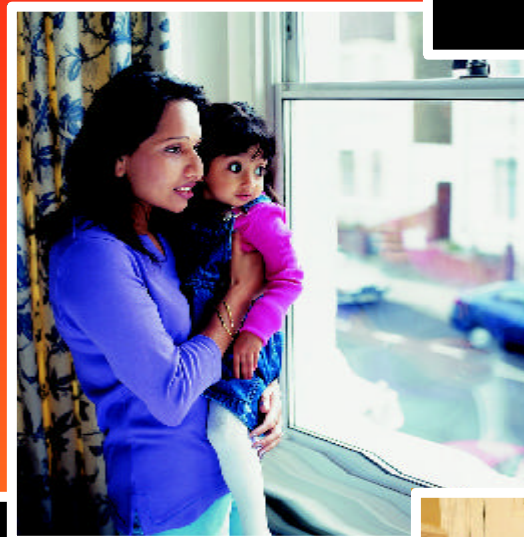


Kent Health & Affordable Warmth Strategy

working in partnership to alleviate fuel poverty in Kent



The Kent Health and Affordable Warmth Strategy

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Partners in developing the strategy:

KEEP (Kent Energy Efficiency Partnership) (Ashford Borough Council, Canterbury City Council, Dartford Borough Council, Dover District Council, Gravesham Borough Council, Maidstone Borough Council, Medway Unitary Authority, Sevenoaks District Council, Shepway District Council, Swale Borough Council, Thanet District Council, Tonbridge & Malling Borough Council, Tunbridge Wells Borough Council)

Council for Voluntary Services, East Kent Health Authority, Groundwork Kent Thames-side, KCC – Social Services, Kent Energy Centre, Medway & Swale PCG, NEA, Transco, West Kent Health Authority.

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The Kent Health and Affordable Warmth Strategy

Foreword by William Gillis, Chief Executive of NEA

NEA, the national energy efficiency charity, was established 20 years ago to develop and promote energy efficiency strategies and services to tackle the heating and insulation problems of low-income households, to achieve affordable warmth and eradicate fuel poverty.

Cold homes, high health-care costs, cold-related illnesses, excess winter deaths and housing in poor repair, are the visible signs of fuel poverty, a problem that affects over 6 million households in the UK.

There is now a clear commitment by Government to eradicate fuel poverty for vulnerable households by 2010. NEA believes that local authorities are the key agents in co-ordinating the delivery of strategies to achieve this objective. In developing this Affordable Warmth Strategy, the Kent Consortium has demonstrated that effective partnership working is the key to success.

I applaud all those who have contributed to this document, and wish them success in implementing a strategy which will provide households with the means to heat their homes, to the standard required for health and comfort, at a price they can afford.

I would also like to thank Transco for providing valuable financial support for this project.



*20 Years of Campaigning for Warm Homes
1981-2001*

assisting in the
development of the strategy
through sponsorship from



Introduction

A fuel poor household is one that cannot afford to keep adequately warm at reasonable cost. The most widely accepted definition is a household which needs to spend more than 10% of its income to heat the home to an adequate standard of warmth.¹

Importantly the definition focuses on what people need to spend rather than what they actually spend on heating. This is because fuel poor households have to balance the need for fuel and other essentials, so often cannot afford to heat their homes properly.

Every year, around 170,000 households in Kent, and 4 million nationally, will struggle to keep warm. This situation damages people's quality of life and imposes wider costs on the community.

The most direct effects are in relation to the health of people living in cold homes. Although these risks apply to all people, the old, children and those who are disabled or have a long term illness are especially vulnerable. People in these risk groups are found in more than half of UK households. They are also more likely to be at home for more of the day so that heating is needed for more time than other households.

Fuel poverty also contributes to the excess winter death toll among pensioners. Indeed, there are 900 excess winter deaths annually among those aged over 75 in Kent.

The main cause of fuel poverty in the UK is a combination of poorly insulated homes, inefficient heating systems and low incomes. Other factors include the size of some properties in relation to the number of people living in them and the cost of the fuel.

The answer to fuel poverty is affordable warmth

Local authorities are required to participate in formulating strategies to eradicate fuel poverty under the Home Energy Conservation Act (HECA). They are also required to develop a community strategy to improve local well-being under the Local Government Act.

The Kent Health & Affordable Warmth Strategy aims to help people living in Kent to move out of fuel poverty and into affordable warmth.

The provision of affordable warmth has to encompass a wide range of service providers with their specific skills and remits. Health sector and Social Service involvement will be crucial to the success of the strategy, which has therefore been shaped as a county-wide initiative rather than in a number of individual authorities.

The strategy has been developed by a consortium of Kent's thirteen local authorities working together as the Kent Energy Efficiency Partnership (KEEP), the East and West Kent Health Authorities, the Kent Energy Centre and stakeholders from all sectors.

The development process was assisted by NEA (National Energy Action), supported by funding from Transco.

¹ The World Health Organisation recommends 21°C in living rooms, 18°C in other rooms.

Affordable Warmth and Fuel Poverty

Principal causes of fuel poverty

Fuel poverty is linked to general poverty but has further characteristics and causes:

Energy inefficient dwellings

- Any property in poor condition is likely to be less energy efficient
- Older properties are less likely to be insulated to acceptable modern standards
- It is more difficult to make older properties energy efficient through insulation
- Inefficient heating and hot water systems may be unable to deliver to accepted comfort levels and whatever they do provide will be at excessive cost

Age of Housing Stock²

	Pre 1919	1919 – 1944	1945 – 1964	Post 1965
Ashford	32%	13%	18%	37%
Canterbury	23%	18%	19%	40%
Dartford	20.2%	25.8%	19%	35%
Dover	37.3%	15.8%	12.6%	34.3%
Gravesham				
Maidstone				
Medway				
Sevenoaks	16.45%	15.78%	26.51%	41.26%
Shepway				
Swale	24.1%	9.5%	9.5%	56.9%
Thanet				
Tonbridge & Malling	20.98%	11.29%	24.27%	43.46%
Tunbridge Wells	33.9%	10.6%	20.7%	34.8%

²Source: data provided by individual local authorities

Households without Central Heating³

	Residents with no CH	Households without CH	% Households with no CH
Ashford	9,807	4,403	12.1%
Canterbury	17,208	8,226	16.2%
Dartford	15,127	6,447	20.8%
Dover	16,872	7,629	18.3%
Gravesham	12,289	5,706	16.0%
Maidstone	16,565	7,608	14.4%
Medway	39,615	18,106	19.8%
Sevenoaks	10,683	4,778	11.4%
Shepway	15,524	7,327	19.0%
Swale	20,788	9,081	20.3%
Thanet	22,733	10,881	20.9%
Tonbridge & Malling	15,264	6,347	16.3%
Tunbridge Wells	12,710	6,266	15.9%

