

WARM HOMES HEALTHY PEOPLE



HeatSavers
SHROPSHIRE COUNCIL

L

creating a better future

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HeatSavers



Pg. 2 Heat Savers **INTRODUCTION**



Pg. 3

How HeatSavers brings **VALUE** to our Health and Social Care Services as well as individuals, families and communities. Illustrating that we have become more sustainable by working in multi agency partnerships



Pg. 4

How HeatSavers has become more **FLEXIBLE** and sustainable over the years, to not only survive but expand and grow, to deliver more services and work in partnerships with other agencies to enhance our service in a challenging economic climate.



Pg. 5

How HeatSavers brings **IMPACT** through improvement to a persons health and wellbeing and property which has a knock on effect on Health, Social Care and even Education services. The impact on society as a whole can be felt by effecting the wider determinates of peoples' health, the primary one being a persons living environment.



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A brief summary of the HeatSavers scheme and what makes it so effective



Pg. 7

The HeatSavers Public Health Conference poster



HeatSavers



Signposting



Works & Handyperson



Radiator Scheme



Winter Warm Packs



Help & Advice



Emergency Heating Grants



Loft & Wall Insulation

HeatSavers was formed in 2011 by Shropshire Council's Housing Team, Public Health Team, Age UK and Marches Energy Agency (MEA) to provide advice and assistance to vulnerable households in respect of heating and energy efficiency issues.

The HeatSavers scheme includes a range of solutions, which include, supplying temporary radiators and Emergency Heating Grants, delivered by the Private Sector Housing team (PSH). Referrals are received from front line workers who have identified concerns for the health of vulnerable people due to poor housing conditions and a lack of heating.

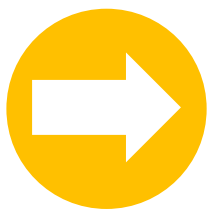
PSH receive referrals and respond directly to the needs of the household, working with the referring professional or agency. Households will also receive a wide range of housing advice and assistance from Housing Services.

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



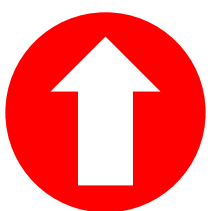
Low level needs

- Low needs and are often able to solve any problems themselves
- Form the majority of cases seen by HeatSavers (**331** out of **448** cases)
- Often signposted to alternative services e.g. Energy Saving Trust or MEA
- People with low level needs do not require investment from HeatSavers
- Tend to present with moderate physical and mental health needs and some property issues



Typical needs

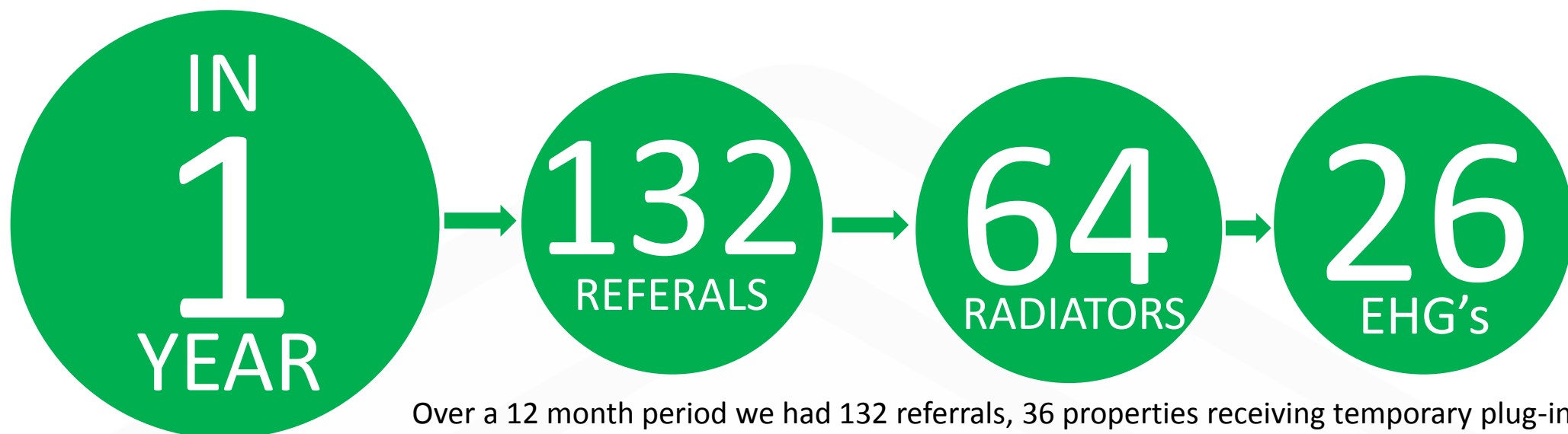
- Form **102** out of **480** cases
- Often require Emergency Heating Grants to help install new boilers and radiators.
- The average case usually requires an investment of **£2380.00**
- Housing Health & Safety Rating System. Hazard reduced from **11,676** to **148**
- Per case this equates to an average saving to the NHS and society of over **£12,000** per year, according to the BRE Health and Housing Cost Calculator



