Shropshire Council

Date: Friday, 27 March 2015

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND

Contact: Karen Nixon, Committee Officer
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Email: karen.nixon@shropshire.gov.uk

HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

8 Heatsavers - Shropshire Evaluation (Pages 1 - 16)

A report will follow.

Contact Andy Begley, Head of Adult Social Care Operations tel 01743 252421.

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Health and Wellbeing Board
27th March, 2015

HEATSAVERS RESEARCH PROJECT

Responsible Officer Richard James, HeatSavers Research project lead, private sector housing
Email: Richard.james@shropshire.gov.uk :

1. Summary

1.1. There is a long established, recognised relationship between cold and damp housing and poor health. An estimated 31,100 excess winter deaths occurred in England and Wales in 2012/13 a 29% increase compared with the previous winter.

1.2. In Shropshire there are 19,572 fuel poor households, which makes it 13th worst out of the 152 local authorities in England for fuel poverty.

1.3. Shropshire has had 1,740 excess winter deaths between 2002 to 2012, making it 96th out of 152 local authorities for excess winter deaths.

1.4. Fuel poverty, is at 21.2% in Shropshire and is 6% higher than the national average. Shropshire, as a large rural county, is faced with a range of particular challenges relating to fuel poverty. This includes an older than average, hard to treat housing stock; high numbers of properties which are off gas grid; large numbers of unique, older properties (heritage houses) and a very large and growing elderly population, many of which live in large, off gas grid properties.

1.5. The survey confirmed that Shropshire, as a large rural County, faces exceptional challenges in relation to the age and type of housing, the availability of mains gas and the population profile. The data shows that 27.3% of homes in Shropshire were built before 1919, higher than the national average of 21.7%.

1.6. The housing survey highlights a demand of approximately 1,100 vulnerable households that HeatSavers could target to help at a recommended cost of £1,700,000.

2. Recommendations:

1. The Board is asked to consider the content of the attached Heat Savers Report

2. Consideration to be given for the Heatsavers Scheme to form part of the Health and Wellbeing Board's prevention strategy

3. Consideration to be given for the HeatSavers Scheme to form part of the Better Care Fund Transformation Group

No further recommendations.

REPORT

3. Risk Assessment and Opportunities Appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

N/A

4. Financial Implications

There are no specific financial implications associated with the discussion of the Heatsavers Project.

There may be later funding implications for the HeatSavers Project

5. Background

See attached Report on Heat Savers

6. Additional Information

For any additional information see:

1. The Health impacts of cold homes and fuel poverty
2. Good practice healthy homes
3. Cold homes, health, carbon emissions and fuel poverty
4. Excess wither deaths and morbidity and health risks associated with cold homes
5. Excess winter mortality in England 2012
6. LARES study
7. ECO Prospectus - Shropshire - Draft V2- June19th
8. Home dampness, current allergic diseases, and respiratory infections among young adults
9. Contribution that can be made to Health Outcomes by Regional Housing Policy
10. Housing Strategy For England
11. Indicators of poverty and social exclusion in rural England
12. Good Housing Leads To Good Health
13. Affordable warmth manifesto
14. Housing standards interventions in Derby
15. Local authorities' work to tackle fuel poverty
16. NHS and Liverpool Alliance
17. Healthy Housing survey

18. Shropshire study fuel poverty
19. Social impact of poor housing
20. The real cost of poor housing
21. Care Act Guidance
22. Happy Biomass info
23. HWBB Strategy
24. Marmot Review
25. Report on rural affairs select comities
26. Heat savers Case studies
27. Fuel poverty in London
28. Excess winter deaths
29. Preventing and avoidable tragedy
30. Insulating London homes
31. London housing strategy
32. London health inequalities strategy
33. London climate change and energy strategy
34. No more lagging behind
35. Fuel Poverty Action Guide 2014 11th Edition (March 2014) LoQ
36. Getting the Message Right
37. Walsall Health Through Warmth survey results etc
38. Boiler on Prescription Report - The story so far.
39. CIEH guidance on enforcement
40. 9 Million Renters Policy Report
41. People living in bad housing
42. Fair society healthy lives full report
43. Building the Future Final report

All documents are available as a PDF on request

7. Conclusions

See recommendations above and also conclusions in the attached HeatSavers report

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Cllr Karen Calder
Local Member
Appendices Heat Savers Report

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Report on Heatsavers as a preventative measure in Shropshire

Contents

Introduction

The HeatSavers project, started in early September 2014, set out to identify and quantify the costs and benefits of helping vulnerable people to heat their houses and how it could form part of the health and well-being board prevention strategy.