Low income

Low income households are less likely to be able to afford sufficient fuel for their needs. These households are also more likely to lack capital and include:

- Those relying on welfare benefits
- Those with reduced earning capacity, eg single parents caring for young children
- Pensioner households

Housing Benefits/Income Support Beneficiaries

(UK level is 10%: South East Region level is 6%)

	Income Support ⁴	Housing Benefit Recipients ⁵
Ashford	7%	7,000
Canterbury	8%	16,217
Dartford	6%	9,290
Dover	8%	10,000
Gravesham	8%	12,643
Maidstone	7%	8,805
Medway	8%	
Sevenoaks	5%	4,415
Shepway	10%	
Swale	9%	9,505
Thanet	13%	11,000
Tonbridge & Malling	5%	4,453
Tunbridge Wells	6%	6,500

³Source: 1991 Census

⁴Source: Office of National Statistics 2000

⁵Source: data provided by individual authorities

High cost of fuel

- Households using expensive fuels, such as on-peak electricity for heating, find it harder to achieve affordable warmth
- Fuel purchased through a pre-payment meter is usually substantially more expensive than fuel bought on credit, especially where a direct debit budget payment system is used

Under-occupancy

- Where a low income single householder, or couple, lives in a large family sized property

Households in special circumstances

- Disability or long term illness may demand heating for longer hours
- Households with pre school age children may need heating for longer hours
- Sickness may demand higher levels of heating

Housing tenure

Householders living in social sector properties will be helped by specific local authority home improvement programmes, though there are still dwellings in this sector that cannot be adequately insulated because of their construction.

However, many of the fuel poor are found in private rented and owner-occupied sectors where improving standards is more difficult. Implementing measures will need the interest, acceptance, approval and sometimes the cash investment of the owner-occupier or landlord of the property.

See Appendix A

National figures by tenure for households in:

Severe Fuel Poverty (needing to spend more than 20% of income to achieve safe and comfortable temperatures in their homes) and

Extreme Fuel Poverty (needing to spend more than 30% of income to achieve safe and comfortable temperatures in their homes)

	Owner-occupied		Private rented		Social rented	
	000's homes	%	000's homes	%	000's homes	%
Severe	827	6.4%	198	11.6%	546	12%
Extreme	469	3.6%	301	17.7%	252	5.6%

This table shows that:

- Fuel poverty is found in households in ALL tenures
- The greatest number of fuel poor homes are in the owner-occupied sector
- Households in the private rented sector are 3 times as likely to suffer extreme fuel poverty as those in social housing

The combined effect

- These causes of fuel poverty often reinforce each other
- Poorer households are often found in poorer quality housing
- Those who historically have experienced difficulty paying for fuel are less likely to be using Direct Debit arrangements and more likely to have transferred to prepayment meters
- Many of those experiencing fuel poverty are likely to spend more hours at home
- Those lacking capital are unable to invest in energy efficiency measures or improved heating systems
- Those who live in privately rented accommodation on shorthold tenancies have little incentive to make investments in the fabric of their homes

The Effects of Fuel Poverty

Fuel poverty can damage people's quality of life and health, as well as impose wider costs on the community.

Health

Ill health is increased by cold homes, with illnesses such as influenza, heart disease and strokes all exacerbated by the cold. Cold, badly ventilated homes can also promote the growth of mould and numbers of house dust mites. The latter have been linked to conditions such as asthma and other allergic diseases and children are particularly prone to these conditions.

Illnesses and excess winter mortality

During the months December through March the number of deaths recorded (winter deaths) well exceeds the average death rate for the remainder of the year.

These vary according to the severity of the winter. The figures for England and Wales for five winters show:

Excess Winter Deaths

	Excess winter deaths in England and Wales ⁶					
	94 – 95	95 – 96	96 – 97	97 – 98	98 – 99	Average
Number of excess deaths	27,405	40,254	47,727	23,024	43,960	36,474
% increase over remainder of year	15.7%	23.0%	28.0%	13.4%	27.7%	21.5%

It is accepted that these figures are poor in comparison with European nations which experience winters more severe than those in the UK. A large part of this differential is due to the inability of our housing stock and heating systems to maintain comfortable, affordable heating levels inside homes when outside temperatures fall.

Figures for excess winter deaths for Kent are shown in Appendix B of this report. However, it is important to recognise that these figures only record causes of death. They do not reflect the large numbers of people who suffer from cold-related sickness and who seek help from their GPs and hospital accident and emergency and outpatients departments. Nor do they reflect the large numbers of unreported episodes.

Each winter the National Health Service faces 'winter pressures' and has to plan to cope with these annual surges in need. The cost to the NHS of this service provision for cold-related sickness was estimated at £1 billion per annum as long ago as the early 1990s.

⁶Dept of Health

Accidents

Research indicates that domestic accidents, including falls and fatalities, are more common in cold homes in winter. Periods of prolonged immobility can result, making it even more difficult for older people to keep warm. People may need to go into residential care because of their injuries or because they can no longer live in their cold home.

Social exclusion⁷

Ill health can lead to enforced absences from work and certain types of illness such as respiratory diseases may restrict choices of employment for those people without work.

Fuel poverty can exacerbate the social isolation felt by many older householders and diminish their quality of life. They cannot afford to go out and are reluctant to invite friends into their cold homes.

Cold homes increase the time taken to recover from other illnesses so the children may be off school more, affecting their education and development and impairing opportunities. Homework can also suffer if the family is squeezed into a small part of their home and there is nowhere for the children to study in quiet.

- Fuel poverty affects 30% of households in the UK, most notably older people, lone parents and the long-term unemployed
- People aged 60 years and over account for around half of all fuel poor households and households with young children account for a further 17%
- Some 60% of pensioners living alone are in fuel poverty
- There are an average of 35,000 excess winter deaths in the UK each year

Partners in Affordable Warmth

The role of Local Authorities

The Home Energy Conservation Act 1995 (HECA)

Under the terms of the Act local authorities became Energy Conservation Authorities (ECAs) and were required to draw up and submit to the DTLR an annual energy conservation report.

The report should assess the energy efficiency of all housing in the local authority area and identify appropriate energy conservation measures that are cost-effective and would result in significant improvements in energy efficiency. A target of a 30% improvement was set, to be achieved over a number of years. Annual updates are required by the Department of Transport, Local Government and the Regions, DTLR.

From 1 April 2000 – reporting on fuel poverty

The Government introduced the obligation for ECAs to report on fuel poverty as part of the annual HECA report. DTLR guidance to ECAs advised them to adopt a strategic approach to tackling fuel poverty in their areas.