Complex needs

- This class of people have high level/ complex physical and/or mental health needs often with very poor property conditions
- Because the needs of these people are often so great a combined approach is taken to assist, involving public health, HeatSavers and Social Care. **15** out of **480** cases.

VALUE



Over a 12 month period we had 132 referrals, 36 properties receiving temporary plug-in electric radiators providing 64 radiators in total and 26 Emergency Heating Grants (EHG).

There are a substantial number of vulnerable households who currently benefit from our assistance and interventions which saves Health, Social Care and Society as a whole significant amount of time, money and resources.

The scheme has been instrumental in ensuring clients can return home from hospital sooner and remain at home, improving peoples' health and wellbeing and providing savings in the process.

£250,000 has been spent on interventions in people's homes, resulting in over **£1,250,000** in savings since 2012.

For every £1 invested in the scheme over £5 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. Every £1 invested by housing is matched by £3 from external partners such as WarmZones and SSE, increasing the return on investment by a further **300%**.



The HeatSavers scheme is able to **PREVENT**, **REDUCE** and **DELAY** the onset of disease, reducing demands on the NHS and the Social Care system by improving the quality of peoples' living environment. Value is also brought to the individuals. Improving peoples' wider determinates of health it is possible to have an impact on wider society for many years. **SUPPORTS**, **ACCELERATES** and **ENHANCES** recovery.



FLEXIBILITY



2012

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 **£127K** per annum.

2013

Start

Early in 2012 HeatSavers started to work with Age UK and other voluntary sector organisations to expand the reach of the HeatSavers scheme to reach as many people as possible.

Funding for the scheme in continued with a further **£114K** per annum.

Funding Ended

April

Public Health Shropshire started to work with us in January to continue the scheme.

2014
Jan

The WHHP fund ended and over 2013/14 the scheme has survived on residual funds remaining from the previous WHHP bids.

Contributions came from the Benefits team through the local support and prevention fund.

By winter 2015, match funding was secured with WarmZones for households in CSCO areas (which covered all of rural Shropshire and some urban areas) and a majority contribution from SSE (based on calculated carbon savings) for households on certain benefits.

Sept

npower started to work with HeatSavers.

