

Working in
partnership to
alleviate fuel
poverty in Kent
& Medway





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The Kent Health & Affordable Warmth Partnership comprises:

CEN, Kent & Medway Primary Care Trusts, Kent & Medway Strategic Health Authority, Kent and Medway Social Services, 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, Tunbridge Wells Borough Council, Pension Service, Kent Home Improvement Agencies, Groundwork, NEA, Warmfront, Government Office of the South East.

Foreword by Quentin Sandifer, Kent & Medway Strategic Health Authority

For most of us, one of the things we take for granted is that we can keep ourselves warm in our own homes, no matter how inclement the weather. Sadly, for large numbers of people living in Kent and Medway this is not the case, and many of these people are also vulnerable to the health impacts of not keeping warm. One in five households in Kent are fuel poor, according to the Government's definition, and it is estimated that in Kent and Medway there were 890 excess winter deaths in 2001/2 - these are the additional deaths that occur during the four coldest months of the year. Comparisons with other countries with colder winter temperatures, and the fact that these deaths have been reduced as living conditions have improved, show that many of these deaths are avoidable.

This tends to be a largely invisible problem to many frontline staff in the NHS. For one thing, the official causes of cold related deaths are recorded as heart disease, strokes, and respiratory illness; and secondly they occur between two and 12 days after the cold snap with which they are associated.

There is now good evidence that substantial public health benefits may accrue from schemes that improve the thermal efficiency of properties and the affordability of heating them. Curiously perhaps, the impact of cold weather is not very closely linked to socio-economic status. Even relatively wealthy people are vulnerable and need to be made more aware of the risks of living in cold houses. We have probably all heard anecdotes of people dying needlessly from cold related illness because, even though they were well off, they did not choose to spend money on heating. We therefore need to offer access to government and other funding and the best advice and support to vulnerable people across the social spectrum.

For all these reasons I am very pleased to welcome and endorse this revised Kent Health and Affordable Warmth Strategy. Some of the people who have been active on this particular issue are to be found within the NHS, but most are in local government, housing, social services or the voluntary sector. In particular, the staff of CEN's Kent Energy Centre have been a valuable focus of expertise and activity. These people have worked hard to keep the issue alive and to make progress. Above all, they have made a material difference to many people's health and quality of life by helping them to access funding and expertise with which to improve the energy efficiency of their homes, and the benefits to which they were entitled.



Quentin Sandifer

Introduction

The Kent Health & Affordable Warmth Strategy

The Kent Health & Affordable Warmth Strategy (second edition) sets out a series of objectives designed with the ultimate aim of helping the fuel poor in Kent move into affordable warmth, in line with the aims set out in the Government's 2001 *UK Fuel Poverty Strategy*.

Produced by a multi-agency steering group with input from a wide range of consultees, the strategy supersedes the document originally produced in 2001, outlining a number of objectives to guide the work of the steering group and wider partnership for the next three years.

Central to this revised strategy is the continued need for a locally joined-up approach, whereby vulnerable households are provided with the best possible assistance in the simplest, most effective way.

Fuel poverty - a definition

Every year, millions of households throughout England will struggle to keep warm at home. Known as 'fuel poverty', this situation damages people's quality of life and imposes wider costs on the community.

The most widely accepted definition of a fuel poor household is one that needs to spend more than 10 per cent of its income to meet fuel costs, including the cost of heating the home to an adequate standard of warmth.

Importantly, the definition focuses on what people would 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.

The main causes of fuel poverty in the UK are a combination of energy inefficient dwellings, low incomes, under-occupancy and the cost of fuel.

● Energy inefficient dwellings

The energy efficiency of a dwelling can be measured by the Standard Assessment Procedure (SAP), which marks the property on a scale from 1 (very inefficient) to 120 (very efficient). Houses built under current building regulations will typically achieve ratings of about 80, having good insulation and modern, efficient heating systems.

However, the 2001 *English House Conditions Survey* found the average SAP rating of existing dwellings to be 51, with just under 5% of dwellings having a rating of 20 or less. Furthermore, the average SAP for the fuel poor is around 33. There are significant variations between tenure and housing type, as illustrated in the tables below.

Figure 1 - Percentage of dwellings in the SAP band with the following stock and energy characteristics, 2001 (English House Conditions Survey 2001).

| Stock and energy characteristics | | | | | | | | | |
|----------------------------------|-----------|----------|-------|-----------------------------|------------------|------------------------|-----------------|----------------|----------------------------|
| SAP Band | Post 1980 | Pre 1919 | Flats | Lofts with 100mm insulation | Non cavity walls | Insulated cavity walls | Central heating | Private rented | Registered Social Landlord |
| Less than 20 | 2.8 | 47.9 | 17.8 | 55.1 | 54.5 | 17.6 | 39.8 | 25.1 | 3.3 |
| 20-30 | 6.5 | 41.3 | 15.7 | 57.5 | 52.1 | 26.6 | 47.5 | 17.4 | 4.4 |
| 30-40 | 5.4 | 40.0 | 11.7 | 59.7 | 50.6 | 16.6 | 72.2 | 13.1 | 4.1 |
| 40-50 | 4.7 | 22.2 | 10.8 | 64.3 | 35.5 | 13.4 | 90.2 | 8.8 | 3.2 |
| 50-60 | 14.6 | 18.3 | 16.8 | 70.8 | 26.4 | 36.1 | 93.3 | 9.3 | 5.1 |
| 60-70 | 37.9 | 7.9 | 22.6 | 80.7 | 14.1 | 59.0 | 94.3 | 7.3 | 8.3 |
| Over 70 | 59.2 | 2.0 | 48.7 | 82.2 | 7.7 | 54.5 | 97.1 | 9.2 | 22.3 |
| All dwellings | 18.5 | 20.8 | 18.7 | 69.0 | 29.9 | 35.9 | 86.0 | 10.4 | 6.6 |