Heatsavers

The Heatsavers Scheme was formed in 2011 by Shropshire Council Housing, Public Health, Age UK and Marches Energy Agency to provide advice and assistance to vulnerable households in respect of heating and energy efficiency issues. The Heatsavers scheme accepts referrals from "trained" front line workers who have identified concerns for the health of vulnerable persons through lack of heating and poor housing conditions.

The scheme is delivered by the Council's Private Sector Housing team (PSH) within the Housing Health and Well-Being (HHWB) service. PSH receive referrals and respond directly to the needs of the household, maintaining liaison with the referring professional or agency. Where appropriate, households may be referred within the HHWB service to the Council's Housing Options Team, for housing advice and assistance with respect to sustainable housing solutions (e.g. moving to more manageable accommodation) and/or for housing support.

Funding for the scheme in 2011/12 and 2012/13 was via successful bids to the Government's Warm Homes Healthy People (WHHP)fund, generating £70K per annum to operate the temporary radiator scheme and provide Emergency Heating Grants. The WHHP fund is no longer available and over 2013/14 the scheme has survived on residual funds remaining from the previous WHHP bids, a contribution from Public Health, and latterly contributions from joint working with the Benefits team via the Local Support and Prevention Fund.

From October 2013 to present date there have been 99 referrals relating to Heatsavers and Homeowners, which has resulted in 26 Emergency Heating Grants (EHG) being approved.

In addition, 36 properties received temporary plug-in electric radiators to assist them while awaiting heating repairs etc. We have also provided advice and signposting as appropriate to the Energy Saving Trust for potential Energy Company Obligation funding, Green Deal Home Improvement Funding, energy tariffs etc.

It is clear that there are a substantial number of vulnerable households who would benefit from assistance, interventions which in all probability could save Health, Social Care and other services and society as a whole significant funds. The scheme has been instrumental also in ensuring clients can return home from hospital in a timely fashion or remain at home, providing knock-on savings and having a positive effect on people's lives.

To date £207,000 has been spent on heating interventions in people's homes, according to the British Research Establishment's Housing Health Cost Calculator the return on investment has been over £890,000 since HeatSavers started at the end of 2011.

For every £1 invested in the scheme over £4 is returned in savings to the NHS, Social Services and wider society. Currently HeatSavers works in partnership with npower and the Benefits team who each contribute one third of the necessary funding to the scheme as a result every £1 invested into the scheme is matched by npower and benefit, increasing and return on investment by 200%.

So far there are three categories of people that come into contact with HeatSavers

1. Low level need
    a. This class of people have low needs and are often able to solve any problems they have by themselves
    b. These people form the majority of cases seen by Heatsavers (243 out of 316 cases)
    c. These people are often signposted to alternative services such as the Energy Saving Trust or Marches Energy Agency
    d. People with low level needs will not require or use any investment from the HWBB

2. Typical Needs
    a. This class of people tend to present with moderate physical and mental health needs and some property issues requiring a multi-agency approach to care.
    b. These people form the back bone of the HeatSavers work and equate to 73 out of 316 cases
    c. These people often require Emergency Heating Grants to help install new boilers and radiators. The average case usually requires £2383.00 investment
    d. Out of these 73 cases a vast improvement has been made in the housing health and safety rating system (HHSRS) scores being reduced from an average 11,676.00 to 148
    e. This reduction in a property's rating equates to an average saving to the NHS of over £5,000 per year, according to the HHCC calculator

3. Complex needs
    a. This class of people have high level/ complex needs physical and/or mental health needs often with very poor property conditions
    b. Because the needs of these people are often so great they would fall outside the scope of the help that could be provided by the Heatsavers project

NICE guidance

The Heatsavers scheme addresses many of the requirements outlined in the recent National Institute for Care and Excellence consultation document and Government Guidance by providing a "one stop shop" and joined up working between health care and housing services. In Heatsavers we have a model scheme which should be supported and developed as it addresses these recommendations effectively, provides huge savings and helps to manage demand for other services.