Joined with external partners

Now

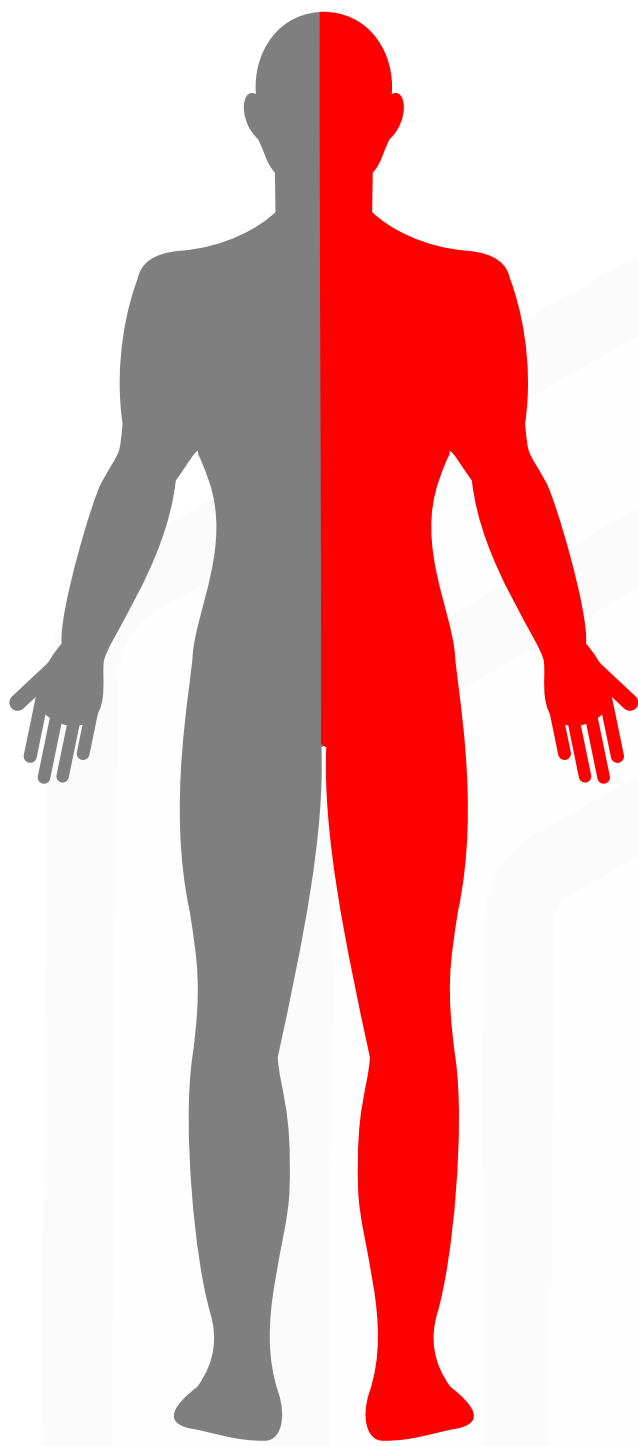
2015
Jun

June the HeatSavers WarmZones bid was successful.

Sept

September, HeatSavers partnered with SSE.

2016



Cold housing negatively effects children's educational attainment, emotional well-being and resilience.



Mental health is negatively effected 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.



There is a known link between cold temperatures and cardiovascular 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.



Cold housing increases the level of minor illnesses such as colds and flu due to increased levels of damp and mould as well as compromised immune systems.



Fuel poverty negatively effects dietary opportunities and choices with many people having to choose to "**heat or eat**".



Cold housing exacerbates existing conditions such as arthritis and rheumatism and negatively effects dexterity increasing the risk of accidents and injuries in the home.

There are many aspects of health that are negatively impacted on by living in cold and damp environments. Often overlooked is a persons state of wellbeing which we have seen to have the greatest impact on peoples overall health.

Effects on age groups



Children - Significant effects on infants' weight gain, hospital admission rates, developmental status, and the severity and frequency of asthmatic symptoms.

Adolescents - Cold housing and fuel poverty effects the mental health of adolescents.

Adults - Cold housing effects adults' physical health, well-being and self-assessed general health, especially for vulnerable adults and those with existing health conditions.

Older people - Cold housing was evident in terms of higher risk of mortality, physical health and mental health. Cold environments increase the risk of Urinary Tract Infection's which can effect peoples mental health and stability leading to a higher falls risk (accounting for 1 in 10 admissions to A&E) and in extreme cases even death.