Figure 2 - Average SAP rating, 1996 and 2001 (English House Conditions Survey 2001).

| | Mean SAP | |
|-----------------|----------|------|
| | 1996 | 2001 |
| Owner occupied | 45.5 | 49.9 |
| Private rented | 39.0 | 45.3 |
| Local authority | 46.4 | 53.6 |
| RSL | 53.9 | 60.3 |
| Pre 1919 | 39.1 | 41.0 |
| 1919-1944 | 40.2 | 45.8 |
| 1945-1964 | 44.2 | 48.3 |
| 1965-1980 | 48.4 | 55.1 |
| Post 1980 | 60.5 | 63.3 |
| All dwellings | 45.4 | 50.6 |

● Low income

Low income is another cause of fuel poverty, with households not having access to enough money to pay for adequate heating. Furthermore, low income householders tend to occupy the least efficient dwellings, which cost more to heat.

Figure 3 - Fuel Poverty by Household Income (English House Conditions Survey 2001).

| | Percentage of which fuel poor | Percentage of total fuel poor |
|--|-------------------------------|-------------------------------|
| Highest 70 per cent of household incomes | 1.2% | 10% |
| Lowest 30 per cent of household incomes | 25.2% | 90% |

● Fuel Prices

Until the beginning of 2004, the cost of fuel had been at or near to its lowest level in real terms over the last 30 years, mainly due to the liberalisation of the energy markets and the reduction of VAT on domestic fuel to 5 per cent. However, 2004 has seen price rises of 18 per cent on the average gas bill and 14 per cent on the average electricity bill, and it is likely that prices will stay high for the next decade.

The government has predicted that, for every 1 per cent increase in fuel prices, 50,000 families will slip into fuel poverty and it is likely that at least 560,000 more families are struggling to keep warm following the 2004 rises alone (NEA, 2004).

In addition to these rises, low income households are likely to be paying even more for their fuel. This is because they will often be using prepayment meters, which generally incur a higher tariff.

● Under-occupancy

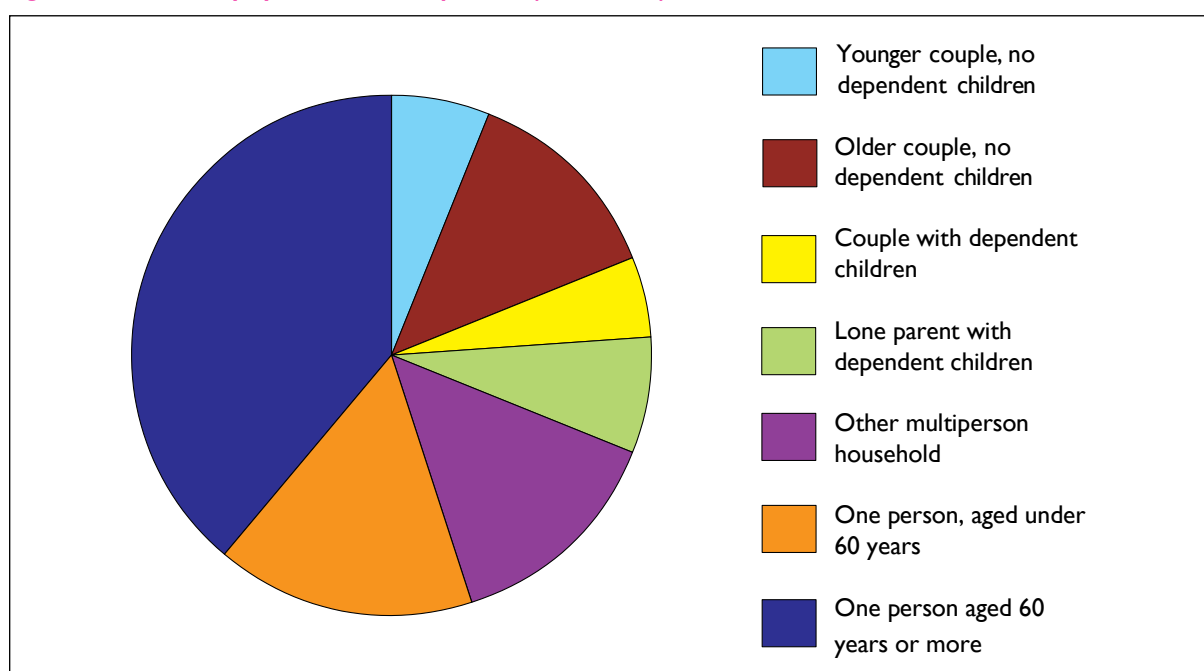
Under-occupancy occurs when the size of a dwelling is unnecessarily large for the inhabitants - typically considered to be where there is more than one spare bedroom.

The Health Impacts of Fuel Poverty

Living in a cold home can lead to or worsen a large number of health problems including heart disease, stroke, respiratory illness, falls, asthma and mental health problems.

Although these health 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.

Figure 4 - Fuel Poverty by household composition (EHCS 2001)



The ideal temperature for a living room in winter is 21°C; 18°C for the rest of the home. When room temperature falls below 16°C, resistance to respiratory diseases begins to diminish. Exposure to temperatures between 9°C and 12°C causes core body temperature to drop and blood pressure to rise, and increases the risk of heart disease.