NICE recommends that Health and Wellbeing Boards should Include the health consequences of living in a cold home in the joint strategic needs assessment process and develop a strategy to address the issue of cold and damp related illnesses. The strategy should include:

1. Identifying people whose health is at risk from cold homes.
2. Assessing how heating and insulation needs to be improved to a band D (55), and ideally to a band B (81) rating.
3. A tailored programme to make any necessary changes, including preventive measures all year round – not just in the winter.
4. Provision for 'normal' winter temperatures – not just periods of severe cold

5. Preventing ill health as well as deaths from cold homes. This includes mental health and wellbeing, as well as physical health.
6. Groups that may face particular problems, such as those living in hard to-heat homes or who need more warmth. (For instance, because of limited mobility or specific health conditions.)
7. Ensure planning includes identifying local interventions and providers from all sectors (such as utilities, housing providers and organisations in the voluntary sector).
8. Consider how the issues and actions identified are reflected in health and wellbeing and other relevant local strategies or plans.
9. Ensure a referral and co-ordination service is commissioned to help vulnerable people who live in cold homes. The referral service should:
    a. Provide access to services for those at risk. These are likely to be provided by: health and social care providers, local housing providers, advice agencies (such as Citizens Advice Bureaux and money advice organisations), health and social care charities, voluntary organisations and home improvement agencies.
    b. Involve face-to-face contact, where necessary, with the person using the service, their families and their informal carers.
    c. Work with the person to identify problems caused by living in a cold home and the possible solutions.
    d. Make the person and their carers aware of what actions are planned (or taking place) and ensure the activities are coordinated to minimise disruption in the home.
    e. Provide feedback on the actions and outcomes to the referring professional or agency

Marmot Review

The Marmot Review concluded that fuel poverty is a long-standing health issue and the impact of cold housing on health and the stresses brought on by living in fuel poverty have been recognised for decades by researchers, medical professionals and policy makers alike.

It is known that there is a strong relationship between cold temperatures and cardio-vascular and respiratory diseases. Children living in cold homes are more than twice as likely to suffer from a variety of respiratory problems than children living in warm homes.

Mental health is negatively affected by fuel poverty and cold housing for any age group. More than 1 in 4 adolescents living in cold housing are at risk of multiple mental health problems compared to 1 in 20 adolescents who have always lived in warm housing.

Cold housing increases the level of minor illnesses such as colds and flu and exacerbates existing conditions such as arthritis and rheumatism. The main findings on the indirect health impacts of cold housing and fuel poverty and on other social benefits deriving from improved housing are:

1. Cold housing negatively affects children's educational attainment, emotional well-being and resilience.
2. Fuel poverty negatively affects dietary opportunities and choices.
3. Cold housing negatively affects dexterity and increases the risk of accidents and injuries in the home.

4. Investing in the energy efficiency of housing can help stimulate the labour market and economy, as well as creating opportunities for skilling up the construction workforce.

Many different population groups are affected by fuel poverty and cold housing, with various levels of health impacts relating to different groups:

Children

Significant negative effects of cold housing are evident in terms of infants' weight gain, hospital admission rates, developmental status, and the severity and frequency of asthmatic symptoms.

Adolescents

There are clear negative effects of cold housing and fuel poverty on the mental health of adolescents.

Adults

There are measurable effects of cold housing on adults' physical health, well-being and self-assessed general health, in particular for vulnerable adults and those with existing health conditions.

Older people

Effects of cold housing were evident in terms of higher mortality risk, physical health and mental health.

Improving the energy efficiency of the existing stock is a long-term, sustainable way of ensuring multiple gains, including environmental, health and social gains.

Government policy documents and reports, including the Chief Medical Officer report of 2009 and the recent Public Health White Paper, recognise the tangible impact of cold housing and fuel poverty on people's health and well-being.

Rural Areas

Fuel poverty is of particular concern in rural areas, where it is estimated that half of homes in sparsely populated English communities have an energy efficiency rating of below SAP30, which is considered a significant health hazard. In 2006, 21% in rural areas were in fuel poverty compared with 11% in suburban and 10% in urban areas. Rural homes are likely to be detached and larger in size than urban homes , meaning that they are more difficult and more expensive to heat, or to make more energy efficient.