Fuel poverty reporting should include:

- A statement of the authority's policy to tackle fuel poverty and the strategy to take this forward
- Information about the partnerships formed to focus assistance towards the fuel poor
- Information on fuel poverty activity undertaken with the LA's budget
- Information on the measures installed
- Details of how 'Warm Front' has been promoted.

Community Planning

The Local Government Act 2000 placed a duty on local authorities to produce a community strategy to promote the social, economic and environmental well-being of their areas. An affordable warmth strategy will contribute to the objectives of community planning.

Health

Kent's local and health authorities have developed partnerships and are implementing policies as part of their Health Improvement Programmes (HImp), the National Service Framework and HECA. An affordable warmth strategy complements and contributes to these programmes.

The role of Government

The Warm Homes and Energy Conservation Act (November 2000)

This Act required the government to publish and implement a strategy for reducing fuel poverty and to set targets for its implementation. This led to the publication of a consultation draft UK Fuel Poverty Strategy by DTLR, in February 2001.

The Strategy development process

Kent Energy Efficiency Partnership (KEEP) comprises officers from:

Ashford Borough Council
Canterbury City Council
Dartford Borough Council
Dover District Council
Gravesham Borough Council
Maidstone Borough Council
Medway Council
Sevenoaks District Council
Shepway District Council
Swale Borough Council
Thanet District Council
Tonbridge & Malling Borough Council
Tonbridge Wells Borough Council

In July 2000 KEEP established a Steering Group comprising six members of KEEP and representatives of the East and West Kent Health Authorities, Kent Social Services, the Council for Voluntary Services and the Kent Energy Centre. The purpose of the steering group was to develop a Health & Affordable Warmth Strategy for Kent.

A successful application for support was made to NEA, the National Energy Action charity, which worked with the committee throughout the development process. NEA was funded by Transco to undertake this work.

The successful implementation of an affordable warmth strategy must rely heavily on the efforts of a wide range of organisations and community groups outside the local authorities themselves. If these essential linkage groups are present throughout the development process they not only bring a wide range of expertise and experience to the process but also assist with partnership development.

This strategy was developed involving a range of key organisations from the outset and joint ownership and partnership have become an integral part of the strategy.

Kent Seminar

A seminar was held in November 2000, hosted by Tonbridge & Malling Borough Council. Senior officers from one or more departments of the 13 local authorities were joined by councillors, representatives of the health and social care community, non-governmental organisations, energy service providers and the wider community.

The first aim of the seminar was to raise awareness at the highest level of the problem of fuel poverty and of its effects and to learn of national policy and local authority potential in realising affordable warmth.

David Amess MP – Sponsor of the Warm Homes Bill – was joined by speakers from the Local Authority Energy Advisory Service, the Public Health Sector and NEA.

The second aim was to gain support for a network approach to the provision of affordable warmth across the County. To this end delegates were invited to attend and to nominate other attendees to the development workshops.

Workshops

Two one-day workshops were held in January 2001, one in East Kent and one in West Kent. Over 180 attended the two workshops.

The two workshops followed similar formats, with presentations on fuel poverty, its causes and its effects in general and on health, and information on the current ranges of measures available to improve hard to heat homes.

There were two workshop sessions during the day, each session dividing into six facilitated groups to discuss a range of topics and to formulate the aims and objectives that might comprise the strategy. In many cases groups were able to identify tasks which would help achieve objectives and to recommend partners or to express their own willingness to be involved in implementation of the final strategy.

The workshops and seminars were sponsored by London Electricity.

Action Plan

The collated material from the workshops was organised into a draft Action Plan, which has been amended following extensive consultation.

The Action Plan consists of six key aims, with their own objectives and tasks.

Health & Affordable Warmth Strategy

The following aims form the strategy which will lead to the eradication of fuel poverty in Kent:

- Aim 1** To establish a co-ordinating mechanism to oversee the continuing development, delivery and review of the Health & Affordable Warmth Strategy
- Aim 2** To ensure the Health & Affordable Warmth Strategy is integrated with other relevant national and local initiatives and strategies
- Aim 3** To raise awareness of fuel poverty and to promote the Health & Affordable Warmth Strategy in Kent
- Aim 4** To work towards ensuring that the housing stock is capable of delivering affordable warmth
- Aim 5** To promote benefits awareness and take-up with the aim of maximising the income of vulnerable and socially-excluded residents.
- Aim 6** To establish a single referral system

AIM 1 To establish a co-ordinating mechanism to oversee the continuing development, delivery and review of the Health & Affordable Warmth Strategy

Objective	Tasks	Partners	Milestones/ Timescales
1 Establish a co-ordinating group	1 Review the composition and role of the Health & Affordable Warmth steering Group 2 Secure appropriate social services, health and voluntary sector representation 3 Improve co-ordination between the local authority departments and county and unitary authorities in support and delivery of the strategy 4 Secure funding to appoint a dedicated officer to take the strategy forward in Kent	KAWS steering group KAWS steering group Kent County Council All Kent LAs Medway Council KAWS steering group, LAs, KEC	Nov 2001 Ongoing Ongoing Ongoing
2 Ensure a strategic long term approach with adequate resources	1 Liaise with central government, fuel suppliers and other funding sources to resource the strategy	Central/local/regional government Private/funding organisations	April 2002/ ongoing
3 Institute a review mechanism	1 Determine the probable incidence of fuel poverty in the county 2 Set targets and develop indicators to measure the success of the strategy 3 Encourage feedback by partner organisations 4 Feed progress into the annual HECA report to DTLR and other reports 5 Review progress against HImP and National Service Framework (Older People)	HECA officers LA Housing departments Health monitoring structures All stakeholders Local Authority HECA officers LA newsletters, newspapers Health sector publications Local and regional press Health community	April 2003 Nov 2001 Annually Annually Annually

AIM 2 To ensure the Health & Affordable Warmth Strategy is integrated with other relevant national and local initiatives and strategies

Objective	Tasks	Partners	Milestones/ Timescales
1 Identify relevant initiatives	1 Invite feedback from stakeholders and partners	KAWS Steering group, stakeholders, partners	Ongoing
2 Forge links with key personnel	1 Establish reciprocal information exchange	All stakeholders and voluntary organisations	Ongoing
3 Integrate affordable warmth with local authority community planning, LA21, HIMP and within the National Service Framework (Older people)	1 Raise awareness to strengthen partnership working with the Health & Social Care Communities 2 Provide training for key personnel	KAWS Steering group, Health & Social Care community, (dedicated officer), KEC, LAs KEC	March 2002

AIM 3 To raise awareness of fuel poverty and to promote the Health & Affordable Warmth Strategy in Kent