Winter mortality

On average, there are 40,000 more deaths in December through to March in Britain than in other periods of the year (Wilkinson P, Landon M & Stevenson S, 2000). The phenomenon of excess winter deaths is virtually unknown in Scandinavia and is much less severe in other, colder European countries.

These largely avoidable deaths have a major health impact, not only in themselves and the impact on the victims and their families, but also on the health service which has to deal with a large number of additional hospital admissions during the cold weather.

For every 1°C drop below the winter average temperature in the UK, there are an extra 8000 deaths. The occurrence of excess winter deaths can even be predicted: hospital admissions from heart attacks will increase two days after a cold day, strokes five days after and respiratory diseases 12 days after.

Figure 5 - the extent of excess winter mortality in Kent between 1997 and 2002.

| Local authority | Excess winter deaths | | | | |
|-----------------------|----------------------|-------------|-------------|------------|------------|
| | 1997-1998 | 1998-1999 | 1999-2000 | 2000-2001 | 2001-2002 |
| Ashford | 50 | 90 | 50 | 30 | 50 |
| Canterbury | 60 | 150 | 210 | 100 | 120 |
| Dartford | 20 | 120 | 100 | 60 | 50 |
| Dover | 50 | 120 | 160 | 60 | 30 |
| Gravesham | 30 | 90 | 70 | 0 | 20 |
| Maidstone | 80 | 130 | 100 | 50 | 90 |
| Medway | 90 | 250 | 240 | 90 | 130 |
| Sevenoaks | 40 | 100 | 130 | 0 | 60 |
| Shepway | 80 | 100 | 160 | 50 | 70 |
| Swale | 50 | 80 | 140 | 70 | 80 |
| Thanet | 80 | 190 | 190 | 60 | 100 |
| Tonbridge and Malling | 50 | 100 | 140 | 60 | 40 |
| Tunbridge Wells | 50 | 120 | 130 | 30 | 50 |
| TOTAL | 730 | 1640 | 1820 | 660 | 890 |

Note: Excess winter deaths are defined by the Office for National Statistics as the difference between the number of deaths during the 4 winter months (December - March) and the average number of deaths during the preceding autumn (August - November) and the following summer (April - July).

The people most likely to die or become ill during the cold weather are those least able to afford to heat their homes. While the impact of outdoor temperature on those who need to go outside for shopping or other reasons is difficult to analyse and largely unknown, the relationship between indoor temperature and mortality is now well established. The most vulnerable are elderly people, with 93 per cent of excess winter deaths occurring in the over 65s. However, the health impact of the cold is by no means limited to just the poorest and oldest in society.

The Extent of Fuel Poverty

England

According to the *UK Fuel Poverty Strategy - Second Annual Progress Report 2004*, 2 million households in England were in fuel poverty in 2002. This is based on the definition of income that excludes Housing Benefit and Income Support for Mortgage Interest.

This is a reduction of 3.3 million fuel poor households since 1996 and it is thought that this improvement is due to improved benefits and reduced fuel costs. Indeed, the Scottish Housing Condition Survey showed that these factors were responsible for 85 per cent of the reduction in fuel poverty numbers during the same period in Scotland, while actual energy efficiency improvements to the dwelling were responsible for just 15 per cent.

Figure 6 - Fuel poor households in England (millions) - income not including Housing Benefit and Income Support for Mortgage Interest (The UK Fuel Poverty Strategy 2nd Annual Progress Report 2004)

| | 1996 | 1998 | 2001 | 2002 |
|-----------------|------|------|------|------|
| Total fuel poor | 5.3 | 4.5 | 2.3 | 2.0 |
| Vulnerable | 3.7 | 3.7 | 2.0 | 1.6 |
| Non-vulnerable | 1.5 | 0.8 | 0.3 | 0.4 |
| Social Housing | 2.2 | 1.7 | 0.8 | 0.7 |
| Private housing | 3.1 | 2.7 | 1.5 | 1.3 |

Note - a vulnerable household is defined as one containing children or those who are elderly, sick or disabled.