Access to mains gas is rare in most areas more than about 5 or 10 miles from an urban area, meaning many rural homes must pay more for their fuel and a high percentage of them are in fuel poverty (The House of Commons Select Committee on Energy and Climate Change, March 2010). They are heated by electric, oil or solid fuel, which tends to be more expensive and less efficient.

Many rural homes are older buildings. They are more likely to have solid walls (almost all homes built before 1919 are solid walled), which are generally less well-insulated than cavity walls (as can be found in nearly all homes built after 1945). While over 60% of homes in urban areas and rural towns are cavity walled and on mains gas, this is true of only 32% in villages and 21% in hamlets. These factors mean that it is on average more difficult and more expensive to improve the energy efficiency of a rural home and need to be considered when developing policies and interventions aimed at reducing fuel poverty.

Care Act Guidance

The Heatsavers scheme addresses many aspirations and targets of the Care Act these are outlined in the recent Care Act 2014 Guidance, making alterations and adaptations to people's homes to make them habitable and ensure that the onset of cold and damp related illnesses are prevented, reduced or delayed so that people are less likely to suffer injuries at home. This reduces hospital admissions, allows people to return home form hospital as soon as possible and preventing reduces or delaying the need for adult social care services such as respite and aiding people to stay as independent in their own homes for as long as possible.

The Care Act promotes wellbeing and independence, and its aim is not to wait to respond when people reach a crisis point. To meet the challenges of the future, it will be vital that the care and support system intervenes early to support individuals, help people retain or regain their skills and confidence, and prevents need or delays deterioration wherever possible.

To promote a person's wellbeing their life must be looked at holistically, to support them to live as independently for as long as possible.

Local authorities need to develop a local approach to preventative support that is wider than adult social care and should include private sector housing services. The local authorities commissioning strategy for prevention should consider the different commissioning routes available and the benefits that they present.

District Councils in Leicestershire have taken a strategic approach to working with county wide providers on priority issues, including housing, health and wellbeing. A District Chief Executive leads across the 7 District Councils working with a network of senior managers in each individual council.

This has built the influence and credibility of District Councils with health and social care leaders who now have an increasing understanding of the vital role housing and housing based services play in the delivery of better outcomes for vulnerable people.

The Housing Offer to Health in Leicestershire is built into the County`s Better Care Fund priorities and work is underway across health, social care and housing in the following key areas:

• Housing's Hospital to Home discharge pathway – looking to place housing options expertise within the day-day discharge assessment and planning work of both acute and mental health providers so that the planning and decisions around an individual's hospital discharge includes **early consideration, and actioning of appropriate and supportive housing options.**

• Establishing an integrated service to provide practical support to people in their own homes across all tenures so that aids, equipment, adaptations, **handy person services and energy efficiency interventions are available and delivered quickly**. Through this the hope is to reduce the time taken to provide practical help to individual people with care and support needs, reduce process costs for services paid for through the public purse and support vulnerable people to access the low level practical support that helps them remain independently at home.

The Care Act encourages strategic integration with housing by commissioning housing-related support that can provide a range of preventative interventions alongside care, and delivery or provision of care and support by carrying out other **modifications could reduce**

the risk to health, help maintain independence or support reablement or recovery. For example, some specialist housing associations and home improvement agencies may offer a support service which could form part of a jointly agreed support plan. A housing assessment should form part of any assessment process, in terms of suitability, access, safety, repair, ***heating and lighting*** (e.g. efficiency).

Other authorities have shared funding arrangements; use the Better Care Fund and CQUINS (commissioning for quality and innovation payments) to drive change and innovation in preventative care.

The Care Act recognises that Housing is therefore a crucial health-related service which is to be integrated with care and support and health services to promote the wellbeing of adults and carers and improve the quality of services offered.

Housing plays a critical role in enabling people to live independently and in helping carers to support others more effectively. Poor or inappropriate housing can put the health and wellbeing of people at risk, whereas a suitable home can reduce the need for care and support and contribute to preventing or delaying the development of such need. Housing services should be used to help promote an individual's wellbeing, in which people in need of care and support and carers can build a full and active life.

Suitability of living accommodation is one of the matters local authorities must take into account as part of their duty to promote an individual's wellbeing due to the understanding that access to a safe settled home underpins personal dignity. A safe suitable home can contribute to physical and mental wellbeing and can provide control over day to day life and protection from abuse and neglect. A home or suitable living accommodation can enable participation in work or education, social interactions and family relationships.