Shropshire statistics



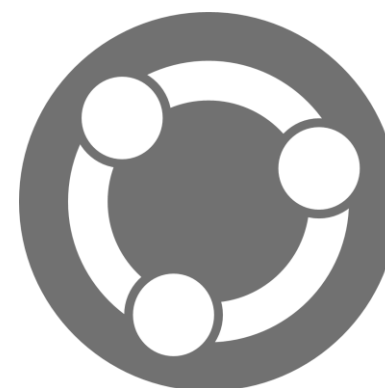
There are **19,572** fuel poor households in Shropshire, making it 13th worst out of the 152 local authorities in England. Data released by Age UK as part of its Warm Homes campaign on fuel poverty, warned 24,000 older people across the UK could die because of the cold across.

Shropshire has had **1,740** excess winter deaths between 2002 and 2012, making it 96th out of 126 local authorities. Elsewhere in the West Midlands, Wolverhampton has 19,057 homes in fuel poverty, Stafford has 4,842, South Staffordshire there are 3,882 fuel poor homes and the Wyre Forest has 5,679 homes in fuel poverty.

SUMMARY



With Councils coming under ever greater financial pressure and services being subject to increasing scrutiny it is vital to cooperate, share resources and expertise and put an end to silo working in order to maximise value for money.



Joint Working

Over the years HeatSavers has grown and developed. Where many similar schemes ended after January 2014 with the end of the Warm Home Healthy People fund, HeatSavers persevered using residual funds. The HeatSavers scheme then linked Housing with Public Health and was able to draw on funds to continue to operate and to capitalise on Public Health's expertise and by working together further improve the service. This positively impacted on the wider determinants of peoples health and by doing so acted as a preventative measure.



Barriers

The greatest challenge to HeatSavers has been a lack of funding, predominantly old housing stock, wide rural areas and the Councils focus on reactive measures rather than preventative measures:

Funding

After the end of the WHHP fund HeatSavers worked with other council services to draw on funding and expertise, in a time where budgets were being cut and resources were being stretched. We made our budget go further by collaborating with other agencies who match funded our work.



Funding

Old Housing Stock

We developed strategies for tackling cold and damp in properties, specifically in old houses such as effective heating, insulation, addressing other hazards e.g. dangerous electrics and risk of falls as well as proving help and advice.



Poor Housing

Wide rural area

By partnering with voluntary agencies working across Shropshire we were able to widen our reach to people we would otherwise have been unable to contact at no extra cost.



Wide Rural area

Focus on reaction

In Shropshire there has been a drive to increase preventative measures in health and social care services through programmes such as Assistive Technology, Everybody Active Everyday and Health Screening. As a result of budget cuts and an increased demand on services the councils focus has been on meeting current demand rather than planning for the future with preventative schemes like HeatSavers. Building support from departments other than public health has been difficult as a result.



Reaction not prevention

HeatSavers has expanded its reach and improved its service with no extra cost by adopting a whole systems approach, working closely with voluntary organisations e.g. Age UK and Shelter. Collaborating with private sector bodies such as npower, SSE and WarmZones who have provided match funding has multiplied the budget. So far HeatSavers has been one of the only services in the whole of the Shropshire Council to do this successfully. By doing this we have improved the service, increased flexibility making HeatSavers sustainable for the future.



Whole system approach

1 Introduction

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

3 Results

The research found a correlation 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. 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.

In Shropshire there are 19,572 fuel poor households, which makes it the 13th worst of the 152 local authorities in England. 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. Fuel poverty, is at 21.2% in Shropshire and is 6% higher than the national average.

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).

5 Conclusion

Schemes such as HeatSavers address many of the requirements outlined in the recent National Institute for Care and Excellence consultation document and Care Act Guidance. It provides a "one stop shop" and encourages work 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 currently unquantified savings and helps to manage demand for other services.

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 and social care staff are extremely positive. Recommendations and research made by NICE, Age UK, Shelter, Marmot Committee the British Research Establishments and the recent Care Act guidance also strongly supports the value of these schemes and suggests its benefits in savings, as well as quality of life improvements, should be supported and invested in by local authorities.