Objective	Tasks	Partners	Milestones/ Timescales
1 Maintain political support for the strategy	1 Keep relevant council departments, councillors and organisations informed of progress of the strategy	Local authorities, health community, voluntary organisations (CAB, Help the Aged, Age Concern, etc)	Ongoing
2 Develop an acceptable identity for the strategy and resulting awareness raising campaigns	1 Discuss the feasibility of 'badging' the Strategy and all resulting literature	KAWS steering group	November 2001
	2 Consider using this as an 'umbrella' for all related grants and offers to simplify the message to the public	KAWS steering group	April 2001
3 Raise awareness of fuel poverty and the help available to: a) health professionals	1 Work to incorporate fuel poverty and affordable warmth into in-service/induction training for health professionals and social services	KAWS steering group, Kent health community, KEC, EAGA	April 2001/ ongoing
	2 Provide brief training sessions to existing health professionals		
3 Provide support materials for cascade training by key workers			
4 Use existing mechanisms to distribute information to health professionals eg the 'Blue Bag' system			
5 Make all information 'user friendly'			
6 Work with PCG/Ts to investigate the inclusion of the issue in Health Improvement Plans			
7 Incorporate the issue into Health Promotion work			
8 Encourage health professionals to promote the issue to patients			
b) voluntary sector	1 Contact all relevant organisations to inform them of the strategy and the wider issue	KAWS steering group, EAGA, KEC, voluntary organisations eg CAB, Help the Aged, Age Concern, Homestart, Sure Start, etc.	April 2001/ ongoing
	2 Hold briefing sessions with related groups		
	3 Work to incorporate the issue into related voluntary sector initiatives		
	4 Encourage active involvement in the strategy by voluntary groups		

continued/....

<p>c) private sector</p> <p>d) relevant statutory bodies eg Councils, RSLs, Benefits Agency</p>	<ol style="list-style-type: none"> 1 Work with private care agencies to provide training on fuel poverty and affordable warmth to care staff 2 Make landlords aware of the issues of fuel poverty (how it can affect their tenants and how both landlord and tenant could benefit from remedial work) during landlord forums and through landlord groups 1 Encourage energy efficiency work in RSL stock 2 Provide training to staff 	<p>KAWS steering group, health community, private care agencies</p> <p>LAs, landlords/KEC</p> <p>LAs, KEC, partners</p>	
<p>4 Continue work of the LAs and the Kent Energy Centre to ensure adequate public information and education for members of the community</p>	<ol style="list-style-type: none"> 1 Use a combination of awareness raising methods eg – direct mail, advertising, PR, word of mouth, exhibitions, presentations, etc 2 Prepare a marketing plan to aid the above 3 Target community groups and organisations with information 4 Encourage display of literature in public information points such as libraries, CAB offices 5 Design information in formats to make it accessible to all members of the community (ethnic minority languages, large print, Braille, 'child-friendly', etc.) 6 Extend the 'Energy Matters' education pack to include fuel poverty and affordable warmth 7 Establish links between relevant websites for fuel poverty grants and advice 	<p>KAWS steering group, KEC, LAs</p>	<p>April 2002/ ongoing</p>
<p>5 Strengthen communication links between partners</p>	<ol style="list-style-type: none"> 1 Promote networking between relevant sectors 2 Encourage capacity building 3 Facilitate regular liaison between partners (use of dedicated newsletter, subject to funding) 	<p>All LAs, health and social care community, CAB, benefits agencies, community groups, residents associations</p>	<p>April 2002/ ongoing</p>

AIM 4 To work towards ensuring that the housing stock is capable of delivering affordable warmth

Objective	Tasks	Partners	Milestones/ Timescales
1 Continue to build a profile of the housing stock at 1% pa	<ol style="list-style-type: none"> 1 Identify those properties having a low SAP rating 2 Identify those properties capable of being improved 3 Ensure all future house condition surveys include an energy efficiency survey 	<p>KEC, local authorities</p> <p>LAs, RSLs</p>	<p>Ongoing / reviewed annually</p> <p>Immediate</p>
2 Promote energy efficiency in new and converted residential buildings	<ol style="list-style-type: none"> 1 Investigate setting a higher minimum SAP rating for all new build residential properties 2 Encourage owners/ developers, planners, developers and architects to improve energy efficiency on all building works 3 Promote data resources on energy efficient products such as TRVs, heating controls, insulation and low cost measures to energy efficiency and the use of renewables 4 Lobby for compulsory energy rating for homes 	<p>Builders, architects, planners, developers, national house builders, trade organisations, owners</p> <p>Manufacturers, BRECSU, Kent Design</p> <p>HECA fora, ACE</p>	<p>April 2002</p> <p>12 months/ ongoing</p> <p>Immediate</p>
3 Improve energy efficiency of listed buildings	<ol style="list-style-type: none"> 1 Find and promote solutions to provide energy efficiency to listed buildings 2 Influence planning policy to maximise energy efficiency in listed buildings 	<p>Manufacturers, architects, National Trust, English Heritage, planners, conservation departments</p>	<p>2 years/ongoing</p> <p>12 months/ ongoing</p>
4 Improvement of heating systems	<ol style="list-style-type: none"> 1 Encourage the regular maintenance of heating systems to improve efficiency 2 Encourage landlords to provide improved heating systems 3 Inform the fuel poor of grants to provide efficient heating systems 4 Provide information and education to plumbers and heating engineers on energy efficient products and fuel poverty issues 5 Research, promote and encourage the use of Combined Heat and Power (CHP) plants for residential use, particularly in socially deprived areas 6 Promote the use of (cheap) alternative energy sources for the fuel poor 	<p>Plumbers, heating engineers, manufacturers, installers, builders</p> <p>KEC</p> <p>EST, Combined Heat and Power Association (CHPA)</p>	<p>2 years</p> <p>1 year</p> <p>Ongoing/90% by year 3</p> <p>2 years/50% informed 3rd year/70% informed</p> <p>12 months/ ongoing</p> <p>2 years/ongoing</p>

continued/....