Housing to support prevention of needs

The Care Act guidance advises that a local authority must provide or arrange for the provision of services that contribute towards preventing, reducing or delaying the needs for care and support and that Housing and housing services can play a significant part in prevention, for example, from a design/physical perspective, accessibility, having **adequate heating and lighting**, identifying and removing hazards or by identifying a person who needs to be on the housing register.

The links between living in cold and damp homes and poor health and wellbeing are well-evidenced.[1] **Local authorities may wish to consider the opportunities to prevent the escalation of health and care and support needs through the delivery or facilitation of affordable warmth measures to help achieve health and wellbeing outcomes**.[23]

Case study:
Putting health back into housing

The Gloucestershire Affordable Housing Landlords' Forum (GAHLF), comprising of the seven leading local housing providers in the county, have set out an 'offer' to the Health and Wellbeing Board that demonstrates how each is working to improve the quality of life of their residents, the neighbourhoods and wider communities, by investing in new homes, supporting independent living, developing the community and supporting older and vulnerable people.

£12 million is being invested, by Stroud District Council, over five years, to improve the quality of housing stock and reduce fuel poverty for tenants. Stroud has been upgrading the heating supply in properties not currently served by mains gas. Many properties have electric storage heating which does not give the same level of control and is more expensive than gas or renewable energy. Dryleaze Court is a Supported Housing unit where 5 properties have had mains gas installed this year. At the same time, the team has also installed uPVC privacy panels, replaced porches with insulated cavity brick walls and fitted new double-glazed windows. The works have improved tenants' quality of life, helping them to live more comfortably and reduce their fuel bills. All in all, over the three years ending March 2013, GAHLF has improved over 14,900 homes, with an estimated savings to the NHS of around £1.4 million per annum. http://www.housinglin.org.uk/_library/Resources/Housing/Regions/South_West/GAHLF_Health_and_Wellbeing_V.II1.pdf

Link to further Case Study – Commissioning Advice Services in Portsmouth

http://www.adviceuk.org.uk/wp-content/uploads/2013/06/Breaking-the-Mould-Portsmouth.pdf

Shropshire statistics

In Shropshire there are 19,572 fuel poor households, which makes it 13th worst out of the 152 local authorities in England.

Data was released by Age UK as part of its Warm Homes campaign against fuel poverty, warning that 24,000 older people could die because of the cold across the UK.

Shropshire has had 1,740 excess winter deaths between 2002 to 2012, making it 96th out of 126 local authorities.

Elsewhere in the West Midlands, Wolverhampton has 19,057 homes in fuel poverty and Stafford has 4,842. In South Staffordshire there are 3,882 fuel poor home and the Wyre Forest has 5,679 homes.

[1] (http://www.instituteofhealthequity.org/projects/the-health-impacts-of-cold-homes-and-fuel-poverty, www.gov.uk/government/collections/housing-health-and-safety-rating-system-hhsrs-guidance).
[2] The Energy Companies Obligation: https://www. gov.uk/government/policies/helping-households-to-cut-their-energy-bills/supporting-pages/energy-companies-obligation-eco

[3] Energy Saving Advice Service: http://www. energysavingtrust.org.uk/Organisations/Government-and-localprogrammes/ Programmes-we-deliver/Energy-Saving-Advice-Service

Fuel poverty, is at 21.2% in Shropshire and is 6% higher than the national average. Shropshire, as a large rural county, is faced with a range of particular challenges relating to fuel poverty. This includes an older than average, hard to treat housing stock; high numbers of properties which are off gas grid; large numbers of unique, older properties (heritage houses) and a very large and growing elderly population, many of which live in large, off gas grid properties.

Shropshire already has one of the largest proportions of elderly residents (age 65+) in the country. The number of Shropshire residents within this age group is projected to increase by 63% by 2030 meaning that it is an imperative that sustainable energy solutions for this age group are identified.

Shropshire's Health and Wellbeing Strategy

The Health and Wellbeing Board recognise that Fuel poverty is a significant problem in Shropshire with over 30% of households affected. Most of these are in the rural parts of central and south Shropshire. There are estimated to be approximately 114 excess winter deaths each year in Shropshire.