The HeatSavers scheme in Shropshire 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 (using the HHCC calculator).

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. It is likely that a severe winter would increase demand for these services dramatically.

If there was a dedicated scheme that tackled heating related inequalities effectively, there is strong evidence to suggest that we could improve the Nations health, well-being, education and development ultimately saving the United Kingdom millions.

6 Acknowledgments

I would like to acknowledge the work done by Shropshire Councils' Public Health department and Private Sector Housing department.

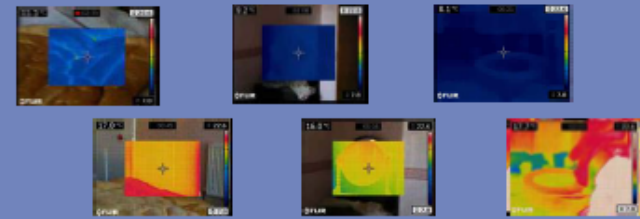
With particular thanks to:

- Margo Laming, Jenoir Caddick, Paul Kelly & Sharron Holl
- Irfan Ghani & Rod Thompson
- Les Poultney for his work on the HeatSavers Project

7 References

The Health impacts of cold homes and fuel poverty 2011; Alleviating Fuel Poverty in London 2011; Excess winter mortality in England 2009; Good practice healthy homes 2009; Cold homes, health, carbon emissions and fuel poverty 2011; Excess winter deaths and morbidity and health risks associated with cold homes 2012; Excess winter mortality in England 2012; LARES 2004; ECO Prospectus - Shropshire - Draft V2- June 19th 2013; Home dampness, current allergic diseases, and respiratory infections among young adults 2001; Contribution that can be made to Health Outcomes by Regional Housing Policy Housing Stratagem For England 2011; INDICATORS OF POVERTY AND SOCIAL EXCLUSION IN RURAL ENGLAND 2009; Good Housing Leads To Good Health 2008; Affordable warmth manifesto 2014; housing standards interventions in Derby local authorities' work to tackle fuel poverty 2013; NHS and Liverpool Alliance 2013; Healthy Housing survey 2012; Shropshire study fuel poverty 2010; Social impact of poor housing 2010; The real cost of poor housing 2010

National (NICE, Marmot review) and local research was done to establish causal links between the temperature of a persons house and their state of health. Thermal imaging technology was used to measure temperature differences before and after HeatSavers intervention. People were also interviewed to discover the impact of the cold upon them.



2 Method

4 Discussion

Cold has a range of effects on people, with some conditions and illnesses being directly linked to cold, whereas others have a longer chain of causation.

Respiratory

People with asthma are two to three times more likely than the general population to live in damp homes. Temperatures below

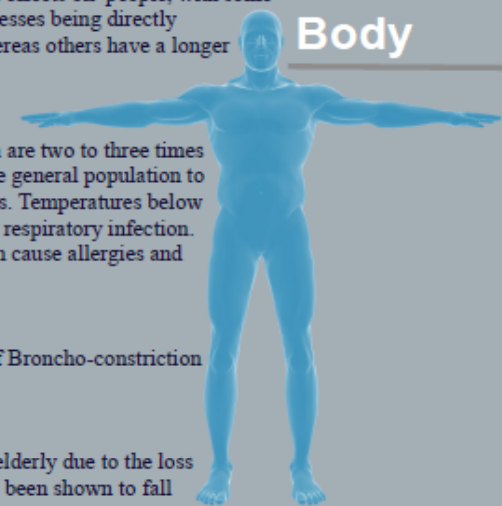
16°C have been shown to lower peoples resistance to respiratory infection. Damp leads to growth of moulds and fungi which can cause allergies and respiratory infections.

COPD

The cold impairs lung function and is a key trigger of Broncho-constriction asthma and COPD.

Home accidents

Having a cold home increases the risk of falls in the elderly due to the loss of strength and dexterity. Strength and dexterity have been shown to fall progressively in temperatures from 19°C to 6°C.