<p>5 Provision of heating systems</p>	<p>1 Investigate the early provision of larger numbers of heating heating systems through heat leasing schemes</p> <p>2 Encourage the use of solar and other renewables</p> <p>3 Lobby for the extension of the mains gas network to the rural areas.</p>	<p>LA Finance Transco Affordable Warmth scheme</p>	<p>Ongoing</p> <p>March 2002</p>
<p>6 Reduce numbers of energy inefficient homes</p>	<p>1 Develop urban regeneration policies to tackle those properties capable of being made energy efficient at reasonable cost</p> <p>2 Identify the homes incapable of economic improvement to a satisfactory standard of energy efficient, and where appropriate demolish</p>	<p>All Kent authorities</p>	<p>2 years/ ongoing</p> <p>2 years/ ongoing</p>
<p>7 Develop a grant policy to target national and local assistance to the fuel poor</p>	<p>1 Any grant works undertaken should be carried out to maximise energy efficiency</p> <p>2 Provide residents with energy advice</p>	<p>LAs</p> <p>KEC</p>	<p>12 months</p> <p>12 months</p>

AIM 5 To promote benefits awareness and take-up with the aim of maximising the income of vulnerable and socially-excluded residents

Objective	Tasks	Partners	Milestones/ Timescales
1 Ensure that the link between low incomes and fuel poverty is widely known	1 Promote these issues to all agencies giving welfare benefits advice or delivering energy related services which contribute to affordable warmth	CAB, Benefits Agency, Advice Centres Warm Front Installers, LA approved installers, LA departments, Utilities	Ongoing
2 Ensure that Health, Social Care, Welfare Rights, Advice Centre and voluntary workers are able to link and promote both benefits advice and affordable warmth services	1 Produce training modules on benefits advice and affordable warmth 2 Make affordable warmth information available for in-service training for Health, Social Care, Welfare Rights and voluntary workers 3 Provide information to enable staff to identify fuel poverty and make referrals 4 Ensure that all staff are aware of: <ul style="list-style-type: none"> • KEC & freephone number • Benefits helpline number 	KEC, HAWS steering group Welfare Rights groups Training and information sections in Health, Social Care, Benefits and voluntary organisations KEC, HAWS steering group, Home Improvement agencies KEC, HAWS steering group, benefits organisations	Ongoing April 2002 April 2002 Commencing Dec 2001
3 Provide and promote benefits information to hard-to-reach and other households	1 Support and promote benefits take-up campaigns 2 Consider a Kent-wide Benefit Month 3 Ensure that all affordable warmth referrals make people aware of the possibility of maximising benefit income 4 Promote an understanding of different fuel tariffs 5 Encourage the use of the most suitable fuel payment method 6 Promote the best use of the £200 winter fuel payment 7 Front-line staff to encourage take-up of benefits 8 Forge links with existing community networks eg residents and tenants associations	Advice centres, Benefits Agency, CAB, Community groups LAs, CAB, Benefits Agency All referral network staff, installers KEC, LAs, Energy Watch KEC, LAs, referral staff KEC, LA, referral staff Multi-agency staff LAs, Benefits Agency, housing associations, KEC	November 2001 April 2002 November 2001 December 2001 December 2001 December 2001 Ongoing Ongoing

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4 Ensure that households know where to go for benefits advice	1 Identify and promote relevant benefits advice organisations to clients and front-line workers	LAs, Social Services, caring agencies Benefits Agency, area benefits advisors	April 2002 April 2002
	2 Consider the establishment of a one-stop-shop for benefits advice	KEC, CAB, Benefits Agency, KIF	April 2002
	3 Investigate using an existing staff member in GP surgeries to promote benefit and affordable warmth services	health community	December 2001
	4 Investigate establishing a freephone number to provide information and referrals to benefit and affordable warmth services	KEC	April 2002
	5 Promote benefits advice and affordable warmth through Council Tax mailings, fuel pre-payment key-charging outlets etc.	LAs, fuel utilities, Post Office	
5 Provide advice for those who miss out on benefits	1 Promote the advantages of investing in energy efficiency	KEC, LA information routes, community networks	Ongoing
	2 Identify and promote any incentives or grants available	fuel utilities, KEC, LAs, EST, voluntary agencies, home improvement agencies	Ongoing
	3 Identify trusted equity release schemes and make information available	Age Concern, Help the Aged	April 2002
	4 Identify the opportunity for interest free loans on energy improvements	KEC	December 2001
6 Increase the potential for low income households to take advantage of energy efficiency steps and measures	1 Investigate the role of credit unions in supporting members to improve energy efficiency and switch to cheaper fuel payment methods	KEC, KAWS steering group	July 2002

AIM 6 To establish a single referral system

Objective	Tasks	Partners	Milestones/ Timescales
1 Establish a 'One Stop Shop' for referrals	1 Use the established Kent Energy Centre freephone advice line as a one-stop-shop for energy advice, grants and benefits advice (subject to funding).	KEC	November 2001
2 Develop an effective, quick, and simple system accessible by all	<ol style="list-style-type: none"> 1 Identify partners and liaise to form an information database 2 Encourage all agencies to sign up and support frontline staff in participating 3 Produce a simple, standard, referral form 4 Train all partners in the use of the referral system 5 Establish a key worker register within partner organisations 6 Work towards improving and standardising the IT/ communication systems 7 Consider establishing a register of approved installers 	LAs, KAWS steering group, KEC, health and social care communities, NEA, Eaga, voluntary agencies, fuel utilities, RSPCA, Benefits Agency, home improvement agencies	From November 2001
3 Promote the referral structure widely	<ol style="list-style-type: none"> 1 Identify funding to promote the referral system 2 Design and produce a health & fuel poverty leaflet carrying clear, simple advice about affordable warmth and where and how to get in touch with the network 3 Promote widely, using existing channels in partner organisations where possible 4 Provide regular, up-to-date information in a newsletter for partners and clients 5 Subject to funding, consider producing a small, durable card, carrying contact details and referral freephone number for use by frontline staff/ handing to clients 	<p>KAWS steering group, all partners As above</p> <p>All partners</p> <p>KEC, HAWS steering group</p> <p>KEC</p>	3 – 6 months Ongoing
4 Monitor the performance of the referral system	<ol style="list-style-type: none"> 1 Establish a client register 2 Adapt Kent Energy Centre's existing call handling system to ensure that it receives, logs and follows-up action in response to requests for assistance or advice whether by: <ul style="list-style-type: none"> • Telephone call • Letter • Fax • Personal caller • e-mail communication • web site response etc 3 Liaise regularly with cross-referral agencies to maintain up-to-date information and co-operative working 	<p>KEC</p> <p>KEC</p> <p>All partners</p>	As soon as possible

Appendix A

Population ¹

	Total	change 1981 – 1999	aged under 5	aged 5-15 yrs	aged 16 to pensionable	Pension age or over
UK		UK = +5.6%	UK = 6.1%	UK = 14.3%	UK = 61.6%	UK = 18.1%
Ashford	102,000	+17.5%	6.5%	14.8%	60.5%	18.1%
Canterbury	141,000	+15.6%	5.1%	13.4%	59.3%	22.2%
Dartford	86,000	+5.5%	6.6%	13.6%	63.3%	16.5%
Dover	109,000	+5.7%	5.8%	14.4%	58.6%	21.2%
Gravesham	92,000	-3.7%	6.6%	15.1%	60.0%	18.2%
Maidstone	141,000	+8.0%	5.9%	14.0%	62.6%	17.5%
Medway	243,000	+1.2%	6.7%	15.3%	63.2%	14.8%
Sevenoaks	113,000	+2.7%	6.1%	14.3%	60.4%	19.1%
Shepway	101,000	+17.8%	5.7%	13.6%	58.6%	22.0%
Swale	120,000	+9.0%	6.4%	14.6%	61.6%	17.4%
Thanet	128,000	+4.8%	5.9%	14.0%	55.2%	24.9%
Tonbridge & Malling	107,000	+9.7%	6.6%	14.8%	61.7%	16.9%
Tunbridge Wells	103,000	+4.7%	6.3%	14.6%	59.9%	19.2%