Kent

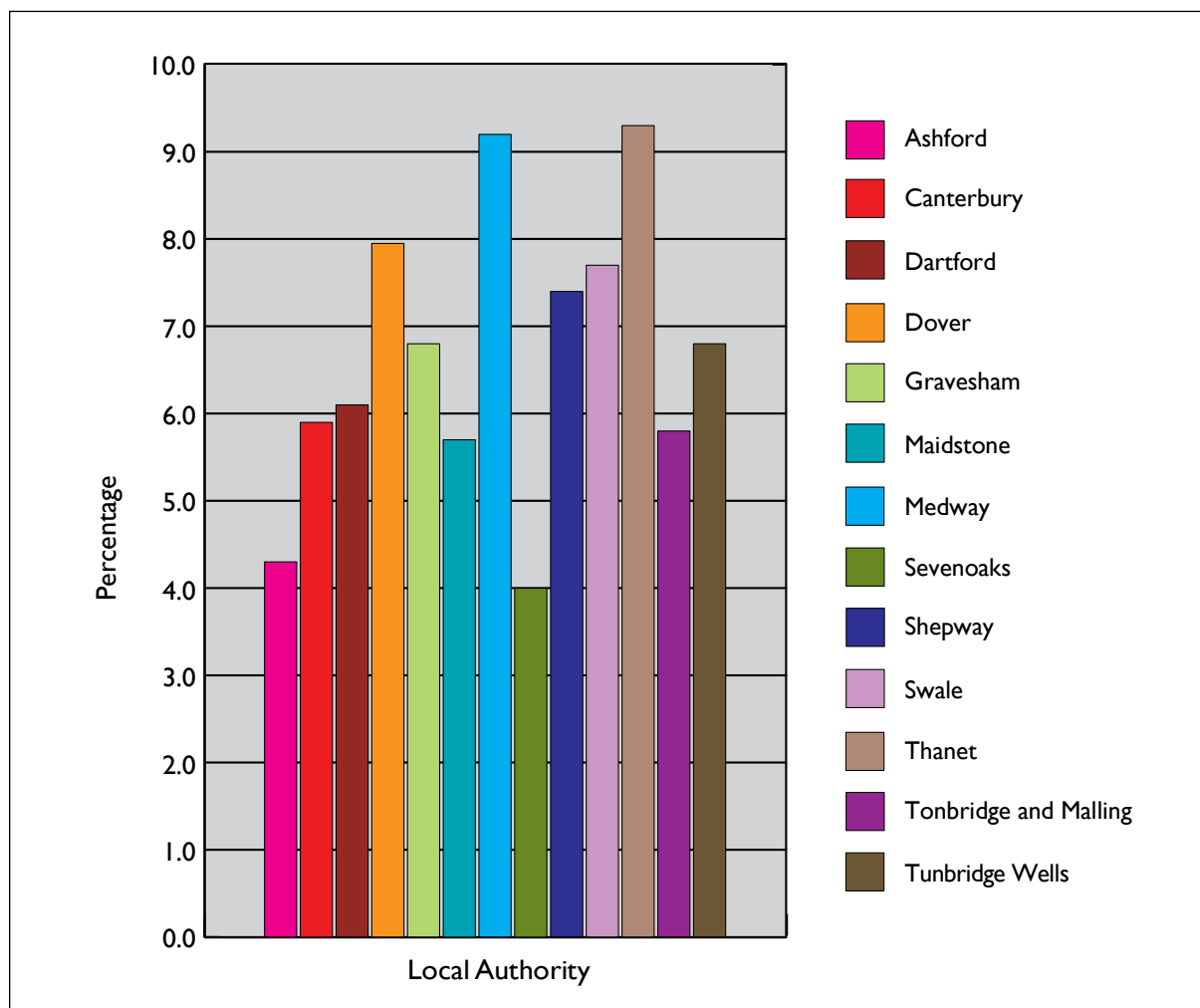
Approximately 125,000 of Kent residents are fuel poor (Centre for Sustainable Energy). This figure has been calculated by combining data including information on deprivation, benefit status, housing type and tenure, age, illness and the presence of central heating.

Figure 7 - Area demographics (EHCS 2001)

| | Percentage of Income Support claimants, 2000 | Percentage of people with a long term limiting illness | Households with at least 1 person of pensionable age |
|---------------------|--|--|--|
| Ashford | 4.8 | 15.6 | 32.5 |
| Canterbury | 5.8 | 18 | 36.5 |
| Dartford | 4.6 | 14.3 | 28.2 |
| Dover | 6.5 | 19.7 | 35.7 |
| Gravesham | 5.4 | 15.9 | 32.1 |
| Maidstone | 4.4 | 14.6 | 31.3 |
| Medway | 5.5 | 15.2 | 27 |
| Sevenoaks | 3.5 | 13.8 | 34.6 |
| Shepway | 7.4 | 19.5 | 37.6 |
| Swale | 5.9 | 16.9 | 30.9 |
| Thanet | 8.9 | 21.7 | 39.6 |
| Tonbridge & Malling | 3.5 | 13.6 | 31.7 |
| Tunbridge Wells | 4.4 | 13.5 | 32.1 |

The *English House Conditions Survey 2001* reveals that 31.5 per cent of households with no central heating in their home are fuel poor and figure 8 illustrates the numbers in each borough who lack this resource.

Figure 8 - Percentage of householders without central heating (EHCS 2001)



Action to Alleviate Fuel Poverty

National Initiatives

There are a number of current and planned policies and programmes, which will have an impact on the number of fuel poor households in England. These include:

- *Energy policies* - the UK Fuel Poverty Strategy 2001; the Energy White Paper; Energy Efficiency - The Government's Plan for Action; Fuel Poverty in England - The Government's Plan for Action.
- *Housing policies and programmes* - the Home Energy Conservation Act; Decent Homes Standard; Energy Efficiency Commitment; Warmfront; Community Energy Programme; Building Regulations; Housing Health and Safety Rating System; Home Information Packs.
- *Programmes to provide energy advice* - CEN's Kent Energy Centre is part of a national network providing one-stop energy efficiency advice to domestic customers.
- *Local delivery* - Local Strategic Partnerships present an opportunity for raising the profile of fuel poverty and affordable warmth and implementing local solutions.
- *Regeneration programmes* - including Pathfinder Market Renewal programmes and the Neighbourhood Renewal Fund.
- *Economic instruments* - such as measures to lower VAT on energy saving materials and energy efficiency products and a tax allowance for private sector landlords to encourage investment in insulation.
- *Consumer policy* - including opportunities for savings to be made from transferring supplier or changing payment method.
- *Policies to tackle poverty* - including Welfare to Work, financial inclusion and economic policies to reduce child poverty and increase the income of the elderly.
- *Policies to improve health* - including specific programmes to raise awareness (Keep Warm, Keep Well initiative with the Department of Health) and programmes that link to the issue of fuel poverty, such as Tackling Health Inequalities - A Programme for Action 2003, National Service Framework for Older People and the National Service framework for Coronary Heart Disease.