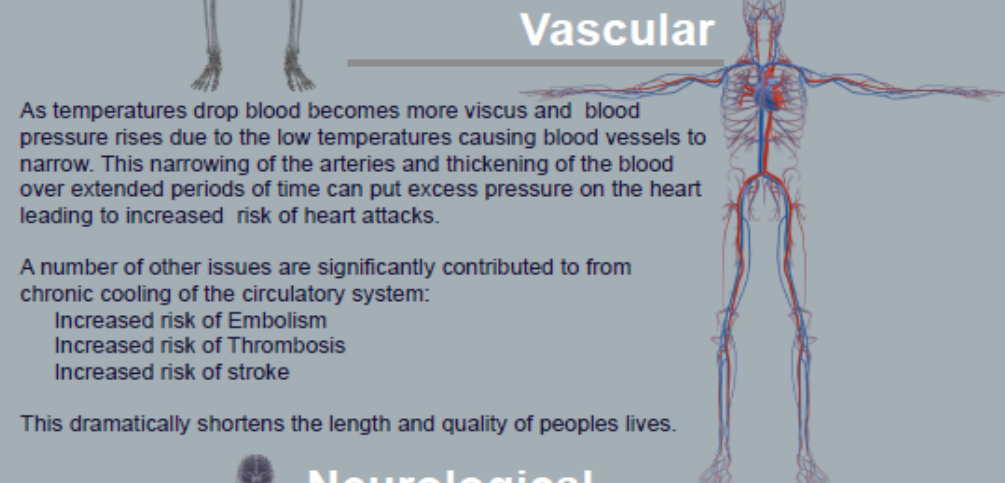
Skeleton



Although the cold does not have a direct affect on the human skeletal structure it does have a second hand impact, for example people who suffer from conditions such as arthritis often have their condition and pain made worse by the cold.

Worsening arthritis symptoms have a number of knock on effects such as decreasing mobility. This reduces peoples strength and steadiness on their feet, often leading to an increased risk of trips and falls, leading to fractures. The lack of movement can also lead to the development of UTI's which leads to psychological symptoms and a further increased risk of falls and hospital visits.

Vascular



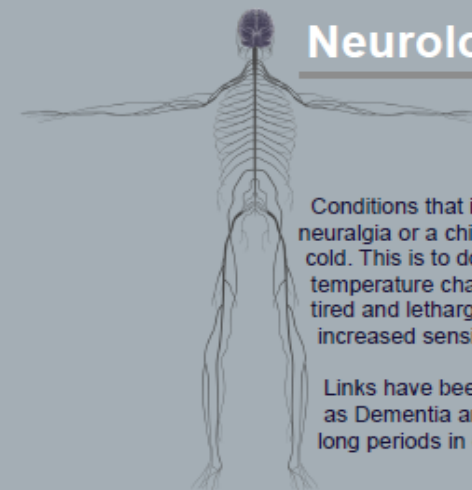
As temperatures drop blood becomes more viscus and blood pressure rises due to the low temperatures causing blood vessels to narrow. This narrowing of the arteries and thickening of the blood over extended periods of time can put excess pressure on the heart leading to increased risk of heart attacks.

A number of other issues are significantly contributed to from chronic cooling of the circulatory system:

- Increased risk of Embolism
- Increased risk of Thrombosis
- Increased risk of stroke

This dramatically shortens the length and quality of peoples lives.

Neurological



People with neurological conditions can suffer additional cold related complications such as heightened nerve pain.

Conditions that involve nerve pain such as back pain, trigeminal neuralgia or a chiari malformation are generally impacted on by the cold. This is to do with the nervous system and how it reacts to temperature changes. With raised temperatures people may feel tired and lethargic but with decreased temperatures people suffer an increased sensitivity to pain.

Links have been made to cold temperatures and conditions such as Dementia and Parkinson's being exacerbated from living for long periods in cold temperatures