FRIENDS OF THE EARTH SCOTLAND

Healthy Homes and Energy Efficiency

SCOTTISH WARM HOMES CAMPAIGN PETITION ON THE ABOLITION OF FUEL POVERTY

Supplementary briefing for Health and Community Care Committee on petition PE-123

Petition PE-123 has been referred to the Health and Community Care Committee. The Social Inclusion, Housing and the Voluntary Sector Committee has already heard the petition and has agreed to an investigation into fuel poverty at which PE-123 will be considered; the petition has also been referred to the Transport and Environment Committee. However, this does not imply that any work done by the Health and Community Care Committee will be mere duplication of work done by these other committees.

Although the other committees will be able to investigate the health impacts of fuel poverty and energy inefficiency this will not be their primary focus. Naturally, the Social Inclusion Committee will focus on issues most relevant to its remit, it is unlikely to carry out an extensive investigation into NHS primary care spending and links between this, cardiovascular and respiratory diseases and poor housing. **We ask therefore that this committee instigates an investigation which would compliment the work of the other committees.**

Health Impacts of Fuel Poverty

Although there has been much debate about how one actually quantifies the causal linkages between cold, damp homes and ill health there has been substantial agreement that these exist[1]. In fact, it requires no great leap of faith to accept the fact that living in cold, damp conditions will lead to health problems.

Cold

A range of temperatures have been identified with health:
- 18-24 degrees C- no health risk to sedentary people
- Below 16 degrees C - diminished resistance to respiratory infections.
- Below 12 degrees C - short term increases in blood pressure which may lead to

[1] see for example , Domestic Energy Efficiency and Health: Local and National Perspectives,Report to EAGA Charitable Trust, May 1999, pg 3; Poor Housing and Ill Health, a Summary of Research Evidence, Scottish Office Central Research Unit, 1999, Paras. 37 & 38; Fuel Poverty and Health in Paisley, Energy Action Scotland, 1999

cardiovascular problems[2] .

Damp
Cold houses also tend to be damp[3], this can lead to dust mites and mould. Both of these have strong linkages to a range of respiratory and allergic conditions. Such housing has been linked to asthma and wheeze in children with resultant educational underachievement[4].

Winter Deaths
The latest figures, which relate to the winter of 1998/99 show that excess winter deaths totalled 4331. This was double the previous winter and the highest for a decade. Although it is difficult to quantify the linkages between housing and winter deaths it is impossible to ignore their existence.

Costs/savings
The Watt committee has made estimates that the cost of treating cold relate illnesses for the NHS is around £1bn in the UK. However, this may be an underestimate as it excludes treatment for asthma and other allergic conditions, neither does this estimate account for costs to the NHS of housing related illness during the winter which accrue from cancelling routine operations and procedures. This is annual spending which could be avoided if funds were directed at the cause of such illness.

There are other potential beneficial effects. For example, if the homes of fuel poor families were improved through energy efficiency measures then, as well as taking some proportion of the resultant savings in increased comfort, savings could be spent on other needs such as food with resultant positive health impacts.

Solutions

The solutions to fuel poverty do exist and lie at the interface of many policy areas. Health, housing, energy, energy efficiency, local government and environmental policies jointly act upon the problem. The solutions, therefore, must also lie in joined-up policy. It is thus vital that the Health Committee has an input into policy solutions.

Existing examples
There are several projects operating in England and Wales from which valuable experience can be gained[5]. The projects have involved initiatives such as inter-agency working between local authorities and health authorities; the training of health professionals in energy advice and in grant referral schemes; and the use of NHS funds for energy efficiency improvements to tackle damp and cold homes.

In the Cornwall and Isles of Scilly Health Authority project, the Health Authority made £300,000 available to local authorities to install central heating and insulation in council homes which housed children suffering from asthma.

Interim reports are encouraging: 101 households were improved, these housed 243 children, 108 of which had developed asthmatic symptoms. Follow up reports were available for 71 of these children. Before the project 93% slept in unheated bedrooms and 50% in damp bedrooms. After the project the figures were 0% and 7%

[2] Collins KJ, 'Low indoor temperatures and morbidity in the elderly' in Age and Ageing, 1986, quoted in EAGA(1999).
[3] Scottish House Conditions Survey 1996, Scottish Homes.
[4] EAGA (1999), pg 7; Energy Action Scotland, The Health Impacts of Fuel Poverty and Housing Conditions on Scotland's Health, 1998
[5] EAGA (1999)

respectively.

The condition of the houses improved, with an average energy rating of NHER 3.6 before, rising to 6.9 after the improvements (required NHER for new built properties is 7).

The effects on the occupants resulted in 'significant improvement in the respiratory symptoms of the children with asthma' and a 'significant reduction in the numbers of days lost from school due to asthma'.

Other factors were not measured, such as the decrease of fuel bills and the resultant increased disposable income for food or other goods and services which are beneficial for mental and/or physical health. The other issue not accounted for was the long-term effects upon NHS expenditure on other current, and future, occupants.

There are many other projects covered in the EAGA report which are enlightening.

Such interagency working, the training of health professionals in relation to energy efficiency and grant schemes, and the use of NHS funds for preventative health care through investment in poor housing stock housing low-income families are worthy of careful investigation and consideration.

We ask that the Health and Community Care Committee gives consideration to such initiatives and seeks ways to implement those it considers effective in the fight against fuel poverty. Such joint working could aid the Scottish Parliament and Government in moves towards its social inclusion agenda, its environmental obligations and towards improvements in the health of the poorest of Scottish households.

It is to this end that we ask the Committee to investigate this problem and identify and implement strategies which will lead, along with the strategies identified by the other committees, to the eradication of fuel poverty within a specific time-scale. The current initiatives, although welcome, are insufficient to eradicate the problem no matter how long they run. Improved use of resources through coordination of national and local strategies and increased levels of funding are vital if we are ever to see the end of the 'scourge' of fuel poverty.

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FRIENDS OF THE EARTH SCOTLAND

Friends of the Earth Scotland 25th May 2000
Campaigning for Environmental Justice
No less than a decent environment for all; no more than a fair share of the Earth's resources.

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