¹Source: Office for National Statistics 1999

Households and Tenure²

	Total Households	Owner-occupied (England average 67.6%)	Rented: private/HA/ or with employment	Rented from Local Authority
Ashford	36,258	70.6%	9.8%	19.6%
Canterbury	50,558	74.9%	13.3%	11.8%
Dartford	30,946	73.4%	8.5%	18.1%
Dover	41,654	71.1%	14.2%	14.7%
Gravesham	35,574	70.9%	9.1%	20.0%
Maidstone	52,578	74.5%	10.5%	15.0%
Medway	91,241	78.1%	13.5%	8.4%
Sevenoaks	41,867	75.2%	20.1%	4.7%
Shepway	38,387	73.2%	15.9%	10.8%
Swale	44,642	74.3%	20.4%	5.2%
Thanet	52,029	73.2%	14.5%	12.3%
Tonbridge & Malling	38,748	73.9%	19.3%	6.7%
Tunbridge Wells	39,303	71.3%	15.1%	13.7%

²Source: 1991 Census

Council Tax Bands ¹

	A – B	C – D	E – F	G – H
Ashford	33%	40%	21%	7%
Canterbury	32%	50%	15%	3%
Dartford	22%	60%	16%	2%
Dover	46%	40%	12%	3%
Gravesham	26%	57%	15%	2%
Maidstone	21%	52%	21%	6%
Medway	45%	45%	9%	1%
Sevenoaks	10%	46%	27%	17%
Shepway	39%	44%	14%	4%
Swale	44%	44%	10%	2%
Thanet	53%	38%	8%	1%
Tonbridge & Malling	12%	55%	26%	8%
Tunbridge Wells	18%	48%	23%	11%

¹Source: Office for National Statistics 1999

Pensioners: (living alone/with limiting long term illness/without Central Heating)²

	Households with one or more pensioners	Pensioner living alone	With limiting long term illness	Living alone with limiting long term illness	With limiting long term illness and no CH	With no CH
Ashford	12,232	5,130	5,714	2,001	955	2,728
Canterbury	20,729	9,228	9,902	3,519	1,837	4,969
Dartford	9,417	3,925	4,377	3,519	1,310	3,658
Dover	15,457	6,863	7,495	3,519	1,472	4,020
Gravesham	11,355	5,003	5,186	1,951	1,201	3,427
Maidstone	16,392	6,989	7,206	2,588	1,453	4,281
Medway	25,227	11,158	12,260	4,542	3,788	10,153
Sevenoaks	14,054	5,755	5,791	2,056	1,055	3,164
Shepway	15,493	7,189	7,114	2,675	1,445	4,001
Swale	14,270	6,160	6,990	2,530	1,936	5,190
Thanet	12,232	5,130	5,714	2,001	955	2,728
Tonbridge & Malling	12,232	5,130	5,714	2,001	955	2,728
Tunbridge Wells	13,337	6,159	5,519	2,210	1,253	3,784

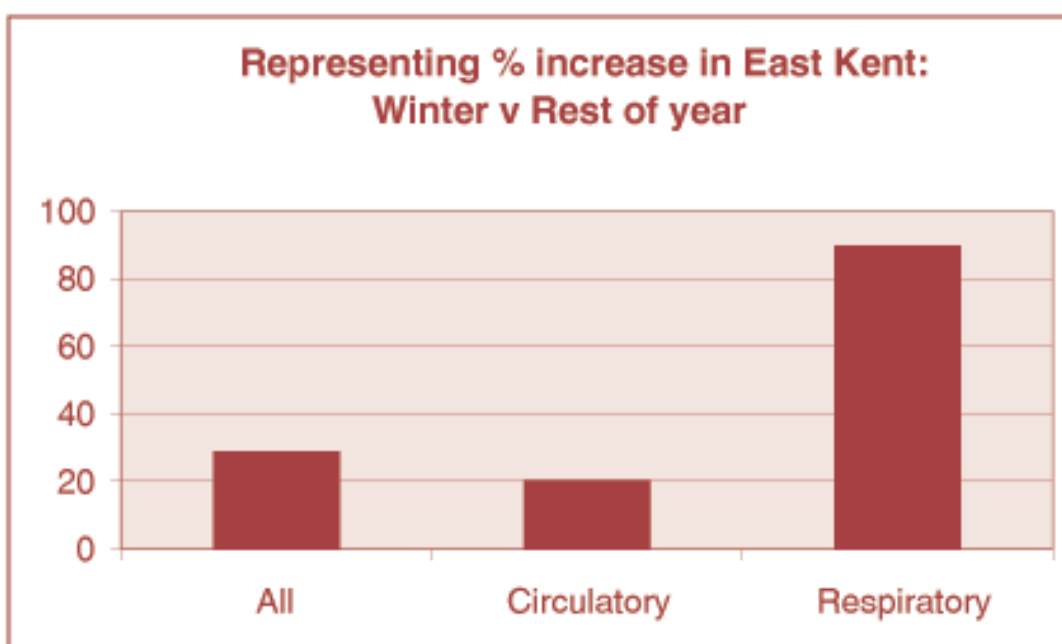
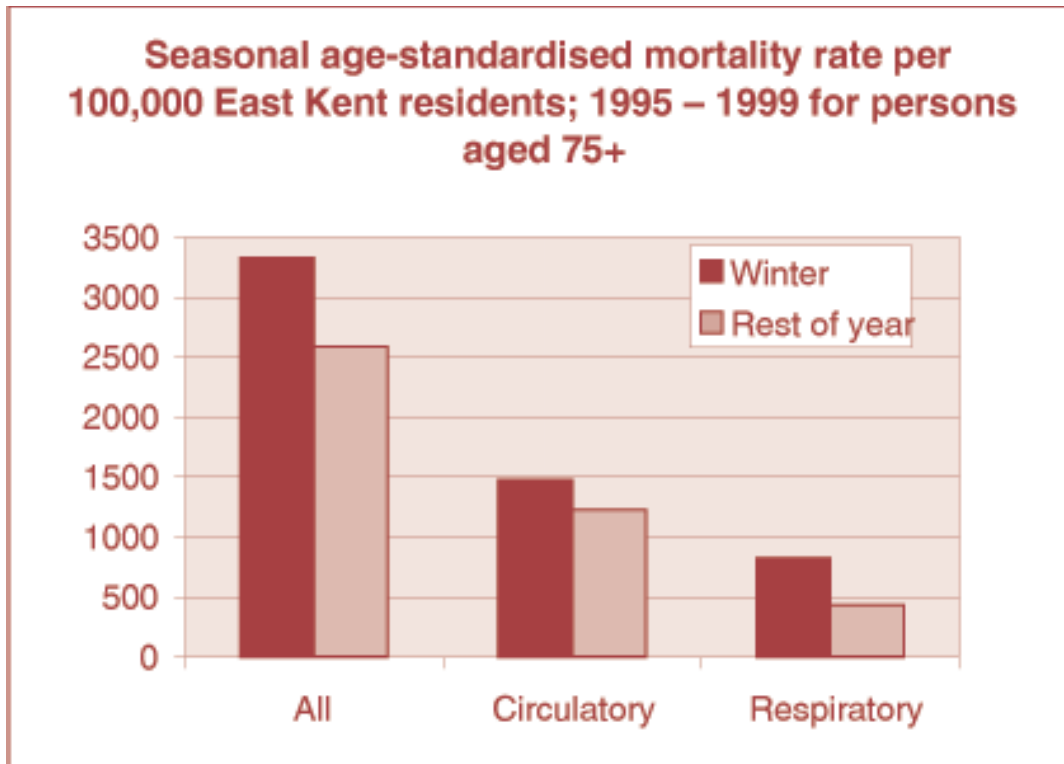
²Source: 1991 Census