(Source: *Fuel Poverty in England - The Government's Plan for Action*, November 2004).

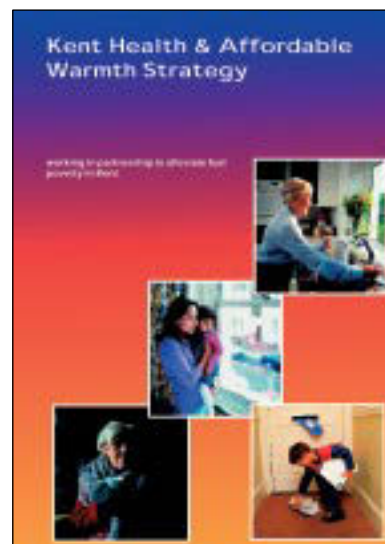
It is difficult to quantify how these policies will impact on fuel poverty due to their diverse nature and inconsistencies in monitoring. However, the fact there are so many policies and programmes from different government departments which influence the work of local authorities, social housing providers, health and social care and even voluntary agencies can only be a positive thing.

Progress in Kent

In November 2001, the first *Kent Health & Affordable Warmth Strategy* (KHAWS) was launched. This was produced by a partnership comprising representatives from the Kent local authorities, the health and social care sector, the Benefits Agency, voluntary agencies and the local office of CEN, the Kent Energy Centre. NEA (National Energy Action) assisted in the development process and financial support was provided by Transco.

Following the launch, a number of schemes were initiated and Kent is now recognised as being the leader in fuel poverty work in the South East. However, there is still some way to go: existing initiatives need to be improved and new opportunities explored.

The following summarises some of the work completed under the aims of the original KHAWS Strategy:



Kent Health & Affordable Warmth Strategy

Aim 1 - to establish a coordinating mechanism to oversee the continuing development, delivery and review of the Strategy

The KHAWS Steering Group, chaired by Ashford Primary Care Trust (PCT) and coordinated by CEN, meets quarterly to ensure that the aims of the Strategy are being taken forward. Members include representatives from:

- Kent local authorities
- Job Centre Plus
- Kent PCTs
- Kent Home Improvement Agencies
- Kent & Medway Social Services
- Groundwork
- Government Office of the South East
- CEN (Kent Energy Centre)
- NEA
- Pension Service

Aim 2 - to ensure that the Strategy is integrated with other relevant national and local initiatives and strategies

By autumn 2004, CEN had influenced 42 strategies/local plans across Kent and Medway, including Community Strategies and local authority Housing Strategies. In addition, various members of the KHAWS Steering Group continue to ensure the issue is incorporated into their own organisation's targets.

Aim 3 - to raise awareness of fuel poverty and to promote KHAWS in Kent

- a. Strategic - partners have presented on KHAWS at a series of profile raising events throughout the county and at regional/national conferences; the local authorities have presented it to their committees; members of the KHAWS partnership represent the Strategy during senior meetings.
- b. Frontline professionals - the Health Through Warmth initiative is described in aim 6.
- c. Public - part of the remit of CEN's Kent Energy Centre and of local authorities is to promote energy efficiency and affordable warmth to residents. Promotions are carried out throughout the year, concentrated during winter months, and include multi-agency events, advice surgeries, PR and targeted marketing. During 2003 and 2004, CEN sent an advice sheet to 270,000 over 65s in the county with the flu jab mailing.

Getting the message heard

Every year, the health community in Kent & Medway send a personalised letter to each of the 270,000 over 65s in the county to encourage them to have a flu jab. Members of the Kent Health & Affordable Warmth Steering Group secured agreement from the Flu Board to include a factsheet about energy efficiency and health in both the 2003 and 2004 mailings.

Working in partnership allowed us to reach a very large audience for just the price of the printing of the factsheet, funded by the Energy Saving Trust and Kent local authorities. In total, over 1000 residents have received active assistance as a result of the mailings while all recipients of the factsheet would have had the opportunity to learn low cost and no cost ways of keeping fuel bills down.

Keeping warm matters





To keep well during winter, it's essential to keep warm. As the weather outside gets colder, we are more likely to catch a cold or flu. If your body temperature drops then the risk of a heart attack, stroke or breathing difficulties increase.


To combat winter, it is therefore vital to keep yourself and your home warm and the Kent Energy Centre is here to help you do this. We are funded by the Government to provide you with free and unbiased advice about keeping warm and cosy at home. We can also help you access any grants and discounts you are entitled to for insulation or heating.

Keeping your home warm

There is a range of things you could do to help keep your home warmer during the winter and they are not all expensive!

-  Draw your curtains at dusk - this cuts down on draughts and helps reduce heat loss.
-  Fit draught proofing to help seal gaps around windows and doors.
-  Make sure you know how to set your heating controls. If you can, keep a temperature of 21°C (70°F) in all the rooms during the day. If you can't do this, keep your living room warm during the day and warm your bedroom before going to bed.

Insulating your house will help keep the heat in so your home will stay warmer for longer without costing a fortune.

 Subsidised loft and cavity wall insulation is available to all Kent households from the local authority KASH discount scheme. All work is carried out by registered energy efficiency installers so you have the peace of mind of top quality workmanship.

OLD BUSTERS If you are in receipt of a means tested benefit and are over 60, or are infirm and disabled, you may be able to get a free grant for insulation and heating improvements from the Government or your local authority (these are not available to local authority or housing association tenants).

