Scotland) Act 2009.

Local Authorities play a significant role in delivering energy efficiency measures and in identifying and tackling fuel poverty. They are required by the Housing (Scotland) Act 2001 to develop strategies to address fuel poverty across all housing tenures (not just social housing) and to define the nature of locally experienced fuel poverty. How some of the Local Authorities in Scotland have taken these forward is considered in the literature review.

Finally, the Energy Companies themselves are subject to what is called the Energy Company Obligation (ECO). This is a scheme running across Great Britain which places a number of obligations on each energy company to promote energy efficiency to reduce carbon emissions (to help mitigate climate change) and tackle fuel poverty. Under the Scotland Act 2016, responsibility for the design and delivery

of the ECO scheme in Scotland will pass to the Scottish Government from the UK Department for Energy, Business & Industrial Strategy, with the powers over the Scottish ECO scheme expected to go live in 2018.

Possible Public Health Actions

The literature review has described a number of Local Authority approaches across Scotland. These illustrate the type of ways in which they have interpreted the various schemes to reduce fuel poverty and increase energy efficiency.

- Getting to know what action your Local Authority is taking. This will be an important first step to creating better partnership working in response to the new Fuel Poverty Strategy. It may also help establish better links to local Climate Change sustainability working in the local area.
- Identifying what, if any, Energy Company Obligation (ECO) schemes are functioning in your area may also be useful and offer to make links between companies and local stakeholders.
- Check whether fuel poverty is on the agenda for CPPs and IJBs and local partnerships at all levels.
- Explore what opportunities there are for sharing intelligence on fuel poverty and its health consequences.

5 Defining Fuel Poverty

Currently in Scotland fuel poverty is assessed at the level of households. A household is considered fuel poor if, in order to maintain a satisfactory heating regime, it would be required to spend more than 10% of its income on all household fuel use. The definition was considered by the Scottish Fuel Poverty Forum and more recently by the Scottish Fuel Poverty Working Group. A recommendation that the current definition be reviewed is included in SWFPFS.

Changes in definition are not without their potential unintended consequences, as identified in discussions within the Fuel Poverty Forum. One possible approach put forward would be to target those households that are both fuel poor and income poor. An analysis of this nature is included in the SHCS 2014.¹ However, as an analysis for the Fuel Poverty Forum undertaken by ScotPHN and ScotPHO showed, this may have the effect of excluding several groups of vulnerable people whose health would be placed a greater risk if they were deemed no longer to be fuel poor and unable to maintain thermal wellbeing⁹. Whatever the outcome of this, identifying individuals who are fuel poor as opposed to households remains problematic, with no single characteristic or proxy accurately pinpointing this group.

Possible Public Health Action

SWFPFS has recommended that there be a review of definitions of fuel poverty. If we are to avoid unintended health consequences of any changes, public health should:

- offer national support for helping to develop the new definitions;
- ensure that health inequality impact assessments are undertaken on proposed definitions; and
- test the use of a new definition so that it is viable at local level.

6 Addressing the Drivers of Fuel Poverty

6.1 Income and Energy Costs

As noted above, low income and high fuel prices have long been a driver of fuel poverty. In addition to recommendations that build on the current range of measures designed to provide advice to households, alleviate fuel poverty, and address the affordability of fuel costs, SWFPFS sets out recommendations in relation to improving household incomes, promoting the local economy, and, using the new

powers passed to the Scottish Government regarding welfare policy, to use the Scottish social security system to support fuel poverty eradication.

Possible Public Health Action

- Public Health leadership and advocacy can help establish and sustain approaches in the NHS (and its partner organisations) to move to being a “living wage” employer and to help sustain financial resilience in its workforce;
- Similarly, provide leadership to help support local economic sustainability through its role as a public sector procurement agency.
- Link fuel poverty with work that seeks to identify financial insecurity in individuals and households. Supporting access to benefits and financial advice can be extended to include advice to address fuel poverty through a range of measures.

6.2 Energy Performance

As the literature review shows, the range and breadth of schemes and interventions to address the energy efficiency of houses and of their heating systems in Scotland is complex. A range of agencies provide and manage funding for these approaches which range from advice lines, though central heating and insulation upgrades, to full-blown infrastructure schemes. Of particular note in this context may be the outline of the Home Energy Efficiency Programmes for Scotland (HEEPS). Whilst these schemes have been rolled out across Scotland, it is not clear how effective they have been in targeting and alleviating fuel poverty. This is because indicators to assess fuel poverty outcomes have been difficult to develop and incorporate into the schemes. As can be expected, assessing the health impacts of such schemes has also been problematic.

Recognising the cost of housing related ill health, greater importance has been placed on how health practitioners can better identify and support fuel poor households. Although guidance from the UK Health Forum and NICE explored in the literature review is targeted towards practitioners in England, they have relevance to Scotland. In particular the NICE Guidance advocates a multi-agency approach to identify and support fuel poor households. Given the complexity of funding arrangements, NICE notes the need for formal links at high level with social services and the NHS, to support better identification of fuel poor households and improved awareness among front-line services about their role⁶.

