The Kent Health & Affordable Warmth Strategy

An example of how a Warmth & Affordable Strategy came about following an addition to the Home Energy Conservation Act.

### The Kent Health & Affordable Warmth Strategy

**The Lead organisation:** CEN (Creative Environmental Networks)

http://www.cen.org.uk/

**Local & Health Authority:** Kent County Council; Kent & Medway Strategic Health Authority

**Lead contact:** Meroe Blackford, CEN, 3rd Floor, International House, Dover Place, Ashford, TN23 1HU, Tel: 01233 646 663 Fax: 01233 646 966.

**E-mail:** meroe@cen.org.uk

**Key partners:** CEN, Kent & Medway Primary Care Trusts, Kent & Medway Strategic Health Authority, Kent & Medway Social Services, 13 District & Borough Councils, Pension Service, Kent Home Improvement Agencies, Groundwork, NEA, Warmfront, Government Office of the South East.

**Brief description:**

The Kent Health & Affordable Warmth Strategy (KHAWS) came about following an addition to the Home Energy Conservation Act requiring councils to report on progress made to alleviate fuel poverty in their boroughs. A partnership was formed to address this issue and, following a series of consultation events, the first strategy was launched in 2001. This has recently been revised and a new Strategy document ‘Working in partnership to alleviate fuel poverty in Kent & Medway’ was published in March 2005. This sets out a series of planned actions for the next 3 years which ultimately aims to alleviate fuel poverty and reduce the incidence of cold related illness in the domestic sector. A Steering Group coordinates the Strategy, with a membership drawn from County and District Authorities, the Kent PCTs, Kent Home Improvement Agencies, the Department of Work and Pensions, Groundwork and other agencies.
Key strategic issues of KHAWS

Health and fuel poverty:

Every year, around 170,000 households in Kent, and 4 million nationally, will struggle to keep warm. Living in a cold home can lead to or worsen a large number of health problems, particularly for vulnerable groups. On average, there are 40,000 more deaths in December through to March in Britain than in other periods of the year, 93% of them occurring among people over 65 years. This phenomenon is virtually unknown in many colder countries. For every 1°C drop in the winter average temperature in the UK, there are an extra 8,000 deaths; hospital admissions from heart attacks will increase two days after a cold day, strokes five days after and respiratory diseases 12 days after. The people most likely to die or become ill during the cold weather are those least able to afford to heat their homes.

A fuel poor household:

is one that needs to spend more than 10 per cent of its income to meet fuel costs, including the cost of heating the home to an adequate standard of warmth. The main causes of fuel poverty in the UK are a combination of energy inefficient dwellings, low incomes, under-occupancy and the cost of fuel. The energy efficiency of a dwelling varies considerably between tenure and housing type, with older houses and private rented accommodation faring least well.

Aims and objectives of the Strategy:

1. To improve the co-ordination of delivery
2. To set up and maintain appropriate internal and external partnerships
3. Influencing strategy
4. To raise the profiles of fuel poverty alleviation & KHAWS at a strategic level in Kent, the South-East and nationally
5. To raise the profile of fuel poverty and solutions to frontline professionals
6. To carry out effective campaigns to increase take up of existing assistance from the domestic sector
7. To increase levels of funding for intervention

Resources:

One of the overarching aims of the KHAWS Strategy is to mobilise existing grant schemes for heating and insulation and to maximise the benefit take-up of fuel-poor households.

Challenges:

Advice, information and support is available to members of the public, particularly older people, but it is often the case that those most in need are not aware of these services or do not know how to access them. Traditional marketing methods may not reach them either. Strategic support for fuel poverty alleviation exists in some areas but not others, so that coverage of grant schemes is patchy, both in terms of geography and eligibility.
A key aim of the Strategy is to integrate fuel poverty alleviation and targets into the strategies of all relevant local authority, health and social care organisations. Operationally, energy efficiency considerations and thermal quality need to be taken on board by planners, by those assessing housing need and carrying out the Decent Homes programme and by home-visiting staff.

A warm home for Mr Riley

Mr Riley, an 82 year old from Thanet, was referred to CEN’s Health Through Warmth team by his local Home Improvement Agency following concerns about the impact his housing conditions were having on his health.

His coal-fuelled boiler had rusted and been condemned, the pump had broken and any water coming out of the system was full of rust. As a result, Mr Riley was extremely cold and was having to boil a kettle to provide hot water for washing.

Before being referred, both Mr Riley and his brother in law had searched for help but to no avail. However, with Mr Riley’s health conditions including respiratory and circulatory problems and an arthritic spine, it was imperative that a solution was found.

Thanks to npower’s Crisis Fund, CEN were able to fit an entire new heating system, including boilers and controls. Mr Riley is now warm with a ready supply of hot water and is delighted with his new system.
Lessons from the Strategy for Housing LIN members

Partnership and joint working:

The network of local partnerships in KHAWS is complex but impressive. There is a sense that ‘strategic ownership’ is widespread, but this is reinforced by efforts to integrate commitment to the Strategy within the domestic strategic priorities of the participating agencies.

The importance of home-care professionals:

To locate some of the most vulnerable members of the community in order to provide help and assistance needs cooperation and help from home-care professionals. Following the publication of the first KHAWS strategy, CEN established a health referral scheme as part of npower’s ‘Health Through Warmth’ programme. Through this programme, health and care professionals have been trained to recognise clients suffering from fuel poverty and to refer them for co-ordinated assistance. http://www.npower.com/Health_Through_Warmth/

Your assessment could include fuel poverty:

An aim of the Kent Strategy is to ensure the Single Assessment Process is widened to include an assessment of a vulnerable person’s heating system and costs and thermal efficiency introduced as a factor in assessing housing need.

Links to Benefit-awareness:

Maximising benefit take-up is not only an essential route to increasing income among the fuel-poor but can also act as a ‘passport’ to heating and insulation grants dependent on receipt of benefits for eligibility.

An Energy Efficiency Advice Service near you:

Try the following website: http://www.est.org.uk/myhome/localadvice/map/ or phone 0800 512 012

Case Study prepared by Maria Brenton for the Housing Learning & Improvement Network
Other Housing LIN publications available in this format:

**Case study no.1:** Extra Care Strategic Developments in North Yorkshire  
(01.09.03)

**Case study no.2:** Extra Care Strategic Developments in East Sussex  
(01.09.03)

**Case study no.3:** ‘Least-use’ Assistive Technology in Dementia Extra Care  
(02.02.04)

**Case study no.4:** Tenancy Issues - Surviving Partners in Extra Care Housing  
(01.06.04)

**Case study no.5:** Village People: A Mixed Tenure Retirement Community  
(15.10.04)

**Case study no.6:** How to get an Extra Care Programme in Practice  
(15.10.04)

**Case study no.7:** Sonali Gardens - An Extra Care Scheme for Bangladeshi and Asian Elders  
(11.01.05)

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.