Appendix B

Seasonal age-standardised mortality rates

1995 – 1999 for persons aged 75+

East Kent

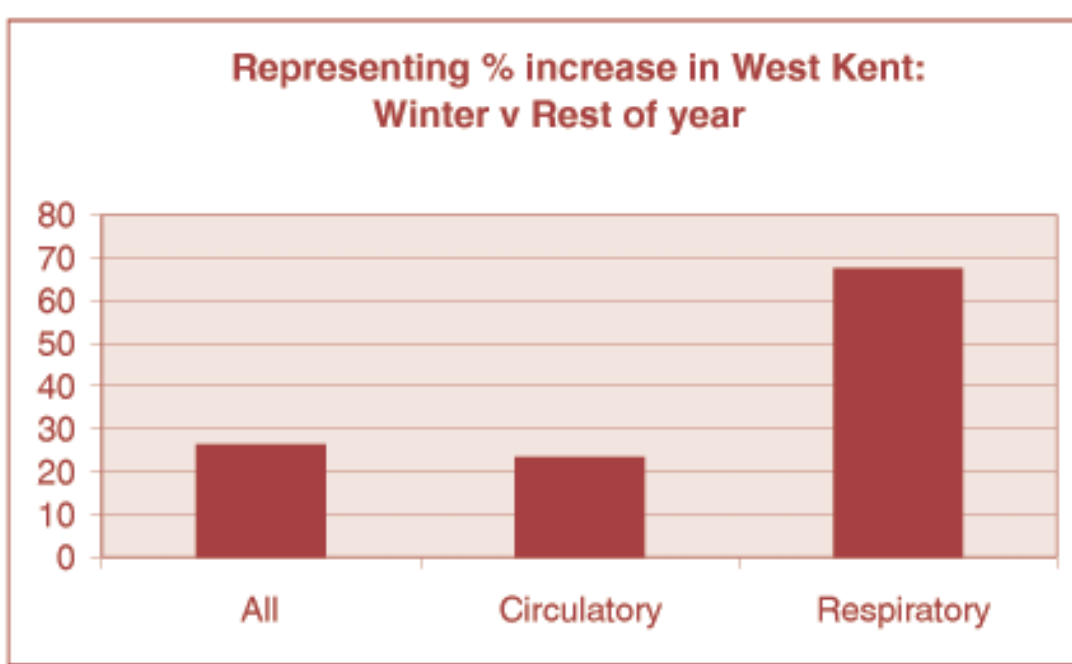
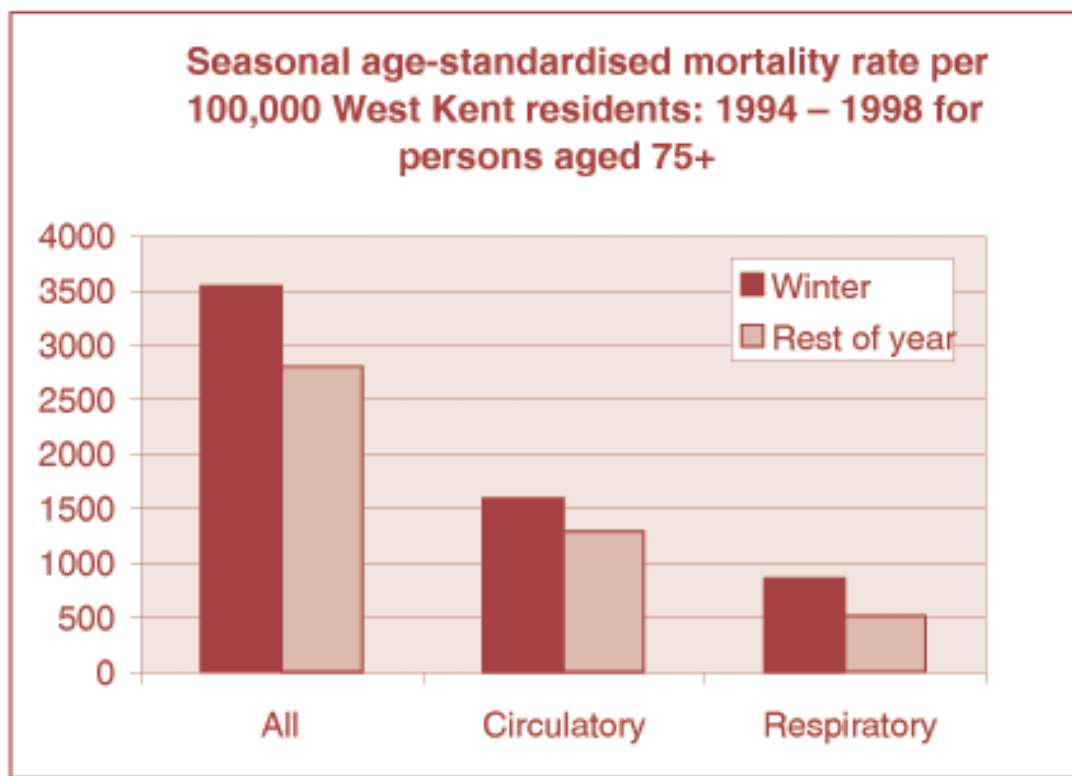