SWFPFS recognises the importance of these energy efficiency schemes and makes recommendations regarding the on-going develop of Scotland’s Scottish Energy

Efficiency Programme (SEEP), building on the existing energy efficiency interventions across the domestic and non-domestic sectors, including the new powers established by the Scotland Act 2016. The report also looks at how the Energy Company Obligation can be better focussed on alleviating fuel poverty.

In taking these schemes forward, the report recommends the establishment of local fuel poverty partnerships, linked to the Community Planning Partnership, which would have a governance role in the establishment and evaluation of schemes. Two areas specifically identified as ways in which the NHS can help improve the coverage and effectiveness of the SEEP and ECO schemes are in identifying those who are in, or could be vulnerable to, fuel poverty and in assessing the health outcomes associated with energy efficiency schemes.

Possible Public Health Action

- Local Public Health teams should start making links with the existing CPPs and IJBs, Energy Company and Third Sector partners working to reduce Fuel Poverty. This will help establish stronger relationships moving into the new partnership arrangements.
- Establish an understanding of the HEEPS and ECO schemes currently in operation in the local area; seek to explore ways in which NHS and wider public health agencies can help identify those in, or at risk of, fuel poor households and signpost these people toward appropriate advice and support arrangements (see also below).
- Establish a national resource for local Public Health /NHS projects in relation to identifying and supporting those in fuel poverty; this resource should be used to help share good practice and enable better access to appropriate advice and action for those in fuel poor households.
- Nationally, data linkage research is needed to establish the health status of those in fuel poor households and the impact of intervention to improve household energy performance.

6.3 How energy is used in the home

SWFPFS is clear that, in addition to income, fuel cost, and energy efficiency, the way in which people in houses use fuel is a central component in eradicating fuel poverty. As a consequence understanding the behaviour of those experiencing fuel poverty is an important factor in tailoring any intervention to improve thermal wellbeing.

This issue is considered in the literature review commissioned in support of this guidance. This summarises the finding of a review by the UK Government's

Department of Energy and Climate Change (DECC) on the behaviours of people in fuel poverty. The review suggests that while many individuals in “at risk” households are likely to be very engaged with their energy use and bills, becoming more ‘energy efficient’ may be understood by some solely as meaning the need to cut back on heating. The possibility of seeking to live in energy efficient properties or adopting cost-effective energy efficient behaviours are not routinely recognised or considered. Moreover, there is thought to be a lack of awareness among fuel poor and vulnerable individuals about the assistance available through energy efficiency schemes. Even where these are recognised, there are concerns about additional costs that can be attached to such initiatives. The review identifies scope for these groups to benefit from, and take up, basic energy efficiency measures and to be better informed about heating system use.

As with health behaviour change, where knowledge may not simply translate into more healthy behaviours, there are likely to be significant barriers to behaviour change in relation to fuel use. There is a dearth of intervention studies showing “what works”. Given the gaps in the literature a number of reviews have highlighted the need for further research; possible avenues for this are explored in the accompanying literature review. In the meantime, the recently published ScotPHN systematic review on the similarities and differences between health behaviour change and sustainability behaviour change (which includes elements of energy use behaviours) may provide local Public Health teams with useful material to help explore this area.¹⁰

Possible Public Health Action

- As noted above, explore ways in which NHS and wider public health agencies can help identify those in, or at risk of, fuel poor households and signpost these people toward appropriate advice and support arrangements.
- Explore how best to incorporate advice and support relating to maintaining thermal wellbeing amongst older people, those being cared for within their own homes, and those with long-term conditions who are part of self-management programmes.
- Support local and national research and evaluation studies looking at effective approaches to behaviour change in relation to fuel use amongst those supported by the NHS.

7 Conclusion

Addressing fuel poverty is one area where there is a genuine opportunity to start addressing health inequalities “up-stream” through changing a key determinant of health: cold and damp housing.

The publication of SWFPFS provides a clear opportunity for the Scottish Directors of Public Health and their teams to explore how they can extend their existing work in relation to fuel poverty by adding value to the work of other agencies.

Whilst we await the new development work which the report recommends, including a new strategy to eradicate fuel poverty and changes to existing schemes and their governance, it is hoped that this guidance may help Directors of Public Health to make an early start in developing a local response to this form of social injustice.

References

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Appendix: Supporting Resources

ScotPHN (www.scotphn.net)

[Fuel Poverty Maps](#) (Changeworks, 2014)

(NB. The maps are only available via SDsPH due to licencing restrictions)

[Fuel Poverty and Income Poverty: A Commentary](#) (Mackie, Taulbut, 2016)

[Fuel Poverty: Literature Overview & Bibliography](#) (Arnot, 2016)

SMaSH (<http://www.scotphn.net/networks/scottish-managed-sustainable-health-network/introduction/>)

[The similarities and differences between Health Behaviour Change and Sustainability Behaviour Change: A systematic literature review](#)

(Oldcorn, Armour, McCann, 2016)

Scottish Government

[A Scotland without fuel poverty is a fairer Scotland: Four steps to achieving sustainable, affordable and attainable warmth and energy use for all Report of the Scottish Fuel Poverty Strategic Working Group to the Cabinet Secretary for Communities, Social Security and Equalities](#)



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