Aim 4 - to work towards ensuring that the housing stock is capable of delivering affordable warmth

This is a major task which relies on the cooperation of a number of organisations, individuals and on Government policy, targets and incentives. However, partners are doing what they can to influence the state of the housing stock. For example, we continue to encourage individuals to take action in their own homes and work with local authorities and housing associations to encourage improvements to their housing stock under the Decent Homes Standard. CEN are part of the Kent Design Steering Group, looking at influencing new developments to ensure energy efficiency and renewable energy are seriously considered at the design and planning stages.

Aim 5 - to promote benefits awareness and uptake with the aim of maximising the income of vulnerable and socially excluded residents

Medway Council was the first to undertake a benefits awareness campaign that specifically linked to the grants available to benefit recipients to improve home energy efficiency. Called the 'Passport to Warmth' campaign, the scheme ran for two years. Other areas have since set up similar initiatives.

The Pension Service are working with CEN and local authorities to run a number of multi-agency advice surgeries, funded by various partners, where benefits advice and energy efficiency advice are provided to local residents.

Kent Community Action Partnership

In 2004, CEN set up the *Kent Community Action Partnership* with part funding from npower's community grants programme. The aim of the partnership is to provide in depth, holistic advice to residents in some of the more deprived areas of the county via a series of 40 multi agency advice surgeries.

Each session is designed to suit the local area, with representatives from agencies such as the Pension Service, the local Home Improvement Agency, Community Safety, the Fire Service and CEN's Kent Energy Centre on hand to give advice on energy efficiency, grants and discounts, health and safety issues, benefits and adaptations.



CEN's Mike Bundy providing energy advice to a local resident

Aim 6 - to establish a single referral system

Health Through Warmth, part funded by npower and coordinated by CEN, aims to reach the most vulnerable members of the community by training visiting health and care professionals to recognise clients suffering from fuel poverty and to refer them for coordinated assistance from CEN.

A warm home for Mr Riley

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

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

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

Thanks to npower's Crisis Fund, CEN were able to fit an entire new heating system, including boilers and controls. Mr Riley is now warm with a ready supply of hot water and is delighted with his new system.



Yvonne Tridgell (CEN), Roger Gale MP, Mr Riley and Denise Howell (NEA) during national Warm Homes Week.

The Next Three Years

In light of progress made to date, new policy guidelines and future priorities, the following aims and objectives have been set to direct the work of the Steering Group and the wider partnership over the next three years.

Aims and objectives

Aim 1 - to improve the coordination of delivery

| Objectives | Activities | Responsibility | Timescale |
|--|---|---------------------|---|
| a. Each member of KHAWS to have a clearly determined role (including 'champions') in the delivery of this strategy and to take ownership of it | <ul style="list-style-type: none"> Define aims and objectives Allocate roles and responsibilities | KHAWS Group KEEP | April 2005 |
| b. To communicate roles of each member to wider partnership | <ul style="list-style-type: none"> Express diagrammatically | CEN | April 2005 |
| c. Adhere to defined monitoring and review mechanism in order to facilitate partnership action | <ul style="list-style-type: none"> Define mechanism Apply at each KHAWS meeting | KHAWS Group | Immediately upon publication and every quarter thereafter |
| d. Ensure appropriate central coordination of activity by end of year 1 (March 2006) with funding support | <ul style="list-style-type: none"> Scope time commitment required Identify options for funding | KHAWS Group | By April 2006 |

Aim 2 - set up and maintain appropriate internal and external partnerships

| Objectives | Activities | Responsibility | Timescale |
|--|---|--------------------------------------|------------------|
| a. Ensure that each PCT has a named officer with responsibility for fuel poverty | <ul style="list-style-type: none"> • Establish existing contacts • Identify gaps • Contact health promotions dept in each area in first instance (or other as identified by KHAWS PCT lead) • If no contact is available, work with PCT to encourage participation • Compile list of named contacts, regularly updated | KHAWS PCT lead | September 2005 |
| b. Identify key staff in Kent and Medway Social Services and engage to ensure county wide coverage and policy support | <ul style="list-style-type: none"> • Obtain organograms • Identify relevant officers • Make contact and engage as appropriate | KHAWS Social Services representative | September 2005 |
| c. Ensure the relevant links are made with the Pension Service | <ul style="list-style-type: none"> • Identify outreach officers in each area • Identify front line staff for training | KHAWS Pension Service representative | April 2005 |
| d. Ensure that all LA officers with a responsibility for health, well being and/or fuel poverty are identified | <ul style="list-style-type: none"> • Obtain organograms • Identify relevant officers • Make contact and engage as appropriate | KEEP | May 2005 |
| e. Identify relevant multi-agency groups in order to seek linkages | <ul style="list-style-type: none"> • Identify group and contact details • Make linkages (providing information/attending meetings) | KHAWS | June 2005 |
| f. Bring together contacts identified in 2a, 2b, 2c, 2d, 2e with local authority HECA contacts to establish local action groups for KHAWS delivery | <ul style="list-style-type: none"> • Establish group • Work out local delivery plan with allocated actions • Complete actions • Report back to KHAWS on progress | KEEP | June 2005 |
| g. Compile a central database of contacts for effective dissemination of information | <ul style="list-style-type: none"> • Record name, address and email | CEN | April 2005 |