Approximately 30% of privately rented households and 17% of Council houses do not meet the standards of decency, mainly because they are not warm enough or are in poor repair. This is more common in older properties lived in by young people under 24 or older people over 65.

The Health and Wellbeing Board recognise the importance of continuing to provide advice and support to vulnerable groups about how to keep warm in winter and support the local housing partnerships to work with landlords to improve the quality of accommodation for vulnerable groups, such as the elderly and young people. To support landlords and owner occupiers to make adaptations to homes to enable people with disabilities and the elderly to remain in their own home.

Shropshire Healthy Housing Survey 2011

The survey confirmed that Shropshire, as a large rural County, faces exceptional challenges in relation to the age and type of housing, the availability of mains gas and the population profile. The data shows that 27.3% of homes in Shropshire were built before 1919, higher than the national average of 21.7%. Mains gas is available to only 63.4% of properties, compared to 87% nationally and 66% across all rural areas. Of households in Shropshire, 25.6% are vulnerable within the definition of the Decent Homes Standard, 21.8% of whom live in pre-1919 homes and 38% of whom live in properties with a SAP rating of below 55 (category D).

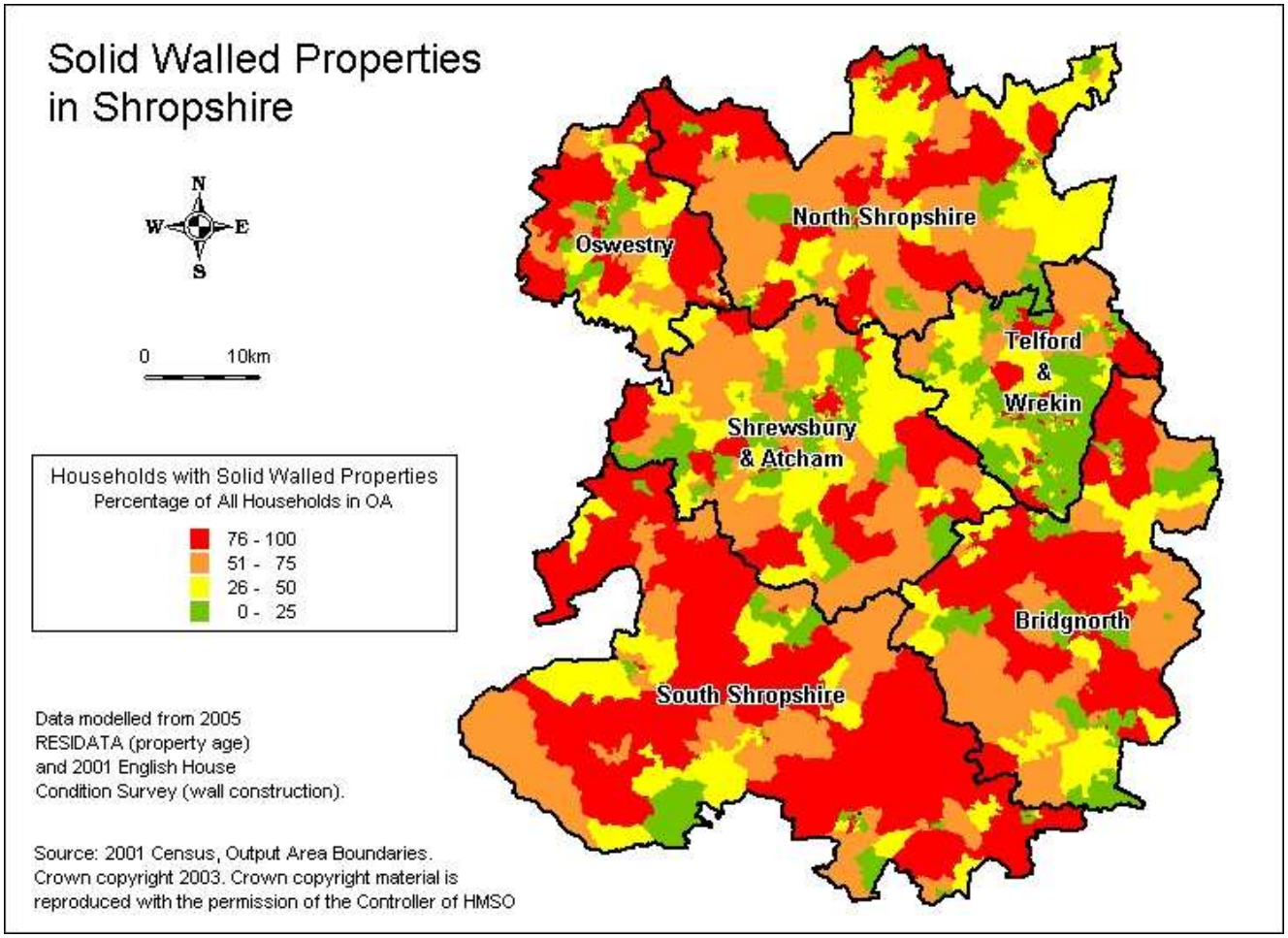
Household income levels in Shropshire are relatively low; 24.8% have an income below £14,200. In Shropshire there are fewer affordable social housing options, with only 14.1% of housing being social housing compared to 16.9% nationally. These factors, older housing, restricted access to mains gas, relatively low income levels and lower than average social housing options, combine to create complex housing challenges each of which has a cumulative adverse impact on the other. A low income household living in a hard to heat pre-1919 home with no access to mains gas is unlikely to be able to fully heat and maintain the property, which may in turn increase adverse health impacts and excess winter deaths due to excess cold within their home.