Extracted from accompanying chart

Seasonal age-standardised mortality rates

1994 – 1996 for persons aged 75+

West Kent



Extracted from accompanying chart

Appendix B

Seasonal age-standardised mortality rates, 1995 – 1999* for persons aged 75+

All causes of death				
Council area	Directly age-standardised mortality rate per 100,000 residents		Numbers of deaths in an average 4-month period	
	Winter	Rest of year	Winter	Rest of year
Ashford	3454	2598	260	195
Canterbury	3187	2486	484	377
Dover	3205	2448	340	258
Shepway	3364	2555	361	272
Thanet	3451	2795	537	434
Swale (pt)	3382	2801	74	57
East Kent HA	3324	2587	2056	1593
West Kent HA*	3536	2805	2283	1810

All circulatory diseases				
Council area	Directly age-standardised mortality rate per 100,000 residents		Numbers of deaths in an average 4-month period	
	Winter	Rest of year	Winter	Rest of year
Ashford	1492	1226	113	93
Canterbury	1516	1270	232	193
Dover	1377	1148	146	121
Shepway	1388	1055	149	114
Thanet	1588	1348	244	209
Swale (pt)	1280	1204	29	26
East Kent HA	1471	1225	913	757
West Kent HA*	1591	1291	1030	834

All respiratory diseases				
Council area	Directly age-standardised mortality rate per 100,000 residents		Numbers of deaths in an average 4-month period	
	Winter	Rest of year	Winter	Rest of year
Ashford	853	417	64	31
Canterbury	732	393	112	60
Dover	793	431	86	47
Shepway	887	481	97	52
Thanet	873	458	137	72
Swale (pt)	821	381	18	8
East Kent HA	822	434	513	271
West Kent HA*	856	512	553	332

* - West Kent data are for 1994 – 1998

Table supplied by East Kent Health Authority

Glossary of abbreviations

ACE: *Association for the Conservation of Energy* – a not-for-profit organisation that carries out lobbying and policy research on energy conservation. It is used by local and national government for advice and research purposes.

BRECSU: *Building Research Energy Conservation Support Unit* – a section of the Building Research Establishment specialising in technical information concerning energy consumption and conservation in buildings.

CAB: Citizens Advice Bureau

CVS: Council for Voluntary Services

DTLR: *(formerly DETR – Department of Environment, Transport and the Regions) Department of Transport, Local Government and the Regions* – responsible for monitoring local authority duties and activities, including most of those under HECA.

EAGA Partnership Ltd: Energy Action Grant Agency Ltd – A private company appointed by the Government to administer Warm Front (formerly New HEES) in ¾ of England including Kent.

ECAs: *Energy Conservation Authorities* – the term for local authorities in the Home Energy Conservation Act reflecting their new duty to conserve domestic energy consumption within their own areas.

EEC: *Energy Efficiency Commitment Scheme (formerly known as SOP, Standards of Performance Scheme)* – all fuel utilities are now required to spend money collected through fuel bills on energy efficiency measures. Grants and subsidies for measures are sometimes available for householders. Utilities are required to spend a substantial amount of this funding addressing the issue of fuel poverty.

EST: *Energy Saving Trust* – the national government funded body that promotes energy efficiency and is responsible for managing and partly financing all Local Energy Advice Centres.

HAWS: *Health & Affordable Warmth Strategy.*

HECA: *Home Energy Conservation Act 1995* – the act of parliament that required local authorities to develop strategies that would lead to a 'significant' reduction in domestic energy consumption in their areas by 2010 and to report annually to DLTR on the progress made. A 'significant' reduction was defined as 30%.

HECA fora: the consortium of all Government Office for the South East local authorities working together to co-ordinate ideas and projects, share information, improve domestic energy efficiency and increase access to affordable warmth.

HIMP: *Health Improvement Programme* – a statement of the most important local health problems and needs of local people produced through the partnership working of everyone who has an effect on health locally. It is a rolling three year statement of agreed strategies and actions to improve health. Health service planners, care providers and local authorities are involved.

HRA: *Home Repair Assistance* – a form of discretionary grant that local authorities can give for energy efficiency measures amongst other things. Sometimes this can be used to 'top up' Warm Front grants.

KASH: *Kent Action to Save Heat* – a discount insulation scheme operating in Kent, set up by KEEP with the aid of a government HECAAction grant. The scheme is managed by CEN, a not-for-profit organisation.

KAWS: *Kent Affordable Warmth Steering Group* – the group set up to develop the Health & Affordable Warmth Strategy.

KIF: *Kent Information Federation*

KCC: *Kent County Council.*

KEC: *Kent Energy Centre* – a not-for-profit organisation which is one of a network of 50 local energy advice centres (see below). KEC was set up in 2000 and is funded primarily by the Energy Saving Trust and all thirteen of Kent's local authorities. KEC works in close partnership with authorities to help achieve the targets under HECA, provide free energy advice to all Kent households and reduce domestic energy consumption.

KEEP: *Kent Energy Efficiency Partnership* – the consortium of all Kent local authorities working together to co-ordinate projects, share information, improve domestic energy efficiency and increase access to affordable warmth in Kent.

LAs: *local authorities* – In Kent there are 12 borough and district councils and one unitary authority (Medway). Medway is responsible for its own social service provision. Elsewhere in Kent, social services are provided by Kent County Council.

NEA: *National Energy Action* – a national charity working to eradicate fuel poverty in the UK.

PCG/PCT: *Primary Care Group/Primary Care Trust* – groups of local GPs, other health professionals, social services and lay people who agree local priorities for family health care and for spending on hospital care.

RSLs: *Registered Social Landlords (formerly housing associations)* – provide, develop and maintain social housing for rent at affordable levels.

SAP: Standard Assessment Procedure – the governments preferred method of assessing the energy efficiency of a dwelling. The rating scale is from 0 – 100.

0 – 10 Very poor

11 – 30 Poor

31 – 50 Average

51 – 60 Good

61 – 80 Very good

81 – 100 Excellent

WARM FRONT (*formerly New HEES*): a government funded grant scheme for home insulation and heating improvements. Grants of up to £1,000 are available for those in receipt of certain income related benefits and meeting the qualifying criteria. Increased grants of £2,000 are available for those over 60 and in receipt of benefit, enabling more extensive heating improvements to be made in their homes.



Transco

SHEPWAY
DISTRICT COUNCIL



Medway
District Council

DOVER
DISTRICT COUNCIL



West Kent NHS
Health Authority



East Kent NHS
Health Authority

Swale
BOROUGH COUNCIL



LONDON
ELECTRICITY

Tunbridge Wells
District Council
www.tunbridge-wells.gov.uk