Aim 3 - influencing strategy

| Objectives | Activities | Responsibility | Timescale |
|---|--|--|--------------------------|
| a. Review all relevant local authority, health and social care organisation strategies and the existing targets for fuel poverty alleviation and list targets | <ul style="list-style-type: none"> Allocate tasks Collate list of relevant strategies and obtain copies Highlight targets | KHAWS members: CEN Local authority representative Health representative Social care representative | August 2005 |
| b. Use above results to ensure that all relevant internal and external delivery, monitoring and feedback links are made for the effective delivery of the targets | <ul style="list-style-type: none"> Assess what information (if any) can be fed back Contact person responsible for strategy to discuss how target(s) are to be met Arrange feedback on quarterly basis, forming part of updates in objective 1c | CEN with above partners | December 2005 |
| c. Ensure that all future strategies include relevant targets for fuel poverty that fit with, and acknowledge, the overall KHAWS strategy | <ul style="list-style-type: none"> Foster links forged in objective 2b Create list of suggested SMART objectives and distribute to KHAWS members Each KHAWS member to take forward within their organisation/sector | As above CEN in discussions with KHAWS KHAWS and KEEP | Ongoing until March 2008 |
| d. Work with Joint Planning & Policy Board (JPPB) for Housing and the OPUS group (Joint Planning Board for Older People and Unscheduled Care) to ensure that the Single Assessment Process includes assessment of fuel poverty and a note to support resolution | <ul style="list-style-type: none"> Discuss options Agree questions Agree referral mechanisms | CEN JPPB Housing OPUS | April 2006 |
| e. Ensure that thermal efficiency is included in assessments of housing need | <ul style="list-style-type: none"> Study the housing application forms of all local authorities and stock transfer authorities to find out what is asked at the moment Encourage those that do not pick up the issues to change the form in order to trigger a referral for poor housing | JPPB Housing | April 2006 |
| f. Work with Kent Design to ensure that the revised guide includes recommendations for new build housing to exceed existing building standards for thermal comfort | <ul style="list-style-type: none"> Continue to comment on the draft document Continue to represent this agenda on the Steering Group | CEN | May 2005 Ongoing |
| g. Work with planners in growth areas to ensure that energy efficiency is a major consideration | <ul style="list-style-type: none"> Apply for funding to develop a sustainable energy solutions training module and implement | CEN | March 2008 |

Aim 4 - to raise the profile of fuel poverty alleviation & KHAWS at a strategic level in Kent, the South East and nationally

| Objectives | Activities | Responsibility | Timescale |
|---|--|---|--------------------------|
| a. Continue profile raising events for strategic level officers within: Local authorities (county and district) | <ul style="list-style-type: none"> • Ensure that all local authorities have had at least one event • Repeat events for other staff and/or to focus on specific issues as appropriate • Ensure communication regarding fuel poverty is sent to all new elected members • Monitor number of events and number/job type of attendees • Use census data to encourage action from ward councillors | CEN KEEP | December 2005 Ongoing |
| b. Continue profile raising events for strategic level officers within: Health sector | <ul style="list-style-type: none"> • Record each PCT's priorities and highlight links to fuel poverty • Monitor number of events and number/job type of attendees • Produce articles in newsletters as relevant, focusing on case studies • Obtain support from the Strategic Health Authority | CEN KHAWS PCT leads and PCT contacts | December 2005 Ongoing |
| c. Continue profile raising events for strategic level officers within: Social Service | <ul style="list-style-type: none"> • Record each Social Service Area's priorities and highlight links to fuel poverty • Monitor number of events and number/job type of attendees | CEN KHAWS Social Service leads | June 2006 |
| d. Continue profile raising events for strategic level officers within: Other | <ul style="list-style-type: none"> • Identify relevant organisations (including voluntary and private sector organisations) • Monitor number of events and number/job type of attendees | KHAWS | June 2006 |
| e. Ensure that CEN newsletter includes fuel poverty update every quarter and that this is circulated to all relevant officers | <ul style="list-style-type: none"> • Produce articles as relevant, focusing on case studies • Update mailing list regularly | CEN | Ongoing |
| f. Ensure that Members' Briefings include information on KHAWS | <ul style="list-style-type: none"> • Obtain diary of copy deadlines • Provide text | KEEP | Ongoing |
| g. Recruit an active 'champion' at a strategic level to help raise profile and increase publicity | <ul style="list-style-type: none"> • Identify potential candidates and recruit | KHAWS | August 2005 |
| h. Carry out profile raising activities during NEA Warm Homes Week | <ul style="list-style-type: none"> • Contact NEA in September • Work together to engage local MPs • Identify clients | CEN | Ongoing (annually) |
| i. Engage with Local Strategic Partnerships to encourage them to adopt fuel poverty targets | <ul style="list-style-type: none"> • Record existing fuel poverty commitments • Engage with LSPs to fill any 'gaps' • Ensure that LSP is kept updated of progress | CEN PCT representatives Local action groups | August 2005 |
| j. Work with Social Housing providers to raise profile of thermal quality as necessary element of Decent Homes and the importance of going 'beyond Decent Homes' to achieve affordable warmth | <ul style="list-style-type: none"> • Continue new Social Housing Energy Forum • Monitor membership (number of Registered Social Landlords and number of houses represented) • Monitor condition of local stock | | June 2007 |