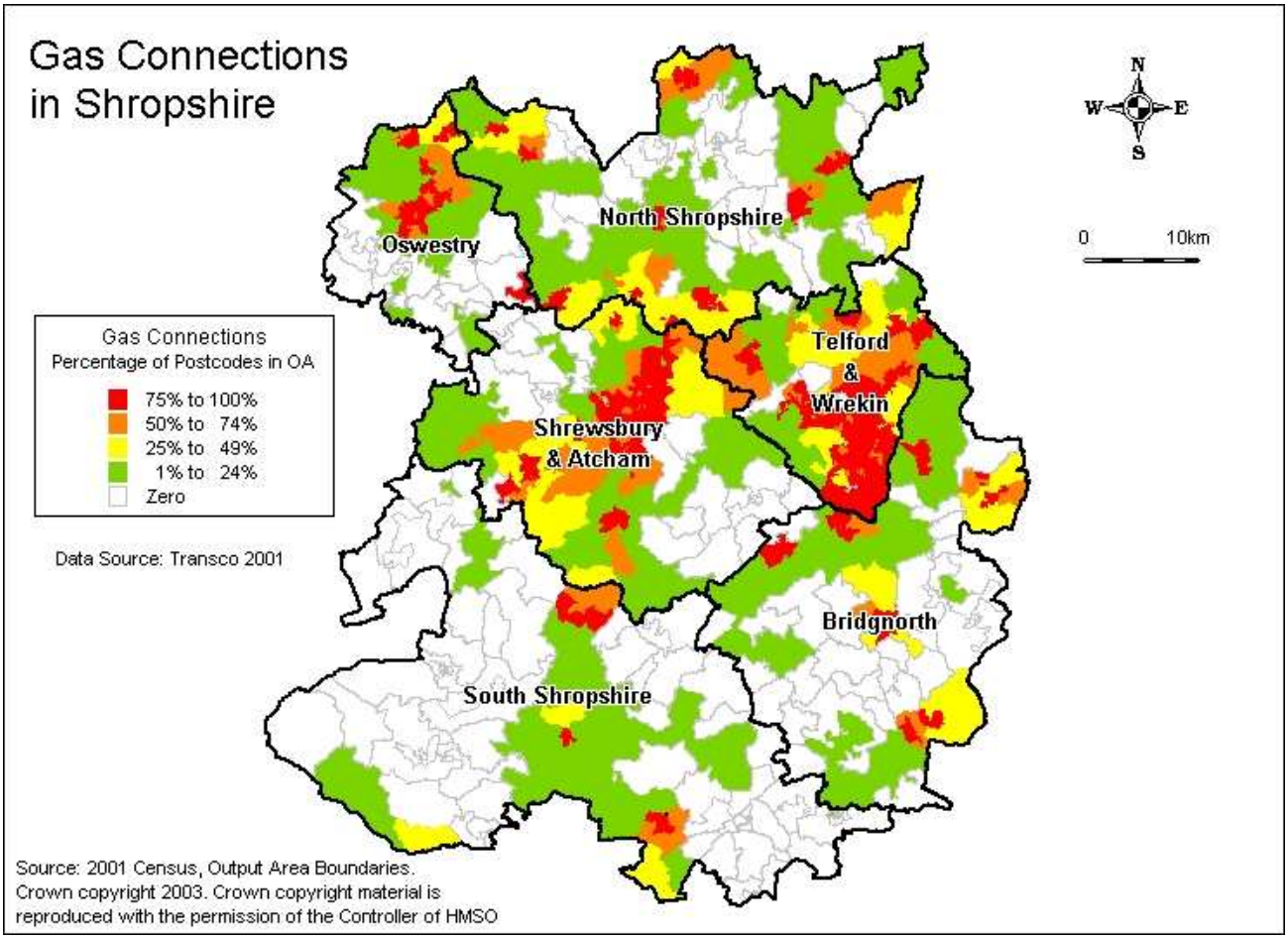
The housing survey highlights (circled in red) a demand of approximately 1,100 vulnerable households that HeatSavers could target to help at a cost of £1,700,000.