Aim 5 - to raise the profile of fuel poverty and solutions to frontline professionals

| Objectives | Activities | Responsibility | Timescale |
|--|--|--|----------------------------|
| a. Seek funding to allow Health Through Warmth to continue operating in Kent | <ul style="list-style-type: none"> • Compile external funding applications • Explore opportunities for partnership funding from local authorities, PCTs, Social Services and others | CEN | April 2005 |
| b. Continue to train home-visiting staff in Health Through Warmth (subject to funding) | <ul style="list-style-type: none"> • Set up training sessions in conjunction with partner organisations • Work with local authority, social services and PCT training departments to incorporate HTW training in to induction sessions • Monitor: <ul style="list-style-type: none"> - The numbers of people trained - Referrals received per person trained - The number of referrals received and the types of people who are being referred to the scheme will indicate if we are reaching and targeting the right kinds of people | CEN Npower Trained trainers | Ongoing |
| c. Improve the effectiveness of the trained network of HTW referrers | <ul style="list-style-type: none"> • Send monthly updates on client progress • Send questionnaire to network to collect feedback • Incorporate useful comments back in to the scheme | CEN | Ongoing |
| d. Complete presentations/ information sessions with non-visiting staff | <ul style="list-style-type: none"> • Identify target groups • Offer presentations • Complete presentations and/or distribute information | KEEP KHAWS | Ongoing |
| e. Keep all frontline staff (including referrers) up to date with information on grants, discounts and other relevant news | <ul style="list-style-type: none"> • Send monthly email update OR maintain a page on www.cen.org.uk website | CEN | From July 2005, Ongoing |
| f. Investigate formal 'cross referral' procedure and implement with relevant agencies | <ul style="list-style-type: none"> • Identify relevant agencies • Meet and discuss possible procedures • Define final procedure and trial • Adapt as necessary and implement if appropriate | CEN Home Improvement Agencies Pension Services Citizen's Advice Bureaux | August 2005 |

Aim 6 - to carry out effective campaigns to increase take up of existing assistance from the domestic sector

| Objectives | Activities | Responsibility | Timescale |
|--|--|--|------------------|
| a. To raise awareness of available assistance through publicity campaigns | <ul style="list-style-type: none"> Market the Kent Energy Centre freephone advice line for energy advice and signposting for complementary assistance (subject to funding) | CEN KEEP KHAWS | Ongoing |
| b. Work with partners to maximise opportunities to promote through existing targeted mailings | <ul style="list-style-type: none"> Identify options Work with colleagues to secure agreement for information dissemination (including inserts, adding a note to a letter, etc) | KEEP Health Protection Agency CEN | Annual, ongoing |
| c. To use data available to inform marketing strategies for effective independent targeted campaigns (subject to funding) | <ul style="list-style-type: none"> Identify relevant data Obtain data to ward level at least Use data to produce marketing strategies for targeting those more likely to be experiencing fuel poverty | CEN KEEP KHAWS | Ongoing |
| d. To raise awareness of available assistance through outreach events and community presentations | <ul style="list-style-type: none"> Book events (subject to funding) Ensure these are 'multi agency' as far as possible Ensure that rural areas are served as well as semi urban and urban areas | CEN Pension Service KEEP Health Promotion Departments Fire Service | Ongoing |
| e. Measure the success of awareness raising activities to ensure that campaigns can be improved in time | <ul style="list-style-type: none"> Indicators: <ul style="list-style-type: none"> - Numbers referred to Warmfront - Numbers referred to local authority grant schemes - Numbers referred for third party assistance | CEN | Bi-annually |
| f. Link marketing campaigns and materials with other relevant information when appropriate | <ul style="list-style-type: none"> Identify complementary messages Identify appropriate marketing channels for these messages Promote the Priority Service Register, Fuel Direct and other debt relief schemes as appropriate | KHAWS | Ongoing |
| g. Implement the 'Energy House Points' scheme to devise appropriate marketing tools to encourage private sector landlords to take action | <ul style="list-style-type: none"> Apply marketing methods identified, including working with Letting Agents | CEN, EHP Steering Group | December 2006 |

Aim 7 - to increase levels of funding for intervention

| Objectives | Activities | Responsibility | Timescale |
|--|---|----------------------------------|---------------|
| a. Increase the amount of funding available for energy efficiency intervention from local authorities | <ul style="list-style-type: none"> • Work with appropriate departments to lobby for inclusion of energy efficiency works in grant policies • Lobby for increased funding for discretionary grant mechanisms • Encourage flexibility by including ring fenced 'pot' for Health Through Warmth Crisis Fund cases • Encourage consideration to be given to intervention for hard to treat properties | KEEP | November 2005 |
| b. Work with utility companies to access 100 per cent grants for insulation measures for vulnerable people | | CEN | April 2005 |
| c. Access 'Crisis Fund' funding from Kent's health & social care services | <ul style="list-style-type: none"> • Collect evidence based data stressing the health benefits of intervention • Link with health sector priorities to increase profile | KHAWS Social Services PCTs | March 2006 |
| d. Encourage all regeneration strategies and partnerships to include thermal quality as a vital part of regeneration | | CEN KEEP | December 2006 |

Aim 8 - maximising income

| Objectives | Activities | Responsibility | Timescale |
|--|---|-----------------------|------------------|
| a. Increase the number of Kent Energy Centre customers receiving benefit advice | <ul style="list-style-type: none"> • Ensure that all Health Through Warmth clients are offered a benefit check • Ensure that all callers to 0800 358 6669 help line are offered a benefit check | CEN Pension Service | May 2005 |
| b. Carry out joint events and publicity campaigns with related organisations | <ul style="list-style-type: none"> • Work with local Pension Coordinators to establish joint working arrangements | KEEP | Ongoing |
| c. Investigate potential of establishing credit unions/working with existing credit unions in areas of known deprivation | <ul style="list-style-type: none"> • Identify existing Credit Union to work with as a pilot | KEEP | December 2006 |

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