Table 6.27: Decent Homes Costs for Vulnerable Households

	Number Failures	Cost of Failures	Ave cost per non–decent dwelling
Part D - Thermal Comfort contributing to non-decency	**2564**	**£4,489,878**	**£1750.99**
Heating Type	1107	£1,661,245	£1,500.00
Roof Insulation	2351	£587,761	£250.00
Wall Insulation	5602	£2,240,872	£400.00
Overall Total & Costs	**11078**	**£31,711,270**	**£2,862.47**

The average cost per dwelling appears higher for dwellings occupied by vulnerable households than it is for all households by 14%. However not all vulnerable households will have the responsibility to address Decent Homes failures as they may be occupying rented properties.




Gas Connections
in Shropshire
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Wrekin
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Bridgnorth
South Shropshire
Gas Connections
Percentage of Postcodes in OA
75% to 100%
50% to 74%
25% to 49%
1% to 24%
Zero
Data Source: Transco 2001
Source: 2001 Census, Output Area Boundaries.
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Conclusion

Benefits of the scheme:

The Heatsavers scheme addresses many of the requirements outlined in the recent National Institute for Care and Excellence consultation document and Care Act Guidance by providing a “one stop shop” and joined up working between health care and housing services. In Heatsavers we have a model scheme which should be supported and developed as it addresses these recommendations effectively, provides as yet unquantified savings and helps to manage demand for other services.

Heatsavers is designed to quickly implement alterations and adaptations to people’s homes to make them habitable and ensure that the onset of cold and damp related illnesses are prevented, reduced or delayed. This means people are less likely to suffer injuries at home, hospital admissions are reduced, allowing people to return home form hospital as soon as possible and preventing reducing or delaying the need for adult social care services such as respite and aiding people to stay as independent in their own homes for as long as possible.

It is difficult to quantify the exact savings to the NHS, however, the case studies and anecdotal comments received from clients, support workers, medical staff, social care staff etc. as well as recommendations and research made by NICE, Age UK, Shelter, Marmot Committee the British Research Establishments and the recent Care Act guidance strongly supports the value of the scheme and suggests its benefits in savings as well as quality of life improvements should be supported and invested in by local authorities.

Demand

The HeatSavers scheme has delivered help and advice to over 300 people and awarded £207,000 in grants, as a result over the past 3 years we estimate the preventative work done by HeatSavers has saved the NHS and Local Authority services over £890,000.

According to the 2011 housing survey there is estimated to be over 1,100 vulnerable households that do not meet decent homes standards as a result of poor heating. It is estimated that approximately £1,700,000 is needed to bring these properties up to standard.

Even though this last winter was extremely mild compared with previous winters, there was a 25% increase in HeatSavers referrals compared to the previous year, including a 15% increase in Emergency Heating Grants.

With no change in circumstance, it is anticipated a similar if not increased demand on Heatsavers though 2014/15 and if there is a severe winter demand/need could increase dramatically.

The director of public health currently contributes £20,000 per year to the scheme and it is estimated that a budget of some £40,000 - £50,000 will be required to maintain the current service based on no extra promotion or demand.